

**2016 Stocktake of Infant,
Child and Adolescent
Mental Health and Alcohol
& Other Drug Services
in New Zealand**



Werry Workforce
WHĀRAURAU



Midland Region
2017

ISBN 978-0-9941149-2-1

Citation:

The Werry Workforce - Whāraurau. (2017). *2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol and Other Drug Services in New Zealand*. Auckland: The Werry Workforce - Whāraurau for Infant, Child & Adolescent Mental Health Workforce Development, The University of Auckland.

**The Werry Workforce - Whāraurau
Workforce Development**

The University of Auckland
Private Bag 92019
Auckland
New Zealand

This workforce development initiative is funded by:
Health Workforce New Zealand, Ministry of Health, Wellington, New Zealand

This document is available on the Werry Centre website:
www.werryworkforce.org

2016 STOCKTAKE

OF

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

MIDLAND REGION

**WERRY WORKFORCE- WHĀRAURAU
FOR INFANT, CHILD AND ADOLESCENT
MENTAL HEALTH
WORKFORCE DEVELOPMENT
(UPDATED AUGUST 2017)**

CONTENTS

ACKNOWLEDGMENTS	1
FOREWORD	2
EXECUTIVE SUMMARY	3
INTRODUCTION	9
BACKGROUND	9
METHOD	15
LIMITATIONS	17
USING THE STOCKTAKE	18
MIDLAND REGION INFANT, CHILD AND ADOLESCENT MENTAL HEALTH & AOD OVERVIEW	19
MIDLAND REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE	20
MIDLAND REGION CLIENT ACCESS TO ICAMH/AOD SERVICES	21
MIDLAND REGION FUNDING OF ICAMH/AOD SERVICES	25
MIDLAND REGION PROVISION OF ICAMH/AOD SERVICES	27
MIDLAND REGION ICAMH/AOD WORKFORCE	32
MIDLAND REGION MĀORI OVERVIEW	37
MIDLAND REGION PACIFIC OVERVIEW	45
MIDLAND REGION ASIAN OVERVIEW	53
REFERENCES	59
APPENDICES	61
APPENDIX A: POPULATION DATA	62
APPENDIX B: PROGRAMME FOR THE INTEGRATION OF MENTAL HEALTH DATA (PRIMHD)	64
APPENDIX C: FUNDING DATA	78
APPENDIX D: ICAMH/AOD WORKFORCE DATA.....	80
APPENDIX E: DHB & NGO WORKFORCE SURVEY FORM	97

TABLES

TABLE 1. MIDLAND REGION ICAMH/AOD FUNDING BY SERVICES	25
TABLE 2. WAIKATO ICAMH/AOD SERVICES (2015/2016).....	28
TABLE 3. LAKES ICAMH/AOD SERVICES (2015/2016).....	29
TABLE 4. BAY OF PLENTY ICAMH/AOD SERVICES (2015/2016).....	29
TABLE 5. TAIRAWHITI ICAMH/AOD SERVICES (2015/2016)	31
TABLE 6. TARANAKI ICAMH/AOD SERVICES (2015/2016)	31
TABLE 7. MIDLAND REGION TOTAL ICAMH/AOD WORKFORCE (2004-2016).....	32
TABLE 8. MIDLAND REGION ICAMH/AOD WORKFORCE BY OCCUPATIONAL GROUP (2016).....	34
TABLE 9. MIDLAND REGION ICAMH/AOD WORKFORCE VACANCIES BY OCCUPATIONAL GROUP (2016).....	34
TABLE 10. MIDLAND REGION DHB COMMUNITY ICAMH/AOD WORKFORCE (2008-2016).....	35
TABLE 11. MIDLAND REGION NGO ICAMH/AOD WORKFORCE (2008-2016).....	36
TABLE 12. MIDLAND REGION MĀORI ICAMH/AOD WORKFORCE.....	41
TABLE 13. MIDLAND REGION MĀORI CLINICAL & NON-CLINICAL ICAMH/AOD WORKFORCE (HEADCOUNT, 2008-2016)	42
TABLE 14. MIDLAND REGION MĀORI ICAMH/AOD WORKFORCE BY OCCUPATIONAL GROUP (2016)	42
TABLE 15. MIDLAND REGION PACIFIC ICAMH/AOD WORKFORCE.....	49
TABLE 16. MIDLAND REGION PACIFIC CLINICAL & NON-CLINICAL ICAMH/AOD WORKFORCE (HEADCOUNT, 2008-2016)	49
TABLE 17. MIDLAND REGION PACIFIC ICAMH/AOD WORKFORCE BY OCCUPATIONAL GROUP	50
TABLE 18. MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE BY DHB AREA	57
TABLE 19. MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE BY OCCUPATIONAL GROUP (2016)	57

APPENDICES

APPENDIX A: 0-19 YRS POPULATION

TABLE 1. CHILD & ADOLESCENT (0-19 YRS) POPULATION BY ETHNICITY/REGION/DHB AREA (2006-2016).....	62
TABLE 2. CHILD & ADOLESCENT (0-19 YRS) POPULATION PROJECTIONS BY ETHNICITY/REGION/DHB AREA (2013-2021)	63

APPENDIX B: 0-19 YRS CLIENTS (PRIMHD)

TABLE 1. TOTAL 0-19 YRS CLIENTS BY REGION & DHB AREA (2012-2015).....	64
TABLE 2. TOTAL CLIENTS BY DHB AREA, GENDER & AGE GROUP (2015)	65
TABLE 3. TOTAL MĀORI 0-19 YRS CLIENTS BY DHB AREA (2012-2015)	66
TABLE 4. TOTAL PACIFIC CLIENTS BY DHB AREA (2012-2015)	67
TABLE 5. TOTAL ASIAN CLIENTS BY DHB AREA (2012-2015)	68
TABLE 6. DHB OF DOMICILE VS. DHB OF SERVICE (SECOND SIX MONTHS 2015)	69
TABLE 7. CLIENT ACCESS RATES BY AGE GROUP & REGION (2006-2015)	70
TABLE 8. TOTAL 0-19 YEARS CLIENT ACCESS RATES BY DHB AREA (2006-2015).....	71
TABLE 9. MĀORI CLIENT ACCESS RATES BY AGE GROUP & REGION (2006-2015)	72
TABLE 10. MĀORI 0-19 YEARS CLIENT ACCESS RATES BY DHB AREA (2006-2015).....	73
TABLE 11. PACIFIC CLIENT ACCESS RATES BY AGE GROUP & REGION (2006-2015)	74
TABLE 12. PACIFIC 0-19 YEARS CLIENT ACCESS RATES BY DHB AREA (2006-2015)	75
TABLE 13. ASIAN CLIENT ACCESS RATES BY AGE GROUP & REGION (2006-2015).....	76
TABLE 14. ASIAN 0-19 YEARS CLIENT ACCESS RATES BY DHB AREA (2006-2015)	77

APPENDIX C: ICAMH/AOD FUNDING

TABLE 1. INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD FUNDING (2008-2016)	78
TABLE 2. NATIONAL FUNDING PER HEAD INFANT, CHILD & ADOLESCENT POPULATION (2006-2016)	79

APPENDIX D: ICAMH/AOD WORKFORCE

TABLE 1. DHB INPATIENT ICAMHS WORKFORCE (ACTUAL FTEs, 2016).....	80
TABLE 2. DHB INPATIENT ICAMHS VACANT FTEs (2016)	80
TABLE 3. DHB INPATIENT MĀORI, PACIFIC & ASIAN ICAMH WORKFORCE (HEADCOUNT, 2016)	81
TABLE 4. DHB COMMUNITY ICAMH/AOD WORKFORCE (ACTUAL FTEs, 2016)	82
TABLE 5. DHB COMMUNITY ICAMH/AOD VACANCIES (VACANT FTEs, 2016)	83
TABLE 6. DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE (HEADCOUNT, 2016).....	84
TABLE 7. DHB COMMUNITY PACIFIC ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	85

TABLE 8. DHB COMMUNITY ASIAN ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	86
TABLE 9. DHB COMMUNITY NZ EUROPEAN ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	87
TABLE 10. DHB COMMUNITY OTHER ETHNICITY ICAMH/AOD WORKFORCE (HEADCOUNT, 2016).....	88
TABLE 11. NGO ICAMH/AOD WORKFORCE (ACTUAL FTEs, 2016)	89
TABLE 12. NGO ICAMH/AOD VACANT FTEs (2016).....	90
TABLE 13. NGO MĀORI ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	91
TABLE 14. NGO PACIFIC ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	92
TABLE 15. NGO ASIAN ICAMH/AOD WORKFORCE (HEADCOUNT, 2016).....	93
TABLE 16. NGO NZ EUROPEAN ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	94
TABLE 17. NGO OTHER ETHNICITY ICAMH/AOD WORKFORCE (HEADCOUNT, 2016)	95
TABLE 18. TOTAL ETHNICITY OF THE ICAMH/AOD WORKFORCE BY DHB AREA (2016)	96

FIGURES

FIGURE 1. MIDLAND REGION 0-19 YRS CLIENTS (2004-2015)	21
FIGURE 2. MIDLAND REGION 0-19 YRS CLIENTS BY DHB AREA (2015)	21
FIGURE 3. MIDLAND REGION 0-19 YRS CLIENT ACCESS RATES (2004-2015)	22
FIGURE 4. MIDLAND REGION 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2015)	23
FIGURE 5. MIDLAND REGION CLIENT OUTCOMES BY SERVICE (2015/2016).....	24
FIGURE 6. MIDLAND REGION ICAMH/AOD FUNDING BY SERVICE PROVIDER (2004-2016)	25
FIGURE 7. MIDLAND REGION ICAMH/AOD FUNDING BY DHB AREA (2016)	25
FIGURE 8. FUNDING PER HEAD OF 0-19 YRS POPULATION BY DHB AREA (2004-2016)	26
FIGURE 9. MIDLAND REGION TOTAL ICAMH/AOD WORKFORCE ACTUAL FTEs (2004-2016)	32
FIGURE 10. MIDLAND REGION ICAMH/AOD WORKFORCE BY DHB AREA (2016)	33
FIGURE 11. TOP 4 MIDLAND REGION TOTAL ICAMH/AOD WORKFORCE (2016)	33
FIGURE 12. MIDLAND REGION DHB COMMUNITY WORKFORCE (2016)	35
FIGURE 13. MIDLAND REGION NGO WORKFORCE (2016)	36
FIGURE 14. MIDLAND REGION MĀORI 0-19 YRS CLIENTS (2004-2015)	38
FIGURE 15. MIDLAND REGION MĀORI 0-19 YRS CLIENTS BY DHB AREA (2015).....	38
FIGURE 16. MIDLAND REGION MĀORI 0-19 YRS CLIENT ACCESS RATES (2004-2015)	39
FIGURE 17. MIDLAND REGION MĀORI 0-19 YRS CLIENT ACCESS RATE BY DHB AREA (2015).....	40
FIGURE 18. TOP 4 MIDLAND REGION MĀORI ICAMH/AOD WORKFORCE (2016)	41
FIGURE 19. PROPORTION OF MĀORI 0-19 YRS POPULATION, CLIENTS & WORKFORCE COMPARISONS BY DHB AREA	44
FIGURE 20. MIDLAND REGION PACIFIC 0-19 YRS CLIENTS (2004-2015).....	46
FIGURE 21. MIDLAND REGION PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2015)	46
FIGURE 22. MIDLAND REGION PACIFIC 0-19 YRS CLIENT ACCESS RATES (2004-2015)	47
FIGURE 23. MIDLAND REGION PACIFIC 0-19 YRS CLIENT ACCESS RATES BY DHB (2015).....	48
FIGURE 24. PROPORTION OF PACIFIC 0-19 YRS POPULATION CLIENTS & WORKFORCE COMPARISONS BY DHB AREA	51
FIGURE 25. PROPORTION OF PACIFIC 0-19 YRS POPULATION CLIENTS & CLINICAL WORKFORCE COMPARISONS BY DHB AREA	51
FIGURE 26. MIDLAND REGION ASIAN 0-19 YRS CLIENTS (2004-2015)	54
FIGURE 27. MIDLAND REGION ASIAN 0-19 YRS CLIENTS BY DHB AREA (2015)	54
FIGURE 28. MIDLAND REGION ASIAN 0-19 YRS. CLIENT ACCESS RATES (2006-2015).....	55
FIGURE 29. MIDLAND REGION ASIAN 0-19 YRS CLIENT ACCESS RATES BY DHB AREA (2015)	56
FIGURE 30. PROPORTION OF ASIAN 0-19 YRS POPULATION CLIENTS & WORKFORCE COMPARISONS BY DHB AREA	58

ACKNOWLEDGMENTS

The Werry Workforce-Whāraurau for Infant, Child and Adolescent Mental Health Workforce Development wishes to acknowledge the valuable input from all who contributed to this project. This project was led by Julliet Bir.

THE WERRY WORKFORCE DEVELOPMENT PROJECT TEAM:

Sue Dashfield	General Manager
Rawiri Wharemate	Kaumātua
Stacey Porter	Māori Clinical Advisor
Maliaga Erick	Pacific Clinical Advisor
Joyce Leeward Kelly Pope	Youth Consumer Advisors
James Boyd	Youth Consumer Advisor & Project Support
Leroy Beckett	NGO Data Collection

EXTERNAL PROJECT TEAM:

Raewyn Vague	PRIMHD Analyst
Yuyu Huang	Statistics Editor

CULTURAL ADVISORY GROUPS:

Māori Advisory Group	Rawiri Wharemate, Stacey Porter
Pacific Advisory Group	Epenesa Olo-Whaanga, Siosinita Alofi, Faga Oko, Tavita Asiata, Mercy Drummond, Iris Feilo, Johnny Kumitau
Asian Advisor	Patrick Au

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

FOREWORD

The latest edition of our Werry Workforce-Whāraurau *Stocktake* of the infant, child and adolescent mental health workforce and access to service comes at a time when mental health and the importance of timely access to appropriate advice and care is very topical.

This report does illustrate some positive movement in the sector and also outlines some concerns and priority areas for work.

In general, the access rates continue to grow, with target access rates for teenagers sometimes exceeded, and access rates highest overall for Māori. While the 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 years age group is most cost effective and has the potential to prevent mental health problems in the long term. In this report, we identify 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 also undertake to tackle the persistently low access rates for Pacific and Asian young people.

Unlike the improving access since 2014, we have seen too little change in funding or in the ICAMH/AOD workforce capacity. The Government has also acknowledged the importance of early intervention and we are encouraged by the Budget 2017 announcement of more funding for mental health. This is a significant step forward, so we hope a proportionate amount of this funding is channelled to infant, child and adolescent services. The report shows that children and young people continue to get a disproportionately low share of mental health funding (12% 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. Many of our services indicate significant workforce stress and families are concerned about access to services and appropriate therapy for their children.

The evidence linking poverty and the risk of developing mental health issues is well established. With recent reports indicating around 150,000 New Zealand children live in significant poverty, Budget 2017 also promises progress towards lifting some families out of income and housing stress; however, the Minister of Finance admits that around 90,000 children will remain below the OECD measure. Continued efforts to address the root causes of family/whānau distress and hopelessness are required before we can expect to see sustainable improvements in child mental health or the child and youth suicide rates.

The need to focus on the workforce continues. The overall vacancy rate is higher than in 2014 (6% versus 8% now) with a 16% annual turnover rate, mainly for clinicians. Retention should be a key area of focus, as should recruitment. Further initiatives to recruit and train new graduate health professionals specifically for the infant, child and adolescent sector could be considered.

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

Sue Dashfield
General Manager

EXECUTIVE SUMMARY

This is the seventh *Stocktake* of the Infant, Child and Adolescent Mental Health/Alcohol and Other Drugs (ICAMH/AOD) workforce and client access rates conducted by Werry Workforce-Whāraurau. The information collected is intended to assist the Ministry of Health (MOH), District Health Boards (DHBs), non-DHB service providers/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 2016 by DHB and non-DHB service providers. As this is the seventh 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 is 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.

NATIONAL FINDINGS

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

The population data include the 2016 infant, child and adolescent population projections (Base 2013 Census, prioritised ethnicity by DHB area) provided by Statistics NZ:

- Population projections indicated a 2% growth in the overall 0-19 year population from Census 2013 to 2016. The child and youth population will continue to grow, with a 2% growth projected for 2026.
- Infants, children and adolescents (0-19 years) make up 27% of New Zealand's total population.
 - Māori infants, children and adolescents make up 25% of New Zealand's 0-19 years population and the Māori population continues to have a young age structure, with nearly half (43%) aged between 0 and 19 years. The Māori 0-19 year population showed a projected growth of 4% from Census 2013 to 2016 and a 12% projected growth by 2026. Māori continue to 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 make up 10% of New Zealand's 0-19 years population. The Pacific population also continue to have a young age structure with 39% of the population aged between 0 and 19 years. A 3% growth in the Pacific 0-19 year population was projected from Census 2013 to 2016, and a 9% growth is projected for 2026. Pacific peoples in New Zealand continue to experience lower socioeconomic status and experience mental health disorders 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 make up 13% of New Zealand's 0-19 years population and the Asian population is now the third largest ethnic group in New Zealand. Projections continue to show large growth in the 0-19 year population with a projected growth of 19% from Census 2013 to 2016 and a 35% projected growth (the largest out of the ethnic groups) by 2026. 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.

CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) have 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 Mental Health Commission's (MHC) 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 2013 to 2015:
 - The majority (76%) of clients aged 0-19 years accessing ICAMH/AOD services continued to be seen by DHBs and 24% 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 2.64% to a national average of 2.87%.
 - Access rates by age group showed an increasing trend in all three age groups:
 - 0-9 years: from 0.81% to 0.96%; close to the 1.0% target rate.
 - 10-14 years: from 3.04% to 3.34%; also close to the 3.9% target rate.
 - 15-19 years: from 5.84% to 6.17%; exceeding access target rate of 5.5%.
 - Access rates by ethnicity also showed an increasing trend:
 - Māori clients made up 32% of clients accessing services. Access rates had improved from 3.28% to 3.66%. Māori had the highest access rate out of four ethnic groups (Māori, Pacific, Asian and Other Ethnicity), exceeding the target rate for the overall 0-19 year population of 3% but remaining below the 6% rate recommended for Māori.
 - Pacific clients made up 6% of clients accessing services. The overall access rate had improved from 1.57% to 1.82% 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 0.67% to 0.75%, 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 2.19% to 2.60%; the lowest access rate in the country and remaining below the 3.0% target rate.
 - Midland: from 2.96% to 3.18%; reporting the highest access rate and exceeding the 3.0% target rate.
 - Central: from 2.94% to 2.95%; very close to reaching the 3.0% target rate.
 - Southern: from 2.86% to 2.97%; also very close to reaching the 3.0% target rate.

CLIENT OUTCOMES

- To assess whether clients accessing mental health services experience improvements in their mental health and wellbeing, children and youth health outcomes are rated by the *HoNOSCA* (Health of the Nation Outcome Scales for Children and Adolescents) at admission and discharge from community child and adolescent mental health services. Client outcome data for the 2015/2016 period showed significant improvements in emotional related symptoms by time of discharge.

FUNDING FOR ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2015/2016 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH. This information also includes some primary mental health funding data but not all.

From 2014 to 2016:

- There was an overall 7% increase in funding for ICAMH/AOD services (including Youth Primary Mental Health funding).
- Youth Forensic services showed the largest increase in funding by 79%, followed by AOD by 11%.
- There was a 6% increase in funding per head for the 0-19 year population, from \$122.82 to \$129.93 (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 106 NGOs, as at 30 June 2016.

Workforce changes from 2014 to 2016:

- A 1% decrease in the overall ICAMH/AOD workforce:
 - 3% increase in the DHB workforce
 - 8% decrease in the NGO workforce
 - 1% increase in the Clinical workforce
 - 10% decrease in the Non-Clinical workforce (excluding Admin/Management staff).
- A 3% increase in vacancies, with a vacancy rate of 8% overall. Vacancies were mainly in DHB services for clinical roles.
- The 16% annual staff turnover rate (DHB = 13%; NGO = 28%) was mainly for Psychologists, Mental Health Support Workers, Social Workers and Nurses. The main reasons for leaving were other job opportunities, personal/family reasons and relocating to another city/town within New Zealand.
- A 1% decrease in the overall Māori workforce was seen only in the non-clinical workforce (by 8%, excluding Admin/Management). There was a 2% increase in the clinical workforce.
- A 7% increase in the overall Pacific workforce was seen only in the clinical workforce (by 21%).
- A 36% increase in the overall Asian workforce, from 75 to 102, mainly in clinical roles.

CURRENT AND FUTURE WORKFORCE CHALLENGES

Services were asked to identify their current and future workforce challenges and gaps. All DHB provider services and 41 NGOs responded to these questions. The responses for both DHB providers and non-DHB providers were grouped under the following themes, with the lack of funding recurring across all of the themes identified.

Current Workforce Challenges/Gaps:

- Recruitment/retention of specialist staff: High turnover and shortage of specialist staff with youth mental health experience.
- Access to specialist training: Lack of specific training and lack of funding and time to access training.
- High service demand: Increasing demand for complex needs.
- Working with diverse cultures: Lack of cultural services and lack of cultural competency training.
- Lack of funding/limited resources.

Future Workforce Challenges/Gaps:

- Recruiting/retaining specialist staff: The need to attract and recruit specialist staff due to an ageing workforce.
- Meeting high service demand: The need to provide more specialist services in innovative ways to meet growing demand.
- Accessing specialist training: The need for more specialised training to cater for complex cases.
- Lack of funding/limited resources: The need to access specialist training; recruit and retain staff; and develop technology and new ways of working to meet high and complex demand.
- Working with diverse cultures: The need for services to cater for the increasing ethnic diversity in New Zealand.
- Keeping up with technology: The need to keep up with rapidly changing technology and the need to develop new ways of delivering services, e.g. e-therapies.
- Working collaboratively: The need to work across agencies.

CONCLUSION

The seven Werry Workforce stocktakes of the infant, child and adolescent mental health workforce and access to services show 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 2013/2014 and 2016, there was a 2% projected growth in the 0-19 year population; a 10% increase in the total number of clients accessing ICAMH/AOD services; a 2% increase in funding to ICAMH/AOD services; and a 1% decrease in the workforce. While many gains have been made, there remain persistent gaps in funding compared to recommended 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, especially for Māori, Pacific and Asian infants, children and adolescents.

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).

RECOMMENDATIONS:

In light of these 2016 *Stocktake* findings, and to ensure alignment with current government priorities and progress toward workforce strategic goals, the following recommendations, which span the primary to the secondary sector, are made:

- **Improving client access to services, especially for Māori, Pacific and Asian populations.**
- **Funding and planning services to meet local needs and allocating resources accordingly.**
- **Developing and providing early intervention services** such as parenting programmes, school and community based services and online e-therapy tools; and strengthening primary mental health services for early intervention and to reduce demand for specialist services.
- **Developing the workforce in specialist services:** A high turnover and an ageing workforce require continued investment in succession planning and targeted recruitment strategies for specialist roles to cater for an increase of complexity in needs and demand for services. While increasing the ICAMH/AOD workforce is a long-term solution to current workforce shortages, the retention and development of the existing ICAMH/AOD workforce is pertinent. Additionally, a quarter of all clients are accessing NGO services; therefore, addressing the workforce development needs of the NGO sector also needs to be considered. Strategies for recruiting, retaining and developing the ICAMH/AOD workforce should include:
 - **Active recruitment and retention strategies for specialist staff.**
 - **Training and professional development:**
 - *Identifying key training gaps at individual and service levels and providing access and support for specialist training.*
 - *Providing career pathways for the unregulated workforce to support the specialist workforce.*
 - *Developing clinical/cultural competencies to cater for the growing ethnic diversity of clients.*
 - **Exploring new ways of working:**
 - *Developing the Youth Consumer workforce to keep services current to client needs.*
 - *Service re-design to use limited resources more efficiently.*
 - *Working collaboratively so resources can be shared between services.*
- **Engaging in ongoing data collection** to monitor trends and to ensure that progress in services and staffing is keeping pace with client demand and moving toward improved outcomes for infants, children and adolescents and their families.

INTRODUCTION

This is the seventh *Stocktake* of the Infant, Child and Adolescent Mental Health and Alcohol and Other Drug (ICAMH/AOD) workforce and client access rates conducted by Werry Workforce-Whāraurau (formerly the Werry Centre). It provides a snapshot of activity undertaken during 2016 by District Health Board (DHB) providers and non-DHB service providers/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 the 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, 2012 and 2014. These *Stocktakes* showed increases in funding to both DHB and NGO ICAMH/AOD services 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 Workforce-Whāraurau has now completed this seventh *Stocktake*. The accumulated data provide 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 2014 *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 documents 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 Tahuu—Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan* (Minister of Health, 2005) identified the mental health and wellbeing of children and youth as a key government priority.
- *Te Kokiri: The Mental Health and Addiction Plan 2006–2015* (Minister of Health, 2006) subsequently set the future direction for child and youth mental health and 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 addiction sector have set the scene for service delivery, from 2008, the Government set new priorities which focused on delivering services of higher quality that provided better value for money. As of 2012, an extra \$512 million has been allocated to health and an additional \$174 million for mental health was 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 addiction 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 highlighted 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 suggested 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 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 and 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) provided additional and targeted initiatives that aim to provide a whole-of-government approach to improving youth mental health in New Zealand. Funding and resources are 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 and 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 (Home, Education/Employment, peer group Activities, Drugs, Sexuality, Suicide/depression, Self Image and Safety) 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 wellbeing (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 a highly skilled, well supported mental health and addiction 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 addiction workforce development centres (The Werry Centre, Te Pou, Te Rau Matatini and Matua Raḡi) 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 addiction sector was guided by the strategies outlined for the broader mental health and addiction 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 addiction 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 addiction 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 addressed 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/addiction 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 most recent *Mental Health and Addiction Workforce Action Plan 2017-2021* (Ministry of Health, 2017) outlines the priority areas and actions required for workforce development for the next five years, reiterating the need to focus on early intervention. The following four priority areas for workforce development have been identified (p. viii):

1. A workforce that is focused on people and improved outcomes
2. A workforce that is integrated and connected across the continuum
3. A workforce that is competent and capable
4. A workforce that is the right size and skill mix.

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/addiction 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 2016 period.

This report presents the 2016 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 Addiction Action Plans* (Ministry of Health, 2010a, 2017), 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, Mental Health and Addiction Workforce Action Plan 2017-2021*) in the mental health/addiction 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 2016 *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 106 non-DHB service providers, as at 30 June 2016.
- 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 2006 to 2015 period.
- Comparisons of access to service data against Mental Health Commission's access target rates for the infant, 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*:

- The 2016, 2021 and 2026 population projections for 0-19 years (Base 2013 Census; prioritised ethnicity) used in this report were provided by Statistics NZ.
- While the 2014 population projections were available, the 2013 Census population (prioritised ethnicity) data were deemed to more accurately reflect 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 were 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.

2015/2016 DHB AND NGO ICAMH/AOD HEALTH FUNDING DATA

The 2016 funding data were extracted from the 2015/2016 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 area.

2016 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 2016 and had a 100% response rate.

The list of DHB funded NGOs providing ICAMH/AOD services as at June 2016 was extracted from the 2015/2016 PVS supplied by the Ministry of Health. A total of 106 DHB funded, non-DHB providers (includes NGOs and Iwi Providers) were identified and surveyed by telephone in November 2016. Contracted FTE volume data from the Ministry of Health's Price Volume Schedule (PVS) were used as an estimate for the one large NGO provider in the Midland region who did not provide data.

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.

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 2015 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 in the Stocktake reports have been calculated by dividing users in each age band and *each six month period* by the corresponding population and will therefore differ from the Ministry of Health's one year period analyses.

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 2015 periods.

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 non-DHB provider workforce data presented in this report are subject to the quality of the data supplied by the service providers.

The 2004 to 2016 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.

The workforce 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 105/106 NGOs as at 30 June 2016. Consistently missing data from one large NGO in the Midland region continues to impact on the accuracy of NGO workforce data. While, contracted FTE data from the MOH's Price Volume Schedule (PVS) were used to estimate this NGO's workforce, these data do not include information by ethnicity and occupational group, therefore the NGO workforce, especially for the Midland region remains underestimated.

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, staff ethnicity data presented in this *Stocktake* should be interpreted with caution.

Although the limitations mentioned above apply to both DHB and non-DHB 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 non-DHB providers 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 providers 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.

PRIMHD ACCESS DATA

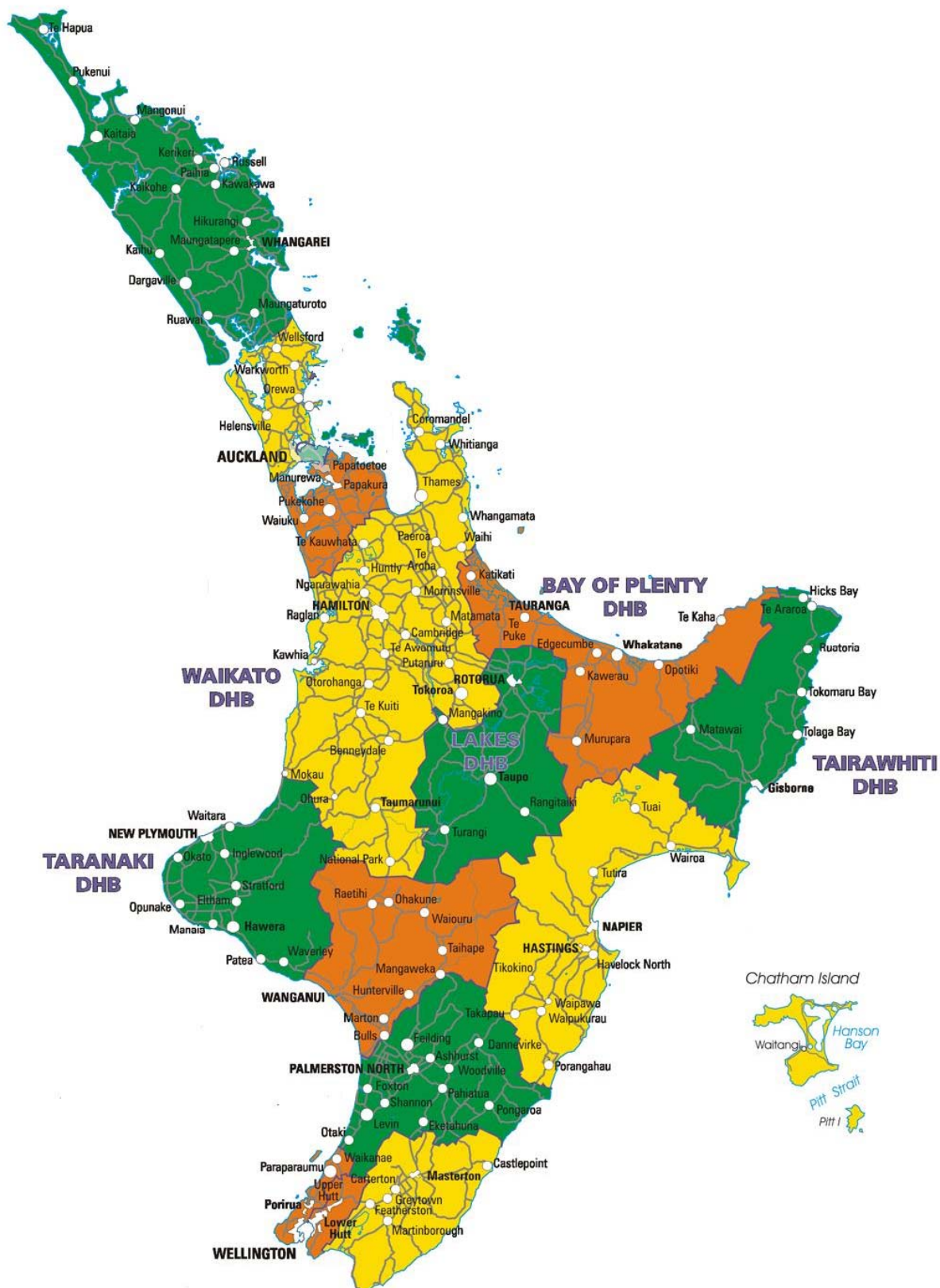
The presentation of the client access information is subject to the following limitations and therefore must be interpreted with these in mind.

