



New Zealand's mental health and addiction services

Monitoring
indicator update
2017 & 2017/18

DECEMBER 2019





Nearly

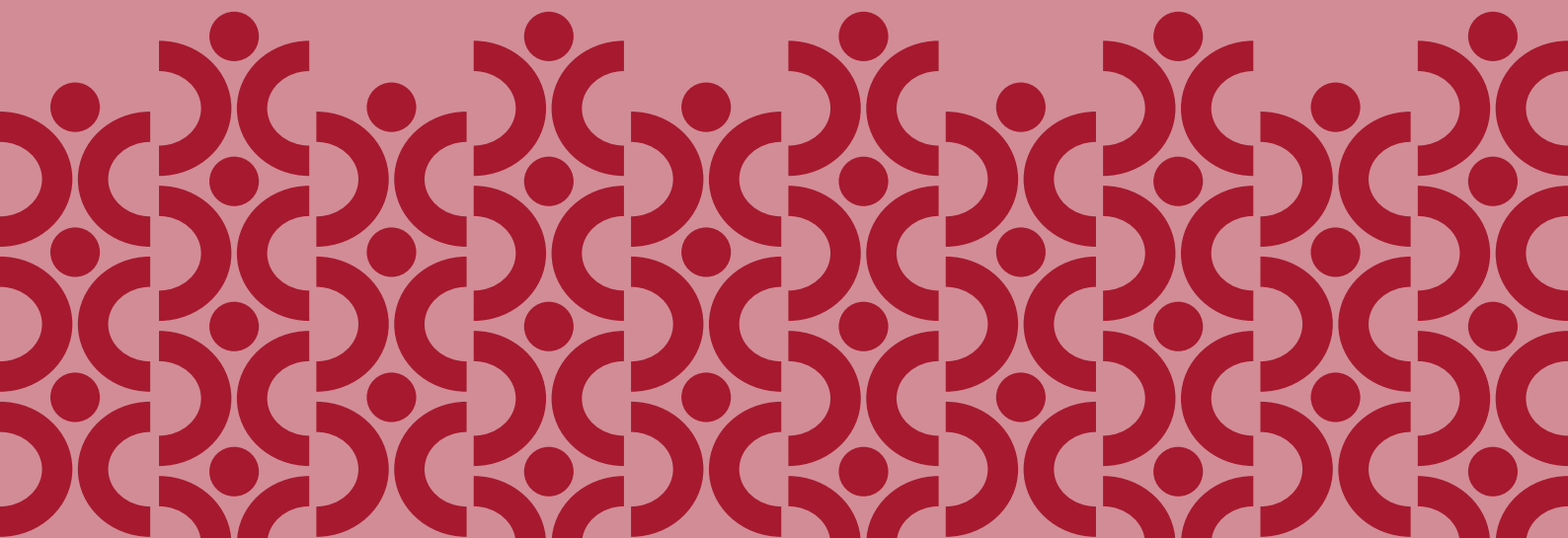
1 in 3

Māori live with mental distress
and/or addiction

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Foreword





Tracking progress against indicators of mental health and addiction service quality enables trends to be identified and highlights areas of concern, improvement, and consistent performance.

Bringing transparency to data through publications such as this enables questions to be asked about what is working and what is not working, and how things can be done differently or replicated to achieve better outcomes for consumers and their whānau. Data invites curiosity about what may be driving the numbers, and supports advocacy and action to improve the quality of services.

This update tracks monitoring indicators used in my 2018 report *New Zealand's Mental Health and Addiction Services: The monitoring and advocacy report of the Mental Health Commissioner*. It highlights a number of areas where services need to focus on improvement, including in relation to equity, consumer partnership, and use of compulsory treatment and seclusion, especially for Māori. It also identifies that generally people improve when they access services, and that most consumers and their whānau would recommend their service to others.

While quantitative measures provide an important insight, they do not tell the whole story. Accordingly, I do not make recommendations in this report. I do want to acknowledge the hard work of the sector in providing genuine care and support for people with mental health and addiction need. The number of people accessing mental health and addiction services continues to rise and, as acknowledged in my 2018 report and *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*, these services are under pressure. It will take time for the significant investment in primary and community mental health and addiction care to take the pressure off these services. I also want to acknowledge the significant contribution of consumers and the whānau who support them in working to improve services and sharing their knowledge and expertise in this time of change.

I will release a fuller assessment of services, against HDC's monitoring framework, in 2020. That will incorporate analysis of system context, HDC complaints data, consumer and whānau feedback and sector engagement, and system and service performance information. With the planned establishment of a permanent Mental Health and

Wellbeing Commission in 2021, the 2020 report will likely be my final monitoring and advocacy report. It will assess the state of mental health and addiction services, follow up on recommendations made in my 2018 report, and make further recommendations to support the significant change process currently underway in the sector.

