

12 September 2022

9(2)(a)

RE Official information request WCD 9728 / HNZ 3114 – 9(2)(a)

I refer to your email dated 17 August 2022 requesting the following information under the Official Information Act from Te Tai o Poutini West Coast. Specifically:

**1. How many mental health care workers are employed in the district?**

There are 80 mental health care workers employed by Te Tai o Poutini West Coast.

**2. Can this please be broken down by psychiatrists, psychologists, counsellors, clinical social workers, mental health nurses or other mental health staff?**

Table one:

Title	Head count	Contracted FTE
Psychiatrists	5	3.18
Psychologists	2	2.00
Counsellors	0	
Social Worker	2	1.80
MH Nurses	39	35.80
Other MH staff	32	26.53
Total	80	69.31

**Note:** \* Administrative roles within the Te Tai o Poutini West Coast's Mental Health services have not been included as employees can work across different specialities and therefore we are unable to provide an accurate figure.

**3. How many vacant roles are there currently within the mental health team?**

The current vacant roles as at 31 July 22 are 14.35 FTE and detailed in the table in Question 4.

#### 4. What are the roles that need to be filled?

Table two

Title	Vacancies (FTE)
Psychiatrists	0.83
Psychologists	0.40
Counsellors	
Social Worker	1.20
MH Nurses	11.83
Other MH staff	0.09
Total	14.35

#### 5. What is the current average wait time for the first appointment with mental health services?

The current average wait time (as at 28 Aug 22) is less than 3 weeks

#### 6. What is the current average wait time to see a psychiatrist?

This is not recorded and is established on a case by case basis of clinical assessment. We have no electronic field that signals a date for decision that the service user needs to see a psychiatrist.

#### 7. How many people were seen by the district's mental health services in 2021, and 2022 so far?

01.07.2021 to 30.06.2022 = 3,066

01.07.2022 to 29.08.2022 = 906

**Note** The increase in monthly average has arisen due to Buller Floods, Covid & IPU stays.

#### 8. Do you have a priority system in place to determine who needs to be seen most urgently?

Te Tai o Poutini West Coast utilises the UK Mental Health Triage Scale tool. Attached in **Appendix 1**.

#### 9. Could you outline the levels and the definitions that align with those priority levels?

Please see the UK Mental Health Triage Scale attached in **Appendix 1**

#### 10. What is the district's definition of a mental health crisis?

A mental health crisis is any situation in which a person's thoughts, feelings, and behaviours can lead to them experiencing acute distress, hurting themselves or others, and/or putting them at risk of being unable to care for themselves or function in a healthy manner.

#### 11. How much funding has been dedicated to districts' mental health services in the past five years?

Table three

Mental Health Funding (,000s)	FY 18	FY 19	FY 20	FY 21	FY 22
Mental Health Services	14,877	15,410	15,953	16,802	16,967

12. Of that total how much has been dedicated to child and adolescent mental health services (CAMHS)?

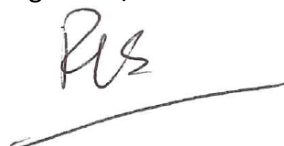
Table four

Mental Health Funding (,000s)	FY 18	FY 19	FY 20	FY 21	FY 22
Child & Youth Mental Health Services	1,333	1,364	1,392	1,521	1,317

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Te Tai o Poutini West Coast website after your receipt of this response.

Ngā mihi / Yours sincerely,



Ralph La Salle  
Senior Manager, OIAs  
Waitaha Canterbury / Te Tai o Poutini West Coast.

UK Mental Health Triage Scale				
Triage Code /description	Response type/ time to face-to-face contact	Typical presentations	Mental health service action/response	Additional actions to be considered
<b>A</b> Emergency	<b>IMMEDIATE REFERRAL</b> Emergency service response	Current actions endangering self or others Overdose / suicide attempt / violent aggression Possession of a weapon	<b>Triage clinician to notify ambulance, police and/or fire service</b>	Keeping caller on line until emergency services arrive / inform others  Telephone Support.
<b>B</b> Very high risk of imminent harm to self or to others	<b>WITHIN 4 HOURS</b> Very urgent mental health response	Acute suicidal ideation or risk of harm to others with clear plan or means Ongoing history of self harm or aggression with intent Very high risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control Urgent assessment under Mental Health Act  Initial service response to A & E and 'front of hospital' ward areas	<b>Crisis Team/Liaison/ face-to-face assessment AND/OR Triage clinician advice to attend a hospital A&amp;E department</b> (where the person requires medical assessment/ treatment)	Recruit additional support and collate relevant information  Telephone Support.  Point of contact if situation changes
<b>C</b> High risk of harm to self or others and/or high distress, especially in absence of capable supports	<b>WITHIN 24 HOURS</b> Urgent mental health response	Suicidal ideation with no plan or ongoing history of suicidal ideas with possible intent Rapidly increasing symptoms of psychosis and / or severe mood disorder High risk behaviour associated with perceptual or thought disturbance, delirium, dementia, or impaired impulse control  Overt / unprovoked aggression in care home or hospital ward setting Wandering at night (community) Vulnerable isolation or abuse	<b>Crisis Team/Liaison/ Community Mental Health Team (CMHT) face-to-face assessment</b>	Contact same day with a view to following day review in some cases  Obtain and collate additional relevant information  Point of contact if situation changes  Telephone support and advice to manage wait period
<b>D</b> Moderate risk of harm and/or significant distress	<b>WITHIN 72 HOURS</b> Semi-urgent mental health response	Significant patient / carer distress associated with severe mental illness (but not suicidal) Absent insight /early symptoms of psychosis Resistive aggression / obstructed care delivery Wandering (hospital) or during the day (community) Isolation / failing carer or known situation requiring priority intervention or assessment	<b>Liaison/CMHT face-to-face assessment</b>	Telephone support and advice  Secondary consultation to manage wait period  Point of contact if situation changes
<b>E</b> Low risk of harm in short term or moderate risk with good support/ stabilising factors	<b>WITHIN 4 WEEKS</b> Non-urgent mental health response	Requires specialist mental health assessment but is stable and at low risk of harm during waiting period Other services able to manage the person until mental health service assessment (+/- telephone advice) Known service user requiring non-urgent review adjustment of treatment or follow-up Referral for diagnosis (see below) Requests for capacity assessment, service access for dementia or service review / carer support	<b>Out-patient clinic or CMHT face-to-face assessment</b>	Telephone support and advice  Secondary consultation to manage wait period  Point of contact if situation changes
<b>F</b> Referral not requiring face-to-face response from mental health	<b>Referral or advice to contact alternative provider</b>	Other services (outside mental health) more appropriate to current situation or need	<b>Triage clinician to provide advice, support Advice to contact other provider and/or phone referral to alternative service provider</b> (with or without formal written referral)	Assist and/or facilitate transfer to alternative service provider  Telephone support and advice
<b>G</b> Advice, consultation, information	<b>Advice or information only OR More information needed</b>	Patient or carer requiring advice or information Service provider providing information (collateral) Initial notification pending further information or detail	<b>Triage clinician to provide advice, support, and/or collect further information</b>	Consider courtesy follow up telephone contact  Telephone support and advice