



2014 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand



2015

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2014 STOCKTAKE

OF

**INFANT, CHILD AND ADOLESCENT MENTAL HEALTH AND
ALCOHOL AND OTHER DRUG SERVICES IN NEW ZEALAND**

**THE WERRY CENTRE FOR CHILD AND ADOLESCENT
MENTAL HEALTH
WORKFORCE DEVELOPMENT
2015**



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Special thanks to all staff within DHB services and NGOs who have contributed to this *Stocktake*.

FOREWORD

The latest Werry Centre *Stocktake* of the infant, child and adolescent mental health workforce and access to service paints a picture of positive trends in the sector. Since 2012, we have seen an increase in funding by 14% paralleled by a 13% increase in the workforce, although these increases have been more in the non-clinical than in the clinical roles. The access rates continue to improve, with target access rates for teenagers exceeded, and access rates highest overall for Māori.

While these are encouraging findings, children and young people continue to get a small part of the mental health funding (13% for 27% of the population). Thus, there remain persistent gaps in funding compared to *Blueprint* guidelines (Mental Health Commission, 1998) and significant disparities in comparison with the levels of funding and services available to the adult population. While *Blueprint* access rates give priority to access for adolescents, the importance of intervening in the pre-school age group is increasingly being recognised. Evidence suggests that intervening in the 0-4 age group is most cost effective and has the potential to prevent mental health problems in the long term. There is an increase in services provided for the very young, and it is to be hoped that these services continue to develop. The economic advantage of doing this is undoubted. The encouraging response to efforts to increase access for Māori young people should be heartening and there are positive lessons to be learned as we tackle the persistently low access rates for Pacific and Asian young people.

There is also a continuing need to focus on the workforce. The overall vacancy rate is higher than in 2012 (8% versus 6%) with the vacancy rate for clinicians increasing by 45% in the District Health Boards. We need another 200 clinicians across the country to fill these vacancies. Retention should be a key area of focus, as should recruitment. Further initiatives to recruit and train new graduate health professionals could be considered.

Services provided at the secondary and tertiary level must of necessity be complemented by primary level services, but they remain an essential part of the range of services needed in this country. Our persistently high youth suicide rates are a timely reminder of the need to continue to improve our mental health services. We are improving, but there is still work to be done.



Sally Merry
Director

EXECUTIVE SUMMARY

This is the sixth *Stocktake* of the Infant, Child and Adolescent Mental Health/Alcohol and Other Drugs (ICAMH/AOD) workforce and client access rates conducted by the Werry Centre. The information collected is intended to assist the Ministry of Health (MOH), 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 2014 by DHB providers and NGOs. As this is the sixth such study, we can continue 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 service 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.

FINDINGS

INFANT, CHILD AND ADOLESCENT (0-19 YRS) POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- There has been very little change (-1%) in the overall 0-19 year population between Census 2006 and 2013.
- In 2013, the infant, children and adolescent (0-19 yrs) population made up 27% of New Zealand's total population.
 - Māori infants, children and adolescents made up 25% of New Zealand's 0-19 years population and continue to have a young age structure with nearly half (44%) of the population aged between 0 and 19 years. Very little change (1% increase) was seen in the Māori 0-19 years population from Census 2006 to 2013. However, Māori continue to have a young age structure, experience lower socioeconomic status and have double the prevalence rates of mental health disorders compared to the general population. Therefore, Māori tamariki and rangatahi continue to be a population of high need for mental health services.
 - Pacific infants, children and adolescents made up 9% of New Zealand's 0-19 years population. The Pacific population also continue to have a young age structure with nearly half (46%) of the population aged between 0 and 19 years. The Pacific 0-19 year population is a growing population which has experienced the largest growth in population by 39% from Census 2006 to 2013. Pacific peoples in New Zealand also continue to have a young age structure, experience lower socioeconomic status and experience mental health disorder at higher levels than the general population. Therefore, Pacific infants, children and adolescents continue to be a population of high need for mental health services.
 - Asian infants, children and adolescents made up 11% of New Zealand's 0-19 years population. The Asian 0-19 year population has experienced the second largest growth in population by 21% from Census 2006 to Census 2013 and has become the third largest ethnic group in New Zealand. The Asian population in New Zealand is largely an immigrant population. Consequences of the immigration process can increase the risk of developing mental health problems for the Asian population and need for mental health services.

FUNDING FOR ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH. This information also includes some primary mental health funding data from seven primary mental health providers but not all.

- From 2012 to 2014:
 - 14% increase in funding for ICAMH/AOD services.
 - AOD services showed the largest increase in funding by 91%.
 - 14% increase in funding per head of the infant, child and adolescent population, from \$110.51 to \$126.21 (excluding Inpatient funding).

ICAMH/AOD WORKFORCE

The following information is derived from workforce data, comprising actual and vacant full time equivalents (FTEs) and ethnicity by occupational group, submitted by all 20 DHB (Inpatient & Community) ICAMH/AOD services and 111/112 NGOs as at 30 June 2014.

Workforce changes from 2012 to 2014:

- A 13% increase in the overall ICAMH/AOD workforce:
 - 7% increase in the DHB workforce
 - 28% increase in the NGO workforce
 - 11% increase in the Clinical workforce
 - 25% increase in the Non-Clinical workforce.
- A 52% increase in vacancies, with the 2014 vacancy rate of 8% overall. Vacancies were mainly in DHB services for clinical roles.
- 12% increase in the overall Māori workforce; while an increase was seen in both clinical (by 8%) and non-clinical workforces, this increase was largely seen in the non-clinical workforce by 15%.
- 26% increase in the overall Pacific workforce; while an increase was seen in both clinical (by 13%) and non-clinical workforces, this increase was largely seen in the non-clinical workforce by 45%.
- An increase of 31 (headcount) in the Asian workforce from 44 to 75 (headcount) in mainly clinical roles by 53%.

CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December).

Access rates are calculated by dividing the number of clients for a six month period by their corresponding population to determine the six monthly access rates. Access rates are compared against the MHC's access target rates for the infant, child and adolescent population (Mental Health Commission, 1998). 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 (3% of the population should be able to access appropriate services). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group.

- Access to services from 2012 to 2013:
 - The majority (78%) of clients aged 0-19 years accessing ICAMH/AOD services continued to be seen by DHBs and 22% were seen by NGOs.
 - Nationally there continues to be progress toward the benchmarked access target rates of 3% for the 0-19 year population (Mental Health Commission, 1998), from 1.98% to a national average of 2.64%.
 - Access rates by Age Group showed an increasing trend:
 - 0-9 year age group: from 0.5% to 0.81%; remaining below the corresponding target rate of 1%.
 - 10-14 year group: from 2.91% to 3.04%; remaining below the corresponding target rate of 3.9%.
 - 15-19 year age group: from 5.58% to 5.84%; exceeding access target rate for this age group.
 - Access rates by Ethnicity showed an increasing trend:
 - Māori clients made up 31% of clients accessing services. Access rates had improved from 2.57% to 3.28%. Māori had the highest access rate out of three ethnic groups (Māori, Pacific & Asian) at 3.28%, exceeding the target rate for the overall 0-19 year population of 3% but remaining below the 6% recommendation for Māori.
 - Pacific clients made up 6% of clients accessing services. The overall access rate had improved from 0.92% to 1.57% but continued to remain below the target rate of 3%.
 - Asian clients made up 3% of clients accessing services. While the overall access rate had improved from 0.38% to 0.67%, it remains the lowest out of three ethnic groups and well below target rates.
 - Access rates by Region also showed improvements in all four regions:
 - Northern: from 2% to 2.19%; with lowest access rates in the country and remaining below the target rate of 3%.
 - Midland: from 2.24% to 2.96%; reporting the highest access rates and very close to reaching the target rate.
 - Central: from 2.04% to 2.94%; also very close to reaching the target rate.
 - Southern: from 1.64% to 2.86%; although reporting the greatest improvement in access rates, remains below the target rate.

CONCLUSION

The six Werry Centre stocktakes of the infant, child and adolescent mental health workforce and access to service paint a picture of positive trends in the sector.

This stocktake shows that there continues to be progress towards key strategic priorities of *Te Tahu* (Minister of Health, 2005), *Te Raukura* (Ministry of Health, 2007), *Mental Health and Addiction Action Plan* (Ministry of Health, 2010a) and *Rising to the Challenge* (Ministry of Health, 2012c).

Between 2012 and 2014 there was a 14% increase in funding to ICAMH/AOD services, a 13% increase in the workforce and a 6% increase in the total number of clients accessing ICAMH/AOD services, with access rates that are very close to target rates or exceeding target rates in the 15-19 year age group.

While many gains have been made, there remain persistent gaps in funding compared to Blueprint guidelines (Mental Health Commission, 1998). There are significant disparities in comparison with the levels of funding and services available to the adult population and persistent low access rates for clients under 15 years of age and for Pacific and Asian clients.

It is widely recognised that early intervention frequently leads to improved outcomes (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Ministry of Health, 2007, 2010a). 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 children to prevent long-term negative outcomes is highly cost effective (Aos et al., 2004).

In light of these 2014 stocktake findings, and to ensure alignment with current government priorities and progress toward workforce strategic goals, the following recommendations are made. Recommendations specific to Māori, Pacific and Asian service provision and workforce are outlined in the sections specific to these populations.

FUNDING

- DHBs need to actively monitor service demands and ensure funding is distributed accordingly between DHB and NGOs.

DEVELOPMENT/PROVISION OF SERVICES

- **Early Intervention:**
 - While Blueprint access rates give priority to access for adolescents, the importance of intervening early in the pre-school age group is increasingly being recognised. Evidence suggests that intervention in the 0-4 year age group is most cost effective (Knudsen, Heckman, Cameron, & Shonkoff, 2006) with the potential to prevent mental health problems in the longer term (Olds & Kitzman, 1993; Woulides, Merry, & Guy, 2011). Therefore, intervening early and developing early intervention services at primary level and enhancing primary to secondary service pathways are essential.
 - Increase/enhance school based health services in secondary schools. *Youth'12* results on health services in secondary schools showed positive associations between aspects of health services in schools and mental health outcomes of students at the same schools. There was less overall depression and suicide risk among students attending schools with any level of school health services (Denny et al., 2014). More specifically, schools with:
 - A health team on site
 - More than 2.5 hours of nursing and doctor time per week per 100 students
 - Health staff with postgraduate training
 - Routine psycho-social health screening using HEEADSSS screening.

- Given that 8% of all the 15-19 year old population are not in employment, education or training (NEET) (Ministry of Business Innovation & Employment, 2013), providing alternative, community based clinics for young people who are not at school could help to alleviate some of the access issues highlighted.
- Young people in New Zealand have high rates of internet access and use (Gibson, Miller, Smith, Bell, & Crothers, 2013; Statistics New Zealand, 2004b), therefore developing and promoting online e-therapy tools (e.g. SPARX, Merry et al., 2012) is potentially an effective way of intervening early and increasing access to treatment.

IMPROVING CLIENT ACCESS TO ICAMH/AOD SERVICES

- There have been heartening improvements in access to services for Māori clients; therefore continuing to build on these increased access rates and enhanced outcomes in ICAMH/AOD services is important.
- Additionally, identifying and reducing barriers to access, especially for those below 15 years of age and for Pacific and Asian clients, is a key focus.

WORKFORCE DEVELOPMENT

- Continued investment in the targeted recruitment of workforce across all roles for Māori and other ethnicities is needed to ensure progress is sustained.
- While increasing the ICAMH/AOD workforce is a long-term solution to workforce shortages, there is an ongoing need to retain and develop the existing ICAMH/AOD workforce.
- Given that one-quarter of all clients are seen in the NGO sector, an increased focus on addressing the workforce development needs of the NGO sector is pertinent.
- GPs continue to be the largest source of referrals to ICAMH/AOD services, and the move to develop primary services to deliver mental health care may help reduce the demand in ICAMH/AOD specialist services and NGOs.
- Strategies for retaining and developing the workforce that span the primary to the secondary sector should include:
 - **Workforce Planning:**
 - Ensuring that active recruitment and addressing the workforce development needs of the Māori, Pacific and Asian workforce are seen as key priorities and are embedded in a service's strategic plans.
 - Ensuring that local schools, Youth One Stop Shops (YOSS), primary health organisations (PHOs), NGOs and DHBs are all part of the strategic planning process.
 - **Retention:**
 - Due to the large number of vacant positions (143 FTEs), especially in DHB services, a concerted drive is required to recruit new graduates and train them to work in specialist ICAMH services in order to address this gap.
 - **Training and Professional Development:**
 - Providing enhanced training and career pathways to support experienced workers, especially those from the unregulated workforce, to better support the specialist workforce.

- **Competency Development:**
 - Given the majority of children and young people are seen in mainstream services, increasing dual clinical/cultural competency in services is needed (by implementing available competency frameworks, e.g. *Real Skills Plus CAMHS (The Werry Centre, 2009)*; *Takarangi Māori Competency Framework (Matua Raki, 2010)*; *Real Skills Plus Seitapu Pacific Competency Framework (Te Pou, 2009)*).
- **Exploring New Ways of Working:**
 - Considering service redevelopment and design to use existing resources more efficiently (e.g. *Choice and Partnership Approach, (York & Kingsbury, 2013)*).
 - Engaging in collaborative service delivery between PHOs, NGOs and DHBs. Building relationships and working in partnership with other services to overcome shortages in the workforce is occurring in some areas and could be an effective strategy in sharing limited resources, especially in providing clinical support to NGOs.

DATA COLLECTION

- Continue to extend data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Whānau Ora implementation).
- 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.
- Include client outcomes data to assess whether services provided actually improved patients' mental health and wellbeing.

INTRODUCTION

This is the sixth *Stocktake* of the Infant, Child and Adolescent Mental Health and Alcohol and Other Drug (ICAMH/AOD) workforce and client access rates conducted by the Werry Centre. It provides a snapshot of activity undertaken during 2014 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 and Adolescent Mental Health Services in New Zealand* (Ramage et al., 2005). 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, 2008 and 2012. These *Stocktakes* showed increases in funding to DHB ICAMH/AOD services and NGOs and increased focus on inter-sectoral collaborative programmes. They also highlighted ongoing deficiencies in workforce numbers and access rates against MHC's benchmarks (Mental Health Commission, 1998). The data showed that there continued to be low numbers of Māori, Pacific and Asian workers in relation to the composition of the population aged 0 to 19 years.

The Werry Centre has now completed this sixth *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 to 2012 *Stocktakes*, presents data in key areas. Of particular note is the high response rate of DHB providers and NGOs 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 *Stocktakes*.

BACKGROUND

There are a number of strategic developments that have identified key priorities for the child and adolescent mental health/AOD sector and have informed and shaped the infant, child and adolescent mental health workforce to date:

- *Blueprint for Mental Health Services in New Zealand: How Things Need to Be* (Mental Health Commission, 1998) identified workforce requirements, resource guidelines for services for children and adolescents, and benchmarks for access by children and young people to specialist mental health services.
- *Te Tahu—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 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.

While previous government priorities for the mental health and addictions sector have set the scene for service delivery, from 2008, the Government set new priorities which focus on delivering services of higher quality that

provide better value for money. As of 2012, 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 Mental Health and Addiction Action Plan (Ministry of Health, 2010a) accentuated the need for “*mental health and addiction services that help to divert children and young people away from negative pathways and increase their life chances*” (p.3). The new priorities outlined in the action plan that pertain to infants, children, adolescents and their families 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) with funding 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.

FUTURE STRATEGIC DIRECTIONS FOR THE SECTOR

An increased focus on improving the wellbeing of all young people in New Zealand came as a result of information regarding high morbidity rates of young people in New Zealand relative to other developed countries. Consequently, in 2009, Prime Minister John Key requested a report on ways to improve the outcomes for young people in their transition from childhood to adulthood. The so-called “*Gluckman report*”, *Improving the Transition: Reducing Social and Psychological Morbidity during Adolescence* (Office of the Prime Minister's Science Advisory Committee, 2011) was released in May 2011. This report was produced by a taskforce which included relevant academics and clinical practitioners who summarised the evidence-based information from peer-reviewed literature on ways to improve outcomes for young people in New Zealand. The essence of this report highlights the significance of prevention and early-intervention, evidence-based strategies implemented in childhood. Furthermore, the targeting of higher risk communities was also recommended because of the likely benefits socially and economically. The report also suggests that improvements in outcomes for young people can be enhanced by collaborations between many agencies and integrated actions across ministries.

The *Youth Forensic Services Development* report (Ministry of Health, 2011) outlines the need to provide a nationally consistent service for the youth forensic population and offers guidance for DHBs on how to improve the range of services available.

Healthy Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand (Ministry of Health, 2012b) advocates for the need for DHBs, and other health planners, funders and providers of perinatal and infant mental health and AOD services, to address the mental health and AOD needs of mothers and infants.

Towards the Next Wave of Mental Health & Addiction Services and Capability: Workforce Service Review Report (Mental Health and Addiction Service Workforce Review Working Group, 2011) is a report that proposes service

configurations, models of care and workforce requirements for future effective and efficient services. These proposals have led to the release of *Blueprint II: Improving Mental Health and Wellbeing for all New Zealanders. How things need to be* (Mental Health Commission, 2012) and *Rising to the Challenge: The Mental Health & Addiction Service Development Plan 2012-2017* (Ministry of Health, 2012c). All of these recent documents echo the need for prevention and early intervention and are guided by new information that “will help the broader health and government sectors build on their current strengths to address future challenges” within a financially constrained environment (Mental Health Commission, 2012, p. 8).

Blueprint II (Mental Health Commission, 2012) is an extension of the first Blueprint document (Mental Health Commission, 1998) and outlines five key future directions for the wider health and social service sector (p. 13):

1. Respond earlier and more effectively to mental health, addiction and behavioural issues (a life course approach which involves intervening early and at critical life stages).
2. Improve equity of outcomes for different populations.
3. Increase access to mental health and addiction responses.
4. Increase system performance and our effective use of resources.
5. Improve partnerships across the whole of government.

Rising to the Challenge (Ministry of Health, 2012b) offers a more targeted action plan for the health sector. A life course approach also underpins the goals outlined in the document. A key goal that directly pertains to infants, children and adolescents is “delivering increased access for infants, children and youth while building resilience and averting future adverse outcomes” (p.39). The document provides detailed priority actions, accountabilities and services for the next five years. The actions focus on intervening early to strengthen resilience and avert future adverse outcomes (includes infants and families/whānau with children); providing evidence-based services that are more flexible and responsive across the spectrum of service providers (DHB, NGO, primary care, maternal, child and youth health service providers) and developing greater cross-agency collaborations. The document outlines a number of priority services to be provided by DHBs (p. 45):

- Specialist mental health services for high needs families and whānau with infants (perinatal & infant mental health services for children 0-4 years)
- Programmes for children of parents with mental health and addiction issues (COPMIA).

The Children’s Action Plan (New Zealand Government, 2012), which formed out of the *White Paper for Vulnerable Children*, recognises the need for prevention and early intervention. It outlines key actions to identify and protect the most vulnerable children that ensure they receive services that provide the protection and support they need. The key actions are:

- Ensuring services for children and families are child-centred.
- Acting early to protect children.
- Finding, assessing and connecting the most vulnerable children to services earlier and better.
- Ensuring Chief Executives of the Ministry of Social Development, Ministry of Health, Ministry of Education, Ministry of Justice, NZ Police, the Ministry of Business, Innovation, and Employment (Housing), and Te Puni Kōkiri are jointly accountable for achieving results for vulnerable children.
- Funding only those programmes and services that make a difference, based on evidence.
- Achieving better results for children in care.
- Delivering high quality care services.
- Providing a safe and competent children’s workforce that takes a child-centred approach.

- Establishing mechanisms to stop abusers working with children, and provide safe care for children who have been removed from their parents.
- Encouraging individuals, corporates and other groups to step up and help vulnerable children.
- Ensuring a robust and fair Child, Youth and Family complaints system.

Prime Minister's Youth Mental Health Project (2012) proposes additional and targeted initiatives that aim to provide a whole-of-government approach in improving youth mental health in New Zealand. Funding and resources will be dedicated to the following initiatives for young people experiencing mild to moderate mental health issues.

- **Health sector initiatives:**
 - Making primary health care more youth friendly (\$11.3 million over four years for GPs, School Based Health Services & Youth One Stop Shops).
 - Improving wait-times in CAMHS and follow-up primary care especially for young people with AOD concerns.
 - Reviewing referral pathways actioned by the Ministry of Social Development.
 - Reviewing alcohol and drug education programmes.
- **Family and community initiatives:**
 - Providing mental health information for parents, families and friends (NGO sector).
 - Providing a whānau ora approach to youth mental health.
 - Training for providers working with truants and disengaged young people (Ministries of Education and Social Development).
 - Ensuring young people have a say on the types of services they need (Ministry of Youth Development).
- **School-based initiatives:**
 - Encouraging nurses in decile 3 secondary schools to use the HEEADSSS screening tool to increase access to health services and improve access to primary care services and referrals to mental health services.
 - Training youth workers in mental health in low decile schools to work alongside existing health workers in schools with linkages to community based services (NGOs funded by Child, Youth and Family).
 - Trialling of the *Check and Connect* mentoring and monitoring programme for disengaged youth.
 - Making schools more responsible for student well-being (Education Review Office, Ministry of Education).
 - Encouraging a positive culture in secondary schools with the implementation of *Positive Behaviour School Wide* (Ministry of Education).
- **Online initiatives:**
 - Providing accessible interactive computer based e-therapy for mild mental health issues that can help reduce a variety of barriers to accessing services.
 - Improving youth-friendliness of mental health resources.
 - Funding youth providers to keep their services technologically up to date via the *Social Media Innovations Funds* to enhance youth engagement.

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 workforce, 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 (The Werry Centre, Te Pou, Te Rau Matatini and Matua Raki) 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.

Workforce development in the child and adolescent mental health and addictions sector was guided by the strategies outlined for the broader mental health and addictions sector, *Tauawhitia te Wero: Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan 2006-2009* (Ministry of Health, 2005). To specifically address the needs of the infant, child and adolescent mental health and addictions 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 infant, child and adolescent mental health and addictions workforce. Recommendations were made to support regional, inter-district and local planning processes, informed by ongoing research and evaluation, and data collection (p.7):

1. Retain and develop the existing child and adolescent mental health workforce.
2. Increase the numbers of the child and adolescent mental health workforce through training and enhanced career pathways.
3. Increase the diversity of the child and adolescent mental health workforce through the development of core competencies, new roles and new ways of working.
4. Increase Māori workforce numbers across all roles and parts of the sector.
5. Increase Pacific workforce numbers across all roles and parts of the sector.
6. Increase clinical/cultural competencies throughout the child and adolescent mental health workforce.
7. Increase capacity of related sector workforces to provide mental health screening and, where appropriate, assessment and therapeutic intervention.
8. Increase organisational capacity and sector leadership to develop and plan future workforce needs for the child and adolescent mental health sector.

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

FUTURE WORKFORCE

Blueprint II (Mental Health Commission, 2012) also addresses the future direction and development of the workforce to ensure alignment with the key priorities outlined in the document. The workforce would need to adapt and evolve to new methods of working effectively and efficiently (such as the *Stepped Care* approach, whereby the least intrusive care to meet presenting needs is used to enable people to move to a different level of care according to their changing needs). The workforce would therefore require essential capabilities to appropriately respond to service users and their families/whānau.

The priorities outlined in *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2014–2017* (Ministry of Health, 2012c) and in *The Children's Action Plan* (New Zealand Government, 2012) also have implications for the infant, child and adolescent mental health/addictions workforce. The need for greater integration between primary and specialist services would require enhancing the mental health and addiction capabilities of the primary care workforce. A continued investment in developing new roles and building the capacity of the existing workforce, in the face of shortages, is also needed.

THE STOCKTAKE

Effective workforce development requires accurate information concerning demand, service configuration and access to service data. Due to the comparatively small size and low profile of the sector, there was, until the last decade, 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 (Ramage et al., 2005).

Data from the first *Stocktake* highlighted deficiencies in funding, access rates and workforce numbers compared with strategic guidelines (Mental Health Commission, 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 from NGOs on client access to services.

A need for centralised, regular, standardised data collection of workforce composition and access rates that is available for regional planning was identified in *Whakamārama te Huarahi* (Wille, 2006). This led to a biennial stocktake of data on the workforce and access to service. This dataset now covers the 2004 to 2014 period.

This report presents data on the 2014 infant, child and adolescent mental health/AOD workforce data. Like the previous reports, it aims to provide a snapshot of the workforce providing infant, child and adolescent mental health services. It also describes the population the workforce serves, the number of clients who are accessing services and how the current workforce and client numbers compare with Blueprint targets (Mental Health Commission, 1998).

While the current data reflect the strategies and actions described in *Whakamārama Te Huarahi* (Wille, 2006), *Te Raukura* (Ministry of Health, 2007) and *The Mental Health and Addictions Action Plan* (Ministry of Health, 2010a), future stocktake data (service provision and workforce) will consider current developments (*Blueprint II*, *Rising to the Challenge*, *the Prime Minister's Youth Health Projects* and *the Children's Action Plan*) in the mental health/addictions sector.

METHOD

The data collection 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 datasets. Based on feedback since 2004, data are now presented nationally and regionally.

The 2014 *Stocktake* includes:

- Infant, child and adolescent population data: Statistics NZ Census data (prioritised ethnicity) and projections by ethnicity and DHB.
- Infant, child and adolescent funding data from the Ministry of Health's Price Volume Schedules.
- Workforce data: Provided by 20 DHB (Inpatient & Community) Infant, Child and Adolescent Mental Health /Alcohol and Other Drug (ICAMH/AOD) Services workforce data, comprising actual and vacant full time equivalents (FTEs) and ethnicity by occupational group, and 111/112 non-government organisations (NGOs), as at 30 June 2014.
- Client access to service data extracted from the Programme for the Integration of Mental Health Data (PRIMHD), which includes access to service data from the 2004 to 2013 period.
- Comparisons of access to service data against Mental Health Commission's access target rates for the child and adolescent population (Mental Health Commission, 1998).

INFANT, CHILD AND ADOLESCENT POPULATION STATISTICS

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

- While the 2014 population projections were available, the 2013 Census population (Prioritised Ethnicity) data was deemed to be a more accurate reflection of the 2014 population aged 0 to 19 years. Therefore, the 2013 Census was used for the analysis of the 0-19 year population data and the infant, child and adolescent mental health workforce data. The 2013 Census data was provided by Statistics NZ.
- The 2008 to 2012 population projections were 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. These data were 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. These data were 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 (Statistics New Zealand, 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. These population data were 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.

2013/2014 DHB AND NGO ICAMH/AOD HEALTH FUNDING DATA

The 2014 funding data were extracted from the 2013/2014 Price Volume Schedule (PVS) supplied by the Ministry of Health. Funding information for previous *Stocktake* periods are also presented for comparison. Funding data are presented by region and DHB.

2014 DHB & NGO ICAMH/AOD WORKFORCE DATA

The stocktake workforce surveys (see Appendix E) were sent to all DHB Chief Executive Officers (CEOs) and Mental Health Managers in early July 2014 and had a 100% response rate.

The list of DHB funded NGOs providing ICAMH/AOD services as at June 2014 was extracted from the 2013/2014 PVS supplied by the Ministry of Health. A total of 112 DHB funded NGO providers were identified for the 2014 *Stocktake*. These services were surveyed by post in October 2014. A telephone survey follow-up from November to December 2014 was also conducted. Of the 112 NGOs, 111 provided data for this *Stocktake*, resulting in a 99% response rate.

The data gathered on the infant, child and adolescent mental health workforce have 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, mental health consumers, and family workers.

Although workforce data are 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.

An additional qualitative survey was sent out to all service providers identified for the 2014 workforce survey. This survey included questions on current issues, including:

- Training, education and development needs and what tools were used to determine these needs
- Strategies addressed for workforce shortages (including Māori, Pacific and Asian workforces)
- Enablers and barriers to workforce development that can inform national planning.

Fourteen out of the 20 DHB ICAMH/AOD services completed the qualitative survey.

- Northern = 4
- Midland = 3
- Central = 4
- Southern = 3.

Twenty out of the 112 NGOs completed the qualitative survey:

- Northern = 6
- Midland = 4
- Central = 4
- Southern = 6.

MENTAL HEALTH INFORMATION NATIONAL COLLECTION (MHINC)/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 client diagnosis, classifications or legal status; nor NGO client outcome data. PRIMHD also does not include information from primary health organisations (PHOs) or general practitioners (GPs) who may be delivering mental health or addiction services.

With the implementation of PRIMHD in the NGO sector over the past few years, a significant number of NGOs are now providing client data. Therefore, NGO client data for the 2010 to 2013 period are included in this stocktake.

Access to service data for the 2004 to 2008 period was extracted from the Mental Health Information National Collection (MHINC) database. Client data from July 2008 to 2013 were extracted from PRIMHD. Client access data presented in this report are based on the *Clients by DHB of Domicile* (residence) for the second half of each year (July to December). Access rates were calculated by dividing users in each age band and each six month period by the corresponding population.

The PRIMHD client access data presented in this report includes the most recent data available at the time of reporting which included data from the 2012 and 2013 period.

LIMITATIONS

POPULATION DATA

While the use of projected population statistics tends to be less accurate than actual census data, the use of outdated projections would carry further inaccuracies especially in the Canterbury area. Furthermore, any comparisons with census data which was based on prioritised ethnicity will carry that inaccuracy.

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 to 2014 workforce data are also presented in this report and serve as a comparison. However, due to the possible inclusion of adult workforce FTEs in the NGO data, not just ICAMH workforce numbers, 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 are likely to reflect more accurately the infant, child and adolescent mental health/AOD workforce.

Missing data from one large NGO in the Midland region also impact on the accuracy of this workforce data. Total FTE volume data from the Ministry of Health's *Price Volume Schedule* (PVS) were used to estimate this NGO's workforce instead. However, these data do not include FTE information by ethnicity and occupational group and therefore the analysis of the Midland region workforce is limited.

All services that were surveyed were asked to provide the number of Māori, Pacific and Asian staff (FTE and headcount) by occupational group. Ethnicity information about staff was provided by managers and not by the

individuals themselves. Additionally, FTE data by occupational group and ethnicity were also requested but were 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 NGO providers, there were a number of factors that impinged on the provision of accurate data that were 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 are some concerns about the accuracy of some of the 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.
- As well as Ministry of Health funding, many NGOs are funded from a number of different sources (such as Ministry of Social Development, Accident Compensation Corporation, and Youth Justice). Because of their unique blending of services, it can be difficult to clearly identify which portion of funding sits with each FTE.
- A number of NGOs with infant, child and adolescent mental health contracts provide a seamless service spanning all 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, it may be required to return funds to the DHB, which can therefore lead to caution around reporting on unfilled vacancies.
- Some organisations had concerns that the *Stocktake* was a form of audit and were reluctant to participate fully.

MHINC/PRIMHD ACCESS DATA

The presentation of the client access information is subject to the following limitations and therefore must be interpreted with these in mind.

- Previous MHINC and the current PRIMHD databases contain the raw data sent in by providers and are therefore subject to the variable quality of information captured by the client management systems of each DHB and NGO.
- Improvements in client access to services could be partly a result of more services over time submitting client data to PRIMHD. Alternatively, decreases seen in the number of clients could also be a result of fewer numbers of NGOs submitting to PRIMHD.
- Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and therefore are more accurate than the access rates (2008-2012) calculated using population projections (projected population statistics tend to be less accurate than actual census data).

USING THE STOCKTAKE

The data are 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 AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- While the 2014 population projections were available, the 2013 Census population data was deemed to be a more accurate reflection of the 2014 population aged 0-19 years.
 - The 2013 Census showed a 5% increase in the overall 0-19 year population since the 2006 Census (see Table 1).
 - This increase was seen in all four regions with the largest increase seen in the Northern region by 8%.
- In 2013, infants, children and adolescents (0-19 years) made up 27% of New Zealand's total population.
 - About half (51%) of the 0-19 year population are male (see Figure 1).
 - Just over half of the 0-19 year population were in the Other Ethnicity group, followed by Māori (25%), Asian (11%) and Pacific (9%).
 - The majority (39%) reside in the Northern region and within this region, the largest proportions reside in the Counties Manukau (34%) and Waitemata (32%) DHB areas (see Appendix A, Table 1).

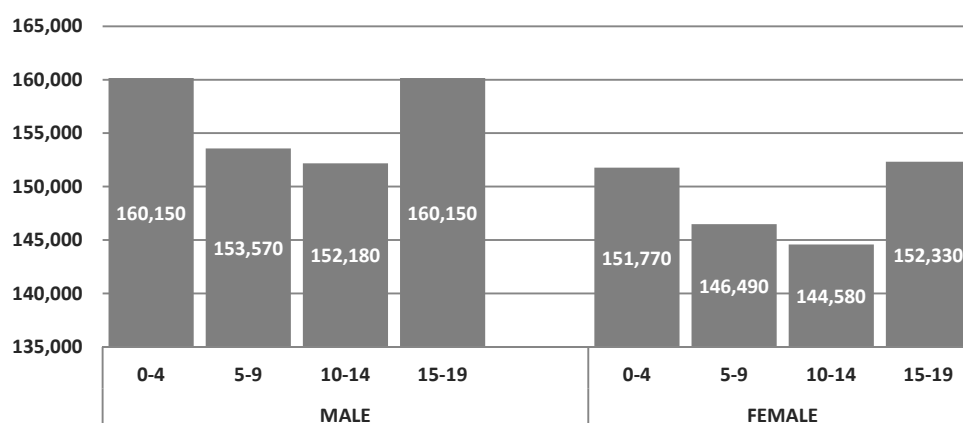
Table 1. Infant, Child & Adolescent (0-19 yrs) Population

REGION	INFANT, CHILD & ADOLESCENT POPULATION: 0-19 YRS (2006-2013)					TOTAL ALL AGES (2013 ¹)	% OF 0-19 YRS POPULATION (2013 ¹)	% CHANGE (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹			
NORTHERN	436,344	465,638	468,320	471,140	472,780	1,674,300	28%	8%
MIDLAND	237,273	243,650	241,820	238,930	246,040	856,900	29%	4%
CENTRAL	234,093	238,410	235,860	232,600	236,110	867,500	27%	1%
SOUTHERN	260,010	266,110	264,390	261,230	266,310	1,043,400	26%	2%
TOTAL	1,167,720	1,213,808	1,210,390	1,203,900	1,221,250	4,442,100	27%	5%

1. Census Data (Prioritised Ethnicity)

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

Figure 1. Total 0-19 yrs Population by Age Group & Gender (Census 2013)



FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH.

- From 2012 to 2014:
 - There was a 14% increase in total funding for ICAMH/AOD services (see Table 2 & Figure 2).
 - Funding by Provider services showed a 10% increase in the DHB provider service funding, and a 29% increase in the NGO services for the same period.
 - Funding by services showed that the largest funding increase was for AOD services, by 91% (see Table 3).
 - While it appears that there has been a significant decrease in Kaupapa Māori funding, Kaupapa Māori services continue to be funded but are now coded under general mental health funding (see Table 3).
- The *Blueprint* recommended that infant, child and adolescent mental health services should receive 26% of the total mental health funding (Mental Health Commission, 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 2013/2014:
 - ICAMH/AOD provider services received 13% of the overall DHB mental health funding (\$1,292.7 million). While the proportion of funding appears to be below the recommended level for the infant, child and adolescent population, the relative cost of treatment for infants, children and adolescents compared to adults using current models of care remains unknown. Additionally, the cost impacts on secondary services from the increasing provision of primary mental health services (most of which have been adult-centric until recently) are also unknown. We also don't know how much service provision for 17-19 year olds is delivered by services in the adult funding stream because of ICAMHS service upper age limits or other factors.
 - DHB ICAMH/AOD services received 75% of this funding while NGOs received 25% (see Table 2).
 - Primary mental health funding for ICAMH is included in this data and accounted for 1% of the total funding. However, due to coding variances, some primary mental health funding may be excluded.
 - Funding by region showed that the Northern region received the largest ICAMH/AOD funding (34%) (see Table 4 & Figure 3).

Table 2. ICAMH/AOD Funding

PROVIDER SERVICES	ICAMH/AOD FUNDING (2004-2014)					
	04/05	05/06	07/08	09/10	11/12	13/14
DHB	\$77,722,778	\$83,735,823	\$98,113,276	\$118,869,541	\$114,565,605	\$126,093,054
NGO	\$18,469,066	\$20,607,366	\$26,821,424	\$26,333,659	\$32,763,924	\$42,360,508
TOTAL	\$96,191,844	\$104,343,189	\$124,934,700	\$145,203,200	\$147,329,529	\$168,453,562

Source: Ministry of Health Price Volume Schedule 2004-2014

Figure 2. ICAMH/AOD Funding (2004-2014)

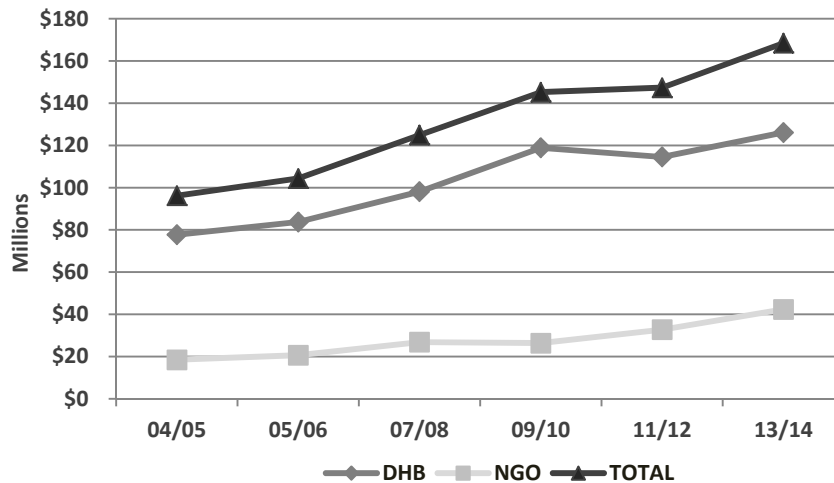


Table 3. ICAMH/AOD Funding by Services

SERVICES	ICAMH/AOD FUNDING BY SERVICES (2007-2014)				
	07/08	09/10	11/12	13/14	% Change
INPATIENT	\$16,116,851	\$16,233,302	\$14,290,399	\$14,320,606	0.2
ALCOHOL & OTHER DRUGS ¹	\$8,688,761	\$10,663,950	\$12,326,601	\$23,490,792	91
KAUPAPA MĀORI	\$7,985,321	\$7,109,554	\$2,390,673	\$288,720 ²	-88 ²
ALL OTHER MH SERVICES	\$92,143,768	\$111,196,395	\$118,321,856	\$130,353,443	10
TOTAL	\$124,934,700	\$145,203,200	\$147,329,529	\$168,453,561	14

1. Includes Residential Services

2. Coded under general mental health

Source: Ministry of Health Price Volume Schedule 2007-2014

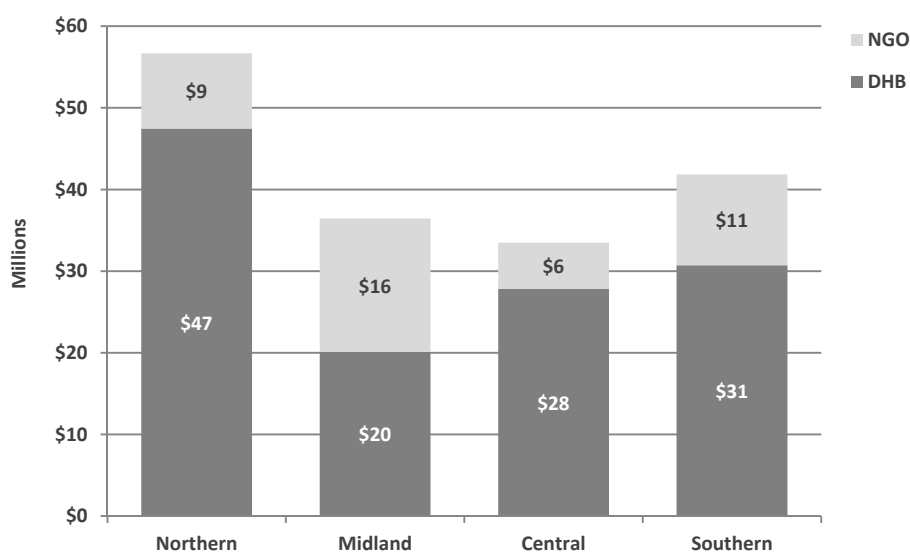
Table 4. ICAMH/AOD Funding by Provider Services & Region (2013/2014)

SERVICES	ICAMH/AOD FUNDING BY REGION (2013/2014)					
	DHB		NGO		TOTAL	
	\$\$	% Total DHB \$	\$\$	% Total NGO \$	\$\$	% of Total
NORTHERN	\$47,459,043	38%	\$9,213,782	22%	\$56,672,825	34%
MIDLAND	\$20,094,458	16%	\$16,356,708	39%	\$36,451,166	22%
CENTRAL	\$27,821,854	22%	\$5,655,914	13%	\$33,477,768	20%
SOUTHERN	\$30,717,699	24%	\$11,134,104	26%	\$41,851,803	25%
TOTAL	\$126,093,054		\$42,360,508		\$168,453,562	

Note: Includes Inpatient Funding

Source: Ministry of Health Price Volume Schedule 2013/2014

Figure 3. ICAMH/AOD Funding by Provider Services & Region (2013/2014)



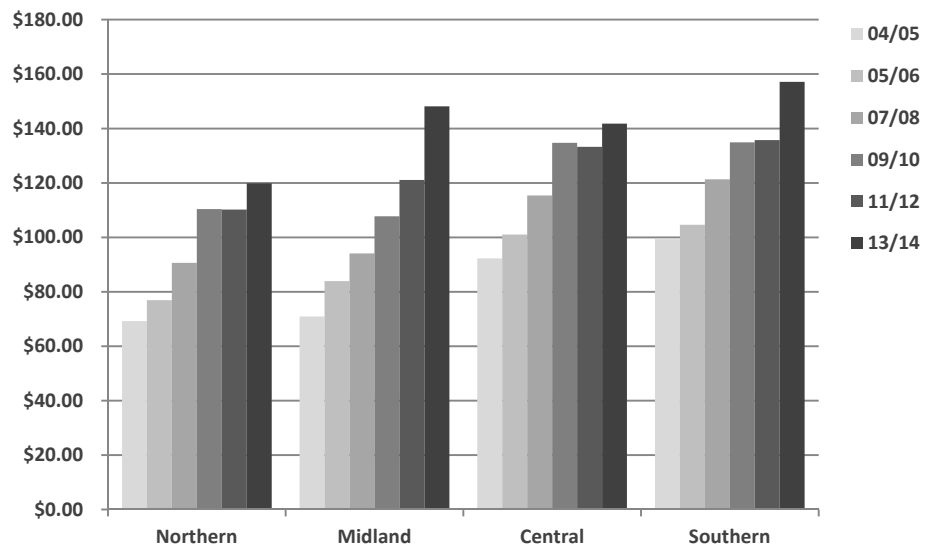
- From 2012 to 2014:
 - Funding per head of the 0-19 years population had increased by 13% from \$110.51 to \$126.21 (excluding Inpatient funding) (see Table 5).
 - An increase in the spend per head of the 0-19 year population was seen in all regions; with Midland region showing the largest increase by 22%, from \$121.11 to \$148.09.
- For the 2013/2014 financial year:
 - The Southern (\$137.03) and Midland (\$148.09) regions had the highest spend per head of infant, child and adolescent population (see Table 5 & Figure 4).
 - The Northern region had the lowest (\$108.36).

Table 5. Spend per head 0-19 years Population by Region

REGION	SPEND PER HEAD 0-19 YEARS (2004-2014)					
	04/05	05/06	07/08	09/10	11/12	13/14
NORTHERN	\$50.27	\$63.77	\$76.53	\$98.01	\$99.28	\$108.36
MIDLAND	\$70.91	\$83.64	\$93.93	\$107.09	\$121.04	\$148.09
CENTRAL	\$76.63	\$89.17	\$102.18	\$109.79	\$124.34	\$126.96
SOUTHERN	\$86.18	\$87.57	\$102.34	\$112.69	\$114.71	\$137.03
NATIONAL AVERAGE SPEND	\$70.27	\$78.20	\$90.73	\$106.55	\$110.51	\$126.21

Note: Excludes Inpatient Funding

Figure 4. Spend per head 0-19 yrs Population by Region (2004-2014)



PROVISION OF ICAMH/AOD SERVICES

- There are 20 DHBs that provide a range of specialist Inpatient and Community based Infant, Child and Adolescent (0-19 year age group) Mental Health and Alcohol and Other Drug (ICAMH/AOD) services.
- 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.
- ICAMH/AOD services are also provided by DHB funded NGOs and in some cases primary health organisations (PHOs).
- For the June 2013 to July 2014 period, 112 NGOs were identified as providing DHB funded ICAMH/AOD services.
- From 2004 to 2014, increases can be seen in funding and in the number and types of services that were available for infants, children and adolescents. All services are now inclusive of infants (0-4 year 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):

SERVICES	ICAMH/AOD SERVICE PROVIDERS
Children of Parents/Whānau with Mental Illness & Addiction (COPMIA):	<p>DHB: Northland, Auckland, Taranaki, Whanganui, Nelson Marlborough, West Coast, Southern.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Northland: Rubicon Charitable Trust • Counties Manukau: Odyssey House Trust, Raukura Hauora O Tainui Trust • Bay of Plenty: Western Bay of Plenty Mental Health Trust • Whanganui: Supporting Families in Mental Illness • Capital & Coast: Refugee Trauma Recovery • Canterbury: Stepping Stone Trust • Southern: Adventure Development, Miramare & Supporting Families in Mental Illness.
Youth Forensic:	<p>DHB: Northland, Auckland, Taranaki, Capital & Coast, Nelson Marlborough, West Coast, Canterbury, South Canterbury & Southern.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Waikato: Nga Ringa Awhina O Hauora Trust • MidCentral: Te Upoko O Nga Oranga O Te Rae • Canterbury: Odyssey House Trust • Southern: Adventure Development & Miramare Ltd.
Child and Adolescent AOD (Including Co-Existing Problems):	<p>15 DHBs 34 NGOs</p>
Eating Disorders:	<p>DHB Regional Services: Auckland, Hutt Valley & Canterbury; 14 additional DHBs provide Eating Disorder Services.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Northland: Rubicon Charitable Trust • Counties Manukau: Ohomairangi Trust • Whanganui: Te Oranganui Trust • Canterbury: St John of God Hauora Trust • Southern: Miramare Ltd.

SERVICES	ICAMH/AOD SERVICE PROVIDERS
Early Intervention:	<p>*Parenting Programmes:</p> <p>DHB:</p> <ul style="list-style-type: none"> • Auckland: PCIT • Waikato: PCIT & Circle of Security • Bay of Plenty: Incredible Years • Tairāwhiti: Incredible Years • Taranaki: Incredible Years, PCIT, Triple P & Play Therapy • MidCentral: Incredible Years • Capital & Coast: Incredible Years • West Coast: PCIT & Triple P • Canterbury: Incredible Years, Triple P & Circle of Security, Fostering Security • South Canterbury: Incredible Years • Southern: Incredible Years. <p>NGO:</p> <ul style="list-style-type: none"> • Counties Manukau: <ul style="list-style-type: none"> ○ Anglican Trust for Women & Children: Mellow Parenting ○ Ohomairangi: Hoki Ki Te Rito (Mellow Parenting) • MidCentral: <ul style="list-style-type: none"> ○ Te Upoko O Nga Oranga O Te Rae: Triple P. <p>AOD School-Based Programmes:</p> <p>NGO:</p> <ul style="list-style-type: none"> • Auckland: Odyssey House Trust: Amplify School Programme • Counties Manukau: <ul style="list-style-type: none"> ○ Odyssey House Trust: Stand Up ○ Youthline: AOD School Based Programme.
Conduct Disorder Service:	MidCentral DHB: CAMHS in collaboration with Group Special Education.
Peer Support:	<p>DHB: Waikato, Whanganui, Capital & Coast, Wairarapa & South Canterbury.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Counties Manukau: Raukura Hauora O Tainui Trust • Bay of Plenty: Te Manu Toroa, Te Runanga Ngai Tamawhariua & Whakatohea Māori Trust Board • Tairāwhiti: Te Kupenga Net • MidCentral: Te Upoko O Nga Oranga O Te Rae • Canterbury: Depression Support Network.

*Includes DHB funded Parenting Programmes only. MOE fund 60+ providers to provide Incredible Years which are not included.

SERVICES	ICAMH/AOD SERVICE PROVIDERS
Services for Māori:	<p>Two dedicated DHB Māori ICAMH services/teams:</p> <ul style="list-style-type: none"> • Counties Manukau: He Kakano Māori Mental Health Team • Capital & Coast: Te Whare Marie Specialist Māori Mental Health Service <p>Three DHB Māori services funded under adult services:</p> <ul style="list-style-type: none"> • Waitemata: Moko Māori Mental Health Service and Te Atea Marino Regional Māori AOD Service • MidCentral: Oranga Hinengaro Māori Mental Health Services <p>22 NGOs:</p> <ul style="list-style-type: none"> • Northland: Ngati Hine Health Trust • Counties Manukau: Mahitahi Trust & Raukura Hauora O Tainui Trust • Waikato: Hauora Waikato, Pai Ake Solutions Ltd, Raukawa Charitable Trust, Waahi Whaanui Trust • Lakes: Te Utuhina Manaakitanga • Bay of Plenty: Maketu Health & Social Services, Pirirakau Hauora, Manu Toroa, Tuwharetoa Ki Kawerau Health, Education & Social Services, Whakatohea Māori Trust Board • Tairāwhiti: Ngati Porou Hauora Charitable Trust • Taranaki: Tui Ora Ltd • Hawke's Bay: Te Taiwhenua O Heretaunga • MidCentral: Best Care (Whakapai Hauora) Charitable Trust, Te Runanga O Raukawa • Nelson Marlborough: Te Kahui Hauora O Ngati Koata • South Canterbury: Arowhenua Whanau Services • Southern: Aroha Ki Te Tamariki Charitable Trust, Nga Kete Matauranga Pounamu Charitable Trust.
Services for Pacific:	<p>Three dedicated DHB Pacific ICAMH services:</p> <ul style="list-style-type: none"> • Waitemata DHB: Isa Lei Pacific Mental Health Service • Counties Manukau DHB: Vaka Toa Pacific Island Team • Capital & Coast DHB: Health Pasifika <p>One DHB Pacific services funded under adult services:</p> <ul style="list-style-type: none"> • Waitemata DHB: Tupu Pacific Alcohol & Drug Service. <p>Six NGOs providing Pacific Services:</p> <ul style="list-style-type: none"> • Counties Manukau: Penina Trust • Waikato: K'aute Pasifika, Raukawa Charitable Trust • Capital & Coast: Taeao Manino Trust • Hutt: Q-Nique/WellTrust • Canterbury: Pacific Trust Canterbury.
Services for Asian:	<p>DHB: There are Asian services that are available to Asian people operating within DHBs which are funded under adult services:</p> <ul style="list-style-type: none"> • Auckland: Asian Mental Health Team • Waitemata: Asian Health Support Services which includes the Asian Mental Health Client Coordination and Support Service. <p>Counties Manukau: Asian Mental Health Service which is mainly a coordination service providing advice on available resources, mental health services and links to support groups.</p>
Migrant & Refugee Mental Health Service:	<p>DHB: Nelson Marlborough & Canterbury.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Capital & Coast: Refugee Trauma Recovery • Southern: Miramare Ltd.

THE ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all 20 DHB (Inpatient & Community) ICAMH/AOD services and 111/112 NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a 13% overall increase in the total ICAMH/AOD workforce (DHB Inpatient & Community ICAMH/AOD & NGOs), from 1,430.6 to 1,618.7 actual FTEs (see Table 6 & Figure 5).
- This growth in the workforce was largely seen in the NGO workforce by 29%, from 412.23 to 532.37 actual FTEs.
- There was a 7% increase in the DHB Community services, from 877.53 to 942.4 actual FTEs.
- There was a 2% increase in the DHB Inpatient services, from 140.8 to 143.9 actual FTEs.
- The increase in the total workforce was seen in the Non-Clinical workforce by 25%, from 239.16 to 298.92 actual FTEs.
- The Clinical workforce had increased by 11%, from 1,068.5 to 1,181.15 actual FTEs.
- There was a significant increase in the Other Clinical and Non-Clinical roles indicating the growing diversity of the workforce.
- There was a 52% increase in total vacancies (8% vacancy rate). This increase in vacancies was largely seen in DHB services for Clinical roles.

As at 30 June 2014:

- The Northern region had the largest ICAMH/AOD workforce (559.4 actual FTEs), followed by the Southern Region (406.3 actual FTEs) (see Figure 6).
- The majority (67%) of the ICAMH/AOD workforce was in DHB services (see Table 6).
- The ICAMH/AOD workforce was mainly NZ European (58%), followed by Māori (18%), Other Ethnicity (13%), Pacific (7%) and Asian (4%) (Appendix C, Table 21).
- The majority of the workforce (73%) was in Clinical roles as Mental Health Nurses, Social Workers and Psychologists (see Table 7 & Figure 7).
- The Non-Clinical workforce was mainly Mental Health Support Workers, Youth Workers and in Other Clinical roles (Advocacy & Peer Support roles).
- Vacancies were largely in DHB services for Clinical roles (Mental Health Nurses, Psychologists, AOD Practitioners & Psychiatrists) (see Table 8 & Figure 8).

Table 6. Total ICAMH/AOD Workforce (2004-2014)

PROVIDER SERVICE	ACTUAL FTES						VACANT FTES					
	2004	2006	2008	2010	2012	2014	2004	2006	2008	2010	2012	2014
DHB INPATIENT	124.7	136.1	153.4	163.9	140.8	143.9	27.4	25.1	14.9	9.0	15.6	21.9
DHB COMMUNITY	632.9	696.2	735.5	822.9	877.5	942.4	98.8	98.6	80.5	100.5	74.3	108.2
NGO	338.1	352.2	379.9	355.5	412.2	532.4	21.9	9.6	16.3	12.0	3.8	12.6
TOTAL	1,095.7	1,184.5	1,268.8	1,342.3	1,430.6	1,618.7	148.0	133.3	111.7	121.5	93.8	142.7

Figure 5. Total ICAMH/AOD Actual & Vacant FTEs (2004-2014)

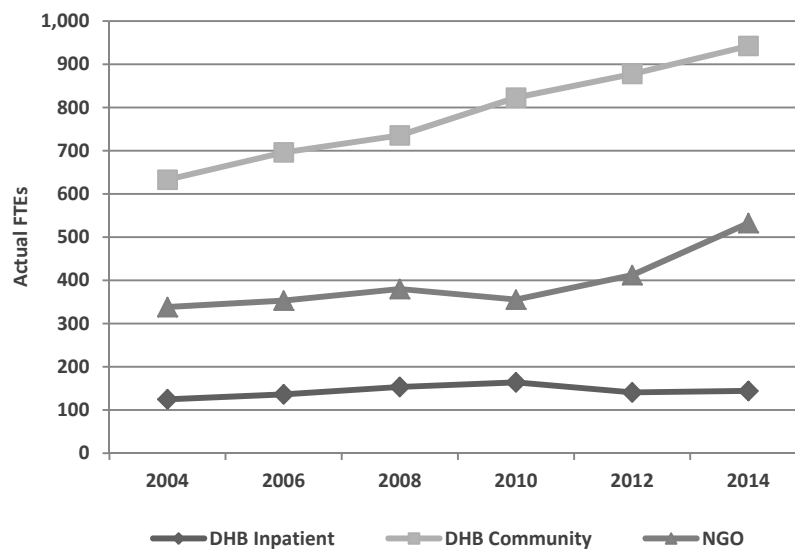


Figure 6. Total ICAMH/AOD Workforce by Region (2004-2014)

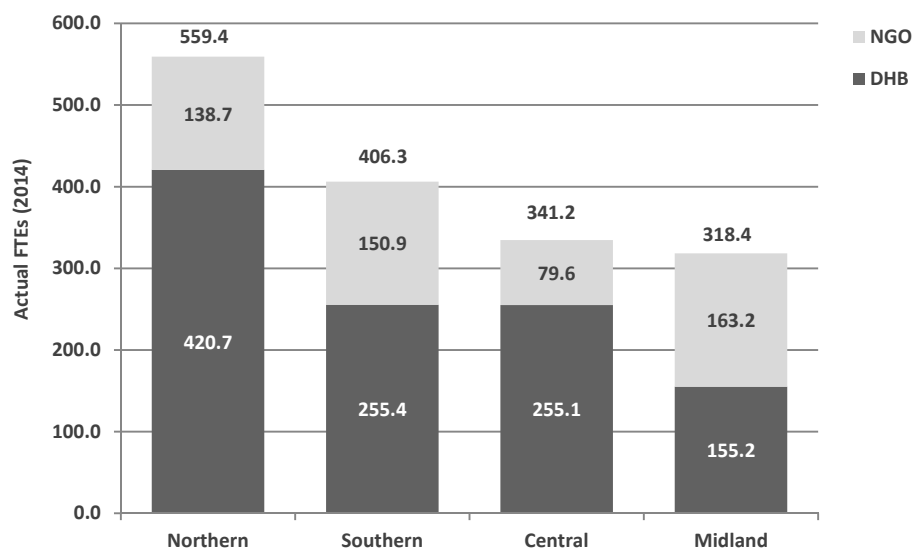


Table 7. Total ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	58.4	58.4	89.65	148.05
COUNSELLOR	-	7.2	7.2	27.4	34.6
MENTAL HEALTH NURSE	70.2	163.5	233.7	27.25	260.95
OCCUPATIONAL THERAPIST	5.0	60.9	65.9	7.9	73.8
PSYCHIATRIST	10.68	69.55	80.23	2.1	82.33
PSYCHOTHERAPIST	1.6	17.83	19.43	1.0	20.43
PSYCHOLOGIST	9.5	175.42	184.92	12.7	197.62
SOCIAL WORKER	6.3	154.65	160.95	40.8	201.75
OTHER CLINICAL ¹	9.5	81.7	91.2	70.42	161.62
CLINICAL SUB-TOTAL	112.78	789.15	901.93	279.22	1,181.15
CULTURAL APPOINTMENT	3.1	30.24	33.34	3.7	37.04
SPECIFIC LIAISON	9.0	1.0	10.0	-	10.0
MENTAL HEALTH CONSUMER ADVISOR	-	3.0	3.0	1.6	4.6
MENTAL HEALTH SUPPORT WORKER	7.8	9.8	17.6	115.1	132.7
YOUTH WORKERS	-	-	-	50.05	50.05
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	1.0	8.53	9.53	55.0	64.53
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	20.9	52.57	73.47	225.45	298.92
ADMINISTRATION/MANAGEMENT	10.3	100.64	110.94	27.7	138.64
NATIONAL TOTAL	143.98	942.36	1,086.34	532.37	1,618.71

1. Other Clinical= DHB: Forensic Liaison; Paediatrician; Family Therapist; Pacific Liaison Clinician; MOSS; Registrars; Child Therapist; GPs; Clinical/Cultural Advisor; Eating Disorder Liaison; Music Therapist; Speech Language Therapist; Dietician; Public Health Nurse. Interns: AOD; Psychologists; Nurses
2. Other Non-Clinical Support for Clients DHB: Research & Training Coordinator; Teachers; Intake Workers; COPMIA; Health & Wellness Coach; Peer Support; Librarian/Information Specialist. NGO: Needs Assessor/Service Coordinator; Cook; Childcare; Advocacy/Peer Support/Whanau/Consumers; Drivers; AOD Youth Educators; COPMIA Fieldworker; Link Workers; Community Navigator; Facilitator; Art Tutors; IT Coordinator.

Figure 7. Total ICAMH/AOD Workforce by Occupational Group (2014)

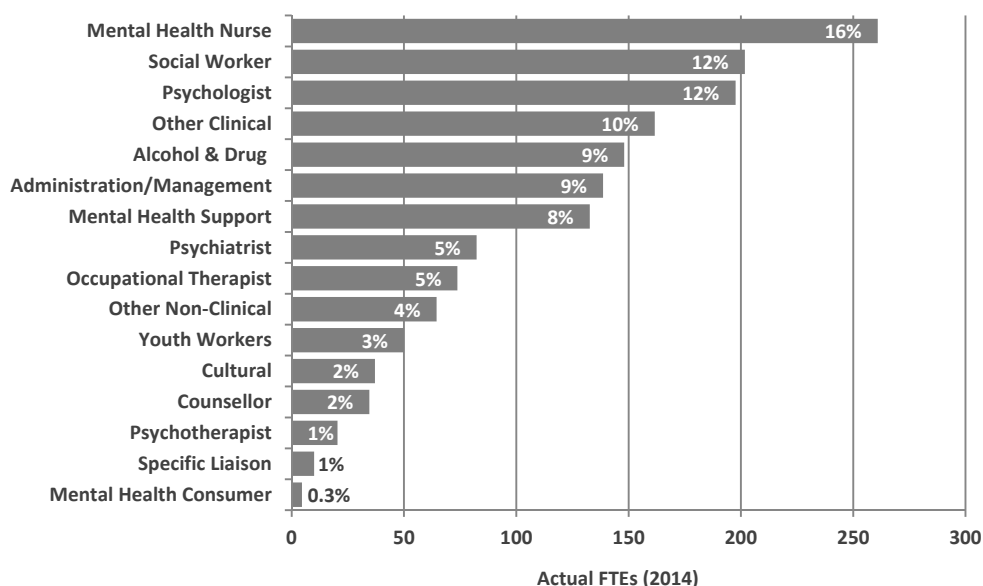
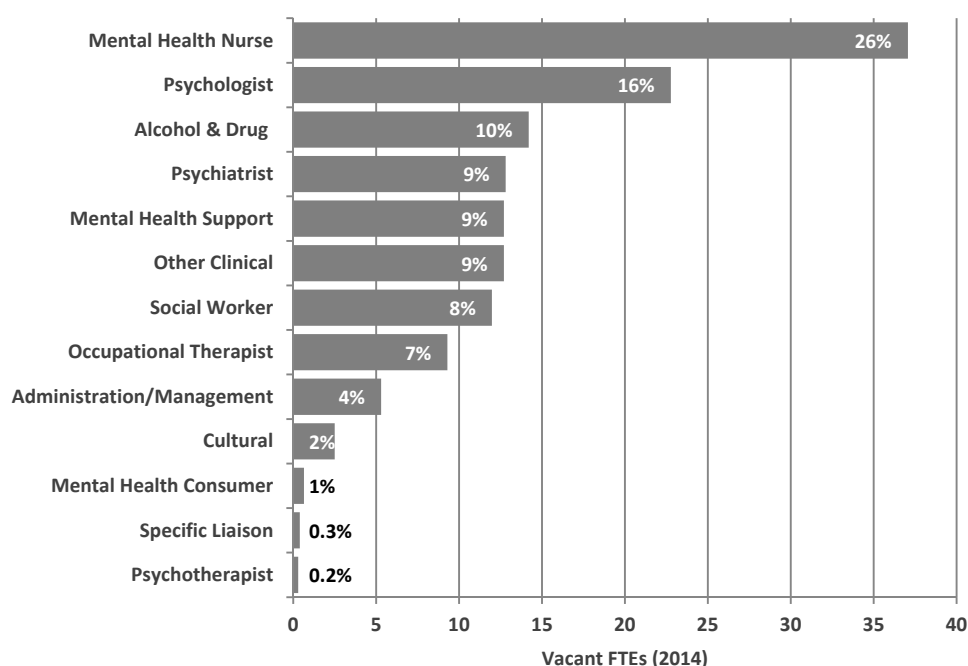


Table 8. Total ICAMH/AOD Workforce Vacancies by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	8.2	8.2	6.0	14.2
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	11.4	25.67	37.07	-	37.07
OCCUPATIONAL THERAPIST	1.5	7.8	9.3	-	9.3
PSYCHIATRIST	2.23	10.58	12.81	-	12.81
PSYCHOTHERAPIST	-	0.3	0.3	-	0.3
PSYCHOLOGIST	0.8	21.97	22.77	-	22.77
SOCIAL WORKER	1.0	9.98	10.98	1.0	11.98
OTHER CLINICAL ¹	1.0	11.7	12.7	-	12.7
CLINICAL SUB-TOTAL	17.93	96.2	114.13	7.0	121.13
CULTURAL APPOINTMENT	1.0	1.5	2.5	-	2.5
SPECIFIC LIAISON	-	0.4	0.4	-	0.4
MENTAL HEALTH CONSUMER ADVISOR	-	0.6	0.6	0.05	0.65
MENTAL HEALTH SUPPORT WORKER	2.0	5.2	7.2	5.5	12.7
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	-	-
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	3.0	7.7	10.7	5.55	16.25
ADMINISTRATION/MANAGEMENT	1.0	4.3	5.3	-	5.3
NATIONAL TOTAL	21.93	108.2	130.13	12.55	142.68

1. Other Clinical= Allied Eating Disorders; Mental Health Clinician; Family Therapist; Eating Disorder Clinician; Registrar; Registered Health Practitioner

Figure 8. Total ICAMH/AOD Workforce Vacancies by Occupational Group (2014)



DHB INPATIENT ICAMH WORKFORCE

- From 2012 to 2014:
 - There was a 2% increase in the Inpatient workforce from 140.8 to 143.9 FTEs (see Table 6).
 - There was also an increase in vacancies from 15.6 to 21.9 FTEs (13% vacancy rate). This increase in vacancies was seen in the Auckland DHB Inpatient services (from 8.85 to 15.93 FTEs).
- In 2014:
 - Auckland DHB Child and Family Unit continues to report the largest Inpatient workforce (58.9 actual FTEs) followed by Canterbury (50.5 actual FTEs) and Capital & Coast (34.5 actual FTEs) DHBs.
 - The Inpatient Clinical workforce was comprised mainly of Mental Health Nurses (70.2 actual FTEs) and the vacancies were also largely in this occupational group (11.4 FTEs) (see Tables 7 & 8).
 - The Non-Clinical Inpatient workforce (Non-Clinical support for clients) was comprised mainly of Specific Liaison roles (9.0 FTEs) and Mental Health Support Workers (7.8 actual FTEs).

DHB COMMUNITY ICAMH/AOD WORKFORCE

- From 2012 to 2014:
 - There was a 7% increase in the DHB Community workforce from 877.53 to 942.36 actual FTEs (Table 6).
 - There was also a 46% increase in vacancies from 74.25 to 108.2 vacant FTEs (10% vacancy rate).
- In 2014:
 - The Northern region reported the largest Community workforce (361.7 actual FTEs) followed by Central (220.61 actual FTEs), Southern (204.9 actual FTEs) and Midland (155.15 actual FTEs) regions (see Table 6).
 - The Community Clinical workforce was largely comprised of Psychologists (175.42 actual FTEs), Mental Health Nurses (163.5 actual FTEs) and Social Workers (154.65 actual FTEs) (see Table 7).
 - The Non-Clinical (support for clients) workforce consisted largely of Cultural roles (30.24 actual FTEs).
 - Vacancies were largely for Clinical roles: Mental Health Nurses (25.67 FTEs) and Psychologists (21.97 FTEs) (see Table 8 & Figure 8).

NGO ICAMH/AOD WORKFORCE

- From 2012 to 2014:
 - There was a 29% increase in the NGO workforce from 412.23 to 532.37 actual FTEs. This could be partly due to a larger number of contracted NGOs that were providing ICAMH/AOD services in 2014 (112 in 2014; 108 in 2012) (see Table 6).
 - All four regions showed an increase in the NGO ICAMH/AOD workforce.
 - This increase was seen in both the Clinical (by 21%) and Non-Clinical workforces (by 30%).
- In 2014:
 - The Midland region reported the largest NGO workforce (163.2 actual FTEs) followed by Southern (150.85 actual FTEs), Northern (138.7 actual FTEs) and Central (79.62 actual FTEs) regions (see Table 6).
 - The NGO Non-Clinical workforce was mainly comprised of Mental Health Support Workers (115.1 actual FTEs), which made up 22% of the total NGO workforce, followed by Youth Workers and Other Non-Clinical roles (Advocacy Peer Support roles) (see Table 7).
 - The NGO Clinical workforce was mainly comprised of Alcohol and Drug Practitioners (32% of the Clinical Workforce; 89.65 actual FTEs) and Social Workers (40.8 FTEs).
 - Vacancies were mainly for AOD Practitioners and Mental Health Support Workers (see Table 8).

ADDRESSING WORKFORCE SHORTAGES

Fourteen out of the 20 DHB ICAMH/AOD services and 20 out of 112 NGOs responded to the qualitative survey.

DHB: ADDRESSING WORKFORCE SHORTAGES	
ISSUES	<ul style="list-style-type: none"> • Significant shortages for Regional Youth Forensics—both clinical and medical staff. • We unfortunately carry several vacancies, often for long periods of time, particularly for the clinical psychology discipline. • Recruitment in certain geographical areas is difficult. • Employment opportunities for new graduates is limited for those passionate and interested in specialist child and youth work. When seeking to employ staff it is the staff with experience that usually gets the positions. Acuity, complex cases, risk management for clinical staff negates the mentoring opportunities for employing new graduates.
STRATEGIES	<p>FOSTERING AN ENVIRONMENT FOR NEW GRADS/INTERNS:</p> <ul style="list-style-type: none"> • "Grow our own" - take on new grads. • Continue to offer undergrad student placements & interns specifically for Registered Nurses. • Participation in promotional events with universities for new graduates. • Participation in DHB workforce development activities such as recruitment workshops and high school education days. • Support - interns and students. • Hosting nursing, allied health and psychology student in CAMHS. <p>WORKING COLLABORATIVELY AND SHARING RESOURCES:</p> <ul style="list-style-type: none"> • Working collaboratively with teams at interface of EPI i.e. sharing staff resources with both CAMHS as well as Adult services. • Working collaboratively with NGOs, who have clinical and non-clinical support contract with the DHB. • SMO vacancies have been filled in the forensic service. This has been as a result of trialling an adult forensic Psychiatrist in the role who has subsequently decided to complete his child and adolescent training. Additionally, we have recruited SMO time from Sweden as a result of senior staff attending a conference and making connections with individuals who have now followed through on applying for positions. • Use of secondment opportunities within services. • Service wide/discipline initiatives to help other teams out with specific shortages such as nurse clinic across the service for all teams to utilise to ensure nursing access. • Redistribution of resources - allocating FTE according to regional need rather than continuation of historical allocation. • Our only workforce shortage is a .5 FTE child and adolescent psychiatrist. We have been utilising locum since October 2013. The vacancy has been advertised however we have had no suitable applicants. We are now going to advertise for 1 FTE, with the idea that .5 FTE can be utilised in Hutt Valley or Wellington CAMHS service. • We went through a change management process where the maternal mental health workforce now falls under CAMHS as opposed to adult mental health. This will contribute to close working relationship between the Infant mental health clinicians as well as the team delivering parenting programmes. • Southern: <ul style="list-style-type: none"> ○ Shifting FTEs to rural areas to meet demand. Increase liaison across the district (Southland/Otago) to support closer interfaces ○ Staff in other CAFMHS service working in other rural posts during staff shortages ○ Staff in other CAFMHS service working set hours in other CAFMHS rural teams to provide clinical leadership and address clinical psychology needs.

DHB: ADDRESSING WORKFORCE SHORTAGES (CONTINUED)

STRATEGIES	<p>NEW WAYS OF WORKING:</p>
	<ul style="list-style-type: none"> • <i>Use of electronic job plans (CAPA) to maximise productivity and efficiency as well as specific skills for families and teams.</i> • <i>Having dedicated choice and partnership clinicians, as well as a duty team has helped significantly with patient flow.</i>
	<p>NEW ROLES</p> <ul style="list-style-type: none"> • <i>Development of nursing specific roles and job description (Clinic role for the CAMHS pathway) rather than using SMO appointment slots.</i> • <i>We have employed two additional staff members through new funding for the AOD exemplar service.</i> • <i>As any vacancy emerge we question what skill set would be best to replace with a view to meeting clients need. We continue to work towards attracting staff by attempting to develop innovative roles. For example, a recent long standing vacancy has been filled by an OT to complete a project with the aim of supporting youth to improve function and secure vocational opportunities. We are seeking to use some vacancy to employ a CAFs consumer representative.</i>
	<p>WORKFORCE PLANNING:</p> <ul style="list-style-type: none"> • <i>Skills gaps identified when planning recruitment approach, links into HR advice. Links into provider arm MH&A Training Calendar. National and international recruiting. Feeding into national ICAMHS leadership forums.</i> • <i>Exceptional recruitment staff who are based on-site and therefore available to meet, discuss, strategise etc. Personal 1:1 is essential to aid recruitment. Because of the close relationship between Manager and recruitment staff an understanding of service needs is exactly reflected - not just skill required but "team fit". Recruitment becomes a very team/family effort. They are aware of the difficulties to attract staff to Southland so the relationship with Managers is crucial. Knowing what target areas to advertise, which discipline needs more effort, etc.</i> <ul style="list-style-type: none"> (1) Staff discussion at meetings (2) Local in-services within the teams (3) Skyping/linking rural teams to discuss barriers and solutions (4) Decisions made to review triage systems (5) Request updates on CAPA and Werry Centre (6) Continue KPI initiatives.
	<p>OTHER:</p> <ul style="list-style-type: none"> • <i>Standard advertising on a regular basis in appropriate journals / websites.</i> • <i>Buying in of training instead of sending clinicians on ad hoc basis.</i> • <i>Nurses recruited from the Nurse Entry to Specialty Programme, which is an excellent way to maintain and support the nursing workforce.</i>

NGO ICAMH/AOD: ADDRESSING WORKFORCE SHORTAGES

ISSUES	<ul style="list-style-type: none"> Difficulties in recruiting clinical roles.
STRATEGIES	<p>DEVELOPING RELATIONS WITH EDUCATION PROVIDERS:</p> <ul style="list-style-type: none"> <i>Work with universities etc.</i> <i>Take on students.</i> <i>Getting AOD on Allied Curriculum</i> <i>Building succession planning: Building relationships with tertiary institutions to encourage graduates seeing the service as a potential employment option. Ensuring we have a graduate programme that effectively nurtures new graduates into the service.</i> <i>Work with AOD providers in CHCH re Welltech.</i> <p>WORKING COLLABORATIVELY & SHARING RESOURCES:</p> <ul style="list-style-type: none"> <i>We have entered into collaborative partnerships with DHB provider arm to provide support to each other for issue of workforce capacity to meet increasing demands.</i> <i>Strategy would include close work with DHB CAMHS.</i> <p>TRAINING:</p> <ul style="list-style-type: none"> <i>Review skill sets and what is going to be required in the future so that we can ensure skill levels are maintained and developed accordingly.</i> <i>Focus on attributes and train staff on the job.</i> <i>Training youth worker workforce.</i> <i>On the job training.</i> <i>Engaged with Werry Centre in Sept 2013 for CAPA training. Collaboration with Hawkes Bay DHB. Various workforce development programmes (e.g. Te Rau Matatini, Compass etc.). HBDHB Education Seminars. Staff Investment in attend workshops, conferences and seminars. DHB deficits resulting in sinking lid policies leading to ICAMHS/AOD sector carrying vacancies.</i> <i>Completed some training with the Hanmer Clinic in Tauranga. Also contacted Familial Trust in CHCH re training. Researched the internet for information.</i> <p>ACTIVE & TARGETED RECRUITMENT:</p> <ul style="list-style-type: none"> <i>Active recruitment via networks and recruitment sites.</i> <i>Targeted advertising. Carrying more staff than FTE Cap -3 Staff members to fill one FTE.</i> <i>Repeat recruitment. Consultation with Contract Funder. Discussion with other health providers.</i> <i>At one stage it was very difficult to employ a clinical mental health worker. The position around FTE is 1.5. Our clinical nurse worked a 50 hour position until we employed a .5 FTE. We consistently struggle with employing clinical FTE.</i> <p>OTHER:</p> <ul style="list-style-type: none"> <i>Discussions with CDHB re pay parity in CDHB and NGO or at least closer rates.</i>

DHB: BARRIERS TO WORKFORCE DEVELOPMENT

LACK OF FUNDING/COST OF TRAINING:

- *Funding—particular for DHBs who don't have Uni's in their areas or when courses are run in main centres.*
- *Lack of external training budget.*
- *Lack of funding.*
- *Funding constraints/lack of resource for demand. Capacity that impacts on effective orientation methods for new staff.*
- *Funding for staff training is limited, i.e. unchanged sufficiently to cover real costs for 2014. Sudden sharp rise in referral numbers, creating high work load, shortages in time. AOD clinicians lack relevant experience. Level 8 but no history in MH & [illegible] health care.*
- *Financial barriers - high expectation on ICAMHs services to do more with the same but no funding to train/ up skill staff.*
- *Limited training budget within the DHB.*
- *Lack of funding, not permitting a cost effective access to training for most staff. Most relevant/high calibre training occurs far from Southland therefore a huge cost to us for transport, accommodation.*
- *The cost of training is always a barrier, we get the biggest uptake for our free courses.*
- *Follow up sessions are not utilised due to extra time of work and cost.*
- *Southern DHB remains in lean financial constraints, which potentially will continue.*
- *Gaining funding for workforce education is time consuming.*
- *Accommodation, to provide family therapy 123 (5 days). This would enable all clinicians to access the training, but would have to be subsidised by outside applicants attending at an approximate cost of \$750+GST. Financial risk would sit with CAMHS budget.*
- *Centralised workforce development/ training budgets seen as a barrier by some staff and managers: can limit self-determination of services-funding models.*
- *We are a relatively small team of clinicians-10 clinicians 7.7 FTE and 1 FTE child and adolescent psychiatrist (2x.5 FTE). This can make it difficult to support staff who are trained in a certain modality/model to maintain their development. Some modalities require specific supervision i.e. Triple P, which would require travelling to another city. The training is very expensive. \$\$\$\$- Writer is exploring the idea of bringing Rick Whiteside to the Wairarapa at the cost of \$8000 plus.*
- *Travel and accommodation costs substantially reduce clinical staffs' educational training budgets. For those not on CME it would not cover one conference outside Otago.*

LACK OF SUPPORT FOR TRAINING/WORKFORCE DEVELOPMENT:

- *Lack of study leave.*
- *MATCH-TrACY study - when weekly supervision stops newly trained kaimahi will not have the support previously available; kaimahi receive training then find their supervision/support not adequate to continue development of therapy and review of practice.*
- *Implementing skills learnt at training can be difficult if management have not attended training/are not on board with possible changes to improve services.*
- *Not enough attention given to "champions" of certain specialist skills within teams across the country. Some kind of co-ordination of these "champions" (e.g. specific clinicians in Maudsley, DBT, FBT etc.) to meet/liaise via teleconference - this would have multiple advantages to all CAMHS in all DHBs. Again, this probably comes down to funding.*
- *Linkages from national workforce centres to provincial services and staff on the floor is a challenge.*
- *Frequency of Werry Centre staff to visit region - not enough. It could enhance connectedness of teams in CAMHS if they were able to visit every 3 months (?) and almost replicate the Sector Days. When the Team Manager attends the National Sector Days it invigorates, excites and challenges her, with the addition of feeling part of an overall 'family' of CAMHS leaders. If a replica of this type of forum could occur it would develop alliances, leading to strengthening skills, knowledge, and development of teams/staff across the country.*

LACK OF SKILLED WORKFORCE:

- *Lack of personnel knowledge/specialist CAMHS knowledge on entry to ICAMH/AOD services.*
- *Limited workforce - specifically Māori/Pacifica.*
- *Access to a readily skilled workforce.*
- *An inability to backfill positions.*

DHB: BARRIERS TO WORKFORCE DEVELOPMENT (CONTINUED)

LACK OF OPPORTUNITIES FOR TRAINING DUE TO WORKFORCE SHORTAGES:

- *Limited opportunities for nursing staff from other health sectors to cross over to mental health.*
- *Nurses unable to be released from the floor to attend training.*
- *Taking time off work is a barrier for participants (staff cover can be challenging).*
- *Lack of opportunity for appropriate child & youth focused clinical training (although this is definitely better than it used to be).*

LACK OF SPECIALIST TRAINING:

- *Lack of specialist training in areas such as youth forensics, eating disorders.*
- *One-off training days in professional development that we do necessarily know that what the impact or effectiveness of these trainings are on the workforce.*
- *Our southern location seems to limit international and national conferences being arranged in the area. It appears most are held in Wellington/Auckland locations and, occasionally, Christchurch.*

LACK OF FEEDBACK RE OUTCOME MEASURES:

- *Useful feedback re HONOSCA from the Ministry.*
- *No nationally coordinated outcomes audit processes.*
- *Lack of emphasis on outcome measures.*

LACK OF SUPERVISION:

- *Lack of cultural supervision.*
- *Time to plan and review/ capacity issues.*

COMPETITION FOR SKILLED WORKFORCE:

- *Loss of skilled clinicians to other employers which works against development of a critical capacity mass.*
- *Competition with other parts of the sector who can offer greater rewards.*

OTHER:

- *Lack of clarity around service specification and role clarity in CAMH services.*
- *Ageing workforce - limited interest in ongoing training especially because of the need to travel/stay away from home.*

NGO: BARRIERS TO WORKFORCE DEVELOPMENT

LACK OF FUNDING:

- *Lack of continuous funding to support services developing medium to long-term workforce development plans. Funding does not match the increasing demand and so capacity is often stretched and so workforce development becomes less of a priority.*
- *Finance to cover high level training. Lack of workforce and funding versus client need e.g. crises and assessments, difficult to attend trainings.*
- *A lack of funding and the threat of further cuts. Unable to do long term planning due to 12 month DHB contracts.*
- *Deficits, Budgets.*

DIFFICULTIES IN ACCESSING TRAINING/SUPPORT:

- *Access in Northland. Cost. Frequency of training as can't release teams all at once.*
- *One barrier which is not unique to CAMH/AOD is that training does not often come to the regions; it often involves staff travelling to Dunedin or Christchurch locations (Werry Centre in Auckland etc.).*

RESTRICTIVE EMPLOYMENT THRESHOLDS:

- *Increased expectations on DAPAANZ registration which makes it more difficult for staff despite having the needed skills.*
- *The employment threshold is set too high for our rural based organisation i.e. registration with their professional body + DAPAANZ. We have more recruitment 'stick ability' when new recruit is home grown and can be grown into the completion of a level 7 qualification and their registration.*
- *Expectations during term two means that it is easier to release staff for training during holiday periods. Our counsellor has NZCA registration but is not seen as clinical, so requires DAPAANZ registration too, with difficulty in getting supervision from people with both.*

OTHER:

- *Retaining good staff in an NGO environment.*
- *Management styles.*
- *HONOSCA as a compliance tool.*
- *Limited engagement between Clinical/ NGO teams.*
- *MST & DBT training utilising DHB clinicians to train our staff. Very effective for a "same team" approach.*
- *Themes provided to MOH within narrative reports are never followed up on. These themes are issues facing women over a 14 week period of their care, but which are usually of a longer/historical nature. These include poverty/family violence.*

DHB: ENABLERS TO WORKFORCE DEVELOPMENT

FUNDING:

- *Obviously the best enabler is sufficient funding to enable training/workforce development as NZ has many clinical experts and training packages are available but cost is extremely prohibitive (e.g. Post Grad CBT is extremely expensive, DBT & COS).*
- *Consultant CME Budget.*
- *Financial support to travel for national conferences.*

TRAINING AND SUPPORT:

- *Coordinated planning of international trainers/national trainers to minimise costs and maximise the numbers of staff needed that can attend. The Eating Disorders Service has at times bought international speakers and trainers to NZ and has opened up invitations to attend this to other DHBs while charging minimal fee. This has proven to be vastly cheaper way to access specialist training and gets good attendance. The regional CAMHS days are good opportunity to introduce new therapies and share learning.*
- *High level of enthusiasm within staff in child and adolescent MH to provide an excellent service, will try for every training opportunity to extend their KSA's.*
- *Link the Real Skills Plus framework with ongoing, accessible training.*
- *In-home essentials training.*
- *Clinical educator position.*
- *Study Leave.*
- *Clinician being supported to enhance knowledge of ICAMH via CAMHS certificate and understanding of AOD issues in adolescents - Auckland University.*
- *Culturally appropriate supervision to ensure needs of Māori & Pacific staff are needed in order to sustain their workforce development. Cultural understanding/practice by organisational management such as relationships with staff; staffing capacity such as employment; a more in depth discussion about the balance between clinical focus and cultural understandings. Localities approach: Understanding the differences and complexities to facilitate working collaboratively.*
- *Ongoing online training as provided by Werry Centre.*
- *Easy access to National Addictions Centre training opportunities.*
- *Ability to release staff to attend training.*
- *MATCH - TrACY study - great ongoing support with weekly supervision via skype.*
- *Training one or two staff in each team so they can then train/educate their team members who have not been on training.*
- *Conference speakers coming to Otago/Southland to undertake conferences - reducing costs.*
- *We have ESP/ Intern positions available on a regular basis and have developed good relationships with our local training institutions.*
- *Potentially use videoconferencing to increase access to out of town training to reduce travel time and cost.*
- *Technology has improved access to training, education and networking with other services, although this has only recently been implemented so efficacy and efficiencies are to be determined.*
- *GM/Manager who sees training as a high priority.*

SUPPORT FROM NATIONAL WORKFORCE DEVELOPMENT ORGANISATIONS:

- *It is good having the workforce development centres but staff often does not see the link between priorities and training offered through the centres. The workforce development centres can perhaps think creatively about engaging the workforce in a more creative and practical way rather than through networking days. Perhaps rethinking their websites and online training modules.*
- *Werry Centre resources.*
- *Werry Centre support in participating in international research-MATCH ADTC.*
- *The relationship formed between our designated Clinical Lead position and the Werry Centre.*
- *Staff from Werry Centre who provide regional training are an asset due to their personal approach to teams. They make teams feel connected; they're down-to-earth yet extremely professional.*
- *Werry Centre staff provide refreshers - relevant training on topical workforce issues; e.g. CAPA, Real Skills etc.*
- *Werry Centre guidance.*

DHB: ENABLERS TO WORKFORCE DEVELOPMENT (CONTINUED)

PLANNING

- *Organisational strategy around workforce development. Promoting workforce development initiatives in clinical governance. Involvement and support from senior management and clinical leaders. Formal periodical reporting to Ministry of Health.*
- *Locally - managers having improved influence over decision making at the local workforce development approval table. Robust cycle of feedback and performance appraisals. National and local policy informs. Workforce development: close linkages with local, regional and national training providers. Regional: strengthening of regional networks and liaison roles. Regional workforce plans that inform local workforce plans. Nationally: managers and leaders access to and links with national workforce groups. Understanding future population health needs and demographics and planning for same. Ring fencing future training budgets. Social services: a cross sector and whole of sector approach which is being taken to inform future work force development. Workforce surveys such as this one completed on a cyclic basis.*
- *National Strategic Plan.*
- *Using a PDSA cycle quarterly as a quality initiative to identify challenges and support change.*
- *Good application of skills by teams – plan how want to use/already identified gap in services provisions etc.*

NATIONAL APPROACH TO WORKFORCE DEVELOPMENT:

- *Nationwide approach to FT and DBT and CAPA.*
- *National teleconferences continue; e.g. CAPA link with CAFMHS teams.*

OTHER:

- *A service that is responsive and has a flexible workforce.*
- *Development of KPI for CAF Services.*
- *Introduction of and ongoing development of our understanding of CAPA.*
- *An experienced workforce who do have an excellent work ethic, and work for the best outcome for their clients. A workforce that are passionate about their work and want the opportunity to develop their professional development. The collaboration of 3 DHB mergers may provide further development training opportunities across the region.*

NGO: ENABLERS TO WORKFORCE DEVELOPMENT

TRAINING/INCREASING ACCESS TO TRAINING:

- *Finding good quality training development for support worker workforce.*
- *Access to DHB in service training.*
- *Kaupapa Māori Advisory Group provides various trainings based around Kaupapa, Tikanga, Cultural Training, Cultural assessments, Gaps in service delivery e.g. Waiting list. Cluster MDT provide training around transitional development training, SNAPS, Honosca, Discharge planning.*
- *We also have a contract for AOD training which supports this contract and our wider staff to be upskilled for succession planning.*
- *The Australian COPMI site is a wealth of info for mental health but not AOD.*
- *Have training in towns for rural providers e.g. include Whakatane as a training site rather than just in Rotorua and Tauranga.*

FUNDING:

- *Youthline has a generous training/supervision budget that it makes available for staff.*
- *Long term contracts of three years or more.*
- *Funds are tight which restricts education opportunities.*
- *Funds are tight which restricts the wages we can afford, which restricts employing experienced or better qualified people.*
- *Funding available and time to release staff. Opportunities in Christchurch.*

WORKFORCE PLANNING:

- *Making sure we have realistic capacities to manage what is coming in the front door, the complexity, the building of effective engagement and the therapeutic interface.*
- *Clear expectations from MOH and the Planners and funders as to health priorities & service delivery expectations particularly with regard to youth friendly evidence based health service - this allows us to identify current skills and knowledge as well as gaps to ensure workforce development is planned and targeted. Service funding needs to include workforce development (training as well as workforce strategies to strengthen and grow a Youth experienced/clinical workforce across whole of health). Improved funding interface between primary and secondary services to enable more seamless transitions. MOH expectations and validation for the role primary health providers can have in addressing moderate mental health issues and assuming the single point of entry to alleviate pressure on secondary services.*
- *Opportunities for service evaluation and planning between clinical/ NGO services.*

OTHER:

- *Devolution of ICAMHS from DHB to NGOs.*
- *Greater integration between primary and secondary care.*
- *Greater connections between Werry Centre and NGO providers, perhaps more regional liaisons.*
- *Usage of HONOSCA at an individual and service level.*
- *Regular face to face engagement between clinical (DHB)/NGO teams.*
- *Formalised service agreements/MOU between NGO/DHB Services.*

CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data.

- From 2004 to 2013:
 - There continues to be an increasing trend in the number of clients accessing services nationally.
 - There was an overall 6% increase in the total number of clients accessing ICAMH/AOD services from 2012 to 2013 (see Table 9 & Figure 9).
 - This increase was seen in the female client group by 13%, while there was very little change in the number of male clients accessing services.
 - The Southern region had the largest increase in clients (30%) accessing services compared to the other three regions (see Table 10).
- In the second half of 2013:
 - Clients by age group showed that over half of all clients accessing services (57%) were in the 15-19 year age group (see Table 9).
 - There were more male clients accessing ICAMH/AOD services (53%) than females (47%).
 - Clients by ethnicity showed that the Other Ethnicity made up the majority of clients (61%), followed by Māori (31%), Pacific (6%) and Asian (3%).
 - 78% of all total 0-19 year clients were seen by DHB provider services.
 - GP (27%), Self/Relative (12%) and Education Sector (12%) referrals were the largest referral sources for DHB provider services.
 - 22% of the total 0-19 year clients were seen by NGOs.
 - Self/Relative (25%), Education Sector (21%) and Child & Adolescent Mental Health Service (13%) referrals were the largest referral sources for the NGO sector.
 - The Midland region had the largest percentage of clients accessing NGOs (32%) compared to the other three regions (see Table 10 & Figure 10).

Table 9. Clients by Gender & Age Group

YEAR	CLIENTS BY GENDER & AGE GROUP (2004-2013)								
	MALE				FEMALE				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
2010	2,691	4,202	7,155	14,048	1,098	2,592	6,462	10,152	24,200
DHB	2,582	3,760	5,965	12,307	1,050	2,319	5,670	9,039	21,346
NGO	109	442	1,190	1,741	48	273	792	1,113	2,854
2011	3,233	4,993	8,394	16,620	1,289	3,098	7,696	12,083	28,703
DHB	2,826	3,842	6,150	12,818	1,120	2,455	6,181	9,756	22,574
NGO	407	1,151	2,244	3,802	169	643	1,515	2,327	6,129
2012	3,339	4,940	8,717	16,996	1,355	3,481	8,640	13,476	30,472
DHB	2,910	3,818	6,145	12,873	1,189	2,692	6,633	10,514	23,387
NGO	429	1,122	2,572	4,123	166	789	2,007	2,962	7,085
2013	3,466	4,921	8,593	16,980	1,466	4,088	9,663	15,217	32,197
DHB	3,073	3,875	6,201	13,149	1,292	3,253	7,483	12,028	25,177
NGO	393	1,046	2,392	3,831	174	835	2,180	3,189	7,020

Note: Data is for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 9. Total 0-19 yrs Clients by Service Provider (2004-2013)

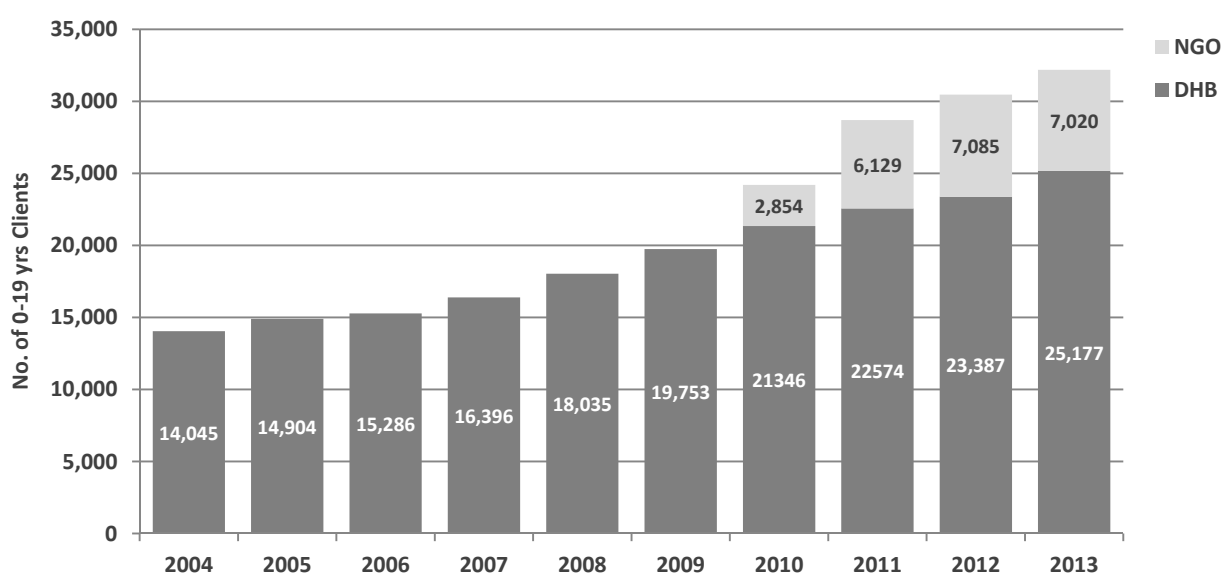
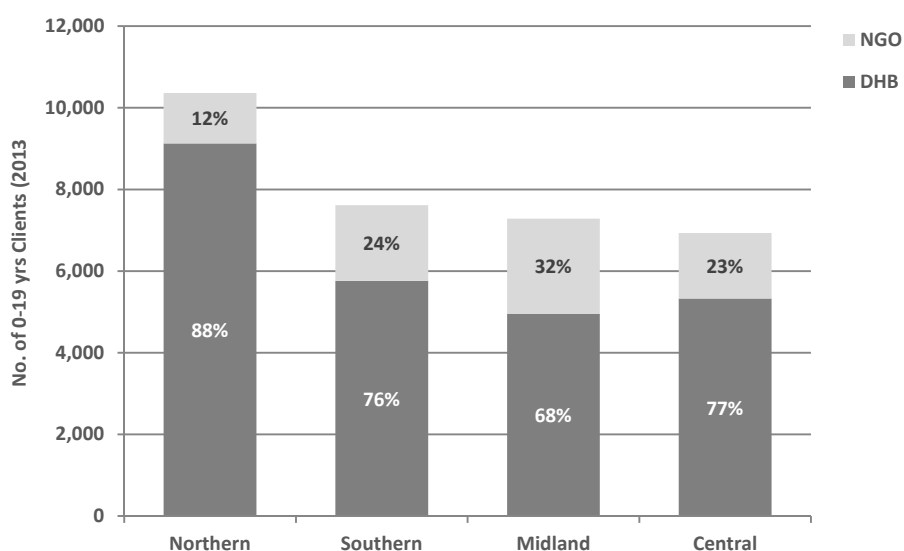


Table 10. Total 0-19 yrs Clients by Region

YEAR	TOTAL CLIENTS BY DHB AREA (0-19 YRS) 2004-2013				
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL
2004	3,804	2,973	3,007	4,261	14,045
2005	4,470	3,137	2,798	4,499	14,904
2006	5,182	3,042	2,841	4,221	15,286
2007	5,635	3,245	3,265	4,251	16,396
2008	6,676	3,438	3,419	4,502	18,035
2009	7,702	3,539	3,813	4,699	19,753
2010	8,890	4,894	5,061	5,355	24,200
DHB	8,275	4,023	4,392	4,656	21,346
NGO	615	871	669	699	2,854
2011	9,553	6,691	5,797	6,662	28,703
DHB	8,801	4,329	4,524	4,920	22,574
NGO	752	2,362	1,273	1,742	6,129
2012	10,675	7,515	6,440	5,842	30,472
DHB	9,393	4,744	4,881	4,369	23,387
NGO	1,282	2,771	1,559	1,473	7,085
2013	10,363	7,287	6,931	7,616	32,197
DHB	9,129	4,958	5,328	5,762	25,177
NGO	1,234	2,329	1,603	1,854	7,020

Note: Data is for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 10. Total 0-19 yrs Clients by Region (2013)



CLIENT ACCESS RATES

The Mental Health Commission (MHC) suggested that 3% of the total infant, child and adolescent population should be able to access appropriate services according to need (which in 2013 equates to 36,638 for the 0-19 year population of 1,221,250). 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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group (see Table 11).

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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

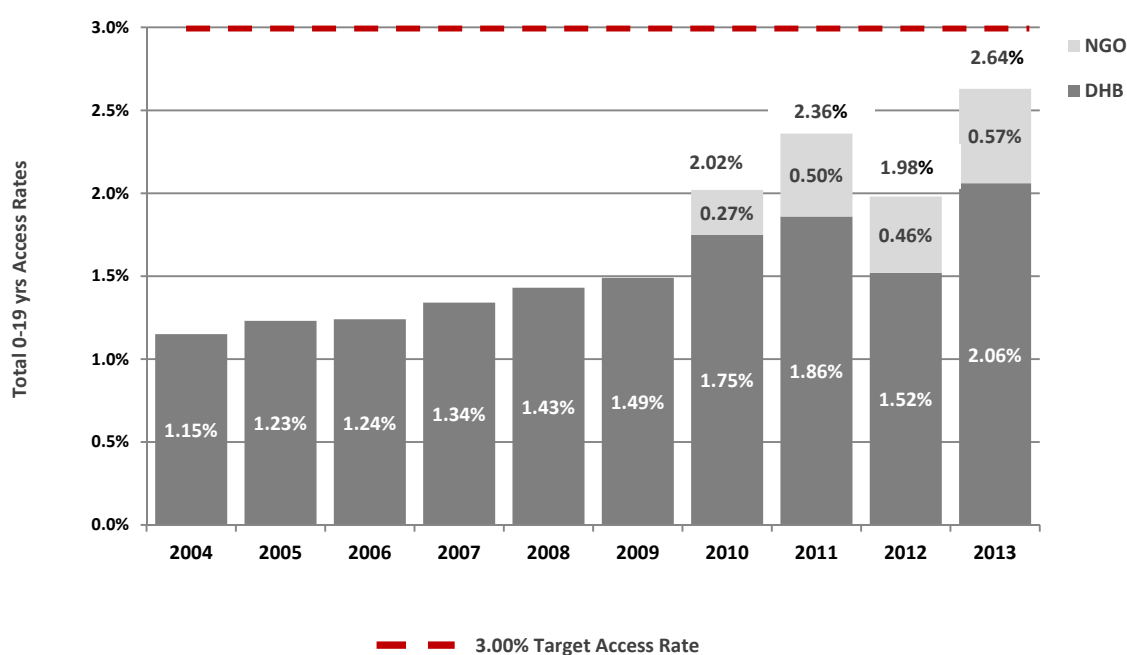
- From 2012 to 2013:
 - There was an increase in access rates for the overall 0-19 year clients from 1.98% to 2.64% (see Table 11 & Figure 11).
 - Access rates by age group showed that this increase was seen in all three age groups, especially in the 0-9 year age group. The greatest improvement was seen in the 15-19 year age group with an access rate of 5.84% by the second half of 2013, exceeding the target rate of 5.5% set by the MHC for that age group.
 - Improvements in access are still required for the 0-9 and especially for the 10-14 year age group which continues to remain below the target for that age group.

Table 11. National Client Access Rates by Age Group

YEAR	TOTAL CLIENT ACCESS RATES BY AGE GROUP (2004-2013)			
	0-9	10-14	15-19	0-19
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%
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%
2010	0.64%	2.31%	4.30%	2.02%
DHB	0.61%	2.03%	3.59%	1.75%
NGO	0.03%	0.28%	0.71%	0.27%
2011	0.75%	2.75%	5.06%	2.36%
DHB	0.65%	2.14%	3.88%	1.86%
NGO	0.10%	0.61%	1.18%	0.50%
2012	0.50%	2.91%	5.58%	1.98%
DHB	0.44%	2.25%	4.11%	1.52%
NGO	0.06%	0.66%	1.47%	0.46%
2013*	0.81%	3.04%	5.84%	2.64%
DHB	0.71%	2.40%	4.38%	2.06%
NGO	0.09%	0.63%	1.46%	0.57%

Note: Data is for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Figure 11. National 0-19 yrs Client Access Rates (2004-2013)



In the second half of 2013:

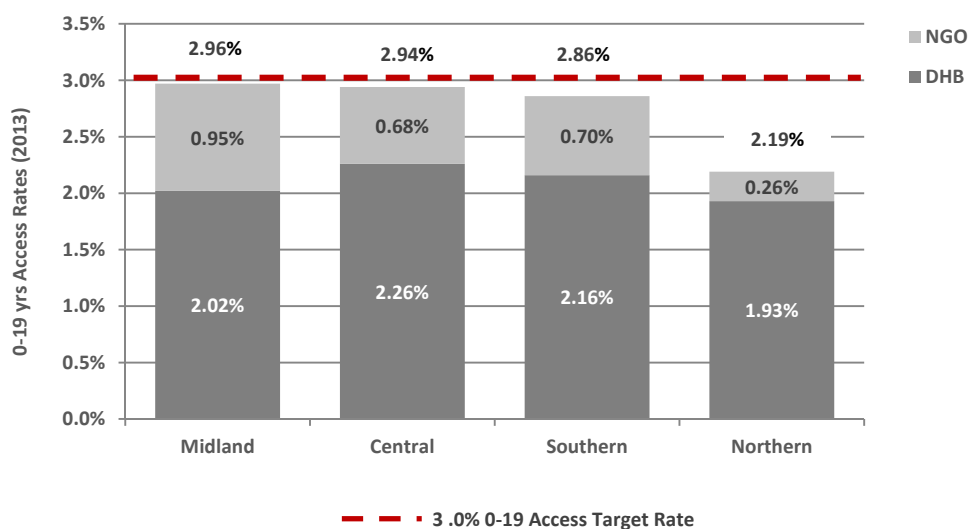
- Midland region reported the highest access rate of 2.96% in the country, followed by the Central region with a regional access rate of 2.94% which was very close to the access target rate of 3% set by the MHC (see Table 12 & Figure 12).
- The Northern region had the lowest access rate of 2.19%.
- While the remainder of the regions showed progress towards the target rate of 3%, access rates still need to improve, especially in the Northern region.

Table 12. Total 0-19 yrs Client Access Rates by Region (2013)

YEAR	TOTAL 0-19 YRS CLIENT ACCESS RATES BY REGION (2004-2013)				
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL
2004	1.00%	1.16%	1.28%	1.58%	1.15%
2005	1.00%	1.23%	1.21%	1.68%	1.23%
2006*	1.08%	1.27%	1.16%	1.57%	1.24%
2007	1.21%	1.34%	1.31%	1.58%	1.34%
2008	1.44%	1.41%	1.43%	1.69%	1.43%
2009	1.65%	1.45%	1.60%	1.75%	1.49%
2010	1.89%	2.01%	2.12%	2.16%	2.02%
DHB	1.76%	1.65%	1.84%	1.73%	1.75%
NGO	0.13%	0.36%	0.28%	0.43%	0.27%
2011	2.02%	2.75%	2.45%	2.52%	2.36%
DHB	1.86%	1.78%	1.91%	1.86%	1.86%
NGO	0.16%	0.97%	0.54%	0.66%	0.50%
2012	2.00%	2.24%	2.04%	1.64%	1.98%
DHB	1.76%	1.41%	1.54%	1.23%	1.52%
NGO	0.24%	0.82%	0.49%	0.41%	0.46%
2013*	2.19%	2.96%	2.94%	2.86%	2.64%
DHB	1.93%	2.02%	2.26%	2.16%	2.06%
NGO	0.26%	0.95%	0.68%	0.70%	0.57%

Note: Data is for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Figure 12. Total 0-19 yrs Client Access Rates by Region (2013)



SUMMARY

New Zealand's infant, child and adolescent (0-19 years) population is a growing population making up 27% of the total population.

The Northern region is where the largest proportion (39%) of the country's population aged 0 to 19 years resides and therefore should anticipate continued demand on services.

PROVISION OF SERVICES

From 2012 to 2014, there was a 14% increase in total ICAMH/AOD funding, making up 13% of the total mental health spend. There was also an increase in the number and types of ICAMH/AOD services that were available nationally. Twenty DHB ICAMH/AOD and 112 NGOs were funded to provide ICAMH/AOD services. DHBs continued to provide specialist mental health services while the NGO sector traditionally provided support services; there has been an increase in the provision of specialist clinical services in the NGO sector.

Despite an increase in funding, ICAMH/AOD service funding remains short of recommended funding of 26% for the 0-19 year population.

ICAMH/AOD WORKFORCE

The workforce data from 2012 to 2014 also showed an overall 13% increase in ICAMH/AOD workforce, especially in the non-clinical workforce by 25%. While the majority of the ICAMH/AOD workforce is in DHB services, a 28% growth in the workforce was seen in the NGO sector, hence the increase seen in the non-clinical workforce.

Despite this increase, disparities continue to exist between the 0-19 year population and the clinical ICAMH/AOD workforce. According to the *MHC's Resource Guidelines* for the 0-19 year population, an additional 202 clinical FTEs are required (a 20% increase). The largest increase is needed in the Northern region by 30% (109 Clinical FTEs).

While the need for increasing the ICAMH/AOD workforce is acknowledged by services, DHB and NGO ICAMH/AOD services identified that a key challenge in increasing the workforce is that there are significant shortages in qualified clinical staff available for recruitment and significant barriers to upskilling staff.

CLIENT ACCESS TO SERVICES

The inclusion of NGO client data has provided a more accurate picture of access to services for clients aged 0-19 years.

There continues to be an increasing trend in client access to services with the data showing a 6% increase from 2012 to 2013, largely in the female client group. The overall 2013 access rate was at 2.64% which was close to the target recommended rate of 3% (Mental Health Commission, 1998), with access rates in Midland (2.96%) and Central (2.94%) being the closest to the 3% rate. Access rates by age group showed the rate for the 15-19 year age group (5.84%) had exceeded the recommended rate of 5.5%. Improvements in access rates are still required in the 0-9 and 10-14 year age groups. Access rates also need to be improved in the Northern region as access in this region remains the lowest in the country at 2.19%.

The *Youth'12* survey data on high school students (Clark et al., 2013) identified several reasons for low access rates. Their data showed very little change in depressive symptoms in students from 2007 to 2012; in 2012, 16% of females and 9% of male students had clinically significant depressive symptoms. Nineteen percent of students reported that they were unable to access healthcare when needed; this was more common for females (21%) and for those from high deprivation areas (22%). Additionally, the most common barriers to access that were reported were:

- Hoping that the problems would go away or get better over time (51%)
- Didn't want to make a fuss (46%)
- Had no transport (26%).

Between 2012 and 2014, there was a 14% increase in funding to ICAMH/AOD services and a 13% increase in the workforce. Between 2012 and 2013, there was a 6% 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 still need to be addressed.

RECOMMENDATIONS

In light of these 2014 *Stocktake* findings, and to ensure alignment with current government priorities and progress toward workforce strategic goals, the following recommendations are made. Recommendations specific to Māori, Pacific and Asian service provision and workforce are outlined in the sections specific to these populations below.

FUNDING

- DHBs need to actively monitor service demands and ensure funding is distributed accordingly between DHB and NGOs.

DEVELOPMENT/PROVISION OF SERVICES

- **Early Intervention:**
 - While Blueprint access rates give priority to access for adolescents, the importance of intervening early in the pre-school age group is increasingly being recognised. Evidence suggests that intervention in the 0-4 year age group is most cost effective (Knudsen et al., 2006) with the potential to prevent mental health problems in the longer term (Olds & Kitzman, 1993; Woulides et al., 2011). Therefore, intervening early and developing early intervention services at primary level and enhancing primary to secondary service pathways are essential.
 - Increase/enhance school based health services in secondary schools. *Youth'12* results on health services in secondary schools showed positive associations between aspects of health services in schools and mental health outcomes of students at the same schools. There was less overall depression and suicide risk among students attending schools with any level of school health services (Denny et al., 2014). More specifically, schools with:
 - A health team on site
 - More than 2.5 hours of nursing and doctor time per week per 100 students
 - Health staff with postgraduate training
 - Routine psycho-social health screening using HEEADSSS screening.
 - Given that 8% of all the 15-19 year old population are not in employment, education or training (NEET) (Ministry of Business, Innovation & Employment, 2013), providing alternative, community based clinics for young people who are not at school could help to alleviate some of the access issues highlighted.
 - Young people in New Zealand have high rates of internet access and use (Gibson et al., 2013; Statistics New Zealand, 2004b), therefore developing and promoting online e-therapy tools (e.g. SPARX, Merry et al., 2012) is potentially an effective way of intervening early and increasing access to treatment.

IMPROVING CLIENT ACCESS TO ICAMH/AOD SERVICES

- There have been heartening improvements in access to services for Māori clients; therefore continuing to build on these increased access rates and enhanced outcomes in ICAMH/AOD services is important.
- Additionally, identifying and reducing barriers to access, especially for those below 15 years of age and for Pacific and Asian clients, is a key focus.