Once the permanent Commission is established, HDC's role will change. I welcome these changes, as the permanent Commission's broader focus on well-being reflects a wider range of things that are meaningful to people in order to thrive. This goes beyond HDC's important but specific statutory focus on health and disability services. The permanent Commission will have an important role to play in supporting and monitoring the transformation in mental health and well-being that New Zealanders need. To do that well, it is critical that the permanent Commission has independence from Government, and sufficient powers and resources to provide effective oversight and accountability.

In the meantime, my work will continue alongside that of the Initial Mental Health and Wellbeing Commission, whose tasks include:

- Monitoring and reporting on the Government's response to *He Ara Oranga*, the report of the Inquiry into Mental Health and Addictions
- Developing a draft outcomes and monitoring framework and work programme for the permanent Mental Health and Wellbeing Commission to consider.

I look forward to working with the Initial Commission Chair, Hayden Wano, and members to ensure that our work is complementary and collectively strengthens oversight of the mental health and addiction system.

Kevin Allan

Mental Health Commissioner
Office of the Health and Disability Commissioner

Overview of report and findings



As Mental Health Commissioner, I am responsible for monitoring New Zealand's mental health and addiction services and advocating for improvements to those services. I also make decisions in relation to complaints about those services. These responsibilities are delegated to me by the Health and Disability Commissioner.

Purpose and context for report

This Monitoring Indicator Update tracks progress made on key measures regarding the quality of mental health and addiction services over five years to 2017 and 2017/18.

The indicator set in this report is part of a broader monitoring framework I developed with input from the sector to assess the quality of mental health and addiction services and make recommendations for improvement. This framework, set out on page 24, draws on qualitative and quantitative analysis to answer six monitoring questions:

- Can I get help for my needs?
- Am I helped to be well?
- Am I a partner in my care?
- Am I safe in services?
- Do services work well for me?
- Do services work well for everyone?

In 2018, I published my first report on the state of mental health and addiction services using this framework: *New Zealand's Mental Health and Addiction Services: The monitoring and advocacy report of the Mental Health Commissioner*, which included data to 2016 and 2016/17. This report provided a baseline view of the state of mental health and addiction services, made eight recommendations to the Minister of Health for improvements to those services, and gives an anchoring point to monitor the Government's progress towards transformational change following the 2018 Ministerial Inquiry into Mental Health and Addiction.

Scope of report

This Monitoring Indicator Update provides an update on data trends. It does not include qualitative analysis or recommendations.

In 2020, I intend to publish a monitoring report that will provide a fuller assessment of the state of services to 2018/19, follow up on recommendations I have made to the Minister of Health to improve services, and make further recommendations for improvement. The 2020 monitoring report is likely to be my final report as Mental Health Commissioner pending the establishment of a permanent Mental Health and Wellbeing Commission in February 2021.

Key findings from 2017 and 2017/18 data

Overall, the 2017 and 2017/18 data are similar to the previous year, showing no significant improvements or decline.

In 2017/18, 181,643 New Zealanders accessed mental health and addiction services. Access to these specialist services is increasing, but only slightly more than population growth.

There are a number of trends and measures that continue to be of concern, as well as measures that indicate the positive contribution services make to the well-being of people who access them.

Equity of service quality and outcomes for Māori and other population groups on some measures continues to be of concern.

- Māori have the highest prevalence of mental illness and addiction, with nearly 1 in 3 Māori meeting diagnostic thresholds within a 12-month period, compared to 1 in 4 Pacific peoples and 1 in 5 New Zealanders. This important baseline data has not been updated since 2006, and this needs to be done as a priority.
- Forty-one percent of adults who experienced seclusion within inpatient services in 2017 were Māori, an increase from 36% in 2013.
- Māori and Pacific peoples have higher rates of homelessness and supported accommodation use, and lower rates of education, training, or employment than the general population accessing services.
- Young people have the longest wait times for mental health services of any population group. Youth services do not meet targets, with 70% of young people being seen within 3 weeks (target is 80%) and 90% within 8 weeks (target is 95%) of their first referral.
- Young people are less likely than adults to be followed up within 7 days of being discharged from an inpatient unit (53% compared to 67% across all ages). Both rates fall well short of the sector targets of 90–100% set by the Key Performance Indicator Programme.

Key measures that indicate partnership between consumers and services, and whānau and services, are declining, and reporting is often of poor quality.

- Compulsory community treatment orders have increased by 16% over the last 5 years.
- No DHBs met the new target of 95% of people having a transition plan on discharge from an inpatient unit in 2017. Only 7 out of 20 DHBs met the previous target of 95% of young people having a transition plan on discharge from an inpatient unit in 2016.
- Only 75% of consumers and whānau reported that their plan was reviewed regularly (77% for Māori) — the lowest consumer and whānau score of their experience of services.
- There is a low level of reporting by services of service contacts to support consumers in their role as carers, and to support whānau of consumers.

The number of serious adverse events reported in mental health and addiction services rose 29% between 2013/14 to 2017/18 from 165 to 232. However, the Health Quality & Safety Commission notes that while each adverse event represents harm to a consumer and their whānau, it is most likely that the increase in serious adverse event reporting represents an improvement in the ability of providers to recognise and report events.