- 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 (2008-2016) 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 and NGO to assess their position. More detailed data and the previous *Stocktakes* are available on the Werry Workforce-Whāraurau website (www.werryworkforce.org).

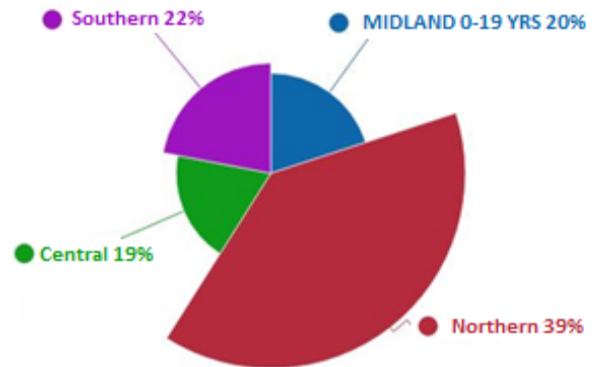
MIDLAND REGION INFANT, CHILD AND ADOLESCENT MENTAL HEALTH & AOD OVERVIEW



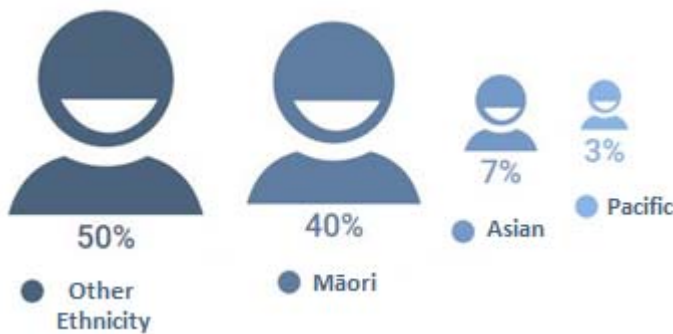
MIDLAND REGION INFANT, CHILD AND ADOLESCENT POPULATION PROFILE

The population data include the 2016 infant, child and adolescent population projections (prioritised ethnicity) provided by Statistics NZ.

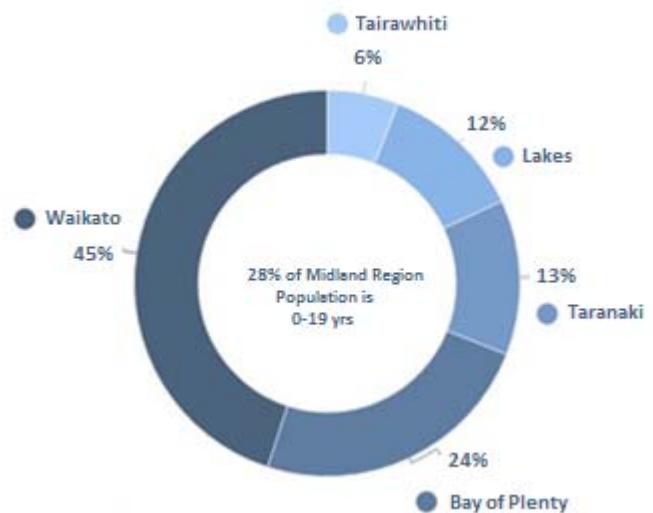
- The 2016 projections indicated a 2% growth in the overall 0-19 year population in the Midland region since the 2013 Census (Appendix A, Table 1).
- This growth in the population was projected for three of the five DHB areas. The largest growth was projected for Waikato and Bay of Plenty DHB areas, by 2%.
- The Midland region had New Zealand's third largest (20%) infant, child and adolescent (0-19 years) population. Over half (51%) of the 0-19 year population are male.



- Half (50%) of the 0-19 year population were in the Other Ethnicity group, followed by Māori (40%), Asian (7%) and Pacific (3%).



- The majority of the population resided in Waikato (45%) and Bay of Plenty (24%) DHB areas.
- 10 year population projections showed a static 0-19 year population in the region, with only 0.3% projected population growth by 2026.
- However, 10 year projections by ethnicity showed projected growth for Māori (by 10%), Pacific (by 32%) and the largest growth for the Asian (by 43%) 0-19 year population (see Appendix A, Table 2).



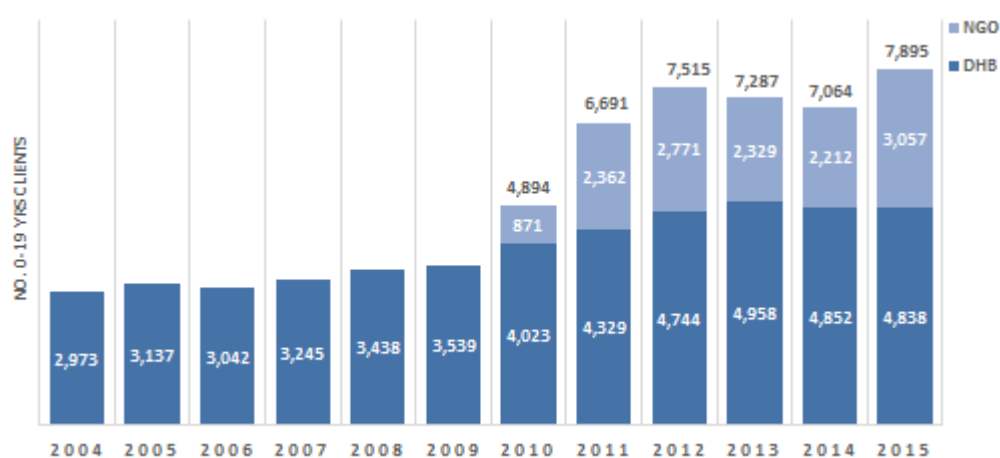
MIDLAND REGION CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) have 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 142 NGOs were included in the 2014 client access information, while 139 NGOs were included in the 2015 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 2013 to 2015:

- While there was a decreasing trend in the total number of clients accessing services from 2012 to 2014, data from 2013 to 2015 showed an increase in clients by 8% (see Figure 1).
- While this increase was seen in both male and female client groups, a larger increase was seen in the female client group by 12% compared to a 5% increase in male client numbers.
- Clients by age group showed increases in all three age groups, with 0-9 year and 15-19 year age groups showing the largest increases, by 11%.
- Only one out of the five DHB areas in the region showed an increase in the number of clients accessing services (Waikato DHB area by 49%), while the remainder of the DHB areas showed decreases in the number of clients accessing services.

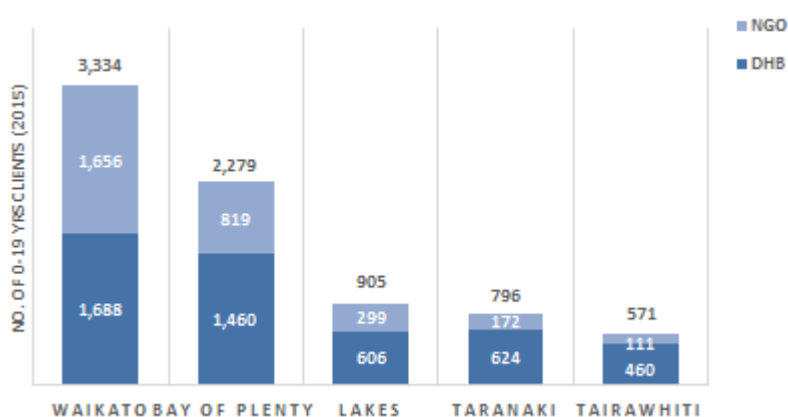
Figure 1. Midland Region 0-19 yrs Clients (2004-2015)



In the second six months of 2015:

- 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 B, Table 1).
- Overall, male clients continued to make up the majority of clients accessing services in the region (53%); however, females in the 15-19 year age group made up the greatest proportion of clients (30%) accessing services.

Figure 2. Midland Region 0-19 yrs Clients by DHB Area (2015)



- While the majority (61%) of the clients in the region were seen by DHB services, the NGO sector in Midland region proportionally sees more clients (39%) than do the NGOs in the other three regions in the country.
- The Waikato DHB area reported the highest number of clients (42%) in the region, followed by Bay of Plenty (29%) (see Figure 2).

MIDLAND REGION CLIENT ACCESS RATES

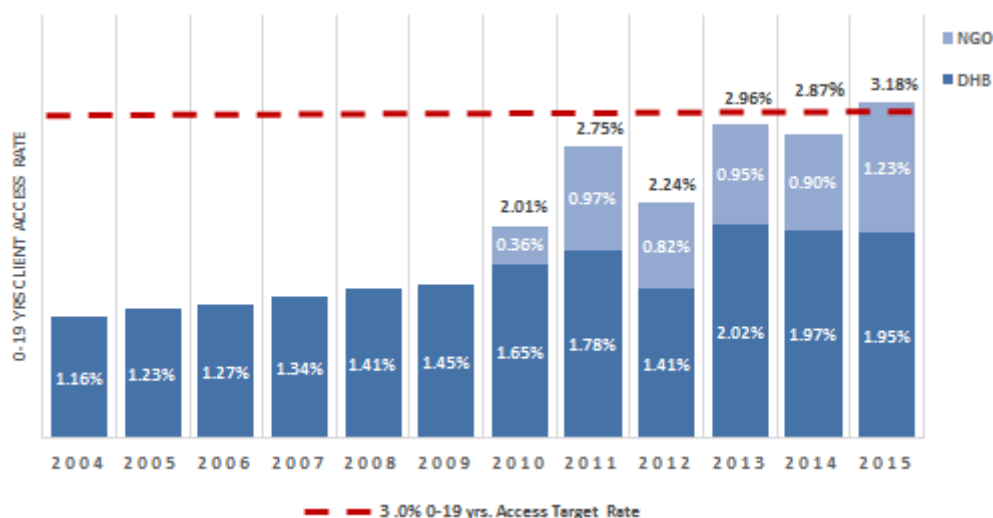
The *Blueprint Access Benchmark Rate* for the 0-19 year age group has been set at 3% of the population over a six month period (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% 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 2015 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 calculated using population projections (projected population statistics tend to be less accurate than actual census data).

From 2013 to 2015:

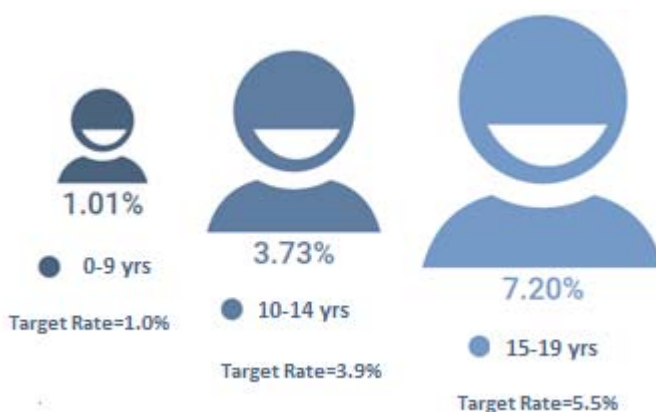
- There was an increase in the access rate for the total 0-19 year age group, from 2.96% to 3.18% (see Figure 3).
- Access rates by age group showed an increase in all three age groups, especially in the 15-19 year age group.
- While Lakes, Bay of Plenty, Tairāwhiti and Taranaki DHB areas all showed an increase in access rates, Waikato DHB area showed a decrease. This decrease was seen only in the NGO sector.

Figure 3. Midland Region 0-19 yrs Client Access Rates (2004-2015)



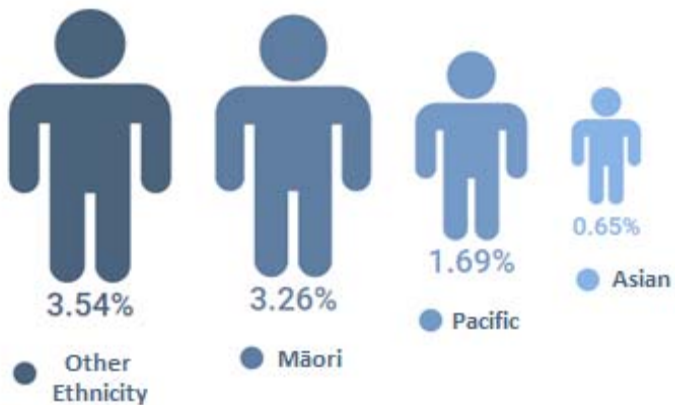
In the second half of 2015:

- The Midland region access rate of 3.18% was higher than the national average access rate of 2.87% and was the only region to exceed the MHC target rate of 3.0%.
- Access rates by age group showed that the access rates for the 0-9 year and 15-19 year age groups had exceeded the MHC's target rates.
- The Other Ethnicity group had the highest access rate in the region, followed by Māori clients. However, while the access rate for the Other Ethnicity and Māori clients had exceeded the target rate of 3%,



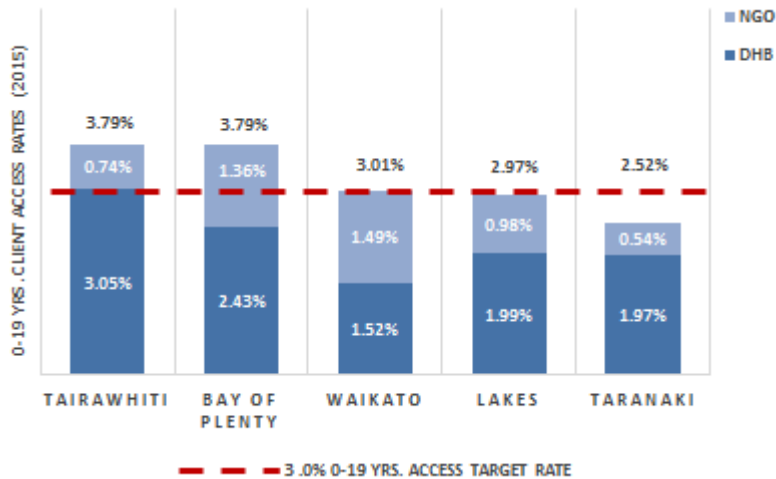
recommendations for Māori are double that of the overall rate; therefore, the Māori access rate remained significantly below the recommended rate of 6%.

- Access rates by DHB area showed three out of the five DHB areas (Tairāwhiti: 3.79%; Bay of Plenty: 3.79%; and Waikato: 3.01%) reported access rates which exceeded the target rate of 3.0%. Lakes (2.97%) and Taranaki (2.52%) DHB areas reported access rates that remained below the MHC target of 3.0% (see Figure 4).



- While the Midland region has reached the overall client target rate of 3%, access rates need to improve for Māori, Pacific and Asian clients across the region, especially for the 10-14 year age group.

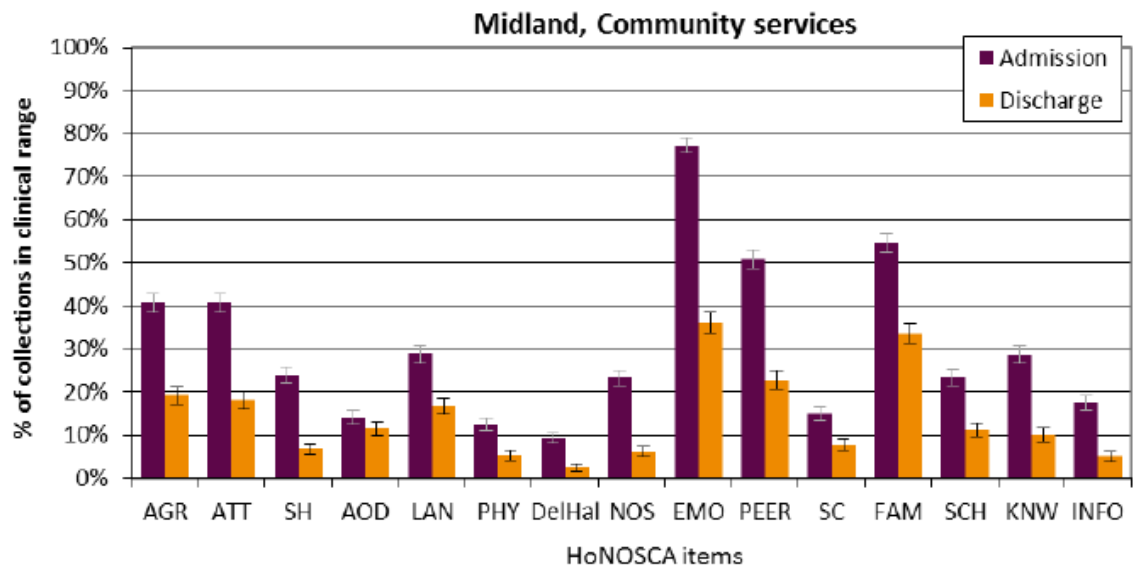
Figure 4. Midland Region 0-19 yrs Client Access Rates by DHB Area (2015)



CLIENT OUTCOMES

To assess whether clients accessing mental health services experience improvements in their mental health and wellbeing, children and youth health outcomes are rated by the *HoNOSCA* (Health of the Nation Outcome Scales for Children and Adolescents) for children and adolescents 4-17 years at admission and discharge from community child and adolescent mental health services. Client outcome data for the 2015/2016 period showed significant improvements in emotional related symptoms by time of discharge from community mental health services for clients (see EMO Scores in Figure 5).

Figure 5. Midland Region Client Outcomes by Service (2015/2016)



Source: Ministry of Health, PRIMHD extract 16 January 2017, extracted & formatted by Te Pou.

MIDLAND REGION FUNDING OF ICAMH/AOD SERVICES

Funding data for DHB and NGO services for the 2015/2016 financial year were extracted from Price Volume Schedules (PVS) supplied by the MOH.

From 2013/2014 to 2015/2016 financial year:

- There was a 3% overall increase in total funding for infant, child and adolescent mental health/AOD services in the Midland region, in both DHB (by 4%) and NGO services (by 2%) (see Figure 6 & Table 1).
- Funding for Inpatient services had received the largest increase in funding, followed by AOD services by 14% (see Table 1).
- Increases in funding were seen in four out of the five DHB areas, with the largest increase seen in the Tairāwhiti DHB area in both DHB and NGO services by 10%. There was a decrease in funding in the Lakes DHB area by 7%, largely seen in the NGO sector by 17%.

Figure 6. Midland Region ICAMH/AOD Funding by Service Provider (2004-2016)

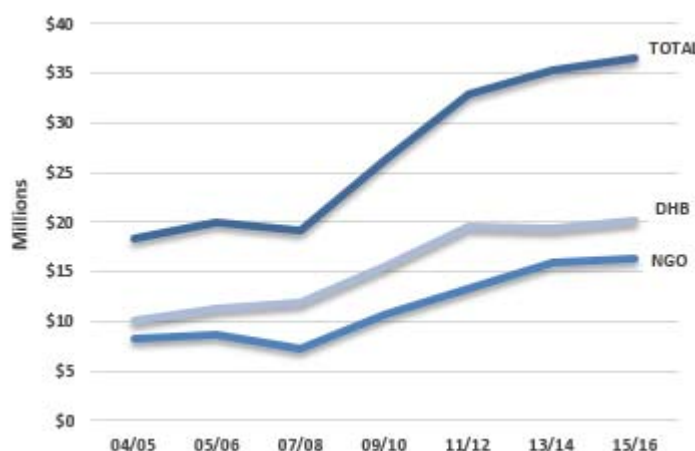


Table 1. Midland Region ICAMH/AOD Funding by Services

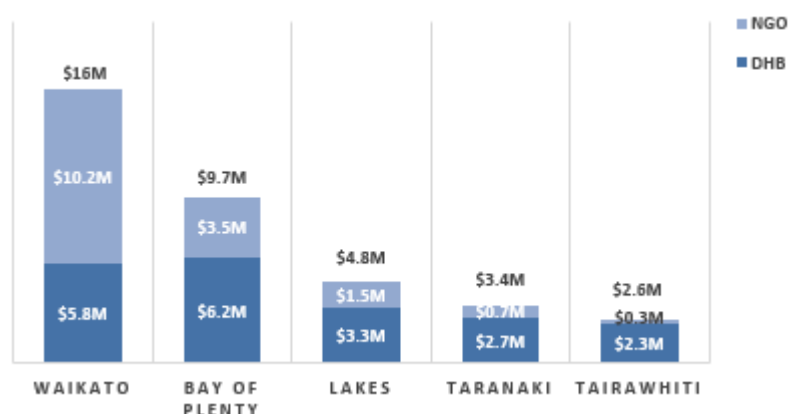
SERVICES	MIDLAND REGION FUNDING BY SERVICE (2007-2016)					
	07/08	09/10	11/12	13/14	15/16	% Change (2016-2014)
INPATIENT	\$138,679	\$164,429	\$15,501	\$15,872	\$154,585	874
ALCOHOL & OTHER DRUG	\$1,412,810	\$3,128,843	\$5,988,959	\$6,185,648	\$7,070,687	14
CHILD & YOUTH MENTAL HEALTH	\$17,558,156	\$19,399,770	\$25,550,552	\$27,232,215	\$26,909,115	-1
FORENSIC	-	-	\$769,191	\$1,966,644	\$1,990,727	1
KAUPAPA MĀORI	-	\$3,469,541	\$649,284	-	-	-
YOUTH PRIMARY MENTAL HEALTH	-	-	-	-	\$398,725	-
TOTAL	\$19,109,645	\$26,162,583	\$32,973,487	\$35,400,380	\$36,523,840	3

Source: Ministry of Health Price Volume Schedule 2007-2016. *Now coded under General Mental Health. Updated July 2017

For the June 2015 to July 2016 financial year:

- The Midland region provider services received \$36.5 million (21% of total national funding) for infant, child and adolescent mental health/AOD services (see Appendix C, Table 1).

Figure 7. Midland Region ICAMH/AOD Funding by DHB Area (2016)



- The Midland region is the only region where NGO provider services have an almost equal proportion of the ICAMH/AOD funding. In some DHB areas (Waikato), NGO sector funding exceeds DHB funding.
- The Waikato NGO provider services had the largest proportion of the total funding in the region (28%) (see Figure 7).

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 B, Table 7).

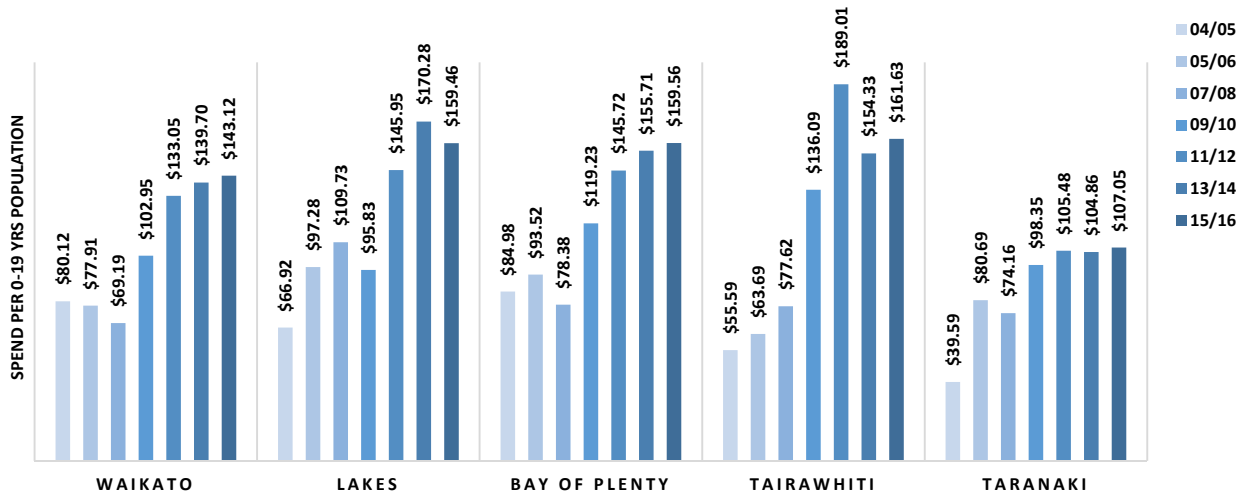
From 2014 to 2016:

- There was a 1% increase in the regional spend per head of the 0-19 years population, from \$143.82 to \$145.61 (Inpatient costs excluded) (see Appendix C, Table 2 & Figure 4).
- This increase was seen in four out of the five DHB areas; while spend per 0-19 years population showed a decrease in the Lakes DHB area by 6% (see Figure 8).

For the 2015/2016 financial year:

- The Tairāwhiti DHB area had the highest spend per 0-19 years population of \$161.63, while the Taranaki DHB area had the lowest spend at \$107.05 (see Figure 8 & Appendix C, Table 2).

Figure 8. Funding per Head of 0-19 yrs Population by DHB Area (2004-2016)



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 and 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 addiction 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 2015 to July 2016 period, 40 NGOs were identified as providing DHB funded infant, child and adolescent mental health and AOD services in the Midland region.

From 2014 to 2016, 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 in each Midland region DHB area are listed in the following tables.

Table 2. Waikato ICAMH/AOD Services (2015/2016)

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
EMERGE AOTEAROA
Child & Youth Community Residential Care
<i>HAUORA WAIKATO MĀORI MENTAL HEALTH SERVICES</i>
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent, Youth - Care Packages
Infant, Child, Adolescent & Youth Community Mental Health Services
K'AUTE PASIFIKA TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>NGA RINGA AWHINA O HAUORA TRUST</i>
Infant, Child, Adolescent & Youth Community Mental Health Services
Child & Youth Intensive Clinical Support Service
Youth Forensic Specialist Community Service
ODYSSEY HOUSE TRUST
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>PAI AKE SOLUTIONS LTD</i>
Child, Adolescent & Youth Alcohol & Drug Community Services - Kaupapa Māori
<i>RAUKAWA CHARITABLE TRUST</i>
Child, Adolescent & Youth Alcohol & Drug Community Services Kaupapa Māori
Infant, Child, Adolescent & Youth Community Mental Health Services
ROSTREVOR HOUSE
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>TAUMARUNUI COMMUNITY KOKIRI TRUST</i>
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
<i>TE KOROWAI HAUORA O HAURAKI INC.</i>
Infant, Child, Adolescent & Youth Community Mental Health Services
Child, Adolescent & Youth Alcohol & Drug Community Services
<i>TE RUNANGA O KIRIKIRIROA</i>
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

Note: Italicised services are Kaupapa Māori services

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

Note: Italicised services are Kaupapa Māori services

Table 3. Lakes ICAMH/AOD Services (2015/2016)

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
EMERGE AOTEAROA
Child, Adolescent & Youth Community Alcohol & Drug Services with Accommodation
Infant, Child, Adolescent & Youth Crisis Respite
Infant, Child, Adolescent & Youth Community Support Services
MENTAL HEALTH SOLUTIONS: PATHWAYS
Infant, Child, Adolescent & Youth Community Mental Health Services
MANAAKI ORA TRUST: TE UTUHINA MANAAKITANGA TRUST
Children & Youth Alcohol & Drug Community Services

Note: Italicised services are Kaupapa Māori services

Table 4. Bay of Plenty ICAMH/AOD Services (2015/2016)

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
MAKETU HEALTH & SOCIAL SERVICES
Early Intervention & Other Drug Service Child, Adolescent & Youth
NGA KAKANO FOUNDATION
Infant, Child, Adolescent & Youth Community Mental Health Services
POUTIRI CHARITABLE TRUST: TE IKA WHENUA MURAPARA
Infant, Child, Adolescent & Youth Community Mental Health Services
POUTIRI CHARITABLE TRUST: TE TOI HUAREWA
Infant, Child, Adolescent & Youth Community Mental Health Services
PIRIRAKAU HAUORA
Infant, Child, Adolescent Community Mental Health Services
RAKEIWHENUA TRUST: TUHOE HAUORA
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services
TE MANU TOROA TRUST
Infant, Child, Adolescent Community Mental Health Services
Peer Support Service for Child & Youth
TE PUNA HAUORA KI UTA KI TAI
Infant, Child, Adolescent Community Mental Health Services
TE POU ORANGA O WHAKATOHEA
Child, Adolescent & Youth Alcohol & Drug Community Services
Peer Support Service for Children & Youth
TE RUNANGA NGAI TAMAWHARIUA INC
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
TUWHARETOA KI KAWERAU HEALTH EDUCATION & SOCIAL SERVICES
Infant, Child & Adolescent & Youth Community Mental Health Services
Early Intervention & Other Drug Service Child, Adolescent & Youth
WESTERN BAY OF PLENTY MENTAL HEALTH TRUST
Child, Adolescent & Youth & Families with a Mental Health Disorder
Infant, Child & Adolescent & Youth Community Mental Health Services

Table 5. Tairāwhiti ICAMH/AOD Services (2015/2016)

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

Note: Italicised services are Kaupapa Māori services

Table 6. Taranaki ICAMH/AOD Services (2015/2016)

TARANAKI DHB
Child & Adolescent Mental Health Services
<i>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, Triple P via NGO/Public Health, Parent Child Interaction Therapy (PCIT), Play Therapy via Consultant Psychologist.</i>
TARANAKI DHB FUNDED NGOS
MENTAL HEALTH SOLUTIONS: PATHWAYS HEALTH LTD
Infant, Child, Adolescent & Youth Crisis & Planned Respite
SUPPORTING FAMILIES IN MENTAL ILLNESS
Child, Adolescents & Youth & Families with a Mental Health Disorder-COPMIA Services
<i>TUI ORA LTD: MAHIA MAI</i>
Child, Adolescent & Youth Alcohol & Drug Community Services
Infant, Child, Adolescent & Youth Community Mental Health Services

Note: Italicised services are Kaupapa Māori services

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 39/40 contracted NGOs as at 30 June 2016. The total contracted FTE volume data extracted from the Price Volume Schedule has been used to estimate the missing data from a large NGO provider in the Midland region. However, this data does not provide workforce information by occupational group and ethnicity, therefore the Midland region workforce, especially the NGO workforce, remains underestimated.

