

2022 STOCKTAKE

of the Infant, Child, Adolescent and Youth Mental Health / Alcohol and Other Drug Services in Aotearoa New Zealand

Māori National Overview



ISBN 978-0-9941149-5-2
Citation:
Whāraurau. (2023). 2022 Stocktake of Infant, Child, Adolescent and Youth Mental Health and Alcohol and Other Drug Services in Aotearoa New Zealand: Māori National Overview. Auckland: Whāraurau, Auckland Uniservices, The University of Auckland.
Cover Artwork by Kimberley Spain
This workforce development initiative is funded by:
Te Whatu Ora, Health New Zealand, New Zealand This document is available on the Whāraurau website: wharaurau.org.nz.

Contents

cknowledgements1
oreword
ntroduction
Strategic and Future Directions and Focus
1āori National Overview7
Māori Pēpi, Tamariki, and Taiohi Population 7 Māori Pēpi, Tamariki & Taiohi Service User Access to ICAYMH/AOD Services 7 Māori ICAYMH/AOD Workforce 9 Māori Pēpi, Tamariki, and Rangatahi Service User & Workforce Comparisons 13 Recommendations 14
eferences19
ppendices
Appendix A: Population Data
Appendix F: Glossary of Terms

Acknowledgements

The Whāraurau team wishes to acknowledge the valuable input from all who contributed to this Stocktake. The Stocktake project was led by Julliet Bir.

Whāraurau Project Team:

Abigail Milnes Director

Stacey Porter, Te Aroha Devon Māori Advisors

Maliaga Erick, Siosinita Alofi Pacific Advisors

Romy Lee, Abigail McDonald, Nicole Gutierrez Youth Consumer Advisors

Wubit Tessema Assistant Data Collector/Statistics Editor

Cultural Advisory Groups:

Māori Advisory Group Hine Moeke-Murray, Patrick Mendes, Pania Hetet

Rozi Pukepuke, Valerie Williams

Pacific Advisory Group Mercy Brown, Synthia Dash, Iris Feilo-Naepi, Johnny Kumitau, Siaki

Tokolahi

Asian Advisor Patrick Au

Special thanks to all staff within Te Whatu Ora services, NGOs and PHOs who have contributed to the 2022/23 ICAYMH/AOD Workforce *Stocktake*.

Foreword

Tēnā koutou katoa

This is the 10th biennial Stocktake of the Infant, Child, Adolescent and Youth Mental Health/Alcohol and Other Drugs Workforce. Here we provide data from the 2022 and 2023 years on the workforce and the access rates of our young people to mental health and addiction services.

The people working on the frontline in these services continue to respond to high demand and a growing complexity of mental health and wellbeing needs. We recognise and appreciate their efforts to improve the mental health and wellbeing of our communities and change the lives of generations to come.

To support and develop our workforce, we need accurate information on their capacity and capability and service configuration relative to demand. Access to good data informs planning and resource allocation, to help ensure that services can adequately meet the needs of the population, both now and in the future. This stocktake contributes to the broader national picture of our health workforce being captured.

Over the past two years, the health system reforms have reinforced and made visible our obligations under Te Tiriti O Waitangi. It is envisaged that, through the partnership and combined intelligence of Te Whatu Ora and Te Aka Whaiora, the underlying drivers of the challenges faced by our health workforce can be more effectively tackled. The drivers identified in the Health Workforce Plan 2023/24 include systemic underinvestment and a failure to grow, recruit and retain people amid global competition and workforce shortages. These challenges are reflected in the current ICAYMH workforce stocktake data.

For our O-19-year-olds, population projections indicate an overall decrease. However, this age group is expected to become more ethnically diverse, with significant growth projected for Māori, Pacific and, particularly, Asian populations. The need for cultural competency development and training has been consistently reported by services. In this stocktake, we asked about specific cultural competency development needs. Whāraurau, a tangata tiriti organisation, is committed to its obligations under Te Tiriti O Waitangi. With our community partners and the people who share their taonga of lived experience, we will continue to strengthen our workforce development in response to these needs.