Positive trends from the data include that generally people improve in services and report positive experiences.

- People's clinician-rated scores of mental distress and social functioning improve by around half between admission to, and discharge from, a mental health service. The greatest improvements were for Pacific adults on discharge from a mental health inpatient unit (61%↑ compared to 54%↑ for the general population and for Māori) and Māori youth on discharge from inpatient services (45%↑ compared to 39%↑ for the general population).
- Self-rated recovery scores for people within addiction services showed an average improvement of 24% in 2017/18. These scores varied from 15% improvement for Pacific peoples to 28% improvement for young people.
- 82% of consumers and whānau reported that they would recommend their service to friends and family if they had a similar need.

Acknowledgements

This report was prepared by the Office of the Health and Disability Commissioner based on information provided by the Ministry of Health, Te Pou o Te Whakaaronui, and the Health Quality & Safety Commission. I am grateful for the contribution of their staff, particularly Barry Welsh, Hilary Sharp and Matthew Dwyer of the Ministry of Health, Sandra Baxendine of Te Pou o Te Whakaaronui, and Natalie Horspool of the Health Quality & Safety Commission. Finally, my thanks to Jane Carpenter, who led the development and preparation of this update.

Infographics

Equity of service quality and outcomes for Māori and other population groups on some measures continues to be of concern



1 in 5

New Zealanders live with mental distress and/or addiction in a given year

Source: Te Rau Hinengaro, 2006

Some population groups are more at risk than others:



Almost 1 in 3

Māori

Source: Te Rau Hinengaro, 2006



1 in 4

Pacific peoples

Source: Te Rau Hinengaro, 2006



1 in 4

secondary students report poor emotional well-being

Source: Youth '12



41%

of adults who experienced seclusion within inpatient services in 2017 were Māori

Source: MOH



The percentage of adults secluded who are Māori has increased over the last 5 years



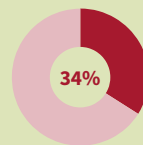
Māori and Pacific peoples have higher rates of homelessness and supported accommodation use than others accessing services



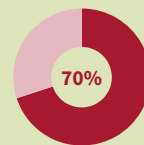
Māori and Pacific peoples have lower rates of education, training or employment than others accessing services

Source: MOH

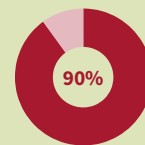
Young people wait longer for DHB mental health services



Within 48 hours

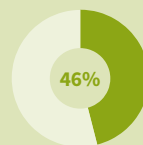


Within 3 weeks

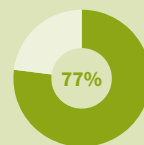


Within 8 weeks

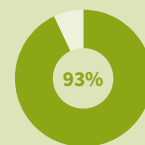
Compared to the total population



Within 48 hours

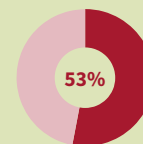


Within 3 weeks



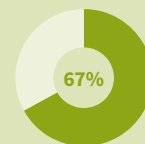
Within 8 weeks

Source: MOH



Young people

VS



Adults

Young people are less likely than adults to be followed up within 7 days of being discharged from an inpatient unit compared to all ages

Source: KPI Programme

Key measures indicating partnership between consumers and services, and whānau and services are declining and reporting is often poor quality



+16%

the number of people under a Community Compulsory Treatment order has increased over the last 5 years

Source: MOH



0 out of 20

DHBs met the target of 95% of consumers having a transition plan

Source: MOH



75%

of consumers and their whānau agree their plans are reviewed regularly

Source: Mārama RTF



9%

of contacts by services are recorded as involving family and whānau

Source: MOH



15,817 and 1,901

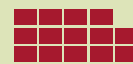
contacts were recorded by services as supporting family and whānau of consumers, and supporting consumers in their role as parents or caregivers respectively

Source: MOH

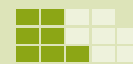
Positive trends from the data include that people generally improve in services and report positive experiences

People's clinician-rated scores of mental distress and social functioning improve by around half between admission to, and discharge from, a mental health service

Average HoNOS score for adults (inpatient)



14 Admission

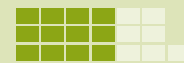


7 Discharge

Average HoNOS score for children and adolescents (inpatient)



19 Admission

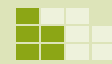


12 Discharge

Average HoNOS score for adults (community)



11 Admission

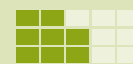


5 Discharge

Average HoNOS score for children and adolescents (community)



15 Admission



8 Discharge

Source: MOH



24%

average increase in consumer satisfaction towards achieving recovery goals (addiction services)

Source: MOH



82%

of consumers and whānau would recommend their service to others

Source: Mārama RTF

New Zealand's
Mental Health and
Addiction Services
**Monitoring
Indicator Update
2017 & 2017/18**



Monitoring questions



Can I get help for my needs?



Am I helped to be well?



Am I a partner in my care?



Am I safe in services?