From 2014 to 2016:

- There was a 1% increase in the total Midland region workforce, from 318.4 to 322.4 actual FTEs (see Table 7 & Figure 9).
- While there was an increase in both the DHB (by 1%) and NGO provider workforces, the increase was largely in the NGO sector by 2%.
- The increase in the workforce was only seen in the Clinical workforce by 3%, in both DHB services and NGOs.
- Total vacancies had increased to a 5% vacancy rate, from 11.8 FTEs to 16.3. Vacancies were only seen in DHB services, with an increase in the vacancy rate from 5 to 9%.

Figure 9. Midland Region Total ICAMH/AOD Workforce Actual FTEs (2004-2016)



Table 7. Midland Region Total ICAMH/AOD Workforce (2004-2016)

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
2016	156.5	16.3	9	169.1	-	-	325.6	16.3	5

1. Includes Contracted FTEs for Hauora Waikato 15.8 & 27.9 FTEs for Nga Ringa Awhina O Hauora Trust for the 2015/2016 period

As at 30 June 2016:

- The Midland region is the only region in the country where the NGO workforce is larger than the DHB workforce. The NGO workforces in the Waikato DHB and Lakes DHB areas were larger than the DHB workforce (see Figure 10).
- The Waikato DHB area had the largest ICAMH/AOD workforce (154.9 FTEs) in the region, in both the DHB provider service (55.8 FTEs) as well as NGOs (99.1 FTEs).
- The Midland region ICAMH/AOD workforce was largely made up of NZ Europeans (41%), followed by Māori (34%), Other Ethnicity (17%), Asian (5%) and Pacific (3%).
- The majority of the Midland region workforce (77%) was in Clinical roles and mainly employed in DHB ICAMH/AOD services (52%) (see Table 8 & Figure 11).
- The Clinical workforce was largely Social Workers (59.4 FTEs), Mental Health Nurses (39.9 FTEs), Psychologists (35.3 FTEs) and Alcohol and Other Drug Practitioners (34 FTEs).
- The remainder of the workforce (23% including Admin/Management) was Mental Health Support Workers (16.6 FTEs) and Other Non-Clinical roles (21.7 FTEs), largely Advocacy/Peer Support Roles and Youth Workers (10.7 FTEs).

Figure 10. Midland Region ICAMH/AOD Workforce by DHB Area (2016)

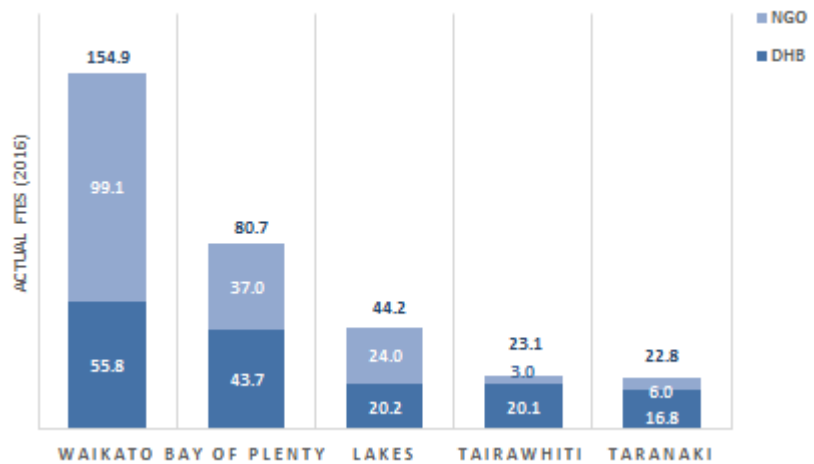
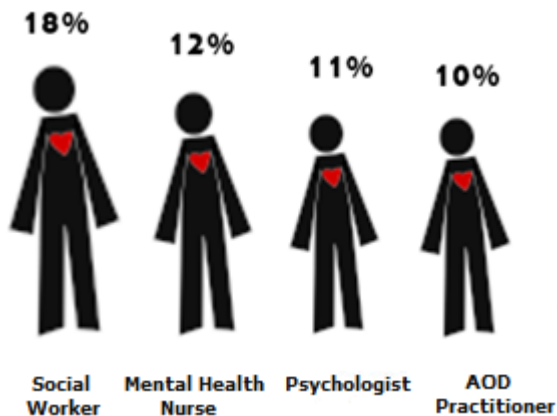


Figure 11. Top 4 Midland Region Total ICAMH/AOD Workforce (2016)



• Vacancies were reported by DHB services largely for Clinical roles (15.9 FTEs) for Psychologists (5.1 FTEs) (see Table 9).

• The regional annual staff turnover rate was 13% (DHB = 11% and NGO = 24%), mainly for Psychologists and Nurses. The main reasons for leaving were other job opportunities in CAMHS; relocation to another city/town within the country; career development/further study; and going into private practice.

Table 8. Midland Region ICAMH/AOD Workforce by Occupational Group (2016)

OCCUPATIONAL GROUP (ACTUAL FTEs, 2016)	MIDLAND REGION WORKFORCE		
	DHB	NGOS	TOTAL
ALCOHOL & DRUG PRACTITIONER	9.6	24.4	34.0
CEP CLINICIAN	3.0	1.5	4.5
MENTAL HEALTH NURSE	32.4	7.5	39.9
OCCUPATIONAL THERAPIST	4.0	1.0	5.0
PSYCHIATRIST	14.5	2.8	17.3
PSYCHOTHERAPIST	1.0	-	1.0
PSYCHOLOGIST	34.3	1.0	35.3
SOCIAL WORKER	27.6	31.8	59.4
OTHER CLINICAL ²	2.35	52.2	54.55
CLINICAL SUB-TOTAL	128.75	122.2	250.95
CULTURAL APPOINTMENT	3.6	2.2	5.8
MENTAL HEALTH CONSUMER	1.0	-	1.0
MENTAL HEALTH SUPPORT WORKER	-	16.6	16.6
YOUTH WORKER	3.7	7.0	10.7
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ³	2.0	19.7	21.7
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	10.3	45.5	55.8
ADMINISTRATION/MANAGEMENT	17.4	1.4	18.8
REGIONAL TOTAL	156.45	169.1	325.55

1. Includes Contracted FTEs for Hauora Waikato 15.8 FTEs & 27.9 FTEs for Nga Ringa Awhina O Hauora
2. Other Clinical = Registrar; Family Therapist; Eating Disorder Liaison; Counsellors; GP Liaison; Health Clinician; Youth Practitioner; Registered Nurse.
3. Other Non-Clinical = Advocacy Peer Support; Needs Assessors/Coordinators.

Table 9. Midland Region ICAMH/AOD Workforce Vacancies by Occupational Group (2016)

OCCUPATIONAL GROUP (VACANT FTEs, 2016)	MIDLAND REGION WORKFORCE		
	DHB	NGOS	TOTAL
ALCOHOL & DRUG PRACTITIONER	2.0	-	2.0
CEP CLINICIAN	1.0	-	1.0
MENTAL HEALTH NURSE	2.0	-	2.0
OCCUPATIONAL THERAPIST	2.0	-	2.0
PSYCHOLOGIST	5.1	-	5.1
SOCIAL WORKER	-	-	-
OTHER CLINICAL ²	3.8	-	3.8
CLINICAL SUB-TOTAL	15.9	-	15.9
CULTURAL APPOINTMENT	0.4	-	0.4
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	0.4	-	0.4
REGIONAL TOTAL	16.3	-	16.3

1. Other Clinical = Family Therapist; Mental Health Clinicians.

DHB COMMUNITY ICAMH/AOD WORKFORCE

From 2014 to 2016:

- There was a 1% increase in the total Midland region DHB ICAMH/AOD Community workforce from 155.2 to 156.5 FTEs (see Table 11).
- The increase in the DHB Community workforce was largely seen in the Non-Clinical workforce from 8.8 to 10.3 actual FTEs, while there was a slight decrease in the Clinical workforce from 131.95 to 128.75 FTEs.
- Waikato and Tairāwhiti DHBs reported the largest workforce increase, by 14%.
- The regional vacancy rate had increased slightly from 5% to 9%.

As at 30 June 2016:

- The Midland region DHB Community ICAMH/AOD services reported a total of 156.5 actual FTEs with a further 16.3 FTEs reported vacant (see Table 10).

Figure 12. Midland Region DHB Community Workforce (2016)



- Waikato (55.8 actual FTEs) and Bay of Plenty (43.7 actual FTEs) DHBs reported the largest DHB Community workforces in the region.
- 82% of the DHB Community Clinical ICAMH/AOD staff were in Clinical roles (see Table 8 & Figure 12).
- The DHB Non-Clinical Community ICAMH/AOD workforce (27.7 actual FTEs including Administration/ Management) made up the remainder of the Midland region Community workforce, mainly in Administration/Management (17.4 FTEs), Youth Workers (3.7 FTEs) and Cultural roles (3.6 FTEs) (see Table 8).
- Clinical vacancies were largely for AOD Practitioners (see Table 9).
- The annual staff turnover rate was 11%, mainly for Psychologists. The main reasons for leaving were other job opportunities and relocating to another city/town in New Zealand, and Psychologists went into private practice.

Table 10. Midland Region DHB Community ICAMH/AOD Workforce (2008-2016)

MIDLAND REGION DHB AREA	ACTUAL FTES					VACANT FTES					VACANCY RATE				
	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016
WAIKATO	35.8	38.0	49.6	49.1	55.8	4.4	7.3	2.1	2.7	2.8	11	16	4	5	5
LAKES	18.1	21.1	21.4	22.8	20.2	6.0	3.0	4.0	2.0	4.8	25	12	17	8	19
BAY OF PLENTY	32.4	40.4	42.2	47.0	43.7	10.3	4.4	4.3	1.7	5.4	24	10	9	3	11
TAIRAWHITI	15.1	16.9	17.5	17.6	20.1	-	2.6	2.1	1.0	1.4	-	13	11	5	6
TARANAKI	19.2	17.4	18.8	18.7	16.8	0.4	2.0	2.0	1.4	2.0	2	10	10	7	11
TOTAL	120.5	133.8	149.4	155.2	156.5	21.1	19.3	14.5	8.8	16.3	15	13	9	5	9

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 addiction 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 consistently missing data from a large NGO provider in the Midland region, the NGO workforce data for this region remains underestimated.

From 2014 to 2016:

- There was a 4% increase in the NGO workforce, from 163.2 to 169.1 actual FTEs (see Table 11).
- This increase was seen only in Clinical roles, by 11%, from 110.5 to 122.2 FTEs.
- Regional vacancy rate had decreased to zero.

Figure 13. Midland Region NGO Workforce (2016)



As at 30 June 2016:

- The Midland region had the largest number of NGOs providing services in the country. A total of 36 NGOs were identified as providing DHB funded ICAMH/AOD services.
- NGOs in the Waikato (99.1 FTEs) and the Bay of Plenty (37 actual FTEs) DHB areas reported the largest NGO workforce in the region (see Table 11).
- The Clinical workforce (122.2 FTEs) continued to make up the majority (72%) of the NGO workforce, comprising mainly of Social Workers (31.8 FTEs) and AOD Practitioners (24.4 FTEs) (see Table 8).
- The remainder of the workforce (27%) were in Non-Clinical roles as Mental Health Support Workers (16.6 FTEs), Youth Workers (7 FTEs) and in Other Non-Clinical roles, mainly Advocacy Peer Support roles (see Table 8).
- The annual staff turnover rate was 24%, mainly for Nurses, Psychologists, Social Workers and Youth Workers. The main reasons for leaving were career development/further study opportunities.

Table 11. Midland Region NGO ICAMH/AOD Workforce (2008-2016)

MIDLAND REGION DHB AREA	ACTUAL FTEs					VACANT FTEs					VACANCY RATE %				
	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016
WAIKATO*	57.2	66.3	64.9	89.1 ²	99.1	4.9	1.0	1.0	2.0	-	9	1	2	2	-
LAKES	15.5	7.0	17.8	30.1	24.0	-	-	1.0	-	-	-	-	5	-	-
BAY OF PLENTY	31.2	35.7	39.6	34.8	37.0	2.0	-	-	1.0	-	6	-	-	3	-
TAIRAWHITI	3.0	3.0	5.9	3.0	3.0	-	-	-	-	-	-	-	-	-	-
TARANAKI	6.0	4.0	4.0	6.2	6.0	-	1.0	-	-	-	-	20	-	-	-
TOTAL	112.9	116.0	132.3	163.2	169.1	6.9	2.0	2.0	3.0	-	6	2	1	2	-

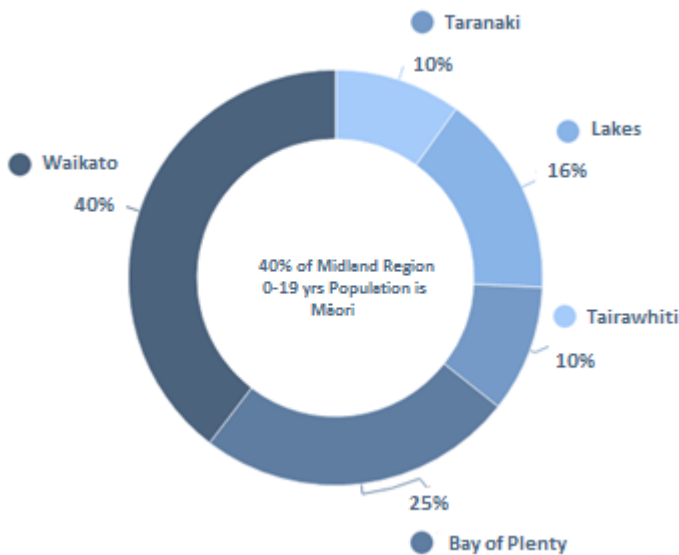
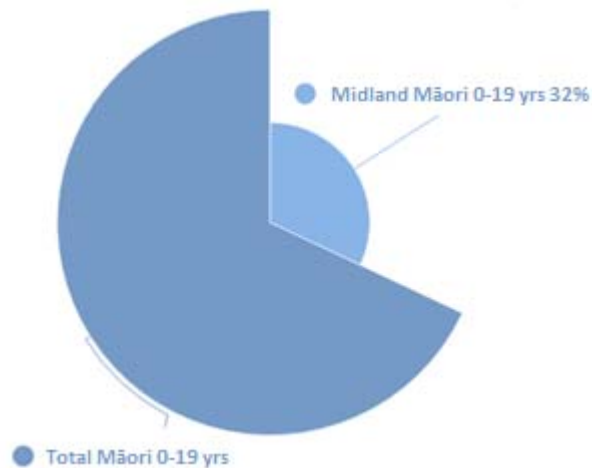
1. Includes Contracted FTEs for Hauora Waikato 15.8 FTEs & 27.9 FTEs for Nga Ringa Awhina O Hauora

MIDLAND REGION MĀORI OVERVIEW

MIDLAND REGION MĀORI INFANT, CHILD AND ADOLESCENT POPULATION

The population data include the 2016 infant, child and adolescent population projections (prioritised ethnicity) provided by Statistics NZ.

- The projections indicated a 5% growth in the regional Māori 0-19 year population since the 2013 Census (see Table 1, Appendix A).
- This projected growth was seen in all five DHB areas with the largest increase seen in the Taranaki DHB area by 7%, followed by Waikato and Bay of Plenty DHB areas by 5%.
- The Midland region had the second largest Māori 0-19 year population (32%) 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 (40% of Midland's total 0-19 year population were Māori). About half (51%) of the Māori 0-19 years population are male.
- Almost half of the region's Māori 0-19 years population resided in the Waikato DHB area but proportionally, Tairāwhiti and Lakes DHB areas had the largest proportions of Māori 0-19 year population; 66% of Tairāwhiti and just over half of Lakes 0-19 year population are Māori.
- 10 year projections (2026) by ethnicity showed a 10% regional projected population growth for Māori 0-19 year olds.



- Projections by DHB area indicated projected growth in Taranaki (by 18%), Waikato (by 13%), and Bay of Plenty (by 12%) (see Appendix A, Table 2).

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) have 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 142 NGOs were included in the 2014 client access information, while 139 NGOs were included in the 2015 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.

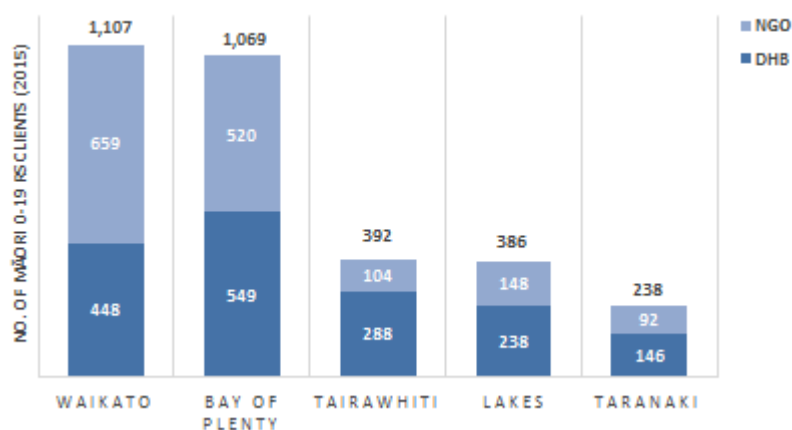
From 2013 to 2015:

- While client data showed a decreasing trend in the number of Māori clients accessing services from 2012 to 2014, data from 2013 to 2015 showed a 7% increase (see Figure 14).
- This increase was largely in the Māori female client group by 13%, while the Māori male client group had increased by 2%.
- The increase in Māori clients was seen in services in the Waikato DHB area by 60%, while decreases in Māori client numbers were seen in the remainder of the DHB areas in the region.

In the second half of 2015:

- The Midland region reported the second largest number of Māori clients in the country (see Appendix B, Table 9).
- Māori clients made up 40% of the total number of clients accessing services in the region, with Māori males making up almost two-thirds (56%) of the total Māori clients accessing services (see Figure 15).
- Services in the Waikato DHB area reported the largest number of Māori clients (35%) accessing services in the region, followed by Bay of Plenty DHB area (33%).

Figure 15. Midland Region Māori 0-19 yrs Clients by DHB Area (2015)



- Compared to the other three regions, there was approximately equal proportions of Māori clients accessing both DHB and NGO services. However, in the Waikato DHB area, the majority of Māori clients (60%) were seen by NGOs, while the majority of Māori clients in the Tairāwhiti DHB area (73%) were seen by the DHB service.

MIDLAND REGION MĀORI CLIENT ACCESS RATES

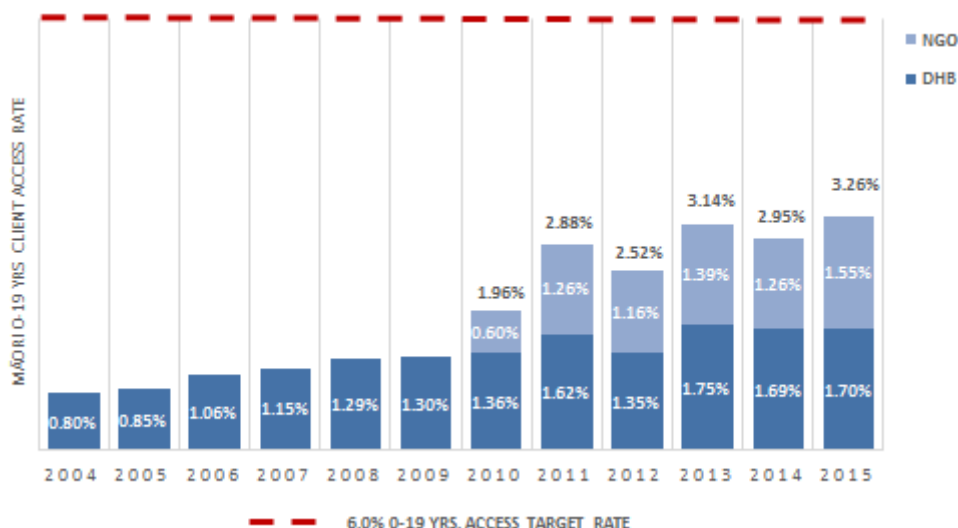
The *Blueprint Access Benchmark Rate* for the 0-19 year age group has been set at 3% of the population over a six month period (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% 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 six 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 2015 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 calculated using population projections (projected population statistics tend to be less accurate than actual census data).

From 2013 to 2015:

- The Midland region showed an increase in the overall Māori access rate from 3.14% to 3.26%. While exceeding the target rate for the total 0-19 year population, it remains well below the recommended rate for Maori (6%) (see Figure 16).
- The greatest improvement in access was seen in the 15-19 year age group, while the least improvement was seen in the 0-9 year age group (see Appendix B, Table 9).
- The Waikato DHB area was the only area that showed an increase in the Māori access rate (see Appendix B, Table 10).

Figure 16. Midland Region Māori 0-19 yrs Client Access Rates (2004-2015)



In the second half of 2015:

- The Midland region Māori client access rate of 3.26% was below the national average Māori access rate of 3.66% for the same period (see Appendix B, Table 9).
- Bay of Plenty (4.43%) and Tairāwhiti (3.99%) DHB areas had the highest access rates in the region (see Figure 17).
- Despite an improvement in the overall Māori client access rate in the region, when compared to the recommended Blueprint access rates for Māori, the Māori client access rates for all three age groups remained well below the recommended rates.

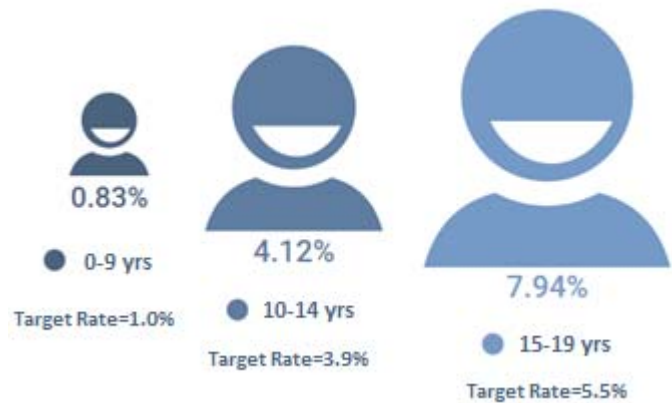
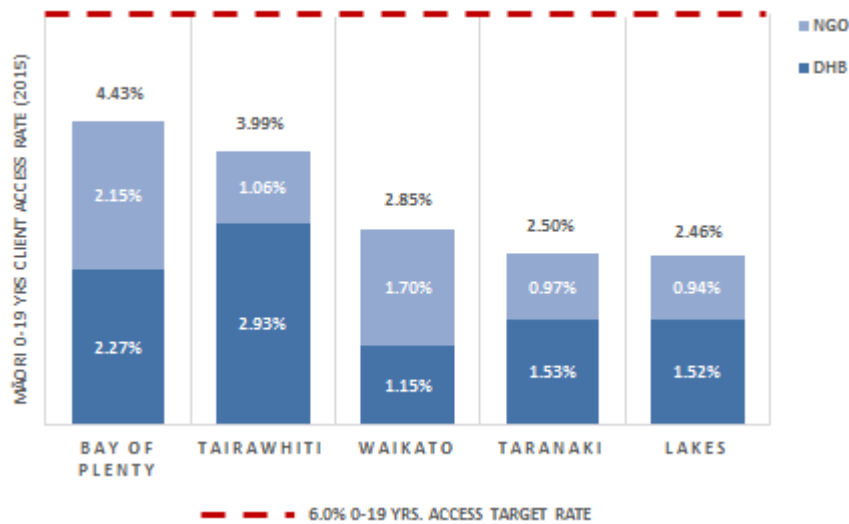


Figure 17. Midland Region Māori 0-19 yrs Client Access Rate by DHB Area (2015)



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 39/40 contracted NGOs as at 30 June 2016. Consistently missing data from one large NGO provider in the Midland region continues to impact on the accuracy of NGO workforce data for this region. While contracted FTE data from the MOH's Price Volume Schedule (PVS) were used to estimate this NGO's workforce, these data do not include information by ethnicity and occupational group, therefore the Māori workforce for this region remains underestimated.

From 2014 to 2016:

- There was an increase by 18% in the Māori workforce, from 98 (84.85 FTEs) to 116 (95.4 FTEs) (see Table 18 & Figure 18).
- The increase in the regional Māori workforce was seen largely in the Clinical workforce by 25%, from 59 to 74 (see Table 12).
- While there was an overall increase in the Māori workforce in the region, the Māori workforce in the Lakes DHB area had decreased by almost half, from 23 to 14.

As at 30 June 2016:

- Waikato DHB area (46) had the largest Māori workforce in the region, followed by Bay of Plenty (36) (see Table 12).

Figure 18. Top 4 Midland Region Māori ICAMH/AOD Workforce (2016)



- The majority of the Māori workforce was in Clinical roles (64%) as Social Workers (28, headcount), Alcohol and Drug Practitioners (20) and Nurses (10) (see Tables 13 & 14 & Figure 18).

Table 12. Midland Region Māori ICAMH/AOD Workforce

DHB AREA	MIDLAND REGION MĀORI WORKFORCE BY SERVICE PROVIDER (HEADCOUNT, 2008-2016)														
	DHB					NGO					TOTAL				
	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016
WAIKATO*	4	2	6	5	6	21	21	26	21	40*	25	23	32	26	46*
LAKES	5	4	2	3	4	12	5	8	20	10	17	9	10	23	14
BAY OF PLENTY	8	7	7	6	6	28	26	30	29	30	36	33	40	35	36
TAIRAWHITI	9	10	9	8	14	2	1	4	1	2	11	11	13	9	16
TARANAKI	1	2	2	1	3	5	5	3	4	1	6	7	5	5	4
TOTAL	27	25	26	23	33	68	58	74	75	83*	95	83	100	98	116*

*Underestimate due to missing data from a large NGO Provider.

Table 13. Midland Region Māori Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2008-2016)

YEAR	DHB COMMUNITY			NGOS			TOTAL		TOTAL
	CLINICAL	NON-CLINICAL	TOTAL	CLINICAL	NON-CLINICAL	TOTAL	CLINICAL	NON-CLINICAL	
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
2016	21	12	33	53*	30*	83*	74*	42*	116*

Note: Non-Clinical Workforce includes Administration/Management Staff

**Underestimate due to missing data from a large NGO Provider.

Table 14. Midland Region Māori ICAMH/AOD Workforce by Occupational Group (2016)

OCCUPATIONAL GROUP (HEADCOUNT, 2016)	MIDLAND REGION MĀORI WORKFORCE (HEADCOUNT, 2016)		
	DHB	NGO*	TOTAL
ALCOHOL & DRUG PRACTITIONER	6	14	20
CEP CLINICIAN	-	2	2
MENTAL HEALTH NURSE	7	3	10
PSYCHIATRIST	1	-	1
PSYCHOLOGIST	2	-	2
SOCIAL WORKER	4	24	28
OTHER CLINICAL ¹	1	10	11
CLINICAL SUB-TOTAL	21	53	74
CULTURAL APPOINTMENT	5	1	6
MENTAL HEALTH CONSUMER ADVISOR	1	-	1
MENTAL HEALTH SUPPORT WORKER	-	15	15
YOUTH WORKER	-	5	5
OTHER NON-CLINICAL SUPPORT FOR CLIENTS ²	1	9	10
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	7	30	37
ADMINISTRATION/MANAGEMENT	5	-	5
REGIONAL TOTAL	33	83*	116*

1. Other Clinical = Family Therapist.

2. Other Non-Clinical = Advocacy/Peer Support.

*Underestimate due to missing data from a large NGO Provider.

DHB COMMUNITY MĀORI ICAMH/AOD WORKFORCE

From 2014 to 2016:

- DHB Community services reported an increase of 10 Māori staff from 23 to 33 (headcount) (see Table 12).
- This increase was seen in both Clinical and Non-Clinical workforces (see Table 13).

As at 30 June 2016:

- Tairāwhiti DHB Community CAMHS reported the largest Māori workforce in the region (14) (see Table 12).
- Māori staff in DHB Community services were mainly in Clinical roles as Mental Health Nurses, Social Workers and AOD Practitioners (see Table 14).
- The remainder held Non-Clinical positions mainly as Cultural Workers and in Admin/Management roles.

NGO MĀORI ICAMH/AOD WORKFORCE

Please note: The NGO Māori workforce for this region remains underestimated due to consistently missing data from a large NGO provider in the Midland region.

From 2014 to 2016:

- There was an increase in the size of the NGO Māori workforce. The workforce had increased by 8, from 75 to 83 (67.4 FTEs) (see Table 12).

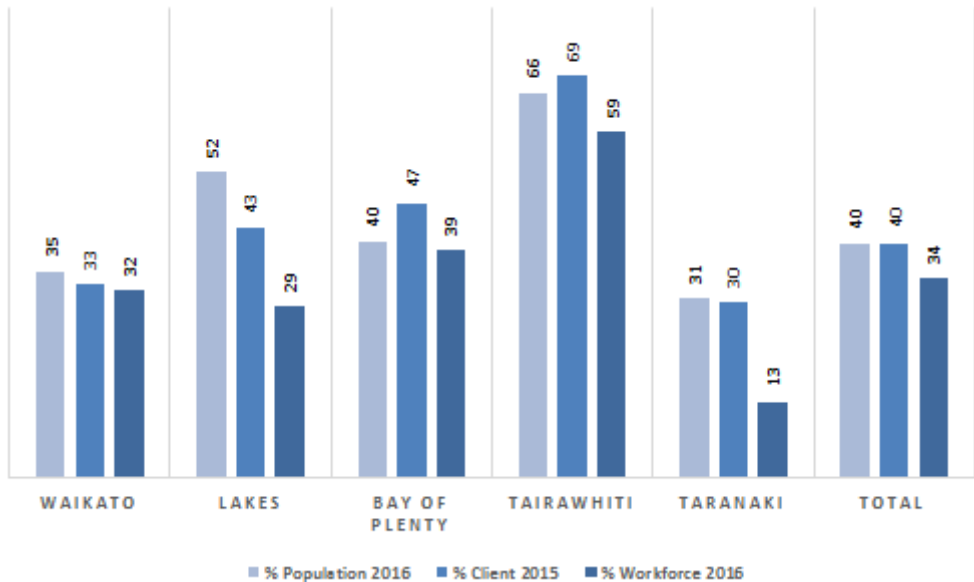
As at 30 June 2016:

- Over half (64%) of the Māori NGO workforce was in Clinical roles as Social Workers (24) and AOD Practitioners (14) (see Table 14).
- The remainder of the workforce was Mental Health Support Workers (15), Youth Workers (5) and in Other Clinical roles such as Advocacy & Peer Support roles.