WORKFORCE DEVELOPMENT

- Continued investment in the targeted recruitment of workforce across all roles for Māori and other ethnicities is needed to ensure progress is sustained.
- While increasing the ICAMH/AOD workforce is a long-term solution to workforce shortages, there is an ongoing need to retain and develop the existing ICAMH/AOD workforce.
- Given that one-quarter of all clients are seen in the NGO sector, an increased focus on addressing the workforce development needs of the NGO sector is pertinent.
- GPs continue to be the largest source of referrals to ICAMH/AOD services, and the move to develop primary services to deliver mental health care may help reduce the demand in ICAMH/AOD specialist services and NGOs.
- Strategies for retaining and developing the workforce that span the primary to the secondary sector should include:
 - **Workforce Planning:**
 - Ensuring that active recruitment and addressing the workforce development needs of the Māori, Pacific and Asian workforce are seen as key priorities and are embedded in a service's strategic plans.
 - Ensuring that local schools, Youth One Stop Shops (YOSS), PHOs, NGOs and DHBs are all part of the strategic planning process.
 - **Retention:**
 - Due to the large number of vacant positions (143 FTEs), especially in DHB services, a concerted drive is required to recruit new graduates and train them to work in specialist ICAMH services in order to address this gap.
 - **Training and Professional Development:**
 - Providing enhanced training and career pathways to support experienced workers, especially those from the unregulated workforce, to better support the specialist workforce.
 - **Competency Development:**
 - Given the majority of children and young people are seen in mainstream services, increasing dual clinical/cultural competency in services is needed (by implementing available competency frameworks, e.g. *Real Skills Plus CAMHS (The Werry Centre, 2009)*; *Takarangi Māori Competency Framework (Matua Raki, 2010)*; *Real Skills Plus Seitapu Pacific Competency Framework (Te Pou, 2009)*).

○ **Exploring New Ways of Working:**

- Considering service redevelopment and design to use existing resources more efficiently (e.g. *Choice and Partnership Approach* (York & Kingsbury, 2013)).
- Engaging in collaborative service delivery between PHOs, NGOs and DHBs. Building relationships and working in partnership with other services to overcome shortages in the workforce is occurring in some areas and could be an effective strategy in sharing limited resources, especially in providing clinical support to NGOs.

DATA COLLECTION

- Continue to extend data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Whānau Ora implementation).
- 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.
- Include client outcomes data to assess whether services provided actually improved patients' mental health and wellbeing.

MĀORI NATIONAL OVERVIEW

MĀORI TAMARIKI AND RANGATAHI POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

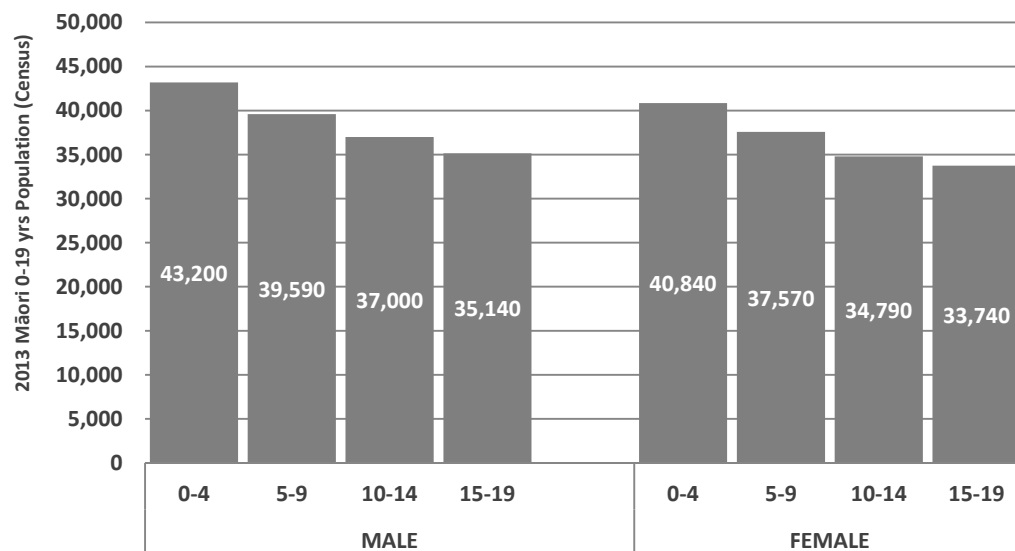
- The 2013 Census data showed an overall increase in the Māori 0-19 year population by 17% since the last census in 2006.
- This increase was seen in all four regions, with the largest increase in the Southern region (by 23%), followed by the Northern region (by 19%) (see Table 13).
- Māori are a youthful population. At the time of the 2013 Census, nearly half (44%) of the Māori population in New Zealand was 0-19 years old.
- A quarter (25%) of New Zealand's 0-19 year population was Māori.
- About half (51%) of the Māori 0-19 year population are male (see Figure 13).
- A third of the country's Māori infant, children and adolescent population reside in the Northern region and within the region, 37% reside in Counties Manukau, 24% in Waitemata and 24% in Northland. Auckland continues to have the lowest Māori population in the Northern region (14%) (see Appendix A, Table 1).

Table 13. Māori Infant, Child & Adolescent (0-19 yrs) Population

REGION	MĀORI INFANT, CHILD & ADOLESCENT (0-19 YRS) POPULATION (2006-2013)					TOTAL MĀORI ALL AGES 2013 ¹	% CHANGE (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹		
NORTHERN	83,568	95,160	96,340	97,120	99,410	228,500	19%
MIDLAND	81,954	90,320	90,850	91,090	95,040	217,600	16%
CENTRAL	58,299	64,200	64,600	64,900	65,750	151,060	13%
SOUTHERN	33,807	36,930	37,880	38,620	41,630	95,000	23%
TOTAL	257,628	286,610	289,670	291,730	301,860	692,300	17%

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

Figure 13. 2013 0-19 yrs Māori Population by Age Group & Gender



MĀORI TAMARIKI AND RANGATAHI MENTAL HEALTH NEEDS

- The Māori population in New Zealand is more likely to come from areas of greater deprivation than non-Māori (Ministry of Health, 2010b). Economic deprivation has been linked to a higher incidence of mental health problems (Fortune et al., 2010).
- The Māori youth (15-24 years) not in employment, education or training (NEET) rate for March 2013 has remained consistently high and is the highest at 23.2%, compared to European (11.4%), Pacific (19.8%) and Asian (7.2%) youth rates (Ministry of Business, Innovation & Employment, 2013).
- The consistently high NEET rate will continue to impact on the mental health and wellbeing of those already in high risk groups. This in turn can predict an even greater need for mental health services.
- 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 (2003), Clark et al., (2008) and Crengle et al., (2013).
- The most recent Adolescent Health Research Group findings via their National Youth Health School Surveys in 2012 (Crengle et al., 2013) of 1,701 Māori students found that:
 - Higher proportions of Māori youth lived in areas of higher deprivation compared to NZ European/Pākehā students than in 2007.
 - Access to Health Care:
 - Māori youth accessed the following most common health services: Family Doctors (72.4%); School Health Clinics (18.6%); Hospital Emergency (17.5%); and After Hours 24hr Accident & Medical Clinics (10.5%).
 - Access to health care had not improved from 2007 to 2012: Māori youth were less likely to have accessed a GP in the previous 12 months than were NZ European/Pākehā students. Younger Māori (< 13 years) and those who lived in higher deprivation areas less frequently reported accessing a GP.
 - 21.9% had not been able to access healthcare when needed.
 - Emotional and Mental Health:
 - Depressive Symptoms had not improved from 2007 (10.6%) to 2012 (13.9%): 13.9% reported significant depressive symptoms, with more females (18.3%) reporting symptoms than did males (8.7%). However, there were no differences in symptoms when compared to NZ European/Pākehā students.
 - Self-Harm: 28.7% reported they had self-harmed in the previous 12 months with females (26.6%) more likely than males (19.8%) to report this.
 - Suicidal Thoughts: 18.7% had seriously thought about killing themselves in the previous year, with suicidal thoughts more common in females (26%) than males (10.3%).
 - Suicide Attempts: Improvements from 2004 (11.9%) to 2007 (6.9%) and 2012 (6.5%): 6.5% had made a suicide attempt; more common in females (9.2%). Furthermore, Māori were more likely to report having made an attempt than were NZ European/Pākehā students.
 - Seeking Help: 22.2% had seen someone for emotional worries in the previous 12 months, with females (26.9%) seeking help more frequently than males (16.8%).
 - Substance Use:
 - Current smokers: 18.5%
 - Current drinkers: 56.8%; drinking increased with age

- Current users of marijuana: 20.7%; more common in males than females. More Māori youth who lived in higher deprivation areas reported smoking marijuana weekly than did those living in medium deprivation areas.
- Recent studies such as the *Growing Up in New Zealand* longitudinal study (Morton et al., 2014), which has followed 7,000 New Zealand children from before birth since 2009 and 2010, have shown that “Māori & Pacific children tend to be exposed to a greater number of risk factors for vulnerability than New Zealand European or Asian children. Exposure to multiple risk factors for vulnerability at any one time point increases the likelihood that children will experience poor health outcomes during their first 1000 days of development” (Morton et al., 2014, p. v).

PROVISION OF ICAMH/AOD SERVICES FOR MĀORI TAMARIKI AND RANGATAHI

- Of the 20 DHBs that provide specialist infant, child and mental health/AOD services, only one (Wairarapa DHB) received specific Kaupapa Māori infant, child and adolescent funding (Purchase Unit Code: MHCS39). General Kaupapa Māori services/teams (i.e. not specifically child/youth focused) operate within the following DHBs:
 - Northern region:
 - Counties Manukau: *He Kākano, Child & Adolescent Kaupapa Māori Mental Health Team.*
 - Waitemata DHB: *Moko Māori Mental Health Service* and *Te Atea Marino Regional Māori Alcohol & Drug Service.*
 - Central region:
 - MidCentral: *Oranga Hinengaro Māori Mental Health Service.*
 - Capital & Coast: *Te Whare Marie, Specialist Māori Mental Health Services.*
 - Southern region:
 - South Canterbury: *Māori Mental Health Team.*
- Where specific DHB Kaupapa Māori mental health/AOD services are not available, most DHBs fund local NGOs to provide these services:
 - Of the 112 NGOs that were identified by the 2014 workforce *Stocktake*, 22 provide specific child and adolescent Kaupapa Māori mental health/AOD services:
 - Northern region:
 - Northland: *Ngati Hine Health Trust.*
 - Counties Manukau: *Mahitahi Trust & Raukura Hauora O Tainui Trust.*
 - Midland region:
 - Waikato: *Hauora Waikato, Pai Ake Solutions Ltd, Raukawa Charitable Trust, Waahi Whaanui Trust.*
 - Lakes: *Te Utuhina Manaakitanga.*
 - Bay of Plenty: *Maketu Health & Social Services, Pirirakau Hauora, Manu Toroa, Tuwharetoa Ki Kawerau Health, Education & Social Services, Whakatohea Māori Trust Board.*
 - Tairāwhiti: *Ngati Porou Hauora Charitable Trust.*

- Taranaki: *Tui Ora Ltd.*
- Central region:
 - Hawke's Bay: *Te Taiwhenua O Heretaunga.*
 - MidCentral: *Best Care (Whakapai Hauora) Charitable Trust, Te Runanga O Raukawa.*
- Southern region:
 - Nelson Marlborough: *Te Kahui Hauora O Ngati Koata.*
 - South Canterbury: *Arowhenua Whanau Services.*
 - Southern: *Aroha Ki Te Tamariki Charitable Trust, Nga Kete Matauranga Pounamu Charitable Trust.*
- Māori tamariki and rangatahi are also able to access other DHB funded mainstream child and adolescent mental health/AOD, peer-support and advocacy services.

MĀORI ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all 20 DHB (Inpatient & Community) ICAMH/AOD services and 111/112 NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a 12% increase in the total Māori infant, child and adolescent mental health/AOD workforce, from 319 to 358 (headcount) (see Table 14 & Figure 14).
- All four regions showed an increase in the Māori workforce, with the largest increase seen in the Northern region by 31%, from 102 to 134.
- The increase in the Māori workforce was seen in both Clinical (by 8%, from 172 to 186) and Non-Clinical roles (by 15%, 128 to 147).

As at 30 June 2014:

- The Māori workforce (358 headcount) made up 18% of the total workforce (1,943 headcount).
- The largest Māori workforce was reported in the Northern region (134) and followed by the Midland region (98) (see Table 14 & Figure 15).
- There were more Māori employed in NGOs (59%) than in DHB services (41%).
- Just over half (52%) of the Māori workforce was in Clinical roles as Alcohol and Drug Practitioners (53), Social Workers (48) and Mental Health Nurses (31) (see Table 15 & Figure 16).
- The remainder were in Non-Clinical roles, largely as Mental Health Support Workers (52) and Cultural (35) and Youth Workers (24).

Table 14. Total Māori ICAMH/AOD Workforce (2006-2014)

REGION (HEADCOUNT)	DHB ¹					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHERN	39	48	53	57	59	32	23	28	45	75	71	71	81	102	134
MIDLAND	34	27	25	26	23	69	68	58	71	75	103	95	83	97	98
CENTRAL	43	46	37	42	49	16	39	26	41	35	59	85	63	83	84
SOUTHERN	11	12	16	16	16	27	28	22	21	27	38	40	38	37	42
TOTAL	127	133	131	141	146	144	158	134	178	212	271	291	265	319	358

1. Includes Inpatient Services

Figure 14. Māori ICAMH/AOD Workforce 2006-2014 (Headcount)

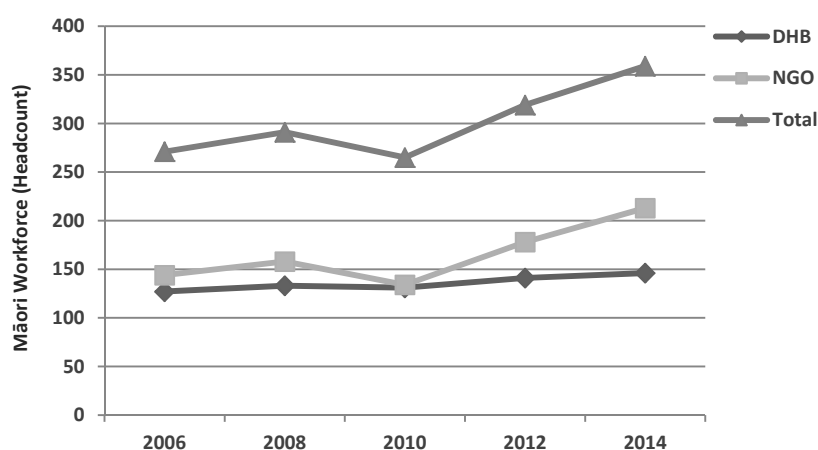


Figure 15. Total Māori ICAMH/AOD Workforce by Region (2014, Headcount)

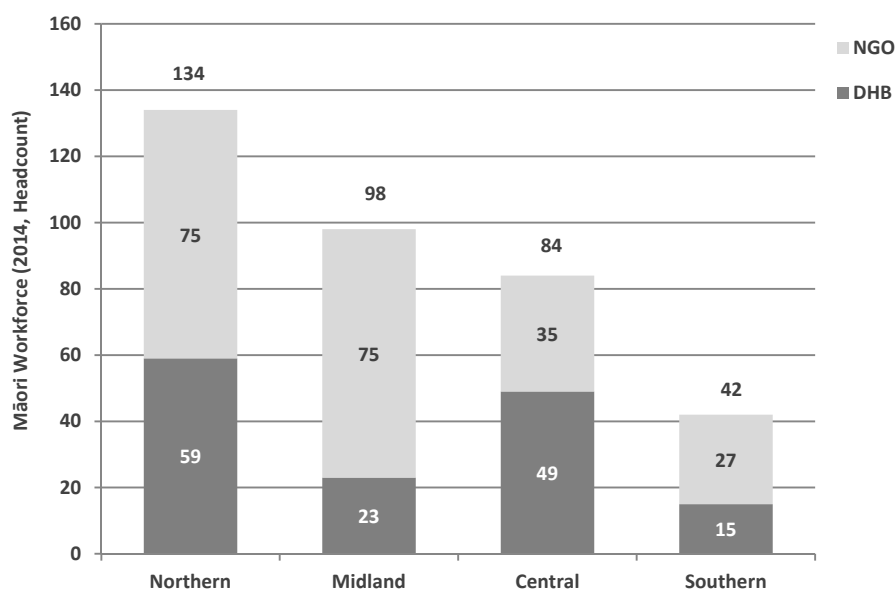


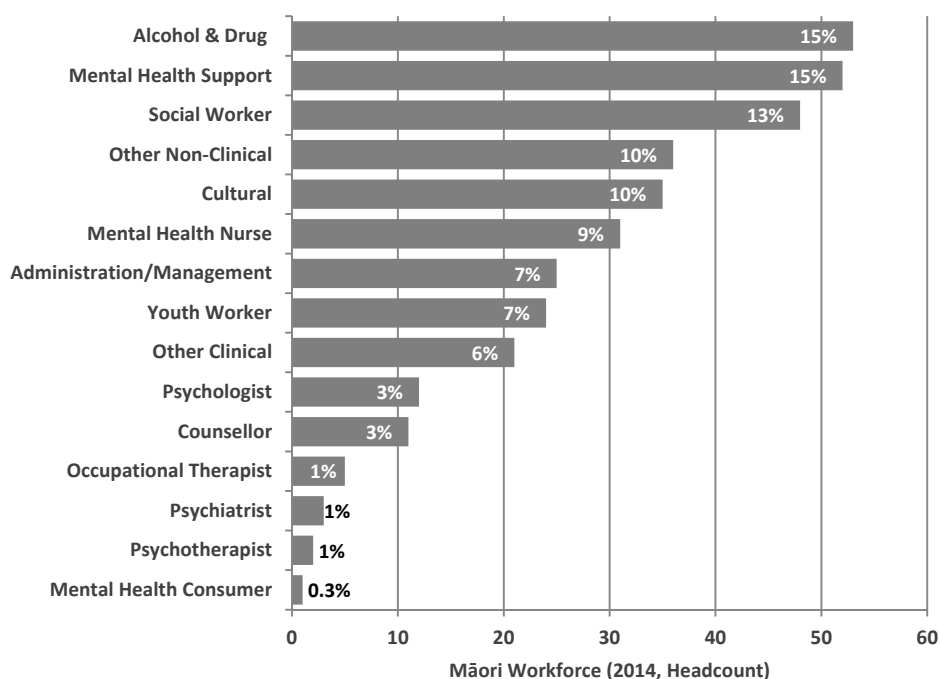
Table 15. Total Māori ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP (HEADCOUNT, 2014)	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	12	12	41	53
COUNSELLOR	-	3	3	8	11
MENTAL HEALTH NURSE	6	16	22	9	31
OCCUPATIONAL THERAPIST	-	5	5	-	5
PSYCHIATRIST	1	1	2	1	3
PSYCHOTHERAPIST	1	1	2	-	2
PSYCHOLOGIST	-	10	10	2	12
SOCIAL WORKER	-	24	24	24	48
OTHER CLINICAL ¹	-	10	10	11	21
CLINICAL SUB-TOTAL	8	82	90	96	186
CULTURAL APPOINTMENT	4	27	31	4	35
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	1	1
MENTAL HEALTH SUPPORT WORKER	5	6	11	41	52
YOUTH WORKER	-	-	-	24	24
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	2	2	33	35
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	9	35	44	103	147
ADMINISTRATION/MANAGEMENT	-	12	12	13	25
NATIONAL TOTAL 2014	17	129	146	212	358

1.Other Clinical= Programme facilitator; MST Therapist; Case Manager; Intake Coordinator; Clinical Placement/Intern; Clinical/cultural Advisor

2.Other Non-Clinical= Advocacy Peer Support Whānau/Consumers; IT Coordinator; Art Tutors; Cook; Caregiver, Driver; Whānau Ora Practitioner; AOD Youth Educators; AOD Assessors

Figure 16. Total Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



DHB INPATIENT MĀORI ICAMH WORKFORCE

From 2012 to 2014:

- There was an increase of one Māori staff in the Inpatient workforce from 16 to 17.
- Two out of the three Inpatient services reported a slight increase in the Māori workforce (Auckland & Central) while Canterbury reported a loss of 1 Māori staff from 4 to 3.
- The overall increase was seen in Clinical roles from 6 to 8.

As at 30 June 2014:

- The Māori Inpatient workforce was equally split between Clinical (Mental Health Nurses) and Non-Clinical (support for clients) roles (Mental Health Support Workers) (see Table 15).

DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

- From 2012 to 2014:
 - There was a 3% increase in the DHB Māori Community workforce, from 125 to 129 (headcount) (see Table 15).
 - This increase was seen in the Clinical workforce by 12%, from 73 to 82 (headcount).
 - The Northern and Central regions reported an increase in the Māori workforce, while there was a decrease in the Midland region. The workforce remained the same in the Southern region (Table 14).
- As at 30 June 2014:
 - The Northern region continues to have the largest Māori DHB Community workforce (52) followed by Central (42), Midland (23) and Southern (12) regions (see Table 14 & Figure 15).
 - The Māori workforce in the DHB Community services was mainly in Clinical roles as Social Workers (24) and Mental Health Nurses (16) (see Table 15).
 - The Māori Non-Clinical workforce was mainly Cultural Workers (27).

NGO MĀORI ICAMH/AOD WORKFORCE

Please note: The total 2014 NGO Māori workforce is underestimated due to missing workforce data from a large NGO provider in the Midland region.

- From 2012 to 2014:
 - There was a 19% increase in the NGO Māori workforce from 178 to 212 (headcount) (see Table 15).
 - This increase was seen in three out of the four regions: Northern, Midland & Southern regions, with the largest increase in the Northern region by 30, from 45 to 75 (headcount).
 - The Central region reported a decrease by 6, from 41 to 35.
 - The increase in the workforce was in both Clinical and Non-Clinical roles, with the greatest increase seen in the Non-Clinical roles, from 83 to 103 (headcount).

- As at 30 June 2014:
 - The Northern and Midland region NGOs reported the largest Māori workforce (75) followed by the Central (35) and Southern (27) regions (see Table 14 & Figure 15).
 - Almost half (49%) of the NGO Māori workforce was in Non-Clinical roles as Mental Health Support Workers (41), Youth Workers (24) and in Other Non-Clinical roles (Advocacy/Peer Support roles) (see Table 15).
 - The remainder (45%) were in Clinical roles as Alcohol and Drug Practitioners (41) and Social Workers (24).

ADDRESSING WORKFORCE SHORTAGES FOR MĀORI:

Fourteen out of the 20 DHB ICAMH/AOD services and 20 out of 112 NGOs responded to the qualitative survey.

DHB ICAMH/AOD: ADDRESSING MĀORI WORKFORCE SHORTAGES	
ISSUES	<ul style="list-style-type: none"> Shortages in clinical roles, whānau support roles. Recruitment and retention of Māori in clinical roles is difficult. Takarangi Framework difficult to implement into the service. Lack of experienced clinicians - many at entry level to practice. Lack of supervisors available for clinicians.
STRATEGIES	<p>PROMOTING MENTAL HEALTH CAREERS IN SCHOOLS & TERTIARY EDUCATION PROVIDERS:</p> <ul style="list-style-type: none"> Building relationships with tertiary institutions to encourage graduates seeing service as a potential employment option. Outreach to secondary schools to ensure Māori/Pacific students enter tertiary education in health. <p>TRAINING & PROFESSIONAL/COMPETENCY DEVELOPMENT</p> <ul style="list-style-type: none"> Identify Māori students coming through placements. Support Nursing entry to specialty staff per year and encourage Pacific and Māori candidates to apply for positions. Funded Māori internship programme for nursing and allied staff. Invest in good training. Cultural advisors having a governing body for professional development and accountability. Attracting non-Māori in clinical positions and allowing them to work in a cultural service is productive and helpful for them. Mixing the Taha Māori (Cultural) with clinical that meets the outcomes for tangata whaiora. Upskilling opportunities for cultural advisors to improve with salary progression that reflects their cultural integrity. Being able to be more responsive with tangata whaiora that sit in mainstream services. Taking an integrated approach to Māori workforce by having cultural staff in all teams rather than separate cultural services. (This offers appeal to staff and when these positions become vacant they are quickly filled.) Support the development of cultural staff to obtain clinical qualifications. Visibility of cultural advisors in services. MHERC has delivered very low-cost annual, tailored programmes for Te Awa O te Ora and He Waka Tapu, supporting Māori organisations to upskill their workforce in the areas of alcohol and other drugs. <p>SHARING RESOURCES WITH OTHER SERVICES:</p> <ul style="list-style-type: none"> Where there is no Māori clinicians, services have support from existing Māori Mental Health service in the area to meet demand. Access to Regional Māori health and 2 Te Pou Kokiri workers in Voyagers. <p>WORKFORCE PLANNING:</p> <ul style="list-style-type: none"> Incorporating the recruitment and retention of Māori into overall mental health service plan. Team planning/strategic days to help with role clarity and team orientation.

NGO ICAMH/AOD: ADDRESSING MĀORI WORKFORCE SHORTAGES

ISSUES	<ul style="list-style-type: none"> • <i>Clinical positions difficult to fill. Cultural assessors as a cluster, although Raukawa can provide cultural assessors.</i> • <i>Psychologist shortage - long waiting list for clients. Overall there is not enough workforce to deal with volumes.</i> • <i>Lack of dedicated Māori positions in CAMHS sector.</i> • <i>Lack of support for Māori workforce development within DHBs.</i> • <i>Lack of support from HWNZ and GOVT for Māori students in tertiary education e.g. Paid internships and placements.</i> • <i>This is very difficult. There are no Māori who are trained appropriately in our region (Southern). We continue to feedback the need to train local Māori to meet the needs of the workforce.</i>
STRATEGIES	<p>TRAINING & PROFESSIONAL DEVELOPMENT:</p> <ul style="list-style-type: none"> • <i>Takarangi training.</i> • <i>Training, Support and Supervision.</i> • <i>Investment into growing own workforce by creating a pathway and support for individuals to achieve MH/AOD qualifications and competencies.</i> <p>TARGETED RECRUITMENT</p> <ul style="list-style-type: none"> • <i>Repeat recruitment. Consultation with Contract Funder. Discussion with other health providers.</i> • <i>Work with specific recruitment agency - Mana.</i> <p>SHARING RESOURCES WITH OTHER SERVICES:</p> <ul style="list-style-type: none"> • <i>Utilise the organisation's kaupapa service.</i> • <i>Working with the DHB CAMHS. We have close working relationships that could work out a strategy. Shared care DHB and Kaupapa Māori NGO in place.</i>

TAMARIKI AND RANGATAHI CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data.

- From 2004 to 2013:
 - While there was an increasing trend in the numbers of Māori clients accessing services nationally from 2004 to 2012, there was very little change in the number of Māori clients from 2012 to 2013 with a 1% overall increase (see Table 16 & Figure 17).
 - However, clients by gender showed a 10% increase in Māori female clients, while there was a 5% decrease in Māori male clients accessing services nationally.
 - Māori clients by region showed the largest increase in the Southern region by 33%, while there were decreases in clients in the Northern (by 7%) and Midland (by 2%) regions (see Table 16).
- In the second half of 2013:
 - Māori pepe, tamariki and rangatahi made up 31% of the total clients accessing mental health/AOD services.
 - There were more Māori males (57%, 5,639) accessing services than females (43%, 4,247).
 - The Northern region had the largest number of Māori clients, accounting for 33% of total Māori clients (see Table 16 & Figure 18).
 - Nationally, approximately one-third (31%) of all Māori clients were seen by NGOs.
 - By region, almost half (44%) of Māori clients in the Midland region were accessing NGOs (see Table 16 & Figure 18).

Figure 17. Māori Tamariki & Rangatahi Clients (2004-2013)

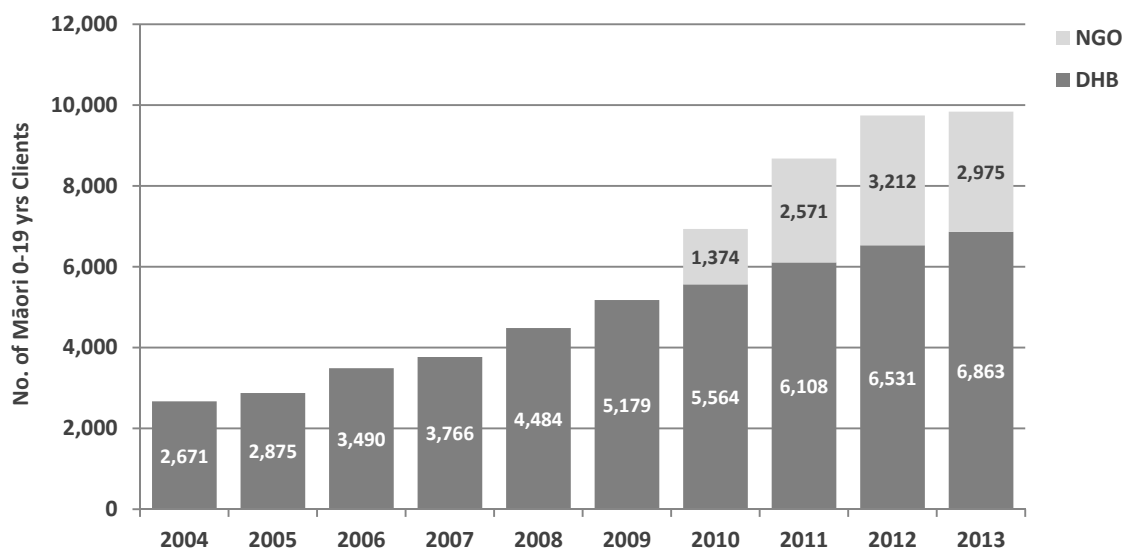
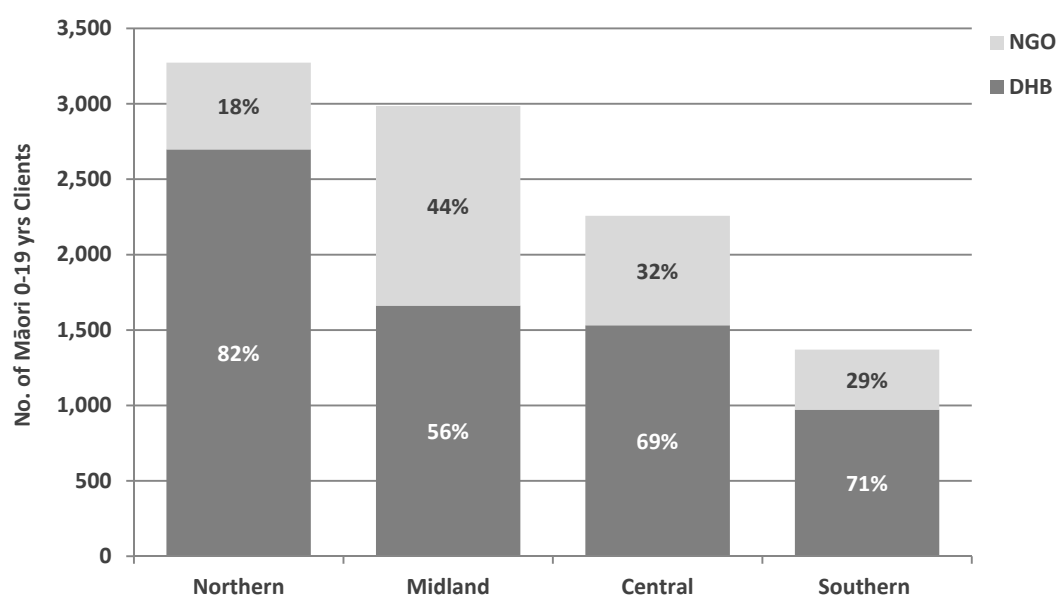


Table 16. Māori Tamariki & Rangatahi Clients by Region

YEAR	MĀORI 0-19 YRS CLIENTS BY REGION 2004-2013 (0-19 YRS)					TOTAL CLIENTS (ALL ETHNICITIES)
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL	
2004	833	798	693	347	2,671	14,045
2005	1,018	853	662	342	2,875	14,904
2006	1,303	926	694	567	3,490	15,286
2007	1,398	1,028	760	580	3,766	16,396
2008	1,754	1,166	850	714	4,484	18,035
2009	2,245	1,198	980	756	5,179	19,753
2010	2,778	1,827	1,435	898	6,938	24,200
DHB	2,441	1,270	1,111	742	5,564	21,346
NGO	337	557	324	156	1,374	2,854
2011	3,062	2,674	1,851	1,092	8,679	28,703
DHB	2,672	1,502	1,221	713	6,108	22,574
NGO	390	1,172	630	379	2,571	6,129
2012	3,538	3,048	2,125	1,032	9,743	30,472
DHB	2,841	1,641	1,345	704	6,531	23,387
NGO	697	1,407	780	328	3,212	7,085
2013	3,273	2,986	2,257	1,370	9,886	32,197
DHB	2,698	1,662	1,531	972	6,863	25,177
NGO	575	1,324	726	398	3,023	7,020

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 18. Māori Tamariki & Rangatahi Clients by Service Provider & Region (2013)



TAMARIKI AND RANGATAHI CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. However, due to the lack of epidemiological data for the Māori tamariki and rangatahi population, Blueprint access benchmarks for Māori were set at 6.0% over a 6-month period, 3.0% higher than the general population due to a higher need for mental health services (Mental Health Commission, 1998).

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- Total Māori 0-19 years access rates increased from 2.57% to 3.28%, which was higher than the national average access rate of 2.64% (see Table 17 & Figure 19).
- Access rates by age group showed an improvement in the 0-9 year age group only.
- Māori access rates showed an increase in all four regions, especially in the Southern region (see Table 18).

In the second six months of 2013:

- Access rates by region showed that:
 - The Central region had the highest Māori 0-19 year access rate of 3.43% in the country (see Table 18 & Figure 20).
 - Central region also had the highest Māori access rate for the 0-9 year age group (0.96%).
 - The Southern region had the highest Māori access rate for the 10-14 year age group of 4.22%, exceeding the target rate for this age group.
 - The Northern region had the highest Māori access rate for the 15-19 year age group of 8.45%, exceeding the target rate for this age group.
- All four regions had exceeded the target access rate for the Māori 10-14 and 15-19 year age groups (see Table 18).
- However, all four regions remained below the target rate for the Māori 0-9 year age group.
- Despite a considerable improvement in access rates for Māori, the Māori access rate is yet to reach the recommended rate of 6.0% for the Māori population set by the MHC.

Table 17. Māori Tamariki & Rangatahi Client Access Rates by Age Group

YEAR	MĀORI CLIENT ACCESS RATES BY AGE GROUP (2004-2013)			
	0-9	10-14	15-19	0-19
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%/6.00%
2004	0.32%	1.32%	2.15%	0.98%
2005	0.31%	1.43%	2.30%	1.05%
2006*	0.36%	1.54%	2.84%	1.24%
2007	0.40%	1.60%	3.03%	1.32%
2008	0.45%	1.86%	3.68%	1.56%
2009	0.47%	2.10%	4.38%	1.76%
2010	0.57%	2.79%	6.10%	2.32%
DHB	0.54%	2.26%	4.61%	1.86%
NGO	0.03%	0.53%	1.49%	0.46%
2011	0.73%	3.66%	7.40%	2.91%
DHB	0.61%	2.44%	5.12%	2.05%
NGO	0.12%	1.22%	2.28%	0.86%
2012	0.51%	4.16%	8.65%	2.57%
DHB	0.42%	2.74%	5.56%	1.72%
NGO	0.09%	1.41%	3.09%	0.85%
2013*	0.86%	4.09%	8.07%	3.28%
DHB	0.70%	2.74%	5.46%	2.27%
NGO	0.16%	1.35%	2.60%	1.00%
NATIONAL AVERAGE ACCESS RATES 2013 (ALL ETHNICITIES)	0.81%	3.04%	5.84%	2.64%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Figure 19. Māori Tamariki & Rangatahi Client Access Rates

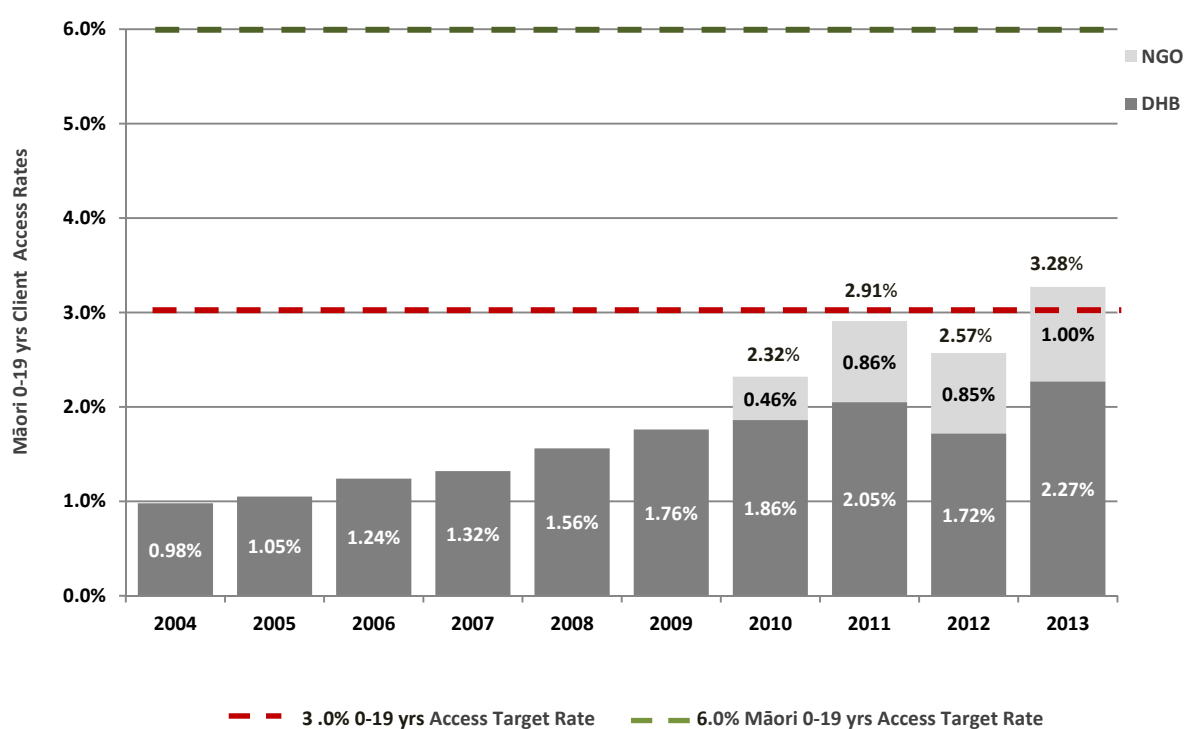


Table 18. Māori 0-19 yrs Access Rates by Region (2004-2013)

YEAR	TOTAL MĀORI 0-19 YRS ACCESS RATES BY REGION (2004-2013)				
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL
2004	0.91%	0.80%	1.31%	1.58%	0.98%
2005	1.11%	0.85%	1.24%	1.68%	1.05%
2006*	1.38%	1.06%	1.11%	1.57%	1.24%
2007	1.49%	1.15%	1.17%	1.58%	1.32%
2008	1.84%	1.29%	1.32%	1.69%	1.56%
2009	2.28%	1.30%	1.50%	1.75%	1.76%
2010	2.78%	1.96%	2.17%	2.02%	2.32%
DHB	2.44%	1.36%	1.68%	1.73%	1.86%
NGO	0.34%	0.60%	0.49%	0.29%	0.46%
2011	3.06%	2.88%	2.81%	2.36%	2.91%
DHB	2.67%	1.62%	1.85%	1.86%	2.05%
NGO	0.39%	1.26%	0.96%	0.50%	0.86%
2012	3.08%	2.52%	2.64%	1.63%	2.57%
DHB	2.48%	1.35%	1.67%	1.11%	1.72%
NGO	0.61%	1.16%	0.97%	0.52%	0.85%
2013*	3.33%	3.14%	3.43%	3.29%	3.28%
DHB	2.74%	1.75%	2.33%	2.33%	2.27%
NGO	0.58%	1.39%	1.10%	0.96%	1.00%

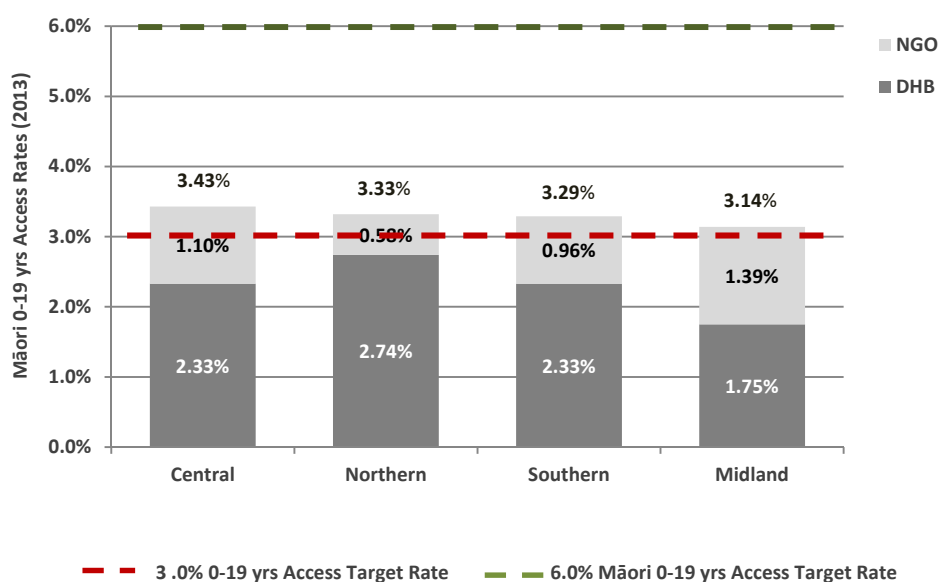
Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Table 19. Māori Clients by Age Group & Region (2013)

REGION	MĀORI 0-19 YRS ACCESS RATES BY AGE GROUP & REGION (2013)			
	0-9	10-14	15-19	0-19
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%
NORTHERN	0.80%	4.05%	8.45%	3.33%
DHB	0.74%	3.33%	6.78%	2.74%
NGO	0.06%	0.72%	1.67%	0.58%
MIDLAND	0.85%	4.09%	7.58%	3.14%
DHB	0.57%	2.04%	4.24%	1.75%
NGO	0.28%	2.06%	3.34%	1.39%
CENTRAL	0.96%	4.09%	8.37%	3.43%
DHB	0.80%	2.72%	5.39%	2.33%
NGO	0.16%	1.37%	2.97%	1.10%
SOUTHERN	0.89%	4.22%	7.79%	3.29%
DHB	0.75%	3.08%	5.17%	2.33%
NGO	0.14%	1.14%	2.61%	0.96%
NATIONAL	0.86%	4.09%	8.07%	3.28%
DHB	0.70%	2.74%	5.46%	2.27%
NGO	0.16%	1.35%	2.60%	1.00%

Note: Clients by DHB of Domicile for the 2nd 6 months of 2013

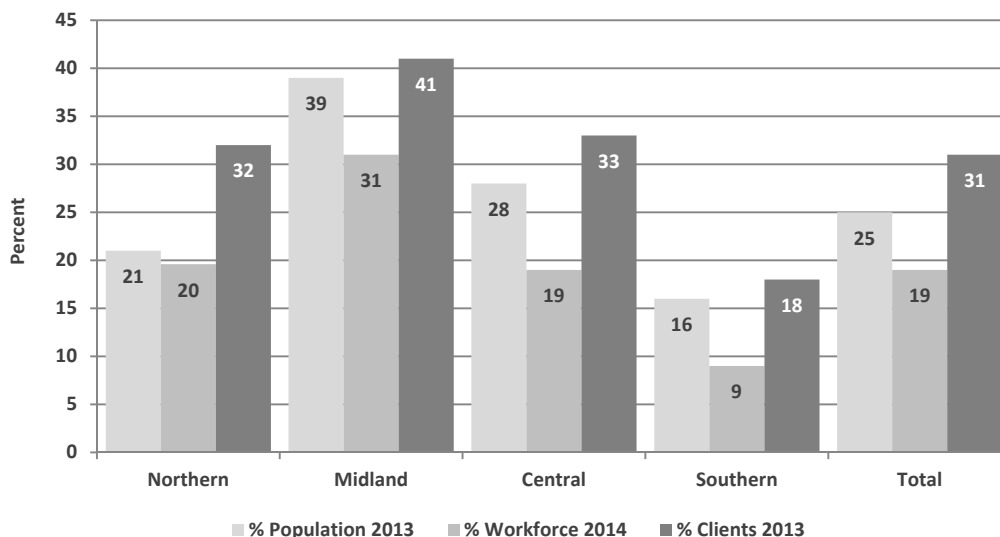
Figure 20. Māori 0-19 yrs Access Rates by Region (2013)



MĀORI WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, Māori infants, children and adolescents made up 25% of the total 0-19 year population and the Māori workforce (334, excluding the Administration/Management workforce) made up 19% of the total workforce (1,767). However, due to the missing ethnicity data from a large NGO in the Midland region, the Māori workforce may be underestimated.
- Despite the increase in the total Māori workforce from 2012 to 2014, the Māori workforce does not appear to be representative of the regional Māori population (see Figure 21).
- Furthermore, when the proportion of Māori client numbers accessing services in the region (31% in the second six months of 2013) is compared with the Māori workforce, the disparity between the workforce and Māori clients is more evident at the national and regional levels, especially in the Central and Northern regions.
- Given the increasing trend in Māori clients accessing services nationally, there is a need to focus on increasing the Māori workforce, not only in Clinical roles but across all occupational groups, to cater for the current and future Māori infant, child and adolescent population needs.

Figure 21. Proportion of the Māori Population, Workforce & Client Comparisons by Region



SUMMARY

The Māori population is a growing and youthful population with almost half of the population between the ages of 0 and 19 years. Despite a slower growth rate relative to the Pacific and Asian populations, the Māori population will continue to have a younger age structure than the total New Zealand population due to higher birth rates.

Māori experience lower socioeconomic status and have double the prevalence rates of mental health disorders compared to the general population. Regions with large populations of Māori pepe, tamariki and rangatahi, such as the Northern and Midland regions, and parts of the Central region (Hawke's Bay & Whanganui), should anticipate continued demand on services.

PROVISION OF SERVICES FOR MĀORI PEPE, TAMARIKI AND RANGATAHI

From 2012 to 2014, there was very little progress in funding and in the number and types of mental health/AOD services that were available to Māori tamariki, rangatahi and their whānau nationally. There continues to be a limited number of Māori mental health/AOD services available to Māori especially in DHB services nationally.

MĀORI ICAMH/AOD WORKFORCE

The *Stocktake* workforce data from 2012 to 2014 also showed an increasing trend in the Māori workforce, especially in the clinical workforce, with over half of the total Māori workforce in clinical positions. Māori in DHB services continued to be largely clinical staff while there was a more even split between clinical and non-clinical roles in NGOs. However, the NGO Māori non-clinical workforce had experienced a greater increase.

Despite this increase, disparities continued to exist between the tamariki and rangatahi population and the Māori workforce. According to the *MHC Resource Guidelines* estimated for the Māori 0-19 year population, an additional 160 clinical FTEs is required to serve the population. The largest increase is required in the Northern region.

While the need for increasing the Māori workforce is acknowledged by services, DHB and NGO ICAMH/AOD services identified that a key challenge in increasing the Māori workforce is that recruitment of clinical roles is difficult due to lack of qualified clinical practitioners that are available, as many are largely at entry-level. There is a need for specific initiatives to help transition entry level practitioners into the clinical workforce.

MĀORI TAMARIKI AND RANGATAHI ACCESS TO SERVICES

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.

The inclusion of NGO client data has provided a more accurate picture of access to services for Māori. Despite significant increases in Māori tamariki and rangatahi access rates, they continue to remain below the 6% target rate recommended for Māori (Mental Health Commission, 1998), especially in the 0-9 year age group.

The *Youth'07* survey data on Māori high school students (Clark et al., 2008) identified several reasons for persistent low access rates for Māori. Their data showed that more Māori than NZ European youth reported problems with accessing health care and were more likely to identify barriers to accessing health care. These included:

- 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.

Some of these barriers may contribute to access not reaching the full target. The recent data have indicated that Māori infants, children and adolescents do access services, and that they are largely seen by mainstream services/teams rather than Kaupapa Māori services/teams, which is possibly due to the lack of dedicated Kaupapa Māori services/teams, especially in DHB services.

RECOMMENDATIONS

In light of the current *Stocktake* findings and to ensure alignment with current government priorities (Ministry of Health, 2007; 2012b) and progress toward workforce strategic goals, the following recommendations support improvements in the mental health outcomes for all Māori pepe, tamariki and rangatahi. These recommendations have also been developed in consultation with the Werry Centre Māori Advisory Group:

- **Development and Provision of Services:**

- **Early Intervention:**

- Because early intervention and earlier access to services are essential for Māori (Ministry of Health, 2008b), there is ongoing need to develop early intervention strategies and services (i.e. parenting programmes and infant health/mental health services) for Māori in primary and secondary care settings.
 - School based health services in secondary schools should be increased and enhanced with appropriately trained staff. *Youth'12* results on health services in secondary schools showed positive associations between aspects of health services in schools and mental health outcomes of students at the same schools. There was less overall depression and suicide risk among students attending schools with any level of school health services (Denny et al., 2014). More specifically, schools with:
 - A health team on site
 - More than 2.5 hours of nursing and doctor time per week per 100 students
 - Health staff with postgraduate training
 - Routine psycho-social health screening using HEEADSSS screening.

- Given that 23% of Māori rangatahi are NEET (Ministry of Business Innovation & Employment, 2013), alternative, community based clinics for Māori young people who are not at school could help to alleviate some of the access issues highlighted.

- **Workforce Development:**

- Due to increases in Māori access and continued shortages in the Māori workforce, there is a continued need to increase the Māori ICAMH/AOD workforce.
 - While increasing the Māori workforce is a long-term solution to workforce shortages, there is an ongoing need to retain and develop the existing Māori ICAMH/AOD workforce.
 - Given that over half of the Māori workforce is employed in NGOs and one-third of Māori clients are seen by the NGO sector, an increased focus on addressing the workforce development needs of the NGO sector is pertinent.
 - GPs continue to be the largest source of referrals to ICAMH/AOD services, and the move to develop primary services to deliver mental health care may help reduce the demand in ICAMH/AOD specialist services and NGOs.
 - The strategies for retaining and developing the Māori workforce that spans the primary and secondary services could include:
 - **Workforce Planning:**
 - DHBs need to actively maintain service demands and ensure funding is distributed accordingly between DHBs and NGOs.

- Ensuring that active recruitment and addressing the workforce development needs of the Māori workforce is seen as a key priority and is embedded in a service's strategic plans.
- Ensuring that local schools, PHOs and NGOs and DHBs are all part of the service strategic planning process.
- **Training and Professional Development:**
 - Enhanced training and career pathways to support experienced workers, especially those from the unregulated workforce, to better support the specialist workforce to increase Māori workforce numbers across all roles and parts of the sector.
 - Māori leadership development could have a positive impact on the workforce by providing experienced role models to foster conditions for recruitment and retention of the Māori workforce.
 - Shared training between DHB and NGOs whereby DHBs are actively looking for opportunities to include NGOs in training programmes/events.
- **Competency Development:**
 - Critical workforce shortages mean Māori tamariki, rangatahi and their whānau are largely accessing mainstream services and are seen by non-Māori, therefore there continues to be a critical need for increasing the dual competency of mainstream services to be clinically and culturally competent. For instance, integrating the skills and knowledge outlined in Māori competency frameworks, e.g. *Takarangi Competency Framework* (Matua Raḡi, 2010), in services nationally.
- **Exploring New Ways of Working:**
 - Engaging in collaborative service delivery between PHOs, NGOs and DHBs. Building relationships and working in partnership with other services to overcome shortages in the workforce is occurring in some areas and could be an effective way to share limited resources, e.g. DHBs providing clinical support and senior clinical staff for advice/consult to NGOs.
- **Improving Access to Services:**
 - While Māori access rates to services have increased, they still remain short of meeting actual need.
 - In consultation with tangata whaiora, effective strategies to increase Māori access rates, especially to cater for actual need, must be identified.
 - Appointing *Whānau Champions* who are respected members of the local community to facilitate and improve access to services has been used successfully in the Midland region and could be an effective strategy in other areas where access is an issue.
 - Working more collaboratively and maintaining relationships between school, primary and secondary mental services to assist with referral pathways.
 - Additionally, identifying the reasons why access has improved may also assist future planning.

PACIFIC NATIONAL OVERVIEW

INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ. Prioritised ethnicity is a method whereby a person who reports more than one ethnicity is classified into one ethnicity, i.e. Māori first, Pacific second, Asian third and Other Ethnicity fourth. While prioritised ethnicity population data are chosen for ease of use, prioritisation conceals diversity within and overlap between ethnic groups by eliminating multiple ethnicities from data (Statistics New Zealand, 2006a).

- 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 Island Māori, Tongan, Niuean, Fijian and Tokelauan (Statistics New Zealand, 2002).
- The 2013 Census data showed an overall increase in the Pacific 0-19 year population by 18% since the 2006 Census. While there was an increase in the population in all four regions, the largest increase was seen in the Midland region by 30% followed by the Southern region by 29% (see Table 20).
- The Pacific population of New Zealand is a youthful population compared to the total New Zealand population. Almost half (41%) of the Pacific population in New Zealand were 0-19 years old at 2013 Census.
- Pacific infants, children and adolescents made up 10% of New Zealand's total 0-19 years population. Over half (51%) of the Pacific 0-19 year population are male (see Figure 22).
- The majority of New Zealand's Pacific infants, children and adolescents reside in the Northern region (71%). Over half of the Northern region's Pacific population reside in Counties Manukau (55%) (see Appendix A, Table 1).

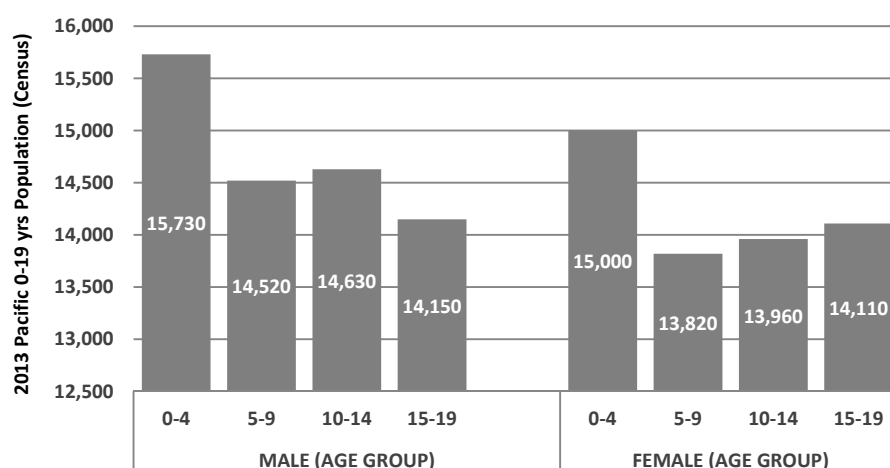
Table 20. Pacific Infant, Child & Adolescent (0-19 yrs) Population

REGION	PACIFIC INFANT, CHILD & ADOLESCENT (0-19 YRS) POPULATION (2006-2013)					PACIFIC ALL AGES 2013 ¹	% CHANGE (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹		
NORTHERN	70,584	82,140	84,510	86,700	82,750	201,750	17
MIDLAND	5,733	6,480	6,500	6,490	7,480	18,780	30
CENTRAL	15,633	17,365	17,355	17,400	17,520	45,120	12
SOUTHERN	6,345	7,445	7,335	7,570	8,165	20,170	29
TOTAL	98,295	113,430	115,700	118,160	115,920	285,800	18

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 22. Pacific Population by Gender & Age Group (2013 Census)



PACIFIC MENTAL HEALTH NEEDS

- Pacific populations in New Zealand experience higher socioeconomic deprivation than the general population (Statistics New Zealand, 2002).
- The Pacific youth (15-24 years) not in employment, education or training (NEET) rate for March 2013 is the second highest at 19.8% after Māori (23.2%) and is consistently higher than European (11.4%) and Asian (7.2%) youth rates (Ministry of Business, Innovation & Employment, 2013).
- This consistent NEET rate for Pacific youth will continue to negatively impact on the mental health and wellbeing of those already in high risk groups. This in turn is likely to lead to increased demand for mental health services.
- 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, 2008a).
- Psychological distress (10%) is also higher in Pacific peoples than in other ethnicities in New Zealand; with rates for Māori at 9%, Asian (7%) and European (5%) (Ministry of Health, 2012a).
- For Pacific peoples, the leading cause of mortality is injury which is largely attributable to suicide. There are also higher rates of mental health admissions for schizophrenia and schizotypal/delusional disorders (Mila-Schaaf, 2008).
- Younger Pacific people, 16-24 years old, are more likely to experience a mental health disorder that is classified as serious compared with older Pacific people (Mila-Schaaf, Robinson, Denny, & Watson, 2008).
- Recent studies such as the *Growing Up in New Zealand* longitudinal study, which has followed 7,000 New Zealand children from before birth since 2009 and 2010, have shown that *“Māori & Pacific children tend to be exposed to a greater number of risk factors for vulnerability than New Zealand European or Asian children. Exposure to multiple risk factors for vulnerability at any one time point increases the likelihood that children will experience poor health outcomes during their first 1000 days of development”* (Morton et al., 2014, p. v).
- The *Youth’07* study on 1,190 Pacific high school students (Helu, Robinson, Grant, Herd, & Denny, 2009) 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.
 - More Pacific students reported sexual abuse than did 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%).
 - Rates of smoking and using marijuana were also higher in Pacific students (12%) than amongst NZ European students (8%).
- These economic and generational factors for Pacific infants, children and adolescents strongly signal the need to improve mental health outcomes for Pacific children and young people as a key priority.

ICAMH/AOD SERVICE PROVISION FOR PACIFIC INFANTS, CHILDREN AND ADOLESCENTS

- In New Zealand, Pacific infants, children and adolescents and their families have access to both mainstream and Pacific ICAMH/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 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 112 NGOs that were identified for the 2014 *Stocktake*, only six NGOs provided dedicated Pacific services in the following regions and DHB areas:
 - Northern region:
 - Counties Manukau: Penina Trust
 - Midland region:
 - Waikato: K'aute Pasifika, Raukawa Charitable Trust
 - Central region:
 - Capital & Coast: Taeaomanino Trust
 - Hutt: Q-Nique/WellTrust
 - Southern region:
 - Canterbury: 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 78% of Pacific children had visited a GP in the past 12 months, as reported in the *2011/2012 New Zealand Health Survey* (Ministry of Health, 2012b), primary health care organisations have a key role in improving the mental health status of Pacific people.

PACIFIC ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all 20 DHB (Inpatient & Community) ICAMH/AOD services and 111/112 NGOs as at 30 June 2014.

- From 2012 to 2014:
 - There was a 26% increase in the total Pacific ICAMH/AOD workforce (DHB Inpatient & Community CAMHS & NGOs) from 106 to 134 (headcount, 109.74 actual FTEs) (see Table 21 & Figure 27).
 - Three out of the four regions showed an increase in the Pacific ICAMH/AOD workforce with the Northern region (91) reporting the largest increase, from 66 to 91. The Southern region reported a decrease by 3, from 12 to 9.
 - The increase in the Pacific workforce was seen in both DHB services and NGOs.
 - The overall increase in the Pacific workforce was seen in both the Clinical (from 60 to 68) and Non-Clinical workforce (from 40 to 58).
- As at 30 June 2014:
 - The Pacific workforce (134) made up 7% of the total ICAMH/AOD workforce (1,943 headcount).
 - The Northern region had the largest Pacific workforce (91), followed by the Central region (27) (see Table 21 & Figure 23).
 - The sub-ethnicity of the Pacific workforce consisted of Samoan (51%), Tongan (17%), Cook Island (14%), Niuean (7%), Fijian (4%), Tokelauan (4%) and Hawaiian (1%). Half of the Pacific workforce was fluent in their respective languages, while the remainder were either semi-fluent or understood some of their language.
 - Just over half of the Pacific workforce (57%, 76 headcount) was employed in DHB services (see Table 21).
 - The Pacific workforce was largely in Clinical roles (51%) mainly as Mental Health Nurses (18), Alcohol & Drug Practitioners (17), and Social Workers (12) (see Table 22 & Figure 25).
 - The Non-Clinical Pacific workforce was mainly Mental Health Support Workers (23), and Cultural Workers (12) and Youth Worker (10).

Table 21. Total Pacific ICAMH/AOD Workforce (Headcount, 2006-2014)

REGION	DHB ¹					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHERN	18	29	35	39	55	9	9	17	27	36	27	38	52	66	91
MIDLAND	4	1	2	2	1	5	7	6	4	6	9	8	8	6	7
CENTRAL	7	14	19	16	18	8	6	4	6	9	15	20	23	22	27
SOUTHERN	-	-	1	2	2	12	8	9	10	7	12	8	10	12	9
TOTAL	29	44	57	59	76	34	30	36	47	58	63	74	93	106	134

1. Includes Inpatient Services

Figure 23. Pacific ICAMH/AOD Workforce 2006-2014 (Headcount)

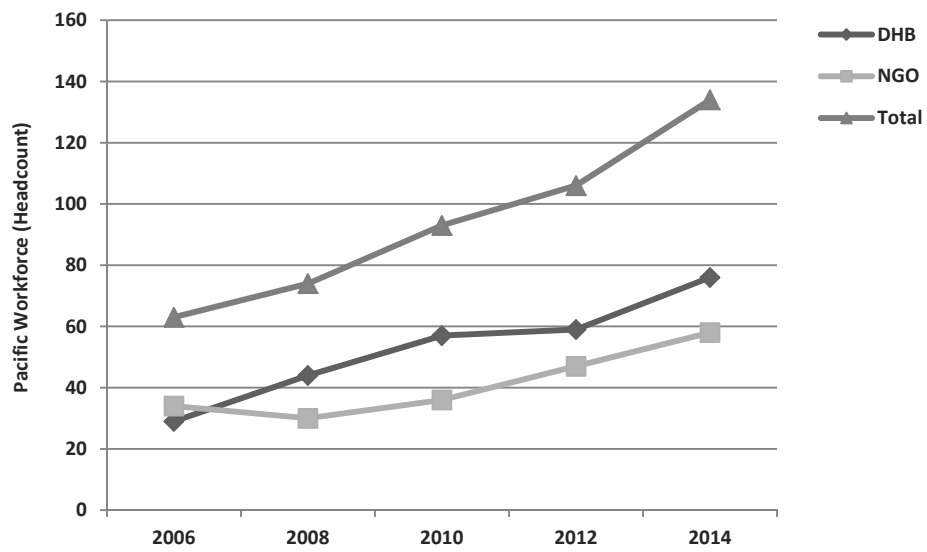


Figure 24. Total Pacific ICAMH/AOD Workforce by Region (2014, Headcount)

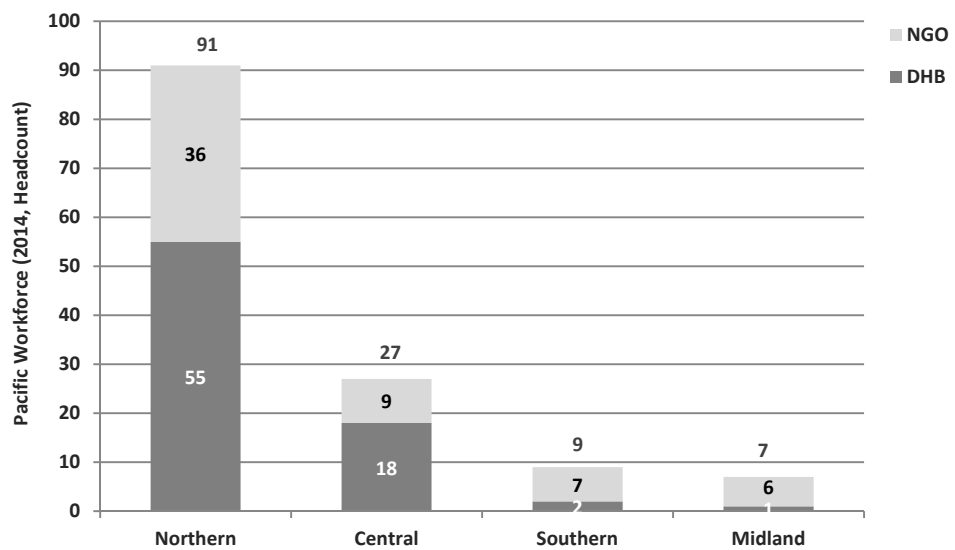
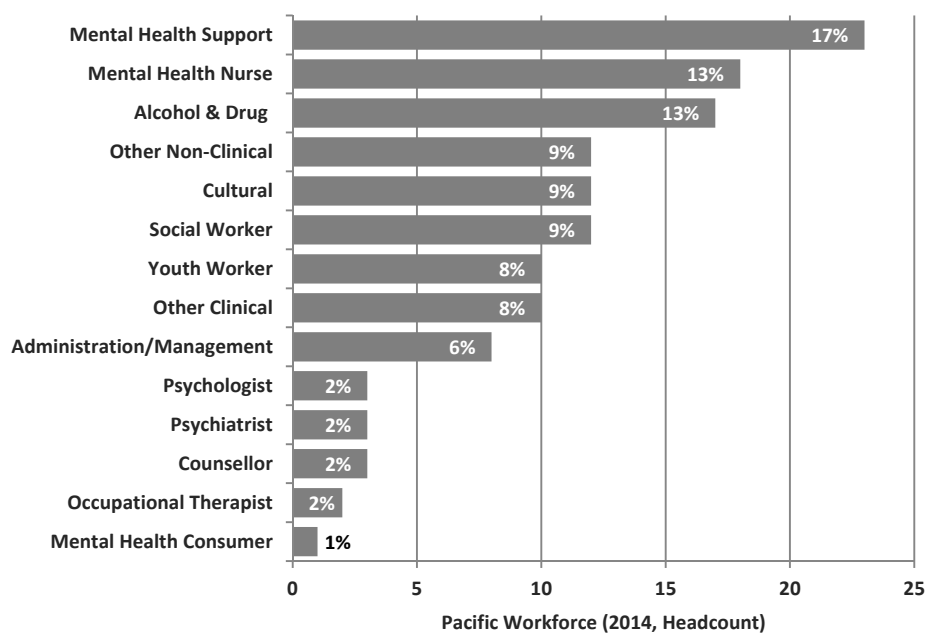


Table 22. Total Pacific ICAMH/AOD Workforce (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	9	9	8	17
COUNSELLOR	-	-	-	3	3
MENTAL HEALTH NURSE	6	6	12	6	18
OCCUPATIONAL THERAPIST	-	2	2	-	2
PSYCHIATRIST	-	3	3	-	3
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	3	3	-	3
SOCIAL WORKER	-	9	9	3	12
OTHER CLINICAL ¹	-	9	9	1	10
CLINICAL SUB-TOTAL	6	41	47	21	68
CULTURAL APPOINTMENT	1	10	11	1	12
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	1	1	-	1
MENTAL HEALTH SUPPORT WORKER	7	2	9	14	23
YOUTH WORKER	-	-	-	10	10
OTHER NON-CLINICAL SUPPORT FOR CLIENTS	-	1	1	11	12
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	8	14	22	36	58
ADMINISTRATION/MANAGEMENT	-	7	7	1	8
TOTAL	14	62	76	58	134

1. Other Clinical= Pacific Liaison Clinician; Registrar; Family Therapists; AOD Intern; New Grad Nurse; Clinical Placement; Youth Health Worker
2. Other Non-Clinical= Pacifica Cultural Support; Child Care; COPMIA Fieldworker; Link Workers; Community Navigator

Figure 25. Total Pacific ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



DHB INPATIENT PACIFIC INFANT, CHILD AND ADOLESCENT MENTAL HEALTH WORKFORCE

- From 2012 to 2014:
 - There was a slight decrease in the overall Pacific Inpatient workforce from 15 to 14 (headcount) (see Table 21).
 - Southern DHB Inpatient Services reported an increase of 1 Pacific staff, Auckland DHB reported a decrease (by 1), while Capital & Coast DHB Inpatient Pacific workforce has remained the same (7, headcount).
- As at 30 June 2014:
 - The Pacific Inpatient workforce was mainly in Non-Clinical (support for clients) roles as Mental Health Support Workers (7, headcount) (see Table 22).
 - The Pacific Clinical Inpatient workforce consisted of Mental Health Nurses (6, headcount).

DHB COMMUNITY PACIFIC INFANT, CHILD AND ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

- From 2012 to 2014:
 - There was a 43% increase in the Pacific DHB Community service workforce, from 44 to 63 (see Table 25).
 - This increase was seen in the Northern region from 32 to 56.
 - The increase in the Pacific DHB Community workforce was seen in both Clinical workforce and Non-Clinical roles (see Table 22).
- As at 30 June 2014:
 - The Northern region (32) reported the largest Pacific DHB Community workforce followed by the Central (9), Midland (2) and Southern (1) regions (see Table 21).
 - The Pacific DHB Community workforce (66%) was mainly in Clinical roles as Social Workers (9), Alcohol and Drug Workers (9) and Mental Health Nurses (6) (see Table 22).
 - The Pacific Non-Clinical workforce was mainly Cultural Workers (7).

NGO PACIFIC ICAMH/AOD WORKFORCE

- From 2012 to 2014:
 - There was an increase in the Pacific NGO workforce, from 47 to 58 (see Table 21).
 - This increase was largely reported by the NGOs in the Northern region from 27 to 36.
 - The increase in the Pacific workforce was largely seen in Non-Clinical roles from 24 to 36.
- As at 30 June 2014:
 - The Northern region (36) reported the largest NGO Pacific workforce followed by the Central (9), Southern (6), and Midland (6) regions (see Table 21 & Figure 24).
 - The Pacific NGO workforce was mainly in Non-Clinical roles as Mental Health Support Workers (14) and Youth Workers (10) (see Table 22).
 - The Pacific Clinical workforce was mainly Alcohol and Drug Practitioners (8) and Mental Health Nurses (6).

ADDRESSING WORKFORCE SHORTAGES FOR PACIFIC:

Fourteen out of the 20 DHB ICAMH/AOD services and 20 out of 112 NGOs responded to the qualitative survey.

The responses on Pacific workforce strategies were largely provided by DHB services.

NGOs who responded said:

- They had no specific strategies
- They were contracted essentially as a Māori provider
- There were no shortage issues as they had Pacific staff at their services.

DHB ICAMH/AOD: ADDRESSING PACIFIC WORKFORCE SHORTAGES	
ISSUES	<ul style="list-style-type: none"> • Shortages of senior qualified health practitioners who identify as Pacific. Nursing shortages. Experienced multidisciplinary teams members in mental health. • Loss of senior Pacific Psychologists due to promotions into senior positions elsewhere in mental health services. • Loss of funding for targeted recruitment initiatives. • A shortage of Pacific Islanders in the workforce, unfortunately those that qualify are snapped up into Monday - Friday positions. • We have no positions available for any more staff. This is why we have to upskill incumbent staff regarding the needs of Pacific people.
STRATEGIES	<ul style="list-style-type: none"> • Funded for Māori and Pacific internship programme for nursing and allied staff. These 3 positions were an excellent way to support the growth of Pacific and Māori clinicians into CAMHS; however, the loss of this funding means this initiative is no longer possible. • National recruitment strategies. • Linkages with local Pacifica groups. • Purposefully growing and maintaining Pacifica networks and collegial relationships. • We utilise our Youth Forensic cultural worker when required. Due to their attitude and flexibility, this is not an issue. • Pacifica organisations were invited to attend the He Waka Tapu programme. • Upskill incumbent staff regarding the needs of Pacific people.

PACIFIC ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data.

- From 2004 to 2013:
 - While there was an increasing trend in the numbers of Pacific clients accessing services nationally from 2004 to 2012, there was a slight decrease by 2% in the number of Pacific clients from 2012 to 2013 (see Table 23 & Figure 26).
 - This decrease was seen in the Pacific male client group by 5%, while there was a 1% increase in Pacific female clients accessing services nationally.
 - Pacific clients by region showed increases in Pacific clients in the Midland, Central and Southern regions with the largest increase in the Southern region by 41%. There was a 10% decrease in overall Pacific clients in the Northern region (see Table 23).
- In the second half of 2013:
 - Pacific children and adolescents made up 6% of the total clients accessing mental health/AOD services (see Table 23).
 - There were more Pacific males (58%, 1,058) accessing services than females (42%, 764).
 - The Northern region had the largest number of Pacific clients; accounting for 69% of total Pacific clients (see Table 23 & Figure 27).
 - Nationally, approximately 19% of all Pacific clients were seen by NGOs.
 - By region, about half (51%) of the total Pacific clients in the Midland region were seen by NGOs and 42% of the total Pacific clients had accessed NGOs in the Central region.

Figure 26. Pacific 0-19 yrs Clients (2004-2013)

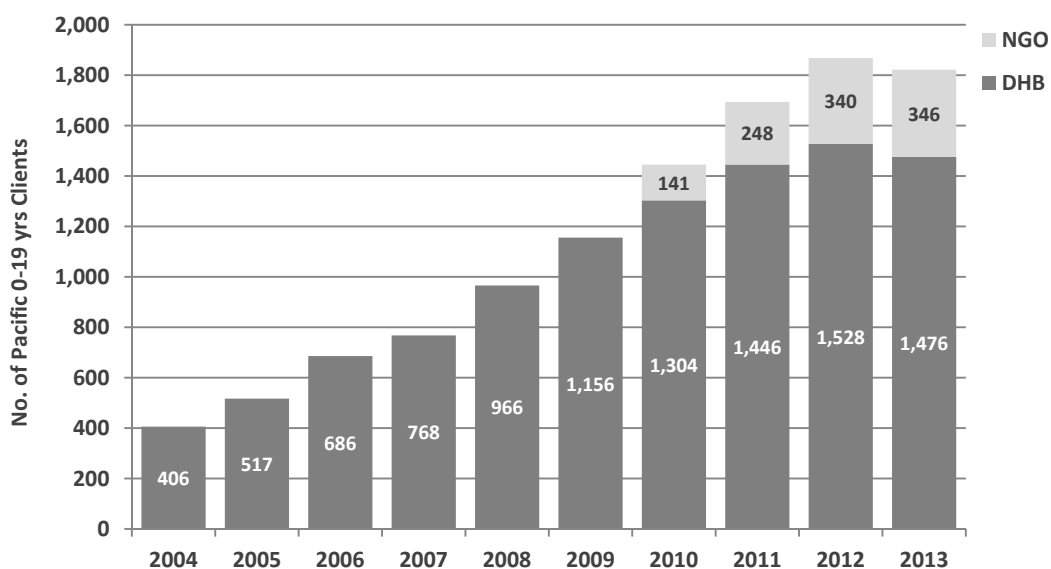
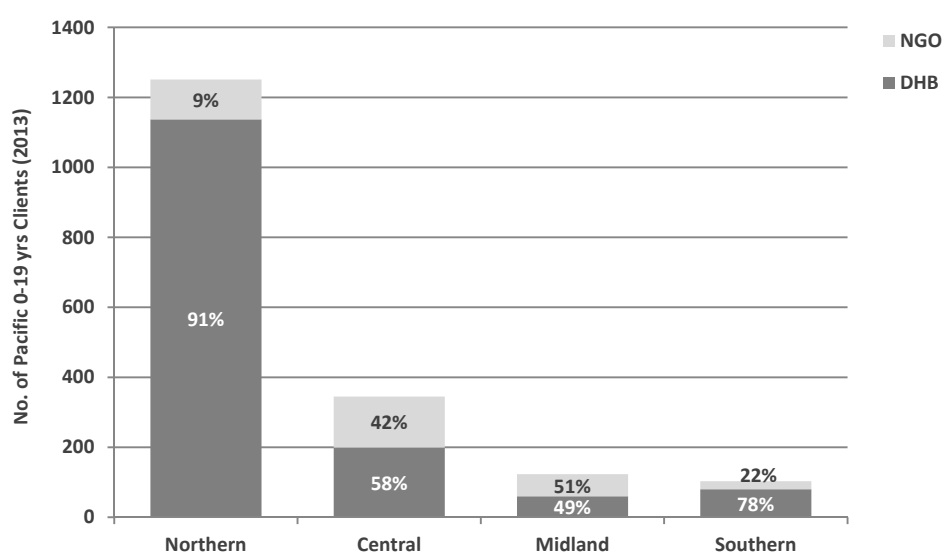


Table 23. Pacific 0-19 yrs Clients by Region

YEAR	PACIFIC 0-19 YRS CLIENTS BY REGION (2004-2013)					TOTAL CLIENTS (ALL ETHNICITIES)
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL	
2004	278	26	66	36	406	14,045
2005	371	27	71	48	517	14,904
2006	515	19	102	50	686	15,286
2007	565	39	97	67	768	16,396
2008	826	38	35	67	966	18,035
2009	924	29	133	70	1,156	19,753
2010	1,113	63	178	91	1,445	24,200
DHB	1,038	40	149	77	1,304	21,346
NGO	75	23	29	14	141	2,854
2011	1,220	107	268	99	1,694	28,703
DHB	1,154	65	154	73	1,446	22,574
NGO	66	42	114	26	248	6,129
2012	1,397	109	289	73	1,868	30,472
DHB	1,260	60	155	53	1,528	23,387
NGO	137	49	134	20	340	7,085
2013	1,251	123	345	103	1,822	32,197
DHB	1,137	60	199	80	1,476	25,177
NGO	114	63	146	23	346	7,020

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 27. Pacific 0-19 yrs Clients by Service Provider & Region (2013)



PACIFIC CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Pacific 0-19 year population, there are no specific Blueprint access benchmarks for Pacific, therefore the Pacific access rates have been compared to the rates for the general 0-19 years population. However, the Pacific population experience higher levels of mental health disorder than the general population (Ministry of Health, 2008) and therefore the general recommended target access rates may be a conservative estimate of actual need for the Pacific population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- Pacific access rates had increased from 0.92% to 1.57% (see Table 24 & Figure 28).
- Access rates by age group showed improvement in the 0-9 and 10-14 year age groups only.

In the second six months of 2013:

- Access rates by region showed that the Central region had the highest Pacific 0-19 year access rate in the country at 1.97% (see Table 26 & Figure 29).
- Access rates by age group and region showed:
 - Midland region had the highest access rate for the 0-9 year age group of 0.60% (see Table 26).
 - Midland region had the highest access rate for the 10-14 year age group of 2.40%.
 - Central region had the highest access rate for the 15-19 year age group of 4.56%.
- Access rates for Pacific continued to remain below recommended rates for all three age groups and in all four regions (see Tables 24 & 25; Figures 28 & 29).
- While there were improvements in Pacific access rates for all three age groups, the Pacific access rates remained lower than the national average access rates and significantly below the recommended rates set by the MHC for all three age groups (see Table 26).

Table 24. Pacific Client Access Rates by Age Group

YEAR	PACIFIC CLIENT ACCESS RATES BY AGE GROUP (2004-2013)			
	0-9	10-14	15-19	0-19
MHC 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%
2010	0.22%	1.07%	3.67%	1.21%
<i>DHB</i>	<i>0.21%</i>	<i>0.99%</i>	<i>3.27%</i>	<i>1.09%</i>
<i>NGO</i>	<i>0.01%</i>	<i>0.08%</i>	<i>0.40%</i>	<i>0.12%</i>
2011	0.24%	1.50%	4.06%	1.43%
<i>DHB</i>	<i>0.22%</i>	<i>1.20%</i>	<i>3.52%</i>	<i>1.22%</i>
<i>NGO</i>	<i>0.02%</i>	<i>0.30%</i>	<i>0.54%</i>	<i>0.21%</i>
2012	0.12%	1.48%	4.56%	0.92%
<i>DHB</i>	<i>0.12%</i>	<i>1.18%</i>	<i>3.69%</i>	<i>0.75%</i>
<i>NGO</i>	<i>0.01%</i>	<i>0.31%</i>	<i>0.87%</i>	<i>0.17%</i>
2013*	0.35%	1.53%	4.16%	1.57%
<i>DHB</i>	<i>0.33%</i>	<i>1.18%</i>	<i>3.34%</i>	<i>1.27%</i>
<i>NGO</i>	<i>0.03%</i>	<i>0.35%</i>	<i>0.82%</i>	<i>0.30%</i>
National Average Access Rate 2013 (All Ethnicities)	0.81%	3.04%	5.84%	2.64%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 28. Pacific 0-19 yrs Client Access Rates (2004-2013)

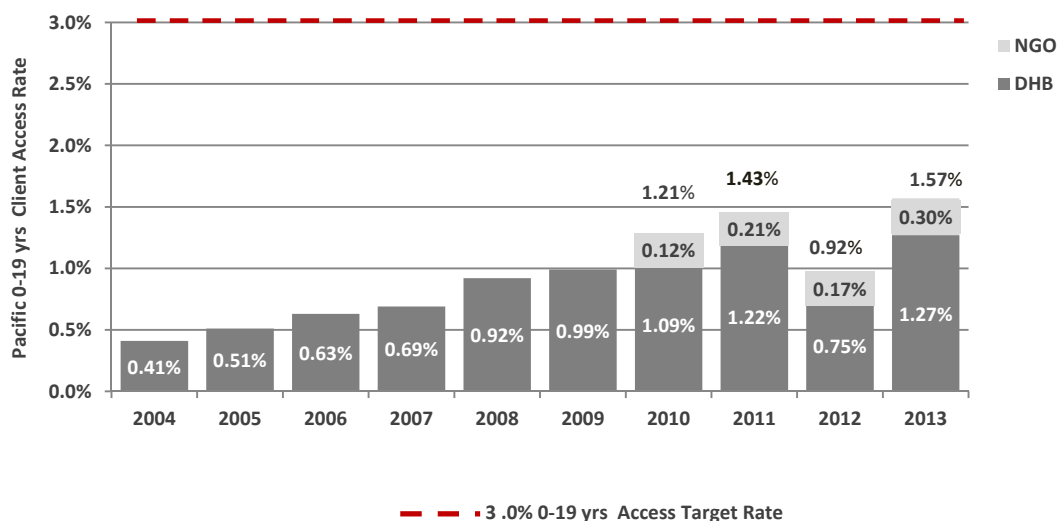


Table 25. Pacific 0-19 yrs Clients by Region (2004-2013)

YEAR	PACIFIC 0-19 YRS ACCESS RATES BY REGION (2004-2013)				
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL
2004	0.38%	0.37%	0.44%	0.72%	0.41%
2005	0.50%	0.38%	0.47%	0.93%	0.51%
2006*	0.63%	0.30%	0.60%	0.73%	0.63%
2007	0.69%	0.61%	0.53%	0.99%	0.69%
2008	1.01%	0.58%	0.60%	0.95%	0.92%
2009	1.08%	0.43%	0.74%	0.94%	0.99%
2010	1.28%	0.94%	0.99%	1.19%	1.21%
DHB	1.19%	0.60%	0.83%	1.00%	1.09%
NGO	0.09%	0.34%	0.16%	0.19%	0.12%
2011	1.41%	1.60%	1.52%	1.30%	1.43%
DHB	1.34%	0.97%	0.87%	0.96%	1.22%
NGO	0.07%	0.63%	0.65%	0.34%	0.21%
2012	1.35%	0.38%	0.72%	0.23%	0.92%
DHB	1.22%	0.21%	0.39%	0.17%	0.75%
NGO	0.13%	0.17%	0.34%	0.06%	0.17%
2013*	1.51%	1.64%	1.97%	1.26%	1.57%
DHB	1.37%	0.80%	1.14%	0.98%	1.27%
NGO	0.14%	0.84%	0.83%	0.28%	0.30%

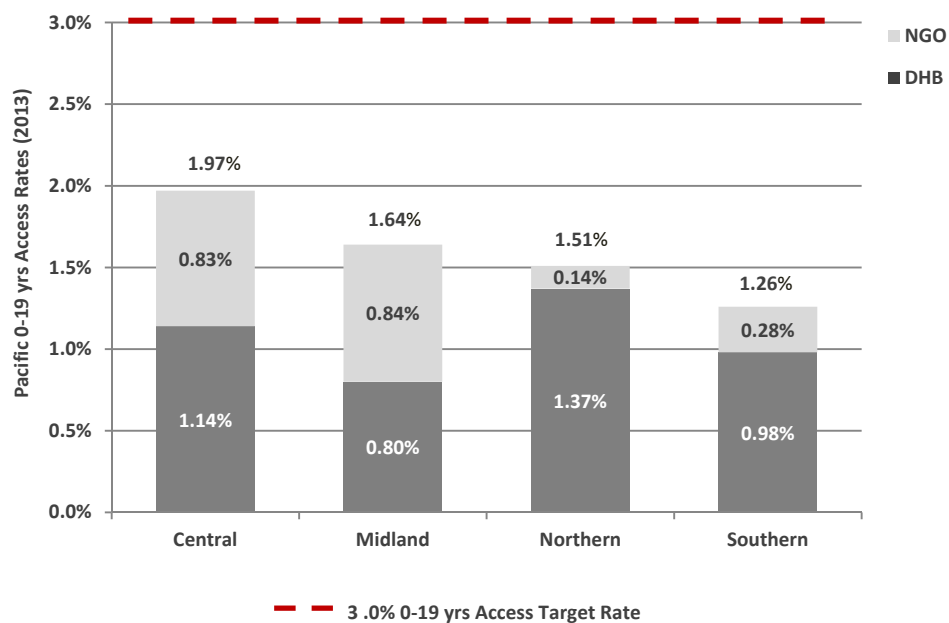
Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Table 26. Pacific Client Access Rates by Age Group & Region

REGION	PACIFIC ACCESS RATES BY AGE GROUP & REGION (2013)			
	0-9	10-14	15-19	0-19
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%
NORTHERN	0.31%	1.30%	4.25%	1.51%
DHB	0.21%	1.22%	3.78%	1.37%
NGO	0.00%	0.08%	0.47%	0.14%
MIDLAND	0.60%	2.09%	3.42%	1.64%
DHB	0.39%	0.86%	1.62%	0.80%
NGO	0.21%	1.23%	1.79%	0.84%
CENTRAL	0.44%	2.40%	4.56%	1.97%
DHB	0.41%	1.13%	2.58%	1.14%
NGO	0.03%	1.27%	1.99%	0.83%
SOUTHERN	0.35%	1.45%	3.06%	1.26%
DHB	0.30%	1.23%	2.21%	0.98%
NGO	0.05%	0.21%	0.85%	0.28%
TOTAL	0.35%	1.53%	4.16%	1.57%
DHB	0.33%	1.18%	3.34%	1.27%
NGO	0.03%	0.35%	0.82%	0.30%

Note: Clients by DHB of Domicile for the 2nd 6 months of 2013

Figure 29. Pacific 0-19 yrs Client Access Rates by Region (2013)



PACIFIC POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, Pacific infants, children and adolescents made up 10% of the total 0-19 year population while the Pacific workforce (126, excluding the Administration/Management workforce) made up 7% of the total workforce (1,767).
- Due to low numbers of Pacific clients accessing services (6% in the second 6 months of 2013) compared to Other Ethnicity (61%) and Māori (31%), the Pacific workforce appears to be proportional to the clients at the national and regional levels (see Figure 30). However, the lack of a Pacific workforce to meet the needs of the population becomes clear when the Pacific *clinical* workforce is benchmarked against the actual population (see Figure 31).
- Given the increasing trend in Pacific clients accessing services nationally, there is a need to focus on increasing the Pacific workforce across all occupational groups. There is a real need to grow the Pacific Clinical workforce to cater for the current and future needs of the Pacific infant, child and adolescent population especially in the Northern and Central regions.

Figures 30. Total Pacific Workforce, Population & Client Comparisons by Region

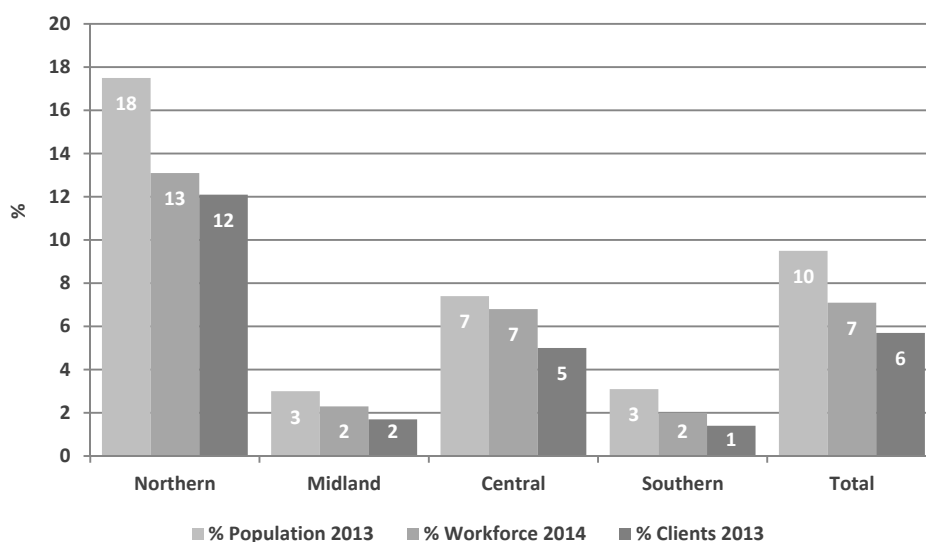
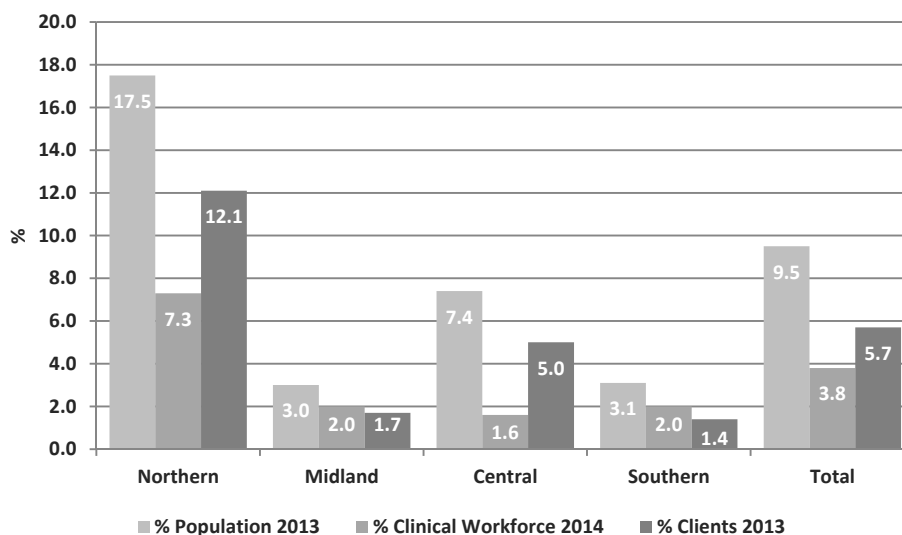


Figure 31. Pacific Clinical Workforce, Population & Client Comparisons by Region



SUMMARY

The Pacific population is a growing and youthful population with almost half of the population between the ages of 0 and 19 years. The Pacific population will continue to have a younger age structure than the total New Zealand population due to higher birth rates.

The Pacific population experiences 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 and Waitemata) and Central region (Capital & Coast and Hutt Valley) should continue to anticipate growing demand for services.

ICAMH/AOD PROVISION OF SERVICES FOR PACIFIC INFANTS, CHILDREN AND ADOLESCENTS

From 2012 to 2014, some increases were seen in funding and in the number and types of secondary and tertiary ICAMH/AOD services that were available to Pacific infants, children and adolescents and their families. However, there continued to be a limited number of Pacific ICAMH/AOD services available to Pacific consumers especially in areas of highest populations.

In 2014, almost three-quarters of the Pacific infant, child and adolescent population resided in the Northern region (with over half of the Northern region Pacific population residing in the Counties Manukau DHB area). However, there was only one DHB Pacific team at Counties Manukau DHB service and one Pacific NGO (*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 was not providing any Pacific services targeting this population.

While the need for increasing the Pacific workforce is acknowledged by services, DHBs and NGO ICAMH/AOD services identified a number of challenges that impede progress in increasing the Pacific workforce:

- Very few qualified Pacific health practitioners available for recruitment
- Loss of senior Pacific staff due to promotions into other senior positions with few qualified staff to replace them.
- Lack of dedicated funding in services for targeted recruitment initiatives
- Limited funding, especially in NGOs, means that services are not able to recruit any more staff.

PACIFIC ICAMH/AOD WORKFORCE

There has been considerable growth in the Pacific workforce. The *Stocktake* workforce data from 2006 to 2014 showed that the Pacific workforce had more than doubled, particularly in the Clinical workforce. However, due to the growth of the Pacific 0-19 year population over the same period, the workforce has not kept pace with the growing Pacific population and would therefore need to more than double in size 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 ICAMH/AOD SERVICES

With the inclusion of NGO client data PRIMHD, Pacific client access data from 2012 to 2013 showed a marked increase in Pacific access rates to services in all three age groups. However, Pacific access rates in the second half of 2013 continued to remain significantly below the target access rates in all three age groups in all four regions. While the Pacific access rates have been compared to the rates recommended by the MHC, the Pacific population experiences higher levels of mental health disorder than does the general population (Ministry of Health, 2008) and therefore the target access rates for all three age groups is a conservative estimate of actual need.

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).

Reasons for the persistent low access rates for Pacific were identified in the *Youth'07* study on Pacific high school students (Helu et al., 2009). Their data showed 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.

A more recent report on improving primary care delivery to Pacific peoples, *Primary Care for Pacific People: A Pacific and Health Systems Approach* (Southwick, Kenealy, & Ryan, 2012), highlighted issues that hinder Pacific access to primary care. While the participants were adult Pacific peoples, these issues may be similarly relevant in hindering Pacific families' access to secondary and ICAMH/AOD services:

- Transport problems.
- The cost of healthcare.
- A degree of frustration and disappointment at the gap between expectations and actual experience of health services.
- Difficulties in making appointments, especially with the same GP - disrupting relationship building and continuum of care.
- Lack of confidence in communicating with doctors, especially among older Pacific clients partly due to language barriers and a lack of interpreter resources.

The lack of specific Pacific ICAMH/AOD services, the lack of knowledge about these services and the lack of culturally and clinically competent staff within existing services could also partly explain why Pacific infants, children and adolescents and their families are not accessing services.

RECOMMENDATIONS:

In light of these 2014 *Stocktake* findings and to ensure alignment with current government priorities (Ministry of Health, 2007; 2012) and progress toward workforce strategic goals, the following recommendations are made to improve the mental health outcomes for all Pacific infants, children and adolescents. These recommendations have also been developed in consultation with the Werry Centre Pacific Advisory Group:

○ **Development and Provision of Services:**

● **Early Intervention:**

- Because early intervention and earlier access to services are essential for Pacific (Ministry of Health, 2008), there is ongoing need to develop early intervention strategies and services (i.e. parenting programmes and infant health/mental health services) for Pacific in primary and secondary care settings.
- School based health services in secondary schools should be increased/enhanced with appropriately trained staff. Youth'12 results on health services in secondary schools showed positive associations between aspects of health services in schools and mental health outcomes of students at the same schools. There was less overall depression and suicide risk among students attending schools with any level of school health services (Denny et al., 2014). More specifically, schools with:
 - A health team on site
 - More than 2.5 hours of nursing and doctor time per week per 100 students
 - Health staff with postgraduate training
 - Routine psycho-social health screening using HEEADSSS screening.
- Given that 20% of Pacific young people are NEET (Ministry of Business Innovation & Employment, 2013), alternative, community based clinics for Pacific young people who are not at school could help to alleviate some of the access issues highlighted.

● **Specialist Services:**

- Due to the lack of dedicated Pacific ICAMH/AOD services, there is a need to increase the number of Pacific culturally appropriate services nationally.
- Working more collaboratively and maintaining relationships between school, primary and secondary mental services to assist with referral pathways.
- Additionally, identifying the reasons why access has improved for Pacific may also assist future planning.

○ **Workforce Development:**

- Due to increases in Pacific access and continued critical shortages in the Pacific workforce, there is a continued need to increase the Pacific ICAMH/AOD workforce.
- While increasing the Pacific workforce is a long-term solution to workforce shortages, there is an ongoing need to retain and develop the existing Pacific ICAMH/AOD workforce.
- 20% of Pacific clients are seen by the NGO sector, therefore an increased focus on addressing the workforce development needs of the NGO sector is pertinent.
- GPs continue to be the largest source of referrals to ICAMH/AOD services, and the move to develop primary services to deliver mental health care may help reduce the demand in ICAMH/AOD specialist services and NGOs.

- The strategies for retaining and developing the Pacific and non-Pacific workforce that spans the primary to the secondary sector should include:
 - **Workforce Planning**
 - Ensuring that active recruitment and addressing the workforce development needs of the Pacific workforce is seen as a key priority and is embedded in a service's strategic plans.
 - Ensuring that local schools, PHOs and NGOs and DHBs are all part of the strategic planning process.
 - **Recruitment and Retention:**
 - Due to critical shortages in the Pacific workforce, there is continued need to increase the Pacific ICAMH/AOD workforce through enhanced training and career pathways into mental health/AOD.
 - Dedicated funding for the recruitment of Pacific staff in ICAMH/AOD services.
 - Dedicated Pacific intern positions in services where there are high Pacific populations.
 - Supporting the current Pacific workforce by providing support networks for those who are working in isolation in large services could improve the retention of the current Pacific workforce.
 - Pacific leadership development could have a positive impact on the workforce by providing experienced role models to foster conditions for recruitment and retention of the Pacific workforce.
 - **Competency Development:**
 - Due to the increasing access rates for Pacific who are largely accessing mainstream services, there continues to be a critical need for increasing the dual competency of mainstream services to be clinically and culturally competent. For instance, integrating the skills and knowledge outlined in competency frameworks e.g. *Real Skills Plus Seitapu Framework* (Te Pou, 2009) in services nationally.
 - The current workforce information indicates that only half of the existing Pacific ICAMH/AOD workforce is fluent in their respective languages. Therefore, language competency development for the current Pacific workforce and providing interpreter resources to accommodate diverse Pacific languages could be essential strategies in addressing access issues.
 - **Training and Professional Development:**
 - Due to low numbers of Pacific staff in Clinical roles, career pathways to support experienced workers and to support the specialist workforce is required to increase Pacific workforce numbers across all roles and parts of the sector.
 - **New Ways of Working:**
 - Collaborative service delivery between PHOs, NGOs and DHBs. Building relationships and working in partnership with other services to overcome shortages in the workforce is occurring in some areas and could be an effective way to share limited resources.

○ **Improving Access to Services:**

- While Pacific access rates to services have increased, they still remain significantly short of actual need. Therefore, improving Pacific access rates should be a key area of focus.
- In consultation with Pacific service users, effective strategies to increase Pacific access rates, especially for the 15-19 year age group, to cater for actual need must be identified.
 - Engaging in mental health promotion activities and providing services in community based settings (engaging Pacific community leaders) such as schools and churches could help to alleviate some of the access issues highlighted by Pacific.
- A key barrier to accessing and engaging with services for some Pacific families is their difficulty in communicating in English. Having more Pacific staff in services that are fluent in their languages could alleviate this access issue.

ASIAN NATIONAL OVERVIEW

INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- While the term “Asian” is commonly used as a single ethnic category, it actually includes a large number of ethnic groups which 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 more than 40 different ethnic groups. The three largest ethnic groups are Chinese, Indian and Filipino (Statistics New Zealand, 2013). People from the Middle East and Central Asia are excluded from this group. The latest census data (2013) has shown that among the Asian sub-groups, the number of Filipinos is on the rise in the Auckland region.
- The Asian population is the fastest growing population in New Zealand, especially in Auckland since Census 1996 (Statistics New Zealand, 2004a).
- From 1996 to 2006, Asian population growth doubled and this growth was the largest out of the four main ethnic groups in New Zealand (European, Māori, Pacific and Asian) (Statistics New Zealand, 2006b). This increase was largely due to immigration, increase in international students and the intake of refugee populations.
- The 2006 to 2013 Census indicated that the Asian 0-19 year population continued to be the fastest growing population out of the four main ethnic groups. The Asian population experienced a 24% growth in the population compared to the growth in the Māori (17%) and Pacific (18%) populations for the same period (see Table 27).
- Based on the 2013 Census, the Asian 0-19 year population made up 11% of New Zealand’s total infant, child and adolescent population. The Asian 0-19 year population was larger than the Pacific population and has become the third largest ethnic population in the country (see Appendix A, Table 1).
- Over half (52%) of the Asian 0-19 year population were male (see Figure 32).
- The majority (65%) of the Asian infant, child and adolescent population resided in the Northern region (see Table 33) with 68% of the region’s population split between the Counties Manukau and Auckland DHB areas (see Appendix A, Table 1).
- Additionally, the number of international Asian students residing in New Zealand needs to be considered. In 2014, there were a total of 10,981 international fee-paying school students (primary and secondary schools) in New Zealand and 78% (8,527) were from the Asian region. The majority of the students live in the greater Auckland region (Ministry of Education, 2014).
- The number of refugees arriving in New Zealand also needs to be considered. For the financial year 2013 to 2014, 750 refugees arrived in New Zealand, 62% were from Asian countries and 38% were 17 years of age and under (The Refugee & Protection Unit, 2015).

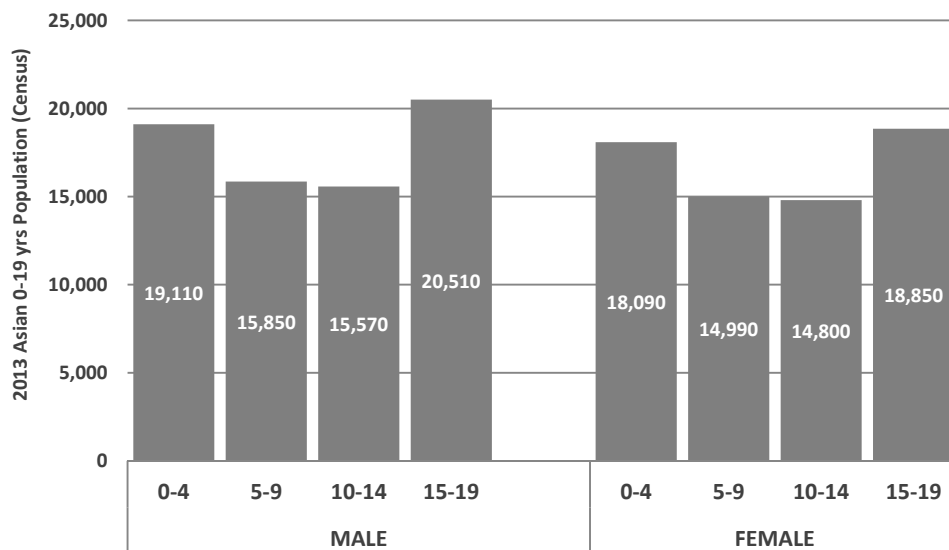
Table 27. Asian Infant, Child & Adolescent Population

REGION	ASIAN INFANT, CHILD & ADOLESCENT RESIDENT POPULATION (2006-2013)					ASIAN ALL AGES 2013 ¹	% CHANGE (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹		
NORTHERN	74,760	78,950	83,100	87,750	89,210	343,400	19
MIDLAND	9,180	10,000	10,570	11,180	13,685	49,100	49
CENTRAL	14,150	14,825	15,390	16,075	18,220	67,780	29
SOUTHERN	12,660	13,850	14,735	15,670	16,655	60,900	32
TOTAL	110,750	117,625	123,795	130,675	137,780	521,100	24

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 32. Asian 0-19 yrs Population by Age Group & Gender (2013, Census)



ASIAN MENTAL HEALTH NEEDS

- The process of immigration can negatively affect a new immigrant's psychological wellbeing in various ways (Ho, Au, Bedford, & Cooper, 2003):
 - The following groups have the highest risk of developing mental health problems:
 - Women
 - Immigrant and fee paying students
 - Older people
 - Refugees.
 - 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 experiences high unemployment rates which are double those of the total population. The majority earns 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.
 - Migration can bring stress to family relationships and parenting practices and can exacerbate pre-existing relationship issues (Lee, 1997).
 - Suicide is one of the top five causes of mortality in Asian people aged 15-74 years (Mehta, 2012).
- The *Youth'07* survey (Parackal, Ameratunga, Tin Tin, Wong, & Denny, 2011), conducted with 1,310 students, aged between 13 and 17 years old, who identified with an Asian ethnic group (Chinese = 537, Indian = 365), revealed that the majority (89%) of Asian students reported being OK, very happy or satisfied with their life.

However, 25% indicated having “poor” mental and emotional wellbeing, with a higher prevalence in females (31%) than males (20%):

- 13% reported depressive symptoms (12% Chinese; 12% Indian)
- 15% had suicidal thoughts (15% Chinese; 17% Indian)
- 8% had planned to kill themselves (9% Chinese; 10% Indian)
- 4% had attempted suicide (4% Chinese; 6% Indian)
- 2% reported inflicting self-harm requiring treatment (3% Chinese; 2% Indian)
- The majority of “Asian” students reported having positive family, home and school environments, and positive relationships with adults at home and school. However, Chinese and Indian students were more likely than NZ European students to experience family adversity or hardships (e.g. changing homes more often, overcrowding and unemployment among parents).

PROVISION OF ICAMH/AOD SERVICES FOR ASIAN INFANTS, CHILDREN AND ADOLESCENTS

- Of the 20 DHBs that provide specialist ICAMH/AOD services, none are specifically funding ICAMH/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:
 - Canterbury DHB: *Migrant & Refugee Mental Health Services*.
- There are a number of Asian services that are available to Asian people operating within DHBs which are funded under adult services but also work alongside the ICAMH/AOD 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 112 NGOs that were identified for the 2014 Stocktake, none received funding to provide specific Asian ICAMH/AOD services especially in Auckland where the majority of the Asian population reside. There are however, NGOs in Auckland which have Asian staff members available to work with Asian service users and their families.
- In other regions, Asian children, adolescents and their families have access to the following NGO migrant and refugee services:
 - Capital & Coast DHB: *Refugee Trauma Recovery*.
 - Southern DHB: *Miramare Ltd*.
- Asian infants, children and adolescents are able to access DHB funded community based mainstream ICAMH/AOD, peer-support and advocacy services.

ASIAN ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all 20 DHB (Inpatient & Community) ICAMH/AOD services and 111/112 NGOs as at 30 June 2014.

- From 2012 to 2014:
 - There was an increase in the total Asian ICAMH/AOD workforce (DHB Inpatient & Community CAMH/AOD Services & NGOs) workforce, from 44 to 75 (58.29 actual FTEs) (see Table 28).
 - Three out of the four regions showed an increase in the Asian workforce, with the Northern region reporting the largest increase from 25 to 44. The Central region showed a decrease of 2 in the Asian workforce from 11 to 9.
 - The increase in the Asian workforce was seen in both DHB and NGO services in mainly clinical roles.
- As at 30 June 2014:
 - The Asian workforce (75) made up 4% of the total workforce (1,943 headcount).
 - The Asian workforce was comprised of the following sub-ethnicities: Indian (62%; includes Fijian Indian & South African Indian), Chinese (18%; includes Malaysian Chinese), Filipino (8%) and Other Asian (13%; includes Sri Lankan, Malaysian, Japanese, Nepalese & Korean).
 - The largest Asian workforce was in the Northern region (44) followed by the Midland region (16) (see Table 28).
 - The Asian workforce was largely employed in DHB services (71%) and held mainly Clinical roles (81%) as Psychiatrists (12), Mental Health Nurses (11) and Psychologists (10) (see Table 29 & Figure 33).
 - The Asian Non-Clinical workforce was mainly Mental Health Support Workers (9).

Table 28. Total Asian ICAMH/AOD Workforce (Headcount, 2006-2014)

REGION	DHB ¹					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHERN	11	18	33	18	32	7	3	3	7	12	18	21	36	25	44
MIDLAND	-	3	5	5	9	1	-	-	-	7	1	3	5	5	16
CENTRAL	1	5	6	9	6	-	-	-	2	3	1	5	6	11	9
SOUTHERN	1	3	1	2	6	4	2	-	1	-	5	5	1	3	6
TOTAL	13	29	45	34	53	12	5	3	10	22	25	34	48	44	75

1. Includes Inpatient Services

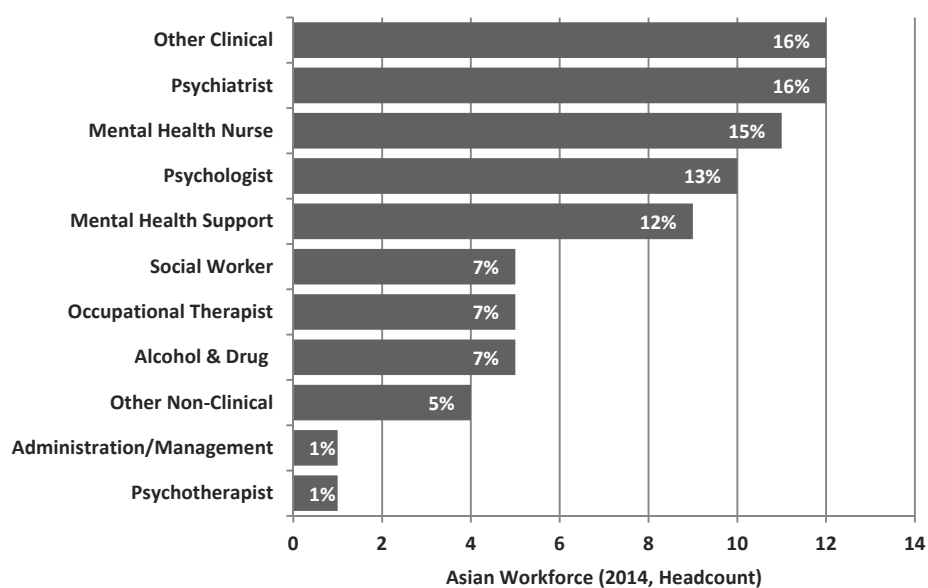
Table 29. Total Asian ICAMH/AOD Workforce (2014)

OCCUPATIONAL GROUP (HEADCOUNT, 2014)	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	5	5
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	5	5	10	1	11
OCCUPATIONAL THERAPIST	-	4	4	1	5
PSYCHIATRIST	1	11	12	-	12
PSYCHOTHERAPIST	-	1	1	-	1
PSYCHOLOGIST	-	9	9	1	10
SOCIAL WORKER	-	5	5	-	5
OTHER CLINICAL ¹	1	10	11	1	12
CLINICAL SUB-TOTAL	7	45	52	9	61
CULTURAL APPOINTMENT	-	-	-	-	-
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	1	-	1	8	9
OTHER NON-CLINICAL ²	-	-	-	4	4
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	1	-	1	12	13
ADMINISTRATION/MANAGEMENT	-	-	-	1	1
TOTAL	8	45	53	22	75

1. Other Clinical = Psychiatric Registrar, Registered Nurse, Paediatrician, Child Therapist, Family Therapist, MST Therapist, Intern Psychologist

2. Other Non-Clinical = Health Practitioner; Youth Workers; Link Worker

Figure 33. Asian ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



DHB INPATIENT ASIAN ICAMH WORKFORCE

- From 2012 to 2014:
 - There was a slight increase in the total Asian Inpatient workforce by 1 from 7 to 8(headcount). This increase was reported by the Auckland & Canterbury DHB Inpatient Services (see Table 28).
 - The increase in the Asian Inpatient workforce was in the Clinical workforce from 3 to 7.
- As at 30 June 2014:
 - The Asian Inpatient workforce remains largely in Clinical roles as Mental Health Nurses (5) (see Table 29).