Do services work well together for me?



Do services work well for everyone?



Question 1: Can I get help for my needs?

In 2017/18:

- 181,643 New Zealanders (3.7% of the population) accessed mental health and addiction services. Access to specialist services is increasing, but only slightly more than population growth. Nearly 30% of people who access services are Māori.
- Wait times have remained steady, with adult services close to meeting Ministerial targets of seeing 80% of people within 3 weeks, and 95% within 8 weeks, of their first referral, and youth addiction services meeting these targets.
- Youth mental health services do not meet wait-time targets, with 70% of young people being seen in the first 3 weeks (target is 80%), and 90% within 8 weeks (target is 95%), of their first referral.
- 18% of complaints to HDC in 2017/18 about mental health and addiction services are about access issues. This was a small increase on the 15% of complaints seen in 2016/17.



Can I get help for my needs?

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
How many New Zealanders access mental health and addiction services (% population)? ¹	181,643 (3.7%)	173,933 (3.7%)	170,980 (3.7%)	162,213 (3.5%)	158,597 (3.5%)
Māori (% of total access)	51,614 (28%)	50,059 (29%)	48,177 (28%)	44,845 (28%)	43,774 (28%)
Pacific (% of total access)	10,737 (6%)	10,390 (6%)	10,198 (6%)	9,690 (6%)	9,210 (6%)
Addiction services (% of total access)	52,544 (29%)	51,735 (30%)	50,355 (29%)	47,583 (29%)	47,612 (30%)
Young people (0–19 years)	51,080	49,830	48,368	44,969	42,966
How long do people wait to access DHB mental health services following first referral? ² ≤48 hours/≤3 weeks/≤8 weeks*	46/77/93	47/79/94	47/79/94	48/80/95	47/78/93
<i>*Targets are for 80% to be seen within 3 weeks and 95% within 8 weeks. All urgent presentations are to be seen within 48 hours.</i>					
Māori	51/79/93	52/80/94	52/80/94	52/81/95	50/78/93
Pacific	56/85/95	55/86/95	55/85/95	58/86/96	56/84/95
Young people (0–19 years)	34/70/90	32/70/92	31/70/92	31/71/93	31/68/90
How long do people wait to access addiction services following first referral? ³ ≥48 hours/≥3 weeks/≥8 weeks*	49/82/94	49/82/94	51/84/95	50/85/95	46/82/94
<i>*Targets are for 80% to be seen within 3 weeks and 95% within 8 weeks. All urgent presentations are to be seen within 48 hours.</i>					
Māori	50/80/93	52/80/94	51/82/94	50/83/95	45/79/93
Pacific	63/92/98	55/86/95	63/91/97	65/92/97	60/87/97
Young people (0–19 years)	51/84/95	52/85/96	57/87/96	58/88/96	51/84/95
What percent of complaints about mental health and addiction services are about access to those services? ⁴	18%	15%	-	-	-

1 Ministry of Health PRIMHD database, analysed by the Ministry of Health, 29 August 2019. PRIMHD (Programme for the Integration of Mental Health Data) database is a single collection of national mental health and addiction services information, administered by the Ministry of Health.

2 Ministry of Health PRIMHD database, analysed by the Ministry of Health, 29 August 2019.

3 Ministry of Health PRIMHD database, analysed by the Ministry of Health, 29 August 2019.

4 Office of the Health and Disability Commissioner. Due to changes in coding for complaints about mental health and addiction services, data cannot be compared prior to 2016/17.



Question 2: Am I helped to be well?

In 2017/18:

- Māori, Pacific peoples, and people accessing addiction services have higher rates of homelessness and supported accommodation use than the general population accessing services. Six percent of Māori and 5% of Pacific peoples and people accessing addiction services did not have accommodation compared to 4% of the general population. Sixteen percent of Pacific peoples, 15% of people accessing addiction services, and 15% of Māori were in supported accommodation compared to 12% of the general population accessing services.
- Pacific peoples accessing services have lower rates of education, training, or employment compared to the general population accessing services. Forty-two percent of Pacific peoples accessing services were in education, training, or employment compared to 48% of the general population accessing services.
- People's clinician-rated scores of mental distress and social functioning improve by around half between admission to, and discharge from, a mental health service. The greatest improvements were for Pacific adults on discharge from a mental health inpatient unit (61%↑ compared to 54%↑ for the general population and for Māori) and Māori youth on discharge from inpatient services (45%↑ compared to 39%↑ for the general population).
- Self-rated recovery scores for people within addiction services showed an average improvement of 24%. These scores varied from 15% improvement for Pacific peoples to 28% improvement for young people.
- 82% of consumers and whānau reported that they would recommend their service to friends and family if they had a similar need.



Am I helped to be well?