MIDLAND REGION MĀORI POPULATION, CLIENT AND WORKFORCE COMPARISONS

- Based on the 2016 population projections, the regional Māori infants, children and adolescents made up 40% of the regional population, 40% of all clients accessing services in the region and the Māori workforce (111, excluding Administration/Management) made up 34% of the total regional workforce (326), indicating a regional disparity between Māori clients and the workforce (see Figure 19).
- However, due to missing ethnicity data from a large NGO provider in the Waikato DHB area, the disparity between Māori clients and the workforce 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 disparities within all of the DHB areas.
- 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 19. Proportion of Māori 0-19 yrs Population, Clients & Workforce Comparisons by DHB Area

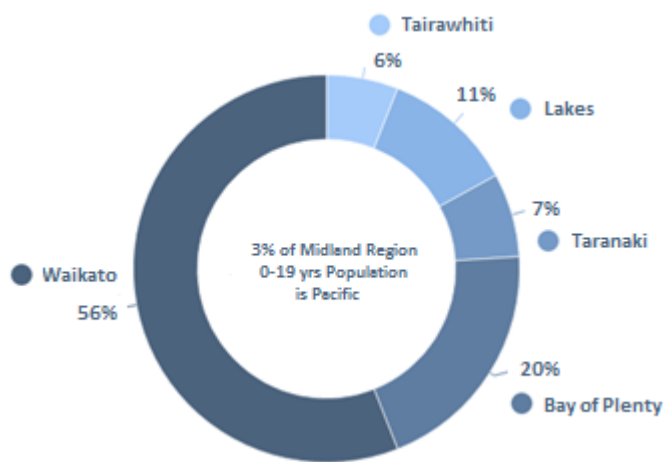
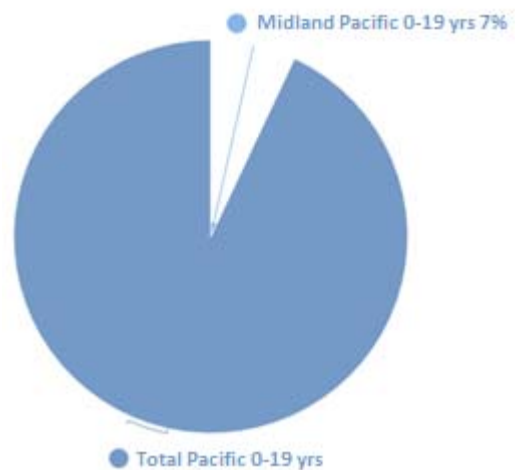


MIDLAND REGION PACIFIC OVERVIEW

MIDLAND REGION PACIFIC INFANT, CHILD AND ADOLESCENT POPULATION

The population data include the 2016 infant, child and adolescent population projections (prioritised ethnicity) provided by Statistics NZ.

- The 2016 projections indicated an 11% growth in the regional Pacific 0-19 year population since the 2013 Census (see Table 1, Appendix A).
- This growth was projected for four of the five DHB areas with the largest growth projected for the Tairāwhiti DHB area by 16%, followed by Bay of Plenty (by 15%), and both Taranaki and Waikato (by 13%) DHB areas.
- The Midland region had one of the smallest Pacific infant, child and adolescent populations (7%) in the country (see Appendix A, Table 1).
- Pacific infants, children and adolescents made up 3% of the region's total 0-19 years population and just over half (51%) of the Pacific 0-19 years population are male.
- Over half (56%) of the region's Pacific 0-19 years population resided in the Waikato DHB area.



- 10 year projections (2026) by ethnicity showed a 32 % regional projected population growth for Pacific 0-19 year olds.
- Projections by DHB area indicated projected growth in four out of the five areas: Bay of Plenty (by 41%), Waikato (by 37%), Tairāwhiti (by 36%) and Taranaki (by 26%) (see Appendix A, Table 2).

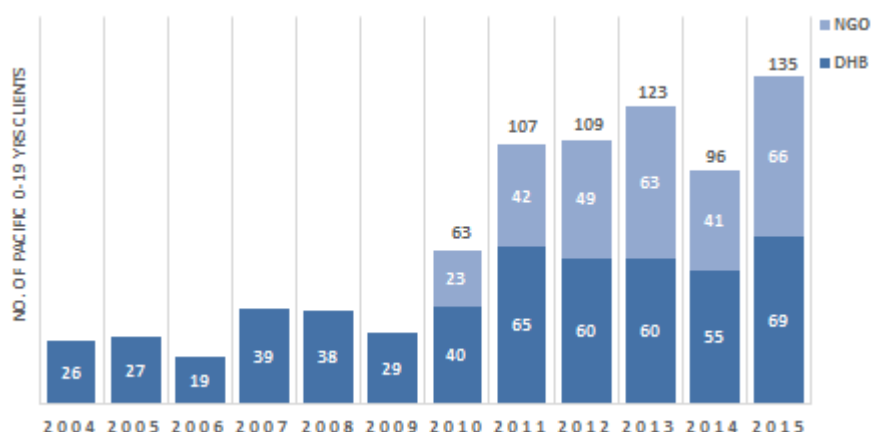
MIDLAND REGION PACIFIC CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) have 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 139 NGOs were included in the 2014 client access information, while 139 NGOs were included in the 2015 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 2013 to 2015:

- While data showed a 22% decrease in the number of Pacific clients from 2013 to 2014, data from the end of 2014 to 2015 showed a 41% increase in overall Pacific clients accessing services in the Midland region (see Figure 20).
- This increase was only seen in the Pacific female client group, by 100% (from 40 to 80).
- Client data by DHB area showed that Pacific clients had more than doubled in the Waikato DHB area (from 37 to 91) while decreases in Pacific clients were seen in the remainder of the Midland region DHB areas.

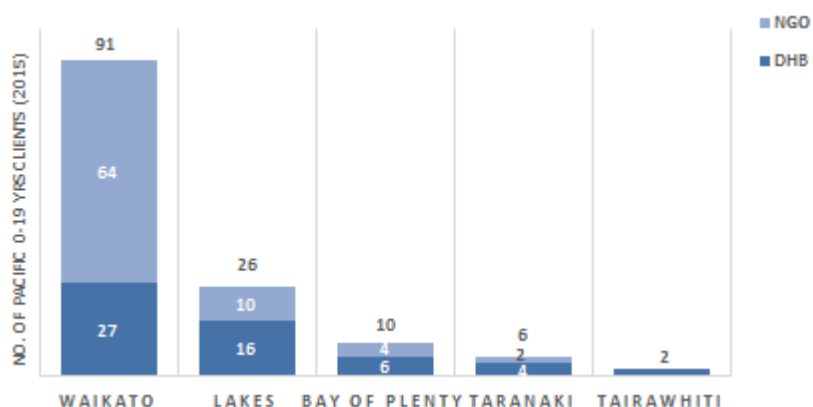
Figure 20. Midland Region Pacific 0-19 yrs Clients (2004-2015)



In the second half of 2015:

- Pacific clients made up 2% of the total number of clients accessing services in the Midland region.

Figure 21. Midland Region Pacific 0-19 yrs Clients by DHB Area (2015)



- Pacific females made up over half (59%) of the total Pacific clients accessing services in the region.
- Waikato DHB area reported the largest number of Pacific clients in the region (91/135) (see Figure 21).
- Pacific clients were seen almost equally by DHB services (51%) and NGOs (49%) in the region.
- The majority (70%) of the Pacific clients in the Waikato DHB area were seen by NGOs.

MIDLAND REGION PACIFIC CLIENT ACCESS RATES

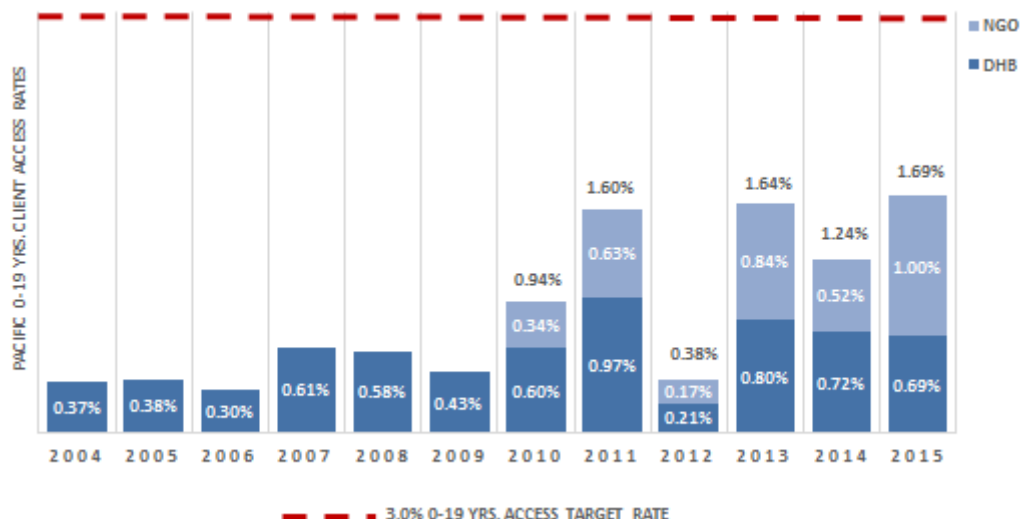
The *Blueprint Access Benchmark Rate* for the 0-19 year age group has been set at 3% of the population over a six month period (Mental Health Commission, 1998). Due to different prevalence rates for mental illness in different age groups, the MHC has set appropriate access rates for each age group: 1% 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 2015 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 calculated using population projections (projected population statistics tend to be less accurate than actual census data).

From 2013 to 2015:

- There was a slight increase in the overall Pacific 0-19 year access rate in the Midland region, from 1.64% to 1.69% (see Figure 22).
- This increase was seen in the 0-9 year and 10-14 year age groups only (see Appendix B, Table 11).
- The increase in the Pacific access rate was only seen in the Waikato DHB area (see Appendix B, Table 12).

Figure 22. Midland Region Pacific 0-19 yrs Client Access Rates (2004-2015)

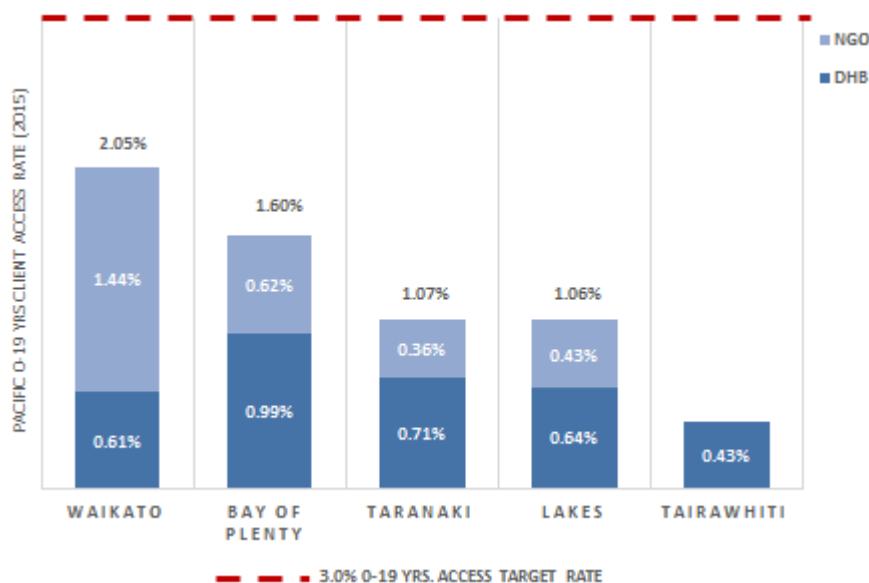


In the second half of 2015:

- The Midland region 0-19 years Pacific client access rate of 1.69% was lower than the national average Pacific access rate of 1.82%.
- The Waikato DHB area showed the highest Pacific client access rate (2.05%) in the region, followed by the Bay of Plenty DHB area (1.60%) (see Figure 23).
- Despite these general improvements, Pacific client access rates remained lower than the target access rates for all three age groups and across all DHB areas in the Midland region.



Figure 23. Midland Region Pacific 0-19 yrs Client Access Rates by DHB (2015)



While Pacific access rates by DHB area are presented, data should be interpreted with caution due to very small numbers (< 20) of Pacific clients accessing services within individual DHB areas in the region. 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.

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 39/40 contracted NGOs as at 30 June 2016. Consistently missing data from one large NGO provider in the Midland region continues to impact on the accuracy of NGO workforce data. While the contracted FTE volume data from the Ministry of Health's Price Volume Schedule (PVS) were used to estimate this NGO's workforce, these data do not include information by ethnicity and occupational group, therefore the NGO Pacific workforce for this region may remain underestimated.

From 2014 to 2016:

- There was a slight increase in the regional Pacific workforce from 7 to 12 (10.1 actual FTEs) (see Table 15).
- DHB services reported a slight increase in Pacific staff of 2 and NGOs reported an increase of 3.
- The increase in the Pacific workforce was seen in the Clinical workforce, from 6 to 10 (see Table 16).

As at 30 June 2016:

- The majority of the Pacific workforce was in Clinical roles (10) as Mental Health Nurses (6) (see Table 17).
- The Pacific Non-Clinical workforce consisted of Mental Health Support Workers.

Table 15. Midland Region Pacific ICAMH/AOD Workforce

DHB AREA	MIDLAND REGION PACIFIC CLIENTS BY SERVICE PROVIDER (HEADCOUNT, 2006-2016)														
	DHB					NGO					TOTAL				
	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016
WAIKATO	-	-	-	-	-	5	3	2	4	7	5	3	2	4	7
LAKES	-	1	1	-	-	-	-	-	-	-	-	1	1	-	-
BAY OF PLENTY	-	-	-	-	2	2	2	1	1	1	2	2	1	1	3
TAIRAWHITI	1	1	1	1	1	-	1	1	1	1	1	2	2	2	2
TARANAKI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	1	2	2	1	3	7	6	4	6	9	8	8	6	7	12

Table 16. Midland Region Pacific Clinical & Non-Clinical ICAMH/AOD Workforce (Headcount, 2008-2016)

DHB	DHB			NGOS			TOTAL		TOTAL
	CLINICAL	NON-CLINICAL	TOTAL	CLINICAL	NON-CLINICAL	TOTAL	CLINICAL	NON-CLINICAL	
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
2016	3	-	3	7	2	9	10	2	12

Note: Non-Clinical Workforce includes Administration/Management Staff

Table 17. Midland Region Pacific ICAMH/AOD Workforce by Occupational Group

OCCUPATIONAL GROUP (HEADCOUNT, 2016)	MIDLAND REGION PACIFIC ICAMH/AOD WORKFORCE		
	DHB	NGO	TOTAL
ALCOHOL & DRUG PRACTITIONER	1	-	1
MENTAL HEALTH NURSE	1	5	6
PSYCHOLOGIST	1	-	1
SOCIAL WORKER	-	1	1
OTHER CLINICAL	-	1	1
CLINICAL SUB-TOTAL	3	7	10
MENTAL HEALTH SUPPORT WORKER	-	2	2
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	2	2
REGIONAL TOTAL	3	9	12

MIDLAND REGION PACIFIC POPULATION, CLIENT AND WORKFORCE COMPARISONS

- Based on the 2016 population projections, the Pacific infants, children and adolescents made up 3% of the total regional population, 2% of all clients accessing services in the region and the Pacific workforce (12, excluding Administration/Management staff) made up 4% of the total workforce (326) (see Figure 24).
- With the low numbers of Pacific clients accessing services in the region, it appears that the Pacific workforce is currently in proportion to service demand in the Midland region. Such low access rates could indicate unmet needs for the Pacific population.
- However, significant disparities are evident regionally and within DHB areas when the proportions of the population and clients are compared to the Pacific *Clinical* workforce (see Figure 25).
- With 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 needs of the Pacific infant, child and adolescent population

Figure 24. Proportion of Pacific 0-19 yrs Population Clients & Workforce Comparisons by DHB Area

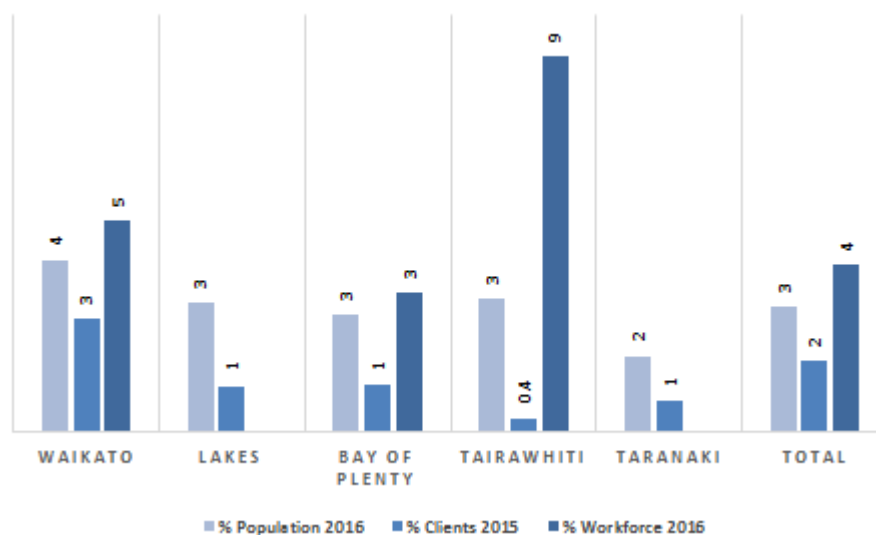
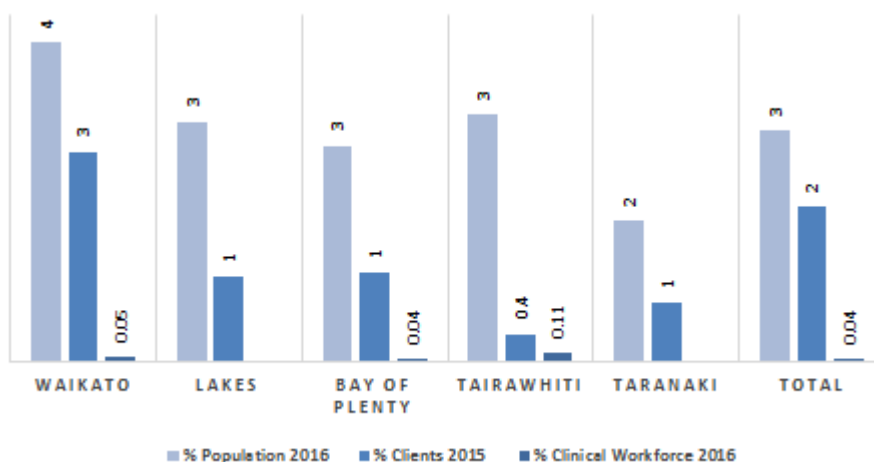


Figure 25. Proportion of Pacific 0-19 yrs Population Clients & Clinical Workforce Comparisons by DHB Area

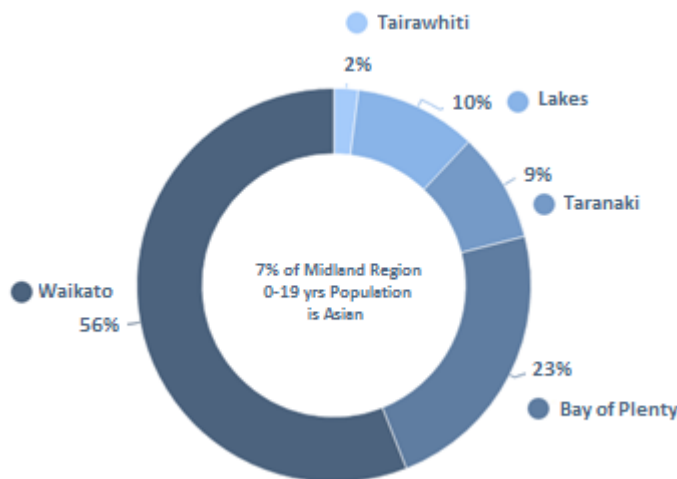
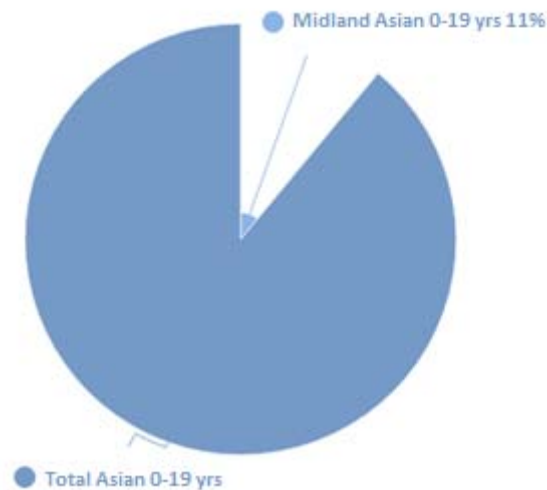


MIDLAND REGION ASIAN OVERVIEW

MIDLAND REGION ASIAN INFANT, CHILD AND ADOLESCENT POPULATION

The population data include the 2016 infant, child and adolescent population projections (prioritised ethnicity) provided by Statistics NZ.

- The Asian 0-19 year population continues to be a growing population in the Midland region. The 2016 projections showed a 28% projected growth in the regional Asian 0-19 year population since the 2013 Census, the largest growth out of the four main ethnic groups (Māori: 5%, Pacific: 11% and Other: -4%).
- This growth was projected for five DHB areas, with the largest growth projected for the Taranaki (by 39%), Bay of Plenty (by 31%) and Waikato (by 27%) DHB areas.
- The Midland region continued to have the smallest Asian population (11%) in the country.
- The Asian infant, child and adolescent population made up 7% of the regional infant, child and adolescent population. Over half (52%) of the Asian 0-19 year population are male.
- Over half (56%) of the region's Asian 0-19 years population resided in the Waikato DHB area, followed by Bay of Plenty (23%).



- 10 year projections (2026) by ethnicity showed a 43% regional projected population growth for Asian 0-19 year olds.
- Projections by DHB area indicated projected growth in all five areas: Taranaki (by 57%), Bay of Plenty (by 50%), Waikato (by 41%), Lakes (34%) and Tairāwhiti (21%) (see Appendix A, Table 2).

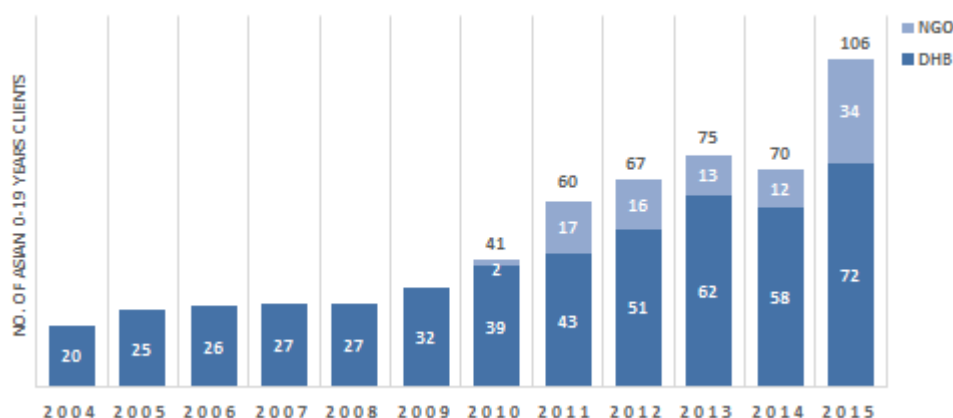
MIDLAND REGION ASIAN CLIENT ACCESS TO ICAMH/AOD SERVICES

The client access to service data (number of clients seen by DHB & NGO ICAMH/AOD services) have 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 139 NGOs were included in the 2014 client access information, while 142 NGOs were included in the 2015 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 2013 to 2015:

- While the number of Asian clients accessing services remains relatively small compared to Māori (3,192) and Pacific (135) clients in the region, there was an overall increase by 51% in the total number of Asian clients accessing services from 2014 to 2015 (see Figure 26).

Figure 26. Midland Region Asian 0-19 yrs Clients (2004-2015)

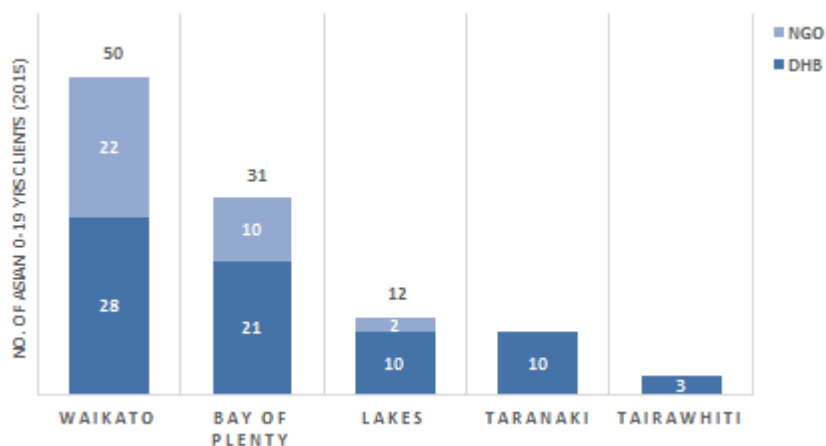


- This increase was seen largely in the Asian female client group by 93% (from 28 to 54).

In the second half of 2015:

- Asian clients made up 1% of the total number of clients accessing services in the Midland region (see Appendix B, Table 5).
- Almost equal numbers of Asian male and female clients accessed services in the region.

Figure 27. Midland Region Asian 0-19 yrs Clients by DHB Area (2015)



- Services in the Waikato and Bay of Plenty DHB areas had the largest numbers of Asian clients in the region (see Figure 27).

- While in previous years, Asian clients were predominantly accessing DHB services (e.g. 83% in 2013), the number of Asian clients accessing NGOs in the region has steadily increased, with DHBs representing 68% and NGOs representing 32% of all Asian clients accessing services in the region.

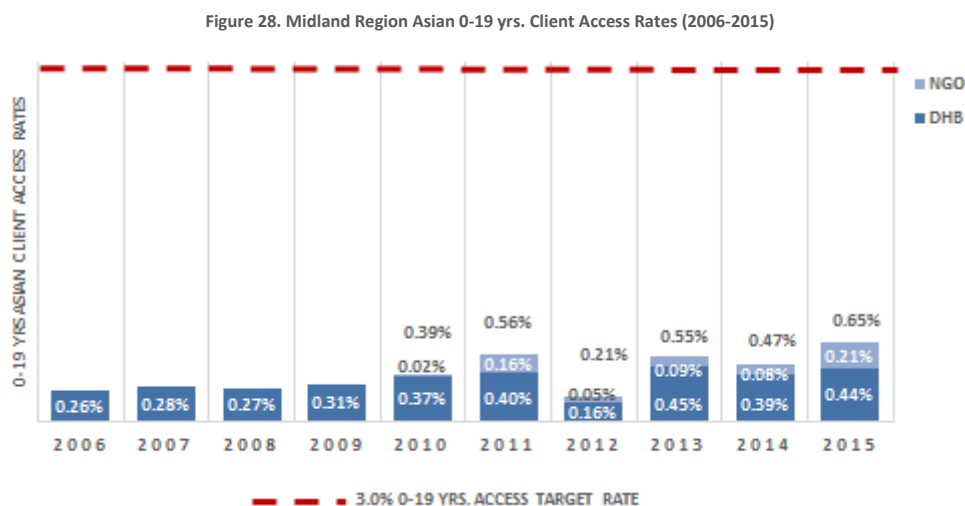
MIDLAND REGION ASIAN CLIENT ACCESS RATES

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 2015 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 calculated using population projections (projected population statistics tend to be less accurate than actual census data).

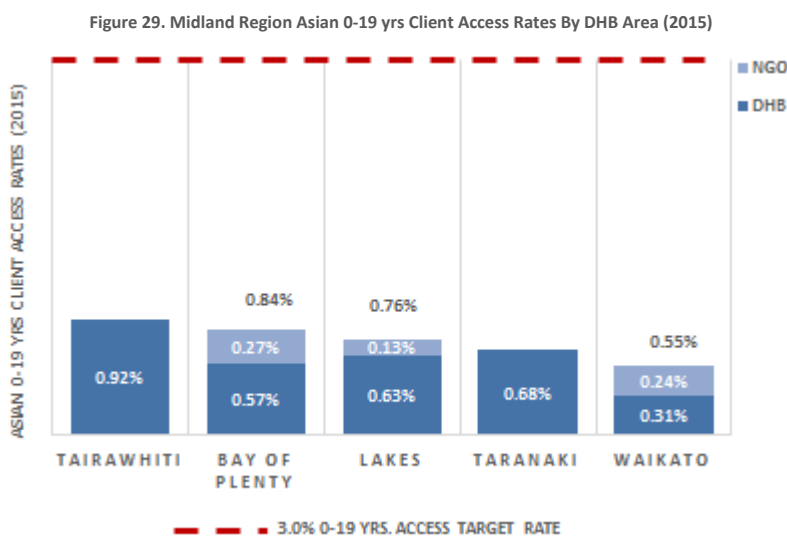
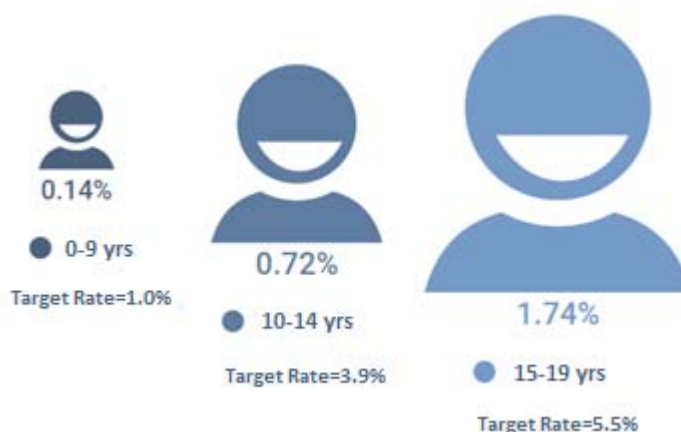
From 2013 to 2015:

- There was a slight improvement in the 0-19 year Asian access rate, from 0.55% to 0.65% (see Figure 28).
- Improvements in access rates were only seen in the 10-14 year and 15-19 year age groups (see Appendix B, Table 13).
- From 2014 to 2015, improvements in the Asian access rates were seen in three out of the five DHB areas in the region: Waikato, Lakes and Taranaki (see Appendix B, Table 14).