DHB COMMUNITY ASIAN ICAMH/AOD WORKFORCE

- From 2012 to 2014:
 - There was an increase in the Asian DHB Community workforce, from 31 to 45 (headcount) (see Table 28).
 - This increase was largely seen in the Northern (from 16 to 26), Midland (from 5 to 9) and Southern (from 2 to 5) regions, while the Asian workforce numbers in the Central region had decreased (from 8 to 5, headcount).
 - The increase in the Asian Community workforce was in the Clinical workforce from 30 to 45 (headcount).
- As at 30 June 2014:
 - The Northern region continues have the largest Asian DHB workforce (26) (see Table 28).
 - The Asian Community workforce remains largely in Clinical roles as Psychiatrists, Psychiatric Registrars Mental Health Nurses and Psychologists (see Table 29).

NGO ASIAN ICAMH/AOD WORKFORCE

- From 2011 to 2013:
 - The NGO Asian workforce had doubled, from 10 to 22 (see Table 28).
 - Two out of the four regions reported an increase in the Asian workforce (Northern and Midland regions), while there was very little change in the Central and Southern regions.
- As at 30 June 2014:
 - The Northern region continues have the largest Asian NGO workforce (12), followed by Midland region (see Table 34).
 - The majority (59%) of the Asian NGO workforce was in Non-Clinical roles as Mental Health Support Workers (8) and in various Other Non-Clinical support roles (see Table 29).
 - The Asian NGO Clinical workforce was largely AOD Practitioners (5).

ADDRESSING THE ASIAN WORKFORCE SHORTAGES:

Fourteen out of the 20 DHB ICAMH/AOD services and 20 out of 112 NGOs responded to the qualitative survey.

The responses on Asian workforce strategies were largely provided by DHB services.

DHB ICAMH/AOD: ADDRESSING ASIAN WORKFORCE SHORTAGES	
ISSUES	<p>DHB:</p> <ul style="list-style-type: none"> Increasing Asian populations are certainly pushing the demand for multi-lingual staff. We are not seeing the population growth being matched by clinical staff coming into the sector and believe this is one of our greatest issues to overcome. This combined with a huge variety of ethnicities/languages in the catch all of "Asian" would mean matching staff to population as a principle is extremely challenging. Limited range of disciplines available - shortages in psychology, nursing, occupational therapy. <p>NGO:</p> <ul style="list-style-type: none"> Currently we are not funding sufficiently to implement target recruiting for this ethnic group. We do however acknowledge that the Asian population is significant in the north side of the Waitemata district and it will need to be considered in the future. We have no positions available for any more staff. This is why we have to upskill incumbent staff regarding the needs of Asian people. Few workers in our area.
STRATEGIES	<p>DHB:</p> <ul style="list-style-type: none"> Currently Bay of Plenty ICAMHs has no Asian staff but we have access to interpreters. National recruitment strategies and advertising. Linkages into Taranaki Asian groups via the Taranaki Multi Ethnic Group. Purposefully growing and maintaining a variety of collegial relationships with Asian people and encouraging all staff to do likewise. We have delivered two core courses about Asian Mental Health to support this workforce (Canterbury). We have very few students in the schools that we work with that are Asian and a small team that our priority is Māori and Pacific. Usual recruitment processes are followed when necessary. Job adverts x2 newspaper and WDHB website. <p>NGO:</p> <ul style="list-style-type: none"> We have no positions available for any more staff. This is why we have to upskill incumbent staff regarding the needs of Asian people.

ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data.

- From 2004 to 2013:
 - There was an increasing trend in the number of Asian clients accessing services nationally.
 - From 2012 to 2013, there was an 11% increase in the total number of Asian clients accessing mental health/AOD services (see Table 30 & Figure 34).
 - This increase was seen in the Asian male client group by 15%, while there was a 7% increase in Asian female clients accessing services nationally.
 - Asian clients by region showed increases in Asian clients in all four regions with the largest increase in the Central region by 17%.
- In the second six months of 2013:
 - While there was an increasing trend in the number of Asian clients accessing services nationally, the overall Asian client numbers (920) has remained relatively low compared to Māori (9,886) and Pacific (1,822) client numbers.
 - Asian children and adolescents made up 3% of the total clients accessing services (920/32,197) (see Table 30).
 - There were more slightly more Asian females (470, 51%) accessing services than males (450, 49%).
 - The Northern region had the largest number of Asian clients; representing 70% of total Asian clients (see Table 30 & Figure 35).
 - The majority of Asian clients (87%) were seen by DHB services.

Figure 34. Asian 0-19 yrs Clients (2004-2013)

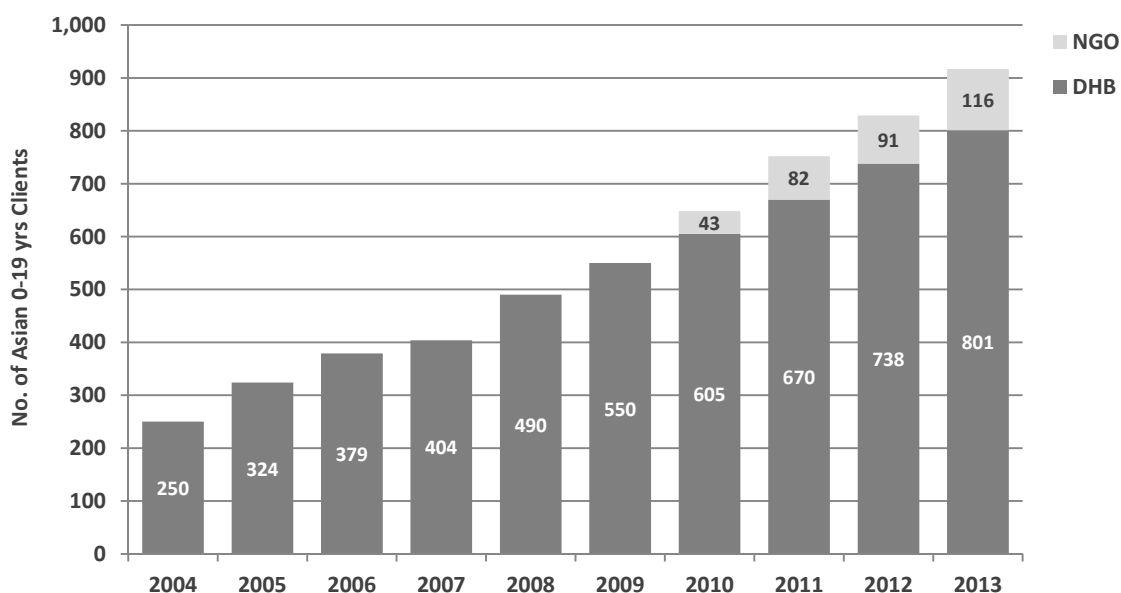
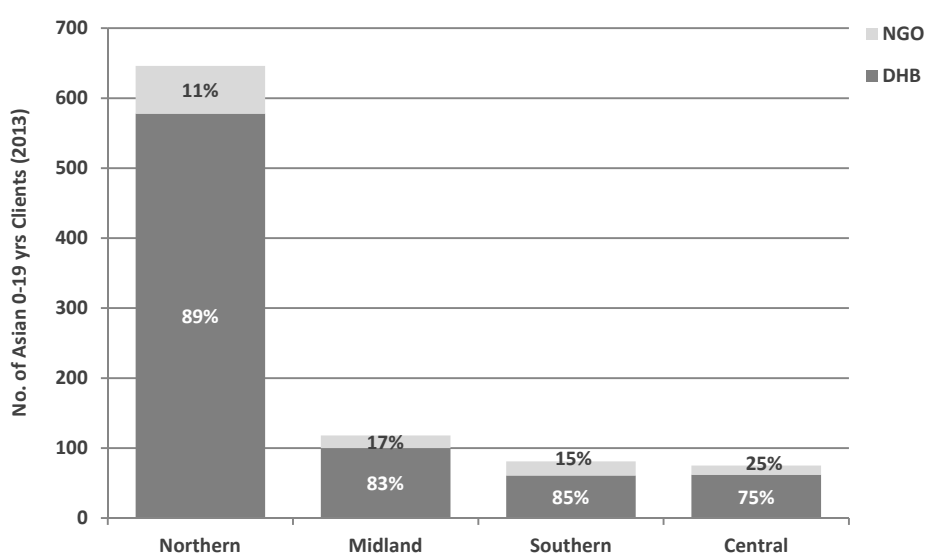


Table 30. Asian 0-19 yrs Clients by Region

YEAR	ASIAN 0-19 YRS CLIENTS BY REGION 2004-2013 (0-19 YRS)					TOTAL CLIENTS (ALL ETHNICITIES)
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL	
2004	157	20	41	32	250	14,045
2005	204	25	49	46	324	14,904
2006	247	26	42	64	379	15,286
2007	264	27	45	68	404	16,396
2008	376	27	35	52	490	18,035
2009	402	32	60	56	550	19,753
2010	460	41	75	72	648	24,200
<i>DHB</i>	436	39	68	62	605	21,346
<i>NGO</i>	24	2	7	10	43	2,854
2011	502	60	92	98	752	28,703
<i>DHB</i>	465	43	79	83	670	22,574
<i>NGO</i>	37	17	13	15	82	6,129
2012	586	67	101	75	829	30,472
<i>DHB</i>	547	51	82	58	738	23,387
<i>NGO</i>	39	16	19	17	91	7,085
2013	646	75	118	81	920	32,197
<i>DHB</i>	578	62	100	61	801	25,177
<i>NGO</i>	68	13	18	20	119	7,020

Note: Data is Clients by DHB of Domicile for the 2nd 6 months of each year. 2006-2009=DHB Data Only

Figure 35. Total Asian Clients Numbers by Region (2013)



ASIAN CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Asian 0-19 year population, there are no specific Blueprint access benchmarks for Asian, therefore the Asian access rates have been compared to the rates for the general 0-19 years population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the Asian 0-19 years access rate from 0.38% to 0.67% (see Table 31 & Figure 36).
- This increase was seen in all three age groups, especially in the 0-9 year age group.

In the second six months of 2013:

- Access rates for Asian infants, children and adolescents remain the lowest out of the three ethnic groups (Māori 3.28%, Pacific 1.57% and Asian 0.67%).
- Access rates by region showed that the Northern region had the highest Asian 0-19 year access rate (0.72%) in the country (see Table 32 & Figure 37).
- Access rates by age group and region showed:
 - Central region had the highest access rate for the 0-9 year age group of 0.31% (see Table 33)
 - Northern region had the highest access rate for the 10-14 year age group of 0.79%
 - Northern region had the highest access rate for the 15-19 year age group of 1.43%.
- 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 (Mental Health Commission, 1998).
- Despite the growth of the Asian population and the inclusion of NGO client data, there continued to be very little improvement in Asian access rates for all three age groups and they remain significantly MHC's target rates in all four regions (see Table 33 & Figure 37).

Table 31. Asian Client Access Rates by Age Group

YEAR	ASIAN CLIENT ACCESS RATES BY AGE GROUP (2006-2013)			
	0-9	10-14	15-19	0-19
MHC 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%
2010	0.14%	0.55%	1.12%	0.52%
DHB	0.14%	0.53%	1.02%	0.49%
NGO	0.00%	0.02%	0.10%	0.03%
2011	0.20%	0.64%	1.22%	0.59%
DHB	0.18%	0.61%	1.05%	0.52%
NGO	0.02%	0.03%	0.17%	0.07%
2012	0.10%	0.68%	1.30%	0.38%
DHB	0.09%	0.62%	1.12%	0.34%
NGO	0.01%	0.06%	0.18%	0.04%
2013*	0.26%	0.70%	1.35%	0.67%
DHB	0.24%	0.63%	1.14%	0.58%
NGO	0.02%	0.07%	0.21%	0.09%
National Average Access Rate 2013 (All Ethnicities)	0.81%	3.04%	5.84%	2.64%

Note: Data is Clients by DHB of Domicile for the 2nd 6 months of each year. *Access Rates calculated using Census of Population

Figure 36. Asian 0-19 yrs Client Access Rates (2004-2013)

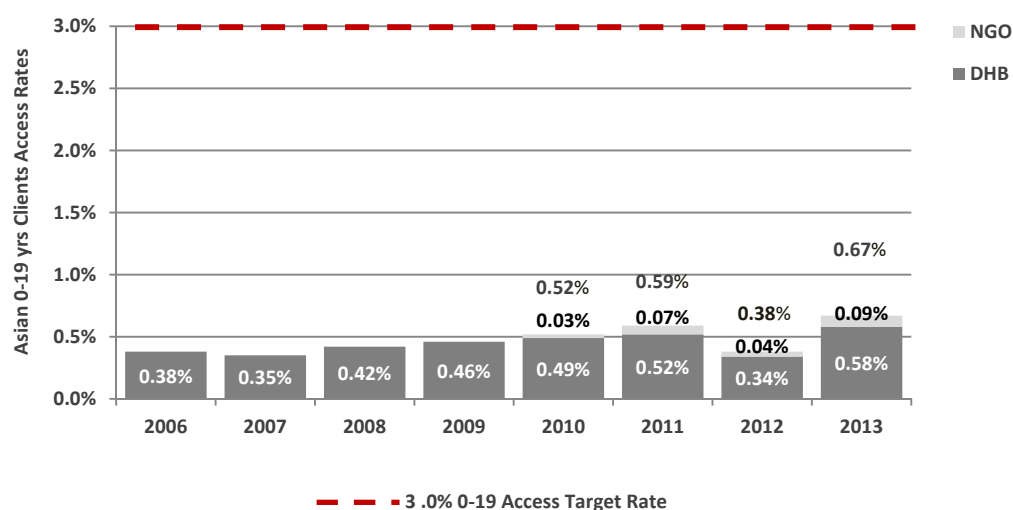


Table 32. Asian 0-19 yrs Client Access Rate by Region (2006-2013)

YEAR	ASIAN 0-19 YRS CLIENTS BY REGION 2006-2013 (0-19 YRS)				
	NORTHERN	MIDLAND	CENTRAL	SOUTHERN	TOTAL
2006*	0.30%	0.26%	0.32%	0.53%	0.38%
2007	0.35%	0.28%	0.30%	0.47%	0.35%
2008	0.34%	0.27%	0.24%	0.38%	0.42%
2009	0.50%	0.31%	0.40%	0.39%	0.46%
2010	0.55%	0.39%	0.49%	0.49%	0.52%
DHB	0.52%	0.37%	0.44%	0.42%	0.49%
NGO	0.03%	0.02%	0.05%	0.07%	0.03%
2011	0.58%	0.56%	0.59%	0.65%	0.59%
DHB	0.54%	0.40%	0.50%	0.55%	0.52%
NGO	0.04%	0.16%	0.09%	0.10%	0.07%
2012	0.54%	0.21%	0.25%	0.19%	0.38%
DHB	0.51%	0.16%	0.21%	0.34%	0.34%
NGO	0.04%	0.05%	0.05%	0.04%	0.04%
2013*	0.72%	0.55%	0.65%	0.49%	0.67%
DHB	0.65%	0.45%	0.55%	0.37%	0.58%
NGO	0.08%	0.09%	0.10%	0.12%	0.09%

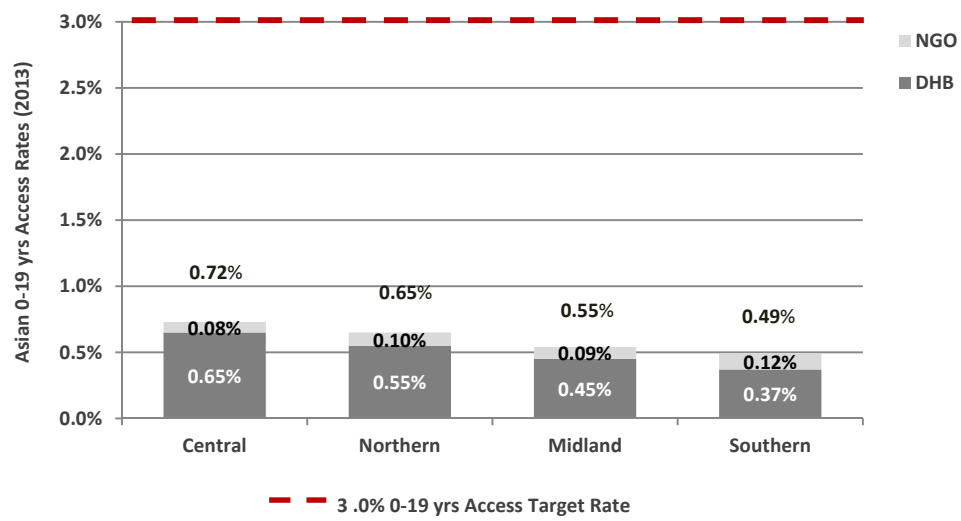
Note: Data is Clients by DHB of Domicile for the 2nd 6 months of each year. *Access Rates calculated using Census of Population

Table 33. Asian Client Access Rates by Age Group & Region (2013)

REGION	ASIAN CLIENT ACCESS RATES BY AGE GROUP & REGION (2013)			
	0-9	10-14	15-19	0-19
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%
NORTHERN	0.28%	0.79%	1.43%	0.72%
DHB	0.26%	0.72%	1.25%	0.65%
NGO	0.02%	0.07%	0.18%	0.08%
MIDLAND	0.17%	0.53%	1.38%	0.55%
DHB	0.12%	0.50%	0.12%	0.45%
NGO	0.04%	0.03%	0.26%	0.09%
CENTRAL	0.31%	0.70%	1.26%	0.65%
DHB	0.30%	0.62%	0.97%	0.55%
NGO	0.01%	0.07%	0.29%	0.10%
SOUTHERN	0.20%	0.38%	1.00%	0.49%
DHB	0.14%	0.29%	0.77%	0.37%
NGO	0.06%	0.09%	0.23%	0.12%
TOTAL	0.26%	0.70%	1.35%	0.67%
DHB	0.24%	0.63%	1.14%	0.58%
NGO	0.02%	0.07%	0.21%	0.09%

Note: Data is Clients by DHB of Domicile for the 2nd 6 months of 2013. Access Rates calculated using 2013 Census (Prioritised Ethnicity)

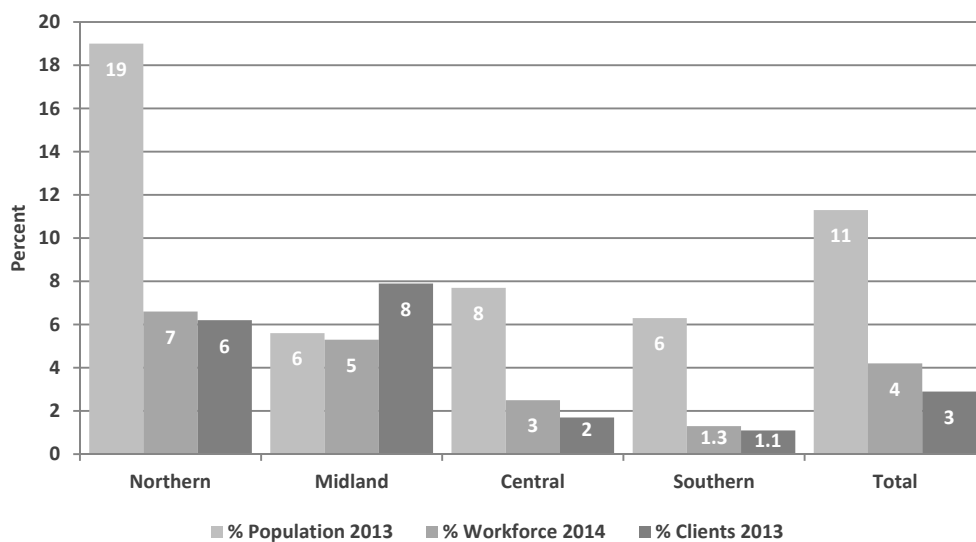
Figure 37. Asian 0-19 yrs Client Access Rate by Region (2013)



ASIAN WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2014 population projections, Asian infants, children and adolescents made up 11% of the total 0-19 year population while the Asian workforce (74, excluding the Administration/Management workforce) made up 4% of the total workforce (1,767).
- Therefore the Asian workforce remains significantly disproportionate to the Asian 0-19 year population.
- However, at the regional level, disparities between the workforce and the client numbers can be seen in the Midland region (see Figure 38).
- Given the increasing trend in Asian clients accessing services nationally, there is a need to focus on increasing the Asian workforce across all occupational groups, to cater for the current and future needs of the growing Asian infant, child and adolescent population.

Figure 38. Asian 0-19 yrs Population compared to the Asian Workforce & Asian Clients by Region



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. Furthermore, the Asian population will continue to grow.

Most Asian migrants are mentally healthy. However, as a consequence of the immigration process, Asian young people may have a higher risk of developing mental health problems (Ho et al., 2003). Therefore, areas 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) regions have a high need for culturally specific mental health services for this population.

PROVISION OF ICAMH/AOD SERVICES FOR ASIAN INFANTS, CHILDREN AND 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. There are no specifically funded DHB or NGO Asian child and adolescent mental health/AOD services, although Asian infants, children, adolescents and their families have access to Asian mental health teams/services (e.g. Refugee services) within existing mental health services or adult mental health services in some DHBs & NGOs.

ASIAN ICAMH/AOD WORKFORCE

The workforce data from 2006 to 2014 showed an increasing trend in the Asian workforce. However, 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 continued to be seen in the Northern region where the largest Asian 0-19 year population resides.

While the need for increasing the Asian workforce is acknowledged by services, DHBs and NGO ICAMH/AOD services identified a number of challenges that impede progress in increasing the workforce:

- Very few Asian people are available for recruitment.
- The large variety of Asian sub-ethnicities/languages makes it difficult to match clinicians to service user.
- Increasing the Asian workforce is currently not a priority in some services, especially for NGOs where funding is limited.

ASIAN ACCESS TO SERVICES

While some growth was seen in Asian access rates from 2004 to 2013, Asian access rates have continued to be the lowest out of the three ethnic groups (Māori 3.28%, Pacific 1.57% & Asian 0.67% in the second 6 months of 2013). The overall Asian access rate of 0.67% in the second half of 2013 remained well 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. It is not uncommon that some mental health issues are interpreted in behavioural terms due to lack of understanding and cultural taboos. 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 et al., 2003).

The *Youth'07* study (Parackal et al., 2011) on "Asian" students showed that 16% of the Asian students who had needed healthcare did not access it. Reasons included:

- Did not want to make a fuss (57%)
- Cost too much (39%)
- Had no transportation to get there (25%)
- Didn't know how (24%).

RECOMMENDATIONS

In light of these 2014 *Stocktake* findings and to ensure alignment with current government priorities (Ministry of Health, 2007; 2012) and progress toward workforce strategic goals, the following recommendations are made to improve the health outcomes for all Asian infants, children and adolescents. These recommendations have also been developed in consultation with the Werry Centre Asian consultant:

- **Development and Provision of Services:**
 - **Early Intervention:**
 - Develop early intervention strategies and services (infant health/mental health and positive parenting programmes) for Asian people in secondary and primary care settings.
 - Increase/enhance school based health services in secondary schools with appropriately trained staff. *Youth'12* results on health services in secondary schools showed positive associations between aspects of health services in schools and mental health outcomes of students at the same schools. There was less overall depression and suicide risk among students attending schools with any level of school health services (Denny et al., 2014). More specifically, schools with:
 - A health team on site
 - More than 2.5 hours of nursing and doctor time per week per 100 students
 - Health staff with postgraduate training
 - Routine psycho-social health screening using HEEADSSS screening.
 - Given that Asian young people have the highest access to the internet compared to other ethnicities in New Zealand (Gibson et al., 2013; Statistics New Zealand, 2004b), the development and promotion of online e-therapies (e.g. SPARX, Merry et al., 2012) is an effective way of intervening early and increasing access to treatment.
 - Improve primary and secondary integration of services by educating GPs, especially Asian GPs, on the cultural and clinical issues relating to the mental health needs of Asian infants, children and adolescents. Primary liaison services have appeared to be effective for adult services and could also work well with ICAMH/AOD services in the early identification of mental health issues and promoting wellbeing to families via their GPs.
 - In consultation with Asian community leaders and groups, develop specific culturally appropriate DHB ICAMH/AOD and community support services for the Asian 0-19 year population. For instance, compared to adult mental health services, family support services are relatively underdeveloped in the infant, child and adolescent mental health services. Therefore, it is considered vital that Asian families are supported by culturally appropriate workers, given the lack of understanding regarding the health system and specific disorders.

- **Workforce Development:**

- Due to increases in Asian access and continued critical shortages in the Asian workforce, there is a continued need to increase the Asian ICAMH/AOD workforce.
- Due to the lack of specific Asian mental health services, the majority of Asian clients (87%) are seen by DHB ICAMH/ADO services; therefore, an increased focus on addressing the workforce development needs of the DHB workforce is pertinent.
- The strategies for recruiting, retaining and developing the Asian and non-Asian workforce that spans the primary and the secondary mental health sectors should include:

- ***Workforce Planning:***

- Ensuring that active recruitment and addressing the workforce development needs of the Asian workforce is seen as a key priority and is embedded in a service's strategic plans.
- Ensuring that local schools, PHOs and NGOs and DHBs are all part of the planning process.

- ***Recruitment:***

- Due to shortages in the Asian workforce, there is continued need to increase the Asian ICAMH/AOD workforce through enhanced training and career pathways into mental health/AOD.
- Given that a high proportion of New Zealand's Asian people are employed in the health sector (Badkar & Tuya, 2010), the promotion of careers in infant, child and adolescent mental health could be a good strategy to address shortages.

- ***Competency Development:***

- While increasing the Asian workforce is a long-term solution to workforce shortages, there is an ongoing need to retain and develop not only the existing Asian ICAMH/AOD workforce but the non-Asian workforce as well.
- Due to the increasing access rates for Asian clients who are largely accessing mainstream services, there continues to be a critical need for increasing the dual competency of mainstream services to be clinically and culturally competent.
- Increasing the cultural competency of mainstream clinicians with the assistance of Non-Clinical staff can be an important short-term strategy (Nyar & Tse, 2006). Due to a small Asian workforce, mainstream clinicians could participate in workshops in the form of face to face and online training to ensure the provision of a culturally appropriate treatment for Asian people. For example, the *Culturally and Linguistically Diverse (CALD)* Resources website, developed and managed by Waitemata DHB Asian Health Support Services, has been widely accepted as a good starting point. Specific workshops could also be run via tertiary training institutes, community groups and in-service training.

- ***New Ways of Working:***

- Increase the diversity of the Asian workforce in all parts of the sector through new roles and new ways of working:
 - Interpreters training as cultural advisors, and possible co-therapists.
 - Establishing 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.

- Collaborative service delivery between PHOs, NGOs and DHBs. Building relationships and working in partnership with other services to overcome shortages in the workforce is occurring in some areas and could be an effective way to share limited resources.

- **Improving Access to Services:**

- While Asian access rates to services have increased, they still remain significantly short of actual need. Therefore improving Asian access rates should be a key area of focus.
- Continue to build on increasing Asian access across all three age groups. 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 et al., 2003).
- Engage and work with parents who are influential in persuading the young person to use services.
- Working more collaboratively and maintaining relationships between school, primary and secondary mental services to assist with referral pathways.
- Additionally, identifying the reasons why access has improved for Asian clients may also assist future planning.

- **Future Research:**

- There continues to be very little information available on the mental health issues of the Asian population in New Zealand. Kumar, Fernando and Wong (2006) have advocated for a national epidemiological study to be conducted on the Asian population in New Zealand.

“Results from a well-designed epidemiological study can influence mental health policy and service delivery for the third-largest ethnic group in New Zealand and may provide information that has not been available before in the history of global migration (p.411).”

NORTHERN REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census indicated an 8% increase in the regional 0-19 year population since the 2006 Census (see Table 1).
- The Northern region had experienced the largest increase in the 0-19 year population in the country (see Table 1, Appendix A).
- The 2013 Census also showed that the Northern region continued to have New Zealand's largest infant, child and adolescent (0-19 yrs) population (39%).
- About half (51%) of the 0-19 population were male (see Figure 1).
- Almost half (43%) of the 0-19 year population were in the Other Ethnicity group followed by Māori (21%), Asian (19%) and Pacific (18%).
- They resided mainly in Counties Manukau (34%) and Waitemata (32%) DHB areas.

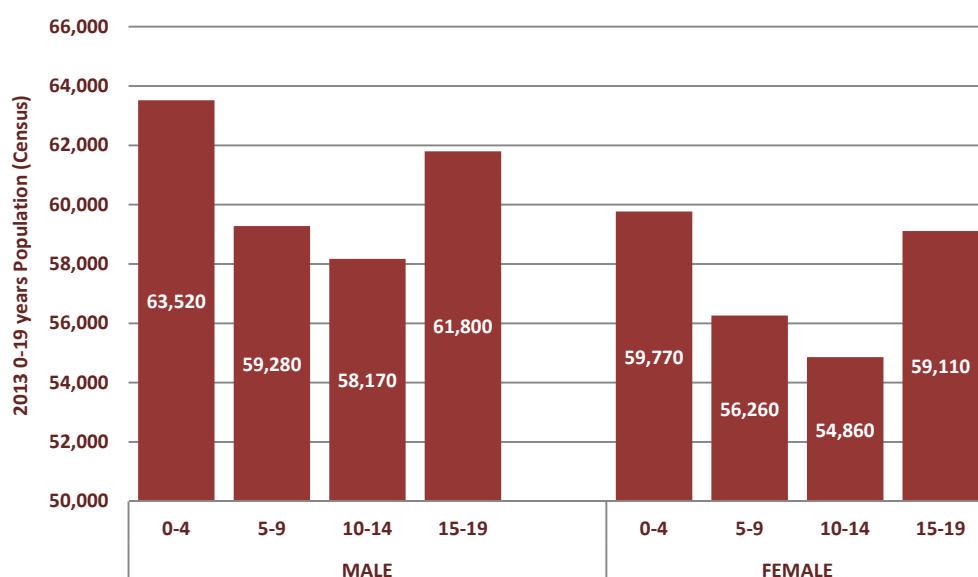
Table 1. Northern Region 0-19 Years Population

DHB AREA	NORTHERN REGION 0-19 YRS POPULATION (2006-2013)					
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	% Change (2013-2006)
NORTHERN	436,344	465,638	468,320	471,140	472,780	8%
NORTHLAND	45,267	48,198	45,570	44,880	47,500	5%
WAITEMATA	139,758	149,030	150,880	151,670	152,230	9%
AUCKLAND	104,139	110,660	111,330	111,710	114,410	10%
COUNTIES MANUKAU	147,180	157,750	160,540	162,880	158,640	8%

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 1. Northern Region 0-19 yrs Population by Age Group & Gender (2013, Census)



NORTHERN REGION PROVISION OF ICAMH/AOD SERVICES

There are four DHBs that provide a range of specialist Inpatient and Community based infant, child and adolescent mental health and Alcohol and Other Drug (ICAMH/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*).

ICAMH/AOD services are also provided by DHB funded NGOs. For the June 2013 to July 2014 period, 21 NGOs (19 in 2012) were identified as providing DHB funded infant, child and adolescent mental health/AOD services. Of the 21 NGOs, six were contracted AOD providers.

From 2012 to 2014, progress can be seen in the funding and in the number and types of services that were available for infants, children and adolescents in the Northern region. All services are now inclusive of infants (0-4 year 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):

SERVICES	SERVICE PROVIDERS
Children of Parents/Whānau with a Mental Illness & Addiction (COPMIA):	<p>DHB: Northland & Auckland</p> <p>NGO:</p> <ul style="list-style-type: none"> Northland: Rubicon Charitable Trust Counties Manukau: Odyssey House Trust, Raukura Hauora O Tainui Trust
Youth Forensic:	<p>DHB: Northland & Auckland</p>
Child and Adolescent AOD (Including Co-Existing Problems):	<p>DHBs: Northland, Waitemata & Counties Manukau</p> <p>NGOs:</p> <ul style="list-style-type: none"> Northland: Ngati Hine Health Trust, Rubicon Charitable Trust Board Auckland: Odyssey House Trust Counties Manukau: Odyssey House Trust, Raukura Hauora O Tainui Trust, Youthline Auckland Charitable Trust.
Eating Disorders:	<p>DHB: Auckland Regional Service</p> <p>NGO:</p> <ul style="list-style-type: none"> Northland: Rubicon Charitable Trust Counties Manukau: Ohomairangi Trust
Early Intervention:	<p>DHB: Parenting Programme: Auckland: PCIT</p> <p>NGO Parenting Programmes:</p> <ul style="list-style-type: none"> Counties Manukau: Anglican Trust for Women & Children: Mellow Parenting; Ohomairangi: Mellow Parenting <p>NGO: AOD School-Based Programmes:</p> <ul style="list-style-type: none"> Auckland: Odyssey House Trust: <i>Amplify</i> School Programme Counties Manukau: Odyssey House Trust: <i>Stand Up</i>; Youthline: AOD School Based Programme
Peer Support:	<p>1 NGO:</p> <p>Counties Manukau: Raukura Hauora O Tainui Trust</p>

SERVICES	SERVICE PROVIDERS
Services for Māori:	<p>Two dedicated DHB Māori ICAMH services/teams:</p> <ul style="list-style-type: none"> Counties Manukau: He Kakano Māori Mental Health Team <p>Three DHB Māori services funded under adult services:</p> <ul style="list-style-type: none"> Waitemata: Moko Māori Mental Health Service and Te Atea Marino Regional Māori AOD Service <p>3 NGOs:</p> <ul style="list-style-type: none"> Northland: Ngati Hine Health Trust Counties Manukau: Mahitahi Trust & Raukura Hauora O Tainui Trust.
Services for Pacific:	<p>Three dedicated DHB Pacific ICAMH services:</p> <ul style="list-style-type: none"> Waitemata DHB: Isa Lei Pacific Mental Health Service Counties Manukau DHB: Vaka Toa Pacific Island Team Capital & Coast DHB: Health Pasifika <p>One DHB Pacific services funded under adult services:</p> <ul style="list-style-type: none"> Waitemata DHB: Tupu Pacific Alcohol & Drug Service. <p>1 NGO providing Pacific Services:</p> <ul style="list-style-type: none"> 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.
Services for Asian:	<p>DHB: There are Asian services that are available to Asian people operating within DHBs which are funded under adult services:</p> <ul style="list-style-type: none"> Auckland: Asian Mental Health Team. Waitemata: Asian Health Support Services which includes the Asian Mental Health Client Coordination and Support Service. <p>Counties Manukau: Asian Mental Health Service which is mainly a coordination service providing advice on available resources, mental health services and links to support groups.</p>

Table 2. Northland ICAMH/AOD Services (2013/2014)

NORTHLAND DHB
Te Roopu Kimiora: Child & Youth Mental Health & Alcohol & Other Drug Service
<i>Also provides services for Youth Forensics, Eating Disorders; COPMIA & Gateway Assessments</i>
NORTHLAND DHB FUNDED NGOS
NGATI HINE HEALTH TRUST BOARD
Infant, Child, Adolescent & Youth community Support Services
RECOVERY SOLUTIONS
Infant, Child, Adolescent & Youth Community Support Services
RUBICON CHARITABLE TRUST BOARD
Children & Youth Alcohol & Drug Community Services
Community Child, Adolescent & Youth Service for Co-existing Problems
TE RUNANGA O TE RARAWA INC.
Infant, Child, Adolescent & Youth Community Support Service
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 3. Waitemata ICAMH/AOD Services (2013/2014)

WAITEMATA DHB
Marinoto North Child & Adolescent Mental Health Services
Marinoto West (Child & Adolescent Teams)
Early Psychosis Intervention
Eating Disorders Liaison Service
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)

WAITEMATA DHB FUNDED NGOS
HEALTHWEST LTD
Primary Youth Mental Health
RECOVERY SOLUTIONS
Infant, Child, Adolescent & Youth Crisis Respite & Day Services
TE WHANAU O WAIPAREIRA TRUST
Family Whanau Support Education, Information & Advocacy Service

Table 4. Auckland Infant, Child & Adolescent Mental Health Services (2013/2014)

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 Services
Intensive Clinical Support Services
CAMHS DBT Team
CAMHS Intake Team
PCIT
Neural Developmental Pathway
Eating Disorder Liaison
REGIONAL SERVICES
Youth Forensic Service & Child & Adolescent Liaison Service (Northland, Waitemata & Auckland DHBs)
Eating Disorders Service-Child & Adolescent Team
Child & Family Unit (Inpatient Service) (Northern & Midland Region)
Consult Liaison Starship Hospital

AUCKLAND DHB FUNDED NGOS
AFFINITY SERVICES LTD
Infant, Child, Adolescent & Youth Crisis Respite & Day Services
CONNECT SUPPORTING RECOVERY
COPMIA Whanau Support Services
MAHITAHU TRUST
Community Child, Adolescent & Youth Service for Co-Existing Problems
ODYSSEY HOUSE TRUST
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
Children & Youth Alcohol & Drug Community Services: Amplify School Programme
RICHMOND NZ
Child & Youth Community Residential Care: Te Matariki: Supported Accommodation
Infant, Child, Adolescent & Youth Package of Care

Table 5. Counties Manukau ICAMH/AOD Services (2013/2014)

COUNTIES MANUKAU DHB
Whirinaki: Child & Adolescent Mental Health Services: Te Rito (Child Team), Kohia (Youth Assertive Outreach), PCLT Team, Mauri Oho Team, Punui (Youth Team), Pohutukawa (Youth Team)
Kidz First Child Development Service
Kidz First Centre for Youth Health
Infant Mental Health Service
Eating Disorders Liaison Team (12-65yrs +)
<i>Also receives funding for Eating Disorders Services & AOD Community Services</i>
MĀORI SERVICES
<i>He Kākano: Kaupapa Māori Child & Adolescent Mental Health Service</i>
PACIFIC SERVICES
Vaka Toa Pacific Adolescent Service
<i>Note: Italicised Services are Kaupapa Māori Services</i>

COUNTIES MANUKAU DHB FUNDED NGOS
ANGLICAN TRUST FOR WOMEN & CHILDREN
Infant, Child, Adolescent & Youth Package of Care (Wrap Around): Mellow Parenting Groups
MAHITAHU TRUST
Infant, Child, Adolescent & Youth Package of Care
Kaupapa Māori Consultation, Liaison & Advisory Service
ODYSSEY HOUSE TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services: Schools Programme: Stand Up
OHOMAIRANGI TRUST
Infant, Child, Adolescent & Youth Package of Care (Wrap Around): Mellow Parenting Groups
PATHWAYS HEALTH LTD
Infant, Child, Adolescent & Youth Crisis Respite
PENINA TRUST
Child & Youth Package of Care
RAUKURA HAUORA O TAINUI TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services - Kaupapa Māori: Te Oho Ake Rangatahi Services
Peer Support Service for Children, Adolescents & Youth of Parents with a Mental Health Disorder or Addiction
RICHMOND NZ
Infant, Child, Adolescent & Youth Package of Care: Mobile Community Support
YOUTHLINE AUCKLAND CHARITABLE TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services: Stand Up Alcohol & Drug Team
<i>Note: Italicised Services are Kaupapa Māori Services</i>

NORTHERN REGION FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH.

From 2011/2012 to 2013/2014 financial year:

- There was a 9% increase in total funding for infant, child and adolescent mental health/AOD services in the Northern region (see Table 6 & Figure 2). This increase was largely seen in NGO funding (24%) while DHB funding had increased by 7% (see Appendix B, Table 1 & Figure 2).
- Alcohol & Other Drug services had received the largest increase in funding (141%) (see Table 6).

Figure 2. Northern Region ICAMH/AOD Funding by Provider Services (2004-2014)

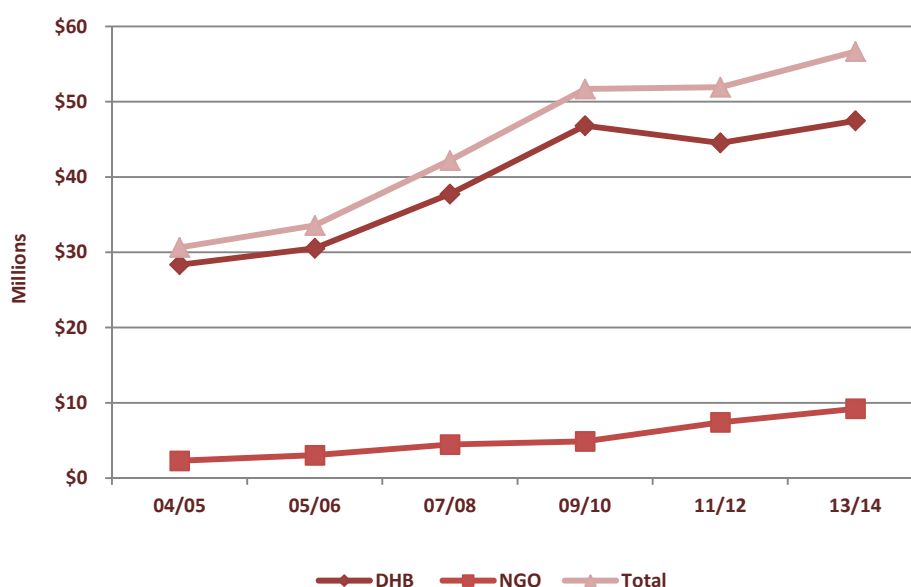


Table 6. Northern Region ICAMH/AOD Funding by Services

SERVICES	NORTHERN REGION FUNDING BY SERVICE (2007-2014)				
	2007/2008	2009/2010	2011/2012	2013/2014	% Change
INPATIENT	\$6,565,869	\$5,680,824	\$5,159,883	\$5,442,953	5
ALCOHOL & OTHER DRUGS ¹	\$1,800,888	\$2,187,919	\$2,280,900	\$5,505,268	141
KAUPAPA MĀORI	\$748,263	\$1,313,434	\$279,300	\$208,512	-25
ALL OTHER SERVICES	\$33,086,078	\$42,511,931	\$44,213,974	\$45,516,092	3
TOTAL	\$42,201,097	\$51,694,108	\$51,934,057	\$56,672,825	9

1. Includes Residential Services

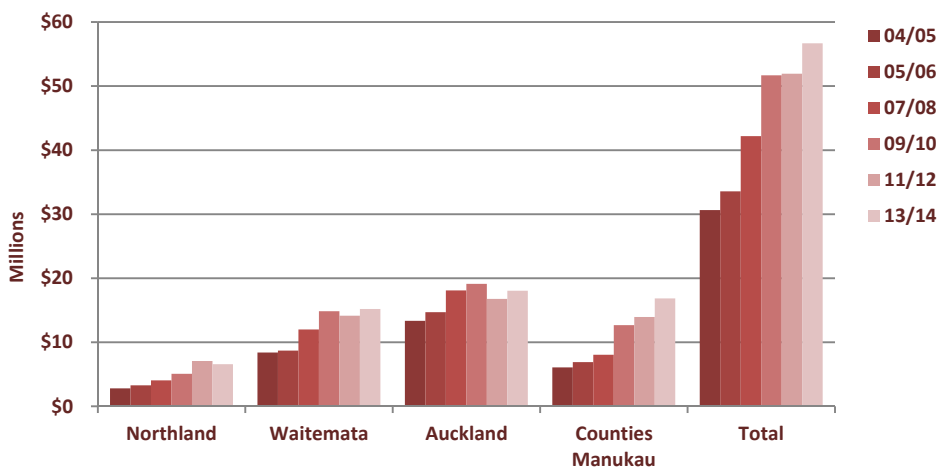
Source: Ministry of Health Price Volume Schedule 2007-2014

For the June 2013 to July 2014 financial year:

- The Northern region provider services received \$56.6 million (34% of total national funding) for infant, child and adolescent mental health/AOD services (see Appendix B, Table 1).
- The Auckland DHB area had the largest proportion (32%) of funding in the region followed by Counties Manukau (30%) and Waitemata DHB areas (27%) (see Figure 3).

- Services in the Counties Manukau, Auckland and Waitemata DHB areas showed increases in funding (by 21% 8% and 7% respectively), while the Northland DHB area showed a decrease in funding (by 7%).

Figure 3. Northern Region ICAMH/AOD Funding by DHB Area (2004-2014)



FUNDING PER HEAD OF INFANT, CHILD AND 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 year population as only a small proportion of this population accesses services. When looking at individual DHBs, the calculation does not reflect inter DHB referrals including referrals to regional services (see Appendix B, Table 2).

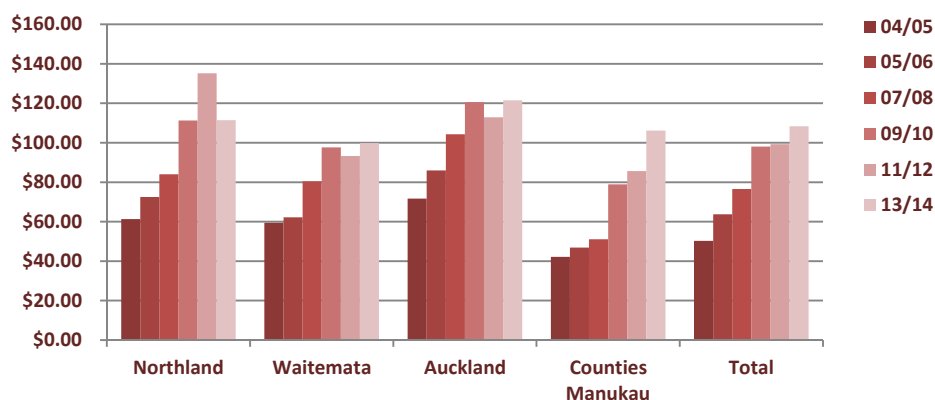
From 2012 to 2014:

- There was a slight increase in the spend per head of the 0-19 year population (excluding Inpatient costs) by 9%; from \$99.28 to \$108.36 (see Appendix B, Table 2 & Figure 4).
- Three out of the four DHB areas showed an increase in spend per child: Waitemata, Auckland and Counties Manukau. While previously Counties Manukau DHB area had the lowest spend per child in the region, for the 2013/2014 financial year, Counties Manukau showed the largest increase in its spend per child by 24%, from \$85.66 to \$106.17.

For the 2013/2014 financial year:

- Waitemata DHB had the lowest funding per 0-19 years in the region at \$99.83; however, a large number of the DHB's clients are seen in regional services provided by Auckland and Counties Manukau DHBs. In the second half of 2013, 273 Waitemata DHB clients were referred to Auckland DHB and 136 clients were referred to Counties Manukau DHB (see Appendix D, Table 7).

Figure 4. Funding per Head Infant, Child & Adolescent Population by DHB Area (2004-2014)



NORTHERN REGION ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all four DHB (Inpatient & Community) ICAMH/AOD services and from all 21 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a 17% increase in the total Northern region workforce, from 478.74 to 559.4 actual FTEs (see Table 7 & Figure 5).
- The DHB workforce (Inpatient & Community Services) had increased by 11%, from 380.22 to 420.7 actual FTEs.
- NGO workforce had increased by 41%, from 98.52 to 138.7 actual FTEs.
- This increase was seen largely in the Non-Clinical workforce (excluding Admin/Management) by 32%, from 79.6 to 104.83 actual FTEs, while the total Clinical workforce had increased by 15%, from 361.20 to 416.15 actual FTEs.
- The total vacancy rate had increased from 7% to 10% (from 36.5 to 63.8 FTEs) in both DHB provider services (12%) and NGOs (4%).

Table 7. Total Northern Region ICAMH/AOD Workforce

YEAR	NORTHERN REGION WORKFORCE BY SERVICE PROVIDER (2004-2014)								
	DHB ¹			NGOS			TOTAL		
	ACTUAL	VACANT	% VACANCY	ACTUAL	VACANT	% VACANCY	ACTUAL	VACANT	% VACANCY
2004	245.7	64.4	21	41.4	9.0	18	287.1	73.4	20
2006	298.9	54.5	15	69.3	5.0	7	368.1	59.5	14
2008	347.5	41.8	11	58.7	6.9	11	406.2	48.7	11
2010	392.9	52.4	12	64.9	2.0	3	457.8	54.4	11
2012	380.2	35.5	9	98.5	1.0	1	478.7	36.5	7
2014	420.7	57.9	12	138.7	6.0	4	559.4	63.8	10

1. Includes Inpatient Service

Figure 5. Total Northern Region ICAMH/AOD Workforce (2004-2014)



As at 30 June 2014:

- Auckland DHB area had the largest ICAMH/AOD workforce (207.9 FTEs) in the region (see Figure 6).
- ICAMH/AOD services are predominately provided by the DHB services in the region, with the NGO sector making up 25% of the region's workforce.
- The Northern region ICAMH/AOD workforce was largely NZ European (46%), followed by Māori (20%), Other Ethnicity (15%), Pacific (13%) and Asian (6%).
- Seventy-four percent of the total Northern region ICAMH/AOD workforce was Clinical staff with the majority (87%) employed in DHB provider services (see Table 8).
- The Clinical workforce consisted largely of Mental Health Nurses (78.25 actual FTEs), Psychologists (73.09 actual FTEs) and Social Workers (68.5 actual FTEs) (see Table 8 & Figure 7).
- The remainder of the total workforce (19%) was in Non-Clinical roles (excluding the Administration/Management workforce) and was mainly employed in NGOs (76%).
- Vacancies were mainly in Clinical roles largely for Mental Health Nurses mainly in DHB provider services (see Table 9 & Figure 8).

Figure 6. Northern Region ICAMH/AOD Workforce by DHB Area (2014)

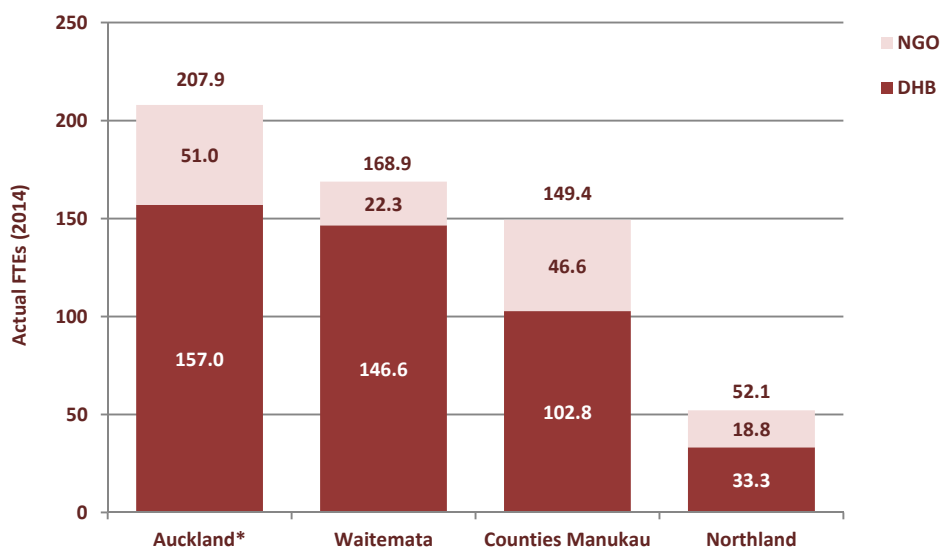


Table 8. Northern Region Total ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	33.6	33.6	33.0	66.6
COUNSELLOR	-	2.8	2.8	2.9	5.7
MENTAL HEALTH NURSE	22.6	48.85	71.45	6.8	78.25
OCCUPATIONAL THERAPIST	1.0	33.9	34.9	1.0	35.9
PSYCHIATRIST	7.58	24.95	32.53	0.7	33.23
PSYCHOTHERAPIST	1.6	10.58	12.18	-	12.18
PSYCHOLOGIST	7.0	64.39	71.39	1.7	73.09
SOCIAL WORKER	1.5	61.3	62.8	5.7	68.5
OTHER CLINICAL ¹	5.9	35.8	41.7	1.0	42.7
CLINICAL SUB-TOTAL	47.18	316.17	363.35	52.8	416.15
CULTURAL APPOINTMENT	-	15.30	15.3	1.0	16.3
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	1.0	1.0	-	1.0
MENTAL HEALTH SUPPORT WORKER	7.8	-	7.8	37.0	44.8
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	0.73	0.73	42.0	42.73
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	7.8	17.03	24.83	80.0	104.83
ADMINISTRATION/MANAGEMENT	4.0	28.5	32.5	5.9	38.4
REGIONAL TOTAL	58.98	361.7	420.68	138.7	559.38

1. Other Clinical Occupational Group= DHB: Forensic Liaison, Paediatrician, Family Therapist, Registrar, Pacific Liaison Clinician, Public Health Nurse, Clinical Placements/Interns, Child Therapist, Youth Health Workers, Youth Health Physicians, Māori Clinical/Cultural Advisor, Clinical Nurse Specialist, Whanau Support Worker, Eating Disorder Liaison, Family Support Worker, Co-existing Nurse, Co-Existing Social Worker, Rangatahi Clinician, Music Therapist, Speech Language Therapist, Dietician, Employment & Study Support Specialist
2. Other Non-Clinical Support for Clients= DHB: Librarian/Information Specialist, Peer Support, Health & Wellness Coach, Research & Training Coordinator, Intake Workers, COPMIA. NGO: Youth Workers, Youth Consumer Advisors, Residential Support Workers, Whanau Ora Practitioners, Needs Assessors/ Service Coordinators, Cook, Childcare, Advocacy/Peer Support Whanau roles, Drivers, Caregivers, AOD Youth Educators

Figure 7. Total Northern Region Total ICAMH/AOD Workforce by Occupational Group (2014)

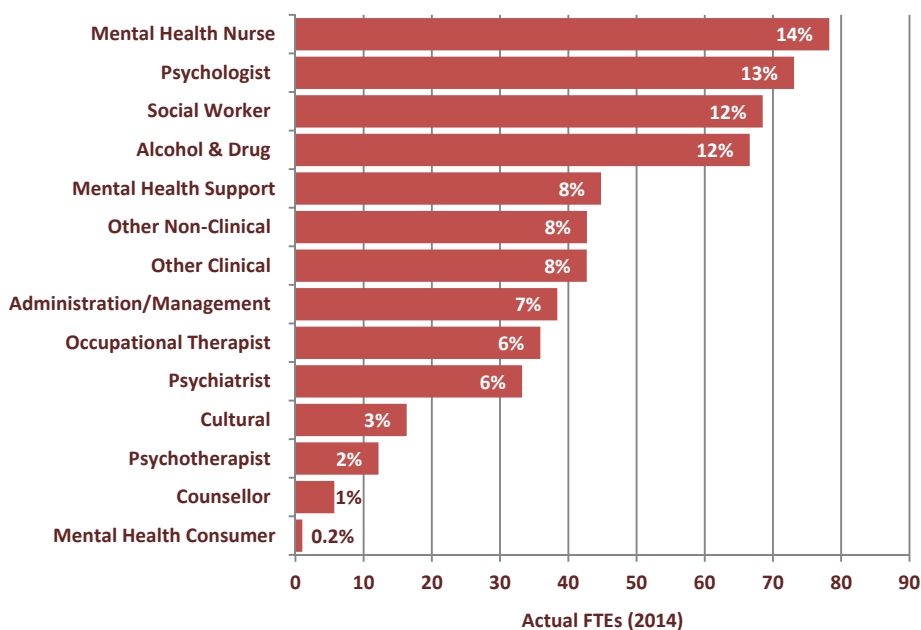
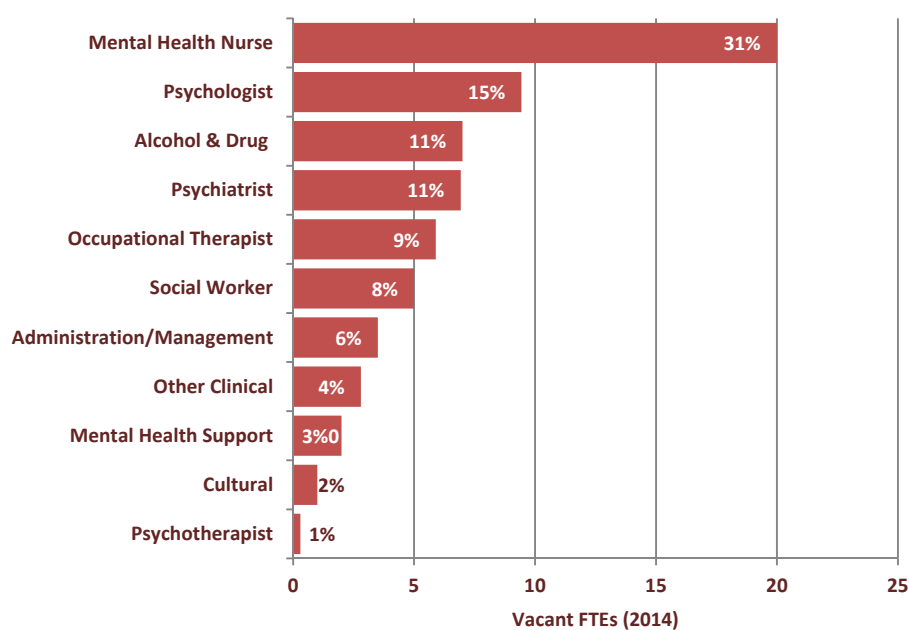


Table 9. Northern Region Total ICAMH/AOD Workforce Vacancy by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	3.0	3.0	4.0	7.0
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	7.4	12.6	20.0	-	20.0
OCCUPATIONAL THERAPIST	1.5	4.4	5.9	-	5.9
PSYCHIATRIST	2.23	4.7	6.93	-	6.93
PSYCHOTHERAPIST	-	0.3	0.3	-	0.3
PSYCHOLOGIST	0.8	8.64	9.44	-	9.44
SOCIAL WORKER	1.0	4.0	5.0	-	5.0
OTHER CLINICAL ¹	1.0	1.8	2.8	-	2.8
CLINICAL SUB-TOTAL	13.93	39.44	53.37	4.0	57.37
CULTURAL APPOINTMENT	1.0	-	1.0	-	1.0
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	-	-	2.0	2.0
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	-	-
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	1.0	-	1.0	2.0	3.0
ADMINISTRATION/MANAGEMENT	1.0	2.5	3.5	-	3.5
REGIONAL TOTAL	15.93	41.94	57.87	6.0	63.87

1. Other Clinical= Allied Eating Disorders

Figure 8. Northern Region Total ICAMH/AOD Vacancies by Occupational Group (2014)



DHB INPATIENT INFANT, CHILD AND ADOLESCENT MENTAL HEALTH WORKFORCE

From 2012 to 2014:

- There was an 8% increase in the Northern region Inpatient workforce, from 54.5 to 58.98 actual FTEs (see Table 10)
- The regional vacancy rate had also increased from 14% to 21% (from 8.9 to 15.93 vacant FTEs).
- This increase in vacancies was seen in the Clinical workforce, from 41.6 to 53.37 actual FTEs.

As at 30 June 2014:

- The Inpatient Clinical workforce mainly consisted of Mental Health Nurses (22.6 FTEs) (see Table 8).
- The Inpatient Non-Clinical workforce mainly consisted of Mental Health Support Workers (7.8 FTEs).
- Vacancies were mainly for Clinical roles (Mental Health Nurses) (see Table 9).

Table 10. Northern Region DHB Inpatient ICAMH Workforce (2005-2014)

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
2012	41.6	8.90	54.5	8.9	-	8.9	14
2014	47.18	11.8	58.98	53.37	4.5	57.87	21

DHB COMMUNITY ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was an 11% overall increase in the total DHB Community workforce, from 325.3 to 361.7 actual FTEs (see Table 11).
- Counties Manukau DHB reported the largest increase in the Community workforce by 24% (from 82.8 to 102.8 FTEs) followed by Waitemata by 12% (from 130.7 to 146.6 FTEs).
- This increase was seen in the Community Clinical workforce by 12%, from 281.7 to 316.2 FTEs. The increase was largely seen in the following Clinical roles: Occupational Therapists; Social Workers and Other Clinical roles.
- The regional vacancy rate in the DHB Community workforce had also increased from 8% to 10%, with Counties Manukau DHB reporting the largest increase in vacancies (from 5.8 to 17.4 FTEs).

As at 30th June 2014:

- Waitemata DHB reported the largest Community workforce (146.6 actual FTEs), followed by Counties Manukau (102.8 actual FTEs), Auckland (79.1 actual FTEs) and Northland (33.3 actual FTEs) (see Table 11).
- Waitemata DHB also reported the largest Community Clinical workforce (123.15 FTEs) in the region followed by Counties Manukau (98.53 FTEs), Auckland (64.19 FTEs) and Northland (30.3 FTEs) (see Appendix C, Table 6).
- The Clinical workforce (316.17 FTEs) made up 87% of the total Community workforce (361.7 FTEs) and was largely comprised of Psychologists (64.39 FTEs), Social Workers (61.3 FTEs) and Mental Health Nurses (48.85 FTEs) (see Table 8).
- The Non-Clinical Community workforce (13% of the total Community workforce) made up the remainder of the Northern region Community workforce mainly in Administration/Management roles (28.5 FTEs) followed by Cultural roles (15.3 FTEs) (see Table 8).
- Vacancies by DHB showed that Counties Manukau had the highest vacancies (17.4 FTEs) (see Table 11).
- Overall vacancies were in Clinical roles: Mental Health Nurses (12.6 FTEs); Psychologists (8.64 FTEs) and Psychiatrists (4.7 FTEs).

Table 11. Northern Region DHB Community ICAMH/AOD Workforce (2006-2014)

DHB AREA	ACTUAL FTEs					VACANT FTEs					VACANCY RATE (%)				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHLAND	20.6	21.4	33.6	34.4	33.3	2.0	3.2	-	1.6	2.0	9	13	-	4	6
WAIKEMATA	92.1	107.1	124.7	130.7	146.6	15.4	12.9	22.1	11.5	11.7	14	11	15	8	7
AUCKLAND	81.0	72.4	74.1	77.9	79.1	11.2	8.9	7.7	7.8	10.5	12	11	9	9	12
COUNTIES MANUKAU	53.5	73.4	82.6	82.8	102.8	11.1	5.5	14.5	5.8	17.4	17	7	15	7	14
REGIONAL TOTAL	247.2	274.3	315.1	325.7	361.7	39.7	30.5	44.3	26.7	41.9	14	10	12	8	10

NGO ICAMH/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.

From 2012 to 2014:

- There was a 41% increase in the Northern region NGO workforce, from 98.52 to 138.7 actual FTEs (see Table 12).
- This increase was seen in both Clinical (39%) and Non-Clinical (41%) roles.
- There was an increase in the regional vacancy rate from 1% to 4%.

At as 30 June 2014:

- A total of 21 NGOs were contracted to provide DHB funded Infant, Child and Adolescent Mental Health/AOD services in the Northern region (see Table 12).
- Auckland (51 actual FTEs) and Counties Manukau (46.6 actual FTEs) DHB areas reported the largest NGO workforces in the region.
- AOD Practitioners (33 FTEs) were the largest Clinical workforce in the Northern region NGO sector (see Table 8).
- The Non-Clinical staff were mainly Mental Health Support Workers (37 actual FTEs) and in Other Non-Clinical Support Roles (Youth Workers= 22.6 actual FTEs) (see Table 8).

Table 12. Northern Region NGO ICAMH/AOD Workforce (2006-2014)

DHB AREA	ACTUAL FTES					VACANT FTES					VACANCY RATE (%)				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHLAND	14.5	15.7	15.0	14.0	18.8	1.0	-	-	-	2.0	6.5	-	-	-	10
WAITEMATA	-	8.5	-	5.0	22.3	-	1.0	-	1.0	0-	-	10.5	-	17	-
AUCKLAND	27.9	21.3	26.6	39.9	51.0	4.0	4.9	0.5	-	3.5	12.6	18.7	1.9	-	6
COUNTIES MANUKAU	26.9	13.2	23.3	39.6	46.6	-	1.2	1.5	-	0.5	-	8.3	6.1	-	1
REGIONAL TOTAL	69.3	58.7	64.9	98.5	138.7	5.0	7.1	2.0	1.0	6.0	6.7	10.8	2.9	1.0	4

NORTHERN REGION CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- While there was an increasing trend in the total number of clients accessing services in the Northern region from 2004 to 2012, there was a slight decrease by 3% from 2012 to 2013 (see Table 13 & Figure 10).
- This decrease was seen in the male client group by 6%, mainly in the 10-14 and 15-19 age groups.
- There was a slight overall increase in the female client group by 1%. This increase was seen only in the 0-9 and 10-14 year age groups while there was a 4% decrease in the 15-19 year age group.
- Three out of the four DHB areas in the Northern region reported overall decreases in the number of clients accessing services (Waitemata, Auckland and Counties Manukau), while the Northland DHB area reported a 2% increase in the number of clients (see Table 14 & Figure 11).

In the second six months of 2013:

- The largest client group accessing services in the Northern region continued to be 15-19 year old males (30%).
- 88% of the Northern region's total clients were seen by DHB services.
- 12% of the total clients were seen by NGOs (see Table 14).
- Services in the Waitemata DHB area continued to have the largest number of clients (33%) in the Northern region followed by services in the Counties Manukau (30%), Auckland (20%) and Northland (17%) DHB areas (see Table 14 & Figure 11).

Table 13. Northern Region Clients by Gender & Age Group

YEAR	NORTHERN REGION CLIENTS BY GENDER (2004-2013)								TOTAL CLIENTS
	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	3804 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	1378	2,136	5,182
2007	613	1,086	1,532	3,231	223	634	1,547	2,404	5,635
2008	776	1,234	1,966	3,976	283	690	1,727	2,700	6,676
2009	799	1,383	2,449	4,631	282	700	2,089	3,071	7,702
2010	893	1,453	2,972	5,318	320	874	2,378	3,572	8,890
DHB	883	1,364	2,656	4,903	311	828	2,233	3,372	8,275
NGO	10	89	316	415	9	46	145	200	615
2011	1,007	1,516	3,091	5,614	374	934	2,631	3,939	9,553
DHB	988	1,385	2,746	5,119	366	880	2,436	3,682	8,801
NGO	19	131	345	495	8	54	195	257	752
2012	1,122	1,541	3,310	5,973	426	1,152	3,124	4,702	10,675
DHB	1,088	1,380	2,754	5,222	406	1,045	2,720	4,171	9,393
NGO	34	161	556	751	20	107	404	531	1,282
2013*	1,116	1,438	3,060	5,614	448	1,300	3,001	4,749	10,363
DHB	1,079	1,286	2,551	4,916	422	1,171	2,620	4,213	9,129
NGO	37	152	509	698	26	129	381	536	1,234

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

1. Includes 3 clients listed as Gender "Unknown"

2. Includes 2 clients listed as Gender "Unknown"

Figure 9. Northern Region Total 0-19 yrs Clients (2004-2013)

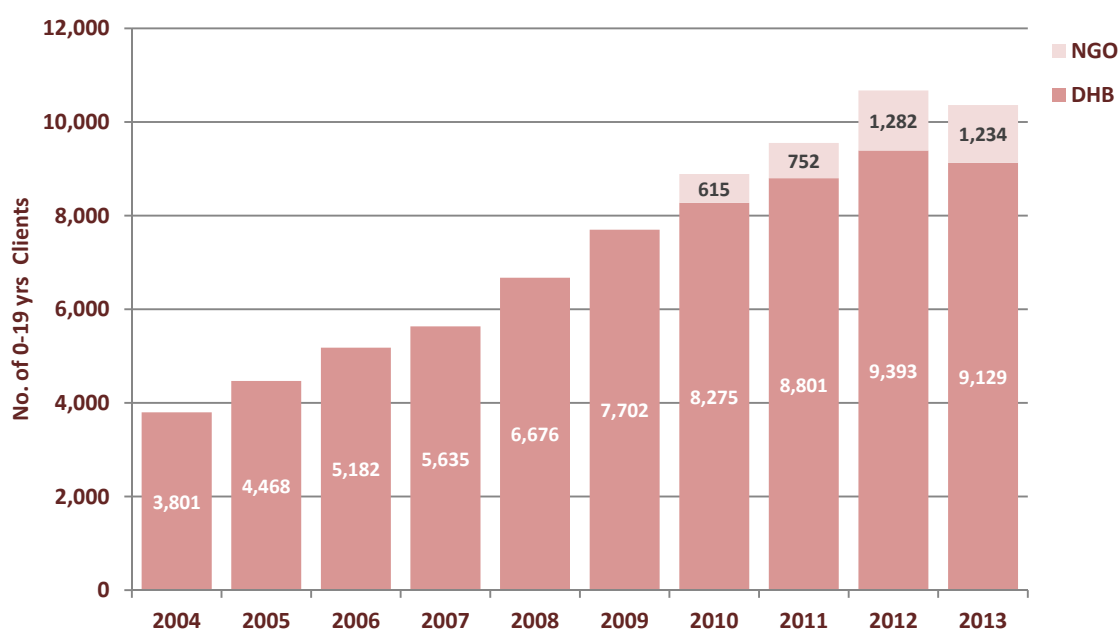
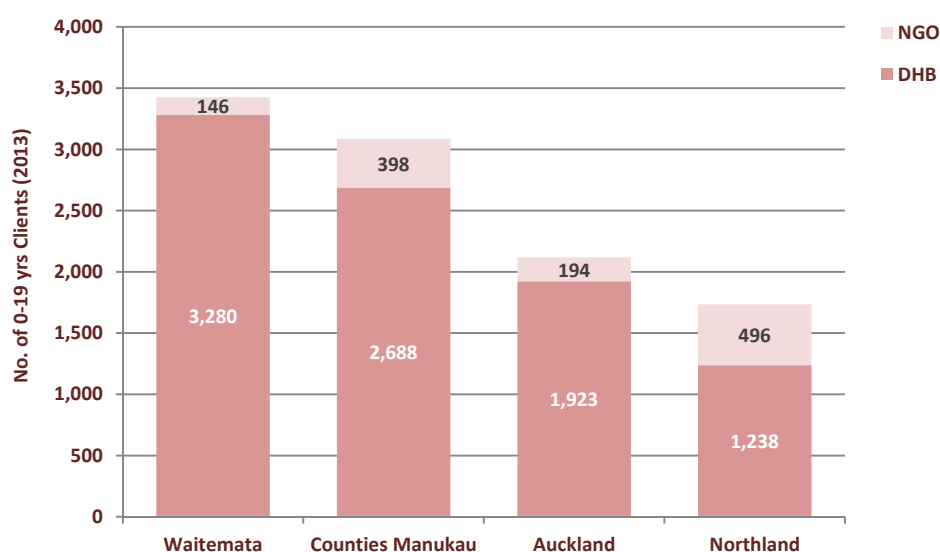


Table 14. 0-19 yrs Clients by DHB Area

YEAR	NORTHERN REGION 0-19 YRS CLIENTS BY DHB AREA (2004-2013)				
	NORTHLAND	WAIITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
2004	492	1,632	670	1,019	3,813
2005	511	1,926	697	1,336	4,470
2006*	583	2,235	767	1,597	5,182
2007	577	2,375	883	1,800	5,635
2008	634	2,182	1,383	2,477	6,676
2009	772	3,092	1,399	2,439	7,702
2010	1,112	3,508	1,486	2,784	8,890
DHB	926	3,450	1,404	2,495	8,275
NGO	186	58	82	289	615
2011	1,295	3,549	1,846	2,863	9,553
DHB	993	3,455	1,754	2,599	8,801
NGO	302	94	92	264	752
2012	1,699	3,550	2,144	3,282	10,675
DHB	1,235	3,396	1,988	2,774	9,393
NGO	464	154	156	508	1,282
2013*	1,734	3,426	2,117	3,086	10,363
DHB	1,238	3,280	1,923	2,688	9,129
NGO	496	146	194	398	1,234

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Figure 10. Northern Region 0-19 yrs Clients by DHB Area (2013)



NORTHERN REGION CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group.

The 2004 to 2013 MHINC/PRIMHD access data were analysed by six months to determine the six monthly benchmark access rates for each region and DHB area. 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). However, access rates are affected by the type of population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data (prioritised ethnicity) and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an overall increase in the total 0-19 year access rate for the Northern region from 2.00% to 2.19% (see Table 15 & Figure 12).
- The increase in overall access rates was seen in all four DHB areas, especially in the Northland DHB area (see Table 16).
- This increase was seen in the 0-9 and 10-14 year age groups only, while there was a slight decrease in the access rate for the 15-19 year age group in all four DHB areas in the Northern region.

In the second six months of 2013:

- The overall access rate in the Northland DHB area (3.65%) was the highest in the Northern region, which made it the only DHB area that had exceeded the MHC's target access level of 3.0% for the second six months of 2013 (see Table 16 & Figure 13).
- Despite overall regional improvements, the Auckland DHB area continued to report the lowest access rate in the region (1.85%) followed closely by Counties Manukau (1.95%).
- While the overall access rate had increased in the Northern region from 2012, the regional access rate remained below the national average of 2.64% and continues to remain below the MHC target rates for all three age groups.

Table 15. Northern Region Client Access Rates by Age Group

YEAR	NORTHERN REGION ACCESS RATES BY AGE GROUP (YRS) (2004-2013)				
	0-9	10-14	15-19	0-19	NATIONAL ACCESS RATE (0-19 YRS)
MHC Access Benchmarks	1.00%	3.90%	5.50%	3.00%	3.00%
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%
2010	0.52%	2.03%	4.32%	1.89%	2.02%
DHB	0.51%	1.91%	3.95%	1.76%	1.75%
NGO	0.01%	0.12%	0.37%	0.13%	0.27%
2011	0.58%	2.16%	4.67%	2.02%	2.36%
DHB	0.57%	2.00%	4.23%	1.86%	1.86%
NGO	0.01%	0.16%	0.44%	0.16%	0.50%
2012	0.51%	5.13%	5.36%	2.00%	1.98%*
DHB	0.49%	4.89%	4.56%	1.76%	1.52%
NGO	0.02%	0.24%	0.80%	0.24%	0.46%
2013*	0.65%	2.42%	5.01%	2.19%	2.64%
DHB	0.63%	2.17%	4.28%	1.93%	2.06%
NGO	0.03%	0.25%	0.74%	0.26%	0.57%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 11. Northern Region 0-19 yrs Client Access Rates (2004-2013)

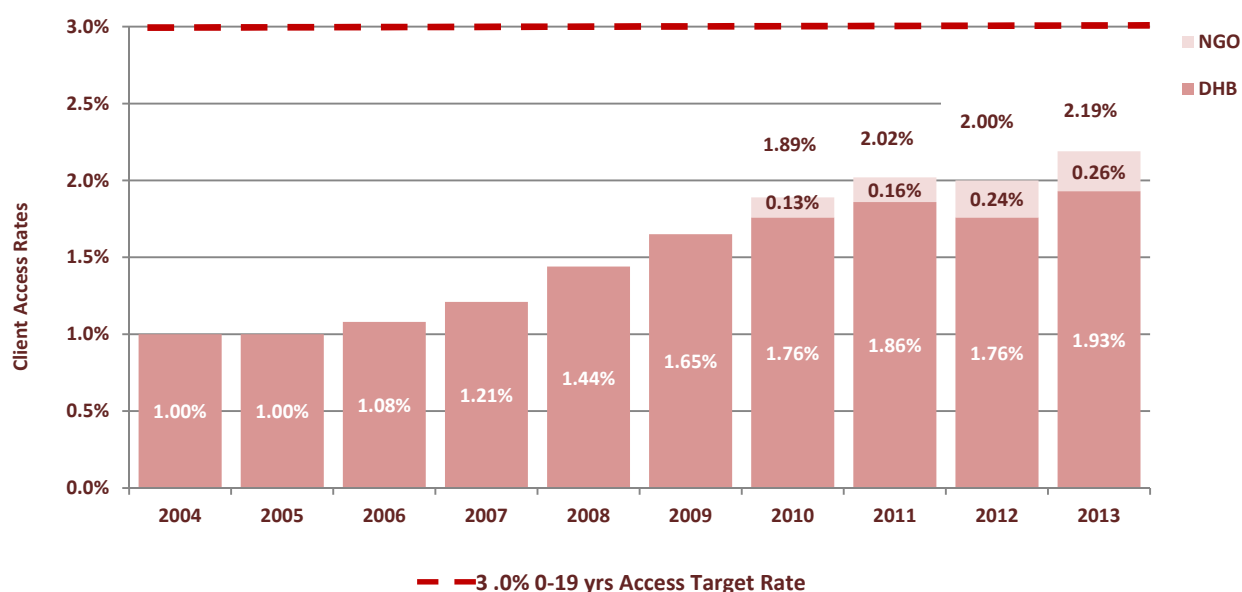
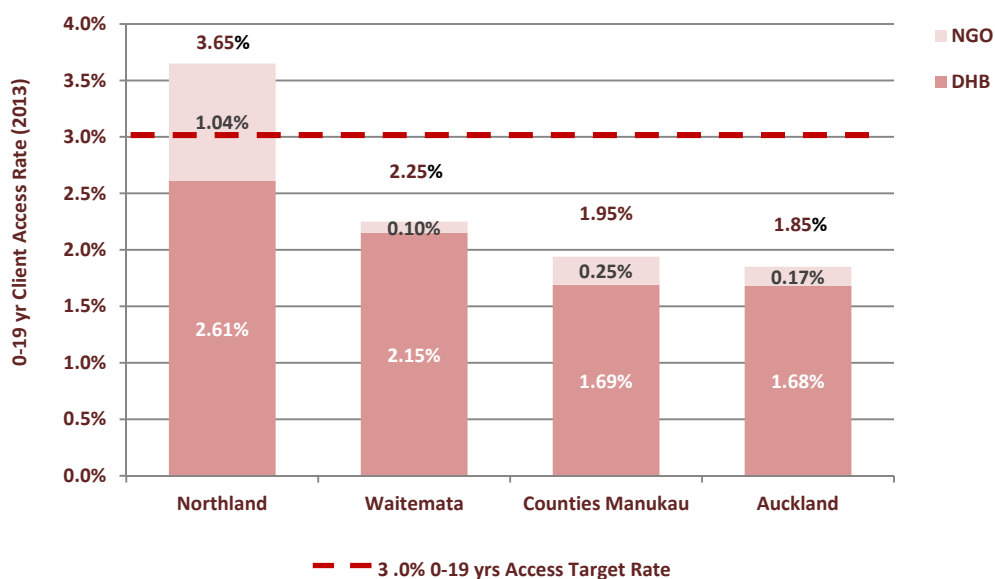


Table 16. Access Rates by DHB Area (2004-2013)

YEAR	NORTHERN REGION 0-19 YRS ACCESS RATES BY DHB AREA (2004-2013)				
	NORTHLAND	WAIITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
2004	1.02%	1.01%	0.60%	0.75%	1.00%
2005	1.08%	1.11%	0.68%	1.01%	1.00%
2006*	1.26%	1.18%	0.86%	1.15%	1.08%
2007	1.22%	1.22%	0.89%	1.37%	1.21%
2008	1.37%	1.46%	1.25%	1.57%	1.44%
2009	1.68%	2.04%	1.28%	1.52%	1.65%
2010	2.43%	2.29%	1.36%	1.71%	1.89%
DHB	2.03%	2.25%	1.28%	1.53%	1.76%
NGO	0.40%	0.04%	0.08%	0.18%	0.13%
2011	2.84%	2.30%	1.69%	1.75%	2.02%
DHB	2.18%	2.24%	1.60%	1.59%	1.86%
NGO	0.66%	0.06%	0.09%	0.16%	0.16%
2012	2.78%	2.10%	1.72%	1.84%	2.00%
DHB	2.02%	2.01%	1.59%	1.55%	1.76%
NGO	0.76%	0.09%	0.13%	0.28%	0.24%
2013*	3.65%	2.25%	1.85%	1.95%	2.19%
DHB	2.61%	2.15%	1.68%	1.69%	1.93%
NGO	1.04%	0.10%	0.17%	0.25%	0.26%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 12. Northern Region 0-19yrs Client Access Rates by DHB Area (2013)



NORTHERN REGION MĀORI OVERVIEW

NORTHERN MĀORI INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 19% increase in the regional Māori 0-19 year population since the 2006 Census (see Table 17).
- The largest increase in the Māori population was seen in the Northland, Waitemata and Auckland DHB areas (by 22%).
- The Northern region continued to have one of the largest Māori infant, child and adolescent populations (a third of New Zealand's Māori infant, child & adolescent population) (see Appendix A, Table 1).
- Māori infants, children and adolescents made up 21% of the Northern region's total 0-19 years population. About half (51%) of the 0-19 Māori population were male (see Figure 14).
- The largest Māori infant, child and adolescent population in the Northern region resided in Counties Manukau (37%), Waitemata (24%) and Northland (24%) DHB areas.
- Proportionally, about half (51%) of Northland's 0-19 year population were Māori.

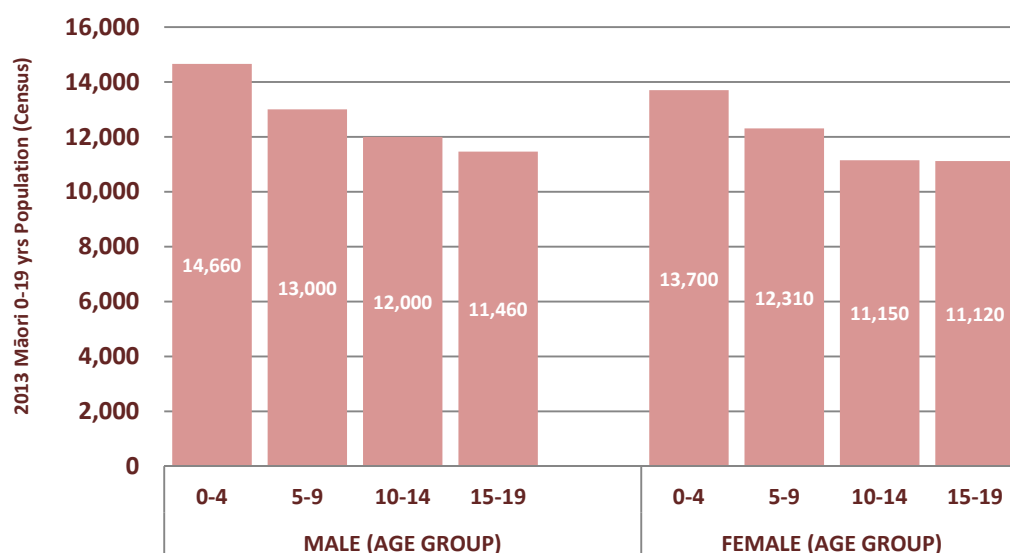
Table 17. Northern Region Māori 0-19 Year Population

DHB AREA	NORTHERN REGION MĀORI 0-19 YEAR POPULATION (2006 TO 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities)	
NORTHERN	83,568	95,160	96,340	97,120	99,410	472,780	19
NORTHLAND	19,722	22,140	22,000	21,710	24,110	47,500	22
WAIKATO	19,809	22,740	23,140	23,440	24,230	152,230	22
AUCKLAND	11,778	13,210	13,250	13,210	14,340	114,410	22
COUNTIES MANUKAU	32,259	37,070	37,950	38,760	36,730	158,640	14

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 13. Northern Region Māori 0-19 yrs Population by Age Group & Gender (2013)



NORTHERN REGION MĀORI ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all four DHB (Inpatient & Community) ICAMH/AOD services and from all 21 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a 31% increase in the total Māori workforce, from 102 (78.12 actual FTEs) to 134 (108.21 FTEs) (see Table 18 & Figure 15).
- While this increase was seen in both DHB services and NGOs, the increase was largely in the NGO sector from 45 to 75.
- The increase in the workforce was in both Clinical (20%) and Non-Clinical (44%) roles (see Table 20 & Figure 16).

As at 30 June 2014:

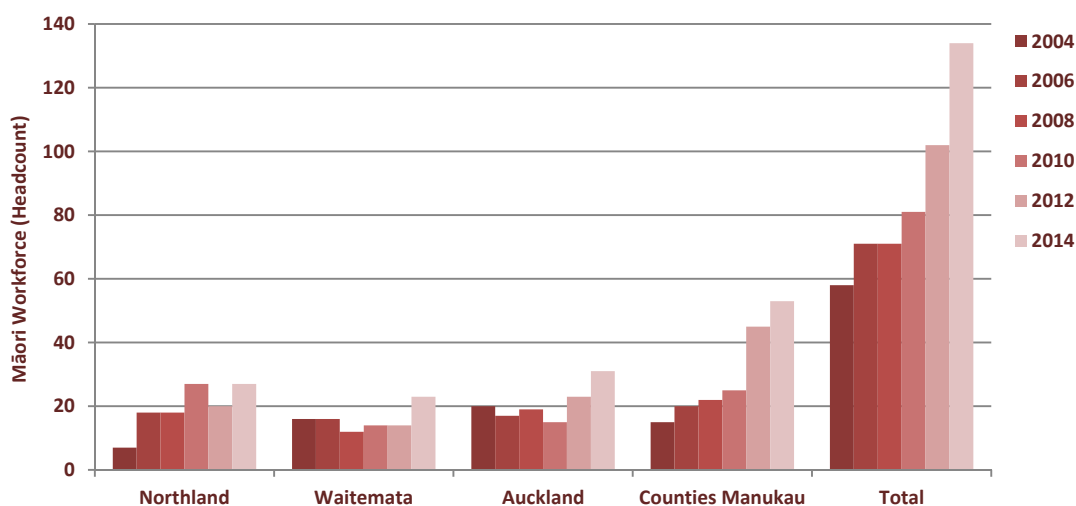
- Counties Manukau DHB area reported the largest Māori workforce (53) in the region, followed by Auckland (31) and Northland (27) (see Table 19 & Figure 16).
- Over half (56%) of the region's total Māori workforce was in NGOs and the Māori workforce in the NGO sector (75) also made up a greater proportion (38%) of the total NGO workforce (196).

Table 18. Total Northern Region Māori ICAMH/AOD Workforce

DHB AREA	NORTHERN REGION MĀORI WORKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHLAND	5	5	15	12	11	13	13	12	8	16	18	18	27	20	27
WAIKEMATA	16	12	14	14	15	-	-	-	-	8	16	12	14	14	23
AUCKLAND ¹	10	14	12	12	13	7	5	3	11	18	17	19	15	23	31
COUNTIES MANUKAU	8	17	12	19	20	12	5	13	26	33	20	22	25	45	53
TOTAL	39	48	53	57	59	32	23	28	45	75	71	71	81	102	134

1. Includes Inpatient Workforce

Figure 14. Total Northern Region Māori ICAMH/AOD Workforce by DHB Area (2004-2014)



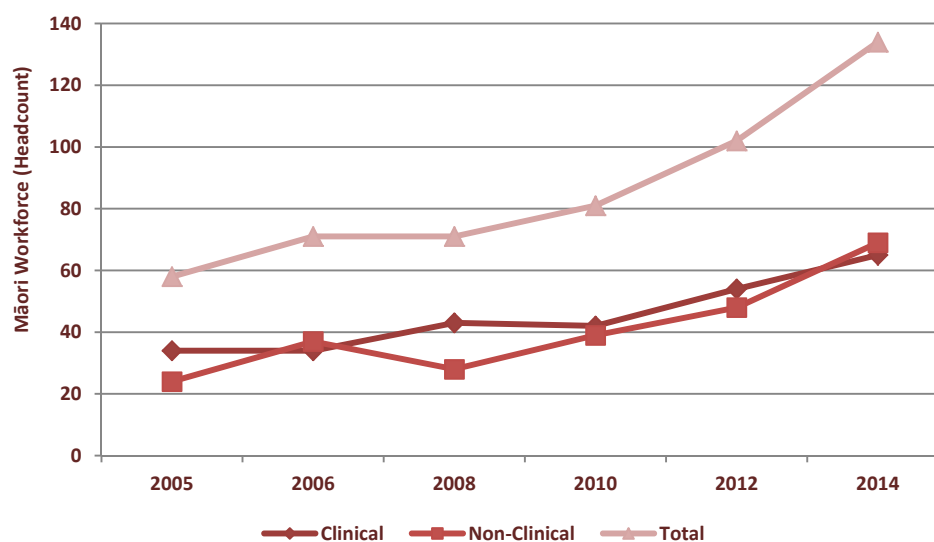
- About half (51%) of the total Northern region Māori workforce was in Non-Clinical roles largely in Other Non-Clinical roles (Youth Workers, Advocacy/Peer Support roles), Community Mental Health Support and Cultural roles (see Table 21 & Figure 17).
- The remainder (49%) were in Clinical roles as Alcohol and Drug Practitioners and Social Workers.

Table 19. Northern Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount)

YEAR	DHB INPATIENT			DHB COMMUNITY			NGO			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
2012	3	3	6	37	14	51	14	31	45	54	48	102
2014	4	3	7	39	13	52	22	53	75	65	69	134

Note: Non-Clinical Group includes Administration/Management Workforce

Figure 15. Northern Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2005-2014)



DHB INPATIENT MĀORI ICAMH WORKFORCE

From 2012 to 2014:

- There was a slight increase in the Auckland DHB Māori Inpatient workforce (from 6 to 7, headcount) (see Table 19).

As at 30 June 2014:

- The Māori Inpatient Clinical workforce was Mental Health Nurses (2) (see Table 20).
- The Māori Inpatient Non-Clinical workforce was Mental Health Support Workers (3).

DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a 2% increase in the Māori DHB Community workforce, from 51 to 52 (headcount) (see Table 19).
- This increase was seen in the Clinical workforce, from 37 to 39.

As at 30 June 2014:

- Counties Manukau (20) and Waitemata (15) DHB Community ICAMHS reported the largest Māori workforces in the region (see Appendix C, Table 8).
- The Māori DHB Community workforce was largely in Clinical roles (75%) as Social Workers (14), Alcohol & Drug Workers (9), Mental Health Nurses (6) and Psychologists (5) (see Table 20).
- The Māori Non-Clinical workforce was mainly Cultural Workers (10).

NGO MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was an increase in the Māori NGO workforce, from 45 to 75 (see Table 19).
- This increase was seen in both Clinical and Non-Clinical roles.

As at 30 June 2014:

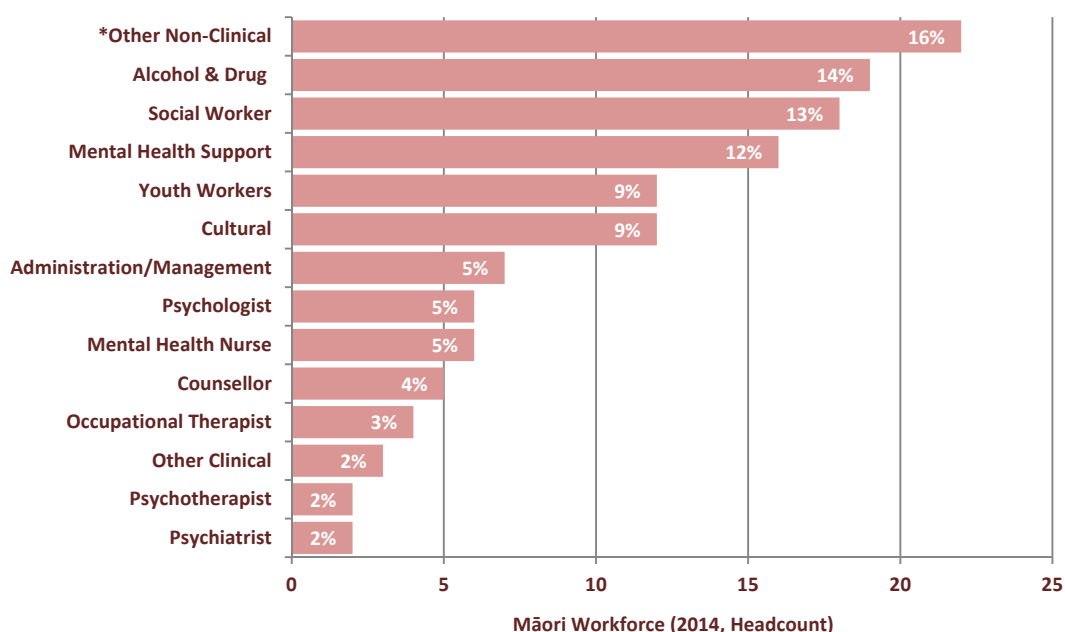
- The majority of the NGO Māori workforce was employed in the Counties Manukau DHB area (53), largely in NGOs (33) (see Table 18).
- Māori in NGOs were mainly in Other Non-Clinical roles (Youth Worker & Advocacy Peer Support roles) and Mental Health Support Workers (13) (see Table 20).
- Only one NGO service, *Ngati Hine Health Trust*, was contracted as a Kaupapa Māori service in Northland and this service reported a total of 5 Māori staff.

Table 20. Northern Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	9	9	10	19
COUNSELLOR	-	1	1	4	5
MENTAL HEALTH NURSE	2	3	5	1	6
OCCUPATIONAL THERAPIST	-	4	4	-	4
PSYCHIATRIST	1	-	1	1	2
PSYCHOTHERAPIST	1	1	2	-	2
PSYCHOLOGIST	-	5	5	1	6
SOCIAL WORKER	-	14	14	4	18
OTHER CLINICAL ¹	-	2	2	1	3
CLINICAL SUB-TOTAL	4	39	43	22	65
CULTURAL APPOINTMENT	-	10	10	2	12
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	3	-	3	13	16
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	1	1	33	34
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	3	11	14	48	62
ADMINISTRATION/MANAGEMENT	-	2	2	5	7
REGIONAL TOTAL	7	52	59	75	134

1. Other Clinical: DHB=Māori Clinical/Cultural Advisor, Whanau Support Worker, Rangatahi Clinician, Youth Forensic Social Worker, Clinical Placement/Intern. NGO=Clinical Placements
2. Other Non-Clinical: DHB=Librarian/Information Specialist; NGO: Youth Workers, Whanau Ora Practitioners, Child Care, Cook, Advocacy/Peer Support Family/Whanau, Caregivers, Drivers, AOD Youth Educators

Figure 16. Northern Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



NORTHERN REGION MĀORI CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- While client data show an increasing trend in Māori client access to services from 2004 to 2012, there was a 7% decrease from 2012 to 2013 (see Table 21 & Figure 19).
- This decrease was largely in the Māori male client group by 11% (see Table 23). The Māori female client group had decreased by 2%.
- The decrease in Māori clients was seen in three out of the four DHB areas in the region (Waitemata, Auckland & Counties Manukau) with the largest decrease in the Counties Manukau DHB area by 16%.
- However, there was an increase in the number of Māori clients in Northland DHB area by 2% (see Table 22).

In the second half of 2013:

- The Northern region reported the largest number of Māori clients in the country (see Appendix D, Table 9).
- The NGO sector accounted for 18% of all Māori clients accessing services in the Northern region (see Table 21).
- Māori clients made up 32% of the total number of clients accessing services in the Northern region.
- Māori male clients made up the majority (58%) of all Māori clients accessing services.
- Waitemata DHB reported the largest number of Māori clients (29%) accessing services and Northland DHB reported the largest proportion of Māori clients (54% of total Northland DHB clients) (see Table 22 & Figure 20).

Table 21. Northern Region Māori 0-19 yrs Clients by Gender

YEAR	NORTHERN REGION MĀORI 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (ALL ETHNICITIES)
	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
2010	1,733	1,063	2,796	8,890
DHB	1,480	961	2,441	8,275
NGO	253	102	355	615
2011	1,911	1,151	3,062	9,553
DHB	1,637	1,035	2,672	8,801
NGO	274	116	390	752
2012	2,118	1,420	3,538	10,675
DHB	1,699	1,142	2,841	9,393
NGO	419	278	697	1,282
2013	1,886	1,387	3,273	10,363
DHB	1,542	1,156	2,698	9,129
NGO	344	231	575	1,234

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 17. Northern Region Māori 0-19 yrs Clients (2004-2013)

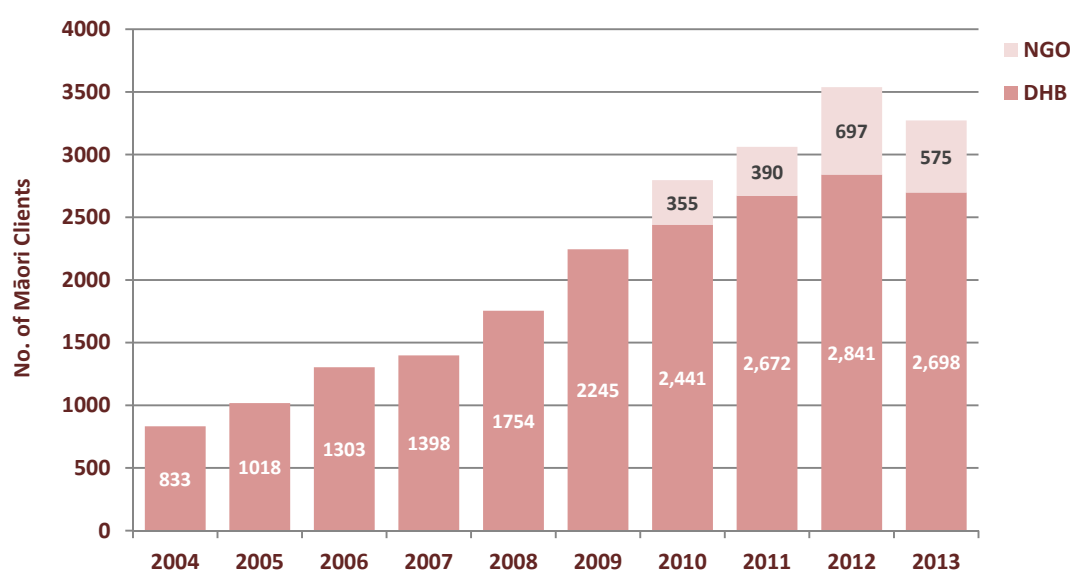
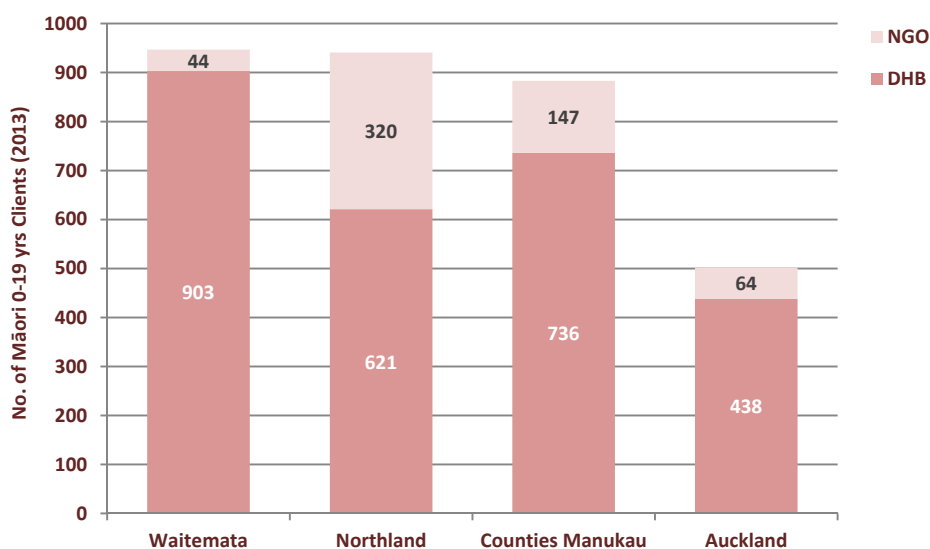


Table 22. Northern Region Māori 0-19 yrs Clients by DHB Area

YEAR	NORTHERN REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2004-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
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
2010	538	975	355	910	2,778
DHB	421	954	326	740	2,441
NGO	117	21	29	170	337
2011	647	1,001	471	943	3,062
DHB	458	968	441	805	2,672
NGO	189	33	30	138	390
2012	921	974	588	1,055	3,538
DHB	605	907	526	803	2,841
NGO	316	67	62	252	697
2013	941	947	502	883	3,273
DHB	621	903	438	736	2,698
NGO	320	44	64	147	575

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 18. Northern Region Māori 0-19 yrs Clients by DHB Area (2013)



MĀORI CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. However, due to the lack of epidemiological data for the Māori tamariki and rangatahi population, Blueprint access benchmarks for Māori were set at 6.0% over a 6-month period, 3.0% higher than the general population due to a higher need for mental health services (Mental Health Commission, 1998).

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There continues to be improvements in the regional Māori access rates especially with the inclusion of the NGO client data (see Table 23 & Figure 21).
- The 0-19 Māori access rate had increased from 3.08% to 3.33%.
- Access rates also showed an increasing trend in Māori access rates for each DHB area in the Northern region (see Table 24).

In the second half of 2013:

- The Northern region Māori access rate of 3.33% was higher than the overall regional access rate (including all ethnicities) of 2.19%, and the national Māori access rate of 3.28% (see Table 23).
- The regional Māori access rate also exceeded the 3.0% target rate set by the MHC (Mental Health Commission, 1998).
- While the Māori access rate for the 10-14 year (4.05%) and 15-19 year (8.45%) age groups had also exceeded the overall target rates for the corresponding age groups (3.9% and 5.5% respectively), access rates for the 0-9 age group (0.80%) have continued to remain below access target rates for the corresponding age group.
- Access rates by DHB areas showed that Waitemata DHB continued to report the highest Māori access rate (4.08%) which exceeded the 3.0% target rate for the overall 0-19 year population, while the Counties Manukau DHB area access rate (2.40%) remain the lowest in the region (see Table 24 & Figure 22).
- When compared to the recommended Blueprint access benchmarks for Māori, which is 6% over a six month period, the regional Māori 0-19 years access rate for 2013, even with the inclusion of NGO data, remain well below the recommended rate (see Table 24 & Figure 22).

Table 23. Northern Region Māori Client Access Rates by Age Group

YEAR	NORTHERN REGION MĀORI CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL MĀORI ACCESS RATE (0-19 yrs.)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%/6.00%	3.00%/6.00%
2004	0.26%	1.17%	2.23%	0.91%	0.98%
2005	0.26%	1.44%	2.74%	1.11%	1.05%
2006*	0.33%	1.80%	3.27%	1.38%	1.24%
2007	0.42%	1.79%	3.53%	1.49%	1.32%
2008	0.47%	2.21%	4.50%	1.84%	1.56%
2009	0.45%	2.64%	6.24%	2.28%	1.76%
2010	0.58%	3.24%	7.65%	2.78%	2.32%
DHB	0.57%	2.91%	6.51%	2.44%	1.86%
NGO	0.01%	0.33%	1.14%	0.34%	0.46%
2011	0.66%	3.42%	8.61%	3.06%	2.91%
DHB	0.64%	2.92%	7.42%	2.67%	2.05%
NGO	0.02%	0.50%	1.19%	0.39%	0.86%
2012	0.55%	4.32%	10.23%	3.08%	2.57%
DHB	0.52%	3.51%	7.93%	2.48%	1.72%
NGO	0.04%	0.81%	2.30%	0.61%	0.85%
2013*	0.80%	4.05%	8.45%	3.33%	3.28%
DHB	0.74%	3.33%	6.78%	2.74%	2.27%
NGO	0.06%	0.72%	1.67%	0.58%	1.00%
REGIONAL RATE 2013 (All Ethnicities, DHB+NGO)	0.65%	2.42%	5.01%	2.19%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 19. Northern Region Māori 0-19 yrs Client Access Rates (2004-2013)

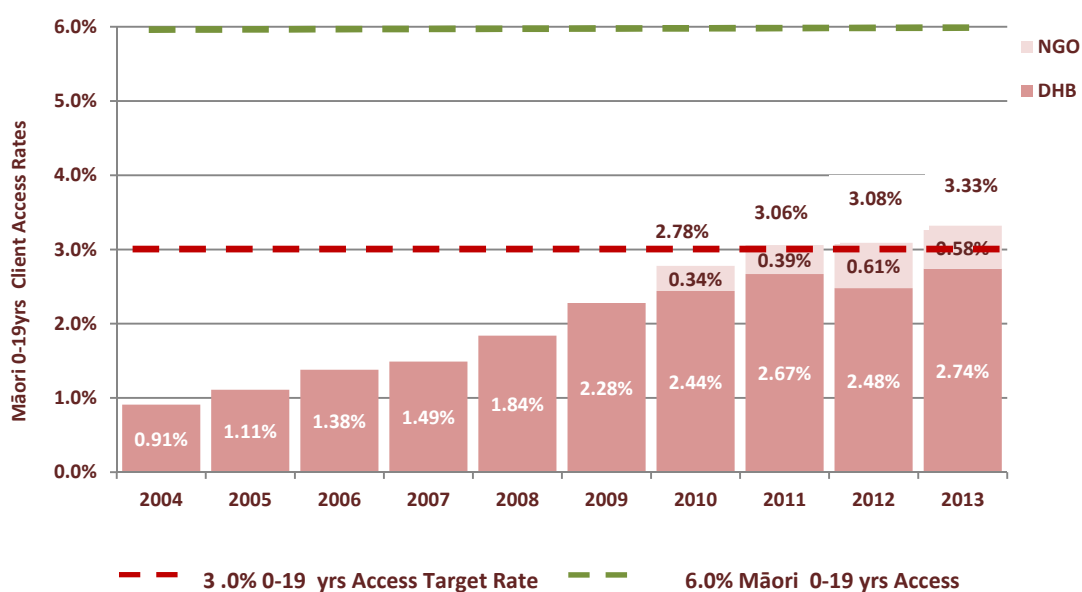
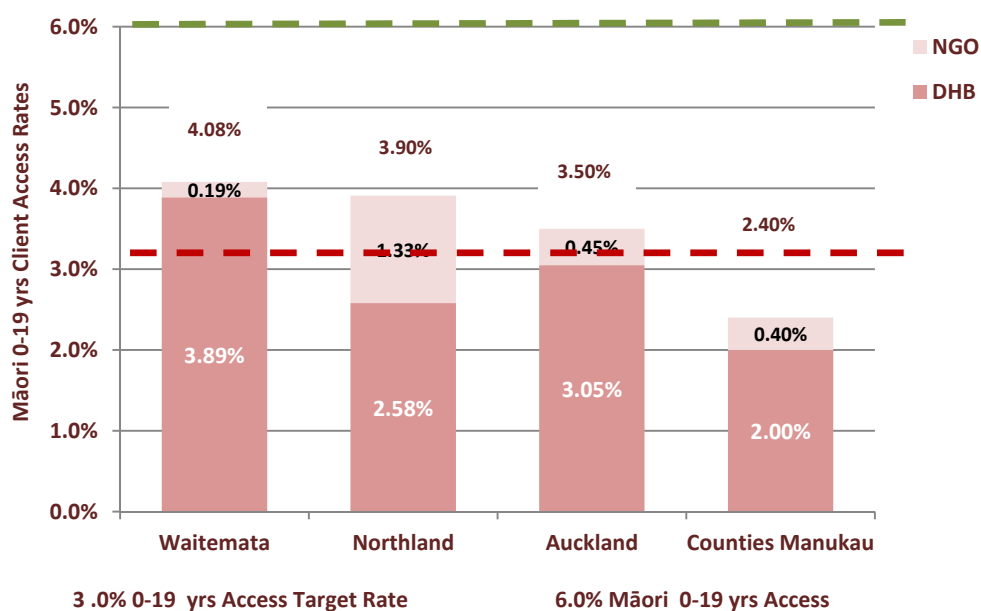


Table 24. Northern Region Māori 0-19 yrs Client Access Rates by DHB Area (2004-2013)

YEAR	NORTHERN REGION MĀORI CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL MĀORI
2004	0.90%	1.11%	0.86%	0.81%	0.91%
2005	0.85%	1.19%	1.02%	1.25%	1.11%
2006*	1.19%	1.49%	1.37%	1.40%	1.38%
2007	1.11%	1.45%	1.53%	1.72%	1.49%
2008	1.27%	1.91%	2.14%	2.04%	1.84%
2009	1.63%	3.46%	2.35%	1.90%	2.28%
2010	2.39%	4.04%	2.56%	2.30%	2.78%
DHB	1.87%	3.95%	2.35%	1.87%	2.44%
NGO	0.52%	0.09%	0.21%	0.43%	0.34%
2011	2.89%	4.10%	3.45%	2.37%	3.06%
DHB	2.05%	3.97%	3.23%	2.02%	2.67%
NGO	0.84%	0.13%	0.22%	0.35%	0.39%
2012	3.52%	3.48%	3.38%	2.45%	3.08%
DHB	2.31%	3.24%	3.02%	1.86%	2.48%
NGO	1.21%	0.24%	0.36%	0.58%	0.61%
2013*	3.90%	4.08%	3.50%	2.40%	3.33%
DHB	2.58%	3.89%	3.05%	2.00%	2.74%
NGO	1.33%	0.19%	0.45%	0.40%	0.58%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

Figure 20. Northern Region Māori 0-19 yrs Client Access Rates by DHB Area (2013)



NORTHERN REGION MĀORI WORKFORCE POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, Māori infants, children and adolescents made up 21% of the region's population and the Māori workforce (127, excluding the Administration/Management workforce) made up 20% of the total Northern region workforce (648).
- The increase in the Māori workforce from 2012 to 2014 has resulted in a regional Māori workforce that is more representative of the regional Māori population.
- However, when the proportion of Māori clients accessing services in the region (32% in the second 6 months of 2013) is compared with the proportion of the Māori workforce, the disparity between the workforce and Māori clients is evident at the regional and individual DHB levels (see Figure 23).
- Workforce and client comparisons conducted on individual DHB areas in the Northern region showed significant disparities in the Waitemata and Auckland DHB areas, while the Māori workforce in the Northland and Counties Manukau DHB areas appeared to be more proportional to the number of Māori clients accessing services in the area.
- Given the increasing trend in the number of Māori clients accessing services in the Northern region, there is a need to focus on increasing the Māori workforce, not only in Clinical roles but across all occupational groups, to adequately cater for the current and future needs of the region's Māori infant, child and adolescent population.

Figure 21. Māori 0-19 yrs Population compared to Proportions of Māori Workforce & Māori Clients



NORTHERN REGION PACIFIC OVERVIEW

NORTHERN REGION PACIFIC INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed that there was a 17% increase in the regional Pacific 0-19 year population.
- This increase in the Pacific population was seen in all four DHB areas but the largest increase was seen in the Northland DHB area by 48%. Waitemata and Counties Manukau DHB areas have also experienced a 20% increase in the Pacific 0-19 year population (see Table 25).
- The Northern region continues to have the country's largest Pacific infant, child and adolescent population (71%) (see Appendix A, Table 1).
- Pacific infants, children and adolescents made up 18% of the regions total 0-19 year population. Over half (51%) of the Pacific 0-19 year population are male (see Figure 24).
- Over half of the region's Pacific infant, child and adolescent population resided in the Counties Manukau DHB area (55%).