Indicator		2017/18	2016/17	2015/16	2014/15	2013/14
What percent of consumers and their families report they would recommend their service to friends or family if they needed similar care or treatment? ⁵		82%	82%	-	-	-
Consumer		82%	82%	-	-	-
Māori		83%	84%	-	-	-
Pacific		85%	86%	-	-	-
Whānau		83%	83%	-	-	-
Average improvement in clinician-rated scores for the mental health of adult consumers of inpatient, community services (admission/discharge) ⁶	(inpatient)	14/7 (54%↑)	14/7 (52%↑)	14/7 (51%↑)	14/7 (50%↑)	14/7 (51%↑)
	(community)	11/5 (49%↑)	11/5 (49%↑)	11/5 (49%↑)	11/5 (50%↑)	11/5 (52%↑)
Māori	(inpatient)	15/7 (54%↑)	15/7 (53%↑)	15/7 (52%↑)	15/7 (51%↑)	15/7 (52%↑)
	(community)	11/6 (46%↑)	11/6 (48%↑)	11/6 (46%↑)	11/6 (47%↑)	11/6 (48%↑)
Pacific	(inpatient)	14/5 (61%↑)	13/6 (55%↑)	13/6 (54%↑)	13/6 (56%↑)	14/6 (58%↑)
	(community)	9/5 (46%↑)	9/5 (48%↑)	10/5 (51%↑)	10/5 (52%↑)	10/5 (52%↑)
Average improvement in clinician-rated scores for the mental health of child and youth consumers of inpatient, community services (admission/discharge) ⁷	(inpatient)	19/12 (39%↑)	18/11 (37%↑)	17/11 (36%↑)	17/11 (36%↑)	17/10 (40%↑)
	(community)	15/8 (45%↑)	14/8 (46%↑)	14/7 (48%↑)	14/7 (48%↑)	14/7 (49%↑)
Māori	(inpatient)	21/12 (45%↑)	20/13 (35%↑)	19/12 (36%↑)	19/12 (37%↑)	19/11 (43%↑)
	(community)	15/9 (40%↑)	15/9 (42%↑)	15/8 (42%↑)	15/8 (43%↑)	14/8 (47%↑)
Pacific	(inpatient)	SN ⁸	SN	SN	SN	SN
	(community)	15/9 (43%↑)	14/8 (47%↑)	14/6 (58%↑)	13/6 (54%↑)	13/6 (50%↑)

5 Mārama Real Time Feedback Consumer and Family Experience Survey (Mārama RTF). HDC collects the voices of consumers and their families through Mārama RTF. The results reported are the cumulative average scores over three years of data collection through to 30 June 2017 and four years of data collection through to 30 June 2018. As at 30 June 2017, the tablet-based survey was used by 16 DHB providers and 11 NGOs and approximately 12,800 consumer and whānau voices had been collected. As at 30 June 2018, the survey was used by 17 DHB providers and 7 NGOs and 22,689 consumer and whānau voices had been collected (18,561 and 4,128 respectively).

6 Ministry of Health PRIMHD database 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. The measure used is the Health of the Nation Outcome Scale for adults (HONOS). Twelve items are used for HONOS, covering areas including mood, relationships, substance use, and housing. Each item is measured out of 4, with a score of 2 or more considered clinically significant. The maximum total score is 48 for adults. Mainly collected by DHB mental health services with very few collections in clinical NGO services. Generally rated over the last two weeks. A person could have more than one collection.

7 Ministry of Health PRIMHD database 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. The measure used is the Health of the Nation Outcome Scale for children and adolescents aged 4–17 years (HONOSCA), although a few collections outside of these age ranges may occur. Fifteen items are used for HONOSCA, covering areas including mood, relationships, substance use, and housing. Each item is measured out of 4, with a score of 2 or more considered clinically significant. The maximum total score is 60 for children and adolescents. Mainly collected by DHB mental health services with very few collections in clinical NGO services. Generally rated over the last two weeks. A person could have more than one collection.

8 Small number. Where numbers are under 50, there is a need to suppress to protect the privacy of individuals.

Am I helped to be well? (cont.)

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
Average self-rated increase in consumer satisfaction towards achieving recovery goals (addiction services) ⁹	24%	25%	-	-	-
Māori	24%	26%	-	-	-
Pacific	15%	21%	-	-	-
Young people (18–24 years)	28%	20%	-	-	-
What percent of consumers have independent/supported/no accommodation? ¹⁰	84/12/4%	83/13/4%	-	-	-
Māori	79/15/6%	78/16/6%	-	-	-
Pacific	79/16/5%	79/16/5%	-	-	-
Addiction services	80/15/5%	81/15/4%	-	-	-
Young people (0–19 years)	87/12/1%	84/14/2%	-	-	-
What percent of consumers are in employment or in education or in training ¹¹	48%	46%	-	-	-
Māori	46%	44%	-	-	-
Pacific	42%	41%	-	-	-
Addiction services	46%	46%	-	-	-
Young people (0–19 years)	83%	82%	-	-	-

9 Ministry of Health PRIMHD database 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. The measure used is from the Alcohol and Drug Outcome Measure (ADOM). Collecting and reporting of ADOM has been mandatory since July 2015, although consumer use of ADOM is voluntary. ADOM includes only people seen in community Alcohol and Other Drug Services. The measures analysed are only for people with ADOM matched pairs of treatment start and treatment end, and includes consumers aged 18 years and over, and excludes ADOM collections with five or more missing items. The measure uses the date of end collection — start collection can be outside the period, but after 1 July 2015. The small numbers and short period of time ADOM has been collected may explain the variation between years.