In the second half of 2015:

- The regional Asian access rate of 0.65% was lower than the national average of 0.75% for Asian clients (see Appendix B, Table 13).
- The Midland region Asian client access rate of 0.65% continued to be the lowest out of the four ethnic groups (Other Ethnicity 3.54%, Māori 3.26%, Pacific 1.69%).
- 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 Figure 29).



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 Figure 27). 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.

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 39/40 contracted NGOs as at 30 June 2016. Consistently missing data from one large NGO provider in the Midland region continues to impact on the accuracy of NGO workforce data. While the contracted FTE volume data from the Ministry of Health's Price Volume Schedule (PVS) were used to estimate this NGO's workforce, these data do not include information by ethnicity and occupational group, therefore the NGO Asian workforce may remain underestimated.

From 2014 to 2016:

- There was no change in the overall regional Asian workforce (see Table 18).
- However, changes in the Asian workforce had occurred within individual DHB areas, i.e. there was an increase in the workforce in Waikato DHB services from 8 to 10 and a decrease in the workforce in the NGO services within the same DHB area, from 7 to 4.
- The increase was seen in Clinical roles only, from 11 to 15.

As at 30 June 2016:

- Services in the Waikato DHB area continued to report the largest Asian workforce (14) (see Table 18).
- While previously (2014), the Asian workforce was equally employed in DHB and NGO services, the 2016 workforce data show that the Asian workforce was largely in DHB services.
- The regional Asian workforce was mainly in Clinical roles as Psychiatrists (6) and Social Workers (4) (see Table 19).

Table 18. Midland Region Asian ICAMH/AOD Workforce by DHB Area

DHB AREA	MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE BY SERVICE PROVIDER (Headcount, 2008-2016)														
	DHB					NGO					TOTAL				
	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016	2008	2010	2012	2014	2016
WAIKATO	2	2	2	8	10	-	-	-	7	4	2	2	2	15	14
LAKES	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
BAY OF PLENTY	1	2	2	-	-	-	-	-	-	1	1	2	2	-	1
TAIRAWHITI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TARANAKI	-	1	1	1	-	-	-	-	-	-	-	1	1	1	-
TOTAL	3	5	5	9	10	-	-	-	7	6	3	5	5	16	16

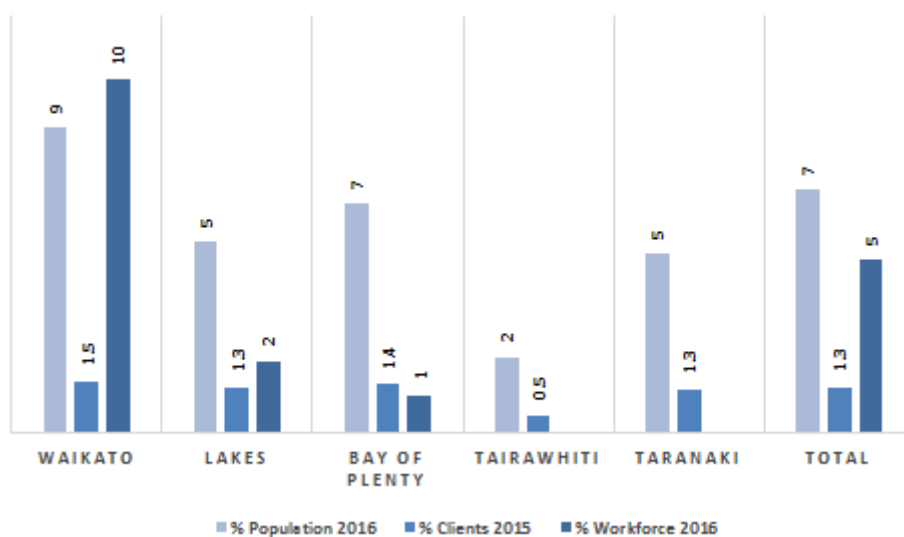
Table 19. Midland Region Asian ICAMH/AOD Workforce by Occupational Group (2016)

OCCUPATIONAL GROUP (HEADCOUNT, 2016)	MIDLAND REGION ASIAN ICAMH/AOD WORKFORCE BY SERVICE PROVIDER		
	DHB	NGO	TOTAL
ALCOHOL & DRUG PRACTITIONER	-	2	2
MENTAL HEALTH NURSE	-	2	2
OCCUPATIONAL THERAPIST	-	1	1
PSYCHIATRIST	6	-	6
SOCIAL WORKER	4	-	4
CLINICAL SUB-TOTAL	10	5	15
MENTAL HEALTH SUPPORT WORKER	-	1	1
NON-CLINICAL SUPPORT FOR CLIENTS SUB-TOTAL	-	1	1
REGIONAL TOTAL	10	6	16

MIDLAND REGION ASIAN POPULATION, CLIENT AND WORKFORCE COMPARISONS

- Based on the 2016 population projections, the Asian infant, child and adolescent population made up 7% of the region's population, 1% of all clients accessing services and the Asian workforce (16, excluding Administration/Management) made up 5% of the total Midland region workforce (326) (see Figure 30).
- Due to the low numbers of Asian clients accessing services in the region (1% in the second six months of 2015), the regional Asian workforce appears to adequately represent the current Asian client group at the regional level (see Figure 35). Such low access rates could indicate unmet needs for the Asian population.
- However, 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 needs of the current and future Asian infant, child and adolescent population.

Figure 30. Proportion of Asian 0-19 yrs Population Clients & Workforce Comparisons by DHB Area



REFERENCES

- Adolescent Health Research Group. (2003). *New Zealand Youth: A profile of their health and wellbeing*. Auckland: University of Auckland.
- Ameratunga, S., Tin Tin, S., Rasanathan, K., Robinson, E., & Watson, P. (2008). Use of health care by young Asian New Zealanders: Findings from a national youth health survey. *Journal of Paediatrics & Child Health*, 44(11), 636-641.
- Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). *Benefits and costs of prevention and early intervention programs for youth*. Olympia: Washington State Institute for Public Policy.
- Au, P., & Ho, E. (2015). Broken dreams? Chinese migrant families at risk: The New Zealand experience. In C. K. L. (Ed.), *Chinese migration and family at risk* (pp. 186-213). Newcastle upon Tyne, UK: Cambridge Scholars Publishing Ltd.
- Badkar, J., & Tuya, C. (2010). *The Asian workforce: A critical part of New Zealand's current and future labour market*. Wellington: Department of Labour.
- Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., . . . Utter, J. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.
- Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The health and well-being of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health*, 55(1), 93-99.
- Clark, T. C., Robinson, E., Crengle, S., Herd, R., Grant, S., & Denny, S. (2008). *Te Ara Whakapiki Taitamariki. Youth'07: The health and wellbeing survey of secondary school students in New Zealand. Results for Māori young people*. Auckland: The University of Auckland.
- Crengle, S., Clark, T. C., Robinson, E., Bullen, P., Dyson, B., Denny, S., . . . The Adolescent Health Research Group. (2013). *The health and wellbeing of Māori New Zealand secondary school students in 2012. Te Ara Whakapiki Taitamariki: Youth'12*. Auckland, New Zealand: The University of Auckland.
- Fa'alili-Fidow, J., Moselen, E., Denny, S., Dixon, R., Teevale, T., Ikihele, A., . . . Clark, T. C. (2016). *Youth'12 The health and wellbeing of secondary school students in New Zealand: Results for Pacific young people*. Auckland: The University of Auckland.
- Fergusson, D., Poulton, R., Horwood, J., Milne, B., & Swain-Campbell, N. (2003). *Comorbidity and coincidence in the Christchurch and Dunedin Longitudinal Studies*. Wellington: Ministry of Social Development, Ministry of Education and the Treasury.
- Fortune, S., Watson, P., Robinson, E., Fleming, T., Merry, S., & Denny, S. (2010). *Youth'07: The health and wellbeing of secondary school students in New Zealand: Suicide behaviours and mental health 2001 and 2007*. Auckland: The University of Auckland.
- Gibson, A., Miller, M., Smith, P., Bell, A., & Crothers, C. (2013). *The internet in New Zealand 2013*. Auckland, New Zealand: Institute of Culture, Discourse & Communication, AUT University.
- Helu, S. L., Robinson, E., Grant, E., Herd, R., & Denny, S. (2009). *Youth'07: The health and wellbeing of secondary school students in New Zealand: Results for Pacific young people*. Auckland: University of Auckland.
- Ho, E., Au, S., Bedford, C., & Cooper, J. (2003). *Mental health issues for Asians in New Zealand: A literature review*. Wellington: Mental Health Commission.
- Kingi, P. (2008). Viewpoint: The cultural determinants of health. In E. Craig, S. Taufa, C. Jackson & D. Y. Han (Eds.), *The health of Pacific children and young people in New Zealand: Introduction, viewpoints and executive summary* (pp. 11-15). Auckland: Paediatric Society of New Zealand & The New Zealand Child & Youth Epidemiology Service.
- Kumar, S., Tse, S., Fernando, A., & Sai Wong, S. (2006). Epidemiological studies on mental health needs of Asian population in New Zealand. *International Journal of Social Psychiatry*, 52(5), 408-412.
- Lee, E. (1997). Chinese American families. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians*. New York: Guilford Press.
- Malatest International. (2016a). *Evaluation of SPARX*. Wellington: Author.
- Malatest International. (2016b). *Evaluation report: The youth primary mental health service*. Wellington: Ministry of Health.
- Mehta, S. (2012). *Health needs assessment of Asian people living in the Auckland region*. Auckland: Northern DHB Support Agency.
- Mental Health and Addiction Service Workforce Review Working Group. (2011). *Towards the next wave of mental health & addiction services and capability: Workforce service review report*. Wellington: Author.
- Mental Health Commission. (1998). *Blueprint for mental health services in New Zealand: How things need to be*. Wellington: Author.
- Mental Health Commission. (2012). *Blueprint II: How things need to be*. Wellington: Author.
- Mila-Schaaf, K. (2008). Viewpoint: Pacific youth: Key messages. In E. Craig, S. Taufa, C. Jackson & D. Y. Han (Eds.), *The health of Pacific children and young people in New Zealand: Introduction, viewpoints and executive summary* (pp. 31-34). Auckland: New Zealand Paediatric Society & New Child & Youth Epidemiology Service.
- Mila-Schaaf, K., Robinson, E., Denny, S., & Watson, P. (2008). *A health profile of Pacific youth: Findings of Youth2000. A national secondary school youth health survey*. Auckland: The University of Auckland.
- Minister of Health. (2005). *Te Tahuu-Improving mental health 2005-2015: The second New Zealand mental health and addiction plan*. Wellington: Author.
- Minister of Health. (2006). *Te Kokiri: The mental health and addiction plan 2006-2015*. Wellington: Ministry of Health.
- Minister of Health. (2010). Government protects health's spending power. Retrieved 11 November, 2010, from <http://www.national.org.nz/Article.aspx?articleId=32952>.
- Ministry of Business Innovation & Employment. (2013). Youth labour market factsheet-March 2013. Retrieved from <http://www.dol.govt.nz/publications/lmr/pdfs/lmr-fs/lmr-fs-youth-mar13.pdf>.
- Ministry of Business Innovation & Employment. (2016a). *Māori in the Labour Market - March 2016 Year*. Wellington: Author.
- Ministry of Business Innovation & Employment. (2016b). *Pacific Peoples in the Labour Market - March 2016 Year*. Wellington: Author.
- Ministry of Education. (2016). Export education levy key statistics (January to August). Wellington: Author.
- Ministry of Health. (2002). *Mental health (alcohol and other drugs) workforce development framework*. Wellington: Author.
- Ministry of Health. (2005). *Tauawhitia te Wero: Embracing the Challenge: National mental health and addiction workforce development plan 2006-2009*. Wellington: Author.
- Ministry of Health. (2006). *Asian health chart book 2006*. Wellington: Author.
- Ministry of Health. (2007). *Te Raukura: Mental health and alcohol and other drugs: Improving outcomes for children and youth*. Wellington: Author.
- Ministry of Health. (2008a). *Pacific Peoples and mental health: A paper for the Pacific health and disability action plan review*. Wellington: Author.
- Ministry of Health. (2008b). *Te Puawaiwhero: The second Maori mental health and addiction national strategic framework 2008-2015*. Wellington: Author.
- Ministry of Health. (2010a). *Mental health and addiction action plan 2010*. Wellington: Author.

- Ministry of Health. (2010b). *Tatau Kahukura: Maori health chart book 2010*. Wellington: Author.
- Ministry of Health. (2011). *Youth forensic services development: Guidance for the health and disability sector on the development of specialist forensic mental health, alcohol and other drug, and intellectual disability services for young people involved in New Zealand's justice system*. Wellington: Author.
- Ministry of Health. (2012a). *The health of New Zealand children 2011/12: Key findings of the New Zealand Health Survey*. Wellington: Author.
- Ministry of Health. (2012b). *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand*. Wellington: Author.
- Ministry of Health. (2012c). *Rising to the challenge: The mental health and addiction service development plan 2012-2017*. Wellington: Author.
- Ministry of Health. (2016). *Suicide facts: Deaths and intentional self-harm hospitalisations: 2013*. Wellington: Author.
- Ministry of Health. (2017). *Mental health and addiction workforce action plan 2017-2021*. Wellington: Author.
- Morton, S. M. B., Atatoa Carr, P. E., Grant, C. C., Berry, S. D., Marks, E. J., Chen, X. M.-H., & Lee, A. C. (2014). *Growing up in New Zealand: A longitudinal study of New Zealand children and their families. Vulnerability report 1: Exploring the definition of vulnerability for children in their first 1000 days*. Auckland: Growing up in New Zealand.
- New Zealand Government. (2012). *The Children's Action Plan. Identifying, supporting and protecting vulnerable children*. Wellington: Author.
- Nyar, S., & Tse, S. (2006). Cultural competence and models in mental health: Working with Asian service users. *International Journal of Psychosocial Rehabilitation*, 10(2), 79-87.
- Office of the Prime Minister's Science Advisory Committee. (2011). *Improving the transition. Reducing social and psychological morbidity during adolescence. A report from the Prime Minister's Chief Science Advisor*. Auckland: Author.
- Parackal, S., Ameratunga, S., Tin Tin, S., Wong, S., & Denny, S. (2011). *Youth'07: The health and wellbeing of secondary school students in New Zealand: Results for Chinese, Indian and other Asian students*. Auckland: The University of Auckland.
- Peiris-John, R., Ameratunga, S., Lee, A., Teevale, T., & Clark, T. C. (2014). *[Youth 2012] Healthcare interactions among young immigrants in New Zealand: Potential use of health information technology (Presentation)*. Paper presented at the New Zealand Population Health Congress, Auckland, New Zealand.
- Ramage, C., Bir, J., Towns, A., Vague, R., Cargo, T., & Nuimata-Faleafa, M. (2005). *Stocktake of child and adolescent mental health services in New Zealand*. Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.
- Southwick, M., Kenealy, T., & Ryan, D. (2012). *Primary care for Pacific People: A Pacific and health systems approach. Report to the Health Research Council and the Ministry of Health*. Wellington: Ministry of Health.
- Statistics New Zealand. (2002). *Census snapshot: Pacific Peoples*. Wellington: Statistics New Zealand.
- Statistics New Zealand. (2004a). *Ethnic population projections: Issues and trends*. Wellington: Statistics New Zealand.
- Statistics New Zealand. (2004b). *Household access to the internet*. Wellington: Author.
- Statistics New Zealand. (2006a). *The impact of prioritisation on the interpretation of ethnicity data*. Wellington: Author.
- Statistics New Zealand. (2006b). Projected ethnic population of New Zealand by age and sex, 2006 (base)-2026. Retrieved 12 December, 2010, from http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/NationalEthnicPopulationProjections_HOTP2006-26/Commentary.aspx.
- Statistics New Zealand. (2013). 2013 Census QuickStats about national highlights. Retrieved from <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-national-highlights/cultural-diversity.aspx>.
- Statistics New Zealand. (2016). *Labour Market Statistics: March 2016 Quarter*. Wellington: Author.
- Te Rau Matatini. (2007). *Whakapakari Ake Te Tipu-Maori child and adolescent mental health and addiction workforce strategy*. Wellington: Te Rau Matatini.
- The Refugee & Protection Unit. (2016). *Refugee Quota Branch (RQB) Statistics*. Wellington, New Zealand: Ministry of Business, Innovation & Employment.
- The Werry Centre. (2009a). *Guidelines for enabling effective youth consumer participation in CAMH and AOD services in New Zealand*. Auckland: Author.
- The Werry Centre. (2009b). *Real Skills Plus CAMHS. A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*. Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development, University of Auckland.
- Wille, A. (2006). *Whakamarama te Huarahi: To light the pathways. A strategic framework for child and adolescent mental health workforce development 2006-2016*. Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development.

APPENDICES

APPENDIX A: POPULATION DATA

Table 1. Child & Adolescent (0-19 yrs) Population by Ethnicity/Region/DHB Area (2006-2016)

DHB REGION/AREA	0-19 YEAR POPULATION BY ETHNICITY (2006-2016)																		
	TOTAL				OTHER			MĀORI				PACIFIC				ASIAN			
	2006 ¹	2013 ²	2016 ³	% Change (2016-2013)	2013	2016	% Change (2016-2013)	2006 ¹	2013 ²	2016 ³	% Change (2016-2013)	2006 ¹	2013 ²	2016 ³	% Change (2016-2013)	2006 ¹	2013 ²	2016 ³	% Change (2016-2013)
NORTHERN	436,344	472,780	484,140	2.4	201,380	195,720	-3	83,568	99,410	102,680	3.3	70,584	82,750	83,190	0.5	74,760	89,210	102,520	14.9
Northland	45,267	47,500	47,290	-0.4	20,890	19,200	-8	19,722	24,110	25,170	4.4	822	1,220	1,370	12.3	870	1,270	1,530	20.5
Waitemata	139,758	152,230	156,560	2.8	84,780	81,670	-4	19,809	24,230	25,370	4.7	13,176	15,820	16,320	3.2	22,350	27,410	33,180	21.1
Auckland	104,139	114,410	116,700	2.0	49,870	49,950	0	11,778	14,340	14,240	-0.7	18,846	20,170	19,620	-2.7	26,840	30,020	32,890	9.6
Counties Manukau	147,180	158,640	163,590	3.1	45,880	44,900	-2	32,259	36,730	37,900	3.2	37,740	45,540	45,880	0.7	24,700	30,510	34,920	14.5
MIDLAND	237,273	246,040	249,780	1.5	129,800	124,620	-4	81,954	95,040	99,330	4.5	5,733	7,480	8,330	11.4	9,180	13,685	17,470	27.7
Waikato	104,574	109,510	112,040	2.3	60,100	58,120	-3	31,341	37,570	39,480	5.1	3,219	4,100	4,630	12.9	5,550	7,730	9,830	27.2
Lakes	30,990	30,510	30,230	-0.9	12,790	11,840	-7	14,190	15,320	15,770	2.9	879	970	940	-3.1	1,020	1,420	1,660	16.9
Bay of Plenty	56,700	59,490	60,670	2.0	31,600	30,420	-4	20,475	23,340	24,510	5.0	957	1,480	1,700	14.9	1,750	3,060	4,010	31.0
Tairāwhiti	14,724	15,140	15,000	-0.9	4,710	4,350	-8	8,571	9,710	9,840	1.3	297	415	480	15.7	200	295	330	11.9
Taranaki	30,285	31,390	31,840	1.4	20,590	19,890	-3	7,377	9,100	9,730	6.9	381	515	580	12.6	660	1,180	1,640	39.0
CENTRAL	234,093	236,110	235,250	-0.4	134,580	127,200	-5	58,299	65,750	68,290	3.9	15,633	17,520	18,095	3.3	14,150	18,220	21,675	19.0
Hawke's Bay	45,327	45,440	45,150	-0.6	23,880	22,030	-8	15,024	17,600	18,490	5.1	1,764	2,380	2,610	9.7	1,090	1,570	2,020	28.7
MidCentral	46,716	46,800	46,930	0.3	27,330	25,850	-5	12,738	14,520	15,210	4.8	1,551	2,010	2,260	12.4	2,090	2,920	3,630	24.3
Whanganui	18,939	17,210	16,780	-2.5	9,410	8,630	-8	6,729	6,780	6,960	2.7	405	570	650	14.0	415	455	540	18.7
Capital & Coast	71,070	75,750	76,360	0.8	45,200	44,240	-2	11,280	13,440	13,620	1.3	7,602	7,900	7,830	-0.9	7,350	9,210	10,670	15.9
Hutt	40,785	39,760	38,940	-2.1	21,430	19,410	-9	9,810	10,220	10,690	4.6	4,017	4,290	4,350	1.4	3,030	3,820	4,500	17.8
Wairarapa	11,256	11,150	11,090	-0.5	7,350	7,040	-4	2,718	3,190	3,320	4.1	294	370	395	6.8	175	245	315	28.6
SOUTHERN	260,010	266,310	272,630	2.4	199,930	196,720	-2	33,807	41,630	44,730	7.4	6,345	8,165	9,275	13.6	12,660	16,655	21,930	31.7
Nelson Marlborough	34,806	35,550	35,410	-0.4	27,120	26,070	-4	5,079	6,150	6,520	6.0	576	870	1010	16.1	780	1,380	1,810	31.2
West Coast	8,151	8,250	7,980	-3.3	6,380	5,940	-7	1,356	1,520	1,590	4.6	33	125	155	24.0	90	220	290	31.8
Canterbury	125,832	129,110	134,770	4.4	95,010	94,670	0	15,420	18,960	20,540	8.3	3,918	4,710	5,310	12.7	8,750	10,430	14,250	36.6
South Canterbury	14,046	14,230	14,130	-0.7	11,500	11,040	-4	1,536	2,030	2,240	10.3	147	230	280	21.7	300	455	590	29.7
Southern	77,175	79,170	80,340	1.5	59,820	59,000	-1	10,416	12,970	13,840	6.7	1,671	2,230	2,520	13.0	2,740	4,170	4,990	19.7
TOTAL	1,167,720	1,221,250	1,241,810	1.7	665,690	644,290	-3	257,628	301,860	315,040	4.4	98,295	115,920	118,890	2.6	110,750	137,780	163,590	18.7

1. 2006 Census (Prioritised Ethnicity) Source Statistics NZ; Ref No: KID1617
2. 2013 Census (Prioritised Ethnicity) Source: Statistics NZ; Ref No: JOB-05958
3. 2016 Population Projections (Base 2013 Census, Prioritised Ethnicity), Ref No: JOB-07144

Table 2. Child & Adolescent (0-19 yrs) Population Projections by Ethnicity/Region/DHB Area (2013-2021)

DHB/REGION	0-19 YEAR POPULATION BY ETHNICITY (2006-2016)																			
	TOTAL				OTHER				MĀORI				PACIFIC				ASIAN			
	2013 ¹	2016 ²	2021 ²	2026 ²	2013 ¹	2016 ²	2021 ²	2026 ²	2013 ¹	2016 ²	2021 ²	2026 ²	2013 ¹	2016 ²	2021 ²	2026 ²	2013 ¹	2016 ²	2021 ²	2026 ²
NORTHERN	472,780	484,140	494,840	514,150	201,380	195,720	187,340	179,420	99,410	102,680	107,140	113,680	82,750	83,190	83,350	85,750	89,210	102,520	116,980	135,280
Northland	47,500	47,290	46,820	47,090	20,890	19,200	17,180	15,390	24,110	25,170	26,160	27,670	1,220	1,370	1,620	1,880	1,270	1,530	1,850	2,160
Waitemata	152,230	156,560	162,620	171,330	84,780	81,670	77,950	75,150	24,230	25,370	27,250	29,500	15,820	16,320	17,070	18,030	27,410	33,180	40,350	48,650
Auckland	114,410	116,700	117,160	121,550	49,870	49,950	48,720	47,300	14,340	14,240	14,360	14,990	20,170	19,620	18,600	18,260	30,020	32,890	35,480	40,990
Counties Manukau	158,640	163,590	168,240	174,180	45,880	44,900	43,490	41,580	36,730	37,900	39,370	41,520	45,540	45,880	46,060	47,580	30,510	34,920	39,300	43,480
MIDLAND	246,040	249,780	248,710	250,430	129,800	124,620	113,690	104,970	95,040	99,330	103,890	109,380	7,480	8,330	9,715	11,015	13,685	17,470	21,455	25,060
Waikato	109,510	112,040	112,620	114,120	60,100	58,120	53,220	49,210	37,570	39,480	41,950	44,730	4,100	4,630	5,510	6,340	7,730	9,830	11,940	13,850
Lakes	30,510	30,230	28,870	27,980	12,790	11,840	10,280	8,960	15,320	15,770	15,760	15,890	970	940	930	900	1,420	1,660	1,920	2,220
Bay of Plenty	59,490	60,670	60,620	61,530	31,600	30,420	27,570	25,590	23,340	24,510	25,960	27,540	1,480	1,700	2,040	2,390	3,060	4,010	5,070	6,020
Tairāwhiti	15,140	15,000	14,600	14,270	4,710	4,350	3,900	3,500	9,710	9,840	9,750	9,710	415	480	575	655	295	330	375	400
Taranaki	31,390	31,840	32,000	32,530	20,590	19,890	18,720	17,710	9,100	9,730	10,470	11,510	515	580	660	730	1,180	1,640	2,150	2,570
CENTRAL	236,110	235,250	230,870	229,330	134,580	127,200	114,820	104,080	65,750	68,290	71,680	76,000	17,520	18,095	18,960	19,830	18,220	21,675	25,400	29,415
Hawke's Bay	45,440	45,150	44,110	43,700	23,880	22,030	19,310	16,920	17,600	18,490	19,410	20,610	2,380	2,610	2,930	3,290	1,570	2,020	2,470	2,870
MidCentral	46,800	46,930	46,100	46,070	27,330	25,850	23,260	21,140	14,520	15,210	15,960	17,150	2,010	2,260	2,590	2,950	2,920	3,630	4,290	4,850
Whanganui	17,210	16,780	16,050	15,730	9,410	8,630	7,460	6,590	6,780	6,960	7,190	7,480	570	650	755	830	455	540	620	820
Capital & Coast	75,750	76,360	76,150	76,420	45,200	44,240	41,740	39,240	13,440	13,620	14,280	15,150	7,900	7,830	7,800	7,870	9,210	10,670	12,330	14,180
Hutt	39,760	38,940	37,620	36,790	21,430	19,410	16,530	14,240	10,220	10,690	11,330	11,820	4,290	4,350	4,460	4,450	3,820	4,500	5,320	6,270
Wairarapa	11,150	11,090	10,840	10,620	7,350	7,040	6,520	5,950	3,190	3,320	3,510	3,790	370	395	425	440	245	315	370	425
SOUTHERN	266,310	272,630	274,150	276,440	199,930	196,720	187,670	179,130	41,630	44,730	48,960	53,810	8,165	9,275	11,090	12,750	16,655	21,930	26,370	30,710
Nelson Marlborough	35,550	35,410	34,800	34,220	27,120	26,070	24,350	22,510	6,150	6,520	7,010	7,720	870	1010	1210	1360	1,380	1,810	2,190	2,610
West Coast	8,250	7,980	8,000	8,000	6,380	5,940	5,750	5,490	1,520	1,590	1,700	1,850	125	155	190	235	220	290	360	410
Canterbury	129,110	134,770	137,400	140,080	95,010	94,670	90,700	87,030	18,960	20,540	22,820	25,190	4,710	5,310	6,300	7,240	10,430	14,250	17,590	20,620
South Canterbury	14,230	14,130	13,980	14,190	11,500	11,040	10,490	10,210	2,030	2,240	2,410	2,690	230	280	360	445	455	590	710	830
Southern	79,170	80,340	79,970	79,950	59,820	59,000	56,380	53,890	12,970	13,840	15,020	16,360	2,230	2,520	3,030	3,470	4,170	4,990	5,520	6,240
TOTAL	1,221,250	1,241,810	1,248,580	1,270,360	665,690	644,290	603,490	567,660	301,860	315,040	331,720	352,910	115,920	118,890	123,140	129,310	137,780	163,590	190,220	220,480

1. Census (Prioritised Ethnicity); Source: NZ Statistics: Ref No: JOB-05958.
2. Population Projections (Base 2013 Census, Prioritised Ethnicity), Source: NZ Statistics: Ref No: JOB-07144.