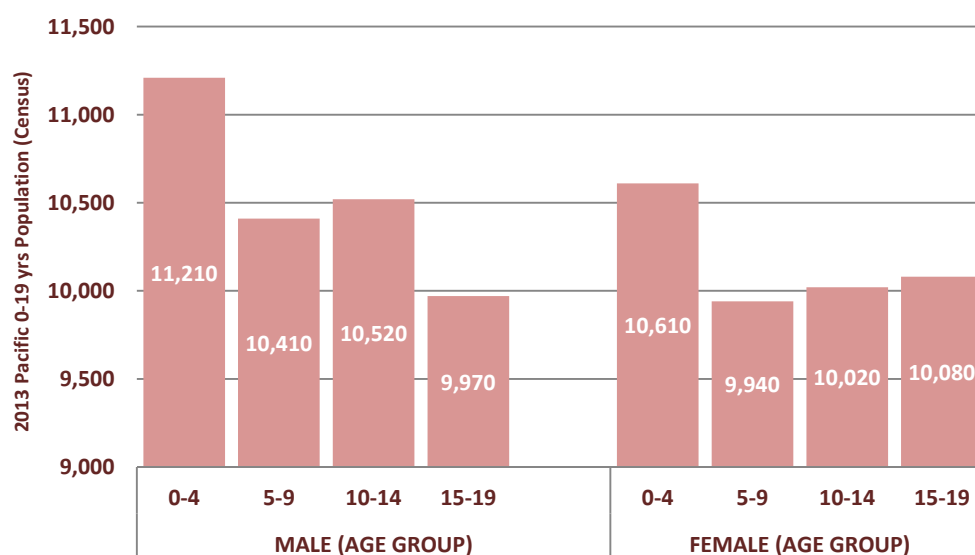
Table 25. Northern Region Pacific 0-19 Year Population

REGION	NORTHERN REGION PACIFIC 0-19 YRS POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities)	
NORTHERN	70,584	82,140	84,510	86,700	82,750	472,780	17
NORTHLAND	822	970	950	920	1,220	47,500	48
WAIKATO	13,176	15,510	16,160	16,820	15,820	152,230	20
AUCKLAND	18,846	21,160	21,240	21,260	20,170	114,410	7
COUNTIES MANUKAU	37,740	44,500	46,160	47,700	45,540	158,640	21

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 22. Northern Region Pacific 0-19 yrs Population by Age Group & Gender



NORTHERN REGION PACIFIC ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all four DHB (Inpatient & Community) ICAMH/AOD services and from all 21 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- The Northern region DHB (Inpatient & Community) ICAMH/AOD services and NGOs reported a 38% increase in the Pacific workforce (head count), from 66 (72.67 FTEs) to 91 (77.88 actual FTEs) (see Table 26 & Figure 25).
- This increase was largely seen in the DHB workforce.
- Waitemata and Counties Manukau DHB areas had the largest increases in the Pacific workforce.
- While the increase in the Pacific workforce was seen in both Clinical and Non-Clinical roles, there was a larger increase in the Pacific Non-Clinical workforce, from 24 to 44 (see Table 27 & Figure 26).

As at 30 June 2014:

- The majority (60%) of Pacific staff in the Northern region worked in DHB services (see Table 28).
- Services in the Counties Manukau DHB area continued to report the largest Pacific workforce in the Northern region (30 headcount), followed by the Auckland DHB area (20).
- The Pacific Clinical workforce was largely Alcohol and Drug Practitioners and Social Workers (see Table 30 & Figure 27).
- The Pacific Non-Clinical workforce was largely Community Mental Health Support Workers and Other Non-Clinical roles (largely Youth Workers).
- The Pacific sub-ethnicity groups included: Samoan 49%, Tongan 27%, Niuean 14%, Cook Island 8%, Tokelauan 3%. Only half could speak their respective languages fluently.

Table 26. Northern Region Pacific ICAMH/AOD Workforce (2006-2014)

DHB AREA	NORTHERN REGION PACIFIC WORKFORCE BY SERVICE (HEADCOUNT, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2012	2014	2014	2006	2008	2012	2014	2014	2006	2008	2012	2014	2014
NORTHLAND	-	-	6	1	1	-	2	1	1	1	-	2	7	2	2
WAITEMATA	7	7	11	13	26	-	-	-	1	2	7	7	11	14	28
AUCKLAND ¹	8	12	6	11	7	3	4	3	9	10	11	16	9	20	17
COUNTIES MANUKAU	3	10	12	14	21	6	3	13	16	23	9	13	25	30	44
TOTAL	18	29	35	39	55	9	9	17	27	36	27	38	52	66	91

1. Includes Inpatient Workforce

Figure 23. Northern Region Pacific ICAMH/AOD Workforce by DHB Area (2004-2014, Headcount)

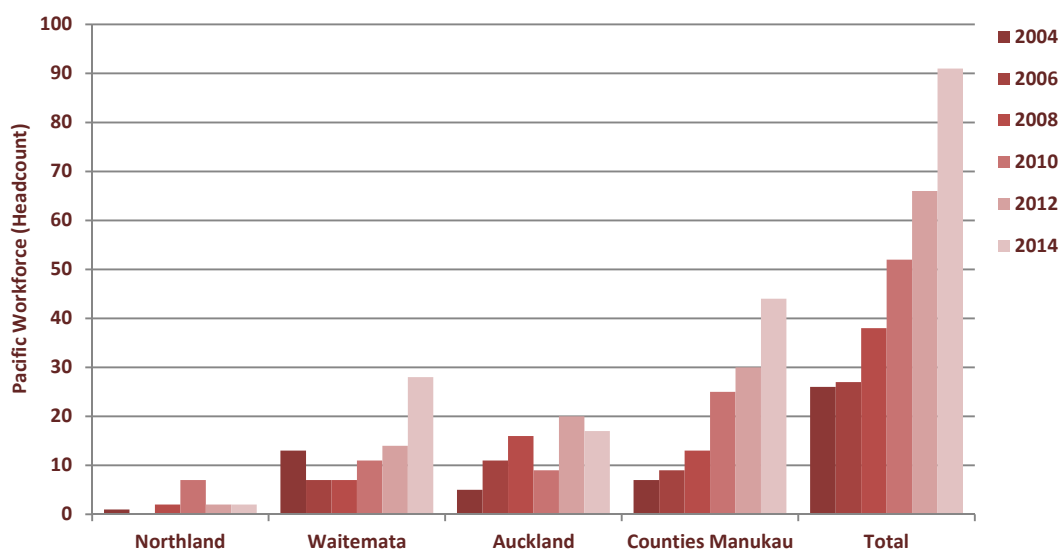
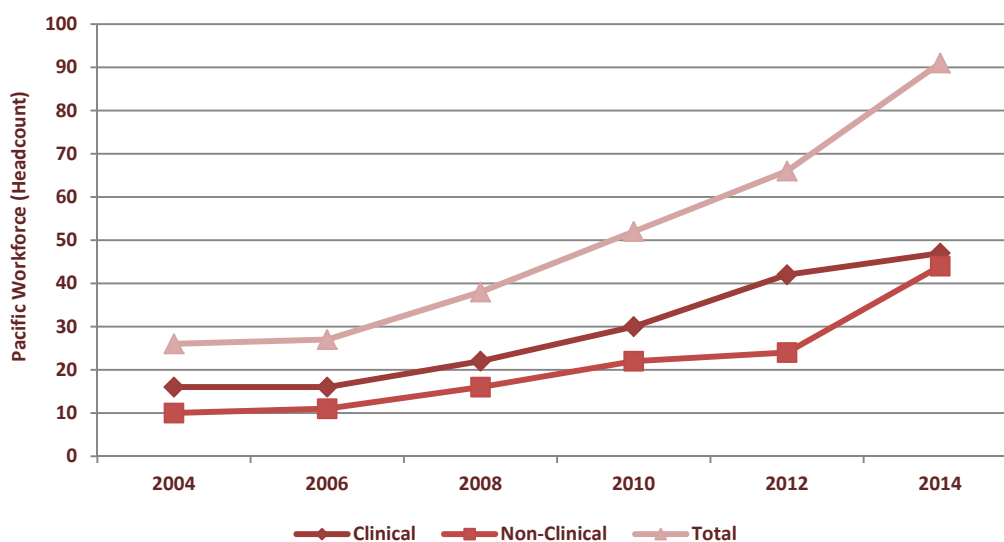


Table 27. Northern Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce (2004-2014)

Year	NORTHERN REGION PACIFIC WORKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2004-2014)											
	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
2012	4	3	7	25	7	32	13	14	27	42	24	66
2014	3	2	5	36	14	50	8	28	36	47	44	91

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 24. Northern Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)



DHB INPATIENT PACIFIC ICAMH WORKFORCE

From 2012 to 2014:

- The Northern region DHB Inpatient ICAMH/AOD services reported a decrease of 2 in the Pacific workforce, from 7 to 5 (see Table 27).

As at 30 June 2014:

- Clinical Pacific staff in the Inpatient service were Mental Health Nurses (3) and Non-Clinical Pacific staff were Mental Health Support Workers (2) (see Table 28).

DHB COMMUNITY PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- The Northern region DHB Community ICAMH/AOD services reported an increase in the Pacific workforce, from 32 to 50 (see Table 27).
- This increase was largely seen in the Clinical workforce, from 25 to 36 Pacific staff.

As at 30 June 2014:

- Waitemata and Counties Manukau DHB Community services reported the largest Pacific workforces in the region (26 and 21 respectively) (see Table 26 & Figure 25).
- The Pacific workforce in the DHB Community services was mainly Alcohol and Drug Workers (9), Social Workers (8) and in Other Clinical roles (see Table 28).
- Pacific in Non-Clinical roles held mainly Cultural roles (5).

NGO PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- The NGO Pacific workforce had increased by 9, from 27 to 36.
- This increase was only seen in the Non-Clinical workforce from 14 to 28 (see Table 29).

As at 30 June 2014:

- NGOs in the Counties Manukau DHB area had the largest Pacific workforce (23), followed by NGOs in the Auckland DHB area (10) (see Table 28).
- The NGO Pacific Clinical workforce was mainly Alcohol and Drug Workers (9), Social Workers (8) and Other Clinical roles (8) (see Table 30).
- The NGO Pacific Non-Clinical workforce was mainly Mental Health Support Workers (8) and Other Non-Clinical roles (mainly Youth Workers).

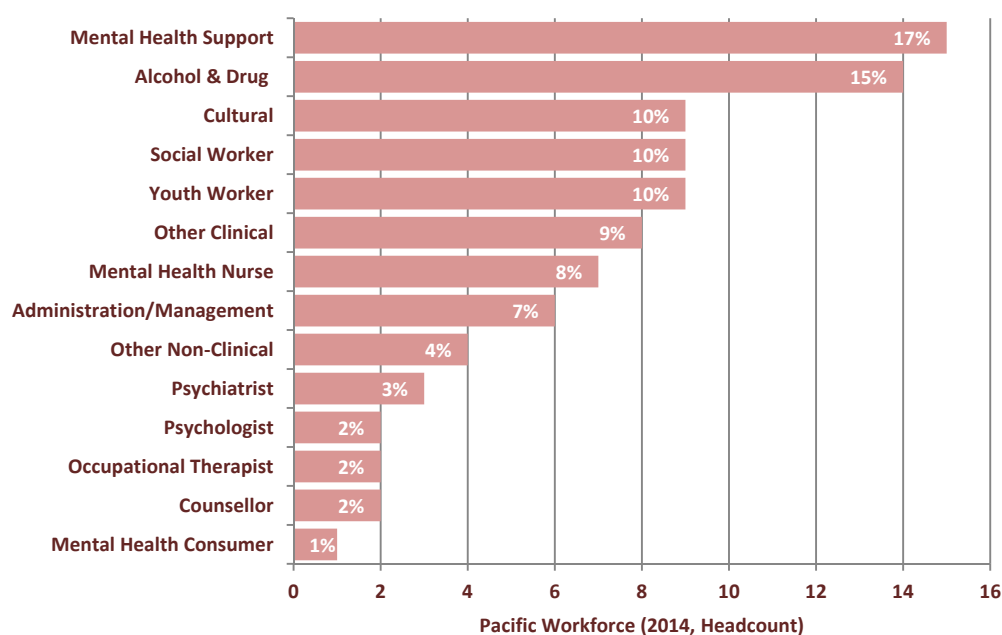
Table 28. Northern Region Pacific ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP (HEADCOUNT, 2014)	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	9	9	5	14
COUNSELLOR	-	-	-	2	2
MENTAL HEALTH NURSE	3	4	7	-	7
OCCUPATIONAL THERAPIST	-	2	2	-	2
PSYCHIATRIST	-	3	3	-	3
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	2	2	-	2
SOCIAL WORKER	-	8	8	1	9
OTHER CLINICAL ¹	-	8	8	-	8
CLINICAL SUB-TOTAL	3	36	39	8	47
CULTURAL APPOINTMENT	-	8	8	1	9
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	1	1	-	1
MENTAL HEALTH SUPPORT WORKER	2	-	2	13	15
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	13	13
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	2	9	11	27	38
ADMINISTRATION/MANAGEMENT	-	5	5	1	6
REGIONAL TOTAL	5	50	55	36	91

1. Other Clinical: DHB=Pacific Liaison Clinician, Registrar, Family Therapists, Clinical Placement/Intern (AOD, Nursing), Youth Health Worker

2. Other Non-Clinical: DHB= Whanau Advisor, Pacific Cultural Support. NGO: Caregivers; Advocacy Peer Support; Youth Workers, Caregivers

Figure 25. Northern Region Pacific ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



NORTHERN REGION PACIFIC CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- While client data shows an increasing trend in Pacific client access to services from 2004 to 2012, there was a 10% decrease from 2012 to 2013 (see Table 29 & Figure 29).
- This decrease was seen in both Pacific male and female client groups by 11% and 10% respectively.
- The decrease in Pacific clients was seen in three out of the four DHB areas in the region (Waitemata, Auckland and Counties Manukau) with the largest decrease in the Auckland DHB area by 15%.
- However, there was an increase in the number of Pacific clients in Northland DHB area (see Table 30).

In the second half of 2013:

- Pacific clients made up 12% of the total number of clients accessing services in the Northern region (see Table 29).
- Pacific male clients made up the majority (60%) of all Pacific clients accessing services.
- 91% of Pacific clients in the Northern region were seen by DHB services and 9% were seen by NGOs (see Table 29).
- Counties Manukau DHB area continued to report the largest number of Pacific clients (41%) accessing services followed by Waitemata (37%) (see Table 30 & Figure 30).

Table 29. Northern Region Pacific 0-19 yrs Clients by Gender

YEAR	NORTHERN REGION PACIFIC 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (All Ethnicities)
	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
2010	711	402	1,113	8,890
<i>DHB</i>	669	369	1,038	8,275
<i>NGO</i>	42	33	75	615
2011	779	441	1,220	9,553
<i>DHB</i>	733	421	1,154	8,801
<i>NGO</i>	46	20	66	752
2012	841	556	1,397	10,675
<i>DHB</i>	758	502	1,260	9,393
<i>NGO</i>	83	54	137	1,282
2013	752	499	1,251	10,363
<i>DHB</i>	689	448	1,137	9,129
<i>NGO</i>	63	51	114	1,234

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only; *DHB+NGO data

Figure 26. Northern Region Pacific 0-19 yrs Clients by Service Provider (2004-2013)

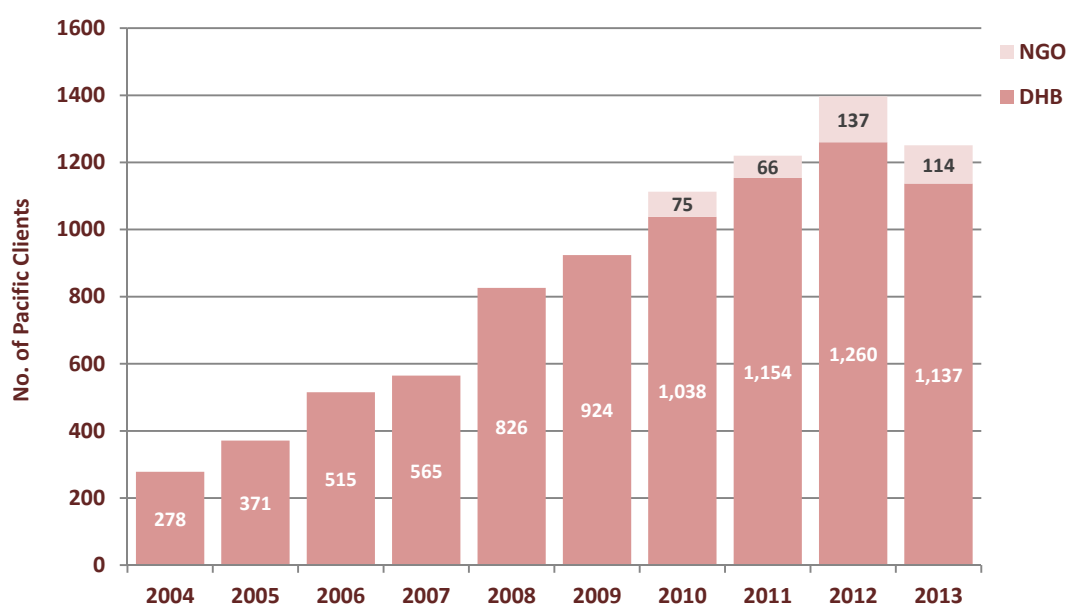
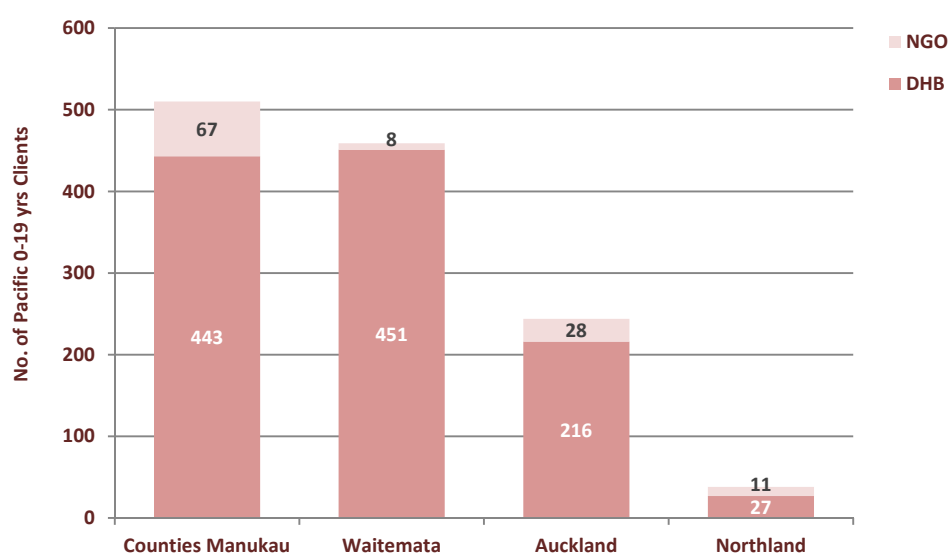


Table 30. Northern Region Pacific 0-19 yrs Clients by DHB Area

YEAR	NORTHERN REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2004-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
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
2010	13	432	186	482	1,113
DHB	13	430	173	422	1038
NGO	-	2	13	60	75
2011	25	428	237	530	1,220
DHB	24	420	226	484	1,154
NGO	1	8	11	46	66
2012	25	520	288	564	1,397
DHB	22	511	267	460	1,260
NGO	3	9	21	104	137
2013	38	459	244	510	1,251
DHB	27	451	216	443	1,137
NGO	11	8	28	67	114

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 27. Northern Region Pacific 0-19 yrs Clients by DHB Area (2013)



PACIFIC CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Pacific 0-19 year population, there are no specific Blueprint access benchmarks for Pacific, therefore the Pacific access rates have been compared to the rates for the general 0-19 years population. However, the Pacific population experiences higher levels of mental health disorder than the general population (Ministry of Health, 2006) and therefore, the general recommended target access rates may be a conservative estimate of actual need for the Pacific population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the overall Pacific 0-19 year access rate, from 1.35% to 1.51% (see Table 31 & Figure 31).
- Access rates by age group showed that this increase was only seen in the 0-9 year age group.
- Access rates by DHB showed an increase in all four DHB areas in the Northern region (see Table 32).

In the second half of 2013:

- The Northern region Pacific 0-19 year access rate (1.51%) in the second half of 2013 was lower than the national Pacific access rate of 1.57% (see Tables 31 & 32).
- Access rates for all three age groups also continue to remain well below the target rates for these age groups, especially for the 10-14 year age group (see Table 31).
- The Northland DHB area had the highest Pacific access rate (3.11%), which exceeded the 3.0% target rate for the 0-19 year population; followed by Waitemata DHB area with an access rate of 3.00% (see Table 32 & Figure 32).
- Pacific access rates have continued to be low in the two remaining DHB areas, Auckland (1.21%) and Counties Manukau (1.12%), especially in Counties Manukau where the largest Pacific population in the region resides and the area with the greatest need for services for the Pacific population.

Table 31. Northern Region Pacific Client Access Rates by Age Group

YEAR	NORTHERN REGION PACIFIC CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL PACIFIC ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2004	0.08%	0.29%	1.22%	0.38%	0.41%
2005	0.13%	0.48%	1.38%	0.50%	0.51%
2006*	0.17%	0.69%	1.54%	0.63%	0.63%
2007	0.16%	0.81%	1.69%	0.69%	0.69%
2008	0.23%	1.05%	2.64%	1.01%	0.92%
2009	0.15%	1.12%	3.17%	1.08%	0.99%
2010	0.18%	1.13%	4.04%	1.28%	1.21%
DHB	0.18%	1.06%	3.74%	1.19%	1.09%
NGO	0.00%	0.07%	0.30%	0.09%	0.12%
2011	0.18%	1.35%	4.29%	1.41%	1.43%
DHB	0.18%	1.29%	4.02%	1.34%	1.22%
NGO	0.00%	0.06%	0.27%	0.07%	0.21%
2012	0.21%	1.33%	4.92%	1.35%	0.92%
DHB	0.20%	1.26%	4.32%	1.22%	1.75%
NGO	0.00%	0.07%	0.60%	0.13%	0.17%
2013*	0.31%	1.30%	4.25%	1.51%	1.57%
DHB	0.31%	1.22%	3.78%	1.37%	1.27%
NGO	0.00%	0.08%	0.47%	0.14%	0.30%
REGIONAL RATE 2013 (All Ethnicities, DHB+NGO)	0.65%	2.42%	5.01%	2.19%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Population Projections

Figure 28. Northern Region Pacific 0-19 yrs Access Rates (2004-2013)

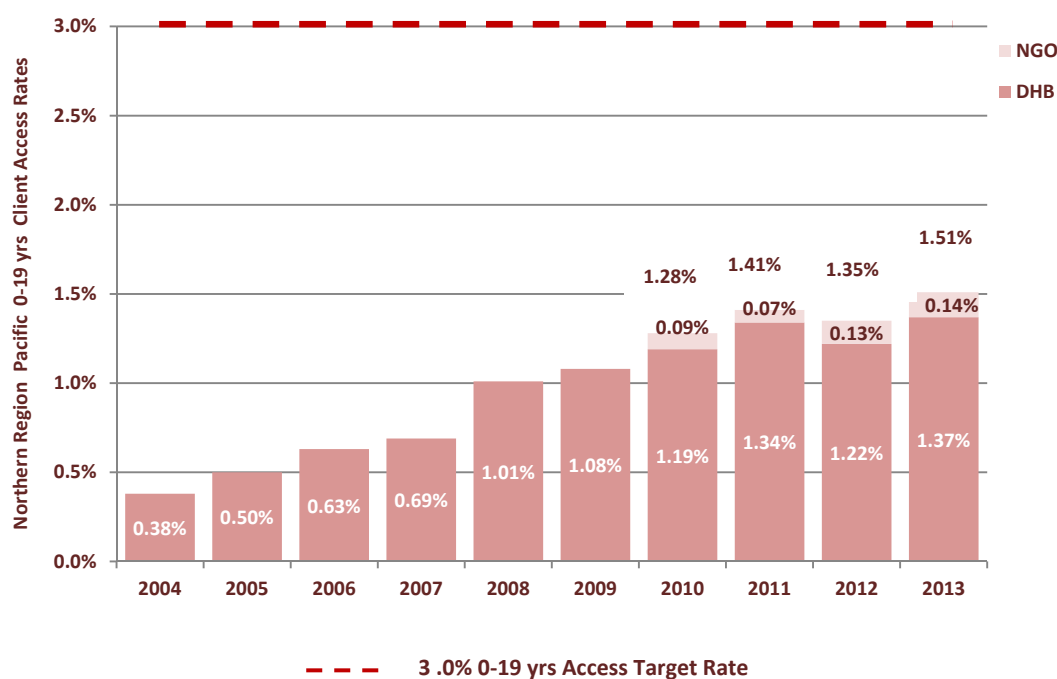
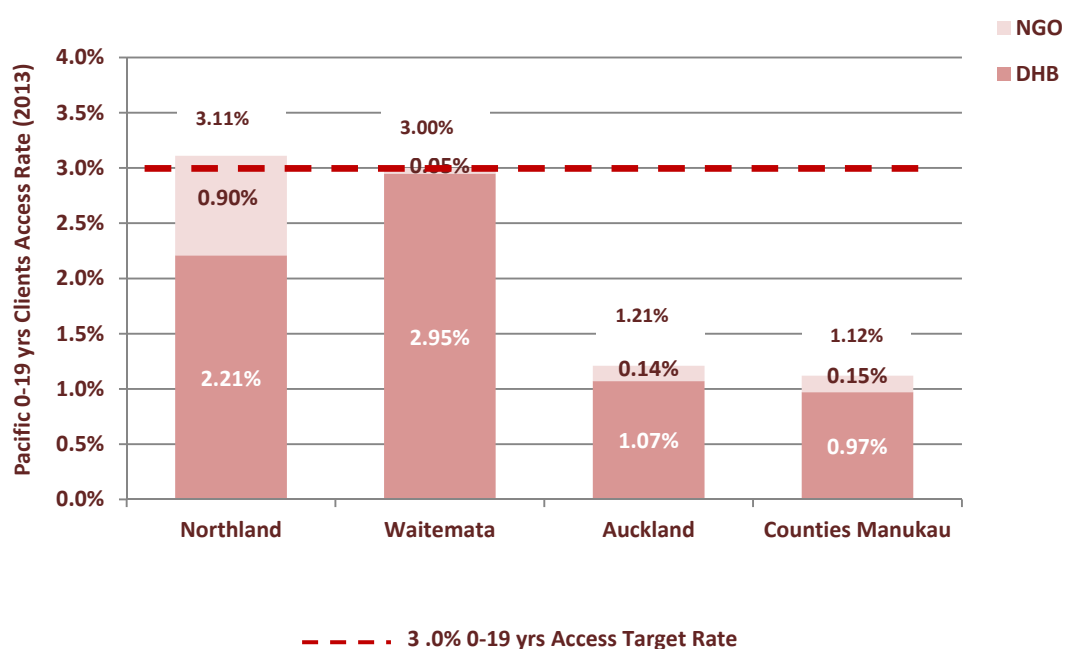


Table 32. Northern Region Pacific 0-19 yrs Client Access Rates by DHB Area (2004-2013)

YEAR	NORTHERN REGION PACIFIC 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL PACIFIC
2004	0.49%	0.47%	0.35%	0.36%	0.38%
2005	0.77%	0.53%	0.44%	0.52%	0.50%
2006*	1.01%	0.74%	0.73%	0.57%	0.63%
2007	0.61%	0.70%	0.70%	0.71%	0.69%
2008	1.04%	0.99%	1.02%	1.00%	1.01%
2009	0.88%	1.96%	0.77%	0.92%	1.08%
2010	1.29%	2.57%	0.86%	1.01%	1.28%
DHB	1.29%	2.56%	0.80%	0.89%	1.19%
NGO	0.00%	0.01%	0.06%	0.12%	0.09%
2011	2.45%	2.58%	1.13%	1.11%	1.41%
DHB	2.35%	2.53%	1.08%	1.01%	1.34%
NGO	0.10%	0.05%	0.05%	0.10%	0.07%
2012	0.50%	2.47%	1.16%	1.07%	1.35%
DHB	0.44%	2.42%	1.07%	0.88%	1.22%
NGO	0.06%	0.04%	0.08%	0.20%	0.13%
2013*	3.11%	3.00%	1.21%	1.12%	1.51%
DHB	2.21%	2.95%	1.07%	0.97%	1.37%
NGO	0.90%	0.05%	0.14%	0.15%	0.14%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Population Projections

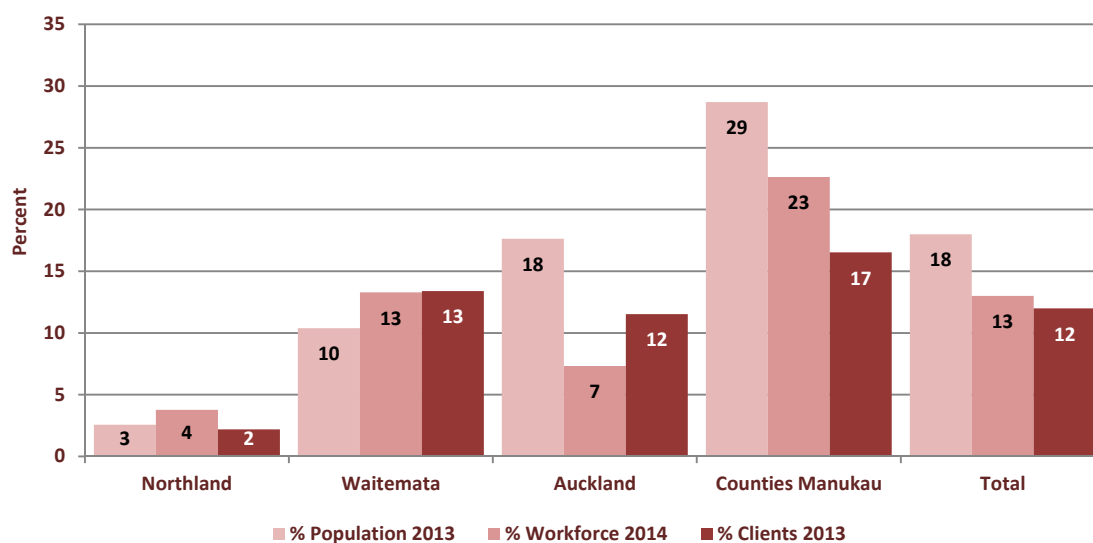
Figure 29. Northern Region Pacific 0-19 yrs Client Access Rates by DHB Area (2013)



NORTHERN REGION PACIFIC WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, Pacific infants, children and adolescents made up 18% of the region's population. The 2014 Pacific workforce (85, excluding Administration/Management staff) made up only 13% of the total Northern region workforce (648).
- Despite the growth in the Pacific workforce from 2012 to 2014, significant disparities continue to exist between the Pacific population and the workforce in the greater Auckland area, especially in Auckland and Counties Manukau where the largest proportions of Pacific infants, children and adolescents reside (see Figure 33).
- Furthermore, when Pacific client numbers accessing services in the region (second 6 months of 2013) is compared with the Pacific workforce, the disparity between the 2014 workforce and Pacific clients is more evident at the regional and individual DHB level.
- Workforce and client comparisons conducted on individual DHB areas in the region showed disparities in the Auckland DHB area, while the Northland, Counties Manukau and Waitemata DHB areas appeared to be more proportional to the Pacific clients accessing services in the areas.
- Given the increasing trend in the Pacific 0-19 year population and the number of Pacific clients accessing services in the Northern region, there is a need to focus on increasing the Pacific workforce, not only in Clinical roles but across all occupational groups, to adequately cater for the future needs of the region's Pacific infant, child and adolescent population.

Figure 30. Pacific 0-19 yrs Population compared to Proportions of Pacific Workforce & Pacific Clients



NORTHERN REGION ASIAN OVERVIEW

NORTHERN REGION ASIAN INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ

- The 2013 Census showed a 19% increase in the regional Asian 0-19 year population since the 2006 Census, the largest increase out of the four main ethnic groups (Māori, Pacific, Asian and Other) (see Table 33).
- This regional increase was seen in Northland DHB area by 46%, followed by Counties Manukau (24%) and Waitemata (23%) DHB areas.
- The Northern region continued to have the country's largest Asian infant, child and adolescent population (65%) (see Appendix A, Table 1). Over half (52%) of the Asian 0-19 year population were male (see Figure 34).
- Asian infants, children and adolescents made up 19% of the region's total 0-19 year population and over half (68%) of the region's Asian infant, child and adolescent population were split between Counties Manukau and Auckland DHB areas.

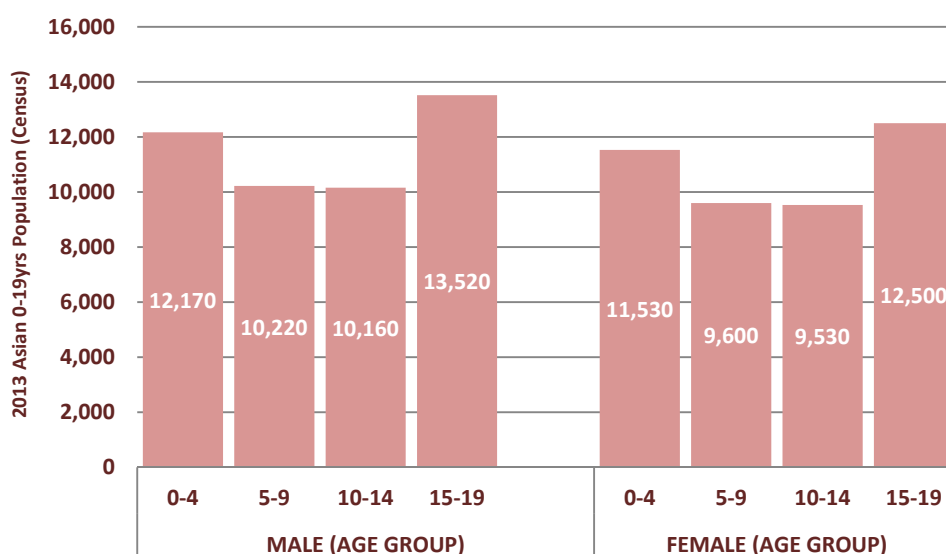
Table 33. Northern Region Asian 0-19 Year Population

DHB AREA	NORTHERN REGION ASIAN 0-19 YRS POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION 2013 ¹ (All Ethnicities)	
NORTHERN	74,760	78,950	83,100	87,750	89,210	472,780	19
NORTHLAND	870	920	990	1,030	1,270	47,500	46
WAITEMATA	22,350	24,190	25,760	27,390	27,410	152,230	23
AUCKLAND	26,840	27,350	28,210	29,410	30,020	114,410	12
COUNTIES MANUKAU	24,700	26,490	28,140	29,920	30,510	158,640	24

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 31. Northern Region Asian 0-19 yrs Population by Age Group & Gender



NORTHERN REGION ASIAN ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all four DHB (Inpatient & Community) ICAMH/AOD services and from all 21 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- The Northern region DHB Community ICAMH/AOD services and NGOs reported an increase in the Asian workforce, from 25 to 44 (see Table 34 & Figure 35).
- While this increase was seen in both DHB and NGO provider services, there was a larger increase seen in the DHB provider services, from 18 to 32.

As at 30 June 2014:

- The majority (73%) of all Asian staff have continued to be employed in DHB services (Community services) (see Table 34).
- Auckland and Counties Manukau DHB Community services had the largest Asian workforces in the region (12) (see Table 34 & Figure 35).
- The Northern region Asian workforce was largely Clinical (82%) in Other Clinical roles (Paediatrician, Psychiatric Registrars, Child Therapist, Family Therapist), Psychologists (6), Mental Health Nurses (6) Psychiatrists (5) and AOD Practitioners (5) (see Table 36 & Figure 36).
- The small Asian workforce employed by NGOs was mainly Alcohol and Drug Workers (see Table 36).
- The Asian sub-ethnicity groups were mainly: Indian 43%, Chinese 20% and Filipino 7%.

Table 34. Northern Region Asian ICAMH/AOD Workforce (2006-2014)

DHB AREA	NORTHERN REGION ASIAN WORKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NORTHLAND	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2
WAIKEMATA	1	7	7	5	6	-	3	-	-	-	1	10	7	5	6
AUCKLAND ¹	9	8	14	10	12	5	-	1	4	4	14	8	15	14	16
COUNTIES MANUKAU	1	3	12	3	12	2	-	2	3	8	3	3	14	6	20
TOTAL	11	18	33	18	32	7	3	3	7	12	18	21	36	25	44

1. Includes Inpatient Workforce Data

Figure 32. Northern Region Asian ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

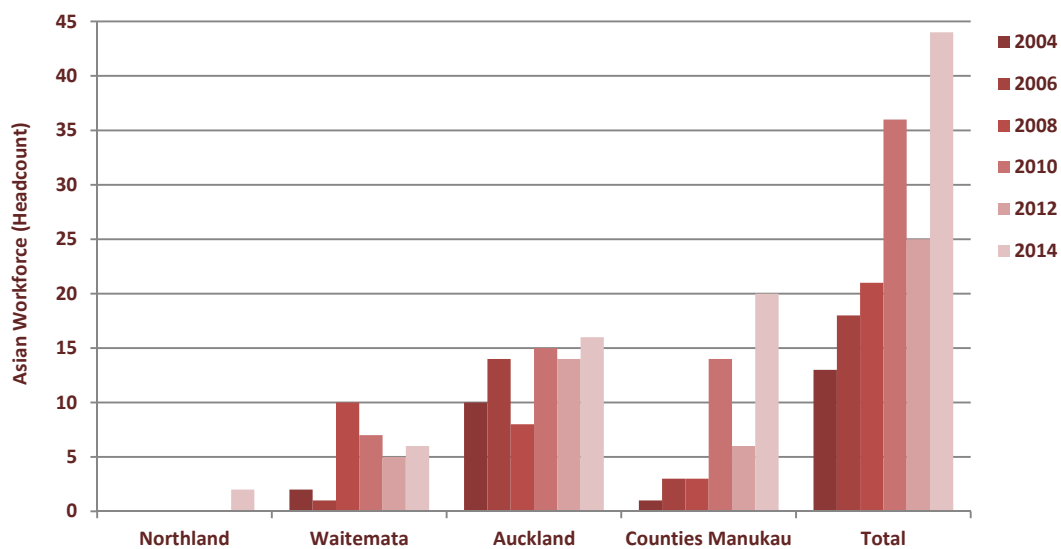


Table 35. Northern Region Asian Clinical & Non-Clinical ICAMH/AOD Workforce

YEAR	NORTHERN REGION ASIAN WOKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2004-2014)											
	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
2012	2	-	2	16	-	16	4	3	7	23	3	25
2014	5	1	6	26	-	26	5	6	12	36	7	44

Note: Non-Clinical Workforce includes Administration/Management Staff

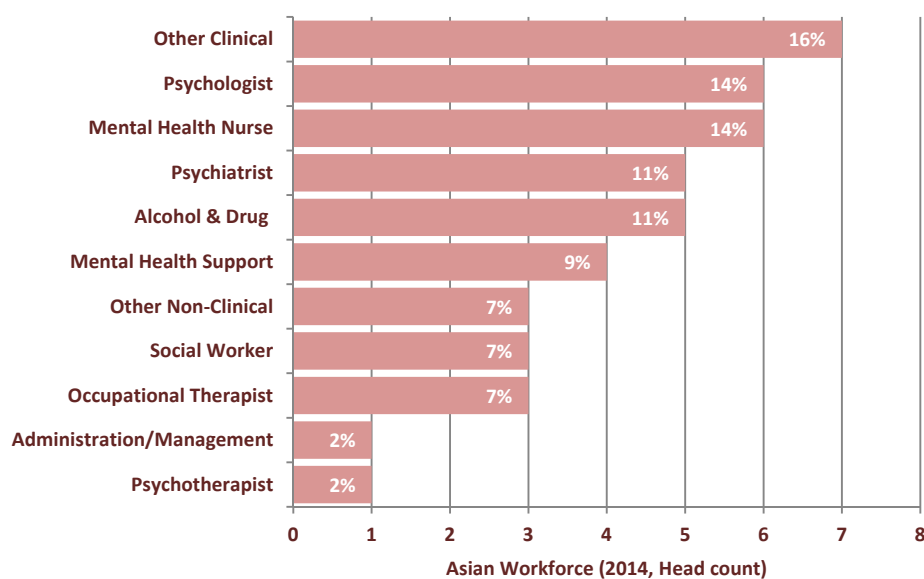
Table 36. Northern Region Asian ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	5	5
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	3	3	6	-	6
OCCUPATIONAL THERAPIST	-	3	3	-	3
PSYCHIATRIST	1	4	5	-	5
PSYCHOTHERAPIST	-	1	1	-	1
PSYCHOLOGIST	-	6	6	-	6
SOCIAL WORKER	-	3	3	-	3
OTHER CLINICAL ¹	1	6	7	-	7
CLINICAL SUB-TOTAL	5	26	31	5	36
CULTURAL APPOINTMENT	-	-	-	-	-
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	1	-	1	3	4
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	3	3
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	1	-	1	6	7
ADMINISTRATION/MANAGEMENT	-	-	-	1	1
REGIONAL TOTAL	6	26	32	12	44

1. Other Clinical = DHB: Paediatrician, Psychiatric Registrars, Child Therapist, Family Therapist

2. Other Non-Clinical = NGO: Youth Workers, Caregiver

Figure 33. Northern Region Asian ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



NORTHERN REGION ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- Out of the Māori, Pacific and Other Ethnicity clients accessing services in the Northern region, an increasing trend in the number of Asian clients has continued from 2004 to 2013 (see Table 37 & Figure 37).
- There was a 10% increase in Asian clients accessing services in the Northern region from 2012 to 2013.
- This increase was seen in both Asian male and female clients by 13% and 8% respectively.
- All four of the Northern region DHB areas reported an increase in Asian clients (see Table 38 & Figure 38).

In the second half of 2013:

- Asian infants, children and adolescents made up 6% of the total number of clients accessing services in the Northern region (see Table 38).
- The majority of Asian clients (89%) were seen by DHB services and 11% were seen by NGOs in the region.
- There was a slightly higher proportion of Asian female clients accessing services (52%) than male clients (48%).
- Counties Manukau had the largest number of Asian clients (38%), followed by Auckland (33%) and Waitemata (27%) DHB areas.
- Northland continued to have the lowest number of Asian clients in the region (see Table 38 & Figure 38).
- Despite an overall increase, Asian clients (646) have remained relatively low compared to Māori (3,273) and Pacific (1,251) clients.

Table 37. Northern Region Asian 0-19 yrs Clients by Gender

YEAR	NORTHERN REGION ASIAN 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (All Ethnicities)
	MALE	FEMALE	TOTAL	
2004	72	85	157	3,631
2005	94	110	204	4,316
2006	132	115	247	4,992
2007	145	119	264	5,531
2008	214	162	376	6,676
2009	216	186	402	7,702
2010	243	217	460	8,890
DHB	231	205	436	8,275
NGO	12	12	24	615
2011	277	225	502	9,553
DHB	255	210	465	8,801
NGO	22	15	37	752
2012	273	313	586	10,675
DHB	258	289	547	9,393
NGO	15	24	39	1,282
2013	308	338	646	10,363
DHB	278	300	578	9,129
NGO	30	38	68	1,234

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 34. Northern Region Asian 0-19 yrs Clients by Service Provider (2004-2013)

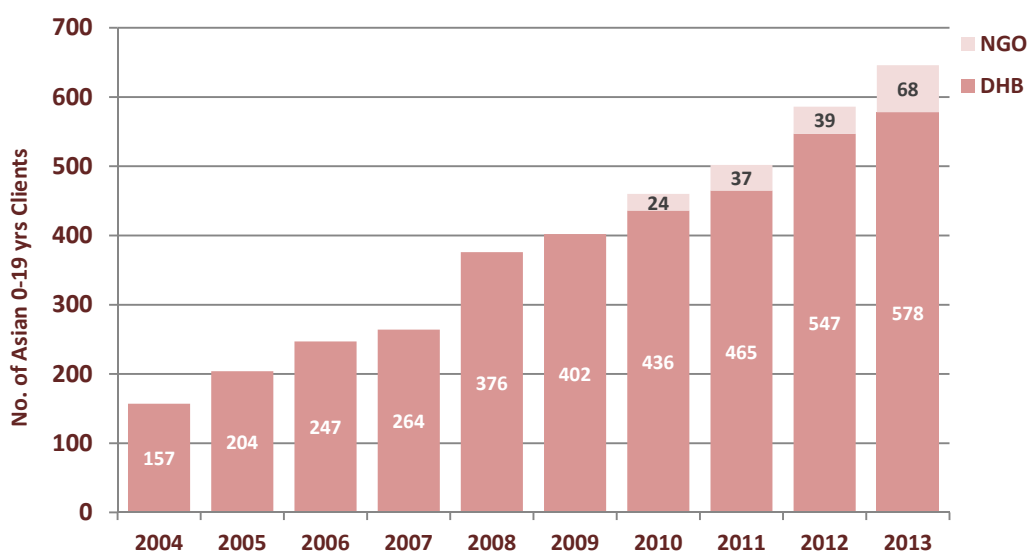


Table 38. Northern Region Asian 0-19 yrs Clients by DHB Area

YEAR	NORTHERN REGION ASIAN 0-19 YRS CLIENTS BY DHB AREA (2004-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
2004	2	46	65	44	157
2005	1	59	69	75	204
2006	-	61	73	113	247
2007	1	61	88	114	264
2008	3	91	143	139	376
2009	5	140	115	142	402
2010	4	145	140	171	460
<i>DHB</i>	4	143	131	158	436
<i>NGO</i>	-	2	9	13	24
2011	5	139	173	185	502
<i>DHB</i>	4	135	162	164	465
<i>NGO</i>	1	4	11	21	37
2012	7	152	198	229	586
<i>DHB</i>	7	147	182	211	547
<i>NGO</i>	-	5	16	18	39
2013	17	172	214	243	646
<i>DHB</i>	14	164	200	200	578
<i>NGO</i>	3	8	14	43	68

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 35. Northern Region Asian Clients by DHB Area (2013)



ASIAN CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Asian 0-19 year population, there are no specific Blueprint access benchmarks for Asian, therefore the Asian access rates have been compared to the rates for the general 0-19 years population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- The total regional Asian access rate had increased from 0.54% to 0.72% (see Table 39 & Figure 39).
- This increase was seen in all three age groups.
- All four DHB areas showed an increase in Asian access rates (see Table 40).

In the second half of 2013:

- The Northern region Asian access rate of 0.72% for the 0-19 year age group was higher than the national Asian access rate of 0.67% (see Table 39).
- However, the Northern region Asian access rate continues to remain the lowest out of three ethnic groups (Māori 3.08%, Pacific 1.35% and Asian).
- Asian access rates appear to be consistently low and significantly below target access rates for all three age groups in all four DHB areas (see Table 40 & Figure 40).

Table 39. Northern Region Asian Client Access Rates by Age Group

YEAR	NORTHERN REGION ASIAN ACCESS RATES BY AGE GROUP (2006-2013)				NATIONAL ASIAN ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%	3.00%
2006*	0.10%	0.25%	0.65%	0.30%	0.38%
2007	0.12%	0.33%	0.69%	0.35%	0.35%
2008	0.18%	0.41%	0.97%	0.34%	0.42%
2009	0.16%	0.53%	1.01%	0.50%	0.46%
2010	0.14%	0.57%	1.22%	0.55%	0.52%
DHB	0.13%	0.56%	1.13%	0.52%	0.49%
NGO	0.01%	0.01%	0.09%	0.03%	0.03%
2011	0.21%	0.67%	1.17%	0.58%	0.59%
DHB	0.20%	0.65%	1.05%	0.54%	0.52%
NGO	0.01%	0.02%	0.12%	0.04%	0.07%
2012	0.18%	0.69%	1.34%	0.54%	0.38%
DHB	0.17%	0.68%	1.21%	0.51%	0.34%
NGO	0.01%	0.02%	0.12%	0.04%	0.04%
2013*	0.28%	0.79%	1.43%	0.72%	0.67%
DHB	0.26%	0.72%	1.25%	0.65%	0.58%
NGO	0.02%	0.07%	0.18%	0.08%	0.09%
REGIONAL RATE 2013 (All Ethnicities)	0.51%	2.41%	5.36%	2.00%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2006-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 36. Northern Region Asian 0-19 yrs Client Access Rates (2006-2013)

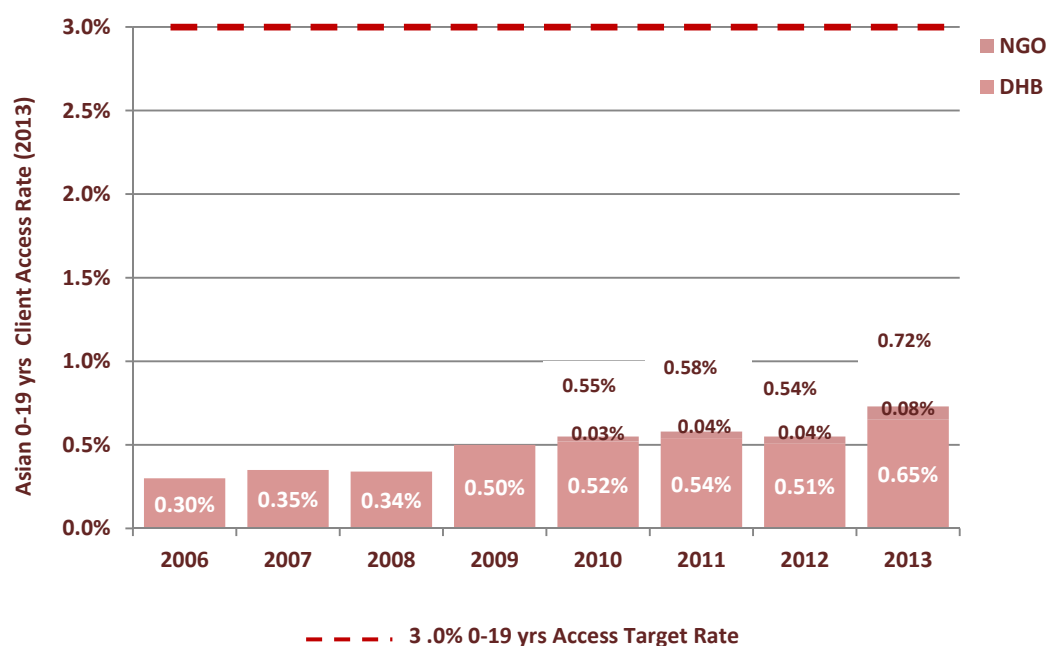
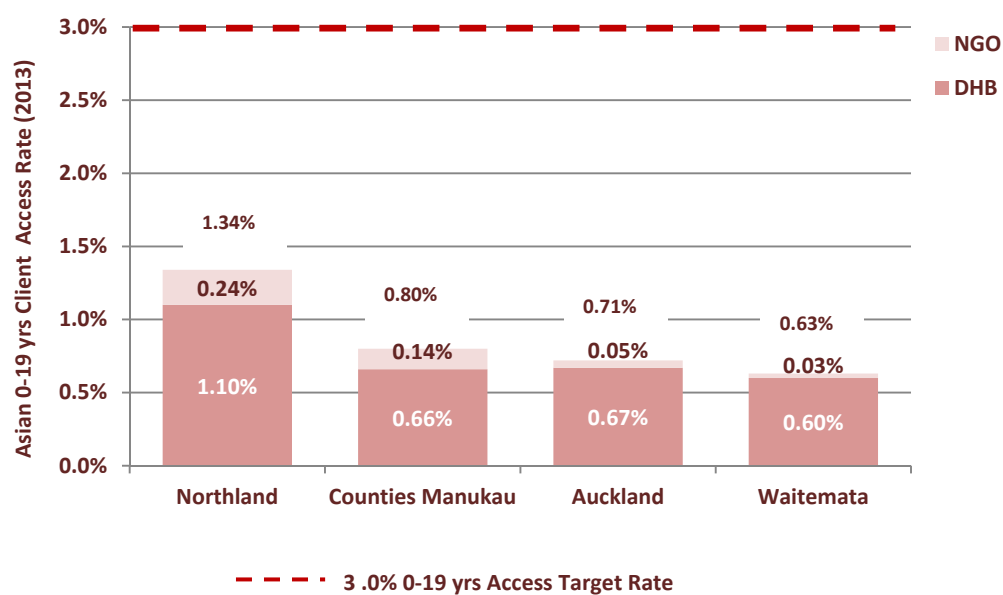


Table 40. Northern Region Asian Access Rates by DHB Area (2006-2013)

YEAR	NORTHERN REGION ASIAN 0-19 YRS ACCESS RATES BY DHB AREA (2006-2013)				
	NORTHLAND	WAITEMATA	AUCKLAND	COUNTIES MANUKAU	TOTAL
2006*	0.14%	0.30%	0.31%	0.52%	0.30%
2007	0.11%	0.26%	0.33%	0.45%	0.35%
2008	0.33%	0.38%	0.52%	0.52%	0.34%
2009	0.53%	0.56%	0.41%	0.52%	0.50%
2010	0.40%	0.56%	0.50%	0.61%	0.55%
DHB	0.40%	0.56%	0.46%	0.56%	0.52%
NGO	0.00%	0.00%	0.04%	0.05%	0.03%
2011	0.48%	0.52%	0.60%	0.63%	0.58%
DHB	0.38%	0.50%	0.56%	0.56%	0.54%
NGO	0.10%	0.02%	0.04%	0.07%	0.04%
2012	0.14%	0.47%	0.57%	0.65%	0.54%
DHB	0.14%	0.45%	0.53%	0.60%	0.51%
NGO	0.00%	0.02%	0.05%	0.05%	0.04%
2013*	1.34%	0.63%	0.71%	0.80%	0.72%
DHB	1.10%	0.60%	0.67%	0.66%	0.65%
NGO	0.24%	0.03%	0.05%	0.14%	0.08%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2006-2009 = DHB Only. *Access Rates calculated using Population Projections

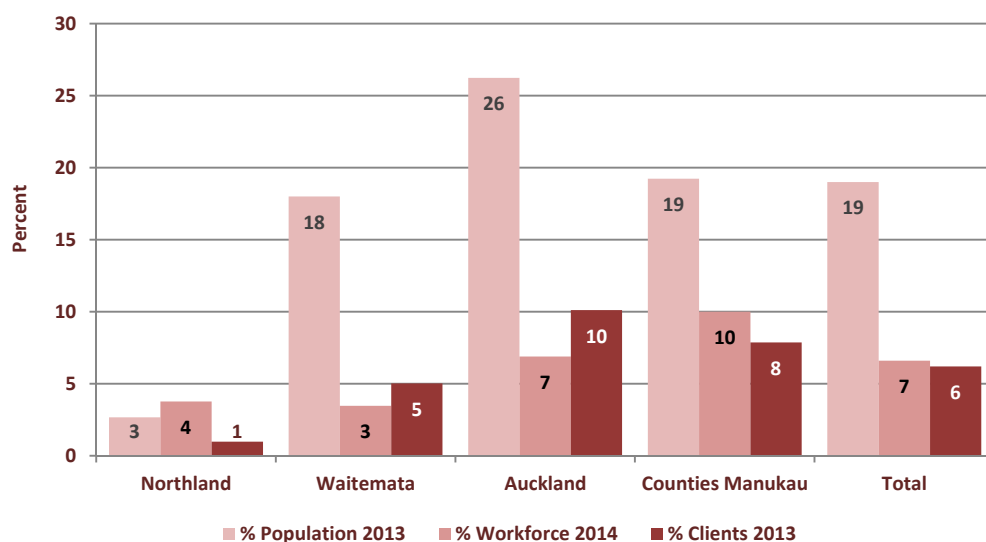
Figure 37. Northern Region Asian 0-19 yrs Client Access Rates by DHB Area (2013)



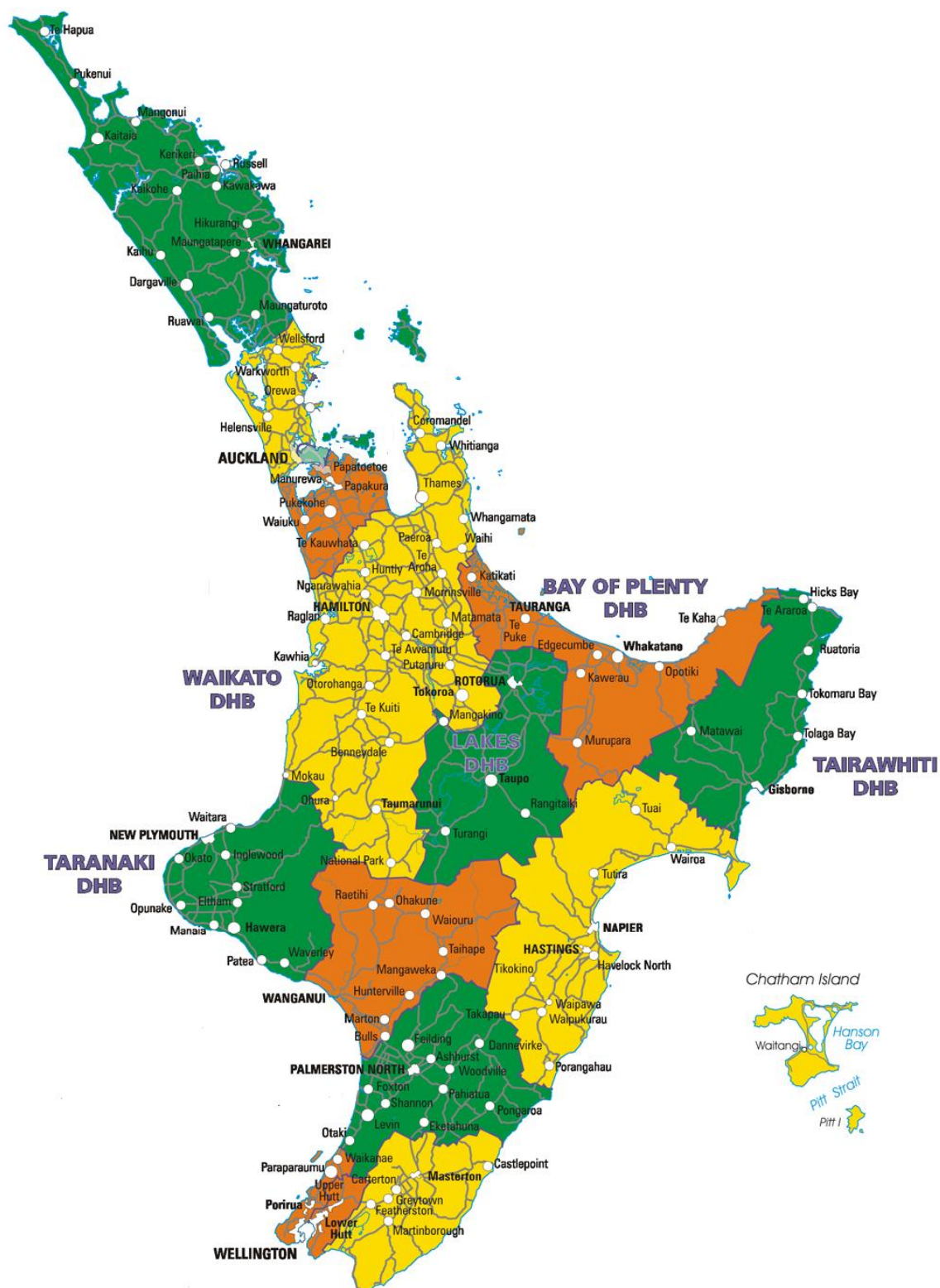
NORTHERN REGION ASIAN WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, the Asian infant, children and adolescent population made up 19% of the region's population, and the Asian workforce (43, excluding Administration/Management staff) made up only 7% of the region's total workforce (648).
- From 2012 to 2014, the growth in the Asian workforce has not kept pace with the growth in the regional Asian population, as well as within individual DHB areas.
- When the proportion of Asian clients accessing services in the region (6% in the second 6 months of 2013) is compared with the proportion of the Asian workforce, the workforce appears to be proportional to the number of clients accessing services in the region.
- However, workforce and client comparisons conducted on individual DHB areas in the region showed disparities in all of the DHB areas in the region, especially in the Auckland DHB area (see Figure 41).
- Given the increasing trend in the number of Asian clients accessing services in the Northern region, there is a need to focus on increasing the Asian workforce, not only in Clinical roles but across all occupational groups, to adequately cater for the current and future needs of the region's growing Asian infant, child and adolescent population.

Figure 38. Asian 0-19 yrs compared to Proportions of Asian Workforce & Asian Clients



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



MIDLAND REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 4% increase in the overall 0-19 year population in the Midland region since the 2006 Census (see Table 1).
- This increase in the population was seen in four of the five DHB areas. The largest increase was seen in the Waikato and Bay of Plenty DHB areas by 5%.
- There was a 2% decrease in the overall population in the Lakes DHB area.
- The Midland region had New Zealand's third largest (20%) infant, child and adolescent (0-19 years) population (see Appendix A, Table 1). Over half (51%) of the 0-19 year population were male (see Figure 39).
- Over half (53%) of the 0-19 year population were in the Other Ethnicity group followed by Māori (39%), Asian (6%) and Pacific (3%).
- The majority of the population resided in Waikato (45%) and Bay of Plenty (24%) DHB areas.

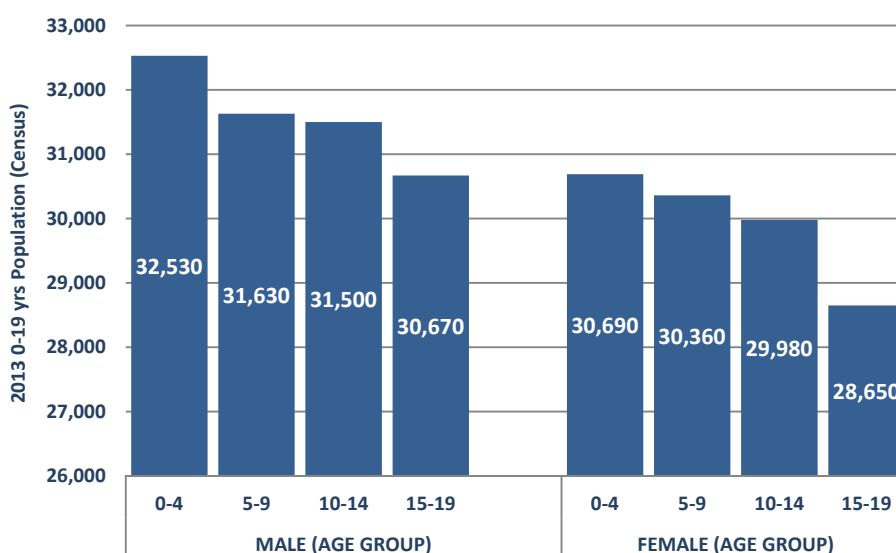
Table 1. Midland Region 0-19 Year Population

DHB AREA	MIDLAND REGION 0-19 YRS POPULATION (2006-2013)					
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	% Change (2013-2006)
MIDLAND	237,273	243,650	241,820	238,930	246,040	4
WAIKATO	104,574	106,720	106,460	105,440	109,510	5
LAKES	30,990	31,730	31,270	30,730	30,510	-2
BAY OF PLENTY	56,700	59,340	59,400	59,230	59,490	5
TAIRAWHITI	14,724	15,270	14,940	14,630	15,140	3
TARANAKI	30,285	30,590	29,750	28,900	31,390	4

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 1. Midland Region 0-19 yrs Population by Age Group & Gender (2013)



MIDLAND REGION PROVISION OF ICAMH/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 (ICAMH/AOD) services are also provided by DHB funded NGOs and in some cases, primary health organisations (PHOs).

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 remained 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.

For the June 2013 to July 2014 period, 39 NGOs were identified as providing DHB funded infant, child and adolescent mental health and AOD services in the Midland region.

From 2012 to 2014, progress can be seen in funding and in the number and types of services available for infants, children and adolescents in the region. All 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):

SERVICES	ICAMH/AOD SERVICE PROVIDERS
CHILDREN OF PARENTS/WHĀNAU WITH A MENTAL ILLNESS (COPMIA):	<p>DHB: Waikato, Taranaki</p> <p>NGO:</p> <ul style="list-style-type: none"> Bay of Plenty: Western Bay of Plenty Mental Health Trust
YOUTH FORENSIC:	<p>DHB: Taranaki</p> <p>NGO:</p> <ul style="list-style-type: none"> Waikato: Nga Ringa Awhina O Hauora Trust
CHILD AND ADOLESCENT AOD (INCLUDING CO-EXISTING PROBLEMS):	<p>DHB: Waikato, Lakes, Bay of Plenty, Tairāwhiti & Taranaki</p> <p>16 NGOs:</p> <ul style="list-style-type: none"> Waikato: CareNZ, Pai Ake Solutions, Raukawa Charitable Trust, Taumaranui Community Kokiri Trust, Te Korowai Hauora o Hauraki Inc., Te Runanga O Kirikiriroa Charitable Trust, Waahi Whaanui Trust. Lakes: Central Health: Te Utuhina Manaakitanga, Recovery Solutions, and Te Runanga O Kirikiriroa Charitable Trust. Bay of Plenty: Get Smart Tauranga Trust, Maketu Health & Social Services Trust, Tuhoe Hauora Trust, Te Runanga O Te Whanau Charitable Trust. Taranaki: Tui Ora Ltd.
EATING DISORDERS:	DHB: Waikato, Lakes, Bay of Plenty, Tairāwhiti & Taranaki.

SERVICES	ICAMH/AOD SERVICE PROVIDERS
EARLY INTERVENTION:	<p>DHB: Parenting Programmes:</p> <ul style="list-style-type: none"> • Waikato: PCIT & Circle of Security • Bay of Plenty: Incredible Years • Tairāwhiti: Incredible Years • Taranaki: Incredible Years, PCIT, Triple P & Play Therapy <p>NGO:</p> <ul style="list-style-type: none"> • Waikato: Hauora Waikato: Psychosis • Bay of Plenty: Maketu Health & Social Services: AOD
PEER SUPPORT:	<p>DHB: Waikato</p> <p>NGO:</p> <ul style="list-style-type: none"> • Bay of Plenty: Te Manu Toroa, Te Runanga Ngai Tamawhariua & Whakatohea Māori Trust Board • Tairāwhiti: Te Kupenga Net
SERVICES FOR MĀORI:	<p>12 NGOs:</p> <ul style="list-style-type: none"> • Waikato: Hauora Waikato, Pai Ake Solutions Ltd, Raukawa Charitable Trust, Waahi Whaanui Trust • Lakes: Te Utuhina Manaakitanga • Bay of Plenty: Maketu Health & Social Services, Pirirakau Hauora, Manu Toroa, Tuwharetoa Ki Kāwharua Health, Education & Social Services, Whakatohea Māori Trust Board. • Tairāwhiti: Ngati Porou Hauora Charitable Trust • Taranaki: Tui Ora Ltd
SERVICES FOR PACIFIC:	<p>2 NGOs providing Pacific Services:</p> <ul style="list-style-type: none"> • Waikato: K’āute Pasifika, Raukawa Charitable Trust • Pacific infants, children and adolescents have access to Māori or mainstream DHB and NGO mental health/AOD services in the region.

Table 2. Waikato ICAMH/AOD Services (2013/2014)

WAIKATO DHB
Child & Adolescent Mental Health/AOD Services (Hamilton, Hauraki & Southern Cluster)
<i>Also provides services for: Eating Disorders, Infant Mental Health, Peer Support/Advocacy, Co-Existing Problems (CEP), COPMIA, Parenting Programmes: Parent Child Interaction Therapy (PCIT), Circle of Security</i>
WAIKATO DHB FUNDED NGOS
CARENZ LTD
Children & Youth Alcohol & Drug Community Services
HAUORA WAIKATO MĀORI MENTAL HEALTH SERVICES
Early Intervention for People with First Time Psychosis
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescents, Youth - Care Packages
Infant, Child, Adolescent & Youth Community Mental Health Services
K'AUTE PASIFIKA TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
NGA RINGA AWHINA O HAUORA TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
Child & Youth Intensive Clinical Support Service
Youth Forensic Specialist Community Service
PAI AKE SOLUTIONS LTD
Child, Adolescent & Youth Alcohol & Drug Community Services - Kaupapa Māori
RAUKAWA CHARITABLE TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services Kaupapa Māori
Infant, Child, Adolescent & Youth Community Mental Health Services
RICHMOND NZ
Child & Youth Community Residential Care
ROSTREVOR HOUSE
Infant, Child, Adolescent & Youth Community Mental Health Services
TAUMARUNUI COMMUNITY KOKIRI TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
TE KOROWAI HAUORA O HAURAKI INC.
Infant, Child, Adolescent & Youth Community Mental Health Services
Child, Adolescent & Youth Alcohol & Drug Community Services
TE RUNANGA O KIRIKIRIROA
Child, Adolescent & Youth Alcohol & Drug Community Services
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation: Rongo Atea
Infant, Child, Adolescent & Youth Community Mental Health Services; Whai Marama Youth Connex Southern Cluster; Hauraki Cluster
<i>Note: Italicised Services are Kaupapa Māori Services</i>

WAIKATO DHB FUNDED NGOs (continued)
THE YOUTH HORIZONS TRUST
Child & Youth Intensive Clinical Support Service
Infant, Child & Youth Planned Respite
WAAHI WHAANUI TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services - Kaupapa Māori
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 3. Lakes ICAMH/AOD Services (2013/2014)

LAKES DHB
Child & Adolescent Mental Health Services (Taupo/Turangi)
Infant, Child & Adolescent Mental Health Services (Rotorua)
<i>*Also receives funding/provides services for Eating Disorders & Co-Existing Problems (CEP)</i>

LAKES DHB FUNDED NGOs
CENTRAL HEALTH
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
MENTAL HEALTH SOLUTIONS: PATHWAYS
Infant, Child, Adolescent & Youth Community Mental Health Services
RECOVERY SOLUTIONS
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
Infant, Child, Adolescent & Youth Acute Package of Care
Infant, Child, Adolescent & Youth Crisis Respite
Infant, Child, Adolescent & Youth Planned Respite
Infant, Child, Adolescent & Youth Community Support Services
TE RUNANGA O KIRIKIROA
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
MANAAKI ORA TRUST: TE UTUHINA MANAAKITANGA TRUST
Children & Youth Alcohol & Drug Community Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 4. Bay of Plenty ICAMH/AOD Services (2013/2014)

BAY OF PLENTY DHB
Child & Adolescent Mental Health Services (Tauranga)
Voyagers Child & Adolescent Mental Health Services (Whakatane)
Consult Liaison (Whakatane)
<i>*Also receives funding/provides services for Eating Disorders, Incredible Years, AOD</i>

BAY OF PLENTY DHB FUNDED NGOS
EBAT CHARITABLE TRUST
Child, Adolescent & Youth & Families with a Mental Health Disorder
GET SMART TAURANGA
Child, Adolescent & Youth Alcohol & Drug Community Services
HEALTHCARE OF NEW ZEALAND LTD
Infant, Child, Adolescent & Youth Community Support Services
<i>MAKETU HEALTH & SOCIAL SERVICES</i>
Early Intervention & Other Drug Service Child, Adolescent & Youth
<i>NGA KAKANO FOUNDATION</i>
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>POUTIRI CHARITABLE TRUST: TE IKA WHENUA MURAPARA</i>
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>POUTIRI CHARITABLE TRUST: TE TOI HUAREWA</i>
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>PIRIRAKAU HAUORA</i>
Infant, Child, Adolescent Community Mental Health Services
<i>RAKEIWHENUA TRUST: TUHOE HAUORA</i>
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>TE MANU TOROA TRUST</i>
Infant, Child, Adolescent Community Mental Health Services
Peer support service for Child & Youth
<i>TE PUNA HAUORA KI UTA KI TAI</i>
Infant, Child, Adolescent Community Mental Health Services
<i>TE RUNANGA NGAI TAMAWHARIUA INC</i>
Infant, Child, Adolescent Community Mental Health Services
Peer support service for Child & Youth
TE RUNANGA O TE WHANAU CHARITABLE TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services
TE TOMIKA TRUST
Infant, Child & Adolescent & Youth Community Mental Health Services
THE YOUTH HORIZONS TRUST
Child & Youth Planned Respite
Child & Youth Intensive Clinical Support Service
<i>TUWHARETOA KI KAWERAU HEALTH EDUCATION & SOCIAL SERVICES</i>
Infant, Child & Adolescent & Youth Community Mental Health Services
WESTERN BAY OF PLENTY MENTAL HEALTH TRUST
Child, Adolescent & Youth & Families with a Mental Health Disorder - COPMIA
WHAKATOHEA MĀORI TRUST BOARD
Peer support service for Child & Youth
Infant, Child & Adolescent & Youth Community Mental Health Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 5. Tairāwhiti ICAMH/AOD Services (2013/2014)

TAIRAWHITI DHB
Child & Adolescent Mental Health/ AOD Services
Also provides services for Eating Disorders, Infant Mental Health, Co-Existing Problems, Parenting Programmes: Incredible Years
TAIRAWHITI DHB FUNDED NGOS
<i>NGATI POROU HAUORA INC</i>
Infant, Child, Adolescent & Youth Community Mental Health Service
TE KUPENGA NET TRUST
Peer Support Service for Children & Youth
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 6. Taranaki ICAMH/AOD Services (2011/2014)

TARANAKI DHB
Child & Adolescent Mental Health Services
Also provides services for: Eating Disorders, Gateway Assessments via Public Health Nursing Service Linkages, Infant Mental Health, Youth Forensics via links with Regional Youth Forensics Team, Peer Support/Advocacy via NGO linkages, Co-Existing Problems (CEP), COPMIA: NGO pilot in development, Youth Crises/Planned Respite via NGO, Inpatient Services, Wraparound Services, Access to National Youth AOD residential beds.
Parenting Programmes: Incredible Years, Tripe P via NGO/Public Health, Parent Child Interaction Therapy (PCIT), Play Therapy via Consultant Psychologist.
TARANAKI DHB FUNDED NGOS
MENTAL HEALTH SOLUTIONS: PATHWAYS HEALTH LTD
Infant, Child, Adolescent & Youth Crisis & Planned Respite
<i>TUI ORA LTD: MAHIA MAI</i>
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

MIDLAND REGION FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH.

From 2011/2012 to 2013/2014 financial year:

- There was a 26% increase in total funding for infant, child and adolescent mental health/AOD services in the Midland region (see Table 7 & Figure 2).
- This increase was seen in both DHB (12%) and NGO funding but largely in NGO funding (48%) (see Appendix B, Table 1).
- Alcohol & Other Drug services had received the largest increase in funding (96%) (see Table 7).

Figure 2. Midland Region ICAMH/AOD Funding by Service Provider (2004-2014)

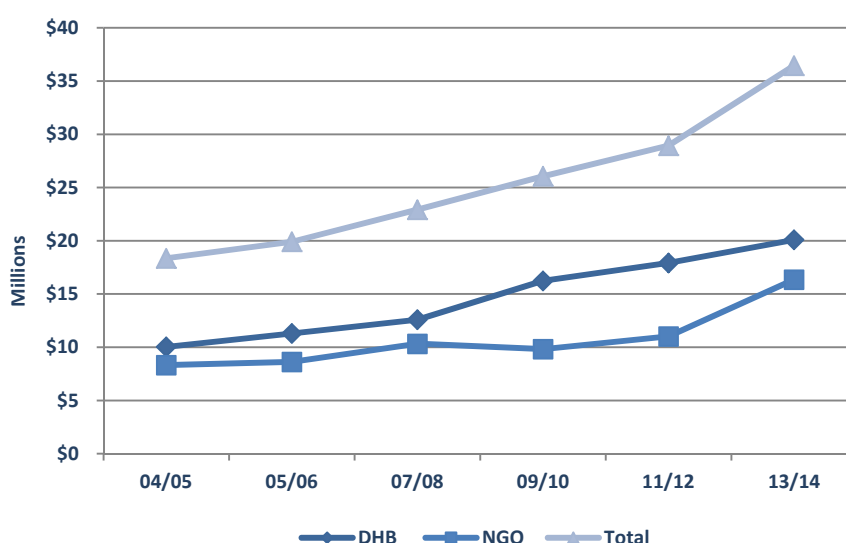


Table 7. Midland Region ICAMH/AOD Funding by Services

SERVICES	MIDLAND REGION FUNDING BY SERVICE (2007-2014)				
	2007/2008	2009/2010	2011/2012	2013/2014	% Change (2014-2012)
INPATIENT	\$138,679	\$164,429	\$15,501	\$15,872	2
ALCOHOL & OTHER DRUGS	\$1,412,810	\$2,510,423	\$3,629,895	\$7,112,378	96
KAUPAPA MĀORI*	\$3,812,197	\$3,053,355	\$1,818,379	-	-
ALL OTHER SERVICES	\$17,558,156	\$20,332,190	\$23,472,934	\$29,322,915	25
REGIONAL TOTAL	\$22,921,842	\$26,060,397	\$28,936,710	\$36,451,166	26

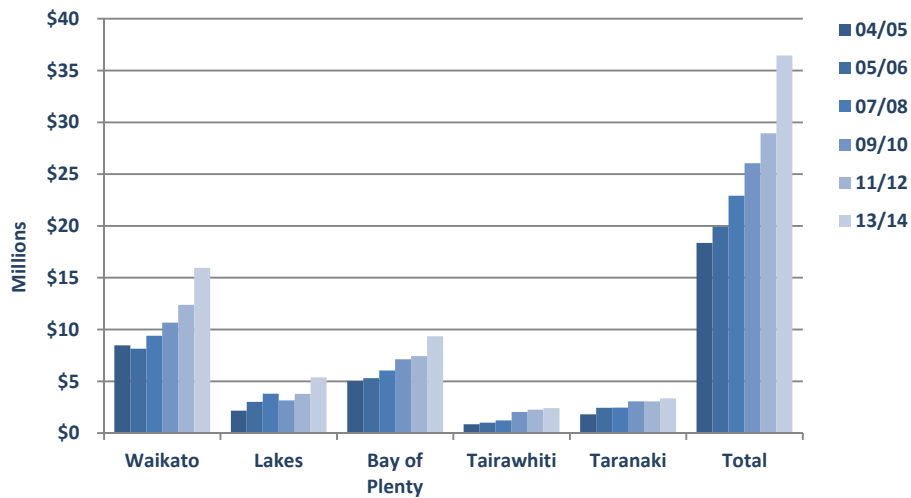
Source: Ministry of Health Price Volume Schedule 2007-2014. *Now coded under general mental health

For the June 2013 to July 2014 financial year:

- The Midland region provider services received \$36.4 million (22% of total national funding) for infant, child and adolescent mental health/AOD services (see Appendix B, Table 1).
- The Waikato DHB area had the largest proportion (44%) of funding in the region, followed by the Bay of Plenty DHB area (26%) (see Figure 3).

- All five DHB areas showed increases in funding, with the largest increase in the Lakes DHB area in the NGO sector.

Figure 3. Midland Region ICAMH/AOD Funding by DHB Area (2004-2014)



FUNDING PER HEAD OF INFANT, CHILD AND 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).

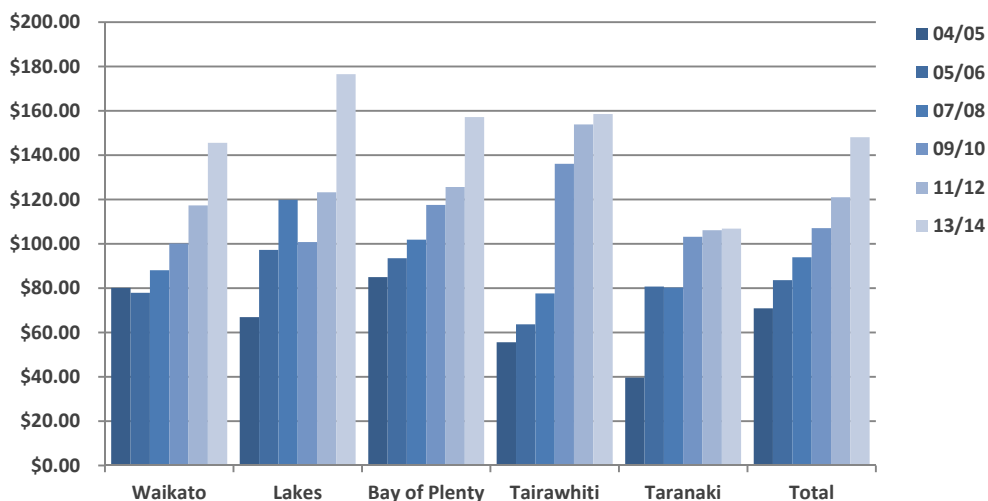
From 2012 to 2014:

- There was a 22% increase in the regional spend per head of the 0-19 population, from \$121.04 to \$148.09 with Inpatient costs excluded (see Appendix B: Table 2 & Figure 4).
- While an increase was seen in all of the DHB areas, the largest increase in spend per 0-19 years was seen in the Lakes DHB area by 43%, from \$123.27 to \$176.54 per head of its respective 0-19 year population (see Figure 4).

For the 2013/2014 financial year:

- Taranaki DHB area had the lowest spend per child of \$106.89 (see Figure 4 & Appendix B; Table 2).

Figure 4. Funding per Head of Infant, Child & Adolescent Population by DHB Area (2004-2014)



MIDLAND REGION ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from 38/39 contracted NGOs as at 30 June 2014. 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 2014. Where possible, the total FTE volume figure extracted from the Price Volume Schedule has been used to estimate this NGO's workforce. However, this FTE figure is not broken down by occupational group and ethnicity, which therefore limits the presentation of the Midland region workforce.

From 2012 to 2014:

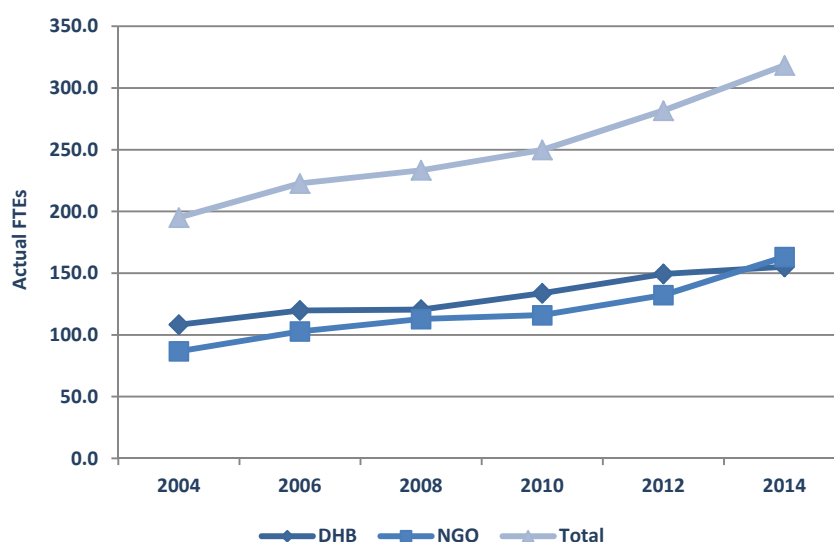
- There was a 13% increase in the total Midland region workforce, from 281.7 to 318.4 actual FTEs (see Table 8 & Figure 5).
- While there was an increase in both the DHB (by 4%) and NGO provider workforces, the increase was largely in the NGO sector by 23%.
- The increase in the workforce was seen in both the Clinical (by 14%) and Non-Clinical (by 20%) workforces in both DHB services and NGOs.
- Total vacancies had decreased to a 4% vacancy rate, from 16.5 to 11.8 FTEs. Vacancy rates had decreased in DHB provider services (5%) and had increased slightly in NGOs (2%).

Table 8. Midland Region Total ICAMH/AOD Workforce (2004-2014)

YEAR	DHB			NGOS ¹			TOTAL		
	ACTUAL FTEs	VACANT FTEs	% VACANCY	ACTUAL FTEs	VACANT FTEs	% VACANCY	ACTUAL FTEs	VACANT FTEs	% VACANCY
2004	108.3	18.9	15	86.8	5.3	6	195.1	24.2	11
2006	119.9	21.1	15	102.9	3.6	3	222.7	24.7	10
2008	120.5	21.1	15	112.9	6.9	6	233.4	27.9	11
2010	133.8	19.3	13	116.0	2.0	2	249.8	21.3	8
2012	149.4	14.5	9	132.3 ¹	2.0	1	281.7	16.5	6
2014	155.2	8.8	5	163.2	3.00	2	318.4	11.8	4

1. Includes 21.3 Contracted FTEs for Hauora Waikato & 27.9 FTEs for Nga Ringa Awhina O Hauora Trust for the 2013/2014 period

Figure 5. Midland Region Total ICAMH/AOD Workforce Actual & Vacant FTEs (2004-2014)



As at 30 June 2014:

- The Waikato DHB area had the largest ICAMH/AOD workforce (138.2 FTEs) in the region, in both the DHB provider service (49.1 FTEs) as well as NGOs (89.1 FTEs). The Waikato DHB area also had an NGO workforce that was larger than the DHB workforce (see Figure 6).
- The Midland region ICAMH/AOD workforce was largely made up of NZ Europeans (43%), followed by Māori (30%), Other Ethnicity (20%), Asian (5%) and Pacific (2%).
- The majority of the Midland region workforce (76%) was in Clinical roles and mainly employed in DHB ICAMH/AOD services (58%) (see Table 9 & Figure 7).
- The Clinical workforce was largely in Other Clinical roles (60.35 FTEs), Mental Health Nurses (43.1 FTEs), Social Workers (40.5 FTEs), Psychologists (38.5 FTEs) and Alcohol and Other Drug Practitioners (38.1 FTEs).
- The remainder of the workforce (19%) was in Other Non-Clinical roles largely as Advocacy/Peer Support Roles and Mental Health Support Workers.
- Vacancies were largely in DHB services and for Clinical roles (8.2 actual FTEs) for AOD Practitioners (5.5 FTEs), Psychiatrists (1.4 FTEs) and Psychologists (1.3 FTEs) (see Table 10 & Figure 8).

Figure 6. Midland Region ICAMH/AOD Wokforce by DHB Area (2014)

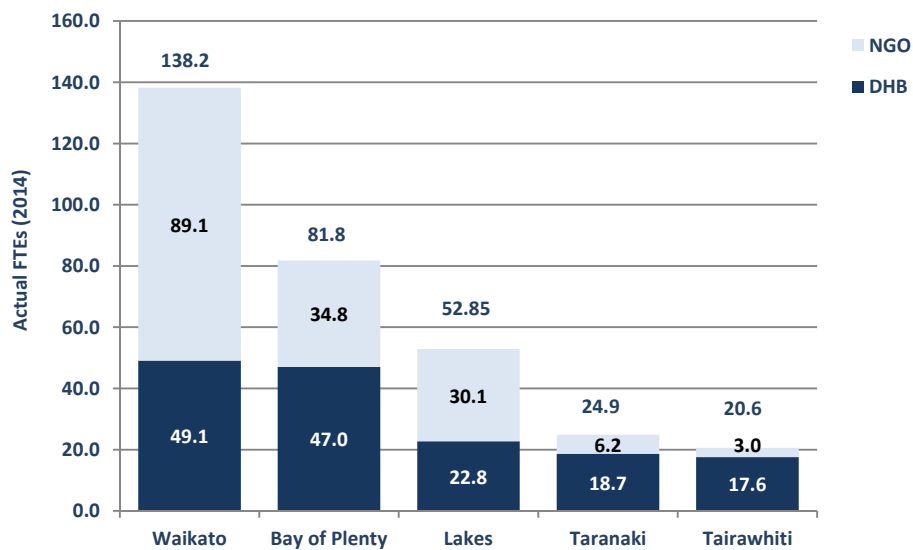


Table 9. Midland Region ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP	MIDLAND REGION WORKFORCE (ACTUAL FTES, 2014)		
	DHB	NGOS	TOTAL
ALCOHOL & DRUG PRACTITIONER	14.5	23.6	38.1
COUNSELLOR	1.0	2.5	3.5
MENTAL HEALTH NURSE	33.1	10.0	43.1
OCCUPATIONAL THERAPIST	4.0	2.0	6.0
PSYCHIATRIST	11.4	0.2	11.6
PSYCHOTHERAPIST	0.8	-	0.8
PSYCHOLOGIST	35.0	3.5	38.5
SOCIAL WORKER	23.0	17.5	40.5
OTHER CLINICAL ²	9.15	51.2	60.35
CLINICAL SUB-TOTAL	131.95	110.5	242.45
CULTURAL APPOINTMENT	5.0	1.5	6.5
SPECIFIC LIAISON	1.0	-	1.0
MENTAL HEALTH CONSUMER	-	1.0	1.0
MENTAL HEALTH SUPPORT WORKER	0.8	25.3	26.1
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ³	2.0	22.3	24.3
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	8.8	50.1	58.9
ADMINISTRATION/MANAGEMENT	14.4	2.6	17.0
REGIONAL TOTAL	155.15	163.2	318.35

1. Includes 21.3 Contracted FTEs for Hauora Waikato & 27.9 FTEs for Nga Ringa Awhina O Hauora
2. Other Clinical Group: DHB=Registrars; Family/Whanau Support Workers; Eating Disorder Liaison; Paediatrician, Family Therapists, Interns: Psychology. NGO= Health Practitioners, GP Community Liaison, Case Manager, Intake Coordinator
3. Other Non-Clinical: DHB=Health & Wellness Coach; Peer Support Workers. NGO= Advocacy Peer Support Family/Whanau/Consumer, Residential Support, Cook, COPMIA fieldworker, Youth Workers

Figure 7. Midland Region Total ICAMH/AOD Workforce by Occupational Group (2014)

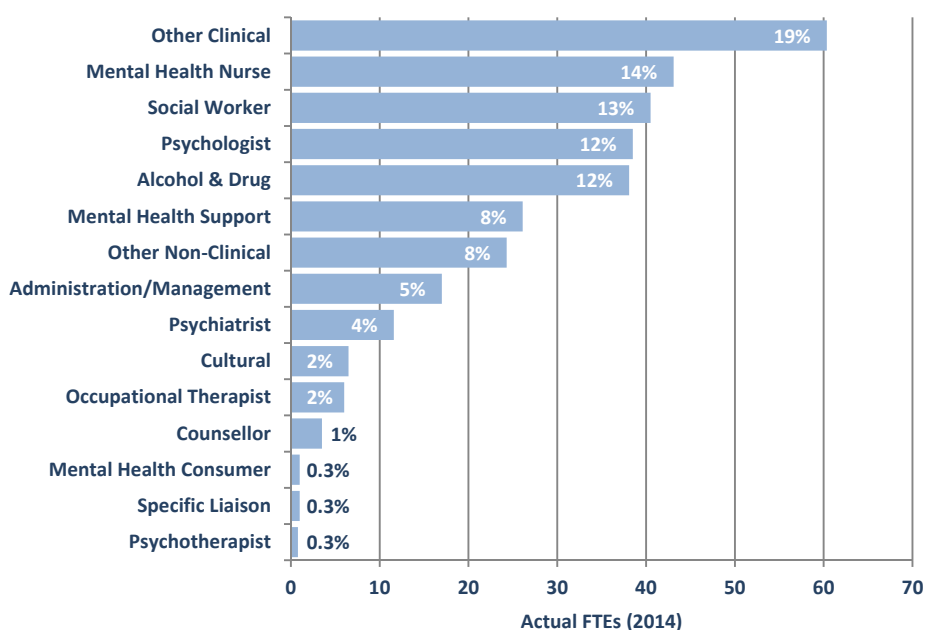
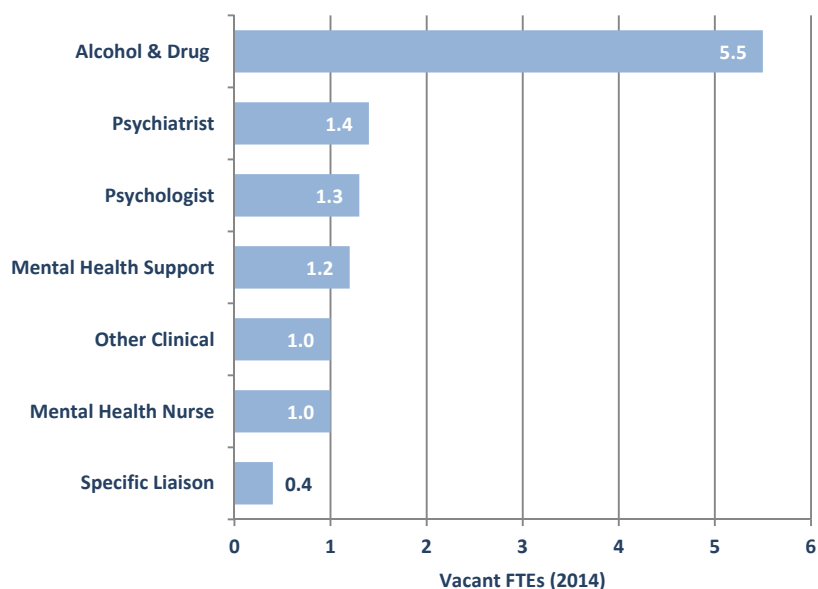


Table 10. Midland Region Total ICAMH/AOD Workforce Vacancies by Occupational Group

OCCUPATIONAL GROUP	MIDLAND REGION WORKFORCE (ACTUAL FTES, 2014)		
	DHB	NGOS	TOTAL
ALCOHOL & DRUG PRACTITIONER	3.5	2.0	5.5
COUNSELLOR	-	-	-
MENTAL HEALTH NURSE	1.0	-	1.0
OCCUPATIONAL THERAPIST	-	-	-
PSYCHIATRIST	1.4	-	1.4
PSYCHOTHERAPIST	-	-	-
PSYCHOLOGIST	1.3	-	1.3
SOCIAL WORKER	-	-	-
OTHER CLINICAL ²	1.0	-	1.0
CLINICAL SUB-TOTAL	8.2	2.0	10.2
CULTURAL APPOINTMENT	-	-	-
SPECIFIC LIAISON	0.4	-	0.4
MENTAL HEALTH CONSUMER	-	-	-
MENTAL HEALTH SUPPORT WORKER	0.2	1.0	1.2
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	0.6	1.0	1.6
ADMINISTRATION/MANAGEMENT	-	-	-
REGIONAL TOTAL	8.8	3.0	11.8

1. Other Clinical Group: DHB=Mental Health Clinician

Figure 8. Midland Region Total ICAMH/AOD Vacancies by Occupational Group (2014)



DHB COMMUNITY ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a 4% increase in the total Midland region DHB ICAMH/AOD Community workforce (see Table 11).
- The increase in the DHB Community workforce was largely seen in the Clinical workforce by 7% (from 123.6 to 131.95 actual FTEs). The largest growth in the Clinical workforce occurred in the following roles:
 - Alcohol & Drug Practitioners (from 11.5 to 14.5 actual FTEs)
 - Psychiatrists (from 10 to 11.4 actual FTEs)
 - Other Clinical roles (from 8.2 to 9.15 actual FTEs)
- Bay of Plenty DHB Community ICAMH/AOD service reported the largest increase in the Clinical workforce (from 35.7 to 39.9 actual FTEs).
- Bay of Plenty DHB reported the largest increase from 42.2 to 47 FTEs (11% increase).
- The regional vacancy rate had decreased slightly from 9% to 5%.

As at 30 June 2014:

- The Midland region DHB Community ICAMH/AOD services reported a total of 155.15 actual FTEs with a further 8.8 FTEs reported vacant (see Table 11).
- Waikato (49.1 actual FTEs) and Bay of Plenty (47 actual FTEs) DHBs reported the largest Community workforces in the region.
- 85% of the DHB Community Clinical ICAMH/AOD staff were in Clinical roles (see Table 9).
- Clinical vacancies were largely for AOD Practitioners (see Table 10).
- The DHB Non-Clinical Community ICAMH/AOD workforce (23.2 actual FTEs including Administration/Management) made up the remainder of the Midland region Community workforce mainly in Administration/Management and Cultural roles (see Table 9).

Table 11. Midland Region DHB Community ICAMH/AOD Workforce (2006-2014)

DHB	ACTUAL FTEs					VACANT FTEs					VACANCY RATE				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WAIKATO	40.9	35.8	38.0	49.6	49.1	8.0	4.4	7.3	2.1	2.7	16	11	16	4	5
LAKES	19.4	18.1	21.1	21.4	22.8	7.2	6.0	3.0	4.0	2.0	27	25	12	17	8
BAY OF PLENTY	32.4	32.4	40.4	42.2	47.0	5.2	10.3	4.4	4.3	1.7	14	24	10	9	3
TAIRAWHITI	10.7	15.1	16.9	17.5	17.6	0.7	-	2.6	2.1	1.0	6	-	13	11	5
TARANAKI	16.5	19.2	17.4	18.8	18.7	-	0.4	2.0	2.0	1.4	-	2	10	10	7
TOTAL	119.9	120.5	133.8	149.4	155.2	21.1	21.1	19.3	14.5	8.8	15	15	13	9	5

NGO ICAMH/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.

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 remained 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.

Additionally, 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.

From 2012 to 2014:

- There was a 23% increase in the NGO workforce, from 132.27 to 163.2 actual FTEs (see Table 12).
- This increase was seen in both Clinical (by 23%) and Non-Clinical roles (by 21%).
- Regional vacancies had increased slightly to a vacancy rate of 2% for the same period.

As at 30 June 2014:

- The Midland region had the largest number of NGOs providing services in the country. A total of 39 NGOs were identified as DHB funded ICAMH/AOD services.
- Just over half (51%) of the region's total workforce was employed in the NGO sector.
- NGOs in the Waikato (89.1 FTEs) and the Bay of Plenty (34.8 actual FTEs) DHB areas reported the largest NGO workforce in the region (see Table 12).
- The Clinical workforce (110.5 actual FTEs) continued to make up the majority (68%) of the NGO workforce (see Table 9).
- The NGO Clinical workforce was mainly AOD Practitioners (23.6 FTE) and Social Workers (17.5 FTEs).
- The remainder of the workforce (32%) were in Non-Clinical roles as Mental Health Support Workers (25.3 FTEs), Advocacy Peer Support roles and Youth Workers.

Table 12. Midland Region NGO ICAMH/AOD Workforce (2006-2014)

DHB AREA	ACTUAL FTEs					VACANT FTEs					VACANCY RATE %				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WAIKATO	70.4	57.2	66.3	64.9	89.1 ²	3.6	4.9	1.0	1.0	2.0	5	9	1	2	2
LAKES	16.7	15.5	7.0	17.8	30.1	-	-	-	1.0		-	-	-	5	-
BAY OF PLENTY	28.2	31.2	35.7	39.6	34.8	-	2.0	-	-	1.0	-	6	-	-	3
TAIRAWHITI	3.0	3.0	3.0	5.9	3.0	-	-	-	-		-	-	-	-	-
TARANAKI	5.0	6.0	4.0	4.0	6.2	-	-	1.0	-		-	-	20	-	-
TOTAL	123.7	112.9	116.0	132.3	163.2	3.6	6.9	2.0	2.0	3.0	3	6	2	1	2

1. Includes 21.3 Contracted FTEs for Hauora Waikato & 27.9 FTEs for Nga Ringa Awhina O Hauora

MIDLAND REGION CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- While there was an increasing trend in the total number of clients accessing services in the Midland region, there was a slight decrease by 3% from 2012 to 2013 (see Table 13 & Figure 10).
- This decrease was only seen in the male client group by 9%, mainly in the 0-9 and 10-14 year age groups. However, there was an overall 5% increase in the female client group, mainly in the 10-14 years age group (by 10%).
- Only one out of the five DHB areas in the region had a decrease in the number of clients accessing services (Waikato DHB area by 22%), while Taranaki and Bay of Plenty DHB areas had the largest increase from 2012 to 2013 by 11% and 10% respectively (see Table 14).

In the second six months of 2013:

- The Midland region continued to have the third largest number of clients accessing mental health/AOD services compared to the other three regions (see Appendix D, Table 1).
- The majority (68%) of the total number of clients was seen by DHB services and 32% were seen by NGOs (see Table 13).
- Male clients continued to make up the majority of clients accessing services in the region (55%), especially in the 15-19 year age group (see Table 13).
- Bay of Plenty DHB area reported the highest number of clients (33%) in the region followed by Waikato (31%) (see Table 14 & Figure 11).

Table 13. Midland Region Clients by Gender & Age Group

YEAR	MIDLAND REGION CLIENTS BY GENDER & AGE GROUP (2004-2013)								TOTAL CLIENTS
	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
2010	534	943	1,413	2,890	195	538	1,271	2,004	4,894
DHB	499	792	1,075	2,366	184	432	1,041	1,657	4,023
NGO	35	151	338	524	11	106	230	347	871
2011	778	1,350	1,822	3,950	270	788	1,683	2,741	6,691
DHB	583	857	1,043	2,483	195	510	1,141	1,846	4,329
NGO	195	493	779	1,467	75	278	542	895	2,362
2012	911	1,418	2,020	4,349	321	869	1,976	3,166	7,515
DHB	648	893	1,166	2,707	228	534	1,275	2,037	4,744
NGO	263	525	854	1,642	93	335	701	1,129	2,771
2013	815	1,260	1,899	3,974	337	957	2,019	3,313	7,287
DHB	652	847	1,180	2,679	266	642	1,371	2,279	4,958
NGO	163	413	719	1,295	71	315	648	1,034	2,329

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only; *DHB+NGO data

Figure 9. Midland Region 0-19 yrs Clients (2004-2013)

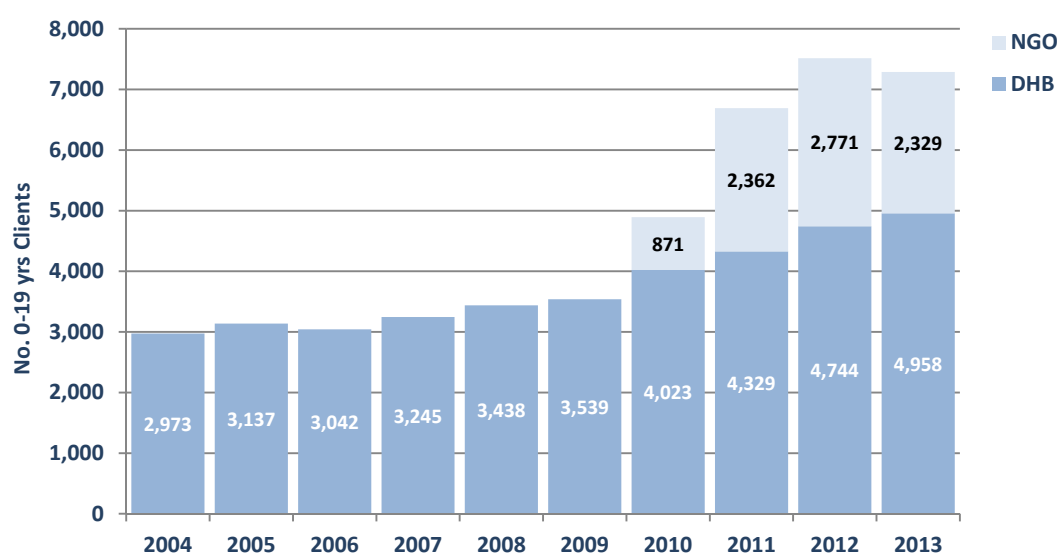
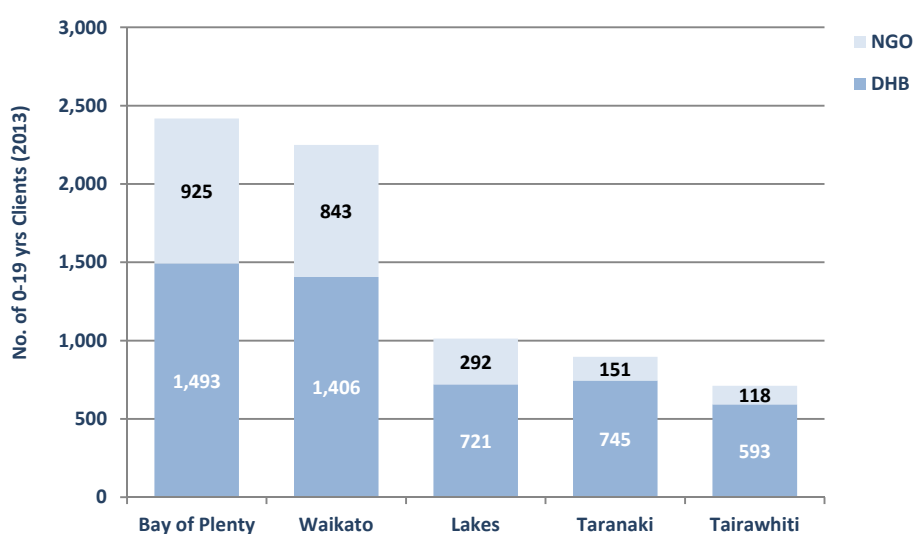


Table 14. Midland Region 0-19 yrs Clients by DHB Area

YEAR	MIDLAND REGION 0-19 YEARS CLIENTS BY DHB AREA (2004-2013)					TOTAL
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	
2004	1,096	354	763	254	506	2,973
2005	1,030	377	832	260	638	3,137
2006	905	386	872	305	574	3,042
2007	890	430	974	356	595	3,245
2008	10,72	382	1,032	409	543	3,438
2009	1,071	468	1,056	401	543	3,539
2010	1,504	657	1,444	561	728	4,894
<i>DHB</i>	<i>1,173</i>	<i>513</i>	<i>1,214</i>	<i>475</i>	<i>648</i>	<i>4,023</i>
<i>NGO</i>	<i>331</i>	<i>144</i>	<i>230</i>	<i>86</i>	<i>80</i>	<i>871</i>
2011	2,627	761	1,944	633	726	6,691
<i>DHB</i>	<i>1,182</i>	<i>564</i>	<i>1,378</i>	<i>533</i>	<i>672</i>	<i>4,329</i>
<i>NGO</i>	<i>1445</i>	<i>197</i>	<i>566</i>	<i>100</i>	<i>54</i>	<i>2,362</i>
2012	2,868	966	2,190	687	804	7,515
<i>DHB</i>	<i>1,310</i>	<i>671</i>	<i>1,462</i>	<i>588</i>	<i>713</i>	<i>4,744</i>
<i>NGO</i>	<i>1,558</i>	<i>295</i>	<i>728</i>	<i>99</i>	<i>91</i>	<i>2,771</i>
2013	2,249	1,013	2,418	711	896	7,287
<i>DHB</i>	<i>1,406</i>	<i>721</i>	<i>1,493</i>	<i>593</i>	<i>745</i>	<i>4,958</i>
<i>NGO</i>	<i>843</i>	<i>292</i>	<i>925</i>	<i>118</i>	<i>151</i>	<i>2,329</i>

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only; *DHB+NGO data

Figure 10. Midland Region 0-19 yrs Clients by DHB Area (2013)



MIDLAND REGION CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the access rate for the total 0-19 year age group, from 2.24% to 2.96% (see Table 15 & Figure 12).
- Access rates by age group showed an increase in the 0-9 and 15-19 year age groups only, while there was very little change seen in the 10-14 year age group.
- While Lakes, Bay of Plenty, Tairāwhiti and Taranaki DHB areas all showed an increase in access rates, Waikato DHB area showed a decrease. This decrease was seen in the NGO sector only (see Table 16).

In the second half of 2013:

- The Midland region access rate of 2.96% was higher than the national average access rate of 2.64% and was much closer to the MHC target rate of 3.0% for the total 0-19 year population (see Table 15).
- However, access rates by age group showed that the access rate for the 15-19 year age group of 6.60% was the only age group that had exceeded the MHC's target rate (5.50%) for that age group.
- Tairāwhiti (4.70%), Bay of Plenty (4.06%) and Lakes (3.32%) DHB areas reported access rates which exceeded the target rate of 3.0% for the total 0-19 year population (see Table 16).
- Waikato DHB area reported the lowest access rate (2.05%) in the region (see Table 16 & Figure 13).

Table 15. Midland Region Client Access Rates by Age Group

YEAR	MIDLAND REGION CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL ACCESS RATES (0-19 yrs.)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
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%
2010	0.60%	2.40%	4.36%	2.01%	2.02%
DHB	0.57%	1.99%	3.44%	1.65%	1.75%
NGO	0.03%	0.41%	0.92%	0.36%	0.27%
2011	0.86%	3.54%	5.76%	2.75%	2.36%
DHB	0.64%	2.26%	3.59%	1.78%	1.86%
NGO	0.22%	1.28%	2.17%	0.97%	0.50%
2012	0.59%	3.62%	6.34%	2.24%	1.98%
DHB	0.42%	2.26%	3.87%	1.41%	1.52%
NGO	0.17%	1.36%	2.47%	0.82%	0.46%
2013*	0.92%	3.61%	6.60%	2.96%	2.64%
DHB	0.73%	2.42%	4.30%	2.02%	2.06%
NGO	0.19%	1.18%	2.30%	0.95%	0.57%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Only. *Access Rates calculated using Census of Population

Figure 11. Midland Region 0-19 yrs Client Access Rates (2004-2013)

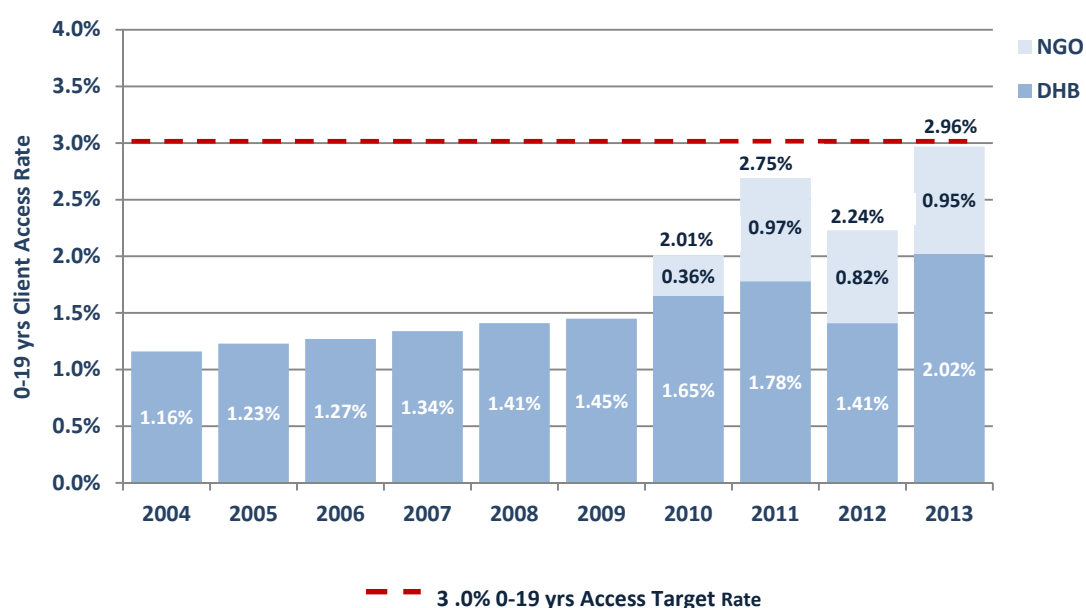
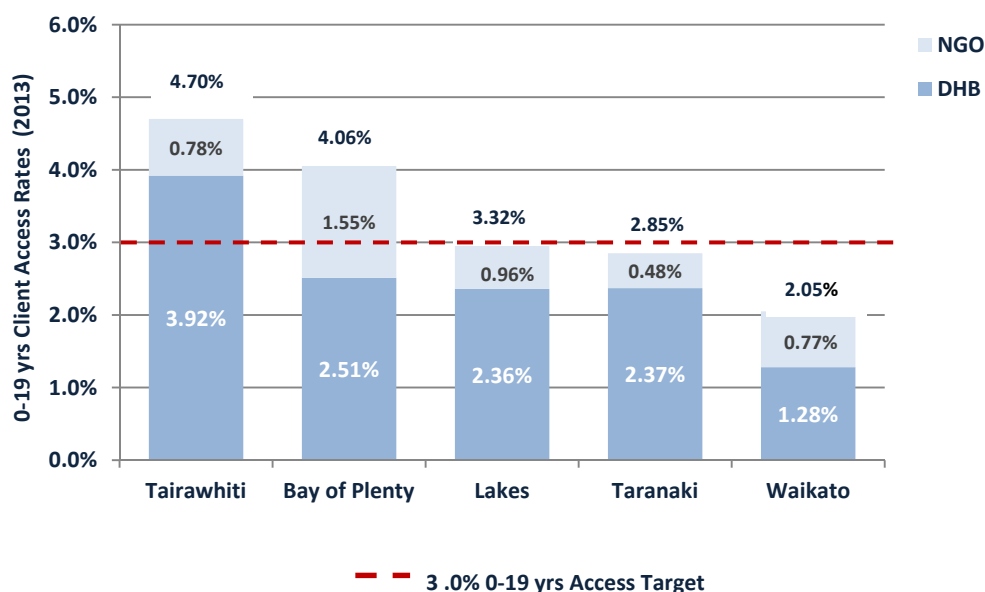


Table 16. Midland Region 0-19 yrs Client Access Rates by DHB Area

YEAR	MIDLAND REGION 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	TOTAL
2004	1.06%	1.14%	1.33%	1.55%	1.07%	1.16%
2005	0.99%	1.21%	1.47%	1.60%	1.28%	1.23%
2006*	0.88%	1.24%	1.53%	1.79%	1.91%	1.27%
2007	0.83%	1.38%	1.70%	2.14%	2.00%	1.34%
2008	1.00%	1.20%	1.74%	2.67%	1.77%	1.41%
2009	1.00%	1.49%	1.78%	2.64%	1.79%	1.45%
2010	1.40%	2.10%	2.43%	3.72%	2.40%	2.01%
DHB	1.09%	1.64%	2.05%	3.15%	2.14%	1.65%
NGO	0.31%	0.46%	0.38%	0.57%	0.26%	0.36%
2011	2.43%	2.46%	3.29%	4.23%	2.40%	2.75%
DHB	1.09%	1.82%	2.33%	3.56%	2.22%	1.78%
NGO	1.34%	0.64%	0.96%	0.67%	0.18%	0.97%
2012	2.33%	2.08%	2.94%	2.22%	1.32%	2.24%
DHB	1.06%	1.44%	1.96%	1.90%	1.17%	1.41%
NGO	1.26%	0.63%	0.98%	0.32%	0.15%	0.82%
2013*	2.05%	3.32%	4.06%	4.70%	2.85%	2.96%
DHB	1.28%	2.36%	2.51%	3.92%	2.37%	2.02%
NGO	0.77%	0.96%	1.55%	0.78%	0.48%	0.95%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Only. *Access Rates calculated using Census of Population

Figure 12. Midland Region 0-19 yrs Client Access Rates by DHB Area (2013)



MIDLAND REGION MĀORI OVERVIEW

MIDLAND REGION MĀORI INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 16% increase in the regional Māori 0-19 year population since the 2006 Census (see Table 17).
- This increase was seen in all five DHB areas with the largest increase seen in the Taranaki DHB area by 23%, followed by Waikato DHB area by 20%.
- The Midland region had the second largest Māori 0-19 year population (31%) in the country (see Appendix A, Table 1).
- The Midland region also had the largest proportion of Māori 0-19 year population in the country (39% of Midland's total 0-19 year population were Māori).
- About half (51%) of the Māori 0-19 years population were male (see Figure 14).
- Within the Midland region, Tairāwhiti and Lakes DHB areas had the largest proportions of Māori 0-19 year population; 64% of Tairāwhiti and half of Lakes 0-19 year population are Māori.