10 Ministry of Health PRIMHD database 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. This data is available only from the year 2016/17 as the collection commenced only on 1 July 2016. Includes only consumers who have a supplementary consumer record.

11 Ministry of Health PRIMHD database 9 July, analysed by Te Pou o Te Whakaaro Nui. This data is available only for the year 2016/17 as the collection commenced only on 1 July 2016. Includes only consumers who have a supplementary consumer record.



Question 3: Am I a partner in my care?

In 2017/18:

- 77% of consumers, 79% of whānau and Māori, and 81% of Pacific peoples reported that they feel involved in decisions about their care.
- 75% of consumers, 76% of whānau, 77% of Māori, and 82% of Pacific peoples reported that their plan was reviewed regularly.
- No DHBs met the new target of 95% of people having a transition plan on discharge from an inpatient unit in 2017. Only 7 out of 20 DHBs met the previous target of 95% of young people having a transition plan on discharge from an inpatient unit in 2016.
- The number of contacts made by services to support consumers in their role as parents or caregivers, or to support whānau, including children, of consumers is small.
- Compulsory community treatment orders are increasing. On any given day an average of 4,259 people were subject to a community treatment order in 2017/18. This compares to 3,569 in 2013/14 — an increase of 16% over five years.
- In 57% of complaints to HDC about mental health and addiction services in 2017/18, the complainant was concerned about how the provider had communicated with them. This is a small increase on the 55% of complaints received about this issue in 2016/17.



Am I a partner in my care?

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
What percent of consumers and family and whānau report they feel involved in decisions about their care? ¹²	77%	78%	-	-	-
Consumer	77%	77%	-	-	-
Māori	79%	79%	-	-	-
Pacific	81%	81%	-	-	-
Whānau	79%	80%	-	-	-
What percent of complaints about mental health and addiction services include issues with communication? ¹³	57%	55%	-	-	-
What percent of consumers and family and whānau report that their plan is reviewed regularly? ¹⁴	75%	76%	-	-	-
Consumer	75%	76%	-	-	-
Māori	77%	77%	-	-	-
Pacific	82%	82%	-	-	-
Whānau	76%	77%	-	-	-
How many DHBs (out of 20) meet the Ministry of Health target of 95% of service users having a transition plan on discharge from an inpatient service? ¹⁵ (calendar year)	0 DHBs	-	-	-	-
How many DHBs (out of 20) meet the Ministry of Health target of 95% of young people having a youth transition plan on discharge from an inpatient service? ¹⁶ (calendar year)	Not reported ¹⁷	7 DHBs	5 DHBs	-	-

12 Mārama Real Time Feedback. Above footnote 5.

13 Office of the Health and Disability Commissioner.

14 Mārama Real Time Feedback. Above footnote 5.

15 See Figure 6, Ministry of Health. 2019. *Office of the Director of Mental Health Annual Reports: Annual Report 2017*. Wellington: Ministry of Health. Note calendar year not financial year. Future monitoring reports will include the percentage of people leaving an inpatient service with a transition plan.

16 Ministry of Health, *Office of the Director of Mental Health Annual Reports: Annual Report 2016; 2015; 2014; and 2013*. Note calendar year not financial year. In 2014, the Ministry introduced a target that at least 95% of young people who have used mental health and addiction services have a transition (discharge) plan. Several DHBs do not report or provide a zero return.

17 Future monitoring reports will include the percentage of people leaving an inpatient service with a transition plan, including youth.

Am I a partner in my care? (cont.)

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
How many contacts involving family and whānau were made by services? (percentage of total contacts) ¹⁸	428,770 (9%)	415,138 (9%)	397,758 (8%)	371,544 (8%)	355,315 (8%)
Māori	121,955 (9%)	116,356 (8%)	114,028 (8%)	105,510 (8%)	105,611 (8%)
Pacific	31,063 (9%)	29,427 (9%)	27,530 (8%)	25,425 (8%)	24,112 (8%)
Young people (0–19 years)	228,740 (28%)	223,391 (28%)	216,752 (27%)	199,519 (26%)	187,315 (24%)
Addiction services	30,163 (4%)	28,622 (3%)	29,383 (4%)	27,696 (3%)	25,212 (3%)
How many contacts were made by services to support family and whānau, including children? ¹⁹	15,817	13,853	-	-	-
Māori	4,364	3,614	-	-	-
Pacific	556	333	-	-	-
Young people (0–19 years)	5,746	5,501	-	-	-
Addiction services	2,205	2,678	-	-	-
How many contacts were made to support consumers in their role as parents or caregivers? ²⁰	1,901	1,848	-	-	-
Māori	398	499	-	-	-
Pacific	253	155	-	-	-
Young people (0–19 years)	225	292	-	-	-
Addiction services	232	500	-	-	-
On an average day, how many people were subject to a compulsory community treatment order under the Mental Health Act? ²¹ (calendar year)	4,259	4,085	3,970	3,841	3,569

18 Ministry of Health PRIMHD database 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. Codes T32 “Contact with family/whānau, consumer not present” and T36 “Contact with family/whānau, tangata whaiora/consumer present” combined. Percentage is calculated out of total contacts including “did not attend”.