APPENDIX B: PROGRAMME FOR THE INTEGRATION OF MENTAL HEALTH DATA (PRIMHD)

Table 1. Total 0-19 yrs Clients by Region & DHB Area (2012-2015)

REGION/DHB	TOTAL 0-19 YRS CLIENTS BY REGION & DHB AREA (2012-2015)											
	2012			2013			2014			2015		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	9,393	1,282	10,675	9,129	1,234	10,363	10,056	2,214	12,270	10,380	2,090	12,470
NORTHLAND	1,235	464	1,699	1,238	496	1,734	1,151	563	1,714	1,143	533	1,676
WAIKATO	3,396	154	3,550	3,280	146	3,426	3,722	310	4,032	3,812	257	4,069
AUCKLAND	1,988	156	2,144	1,923	194	2,117	2,048	286	2,334	2,349	222	2,571
COUNTIES MANUKAU	2,774	508	3,282	2,688	398	3,086	3,135	1,055	4,190	3,076	1,078	4,154
MIDLAND	4,744	2,771	7,515	4,958	2,329	7,287	4,851	2,212	7,063	4,838	3,057	7,895
WAIKATO	1,310	1,558	2,868	1,406	843	2,249	1,522	854	2,376	1,688	1,656	3,344
LAKES	671	295	966	721	292	1,013	626	274	900	606	299	905
BAY OF PLENTY	1,462	728	2,190	1,493	925	2,418	1,502	778	2,280	1,460	819	2,279
TAIRAWHITI	588	99	687	593	118	711	531	123	654	460	111	571
TARANAKI	713	91	804	745	151	896	670	183	853	624	172	796
CENTRAL	4,881	1,559	6,440	5,328	1,603	6,931	5,388	1,516	6,904	5,796	1,143	6,939
HAWKE'S BAY	891	220	1,111	1,021	233	1,254	994	192	1,186	1,102	212	1,314
MIDCENTRAL	832	352	1,184	860	383	1,243	911	384	1,295	969	403	1,372
WHANGANUI	330	50	380	391	54	445	403	50	453	421	52	473
CAPITAL & COAST	1,670	465	2,135	1,804	465	2,269	1,884	443	2,327	2,060	216	2,276
HUTT VALLEY	908	376	1,284	1,000	310	1,310	983	301	1,284	1,014	115	1,129
WAIKATO	250	96	346	252	158	410	213	146	359	230	145	375
SOUTHERN	4,369	1,473	5,842	5,762	1,854	7,616	5,937	2,135	8,072	5,807	2,214	8,021
NELSON MARLBOROUGH	965	157	1,122	1,137	179	1,316	1,002	80	1,082	917	63	980
WEST COAST	359	73	432	329	93	422	357	89	446	291	5	296
CANTERBURY	2,126	357	2,483	2,277	598	2,875	2,486	870	3,356	2,539	935	3,474
SOUTH CANTERBURY	272	244	516	475	237	712	458	174	632	427	164	591
SOUTHERN	647	642	1,289	1,544	747	2,291	1,634	922	2,556	1,633	1,047	2,680
TOTAL	23,387	7,085	30,472	25,177	7,020	32,197	26,232	8,077	34,309	26,821	8,504	35,325

Source: PRIMHD - Data are for the second six months of each year

Table 2. Total Clients by DHB Area, Gender & Age Group (2015)

REGION/ DHB AREA	CLIENTS BY GENDER & AGE GROUP (YRS) 2015														
	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	1,526	33	1,532	271	2,523	856	658	23	1,314	195	2,827	712	10,380	2,090	12,470
NORTHLAND	165	4	215	97	251	217	51	0	166	61	295	154	1,143	533	1,676
WAIITEMATA	541	5	461	25	1,201	94	220	5	404	17	985	111	3,812	257	4,069
AUCKLAND	292	6	306	14	529	104	179	3	315	19	728	76	2,349	222	2,571
COUNTIES MANUKAU	528	18	550	135	542	441	208	15	429	98	819	371	3,076	1,078	4,154
MIDLAND	633	271	794	472	1,131	872	255	123	565	439	1,460	880	4,838	3,057	7,895
WAIKATO	225	192	242	252	396	452	88	81	192	212	545	467	1,688	1,656	3,344
LAKES	113	1	110	34	104	105	38	1	70	50	171	108	606	299	905
BAY OF PLENTY	169	66	237	144	372	229	82	37	182	130	418	213	1,460	819	2,279
TAIRAWHITI	89	7	91	26	96	26	27	3	55	24	102	25	460	111	571
TARANAKI	37	5	114	16	163	60	20	1	66	23	224	67	624	172	796
CENTRAL	685	34	879	239	1,278	422	388	17	713	129	1,853	302	5,796	1,143	6,939
HAWKE'S BAY	90	8	163	28	284	98	52	1	145	12	368	65	1,102	212	1,314
MIDCENTRAL	132	4	155	58	157	164	73	3	125	34	327	140	969	403	1,372
WHANGANUI	57	0	61	11	99	19	19	1	57	5	128	16	421	52	473
CAPITAL & COAST	222	14	282	77	552	46	131	6	220	42	653	31	2,060	216	2,276
HUTT VALLEY	161	4	181	35	146	41	103	1	129	8	294	26	1,014	115	1,129
WAIRARAPA	23	4	37	30	40	54	10	5	37	28	83	24	230	145	375
SOUTHERN	807	152	943	292	1,233	616	311	76	757	298	1,756	780	5,807	2,214	8,021
NELSON MARLBOROUGH	75	0	143	2	247	23	44	2	120	6	288	30	917	63	980
WEST COAST	58	1	59	1	51	1	31	0	33	1	59	1	291	5	296
CANTERBURY	367	37	427	105	522	268	131	10	348	135	744	380	2,539	935	3,474
SOUTH CANTERBURY	89	1	72	19	72	42	28	0	43	27	123	75	427	164	591
SOUTHERN	218	113	242	165	341	282	77	64	213	129	542	294	1,633	1,047	2,680
TOTAL CLIENTS	3,651	490	4,148	1,274	6,165	2,766	1,612	239	3,349	1,061	7,896	2,674	26,821	8,504	35,325

Source: MHINC/PRIMHD: second six months of 2015

Table 3. Total Māori 0-19 yrs Clients by DHB Area (2012-2015)

REGION/DHB AREA	MĀORI 0-19 YRS CLIENTS BY DHB AREA (2012-2015)											
	2012			2013			2014			2015		
	DHB	NGO	Total	DHB	NGO	Total	DHB	NGO	Total	DHB	NGO	Total
NORTHERN	2,841	697	3,538	2,698	575	3,273	2,991	1,133	4,124	3,068	1,151	4,219
NORTHLAND	605	316	921	621	320	941	568	402	970	561	410	971
WAITEMATA	907	67	974	903	44	947	976	131	1,107	1,087	143	1,230
AUCKLAND	526	62	588	438	64	502	493	97	590	576	102	678
COUNTIES MANUKAU	803	252	1,055	736	147	883	954	503	1,457	844	496	1,340
MIDLAND	1,641	1,407	3,048	1,662	1,324	2,986	1,628	1,218	2,846	1,669	1,523	3,192
WAIKATO	353	566	919	338	356	694	379	388	767	448	659	1,107
LAKES	227	182	409	248	168	416	221	118	339	238	148	386
BAY OF PLENTY	524	509	1,033	557	599	1,156	517	494	1,011	549	520	1,069
TAIRAWHITI	369	88	457	352	110	462	352	112	464	288	104	392
TARANAKI	168	62	230	167	91	258	159	106	265	146	92	238
CENTRAL	1,345	780	2,125	1,531	726	2,257	1,572	719	2,291	1,787	620	2,407
HAWKE'S BAY	344	173	517	418	164	582	396	132	528	480	157	637
MIDCENTRAL	177	128	305	223	123	346	227	156	383	263	173	436
WHANGANUI	100	30	130	124	27	151	140	25	165	141	24	165
CAPITAL & COAST	419	198	617	450	186	636	510	186	696	554	186	740
HUTT VALLEY	241	199	440	253	160	413	250	160	410	274	160	434
WAIRARAPA	64	52	116	63	66	129	49	54	103	75	79	154
SOUTHERN	704	328	1,032	972	398	1,370	1,038	420	1,458	1,113	411	1,524
NELSON MARLBOROUGH	156	63	219	196	63	259	180	13	193	181	11	192
WEST COAST	85	20	105	85	25	110	99	13	112	65	4	69
CANTERBURY	356	90	446	390	135	525	461	188	649	528	177	705
SOUTH CANTERBURY	28	16	44	57	31	88	66	29	95	70	24	94
SOUTHERN	79	139	218	244	144	388	232	177	409	269	195	464
TOTAL	6,531	3,212	9,743	6,863	3,023	9,886	7,229	3,503*	10,732*	7,637	3,720*	11,357*

Source: PRIMHD: Data are for the second six months of each year.

*2014: Includes 13 Overseas Clients; 2015: Includes 15 Overseas Clients.

Table 4. Total Pacific Clients by DHB Area (2012-2015)

REGION/DHB AREA	PACIFIC 0-19 YRS CLIENTS BY DHB AREA (2012-2015)											
	2012			2013			2014			2015		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	1,260	137	1,397	1,137	114	1,251	1,343	380	1,723	1,208	394	1,602
NORTHLAND	22	3	25	27	11	38	25	4	29	22	10	32
WAIKATO	511	9	520	451	8	459	493	28	521	404	21	425
AUCKLAND	267	21	288	216	28	244	267	61	328	256	54	310
COUNTIES MANUKAU	460	104	564	443	67	510	558	287	845	526	309	835
MIDLAND	60	49	109	60	63	123	56	40	96	55	80	135
WAIKATO	19	30	49	17	30	47	14	23	37	27	64	91
LAKES	20	9	29	11	9	20	12	6	18	6	4	10
BAY OF PLENTY	13	6	19	17	21	38	20	8	28	16	10	26
TAIRAWHITI	4	2	6	8	1	9	6	1	7	2	-	2
TARANAKI	4	2	6	7	2	9	4	2	6	4	2	6
CENTRAL	155	134	289	199	146	345	201	160	361	199	86	285
HAWKE'S BAY	20	5	25	22	8	30	28	14	42	26	11	37
MIDCENTRAL	11	4	15	19	8	27	15	8	23	16	10	26
WHANGANUI	3	1	4	6	-	6	5	-	5	6	3	9
CAPITAL & COAST	75	92	167	112	108	220	99	109	208	99	49	148
HUTT VALLEY	40	30	70	35	19	54	51	26	77	51	9	60
WAIRARAPA	6	2	8	5	3	8	3	3	6	1	4	5
SOUTHERN	53	20	73	80	23	103	83	36	119	94	41	135
NELSON MARLBOROUGH	8	1	9	10	4	14	7	-	7	12	-	12
WEST COAST	2	-	2	3	-	3	1	-	1	-	-	-
CANTERBURY	35	7	42	34	7	41	44	16	60	50	17	67
SOUTH CANTERBURY	2	3	5	8	4	12	5	2	7	2	-	2
SOUTHERN	6	9	15	25	8	33	26	18	44	30	24	54
TOTAL	1,528	340	1,868	1,476	346	1,822	1,683	616	2,299	1,556	604*	2,160*

Source: PRIMHD - Data are for the second six months of each year.

* Includes 3 Overseas Clients

Table 5. Total Asian Clients by DHB Area (2012-2015)

REGION/DHB AREA	ASIAN 0-19 YRS CLIENTS BY DHB AREA (2012-2015)											
	2012			2013			2014			2015		
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL
NORTHERN	547	39	586	578	68	646	634	90	724	692	82	774
NORTHLAND	7	-	7	14	3	17	5	1	6	3	-	3
WAIKATO	147	5	152	164	8	172	197	9	206	206	3	209
AUCKLAND	182	16	198	200	14	214	197	21	218	248	8	256
COUNTIES MANUKAU	211	18	229	200	43	243	235	59	294	235	71	306
MIDLAND	51	16	67	62	13	75	58	12	70	72	34	106
WAIKATO	12	12	24	17	3	20	23	2	25	28	22	50
LAKES	9	1	10	8	1	9	6	2	8	10	2	12
BAY OF PLENTY	18	2	20	22	8	30	20	8	28	21	10	31
TAIRAWHITI	7	1	8	3	1	4	4	-	4	3	-	3
TARANAKI	5	-	5	12	-	12	5	-	5	10	-	10
CENTRAL	82	19	101	100	18	118	126	14	140	143	10	153
HAWKE'S BAY	8	1	9	6	-	6	10	-	10	6	2	8
MIDCENTRAL	9	2	11	11	3	14	8	3	11	16	3	19
WHANGANUI	4	-	4	-	-	-	4	1	5	2	-	2
CAPITAL & COAST	41	13	54	58	8	66	70	3	73	86	3	89
HUTT VALLEY	18	2	20	23	7	30	33	6	39	32	2	34
WAIKATO	2	1	3	2	-	2	1	1	2	1	-	1
SOUTHERN	58	17	75	61	20	81	81	33	114	103	28	131
NELSON MARLBOROUGH	6	2	8	10	-	10	7	1	8	10	1	11
WEST COAST	2	1	3	1	-	1	4	1	5	2	0	2
CANTERBURY	41	6	47	36	5	41	40	18	58	57	13	70
SOUTH CANTERBURY	3	1	4	4	2	6	5	3	8	7	1	8
SOUTHERN	6	7	13	10	13	23	25	10	35	27	13	40
TOTAL	738	91	829	801	119	920	899	149	1,048	1,010	154	1,164

Source: PRIMHD - Data are for the second six months of each year

Table 6. DHB of Domicile vs. DHB of Service (second six months 2015)

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	MidCentral	Nelson Marlborough	Northland	South Canterbury	Southern	Tairāwhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
Auckland*	2,350	35	8	22	142	7	4	7	7	5	37	-	3	4	7	56	-	295	-	1
Bay of Plenty	38	1,460	2	9	6	2	2	16	3	1	7	-	1	1	-	21	-	12	-	-
Canterbury*	9	3	2,539	26	5	8	3	1	2	16	-	16	43	1	-	6	-	2	3	1
Capital & Coast*	23	9	23	2,060	6	68	174	4	46	19	7	-	6	11	6	18	20	25	-	24
Counties Manukau	145	4	4	8	3,076	5	1	5	2	-	17	-	2	-	-	18	-	158	3	1
Hawke's Bay	6	3	7	64	6	1,102	6	5	4	1	1	-	2	-	2	10	3	5	-	1
Hutt Valley	4	2	2	182	1	7	1,014	-	11	7	2	-	1	-	-	5	3	2	-	1
Lakes	8	19	1	5	5	5	-	606	4	-	-	-	2	1	1	21	-	2	-	1
MidCentral	12	3	3	46	2	2	10	5	969	-	2	2	3	1	4	11	3	3	-	7
Nelson Marlborough	4	1	13	17	-	1	4	-	-	917	-	1	6	-	2	2	-	2	5	2
Northland	42	8	-	5	18	1	2	-	3	-	1,143	-	1	-	3	4	1	42	-	-
South Canterbury	-	-	19	-	-	-	-	-	1	1	-	427	5	-	1	-	-	-	-	-
Southern	2	2	41	7	4	2	1	3	2	7	1	5	1,633	-	-	5	-	4	2	-
Tairāwhiti	4	1	1	11	-	-	-	1	1	-	-	-	-	460	-	2	-	1	-	-
Taranaki	6	-	-	5	-	1	-	1	3	1	3	1	-	-	624	5	-	4	1	1
Waikato	55	24	5	16	19	9	4	18	10	3	4	-	4	2	5	1,688	1	19	-	2
Wairarapa	-	-	-	18	-	3	4	-	3	-	2	-	-	-	-	2	230	-	-	1
Waitemata	288	12	2	24	152	6	1	2	3	3	38	-	4	1	3	15	-	3,812	1	-
West Coast	-	-	3	-	2	-	-	-	-	6	-	-	2	-	1	-	-	2	291	-
Whanganui	1	-	1	25	1	1	1	1	8	1	-	-	-	-	1	1	1	-	-	421
TOTAL	2,997	1,586	2,674	2,550	3,445	1,230	1,231	675	1,082	988	1,264	452	1,718	482	660	1,890	262	4,390	306	464

Note: Waitemata DHB: 295 Clients were referred to Auckland DHB Services; 142 Referred to Counties Manukau DHB.

Source: PRIMHD second six months of 2015

Table 7. Client Access Rates by Age Group & Region (2006-2015)

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	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%
	2014*	0.82%	2.80%	5.89%	2.59%
	2015*	0.92%	2.93%	5.64%	2.60%
MIDLAND	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%
	2014*	0.91%	3.43%	6.41%	2.87%
	2016*	1.01%	3.73%	7.20%	3.18%
CENTRAL	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%
	2014*	0.95%	3.36%	6.36%	2.93%
	2016*	0.95%	3.48%	6.33%	2.95%
SOUTHERN	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%
	2014*	1.10%	3.56%	6.01%	3.01%
	2016*	1.01%	3.54%	6.05%	2.97%

Source: PRIMHD - Data are for the second six months of each year. *Includes NGO Client Data.

Table 8. Total 0-19 years Client Access Rates by DHB Area (2006-2015)

REGION/DHB AREA	TOTAL 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2006	2007	2008	2009	2010*	2011*	2012*	2013*	2014*	2015*
NORTHERN	1.08%	1.21%	1.44%	1.65%	1.89%	2.02%	2.00%	2.19%	2.59%	2.60%
NORTHLAND	1.26%	1.22%	1.37%	1.68%	2.43%	2.84%	2.78%	3.65%	3.62%	3.54%
WAIKATO	1.18%	1.22%	1.46%	2.04%	2.29%	2.30%	2.10%	2.25%	2.64%	2.63%
AUCKLAND	0.86%	0.89%	1.25%	1.28%	1.36%	1.69%	1.72%	1.85%	2.05%	2.22%
COUNTIES MANUKAU	1.15%	1.37%	1.57%	1.52%	1.71%	1.75%	1.84%	1.95%	2.61%	2.57%
MIDLAND	1.27%	1.34%	1.41%	1.45%	2.01%	2.75%	2.24%	2.96%	2.87%	3.18%
WAIKATO	0.88%	0.83%	1.00%	1.00%	1.40%	2.43%	0.65%	2.05%	2.16%	3.01%
LAKES	1.24%	1.38%	1.20%	1.49%	2.10%	2.46%	2.08%	3.32%	2.97%	2.97%
BAY OF PLENTY	1.53%	1.70%	1.74%	1.78%	2.43%	3.29%	2.94%	4.06%	3.83%	3.79%
TAIRAWHITI	1.79%	2.14%	2.67%	2.64%	3.72%	4.23%	2.22%	4.70%	4.33%	3.79%
TARANAKI	1.91%	2.00%	1.77%	1.79%	2.40%	2.40%	1.32%	2.85%	2.71%	2.52%
CENTRAL	1.16%	1.31%	1.43%	1.60%	2.12%	2.45%	2.04%	2.94%	2.93%	2.95%
HAWKE'S BAY	0.97%	0.99%	1.35%	1.73%	2.13%	2.24%	2.42%	2.76%	2.62%	2.90%
MIDCENTRAL	1.05%	1.35%	1.52%	1.72%	2.02%	2.25%	3.56%	2.66%	2.77%	2.93%
WHANGANUI	1.81%	2.07%	2.16%	2.23%	2.48%	2.40%	0.60%	2.58%	2.66%	2.78%
CAPITAL & COAST	1.15%	1.31%	1.31%	1.52%	1.95%	2.57%	3.72%	3.00%	3.08%	3.00%
HUTT VALLEY	1.09%	1.10%	1.25%	1.17%	2.18%	2.55%	1.43%	3.29%	3.25%	2.88%
WAIKATO	1.72%	2.06%	1.71%	1.65%	2.87%	3.03%	1.31%	3.68%	3.23%	3.38%
SOUTHERN	0.89%	1.37%	1.34%	0.83%	2.02%	2.36%	1.64%	2.86%	3.01%	2.97%
NELSON MARLBOROUGH	2.00%	2.22%	2.67%	2.53%	2.56%	3.34%	2.20%	3.70%	3.06%	2.77%
WEST COAST	2.41%	2.82%	2.99%	3.23%	4.01%	4.25%	1.78%	5.12%	5.51%	3.71%
CANTERBURY	1.16%	1.10%	1.13%	1.30%	1.50%	1.83%	1.75%	2.23%	2.56%	2.61%
SOUTH CANTERBURY	1.28%	1.18%	1.87%	1.77%	2.18%	3.32%	1.73%	5.00%	4.43%	4.15%
SOUTHERN	1.98%	1.97%	1.97%	1.93%	2.92%	2.96%	1.18%	2.89%	3.22%	3.36%
TOTAL	1.24%	1.34%	1.43%	1.49%	2.02%	2.36%	1.98%	2.64%	2.80%	2.87%

Source: MHINC/PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 9. Māori Client Access Rates by Age Group & Region (2006-2015)

YEAR		MĀORI ACCESS RATES BY AGE GROUP & REGION			
		0-9	10-14	15-19	0-19
MHC ACCESS TARGET RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	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%
	2014*	0.91%	4.53%	10.54%	4.00%
	2015*	1.04%	4.64%	10.27%	4.05%
MIDLAND	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%
	2014*	0.84%	3.69%	7.22%	2.95%
	2015*	0.83%	4.12%	7.94%	3.26%
CENTRAL	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%
	2014*	0.90%	4.11%	8.54%	3.44%
	2015*	0.96%	4.41%	8.66%	3.57%
SOUTHERN	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%
	2014*	1.10%	4.41%	7.69%	3.43%
	2015*	1.06%	4.62%	7.89%	3.49%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 10. Māori 0-19 years Client Access Rates by DHB Area (2006-2015)

REGION/DHB AREA	MĀORI 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2006	2007	2008	2009	2010*	2011*	2012*	2013*	2014*	2015*
NORTHERN	1.38%	1.49%	1.84%	2.28%	2.78%	3.06%	3.08%	3.33%	4.00%	4.05%
NORTHLAND	1.19%	1.11%	1.27%	1.63%	2.39%	2.89%	3.52%	3.90%	3.96%	3.91%
WAITEMATA	1.49%	1.45%	1.91%	3.46%	4.04%	4.10%	3.48%	4.08%	3.41%	4.93%
AUCKLAND	1.37%	1.53%	2.14%	2.35%	2.56%	3.45%	3.38%	3.50%	4.13%	4.76%
COUNTIES MANUKAU	1.40%	1.72%	2.04%	1.90%	2.30%	2.37%	2.45%	2.40%	3.66%	3.33%
MIDLAND	1.06%	1.15%	1.29%	1.30%	1.96%	2.88%	2.52%	3.14%	2.95%	3.26%
WAIKATO	0.67%	0.56%	0.79%	0.74%	1.23%	2.42%	2.34%	1.85%	2.01%	2.85%
LAKES	0.89%	1.03%	1.00%	1.19%	1.86%	2.34%	2.10%	2.72%	2.19%	2.46%
BAY OF PLENTY	1.34%	1.62%	1.72%	1.78%	2.36%	3.60%	3.78%	4.95%	2.18%	4.43%
TAIRAWHITI	1.79%	2.04%	2.51%	2.42%	3.60%	4.23%	3.38%	4.76%	4.74%	3.99%
TARANAKI	1.36%	1.46%	1.29%	1.18%	2.23%	2.26%	1.07%	2.84%	2.85%	2.50%
CENTRAL	1.11%	1.17%	1.32%	1.50%	2.17%	2.81%	2.64%	3.43%	3.44%	3.57%
HAWKE'S BAY	0.98%	1.03%	1.38%	1.58%	2.16%	2.64%	4.15%	3.31%	2.94%	3.49%
MIDCENTRAL	0.93%	0.92%	1.14%	1.21%	1.67%	1.90%	2.80%	2.38%	2.59%	2.90%
WHANGANUI	1.41%	1.54%	1.63%	1.52%	1.91%	2.00%	0.71%	2.23%	2.40%	2.38%
CAPITAL & COAST	1.27%	1.25%	1.34%	1.92%	3.00%	4.47%	4.10%	4.73%	5.32%	4.98%
HUTT VALLEY	1.00%	1.16%	1.22%	1.21%	1.86%	2.74%	2.59%	4.04%	3.84%	3.28%
WAIRARAPA	1.64%	2.07%	1.46%	1.51%	2.82%	3.16%	1.69%	4.04%	3.18%	4.68%
SOUTHERN	1.31%	0.99%	1.35%	2.07%	2.30%	2.80%	1.63%	3.29%	3.43%	3.49%
NELSON MARLBOROUGH	1.79%	1.75%	2.58%	2.31%	2.65%	4.12%	2.27%	4.21%	3.07%	2.99%
WEST COAST	2.93%	3.11%	3.92%	5.13%	4.73%	5.27%	1.92%	7.24%	7.32%	4.42%
CANTERBURY	1.16%	1.22%	1.29%	1.56%	1.95%	2.15%	2.00%	2.64%	3.34%	3.53%
SOUTH CANTERBURY	1.10%	0.60%	2.01%	1.51%	2.20%	2.74%	0.76%	4.33%	4.55%	4.31%
SOUTHERN	0.62%	0.67%	0.72%	0.75%	2.36%	2.87%	1.09%	2.99%	3.09%	3.44%
TOTAL	1.24%	1.32%	1.56%	1.76%	2.32%	2.91%	2.57%	3.28%	3.51%	3.66%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 11. Pacific Client Access Rates by Age Group & Region (2006-2015)

YEAR		PACIFIC ACCESS RATES BY AGE GROUP (YRS) & REGION			
		0-9	10-14	15-19	0-19
MHC ACCESS RATES		1.00%	3.90%	5.50%	3.00%
NORTHERN	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%
	2014*	0.45%	1.71%	5.77%	2.08%
	2015*	0.42%	1.77%	5.07%	1.93%
MIDLAND	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%
	2014*	0.44%	1.37%	2.91%	1.24%
	2015*	0.79%	2.10%	3.38%	1.69%
CENTRAL	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%
	2014*	0.52%	3.09%	4.05%	2.03%
	2015*	0.44%	2.57%	3.03%	1.59%
SOUTHERN	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%
	2014*	0.54%	1.38%	3.33%	1.39%
	2015*	0.37%	1.58%	4.21%	1.52%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 12. Pacific 0-19 years Client Access Rates by DHB Area (2006-2015)

REGION/ DHB AREA	PACIFIC 0-19 YRS ACCESS RATES BY REGION & DHB AREA									
	2006	2007	2008	2009	2010*	2011*	2012*	2013*	2014*	2015*
NORTHERN	0.63%	0.69%	1.01%	1.08%	1.28%	1.41%	1.35%	1.51%	2.08%	1.93%
NORTHLAND	1.01%	0.61%	1.04%	0.88%	1.29%	2.45%	0.50%	3.11%	2.27%	2.39%
WAITEMATA	0.74%	0.70%	0.99%	1.96%	2.57%	2.58%	2.47%	3.00%	3.25%	2.63%
AUCKLAND	0.73%	0.70%	1.02%	0.77%	0.86%	1.13%	1.16%	1.21%	1.64%	1.56%
COUNTIES MANUKAU	0.57%	0.71%	1.00%	0.92%	1.01%	1.11%	1.07%	1.12%	1.85%	1.82%
MIDLAND	0.30%	0.61%	0.58%	0.43%	0.94%	1.60%	0.38%	1.64%	1.24%	1.69%
WAIKATO	0.20%	0.32%	0.46%	0.33%	0.93%	1.50%	0.64%	1.15%	0.87%	2.05%
LAKES	0.19%	0.48%	0.20%	0.60%	1.02%	1.58%	0.58%	2.06%	1.89%	1.06%
BAY OF PLENTY	0.75%	1.17%	1.27%	0.67%	0.91%	2.24%	0.36%	2.57%	1.79%	1.60%
TAIRAWHITI	0.29%	1.35%	0.51%	0.51%	1.50%	2.05%	0.14%	2.17%	1.57%	0.43%
TARANAKI	0.24%	1.18%	0.69%	0.23%	0.45%	0.23%	0.09%	1.75%	1.12%	1.07%
CENTRAL	0.70%	0.71%	0.61%	0.32%	0.99%	1.52%	0.72%	1.97%	2.03%	1.59%
HAWKE'S BAY	0.35%	0.34%	0.51%	0.73%	0.90%	1.04%	0.56%	1.26%	1.70%	1.46%
MIDCENTRAL	0.36%	0.48%	0.66%	0.58%	0.74%	1.05%	0.34%	1.34%	1.10%	1.20%
WHANGANUI	1.63%	0.72%	1.77%	2.89%	0.73%	1.19%	0.07%	1.05%	0.83%	1.42%
CAPITAL & COAST	0.72%	0.64%	0.58%	0.80%	1.08%	1.83%	1.92%	2.78%	2.65%	1.89%
HUTT VALLEY	0.49%	0.43%	0.52%	0.54%	0.98%	1.42%	0.58%	1.26%	1.78%	1.39%
WAIRARAPA	0.71%	0.36%	1.07%	1.32%	0.95%	1.27%	0.18%	2.16%	1.56%	1.30%
SOUTHERN	0.71%	0.34%	0.48%	0.72%	1.19%	1.30%	0.23%	1.26%	1.39%	1.52%
NELSON MARLBOROUGH	2.00%	1.60%	1.65%	1.70%	1.48%	2.95%	0.19%	1.61%	0.76%	1.25%
WEST COAST	1.00%	4.00%	1.54%	3.53%	4.44%	3.33%	0.05%	2.40%	0.74%	0.00%
CANTERBURY	0.47%	0.72%	0.57%	0.65%	0.86%	0.63%	0.47%	0.87%	1.22%	1.31%
SOUTH CANTERBURY	1.71%	1.62%	1.76%	0.53%	1.05%	3.24%	0.12%	5.22%	2.80%	0.77%
SOUTHERN	0.74%	1.30%	1.61%	1.28%	1.75%	2.05%	0.15%	1.48%	1.89%	2.23%
TOTAL	0.63%	0.69%	0.92%	0.99%	1.21%	1.43%	0.92%	1.57%	1.96%	1.82%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 13. Asian Client Access Rates by Age Group & Region (2006-2015)

YEAR		ASIAN ACCESS RATES BY AGE GROUP (YRS) & REGION			
		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%
	2014*	0.29%	0.78%	1.61%	0.78%
	2015*	0.32%	0.93%	1.52%	0.79%
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%
	2014*	0.14%	0.47%	1.19%	0.47%
	2015*	0.14%	0.72%	1.74%	0.65%
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%
	2014*	0.31%	0.73%	1.56%	0.73%
	2015*	0.18%	0.94%	1.76%	0.75%
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%
	2014*	0.15%	0.82%	1.23%	0.62%
	2015*	0.16%	1.15%	1.11%	0.65%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

Table 14. Asian 0-19 years Client Access Rates by DHB Area (2006-2015)

REGION/ DHB AREA	ASIAN 0-19 YRS ACCESS RATES BY DHB AREA									
	2006	2007	2008	2009	2010*	2011*	2012*	2013*	2014*	2015*
NORTHERN	0.30%	0.35%	0.34%	0.50%	0.55%	0.58%	0.54%	0.72%	0.78%	0.79%
NORTHLAND	0.14%	0.11%	0.33%	0.53%	0.40%	0.48%	0.14%	1.34%	0.44%	0.21%
WAITEMATA	0.30%	0.26%	0.38%	0.56%	0.56%	0.52%	0.47%	0.63%	0.71%	0.67%
AUCKLAND	0.31%	0.33%	0.52%	0.41%	0.50%	0.60%	0.57%	0.71%	0.71%	0.81%
COUNTIES MANUKAU	0.52%	0.45%	0.52%	0.52%	0.61%	0.63%	0.65%	0.80%	0.93%	0.92%
MIDLAND	0.26%	0.26%	0.27%	0.31%	0.39%	0.56%	0.21%	0.55%	0.47%	0.65%
WAIKATO	0.11%	0.15%	0.16%	0.21%	0.14%	0.46%	0.22%	0.26%	0.30%	0.55%
LAKES	0.22%	0.20%	0.37%	0.64%	0.63%	0.80%	0.19%	0.63%	0.53%	0.76%
BAY OF PLENTY	0.61%	0.50%	0.53%	0.36%	0.80%	0.67%	0.32%	0.98%	0.84%	0.84%
TAIRAWHITI	0.65%	0.00%	0.91%	0.43%	1.30%	0.83%	0.19%	1.36%	1.27%	0.92%
TARANAKI	0.48%	0.85%	0.14%	0.53%	0.74%	0.63%	0.09%	1.02%	0.38%	0.68%
CENTRAL	0.52%	0.30%	0.21%	0.64%	0.49%	0.59%	0.25%	0.65%	0.73%	0.75%
HAWKE'S BAY	0.51%	0.18%	0.35%	0.26%	0.34%	0.42%	0.18%	0.38%	0.59%	0.43%
MIDCENTRAL	0.11%	0.14%	0.05%	0.50%	0.35%	0.52%	0.25%	0.48%	0.35%	0.56%
WHANGANUI	1.26%	0.94%	0.24%	0.98%	0.99%	1.35%	0.06%	-	1.03%	0.38%
CAPITAL & COAST	0.33%	0.37%	0.26%	0.37%	0.44%	0.56%	0.71%	0.72%	0.76%	0.88%
HUTT VALLEY	0.25%	0.16%	0.25%	0.30%	0.62%	0.67%	0.16%	0.79%	0.93%	0.80%
WAIRARAPA	0.62%	1.11%	0.56%	1.62%	1.62%	0.57%	0.07%	0.82%	0.37%	0.34%
SOUTHERN	0.53%	0.47%	0.38%	0.39%	0.49%	0.65%	0.19%	0.49%	0.62%	0.65%
NELSON MARLBOROUGH	1.09%	2.07%	1.48%	0.88%	0.43%	1.21%	0.16%	0.72%	0.52%	0.65%
WEST COAST	4.44%	-	-	2.50%	1.60%	3.20%	0.07%	0.45%	2.04%	0.74%
CANTERBURY	0.26%	0.27%	0.24%	0.27%	0.36%	0.43%	0.32%	0.39%	0.50%	0.54%
SOUTH CANTERBURY	1.50%	0.63%	0.97%	1.00%	1.00%	2.03%	0.09%	1.32%	1.58%	1.45%
SOUTHERN	1.14%	0.58%	0.40%	0.43%	0.86%	0.98%	0.12%	0.55%	0.79%	0.85%
TOTAL	0.38%	0.35%	0.42%	0.46%	0.52%	0.59%	0.38%	0.67%	0.72%	0.75%

Source: PRIMHD - Data are for the second six months of each year. * Includes NGO Client Data.