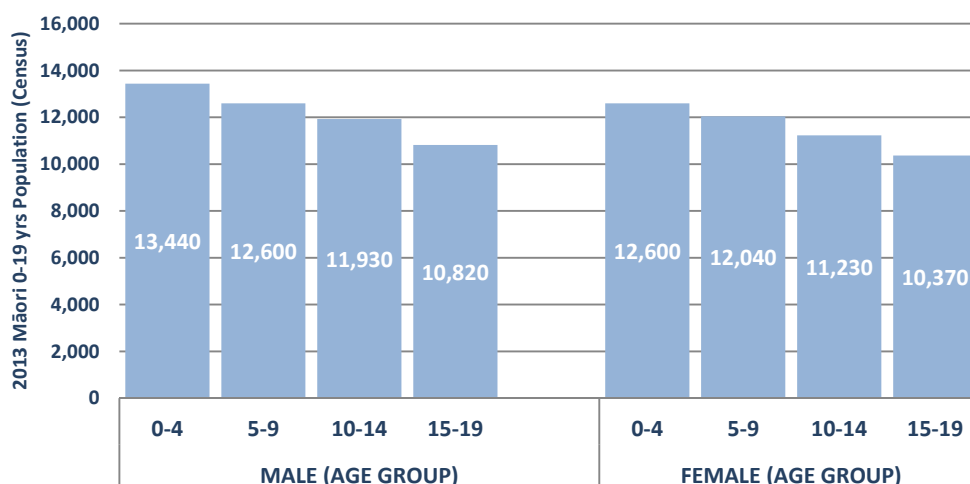
Table 17. Midland Region Māori 0-19 Year Population

DHB AREA	MIDLAND REGION MĀORI 0-19 YRS POPULATION (2006-2013)					% Change (2013-2006)
	2006 ¹	2008 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION 2013 ¹ (All Ethnicities)	
MIDLAND	81,954	90,320	90,850	95,040	246,040	16
WAIKATO	31,341	34,160	34,360	37,570	109,510	20
LAKES	14,190	15,470	15,450	15,320	30,510	8
BAY OF PLENTY	20,475	23,060	23,480	23,340	59,490	14
TAIRAWHITI	8,571	9,500	9,420	9,710	15,140	13
TARANAKI	7,377	8,130	8,140	9,100	31,390	23

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 13. Midland Region Māori 0-19 yrs Population by Age Group & Gender (2013)



MIDLAND REGION MĀORI ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from 38/39 contracted NGOs as at 30 June 2014. Due to non-response of a major provider in the Waikato DHB area, the Māori workforce presented for this region are likely to be underestimated and should be interpreted with caution.

From 2012 to 2014:

- There was a slight decrease (by 2%) in the Māori workforce, from 100 to 98 (84.85 actual FTEs) (see Table 18 & Figure 15).
- The decrease in the regional Māori workforce was seen in the Non-Clinical workforce, while there was very little change in the Clinical workforce (see Table 19).
- While there was an overall decrease in the Māori workforce in the region, the Māori workforce had more than doubled in the Lakes NGO sector, from 8 to 20.

As at 30 June 2014:

- Bay of Plenty DHB area (35) had the largest Māori workforce in the region, followed by Waikato (26) and Lakes (23) (see Table 18 & Figure 15).
- The majority of the Māori workforce was in Clinical roles (60%) as Social Workers (20), Alcohol and Drug Practitioners (20) and Nurses (11) (see Tables 19 & 20 & Figure 17).

Table 18. Midland Region Māori ICAMH/AOD Workforce

DHB AREA	MIDLAND REGION MĀORI WORKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WAIKATO	12	4	2	6	5	26	21	21	26	21	38	25	23	32	26
LAKES	3	5	4	2	3	11	12	5	8	20	14	17	9	10	23
BAY OF PLENTY	13	8	7	7	6	26	28	26	30	29	39	36	33	40	35
TAIRAWHITI	5	9	10	9	8	3	2	1	4	1	8	11	11	13	9
TARANAKI	1	1	2	2	1	3	5	5	3	4	4	6	7	5	5
TOTAL	34	27	25	26	23	69	68	58	74	75	103	95	83	100	98

Figure 14. Midland Region Māori ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

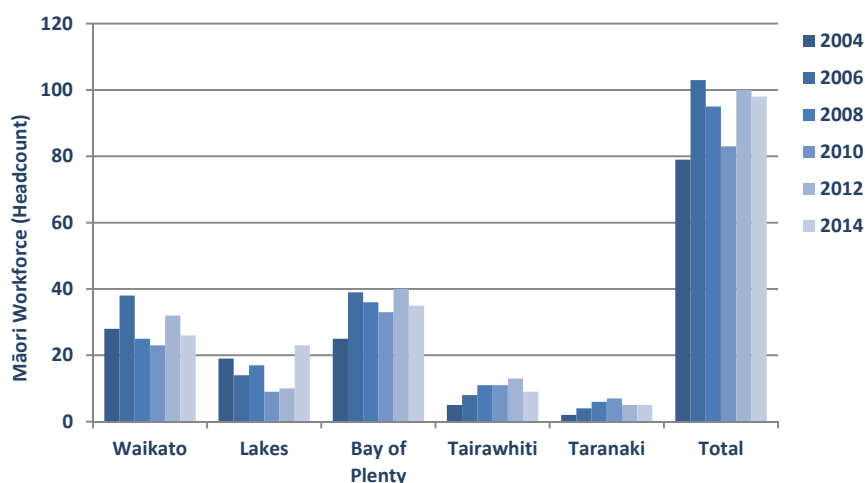


Table 19. Midland Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

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	18	58	51	32	83
2012	14	12	26	44	30	74	58	42	100
2014	16	7	23	43	32	75	59	39	98

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 15. Midland Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

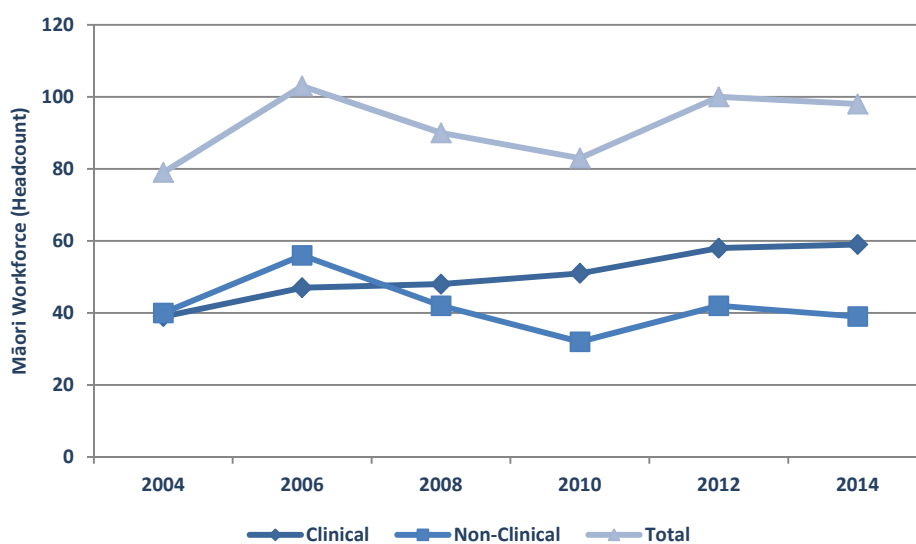


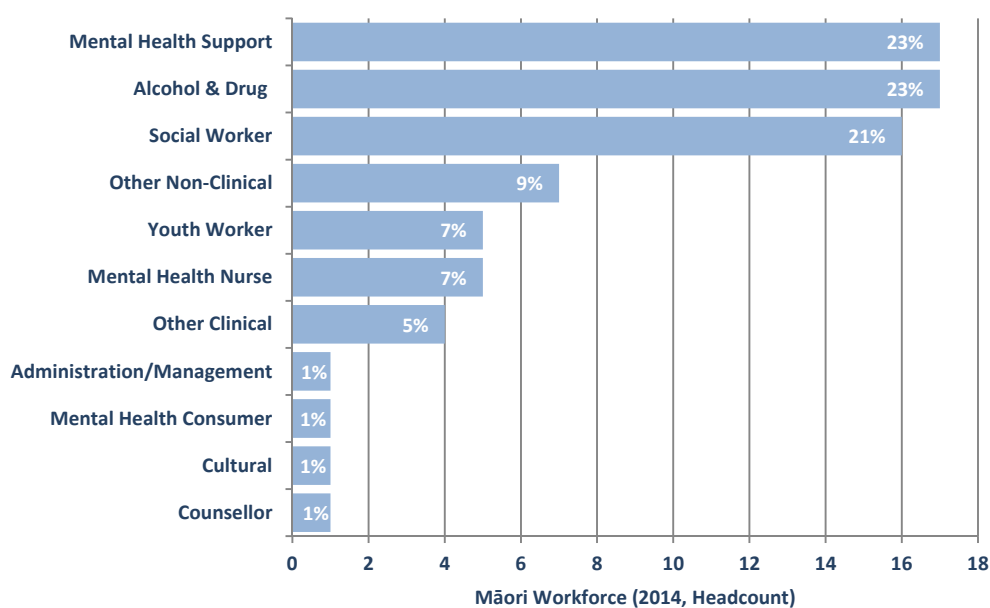
Table 20. Midland Region Māori ICAMH/AOD Workforce by Occupational Group

OCCUPATIONAL GROUP	MIDLAND REGION MĀORI WORKFORCE (HEADCOUNT, 2014)		
	DHB	NGO	TOTAL
ALCOHOL & DRUG PRACTITIONER	3	17	20
COUNSELLOR	1	1	2
MENTAL HEALTH NURSE	6	5	11
OCCUPATIONAL THERAPIST	-	-	-
PSYCHIATRIST	-	-	-
PSYCHOTHERAPIST	-	-	-
PSYCHOLOGIST	1	-	1
SOCIAL WORKER	4	16	20
OTHER CLINICAL ¹	1	4	5
CLINICAL SUB-TOTAL	16	43	59
CULTURAL APPOINTMENT	5	1	6
SPECIFIC LIAISON	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	1	1
MENTAL HEALTH SUPPORT WORKER	-	17	17
YOUTH WORKER	-	5	5
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	7	7
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	5	31	36
ADMINISTRATION/MANAGEMENT	2	1	3
REGIONAL TOTAL	23	75	98

1. Other Clinical Group=Family Therapists

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

Figure 16. Midland Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount 2014)



DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- DHB Community services reported a decrease of 3 Māori staff from 26 to 23 (headcount) (see Tables 18 & 19).
- This decrease was largely seen in the Clinical workforce from 12 to 7 (see Table 19 & Figure 16).

As at 30 June 2014:

- Tairāwhiti DHB Community CAMHS reported the largest Māori workforce in the region (8) (see Table 18).
- Māori staff in DHB Community services were mainly in Clinical roles as Mental Health Nurses, Social Workers and AOD Practitioners (see Table 20).
- The remainder held Non-Clinical positions mainly as Cultural Workers.

NGO MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a very little change in the size of the NGO Māori workforce. The workforce had increased by 1, from 74 to 75 (62.35 actual FTEs) (see Table 18).

As at 30 June 2014:

- Over half (57%) of the Māori NGO workforce was in Clinical roles as AOD Practitioners (17) and Social Workers (16) (see Table 20).
- The remainder of the workforce was Mental Health Support Workers (17) and in Other Clinical roles such as Advocacy & Peer Support and Youth Worker roles.

MIDLAND REGION MĀORI CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- While client data show an increasing trend in Māori client access to services from 2004 to 2012, there was a 2% decrease from 2012 to 2013 (see Table 21 & Figure 19).
- This decrease was largely in the Māori male client group by 7%, while the Māori female client group had increased by 6% (see Table 22).
- The decrease in Māori clients was seen in only one of the five DHB areas in the region (in Waikato DHB area by 24%).

In the second half of 2013:

- The Midland region reported the second largest number of Māori clients in the country (see Appendix D, Table 9).
- Māori clients made up 41% of the total number of clients in the Midland region with Māori males making up almost two-thirds (59%) of the Māori clients accessing services (see Table 21).
- Services in the Bay of Plenty DHB area reported the largest number of Māori clients (39%) accessing services in the region (see Table 22 & Figure 20).
- Just over half (56%) of the total regional Māori clients were seen by DHB services while 44% were seen by NGOs.
- Just over half of the Maori clients accessing services in the Bay of Plenty (52%) and Waikato (51%) DHB areas were seen by NGOs.

Table 21. Midland Region Māori 0-19 yrs Clients by Gender (2004-2013)

YEAR	MIDLAND REGION MĀORI CLIENTS (0-19 YRS) BY GENDER (2004-2013)			REGIONAL TOTAL (All Ethnicities)
	MALE	FEMALE	TOTAL	
2004	487	311	798	2,973
2005	555	298	853	3,137
2006	560	366	926	3,042
2007	638	390	1,028	3,245
2008	764	402	1,166	3,438
2009	771	427	1,198	3,539
2010	1,137	690	1,827	4,894
DHB	791	479	1,270	4,023
NGO	346	211	557	871
2011	1,648	1,026	2,674	6,691
DHB	892	610	1,502	4,329
NGO	756	416	1,172	2,362
2012	1,876	1,172	3,048	7,515
DHB	999	642	1,641	4,744
NGO	877	530	1,407	2,771
2013	1,749	1,237	2,986	7,287
DHB	966	696	1,662	4,958
NGO	783	541	1,324	2,329

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 17. Midland Region Māori 0-19 yrs Clients (2004-2013)

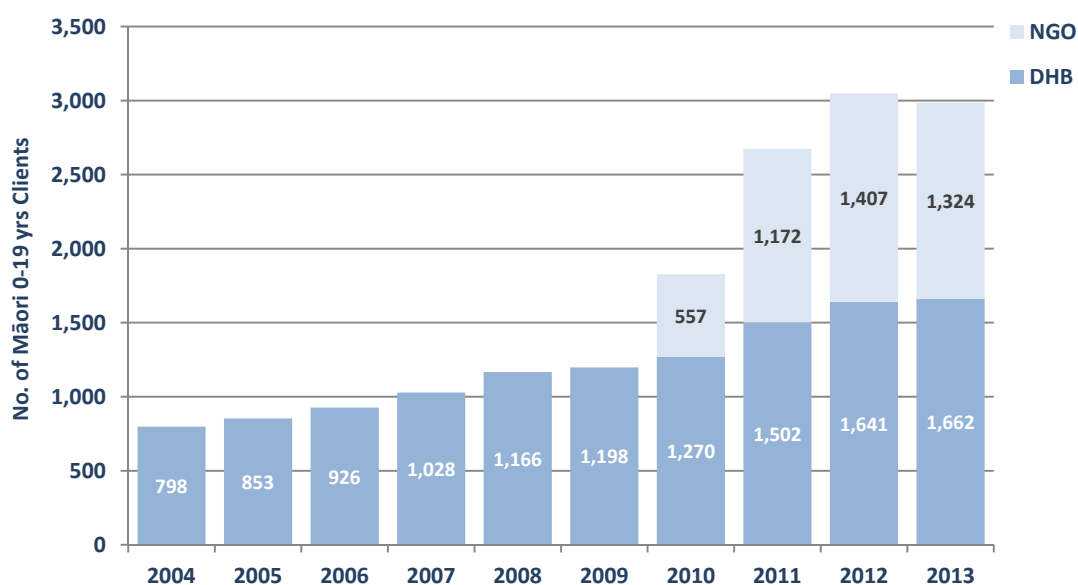
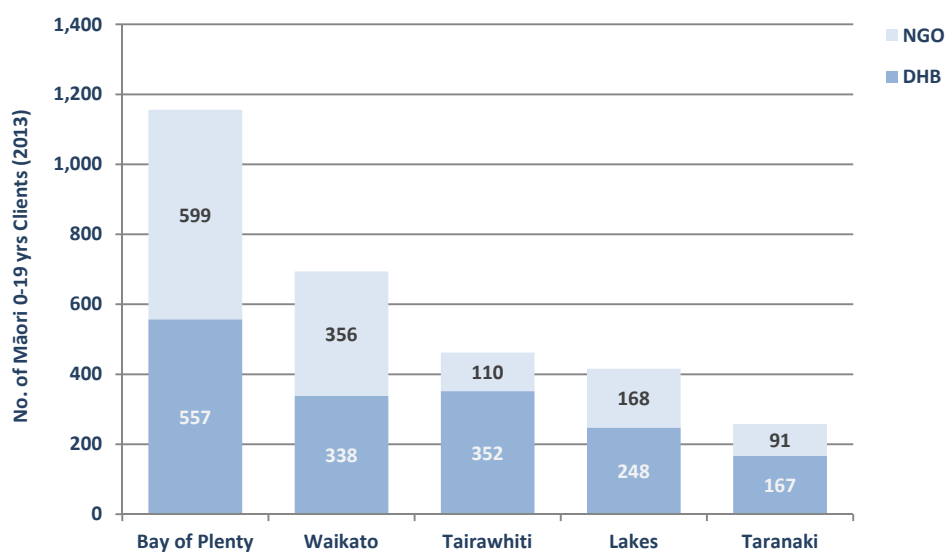


Table 22. Midland Region Māori 0-19 yrs Clients by DHB Area (2004-2013)

YEAR	MIDLAND REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	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
2010	440	293	557	348	189	1,827
DHB	276	196	392	271	135	1,270
NGO	164	97	165	77	54	557
2011	859	367	852	405	191	2,674
DHB	307	231	493	315	156	1,502
NGO	552	136	359	90	35	1,172
2012	919	409	1,033	457	230	3,048
DHB	353	227	524	369	168	1,641
NGO	566	182	509	88	62	1,407
2013	694	416	1,156	462	258	2,986
DHB	338	248	557	352	167	1,662
NGO	356	168	599	110	91	1,324

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 18. Midland Region Māori 0-19 yrs Clients by DHB Area (2013)



MIDLAND REGION MĀORI CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. However, due to the lack of epidemiological data for the Māori tamariki and rangatahi population, Blueprint access benchmarks for Māori were set at 6.0% over a 6-month period, 3.0% higher than the general population due to a higher need for mental health services (Mental Health Commission, 1998).

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- The Midland region showed an increase in the overall Māori access rate from 2.52% to 3.14%, which had exceeded the target rate of 3% for the 0-19 year age group (see Table 23 & Figure 21).
- The greatest improvement was seen in the 15-19 year age group, while the least improvement was seen in the 10-14 year age group.
- Four out of the five DHB areas showed an increase in Māori access rates; Lakes, Bay of Plenty, Tairāwhiti and Taranaki, with the largest increase seen in the Taranaki DHB area (see Table 24).
- There was a decrease in access rates in the Waikato DHB area. This decrease was seen in the NGO sector.

In the second half of 2013:

- The overall Māori access rate of 3.14% in the Midland region remained below the national average Māori access rate of 3.28% for the same period (see Table 23).
- Māori access rates for the 10-14 (4.09%) and 15-19 (7.58%) year groups had exceeded the target rates for their respective age groups (3.9% and 5.5% respectively).
- However, the access rate for the 0-9 year age group (0.85%) continued to remain below the corresponding target rate of 1.0%.
- Bay of Plenty (4.95%) and Tairāwhiti (4.76%) DHB areas had the highest access rates which exceeded the target rate of 3.0% set for the general 0-19 population (see Table 24 & Figure 22).
- Despite the improvements in access rates, when compared to the recommended Blueprint access benchmarks for Māori, the regional Māori 0-19 year access rate for 2013 of 3.14% remained well below the recommended rate of 6%.

Table 23. Midland Region Māori Client Access Rates by Age Group

YEAR	MIDLAND REGION MĀORI ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL MĀORI ACCESS RATES
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%/6.00%	3.00%/6.00%
2004	0.26%	1.23%	1.57%	0.80%	0.98%
2005	0.30%	1.19%	1.72%	0.85%	1.05%
2006*	0.41%	1.30%	2.22%	1.06%	1.24%
2007	0.37%	1.51%	2.43%	1.15%	1.32%
2008	0.38%	1.59%	2.92%	1.29%	1.56%
2009	0.38%	1.72%	2.92%	1.30%	1.76%
2010	0.47%	2.57%	4.76%	1.96%	2.32%
DHB	0.42%	1.70%	3.18%	1.36%	1.86%
NGO	0.05%	0.87%	1.58%	0.60%	0.46%
2011	0.71%	4.07%	6.72%	2.88%	2.91%
DHB	0.52%	2.14%	3.65%	1.62%	2.05%
NGO	0.19%	1.93%	3.07%	1.26%	0.86%
2012	0.60%	3.97%	7.24%	2.52%	2.57%
DHB	0.42%	2.04%	3.69%	1.35%	1.72%
NGO	0.18%	1.94%	3.55%	1.16%	0.85%
2013*	0.85%	4.09%	7.58%	3.14%	3.28%
DHB	0.57%	2.04%	4.24%	1.75%	2.27%
NGO	0.28%	2.06%	3.34%	1.39%	1.00%
REGIONAL RATE 2013 (ALL ETHNICITIES, DHB+NGO)	0.92%	3.61%	6.60%	2.96%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Only. *Access Rates calculated using Census of Population

Figure 19. Midland Region Māori 0-19 yrs Client Access Rates (2004-2013)

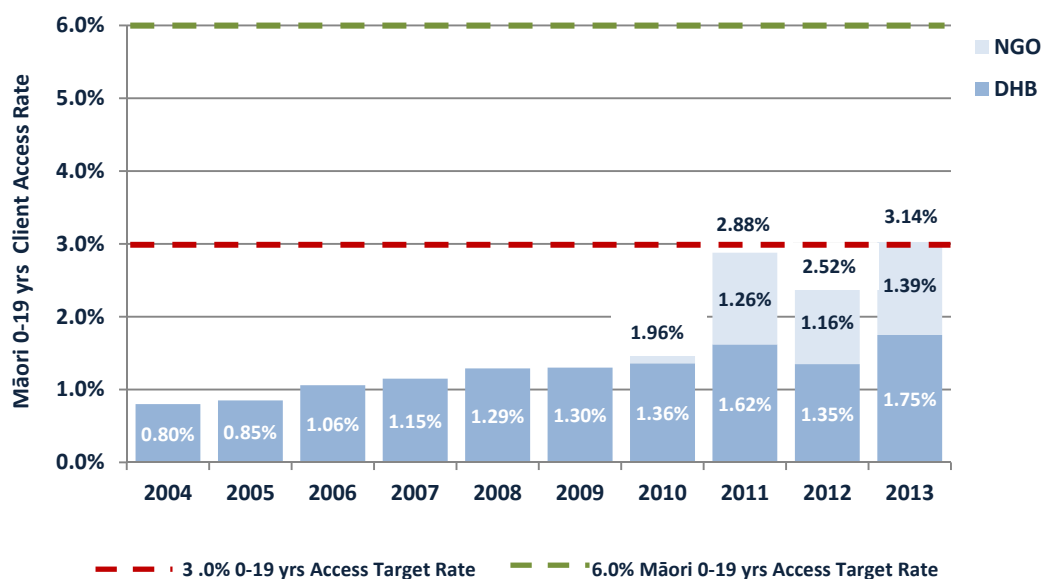
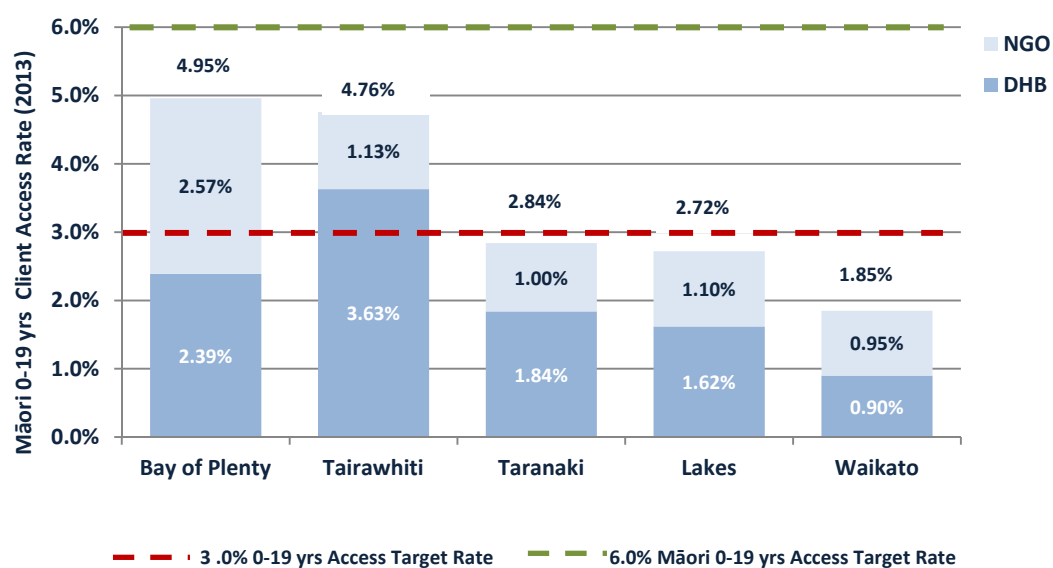


Table 24. Midland Region Māori 0-19 yrs Client Access Rates by DHB Area

YEAR	MIDLAND REGION MĀORI 0-19 YRS ACCESS RATES BY DHB AREA (2004-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	TOTAL
2004	0.68%	0.80%	1.04%	1.28%	0.45%	0.80%
2005	0.70%	0.77%	1.13%	1.22%	0.48%	0.85%
2006*	0.67%	0.89%	1.34%	1.79%	1.36%	1.06%
2007	0.56%	1.03%	1.62%	2.04%	1.46%	1.15%
2008	0.79%	1.00%	1.72%	2.51%	1.29%	1.29%
2009	0.74%	1.19%	1.78%	2.42%	1.18%	1.30%
2010	1.23%	1.86%	2.36%	3.60%	2.23%	1.96%
DHB	0.77%	1.24%	1.66%	2.80%	1.59%	1.36%
NGO	0.05%	0.87%	1.58%	0.60%	0.46%	0.05%
2011	2.42%	2.34%	3.60%	4.23%	2.26%	2.88%
DHB	0.86%	1.47%	2.08%	3.29%	1.84%	1.62%
NGO	0.19%	1.93%	3.07%	1.26%	0.86%	0.19%
2012	2.34%	2.10%	3.78%	3.38%	1.07%	2.52%
DHB	0.90%	1.17%	1.92%	2.73%	0.78%	1.35%
NGO	1.44%	0.93%	1.86%	0.65%	2.29%	1.16%
2013*	1.85%	2.72%	4.95%	4.76%	2.84%	3.14%
DHB	0.90%	1.62%	2.39%	3.63%	1.84%	1.75%
NGO	0.95%	1.10%	2.57%	1.13%	1.00%	1.39%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Only. *Access Rates calculated using Census of Population

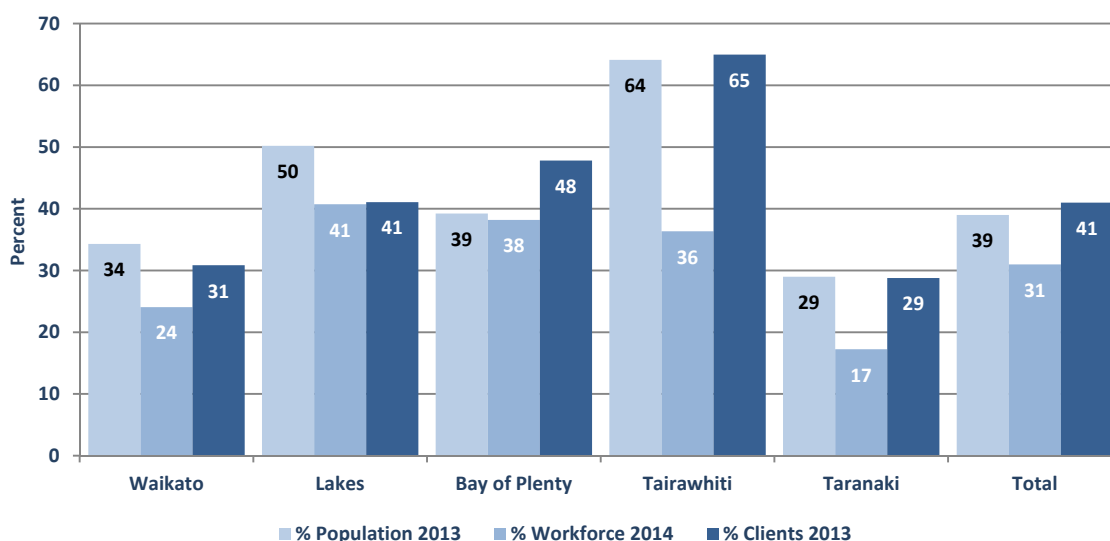
Figure 20. Midland Region Māori 0-19 yrs Client Access Rate by DHB Area (2013)



MIDLAND REGION MĀORI POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, the regional Māori infant, child and adolescent population made up 39% of the population and the Māori workforce (95, excluding Administration/Management) made up 31% of the total regional workforce (302) indicating a regional disparity between the population and the workforce.
- Furthermore, when Māori client numbers accessing services in the region (41% second 6 months of 2013) is compared with the Māori workforce, the disparity between the 2014 workforce and Māori clients is even more evident at the regional level.
- However, due to missing ethnicity data from a large Kaupapa Māori NGO provider in the Waikato DHB area, the disparity between the workforce and Māori clients is difficult to ascertain at a regional level and within the Waikato DHB area.
- Workforce and client comparisons were conducted on all other individual DHB areas in the region and showed significant disparities in the Waikato, Tairāwhiti and Taranaki DHB areas (see Figure 23).
- Given the increasing trend in the number of Māori clients accessing services in the Midland region, there is a need to focus on increasing the Māori workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future Māori infant, child and adolescent population needs for the region.

Figure 21. Māori 0-19 yrs Population compared to Proportions of Māori Workforce & Māori Clients



MIDLAND REGION PACIFIC OVERVIEW

MIDLAND REGION PACIFIC INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census showed a 30% increase in the regional Pacific 0-19 year population since the 2006 Census (see Table 25).
- This increase was seen in all five DHB areas with the largest increase in the Bay of Plenty DHB area by 55%, followed by Tairāwhiti (by 40%) and Taranaki (35%) DHB areas.
- The Midland region had one of the smallest Pacific infant, child and adolescent populations (6%) in the country (see Appendix A, Table 1). Just over half (51%) of the Pacific 0-19 year population were male (see Figure 24).
- Pacific infants, children and adolescents made up 6% of the region's total 0-19 years population and over half (55%) resided in the Waikato DHB area.

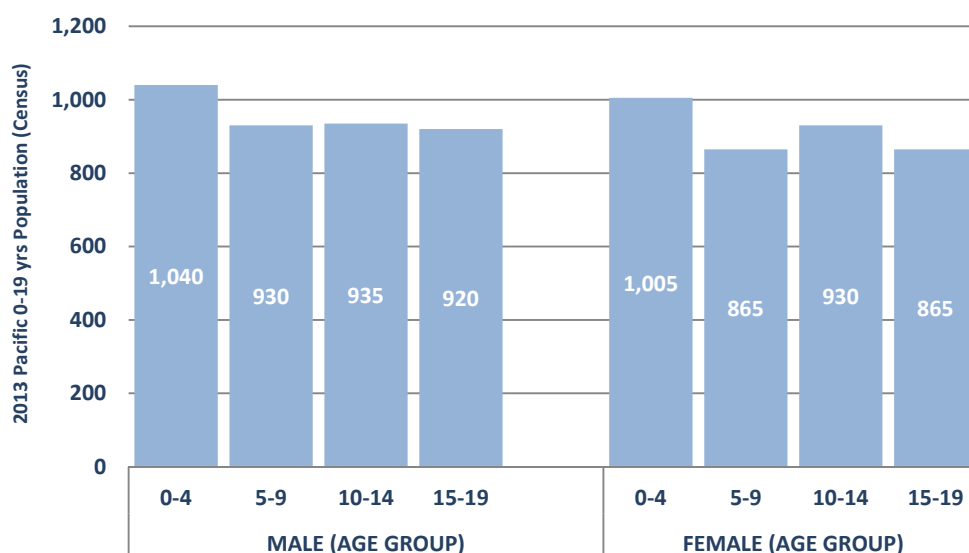
Table 25. Midland Region Pacific 0-19 Year Population

DHB AREA	MIDLAND REGION PACIFIC 0-19 YEAR POPULATION (2006-2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YR POPULATION (All Ethnicities, 2013 ¹)	
MIDLAND	5,733	6,480	6,500	6,490	7,480	246,040	30
WAIKATO	3,219	3,470	3,470	3,450	4,100	109,510	27
LAKES	879	1,020	960	920	970	30,510	10
BAY OF PLENTY	957	1,170	1,220	1,250	1,480	59,490	55
TAIRAWHITI	297	380	395	395	415	15,140	40
TARANAKI	381	440	455	475	515	31,390	35

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 22. Midland Region Pacific 0-19 yrs Population by Age Group & Gender (2013)



MIDLAND REGION PACIFIC ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from 38/39 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was very little change in the size of the Midland region Pacific workforce. The overall Pacific workforce had increased by 1 from 6 to 7 (5 actual FTEs) (see Table 26 & Figure 25).
- DHB services reported a decrease in Pacific staff while NGOs reported an increase of 2 (see Table 26).
- The increase in the Pacific workforce was seen in the Clinical workforce, from 4 to 6 (see Table 27).

As at 30 June 2014:

- The majority of the Pacific workforce was in Clinical roles as Mental Health Nurses (3) (see Table 28).
- The Pacific Non-Clinical workforce consisted of 1 COPMIA Field Worker.

Table 26. Midland Region Pacific ICAMH/AOD Workforce

DHB AREAS	MIDLAND REGION PACIFIC CLIENTS BY SERVICE PROVIDER (HEADCOUNT, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WAIKATO	-	-	-	-	-	5	5	3	2	4	5	5	3	2	4
LAKES	-	-	1	1	-	-	-	-	-	-	-	-	1	1	-
BAY OF PLENTY	3	-	-	-	-	-	2	2	1	1	3	2	2	1	1
TAIRAWHITI	1	1	1	1	1	-	-	1	1	1	1	1	2	2	2
TARANAKI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	4	1	2	2	1	5	7	6	4	6	9	8	8	6	7

Figure 23. Midland Region Pacific ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

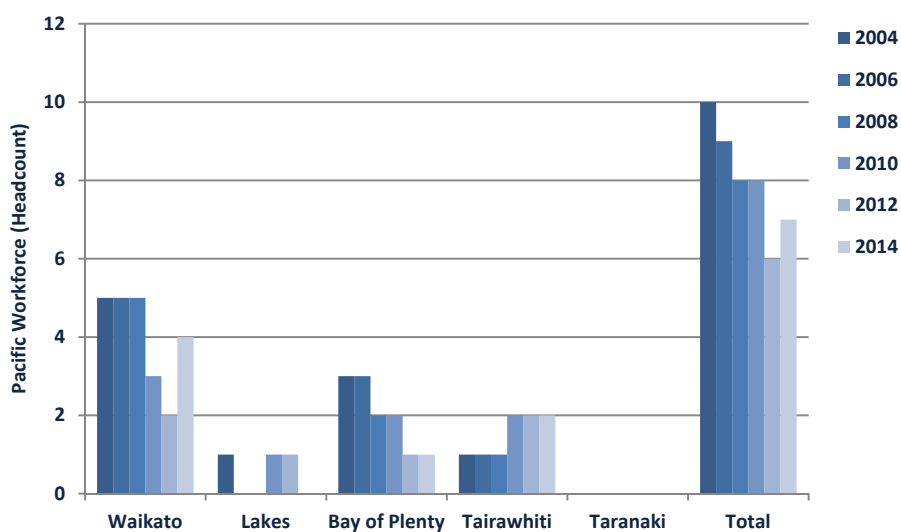


Table 27. Midland Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

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
2012	1	1	2	3	1	4	4	2	6
2014	1	-	1	5	1	6	6	1	7

Note: Non-Clinical Workforce includes Administration/Management Staff

Table 28. Midland Region Pacific ICAMH/AOD Workforce by Occupational Group

OCCUPATIONAL GROUP	MIDLAND REGION PACIFIC ICAMH/AOD WORKFORCE (HEADCOUNT, 2014)		
	DHB	NGO	TOTAL
ALCOHOL & DRUG PRACTITIONER	-	-	-
COUNSELLOR	-	-	-
MENTAL HEALTH NURSE	1	5	6
OCCUPATIONAL THERAPIST	-	-	-
PSYCHIATRIST	-	-	-
PSYCHOTHERAPIST	-	-	-
PSYCHOLOGIST	-	-	-
SOCIAL WORKER	-	-	-
CLINICAL SUB-TOTAL	1	5	6
CULTURAL APPOINTMENT	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	-	-
OTHER NON-CLINICAL ¹	-	1	1
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	1	1
ADMINISTRATION/MANAGEMENT	-	-	-
REGIONAL TOTAL	1	6	7

1. Other Non-Clinical: COPMIA Field Worker

MIDLAND REGION PACIFIC CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- PRIMHD Access data showed a continued increasing trend in Pacific clients accessing services in the Midland region. Client data from 2012 to 2013 showed an increase of 13% (see Table 29 & Figure 27).
- While there was a very small increase in the Pacific male client group, the Pacific female client group had increased by 32% from 2012 to 2013.
- Pacific client access data by DHB area showed that Pacific clients had increased for Bay of Plenty, Tairāwhiti and Taranaki, while decreases in Pacific clients were seen in the Lakes and Waikato DHB areas (see Table 30).

In the second half of 2013:

- Pacific clients made up 4% of the total number of clients in the Midland region. Pacific males made up over half (56%) of the total Pacific clients accessing services in the region (see Table 29 & Figure 27).
- Waikato DHB area reported the largest number of Pacific clients in the region (47/123) (see Table 30 & Figure 28).
- Pacific clients were seen almost equally by both DHB services and NGOs in the region with just over half (51%) seen by NGOs (see Table 29).
- The majority (64%) of the Pacific clients in the Waikato DHB area were seen by NGOs (see Table 30 & Figure 28).

Table 29. Midland Region Pacific 0-19 yrs Clients by Gender

YEAR	MIDLAND REGION PACIFIC 0-19 YRS CLIENTS BY GENDER (2004-2013)			REGIONAL TOTAL CLIENTS
	MALE	FEMALE	TOTAL	
2004	16	10	26	2,973
2005	19	8	27	3,137
2006	14	5	19	3,042
2007	24	15	39	3,245
2008	25	13	38	3,438
2009	18	11	29	3,539
2010	42	21	63	4,894
DHB	27	13	40	4,023
NGO	15	8	23	871
2011	62	45	107	6,691
DHB	38	27	65	4,329
NGO	24	18	42	2,362
2012	68	41	109	3,048
DHB	37	23	60	1,641
NGO	31	18	49	1,407
2013	69	54	123	2,986
DHB	34	26	60	1,662
NGO	35	28	63	1,324

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 24. Midland Region Pacific 0-19 yrs Clients (2004-2013)

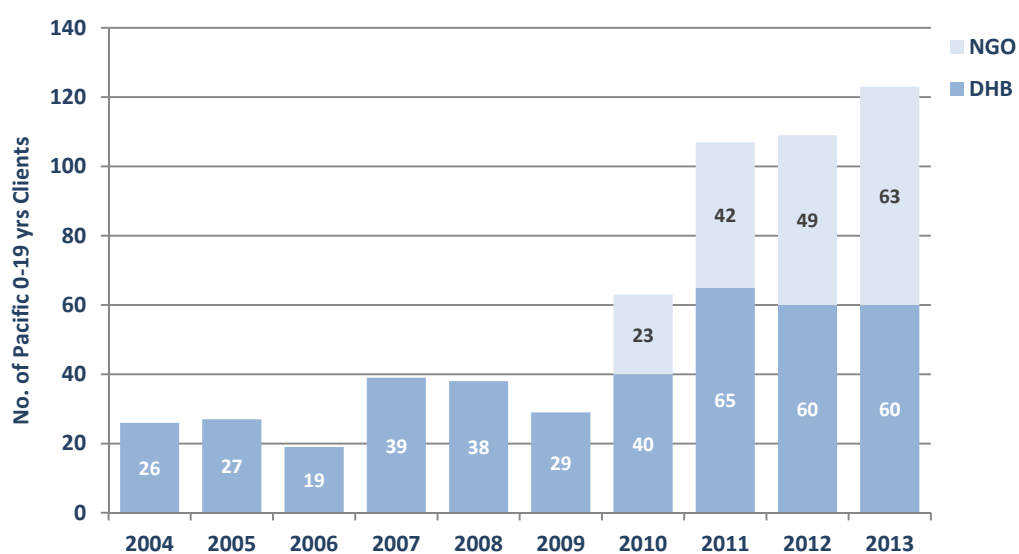
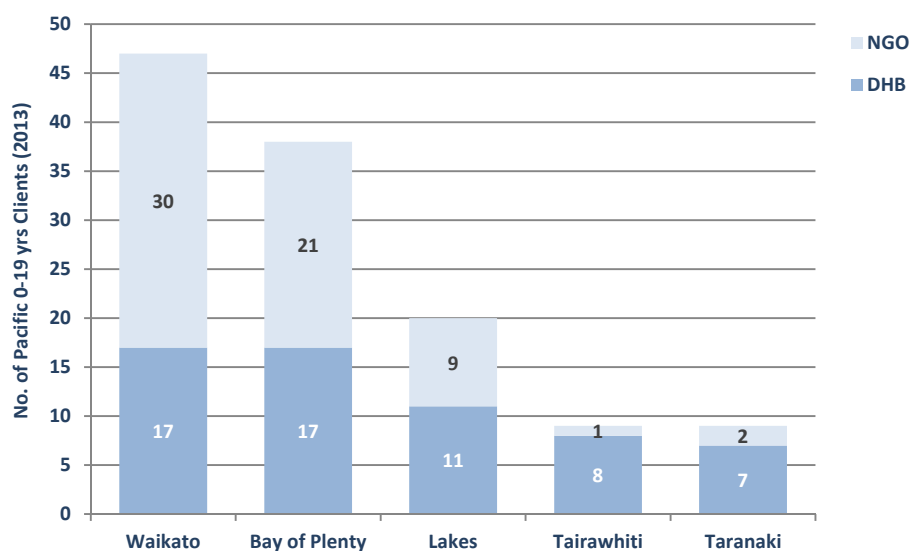


Table 30. Midland Region Pacific 0-19 yrs Clients by DHB Area

YEAR	MIDLAND REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					TOTAL
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	
2004	8	7	10	-	1	26
2005	12	7	7	1	-	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
2010	34	10	11	6	2	63
<i>DHB</i>	15	8	10	6	1	40
<i>NGO</i>	19	2	1	-	1	23
2011	55	15	28	8	1	107
<i>DHB</i>	22	10	24	8	1	65
<i>NGO</i>	33	5	4	-	-	42
2012	49	29	19	6	6	109
<i>DHB</i>	19	20	13	4	4	60
<i>NGO</i>	30	9	6	2	2	49
2013	47	20	38	9	9	123
<i>DHB</i>	17	11	17	8	7	60
<i>NGO</i>	30	9	21	1	2	63

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 25. Midland Region Pacific 0-19 yrs Clients by DHB Area (2013)



MIDLAND REGION PACIFIC CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Pacific 0-19 year population, there are no specific Blueprint access benchmarks for Pacific, therefore the Pacific access rates have been compared to the rates for the general 0-19 years population. However, the Pacific population experience higher levels of mental health disorder than the general population (Ministry of Health, 2006) and therefore, the general recommended target access rates may be a conservative estimate of actual need for the Pacific population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the overall Pacific 0-19 year access rate in the Midland region, from 0.38% to 1.64% (see Table 31 & Figure 29).
- This increase was seen in all three age groups, especially in the 15-19 year age group.
- The increase in Pacific access rates was seen in all five DHB areas with the greatest improvement seen in the Bay of Plenty DHB area (see Table 32).

In the second half of 2013:

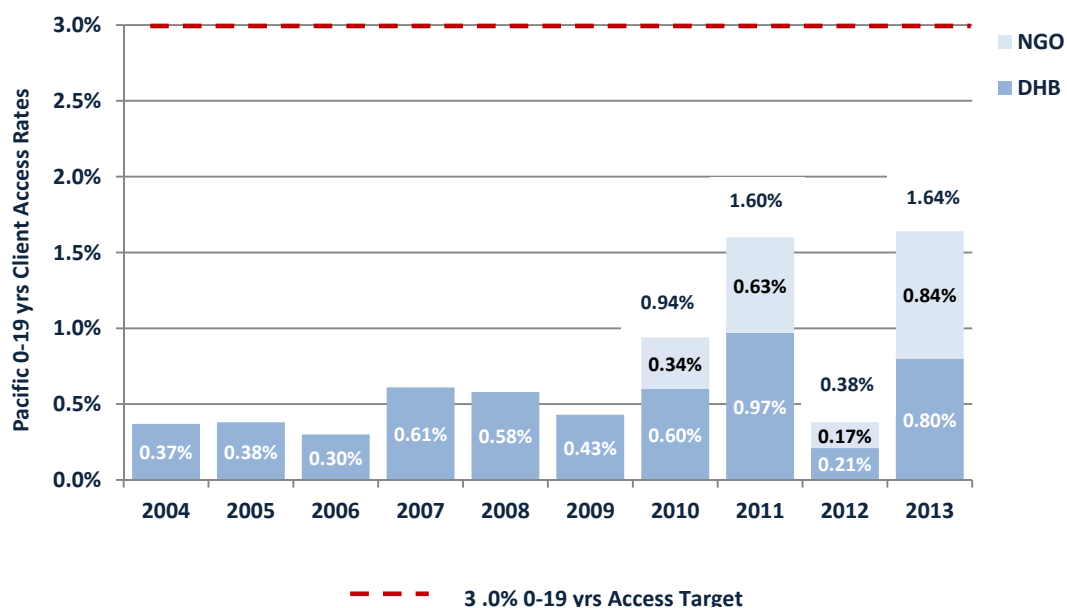
- The 0-19 year Pacific access rate of 1.64% remained below the total regional rate of 2.96% (see Table 31).
- Midland region 0-19 Pacific access rate of 1.64% was higher than the national average Pacific access rate of 1.57%.
- The Bay of Plenty DHB area showed the highest Pacific access rate (2.57%) in the region followed by the Tairāwhiti DHB area (2.17%) (see Table 32 & Figure 30).
- Despite these general improvements, Pacific client access rates remain lower than the target access rates for all three age groups and across all DHB areas in the Midland region (see Table 32 & Figure 30).

Table 31. Midland Region Pacific Client Access Rates by Age Group

YEAR	MIDLAND REGION PACIFIC CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL PACIFIC ACCESS RATE
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2004	0.19%	0.32%	0.81%	0.37%	0.41%
2005	0.22%	0.38%	0.71%	0.38%	0.51%
2006*	0.03%	0.73%	0.39%	0.30%	0.63%
2007	0.28%	0.67%	1.19%	0.61%	0.69%
2008	0.16%	0.84%	1.16%	0.58%	0.92%
2009	0.18%	0.79%	0.61%	0.43%	0.99%
2010	0.35%	1.11%	2.04%	0.94%	1.21%
DHB	0.20%	0.80%	1.24%	0.60%	1.09%
NGO	0.15%	0.31%	0.80%	0.34%	0.12%
2011	0.67%	1.87%	3.32%	1.60%	1.43%
DHB	0.46%	1.15%	1.88%	0.97%	1.22%
NGO	0.21%	0.72%	1.44%	0.63%	0.21%
2012	0.07%	1.80%	2.78%	0.38%	0.92%
DHB	0.04%	1.04%	1.46%	0.21%	1.72%
NGO	0.03%	0.76%	1.31%	0.17%	0.85%
2013*	0.60%	2.09%	3.42%	1.64%	1.57%
DHB	0.39%	0.86%	1.62%	0.80%	1.27%
NGO	0.21%	1.23%	1.79%	0.84%	0.30%
REGIONAL RATE 2013 (All Ethnicities, DHB + NGO)	0.92%	3.61%	6.60%	2.96%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 26. Midland Region Pacific 0-19 yrs Client Access Rates (2004-2013)



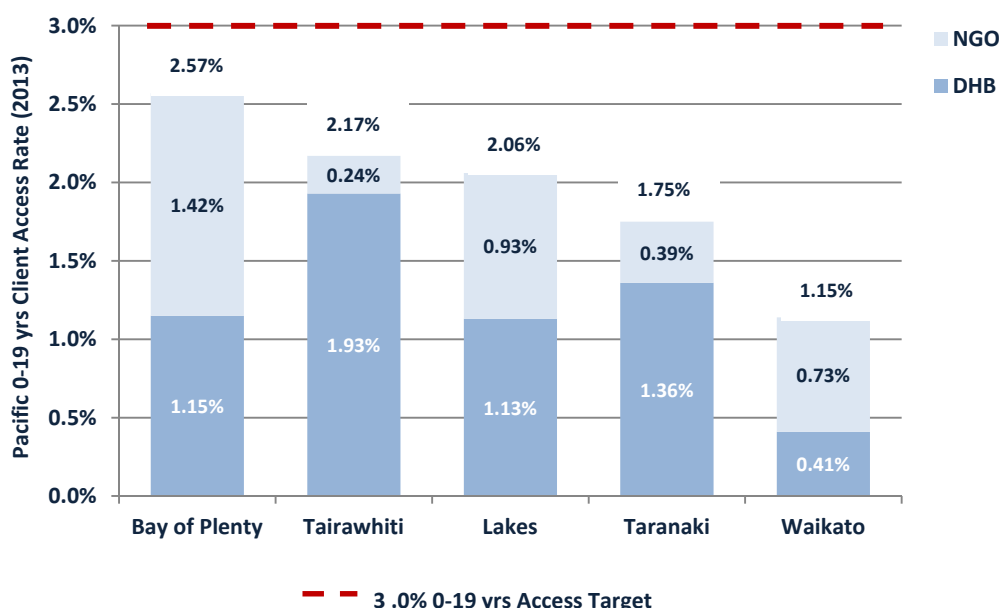
While Pacific access rates by DHB area are presented (see Table 35 & Figure 28), data should be interpreted with caution due to very small numbers (< 20) of Pacific clients accessing services within individual DHB areas in the region (see Table 33). When numbers are low, access rates based on the combined number of Pacific clients in the Midland region (i.e. regional access rates) produce more meaningful access rates for the Pacific population.

Table 32. Midland Region Pacific 0-19 yrs Client Access Rates by DHB

YEAR	MIDLAND REGION 0-19 YRS PACIFIC CLIENT ACCESS RATES BY DHB AREA (2004-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	TOTAL
2004	0.25%	0.80%	1.09%	0.00%	0.05%	0.37%
2005	0.38%	0.81%	0.74%	0.33%	0.00%	0.38%
2006*	0.20%	0.19%	0.75%	0.29%	0.24%	0.30%
2007	0.32%	0.48%	1.17%	1.35%	1.18%	0.61%
2008	0.46%	0.20%	1.27%	0.51%	0.69%	0.58%
2009	0.33%	0.60%	0.67%	0.51%	0.23%	0.43%
2010	0.93%	1.02%	0.91%	1.50%	0.45%	0.94%
DHB	0.41%	0.82%	0.83%	1.50%	0.22%	0.60%
NGO	0.52%	0.20%	0.08%	-	0.23%	0.34%
2011	1.50%	1.58%	2.24%	2.05%	0.23%	1.60%
DHB	0.60%	1.05%	1.92%	2.05%	0.23%	0.97%
NGO	0.90%	0.53%	0.32%	-	-	0.63%
2012	0.64%	0.58%	0.36%	0.14%	0.09%	0.38%
DHB	0.25%	0.40%	0.25%	0.09%	0.06%	0.21%
NGO	0.39%	0.18%	0.11%	0.05%	0.03%	0.17%
2013*	1.15%	2.06%	2.57%	2.17%	1.75%	1.64%
DHB	0.41%	1.13%	1.15%	1.93%	1.36%	0.80%
NGO	0.73%	0.93%	1.42%	0.24%	0.39%	0.84%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only. *Access Rates calculated using Census of Population

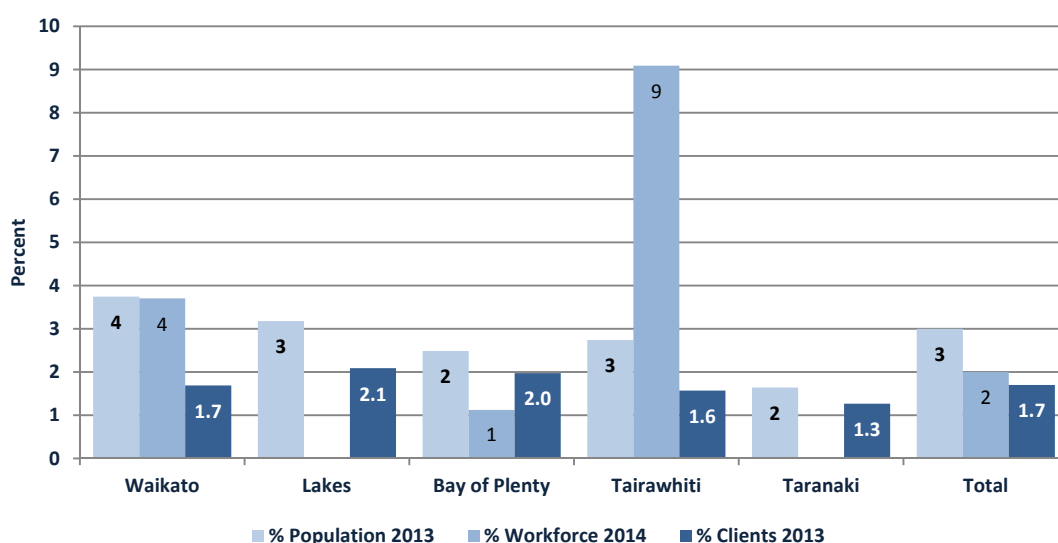
Figure 27. Midland Region Pacific 0-19 yrs Client Access Rates by DHB (2013)



MIDLAND REGION PACIFIC WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, the Pacific infant, child and adolescent population made up 3% of the total regional population and the Pacific workforce (7, excluding Administration/Management staff) made up 2% of the total workforce (302).
- Regionally there appears to be a slight disparity between the Pacific workforce and the Pacific population.
- However, when the proportion of Pacific client numbers accessing services in the region (1.7% in the second 6 months of 2013) is compared with the proportion of the Pacific workforce, the 2014 regional Pacific workforce appears to adequately represent the current Pacific client group at a regional level.
- When individual DHB area data (workforce and client) are analysed similarly, disparities between the workforce and the client numbers become evident, especially in the Lakes, Bay of Plenty and Taranaki DHB areas (see Figure 31).
- Furthermore, given the increasing trend in the number of Pacific clients accessing services in the Midland region, there is a need to focus on increasing the Pacific workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future Pacific child and adolescent population needs for the region.

Figure 28. Pacific 0-19 yrs Population compared to Proportions of Pacific Workforce & Pacific Clients



MIDLAND REGION ASIAN OVERVIEW

MIDLAND REGION ASIAN INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The Asian 0-19 year population continues to be a growing population in the Midland region (see Table 33).
- The 2013 Census showed a 49% increase in the regional Asian 0-19 year population since the 2006 Census, the largest growth out of the four main ethnic groups (Māori, Pacific, Asian & Other).
- This increase was seen in all five DHB areas with the largest increase in the Taranaki (by 79%) and Bay of Plenty (75%) DHB areas.
- The Midland region continued to have the smallest Asian population (10%) in the country (See Appendix A, Table 1). Over half (52%) of the Asian 0-19 year population were male (see Figure 32).
- The Asian infant, child and adolescent population made up 6% of the regional infant, child and adolescent population and over half (56%) resided in the Waikato DHB area.

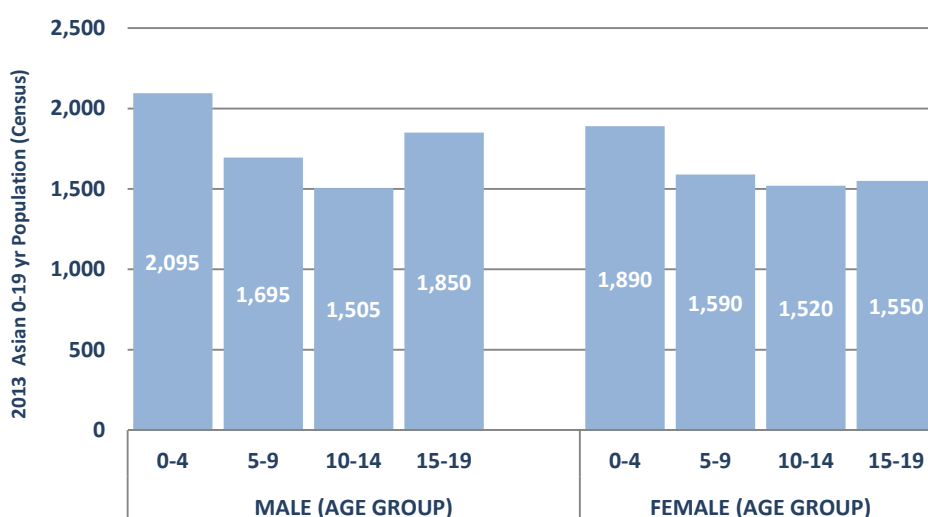
Table 33. Midland Region Asian 0-19 Year Population

DHB AREA	MIDLAND REGION ASIAN 0-19 YEAR POPULATION (2006 – 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities, 2013 ¹)	
MIDLAND	9,180	10,000	10,570	11,180	13,685	246,040	49
WAIKATO	5,550	6,090	6,430	6,750	7,730	109,510	39
LAKES	1,020	1,080	1,110	1,130	1,420	30,510	39
BAY OF PLENTY	1,750	1,870	1,990	2,170	3,060	59,490	75
TAIRAWHITI	200	220	230	250	295	15,140	48
TARANAKI	660	740	810	880	1,180	31,390	79

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 29. Midland Region Asian 0-19 yr Population by Age Group & Gender (2013)



MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from 38/39 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was an increase in the Asian workforce from 5 to 16 (see Table 34).
- This increase was in both the DHB services and the NGO sector in the Waikato DHB area.
- While the increase was seen in both Clinical and Non-Clinical roles, the increase was largely in Clinical roles, from 5 to 11.

As at 30 June 2014:

- Waikato DHB area continued to report the largest Asian workforce (15) (see Table 34).
- While previously the Asian workforce was all employed in DHB services, the 2014 workforce data show that the Asian workforce was equally employed in DHB and NGO services.
- The regional Asian workforce was mainly in Clinical roles as Psychiatrists (4), Social Workers (2) and in Other Clinical roles (see Table 35 & Figure 33).

Table 34. Midland Region Asian ICAMH/AOD Workforce by DHB Area

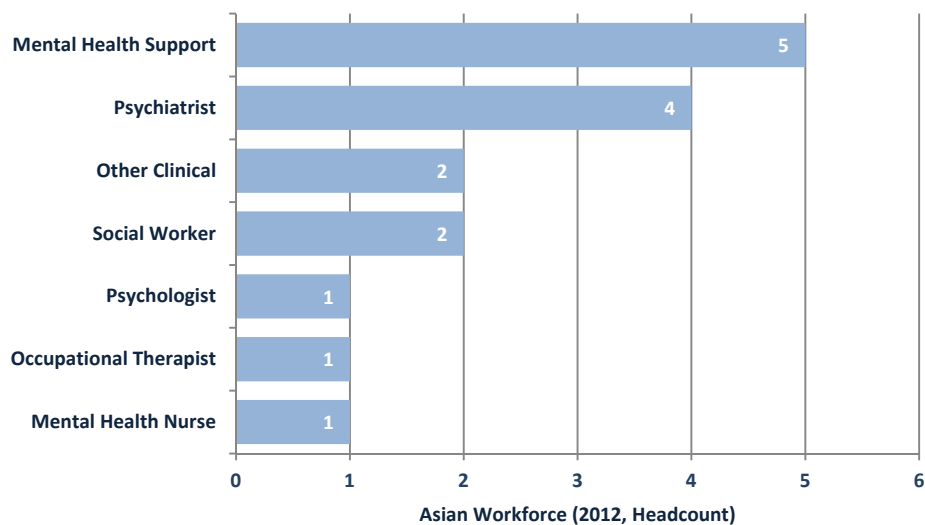
DHB AREA	MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE BY SERVICE PROVIDER (Headcount, 2006-2014)														
	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WAIKATO	-	2	2	2	8	-	-	-	-	7	-	2	2	2	15
LAKES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BAY OF PLENTY	-	1	2	2	-	-	-	-	-	-	-	1	2	2	-
TAIRAWHITI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TARANAKI	-	-	1	1	1	1	-	-	-	-	1	-	1	1	1
TOTAL	-	3	5	5	9	1	-	-	-	7	1	3	5	5	16

Table 35. Midland Region Asian ICAMH/AOD Workforce by Occupational Group

OCCUPATIONAL GROUP	MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE (HEADCOUNT, 2014)		
	DHB	NGO	TOTAL
ALCOHOL & DRUG PRACTITIONER	-	-	-
COUNSELLOR	-	-	-
MENTAL HEALTH NURSE	-	1	1
OCCUPATIONAL THERAPIST	-	1	1
PSYCHIATRIST	4	-	4
PSYCHOTHERAPIST	-	-	-
PSYCHOLOGIST	1	-	1
SOCIAL WORKER	2	-	2
OTHER CLINICAL ¹	2	-	2
CLINICAL SUB-TOTAL	9	2	11
CULTURAL APPOINTMENT	-	-	-
SPECIFIC LIAISON	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	5	5
OTHER NON-CLINICAL	-	-	-
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	5	5
ADMINISTRATION/MANAGEMENT	-	-	-
REGIONAL TOTAL	9	7	16

1. Other Clinical=Registrars
Asian Sub-Ethnicities=Indian, Malaysian, Japanese

Figure 30. Midland Region Asian ICAMH/AOD Workforce (2014)



MIDLAND REGION ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- There continues to be an increasing trend in the numbers of Asian clients accessing services in the Midland region (see Table 36 & Figure 34).
- While the number of Asian clients accessing services remained small compared to Māori and Pacific clients, there was an overall increase by 12% in the total number of Asian clients accessing services from 2012 to 2013.
- This increase was only seen in the Asian male client group by 26%.

In the second half of 2013:

- Asian clients made up 3% of the total number of clients accessing services in the Midland region (see Table 36).
- Asian males made up the majority (59%) of the total Asian clients accessing services in the region.
- The majority (83%) of Asian clients accessing services in the region were seen by DHB services and the remainder (17%) were seen by NGOs.
- Services in the Bay of Plenty and Waikato DHB areas had the largest number of Asian clients in the region (see Table 37 & Figure 35).

Table 36. Midland Region Asian 0-19 yrs Clients by Gender

YEAR	MIDLAND REGION ASIAN 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL REGIONAL 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
2010	22	19	41	4,894
DHB	22	17	39	4,023
NGO	0	2	2	871
2012	27	33	60	6,691
DHB	19	24	43	4,329
NGO	8	9	17	2,362
2012	35	32	67	3,048
DHB	27	24	51	1,641
NGO	8	8	16	1,407
2013	44	31	75	2,986
DHB	37	25	62	1,662
NGO	7	6	13	1,324

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

Figure 31. Midland Region Asian 0-19 yrs Clients (2004-2013)

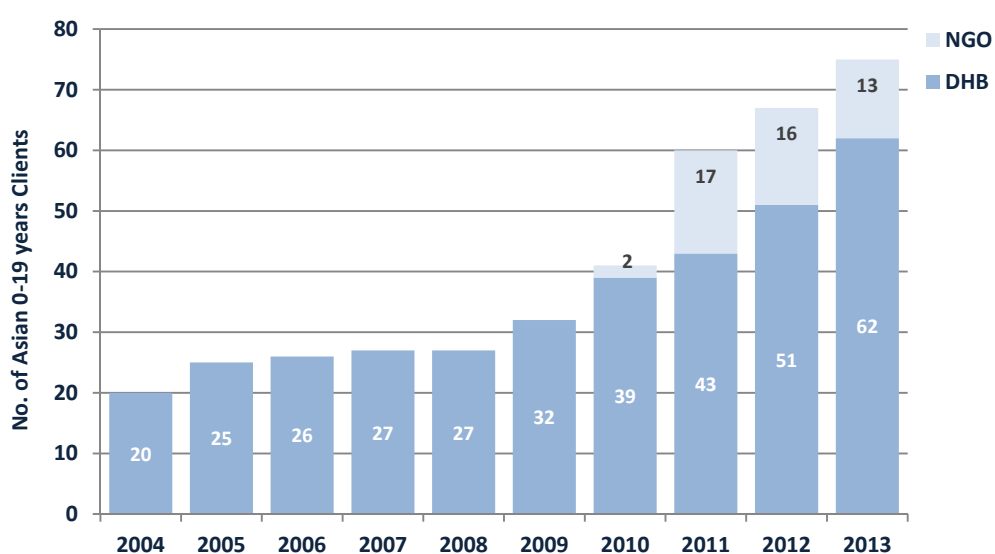
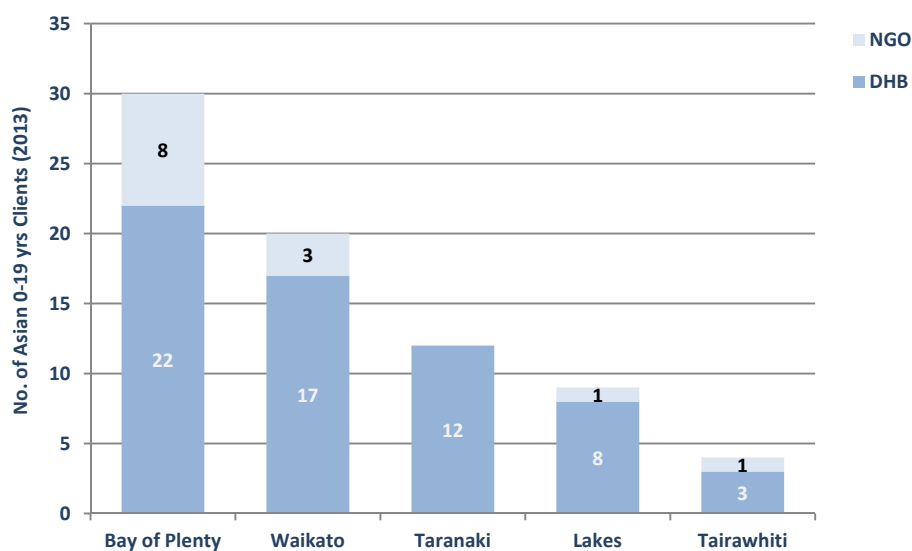


Table 37. Midland Region Asian 0-19 yrs Clients by DHB Area

YEAR	MIDLAND REGION ASIAN 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	TOTAL
2004	10	1	5	2	2	20
2005	7	5	9	-	4	25
2006	7	5	11	-	3	26
2007	9	3	9	-	5	26
2008	10	4	10	2	1	27
2009	13	7	7	1	4	32
2012	9	7	16	3	6	41
DHB	7	7	16	3	6	39
NGO	2	-	-	-	-	2
2012	30	9	14	2	5	60
DHB	16	8	12	2	5	43
NGO	14	1	2	-	-	17
2012	24	10	20	8	5	67
DHB	12	9	18	7	5	51
NGO	12	1	2	1	-	16
2013	20	9	30	4	12	75
DHB	17	8	22	3	12	62
NGO	3	1	8	1	-	13

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 32. Midland Region Asian 0-19 yrs Clients by DHB Area (2013)



MIDLAND REGION ASIAN CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Asian 0-19 year population, there are no specific Blueprint access benchmarks for Asian, therefore the Asian access rates have been compared to the rates for the general 0-19 years population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was a slight improvement in the 0-19 year Asian access rate from 0.21% to 0.55% (see Table 38 & Figure 36).
- Improvements in access rates were only seen in 0-9 and 10-14 year age groups.
- Improvements in the Asian access rates were seen in all five DHB areas in the region (see Table 39).

In the second half of 2013:

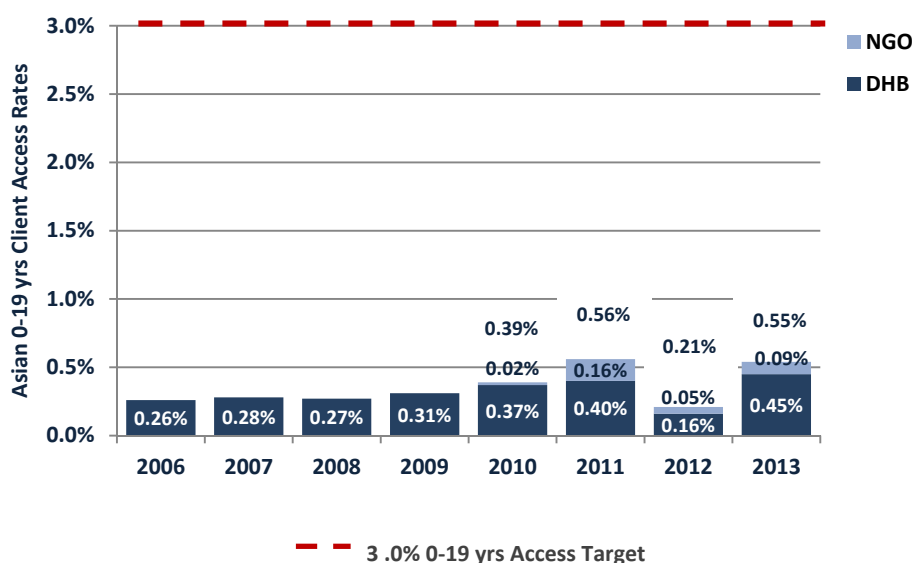
- The regional Asian access rate of 0.55% was lower than the national average of 0.67% for Asian clients (see Table 38).
- The 0-19 year Asian access rate of 0.55% continued to be the lowest out of three ethnic groups (Māori 3.14%, Pacific 1.52% and Asian).
- Asian access rates in the Midland region have continued to remain significantly below the access target rates for all three age groups and in all five DHB areas (see Tables 38 & 39 & Figures 36 & 37).

Table 38. Midland Region Asian 0-19 yrs Client Access Rates by Age Group

YEAR	MIDLAND REGION ASIAN CLIENTS BY AGE GROUP (2006-2013)				NATIONAL ASIAN ACCESS RATES
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2006*	0.16%	0.21%	0.46%	0.26%	0.38%
2007	0.11%	0.30%	0.53%	0.28%	0.35%
2008	0.11%	0.25%	0.54%	0.27%	0.42%
2009	0.08%	0.21%	0.77%	0.31%	0.46%
2010	0.11%	0.42%	0.85%	0.39%	0.52%
DHB	0.11%	0.38%	0.81%	0.37%	0.49%
NGO	0.00%	0.04%	0.04%	0.02%	0.03%
2011	0.13%	0.29%	1.59%	0.56%	0.59%
DHB	0.11%	0.25%	1.07%	0.40%	0.52%
NGO	0.02%	0.04%	0.52%	0.16%	0.07%
2012	0.04%	0.48%	1.46%	0.21%	0.38%
DHB	0.03%	0.36%	1.10%	0.16%	0.34%
NGO	0.01%	0.12%	0.37%	0.05%	0.04%
2013*	0.17%	0.53%	1.38%	0.55%	0.67%
DHB	0.12%	0.50%	1.12%	0.45%	0.58%
NGO	0.04%	0.03%	0.26%	0.09%	0.09%
REGIONAL RATE 2013 (All Ethnicities, DHB+NGO)	0.92%	3.61%	6.60%	2.96%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2006-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 33. Midland Region Asian 0-19 yrs. Client Access Rates (2006-2013)



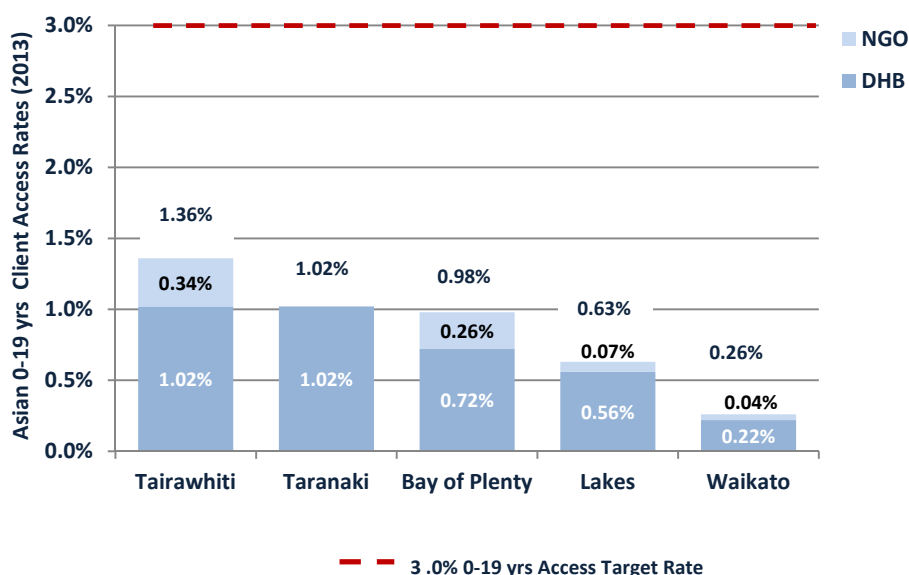
While Asian access rates by DHB area are presented (see Table 41 & Figure 30), data should be interpreted with caution due to very small numbers (< 20) of Asian clients accessing services within individual DHB areas in the region (see Table 39). When numbers are low, access rates based on the combined number of Asian clients in the Midland region (i.e. regional access rates) produce more meaningful access rates for the Asian population.

Table 39. Midland Region Asian 0-19 yrs Client Access Rates By DHB Area (2006-2013)

YEAR	MIDLAND REGION 0-19 YRS ASIAN ACCESS RATES BY DHB AREA (2006-2013)					
	WAIKATO	LAKES	BAY OF PLENTY	TAIRAWHITI	TARANAKI	TOTAL
2006*	0.11%	0.22%	0.61%	0.65%	0.48%	0.26%
2007	0.15%	0.20%	0.50%	0.00%	0.85%	0.26%
2008	0.16%	0.37%	0.53%	0.91%	0.14%	0.27%
2009	0.21%	0.64%	0.36%	0.43%	0.53%	0.31%
2010	0.14%	0.63%	0.80%	1.30%	0.74%	0.39%
DHB	0.11%	0.63%	0.80%	1.30%	0.74%	0.37%
NGO	0.03%	-	-	0.00%	-	0.02%
2011	0.46%	0.80%	0.67%	0.83%	0.63%	0.56%
DHB	0.24%	0.71%	0.58%	0.83%	0.63%	0.40%
NGO	0.22%	0.09%	0.09%	-	-	0.16%
2012	0.22%	0.19%	0.32%	0.19%	0.09%	0.21%
DHB	0.11%	0.17%	0.29%	0.16%	0.09%	0.16%
NGO	0.11%	0.02%	0.03%	0.02%	-	0.05%
2013*	0.26%	0.63%	0.98%	1.36%	1.02%	0.55%
DHB	0.22%	0.56%	0.72%	1.02%	1.02%	0.45%
NGO	0.04%	0.07%	0.26%	0.34%	-	0.09%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2006-2009=DHB Data Only. *Access Rates calculated using Census of Population

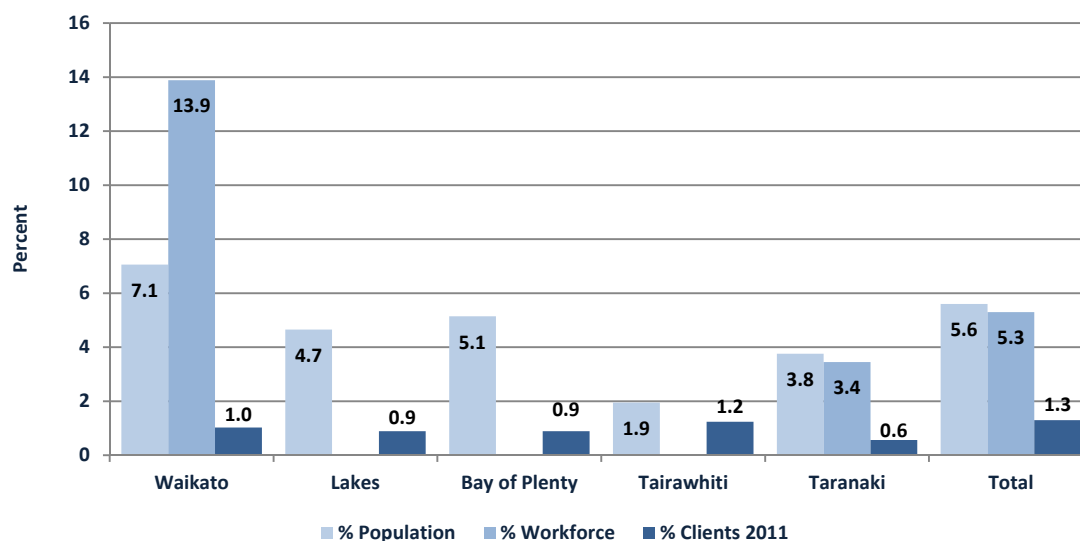
Figure 34. Midland Region Asian 0-19 yrs Client Access Rates By DHB Area (2013)



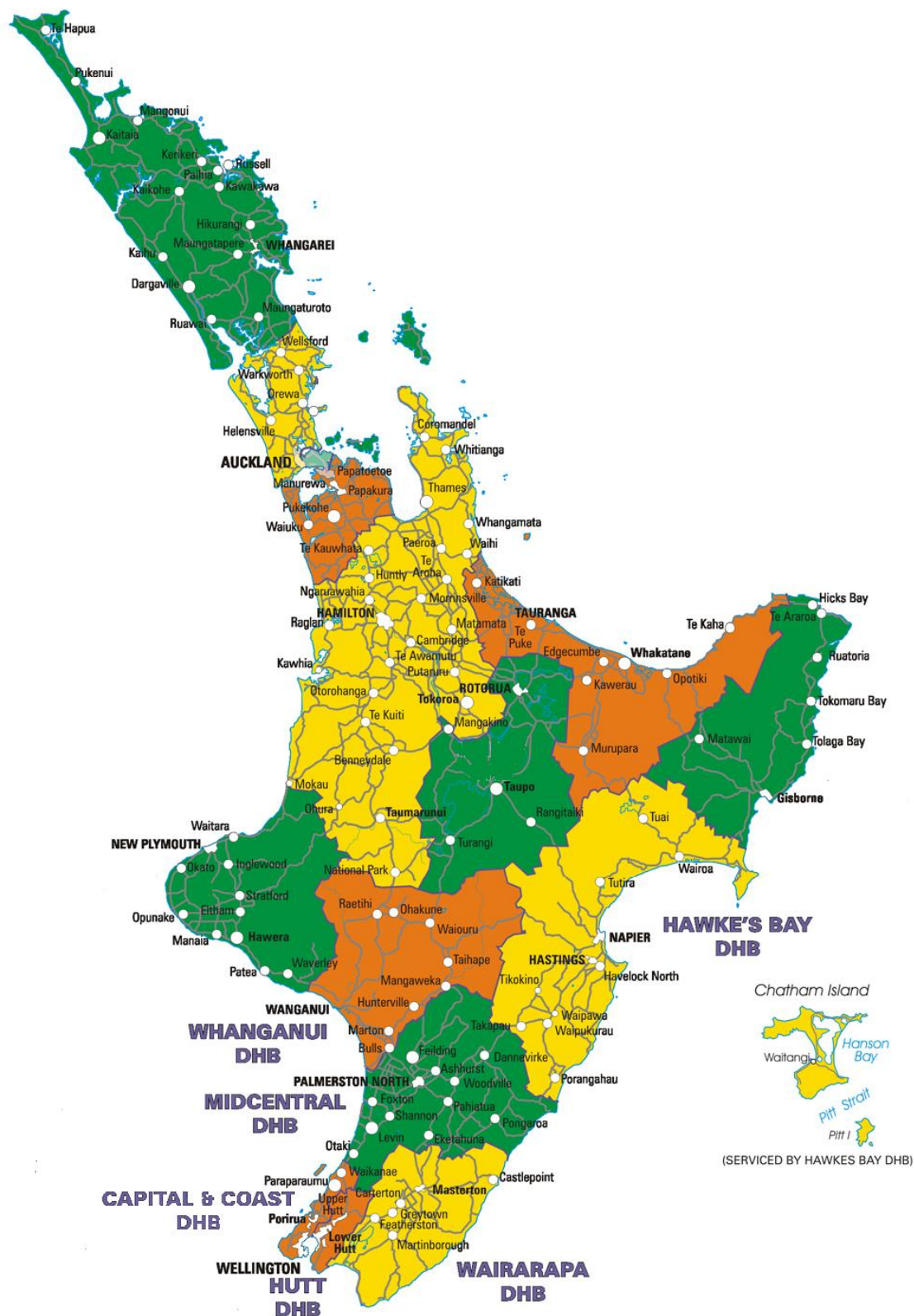
MIDLAND REGION ASIAN POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, the Asian infant, child and adolescent population made up 6% of the region's population, and the Asian workforce (16, excluding Administration/Management) made up 5% of the total Midland region workforce (302).
- Regionally, due to the growth in the region's Asian workforce from 2012 to 2014, the workforce appears to represent the Asian population.
- Due to the low numbers of Asian clients accessing services in the region (1.3% in the second 6 months of 2013), the regional Asian workforce appears to adequately represent the current Asian client group at the regional level (see Figure 38).
- However, when individual DHB area data (workforce and client) are analysed similarly, disparities between the workforce and the client become evident especially in the Lakes, Bay of Plenty and Tairāwhiti DHB areas.
- Furthermore, given the increasing trend in the Asian 0-19 years population and the number of Asian clients accessing services in the Midland region, there is a need to focus on increasing the Asian workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future Asian infant, child and adolescent population.

Figure 35. Asian 0-19 yrs Population compared to Proportions of Asian Workforce & Asian Clients



CENTRAL REGION INFANT, CHILD AND ADOLESCENT MENTAL HEALTH & AOD OVERVIEW



CENTRAL REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed very little change (1%) in the overall 0-19 year population in the Central region since the 2006 Census (see Table 1).
- The only increase in the population was seen in the Capital & Coast DHB area by 7%, while there was a 9% decrease in the Whanganui DHB area.
- The Central region had approximately a fifth (19%) of New Zealand's infant, child and adolescent population (0-19 yrs) mainly residing in Capital & Coast (32%), MidCentral (20%) and Hawke's Bay (19%) DHB areas.
- Almost two-thirds (64%) of the 0-19 years population were male (see Figure 1).
- Over half (57%) of the 0-19 year population were in the Other Ethnicity group, followed by Māori (28%), Asian (8%) and Pacific (7%).

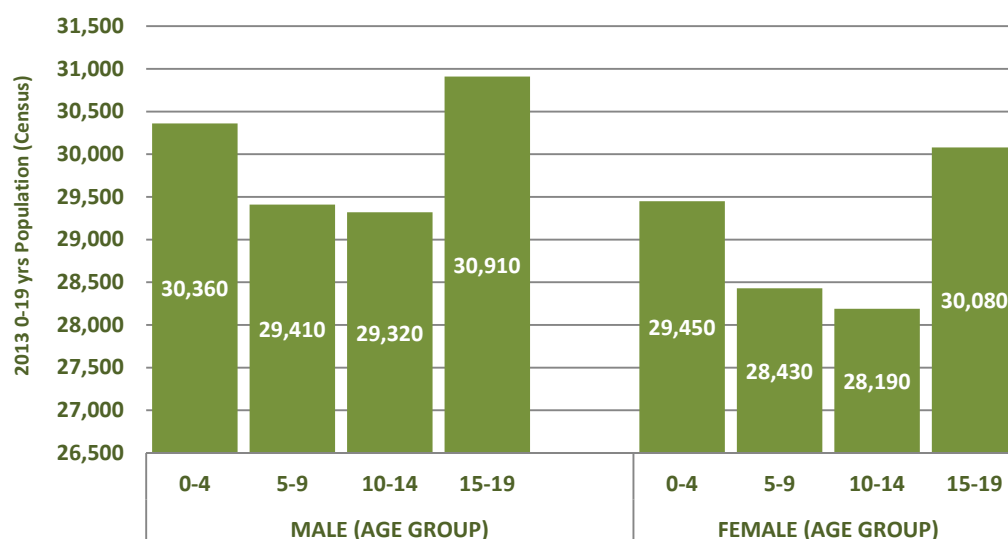
Table 1. Central Region 0-19 Year Population

DHB AREA	CENTRAL REGION 0-19 YR POPULATION (2006 – 2013)					
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	% Change (2013-2006)
CENTRAL	234,093	238,410	235,860	232,600	236,110	1%
HAWKE'S BAY	45,327	45,880	45,300	44,600	45,440	0.2%
MIDCENTRAL	46,716	47,850	47,300	46,640	46,800	0.2%
WHANGANUI	18,939	18,320	17,550	16,850	17,210	-9%
CAPITAL & COAST	71,070	73,320	73,690	73,540	75,750	7%
HUTT	40,785	42,200	41,550	40,810	39,760	-3%
WAIRARAPA	11,256	10,840	10,470	10,160	11,150	-1%

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 1. Central Region 0-19 yrs Population by Age Group & Gender (2013)



CENTRAL REGION PROVISION OF ICAMH/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 (ICAMH/AOD) services in the region are also provided by DHB funded NGOs. For the June 2013 to July 2014 period, 23 NGOs were identified as providing DHB funded infant, child and adolescent mental health/AOD services.

From 2012 to 2014, 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 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):

SERVICES	ICAMH/AOD SERVICE PROVIDERS
CHILDREN OF PARENTS/WHĀNAU WITH A MENTAL ILLNESS (COPMIA):	<p>DHB: Whanganui</p> <p>NGO:</p> <ul style="list-style-type: none"> • Whanganui: Supporting Families in Mental Illness • Capital & Coast: Refugee Trauma Recovery
YOUTH FORENSIC:	<p>DHB: Capital & Coast</p> <p>NGO:</p> <ul style="list-style-type: none"> • MidCentral: Te Upoko O Nga Oranga O Te Rae
CHILD AND ADOLESCENT AOD (INCLUDING CO-EXISTING PROBLEMS):	<p>3 DHB: MidCentral, Whanganui & Wairarapa</p> <p>7 NGOs:</p> <ul style="list-style-type: none"> • MidCentral: Te Runanga O Raukawa, Te Upoko O Nga Oranga O Te Rae, The Youth One Stop Shop, Whaioro Trust Board • Whanganui: Te Oranganui Trust • Capital & Coast: Te Runanga O Toa Rangatira • Hutt: Central Health Ltd, Q-Nique/Well Trust
EATING DISORDERS:	<p>DHB: Hutt Valley Regional Eating Disorders Service: DHB services provided by Hutt Valley DHB for Capital & Coast, Wairarapa, MidCentral, Whanganui & Hawke's Bay DHBs.</p> <p>NGO:</p> <ul style="list-style-type: none"> • Whanganui: Te Oranganui Trust

SERVICES	ICAMH/AOD SERVICE PROVIDERS
EARLY INTERVENTION:	<p>DHB: Parenting Programmes:</p> <ul style="list-style-type: none"> • MidCentral: Incredible Years • Capital & Coast: Incredible Years <p>NGO: Parenting Programmes:</p> <ul style="list-style-type: none"> • MidCentral: Te Upoko O Nga Oranga O Te Rae: Parenting Programme: Triple P • MidCentral: Youth One Stop Shop & Whaioro Trust Board
CONDUCT DISORDER	MidCentral DHB CAMHS in collaboration with Group Special Education
PEER SUPPORT:	<p>DHB: Whanganui & Capital & Coast</p> <p>NGO:</p> <ul style="list-style-type: none"> • MidCentral: Te Upoko O Nga Oranga O Te Rae
SERVICES FOR MĀORI:	<p>1 Dedicated DHB Māori ICAMH service/team:</p> <ul style="list-style-type: none"> • Capital & Coast: Te Whare Marie Specialist Māori Mental Health Service <p>1 DHB Māori service funded under adult services:</p> <ul style="list-style-type: none"> • MidCentral: Oranga Hinengaro Māori Mental Health Services <p>3 NGOs:</p> <ul style="list-style-type: none"> • Hawke's Bay: Te Taiwhenua O Heretaunga • MidCentral: Best Care (Whakapai Hauora) Charitable Trust, Te Runanga O Raukawa
SERVICES FOR PACIFIC:	<p>1 Dedicated DHB Pacific ICAMH service:</p> <ul style="list-style-type: none"> • Capital & Coast DHB: Health Pasifika <p>2 NGOs providing Pacific Services:</p> <ul style="list-style-type: none"> • Capital & Coast: Taeaomanino Trust • Hutt: Q-Nique/WellTrust
MIGRANT & REFUGEE MENTAL HEALTH SERVICE:	<p>NGO:</p> <ul style="list-style-type: none"> • Capital & Coast: Refugee Trauma Recovery

Table 2. Hawke's Bay ICAMH/AOD Services (2013/2014)

HAWKE'S BAY DHB
Child & Adolescent Mental Health/AOD Services
HAWKE'S BAY DHB FUNDED NGOs
HAWKE'S BAY YOUTH HEALTH TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
RICHMOND NZ
Child, Adolescent & Youth Mental Health Community Care with Accommodation
TE TAIWHENUA O HERETAUNGA
Infant, Child, Adolescent & Youth Community Support Services
Child, Adolescent & Youth Mental Health Community Care with Accommodation
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 3. MidCentral ICAMH/AOD Services (2013/2014)

MIDCENTRAL DHB
MidCentral Health Child, Adolescent & Family Mental Health & Alcohol & Other Drug Service
<i>Oranga Hinengaro: Kaupapa Māori Mental Health Services (Kaumātua & Pasifika dedicated roles that can be accessed by all mental health teams)</i>
<i>Also provides Conduct Disorder Service in collaboration with Group Special Education</i>
<i>Note: Italicised Services are Kaupapa Māori Services</i>
MIDCENTRAL DHB FUNDED NGOs
BEST CARE (WHAKAPAI HAUORA) CHARITABLE TRUST
Community Child, Adolescent & Youth Service for Co-existing Problems
M.A.S.H TRUST BOARD
Infant, Child, Adolescent & Youth Crisis Respite
TE RUNANGA O RAUKAWA INC.
Community Child, Adolescent & Youth Service for Co-existing Problems
TE UPOKO O NGA ORANGA O TE RAE
Peer Support Service for Children & Youth
THE YOUTH ONE STOP SHOP
Early Intervention & Other Drug Service Child Adolescent & Youth
Community Child, Adolescent & Youth Service for Co-existing Problems
WHAIORO TRUST BOARD
Early Intervention & Other Drug Service Child Adolescent Youth
Child, Adolescent & Youth Alcohol & Drug Community Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 4. .Whanganui ICAMH/AOD Services (2013/2014)

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
Also provides services for Eating Disorders, Infant Mental Health, COPMIA, Peer Support/Advocacy, Co-Existing Problems (CEP)
WHANGANUI DHB FUNDED NGOS
MENTAL HEALTH SOLUTIONS: PATHWAYS HEALTH LTD
Infant, Child, Adolescent & Youth Crisis Respite
Child, Adolescent & Youth Mental Health Community Care with Accommodation
SUPPORTING FAMILIES IN MENTAL ILLNESS
Family/Whānau Support Education, Information & Advocacy Service
TE ORANGANUI TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
WHANGANUI REGIONAL HEALTH NETWORK
MH Project PHO: Youth MH Service 12-19 yrs

Table 5. Capital & Coast ICAMH/AOD Services (2013/2014)

CAPITAL & COAST DHB
Child & Adolescent Mental Health Services (Wellington)
Child & Adolescent Mental Health Services (Porirua)
Child & Adolescent Mental Health Services (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 (Central Region)
Regional Secure Youth ID Services (Central Region)
Also provides services for Eating Disorders, Infant Mental Health, COPMIA, Parenting Programmes: Incredible Years, Fostering Changes

CAPITAL & COAST DHB FUNDED NGOS
REFUGEE TRAUMA RECOVERY
Infant, Child, Adolescent & Youth Community Mental Health Services
RICHMOND SERVICES
Infant, Child, Adolescent & Youth Crisis Respite
TAEAOMANINO TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
TE RUNANGA O TOA RANGATIRA INC
Child, Adolescent & Youth Alcohol & Drug Community Services: AOD Group Programme

Table 6. Hutt Valley ICAMH/AOD Services (2013/2014)

HUTT VALLEY DHB
Child Specialty Service
Youth Specialty Service
REGIONAL SERVICES
Intensive Clinical Support Services (Capital & Coast, Wairarapa & Hutt Valley DHBs)
Eating Disorders Service

HUTT VALLEY DHB FUNDED NGOS
CENTRAL HEALTH
Child, Adolescent & Youth Alcohol & Drug Community Services
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
ODYSSEY HOUSE TRUST
Intensive & Other Drug Services with Accommodation
Q-NIQUE/WELL TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent, & Youth Community Support Services
Pacific Services
RICHMOND NZ
Child, Adolescent & Youth Alcohol & Drug Community Services (MST Wellington & Wairarapa)

Table 7. Wairarapa ICAMH/AOD Services (2013/2014)

WAIRARAPA DHB
Child & Adolescent Mental Health Service
Also provides services for Eating Disorders, Infant Mental Health, Peer Support/Advocacy, Co-Existing Problems (CEP), and provides support to NGO Strengthening Families who provide the COPMIA service.
WAIRARAPA DHB FUNDED NGOs
KING STREET ARTWORKS INC
Child, Adolescent & Youth Community Based Day Activity Service
CARENZ (SUBCONTRACTED BY PATHWAYS/MENTAL HEALTH SOLUTIONS)
Child, Adolescent & Youth Alcohol & Drug Community Service

CENTRAL REGION FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH.

From 2011/2012 to 2013/2014 financial year:

- There was an 8% increase in total funding for infant, child and adolescent mental health/AOD services in the Central region. An increase was seen in both NGO funding (11%) and DHB funding (7%) (see Table 8 & Figure 2).
- Alcohol & Other Drug services had received the largest increase in funding (45%).

Figure 2. Central Region ICAMH/AOD Funding by Service Provider (2004-2014)

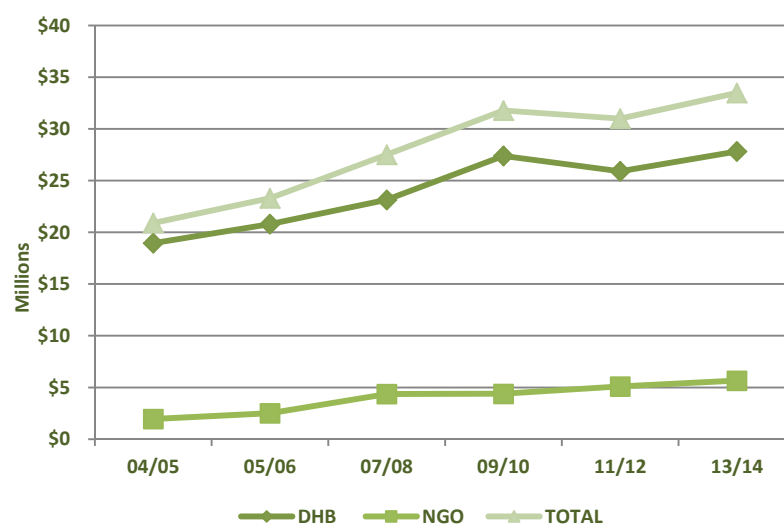


Table 8. Central Region ICAMH/AOD Funding by Services

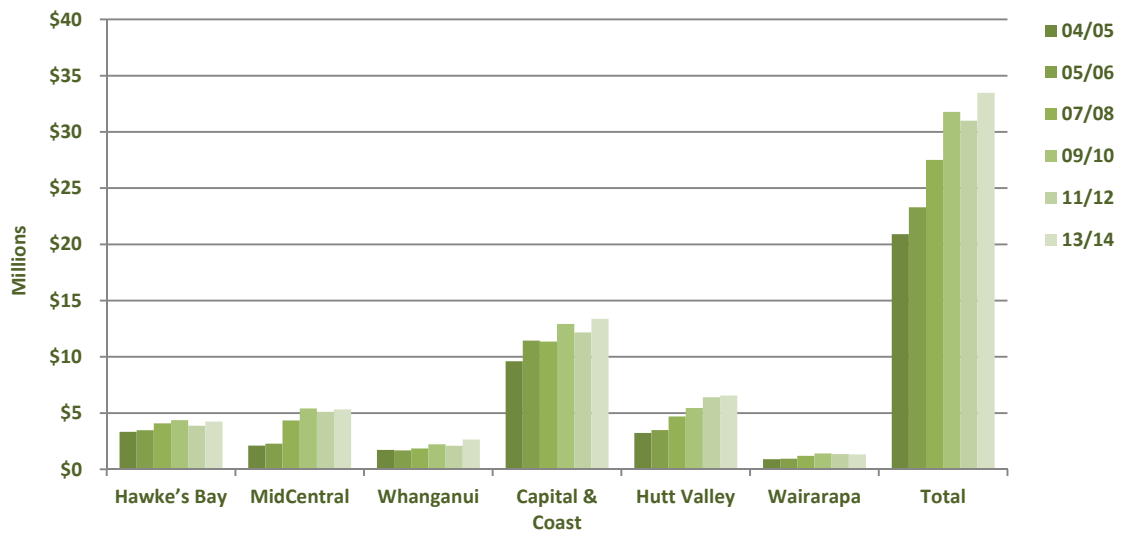
SERVICES	CENTRAL REGION ICAMH/AOD FUNDING (2007-2014)				
	07/08	09/10	11/12	13/14	% CHANGE
INPATIENT	\$3,711,453	\$4,398,625	\$3,619,480	\$3,502,054	-3.2
ALCOHOL & OTHER DRUGS	\$1,947,178	\$2,672,320	\$3,388,719	\$4,918,542	45.1
KAUPAPA MĀORI*	\$2,642,490	\$2,037,788	\$204,587	-	-
ALL OTHER SERVICES	\$19,205,790	\$22,669,365	\$23,784,950	\$25,057,172	5.3
TOTAL	\$27,506,911	\$31,778,099	\$30,997,736	\$33,477,768	8.0

Source: Ministry of Health Price Volume Schedule 2007-2014. *Coded under general mental health

For the June 2013 to July 2014 financial year:

- The Central region provider services received \$33.4 million (20% of total national funding) for infant, child and adolescent mental health/AOD services (see Table 8).
- The Capital & Coast DHB area had the largest proportion (40%) of funding in the region, followed by the Hutt Valley DHB area (20%) (See Figure 3).
- Wairarapa DHB area was the only DHB area with a slight decrease in funding by 2%.

Figure 3. Central Region ICAMH/AOD Funding by DHB Area (2004-2014)



FUNDING PER HEAD INFANT, CHILD AND 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).

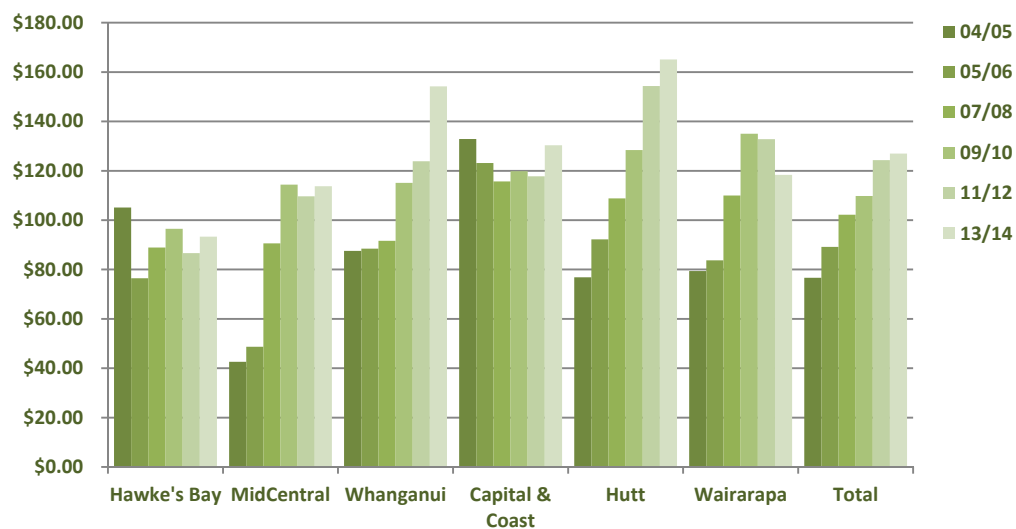
From 2012 to 2014:

- There was a 2% increase in the regional spend per head of the 0-19 population (excluding Inpatient funding) from \$124.34 to \$126.96 (see Appendix B, Table 2 & Figure 4).
- Five out of the six DHB areas showed an increase in spend per child, with Whanganui DHB area showing the largest increase by 25%, from \$123.88 to \$154.23 (see Figure 4). Wairarapa DHB area showed a decrease in spend per child.

In the 2013/2014 financial year:

- Hawke's Bay DHB area had the lowest spend per child of \$93.32.

Figure 4. Central Region Funding per Head Infant, Child & Adolescent Population by DHB Area (2004-2014)



CENTRAL REGION ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all six DHB (Inpatient & Community) ICAMH/AOD services and from all 23 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

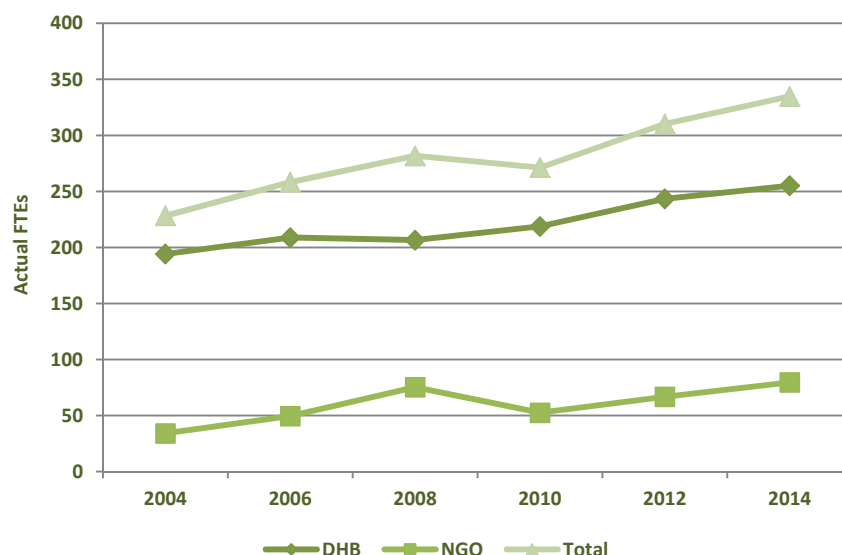
- There was an 8% increase in the total Central region ICAMH/AOD workforce, from 306.8 to 334.73 actual FTEs (see Table 9 & Figure 5).
- The DHB (Inpatient & Community) services had increased by 5%.
- The NGO workforce had also increased by 19%.
- The increase in the total workforce was largely seen in the Non-Clinical workforce (excluding Admin/Management) by 29%, from 51.59 to 66.49 actual FTEs.
- The regional Clinical workforce had increased by 2%, from 223.73 to 228.6 actual FTEs.
- Total regional vacancies had increased from 6% to 12% (from 18.1 to 45.48 FTEs). This increase in vacancies was seen in the DHB Community services (41.48 FTEs) mainly in Clinical roles.

Table 9. Central Region Total ICAMH/AOD Health Workforce (2004-2014)

YEAR	DHB ¹			NGOS			TOTAL		
	ACTUAL FTEs	VACANT FTEs	% VACANCY	ACTUAL FTEs	VACANT FTEs	% VACANCY	ACTUAL FTEs	VACANT FTEs	% VACANCY
2004	194.1	24.5	11	34.1	2.2	6	228.2	26.7	10
2006	208.8	27.1	11	49.5	0.4	1	258.2	27.5	10
2008	206.5	12.8	6	75.3	-	-	281.3	12.8	4
2010	218.8	25.6	10	52.5	-	-	271.3	25.6	9
2012	243.4	18.1	7	63.4	-	-	306.8	18.1	6
2014	255.1	45.48	15	86.12	-	-	334.7	45.5	12

1. Includes Inpatient Workforce Data

Figure 5. Central Region Total ICAMH/AOD Actual FTEs (2004-2014)



As at 30 June 2014:

- 76% of the total ICAMH/AOD workforce was in DHB provider services (see Table 9).
- Capital & Coast DHB area had the largest ICAMH/AOD workforce (124.1 actual FTEs, including Inpatient services) in the region (see Figure 6).
- The Central region ICAMH/AOD workforce was largely made up of NZ European (63%), followed by Māori (20%), Other Ethnicity (8%), Pacific (7%) and Asian (2%).
- The Clinical workforce made up 68% of the total regional ICAMH/AOD workforce (see Table 10).
- 85% of the Clinical workforce was employed in DHB provider services.
- The Clinical workforce mainly consisted of Mental Health Nurses (55.95 actual FTEs), Psychologists (42.83 actual FTEs) and Social Workers (42.83 actual FTEs) (see Table 10 & Figure 7).
- The Non-Clinical workforce (19%) (excluding Admin/Management) made up the remainder of the workforce as Mental Support Workers (18 actual FTEs), Youth Workers (14.45 actual FTEs) and Cultural Workers (9.52 actual FTEs).
- Vacancies were largely for the Clinical workforce (Mental Health Nurses, Psychologists & Social Workers) (see Table 11 & Figure 8).