19 Ministry of Health PRIMHD database 9 July 2019 analysed by Te Pou o Te Whakaaro Nui. Codes T47 “Support for family/ whānau” and T49 “Support for Children of Parents with Mental Illness and Addictions” combined. This information is not well reported and likely to be underestimated.

20 Ministry of Health PRIMHD, 9 July 2019, analysed by Te Pou o Te Whakaaro Nui. Code T50 “Support for Parents with Mental Illness and Addictions”. Note this code has been collected only since 1 July 2016. This code is not embedded into services. It will take a while for people to know that this code is available and to use it properly. Only 13 DHBs and 23 NGOs are collecting this code so far.

21 Ministry of Health, *Office of the Director of Mental Health Annual Reports: Annual Report 2017; 2016; 2015; 2014; and 2013*. Supplementary information was also provided by the Office of the Director of Mental Health and Addiction where data splits were not published in their annual reports. Note calendar year not financial year.



Question 4: Am I safe in services?

In 2017:

- The number of seclusion events increased 9% from 1,483 in 2016 to 1,569 in 2017. This is the first time these events have shown an increase over the last five years, with seclusion events showing a steady decline over the previous four years. Conversely, the number of adults secluded decreased by 3% between 2016 and 2017 (a person can experience more than one seclusion event).
- 41% of adults who experienced seclusion within inpatient services were Māori. While this represented a small decrease as compared to 44% of adults within inpatient services in 2016 and 2015, the proportion has increased from 36% in 2014 and 2013.
- 40% of total seclusion events are experienced by Māori. The proportion of seclusion events that apply to Māori has increased over time from 33% in 2013.

In 2017/18:

- 22% of complaints to HDC about mental health and addiction services in 2017/18 were about inadequate treatment. This is a small increase on the 18% of complaints that involved this issue in 2016/17.
- The number of adverse events (suspected suicide, serious self-harm, serious adverse behaviour) reported in mental health and addiction services rose by 29% between 2013/14 to 2017/18 from 165 to 232. The Health Quality & Safety Commission notes that while each adverse event represents harm to a consumer and their whānau, it is most likely that the increase in adverse event reporting represents an improvement in the ability of providers to recognise and report events.

Am I safe in services?

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
What percent of complaints about mental health and addiction services were about inadequate or inappropriate care? ²²	22%	18%	-	-	-
How many serious adverse events (suspected suicide and serious self-harm) happen in mental health and addiction services? ²³	232	206	178	171	165
How many people in inpatient units were secluded? (calendar year) ²⁴	775 adults	802 adults	754 adults	736 adults	768 adults
Māori adults	321 (41%)	352 (44%)	329 (44%)	264 (36%)	277 (36%)
Pacific adults	63 (8%)	48 (6%)	Unable to provide*	Unable to provide*	44 (6%)
Young people (0–19 years)	98	104	121	111	106
How many times was seclusion used (some people have more than one period of seclusion)? (calendar year) ²⁵	1,569 adult events	1,483	1,668	1,804	1,851
Māori adults	635 (40%)	598 (40%)	692 (41%)	546 (30%)	617 (33%)
Pacific adults	129 (8%)	74 (5%)	Unable to provide*	Unable to provide*	28 (2%)
Young people (0–19 years)	285	323	289	339	311
What proportion of seclusion events last less than 24 hours? (calendar year) ²⁶	76%	75%	72%	74%	74%
Māori adults	75%	69%	Unable to provide*	Unable to provide*	73%
Pacific adults	74%	81%	Unable to provide*	Unable to provide*	72%
Young people (0–19 years)	83%	87%	Unable to provide*	Unable to provide*	83%

* Data for the Director of Mental Health and Addiction annual reporting is a combination of PRIMHD data and manual reporting. Ethnicity splits were not provided with manual data for those years.

22 Office of the Health and Disability Commissioner.

23 Health Quality & Safety Commission, Serious Adverse Event database and Health Quality & Safety Commission. 2018. *Learning from adverse events: Adverse events reported to the Health Quality & Safety Commission 1 July 2017 to 30 June 2018*. Wellington: Health Quality & Safety Commission.

24 Ministry of Health, above footnote 21.

25 Ministry of Health, above footnote 21.

26 Ministry of Health, above footnote 21.



Question 5: Do services work well together for me?

