

8 December 2020

[REDACTED]
Via Email: [REDACTED]

Response to a request for official information

Dear [REDACTED]

Thank you for your request for official information received 19 November 2020 by Nelson Marlborough Health (NMH)¹, where you seek the following information:

For Maori and, separately, non-Maori, referred to mental health and addiction services at the DHB between 1 July, 2019 and 30 June, 2020:

1. Referral numbers for each service, e.g., child/adolescence/adult/older adult

NMH response:

TABLE ONE

Total Referrals Received by Mental Health and Addiction Services

Service	Maori	Non-Maori
Addictions	418	1,228
Adult Mental Health (MH)	717	3,339
Adult Mental Health Inpatient	65	320
Infant, Child & Adolescent Mental Health	276	857
Older Persons Mental Health Community	7	426
Older Persons Mental Health Inpatient	4	44
Older Persons MH Community & Inpatient	0	14

2. What psychiatric diagnoses did these people present with? Please provide numbers of people per diagnosis, e.g., deferred diagnosis – 100; schizophrenia – 100.

NMH response: This dataset is incomplete and our Mental Health and Addiction Community Services are in the process of rolling out electronic capture of Referral Reasons – high level information showing why a person has been referred, rather than a formal diagnosis where the actual diagnosis may differ (an electronic system for clinicians to capture diagnosis codes in the community setting is not yet available). It would take a significant amount of time and resources to go through individual patient/client files and, as such, NMH declines to respond to this part your request under section 18(f) as *'the information requested cannot be made available without substantial collation and research'*.

¹ Nelson Marlborough District Health Board

3. How many of those in point 1 and 2 were engaged with a psychologist for psychological assessment/treatment or both?

NMH response:

TABLE TWO

Community Referrals with Psychology Assessment and/or Provision of Care

Service	Maori	Non-Maori
Addictions	5	31
Adult Mental Health (MH)	56	359
Infant, Child & Adolescent Mental Health	18	93
Older Persons Mental Health Community	[s9(2)(a)]	8
Older Persons MH Community & Inpatient	0	[s9(2)(a)]

Note: Information for categories with fewer than 3 individuals is withheld under section 9(2)(a) 'to protect the privacy of natural persons, including that of deceased natural persons'.

Data Inclusion: Referrals for one or more recorded face-to-face Community Contacts with a Psychologist

Data Exclusion: Referrals to Inpatient services only

In the circumstances, the withholding of low numbers is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

4. How many were prescribed medication?

a. Of this number, how many were prescribed anti-psychotic medication?

NMH response: This information is not able to be extracted at an individual level for an Inpatient Setting, and a database is yet to be established for a Community Setting. It would take a significant amount of time and resources to go through individual patient/client files and, as such, NMH declines to respond to this part of your request under section 18(f) as 'the information requested cannot be made available without substantial collation and research'.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Dr Peter Bramley
Chief Executive