Figure 6. Central Region ICAMH/AOD Workforce by DHB Area (2014)

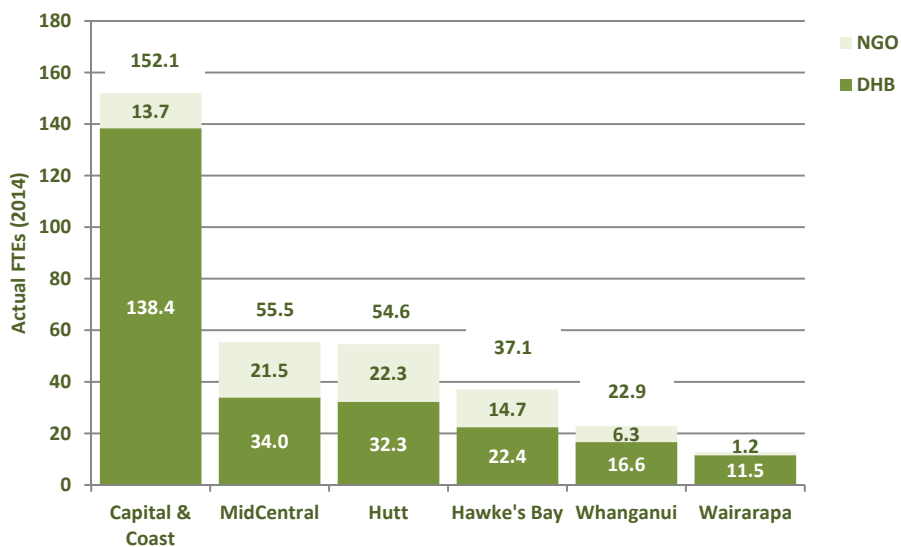


Table 10. Central Region Total ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	6.5	6.5	11.15	17.65
COUNSELLOR	-	1.0	1.0	1.75	2.75
MENTAL HEALTH NURSE	14.0	38.9	52.9	3.05	55.95
OCCUPATIONAL THERAPIST	2.0	12.1	14.1	-	14.1
PSYCHIATRIST	1.0	14.7	15.7	0.4	16.1
PSYCHOTHERAPIST	-	4.85	4.85	1.0	5.85
PSYCHOLOGIST	1.0	40.83	41.83	1.0	42.83
SOCIAL WORKER	2.0	33.05	35.05	5.0	40.05
OTHER CLINICAL ¹	-	22.1	22.1	11.22	33.32
CLINICAL SUB-TOTAL	20.0	174.03	194.03	34.57	228.6
CULTURAL APPOINTMENT	2.5	5.84	8.34	-	8.34
SPECIFIC LIAISON	9.0	-	9.0	-	9.0
MENTAL HEALTH CONSUMER ADVISOR	-	1.0	1.0	-	1.0
MENTAL HEALTH SUPPORT WORKER	-	7.5	7.5	10.5	18.0
YOUTH WORKER	-	-	-	14.45	14.45
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	4.3	4.3	11.4	15.7
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	11.5	18.64	30.14	36.35	66.49
ADMINISTRATION/MANAGEMENT	3.0	27.94	30.94	8.7	39.64
REGIONAL TOTAL	34.5	220.61	255.11	79.62	334.73

1. Other Clinical Group: DHB=Family Therapists, Eating Disorder Clinicians, Child Therapists, Paediatrician, Clinical Nurse Specialist, Co-existing Nurse, Co-Existing Social Worker, Employment & Study Support Specialist, Rangatahi Clinician, Māori Mental Health Professional, Interns: Psychology, Social Work. NGO: GPs, Mental Health & Addiction Practitioners, MST Therapists
2. Other Non-Clinical Group = DHB: Research & Training Coordinators, Teachers. NGO: Advocacy Peer Support; Facilitator; Artist Tutor, Community Navigator, Link Workers

Figure 7. Total Central Region Total ICAMH/AOD Workforce by Occupational Group (2014)

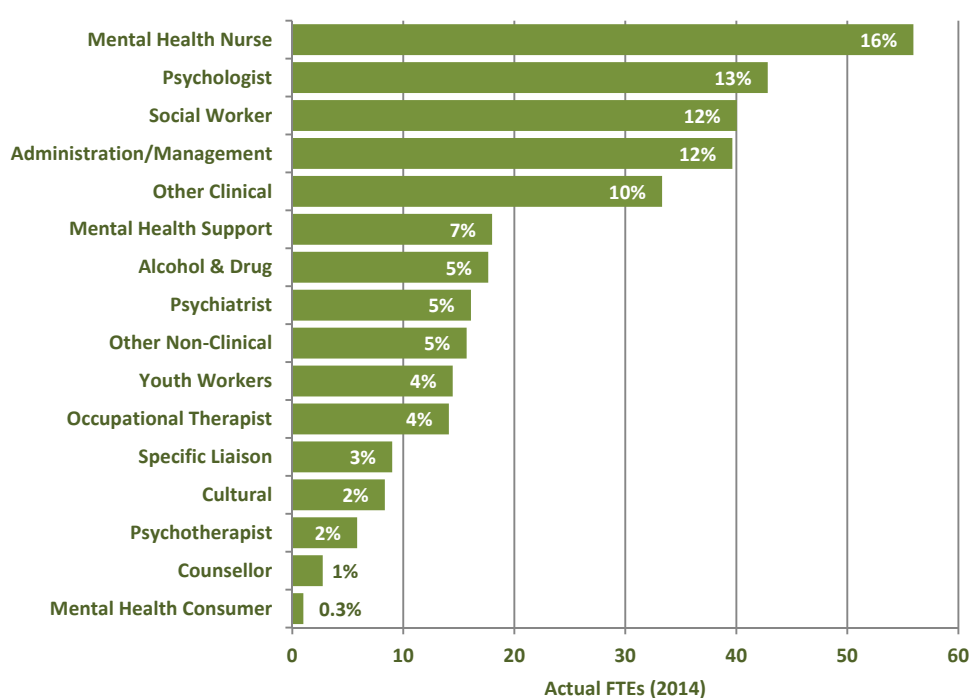
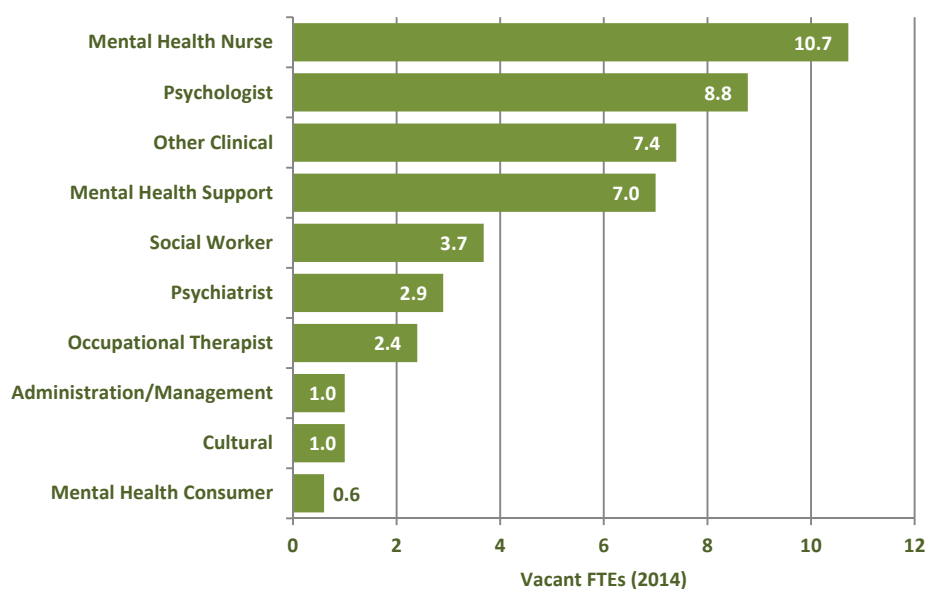


Table 11. Central Region ICAMH/AOD Vacancies by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	-	-
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	2.0	8.72	10.72	-	10.72
OCCUPATIONAL THERAPIST	-	2.4	2.4	-	2.4
PSYCHIATRIST	-	2.9	2.9	-	2.9
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	8.78	8.78	-	8.78
SOCIAL WORKER	-	3.68	3.68	-	3.68
OTHER CLINICAL ¹	-	7.4	7.4	-	7.4
CLINICAL SUB-TOTAL	2.0	33.88	35.88	-	35.88
CULTURAL APPOINTMENT	-	1.0	1.0	-	1.0
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	0.6	0.6	-	0.6
MENTAL HEALTH SUPPORT WORKER	2.0	5.0	7.0	-	7.0
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	-	-
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	2.0	6.6	8.6	-	8.6
ADMINISTRATION/MANAGEMENT	-	1.0	1.0	-	1.0
REGIONAL TOTAL	4.0	41.48	45.48	-	45.48

1. Other Clinical Group: DHB= Family Therapist, Eating Disorder Clinician, Registrar; Registered Health Practitioner

Figure 8. Central Region ICAMH/AOD Vacancy by Occupational Group (2014)



DHB INPATIENT ICAMH WORKFORCE

From 2012 to 2014:

- There was very little change in the Central Region Inpatient workforce, from 35.1 to 34.5 actual FTEs (see Table 12).
- There was no change in the number of vacancies; therefore vacancies remained at 4.0 FTEs in 2014.

As at 30 June 2014:

- The majority (57%) of the Inpatient workforce was in Clinical roles; largely comprised of Mental Health Nurses (14.0 actual FTEs) (see Table 10).
- The remainder were in Non-Clinical roles predominantly in Specific Liaison roles (9.0 actual FTEs).

Table 12. Central Region DHB Inpatient ICAMH Workforce (2005-2014)

YEAR	ACTUAL FTEs			VACANT FTEs			VACANCY RATE (%)
	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	11.2	35.2	-	-	-	-
2012	22.0	11.1	35.1	2.0	2.0	4.0	10
2014	20.0	14.5	34.5	2.0	2.0	4.0	10

Note: Non-Clinical Workforce includes Administration/Management Staff

DHB COMMUNITY ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a 12% increase in the total DHB Community workforce, from 196.13 to 220.6 actual FTEs (see Table 13).
- There was a significant increase in the total number of vacancies from a 6% vacancy rate to 16% (from 14.13 to 41.5 FTEs).
- The regional workforce by occupational group showed an increase in the DHB Community Clinical workforce by 11% (from 169.23 to 174.03 actual FTEs).

As at 30 June 2014:

- The majority of the DHB Community workforce (79%) was in Clinical roles which consisted mainly of Psychologists (40.83 actual FTEs), Mental Health Nurses (38.9 actual FTEs) and Social Workers (33.05 actual FTEs) (see Table 10).
- The Non-Clinical workforce made up the remainder of the DHB Community workforce, largely consisting of Administrators & Managers (27.94 actual FTEs) and Mental Health Support Workers (7.5 actual FTEs).
- The Clinical vacancies were largely for Psychologists (8.78 FTEs), Mental Health Nurses (8.72 FTEs) and Other Clinical roles (7.4 FTEs).

Table 13. Central Region DHB Community ICAMH/AOD Workforce (2006-2014)

CENTRAL REGION	ACTUAL FTEs					VACANT FTEs					VACANCY RATE (%)				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
HAWKE'S BAY	19.5	25.4	25.1	25.8*	22.4	2.4	-	3.0	1.7	11.6	11	-	11	4	34
MIDCENTRAL	28.9	28.9	28.5	32.11	33.9	0.8	-	6.0	2.4	4.48	3	-	17	7	12
WHANGANUI	14.0	16.1	17.2	16.84	16.6	2.4	3.3	-	1.0	1.0	15	17	-	6	6
CAPITAL & COAST	68.0	67.3	77.7	78.38	103.9	9.5	4.9	10.1	7.6	21.9	12	7	12	9	17
HUTT	29.2	26.2	26.6	31.2	32.3	2.0	-	3.5	1.4	2.0	6	-	12	4	6
WAIRARAPA	8.4	8.8	8.5	11.8	11.5	1.0	1.0	3.0	-	0.5	11	10	26	-	4
REGIONAL TOTAL	168.1	172.6	183.6	196.13	220.6	18.1	9.2	25.6	14.1	41.5	10	5	12	6	16

*Hawke's Bay data incorrectly supplied in 2012 but corrected for this reporting period.

NGO ICAMH/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.

From 2012 to 2014:

- There was a 19% increase in the Central region NGO workforce, from 63.37 to 79.62 actual FTEs (see Table 14).
- This increase was seen in both Clinical and Non-Clinical roles.

As at 30 June 2014:

- Hutt (22.3 actual FTEs), MidCentral (21.5 FTEs), and Hawke's Bay (214.67 FTEs) had the largest NGO workforces in the region (see Table 14).
- The NGO workforce was equally in Clinical and Non-Clinical roles.
- The Clinical workforce was mainly Alcohol & Drug Practitioners (11.15 actual FTEs) (see Table 10).
- The Non-Clinical workforce was largely Youth Workers (14.45 actual FTEs).

Table 14. Central Region NGO ICAMH/AOD Workforce (2006-2014)

CENTRAL REGION DHB AREAS	ACTUAL FTES					VACANT FTES				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
HAWKE'S BAY	10.0	23.0	11.5	10.6	14.67	-	-	-	-	-
MIDCENTRAL	11.0	15.2	14.6	18.7	21.5	0.4	-	-	-	-
WHANGANUI	2.0	4.1	1.0	2.95	6.25	-	-	-	-	-
CAPITAL & COAST	10.7	7.9	5.57	8.72	13.7	-	-	-	-	-
HUTT	13.8	22.5	7.8	21.0	22.3	-	-	-	-	--
WAIRARAPA	2.0	2.1	2.05	1.4	1.2	-	-	-	-	-
REGIONAL TOTAL	49.5	74.8	52.52	63.37	79.62	0.4	-	-	-	-

CENTRAL REGION CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- There has been an increasing trend in the number of clients accessing services in the Central Region.
- There was an 8% increase in the total number of clients from 2012 to 2013 (see Table 15 & Figure 10).
- This increase was seen largely in the female client group by 16%, mainly in the 10-14 and 15-19 year age groups.
- While five of the six DHB areas showed an increase in client numbers, Hutt Valley DHB area had a decrease by 39% from 2012 to 2013.
- Capital & Coast reported the largest increase in clients by 77% for the same time period (see Table 16).

In the second half of 2013:

- Male clients made up over half of the clients accessing services in the region (52%), especially in the 15-19 year age group.
- The majority (77%) of clients accessing services in the region are seen by DHB services and 23% are seen by NGOs (see Table 15).
- Capital & Coast DHB reported the highest number of total clients in the region followed by Hutt Valley DHB area (see Table 16 & Figure 11).

Table 15. Central Region Clients by Gender & Age Group

YEAR	CENTRAL REGION CLIENTS BY GENDER (2004-2013)								TOTAL
	MALE				FEMALE				
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	404	561	712	1677	201	404	724	1329	3,006
2005	368	537	662	1567	175	340	716	1231	2,798
2006	340	512	707	1559	148	337	797	1282	2,841
2007	369	589	852	1810	149	362	944	1455	3,265
2008	412	629	877	1918	189	392	920	1501	3,419
2009	508	661	1,000	2,169	222	441	981	1644	3,813
2010	616	855	1,339	2,810	309	594	1,348	2,251	5,061
DHB	608	765	1,036	2,409	305	532	1,146	1,983	4,392
NGO	8	90	303	401	4	62	202	268	669
2011	702	1,031	1,591	3,324	346	641	1,486	2,473	5,797
DHB	653	807	1,085	2,545	316	482	1,181	1,979	4,524
NGO	49	224	506	779	30	159	305	494	1,273
2012	704	1,022	1,827	3,553	330	755	1,802	2,887	6,440
DHB	657	803	1,181	2,641	311	570	1,359	2,240	4,881
NGO	47	219	646	912	19	185	443	647	1,559
2013	723	1,052	1,800	3,575	354	890	2,112	3,356	6,931
DHB	668	820	1,184	2,672	330	709	1,617	2,656	5,328
NGO	55	232	616	903	24	181	495	700	1,603

Note: Clients by DHB of Domicile for the 2nd 6 months of each year

Figure 9. Central Region 0-19 yrs Clients (2004-2013)

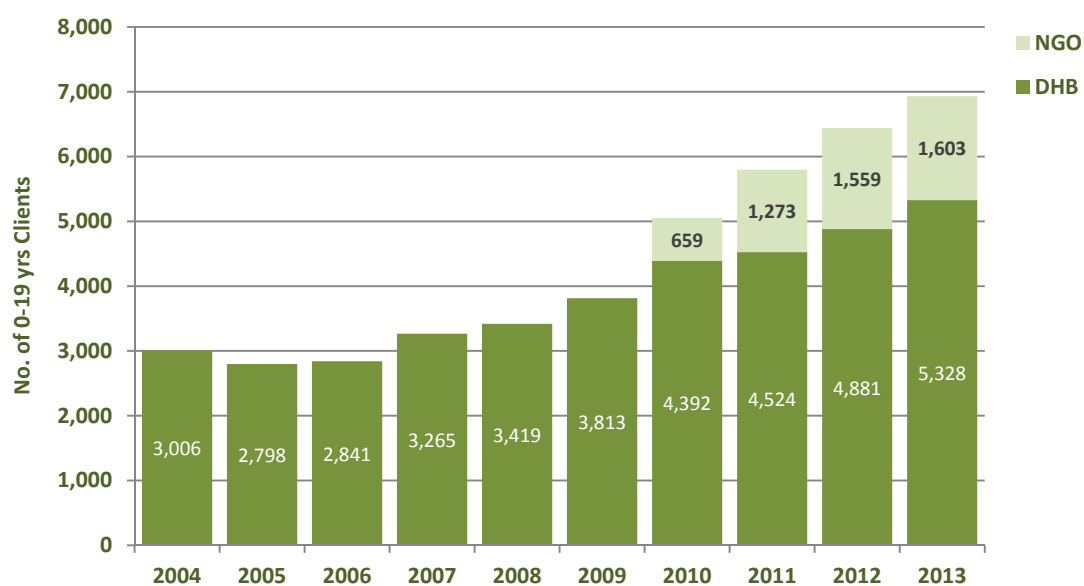
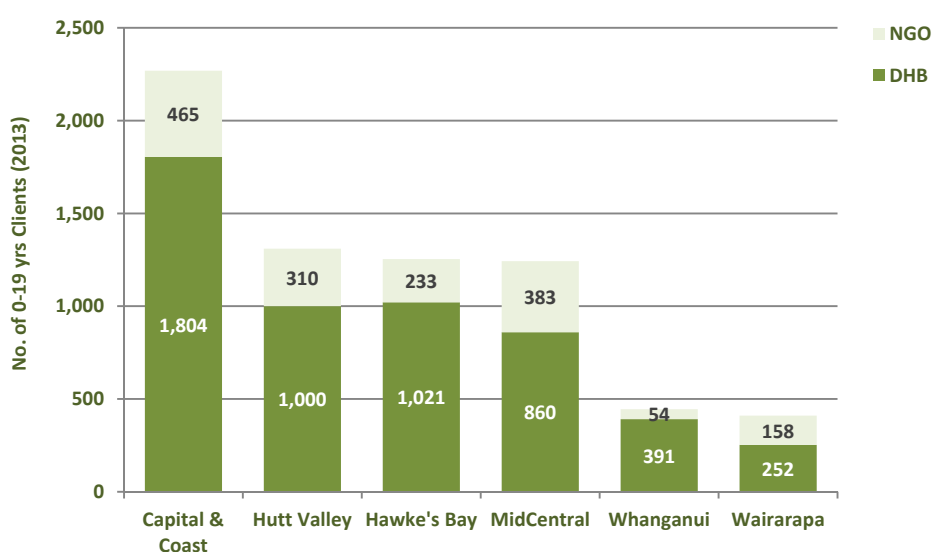


Table 16. Central Region 0-19 yrs Clients by DHB Area

YEAR	CENTRAL REGION 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL
2004	352	715	336	993	504	107	2,900
2005	375	567	337	896	478	145	2,653
2006	419	514	345	927	445	191	2,650
2007	417	652	405	1,130	440	221	3,044
2008	621	728	396	963	526	185	3,234
2009	789	819	402	1,133	492	178	3,635
2010	971	961	445	1,463	916	305	5,061
DHB	815	780	419	1,351	820	207	4,392
NGO	156	181	26	112	96	98	669
2011	1,013	1,067	422	1,909	1,065	321	5,797
DHB	830	833	375	1,452	807	227	4,524
NGO	183	234	47	457	258	94	1,273
2012	1,111	1,184	380	1,284	2,135	346	6,440
DHB	891	832	330	908	1,670	250	4,881
NGO	220	352	50	376	465	96	1,559
2013	1,254	1,243	445	2,269	1,310	410	6,931
DHB	1,021	860	391	1,804	1,000	252	5,328
NGO	233	383	54	465	310	158	1,603

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 10. Central Region 0-19 yrs Clients by DHB Area (2013)



CENTRAL REGION CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the overall 0-19 year access rate from 2.04% to 2.94% (see Table 17 & Figure 12).
- Improvement in the access rates was seen in the 0-9 and the 15-19 year age groups only.
- Access rates by DHB showed an increase in access rates for four out of the six DHB areas: Hawke's Bay, Whanganui, Hutt Valley and Wairarapa (see Table 18).

In the second half of 2013:

- The Central region total client access rate of 2.94% was higher than the national average access rate of 2.64%.
- The Central region access rates were also very close to the MHC target rates for all three age groups (see Table 17).
- Access rates by age group showed that the 15-19 year age group (6.41%) was the only age group with an access rate that had exceeded the target rate (5.5%) set for that age group.
- Access rates for the 0-9 and 10-14 year age group, while close, have remained below target rates for the respective age groups.
- Access rate by DHB area showed that the Wairarapa DHB area had the highest overall access rate of 3.68% in the region, followed by Hutt Valley (3.30%), with both DHB areas exceeding the 3% target rate.
- Capital & Coast DHB area's access rate was at the 3.0% target rate, while Hawke's Bay, MidCentral and Whanganui DHB area access rates remained below the 3% target rate (see Table 18 & Figure 13).

Table 17. Central Region Client Access Rates by Age Group

YEAR	CENTRAL REGION CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL ACCESS RATES
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
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%
2010	0.79%	2.48%	4.23%	2.12%	2.02%
DHB	0.78%	2.22%	3.44%	1.84%	1.75%
NGO	0.01%	0.26%	0.79%	0.28%	0.27%
2011	0.89%	2.91%	4.99%	2.45%	2.36%
DHB	0.82%	2.25%	3.68%	1.91%	1.86%
NGO	0.07%	0.66%	1.31%	0.54%	0.50%
2012	0.50%	3.39%	6.37%	2.04%	1.98%
DHB	0.47%	2.62%	4.46%	1.54%	1.52%
NGO	0.03%	0.77%	1.91%	0.49%	0.46%
2013*	0.92%	3.38%	6.41%	2.94%	2.64%
DHB	0.85%	2.66%	4.59%	2.26%	2.06%
NGO	0.07%	0.72%	1.82%	0.68%	0.57%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 11. Central Region 0-19 yrs Client Access Rates (2004-2013)

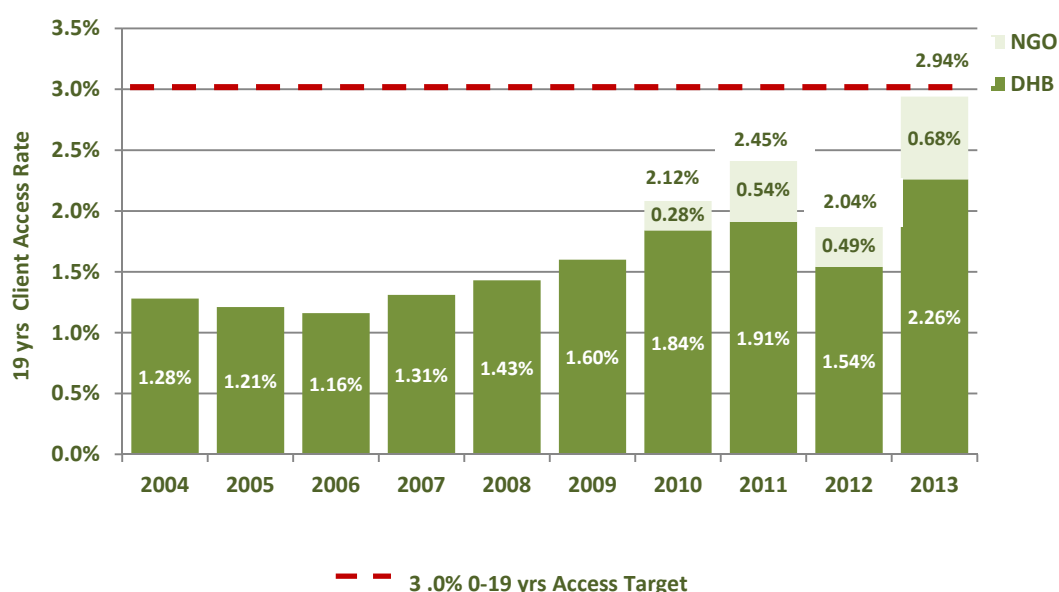
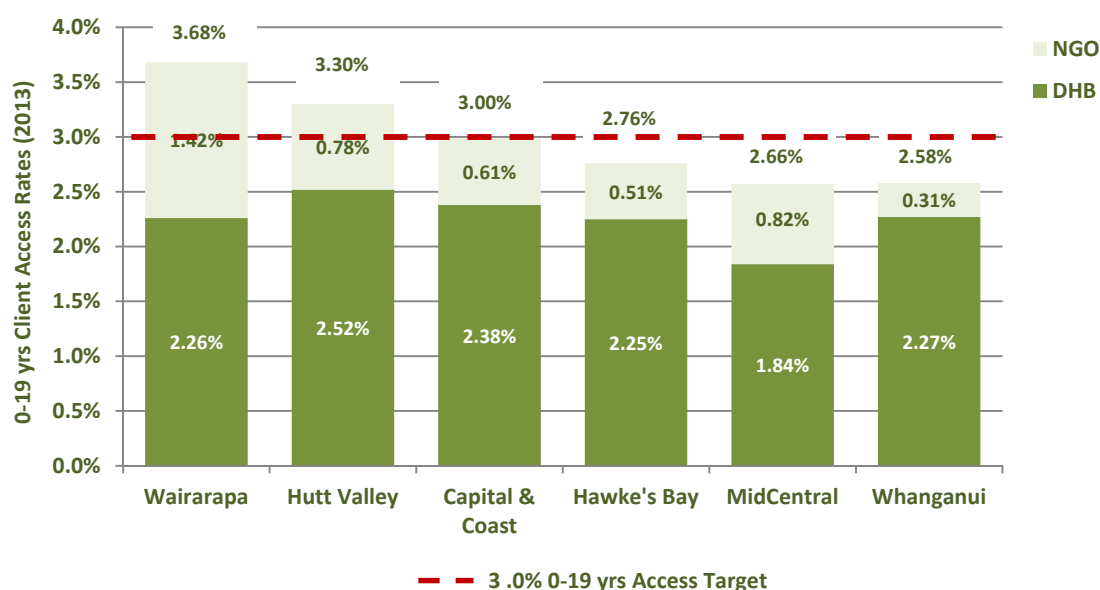


Table 18. Central Region 0-19 yrs Client Access Rate by DHB Area (2004-2013)

YEAR	CENTRAL REGION 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL
2004	1.18%	1.30%	1.78%	1.24%	1.25%	0.94%	1.28%
2005	1.28%	1.07%	1.78%	1.15%	1.12%	1.32%	1.21%
2006*	0.97%	1.05%	1.81%	1.15%	1.09%	1.72%	1.16%
2007	0.99%	1.35%	2.07%	1.31%	1.10%	2.06%	1.31%
2008	1.35%	1.52%	2.16%	1.31%	1.25%	1.71%	1.43%
2009	1.73%	1.72%	2.23%	1.52%	1.17%	1.65%	1.60%
2010	2.13%	2.02%	2.48%	1.95%	2.18%	2.87%	2.12%
DHB	1.79%	1.64%	2.33%	1.80%	1.95%	1.94%	1.40%
NGO	0.34%	0.38%	0.15%	0.15%	0.23%	0.93%	0.72%
2011	2.24%	2.25%	2.40%	2.57%	2.55%	3.03%	2.45%
DHB	1.84%	1.76%	2.14%	1.95%	1.93%	2.14%	1.91%
NGO	0.40%	0.49%	0.26%	0.62%	0.62%	0.89%	0.54%
2012	2.42%	3.56%	0.60%	3.72%	1.43%	1.31%	2.04%
DHB	1.94%	2.50%	0.52%	2.91%	1.01%	0.94%	1.54%
NGO	0.48%	1.06%	0.08%	0.81%	0.42%	0.36%	0.49%
2013*	2.76%	2.66%	2.58%	3.00%	3.29%	3.68%	2.94%
DHB	2.25%	1.84%	2.27%	2.38%	2.52%	2.26%	2.26%
NGO	0.51%	0.82%	0.31%	0.61%	0.78%	1.42%	0.68%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 12. 0-19 yrs Access Rate by DHB Area (2013)



CENTRAL REGION MĀORI OVERVIEW

CENTRAL REGION MĀORI INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 13% increase in the overall Māori 0-19 year population in the Central region since the 2006 Census (see Table 19).
- This increase was seen in all six DHB areas with the largest increase seen in the Capital & Coast DHB area by 19%, followed by Hawke's Bay and Wairarapa DHB areas both by 17%.
- Almost a quarter (22%) of New Zealand's Māori infant, child and adolescent population resided in the Central region (see Appendix A, Table 1).
- Māori infant, child and adolescent population made up 28% of the region's total 0-19 years population. Over half (51%) of the Māori 0-19 year population were male (see Figure 14).
- The largest proportion of the Māori 0-19 year population resided in both the Hawke's Bay and Whanganui (39%).

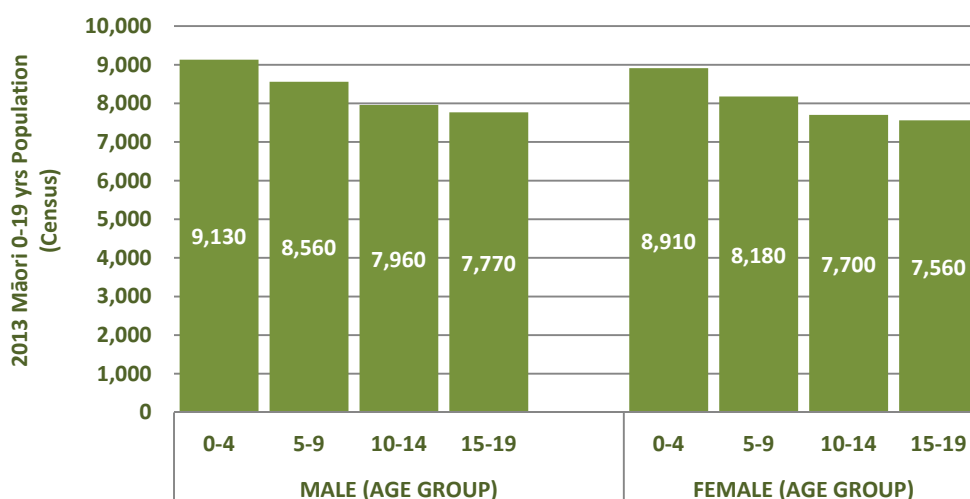
Table 19. Central Region Māori 0-19 Year Population

DHB AREA	CENTRAL REGION MĀORI 0-19 YR POPULATION (2006-2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities, 2013 ¹)	
CENTRAL	58,299	64,200	64,600	64,900	65,750	236,110	13
HAWKE'S BAY	15,024	16,980	17,000	16,970	17,600	45,440	17
MIDCENTRAL	12,738	13,900	14,090	14,210	14,520	46,800	14
WHANGANUI	6,729	7,070	6,940	6,850	6,780	17,210	1
CAPITAL & COAST	11,280	12,520	12,770	12,970	13,440	75,750	19
HUTT	9,810	10,850	10,970	11,080	10,220	39,760	4
WAIRARAPA	2,718	2,880	2,830	2,820	3,190	11,150	17

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 13. Central Region Māori 0-19 yrs Population by Age Group & Gender (2013)



CENTRAL REGION MĀORI ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all six DHB (Inpatient & Community) ICAMH/AOD services and from all 23 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a slight increase in the Central region Māori workforce from 83 to 84 (76.47 actual FTEs) (see Table 20 & Figure 15).
- This increase was seen in the DHB services by 7 (from 42 to 49 headcount), mainly in the Capital & Coast DHB services, from 21 to 30 (headcount).
- The increase in the Māori workforce was largely seen in the Non-Clinical workforce from 40 to 45 (see Table 21 & Figure 16).

As at 30 June 2014:

- Capital & Coast DHB area reported the largest Māori workforce in the region (35) (see Table 20 & Figure 15).
- There were more Māori staff in DHB services (49) than in NGOs (35).
- The majority of the workforce (46%) was in Clinical roles as Nurses (10) and Social Workers (7) (see Table 22 & Figure 17).
- The Māori Non-Clinical workforce was mainly comprised of Mental Health Support Workers (14).

Table 20. Central Region Māori ICAMH/AOD Workforce (Headcount, 2006-2014)

DHB AREA	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
HAWKE'S BAY	6	5	5	8	7	6	21	7	5	9	12	26	12	13	16
MIDCENTRAL	4	1	1	6	5	4	8	10	8	7	8	9	11	14	12
WHANGANUI	3	6	4	3	1	2	1	1	4	5	5	7	5	7	6
CAPITAL & COAST ¹	23	28	25	21	30	1	1	-	7	5	24	29	25	28	35
HUTT	4	3	1	1	2	2	7	3	15	8	6	10	4	16	10
WAIRARAPA	3	3	1	3	4	1	1	1	2	1	4	4	2	5	5
TOTAL	43	46	37	42	49	16	39	26	41	35	59	85	63	83	84

1. Includes Inpatient Workforce

Figure 14. Central Region Māori ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

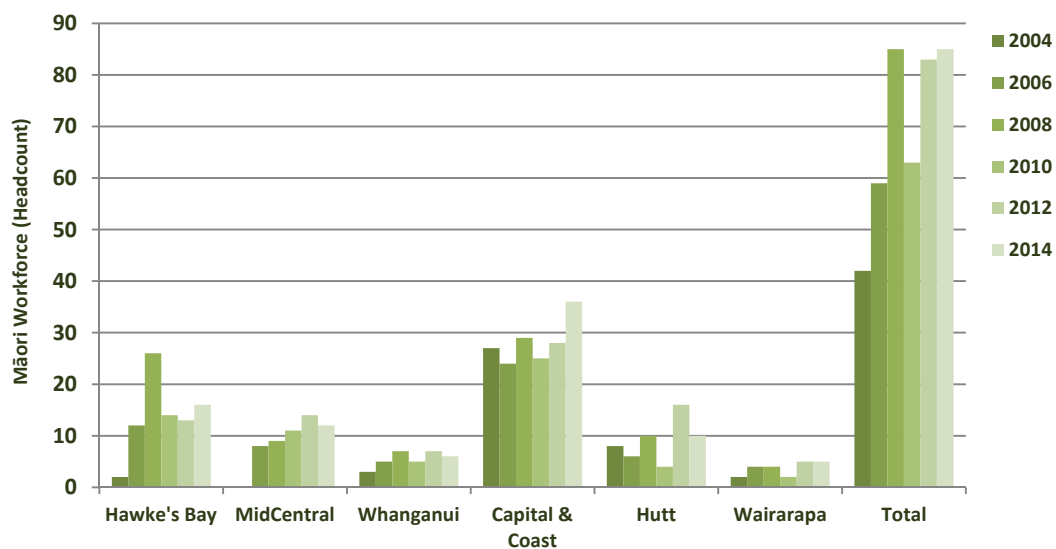


Table 21. Central Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

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
2012	2	4	6	20	16	36	21	20	41	43	40	83
2014	3	4	7	23	19	42	13	22	35	39	45	84

Note: Non-Clinical Workforce Includes Administration/Management Staff

Figure 15. Central Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce

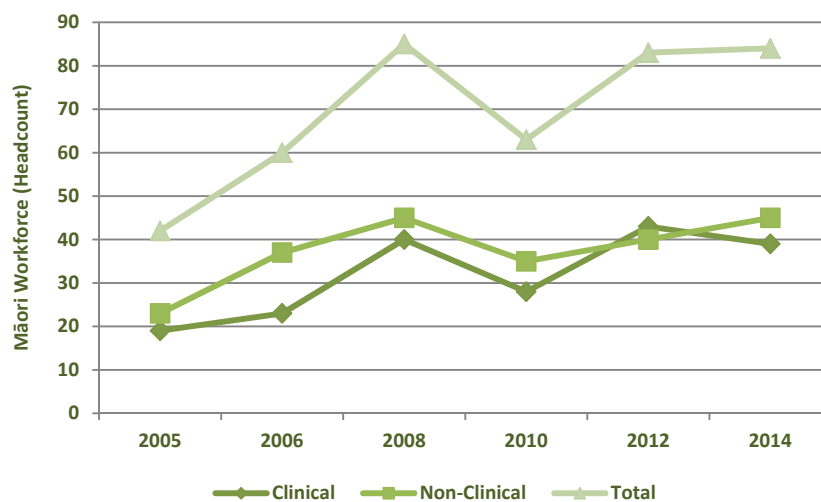
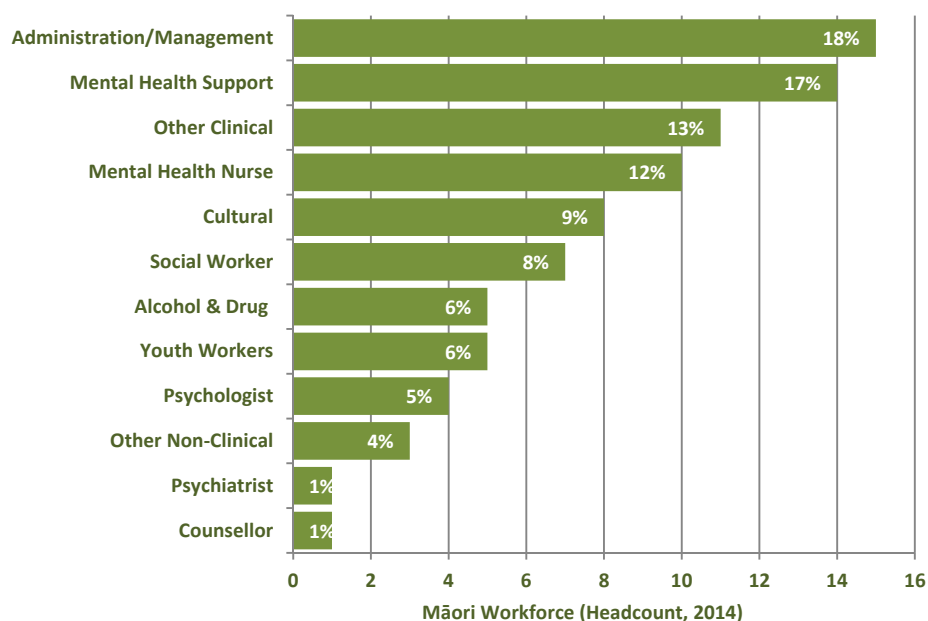


Table 22. Central Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGO	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	5	5
COUNSELLOR	-	1	1	-	1
MENTAL HEALTH NURSE	3	6	9	1	10
OCCUPATIONAL THERAPIST	-	-	-	-	-
PSYCHIATRIST	-	1	1	-	1
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	4	4	-	4
SOCIAL WORKER	-	5	5	2	7
OTHER CLINICAL ¹	-	6	6	5	11
CLINICAL SUB-TOTAL	3	23	26	13	39
CULTURAL APPOINTMENT	2	6	8	-	8
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	2	4	6	8	14
YOUTH WORKER	-	-	-	5	5
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	1	1	2	3
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	4	11	15	15	30
ADMINISTRATION/MANAGEMENT	-	8	8	7	15
REGIONAL TOTAL 2014	7	42	49	35	84

1. Other Clinical Group = DHB: Service Coordinator; Intern Psychologist. NGO: Health Practitioner, GP, Community Nurse; MST Therapist
2. Other Non-Clinical Group = DHB: Art Facilitator. NGO: Advocacy Peer Support; Artist Tutor; Facilitator

Figure 16. Central Region Total Māori ICAMH/AOD Workforce (2014)



DHB INPATIENT MĀORI ICAMH WORKFORCE

From 2012 to 2014:

- There was an increase of 1 Māori staff reported by the Inpatient service, from 6 to 7 (see Table 21).

As at 30 June 2014:

- The Capital & Coast DHB Inpatient Services reported 7 Māori staff (headcount, 6.5 actual FTEs) (see Table 22).
- Māori Inpatient staff were in Non-Clinical roles in Cultural positions and Mental Health Support roles.
- Three Māori staff held Clinical positions as Mental Health Nurses.

DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was an increase of 6 Māori staff in the DHB Community ICAMH services from 36 to 42 (headcount) (see Table 21).
- Four out of the six DHB Community ICAMHS reported an increase in their Māori workforce. Capital & Coast DHB reported the largest increase of 8, from 21 to 23 (headcount).

As at 30 June 2014:

- Capital & Coast DHB reported the largest Māori Community workforce in the region (23).
- The DHB Community Māori staff were mainly in Clinical roles, largely as Mental Health Nurses (9), Other Clinical roles (6) and Social Workers (5) (see Table 22).
- Non-Clinical Māori staff were in Cultural (6) and Administration/Management roles (8).

NGO MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a decrease of 6 Māori staff reported by the NGOs, from 41 to 35 (see Table 21).
- This decrease was seen in the Clinical workforce, by 8.

As at 30 June 2014:

- 15 NGOs reported a total 35 Māori staff (see Table 20).
- Hawke's Bay DHB area reported the largest Māori NGO workforce (9).
- The Māori NGO Non-Clinical staff were largely Mental Health Support Workers (8) and Youth Workers (5) (see Table 22).
- The Māori NGO Clinical workforce was Alcohol and Drug Workers (5) and in a range of Other Non-Clinical roles such as MST Therapists, Health Practitioners and GPs.

CENTRAL REGION MĀORI ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- There continued to be an increasing trend in the number of Māori clients accessing services in the Central region.
- There was an overall 6% increase in Māori clients accessing services from 2012 to 2013 (see Table 23 & Figure 19).
- This increase was largely seen in the Māori female client group by 12%, while Māori male clients had increased by 2% from 2012 to 2013.
- Māori clients by DHB area showed that five of the six DHB areas, except the Hutt Valley DHB area, reported an increase in overall Māori client numbers. The largest increase was seen in the Whanganui DHB area by 16% (see Table 24).
- Services in the Hutt Valley DHB area reported a decrease in Māori clients by 6%.

In the second half of 2013:

- Māori clients made up 33% of the total number of clients accessing services in the Central region (see Table 23).
- Māori males made up the majority (56%) of the total Māori clients accessing services.
- The majority (68%) of all Māori clients were seen by DHB services and 32% were seen by NGOs.
- Capital & Coast DHB area continued to report the largest number of Māori clients accessing services in the region followed by the Hawke's Bay DHB area (see Table 24 & Figure 20).
- In the Wairarapa DHB area, half (51%) of the total Māori clients accessing services in this DHB area was seen by NGOs.

Table 23. Central Region Māori 0-19 yrs Clients by Gender

YEAR	CENTRAL REGION MĀORI 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (All Ethnicities)
	MALE	FEMALE	TOTAL	
2004	425	268	693	1,930
2005	401	267	668	2,726
2006	381	290	671	2,777
2007	453	307	760	3,238
2008	426	262	688	3,419
2009	603	377	980	3,813
2010	868	567	1,435	5,061
<i>DHB</i>	661	450	1,111	4,392
<i>NGO</i>	207	117	324	669
2011	1,141	710	1,851	5,797
<i>DHB</i>	750	471	1,221	4,524
<i>NGO</i>	391	239	630	1,273
2012	1,243	882	2,125	6,440
<i>DHB</i>	774	571	1,345	4,881
<i>NGO</i>	469	311	780	1,559
2013	1,266	991	2,257	6,931
<i>DHB</i>	834	697	1,531	5,328
<i>NGO</i>	432	294	726	1,603

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009 = DHB Only

Figure 17. Central Region Māori 0-19 yrs Clients (2004-2013)

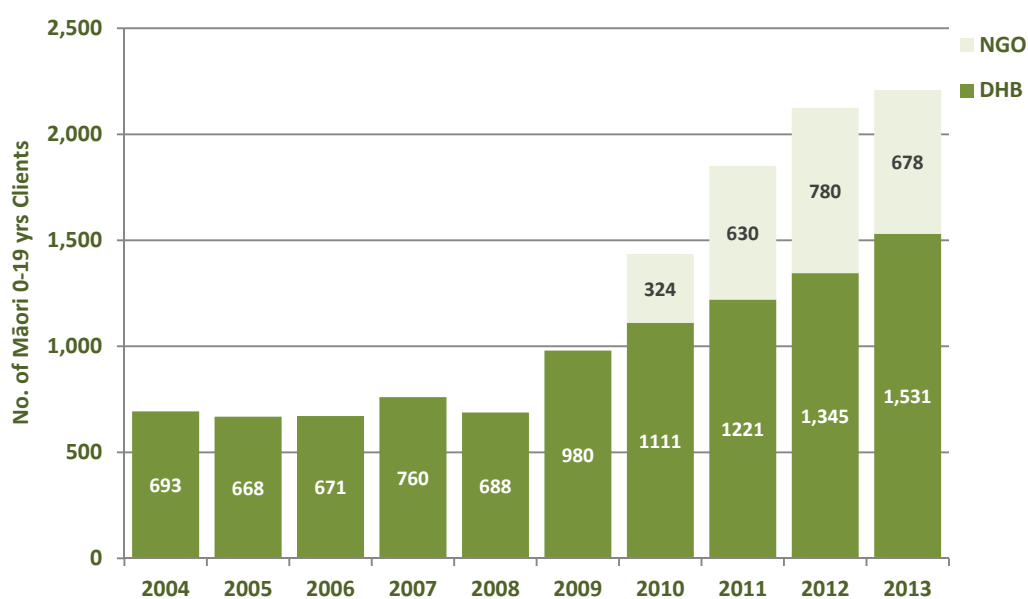
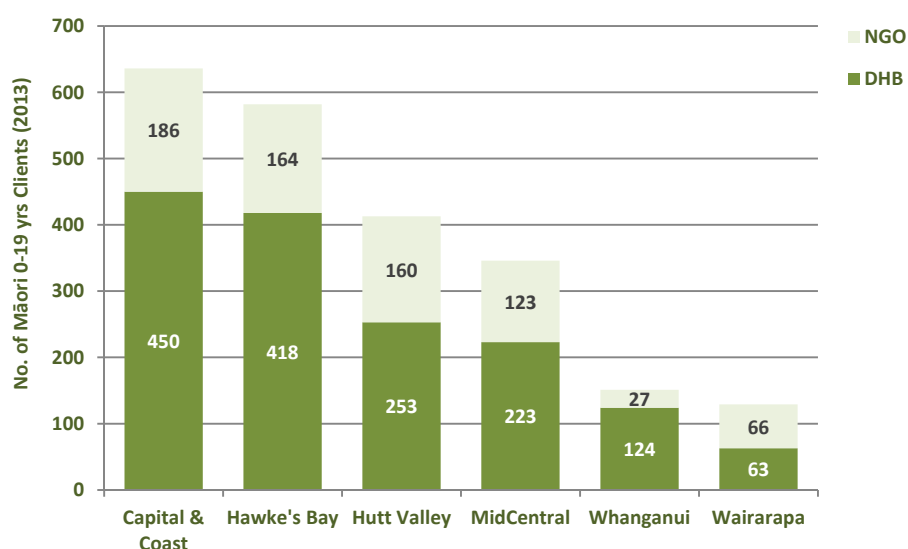


Table 24. Central Region Māori 0-19 yrs Clients by DHB Area

YEAR	CENTRAL REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL MĀORI CLIENTS
2004	141	126	93	188	117	28	693
2005	125	140	97	147	118	35	662
2006*	160	127	99	158	104	46	694
2007	173	127	109	156	124	71	760
2008	234	158	116	168	132	42	850
2009	274	172	108	248	134	44	980
2010	377	240	165	391	180	82	1,435
DHB	272	166	120	345	164	44	1,111
NGO	105	74	45	46	16	38	324
2011	462	275	141	577	304	92	1,851
DHB	333	187	112	348	189	52	1,221
NGO	129	88	29	229	115	40	630
2012	517	305	130	617	440	116	2,125
DHB	344	177	100	419	241	64	1,345
NGO	173	128	30	198	199	52	780
2013*	582	346	151	636	413	129	2,257
DHB	418	223	124	450	253	63	1,531
NGO	164	123	27	186	160	66	726

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only; *DHB+NGO Data. *Access Rates calculated using Census of Population

Figure 18. Central Region Māori 0-19 yrs Clients by DHB Area (2013)



CENTRAL REGION MĀORI CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. However, due to the lack of epidemiological data for the Māori tamariki and rangatahi population, Blueprint access benchmarks for Māori were set at 6.0% over a 6-month period, 3.0% higher than the general population due to a higher need for mental health services (Mental Health Commission, 1998).

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- The overall regional Māori access rate had increased from 2.64% to 3.43% (see Table 25 & Figure 21).
- Access rates by age group showed improvements in the 0-9 year age group only.
- Access rates by DHB area showed improvements in four out of the six DHB areas: Whanganui, Capital & Coast, Hutt Valley and Wairarapa (see Table 26).

In the second half of 2013:

- The overall regional Māori access rate of 3.43% was also higher than the regional average rate of 2.94% and the national Māori access rate of 3.28% (see Table 25).
- Access rates by age group showed that the Māori access rates for the 10-14 (4.09%) and 15-19 (8.37%) year age groups had exceeded the target rates set for the respective age groups (3.9% & 5.5%).
- Services in the Capital & Coast DHB area reported the highest Māori access rate of 4.73%, followed by Hutt Valley (4.04%), Wairarapa (4.04%) and Hawke's Bay (3.31%) DHB areas exceeding the 3.0% target for the general 0-19 year population (see Table 26 & Figure 22).
- While regional Māori access rates had exceeded the targets set by the MHC for the general 0-19 population, the regional Māori access rate of 3.43% has not increased at a rate that is relative to need and has yet to reach the 6.0% recommended rate for Māori.

Table 25. Central Region Māori Client Access Rates by Age Group

YEAR	CENTRAL REGION MĀORI CLIENTS BY AGE GROUP (2004-2013)				National Māori Access Rates (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2004	0.48%	1.62%	2.92%	1.31%	0.98%
2005	0.41%	1.71%	2.62%	1.24%	1.05%
2006*	0.30%	1.41%	2.56%	1.11%	1.24%
2007	0.34%	1.34%	2.82%	1.17%	1.32%
2008	0.38%	1.58%	3.12%	1.32%	1.56%
2009	0.52%	1.84%	3.39%	1.50%	1.76%
2010	0.60%	2.54%	5.52%	2.17%	2.32%
DHB	0.58%	2.05%	3.90%	1.68%	1.86%
NGO	0.02%	0.49%	1.62%	0.49%	0.46%
2011	0.86%	3.60%	6.64%	2.81%	2.91%
DHB	0.71%	2.26%	4.16%	1.85%	2.05%
NGO	0.15%	1.34%	2.48%	0.96%	0.86%
2012	0.48%	4.75%	9.89%	2.64%	2.57%
DHB	0.40%	2.99%	5.84%	1.67%	1.72%
NGO	0.08%	1.75%	4.05%	0.97%	0.85%
2013*	0.96%	4.09%	8.37%	3.43%	3.28%
DHB	0.80%	2.72%	5.39%	2.33%	2.27%
NGO	0.16%	1.37%	2.97%	1.10%	1.00%
Total Regional Access Rates 2013 (All Ethnicities)	0.92%	3.38%	6.41%	2.94%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 19. Central Region Māori 0-19 yrs Client Access Rates (2004-2013)

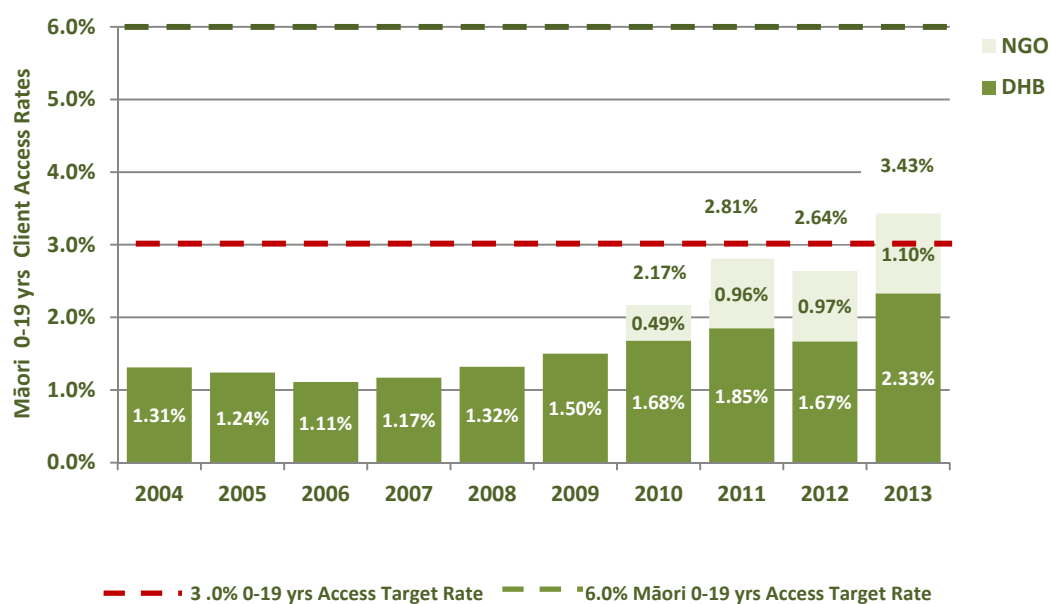
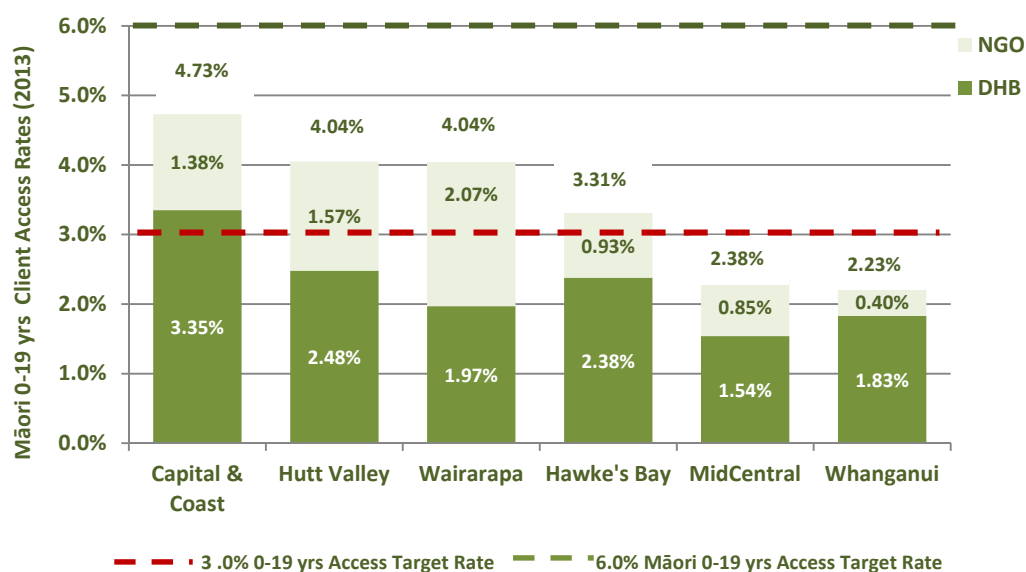


Table 26. Central Region Māori 0-19 yrs Access Rates by DHB Area

YEAR	CENTRAL REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL
2004	1.80%	0.93%	1.26%	1.57%	1.15%	0.95%	1.31%
2005	1.60%	0.89%	1.32%	1.21%	1.14%	1.19%	1.24%
2006*	0.98%	0.93%	1.41%	1.27%	1.00%	1.64%	1.11%
2007	1.03%	0.92%	1.54%	1.25%	1.16%	2.07%	1.17%
2008	1.38%	1.14%	1.63%	1.34%	1.22%	1.46%	1.32%
2009	1.58%	1.21%	1.52%	1.92%	1.21%	1.51%	1.50%
2010	2.16%	1.67%	1.91%	3.00%	1.86%	2.82%	2.17%
DHB	1.56%	1.16%	1.69%	2.64%	1.46%	1.51%	1.68%
NGO	0.60%	0.51%	0.22%	0.36%	0.40%	1.31%	0.49%
2011	2.64%	1.90%	2.00%	4.47%	2.74%	3.16%	2.81%
DHB	1.90%	1.30%	1.59%	2.69%	1.70%	1.79%	1.85%
NGO	0.74%	0.60%	0.41%	1.78%	1.04%	1.37%	0.96%
2012	4.15%	2.80%	0.71%	4.10%	2.59%	1.69%	2.64%
DHB	2.76%	1.62%	0.55%	2.78%	1.42%	0.93%	1.67%
NGO	1.39%	1.17%	0.16%	1.31%	1.17%	0.76%	0.97%
2013*	3.31%	2.38%	2.23%	4.73%	4.04%	4.04%	3.43%
DHB	2.38%	1.54%	1.83%	3.35%	2.48%	1.97%	2.33%
NGO	0.93%	0.85%	0.40%	1.38%	1.57%	2.07%	1.10%

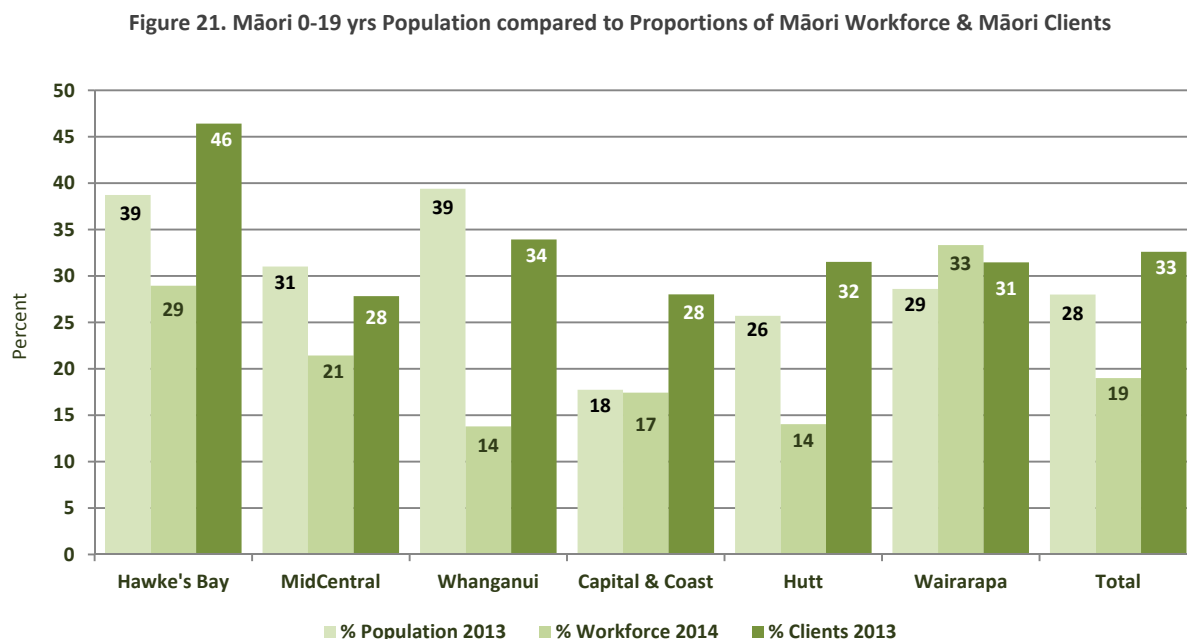
Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 20. Central Region Māori 0-19 yrs Access Rates by DHB Area (2013)



CENTRAL REGION MĀORI WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, Māori infants, children and adolescents made up 28% of the region's population and the Māori workforce (69, excluding the Administration/Management workforce) made up 19% of the total Midland region workforce (360).
- Due to very little change in the regional Māori workforce from 2012 to 2014, the regional Māori workforce continued to be less than proportional to the regional Māori population.
- When the percentage of Māori clients accessing services in the region (33%, second 6 months of 2013) was compared with the Māori workforce (19%), the disparity between the workforce and clients was even more evident at the regional and individual DHB levels (see Figure 23).
- Workforce and client comparisons conducted on individual DHB areas in the Central region showed significant disparities between the workforce and clients in the Hawke's Bay, Whanganui, Capital & Coast and Hutt DHB areas (see Figure 24).
- Therefore, given the increasing trend in the number of Māori clients accessing services in the Central region, there is a need to focus on increasing the Māori workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future needs of the Māori infant, child and adolescent population.



CENTRAL REGION PACIFIC OVERVIEW

CENTRAL REGION PACIFIC INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 12% increase in the regional Pacific 0-19 year population since the 2006 Census (see Table 27).
- This increase was seen in all six DHB areas with the largest increase seen in the Whanganui DHB area by 41%, followed by Hawke's Bay (by 35%) and MidCentral (by 30%) DHB areas.
- The Central region continued to have the second largest Pacific infant, child and adolescent population (15%) in the country (see Appendix A, Table 1).
- Pacific infants, children and adolescents made up 7% of the region's infant, child and adolescent population. Over half (51%) were male.
- Almost half (45%) of the region's Pacific 0-19 year population resided in the Capital & Coast DHB area, followed by Hutt Valley (24%).

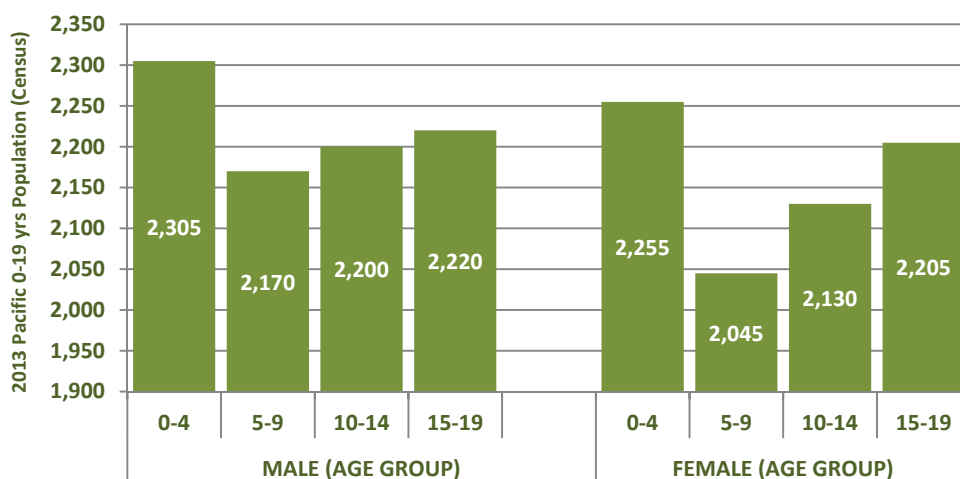
Table 27. Central Region Pacific 0-19 Year Population

DHB AREA	CENTRAL REGION PACIFIC 0-19 YEAR POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION 2013 ¹ (All Ethnicities)	
CENTRAL	15,633	17,365	17,355	17,400	17,520	236,110	12%
HAWKE'S BAY	1,764	2,130	2,220	2,290	2,380	45,440	35%
MIDCENTRAL	1,551	1,700	1,700	1,700	2,010	46,800	30%
WHANGANUI	405	415	390	365	570	17,210	41%
CAPITAL & COAST	7,602	8,420	8,320	8,240	7,900	75,750	4%
HUTT	4,017	4,410	4,440	4,520	4,290	39,760	7%
WAIRARAPA	294	290	285	285	370	11,150	26%

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 22. Central Region Pacific 0-19 yrs Population by Age Group & Gender (2013)



CENTRAL REGION PACIFIC ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all six DHB (Inpatient & Community) ICAMH/AOD services and from all 23 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a slight increase in the Central region total Pacific workforce by 5, from 22 to 27 (20.5 actual FTEs) (see Table 28 & Figure 25).
- This increase was seen in both DHB and NGO services in the Capital & Coast DHB area, from 17 to 24.
- The increase was seen in the Non-Clinical workforce, from 14 to 21, while the Clinical workforce had decreased from 8 to 6 (see Table 29 & Figure 26).

As at 30 June 2014:

- Capital & Coast DHB continued to report the largest Pacific workforce in the region (see Table 28 & Figure 25).
- The Pacific workforce was mainly employed in DHB services (18) in largely Non-Clinical roles (Mental Health Support Workers) (see Table 30 & Figure 27).
- The sub-ethnicity of the Pacific staff were mainly Samoan, followed by Cook Island Māori and Tokelauan, all fluent or semi fluent in their languages.

Table 28. Central Region Pacific ICAMH/AOD Workforce (Headcount, 2006-2014)

DHB AREA	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
HAWKE'S BAY	-	1	-	-	-	-	-	1	-	1	-	1	1	-	1
MIDCENTRAL	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-
WHANGANUI	-	-	-	-	-	-	2	-	1	-	-	2	-	1	-
CAPITAL & COAST ¹	7	12	17	14	18	7	2	2	3	6	14	14	19	17	24
HUTT	-	1	2	2	-	1	2	1	1	2	1	3	3	3	2
WAIRARAPA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	7	14	19	16	18	8	6	4	6	9	15	20	23	22	27

1. Includes Inpatient Services

Figure 23. Central Pacific ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

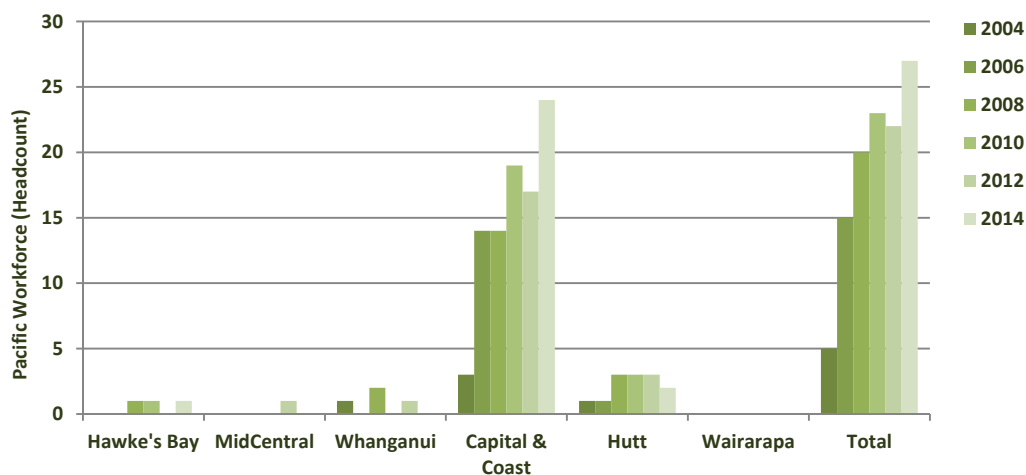


Table 29. Central Region Pacific Clinical & Non-Clinical Workforce (Headcount, 2004-2014)

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
2012	1	6	7	6	3	9	1	5	6	8	14	22
2014	1	6	7	4	7	11	1	8	9	6	21	27

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 24. Central Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce

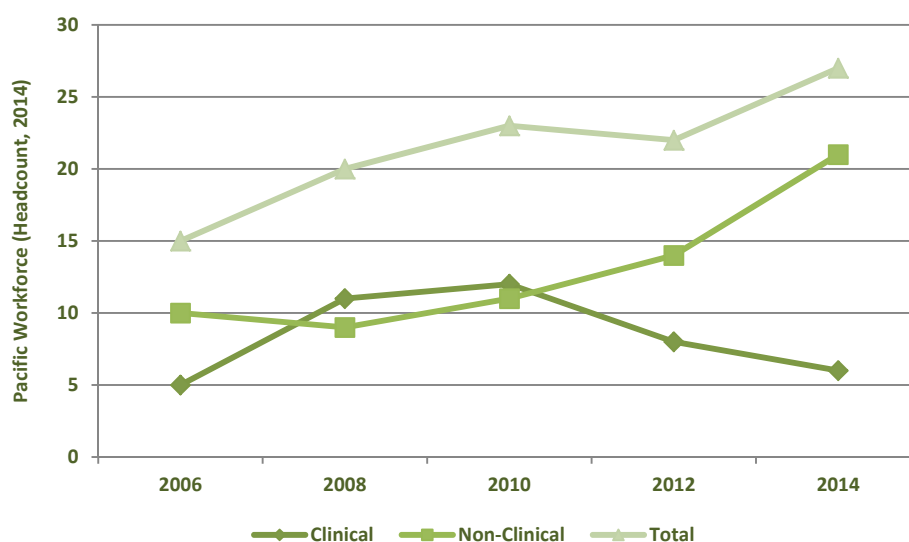


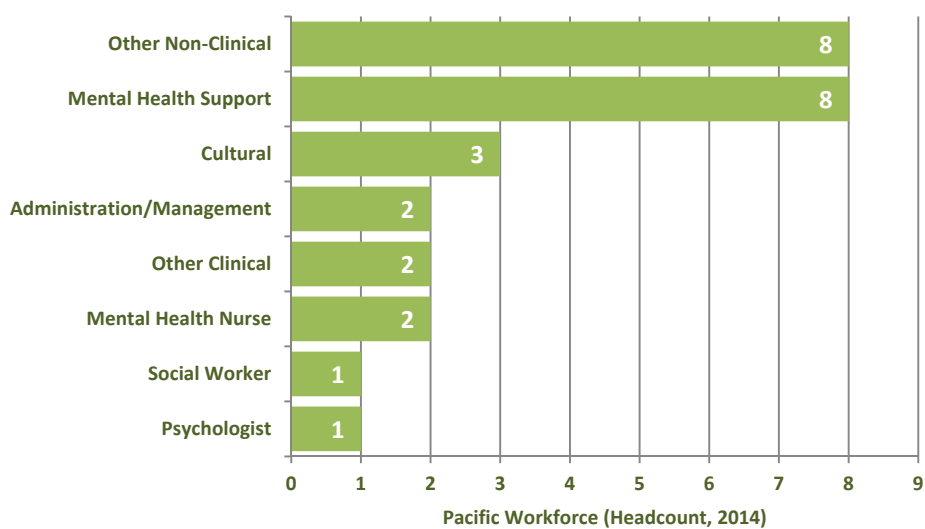
Table 30. Central Region Pacific ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	-	-
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	1	1	2	-	2
OCCUPATIONAL THERAPIST	-	-	-	-	-
PSYCHIATRIST	-	-	-	-	-
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	1	1	-	1
SOCIAL WORKER	-	1	1	-	1
OTHER CLINICAL APPOINTMENT ¹	-	1	1	1	2
CLINICAL SUB-TOTAL	1	4	5	1	6
CULTURAL APPOINTMENT	1	2	3	-	3
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	5	2	7	1	8
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	1	1	7	8
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	6	5	11	8	19
ADMINISTRATION/MANAGEMENT	-	2	2	-	2
REGIONAL TOTAL	7	11	18	9	27

1. Other Clinical Group = Family Therapist

2. Other Non-Clinical Group = Youth Worker, Link Worker, Generic CAMHS Workers, Community Navigator

Figure 25. Central Region Total Pacific ICAMH/AOD Workforce by Occupational Group (2014)



DHB INPATIENT PACIFIC ICAMH WORKFORCE

From 2012 to 2014:

- There was no change in Pacific staff numbers. The Pacific workforce has remained at 7 (see Table 28).

As at 30 June 2014:

- Pacific staff at the Inpatient Service largely held Non-Clinical positions as Mental Health Support Workers (5) (see Table 30).
- One Pacific staff held a Clinical position as a Mental Health Nurse.

DHB COMMUNITY PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was an increase of 2 Pacific staff in the DHB Community workforce from 9 to 11 (8.8 actual FTEs) (see Table 28).

As at 30 June 2014:

- The Pacific workforce in DHB community services was mainly in Non-Clinical positions as Mental Health Support roles (2) and Cultural Appointments (2).

NGO PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was an increase in the Pacific NGO workforce from 6 to 9 (see Table 28).
- This increase was seen in the Capital & Coast DHB NGOs in the Non-Clinical workforce, from 5 to 8.

As at 30 June 2014:

- Four NGOs reported a total of 9 Pacific staff; of which 1 was a Pacific service (*Taeaomanino Trust*). This service reported 3 of the 6 Pacific staff in the region.
- The Pacific NGO workforce was largely in Non-Clinical roles as Mental Health Support Workers (4) (see Table 30).

CENTRAL REGION PACIFIC CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- There continued to be an increasing trend in the number of Pacific clients accessing services in the Central region.
- There was an overall 19% increase in Pacific clients accessing services from 2012 to 2013 (see Table 31 & Figure 29).
- While an increase was seen in both Pacific male and female client numbers, there was a larger increase in the numbers of Pacific female clients by 27%.
- Pacific clients by DHB area showed that five of the six of the DHB areas, except the Hutt Valley DHB area, reported an increase in overall Pacific client numbers.
- There was a 23% decrease in the numbers of Pacific clients in the Hutt Valley DHB area (see Table 32).

In the second half of 2013:

- Pacific clients made up 5% of the total number of clients accessing services in the Central region (see Table 31).
- Pacific male clients made up the majority (52%) of the clients accessing services.
- 58% of all Pacific clients were seen by DHB services and 42% were seen by NGOs.
- Services in the Capital & Coast DHB area continued to report the largest number of Pacific clients (220) accessing services in the region, followed by services in the Hutt Valley DHB area (54) (see Table 32 & Figure 30).
- 58% of the Pacific clients accessing services in the region were seen by DHB services and 42% were seen by NGOs.
- In the Capital & Coast DHB area, nearly half (49%) of the total Pacific clients accessing services were seen by NGOs.

Table 31. Central Region Pacific 0-19 yrs Clients by Gender

YEAR	CENTRAL REGION PACIFIC 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (ALL ETHNICITIES)
	MALE	FEMALE	TOTAL	
2004	34	31	65	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
2010	107	71	178	5,061
DHB	89	60	149	4,392
NGO	18	11	29	669
2011	166	102	268	5,797
DHB	95	59	154	4,524
NGO	71	43	114	1,273
2012	158	131	289	6,440
DHB	84	71	155	4,881
NGO	74	60	134	1,559
2013	179	166	345	6,931
DHB	98	101	199	5,328
NGO	81	65	146	1,603

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 26. Central Region Pacific 0-19 yrs Clients (2004-2013)

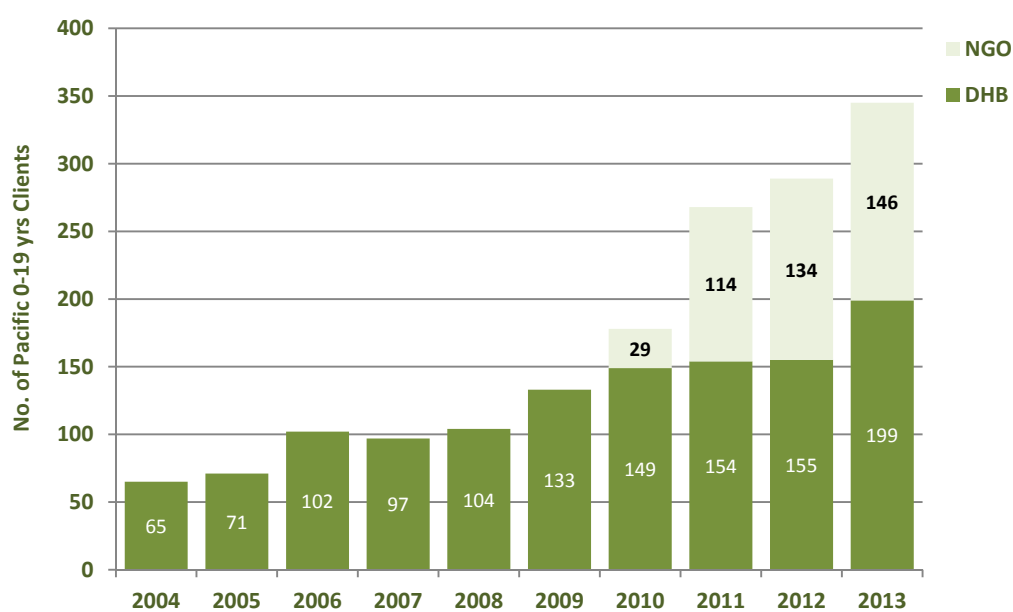
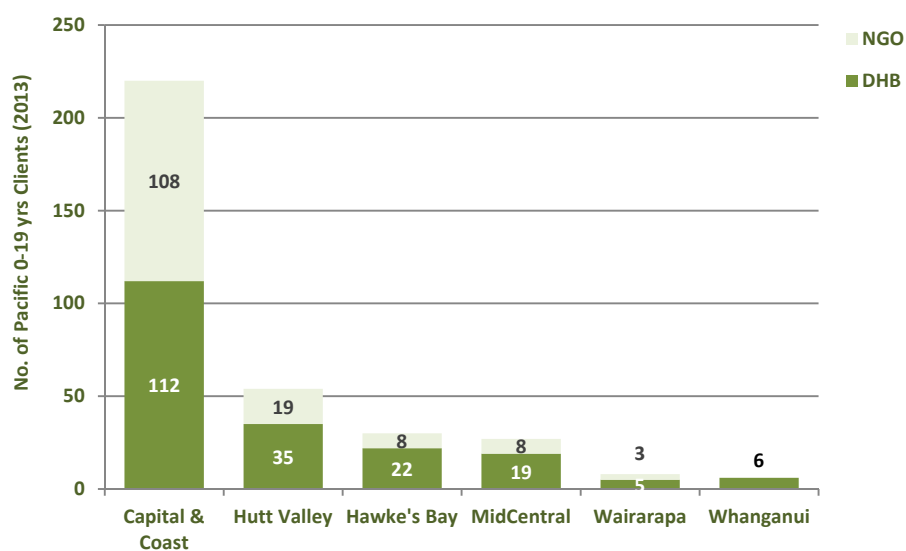


Table 32. Central Region Pacific 0-19 yrs Clients by DHB Area

YEAR	CENTRAL REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						TOTAL PACIFIC
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	
2004	6	7	2	37	13	1	66
2005	5	3	5	41	17	-	71
2006	7	6	6	61	20	2	102
2007	7	8	3	54	19	6	97
2008	11	11	7	49	23	3	104
2009	16	10	12	69	25	1	133
2010	20	13	7	93	42	3	178
DHB	14	8	3	80	42	2	149
NGO	6	5	4	13	-	1	29
2011	23	19	5	151	66	4	268
DHB	15	15	5	74	43	2	154
NGO	8	4	-	77	23	2	114
2012	25	15	4	167	70	8	289
DHB	20	11	3	75	40	6	155
NGO	5	4	1	92	30	2	134
2013	30	27	6	220	54	8	345
DHB	22	19	6	112	35	5	199
NGO	8	8	-	108	19	3	146

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 27. Central Region Pacific 0-19 yrs Clients by DHB Area



CENTRAL REGION PACIFIC CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Pacific 0-19 year population, there are no specific Blueprint access benchmarks for Pacific, therefore the Pacific access rates have been compared to the rates for the general 0-19 years population. However, the Pacific population experience higher levels of mental health disorder than the general population (Ministry of Health, 2006) and therefore, the general recommended target access rates may be a conservative estimate of actual need for the Pacific population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2011 to 2013:

- The overall regional Pacific access rate had increased from 0.72% to 1.97% (see Table 33 & Figure 31).
- Access rates by age group showed improvements in all three age groups especially in the 0-9 year age group.
- Access rates by DHB area also showed improvements in Pacific access rates in all six DHB areas in the region (see Table 34).

In the second six months of 2013:

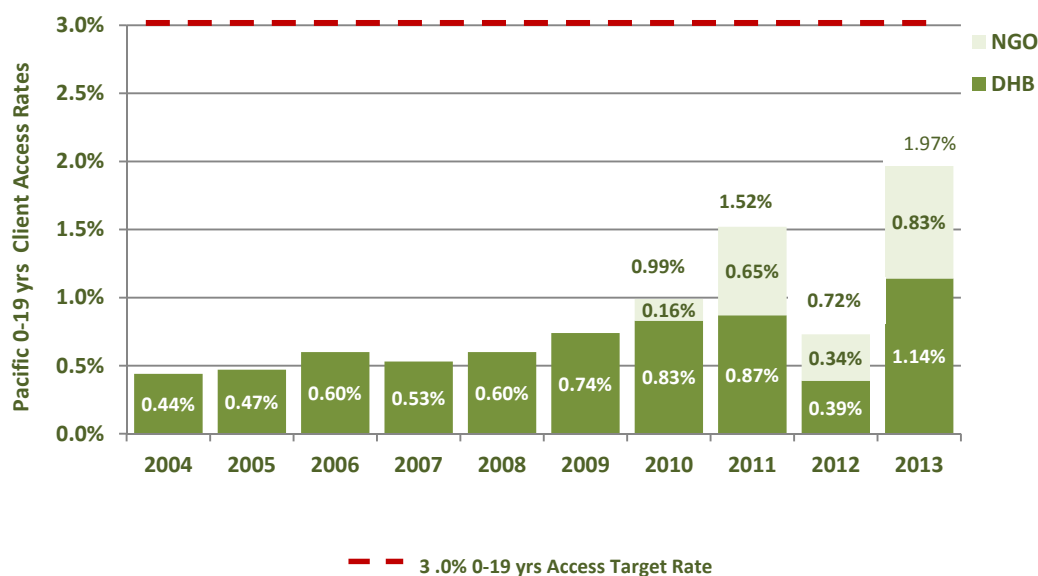
- The overall Central region Pacific access rate of 1.97% was higher than the national average Pacific access rate of 1.57% (see Table 33).
- However, when compared to the average regional access rate (all ethnicities) of 2.94%, the Pacific access rate remains relatively low.
- Capital & Coast had the highest Pacific access rate of 2.78% which was the only rate in the region that was close to the recommended rate of 3.0% for the 0-19 year population (see Table 34 & Figure 32).
- Therefore, despite improvements in the regional Pacific access rates, the Pacific access rates for all three age groups (especially in the 10-14 year age group) remained significantly below the recommended rates set by the MHC (1998).

Table 33. Central Region Pacific 0-19 yrs Client Access Rates

YEAR	CENTRAL REGION PACIFIC ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL PACIFIC ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2004	0.28%	0.44%	0.77%	0.44%	0.41%
2005	0.23%	0.52%	0.92%	0.47%	0.51%
2006*	0.26%	0.67%	1.23%	0.60%	0.63%
2007	0.13%	0.84%	1.05%	0.53%	0.69%
2008	0.23%	0.71%	1.26%	0.60%	0.92%
2009	0.30%	0.82%	1.66%	0.74%	0.99%
2010	0.40%	0.92%	2.42%	0.99%	1.21%
DHB	0.39%	0.85%	1.81%	0.83%	1.09%
NGO	0.01%	0.07%	0.61%	0.16%	0.12%
2011	0.40%	2.23%	3.25%	1.52%	1.43%
DHB	0.34%	0.96%	1.96%	0.87%	1.22%
NGO	0.06%	1.27%	1.29%	0.65%	0.21%
2012	0.10%	2.30%	4.47%	0.72%	0.92%
DHB	0.09%	0.99%	2.34%	0.39%	0.75%
NGO	0.01%	1.31%	2.13%	0.34%	0.17%
2013*	0.44%	2.40%	4.56%	1.97%	1.57%
DHB	0.41%	1.13%	2.58%	1.14%	1.27%
NGO	0.03%	1.27%	1.99%	0.83%	0.30%
REGIONAL RATE 2013 (ALL ETHNICITIES)	0.92%	3.38%	6.41%	2.94%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 28. Central Region Pacific 0-19 yrs Client Access Rates (2004-2013)



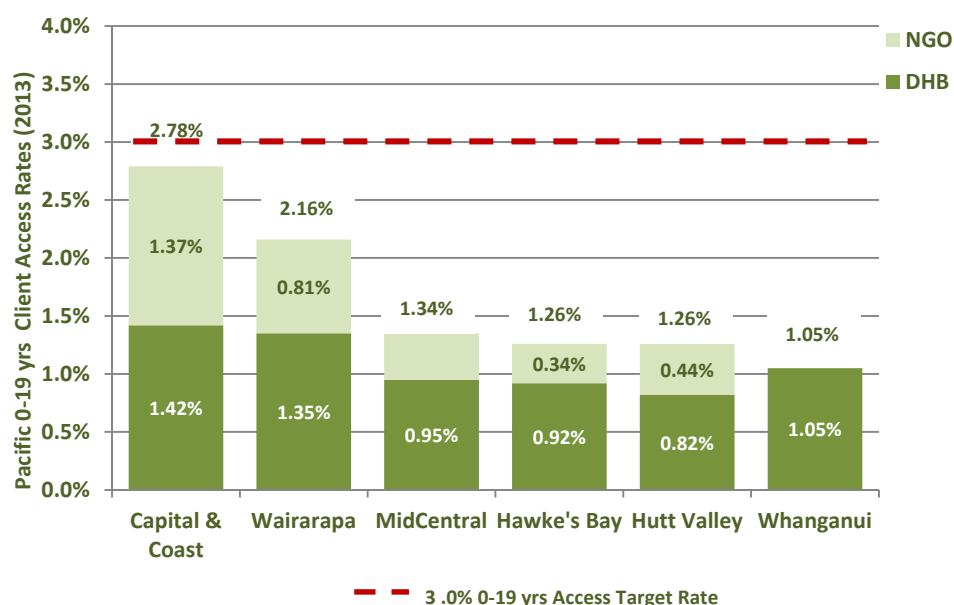
While Pacific access rates by DHB area are presented (see Table 37 & Figure 26), data should be interpreted with caution due to very small numbers (< 20) of Pacific clients accessing services within individual DHB areas in the region (see Table 35). When numbers are low, access rates based on the combined number of Pacific clients in the Central region (i.e. regional access rates) produce more meaningful access rates for the Pacific population.

Table 34. Pacific 0-19 yrs Client Access Rates by DHB Area (2004-2013)

YEAR	CENTRAL REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL
2004	1.88%	0.45%	0.53%	0.44%	0.32%	0.34%	0.44%
2005	1.61%	0.19%	1.32%	0.49%	0.41%	0.00%	0.47%
2006	0.35%	0.36%	1.63%	0.72%	0.49%	0.71%	0.60%
2007	0.34%	0.48%	0.72%	0.64%	0.43%	0.36%	0.53%
2008	0.51%	0.66%	1.77%	0.58%	0.52%	1.07%	0.60%
2009	0.73%	0.58%	2.89%	0.80%	0.54%	1.32%	0.74%
2010	0.90%	0.74%	0.73%	1.08%	0.98%	0.95%	0.99%
DHB	0.63%	0.45%	0.73%	0.93%	0.89%	0.63%	0.83%
NGO	0.27%	0.29%	0.00%	0.15%	0.09%	0.32%	0.16%
2011	1.04%	1.05%	1.19%	1.83%	1.42%	1.27%	1.52%
DHB	0.68%	0.83%	1.19%	0.89%	0.93%	0.63%	0.87%
NGO	0.36%	0.22%	0.00%	0.94%	0.49%	0.64%	0.65%
2012	0.56%	0.34%	0.07%	1.92%	0.58%	0.07%	0.72%
DHB	0.45%	0.09%	0.05%	0.86%	0.33%	0.05%	0.39%
NGO	0.11%	0.25%	0.02%	1.06%	0.25%	0.02%	0.34%
2013	1.26%	1.34%	1.05%	2.78%	1.26%	2.16%	1.97%
DHB	0.92%	0.95%	1.05%	1.42%	0.82%	1.35%	1.14%
NGO	0.34%	0.40%	0.00%	1.37%	0.44%	0.81%	0.83%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only; *Access Rates calculated using Census of Population

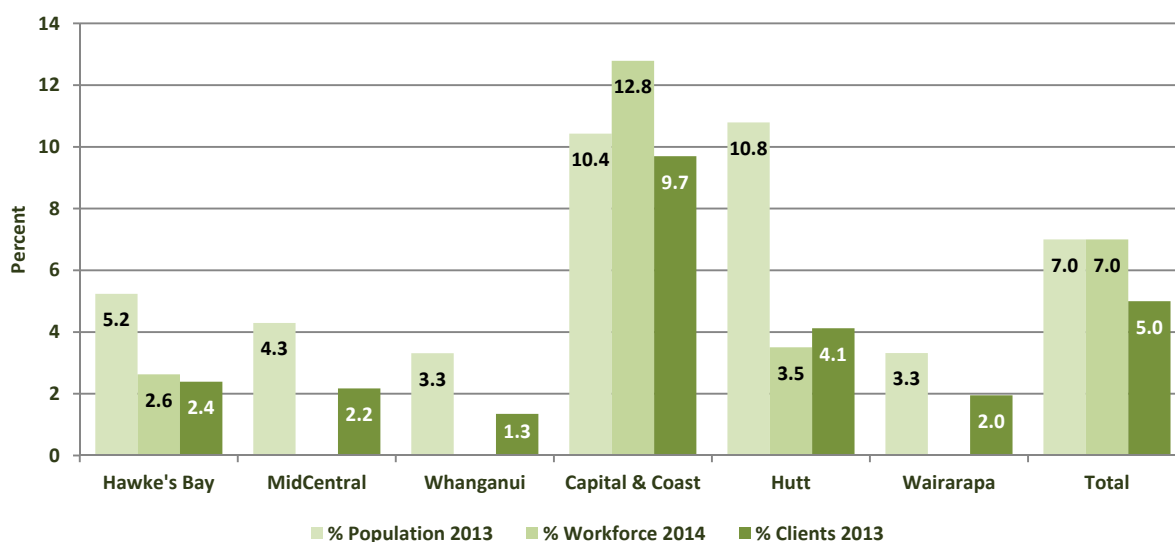
Figure 29. Pacific 0-19 yrs Client Access Rates by DHB Area (2013)



CENTRAL REGION PACIFIC POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, Pacific infants, children and adolescents made up 7% of the region's population and the Pacific workforce (25, excluding the Administration/Management workforce) made up 7% of the total Central region workforce (360).
- Due to the growth in the Pacific workforce and the low numbers of Pacific clients accessing services in the region (5%, second 6 months of 2013), it appears that the Pacific workforce was more than proportional with Pacific clients at the regional level (see Figure 33).
- However, when workforce and client comparisons were conducted on individual DHB areas, disparities were evident in the MidCentral, Wairarapa and Whanganui DHB areas.
- Furthermore, given the increasing trend in the number of Pacific clients accessing services in the Central region, there is a need to focus on increasing the Pacific workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future needs of the Pacific infant, child and adolescent population.

Figure 30. Pacific 0-19 yrs Population compared to Proportions of Pacific Workforce & Pacific Clients



CENTRAL REGION ASIAN OVERVIEW

CENTRAL REGION ASIAN INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 29% increase in the regional Asian 0-19 year population since the 2006 Census, the largest growth out of three ethnic groups (see Table 35).
- This increase was seen in all six DHB areas with the largest increase seen in Hawke's Bay by 44%, followed by MidCentral and Wairarapa, both by 40%.
- The Central region had the second largest Asian infant, child and adolescent population in the country (13%) (See Appendix A, Table 1).
- Just over half (51%) of the region's Asian population resided in the Capital & Coast DHB area, followed by the Hutt Valley (21%) DHB area.

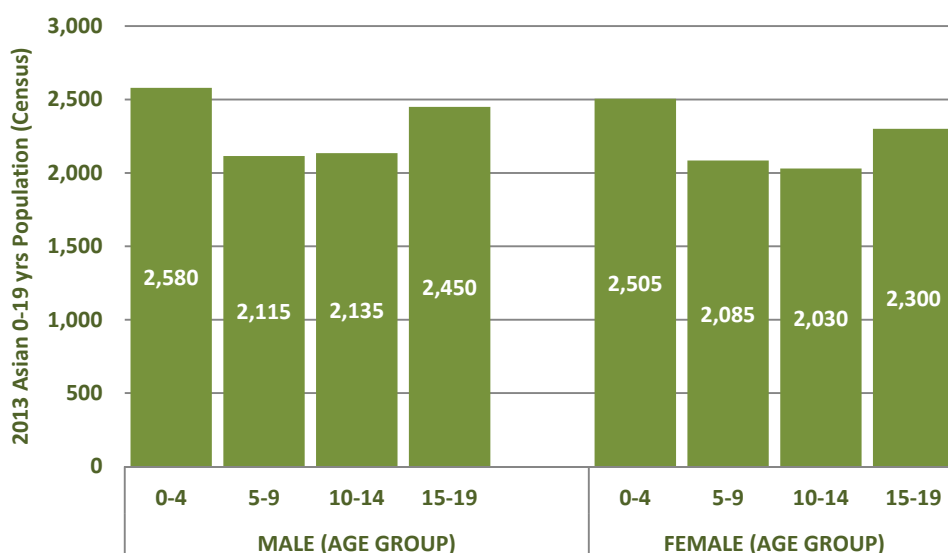
Table 35. Central Region Asian 0-19 Year Population

DHB AREA	CENTRAL REGION ASIAN 0-19 YEAR POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities, 2013 ¹)	
CENTRAL	14,150	14,825	15,390	16,075	18,220	236,110	29
HAWKE'S BAY	1,090	1,150	1,180	1,260	1,570	45,440	44
MIDCENTRAL	2,090	2,170	2,260	2,360	2,920	46,800	40
WHANGANUI	415	425	405	400	455	17,210	10
CAPITAL & COAST	7,350	7,660	7,990	8,370	9,210	75,750	25
HUTT	3,030	3,240	3,370	3,500	3,820	39,760	26
WAIRARAPA	175	180	185	185	245	11,150	40

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 31. Central Region Asian 0-19 yrs Population by Age Group & Gender (2013)



CENTRAL REGION ASIAN ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all six DHB (Inpatient & Community) ICAMH/AOD services and from all 23 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a decrease in the regional Asian workforce, from 11 to 9 (7 FTEs) (see Table 36).
- This decrease was seen in the DHB services, from 9 to 6, while there was an increase of 1 in the NGO sector.

As at 30 June 2014:

- Capital & Coast DHB services had the largest Asian workforce in the region (4) (see Table 36).
- Almost the entire Asian workforce (8) was in Clinical roles as Psychiatrists, Psychologists, Mental Health Nurses (see Table 37).

Table 36. Central Region Asian ICAMH/AOD Workforce (Headcount, 2004-2014)

DHB AREA	DHB ONLY				2012			2014		
	2004	2006	2008	2010	DHB	NGO	TOTAL	DHB	NGO	TOTAL
HAWKE'S BAY	-	-	4	-	1	-	1	-	-	-
MIDCENTRAL	1	-	1	-	-	2	2	1	1	2
WHANGANUI	-	-	-	-	1	-	1	1	-	1
CAPITAL & COAST ¹	2	1	-	6	6	-	6	3	1	4
HUTT	-	-	-	-	1	-	1	1	1	2
WAIRARAPA	-	-	-	-	-	-	-	-	-	-
REGIONAL TOTAL	3	1	5	6	9	2	11	6	3	9

1. Includes Inpatient Workforce

Table 37. Central Region Asian ICAMH/AOD Workforce by Occupation Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	-	-
MENTAL HEALTH NURSE	1	-	1	-	1
OCCUPATIONAL THERAPIST	-	1	1	-	1
PSYCHIATRIST	-	2	2	-	2
PSYCHOLOGIST	-	1	1	1	2
SOCIAL WORKER	-	-	-	-	-
OTHER CLINICAL APPOINTMENT ¹	-	1	1	1	2
CLINICAL SUB-TOTAL	1	5	6	2	8
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	-	-	-	-
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	1	1
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	-	-	1	1
ADMINISTRATION/MANAGEMENT	-	-	-	-	-
REGIONAL TOTAL	1	5	6	3	9

1. Other Clinical=IMST Therapist, Intern Psychologist

CENTRAL REGION ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- There continued to be an increasing trend in the number of Asian clients accessing services in the Central region.
- There was an overall 17% increase in Asian clients accessing services from 2012 to 2013 (see Table 38 & Figure 35).
- Asian clients by gender showed a larger increase in the Asian male client group by 35%.
- Increases in Asian clients were only seen in the larger DHB areas; Capital & Coast, Hutt Valley and MidCentral. (see Table 39)

In the second half of 2013:

- Asian clients made up 2% of the total number of clients accessing services in the Central region with Asian male clients making up the majority (49%) of the Asian clients accessing services (see Table 38).
- Despite the increase, Asian client numbers (118) have remained relatively low compared to the number of Māori (2,257) and Pacific (345) clients accessing services in the region.
- Asian clients continued to be mainly seen by DHB services in the Central region (84%). Only 15% were seen by NGOs.
- Services in the Capital & Coast DHB area continued to report the largest number of Asian clients (66) accessing services in the region followed by services in the Hutt Valley DHB area (30) (see Table 39).

Table 38. Central Region Asian 0-19 yrs Clients by Gender

YEAR	CENTRAL REGION ASIAN 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (ALL ETHNICITIES)
	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
2010	39	36	75	5,061
DHB	36	32	68	4,392
NGO	3	4	7	669
2011	48	44	92	5,797
DHB	40	39	79	4,524
NGO	8	5	13	1,273
2012	43	58	101	6,440
DHB	36	46	82	4,881
NGO	7	12	19	1,559
2013	58	60	118	6,931
DHB	49	51	100	5,328
NGO	9	9	18	1,603

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 32. Central Region Asian 0-19 yrs Clients by Gender (2004-2013)

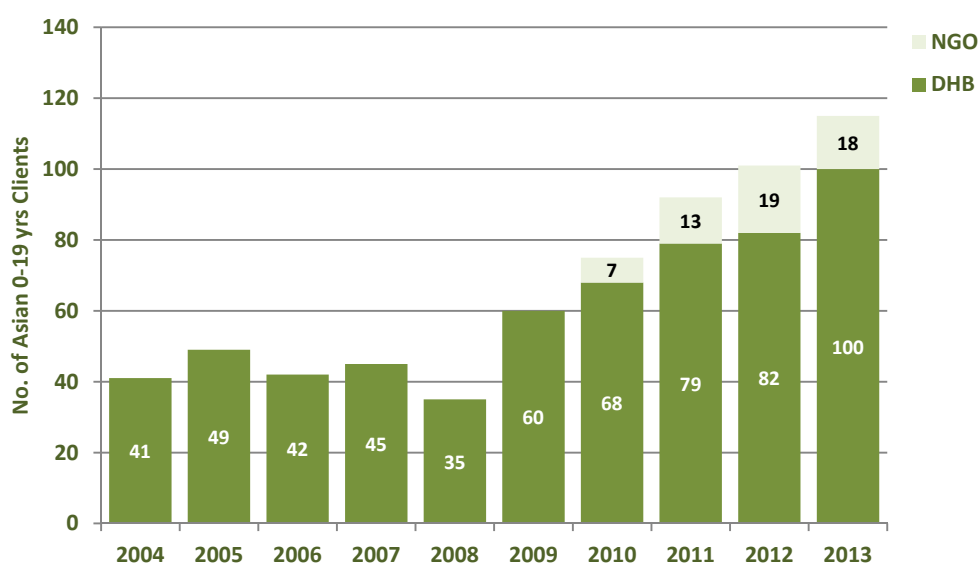


Table 39. Central Region Asian 0-19 yrs Clients by DHB Area

YEAR	CENTRAL REGION ASIAN 0-19 YRS CLIENTS BY DHB AREA (2004-2013)						TOTAL
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	
2004	2	5	4	22	8	-	41
2005	-	4	3	26	15	1	49
2006	5	2	5	22	7	1	42
2007	2	3	4	28	5	3	45
2008	4	1	1	20	8	1	35
2009	3	11	4	29	10	3	60
2010	4	8	7	35	18	3	75
DHB	2	8	4	33	18	3	68
NGO	2	-	3	2	-	-	7
2011	5	12	5	46	23	1	92
DHB	5	10	5	40	18	1	79
NGO	-	2	-	6	5	-	13
2012	9	11	4	54	20	3	101
DHB	8	9	4	41	18	2	82
NGO	1	2	-	13	2	1	19
2013	6	14	-	66	30	2	118
DHB	6	11	-	58	23	2	100
NGO	-	3	-	8	7	-	18

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

CENTRAL REGION ASIAN CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Asian 0-19 year population, there are no specific Blueprint access benchmarks for Asian, therefore the Asian access rates have been compared to the rates for the general 0-19 years population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2011 to 2013:

- The overall regional Asian 0-19 year access rate had increased from 0.25% to 0.65% (see Table 40 & Figure 36).
- An increase in access rates was only seen in the 0-9 year age group.
- Increases in Asian client access rates were seen in five out of the six DHB areas: Hawke's Bay, MidCentral, Capital & Coast, Hutt Valley and Wairarapa DHB areas (see Table 41).

In the second half of 2013:

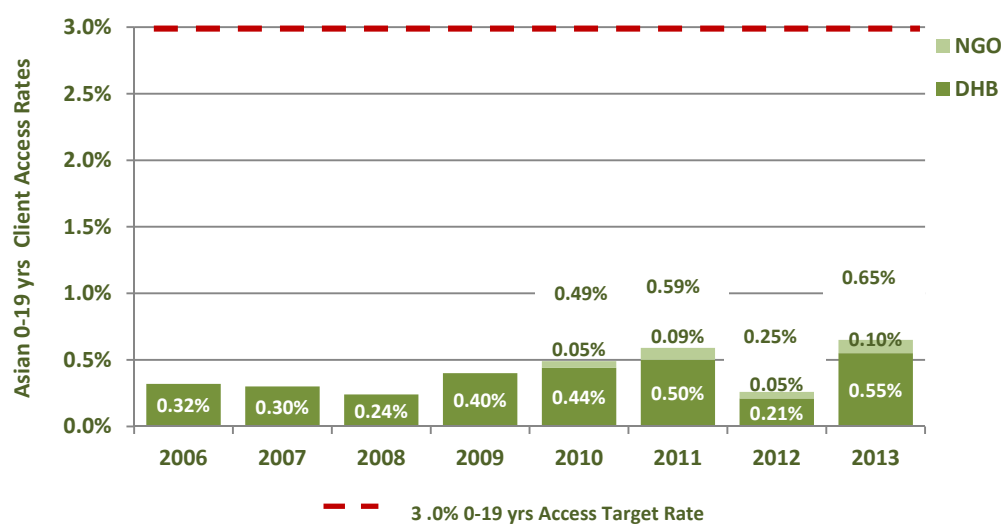
- The overall Central region Asian access rate of 0.65% was lower than the national Asian average access rate of 0.67% (see Table 40).
- The Asian regional access rate of 0.65% remained the lowest compared to access rates for Māori (3.43%) and Pacific (1.97%) and therefore significantly below MHC target rates for all three age groups.

Table 40. Central Region Asian Client Access Rates by Age Group

YEAR	CENTRAL REGION ASIAN CLIENT ACCESS RATES BY AGE GROUP (2006-2013)				NATIONAL ASIAN ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2006*	0.13%	0.38%	0.60%	0.32%	0.38%
2007	0.17%	0.26%	0.56%	0.30%	0.35%
2008	0.11%	0.29%	0.42%	0.24%	0.42%
2009	0.17%	0.39%	0.83%	0.40%	0.46%
2010	0.19%	0.36%	1.18%	0.49%	0.52%
DHB	0.19%	0.30%	1.06%	0.44%	0.49%
NGO	0.00%	0.06%	0.12%	0.05%	0.03%
2011	0.17%	0.65%	1.41%	0.59%	0.59%
DHB	0.16%	0.59%	1.15%	0.50%	0.52%
NGO	0.01%	0.06%	0.26%	0.09%	0.07%
2012	0.05%	0.81%	1.48%	0.25%	0.38%
DHB	0.05%	0.59%	1.20%	0.21%	0.34%
NGO	-	0.22%	0.28%	0.05%	0.04%
2013*	0.31%	0.70%	1.26%	0.65%	0.67%
DHB	0.30%	0.62%	0.97%	0.55%	0.58%
NGO	0.01%	0.07%	0.29%	0.10%	0.09%
TOTAL REGIONAL RATE 2013 (ALL ETHNICITIES)	0.92%	3.38%	6.41%	2.94%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 33. Central Region Asian 0-19 yrs Client Access Rates (2004-2013)



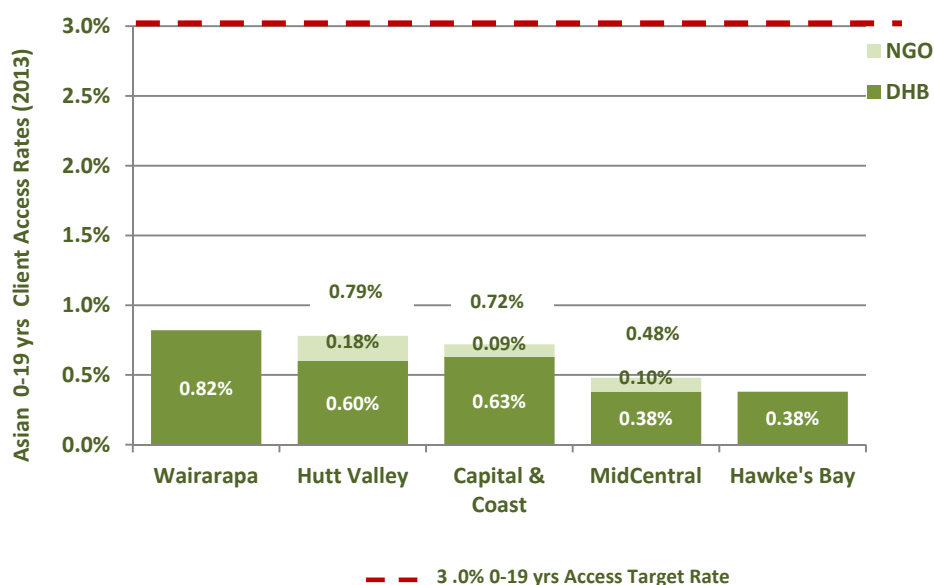
While Asian access rates by DHB area are presented (see Table 41 & Figure 37), this data should be interpreted with caution due to very small numbers (< 20) of Asian clients accessing services within individual DHB areas in the Central region (see Table 41). When the numbers are low, access rates based on the combined number of Asian clients in the Central region (i.e. regional access rates) produce more meaningful access rates for the Asian population.

Table 41. Central Region Asian 0-19 yrs Client Access Rates by DHB Area (2006-2013)

YEAR	CENTRAL REGION ASIAN 0-19 YRS CLIENTS BY DHB AREA (2006-2013)						
	HAWKE'S BAY	MIDCENTRAL	WHANGANUI	CAPITAL & COAST	HUTT VALLEY	WAIRARAPA	TOTAL
2006	0.51%	0.11%	1.26%	0.33%	0.25%	0.62%	0.32%
2007	0.18%	0.14%	0.94%	0.37%	0.16%	1.11%	0.30%
2008	0.35%	0.05%	0.24%	0.26%	0.25%	0.56%	0.24%
2009	0.26%	0.50%	0.98%	0.37%	0.30%	1.62%	0.40%
2010	0.34%	0.35%	0.99%	0.44%	0.62%	1.62%	0.49%
DHB	0.17%	0.35%	0.99%	0.41%	0.53%	1.62%	0.44%
NGO	0.17%	-	-	0.03%	0.09%	-	0.05%
2011	0.42%	0.52%	1.35%	0.56%	0.67%	0.57%	0.59%
DHB	0.42%	0.43%	1.35%	0.49%	0.52%	0.57%	0.50%
NGO	0.00%	0.09%	0.00%	0.07%	0.15%	-	0.09%
2012	0.18%	0.25%	0.06%	0.71%	0.16%	0.07%	0.25%
DHB	0.16%	0.20%	0.06%	0.54%	0.15%	0.05%	0.21%
NGO	0.02%	0.05%	-	0.17%	0.02%	0.02%	0.05%
2013	0.38%	0.48%	-	0.72%	0.79%	0.82%	0.65%
DHB	0.38%	0.38%	-	0.63%	0.60%	0.82%	0.55%
NGO	-	0.10%	-	0.09%	0.18%	-	0.10%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

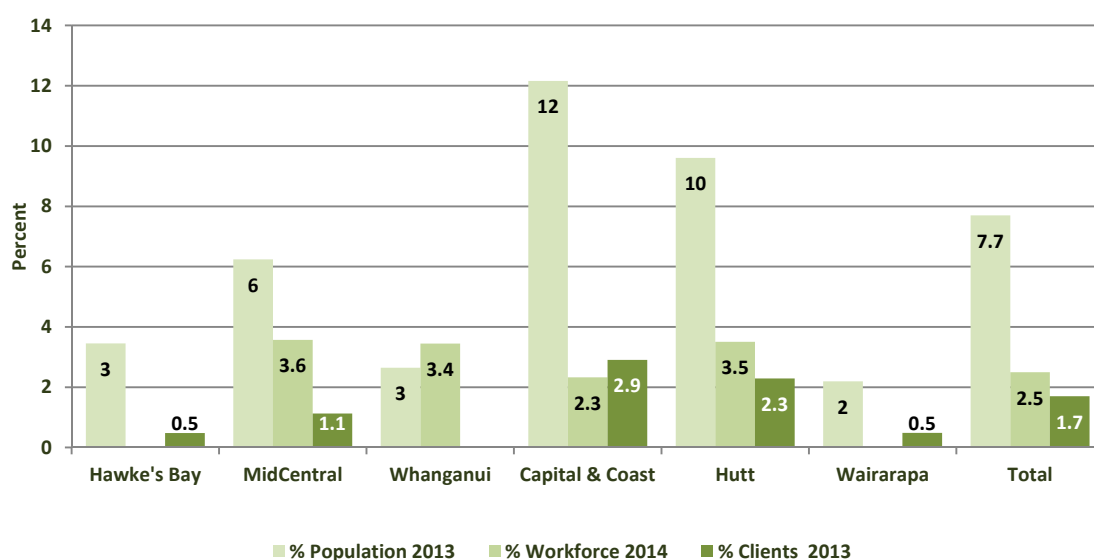
Figure 34. Central Region Asian 0-19 yrs Client Access Rates by DHB Area (2013)



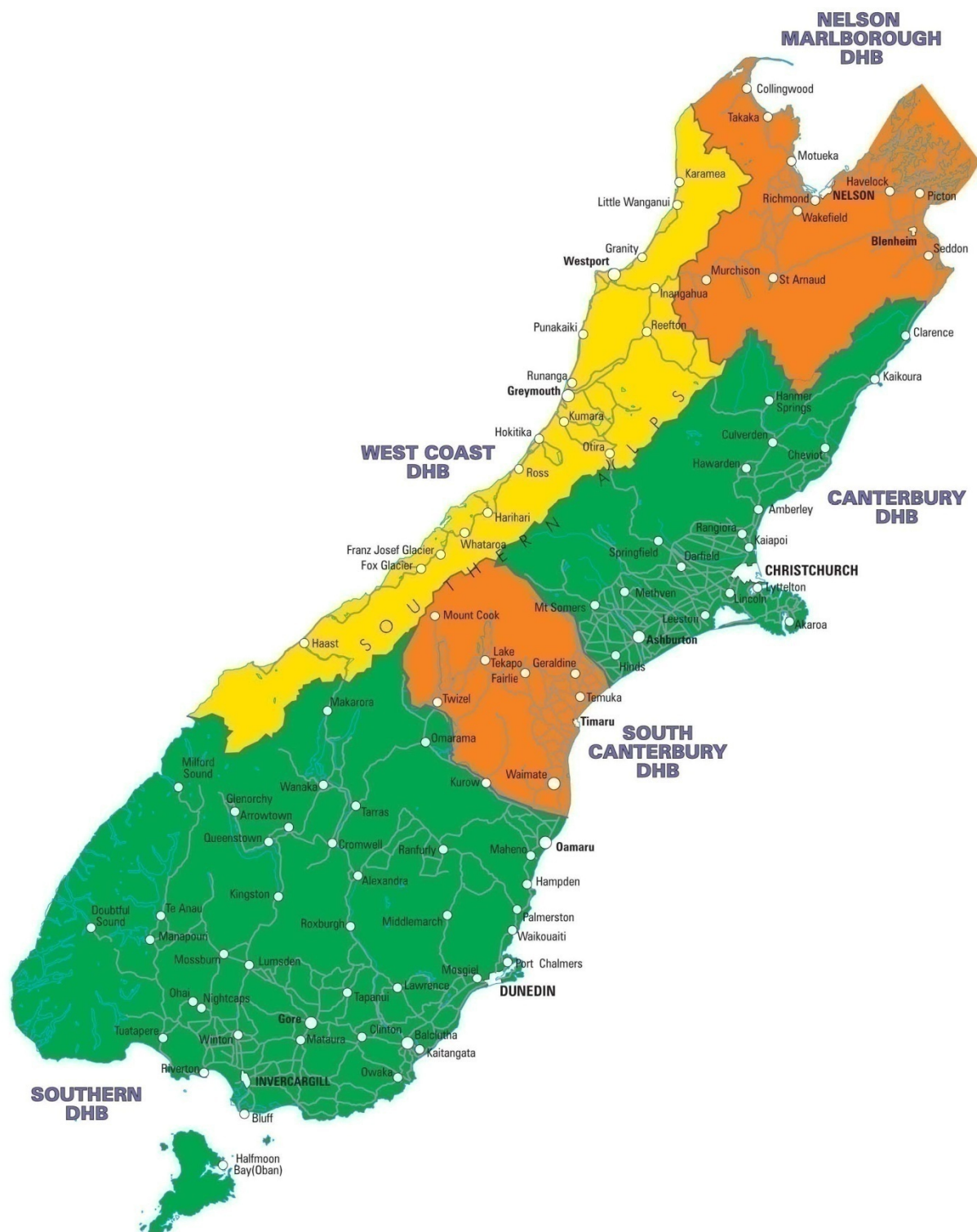
CENTRAL REGION ASIAN WORKFORCE, POPULATION AND CLIENT COMPARISONS

- Based on the 2013 Census, Asian infants, children and adolescents made up 8% of the region's population and the Asian workforce (9, excluding the Administration/Management workforce) made up 3% of the total Central region workforce (360).
- The slight decrease in the Asian workforce from 2012 to 2014 has resulted in a regional Asian workforce that is less proportional to the regional Asian population.
- Due to the very low Asian client numbers accessing services in the region (1.7% second 6 months of 2013), the Asian workforce appeared to be somewhat proportional to Asian clients at the regional and individual DHB levels (see Figure 38).
- However, given the increasing trend in the number of Asian population and clients accessing services in the Central region, there is a need to focus on increasing the Asian workforce, not only in Clinical roles but across all occupational groups, to adequately meet the future Asian infant, child and adolescent population needs for the region.