APPENDIX C: FUNDING DATA

Table 1. Infant, Child & Adolescent Mental Health/AOD Funding (2008-2016)

REGION/ DHB AREA	2009/2010			2011/2012			2013/2014*			2015/2016*			
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB		NGO	TOTAL
										C&Y MENTAL HEALTH¹	PRIMARY MENTAL HEALTH		
NORTHERN	\$44,515,971	\$4,793,764	\$49,309,735	\$46,644,982	\$7,263,465	\$53,908,447	\$47,331,741	\$8,517,755	\$55,849,495	\$51,730,412	\$681,414	\$8,789,249	\$61,201,075
Northland	\$3,449,696	\$1,278,685	\$4,728,381	\$5,691,041	\$1,165,900	\$6,856,941	\$5,243,077	\$1,230,893	\$6,473,970	\$6,033,576	\$85,415	\$1,273,595	\$7,392,586
Waitemata	\$13,611,574	\$111,648	\$13,723,222	\$14,070,738	\$489,492	\$14,560,230	\$14,325,541	\$690,177	\$15,015,718	\$15,648,936	\$213,658	\$702,631	\$16,565,225
Auckland	\$17,048,568	\$1,884,662	\$18,933,230	\$14,053,468	\$2,756,784	\$16,810,252	\$15,154,442	\$2,691,784	\$17,846,226	\$16,829,924	\$176,959	\$2,598,834	\$19,605,717
Counties Manukau	\$10,406,133	\$1,518,769	\$11,924,902	\$12,829,734	\$2,851,289	\$15,681,023	\$12,608,681	\$3,904,901	\$16,513,582	\$13,217,976	\$205,382	\$4,214,189	\$17,637,547
MIDLAND	\$15,494,260	\$10,668,323	\$26,162,583	\$19,632,325	\$13,341,162	\$32,973,487	\$19,394,360	\$16,006,020	\$35,400,380	\$19,852,928	\$398,725	\$16,272,187	\$36,523,840
Waikato	\$4,218,807	\$6,741,419	\$10,960,226	\$6,056,183	\$7,972,422	\$14,028,605	\$5,527,629	\$9,770,700	\$15,298,329	\$5,626,421	\$169,198	\$10,239,947	\$16,035,566
Lakes	\$2,368,250	\$628,470	\$2,996,720	\$2,856,181	\$1,628,738	\$4,484,919	\$3,335,983	\$1,859,143	\$5,195,126	\$3,228,013	\$47,047	\$1,545,288	\$4,820,348
Bay of Plenty	\$4,608,357	\$2,624,434	\$7,232,791	\$5,807,253	\$2,823,774	\$8,631,027	\$5,797,329	\$3,465,570	\$9,262,899	\$6,128,769	\$105,491	\$3,446,180	\$9,680,440
Tairāwhiti	\$1,769,619	\$277,380	\$2,046,999	\$2,323,382	\$457,294	\$2,780,676	\$2,063,599	\$288,899	\$2,352,498	\$2,244,851	\$24,011	\$310,176	\$2,579,038
Taranaki	\$2,529,227	396620	\$2,925,847	\$2,589,327	\$458,934	\$3,048,261	\$2,669,820	\$621,708	\$3,291,528	\$2,624,874	\$52,978	\$730,596	\$3,408,448
CENTRAL	\$26,325,647	\$4,497,738	\$30,823,385	\$27,016,084	\$5,877,421	\$32,893,505	\$27,248,993	\$5,582,425	\$32,831,418	\$30,240,497	\$373,622	\$5,062,877	\$35,676,996
Hawke's Bay	\$2,951,849	\$1,334,099	\$4,285,948	\$3,399,861	\$1,352,616	\$4,752,477	\$3,337,010	\$839,700	\$4,176,710	\$3,337,010	\$75,241	\$410,217	\$3,822,468
MidCentral	\$4,089,315	\$1,128,338	\$5,217,653	\$4,542,160	\$871,601	\$5,413,761	\$4,188,141	\$1,007,965	\$5,196,106	\$4,083,183	\$76,915	\$1,020,716	\$5,180,814
Whanganui	\$2,146,068	\$109,940	\$2,256,008	\$1,918,303	\$225,612	\$2,143,915	\$2,175,310	\$283,612	\$2,458,922	\$2,535,041	\$32,061	\$224,064	\$2,791,166
Capital & Coast	\$11,954,563	\$457,116	\$12,411,679	\$11,448,851	\$837,708	\$12,286,559	\$12,416,440	\$837,840	\$13,254,280	\$14,927,009	\$109,408	\$776,604	\$15,813,021
Hutt Valley	\$3,937,188	\$1,304,109	\$5,241,297	\$4,487,788	\$2,462,508	\$6,950,296	\$3,984,793	\$2,504,312	\$6,489,105	\$3,998,954	\$58,776	\$2,531,352	\$6,589,082
Wairarapa	\$1,246,665	\$164,136	\$1,410,801	\$1,219,121	\$127,376	\$1,346,497	\$1,147,300	\$108,996	\$1,256,296	\$1,359,300	\$21,221	\$99,924	\$1,480,445
SOUTHERN	\$27,189,330	\$7,970,696	\$35,160,026	\$26,890,659	\$8,331,706	\$35,222,365	\$30,463,061	\$9,774,212	\$40,237,273	\$30,674,340	\$446,239	\$11,023,133	\$42,143,712
Nelson Marlborough	\$3,829,949	\$619,131	\$4,449,080	\$4,014,175	\$571,908	\$4,586,083	\$4,130,029	\$575,674	\$4,705,703	\$3,811,412	\$65,042	\$919,203	\$4,795,657
West Coast	\$888,682	-	\$888,682	\$1,020,967	\$24,120	\$1,045,087	\$1,048,179	\$284,000	\$1,332,179	\$1,048,179	\$16,890	\$240,000	\$1,305,069
Canterbury	\$14,624,289	\$3,474,948	\$18,099,237	\$14,403,651	\$3,430,135	\$17,833,786	\$16,448,505	\$3,751,388	\$20,199,893	\$16,642,285	\$207,771	\$4,446,390	\$21,296,446
South Canterbury	\$962,631	\$569,942	\$1,532,573	\$941,869	\$589,824	\$1,531,693	\$1,113,038	\$725,050	\$1,838,088	\$1,061,849	\$27,688	\$702,204	\$1,791,741
Southern	\$6,883,778	\$3,306,675	\$10,190,453	\$6,509,997	\$3,715,719	\$10,225,716	\$7,723,311	\$4,438,100	\$12,161,411	\$8,110,617	\$128,848	\$4,715,336	\$12,954,801
MINISTRY OF HEALTH	-	\$136,117	\$136,117	-	\$378,551	\$378,551	-	-	-	-	-	-	-
TOTAL	\$113,525,208	\$28,066,638	\$141,591,846	\$120,184,050	\$35,192,305	\$155,376,355	\$124,438,155	\$39,880,412	\$164,318,566	\$132,498,178	\$1,900,000	\$41,147,446	\$175,545,624

Source: Ministry of Health Price Volume Schedules 2009-2016. *Updated July 2017

1. Includes Inpatient

Table 2. National Funding per Head Infant, Child & Adolescent Population (2006-2016)

REGION/DHB AREA	2007/2008			2009/2010			2011/2012			2013/2014			2015/2016		
	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	\$41,452,834	\$74.47	\$89.02	\$49,309,735	\$92.92	\$105.29	\$53,908,447	\$103.47	\$114.42	\$55,849,495	\$106.62	\$118.13	\$61,201,075	\$115.94	\$126.41
Northland	\$3,783,199	\$78.49	\$78.49	\$4,728,381	\$103.76	\$103.76	\$6,856,941	\$130.41	\$152.78	\$6,473,970	\$109.18	\$136.29	\$7,392,586	\$128.92	\$156.32
Waitemata	\$11,991,703	\$79.06	\$80.47	\$13,723,222	\$90.21	\$90.95	\$14,560,230	\$96.00	\$96.00	\$15,015,718	\$98.64	\$98.64	\$16,565,225	\$105.81	\$105.81
Auckland	\$18,106,608	\$104.29	\$163.62	\$18,933,230	\$119.04	\$170.06	\$16,810,252	\$113.28	\$150.48	\$17,846,226	\$119.67	\$155.98	\$19,605,717	\$135.67	\$168.00
Counties Manukau	\$7,571,325	\$48.00	\$48.00	\$11,924,902	\$74.28	\$74.28	\$15,681,023	\$96.27	\$96.27	\$16,513,582	\$104.09	\$104.09	\$17,637,547	\$107.82	\$107.82
MIDLAND	\$19,109,645	\$77.86	\$78.43	\$26,162,583	\$107.51	\$108.19	\$32,973,487	\$137.94	\$138.00	\$35,400,380	\$143.82	\$143.88	\$36,523,840	\$145.61	\$146.22
Waikato	\$7,384,161	\$69.19	\$69.19	\$10,960,226	\$102.95	\$102.95	\$14,028,605	\$133.05	\$133.05	\$15,298,329	\$139.70	\$139.70	\$16,035,566	\$143.12	\$143.12
Lakes	\$3,481,829	\$109.73	\$109.73	\$2,996,720	\$95.83	\$95.83	\$4,484,919	\$145.95	\$145.95	\$5,195,126	\$170.28	\$170.28	\$4,820,348	\$159.46	\$159.46
Bay of Plenty	\$4,754,377	\$78.38	\$80.12	\$7,232,791	\$119.23	\$121.76	\$8,631,027	\$145.72	\$145.72	\$9,262,899	\$155.71	\$155.71	\$9,680,440	\$159.56	\$159.56
Tairāwhiti	\$1,220,872	\$77.62	\$79.95	\$2,046,999	\$136.09	\$137.01	\$2,780,676	\$189.01	\$190.07	\$2,352,498	\$154.33	\$155.38	\$2,579,038	\$161.63	\$171.94
Taranaki	\$2,268,405	\$74.16	\$74.16	\$2,925,847	\$98.35	\$98.35	\$3,048,261	\$105.48	\$105.48	\$3,291,528	\$104.86	\$104.86	\$3,408,448	\$107.05	\$107.05
CENTRAL	\$24,869,869	\$88.75	\$104.32	\$30,823,385	\$112.04	\$130.69	\$32,893,505	\$125.86	\$141.42	\$32,831,418	\$124.22	\$139.05	\$35,676,996	\$136.61	\$151.66
Hawke's Bay	\$4,079,353	\$88.91	\$88.91	\$4,285,948	\$94.61	\$94.61	\$4,752,477	\$106.56	\$106.56	\$4,176,710	\$91.92	\$91.92	\$3,822,468	\$84.66	\$84.66
MidCentral	\$4,336,484	\$90.63	\$90.63	\$5,217,653	\$110.31	\$110.31	\$5,413,761	\$116.08	\$116.08	\$5,196,106	\$111.03	\$111.03	\$5,180,814	\$110.39	\$110.39
Whanganui	\$1,940,068	\$96.52	\$105.90	\$2,256,008	\$117.23	\$128.55	\$2,143,915	\$127.24	\$127.24	\$2,458,922	\$142.88	\$142.88	\$2,791,166	\$166.34	\$166.34
Capital & Coast	\$9,330,052	\$80.35	\$127.25	\$12,411,679	\$112.96	\$168.43	\$12,286,559	\$119.31	\$167.07	\$13,254,280	\$128.74	\$174.97	\$15,813,021	\$160.72	\$207.09
Hutt Valley	\$4,179,428	\$96.65	\$99.04	\$5,241,297	\$123.45	\$126.14	\$6,950,296	\$167.68	\$170.31	\$6,489,105	\$163.21	\$163.21	\$6,589,082	\$169.21	\$169.21
Wairarapa	\$1,004,483	\$92.66	\$92.66	\$1,410,801	\$134.75	\$134.75	\$1,346,497	\$132.53	\$132.53	\$1,256,296	\$112.67	\$112.67	\$1,480,445	\$133.49	\$133.49
SOUTHERN	\$31,275,320	\$96.89	\$117.53	\$35,160,026	\$110.75	\$132.99	\$35,222,365	\$113.80	\$134.83	\$40,237,273	\$130.97	\$151.09	\$42,143,712	\$134.67	\$154.58
Nelson Marlborough	\$3,958,764	\$98.27	\$112.46	\$4,449,080	\$111.53	\$127.88	\$4,586,083	\$113.72	\$134.17	\$4,705,703	\$123.99	\$132.37	\$4,795,657	\$126.76	\$126.76
West Coast	\$869,141	\$103.22	\$103.22	\$888,682	\$108.64	\$108.64	\$1,045,087	\$133.47	\$133.47	\$1,332,179	\$161.48	\$161.48	\$1,305,069	\$163.54	\$202.03
Canterbury	\$15,718,621	\$85.78	\$119.88	\$18,099,237	\$101.19	\$137.32	\$17,833,786	\$103.07	\$135.55	\$20,199,893	\$121.40	\$156.45	\$21,296,446	\$124.03	\$158.02
South Canterbury	\$926,945	\$65.46	\$65.46	\$1,532,573	\$110.90	\$110.90	\$1,531,693	\$114.82	\$114.82	\$1,838,088	\$129.17	\$129.17	\$1,791,741	\$126.80	\$126.80
Southern	\$9,801,849	\$120.20	\$126.95	\$10,190,453	\$127.23	\$134.44	\$10,225,716	\$130.56	\$137.61	\$12,161,411	\$146.84	\$153.61	\$12,954,801	\$154.51	\$161.25
MINISTRY OF HEALTH	\$14,168	-	-	\$136,117	-	-	\$378,551	-	-	-	-	-	-	-	-
TOTAL	\$116,721,836	\$82.88	\$96.16	\$141,591,846	\$103.57	\$116.98	\$155,754,906	\$110.67	\$121.85	\$164,318,566	\$122.82	\$134.55	\$175,545,624	\$129.93	\$141.36

Source: Ministry of Health Price Volume Schedules 2005-2016. Includes Youth Primary Mental Health Funding. Updated July 2017.

APPENDIX D: ICAMH/AOD WORKFORCE DATA

Table 1. DHB Inpatient ICAMHS Workforce (Actual FTEs, 2016)

INPATIENT WORKFORCE 30 JUNE 2016 (ACTUAL FTES)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	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	-	-	24.9	3.4	5.62	1.10	8.3	1.4	8.2	52.92	1.0	-	-	7.0	-	8.0	3.0	63.92
CAPITAL & COAST	-	-	16.0	2.0	1.0	-	1.0	2.0	-	22.0	0.8	-	-	8.0	-	8.8	2.0	32.8
CANTERBURY ²	-	-	31.34	2.0	2.5	-	2.1	2.8	6	46.74	0.4	-	-	-	1.0	1.4	3.0	51.14
TOTAL	-	-	72.24	7.4	9.12	1.1	11.4	6.2	14.2	121.66	2.2	-	-	15.0	1.0	18.2	8.0	147.86

1. Includes Consult Liaison Service

2. Includes Child Day Programme

Table 2. DHB Inpatient ICAMHS Vacant FTEs (2016)

INPATIENT VACANT FTES 30 JUNE 2016	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	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	-	-	8.4	-	-	-	1.0	0.32	-	9.72	-	-	-	-	-	-	-	9.72
CAPITAL & COAST	-	-	1.0	-	2.0	-	-	2.0	-	5.0	-	-	-	1.0	-	1.0	-	6.0
CANTERBURY	-	-	-	0.5	-	-	-	-	-	0.5	-	-	-	-	-	-	-	0.5
TOTAL	-	-	9.4	0.5	2.0	-	1.0	2.32	-	15.22	-	-	-	1.0	-	1.0	-	16.22

Table 3. DHB Inpatient Māori, Pacific & Asian ICAMH Workforce (Headcount, 2016)

INPAIENT WORKFORCE 30 JUNE 2016 (ETHNICITY, HEADCOUNT)		ALCOHOL & DRUG	CO-EXISTING PROBLEMS	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	-	-	1	-	1	-	-	-	1	3	1	-	-	1	-	2	-	5
	CAPITAL & COAST	-	-	2	-	-	-	-	-	-	2	2	-	-	2	-	4	-	6
	CANTERBURY	-	-	3	-	-	-	-	-	-	3	1	-	-	-	-	1	-	4
	TOTAL	-	-	6	-	1	-	-	-	1	8	4	-	-	3	-	7	-	15
PACIFIC	AUCKLAND	-	-	4	-	-	-	-	-	-	4	-	-	-	4	-	4	-	8
	CAPITAL & COAST	-	-	1	-	-	-	-	-	-	1	-	-	-	4	-	4	-	5
	CANTERBURY	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
	TOTAL	-	-	7	-	-	-	-	-	-	7	-	-	-	8	-	8	-	15
ASIAN	AUCKLAND	-	-	4	-	1	-	-	1	3	9	-	-	-	1	-	1	-	10
	CAPITAL & COAST	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
	CANTERBURY	-	-	3	-	1	-	-	-	-	4	-	-	-	-	-	-	-	4
	TOTAL	-	-	8	-	2	-	-	1	-	14	-	-	-	1	-	1	-	15
NZ EUROPEAN	AUCKLAND	-	-	19	4	6	2	10	-	6	47	-	-	-	1	-	1	3	51
	CAPITAL & COAST	-	-	12	2	2	-	1	2	-	19	-	-	-	2	-	2	2	23
	CANTERBURY	-	-	32	3	2	-	2	4	3	46	-	-	-	-	-	-	4	50
	TOTAL	-	-	63	9	10	2	13	6	9	112	-	-	-	3	-	3	9	124
OTHER	AUCKLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CAPITAL & COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANTERBURY	-	-	1	-	-	-	1	-	1	3	-	-	-	-	1	1	-	4
	TOTAL	-	-	1	-	-	-	1	-	1	3	-	-	-	-	1	1	-	4
TOTAL		-	-	85	9	13	2	14	7	11	144	4	-	-	15	1	20	9	173

Table 4. DHB Community ICAMH/AOD Workforce (Actual FTEs, 2016)

REGION/DHB COMMUNITY WORKFORCE 30 JUNE 2016 (ACTUAL FTEs)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	32.8	7.8	57.25	39.05	28.75	12.75	62.71	56.23	31.65	328.99	11.9	-	0.4	-	2.0	-	14.9	37.68	381.57
NORTHLAND	-	6.0	14.0	2.0	2.8	0.6	5.3	7.0	3.8	41.5	-	-	-	-	-	-	-	5.0	46.5
WAIITEMATA	31.9	1.0	22.5	17.3	15.25	8.6	21.6	22.3	6.8	147.25	2.6	-	-	-	-	-	2.6	14.4	164.25
AUCKLAND	-	-	8.15	14.0	6.7	3.55	25.18	7.0	5.4	69.98	6.8	-	-	-	-	-	6.8	9.1	85.88
COUNTIES MANUKAU	0.9	0.8	12.6	5.75	4.0	-	10.63	19.93	15.65	70.26	2.5	-	0.4	-	2.0	-	4.9	9.18	84.34
MIDLAND	9.6	3.0	32.4	4.0	14.5	1.0	34.3	27.6	2.35	128.75	3.6	--	1.0	-	3.7	2.0	10.30	17.4	156.45
WAIKATO	2.0	1.0	7.8	3.0	7.1	-	12.55	10.5	2.0	45.95	-	-	1.0	-	1.0	1.0	3.0	6.8	55.75
LAKES	1.0	-	5.5	-	1.2	-	5.8	2.3	0.35	16.15	1.0	-	-	-	-	-	1.0	3.0	20.15
BAY OF PLENTY	2.6	2.0	10.4	1.0	2.8	-	8.4	9.8	-	37.0	1.6	-	-	-	-	1.0	2.6	4.1	43.7
TAIRAWHITI	4.0	-	1.5	-	1.4	1.0	4.65	4.0	-	16.55	1.0	-	-	-	-	-	1.0	2.5	20.05
TARANAKI	-	-	7.2	-	2.0	-	2.9	1.0	-	13.1	-	-	-	-	2.70	-	2.7	1.0	16.8
CENTRAL	4.5	5.0	40.3	10.0	18.0	6.8	39.51	39.75	21.45	185.31	6.3	0.5	-	8.5	1.0	3.5	19.8	31.7	236.81
HAWKE'S BAY	1.8	-	5.0	0.8	2.0	-	2.7	8.8	4.6	25.7	1.0	-	-	-	-	-	1.0	4.6	31.3
MIDCENTRAL	-	1.0	6.0	1.0	2.8	1.0	6.0	9.9	1.4	29.1	1.0	-	-	-	-	-	1.0	5.5	35.6
WHANGANUI	1.7	1.0	4.1	-	1.2	-	1.4	1.6	0.9	11.9	-	0.5	-	-	1.0	-	1.5	3.6	17.0
CAPITAL & COAST	1.0	2.0	22.4	7.6	7.9	3.0	17.3	8.4	9.65	79.25	4.3	-	-	6.5	-	3.5	14.3	12.5	106.05
HUTT VALLEY	-	-	1.0	0.6	3.1	2.8	10.11	10.05	3.9	31.56	-	-	-	-	-	-	-	3.6	35.16
WAIRARAPA	-	1.0	1.8	-	1.0	-	2.0	1.0	1.0	7.8	-	-	-	2.0	-	-	2.0	1.9	11.7
SOUTHERN	4.1	1.5	41.3	12.9	17.8	4.7	31.95	32.0	16.55	162.8	5.1	1.0	2.2	2.0	-	1.30	11.6	24.38	198.78
NELSON MARLBOROUGH	2.3	-	5.6	3.0	1.2	-	8.0	6.6	1.2	27.9	-	1.0	-	-	-	0.3	1.3	5.0	34.2
WEST COAST	-	1.5	-	-	-	-	1.3	0.3	2.25	5.35	1.0	-	-	-	-	-	1.0	0.5	6.85
CANTERBURY	1.0	-	19.75	4.2	10.9	1.0	14.15	18.7	5.8	75.5	3.6	-	-	-	-	-	3.6	12.88	91.98
SOUTH CANTERBURY	-	-	-	2.0	0.3	3.7	0.5	0.7	0.9	8.1	-	-	1.2	2.0	-	1.0	4.2	-	12.3
SOUTHERN	0.8	-	15.95	3.7	5.4	-	8.0	5.7	6.4	45.95	0.5	-	1.0	-	-	-	1.5	6.0	53.45
TOTAL	51.0	17.3	171.25	65.95	79.05	25.25	168.47	155.58	72.00	805.85	26.9	1.5	3.6	10.5	6.7	6.8	56.6	111.16	973.61

Table 5. DHB Community ICAMH/AOD Vacancies (Vacant FTEs, 2016)

REGION/DHB COMMUNITY VACANCIES 30 JUNE 2016 (FTEs)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL	STAFF TURNOVER RATE %
NORTHERN	1.0	0.8	13.02	2.0	4.6	0.5	10.2	3.35	4.7	40.17	1.0	-	-	-	-	-	1.0	1.0	42.17	8.5
NORTHLAND	-	-	-	-	-	-	1.0	-	-	1.0	-	-	-	-	-	-	-	-	1.0	12.9
WAITEMATA	1.0	0.8	6.55	-	2.6	-	1.7	1.0	3.0	16.65	-	-	-	-	-	-	-	0.5	17.15	6.1
AUCKLAND	-	-	2.47	1.0	2.0	0.5	1.6	2.35	-	9.92	-	-	-	-	-	-	-	-	9.92	9.2
COUNTIES MANUKAU	-	-	4.0	1.0	-	-	5.9	-	1.7	12.6	1.0	-	-	-	-	-	1.0	0.5	14.1	8.8
MIDLAND	2.0	1.0	2.0	2.0	-	-	5.1	-	3.8	15.9	0.4	-	-	-	-	-	0.4	-	16.3	10.5
WAIKATO	-	-	1.0	-	-	-	1.75	-	-	2.75	-	-	-	-	-	-	-	-	2.75	9.9
LAKES	1.0	1.0	-	-	-	-	-	-	2.8	4.8	-	-	-	-	-	-	-	-	4.8	4.5
BAY OF PLENTY	-	-	1.0	2.0	-	-	2.0	-	-	5.0	0.4	-	-	-	-	-	0.4	-	5.4	12.4
TAIRAWHITI	1.0	-	-	-	-	-	0.35	-	-	1.35	-	-	-	-	-	-	-	-	1.35	4.8
TARANAKI	-	-	-	-	-	-	1.0	-	1.0	2.0	-	-	-	-	-	-	-	-	2.0	21.1
CENTRAL	-	-	7.9	3.0	1.6	0.25	11.35	6.0	3.2	33.3	0.55	-	-	4.0	-	-	4.55	1.10	38.95	20.3
HAWKE'S BAY	-	-	0.8	-	0.4	-	2.0	1.0	-	4.2	-	-	-	-	-	-	-	-	4.2	18.8
MIDCENTRAL	-	-	-	2.0	-	-	4.0	1.0	1.0	8.0	0.3	-	-	-	-	-	0.3	-	8.3	41.3
WHANGANUI	-	-	-	1.0	-	-	-	-	1.0	2.0	-	-	-	-	-	-	-	-	2.0	11.1
CAPITAL & COAST	-	-	7.0	-	0.6	-	4.6	4.0	1.2	17.4	0.25	-	-	4.0	-	-	4.25	-	21.65	18.1
HUTT VALLEY	-	-	-	-	0.6	0.25	0.45	-	-	1.3	-	-	-	-	-	-	-	1.0	2.3	19.3
WAIRARAPA	-	-	0.1	-	-	-	0.3	-	-	0.4	-	-	-	-	-	-	-	0.1	0.5	7.4
SOUTHERN	-	-	3.9	2.0	1.8	-	4.8	5.5	2.6	20.6	-	-	-	-	-	-	-	2.0	22.6	18.6
NELSON MARLBOROUGH	-	-	2.4	-	0.8	-	-	-	-	3.2	-	-	-	-	-	-	-	-	3.2	11.7
WEST COAST	-	-	-	-	-	-	1.0	2.0	1.0	4.0	-	-	-	-	-	-	-	1.0	5.0	52.6
CANTERBURY	-	-	1.0	1.0	-	-	1.3	0.6	-	3.9	-	-	-	-	-	-	-	1.0	4.9	17.2
SOUTH CANTERBURY	-	-	-	-	-	-	-	-	1.0	1.0	-	-	-	-	-	-	-	-	1.0	13.3
SOUTHERN	-	-	0.5	1.0	1.0	-	2.5	2.9	0.6	8.5	-	-	-	-	-	-	-	-	8.5	20.5
TOTAL	3.0	1.8	26.82	9.0	8.0	0.75	31.45	14.85	14.3	109.97	1.95	-	-	4.0	-	-	5.95	4.1	120.02	13.3

Table 6. DHB Community Māori ICAMH/AOD Workforce (Headcount, 2016)

REGION/DHB MĀORI WORKFORCE (HEADCOUNT, 30 JUNE 2016)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	3	5	6	3	2	-	3	11	3	36	11	-	-	-	1	-	12	6	54
NORTHLAND	-	4	4	-	-	-	1	3	1	13	-	-	-	-	-	-	-	4	17
WAITEMATA	3	1	-	1	2	-	-	4	-	11	2	-	-	-	-	-	2	-	13
AUCKLAND	-	-	-	2	-	-	1	-	-	3	7	-	-	-	-	-	7	1	11
COUNTIES MANUKAU	-	-	2	-	-	-	1	4	2	9	2	-	-	-	1	-	3	1	13
MIDLAND	6	-	7	-	1	-	2	4	1	21	5	-	1	-	-	1	7	5	33
WAIKATO	-	-	2	-	-	-	-	1	1	4	-	-	1	-	-	1	2	-	6
LAKES	1	-	2	-	-	-	-	-	-	3	1	-	-	-	-	-	1	-	4
BAY OF PLENTY	-	-	1	-	-	-	1	1	-	3	2	-	-	-	-	-	2	1	6
TAIRAWHITI	5	-	1	-	1	-	-	2	-	9	2	-	-	-	-	-	2	3	14
TARANAKI	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	1	3
CENTRAL	-	1	5	-	2	-	3	7	2	20	6	-	-	4	-	1	11	7	38
HAWKE'S BAY	-	-	-	-	-	-	-	4	1	5	1	-	-	-	-	-	1	2	8
MIDCENTRAL	-	1	-	-	-	-	1	2	-	4	1	-	-	-	-	-	1	1	6
WHANGANUI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
CAPITAL & COAST	-	-	5	-	2	-	2	-	-	9	4	-	-	2	-	1	7	3	19
HUTT VALLEY	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
WAIRARAPA	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	-	2	-	3
SOUTHERN	-	-	-	-	-	-	1	1	1	3	7	-	-	2	-	-	9	1	13
WEST COAST	-	-	-	-	-	-	-	1	1	2	1	-	-	-	-	-	1	-	3
CANTERBURY	-	-	-	-	-	-	1	-	-	1	5	-	-	-	-	-	5	1	7
SOUTH CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	-	2
SOUTHERN	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1
TOTAL	9	6	18	3	5	-	9	23	7	80	29	-	1	6	1	2	39	19	138