In 2017/18:

- 80% of consumers and whānau reported that the providers they see communicate with each other when they need to.
- In 11% of complaints to HDC about mental health and addiction services in 2017/18, complainants were concerned about the coordination of their care. This was a small decrease on the 13% of complaints involving this issue in 2016/17. Complaints regarding inadequate follow-up by mental health and addiction services also decreased from 11% in 2016/17 to 8% in 2017/18.
- Young people are less likely than adults to be followed up within 7 days of being discharged from an inpatient unit (54% compared to 68% across all ages). This falls short of the 90–100% aspirational target set by the sector in its Key Performance Indicator Programme.
- Pacific people have longer average stays in inpatient units (22 days compared to 18 days) and are more likely to be followed up within 7 days of discharge than others (71% compared to 68% of all consumers and 65% of Māori).
- Readmission rates within 28 days of discharge have remained steady at around 16% over the last 5 years.



Do services work well together for me?

Indicator	2017/18	2016/17	2015/16	2014/15	2013/14
What percent of consumers and family and whānau report that the people they see communicate with each other when they need them to? ²⁷	82%	83%	-	-	-
Consumer	82%	82%	-	-	-
Māori	83%	83%	-	-	-
Pacific	85%	86%	-	-	-
Whānau	83%	84%	-	-	-
What percent of complaints were about coordination of care between different service providers? ²⁸	11%	13%	-	-	-
Average length of stay in an inpatient unit ²⁹	18 days	17 days	18 days	18 days	18 days
Māori	18 days	16 days	17 days	-	-
Pacific	22 days	21 days	24 days	-	-
Young people (0–19 years)	12 days	11 days	12 days	-	-
How many people were followed up within 7 days of leaving hospital? (same DHB only) ³⁰	68%	68%	67%	66%	67%
Māori	65%	63%	63%	-	-
Pacific	71%	74%	70%	-	-
Young people (0–19 years)	54%	50%	43%	-	-
How many people went back into hospital within 28 days of being discharged? ³¹	16%	15%	16%	17%	16%
Māori	15%	15%	17%	-	-
Pacific	15%	12%	12%	-	-
Young people (0–19 years)	19%	20%	17%	-	-

27 Mārama Real Time Feedback. Above footnote 5.

28 Office of the Health and Disability Commissioner.

29 *The Key Performance Indicator (KPI) Programme Interactive Report*. The *KPI Programme Interactive Report* sources data from the Ministry of Health PRIMHD database. Issued date of the latest interactive report is 20 September 2019 for PRIMHD, data extracted 2 September 2019. It includes activities up to 30 June 2019 and any historical change or resubmission to PRIMHD up to 1 September 2019.

30 Ibid.

31 Ibid.



Question 6: Do services work well for everyone?

- Nearly 1 in 3 Māori and 1 in 4 Pacific peoples live with mental distress and addiction, compared to 1 in 5 New Zealanders.³²
- 1 in 4 secondary students report poor emotional well-being.³³

In 2017:

- 41% of adults who experienced seclusion within inpatient services were Māori. The proportion of Māori secluded has increased over the last 5 years.

In 2017/18:

- The greatest improvements in clinician-rated scores of a person's mental distress and social functioning were for Pacific adults on discharge from a mental health inpatient unit (61%↑ compared to 54%↑ for the general population and for Māori) and Māori youth on discharge from inpatient services (45%↑ compared to 39%↑ for the general population).
- Māori and Pacific peoples have higher rates of homelessness and supported accommodation use, and lower rates of education, training, or employment than the general population accessing services.
- Young people have the longest wait times for mental health services of any population group. Youth services do not meet targets, with 70% of young people being seen within 3 weeks (target is 80%) and 90% within 8 weeks (target is 95%) of their first referral.
- Young people are also less likely than adults to be followed up within 7 days of being discharged from an inpatient unit (53% compared to 67% across all ages).

32 Oakley Browne, MA, Wells, JE, and Scott, KM (eds), *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health; 2006. This prevalence data is old and urgently needs to be updated, as recommended in Health and Disability Commissioner, *New Zealand's Mental Health and Addiction Services — The monitoring and advocacy report of the Mental Health Commissioner*. Wellington: Health and Disability Commissioner; 2018.

33 Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., et al. (2013). *Youth '12 Overview: The Health and Wellbeing of New Zealand Secondary Students in 2012*. Auckland, New Zealand: The University of Auckland.

**HDC
Complaints**

**Consumer
and whānau
feedback**

**Sector
engagement**

**System
and service
performance
information**

System overview

The big picture: Population needs, services and funding landscape, workforce, leadership and strategy

Services: Are we meeting the needs of consumers?

Assessed by answering:



**Can I get help
for my needs?**



**Am I helped
to be well?**



**Am I a partner
in my care?**



**Am I safe
in services?**



**Do services work well
together for me?**

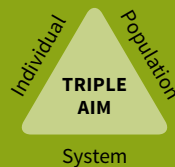


**Do services work
well for everyone?**

Areas for improvement

Identify successes and challenges, recommend system improvements

HEALTH QUALITY MEASURES – Safety – Patient experience – Effectiveness – Equity – Timeliness/Access – Efficiency





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