Figure 35. Asian 0-19 yrs Population compared to Proportions of Asian Workforce & Asian Clients



SOUTHERN REGION INFANT, CHILD AND ADOLESCENT MENTAL HEALTH & AOD OVERVIEW



SOUTHERN REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ

- The 2013 Census data showed a 2% increase in the regional 0-19 year population since the 2006 Census (see Table 1).
- This increase was seen in all five DHB areas with the largest increase seen in the Canterbury DHB area by 3%.
- The Southern region had New Zealand's second largest (22%) infant, child and adolescent (0-19 yrs) population (see Appendix A, Table 1).
- The 0-19 year population by ethnicity showed that the majority (57%) were in the Other Ethnicity group, followed by Māori (28%), Asian (8%) and Pacific (7%).
- Almost half (48%) of the region's 0-19 year population resided in the Canterbury DHB area.

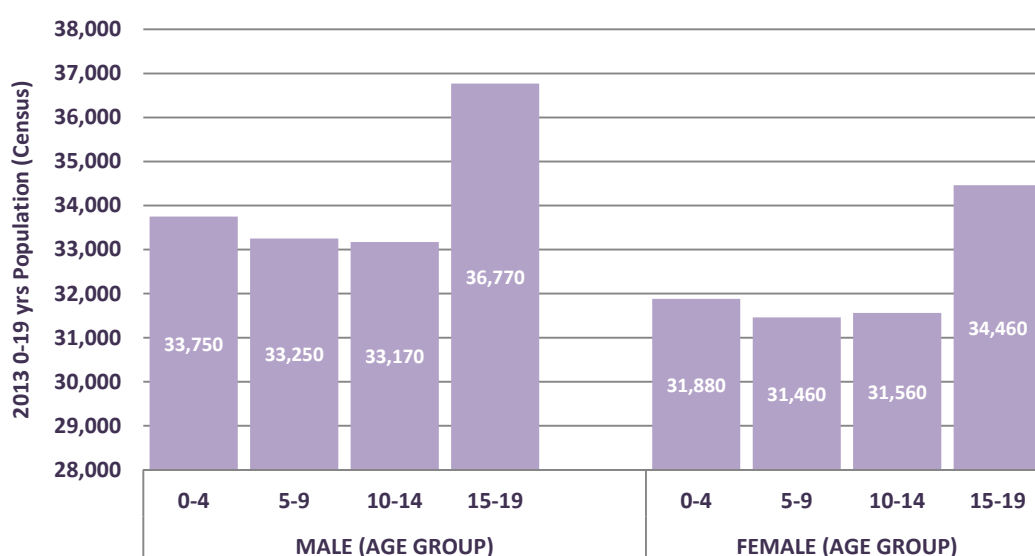
Table 1. Southern Region 0-19 Year Population

DHB AREA	SOUTHERN REGION 0-19 YR POPULATION (2006 - 2013)					
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	% Change (2013-2006)
SOUTHERN	260,010	266,110	264,390	261,230	266,310	2
NELSON MARLBOROUGH	34,806	35,200	34,790	34,180	35,550	2
WEST COAST	8,151	8,420	8,180	7,830	8,250	1
CANTERBURY	125,832	131,120	131,800	131,570	129,110	3
SOUTH CANTERBURY	14,046	14,160	13,820	13,340	14,230	1
SOUTHERN	77,175	77,210	75,800	74,310	79,170	3

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 1. Southern Region 0-19 Year Population by Age Group & Gender (2013)



SOUTHERN REGION PROVISION OF ICAMH/AOD SERVICES

There are five DHBs that provide specialist Inpatient and Community based ICAMH/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 (ICAMH/AOD) services are also provided by DHB funded NGOs and in some cases PHOs.

For the June 2013 to July 2014 period, 29 NGOs were identified as providing DHB funded ICAMH/AOD services.

From 2012 to 2014, progress can be seen in funding and in the number and types of services that were 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):

SERVICES	SERVICE PROVIDERS
CHILDREN OF PARENTS/WHĀNAU WITH A MENTAL ILLNESS (COPMIA):	<p>DHB: Nelson Marlborough, West Coast & Southern</p> <p>NGO:</p> <ul style="list-style-type: none"> Canterbury: Stepping Stone Trust Southern: Adventure Development, Miramare & Supporting Families in Mental Illness.
YOUTH FORENSIC:	<p>DHB: Nelson Marlborough, West Coast, Canterbury, South Canterbury & Southern.</p> <p>NGO:</p> <ul style="list-style-type: none"> Canterbury: Odyssey House Trust Southern: Adventure Development & Miramare Ltd.
CHILD & ADOLESCENT AOD (INCLUDING CO-EXISTING PROBLEMS):	<p>DHB: Nelson Marlborough, Canterbury & South Canterbury</p> <p>NGO:</p> <ul style="list-style-type: none"> Canterbury: Ashburton Community Alcohol & Drug Service, Christchurch City Mission, Odyssey House Trust, Pacific Trust Canterbury, St John of God Hauora Trust, Stepping Stone Trust, Te Tai Marokura Charitable Trust, Wellbeing North Canterbury Community Trust. South Canterbury: Adventure Development Ltd Southern: Adventure Development Ltd, Aroha Ki Te Tamariki Charitable Trust (Mirror Counselling), Miramare Ltd.
EATING DISORDERS:	<p>DHB: Canterbury DHB Regional Service for Canterbury, Nelson Marlborough, West Coast, South Canterbury & Southern DHBs</p> <p>NGO:</p> <ul style="list-style-type: none"> Canterbury: St John of God Hauora Trust Southern: Miramare Ltd.

SERVICES	SERVICE PROVIDERS
EARLY INTERVENTION:	DHB: Parenting Programmes: <ul style="list-style-type: none"> West Coast: PCIT & Triple P Canterbury: Incredible Years, Triple P & Circle of Security, Fostering Security South Incredible Years Southern: Incredible Years
PEER SUPPORT:	DHB: South Canterbury NGO: <ul style="list-style-type: none"> Canterbury: Depression Support Network
SERVICES FOR MĀORI:	4 NGOs: <ul style="list-style-type: none"> Nelson Marlborough: Te Kahui Hauora O Ngati Koata South Canterbury: Arowhenua Whanau Services Southern: Aroha Ki Te Tamariki Charitable Trust, Nga Kete Matauranga Pounamu Charitable Trust.
SERVICES FOR PACIFIC:	1 NGO providing Pacific Services: <ul style="list-style-type: none"> Canterbury: Pacific Trust Canterbury
MIGRANT & REFUGEE MENTAL HEALTH SERVICE:	DHB: Nelson Marlborough & Canterbury NGO: <ul style="list-style-type: none"> Southern: Miramare Ltd

Table 2. West Coast ICAMH/AOD Services (2013/2014)

WEST COAST DHB
Infant, Child & Adolescent Mental Health Service & Alcohol & Drug Services
<i>Also provides services for COPMIA, Eating Disorders, Youth Forensics, Child Development Services (CDS), Parenting Programmes: Incredible Years, Parent Child Interaction Therapy (PCIT), Gateway Assessments</i>
WEST COAST DHB FUNDED NGOS
PACT GROUP
Infant, Child, Adolescent, & Youth Community Support Services
WEST COAST PHO
Youth Primary Mental Health Services

Table 3. Nelson Marlborough ICAMH/AOD Services (2013/2014)

NELSON MARLBOROUGH DHB
Child & Adolescent Mental Health Service
Adult Community Team (18-19 years)
Alcohol & Other Drugs
NELSON MARLBOROUGH DHB FUNDED NGOS
GATEWAY HOUSING TRUST
Child, Adolescent & Youth Mental Health Community Care with Accommodation (Nelson)
Infant, Child, Adolescent & Youth Community Support Services (Nelson, Motueka, Blenheim)
TE KAHUI HAUORA O NGATI KOATA
Infant, Child, Adolescent, & Youth Community Support Services
TE WHARE MAHANA TRUST BOARD
Infant, Child, Adolescent & Youth Community Support Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 4. Canterbury ICAMH/AOD Services (2013/2014)

CANTERBURY DHB
Child Specialty Services
Youth Specialty Services
Youth Day Programme
Child Day Programme
Consult Liaison Service to NGOs/PHOs
Child, Adolescent & Family Rural Service
Intensive Case Management
School-Based Mental Health Team
REGIONAL SERVICES
Child & Family Inpatient Unit (Southern Region)
Youth Inpatient Unit (Southern Region)
Eating Disorders Services
Also provides services for Gateway Assessments, Co-Existing Problems (CEP), Youth Forensics, Refugee, Migrant Mental Health Services, Parenting Programmes: Triple P, Circle of Security, Fostering Security
CANTERBURY DHB FUNDED NGOS
ASHBURTON COMMUNITY ALCOHOL & DRUG SERVICE INC
Children & Youth Alcohol & Drug Community Services
CANTERBURY MENTAL HEALTH EDUCATION & RESOURCE CENTRE
Early Intervention & Other Drug Service Child, Adolescent & Youth
CHRISTCHURCH CITY MISSION
Child, Adolescent & Youth Alcohol & Drug Community Services
DEPRESSION SUPPORT NETWORK
Peer Support Service for Children & Youth
ODYSSEY HOUSE TRUST
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
Alcohol & Other Drug Day Treatment Programme
Community Child, Adolescent & Youth Service for Co-existing Problems
PACIFIC TRUST CANTERBURY
Community Based Alcohol & Other Drug Specialist Services
Pacific Community Clinical & Support Service
PEGASUS HEALTH
Primary Care
PURAPURA WHETU TRUST
Community Child, Adolescent & Youth Service for Co-existing Problems
Infant, Child, Adolescent & Youth Community Mental Health Services

CANTERBURY DHB FUNDED NGOS
RICHMOND NZ
Child, Adolescent & Youth Mental Health Community Care with Accommodation (MST Christchurch; Supported Accommodation; Mobile Community Support)
Youth Community Support Services
ST JOHN OF GOD YOUTH & COMMUNITY SERVICES-HAUORA TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>Also provides services for Eating Disorders</i>
STEPPING STONE TRUST
Community Child, Adolescent & Youth Service for Co-existing Problems
Infant, Child & Youth Crisis Respite
Infant, Child, Adolescent & Youth Community Mental Health Services
Child, Adolescent & Youth Mental Health Community Care with Accommodation
STOP TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
TE TAI O MAROKURA CHARITABLE TRUST
Child, Adolescent & Youth Alcohol & Drug Community Services
Perinatal Infant Mental Health Service
WELLBEING NORTH CANTERBURY COMMUNITY TRUST
Children & Youth Alcohol & Drug Community Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 5. South Canterbury ICAMH/AOD Services (2013/2014)

SOUTH CANTERBURY DHB
Child & Adolescent Psychiatric Services
Māori Mental Health Team
Youth Alcohol & Other Drug Service
<i>Also provide services for Gateway Assessments, Peer Support/Advocacy, Youth Forensics, Family Therapy, CBT & Referrals to Peer Support Agencies</i>
SOUTH CANTERBURY DHB FUNDED NGOS
ADVENTURE DEVELOPMENT LTD
Children & Youth Alcohol & Drug Community Services
Community Child, Adolescent & Youth Service for Co-existing Problems
Infant, Child, Adolescent & Youth Community Mental Health Services
AROWHENUA WHANAU SERVICES
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

Table 6. Southern ICAMH/AOD Services (2013/2014)

SOUTHERN DHB
Child & Family Service (Otago, Waitaki, Balclutha, Dunstan)
Youth Specialty Service (Otago)
Child, Adolescent & Family Service (Wakatipu, Gore, Invercargill)
<i>Also provides services for: COPMIA, Eating Disorders, Youth Forensics, Co-Existing Problems (CEP) and Gateway Assessments</i>
SOUTHERN DHB FUNDED NGOS
ADVENTURE DEVELOPMENT LTD
Child, Adolescent & Youth Alcohol & Drug Community Services
Community Child, Adolescent & Youth Service for Co-existing Problems
AROHA KI TAMARIKI CHARITABLE TRUST
Children & Youth Alcohol & Drug Community Services
Child & Youth Planned Respite
Community Child, Adolescent & Youth Service for Co-existing Problems
COSTORPHINE BAPTIST COMMUNITY TRUST
Child, Adolescent & Youth Mental Health Community Care with Accommodation
Infant, Child, Adolescent & Youth Community Support Services
MIRAMARE LTD
Infant, Child, Adolescent & Youth Services: Needs Assessment & Service Co-ordination
<i>Also provides services for Youth Forensics, Eating Disorders, Refugee/Migrant Mental Health, COPMIA</i>
NGA KETE MATAURANGA POUNAMU CHARITABLE TRUST
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
OTAGO YOUTH WELLNESS TRUST
Children & Young People Community Services
PACT GROUP
Infant, Child, Adolescent & Youth Crisis Respite
Infant, Child, Adolescent & Youth Community Mental Health Services
Child, Adolescent & Youth Mental Health Community Care with Accommodation
Child, Adolescent & Youth Community Based Day Activity Service
SOUTHERN PRIMARY HEALTH ORGANISATION
Infant, Child, Adolescent & Youth Community Mental Health Services
SUPPORTING FAMILIES IN MENTAL ILLNESS SOUTHLAND
Children & Young People Community Services
<i>Note: Italicised Services are Kaupapa Māori Services</i>

SOUTHERN REGION FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2013/2014 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH

From 2011/2012 to 2013/2014 financial year:

- There was an 18% increase in total funding for ICAMH/AOD services in the Southern region (see Table 6 & Figure 1). This increase was seen in both DHB (17%) and NGO funding (20%) (see Appendix A, Table 1 & Figure 2).
- The largest increase in funding by service was seen in Alcohol and Other Drug services by 97% (see Table 7).

Figure 2. Southern Region ICAMH/AOD Funding by DHB & NGO (2004-2014)

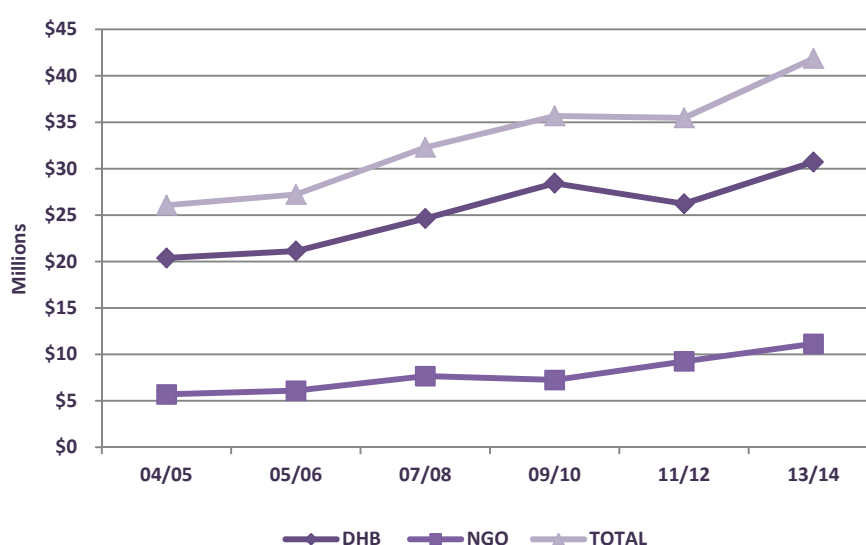


Table 7. Southern Region ICAMH/AOD Funding by Services

SERVICES	SOUTHERN REGION INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD FUNDING (2007-2014)				
	07/08	09/10	11/12	13/4	% CHANGE
INPATIENT	\$5,491,702	\$5,877,775	\$5,495,535	\$5,359,726	-3
ALCOHOL & OTHER DRUGS	\$3,513,717	\$3,293,288	\$3,027,087	\$5,954,604	97
KAUPAPA MĀORI	\$782,371	\$653,588	\$88,407	\$80,208	-9
ALL OTHER SERVICES	\$22,502,892	\$25,845,944	\$26,849,998	\$30,537,473	14
TOTAL	\$32,290,683	\$35,670,595	\$35,461,026	\$41,851,803	18

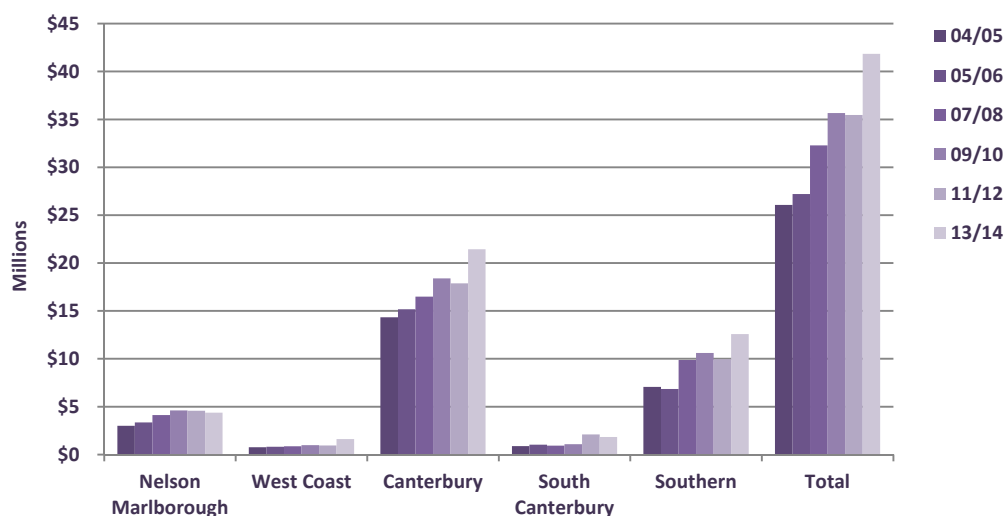
Source: Ministry of Health Price Volume Schedule 2007-2014

For the June 2013 to July 2014 financial year:

- The Southern region provider services received \$41.8 million (25% of total national funding) for ICAMH/AOD services (see Appendix B, Table 1).
- The Canterbury DHB area had the largest proportion (51%) of funding in the region, followed by the Southern DHB area (30%) (See Figure 3).

- The West Coast DHB area had the largest increase in funding by 70% due to funding in the NGO sector where there had been no specific ICAMH/AOD funding in previous years.

Figure 3. Southern Region ICAMH/AOD Funding by DHB Area (2004-2014)



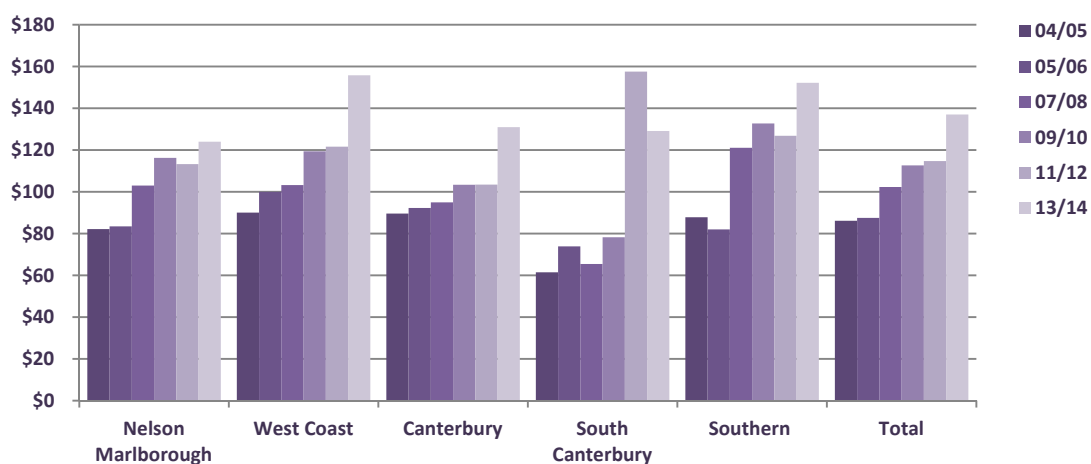
FUNDING PER HEAD INFANT, CHILD AND ADOLESCENT POPULATION

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 (see Appendix D, Table 7).

From 2012 to 2014,

- There was a 19% increase in the regional spend per head of the 0-19 population (excluding Inpatient funding) from \$114.7 to \$137.0 (see Figure 4 & Appendix D, Table 7).
- Three out of the five DHB areas showed an increase in their spend per head, with the largest increase seen in the West Coast DHB area by 28%, from \$121.67 to \$155.84. There was an 18% decrease in the spend per child in the South Canterbury DHB area, from \$157.54 to \$129.17 (see Appendix D, Table 7).

Figure 4. Southern Region Funding per head Infant, Child & Adolescent Population by DHB Area (2004-2014)



SOUTHERN REGION ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from all 29 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

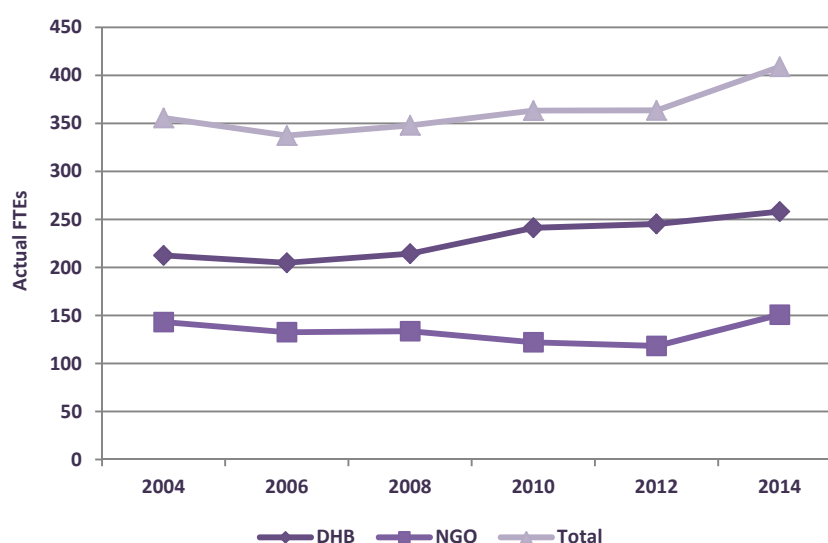
- There was a 12% increase in the total Southern region ICAMH/AOD workforce, from 363.35 to 406.25 actual FTEs (see Table 8 & Figure 5).
- While there was an increase in the workforce in both DHB and NGO provider services, the largest increase was seen in the NGO sector by 28%, from 118.1 to 150.85 actual FTEs. This increase is partly due to a slightly larger number of NGOs contracted to provide services in the Southern region, from 24 to 29 services.
- The increase in the workforce was seen in both Clinical (by 9%) and Non-Clinical roles, with the largest increase seen in the Non-Clinical workforce by 16% from 59.07 to 68.7 actual FTEs.
- The regional vacancy rate had decreased slightly to 5%, from 22.64 to 21.53 FTEs (see Table 8).

Table 8. Southern Region ICAMH/AOD Workforce (2004-2014)

YEAR	DHB ¹			NGOS			TOTAL		
	ACTUAL	VACANT	% VACANCY	ACTUAL	VACANT	% VACANCY	ACTUAL	VACANT	% VACANCY
2004	212.5	20.3	9	143.2	3.8	3	355.7	24.1	6
2006	204.8	21.0	9	132.6	0.5	0	337.4	21.5	6
2008	214.3	19.9	8	133.6	2.5	2	347.9	22.4	6
2010	241.1	12.2	5	122.1	8.0	6	363.1	20.2	5
2012	245.3	21.8	8	118.1	0.8	1	363.4	22.6	6
2014	258.2	17.9	7	150.9	3.6	2	406.3	21.5	5

1. Includes Inpatient Data

Figure 5. Southern Region ICAMH/AOD Actual & Vacant FTEs (2004-2014)



As at 30 June 2014:

- Canterbury DHB area had the largest ICAMH/AOD workforce in the region, followed by the Southern DHB area (see Figure 6).
- The majority of the ICAMH/AOD workforce was NZ European (80%), followed by Other Ethnicity (9%), Māori (8%), Pacific (2%) and Asian (1%).
- The majority (72%) of the Southern region ICAMH/AOD workforce was in Clinical roles as Mental Health Nurses, Social Workers and AOD Practitioners (see Table 9 & Figure 7).
- The majority of the Clinical workforce (72%) was employed in DHB ICAMH/AOD services with the exception of AOD Practitioners and Counsellors who were largely employed in NGOs (see Table 9 & Figure 7).
- The remainder of the workforce (28%) was in Non-Clinical roles mainly employed in NGOs as Mental Health Support Workers (see Table 9 & Figure 7).
- Vacancies were largely in Clinical roles in DHB Community services, mainly for Psychologists and Psychiatrists (see Table 10 & Figure 8).

Figure 6. Southern Region ICAMH/AOD Workforce by DHB Area (2014)

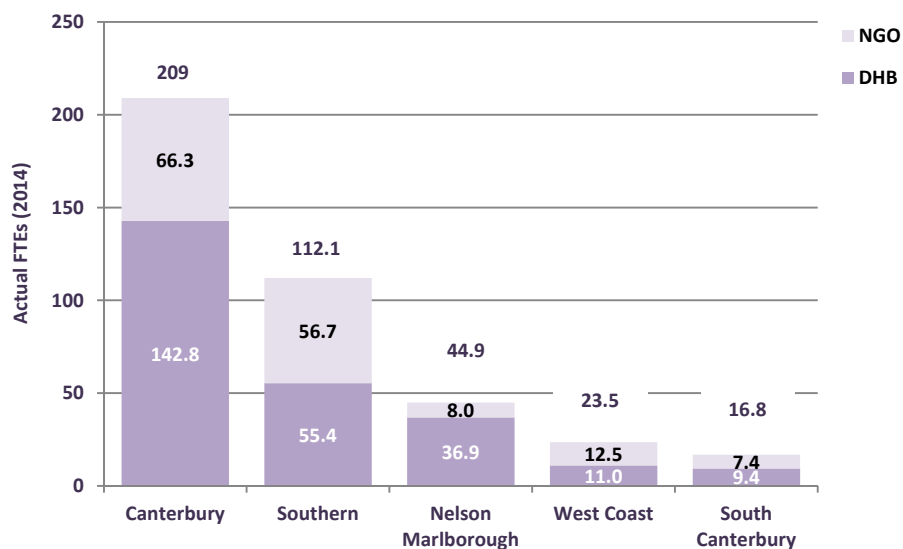


Table 9. Southern Region ICAMH/AOD Workforce by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	3.8	3.8	21.9	25.7
COUNSELLOR	-	2.4	2.4	20.25	22.65
MENTAL HEALTH NURSE	33.6	42.65	76.25	7.4	83.65
OCCUPATIONAL THERAPIST	2.0	10.9	12.9	4.9	17.8
PSYCHIATRIST	2.1	18.5	20.6	0.8	21.4
PSYCHOTHERAPIST	-	1.6	1.6	-	1.6
PSYCHOLOGIST	1.5	35.2	36.7	6.5	43.2
SOCIAL WORKER	2.8	37.3	40.1	12.6	52.7
OTHER CLINICAL ¹	3.6	14.65	18.25	7.0	25.25
CLINICAL SUB-TOTAL	45.6	167.0	212.6	81.35	293.95
CULTURAL APPOINTMENT	0.6	4.1	4.7	1.2	5.9
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	1.0	1.0	0.6	1.6
MENTAL HEALTH SUPPORT WORKER	-	1.5	1.5	42.3	43.8
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	1.0	1.5	2.5	14.9	17.4
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	1.6	8.1	9.7	59.0	68.7
ADMINISTRATION/MANAGEMENT	3.3	29.8	33.1	10.5	43.6
REGIONAL TOTAL	50.5	204.9	255.4	150.85	406.25

1. Other Clinical DHB= Youth Forensic Social Worker, Music Therapist, Speech Language Therapist, CAF Link Staff, Dietician, Registrar, Family Therapist, Interns: Psychology. NGO: Adventure Therapists; Family Therapist, Case Manager

2. Other Non-Clinical= DHB=Intake Worker; COPMIA Worker. NGO: Youth workers, Advocacy/Peer Support, Needs Assessors

Figure 7. Southern Region ICAMH/AOD Workforce by Occupational Group (2014)

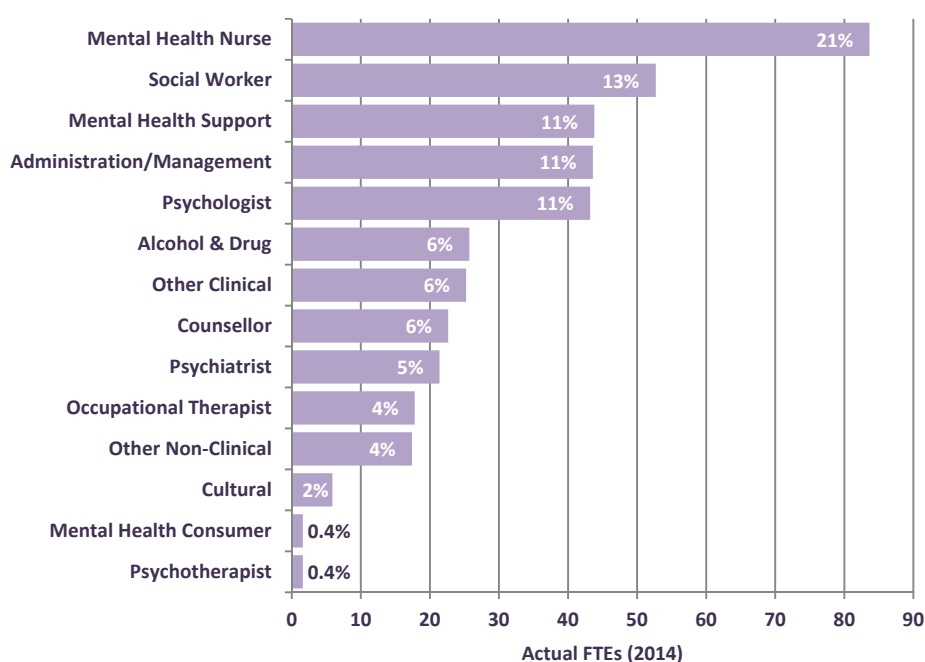
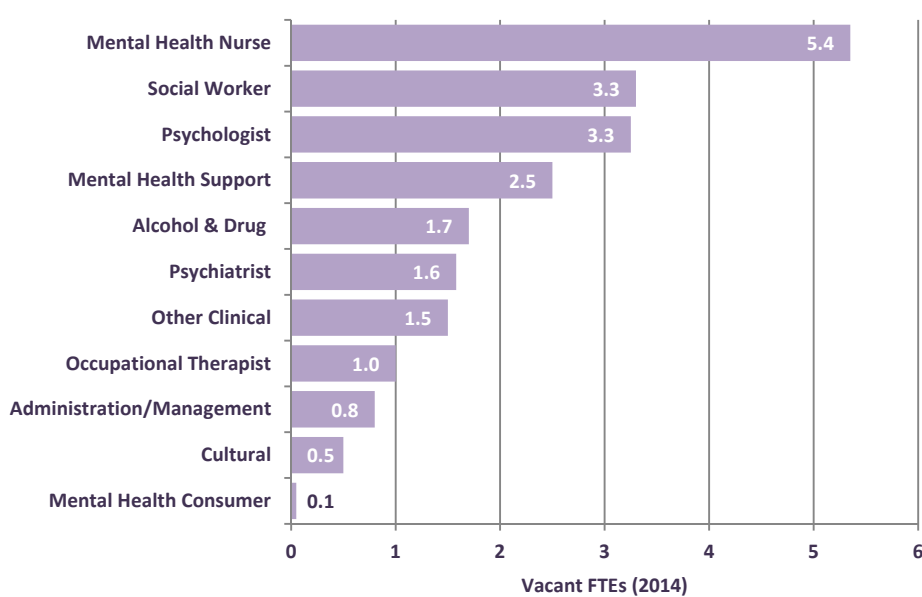


Table 10..Southern Region ICAMH/AOD Vacant FTEs by Occupational Group (2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	1.7	1.7	-	1.7
COUNSELLOR	-	-	-	-	-
MENTAL HEALTH NURSE	2.0	3.35	5.35	-	5.35
OCCUPATIONAL THERAPIST	-	1.0	1.0	-	1.0
PSYCHIATRIST	-	1.58	1.58	-	1.58
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	3.25	3.25	-	3.25
SOCIAL WORKER	-	2.3	2.3	1.0	3.3
OTHER CLINICAL ¹	-	1.5	1.5	-	1.5
CLINICAL SUB-TOTAL	2.0	14.68	16.68	1.0	17.68
CULTURAL APPOINTMENT	-	0.5	0.5	-	0.5
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	0.05	0.05
MENTAL HEALTH SUPPORT WORKER	-	-	-	2.5	2.5
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	-	-
NON-CLINICAL SUB-TOTAL	-	0.5	0.5	2.55	3.05
ADMINISTRATION/MANAGEMENT	-	0.8	0.8	-	0.8
REGIONAL TOTAL	2.0	15.98	17.98	3.55	21.53

1. Other Clinical = Registrar; NGO Liaison; Family Therapist

Figure 8. Southern Region ICAMH/AOD Vacancies by Occupational Group (2014)



DHB INPATIENT ICAMH WORKFORCE

From 2012 to 2014:

- There was a 1% decrease in the DHB Inpatient workforce, from 51.2 to 50.5 actual FTEs (see Table 11).

As at 30 June 2014:

- The Inpatient Clinical workforce continued to make up 90% of the total Inpatient Workforce with over 70% in Mental Health Nurse roles (see Table 9).
- The Non-Clinical Inpatient workforce was largely Administrators and Managers with one staff having a cultural role as Pukenga.

Table 11. Southern Region DHB Inpatient ICAMH Workforce (2004-2014)

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	-	-	-	-
2010	45.9	4.9	50.8	0.9	-	0.9	2
2012	45.3	5.9	51.2	2.9	-	2.9	5
2014	45.6	4.9	50.5	2.0	-	2.0	4

Note: Non-Clinical Workforce includes Administration/Management Staff

DHB COMMUNITY ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a 6% increase in the DHB Community ICAMH/AOD workforce, from 194.08 to 204.9 actual FTEs (see Table 12).
- There was a decrease in vacancies (from 18.94 to 15.9 vacant FTEs) over the same period, with a vacancy rate of 7%.

As at 30 June 2014:

- Canterbury DHB ICAMHS reported the largest Community workforce (92.3 actual FTEs) followed by Southern DHB (55.4 actual FTEs) (see Table 12).
- 81% of the DHB Community Clinical ICAMH/AOD workforce was in Clinical roles as Mental Health Nurses (42.65 actual FTEs), Social Workers (37.3 actual FTEs) and Psychologists (35.2 actual FTEs) (see Table 9).
- The remainder of the Community workforce was in Non-Clinical roles (18%) largely as Administrators/Managers (29.8 actual FTEs) and Cultural Workers (4.1 actual FTEs).
- Vacancies were largely reported for Clinical positions (14.68 vacant FTEs) mainly for Mental Health Nurses and Psychologists (see Table 10).

Table 12. Southern Region DHB Community ICAMH/AOD Workforce (2006-2014)

DHB AREA	ACTUAL FTEs					VACANT FTEs					VACANCY RATE (%)				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2012	2012	2014
NELSON MARLBOROUGH	26.6	23.4	24.9	28.7	36.9	3.5	-	2.0	-	2.4	12	-	7	-	6
WEST COAST	10.4	11.5	12.4	12.8	11.0	2.5	3.8	1.2	3.2	3.2	19	25	9	21	23
CANTERBURY	69.7	68.2	85.3	91.3	92.3	7.8	9.9	3.0	10.4	7.0	10	13	3	10	7
SOUTH CANTERBURY	7.9	10.0	10.5	9.2	9.4	2.2	-	2.7	1.2	1.4	22	-	20	12	13
SOUTHERN	46.6	55.0	57.4	52.2	55.4	3.7	6.2	2.4	4.1	2.0	7	10	4	7	3
REGIONAL TOTAL	161.1	168.1	190.5	194.1	204.9	19.7	19.9	11.3	18.9	15.9	11	11	6	9	7

NGO ICAMH/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.

From 2012 to 2014:

- There was a 28% increase in the total NGO workforce, from 118.07 to 150.85 actual FTEs (see Table 13).
- This increase was largely seen in the Non-Clinical workforce by 32%, from 44.7 to 59.0 actual FTEs.
- The NGO Clinical workforce had increased by 15%, from 70.8 to 81.35 actual FTEs.

As at 30 June 2014:

- A total of 29 DHB funded NGOs in the Southern region were contracted to provide ICAMH/AOD services.
- Canterbury (66.3 FTEs) and Southern (56.7 FTEs) DHB areas have continued to report the largest NGO workforces in the region (see Table 13).
- NGO staff were largely Mental Health Support Workers and Alcohol and Drug Workers (see Table 9).

Table 13..Southern Region NGO ICAMH/AOD Workforce (2006-2014)

DHB AREA	ACTUAL FTES					VACANT FTES					VACANCY RATE (%)				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
WEST COAST	-	-	-	-	8.0	-	-	-	-	-	-	-	-	-	-
NELSON MARLBOROUGH	17.3	15.3	11.3	6.5	12.5	-	-	-	-	-	-	-	-	-	-
CANTERBURY	75.0	59.4	57.2	55.3	66.3	-	1.5	6.6	-	2.5	-	2	10	-	4
SOUTH CANTERBURY	0.7	11.0	3.70	5.1	7.4	-	-	1.0	-	1.0	-	-	21	-	12
SOUTHERN	39.6	47.9	49.9	51.2	56.7	0.5	1.0	0.4	0.8	0.05	-	-	1	2	-
REGIONAL TOTAL	132.6	133.6	122.1	118.1	150.9	0.5	2.5	8.0	-	3.6	-	2	6	-	2

1. Includes Adult FTEs

SOUTHERN REGION CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- There was a 30% increase in the total number of clients accessing services in the Southern region (see Table 14 & Figure 10).
- This increase was seen mainly in the female client group by 40%, largely in the 15-19 year age group (by 46%) (see Table 14).
- Four out of the five DHB areas had an increase in total client numbers, with Southern DHB area having the largest increase by 78% (see Table 15 & Figure 11).

In the second half of 2013:

- There were almost equal numbers of male and females accessing services with males making up a slightly larger percentage of the total number of clients (see Table 14).
- The majority (76%) of clients accessing services in the region were seen by DHB services and 24% were seen by NGOs (see Table 14 & Figure 10).
- Services in the Canterbury DHB area continued to have the largest number of total clients in the region, followed by the Southern DHB area (see Table 15 & Figure 11).

Table 14 Southern Region Clients by Gender & Age Group

YEAR	SOUTHERN REGION 0-19 YRS CLIENTS BY GENDER & AGE GROUP (2004-2013)								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
2010	648	951	1,431	3,030	274	586	1,465	2,325	5,355
DHB	592	839	1,198	2,629	250	527	1,250	2,027	4,656
NGO	56	112	233	401	24	59	215	298	699
2011	746	1,096	1,890	3,732	299	735	1,896	2,930	6,662
DHB	602	793	1,276	2,671	243	583	1,423	2,249	4,920
NGO	144	303	614	1,061	56	152	473	681	1,742
2012	602	959	1,560	3,121	278	705	1,738	2,721	5,842
DHB	517	742	1,044	2,303	244	543	1,279	2,066	4,369
NGO	85	217	516	818	34	162	459	655	1,473
2013	812	1,171	1,834	3,817	327	941	2,531	3,799	7,616
DHB	674	922	1,286	2,882	274	731	1,875	2,880	5,762
NGO	138	249	548	935	53	210	656	919	1,854

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 9. Southern Region 0-19 yrs Clients (2004-2013)



Table 15. Southern Region 0-19 yrs Clients by DHB Area

YEAR	SOUTHERN REGION 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	TOTAL
2004	743	213	1,572	201	1,532	4,261
2005	781	207	1,739	171	1,601	4,499
2006	704	206	1,571	191	1,549	4,221
2007	783	239	1,507	181	1,541	4,251
2008	940	249	1,477	264	1,572	4,502
2009	892	274	1,740	251	1,542	4,699
2010	899	339	2,019	306	1,792	5,355
<i>DHB</i>	<i>883</i>	<i>334</i>	<i>1,551</i>	<i>268</i>	<i>1,620</i>	<i>4,656</i>
<i>NGO</i>	<i>16</i>	<i>5</i>	<i>468</i>	<i>38</i>	<i>172</i>	<i>699</i>
2011	1,177	362	2,357	465	2,301	6,662
<i>DHB</i>	<i>1004</i>	<i>319</i>	<i>1,795</i>	<i>296</i>	<i>1,506</i>	<i>4,920</i>
<i>NGO</i>	<i>173</i>	<i>43</i>	<i>562</i>	<i>169</i>	<i>795</i>	<i>1,742</i>
2012	1,122	432	2,483	516	1,289	5,842
<i>DHB</i>	<i>965</i>	<i>359</i>	<i>2,126</i>	<i>272</i>	<i>647</i>	<i>4,369</i>
<i>NGO</i>	<i>157</i>	<i>73</i>	<i>357</i>	<i>244</i>	<i>642</i>	<i>1,473</i>
2013	1,316	422	2,875	712	2,291	7,616
<i>DHB</i>	<i>1,137</i>	<i>329</i>	<i>2,277</i>	<i>475</i>	<i>1,544</i>	<i>5,762</i>
<i>NGO</i>	<i>179</i>	<i>93</i>	<i>598</i>	<i>237</i>	<i>747</i>	<i>1,854</i>

Note: Clients by DHB of Domicile for the 2nd 6 months of each year

Figure 10. Southern Region 0-19 yrs Clients by DHB Area (2013)



SOUTHERN REGION CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- There was an increase in the Southern region client access rates from 1.64% to 2.86% (see Table 16 & Figure 12).
- Access rates had improved in all three age groups, especially in the 15-19 year age group.
- Access rates by DHB area showed an increase in all of the DHB areas in the Southern region (see Table 17 & Figure 13).

In the second half of 2013:

- The Southern region total client access rate of 2.86% was higher than the national average rate of 2.64%. The Southern region access rates were also very close to the MHC target rates for all three age groups (see Table 17 & Figure 13).
- West Coast (5.12%), South Canterbury (5.00%) and Nelson Marlborough (3.70%) DHB area's 0-19 year access rates had exceeded the MHC target rate of 3.0%, while access rates for the remaining two DHB areas, Southern (2.89%) and Canterbury (2.23%), continued to remain below the 3.0% target rate.
- The occurrence of two large scale earthquakes in the Canterbury area in late 2010 and early 2011 (with continuing aftershocks), caused death and significant damage and disruption to the area and may have made this area one of high need in New Zealand.

Table 16. Southern Region Client Access Rates by Age Group

YEAR	SOUTHERN REGION CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
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%
2010	0.73%	2.55%	4.27%	2.16%	2.02%
DHB	0.65%	2.11%	3.26%	1.73%	1.75%
NGO	0.08%	0.44%	1.01%	0.43%	0.27%
2011	0.82%	2.91%	5.18%	2.52%	2.36%
DHB	0.66%	2.19%	3.69%	1.86%	1.86%
NGO	0.16%	0.72%	1.49%	0.66%	0.50%
2012	0.30%	2.69%	4.64%	1.64%	1.98%
DHB	0.34%	2.07%	3.27%	1.23%	1.52%
NGO	0.05%	0.61%	1.37%	0.41%	0.46%
2013*	0.87%	3.26%	6.13%	2.86%	2.64%
DHB	0.73%	2.55%	4.44%	2.16%	2.06%
NGO	0.15%	0.71%	1.69%	0.70%	0.57%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 11. Southern Region 0-19 yrs Client Access Rates (2004-2013)

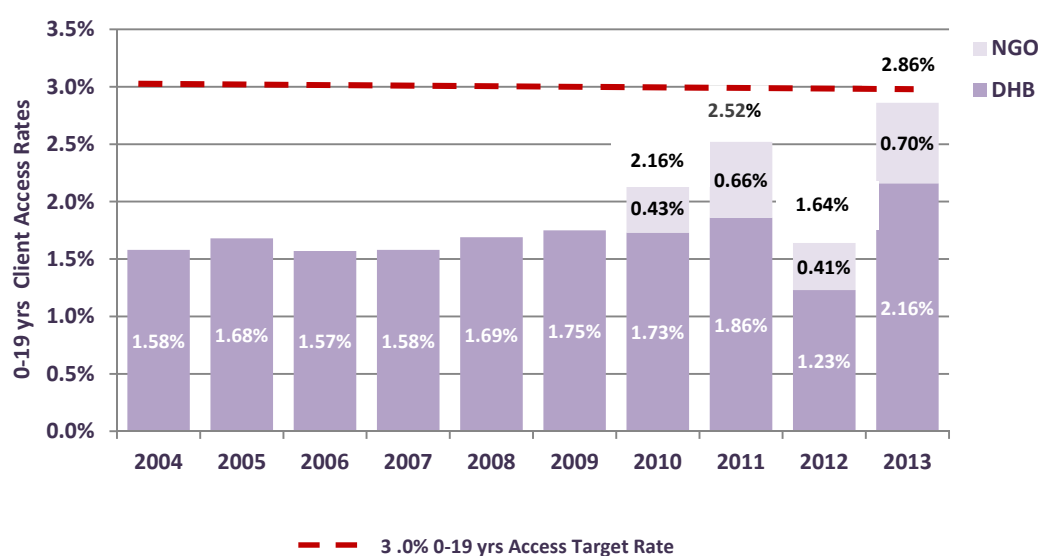
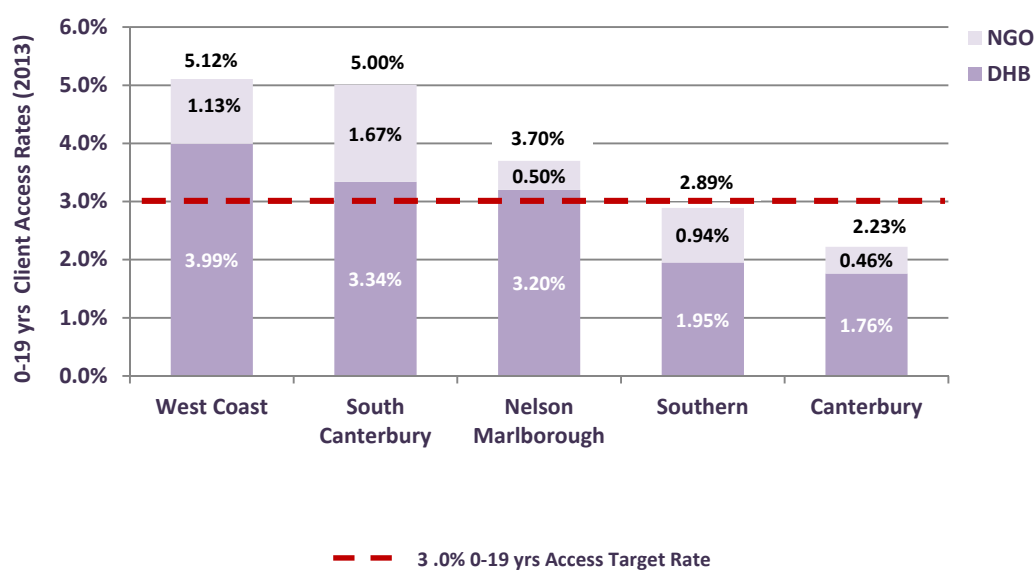


Table 17. Southern Region 0-19 yrs Client Access Rates by DHB Area

YEAR	SOUTHERN REGION 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)							
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	OTAGO	SOUTHLAND	TOTAL
2004	1.97%	2.59%	1.20%	1.31%	-	2.23%	1.44%	1.58%
2005	2.10%	2.50%	1.40%	1.20%	-	2.30%	1.60%	1.68%
2006*	2.00%	2.41%	1.16%	1.28%	-	2.09%	1.86%	1.57%
2007	2.22%	2.82%	1.10%	1.18%	-	2.15%	1.79%	1.58%
2008	2.67%	2.99%	1.13%	1.87%	-	2.27%	1.66%	1.69%
2009	2.53%	3.23%	1.30%	1.77%	-	2.23%	1.62%	1.75%
2010	2.56%	4.01%	1.50%	2.18%	2.92%	-	-	2.02%
DHB	2.51%	3.95%	1.15%	1.91%	2.11%	-	-	1.73%
NGO	0.05%	0.06%	0.35%	0.27%	0.81%	-	-	0.29%
2011	3.34%	4.25%	1.83%	3.32%	2.96%	-	-	2.36%
DHB	2.85%	3.74%	1.40%	2.11%	1.94%	-	-	1.86%
NGO	0.49%	0.51%	0.43%	1.21%	1.02%	-	-	0.50%
2012	2.20%	1.78%	1.75%	1.73%	1.18%	-	-	1.64%
DHB	1.89%	1.48%	1.50%	0.91%	0.59%	-	-	1.23%
NGO	0.31%	0.30%	0.25%	0.82%	0.59%	-	-	0.41%
2013*	3.70%	5.12%	2.23%	5.00%	2.89%	-	-	2.86%
DHB	3.20%	3.99%	1.76%	3.34%	1.95%	-	-	2.16%
NGO	0.50%	1.13%	0.46%	1.67%	0.94%	-	-	0.70%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 12. Southern Region 0-19 yrs Access Rates by DHB Area (2013)



SOUTHERN REGION MĀORI OVERVIEW

SOUTHERN REGION MĀORI INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 23% increase in the regional Māori 0-19 year population since the 2006 Census (see Table 18).
- This increase was seen in all five DHB areas, with the largest increase seen in the South Canterbury DHB area by 32%, followed by Southern (by 25%) and Canterbury (23%) DHB areas (see Table 18).
- The Southern region continued to have the smallest Māori infant, child and adolescent population (14%) in the country (see Appendix A, Table 1).
- Māori infants, children and adolescents made up 16% of the Southern region's total 0-19 years population (see Table 18).
- Almost half (46%) of the region's Māori infant, child and adolescent population resided in the Canterbury DHB area.

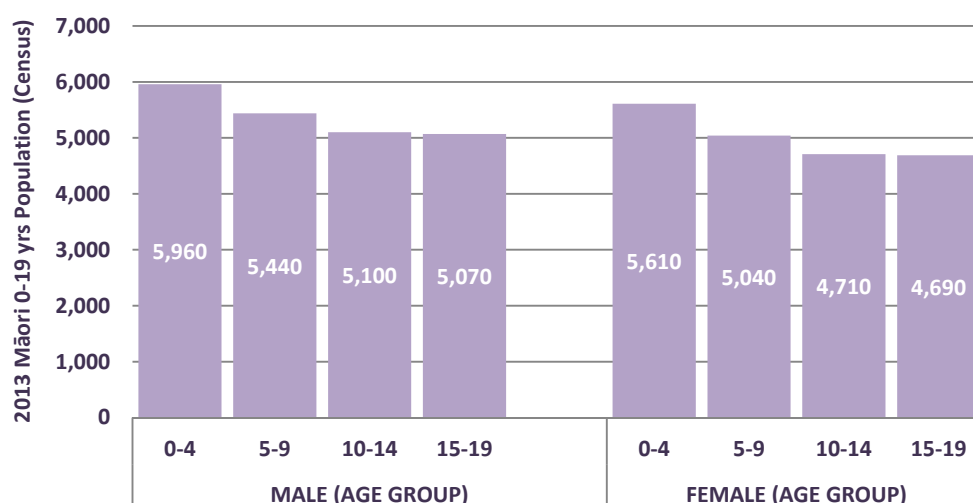
Table 18. Southern Region Māori 0-19 Year Population

DHB AREA	SOUTHERN REGION MĀORI 0-19 YR POPULATION (2006–2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2012 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities, 2013)	
SOUTHERN	33,807	36,930	37,880	38,620	41,630	266,310	23
NELSON MARLBOROUGH	5,079	5,430	5,490	5,540	6,150	35,550	21
WEST COAST	1,356	1,470	1,460	1,390	1,520	8,250	12
CANTERBURY	15,420	17,110	17,700	18,240	18,960	129,110	23
SOUTH CANTERBURY	1,536	1,690	1,710	1,730	2,030	14,230	32
SOUTHERN	10,416	11,230	11,520	11,720	12,970	79,170	25

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 13. Southern Region Māori 0-19 yrs Population by Age Group & Gender (2013)



SOUTHERN REGION MĀORI ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from all 29 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was an increase by 5 in the total Southern region Māori workforce, from 37 to 42 (33.94 actual FTEs) (see Table 19 & Figure 15).
- This increase was seen in the NGO sector by 6, from 21 to 27, while a slight decrease was seen in the DHB services, from 16 to 15.
- An overall increase was seen in the Clinical roles, from 17 to 23 (see Table 20).

As at 30 June 2014:

- The Southern region Māori workforce was mainly in NGOs (73%), based in the Canterbury and Southern DHB areas (see Table 19).
- The Māori workforce largely (55%) held Clinical roles as AOD Practitioners and Mental Health Nurses (see Table 21 & Figure 16).
- Māori in Non-Clinical roles were mainly in Cultural and Mental Health Support roles (see Table 21 & Figure 16).

Table 19. Southern Region Māori ICAMH/AOD Workforce (Headcount, 2006-2014)

DHB AREA	DHB ¹					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NELSON MARLBOROUGH	-	-	-	-	1	4	2	3	3	6	4	2	3	3	7
WEST COAST	2	-	1	-	2	-	-	-	-	-	2	-	1	-	2
CANTERBURY	6	6	7	10	8	15	15	9	8	10	21	21	16	18	18
SOUTH CANTERBURY	-	4	4	2	2	-	2	-	-	1	-	6	4	2	3
SOUTHERN	3	2	4	4	2	8	9	10	10	10	11	11	14	4	12
REGIONAL TOTAL	11	12	16	16	15	27	28	22	21	27	38	40	38	37	42

1. Includes Inpatient Workforce

Figure 14. Southern Region Māori ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

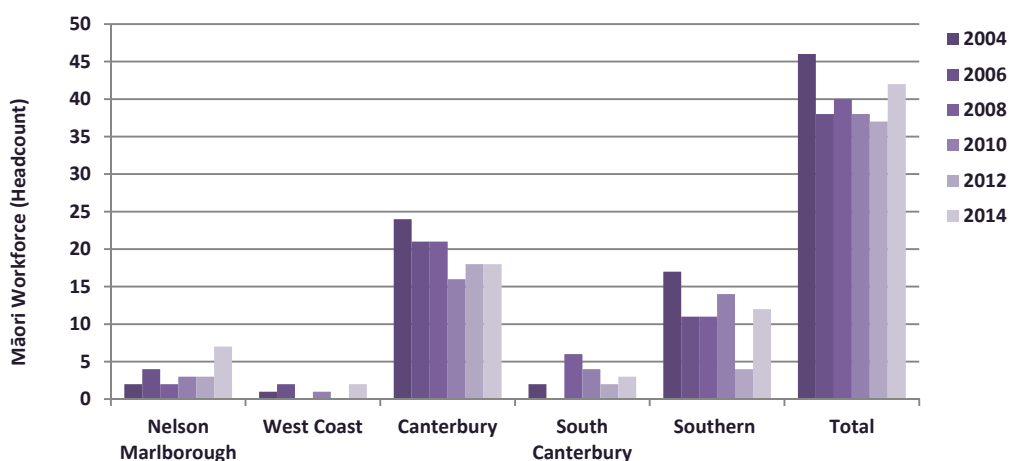


Table 20. Southern Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

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
2012	1	3	4	2	10	12	14	7	21	17	20	37
2014	1	2	3	4	8	12	18	9	27	23	19	42

Note: Non-Clinical Workforce includes Administration/Management Staff

Table 21. Southern Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	9	9
COUNSELLOR	-	-	-	3	3
MENTAL HEALTH NURSE	1	1	2	2	4
OCCUPATIONAL THERAPIST	-	1	1	-	1
PSYCHIATRIST	-	-	-	-	-
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	-	-	1	1
SOCIAL WORKER	-	2	2	2	4
OTHER CLINICAL ¹	-	-	-	1	1
CLINICAL SUB-TOTAL	1	4	5	18	23
CULTURAL APPOINTMENT	2	6	8	1	9
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	2	2	3	5
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	5	5
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	2	8	10	9	19
ADMINISTRATION/MANAGEMENT	-	-	-	-	-
REGIONAL TOTAL	3	12	15	27	42

1. Other Non-Clinical=Youth Worker; Peer Support; Alcohol & Drug Assessor

Figure 15. Southern Region Māori ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)



DHB INPATIENT MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- The Canterbury DHB Inpatient service reported a decrease in their Māori workforce from 4 to 3 (see Table 19).

DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was no change in the overall Māori Community workforce (see Table 19).
- However, an increase was seen in the Māori clinical workforce, from 2 to 4 (see Table 20).

As at 30 June 2014;

- Canterbury DHB continued to report the largest Māori DHB Community workforce in the region (5) (see Table 19).
- The Māori workforce in the DHB Community services was largely Non-Clinical in Cultural roles (6) (i.e. Kaumātua and Pukenga roles) (see Table 21).

NGO MĀORI ICAMH/AOD WORKFORCE

From 2012 to 2014:

- NGOs reported an increase of 6 in the Māori workforce, from 21 to 27 (see Table 19).

As at 30 June 2014:

- The majority (67%) of the NGO Māori workforce was in Clinical roles largely as Alcohol and Drug Practitioners, Mental Health Nurses and Social Workers (see Table 21).
- The remainder of the NGO Māori workforce was in Cultural roles and as Mental Health Support Workers.

SOUTHERN REGION MĀORI CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2012 to 2013:

- There was a 33% increase in total number of Māori clients accessing services in the Southern region (see Table 22 & Figure 18).
- This increase was mainly seen in the Māori female client group by 41%.
- Māori clients by DHB area showed that all of the DHB areas reported an increase in overall Māori client numbers. While South Canterbury DHB area had the smallest number of Māori clients in the region, Māori client numbers had doubled from 2012 to 2013 (see Table 23).

In the second half of 2013:

- Māori clients made up 18% of the total number of clients accessing services in the Southern region with Māori male clients making up the majority (54%) of the Māori clients accessing services (see Table 23 & Figure 18).
- The majority (71%) of the region's Māori clients were seen by DHB services and 29% seen by NGOs.
- Services in the Canterbury DHB area continued to report the largest percentage of Māori clients (43%) accessing services in the region, followed by services in the Nelson Marlborough and Southern DHB areas (21%) (see Table 23 & Figure 19).

Table 22. Southern Region Māori 0-19 yrs Clients by Gender

YEAR	SOUTHERN REGION MĀORI 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (ALL ETHNICITIES)
	MALE	FEMALE	TOTAL	
2004	233	169	402	4140
2005	246	157	403	4394
2006	342	225	567	4180
2007	359	221	580	4191
2008	434	280	714	4502
2009	457	299	756	4699
2010	544	354	898	5,355
DHB	445	297	742	4,656
NGO	99	57	156	699
2011	677	415	1,092	6,662
DHB	412	301	713	4,920
NGO	265	114	379	1,742
2012	585	447	1,032	5,842
DHB	385	319	704	4,369
NGO	200	128	328	1,473
2013	738	632	1,370	7,616
DHB	522	450	972	5,762
NGO	216	182	398	1,854

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 16. Southern Region Māori 0-19 yrs Clients by Service Provider (2004-2013)

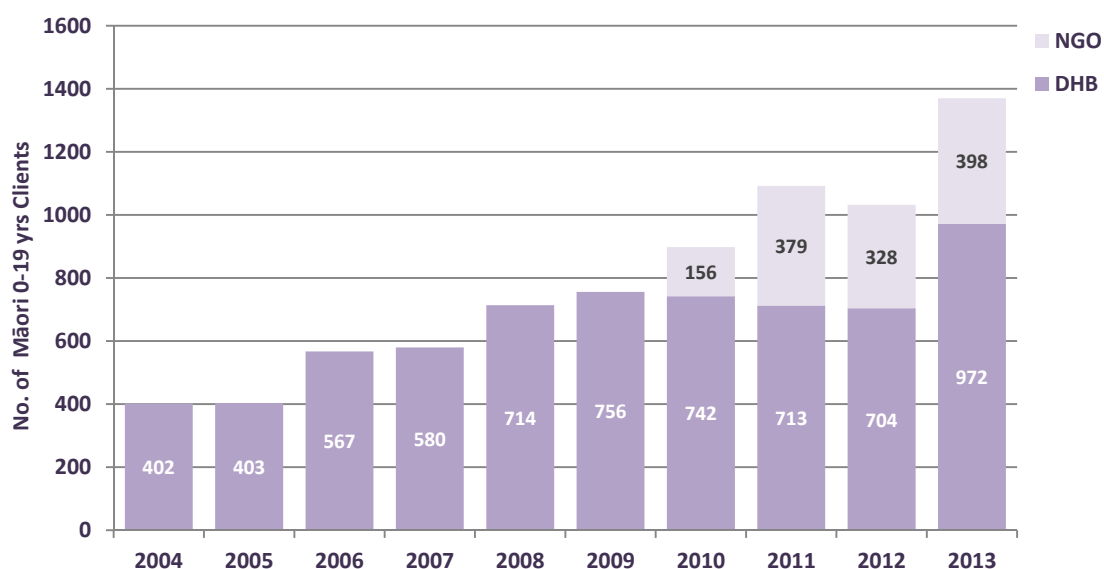


Table 23. Southern Region Māori 0-19 yrs Clients by DHB Area

YEAR	SOUTHERN REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					
	NELSON MARLBOROUGH	WEST COAST ¹	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	TOTAL
2004	74	43	128	15	142	402
2005	61	29	146	14	153	403
2006	93	43	204	17	210	567
2007	94	46	206	10	224	580
2008	107	59	186	17	188	557
2009	129	77	280	26	244	756
2010	149	71	360	38	280	898
DHB	145	68	253	31	245	742
NGO	4	3	107	7	35	156
2011	231	79	392	48	342	1,092
DHB	146	66	271	35	195	713
NGO	85	13	121	13	147	379
2012	219	105	446	44	218	1,032
DHB	156	85	356	28	79	704
NGO	63	20	90	16	139	328
2013	259	110	525	88	388	1,370
DHB	196	85	390	57	244	972
NGO	63	25	135	31	144	398

Note: Clients by DHB of Domicile for the 2nd 6 months of each year

Figure 17. Southern Region Māori 0-19 yrs Clients by DHB Area (2013)



MĀORI CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. However, due to the lack of epidemiological data for the Māori tamariki and rangatahi population, Blueprint access benchmarks for Māori were set at 6.0% over a 6-month period, 3.0% higher than the general population due to a higher need for mental health services (Mental Health Commission, 1998).

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- The overall regional Māori access rate had increased from 1.63% to 3.29% (see Table 24 & Figure 20).
- Access rates by age group showed increases in all three age groups, especially in the 15-19 year age group.
- Access rates by DHB area also showed an increase in Māori access rates in all five DHB areas in the Southern region (see Table 25).

In the second half of 2013:

- The overall regional Māori access rate of 3.29% was higher than the national Māori access rate of 3.28% and the total regional access rate of 2.86% (see Table 24 & Figure 20).
- Access rates by age group showed that the Māori access rates for the 10-14 (4.22%) and 15-19 (7.79%) year age groups had exceeded the target rates set for the respective age groups of 3.90% and 5.5% (Mental Health Commission, 1998).
- West Coast DHB area had the highest Māori access rate of 7.24%, the only DHB area which had exceeded the 6.0% recommended rate for Māori (see Table 25 & Figure 21).
- While regional Māori access rates were close to and had exceeded some of the target rates set by the MHC for the general 0-19 years population, the regional Māori access rate of 3.29% has not increased at a rate that is relative to need and has yet to reach the 6.0% recommended rate for Māori.

Table 24. Southern Region Māori 0-19 yrs Client Access Rates by Age Group

YEAR	SOUTHERN REGION MĀORI CLIENT ACCESS RATES BY AGE GROUP (2004-2013)				NATIONAL MĀORI ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%/6.00%	3.00%/6.00%
2004	0.48%	1.62%	2.92%	1.31%	0.98%
2005	0.41%	1.71%	2.62%	1.24%	1.05%
2006*	0.45%	1.73%	3.68%	1.56%	1.24%
2007	0.55%	1.83%	3.54%	1.59%	1.32%
2008	0.67%	2.17%	4.42%	1.93%	1.56%
2009	0.62%	2.15%	4.87%	1.97%	1.76%
2010	0.72%	2.64%	5.73%	2.30%	2.32%
DHB	0.65%	2.37%	4.42%	1.90%	1.86%
NGO	0.07%	0.27%	1.31%	0.40%	0.46%
2011	0.73%	3.38%	7.22%	2.80%	2.91%
DHB	0.56%	2.27%	4.46%	1.83%	2.05%
NGO	0.17%	1.11%	2.76%	0.97%	0.86%
2012	0.35%	3.35%	6.69%	1.63%	2.57%
DHB	0.29%	2.35%	4.25%	1.11%	1.72%
NGO	0.06%	1.01%	2.45%	0.52%	0.85%
2013*	0.89%	4.22%	7.79%	3.29%	3.28%
DHB	0.75%	3.08%	5.17%	2.33%	2.27%
NGO	0.14%	1.14%	2.61%	0.96%	1.00%
TOTAL REGIONAL RATE 2013 (ALL ETHNICITIES)	0.87%	3.26%	6.13%	2.86%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 18. Southern Region Māori 0-19 yrs Client Access Rates (2004-2013)

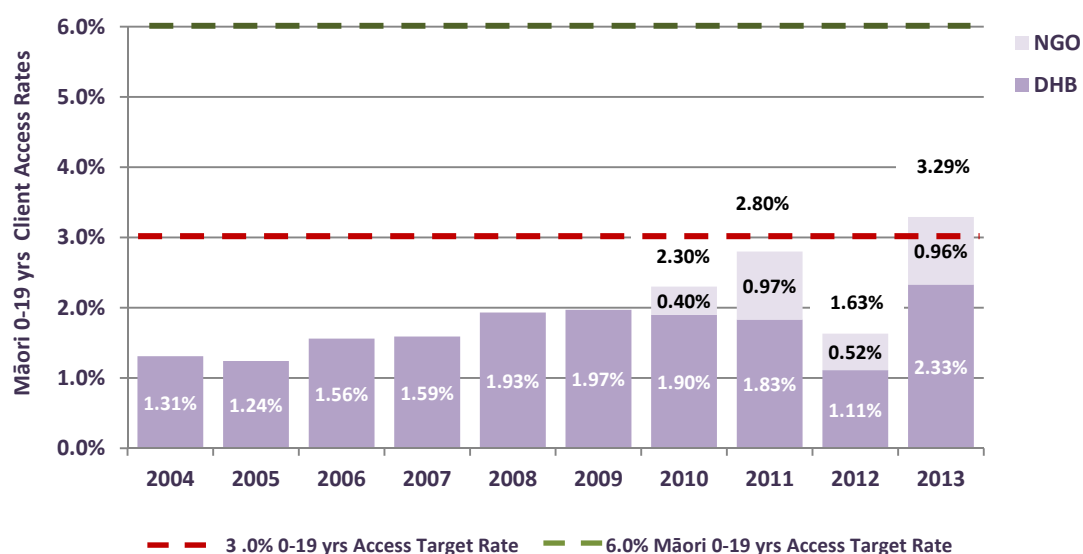
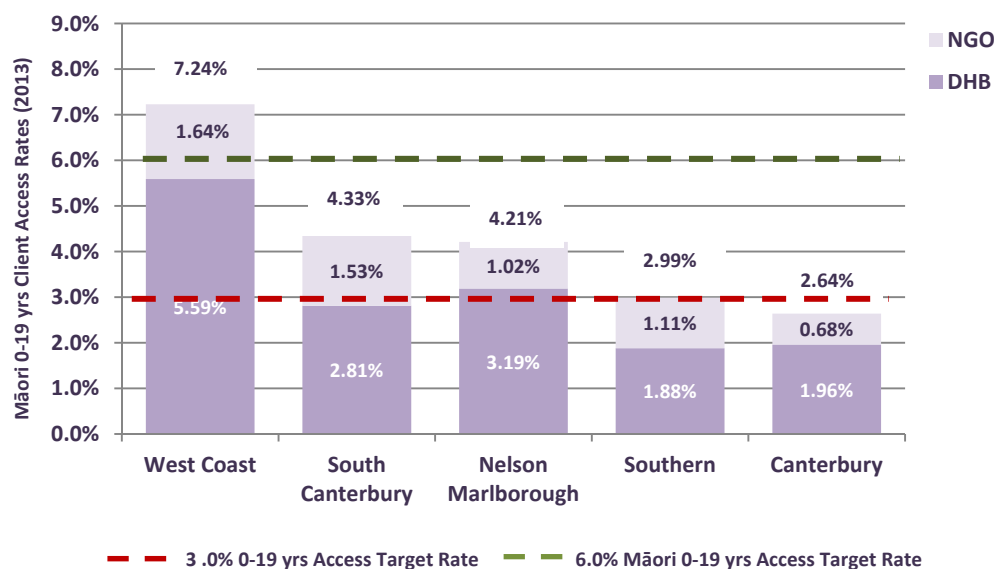


Table 25. Southern Region Māori 0-19 yrs Client Access Rates by DHB Area (2004-2013)

YEAR	SOUTHERN REGION MĀORI 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)							
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	OTAGO	SOUTHLAND	TOTAL
2004	1.97%	2.59%	1.20%	1.31%	-	2.23%	1.44%	1.58%
2005	2.10%	2.50%	1.40%	1.20%	-	2.30%	1.60%	1.68%
2006*	2.00%	2.41%	1.16%	1.28%	-	2.09%	1.86%	1.57%
2007	2.22%	2.82%	1.10%	1.18%	-	2.15%	1.79%	1.58%
2008	2.67%	2.99%	1.13%	1.87%	-	2.27%	1.66%	1.69%
2009	2.53%	3.23%	1.30%	1.77%	-	2.23%	1.62%	1.75%
2010	2.56%	4.01%	1.50%	2.18%	2.92%	-	-	2.02%
DHB	2.51%	3.95%	1.15%	1.91%	2.11%	-	-	1.73%
NGO	0.05%	0.06%	0.35%	0.27%	0.81%	-	-	0.29%
2011	3.34%	4.25%	1.83%	3.32%	2.96%	-	-	2.36%
DHB	2.85%	3.74%	1.40%	2.11%	1.94%	-	-	1.86%
NGO	0.49%	0.51%	0.43%	1.21%	1.02%	-	-	0.50%
2012	2.27%	1.92%	2.00%	0.76%	1.09%	-	-	1.63%
DHB	1.61%	1.56%	1.60%	0.48%	0.40%	-	-	1.11%
NGO	0.65%	0.37%	0.40%	0.28%	0.70%	-	-	0.52%
2013*	4.21%	7.24%	2.64%	4.33%	2.99%	-	-	3.29%
DHB	3.19%	5.59%	1.96%	2.81%	1.88%	-	-	2.33%
NGO	1.02%	1.64%	0.68%	1.53%	1.11%	-	-	0.96%

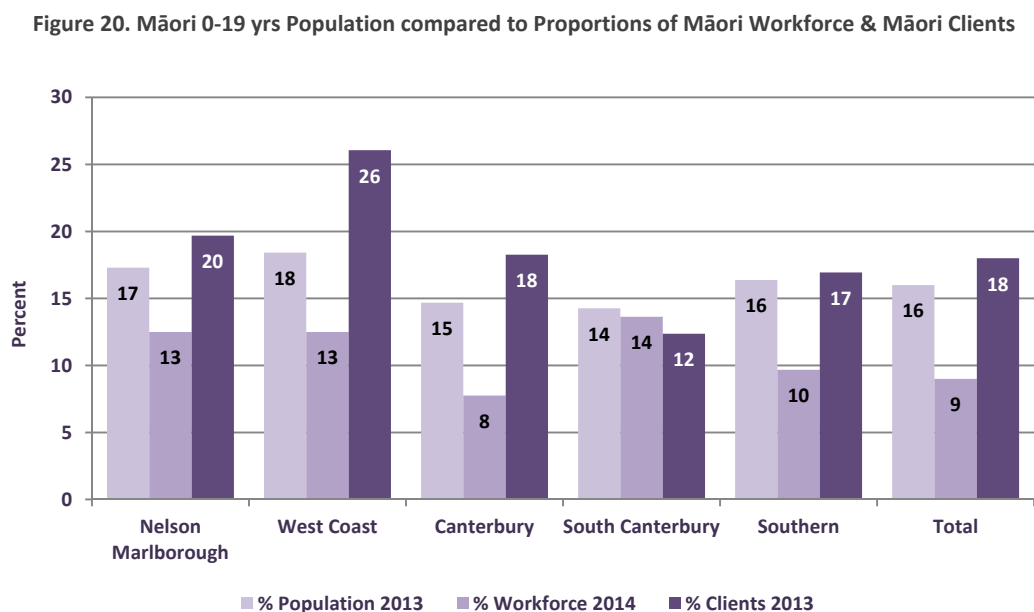
Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 19. Southern Region Māori 0-19 yrs Access Rates by DHB Area (2013)



SOUTHERN REGION MĀORI POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, Māori infants, children and adolescents made up 16% of the region's population and the Māori workforce (42, excluding the Administration/Management workforce) made up 9% of the total Southern region workforce (450).
- The increase in the regional Māori workforce from 2012 to 2014 has not resulted in a regional Māori workforce that appears to be representative of the regional Māori population.
- Additionally, when the proportion of Māori client numbers accessing services in the region (18% in the second 6 months of 2013) is compared with the proportion of the Māori workforce (9%), the disparity between the 2014 workforce and Māori clients is more evident at the regional and individual DHB levels (see Figure 22).
- Workforce and client comparisons conducted on individual DHB areas in the Southern region showed significant disparities in four of the five DHB areas: Nelson Marlborough, West Coast, Canterbury and Southern (see Figure 22).
- Furthermore, given the increasing trend in the number of Māori clients accessing services in the Southern region, there is a need to focus on increasing the Māori workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future Māori infant, child and adolescent population needs for the region.



SOUTHERN REGION PACIFIC OVERVIEW

SOUTHERN REGION PACIFIC INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 29% increase in the regional Pacific 0-19 year population since the 2006 Census (see Table 626).
- This increase was seen in all five DHB areas, with the largest increase in the West Coast DHB area, followed by South Canterbury (by 56%) and Nelson Marlborough (by 51%) DHB areas.
- The Southern region continued to have one of the smallest Pacific infant, child and adolescent populations in New Zealand (7%) (See Appendix A, Table 1).
- Pacific infants, children and adolescents made up 3% of the region's total 0-19 year population (see Table 26).
- Over half (58%) of the region's Pacific 0-19 year population resided in the Canterbury DHB area.

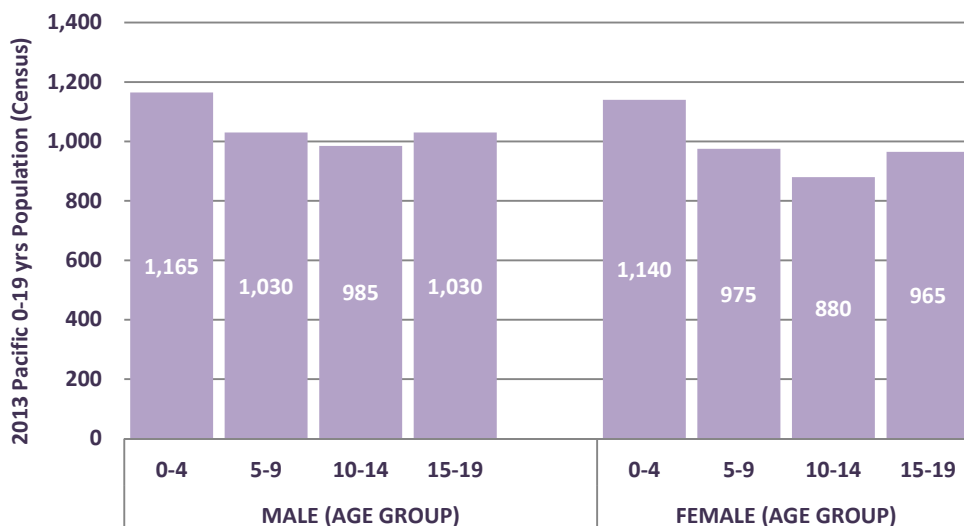
Table 26. Southern Region Pacific 0-19 Year Population

DHB AREA	SOUTHERN REGION PACIFIC 0-19 YRS POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YRS POPULATION (All Ethnicities)	
SOUTHERN	6,345	7,445	7,335	7,570	8,165	266,310	29%
NELSON MARLBOROUGH	576	650	690	730	870	35,550	51%
WEST COAST	33	95	85	75	125	8,250	279%
CANTERBURY	3,918	4,370	4,540	4,700	4,710	129,110	20%
SOUTH CANTERBURY	147	180	185	185	230	14,230	56%
SOUTHERN	1,671	2,150	1,835	1,880	2,230	79,170	33%

1. Census Data (Prioritised Ethnicity Statistics)

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

Figure 21. Southern Region Pacific 0-19 yrs Population by Age Group & Gender (2013)



SOUTHERN REGION PACIFIC ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from all 29 contracted NGOs as at 30 June 2014.

From 2012 to 2014:

- There was a decrease of 3 in the Southern region Pacific workforce, from 12 to 9 (8.34 actual FTEs) (see Table 27 & Figure 24).
- This decrease was seen in the NGO sector from 10 to 7. Both DHB services and NGOs reported an increase of 1.
- This increase was seen in the Pacific Clinical workforce, from 4 to 6 (see Table 28).

As at 30 June 2014:

- The majority of the Pacific workforce (7) continued to be employed in NGOs mainly in the Canterbury DHB area (see Table 27).
- The entire Southern region Pacific workforce was in Clinical roles mainly as AOD Practitioners, Mental Health Nurses and Social Workers (see Tables 28 & 29).

Table 27. Southern Region Pacific ICAMH/AOD Workforce (Headcount, 2006-2014)

DHB AREA	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NELSON MARLBOROUGH	-	-	-	-	-	1	1	1	-	-	1	1	1	-	-
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CANTERBURY	-	-	1	1	2	9	4	5	9	5	9	4	6	10	7
SOUTH CANTERBURY	-	-	-	-	-	-	2	-	-	-	-	2	-	-	-
SOUTHERN	-	-	-	1	-	2	1	3	1	2	2	1	3	2	2
REGIONAL TOTAL	-	-	1	2	2	12	8	9	10	7	12	8	10	12	9

Note: Includes Inpatient Services

Figure 22. Southern Region Pacific ICAMH/AOD Workforce by DHB Area (Headcount, 2004-2014)

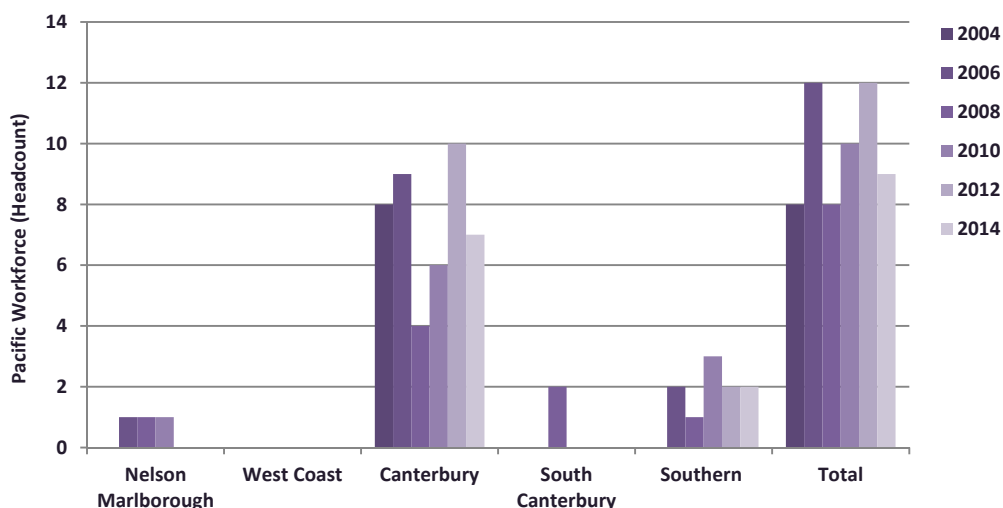


Table 28. Southern Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2004-2014)

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
2012	1	-	1	-	1	1	5	5	10	6	6	12
2014	2	-	2	-	-	-	7	-	7	9	-	9

Note: Non-Clinical Workforce includes Administration/Management Staff

Table 29. Southern Region Pacific ICAMH/AOD Workforce by Occupational Group (Headcount, 2014)

OCCUPATIONAL GROUP	DHB		DHB TOTAL	NGOS	TOTAL
	INPATIENT	COMMUNITY			
ALCOHOL & DRUG PRACTITIONER	-	-	-	3	3
COUNSELLOR	-	-	-	1	1
MENTAL HEALTH NURSE	2	-	2	1	3
OCCUPATIONAL THERAPIST	-	-	-	-	-
PSYCHIATRIST	-	-	-	-	-
PSYCHOTHERAPIST	-	-	-	-	-
PSYCHOLOGIST	-	-	-	-	-
SOCIAL WORKER	-	-	-	2	2
OTHER CLINICAL ¹	-	-	-	-	-
CLINICAL SUB-TOTAL	2	-	2	7	9
CULTURAL APPOINTMENT	-	-	-	-	-
SPECIFIC LIAISON	-	-	-	-	-
MENTAL HEALTH CONSUMER ADVISOR	-	-	-	-	-
MENTAL HEALTH SUPPORT WORKER	-	-	-	-	-
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	-	-	-	-	-
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	-	-	-	-
ADMINISTRATION/MANAGEMENT	-	-	-	-	-
REGIONAL TOTAL	2	-	2	7	9

1. Other Non-Clinical=Information Analyst

DHB INPATIENT PACIFIC ICAMH WORKFORCE

From 2012 to 2014:

- The regional Inpatient Service reported an increase of 1 Pacific Clinical staff, from 1 to 2 (see Table 28).

As at 30 June 2014:

- DHB Inpatient Pacific staff were Mental Health Nurses (see Table 29).

DHB COMMUNITY PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a decrease in the total number of Pacific staff reported by the DHB Community services, from 1 to 0 (zero) (see Table 27).

NGO PACIFIC ICAMH/AOD WORKFORCE

From 2012 to 2014:

- There was a decrease in the total number of Pacific staff reported by the NGOs, from 10 to 7 (see Table 27).

As at 30 June 2014:

- Six NGOs (Canterbury & Southern DHB areas) reported a total of 7 Pacific staff.
- The entire Pacific NGO workforce was in Clinical roles as Alcohol and Drug Practitioners, Social Workers, a Mental Health Nurse and a Counsellor (see Table 29).

SOUTHERN REGION PACIFIC CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- Pacific client numbers, while still low, showed an increasing trend from 2004 to 2011, with a drop in numbers from 2011 to 2012 (see Table 30 & Figure 26).
- However, from 2012 to the end of 2013, there was a 41% increase in Pacific clients accessing services in the region.
- This increase was mainly seen in the Pacific female client group by 61%.
- Pacific clients by DHB area showed that most of the DHB areas, except Canterbury DHB, reported an increase in overall Pacific client numbers (see Table 31).

In the second half of 2013:

- Pacific clients made up 1.4% of the total number of clients accessing services in the Southern region (see Table 30).
- Pacific male clients made up the majority (56%) of the Pacific clients accessing services (see Table 30).
- The majority of Pacific clients (78%) were seen by DHB services, while 22% were seen by NGOs (see Table 33).
- Services in the Canterbury DHB area continued to have the largest number of Pacific clients (41) accessing services in the region followed by the Southern DHB area (33) (see Table 31 & Figure 27).

Table 30. Southern Region Pacific 0-19 yrs Clients by Gender

YEAR	SOUTHERN REGION PACIFIC 0-19 YRS CLIENTS BY GENDER(2004-2013)			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
2010	44	47	91	5,355
DHB	40	37	77	4,656
NGO	4	10	14	699
2011	57	42	99	6,662
DHB	43	30	73	4,920
NGO	14	12	26	1,742
2012	45	28	73	5,842
DHB	35	18	53	4,369
NGO	10	10	20	1,473
2013	58	45	103	7,616
DHB	45	35	80	5,762
NGO	13	10	23	1,854

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 23. Southern Region Pacific 0-19 yrs Clients by Service Provider (2004-2013)

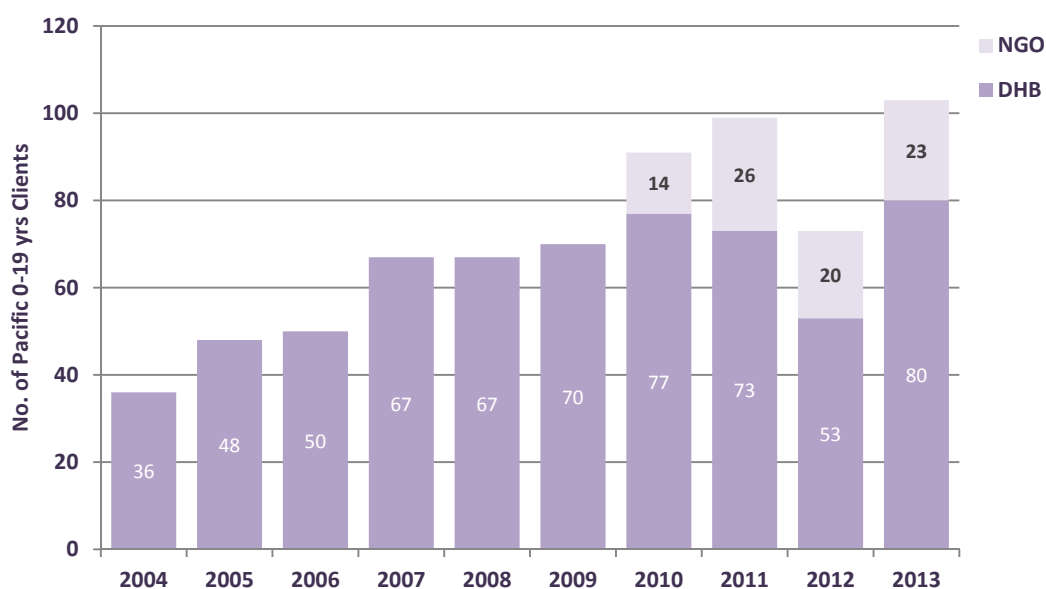
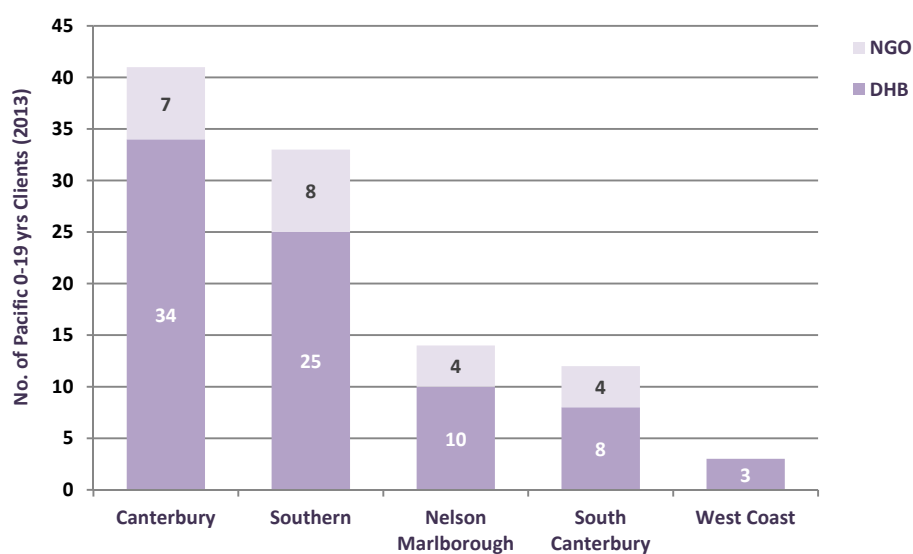


Table 31. Southern Region Pacific 0-19 yrs Clients by DHB Area

YEAR	SOUTHERN REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2004-2013)					
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	TOTAL
2004	5	3	14	3	17	42
2005	7	3	22	1	22	55
2006	11	1	20	3	15	50
2007	10	4	29	3	21	67
2008	11	1	25	3	27	67
2009	12	3	30	1	24	70
2010	11	4	41	2	33	91
DHB	11	4	31	2	29	77
NGO	-	-	10	-	4	14
2011	22	3	30	6	38	99
DHB	17	3	26	4	23	73
NGO	5	-	4	2	15	26
2012	9	2	42	5	15	73
DHB	8	2	35	2	6	53
NGO	1	-	7	3	9	20
2013	14	3	41	12	33	103
DHB	10	3	34	8	25	80
NGO	4	-	7	4	8	23

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 24. Southern Region Pacific 0-19 yrs Clients by DHB Area (2013)



PACIFIC ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Pacific 0-19 year population, there are no specific Blueprint access benchmarks for Pacific, therefore the Pacific access rates have been compared to the rates for the general 0-19 years population. However, the Pacific population experience higher levels of mental health disorder than the general population (Ministry of Health, 2006) and therefore, the general recommended target access rates may be a conservative estimate of actual need for the Pacific population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2012 to 2013:

- The overall regional Pacific access rate had increased from 0.23% to 1.26% (see Table 32).
- Access rates by age group showed an increase in access rates for all three age groups (see Table 34).

In the second six months of 2013:

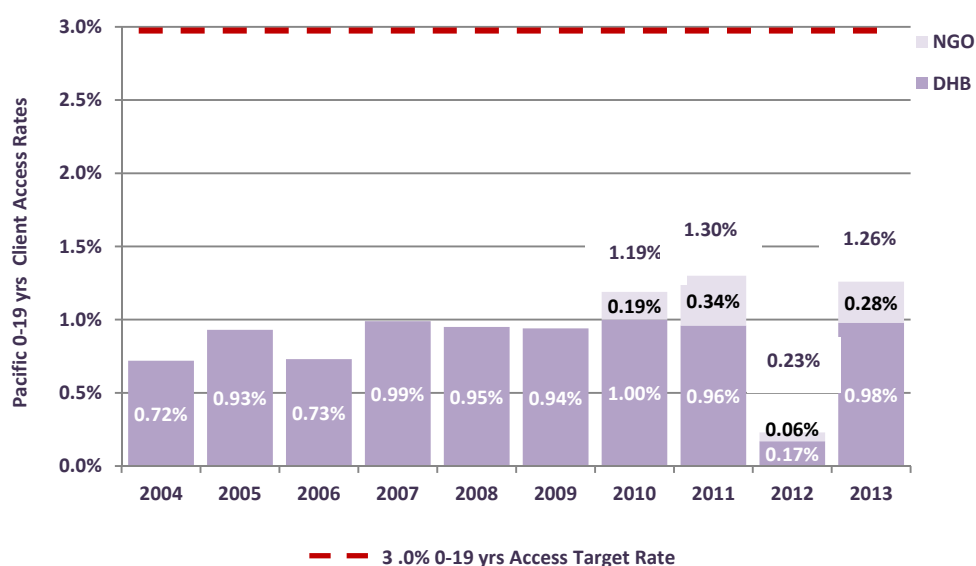
- The overall regional Pacific access rate of 1.26% was lower than the national average Pacific access rate of 1.57% and well below the total regional rate of 2.86% (see Table 33 & Figure 28).
- While improvements can be seen in the region, Pacific access rates for all three age groups remain below the recommended rates set by the MHC (1998).

Table 32. Southern Region Pacific 0-19 yrs Client Access Rates

YEAR	SOUTHERN REGION PACIFIC CLIENTS BY AGE GROUP (2004-2013)				NATIONAL PACIFIC ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2004	0.14%	0.19%	2.37%	0.72%	0.41%
2005	0.21%	1.12%	2.09%	0.93%	0.51%
2006*	0.12%	0.91%	1.75%	0.73%	0.63%
2007	0.42%	0.74%	2.37%	0.99%	0.69%
2008	0.36%	0.56%	2.54%	0.95%	0.92%
2009	0.35%	0.79%	2.44%	0.94%	0.99%
2010	0.17%	0.79%	3.99%	1.19%	1.21%
DHB	0.17%	0.73%	3.26%	1.00%	1.09%
NGO	-	0.06%	0.73%	0.19%	0.12%
2011	0.24%	1.02%	4.03%	1.30%	1.43%
DHB	0.19%	0.72%	2.97%	0.96%	1.22%
NGO	0.05%	0.30%	1.06%	0.34%	0.21%
2012	0.02%	1.07%	2.72%	0.23%	0.38%
DHB	0.02%	0.71%	1.94%	0.17%	0.34%
NGO	-	0.36%	0.78%	0.06%	0.04%
2013*	0.35%	1.45%	3.06%	1.26%	1.57%
DHB	0.30%	1.23%	2.21%	0.98%	1.27%
NGO	0.05%	0.21%	0.85%	0.28%	0.30%
TOTAL REGIONAL RATE 2013 (ALL ETHNICITIES)	0.02%	1.07%	2.72%	0.23%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Census of Population

Figure 25. Southern Region Pacific 0-19 yrs Client Access Rates (2004-2013)



While Pacific access rates by DHB area are presented (see Table 33 & Figure 29), this data should be interpreted with caution due to very small numbers (< 20) of Pacific clients accessing services within individual DHB areas in the region (see Table 33). Access rates based on the combined number of Pacific clients across DHB areas in the Southern region (i.e. regional access rates) produce a more meaningful and stable access rate for the Pacific population.

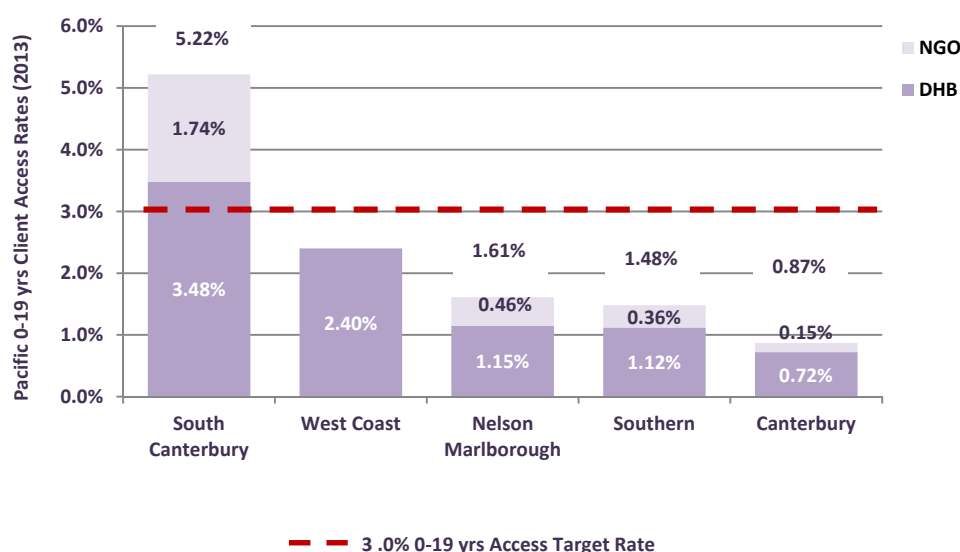
Table 33. Southern Region Pacific 0-19 yrs Client Access Rates by DHB Area (2004-2013)

YEAR	SOUTHERN REGION PACIFIC 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2013)							
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	OTAGO	SOUTHLAND	TOTAL
2004	1.02%	4.62%	0.39%	2.22%	-	0.97%	1.30%	0.72%
2005	1.41%	4.62%	0.61%	0.74%	-	1.39%	1.33%	0.93%
2006	2.00%	1.00%	0.47%	1.71%	-	0.88%	0.59%	0.73%
2007	1.60%	4.00%	0.72%	1.62%	-	1.05%	1.54%	0.99%
2008	1.65%	1.54%	0.57%	1.76%	-	1.45%	1.76%	0.95%
2009	1.70%	3.53%	0.65%	0.53%	-	1.32%	1.24%	0.94%
2010	1.48%	4.44%	0.86%	1.05%	1.75%	-	-	1.19%
DHB	1.48%	4.44%	0.65%	1.05%	1.53%	-	-	1.00%
NGO	-	-	0.21%	-	0.22%	-	-	0.19%
2011	2.95%	3.33%	0.63%	3.24%	2.05%	-	-	1.30%
DHB	2.28%	3.33%	0.55%	2.16%	1.24%	-	-	0.96%
NGO	0.67%	-	0.08%	1.08%	0.81%	-	-	0.34%
2012	0.19%	0.05%	0.47%	0.12%	0.15%	-	-	0.23%
DHB	0.17%	0.05%	0.39%	0.05%	0.06%	-	-	0.17%
NGO	0.02%	-	0.08%	0.07%	0.09%	-	-	0.06%
2013	1.61%	2.40%	0.87%	5.22%	1.48%	-	-	1.26%
DHB	1.15%	2.40%	0.72%	3.48%	1.12%	-	-	0.98%
NGO	0.46%	-	0.15%	1.74%	0.36%	-	-	0.28%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

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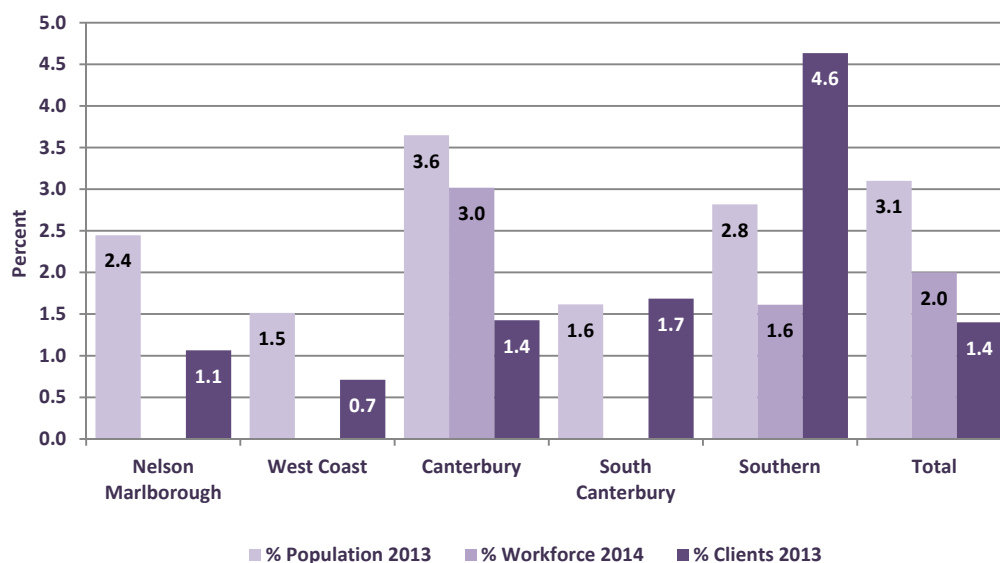
Figure 26. Southern Region Pacific 0-19 yrs Client Access Rates by DHB Area (2013)



SOUTHERN REGION PACIFIC POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, Pacific infants, children and adolescents made up 3% of the region's population and the Pacific workforce (9, excluding the Administration/Management workforce) made up 2% of the total Southern region workforce (450). Therefore, the Southern region Pacific workforce was not proportional to the regional Pacific population.
- However, due to the low numbers of Pacific clients accessing services in the region (1.4% in the second 6 months of 2013), it appears that the workforce was more than proportional to the Pacific clients at the regional level (see Figure 30).
- Yet when workforce and client comparisons were conducted on individual DHB areas, disparities were evident in the Southern, Nelson Marlborough and South Canterbury DHB areas. The Pacific workforce in the Canterbury DHB area appeared to be more proportional to the number of Pacific clients accessing services in that area (see Figure 30).
- Furthermore, given the increasing trend in the number of Pacific clients accessing services in the Southern region, there is a need to focus on increasing the Pacific workforce, not only in Clinical roles but across all occupational groups, to adequately meet the current and future needs of the Pacific infant, child and adolescent population.

Figure 27. Pacific 0-19 yrs Population compared to Proportions of Pacific Workforce & Pacific Clients



SOUTHERN REGION ASIAN OVERVIEW

SOUTHERN REGION ASIAN INFANT, CHILD AND ADOLESCENT POPULATION

The population data includes the 2013 Census Infant, child and adolescent population data (prioritised ethnicity by DHB area) provided by Statistics NZ.

- The 2013 Census data showed a 32% increase in the regional Asian 0-19 year age group since the 2006 Census (see Table 34).
- This increase was seen in all five DHB areas with the largest increase in the West Coast DHB area, followed by Nelson Marlborough DHB area.
- The Southern region had the third largest Asian population (12%) in the country (see Appendix A, Table 1).
- Asian infants, children and adolescents made up 6% of the total infant, child and adolescent population in the region, a larger proportion than the Pacific population.
- Almost two-thirds (63%) of the region's Asian infants, children and adolescents resided in the Canterbury DHB area.

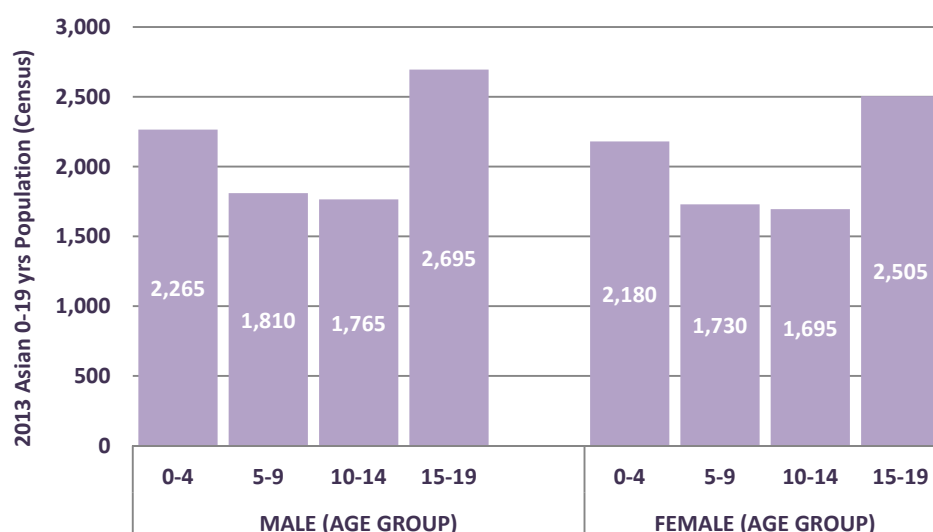
Table 34. Southern Region Asian 0-19 Year Population

DHB AREA	SOUTHERN REGION ASIAN 0-19 YR POPULATION (2006 - 2013)						% Change (2013-2006)
	2006 ¹	2008 ²	2010 ²	2012 ²	2013 ¹	TOTAL 0-19 YEAR POPULATION (All Ethnicities, 2013)	
SOUTHERN	12,660	13,850	14,735	15,670	16,655	266,310	32
NELSON MARLBOROUGH	780	880	920	1,010	1,380	35,550	77
WEST COAST	90	110	125	130	220	8,250	144
CANTERBURY	8,750	9,680	10,350	11,030	10,430	129,110	19
SOUTH CANTERBURY	300	310	300	310	455	14,230	52
SOUTHERN	2,740	2,870	3,040	3,190	4,170	79,170	52

1. Census Data (Prioritised Ethnicity)

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

Figure 28. Southern Region Asian 0-19 yrs Population by Age Group & Gender (2013)



SOUTHERN REGION ASIAN ICAMH/AOD WORKFORCE

The following information is derived from workforce data (Actual & Vacant Full Time Equivalents (FTEs) & Ethnicity by Occupational Group) submitted by all five DHB (Inpatient & Community) ICAMH/AOD services and from all 29 contracted NGOs as at 30 June 2014

From 2012 to 2014:

- There was an increase by 2 in the Southern region Asian workforce, from 3 to 6 (see Table 35).
- This increase was seen in the DHB Community services only while there was a decrease of 1 in the NGO sector.

As at 30 June 2014:

- Canterbury DHB reported the largest Asian workforce in the region (5) (see Table 35).
- The Southern region Asian workforce was only in Clinical roles as Mental Health Nurses, Psychiatrist, and Psychologists.

Table 35. Southern Region Asian ICAMH/AOD Workforce (Headcount, 2006-2014)

DHB AREA	DHB					NGO					TOTAL				
	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014	2006	2008	2010	2012	2014
NELSON MARLBOROUGH	1	1	-	-	-	-	-	-	-	-	1	1	-	-	-
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CANTERBURY ¹	-	-	-	2	5	4	1	-	-	-	4	1	-	2	5
SOUTH CANTERBURY	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-
SOUTHERN	-	2	-	-	1	-	-	-	1	-	-	2	-	1	1
REGIONAL TOTAL	1	3	1	2	6	4	2	-	1	-	5	5	1	3	6

Note: Includes Inpatient Services

SOUTHERN REGION ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) has been extracted from the *Programme for the Integration of Mental Health Data* (PRIMHD). Access data are based on the *Clients by DHB of Domicile* (residence) for the second six months of each year (July to December). NGO client data have been included since 2010. Data from 150 NGOs were included in the 2012 client access information, while 144 NGOs were included in the 2013 client data. While this reduces some of the effects of data variation simply due to a larger number of services submitting client information, it may still explain the increases in client numbers as data submission improves from year to year.

From 2004 to 2013:

- The Asian client numbers accessing services in the Southern region have remained variable (see Table 36 & Figure 32).
- However, there was an overall 8% increase in Asian clients accessing services in the Southern region from 2012 to 2013 (see Table 36 & Figure 32).
- This increase was mainly seen in the Asian female client group by 14%.

In the second half of 2013:

- Asian client numbers continued to be the lowest out of ethnic groups and made up 1% of the total number of clients accessing services in the Southern region.
- Asian male and female clients were equally accessing services (see Table 36).
- The majority (75%) of all Asian clients were seen by DHB services and 25% were seen by NGOs. However, within individual DHB areas, slightly more Asian clients were seen by NGOs in the Southern DHB area (see Table 37).
- Services in the Canterbury DHB area continued to report the largest number of Asian clients (41) accessing services in the region followed by services in the Southern DHB area (23) (see Table 37).

Table 36. Southern Region Asian 0-19 yrs Clients by Gender

YEAR	SOUTHERN REGION ASIAN 0-19 YRS CLIENTS BY GENDER (2004-2013)			TOTAL CLIENTS (ALL ETHNICITIES)
	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
2010	41	31	72	5,355
DHB	36	26	62	4,656
NGO	5	5	10	699
2011	52	46	98	6,662
DHB	45	38	83	4,920
NGO	7	8	15	1,742
2012	39	36	75	5,842
DHB	30	28	58	4,369
NGO	9	8	17	1,473
2013	40	41	81	7,616
DHB	31	30	61	5,762
NGO	9	11	20	1,854

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

Figure 29. Southern Region Asian 0-19 yrs Clients by Gender (2004-2013)

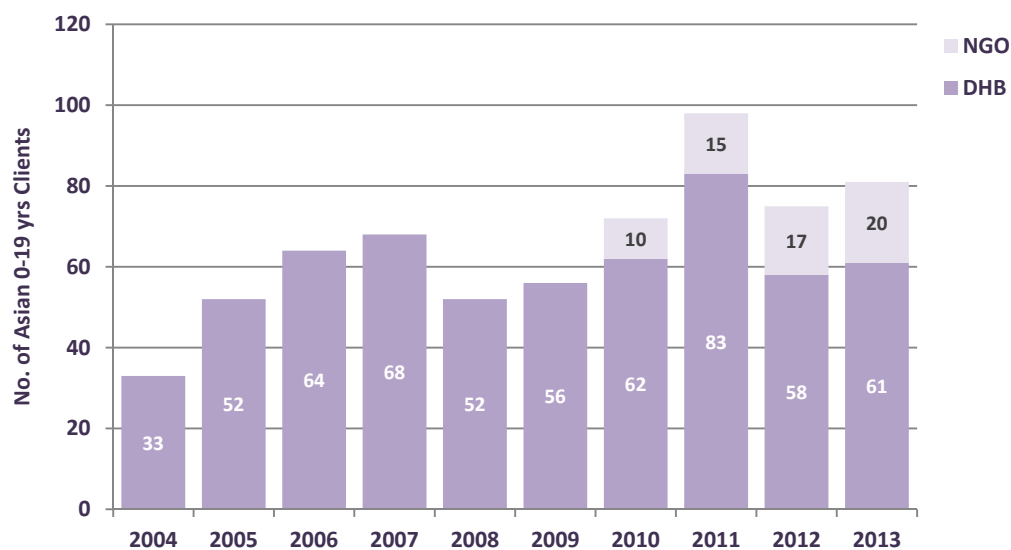


Table 37. Southern Region Asian 0-19 yrs Clients by DHB Area

YEAR	SOUTHERN REGION ASIAN CLIENTS BY DHB AREA (2004-2011)					
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	TOTAL
2004	3	1	17	1	11	33
2005	6	1	24	1	20	52
2006	8	2	22	4	28	64
2007	17	-	31	2	18	68
2008	13	-	23	3	13	52
2009	8	3	27	3	15	56
2010	4	2	37	3	26	72
DHB	4	2	31	3	22	62
NGO	-	-	6	-	4	10
2011	12	4	46	6	30	98
DHB	12	4	40	4	23	83
NGO	-	-	6	2	7	15
2012	8	3	47	4	13	75
DHB	6	2	41	3	6	58
NGO	2	1	6	1	7	17
2013	10	1	41	6	23	81
DHB	10	1	36	4	10	61
NGO	-	-	5	2	13	20

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only

ASIAN CLIENT ACCESS RATES

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 (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% for the 0-9 year age group; 3.9% for the 10-14 year age group and 5.5% for the 15-19 year age group. Due to the lack of epidemiological data for the Asian 0-19 year population, there are no specific Blueprint access benchmarks for Asian, therefore the Asian access rates have been compared to the rates for the general 0-19 years population.

The 2004 to 2013 MHINC/PRIMHD access data were 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). However, access rates are affected by the population data used. Client access rates are calculated using the best available population data at the time of reporting. The 2006 and 2013 client access rates were calculated using census data and are therefore more accurate than the access rates (2007-2012) calculated using population projections (projected population statistics tends to be less accurate than actual census data).

From 2011 to 2013:

- The overall regional Asian access rate had increased from 0.19% to 0.49% (see Table 38 & Figure 33).
- Improvements in access rates were only seen in the 0-9 and 15-19 year age groups.