Table 7. DHB Community Pacific ICAMH/AOD Workforce (Headcount, 2016)

REGION/DHB PACIFIC WORKFORCE (HEADCOUNT, 30 JUNE 2016)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/MA NAGEMENT	TOTAL
NORTHERN	17	1	9	2	2	-	5	7	3	46	6	-	-	-	1	-	7	5	58
WAITEMATA	16	-	4	1	1	-	3	1	3	29	1	-	-	-	-	-	1	3	33
AUCKLAND	-	-	1	-	-	-	-	-	-	1	4	-	-	-	-	-	4	-	5
COUNTIES MANUKAU	1	1	4	1	1	-	2	6	-	16	1	-	-	-	1	-	2	2	20
MIDLAND	1	-	1	-	-	-	1	-	-	3	-	-	-	-	-	-	-	-	3
BAY OF PLENTY	1	-	-	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	2
TAIRAWHITI	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
CENTRAL	-	-	5	-	-	-	1	1	2	9	2	-	-	3	-	-	5	3	17
CAPITAL & COAST	-	-	5	-	-	-	1	1	2	9	2	-	-	3	-	-	5	3	17
SOUTHERN	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
SOUTHERN	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
TOTAL	18	1	15	2	2	-	7	8	5	58	8	-	1	3	1	-	13	8	79

Table 8. DHB Community Asian ICAMH/AOD Workforce (Headcount, 2016)

REGION/DHB ASIAN WORKFORCE (HEADCOUNT, 30 JUNE 2016)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	-	-	5	8	7	1	5	3	2	31	-	-	1	-	-	-	1	2	34
NORTHLAND	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1
WAITEMATA	-	-	2	3	5	1	2	-	-	13	-	-	1	-	-	-	1	-	14
AUCKLAND	-	-	1	3	-	-	1	-	1	6	-	-	-	-	-	-	-	-	6
COUNTIES MANUKAU	-	-	2	2	1	-	2	3	1	11	-	-	-	-	-	-	-	2	13
MIDLAND	-	-	-	-	6	-	-	4	-	10	-	-	-	-	-	-	-	-	10
WAIKATO	-	-	-	-	6	-	-	4	-	10	-	-	-	-	-	-	-	-	10
CENTRAL	-	-	1	1	3	-	1	-	-	6	-	-	-	-	-	-	-	3	9
MIDCENTRAL	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	2
WHANGANUI	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1
CAPITAL & COAST	-	-	-	1	1	-	-	-	-	2	-	-	-	-	-	-	-	3	5
HUTT VALLEY	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	1
SOUTHERN	-	-	1	-	1	-	2	2	-	6	-	-	-	-	-	-	-	-	6
CANTERBURY	-	-	-	-	1	-	1	1	-	3	-	-	-	-	-	-	-	-	3
SOUTH CANTERBURY	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
SOUTHERN	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	2
TOTAL	-	-	7	9	17	1	8	9	2	53	-	-	1	-	-	-	1	5	59

Table 9. DHB Community NZ European ICAMH/AOD Workforce (Headcount, 2016)

REGION/DHB NZ EUROPEAN WORKFORCE (HEADCOUNT, 30 JUNE 2016)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	9	2	35	24	17	14	60	30	25	216	-	-	1	-	-	-	1	20	237
NORTHLAND	-	2	12	2	2	1	5	4	3	31	-	-	-	-	-	-	-	2	33
WAITEMATA	9	-	13	8	7	7	15	10	4	73	-	-	-	-	-	-	-	7	80
AUCKLAND	-	-	8	12	6	6	36	10	7	85	-	-	-	-	-	-	-	9	94
COUNTIES MANUKAU	-	-	2	2	2	-	4	6	11	27	-	-	1	-	-	-	1	2	30
MIDLAND	2	3	18	3	10	1	16	16	2	71	-	-	-	-	4	1	5	12	88
WAIKATO	2	1	3	3	4	-	7	4	1	25	-	-	-	-	2	-	2	7	34
LAKES	-	-	2	-	1	-	2	2	1	8	-	-	-	-	-	-	-	2	10
BAY OF PLENTY	-	2	8	-	3	-	4	7	-	24	-	-	-	-	-	1	1	3	28
TAIRAWHITI	-	-	-	-	1	1	1	2	-	5	-	-	-	-	-	-	-	-	5
TARANAKI	-	-	5	-	1	-	2	1	-	9	-	-	-	-	2	-	2	-	11
CENTRAL	3	3	30	11	20	7	44	35	24	177	-	1	-	3	1	3	8	23	208
HAWKES BAY	2	-	5	1	1	-	2	5	3	19	-	-	-	-	-	-	-	3	22
MIDCENTRAL	-	-	5	1	1	-	4	9	2	22	-	-	-	-	-	-	-	4	26
WHANGANUI	-	-	3	-	-	-	1	2	-	6	-	1	-	-	1	-	2	2	10
CAPITAL & COAST	1	2	14	8	14	3	22	8	11	83	-	-	-	2	-	3	5	6	94
HUTT VALLEY	-	-	1	1	2	4	12	10	8	38	-	-	-	-	-	-	-	5	43
WAIRARAPA	-	1	2	-	2	-	3	1	-	9	-	-	-	1	-	-	1	3	13
SOUTHERN	5	2	46	12	17	4	35	31	15	167	-	1	2	-	-	1	4	32	203
NELSON MARLBOROUGH	3	-	9	3	5	-	10	8	2	40	-	1	-	-	-	1	2	7	49
WEST COAST	-	2	-	-	-	2	-	-	2	6	-	-	-	-	-	-	-	1	7
CANTERBURY	1	-	18	5	6	1	14	17	6	68	-	-	-	-	-	-	-	16	84
SOUTH CANTERBURY	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1
SOUTHERN	1	-	19	4	6	-	11	6	5	52	-	-	2	-	-	-	2	8	62
TOTAL	19	10	129	50	64	26	155	112	66	631	-	2	3	3	5	5	18	87	736

Table 10. DHB Community Other Ethnicity ICAMH/AOD Workforce (Headcount, 2016)

REGION/DHB OTHER ETHNICITY WORKFORCE (HEADCOUNT, 30 JUNE 2016)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	5	-	7	6	12	3	13	11	5	62	-	-	-	-	-	-	-	12	74
WAIITEMATA	5	-	4	5	4	3	5	8	1	35	-	-	-	-	-	-	-	8	43
AUCKLAND	-	-	-	-	4	-	4	1	-	9	-	-	-	-	-	-	-	-	9
COUNTIES MANUKAU	-	-	3	1	4	-	4	2	4	18	-	-	-	-	-	-	-	4	22
MIDLAND	2	-	10	1	10	-	15	10	1	49	-	-	2	-	1	-	3	1	53
WAIKATO	-	-	3	-	4	-	7	7	-	21	-	-	2	-	-	-	2	-	23
LAKES	-	-	2	-	1	-	5	1	1	10	-	-	-	-	-	-	-	1	11
BAY OF PLENTY	2	-	3	1	4	-	3	2	-	15	-	-	-	-	-	-	-	-	15
TARANAKI	-	-	2	-	1	-	-	-	-	3	-	-	-	-	1	-	1	-	4
CENTRAL	2	1	2	-	8	-	4	1	3	21	-	-	-	-	-	-	-	1	22
HAWKES BAY	-	-	-	-	2	-	1	-	1	4	-	-	-	-	-	-	-	-	4
MIDCENTRAL	-	-	-	-	2	-	1	-	1	4	-	-	-	-	-	-	-	-	4
WHANGANUI	2	1	2	-	1	-	1	-	1	8	-	-	-	-	-	-	-	1	9
CAPITAL & COAST	-	-	-	-	2	-	-	1	-	3	-	-	-	-	-	-	-	-	3
HUTT VALLEY	-	-	-	-	1	-	1	-	-	2	-	-	-	-	-	-	-	-	2
SOUTHERN	-	-	6	3	14	3	3	6	4	39	-	-	-	-	-	-	-	-	39
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CANTERBURY	-	-	6	1	11	1	2	4	2	27	-	-	-	-	-	-	-	-	27
SOUTH CANTERBURY	-	-	-	2	1	2	1	1	-	7	-	-	-	-	-	-	-	-	7
SOUTHERN	-	-	-	-	2	-	-	1	2	5	-	-	-	-	-	-	-	-	5
TOTAL	9	1	25	10	44	6	35	28	13	171	-	-	2	-	1	-	3	14	188

Table 11. NGO ICAMH/AOD Workforce (Actual FTEs, 2016)

NGO WORKFORCE 30 JUNE 2016 (ACTUAL FTEs)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	36.1	2.0	3.0	0.5	-	-	1.6	1.3	5.4	49.9	1.5	-	0.6	28.9	26.32	2.5	59.82	9.5	119.22
NORTHLAND	8.0	2.0	1.0	-	-	-	1.0	1.0	-	13.0	-	-	-	-	3.5	-	3.5	4.5	21.0
WAITEMATA	-	-	-	-	-	-	-	-	2.0	2.0	-	-	-	-	3.0	2.5	5.5	-	7.5
AUCKLAND	18.6	-	2.0	0.5	-	-	-	-	1.0	22.1	1.5	-	-	17.9	3.0	-	22.4	3.5	48.0
COUNTIES MANUKAU	9.5	-	-	-	-	-	0.6	0.3	2.4	12.8	-	-	0.6	8.5	16.82	2.5	28.42	1.5	42.72
MIDLAND	22.8	1.5	8.5	1.0	2.7	-	1.0	30.8	52.2	120.5	2.2	-	-	16.1	6.0	19.7	44.0	1.4	165.9
WAIKATO	16.0	-	5.5	1.0	0.7	-	-	5.0	43.2	71.4	2.2	-	-	13.1	2.0	6.2	23.5	1.0	95.9
LAKES	1.0	-	2.0	-	2.0	-	-	-	7.0	12.0	-	-	-	1.0	4.0	7.0	12.0	-	24.0
BAY OF PLENTY	5.8	1.5	1.0	-	-	-	-	20.8	1.0	30.1	-	-	-	1.0	-	5.5	6.5	0.4	37.0
TAIRAWHITI	-	-	-	-	-	-	1.0	1.0	-	2.0	-	-	-	-	-	1.0	1.0	-	3.0
TARANAKI	-	-	-	-	-	-	-	4.0	1.0	5.0	-	-	-	1.0	-	-	1.0	-	6.0
CENTRAL	5.65	1.0	0.2	-	-	1.25	1.0	1.5	10.0	20.6	-	-	1.0	9.0	11.3	3.7	25.0	6.35	51.95
HAWKE'S BAY	-	-	-	-	-	-	-	0.5	-	0.5	-	-	-	3.0	-	-	3.0	0.5	4.0
MIDCENTRAL	2.5	1.0	-	-	-	-	1.0	-	-	4.5	-	-	-	1.0	9.0	1.0	11.0	1.0	16.5
WHANGANUI	1.0	-	0.2	-	-	-	-	-	-	1.2	-	-	1.0	1.0	-	-	2.0	0.2	3.4
CAPITAL & COAST	0.15	-	-	-	-	1.25	-	-	3.0	4.4	-	-	-	2.8	0.5	2.7	6.0	0.65	11.05
HUTT VALLEY	1.0	-	-	-	-	-	-	1.0	7.0	9.0	-	-	-	1.0	1.8	-	2.8	4.0	15.8
WAIRARAPA	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	0.2	-	-	0.2	-	1.2
SOUTHERN	8.9	7.2	0.9	6.95	0.6	1.0	2.4	12.15	30.8	70.9	0.2	-	0.06	38.58	21.9	5.24	65.98	11.9	148.78
NELSON MARLBOROUGH	-	-	-	0.9	-	-	-	1.0	0.6	2.5	-	-	-	2.3	6.8	-	9.1	-	11.6
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	3.0	-	-	3.0	-	3.0
CANTERBURY	4.0	1.5	-	-	-	-	1.0	4.0	18.1	28.6	-	-	-	16.56	15.1	2.6	34.26	2.7	65.56
SOUTH CANTERBURY	-	-	0.4	3.3	-	-	-	1.7	0.9	6.3	-	-	-	2.6	-	-	2.6	0.9	9.8
SOUTHERN	4.9	5.7	0.5	2.75	0.6	1.0	1.4	5.45	11.2	33.5	0.2	-	0.06	14.12	-	2.64	17.02	8.3	58.82
TOTAL	75.1	11.7	11.6	8.5	3.4	2.3	6.0	46.8	98.4	263.6	3.9	-	1.7	93.1	66.5	31.1	196.3	29.2	489.0

Table 12. NGO ICAMH/AOD Vacant FTEs (2016)

NGO VACANT FTEs 2016	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	-	5.78	-	5.78	-	6.78
NORTHLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.9	-	0.9	-	0.9
AUCKLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-	1.0
COUNTIES MANUKAU	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	-	3.88	-	3.88	-	4.88
CENTRAL	0.5	-	-	-	-	-	-	-	-	0.5	-	-	-	-	-	-	-	-	0.5
WAIRARAPA	0.5	-	-	-	-	-	-	-	-	0.5	-	-	-	-	-	-	-	-	0.5
SOUTHERN	-	-	-	-	-	-	-	-	-	-	-	-	-	2.0	1.0	-	3.0	-	3.0
CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	1.0	1.0	-	2.0	-	2.0
SOUTHERN	-	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	-	1.0	-	1.0
TOTAL	0.5	-	1.0	-	-	-	-	-	-	1.5	-	-	-	2.0	6.8	-	8.8	-	10.3

Table 13. NGO Māori ICAMH/AOD Workforce (Headcount, 2016)

NGO MĀORI WORKFORCE 30 JUNE 2016 (HEADCOUNT)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	8	1	1	-	-	-	1	2	4	17	3	-	2	14	9	4	32	4	53
NORTHLAND	2	1	-	-	-	-	-	1	-	4	-	-	-	-	2	-	2	2	8
WAIEMATA	-	-	-	-	-	-	-	-	-	-	-	-	-	-		3	3	-	3
AUCKLAND	3	-	1	-	-	-	-	-	-	4	2	-	-	5	3	-	10	1	15
COUNTIES MANUKAU	3	-	-	-	-	-	1	1	4	9	1	-	2	6	4	4	17	1	27
MIDLAND	14	2	3	-	-	-	-	24	10	53	1	-	-	15	5	9	30	-	83
WAIKATO	9	-	2	-	-	-	-	6	3	20	1	-	-	14	3	2	20	-	40
LAKES	1	-	-	-	-	-	-	-	6	7	-	-	-	-	2	1	3	-	10
BAY OF PLENTY	4	2	1	-	-	-	-	16	1	24	-	-	-	1	-	5	6	-	30
TAIRAWHITI	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	1	1	-	2
TARANAKI	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
CENTRAL	5	-	1	-	-	-	-	2	2	10	-	-	1	7	4	2	14	5	29
HAWKE'S BAY	-	-	-	-	-	-	-	1	-	1	-	-	-	2	-	-	2	1	4
MIDCENTRAL	2	-	-	-	-	-	-	-	-	2	-	-	-	-	3	-	3	-	5
WHANGANUI	1	-	1	-	-	-	-	-	-	2	-	-	-	2	-	-	2	2	6
CAPITAL & COAST	1	-	-	-	-	-	-	-	2	3	-	-	-	1	1	2	4	-	7
HUTT VALLEY	1	-	-	-	-	-	-	1	-	2	-	-	1	-	-	-	1	2	5
WAIRARAPA	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	-	2
SOUTHERN	9	4	-	-	-	-	-	3	5	21	-	-	-	9	2	2	13	2	36
NELSON MARLBOROUGH	-	-	-	-	-	-	-	1	1	2	-	-	-	3	1	-	4	-	6
CANTERBURY	3	1	-	-	-	-	-	2	1	7	-	-	-	6	1	2	9	-	16
SOUTHERN	6	3	-	-	-	-	-	-	3	12	-	-	-	-	-	-	-	2	14
TOTAL	36	7	5	-	-	-	1	31	21	101	4	-	3	45	20	17	89	11	201

Table 14. NGO Pacific ICAMH/AOD Workforce (Headcount, 2016)

NGO PACIFIC WORKFORCE 30 JUNE 2016 (HEADCOUNT)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	6	-	-	-	-	-	-	-	1	7	1	-	-	8	11	3	23	-	30
NORTHLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	2
AUCKLAND	1	-	-	-	-	-	-	-	-	1	-	-	-	3	-	-	3	-	4
COUNTIES MANUKAU	4	-	-	-	-	-	-	-	1	5	1	-	-	5	10	3	19	-	24
MIDLAND	-	-	5	-	-	-	-	1	1	7	-	-	-	2	-	-	2	-	9
WAIKATO	-	-	4	-	-	-	-	-	1	5	-	-	-	2	-	-	2	-	7
BAY OF PLENTY	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	1
TAIRAWHITI	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
CENTRAL	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	3	5	-	6
HAWKE'S BAY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
MIDCENTRAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	2
CAPITAL & COAST	-	-	-	-	-	-	-	-	1	1	-	-	-	1	-	1	2	-	3
SOUTHERN	1	1	-	-	-	-	-	-	-	2	-	-	-	1	-	-	1	1	4
CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
SOUTHERN	1	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1	3
TOTAL	7	1	5	-	-	-	-	1	3	17	1	-	-	13	11	6	31	1	49

Table 15. NGO Asian ICAMH/AOD Workforce (Headcount, 2016)

NGO ASIAN WORKFORCE 30 JUNE 2016 (HEADCOUNT)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	5	-	2	-	-	-	-	-	1	8	-	-	-	7	2	1	10	-	18
WAIKATO	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1
AUCKLAND	3	-	2	-	-	-	-	-	-	5	-	-	-	7	-	-	7	-	12
COUNTIES MANUKAU	2	-	-	-	-	-	-	-	-	2	-	-	-	-	2	1	3	-	5
MIDLAND	2	-	2	1	-	-	-	-	-	5	-	-	-	1	-	-	1	-	6
WAIKATO	1	-	1	1	-	-	-	-	-	3	-	-	-	1	-	-	1	-	4
LAKES	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
BAY OF PLENTY	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
CENTRAL	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1
MIDCENTRAL	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1
SOUTHERN	-	-	-	-	-	-	-	2	1	3	-	-	-	1	-	-	1	-	4
CANTERBURY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
SOUTHERN	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-	-	-	-	3
TOTAL	7	-	4	1	-	-	1	2	2	17	-	-	-	9	2	1	12	-	29

Table 16. NGO NZ European ICAMH/AOD Workforce (Headcount, 2016)

NGO NZ EUROPEAN WORKFORCE 30 JUNE 2016 (HEADCOUNT)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB-TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON-CLINICAL	NON-CLINICAL SUB-TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	19	1	1	1	-	-	1	-	2	25	-	-	-	7	6	1	14	5	44
NORTHLAND	5	1	1	-	-	-	-	-	-	7	-	-	-	-	3	-	3	3	13
WAIEMATA	-	-	-	-	-	-	-	-	1	1	-	-	-	-	3	-	3	-	4
AUCKLAND	13	-	-	1	-	-	-	-	1	15	-	-	-	7	-	-	7	2	24
COUNTIES MANUKAU	1	-	-	-	-	-	1	-	-	2	-	-	-	-	-	1	1	-	3
MIDLAND	8	-	2	1	3	-	1	9	6	30	-	-	-	10	4	9	23	2	55
WAIKATO	7	-	2	1	1	-	-	1	3	15	-	-	-	8	2	-	10	1	26
LAKES	-	-	-	-	2	-	-	1	2	5	-	-	-	1	2	6	9	-	14
BAY OF PLENTY	1	-	-	-	-	-	-	6	-	7	-	-	-	-	-	3	3	1	11
TAIRAWHITI	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1
TARANAKI	-	-	-	-	-	-	-	1	1	2	-	-	-	1	-	-	1	-	3
CENTRAL	2	1	-	-	-	2	-	-	6	11	-	-	1	7	9	-	19	1	31
HAWKE'S BAY	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
MIDCENTRAL	1	1	-	-	-	-	-	-	-	2	-	-	-	1	9	-	10	1	13
WHANGANUI	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
CAPITAL & COAST	-	-	-	-	-	2	-	-	-	2	-	-	-	1	-	-	1	-	3
HUTT VALLEY	-	-	-	-	-	-	-	-	6	6	-	-	-	-	-	-	2	-	8
WAIRARAPA	1	-	-	-	-	-	-	-	-	1	-	-	-	4	-	-	4	-	5
SOUTHERN	2	5	2	8	1	1	3	7	29	58	-	-	2	42	15	4	63	14	135
WEST COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	3	-	3
NELSON MARLBOROUGH	-	-	-	1	-	-	-	-	-	1	-	-	-	1	6	-	7	-	8
CANTERBURY	2	1	-	-	-	-	1	2	15	21	-	-	-	16	9	2	27	3	51
SOUTH CANTERBURY	-	-	2	4	-	-	-	2	1	9	-	-	-	3	-	-	3	2	14
SOUTHERN	-	4	-	3	1	1	2	3	13	27	-	-	2	19	-	2	23	9	59
TOTAL	31	7	5	10	4	3	5	16	43	124	-	-	3	66	34	14	119	22	265

Table 17. NGO Other Ethnicity ICAMH/AOD Workforce (Headcount, 2016)

NGO OTHER ETHNICITY WORKFORCE 30 JUNE 2016 (HEADCOUNT)	ALCOHOL & DRUG	CO-EXISTING PROBLEMS	MENTAL HEALTH NURSE	OCCUPATIONAL THERAPIST	PSYCHIATRIST	PSYCHOTHERAPIST	PSYCHOLOGIST	SOCIAL WORKER	OTHER CLINICAL	CLINICAL SUB- TOTAL	CULTURAL	SPECIFIC LIAISON	MENTAL HEALTH CONSUMER	MENTAL HEALTH SUPPORT	YOUTH WORKER	OTHER NON- CLINICAL	NON-CLINICAL SUB- TOTAL	ADMINISTRATION/ MANAGEMENT	TOTAL
NORTHERN	-	-	-	-	-	-	1	-	-	1	-	-	-	4	-	1	5	2	8
NORTHLAND	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1
AUCKLAND	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2	1	3
COUNTIES MANUKAU	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	3	1	4
MIDLAND	2	-	-	-	1	-	1	2	-	6	-	-	-	-	1	-	1	-	7
WAIKATO	1	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	2
LAKES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
BAY OF PLENTY	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
TAIRAWHITI	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	1
TARANAKI	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	2
CENTRAL	-	-	-	-	-	-	-	-	1	1	-	-	-	1	-	-	1	2	4
CAPITAL & COAST	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1
HUTT VALLEY	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	2	3
SOUTHERN	2	1	-	-	-	1	-	-	5	9	-	-	-	8	-	-	8	-	17
CANTERBURY	1		-	-	-	-	-	-	5	6	-	-	-	7	-	-	7	-	13
SOUTHERN	1	1	-	-	-	1	-	-	-	3	-	-	-	1	-	-	1	-	4
TOTAL	4	1	-	-	1	1	2	2	6	17	-	-	-	13	1	1	15	4	36

Table 18. Total Ethnicity of the ICAMH/AOD Workforce by DHB Area (2016)

2016 TOTAL WORKFORCE ETHNICITY (HEADCOUNT)	NZ EUROPEAN			OTHER			MĀORI			PACIFIC			ASIAN			DHB	NGO	TOTAL
	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL	DHB	NGO	TOTAL			
NORTHERN	288	44	332	74	8	82	59	53	112	66	30	96	44	18	62	531	153	684
Northland	33	13	46	-	1	1	17	8	25	-	2	2	1	-	1	51	24	75
Waitemata	80	4	84	43	-	43	13	3	16	33	-	33	14	1	15	183	8	191
Auckland Inpatient	51	-	51	-	-	-	5	-	5	8	-	8	10	-	10	74	-	74
Auckland Community	94	24	118	9	3	12	11	15	26	5	4	9	6	12	18	125	58	183
Counties Manukau	30	3	33	22	4	26	13	27	40	20	24	44	13	5	18	98	63	161
MIDLAND	88	54	142	53	7	60	33	83	116	3	9	12	10	6	16	187	159	346
Waikato	34	25	59	23	2	25	6	40	46	-	7	7	10	4	14	73	78	151
Lakes	10	14	24	11	1	12	4	10	14	-	-	-	-	1	1	25	26	51
Bay of Plenty	28	11	39	15	1	16	6	30	36	2	1	3	-	1	1	51	44	95
Tairāwhiti	5	1	6	-	1	1	14	2	16	1	1	2	-	-	-	20	5	25
Taranaki	11	3	14	4	2	6	3	1	4	-	-	-	-	-	-	18	6	24
CENTRAL	231	31	262	22	4	26	44	29	73	22	6	28	10	1	11	329	71	400
Hawke's Bay	22	1	23	4	-	4	8	4	12	-	1	1	-	-	-	34	6	40
MidCentral	26	13	39	4	-	4	6	5	11	-	2	2	2	1	3	38	21	59
Whanganui	10	1	11	9	-	9	1	6	7	-	-	-	1	-	1	21	7	28
Capital & Coast Inpatient	23	-	23	-	-	-	6	-	6	5	-	5	1	-	1	35	-	35
Capital & Coast Community	94	3	97	3	1	4	19	7	26	17	3	20	5	-	5	138	14	152
Hutt	43	8	51	2	3	5	1	5	6	-	-	-	1	-	1	47	16	63
Wairarapa	13	5	18				3	2	5	-	-	-	-	-	-	16	7	23
SOUTHERN	253	135	388	43	17	60	17	36	53	3	4	7	10	4	14	326	196	522
Nelson Marlborough	49	8	57	-	-	-	-	6	6	-	-	-	-	-	-	49	14	63
West Coast	7	3	10	-	-	-	3	-	3	-	-	-	-	-	-	10	3	13
Canterbury Inpatient	50	-	50	4	-	4	4	-	4	2	-	2	4	-	4	64	-	64
Canterbury Community	84	51	135	27	13	40	7	16	23	-	1	1	3	1	4	121	82	203
South Canterbury	1	14	15	7	-	7	2	-	2	-	-	-	1	-	1	11	14	25
Southern	62	59	121	5	4	9	1	14	15	1	3	4	2	3	5	71	83	154
TOTAL	860	264	1,124	192	36	228	153	201	354	94	49	143	74	29	103	1,373	579	1,952

APPENDIX E: DHB & NGO WORKFORCE SURVEY FORM

SECTION 1: DHB PROVIDER ARM LIST OF 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 2015/2016 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 Mental Health Contracted Services as at 30th June 2016

PURCHASE UNIT CODE	PURCHASE UNIT DESCRIPTION	VOLUME	UNIT

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

Does your service provide/deliver:

❖ **Care Pathways/Support specifically for trans* and gender diverse youth?**

☐

YES

☐

NO

☐

DON'T KNOW

❖ **Any of the following Parenting Programmes (Select as many that apply)?**

☐

Incredible Years

☐

Triple P

☐

Parent Child Interaction Therapy (PCIT)

☐

Other (Please Specify below):

Please indicate whether you use the following Cultural Health Models in your Service Delivery:

❖ Māori Health Models (e.g. Te Whare Tapa Wha)

☐

YES

☐

NO

☐

DON'T
KNOW

If Yes, please specify:

❖ Pacific Health Models (e.g. Fonofale Model)

☐

YES

☐

NO

☐

DON'T
KNOW

If Yes, please specify:

SECTION TWO: WORKFORCE INFORMATION:

ANNUAL STAFF TURNOVER	
No of Staff (Headcount) as at 1 st July 2015:	
No of Staff (Headcount) as at 30 th June 2016:	
No of Staff (Headcount) who have left during the 1 year period:	
Occupation of Staff who have left:	Reason for Leaving
CURRENT & FUTURE WORKFORCE	
What are your service's current top 3 workforce gaps/challenges?	
What do you think your workforce gaps/challenges may be in 10 years' time?	

DHB: SERVICE/TEAM

Please ensure the workforce information is provided for the *DHB funded Infant, Child & Adolescent Mental Health/AoD Contract* as at 30th June, 2016 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 1: EMPLOYEE GROUP	ACTUAL FTEs (AS AT 30 TH JUNE 2016)	VACANT FTEs (AS AT 30 TH JUNE 2016)
Alcohol & Drug Practitioners		
Co-Existing Problems Clinicians		
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/Whānau		
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)		
Whānau 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		

*Count from departure of previous employee or establishment of new position.

ETHNICITY OF THE WORKFORCE AS AT 30th JUNE 2016. Please confirm ethnicity with the individual.

TABLE 2: ETHNICITY	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 1
Alcohol & Drug Practitioners											
CEP Clinicians											
Counsellors											
Mental Health Nurses											
Occupational Therapists											
Child/Adolescent Psychiatrists											
Adult Psychiatrists/Other SMO											
Psychotherapists											
Registered Psychologists											
Social Workers											
Family Therapists											
Other Clinical (please list below)											
Clinical Placements/Interns (please list below)											
Liaison/Consult Liaison Appointment											
Kaumātua, Kuia											
Advocacy/Peer Support-Consumers											
Advocacy/Peer Support-Family/Whānau											
Youth Consumer Advisors											
Family/Whānau Advisors											
Mental Health Support Workers/Kaiawhina/Kaiatawhai											
Youth Workers											
Other Non-Clinical Support (for clients) (please list in spaces below)											
Whānau 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											

CONTACT DETAILS: NAME/PHONE/EMAIL

Thank you

ISBN 978-0-9941149-2-1

**Werry Workforce Whāraurau for Infant, Child
and Adolescent Mental Health Workforce Development**

www.werryworkforce.org

Cover artwork by Kimberley Spain