In the second half of 2013:

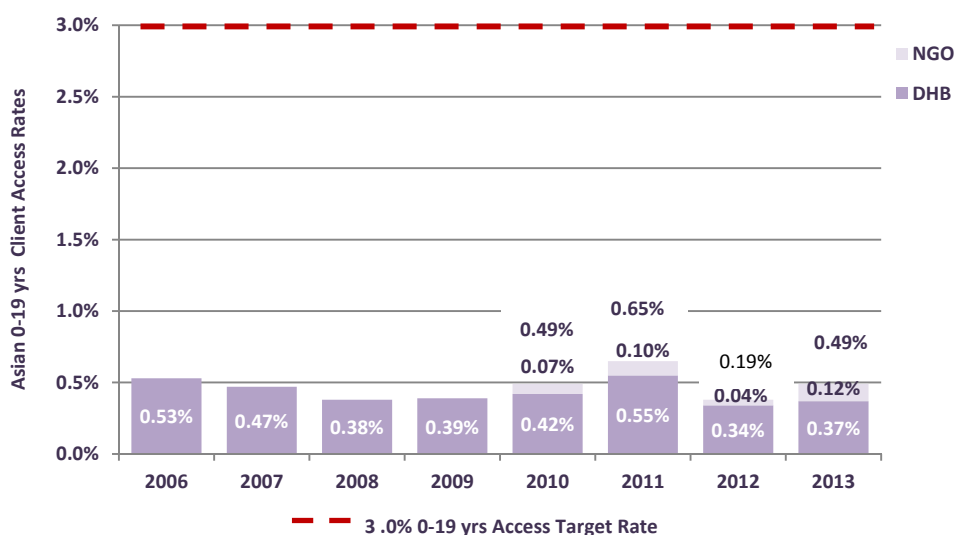
- The Southern region overall Asian access rate of 0.49% was lower than the national Asian average access rate of 0.67% (see Table 39 & Figure 33).
- While overall improvements can be seen, the Asian 0-19 access rate of 0.49% remained significantly lower than Māori (3.29%) and Pacific (1.26%) access rates and therefore remain significantly below target rates for all three age groups.

Table 38. Southern Region Asian Client Access Rates by Age Group

YEAR	SOUTHERN REGION ASIAN CLIENTS BY AGE GROUP (2006-2013)				NATIONAL ASIAN ACCESS RATES (0-19 YRS)
	0-9	10-14	15-19	0-19	
MHC ACCESS BENCHMARKS	1.00%	3.90%	5.50%	3.00%	3.00%
2006*	0.11%	0.44%	1.01%	0.53%	0.38%
2007	0.18%	0.48%	0.75%	0.47%	0.35%
2008	0.13%	0.46%	0.58%	0.38%	0.42%
2009	0.10%	0.41%	0.69%	0.39%	0.46%
2010	0.13%	0.69%	0.80%	0.49%	0.52%
DHB	0.13%	0.66%	0.63%	0.42%	0.49%
NGO	-	0.03%	0.17%	0.07%	0.03%
2011	0.25%	0.67%	1.14%	0.65%	0.59%
DHB	0.20%	0.63%	0.94%	0.55%	0.52%
NGO	0.05%	0.04%	0.20%	0.10%	0.07%
2012	0.03%	0.58%	0.91%	0.19%	0.38%
DHB	0.09%	0.62%	1.12%	0.34%	0.34%
NGO	0.01%	0.06%	0.18%	0.04%	0.04%
2013*	0.20%	0.38%	1.00%	0.49%	0.67%
DHB	0.14%	0.29%	0.77%	0.37%	0.58%
NGO	0.06%	0.09%	0.23%	0.12%	0.09%
TOTAL REGIONAL ACCESS RATE (2013) ALL ETHNICITIES	0.81%	3.04%	5.84%	2.64%	

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Population Projections

Figure 30. Southern Region Asian 0-19 yrs Client Access Rates (2004-2013)



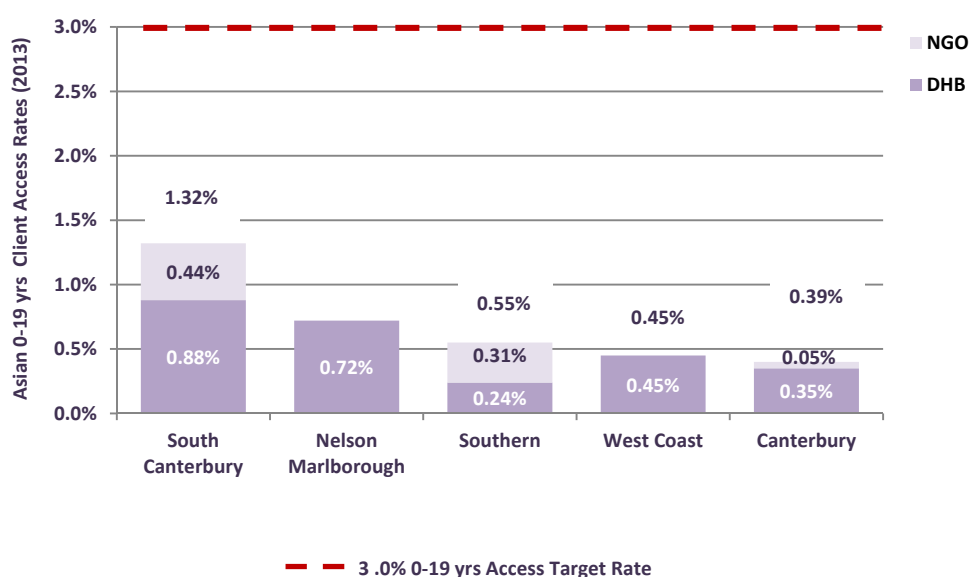
While Asian access rates by DHB Area are presented (see Table 39 & Figure 34), data should be interpreted with caution due to very small numbers (< 20) of Asian clients accessing services within individual DHB areas in the region (see Table 39). Access rates based on the combined number of Asian clients across DHB areas in the Southern region (i.e. regional access rates) produce a more meaningful and stable access rate for the Asian population.

Table 39. Southern Region Asian 0-19 yrs Client Access Rates by DHB Area (2006-2013)

YEAR	SOUTHERN REGION ASIAN 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2004-2011)							
	NELSON MARLBOROUGH	WEST COAST	CANTERBURY	SOUTH CANTERBURY	SOUTHERN	OTAGO	SOUTHLAND	TOTAL
2006*	1.09%	4.44%	0.26%	1.50%	-	0.97%	1.30%	0.53%
2007	2.07%	-	0.27%	0.63%	-	0.70%	0.46%	0.47%
2008	1.48%	-	0.24%	0.97%	-	0.51%	0.29%	0.38%
2009	0.88%	2.50%	0.27%	1.00%	-	0.58%	0.28%	0.39%
2010	0.43%	1.60%	0.36%	1.00%	0.86%	-	-	0.49%
DHB	0.43%	1.60%	0.30%	1.00%	0.72%	-	-	0.42%
NGO	-	-	0.06%	-	0.14%	-	-	0.07%
2011	1.21%	3.20%	0.43%	2.03%	0.98%	-	-	0.65%
DHB	1.21%	3.20%	0.38%	1.36%	0.75%	-	-	0.55%
NGO	-	-	0.05%	0.67%	0.23%	-	-	0.10%
2012	0.16%	0.07%	0.32%	0.09%	0.12%	-	-	0.19%
DHB	0.12%	0.05%	0.28%	0.07%	0.05%	-	-	0.15%
NGO	0.04%	0.07%	0.04%	0.02%	0.06%	-	-	0.04%
2013*	0.72%	0.45%	0.39%	1.32%	0.55%	-	-	0.49%
DHB	0.72%	0.45%	0.35%	0.88%	0.24%	-	-	0.37%
NGO	-	-	0.05%	0.44%	0.31%	-	-	0.12%

Note: Clients by DHB of Domicile for the 2nd 6 months of each year. 2004-2009=DHB Data Only. *Access Rates calculated using Population Projections

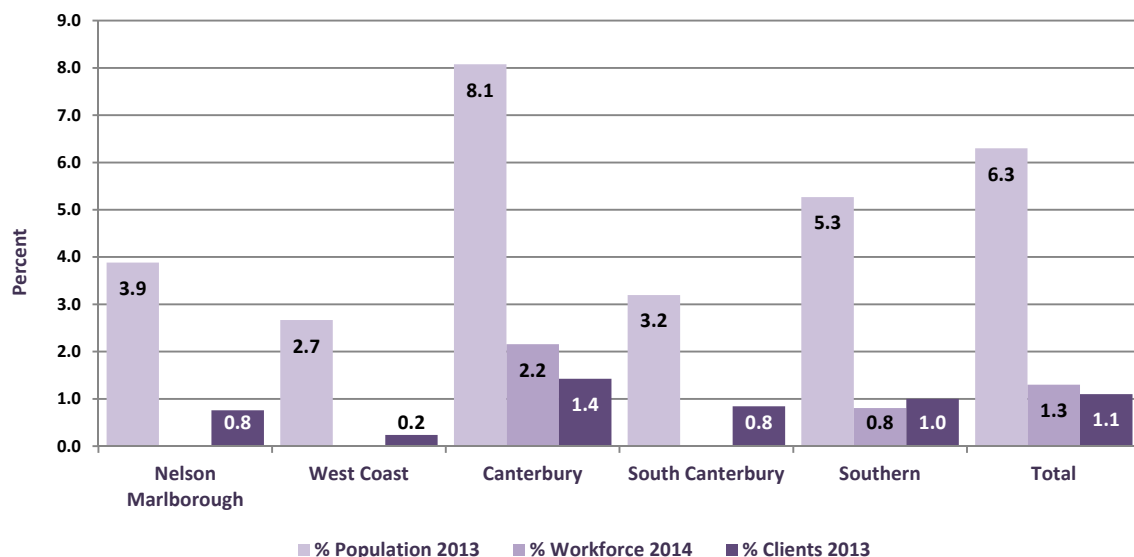
Figure 31. Southern Region Asian 0-19 yrs Client Access Rates by DHB Area (2013)



SOUTHERN REGION ASIAN POPULATION, WORKFORCE AND CLIENT COMPARISONS

- Based on the 2013 Census, Asian infants, children and adolescents made up 6% of the region's population and the Asian workforce (6, excluding the Administration/Management workforce) made up 1.3% of the total Southern region workforce (450).
- Despite the slight increase in the Asian workforce from 2012 to 2014, the regional Asian workforce has remained significantly disproportionate to the regional Asian population.
- However, due to the low numbers of Asian clients accessing services in the region (1.1% in the second 6 months of 2013), the workforce seemed to adequately represent the Asian clients (see Figure 35).
- Furthermore, given the increasing trend in the Asian population and the number of Asian clients accessing services in the Southern region, there is a need to focus on increasing the Asian workforce, not only in Clinical roles but across all occupational groups, to adequately meet current and future Asian infant, child and adolescent population needs for the region.

Figure 32. Asian 0-19 yrs Population compared to Proportions of Asian Workforce & Asian Clients



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APPENDICES

APPENDIX A: POPULATION DATA

Table 1. Child & Adolescent (0-19 yrs) Population by Ethnicity/Region/DHB Area (2006-2013)

	0-19 YEAR POPULATION BY ETHNICITY (2006-2013)																								
	TOTAL					% CHANGE	MĀORI					% CHANGE	PACIFIC					% CHANGE	ASIAN					% CHANGE	
	2006*	2008	2010	2012	2013*		2006*	2008	2010	2012	2013*		2006*	2008	2010	2012	2013*		2006*	2008	2010	2012	2013*		
NORTHERN	436,344	465,638	468,320	471,140	472,780	8.4	83,568	95,160	96,340	97,120	99,410	19.0	70,584	82,140	84,510	86,700	82,750	17.2	74,760	78,950	83,100	87,750	89,210	19.3	
NORTHLAND	45,267	48,198	45,570	44,880	47,500	4.9	19,722	22,140	22,000	21,710	24,110	22.2	822	970	950	920	1,220	48.4	870	920	990	1,030	1,270	46.0	
WAIITEMATA	139,758	149,030	150,880	151,670	152,230	8.9	19,809	22,740	23,140	23,440	24,230	22.3	13,176	15,510	16,160	16,820	15,820	20.1	22,350	24,190	25,760	27,390	27,410	22.6	
AUCKLAND	104,139	110,660	111,330	111,710	114,410	9.9	11,778	13,210	13,250	13,210	14,340	21.8	18,846	21,160	21,240	21,260	20,170	7.0	26,840	27,350	28,210	29,410	30,020	11.8	
COUNTIES MANUKAU	147,180	157,750	160,540	162,880	158,640	7.8	32,259	37,070	37,950	38,760	36,730	13.9	37,740	44,500	46,160	47,700	45,540	20.7	24,700	26,490	28,140	29,920	30,510	23.5	
MIDLAND	237,273	243,650	241,820	238,930	246,040	3.7	81,954	90,320	90,850	91,090	95,040	16.0	5,733	6,480	6,500	6,490	7,480	30.5	9,180	10,000	10,570	11,180	13,685	49.1	
WAIKATO	104,574	106,720	106,460	105,440	109,510	4.7	31,341	34,160	34,360	34,420	37,570	19.9	3,219	3,470	3,470	3,450	4,100	27.4	5,550	6,090	6,430	6,750	7,730	39.3	
LAKES	30,990	31,730	31,270	30,730	30,510	-1.5	14,190	15,470	15,450	15,370	15,320	8.0	879	1,020	960	920	970	10.4	1,020	1,080	1,110	1,130	1,420	39.2	
BAY OF PLENTY	56,700	59,340	59,400	59,230	59,490	4.9	20,475	23,060	23,480	23,840	23,340	14.0	957	1,170	1,220	1,250	1,480	54.6	1,750	1,870	1,990	2,170	3,060	74.9	
TAIRAWHITI	14,724	15,270	14,940	14,630	15,140	2.8	8,571	9,500	9,420	9,270	9,710	13.3	297	380	395	395	415	39.7	200	220	230	250	295	47.5	
TARANAKI	30,285	30,590	29,750	28,900	31,390	3.6	7,377	8,130	8,140	8,190	9,100	23.4	381	440	455	475	515	35.2	660	740	810	880	1,180	78.8	
CENTRAL	234,093	238,410	235,860	232,600	236,110	0.9	58,299	64,200	64,600	64,900	65,750	12.8	15,633	17,365	17,355	17,400	17,520	12.1	14,150	14,825	15,390	16,075	18,220	28.8	
HAWKE'S BAY	45,327	45,880	45,300	44,600	45,440	0.2	15,024	16,980	17,000	16,970	17,600	17.1	1,764	2,130	2,220	2,290	2,380	34.9	1,090	1,150	1,180	1,260	1,570	44.0	
MIDCENTRAL	46,716	47,850	47,300	46,640	46,800	0.2	12,738	13,900	14,090	14,210	14,520	14.0	1,551	1,700	1,700	1,700	2,010	29.6	2,090	2,170	2,260	2,360	2,920	39.7	
WHANGANUI	18,939	18,320	17,550	16,850	17,210	-9.1	6,729	7,070	6,940	6,850	6,780	0.8	405	415	390	365	570	40.7	415	425	405	400	455	9.6	
CAPITAL & COAST	71,070	73,320	73,690	73,540	75,750	6.6	11,280	12,520	12,770	12,970	13,440	19.1	7,602	8,420	8,320	8,240	7,900	3.9	7,350	7,660	7,990	8,370	9,210	25.3	
HUTT	40,785	42,200	41,550	40,810	39,760	-2.5	9,810	10,850	10,970	11,080	10,220	4.2	4,017	4,410	4,440	4,520	4,290	6.8	3,030	3,240	3,370	3,500	3,820	26.1	
WAIRARAPA	11,256	10,840	10,470	10,160	11,150	-0.9	2,718	2,880	2,830	2,820	3,190	17.4	294	290	285	285	370	25.9	175	180	185	185	245	40.0	
SOUTHERN	260,010	266,110	264,390	261,230	266,310	2.4	33,807	36,930	37,880	38,620	41,630	23.1	6,345	7,445	7,335	7,570	8,165	28.7	12,660	13,850	14,735	15,670	16,655	31.6	
NELSON MARLBOROUGH	34,806	35,200	34,790	34,180	35,550	2.1	5,079	5,430	5,490	5,540	6,150	21.1	576	650	690	730	870	51.0	780	880	920	1,010	1,380	76.9	
WEST COAST	8,151	8,420	8,180	7,830	8,250	1.2	1,356	1,470	1,460	1,390	1,520	12.1	33	95	85	75	125	278.8	90	110	125	130	220	144.4	
CANTERBURY	125,832	131,120	131,800	131,570	129,110	2.6	15,420	17,110	17,700	18,240	18,960	23.0	3,918	4,370	4,540	4,700	4,710	20.2	8,750	9,680	10,350	11,030	10,430	19.2	
SOUTH CANTERBURY	14,046	14,160	13,820	13,340	14,230	1.3	1,536	1,690	1,710	1,730	2,030	32.2	147	180	185	185	230	56.5	300	310	300	310	455	51.7	
SOUTHERN	77,175	77,210	75,800	74,310	79,170	2.6	10,416	11,230	11,520	11,720	12,970	24.5	1,671	2,150	1,835	1,880	2,230	33.5	2,740	2,870	3,040	3,190	4,170	52.2	
TOTAL	1,167,720	1,213,808	1,210,390	1,203,900	1,221,250	4.6	257,628	286,610	289,670	291,730	301,860	17.2	98,295	113,430	115,700	118,160	115,920	17.9	110,750	117,625	123,795	130,675	137,780	24.4	

Note: * Census (Prioritised Ethnicity); % Change=2013-2006

1. 2006 Census (Prioritised Ethnicity) Source Statistics NZ; Ref No: KID1617 2. 2014 Population Projections (2006 Base, Medium Projections, Total Response) Source: Statistics NZ; Ref No: RIS18647. *% Change = 2012-2014

APPENDIX B: FUNDING DATA (2004-2014)

Table 1. Infant, Child & Adolescent Mental Health/AOD Funding (2004-2014)

REGION/ DHB AREA	2005/2006			2007/2008			2009/2010			2011/2012			2013/2014		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	\$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	\$44,531,202	\$7,402,855	\$51,934,057	\$47,459,043	\$9,213,782	\$56,672,824
NORTHLAND	\$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	\$5,907,113	\$1,165,900	\$7,073,013	\$5,306,728	\$1,273,385	\$6,580,113
WAITEMATA	\$8,694,911	-	\$8,694,911	\$11,782,555	\$209,148	\$11,991,703	\$14,727,110	\$111,648	\$14,838,758	\$13,650,762	\$489,492	\$14,140,254	\$14,389,192	\$808,605	\$15,197,797
AUCKLAND	\$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	\$13,872,470	\$2,896,174	\$16,768,644	\$15,154,442	\$2,898,379	\$18,052,821
COUNTIES MANUKAU	\$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	\$11,100,856	\$2,851,289	\$13,952,145	\$12,608,681	\$4,233,413	\$16,842,094
MIDLAND	\$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	\$17,916,760	\$11,019,950	\$28,936,710	\$20,094,458	\$16,356,708	\$36,451,166
WAIKATO	\$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	\$5,562,923	\$6,811,801	\$12,374,724	\$5,782,168	\$10,161,324	\$15,943,492
LAKES	\$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	\$2,842,697	\$945,396	\$3,788,093	\$3,526,970	\$1,859,143	\$5,386,113
BAY OF PLENTY	\$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	\$4,883,749	\$2,556,705	\$7,440,454	\$5,924,599	\$3,425,634	\$9,350,233
TAIRAWHITI	\$968,090	\$36,804	\$1,004,894	\$959,236	\$261,636	\$1,220,872	1,769,619	\$277,380	\$2,046,999	\$2,019,898	\$247,114	\$2,267,012	\$2,127,250	\$288,899	\$2,416,149
TARANAKI	\$1,999,314	\$444,240	\$2,443,554	\$2,081,325	\$374,160	\$2,455,485	\$2,672,998	\$396,620	\$3,069,618	\$2,607,494	\$458,934	\$3,066,428	\$2,733,471	\$621,708	\$3,355,179
CENTRAL	\$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	\$25,901,383	\$5,096,353	\$30,997,736	\$27,821,854	\$5,655,914	\$33,477,768
HAWKE'S BAY	\$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	\$3,167,597	\$697,140	\$3,864,737	\$3,400,661	\$839,700	\$4,240,361
MIDCENTRAL	\$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	\$4,244,492	\$871,601	\$5,116,093	\$4,315,411	\$1,007,965	\$5,323,376
WHANGANUI	\$1,526,370	\$149,356	\$1,675,726	\$1,791,668	\$59,000	\$1,850,668	\$2,218,674	-	\$2,218,674	1918303	169032	\$2,087,335	2238961	415312	\$2,654,273
CAPITAL & COAST	\$11,014,990	\$429,609	\$11,444,599	\$10,747,054	\$606,787	\$11,353,841	\$12,460,385	\$457,116	\$12,917,501	\$11,404,354	\$768,696	\$12,173,050	\$12,607,427	\$768,696	\$13,376,123
HUTT VALLEY	\$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	\$3,944,366	\$2,462,508	\$6,406,874	\$4,048,444	\$2,515,245	\$6,563,689
WAIRARAPA	\$810,932	\$131,664	\$942,596	\$1,052,991	\$139,140	\$1,192,131	\$1,249,758	\$164,136	\$1,413,894	\$1,222,271	\$127,376	\$1,349,647	\$1,210,951	\$108,996	\$1,319,947
SOUTHERN	\$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	\$26,216,260	\$9,244,766	\$35,461,026	\$30,717,699	\$11,134,104	\$41,851,803
NELSON MARLBOROUGH	\$2,671,470	\$678,893	\$3,350,363	\$3,392,042	\$733,930	\$4,125,972	\$3,995,788	\$619,131	\$4,614,919	\$4,014,175	\$557,616	\$4,571,791	\$4,130,029	\$237,497	\$4,367,526
WEST COAST	\$815,154	-	\$815,154	\$869,141	-	\$869,141	\$976,632	-	\$976,632	\$952,640	-	\$952,640	\$1,048,179	\$575,674	\$1,623,853
CANTERBURY	\$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	\$14,070,975	\$3,811,665	\$17,882,640	\$16,512,156	\$4,922,471	\$21,434,627
SOUTH CANTERBURY	\$983,894	\$54,000	\$1,037,894	\$750,198	\$176,747	\$926,945	\$1,081,221	-	\$1,081,221	\$941,869	\$1,159,766	\$2,101,635	\$1,113,038	\$725,050	\$1,838,088
SOUTHERN	\$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	\$6,236,601	\$3,715,719	\$9,952,320	\$7,914,298	\$4,673,412	\$12,587,710
MINISTRY OF HEALTH	-	\$357,328	\$357,328	-	\$14,168	\$14,168									
TOTAL	\$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	\$114,565,605	\$32,763,924	\$147,329,529	\$126,093,054	\$42,360,508	\$168,453,561

Source: Ministry of Health Price Volume Schedules 2004-2014

Table 2. National Funding per Head Infant, Child & Adolescent Population (2004-2014)

REGION/DHB AREA	2005/2006			2007/2008			2009/2010			2011/2012			2013/2014		
	Total DHB & NGO \$	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$	Total DHB & NGO \$	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$	Total DHB & NGO \$	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$	Total DHB & NGO \$	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$	Total DHB & NGO \$	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$
NORTHERN	\$33,564,324	\$63.77	\$76.92	\$42,201,097	\$76.53	\$90.63	\$51,694,108	\$98.01	\$110.38	\$51,934,057	\$99.28	\$110.23	\$56,672,825	\$108.36	\$119.87
NORTHLAND	\$3,281,307	\$72.49	\$72.49	\$4,047,967	\$83.99	\$83.99	\$5,071,591	\$111.29	\$111.29	\$7,073,013.48	\$135.23	\$157.60	\$6,580,113	\$111.42	\$138.53
WAITEMATA	\$8,694,911	\$62.21	\$62.21	\$11,991,703	\$80.47	\$80.47	\$14,838,758	\$97.61	\$98.35	\$14,140,254.25	\$93.23	\$93.23	\$15,197,797	\$99.83	\$99.83
AUCKLAND	\$14,690,413	\$85.95	\$141.07	\$18,106,608	\$104.29	\$163.62	\$19,111,034	\$120.63	\$171.66	\$16,768,644.13	\$112.91	\$150.11	\$18,052,821	\$121.47	\$157.79
COUNTIES MANUKAU	\$6,897,693	\$46.87	\$46.87	\$8,054,820	\$51.06	\$51.06	\$12,672,725	\$78.94	\$78.94	\$13,952,144.97	\$85.66	\$85.66	\$16,842,094	\$106.17	\$106.17
MIDLAND	\$19,913,257	\$83.64	\$83.93	\$22,921,842	\$93.93	\$94.08	\$26,060,397	\$107.09	\$107.77	\$28,936,710	\$121.04	\$121.11	\$36,451,166	\$148.09	\$148.15
WAIKATO	\$8,147,261	\$77.91	\$77.91	\$9,399,909	\$88.08	\$88.08	\$10,661,691	\$100.15	\$100.15	\$12,374,724	\$117.36	\$117.36	\$15,943,492	\$145.59	\$145.59
LAKES	\$3,014,727	\$97.28	\$97.28	\$3,802,229	\$119.83	\$119.83	\$3,150,945	\$100.77	\$100.77	\$3,788,093	\$175.70	\$123.27	\$5,386,113	\$176.54	\$176.54
BAY OF PLENTY	\$5,302,821	\$93.52	\$93.52	\$6,043,346	\$101.84	\$101.84	\$7,131,144	\$117.52	\$120.05	\$7,440,454	-	\$125.62	\$9,350,233	\$157.17	\$157.17
TAIRAWHITI	\$1,004,894	\$63.69	\$68.25	\$1,220,873	\$77.62	\$79.95	\$2,046,999	\$136.09	\$137.01	\$2,267,012	\$153.90	\$154.96	\$2,416,149	\$158.54	\$159.59
TARANAKI	\$2,443,554	\$80.69	\$80.69	\$2,455,485	\$80.27	\$80.27	\$3,069,618	\$103.18	\$103.18	\$3,066,428	\$106.10	\$106.10	\$3,355,179	\$106.89	\$106.89
CENTRAL	\$23,654,455	\$89.17	\$101.05	\$27,506,911	\$102.18	\$115.38	\$31,778,099	\$109.79	\$134.73	\$30,997,736	\$124.34	\$133.27	\$33,477,768	\$126.96	\$141.79
HAWKE'S BAY	\$3,466,147	\$76.47	\$76.47	\$4,079,353	\$88.91	\$88.91	\$4,370,420	\$96.48	\$96.48	\$3,864,737	\$86.65	\$86.65	\$4,240,361	\$93.32	\$93.32
MID CENTRAL	\$2,275,537	\$48.71	\$48.71	\$4,336,484	\$90.63	\$90.63	\$5,409,865	\$114.37	\$114.37	\$5,116,093	\$109.69	\$109.69	\$5,323,376	\$113.75	\$113.75
WHANGANUI	\$1,675,726	\$88.48	\$88.48	\$1,850,668	\$91.64	\$101.02	\$2,218,674	\$115.11	\$126.42	\$2,087,335	\$123.88	\$123.88	\$2,654,273	\$154.23	\$154.23
CAPITAL & COAST	\$11,444,599	\$123.15	\$161.03	\$11,353,841	\$115.66	\$154.85	\$12,917,501	\$119.82	\$175.30	\$12,173,050	\$117.77	\$165.53	\$13,376,123	\$130.35	\$176.58
HUTT VALLEY	\$3,849,850	\$92.21	\$94.39	\$4,694,433	\$108.85	\$111.24	\$5,447,745	\$128.41	\$131.11	\$6,406,874	\$154.36	\$156.99	\$6,563,689	\$165.08	\$165.08
WAIRARAPA	\$942,596	\$83.74	\$83.74	\$1,192,131	\$109.98	\$109.98	\$1,413,894	\$135.04	\$135.04	\$1,349,647	\$132.84	\$132.84	\$1,319,947	\$118.38	\$118.38
SOUTHERN	\$27,211,154	\$87.57	\$104.65	\$32,290,682	\$102.34	\$121.34	\$35,670,595	\$112.69	\$134.92	\$35,461,026	\$114.71	\$135.75	\$41,851,803	\$137.03	\$157.15
NELSON MARLBOROUGH	\$3,350,363	\$83.46	\$96.26	\$4,125,971	\$103.02	\$117.22	\$4,614,919	\$116.29	\$132.65	\$4,571,791	\$113.30	\$133.76	\$4,705,703	\$123.99	\$132.37
WEST COAST	\$815,154	\$100.01	\$100.01	\$869,141	\$103.22	\$103.22	\$976,632	\$119.39	\$119.39	\$952,640	\$121.67	\$121.67	\$1,285,676	\$155.84	\$155.84
CANTERBURY	\$15,167,012	\$92.29	\$120.53	\$16,490,372	\$94.98	\$125.77	\$18,390,323	\$103.40	\$139.53	\$17,882,640	\$103.45	\$135.92	\$21,434,627	\$130.97	\$166.02
SOUTH CANTERBURY	\$1,037,894	\$73.89	\$73.89	\$926,945	\$65.46	\$65.46	\$1,081,221	\$78.24	\$78.24	\$2,101,635	\$157.54	\$157.54	\$1,838,088	\$129.17	\$129.17
SOUTHERN	\$6,840,731	\$82.01	\$86.57	\$9,878,253	\$121.12	\$126.56	\$10,607,501	\$132.73	\$139.94	\$9,952,320	\$126.88	\$133.93	\$12,587,710	\$152.22	\$159.00
TOTAL	\$104,343,190	\$78.20	\$89.36	\$124,934,700	\$90.73	\$102.93	\$145,203,200	\$106.55	\$119.96	\$147,329,529	\$110.51	\$122.38	\$168,453,562	\$126.21	\$137.94

Source: Ministry of Health Price Volume Schedules 2005-2014

APPENDIX C: ICAMH/AOD WORKFORCE DATA

Table 1. DHB Inpatient ICAMHS Workforce (Actual FTEs, 2014)

REGION/DHB INPATIENT WORKFORCE 30 JUNE 2014 (ACTUAL FTES)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
AUCKLAND ¹	-	-	22.6	1.0	7.58	1.6	7.0	1.5	5.9	47.18	-	-	-	7.8	-	7.8	4.0	58.98
CAPITAL & COAST	-	-	14.0	2.0	1.0	-	1.0	2.0	-	20.0	2.5	-	-	9.0	-	11.5	3.0	34.50
CANTERBURY ²	-	-	33.6	2.0	2.1	-	1.5	2.8	3.6	45.6	0.6	-	-	-	1.0	1.6	3.3	50.5
TOTAL	-	-	70.2	5.0	10.68	1.6	9.5	6.3	9.5	112.78	3.1	-	-	16.8	1.0	20.9	10.3	143.98

1. Includes Consult Liaison Service

2. Includes Child Day Programme

Table 2. DHB Inpatient ICAMHS Vacant FTEs (2014)

REGION/DHB INPATIENT VACANT FTES 30 JUNE 2014	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
AUCKLAND	-	-	7.4	1.5	2.23	-	0.8	1.0	1.0	13.93	1.0	-	-	-	-	1.0	1.0	15.93
CAPITAL & COAST	-	-	2.0	-	-	-	-	-	-	2.0	-	-	-	2.0	-	2.0	-	4.0
CANTERBURY	-	-	2.0	-	-	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
TOTAL	-	-	11.4	1.5	2.23	-	0.8	1.0	1.0	17.93	1.0	-	-	2.0	-	3.0	1.0	21.93

Table 3. DHB Inpatient Māori, Pacific & Asian ICAMH Workforce (Headcount, 2014)

REGION/DHB INPAIENT WORKFORCE 30 JUNE 2014 (ETHNICITY, HEADCOUNT)		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
MĀORI	AUCKLAND	-	-	2	-	1	1	-	-	-	4	-	-	-	3	-	3	-	7
	CAPITAL & COAST	-	-	3	-	-	-	-	-	-	3	2	-	-	2	-	4	-	7
	CANTERBURY	-	-	1	-	-	-	-	-	-	1	2	-	-	-	-	2	-	3
	TOTAL	-	-	6	-	1	1	-	-	-	8	4	-	-	5	-	9	-	17
PACIFIC	AUCKLAND	-	-	3	-	-	-	-	-	-	3	-	-	-	2	-	2	-	5
	CAPITAL & COAST	-	-	1	-	-	-	-	-	-	1	1	-	-	5	-	6	-	7
	CANTERBURY	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
	TOTAL	-	-	6	-	-	-	-	-	-	6	1	-	-	7	-	8	-	14
ASIAN	AUCKLAND	-	-	3	-	1	-	-	-	1	5	-	-	-	1	-	1	-	6
	CAPITAL & COAST	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
	CANTERBURY	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
	TOTAL	-	-	5	-	1	-	-	-	1	7	-	-	-	1	-	1	-	8
NZ EUROPEAN	AUCKLAND	-	-	16	1	8	1	6	2	6	40	-	-	-	2	-	2	3	45
	CAPITAL & COAST	-	-	9	2	1	-	1	2	-	15	-	-	-	2	-	2	3	20
	CANTERBURY	-	-	32	2	2	-	1	4	4	45	-	-	-	-	1	1	4	50
	TOTAL	-	-	57	5	11	1	8	8	10	100	-	-	-	4	1	5	10	115
OTHER	AUCKLAND	-	-	2	-	-	1	3	-	-	6	-	-	-	-	-	-	-	6
	CAPITAL & COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANTERBURY	-	-	-	-	1	-	1	-	-	2	-	-	-	-	1	1	1	4
	TOTAL	-	-	2	-	1	1	4	-	-	8	-	-	-	-	1	1	1	10
TOTAL		-	-	76	5	14	3	12	8	11	129	5	-	-	17	2	24	11	164

Table 4. DHB Community ICAMH/AOD Workforce (Actual FTEs, 2014)

REGION/DHB COMMUNITY WORKFORCE 30 JUNE 2014 (ACTUAL FTES)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	33.6	2.8	48.85	33.9	24.95	10.58	64.39	61.3	35.8	316.17	15.3	-	1.0	-	0.73	17.03	28.5	361.7
NORTHLAND	4.8	2.8	10.4	-	1.85	-	4.4	5.0	1.05	30.3	-	-	-	-	-	-	3.0	33.3
WAIKATAMATA	26.8	-	19.5	14.1	10.55	6.1	14.8	18.8	12.5	123.15	7.0	-	1.0	-	-	8.0	15.4	146.55
AUCKLAND	-	-	6.85	10.2	5.75	2.48	25.81	10.5	2.6	64.19	6.3	-	-	-	-	6.3	8.6	79.09
COUNTIES MANUKAU	2.0	-	12.1	9.6	6.8	2.0	19.38	27.0	19.65	98.53	2.0	-	-	-	0.73	2.73	1.5	102.76
MIDLAND	14.5	1.0	33.1	4.0	11.4	0.8	35.0	23.0	9.15	131.95	5.0	1.0	-	0.8	2.0	8.8	14.4	155.15
WAIKATO	2.5	-	7.7	1.0	5.9	0.8	13.2	7.6	3.8	42.5	-	-	-	0.8	1.0	1.8	4.8	49.1
LAKES	3.0	-	4.7	-	1.6	-	5.5	1.8	1.15	17.75	1.0	1.0	-	-	-	2.0	3.0	22.75
BAY OF PLENTY	4.0	-	12.0	3.0	0.9	-	9.0	10.0	1.0	39.9	2.0	-	-	-	1.0	3.0	4.1	47.0
TAIRAWHITI	4.0	1.0	3.6	-	1.2	-	3.2	1.6	-	14.6	2.0	-	-	-	-	2.0	1.0	17.6
TARANAKI	1.0	-	5.1	-	1.8	-	4.1	2.0	3.2	17.2	-	-	-	-	-	-	1.5	18.7
CENTRAL	6.5	1.0	38.9	12.1	14.7	4.85	40.83	33.05	22.1	174.03	5.84	-	1.0	7.5	4.3	18.64	27.94	220.61
HAWKE'S BAY	-	1.0	3.8	1.6	1.8	-	3.6	3.8	2.8	18.4	1.0	-	-	-	-	1.0	3.0	22.4
MIDCENTRAL	1.0	-	5.8	1.6	2.2	-	5.43	8.65	4.7	29.38	0.34	-	-	-	-	0.34	4.24	33.96
WHANGANUI	3.5	-	4.5	0.5	1.4	-	1.0	1.7	-	12.6	-	-	-	-	1.0	1.0	3.0	16.6
CAPITAL & COAST	1.0	-	21.8	7.4	7.5	2.4	16.7	9.2	11.1	77.1	4.5	-	1.0	5.5	3.3	14.3	12.5	103.9
HUTT VALLEY	-	-	1.0	1.0	1.3	2.45	11.9	8.7	2.7	29.05	-	-	-	-	-	-	3.2	32.25
WAIKARAPAPA	1.0	-	2.0	-	0.5	-	2.2	1.0	0.8	7.5	-	-	-	2.0	-	2.0	2.0	11.5
SOUTHERN	3.8	2.4	42.65	10.9	18.5	1.6	35.2	37.3	14.65	167.0	4.1	-	1.0	1.5	1.5	8.1	29.8	204.9
NELSON MARLBOROUGH	-	1.4	10.1	2.9	2.4	-	8.8	4.7	1.9	32.2	-	-	-	-	-	-	4.72	36.92
WEST COAST	0.8	1.0	-	0.2	0.2	-	1.6	1.0	1.6	6.4	0.8	-	-	-	1.5	2.3	2.3	11.0
CANTERBURY	1.0	-	16.05	6.0	9.65	1.6	12.55	18.1	6.75	71.7	2.8	-	1.0	-	-	3.8	16.78	92.28
SOUTH CANTERBURY	1.0	-	3.6	-	0.45	-	0.5	2.3	-	7.85	-	-	-	1.5	-	1.5	-	9.35
SOUTHERN	1.0	-	12.9	1.8	5.8	-	11.75	11.2	4.4	48.85	0.5	-	-	-	-	0.5	6.0	55.35
TOTAL	58.4	7.2	163.5	60.9	69.55	17.83	175.42	154.65	81.7	789.15	30.24	1.0	3.0	9.8	8.53	52.57	100.64	942.36

Table 5. DHB Community ICAMH/AOD Vacancies (Vacant FTEs, 2014)

REGION/DHB COMMUNITY VACANCIES 30 JUNE 2014 (FTEs)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	3.0	-	12.6	4.4	4.7	0.3	8.64	4.0	1.8	39.44	-	-	-	-	-	-	2.5	41.94
NORTHLAND	-	-	2.0	-	-	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
WAIKATAMATA	3.0	-	2.2	-	1.6	0.3	1.8	1.0	0.8	10.7	-	-	-	-	-	-	1.0	11.7
AUCKLAND	-	-	-	1.0	2.5	-	3.84	2.0	-	9.34	-	-	-	-	-	-	1.5	10.84
COUNTIES MANUKAU	-	-	8.4	3.4	0.6	-	3.0	1.0	1.0	17.4	-	-	-	-	-	-	-	17.4
MIDLAND	3.5	--	1.0	-	1.4	-	1.3	-	1.0	8.2	-	0.4	-	0.2	-	0.6	-	8.8
WAIKATO	2.5	-	-	-	-	-	-	-	-	2.5	-	-	-	0.2	-	0.2	-	2.7
LAKES	1.0	-	-	-	-	-	-	-	1.0	2.0	-	-	-	-	-	-	-	2.0
BAY OF PLENTY	-	-	-	-	1.4	-	0.3	-	-	1.7	-	-	-	-	-	-	-	1.7
TAIRAWHITI	-	-	-	-	-	-	1.0	-	-	1.0	-	-	-	-	-	-	-	1.0
TARANAKI	-	-	1.0	-	-	-	-	-	-	1.0	-	0.4	-	-	-	0.4	-	1.4
CENTRAL	-	--	8.72	2.4	2.9	-	8.78	3.68	7.4	33.88	1.0	-	0.6	5.0	-	6.6	1.0	41.48
HAWKE'S BAY	-	-	3.0	-	-	-	2.0	2.6	3.0	10.6	-	-	-	-	-	-	1.0	11.6
MIDCENTRAL	-	-	0.72	1.4	-	-	2.28	0.08	-	4.48	-	-	-	-	-	-	-	4.48
WHANGANUI	-	-	-	-	-	-	-	-	-	-	1.0	-	-	-	-	1.0	-	1.0
CAPITAL & COAST	-	-	5.0	1.0	0.4	-	4.5	1.0	4.4	16.3	-	-	0.6	5.0	-	5.6	-	21.9
HUTT VALLEY	-	-	-	-	2.0	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
WAIRARAPA	-	-	-	-	0.5	-	-	-	-	0.5	-	-	-	-	-	-	-	0.5
SOUTHERN	1.7	-	3.35	1.0	1.58	-	3.25	2.3	1.5	14.68	0.5	-	-	-	-	0.5	0.8	15.98
NELSON MARLBOROUGH	-	-	1.0	-	-	-	1.4	-	-	2.4	-	-	-	-	-	-	-	2.4
WEST COAST	1.7	-	-	-	-	-	-	-	1.5	3.2	-	-	-	-	-	-	-	3.2
CANTERBURY	-	-	0.5	-	1.58	-	1.85	2.3	-	6.23	-	-	-	-	-	-	0.8	7.03
SOUTH CANTERBURY	-	-	0.85	-	-	-	-	-	-	0.85	0.5	-	-	-	-	0.5	-	1.35
SOUTHERN	-	-	1.0	1.0	-	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
TOTAL	8.2	-	25.67	7.8	10.58	0.3	21.97	9.98	11.7	96.2	1.5	0.4	0.6	5.2	-	7.7	4.3	108.2

Table 6. DHB Community Māori ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB MĀORI WORKFORCE (HEADCOUNT, 30 JUNE 2014)	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	1	3	4	-	1	5	14	2	39	10	-	-	-	1	11	2	52
NORTHLAND	3	1	2	-	-	-	1	2	-	9	-	-	-	-	-	-	2	11
WAITEMATA	6	-	1	2	-	-	-	3	-	12	3	-	-	-	-	3	-	15
AUCKLAND	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	6	-	6
COUNTIES MANUKAU	-	-	-	2	-	1	4	9	2	18	1	-	-	-	1	2	-	20
MIDLAND	3	1	6	-	-	-	1	4	1	16	5	-	-	-	-	5	2	23
WAIKATO	1	-	2	-	-	-	-	1	1	5	-	-	-	-	-	-	-	5
LAKES	1	-	1	-	-	-	-	-	-	2	1	-	-	-	-	1	-	3
BAY OF PLENTY	-	-	1	-	-	-	-	2	-	3	2	-	-	-	-	2	1	6
TAIRAWHITI	1	1	1	-	-	-	1	1	-	5	2	-	-	-	-	2	1	8
TARANAKI	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
CENTRAL	-	1	6	-	1	-	4	5	6	23	6	-	-	4	1	11	8	42
HAWKE'S BAY	-	1	1	-	-	-	-	1	1	4	1	-	-	-	-	1	2	7
MIDCENTRAL	-	-	-	-	-	-	2	2	-	4	1	-	-	-	-	1	-	5
WHANGANUI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
CAPITAL & COAST	-	-	5	-	1	-	1	-	3	10	4	-	-	3	-	7	6	23
HUTT VALLEY	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	2
WAIRARAPA	-	-	-	-	-	-	1	1	1	3	-	-	-	1	-	1	-	4
SOUTHERN	-	-	1	1	-	-	-	2	-	4	6	-	-	2	-	8	-	12
NELSON MARLBOROUGH	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
WEST COAST	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	-	2
CANTERBURY	-	-	-	1	-	-	-	-	-	1	4	-	-	-	-	4	-	5
SOUTH CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2
SOUTHERN	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	-	2
TOTAL	12	3	16	5	1	1	10	25	9	82	27	-	-	6	2	35	12	129

Table 7. DHB Community Pacific ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB PACIFIC WORKFORCE (HEADCOUNT, 30 JUNE 2014)	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	-	4	2	3	-	2	8	8	36	8	-	1	-	-	9	5	50
NORTHLAND	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
WAITEMATA	7	-	1	-	1	-	1	-	5	15	5	-	1	-	-	6	5	26
AUCKLAND	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2	-	2
COUNTIES MANUKAU	2	-	3	2	2	-	1	7	3	20	1	-	-	-	-	1	-	21
MIDLAND	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
TAIRAWHITI	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
CENTRAL	-	-	1	-	-	-	1	1	1	4	2	-	-	2	1	5	2	11
CAPITAL & COAST	-	-	1	-	-	-	1	1	1	4	2	-	-	2	1	5	2	11
TOTAL	9	-	6	2	3	-	3	9	9	41	10	-	1	2	1	14	7	62

Table 8. DHB Community Asian ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB ASIAN WORKFORCE (HEADCOUNT, 30 JUNE 2014)	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	-	-	3	3	4	1	6	3	6	26	-	-	-	-	-	-	-	26
NORTHLAND	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-	-	-	2
WAITEMATA	-	-	-	2	1	-	1	-	2	6	-	-	-	-	-	-	-	6
AUCKLAND	-	-	1		2	-	3	-	-	6	-	-	-	-	-	-	-	6
COUNTIES MANUKAU	-	-	2	1	1	1	1	3	3	12	-	-	-	-	-	-	-	12
MIDLAND	-	-	-	-	4	-	1	2	2	9	-	-	-	-	-	-	-	9
WAIKATO	-	-	-	-	4	-		2	2	8	-	-	-	-	-	-	-	8
TARANAKI	-	-	-	-		-	1	-	-	1	-	-	-	-	-	-	-	1
CENTRAL	-	-	-	1	2	-	1	-	1	5	-	-	-	-	-	-	-	5
MIDCENTRAL	-	-	-	-		-	1	-	-	1	-	-	-	-	-	-	-	1
WHANGANUI	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
CAPITAL & COAST	-	-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	2
HUTT VALLEY	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1
SOUTHERN	-	-	2	-	1	-	1	-	1	5	-	-	-	-	-	-	-	5
CANTERBURY	-	-	1	-	1	-	1	-	1	4	-	-	-	-	-	-	-	4
SOUTHERN	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
TOTAL	-	-	5	4	11	1	9	5	10	45	-	-	-	-	-	-	-	45

Table 9. DHB Community NZ European ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB NZ EUROPEAN WORKFORCE (HEADCOUNT, 30 JUNE 2014)	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	12	3	31	24	13	9	62	29	19	202	-	-	-	-	-	-	12	214
NORTHLAND	-	3	8	-	1	-	3	2	1	18	-	-	-	-	-	-	1	19
WAITEMATA	12	-	11	9	4	5	11	3	3	58	-	-	-	-	-	-	7	65
AUCKLAND	-	-	8	12	7	4	38	16	3	88	-	-	-	-	-	-	4	92
COUNTIES MANUKAU	-	-	4	3	1	-	10	8	12	38	-	-	-	-	-	-	-	38
MIDLAND	6	-	19	3	9	-	22	10	4	73	-	2	-	1	2	5	10	88
WAIKATO	1	-	5	-	3	-	7	5	1	22	-	-	-	1	1	2	5	29
LAKES	-	-	4	-	2	-	4	1	1	12	-	1	-	-	-	1	2	15
BAY OF PLENTY	1	-	5	3	-	-	5	2	-	16	-	-	-	-	1	1	2	19
TAIRAWHITI	3	-	2	-	3	-	3	1	-	12	-	-	-	-	-	-	-	12
TARANAKI	1	-	3	-	1	-	3	1	2	11	-	1	-	-	-	1	1	13
CENTRAL	6	-	24	13	18	7	42	29	19	157	-	-	1	3	2	6	23	186
HAWKES BAY	-	-	3	2	-	-	2	2	2	10	-	-	-	-	-	-	1	11
MIDCENTRAL	1	-	3	2	1	-	3	6	7	23	-	-	-	-	-	-	4	27
WHANGANUI	3	-	3	1	-	-	1	2	-	10	-	-	-	-	-	-	2	12
CAPITAL & COAST	1	-	12	7	14	3	19	10	8	74	-	-	1	1	2	4	9	87
HUTT VALLEY	-	-	1	1	2	4	15	9	2	34	-	-	-	-	-	-	4	38
WAIKARARAPA	1	-	2	-	1	-	2	-	-	6	-	-	-	2	-	2	3	11
SOUTHERN	4	3	44	14	18	2	38	38	14	175	-	-	-	-	2	2	44	221
NELSON MARLBOROUGH	-	3	11	3	3	-	10	6	2	38	-	-	-	-	-	-	8	46
WEST COAST	1	-	-	-	1	-	2	1	1	6	-	-	-	-	2	2	3	11
CANTERBURY	1	-	17	9	7	2	14	18	8	76	-	-	-	-	-	-	25	101
SOUTH CANTERBURY	1	-	4	-	2	-	1	3	-	11	-	-	-	-	-	-	-	11
SOUTHERN	1	-	12	2	5	-	11	10	3	44	-	-	-	-	-	-	8	52
TOTAL	28	6	117	54	58	18	164	106	56	607	-	2	1	4	6	13	89	709

Table 10. DHB Community Other Ethnicity ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB OTHER ETHNICITY WORKFORCE (HEADCOUNT, 30 JUNE 2014)	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	-	12	4	14	3	10	16	9	75	-	-	-	-	-	-	8	83
NORTHLAND	2	-	1	-	2	-	-	-	-	5	-	-	-	-	-	-	-	5
WAIITEMATA	5	-	9	3	7	3	6	13	3	49	-	-	-	-	-	-	7	56
COUNTIES MANUKAU	-	-	2	1	5	-	4	3	6	21	-	-	-	-	-	-	1	22
MIDLAND	4	-	11	1	8	1	17	9	5	56	-	-	-	-	-	-	4	60
WAIKATO	-	-	2	1	4	1	9	1		18	-	-	-	-	-	-	-	18
LAKES	1	-	1	-	1	-	2	1	2	8	-	-	-	-	-	-	1	9
BAY OF PLENTY	3	-	6	-	2	-	5	6	1	23	-	-	-	-	-	-	2	25
TARANAKI	-	-	2	-	1	-	1	1	2	7	-	-	-	-	-	-	1	8
CENTRAL	2	-	9	-	6	-	4	2	1	24	-	-	-	-	-	-	2	26
HAWKE'S BAY	-	-	-	-	3	-	2	1	-	6	-	-	-	-	-	-	-	6
MIDCENTRAL	-	-	2	-	2	-	-	-	-	4	-	-	-	-	-	-	1	5
WHANGANUI	2	-	2	-	1	-	1	-	-	6	-	-	-	-	-	-	1	7
CAPITAL & COAST	-	-	5	-	-	-	1	1	1	8	-	-	-	-	-	-	-	8
SOUTHERN	-	1	3	2	13	-	4	5	3	31	-	-	-	-	-	-	1	32
NELSON MARLBOROUGH	-		-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
WEST COAST	-	1	-	1	-	-	-	-	1	3	-	-	-	-	-	-	1	4
CANTERBURY	-	-	2	1	9	-	-	3	-	15	-	-	-	-	-	-	-	15
SOUTHERN	-	-	1	-	3	-	4	2	2	12	-	-	-	-	-	-	-	12
TOTAL	13	1	35	7	41	4	35	32	18	186	-	-	-	-	-	-	15	201

Table 11. NGO ICAMH/AOD Workforce (Actual FTEs, 2014)

NGO WORKFORCE 30 JUNE 2014 (ACTUAL FTEs)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON- CLINICAL	NON-CLINICAL SUB- TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	33.0	2.9	6.80	1.0	0.7	-	1.7	5.7	1.0	52.8	1.0	-	-	37.0	42.0	80.0	5.9	138.7
NORTHLAND	7.0	-	-	-	-	-	-	1.0	-	8.0	-	-	-	5.5	4.0	9.5	1.3	18.8
WAIKATAMATA	0.2	-	5.0	-	0.4	-	1.0	4.0	-	10.6	-	-	-		10.7	10.7	1.0	22.3
AUCKLAND	15.8	-	1.8	1.0	0.3	-	0.2		1.0	20.1	1.0	-	-	24.4	4.0	29.4	1.5	51.0
COUNTIES MANUKAU	10.0	2.9	-	-	-	-	0.5	0.7	-	14.1	-	-	-	7.1	23.3	30.4	2.1	46.6
MIDLAND	23.6	2.5	10.0	2.0	0.2	-	3.5	17.5	51.2	110.5	1.5	-	1.0	25.3	22.3	50.1	2.6	163.2
WAIKATO	10.1	-	5.5	1.0	0.2	-	-	5.0	47.7	69.5	1.5	-	-	11.6	5.5	18.6	1.0	89.1
LAKES	8.0	-	1.0	1.0	-	-	2.0	-	1.5	13.5	-	-	-	8.0	7.6	15.6	1.0	30.1
BAY OF PLENTY	4.5	2.5	2.5	-	-	-	0.5	12.5	2.0	24.5	-	-	1.0	5.7	3.0	9.7	0.6	34.8
TAIRAWHITI	-	-	1.0	-	-	-	1.0	-	-	2.0	-	-	-	-	1.0	1.0	-	3.0
TARANAKI	1.0	-		-	-	-	-	-	-	1.0	-	-	-	-	5.2	5.2	-	6.2
CENTRAL	11.15	1.75	3.05	-	0.4	1.0	1.0	5.0	11.22	34.57	-	-	-	10.5	25.85	36.35	8.7	79.62
HAWKE'S BAY	-	0.75	1.05	-	-	-	-	1.0	0.02	2.82	-	-	-	7.0	1.75	8.75	3.1	14.67
MIDCENTRAL	2.0	-	-	-	-	-	1.0	3.0	4.0	10.0	-	-	-	1.0	10.5	11.5	-	21.5
WHANGANUI	1.0	-	0.75	-	0.4	-	-	-	0.2	2.35	-	-	-	1.0	2.7	3.7	0.2	6.25
CAPITAL & COAST	0.15	-	1.0	-	-	1.0	-	-	2.0	4.15	-	-	-	-	8.4	8.4	1.15	13.7
HUTT VALLEY	8.0	-	0.25	-	-	-	-	1.0	5.0	14.25	-	-	-	1.5	2.3	3.8	4.25	22.3
WAIKARARAPA	-	1.0		-	-	-	-	-	-	1.0	-	-	-	-	0.2	0.2	-	1.2
SOUTHERN	21.9	20.25	7.40	4.9	0.8	-	6.5	12.6	7.0	81.35	1.20	-	0.6	42.3	14.9	59.0	10.5	150.85
NELSON MARLBOROUGH	2.0		2.0	-	-	-	-	-	1.0	5.0	-	-	-	6.5	1.0	7.5	-	12.5
CANTERBURY	9.0	6.75	2.0	-	-	-	0.8	9.2	1.2	28.95	1.0	-	-	23.5	10.3	34.8	2.5	66.25
SOUTH CANTERBURY		1.2	0.4	2.0	-	-	-	1.7	-	5.3	-	-	-	1.0	-	1.00	1.1	7.4
SOUTHERN	10.9	11.3	1.0	2.9	0.8	-	3.7	1.7	4.8	37.1	0.2	-	0.6	8.3	3.6	12.70	6.9	56.7
TOTAL	89.7	27.4	27.3	7.9	2.1	1.0	12.7	40.8	70.4	279.2	3.7	-	1.6	115.1	105.1	225.5	27.7	532.4

Table 12. NGO ICAMH/AOD Vacant FTEs (2014)

NGO Vacant FTEs 2014	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/MANAGEMENT	TOTAL
NORTHERN	4.0	-	-	-	-	-	-	-	-	4.0	-	-	-	2.0	-	2.0	-	6.0
NORTHLAND	2.0	-	-	-	-	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
AUCKLAND	2.0	-	-	-	-	-	-	-	-	2.0	-	-	-	1.5	-	1.5	-	3.5
COUNTIES MANUKAU	-	-	-	-	-	-	-	-	-	-	-	-	-	0.5	-	0.5	-	0.5
MIDLAND	2.0	-	-	-	-	-	-	-	-	2.0	-	-	-	1.0	-	1.0	-	3.0
WAIKATO	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	1.0	-	1.0	-	2.0
BAY OF PLENTY	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	1.0
SOUTHERN	-	-	-	-	-	-	-	1.0	-	1.0	-	-	0.05	2.5	-	2.55	-	3.55
CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	2.50	-	2.5	-	2.5
SOUTH CANTERBURY	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	-	-	1.0
SOUTHERN	-	-	-	-	-	-	-	-	-	-	-	-	0.05	-	-	0.05	-	0.05
TOTAL	6.0	-	-	-	-	-	-	1.0	-	7.0	-	-	0.1	5.5	-	5.6	-	12.6

Table 13. NGO Māori ICAMH/AOD Workforce (Headcount, 2014)

NGO MĀORI HEADCOUNT 2014	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	10	4	1	-	1	-	1	4	1	22	2	-	-	13	33	48	5	75
NORTHLAND	4	-	-	-	-	-	-	1	-	5	-	-	-	5	4	9	2	16
WAIKATO	-	-	-	-	-	-	-	1	-	1	-	-	-	-	6	6	1	8
AUCKLAND	4	-	1	-	1	-	-	-	1	7	1	-	-	7	3	11	-	18
COUNTIES MANUKAU	2	4	-	-	-	-	1	2	-	9	1	-	-	1	20	22	2	33
MIDLAND	17	1	5	-	-	-	-	16	4	43	1	-	-	17	12	30	1	75
WAIKATO	6	-	2	-	-	-	-	5	-	13	1	-	-	5	2	8	-	21
LAKES	7	-	-	-	-	-	-	-	2	9	-	-	-	8	2	10	1	20
BAY OF PLENTY	3	1	3	-	-	-	-	11	2	20	-	-	-	4	4	9	-	29
TAIRAWHITI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
TARANAKI	1	-	-	-	-	-	-	-	-	1	-	-	-	-	3	3	-	4
CENTRAL	6	-	1	-	-	-	-	2	5	14	-	-	-	8	7	15	7	35
HAWKE'S BAY	-	-	-	-	-	-	-	1	-	1	-	-	-	5	-	5	3	9
MIDCENTRAL	1	-	-	-	-	-	-	-	2	3	-	-	-	1	3	4	-	7
WHANGANUI	1	-	-	-	-	-	-	-	-	1	-	-	-	1	1	2	2	5
CAPITAL & COAST	2	-	1	-	-	-	-	-	1	4	-	-	-	-	2	2	-	5
HUTT VALLEY	2	-	-	-	-	-	-	1	2	5	-	-	-	1	-	1	2	8
WAIKATO	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
SOUTHERN	9	3	2	-	-	-	1	2	1	18	1	-	-	3	5	9	-	27
NELSON MARLBOROUGH	2	-	2	-	-	-	-	-	1	5	-	-	-	-	1	1	-	6
CANTERBURY	1	-	-	-	-	-	1	2	-	4	1	-	-	2	3	6	-	10
SOUTH CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
SOUTHERN	6	3	-	-	-	-	-	-	-	9	-	-	-	-	1	1	-	10
TOTAL	42	8	9	-	1	-	2	24	11	97	4	-	1	41	57	102	13	212

Table 14. NGO Pacific ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB NGO PACIFIC WORKFORCE 30 JUNE 2014 (HEADCOUNT)	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	5	2	-	-	-	-	-	1	-	8	1	-	-	13	13	27	1	36
NORTHLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
WAIKATO	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	1	-	2
AUCKLAND	2	-	-	-	-	-	-	-	-	2	-	-	-	8	-	8	-	10
COUNTIES MANUKAU	2	2	-	-	-	-	-	-	-	4	1	-	-	5	12	18	1	23
MIDLAND	-	-	-	-	-	-	-	-	-	5	-	-	-	-	1	1	-	6
WAIKATO	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	4
BAY OF PLENTY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
TAIRAWHITI	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
CENTRAL	-	-	-	-	-	-	-	-	-	1	-	-	-	1	7	8	-	9
HAWKE'S BAY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
CAPITAL & COAST	-	-	-	-	-	-	-	-	-	1	-	-	-	-	5	5	-	6
HUTT VALLEY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	2
SOUTHERN	3	1	-	-	-	-	-	2	-	7	-	-	-	-	-	-	-	7
CANTERBURY	1	1	-	-	-	-	-	2	-	5	-	-	-	-	-	-	-	5
SOUTHERN	2	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
TOTAL	8	3	-	-	-	-	-	3	-	21	1	-	-	14	21	35	1	57

Table 15. NGO Asian ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB NGO ASIAN WORKFORCE 30 JUNE 2014 (HEADCOUNT)	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	5	-	-	-	-	-	-	-	-	5	-	-	-	3	3	6	1	12
AUCKLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	3	-	3	-	4
COUNTIES MANUKAU	4	-	-	-	-	-	-	-	-	4	-	-	-	-	3	3	1	8
MIDLAND	-	-	1	1	-	-	-	-	-	2	-	-	-	5	-	5	-	7
WAIKATO	-	-	1	1	-	-	-	-	-	2	-	-	-	5	-	5	-	7
CENTRAL	-	-	-	-	-	-	1	-	1	2	-	-	-	-	1	1	-	3
MIDCENTRAL	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1
CAPITAL & COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
HUTT VALLEY	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1
TOTAL	5	-	1	1	-	-	1	-	1	9	-	-	-	8	4	12	1	22

Table 16. NGO NZ European ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB NGO NZ EUROPEAN WORKFORCE 30 JUNE 2014 (HEADCOUNT)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONA L THERAPIST	PSYCHIATRIST	PSYCHOTHERA PIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB- TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON- CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATI ON/MANAGE MENT	TOTAL
NORTHERN	12	1	5	1	2	-	2	2	-	25	-	-	-	20	10	30	4	59
NORTHLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1	3
WAITEMATA	-	-	4	-	2	-	1	1	-	8	-	-	-	-	4	4	-	12
AUCKLAND	9	-	1	1	-	-	-	-	-	11	-	-	-	14	1	15	2	28
COUNTIES MANUKAU	2	1	-	-	-	-	1	1	-	5	-	-	-	5	5	10	1	16
MIDLAND	8	3	2	1	1	-	2	6	6	29	-	-	-	14	7	21	3	53
WAIKATO	5	-	1	-	1	-	-	2	5	14	-	-	-	7		7	1	22
LAKES	1	-	1	1		-	2	-	-	5	-	-	-	5	1	6	-	11
BAY OF PLENTY	2	3	-	-	-	-	-	4	1	10	-	-	-	2	2	4	2	16
TARANAKI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	-	4
CENTRAL	13	3	9	-	-	1	-	3	5	34	-	-	-	2	17	19	4	57
HAWKE'S BAY	-	2	2	-	-	-	-		2	6	-	-	-	2	1	3	1	10
MIDCENTRAL	1	-	-	-	-	-	-	3	2	6	-	-	-	-	7	7	-	13
WHANGANUI	-	-	6	-	-	-	-	-	-	6	-	-	-	-	-		-	6
CAPITAL & COAST	6	-	-	-	-	1	-	-		7	-	-	-	-	6	6	1	14
HUTT VALLEY	6	-	1	-	-	-	-	-	1	8	-	-	-	-	2	2	2	12
WAIRARAPA	-	1	-	-	-	-	-	-		1	-	-	-	-	1	1	-	2
SOUTHERN	12	18	3	5	1		6	13	6	64	-	-	3	47	11	61	16	141
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	3
NELSON MARLBOROUGH	-	-	-	-	-	-	-	-	-	-	-	-	-	10	-	10	-	10
CANTERBURY	8	7	1	-	-	-	1	7	2	26	-	-	-	25	10	35	4	65
SOUTH CANTERBURY	-	2	1	2	-	-	-	2	-	7	-	-	-	-	-		2	9
SOUTHERN	4	9	1	3	1	-	5	4	4	31	-	-	3	9	1	13	10	54
TOTAL	45	25	19	7	4	1	10	24	17	151	-	-	3	83	44	130	27	310

Table 17. NGO Other Ethnicity ICAMH/AOD Workforce (Headcount, 2014)

REGION/DHB NGO OTHER ETHNICITY WORKFORCE 30 JUNE 2014 (HEADCOUNT)	ALCOHOL & DRUG	COUNSELLOR	MENTAL HEALTH NURSE	OCCUPATIONA L THERAPIST	PSYCHIATRIST	PSYCHOTHERA PIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB- TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	OTHER NON- CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATI ON/MANAGE MENT	TOTAL
NORTHERN	4	-	1	-	-	-	1	1	-	7	-	-	-	5	1	6	1	14
NORTHLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
WAITEMATA	1	-	1	-	-	-	-	1	-	3	-	-	-	-	-	-	-	3
AUCKLAND	1	-	-	-	-	-	1	-	-	2	-	-	-	4	-	4	-	6
COUNTIES MANUKAU	1	-	-	-	-	-	-	-	-	1	-	-	-	1	1	2	1	4
MIDLAND	-	-	-	-	-	-	2	-	-	2	-	-	-	1	2	3	-	5
WAIKATO	-	-	-	-	-	-	-	-	-		-	-	-	1	-	1	-	1
LAKES	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-		-	1
TAIRAWHITI	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-		-	1
TARANAKI	-	-	-	-	-	-	-	-	-		-	-	-		2	2	-	2
CENTRAL	1	-	-	-	1	-	-	-	2	4	-	-	-	1	1	2	-	6
HAWKE'S BAY	-	-	-	-	-	-	-	-	-		-	-	-	1	-	1	-	1
MIDCENTRAL	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	-	2
WHANGANUI	-	-	-	-	1	-	-	-	1	2	-	-	-	-	-	-	-	2
HUTT VALLEY	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1
SOUTHERN	-	3	2	-	-	-	-	-	1	6	-	-	-		5	5	1	12
CANTERBURY	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
SOUTH CANTERBURY	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
SOUTHERN	-	3	-	-	-	-	-	-	1	4	-	-	-		5	5	1	10
TOTAL	5	3	3	-	1	-	3	1	3	19	-	-	-	7	9	16	2	37

Table 18. Total Ethnicity of the ICAMH/AOD Workforce by DHB Area (2014)

REGION/DHB AREA	TOTAL ETHNICITY 2014 (HEADCOUNT, 30 JUNE 2014)					
	NZ EUROPEAN	OTHER	MĀORI	PACIFIC	ASIAN	TOTAL
NORTHERN	318	103	134	91	44	690
NORTHLAND	22	6	27	2	2	59
WAIKATO	77	59	23	28	6	193
AUCKLAND INPATIENT	45	6	7	5	6	69
AUCKLAND COMMUNITY	120	6	24	12	10	172
COUNTIES MANUKAU	54	26	53	44	20	197
MIDLAND	141	65	98	7	16	327
WAIKATO	51	19	26	4	15	115
LAKES	26	10	23	-	-	59
BAY OF PLENTY	35	25	35	1	-	96
TAIRAWHITI	16	1	9	2	-	28
TARANAKI	13	10	5	-	1	29
CENTRAL	257	32	84	27	9	409
HAWKE'S BAY	21	7	16	1	-	45
MIDCENTRAL	40	7	12	-	2	61
WHANGANUI	18	9	6	-	1	34
CAPITAL & COAST INPATIENT	20	-	7	7	1	35
CAPITAL & COAST COMMUNITY	95	8	28	17	3	151
HUTT VALLEY	50	1	10	2	2	65
WAIKATO	13	-	5	-	-	18
SOUTHERN	412	48	42	9	6	517
NELSON MARLBOROUGH	56	1	7	-	-	64
WEST COAST	14	4	2	-	-	20
CANTERBURY INPATIENT	50	4	3	2	1	60
CANTERBURY COMMUNITY	166	16	15	5	4	206
SOUTH CANTERBURY	20	1	3	-	-	24
SOUTHERN	106	22	12	2	1	143
TOTAL	1,128	248	358	134	75	1,943

APPENDIX D: PROGRAMME FOR THE INTREGRATION OF MENTAL HEALTH DATA (PRIMHD)

Table 1. Total 0-19 yrs Clients by Region & DHB Area (2004-2013)

REGION/DHB	TOTAL 0-19 YRS CLIENTS BY REGION & DHB AREA (2004-2013)											
	2010			2011			2012			2013		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	8,275	615	8,890	8,801	752	9,553	9,393	1,282	10,675	9,129	1,234	10,363
NORTHLAND	926	186	1,112	993	302	1,295	1,235	464	1,699	1,238	496	1,734
WAIKATO	3,450	58	3,508	3,455	94	3,549	3,396	154	3,550	3,280	146	3,426
AUCKLAND	1,404	82	1,486	1,754	92	1,846	1,988	156	2,144	1,923	194	2,117
COUNTIES MANUKAU	2,495	289	2,784	2,599	264	2,863	2,774	508	3,282	2,688	398	3,086
MIDLAND	4,023	871	4,894	4,329	2,370	6,699	4,744	2,771	7,515	4,958	2,329	7,287
WAIKATO	1,173	331	1,504	1,182	1,445	2,627	1,310	1,558	2,868	1,406	843	2,249
LAKES	513	144	657	564	197	761	671	295	966	721	292	1,013
BAY OF PLENTY	1,214	230	1,444	1,378	566	1,944	1,462	728	2,190	1,493	925	2,418
TAIRAWHITI	475	86	561	533	100	633	588	99	687	593	118	711
TARANAKI	648	80	728	672	62	734	713	91	804	745	151	896
CENTRAL	4,392	669	5,061	4,524	1,273	5,797	4,881	1,559	6,440	5,328	1,603	6,931
HAWKE'S BAY	815	156	971	830	183	1,013	891	220	1,111	1,021	233	1,254
MIDCENTRAL	780	181	961	833	234	1,067	832	352	1,184	860	383	1,243
WHANGANUI	419	26	445	375	47	422	330	50	380	391	54	445
CAPITAL & COAST	1,351	112	1,463	1,452	457	1,909	1,670	465	2,135	1,804	465	2,269
HUTT VALLEY	820	96	916	807	258	1,065	908	376	1,284	1,000	310	1,310
WAIKATO	207	98	305	227	94	321	250	96	346	252	158	410
SOUTHERN	4,656	699	5,355	4,920	1,742	6,662	4,369	1,473	5,842	5,762	1,854	7,616
NELSON MARLBOROUGH	883	16	899	1,004	173	1,177	965	157	1,122	1,137	179	1,316
WEST COAST	334	5	339	319	43	362	359	73	432	329	93	422
CANTERBURY	1,551	468	2,019	1,795	562	2,357	2,126	357	2,483	2,277	598	2,875
SOUTH CANTERBURY	268	38	306	296	169	465	272	244	516	475	237	712
SOUTHERN	1,620	172	1,792	1,506	795	2,301	647	642	1,289	1,544	747	2,291
TOTAL	21,346	2,854	24,200	22,574	6,137	28,711	23,387	7,085	30,472	25,177	7,020	32,197

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 2. Total Clients by Gender & Age Group (2013)

REGION/ DHB AREA	CLIENTS BY GENDER & AGE GROUP (YRS) 2013														
	MALE						FEMALE						TOTAL		TOTAL
	0-9		10-14		15-19		0-9		10-14		15-19				
	DHB	NGO	DHB	NGO	DHB	NGO	DHB	NGO	DHB	NGO	DHB	NGO	DHB	NGO	
NORTHERN	1,079	37	1,286	152	2,551	509	422	26	1,171	129	2,620	381	9,129	1,234	10,363
NORTHLAND	118	8	245	101	327	210	35	4	196	64	317	109	1238	496	1734
WAITEMATA	383	5	369	8	1174	64	159	0	321	6	874	63	3280	146	3426
AUCKLAND	160	14	214	14	511	75	89	12	261	10	688	69	1923	194	2117
COUNTIES MANUKAU	418	10	458	29	539	160	139	10	393	49	741	140	2688	398	3086
MIDLAND	652	163	847	413	1,180	719	266	71	642	315	1,371	648	4,958	2,329	7,287
WAIKATO	165	51	194	135	356	305	72	15	168	84	451	253	1406	843	2249
LAKES	117	7	122	29	144	102	40	2	72	35	226	117	721	292	1013
BAY OF PLENTY	192	88	251	184	363	242	89	46	223	144	375	221	1493	925	2418
TAIRAWHITI	110	8	118	41	127	26	31	3	73	29	134	11	593	118	711
TARANAKI	68	9	162	24	190	44	34	5	106	23	185	46	745	151	896
CENTRAL	668	55	820	232	1,184	616	330	24	709	181	1,617	495	5,328	1,603	6,931
HAWKE'S BAY	118	21	145	50	257	86	41	5	139	19	321	52	1,021	233	1,254
MIDCENTRAL	133	8	144	47	165	150	59	6	102	31	257	141	860	383	1,243
WHANGANUI	38	3	67	5	98	18	19	1	57	4	112	23	391	54	445
CAPITAL & COAST	197	16	255	82	482	164	117	9	225	74	528	120	1,804	465	2,269
HUTT VALLEY	164	2	177	31	138	139	88	2	151	33	282	103	1,000	310	1,310
WAIRARAPA	18	5	32	17	44	59	6	1	35	20	117	56	252	158	410
SOUTHERN	674	138	922	249	1,286	548	274	53	731	210	1,875	656	5,762	1,854	7,616
NELSON MARLBOROUGH	83	5	179	24	302	62	39	3	138	16	396	69	1137	179	1,316
WEST COAST	74	23	60	15	52	9	31	6	47	15	65	25	329	93	422
CANTERBURY	288	42	382	83	448	175	113	12	298	57	748	229	2277	598	2875
SOUTH CANTERBURY	64	4	64	19	127	74	21	2	57	36	142	102	475	237	712
SOUTHERN	165	64	237	108	357	228	70	30	191	86	524	231	1544	747	2,291
TOTAL CLIENTS	3,073	393	3,875	1,046	6,201	2,392	1,292	174	3,253	835	7,483	2,180	25,177	7,020	32,197

Source: MHINC/PRIMHD: 2nd 6 months of 2013

Table 3. Total Māori 0-19 yrs Clients by DHB Area (2004-2013)

REGION/DHB AREA	MĀORI 0-19 YRS CLENTS BY DHB AREA (2010-2013)											
	2010			2011			2012			2013		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	Total	DHB	NGO	Total
NORTHERN	2,441	337	2,778	2672	390	3,062	2,841	697	3,538	2,698	575	3,273
NORTHLAND	421	117	538	458	189	647	605	316	921	621	320	941
WAITEMATA	954	21	975	968	33	1,001	907	67	974	903	44	947
AUCKLAND	326	29	355	441	30	471	526	62	588	438	64	502
COUNTIES MANUKAU	740	170	910	805	138	943	803	252	1,055	736	147	883
MIDLAND	1,270	557	1,827	1,502	1,172	2,674	1,641	1,407	3,048	1,662	1,324	2,986
WAIKATO	276	164	440	307	552	859	353	566	919	338	356	694
LAKES	196	97	293	231	136	367	227	182	409	248	168	416
BAY OF PLENTY	392	165	557	493	359	852	524	509	1,033	557	599	1,156
TAIRAWHITI	271	77	348	315	90	405	369	88	457	352	110	462
TARANAKI	135	54	189	156	35	191	168	62	230	167	91	258
CENTRAL	1,111	324	1435	1221	630	1,851	1,345	780	2,125	1,531	726	2,257
HAWKE'S BAY	272	105	377	333	129	462	344	173	517	418	164	582
MIDCENTRAL	166	74	240	187	88	275	177	128	305	223	123	346
WHANGANUI	120	45	165	112	29	141	100	30	130	124	27	151
CAPITAL & COAST	345	46	391	348	229	577	419	198	617	450	186	636
HUTT VALLEY	164	16	180	189	115	304	241	199	440	253	160	413
WAIARAPA	44	38	82	52	40	92	64	52	116	63	66	129
SOUTHERN	742	156	898	713	379	1,092	704	328	1,032	972	398	1,370
NELSON MARLBOROUGH	145	4	149	146	85	231	156	63	219	196	63	259
WEST COAST	68	3	71	66	13	79	85	20	105	85	25	110
CANTERBURY	253	107	360	271	121	392	356	90	446	390	135	525
SOUTH CANTERBURY	31	7	38	35	13	48	28	16	44	57	31	88
SOUTHERN	245	35	280	195	147	342	79	139	218	244	144	388
TOTAL	5,564	1,374	6,938	6,108	2,571	8,679	6,531	3,212	9,743	6,863	3,023	9,886

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 4. Total Pacific Clients by DHB Area (2004-2013)

REGION/DHB AREA	PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2010-2013)											
	2010			2011			2012			2013		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	1,038	75	1,113	1,154	66	1,220	1,260	137	1,397	1,137	114	1,251
NORTHLAND	13	-	13	24	1	25	22	3	25	27	11	38
WAITEMATA	430	2	432	420	8	428	511	9	520	451	8	459
AUCKLAND	173	13	186	226	11	237	267	21	288	216	28	244
COUNTIES MANUKAU	422	60	482	484	46	530	460	104	564	443	67	510
MIDLAND	40	23	63	65	42	107	60	49	109	60	63	123
WAIKATO	15	19	34	22	33	55	19	30	49	17	30	47
LAKES	8	2	10	10	5	15	20	9	29	11	9	20
BAY OF PLENTY	10	1	11	24	4	28	13	6	19	17	21	38
TAIRAWHITI	6	-	6	8	-	8	4	2	6	8	1	9
TARANAKI	1	1	2	1	-	1	4	2	6	7	2	9
CENTRAL	149	29	178	154	114	268	155	134	289	199	146	345
HAWKE'S BAY	14	6	20	15	8	23	20	5	25	22	8	30
MIDCENTRAL	8	5	13	15	4	19	11	4	15	19	8	27
WHANGANUI	3	4	7	5	-	5	3	1	4	6	-	6
CAPITAL & COAST	80	13	93	74	77	151	75	92	167	112	108	220
HUTT VALLEY	42	-	42	43	23	66	40	30	70	35	19	54
WAIRARAPA	2	1	3	2	2	4	6	2	8	5	3	8
SOUTHERN	77	14	91	73	26	99	53	20	73	80	23	103
NELSON MARLBOROUGH	11	-	11	17	5	22	8	1	9	10	4	14
WEST COAST	4	-	4	3	-	3	2	-	2	3	-	3
CANTERBURY	31	10	41	26	4	30	35	7	42	34	7	41
SOUTH CANTERBURY	2	-	2	4	2	6	2	3	5	8	4	12
SOUTHERN	29	4	33	23	15	38	6	9	15	25	8	33
TOTAL	1,304	141	1,445	1,446	248	1,694	1,528	340	1,868	1,476	346	1,822

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 5. Total Asian Clients by DHB Area (2004-2013)

REGION/DHB AREA	ASIAN 0-19 YRS CLIENTS BY DHB AREA (2010-2013)											
	2010			2011			2012			2013		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	436	24	460	465	37	502	547	39	586	578	68	646
NORTHLAND	4	-	4	4	1	5	7	-	7	14	3	17
WAITEMATA	143	2	145	135	4	139	147	5	152	164	8	172
AUCKLAND	131	9	140	162	11	173	182	16	198	200	14	214
COUNTIES MANUKAU	158	13	171	164	21	185	211	18	229	200	43	243
MIDLAND	39	2	41	43	17	60	51	16	67	62	13	75
WAIKATO	7	2	9	16	14	30	12	12	24	17	3	20
LAKES	7	-	7	8	1	9	9	1	10	8	1	9
BAY OF PLENTY	16	-	16	12	2	14	18	2	20	22	8	30
TAIRAWHITI	3	-	3	2	-	2	7	1	8	3	1	4
TARANAKI	6	-	6	5	-	5	5		5	12	-	12
CENTRAL	68	7	75	79	13	92	82	19	101	100	18	118
HAWKE'S BAY	2	2	4	5	-	5	8	1	9	6	-	6
MIDCENTRAL	8	-	8	10	2	12	9	2	11	11	3	14
WHANGANUI	4	3	7	5	-	5	4	-	4	-	-	-
CAPITAL & COAST	33	2	35	40	6	46	41	13	54	58	8	66
HUTT VALLEY	18	-	18	18	5	23	18	2	20	23	7	30
WAIRARAPA	3	-	3	1	-	1	2	1	3	2	-	2
SOUTHERN	62	10	72	83	15	98	58	17	75	61	20	81
NELSON MARLBOROUGH	4	-	4	12	-	12	6	2	8	10	-	10
WEST COAST	2	-	2	4	-	4	2	1	3	1	-	1
CANTERBURY	31	6	37	40	6	46	41	6	47	36	5	41
SOUTH CANTERBURY	3	-	3	4	2	6	3	1	4	4	2	6
SOUTHERN	22	4	26	23	7	30	6	7	13	10	13	23
TOTAL	605	43	648	670	82	752	738	91	829	801	119	920

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 6. DHB of Domicile vs. DHB of Service (2nd 6mo 2013)

DHB WHERE CLIENTS ACCESSED SERVICES	DHB OF DOMICILE (DHB WHERE THE CLIENT LIVES)																				
	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairāwhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui	Total
Auckland	1,923	18	4	13	126	6	3	9	2	2	35	1	5	4	7	41	-	273	-	3	2,475
Bay of Plenty	17	1,493	-	4	9	5	2	15	1	4	4	-	-	2	1	26	-	6	-	2	1,591
Canterbury	4	-	2,277	11	7	2	2	-	1	25	2	33	39	-	-	1	-	8	7	1	2,420
Capital & Coast	11	5	8	1,804	7	29	115	8	24	7	3	-	13	10	6	13	10	9	1	11	2,094
Counties Manukau	116	8	4	6	2,688	5	1	4	2	3	21	1	-	2	5	14	2	136	3	-	3,021
Hawke's Bay	5	4	1	32	3	1,021	6	4	9	1	-	-	-	8	-	2	1	2	2	-	1,101
Hutt Valley	3	1	2	124	3	8	1,000	-	5	-	-	-	1	-	-	3	13	2	-	3	1,168
Lakes	10	13	-	10	1	4	-	721	1	3	3	-	1	1	1	16	1	9	-	2	797
MidCentral	3	1	1	22	2	9	5	2	860	-	-	-	2	-	2	6	3	1	-	7	926
Nelson Marlborough	2	4	21	6	6	2	-	2	-	1,137	-	2	2	3	-	2	-	5	3	-	1,197
Northland	35	5	1	3	19	-	-	4	-	-	1,238	1	-	-	2	6	-	41	-	-	1,355
South Canterbury	1	-	31	-	1	-	-	-	-	2	1	475	6	-	1	-	-	-	1	-	519
Southern	7	-	37	12	-	-	1	1	1	2	-	6	1,544	-	-	-	-	1	-	-	1,612
Tairāwhiti	4	1	-	9	2	8	-	1	-	3	-	-	-	593	-	4	-	-	-	-	625
Taranaki	8	1	-	7	3	-	-	1	2	-	2	1	-	-	745	4	-	4	1	2	781
Waikato	42	26	1	13	16	2	4	17	5	3	5	-	-	2	5	1,406	1	14	1	4	1,567
Wairarapa	-	-	-	10	1	2	11	1	2	-	-	-	-	-	-	2	252	-	-	1	282
Waitemata	265	3	8	9	133	3	2	5	1	3	36	-	2	-	2	14	-	3,280	-	2	3,768
West Coast	-	-	6	2	5	2	-	-	-	2	-	2	-	-	1	1	-	-	329	-	350
Whanganui	3	2	1	11	-	-	2	2	7	-	-	-	-	-	2	5	1	1	-	391	428
TOTAL	2,459	1,585	2,403	2,108	3,032	1,108	1,154	797	923	1,197	1,350	522	1,615	625	780	1,566	284	3,792	348	429	28,077

Note: Waitemata DHB: 265 Clients are referred to Auckland DHB Services; 133 Referred to Counties Manukau DHB

Source: PRIMHD 2nd 6 months of 2013

Table 7. Total Access Rates by Region (2004-2013)

YEAR		TOTAL CLIENTS ACCESS RATES BY AGE GROUP (YRS)			
		0-9	10-14	15-19	0-19
MHC ACCESS TARGET RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	2004	0.30%	1.00%	1.70%	1.00%
	2005	0.30%	1.20%	2.00%	1.00%
	2006	0.33%	1.32%	2.27%	1.08%
	2007	0.37%	1.48%	2.50%	1.21%
	2008	0.47%	1.67%	3.02%	1.44%
	2009	0.47%	1.83%	3.68%	1.65%
	2010*	0.52%	2.03%	4.32%	1.89%
	2011*	0.58%	2.16%	4.67%	2.02%
	2012*	0.51%	2.41%	5.36%	2.00%
	2013*	0.65%	2.42%	5.01%	2.19%
MIDLAND	2004	0.46%	1.58%	2.06%	1.16%
	2005	0.48%	1.61%	2.26%	1.23%
	2006	0.50%	1.65%	2.37%	1.27%
	2007	0.48%	1.81%	2.51%	1.34%
	2008	0.52%	1.81%	2.70%	1.41%
	2009	0.49%	1.87%	2.89%	1.45%
	2010*	0.57%	1.99%	3.44%	1.65%
	2011*	0.62%	2.06%	3.08%	1.59%
	2012*	0.59%	3.62%	6.34%	2.24%
	2013*	0.92%	3.61%	6.60%	2.96%
CENTRAL	2004	0.56%	1.58%	2.29%	1.28%
	2005	0.51%	1.47%	2.16%	1.21%
	2006	0.42%	1.38%	2.30%	1.16%
	2007	0.45%	1.56%	2.64%	1.31%
	2008	0.52%	1.71%	2.85%	1.43%
	2009	0.63%	1.88%	3.10%	1.60%
	2010*	0.78%	2.22%	3.44%	1.84%
	2011*	0.79%	2.16%	3.15%	1.73%
	2012*	0.50%	3.39%	6.37%	2.04%
	2013*	0.92%	3.38%	6.41%	2.94%
SOUTHERN	2004	0.65%	1.93%	2.75%	1.58%
	2005	0.63%	2.12%	2.94%	1.68%
	2006	0.52%	1.91%	3.03%	1.57%
	2007	0.55%	1.91%	2.99%	1.58%
	2008	0.63%	2.02%	3.16%	1.69%
	2009	0.61%	2.12%	3.35%	1.75%
	2010*	0.73%	2.55%	4.27%	2.16%
	2011*	0.82%	2.91%	5.18%	2.52%
	2012*	0.30%	2.69%	4.64%	1.64%
	2013*	0.87%	3.26%	6.13%	2.86%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year. 2011-2013 includes NGO data

Table 8. Total Access Rates by Age Group & Region (2004-2013)

REGION/DHB AREA	TOTAL 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2004	2005	2006	2007	2008	2009	2010*	2011*	2012*	2013*
NORTHERN	1.00%	1.00%	1.08%	1.21%	1.44%	1.65%	1.89%	2.02%	2.00%	2.19%
NORTHLAND	1.02%	1.08%	1.26%	1.22%	1.37%	1.68%	2.43%	2.84%	2.78%	3.65%
WAIITEMATA	1.01%	1.11%	1.18%	1.22%	1.46%	2.04%	2.29%	2.30%	2.10%	2.25%
AUCKLAND	0.6%	0.68%	0.86%	0.89%	1.25%	1.28%	1.36%	1.69%	1.72%	1.85%
COUNTIES MANUKAU	0.75%	1.01%	1.15%	1.37%	1.57%	1.52%	1.71%	1.75%	1.84%	1.95%
MIDLAND	1.16%	1.23%	1.27%	1.34%	1.41%	1.45%	2.01%	2.75%	2.24%	2.96%
WAIKATO	1.06%	0.99%	0.88%	0.83%	1.00%	1.00%	1.40%	2.43%	0.65%	2.05%
LAKES	1.14%	1.21%	1.24%	1.38%	1.20%	1.49%	2.10%	2.46%	2.08%	3.32%
BAY OF PLENTY	1.33%	1.47%	1.53%	1.70%	1.74%	1.78%	2.43%	3.29%	2.94%	4.06%
TAIRAWHITI	1.55%	1.60%	1.79%	2.14%	2.67%	2.64%	3.72%	4.23%	2.22%	4.70%
TARANAKI	1.07%	1.28%	1.91%	2.00%	1.77%	1.79%	2.40%	2.40%	1.32%	2.85%
CENTRAL	1.28%	1.21%	1.16%	1.31%	1.43%	1.60%	2.12%	2.45%	2.04%	2.94%
HAWKE'S BAY	1.18%	1.28%	0.97%	0.99%	1.35%	1.73%	2.13%	2.24%	2.42%	2.76%
MIDCENTRAL	1.30%	1.07%	1.05%	1.35%	1.52%	1.72%	2.02%	2.25%	3.56%	2.66%
WHANGANUI	1.78%	1.78%	1.81%	2.07%	2.16%	2.23%	2.48%	2.40%	0.60%	2.58%
CAPITAL & COAST	1.24%	1.15%	1.15%	1.31%	1.31%	1.52%	1.95%	2.57%	3.72%	3.00%
HUTT VALLEY	1.25%	1.12%	1.09%	1.10%	1.25%	1.17%	2.18%	2.55%	1.43%	3.29%
WAIRARAPA	0.94%	1.32%	1.72%	2.06%	1.71%	1.65%	2.87%	3.03%	1.31%	3.68%
SOUTHERN	1.22%	1.22%	0.89%	1.37%	1.34%	0.83%	2.02%	2.36%	1.64%	2.86%
NELSON MARLBOROUGH	1.97%	2.10%	2.00%	2.22%	2.67%	2.53%	2.56%	3.34%	2.20%	3.70%
WEST COAST	2.59%	2.50%	2.41%	2.82%	2.99%	3.23%	4.01%	4.25%	1.78%	5.12%
CANTERBURY	1.20%	1.40%	1.16%	1.10%	1.13%	1.30%	1.50%	1.83%	1.75%	2.23%
SOUTH CANTERBURY	1.31%	1.20%	1.28%	1.18%	1.87%	1.77%	2.18%	3.32%	1.73%	5.00%
SOUTHERN	1.84%	1.95%	1.98%	1.97%	1.97%	1.93%	2.92%	2.96%	1.18%	2.89%
TOTAL	1.15%	1.23%	1.24%	1.34%	1.43%	1.49%	2.02%	2.36%	1.98%	2.64%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 9. Māori 0-19 yrs Access Rates (2004-2013)

YEAR		MĀORI ACCESS RATES BY AGE GROUP (YRS)			
		0-9	10-14	15-19	0-19
MHC ACCESS TARGET RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	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%
	2010*	0.58%	3.24%	7.65%	2.78%
	2011*	0.66%	3.42%	8.61%	3.06%
	2012*	0.55%	4.32%	10.23%	3.08%
	2013*	0.80%	4.05%	8.45%	3.33%
MIDLAND	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%
	2010*	0.47%	2.57%	4.76%	1.96%
	2011*	0.71%	4.07%	6.72%	2.88%
	2012*	0.60%	3.97%	7.24%	2.52%
	2013*	0.85%	4.09%	7.58%	3.14%
CENTRAL	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%
	2010*	0.60%	2.54%	5.52%	2.17%
	2011*	0.86%	3.60%	6.64%	2.81%
	2012*	0.48%	4.75%	9.89%	2.64%
	2013*	0.96%	4.09%	8.37%	3.43%
SOUTHERN	2004	0.40%	1.56%	2.48%	1.18%
	2005	0.35%	1.71%	2.38%	1.17%
	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%
	2010*	0.72%	2.64%	5.73%	2.30%
	2011*	0.73%	3.38%	7.22%	2.80%
	2012*	0.35%	3.35%	6.69%	1.63%
	2013*	0.89%	4.22%	7.79%	3.29%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 10. Māori Access Rates by DHB Area (2004-2013)

REGION/DHB AREA	MĀORI 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2004	2005	2006	2007	2008	2009	2010*	2011*	2012*	2013*
NORTHERN	0.91%	1.11%	1.38%	1.49%	1.84%	2.28%	2.78%	3.06%	3.08%	3.33%
NORTHLAND	0.90%	0.85%	1.19%	1.11%	1.27%	1.63%	2.39%	2.89%	3.52%	3.90%
WAIITEMATA	1.11%	1.19%	1.49%	1.45%	1.91%	3.46%	4.04%	4.10%	3.48%	4.08%
AUCKLAND	0.86%	1.02%	1.37%	1.53%	2.14%	2.35%	2.56%	3.45%	3.38%	3.50%
COUNTIES MANUKAU	0.81%	1.25%	1.40%	1.72%	2.04%	1.90%	2.30%	2.37%	2.45%	2.40%
MIDLAND	0.80%	0.85%	1.06%	1.15%	1.29%	1.30%	1.96%	2.88%	2.52%	3.14%
WAIKATO	0.68%	0.70%	0.67%	0.56%	0.79%	0.74%	1.23%	2.42%	2.34%	1.85%
LAKES	0.80%	0.77%	0.89%	1.03%	1.00%	1.19%	1.86%	2.34%	2.10%	2.72%
BAY OF PLENTY	1.04%	1.13%	1.34%	1.62%	1.72%	1.78%	2.36%	3.60%	3.78%	4.95%
TAIRAWHITI	1.28%	1.22%	1.79%	2.04%	2.51%	2.42%	3.60%	4.23%	3.38%	4.76%
TARANAKI	0.45%	0.48%	1.36%	1.46%	1.29%	1.18%	2.23%	2.26%	1.07%	2.84%
CENTRAL	1.31%	1.24%	1.11%	1.17%	1.32%	1.50%	2.17%	2.81%	2.64%	3.43%
HAWKE'S BAY	1.80%	1.60%	0.98%	1.03%	1.38%	1.58%	2.16%	2.64%	4.15%	3.31%
MIDCENTRAL	0.93%	0.89%	0.93%	0.92%	1.14%	1.21%	1.67%	1.90%	2.80%	2.38%
WHANGANUI	1.26%	1.32%	1.41%	1.54%	1.63%	1.52%	1.91%	2.00%	0.71%	2.23%
CAPITAL & COAST	1.57%	1.21%	1.27%	1.25%	1.34%	1.92%	3.00%	4.47%	4.10%	4.73%
HUTT VALLEY	1.15%	1.14%	1.00%	1.16%	1.22%	1.21%	1.86%	2.74%	2.59%	4.04%
WAIRARAPA	0.95%	1.19%	1.64%	2.07%	1.46%	1.51%	2.82%	3.16%	1.69%	4.04%
SOUTHERN	2.14%	2.00%	1.31%	0.99%	1.35%	2.07%	2.30%	2.80%	1.63%	3.29%
NELSON MARLBOROUGH	1.38%	1.13%	1.79%	1.75%	2.58%	2.31%	2.65%	4.12%	2.27%	4.21%
WEST COAST	3.16%	2.15%	2.93%	3.11%	3.92%	5.13%	4.73%	5.27%	1.92%	7.24%
CANTERBURY	0.85%	0.95%	1.16%	1.22%	1.29%	1.56%	1.95%	2.15%	2.00%	2.64%
SOUTH CANTERBURY	0.98%	0.92%	1.10%	0.60%	2.01%	1.51%	2.20%	2.74%	0.76%	4.33%
SOUTHERN	0.58%	0.62%	0.62%	0.67%	0.72%	0.75%	2.36%	2.87%	1.09%	2.99%
TOTAL	0.98%	1.05%	1.24%	1.32%	1.56%	1.76%	2.32%	2.91%	2.57%	3.28%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 11. Pacific Access Rates by Region (2004-2013)

YEAR		PACIFIC ACCESS RATES BY AGE GROUP (YRS)			
		0-9	10-14	15-19	0-19
MHC ACCESS RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	2004	0.08%	0.29%	1.22%	0.38%
	2005	0.13%	0.48%	1.38%	0.50%
	2006	0.16%	0.68%	1.69%	0.65%
	2007	0.14%	0.82%	1.81%	0.70%
	2008	0.23%	1.05%	2.64%	1.01%
	2009	0.15%	1.12%	3.17%	1.08%
	2010*	0.18%	1.13%	4.04%	1.28%
	2011*	0.18%	1.35%	4.29%	1.41%
	2012*	0.21%	1.33%	4.92%	1.35%
	2013*	0.31%	1.30%	4.25%	1.51%
MIDLAND	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%
	2010*	0.35%	1.11%	2.04%	0.94%
	2011*	0.67%	1.87%	3.32%	1.60%
	2012*	0.07%	1.80%	2.78%	0.38%
	2013*	0.60%	2.09%	3.42%	1.64%
CENTRAL	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%
	2010*	0.40%	0.92%	2.42%	0.99%
	2011*	0.40%	2.23%	3.25%	1.52%
	2012*	0.10%	2.30%	4.47%	0.72%
	2013*	0.44%	2.40%	4.56%	1.97%
SOUTHERN	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%
	2010*	0.17%	0.79%	3.99%	1.19%
	2011*	0.24%	1.02%	4.03%	1.30%
	2012*	0.02%	1.07%	2.72%	0.23%
	2013*	0.35%	1.45%	3.06%	1.26%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 12. Pacific 0-19 yrs Access Rates by DHB Area (2004-2013)

REGION/DHB AREA	PACIFIC 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2004	2005	2006	2007	2008	2009	2010*	2011*	2012	2013
NORTHERN	0.38%	0.50%	0.63%	0.69%	1.01%	1.08%	1.28%	1.41%	1.35%	1.51%
NORTHLAND	0.49%	0.77%	1.01%	0.61%	1.04%	0.88%	1.29%	2.45%	0.50%	3.11%
WAIITEMATA	0.47%	0.53%	0.74%	0.70%	0.99%	1.96%	2.57%	2.58%	2.47%	3.00%
AUCKLAND	0.35%	0.44%	0.73%	0.70%	1.02%	0.77%	0.86%	1.13%	1.16%	1.21%
COUNTIES MANUKAU	0.36%	0.52%	0.57%	0.71%	1.00%	0.92%	1.01%	1.11%	1.07%	1.12%
MIDLAND	0.37%	0.38%	0.30%	0.61%	0.58%	0.43%	0.94%	1.60%	0.38%	1.64%
WAIKATO	0.25%	0.38%	0.20%	0.32%	0.46%	0.33%	0.93%	1.50%	0.64%	1.15%
LAKES	0.80%	0.81%	0.19%	0.48%	0.20%	0.60%	1.02%	1.58%	0.58%	2.06%
BAY OF PLENTY	1.09%	0.74%	0.75%	1.17%	1.27%	0.67%	0.91%	2.24%	0.36%	2.57%
TAIRAWHITI	0.00%	0.33%	0.29%	1.35%	0.51%	0.51%	1.50%	2.05%	0.14%	2.17%
TARANAKI	0.05%	0.00%	0.24%	1.18%	0.69%	0.23%	0.45%	0.23%	0.09%	1.75%
CENTRAL	0.61%	0.70%	0.70%	0.71%	0.61%	0.32%	0.99%	1.52%	0.72%	1.97%
HAWKE'S BAY	1.88%	1.61%	0.35%	0.34%	0.51%	0.73%	0.90%	1.04%	0.56%	1.26%
MIDCENTRAL	0.45%	0.19%	0.36%	0.48%	0.66%	0.58%	0.74%	1.05%	0.34%	1.34%
WHANGANUI	0.53%	1.32%	1.63%	0.72%	1.77%	2.89%	0.73%	1.19%	0.07%	1.05%
CAPITAL & COAST	0.44%	0.49%	0.72%	0.64%	0.58%	0.80%	1.08%	1.83%	1.92%	2.78%
HUTT VALLEY	0.32%	0.41%	0.49%	0.43%	0.52%	0.54%	0.98%	1.42%	0.58%	1.26%
WAIARARAPA	0.34%	0.00%	0.71%	0.36%	1.07%	1.32%	0.95%	1.27%	0.18%	2.16%
SOUTHERN	1.35%	1.18%	0.71%	0.34%	0.48%	0.72%	1.19%	1.30%	0.23%	1.26%
NELSON MARLBOROUGH	1.02%	1.41%	2.00%	1.60%	1.65%	1.70%	1.48%	2.95%	0.19%	1.61%
WEST COAST	4.62%	4.62%	1.00%	4.00%	1.54%	3.53%	4.44%	3.33%	0.05%	2.40%
CANTERBURY	0.39%	0.61%	0.47%	0.72%	0.57%	0.65%	0.86%	0.63%	0.47%	0.87%
SOUTH CANTERBURY	2.22%	0.74%	1.71%	1.62%	1.76%	0.53%	1.05%	3.24%	0.12%	5.22%
SOUTHERN	1.14%	1.36%	0.74%	1.30%	1.61%	1.28%	1.75%	2.05%	0.15%	1.48%
TOTAL	0.41%	0.51%	0.63%	0.69%	0.92%	0.99%	1.21%	1.43%	0.92%	1.57%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 13. Asian Access Rates by Region (2006-2013)

YEAR		ASIAN ACCESS RATES BY AGE GROUP (YRS)			
		0-9	10-14	15-19	0-19
MHC ACCESS RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	2006	0.10%	0.25%	0.65%	0.30%
	2007	0.12%	0.33%	0.69%	0.35%
	2008	0.18%	0.41%	0.97%	0.34%
	2009	0.16%	0.53%	1.01%	0.50%
	2010*	0.14%	0.57%	1.22%	0.55%
	2011*	0.21%	0.67%	1.17%	0.58%
	2012*	0.18%	0.69%	1.34%	0.54%
	2013*	0.28%	0.79%	1.43%	0.72%
MIDLAND	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%
	2010*	0.11%	0.42%	0.85%	0.39%
	2011*	0.13%	0.29%	1.59%	0.56%
	2012*	0.04%	0.48%	1.46%	0.21%
	2013*	0.17%	0.53%	1.38%	0.55%
CENTRAL	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%
	2010*	0.19%	0.36%	1.18%	0.49%
	2011*	0.17%	0.65%	1.41%	0.59%
	2012*	0.05%	0.81%	1.48%	0.25%
	2013*	0.31%	0.70%	1.26%	0.65%
SOUTHERN	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%
	2010*	0.13%	0.69%	0.80%	0.49%
	2011*	0.25%	0.67%	1.14%	0.65%
	2012*	0.03%	0.58%	0.91%	0.19%
	2013*	0.20%	0.38%	1.00%	0.49%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

Table 14. Asian Access Rates by DHB Area (2006-2013)

REGION/DHB AREA	ASIAN 0-19 YRS ACCESS RATES BY DHB AREA (2006-2013)							
	2006	2007	2008	2009	2010*	2011*	2012*	2013*
NORTHERN	0.30%	0.35%	0.34%	0.50%	0.55%	0.58%	0.54%	0.72%
NORTHLAND	0.14%	0.11%	0.33%	0.53%	0.40%	0.48%	0.14%	1.34%
WAIKATO	0.30%	0.26%	0.38%	0.56%	0.56%	0.52%	0.47%	0.63%
AUCKLAND	0.31%	0.33%	0.52%	0.41%	0.50%	0.60%	0.57%	0.71%
COUNTIES MANUKAU	0.52%	0.45%	0.52%	0.52%	0.61%	0.63%	0.65%	0.80%
MIDLAND	0.26%	0.26%	0.27%	0.31%	0.39%	0.56%	0.21%	0.55%
WAIKATO	0.11%	0.15%	0.16%	0.21%	0.14%	0.46%	0.22%	0.26%
LAKES	0.22%	0.20%	0.37%	0.64%	0.63%	0.80%	0.19%	0.63%
BAY OF PLENTY	0.61%	0.50%	0.53%	0.36%	0.80%	0.67%	0.32%	0.98%
TAIRAWHITI	0.65%	0.00%	0.91%	0.43%	1.30%	0.83%	0.19%	1.36%
TARANAKI	0.48%	0.85%	0.14%	0.53%	0.74%	0.63%	0.09%	1.02%
CENTRAL	0.52%	0.30%	0.21%	0.64%	0.49%	0.59%	0.25%	0.65%
HAWKE'S BAY	0.51%	0.18%	0.35%	0.26%	0.34%	0.42%	0.18%	0.38%
MIDCENTRAL	0.11%	0.14%	0.05%	0.50%	0.35%	0.52%	0.25%	0.48%
WHANGANUI	1.26%	0.94%	0.24%	0.98%	0.99%	1.35%	0.06%	0.00%
CAPITAL & COAST	0.33%	0.37%	0.26%	0.37%	0.44%	0.56%	0.71%	0.72%
HUTT VALLEY	0.25%	0.16%	0.25%	0.30%	0.62%	0.67%	0.16%	0.79%
WAIKATO	0.62%	1.11%	0.56%	1.62%	1.62%	0.57%	0.07%	0.82%
SOUTHERN	0.53%	0.47%	0.38%	0.39%	0.49%	0.65%	0.19%	0.49%
NELSON MARLBOROUGH	1.09%	2.07%	1.48%	0.88%	0.43%	1.21%	0.16%	0.72%
WEST COAST	4.44%	0.00%	0.00%	2.50%	1.60%	3.20%	0.07%	0.45%
CANTERBURY	0.26%	0.27%	0.24%	0.27%	0.36%	0.43%	0.32%	0.39%
SOUTH CANTERBURY	1.50%	0.63%	0.97%	1.00%	1.00%	2.03%	0.09%	1.32%
SOUTHERN	1.14%	0.58%	0.40%	0.43%	0.86%	0.98%	0.12%	0.55%
TOTAL	0.38%	0.35%	0.42%	0.46%	0.52%	0.59%	0.38%	0.67%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year * Includes NGO Client Data

APPENDIX E: DHB & NGO WORKFORCE SURVEY FORMS (2014)

STOCKTAKE SURVEY PART ONE:

There are **TWO SECTIONS** to **PART 1** of this Survey:

SECTION ONE: DHB PROVIDER ARM LIST OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In this section, we have provided a list of **DHB funded Child & Adolescent Mental Health/AOD Services/Contracts** extracted from the 2013/2014 Price Volume Schedules provided by the Ministry of Health for your verification.

SECTION TWO: WORKFORCE INFORMATION

In this section please complete the following tables for each service:

1. *Workforce Information (Actual & Vacant FTEs) by Occupational Group as at 30th June 2014 based on the DHB Funded Child & Adolescent MH/AOD contract.*
2. *Ethnicity (Māori, Pacific & Asian workforce) as at 30th June 2014.*

Please note: To get the most accurate representation of ethnicity, please confirm ethnicity with the individual if required.

31st OF OCTOBER 2014.

Thank you for your participation. If you have any questions relating to this process please do not hesitate to contact Julliet Bir. For more information or if you would like an **ELECTRONIC VERSION** of the survey please contact:

JULLIET BIR, PROJECT LEADER, STOCKTAKE

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DHB/NGO: NAME OF SERVICE

SECTION ONE: DHB FUNDED INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In this section, we have provided a list of **DHB funded Infant, Child & Adolescent Mental Health/AOD Services** extracted from the draft 2013/2014 Price Volume Schedules provided by the Ministry of Health for your verification. Please feel free to amend or add any **other DHB funded Child & Adolescent Contracted Services** that are not included in the table below:

Table 1: DHB funded Child & Adolescent Contracted Services as at 30th June 2014

Purchase Unit Code	Purchase Unit Description	Volume	Unit
MHI42D	Infant, child, adolescent & youth crisis respite - Non-clinical staff	1.0	FTE
MHI47D	Child, adolescent & youth mental health community care with an accommodation - Non-clinical staff	0.7	FTE
TOTAL FTES		1.7	

Infant, Child & Adolescent Mental Health/AOD Services are defined by this survey as all **Mental Health/AOD Services provided specifically for ages 0-19 years**. To capture how your services are structured, please list your service teams including any specialist Māori or Pasifika teams and the age group for which they provide services.

SERVICE TEAMS	AGE GROUP

Do you receive Funding for or Provide any of the following services for the 0-19 age group?
(Please tick as many that apply):

- | | |
|--|--|
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Gateway Assessments |
| <input type="checkbox"/> Infant Mental Health | <input type="checkbox"/> Refugee/Migrant Mental Health |
| <input type="checkbox"/> COPMIA Initiatives | <input type="checkbox"/> Youth Forensics |
| <input type="checkbox"/> Co-Existing Problems (CEP) | |
| <input type="checkbox"/> Other Please Specify: _____ | |

Parenting Programmes: DHB Funded:

- ☐ Incredible Years
 ☐ Triple P
 ☐ Parent Child Interaction Therapy (PCIT)
- ☐ Other (Please Specify): _____

SECTION TWO: WORKFORCE INFORMATION

DHB/NGO: NAME OF SERVICE

Please ensure the workforce information is provided for the *DHB funded Infant, Child & Adolescent Mental Health/AOD Contract* only (as outlined in Table 1).

To calculate FTEs = Number of Hours worked per week divided by 40 hours

For example: FTE calculation for 20 hours worked: $20/40 = 0.5$ FTEs

Table 2. ACTUAL & VACANT FTEs AS AT 30th JUNE 2014. Please provide FTEs to 1 decimal point.

Occupational Group	Actual FTEs as at 30 th June 2014	Vacant FTEs as at 30 th June 2014*
Alcohol & Drug Practitioners		
Counsellors		
Mental Health Nurses/Registered Nurses		
Occupational Therapists		
Child Psychiatrists		
Adult Psychiatrists or other Senior Medical Officers		
Psychotherapists		
Registered Psychologists		
Social Workers		
Family Therapists		
Other Clinical (please state in the spaces below)		
Clinical Placements/Interns (please list below)		
Liaison/Consult Liaison Appointment		
Kaumātua, Kuia		
Advocacy/Peer Support-Consumers		
Advocacy/Peer Support-Family/Whanau		
Youth Consumer Advisors		
Family/Whanau Advisors		
Mental Health Support Workers/Kaiawhina/Kaiatawhai		
Youth Workers		
Other Non-Clinical Support (for clients) (please list in spaces below)		
Whanau Ora Practitioners		
Needs Assessors & Service Co-ordinators		
Educators		
Specific Cultural Positions not listed (please list in spaces below)		
Administration		
Management		
Other (please state in spaces below)		
Total		

Table 3. ETHNICITY OF THE ABOVE WORKFORCE AS AT 30th JUNE 2014. Please confirm ethnicity with the individual.

EMPLOYEE GROUP	MĀORI		PACIFIC		ASIAN		NZ EUROPEAN		OTHER		TOTAL FTES
	Actual FTES	Head Count	Actual FTES	Head Count	Actual FTES	Head Count	Actual FTES	Head Count	Actual FTES	Head Count	FTEs in this column should equal to Table 2
Alcohol & Drug Practitioners											
Counsellors											
Mental Health Nurses/Registered Nurses											
Occupational Therapists											
Child Psychiatrists											
Adult Psychiatrists or other Senior Medical Officers											
Psychotherapists											
Registered Psychologists											
Social Workers											
Family Therapists											
Other Clinical (please state in the spaces below)											
Clinical Placements/Interns (please list below)											
Liaison/Consult Liaison Appointment											
Kaumātua, Kuia											
Advocacy/Peer Support-Consumers											
Advocacy/Peer Support-Family/Whanau											
Youth Consumer Advisors											
Family/Whanau Advisors											
Mental Health Support Workers/Kaiawhina/Kaiatawhai											
Youth Workers											
Other Non-Clinical Support (for clients) (please list in spaces below)											
Whanau Ora Practitioners											
Needs Assessors & Service Co-ordinators											
Educators											
Specific Cultural Positions not listed (please list in spaces below)											
Administration											
Management											
Other (please state in spaces below)											
TOTAL											

THANK YOU

Contact Details:

NAME/PHONE/EMAIL	
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**The Werry Centre for Child & Adolescent Mental Health
Workforce Development**

www.werrycentre.org.nz

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