Kia Manawanui Aotearoa: The long-term pathway to mental wellbeing (Ministry of Health, 2021a) recognises the need to broaden our understanding of who we think makes up the mental health and addiction workforce. It also recognises the need to grow and support our existing workforce with new skills and competencies to help transform how mental health and wellbeing support is accessed. We continue to consider ways we can equip and connect a broader workforce to meet the needs of our young people and whānau. Those in our specialist services, community services and our schools all have a role when addressing the mental health and wellbeing needs of our young people and whānau.

Working out ways we can best support these people is our kaupapa.

Abigail Milnes
Director
Whāraurau

Introduction

Strategic and future directions and focus

Koi Tū: The Centre for Informed Futures (e.g., Poulton et al., 2020) advocates for a need to move to a more community-based model of mental-health service delivery. This would begin with the integration of support services into general practice and the development of other community settings, all within the health and disability sector reforms that started in March 2021. Primary and community care in the future system is to be reorganised to serve communities through locality networks focused on population health needs, and hospital and specialist services will be planned and managed by Te Whatu Ora | Health NZ. Te Pai Tata: the NZ Health Plan (Te Whatu Ora, 2022), jointly developed by Te Whatu Ora | Health NZ and Te Aka Whai Ora | Māori Health Authority, serves as a foundation of the new system and a key enabler of the intended outcomes of the reform. Oranga Hinengaro actions include (pp. 43-44):

- Implementing a nationally consistent approach to the integration of specialist community mental health and addiction teams with NGOs, primary and community care.
- Designing and expanding Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access, and choice services.
- Developing solutions with communities, including with NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode to access timely care and support.
- Working with Ministries of Housing & Urban Development and Social Development in developing solutions with Kainga Ora housing providers, to improve access to quality, safe and affordable housing with support services.

Budget 2022 and Government priorities, relevant to those aged 0-19 years, include (p. 44):

- Continue alcohol and other drug treatment courts in Auckland, Waitakere, and Waikato.
- Continue rollout of integrated mental health and addiction services in primary care and for young people.
- Expand availability and trial new models of specialist mental health and addiction services, to support child and adolescent mental health and addiction, eating disorders, and Taurite specialist Māori.
- Continue and expand *Mana Ake*, a school-based mental health and wellbeing initiative, for primary and intermediate aged children.
- Ensure the continuity of *Piki*, an integrated mental health support initiative for rangatahi.

Workforce development

Workforce development in the ICAYMH/AOD sector has been guided by the strategies outlined for the broader mental health and addiction sector (Mental Health Commission, 2012; Ministry of Health, 2005, 2012b, 2017, 2018; New Zealand Government, 2012; Te Rau Matatini, 2007; Wille, 2006). To enhance strategies for addressing the mental health and wellbeing needs of infants, children, adolescents, youth and their families/whānau, it is crucial to have effective services, focusing on early intervention, provided by a highly skilled and well-supported mental health and addiction workforce and with greater integration between primary and specialist services.

The NZ Health Plan, Te Pae Tata (Te Whatu Ora, 2022) outlines the most recent action plans for the overall health workforce:

- Implement programmes to grow the numbers and diversity of the health workforce, including Māori, Pacific and Tāngata whaikaha, disabled people.
- Implement a workforce pipeline that works with education providers and professional bodies to ensure education and training programmes are in place to grow a quality and diverse healthcare workforce.
- Work in partnership with authorities to standardise professional and regulatory requirements across Te Whatu Ora, Te Aka Whai Ora, and ACC to enable registered and unregistered staff to have training and experience pathways to advanced roles and improved interdisciplinary working across urban and rural health services.
- Support the Government's planning for future investments in pay equity and pay parity to ensure a fair health workforce environment.
- Support educational interventions to increase Māori and Pacific access to health professional training, building the workforce pipeline to grow Te Ao Māori and Pacific services.
- Implement and monitor a programme providing nationally consistent cultural safety training to Te Whatu Ora and Te Aka Whai Ora workforces.
- Informed by *Te Mauri o Rongo*, *the Health Charter*, implement and monitor actions to improve the workplace experience of the healthcare workforce.

The Stocktake

Effective workforce development requires accurate information on the capacity and capability of the workforce and service configuration relative to demand. This requires centralised, regular (biennial), standardised data collection of workforce composition and service user data for regional planning, as recommended in *Whakamārama te Huarahi* (Wille, 2006). Accumulated data to date (from 2004) provide a unique opportunity to identify trends over time in both workforce and demand for services, and to explore the interactions between funding, staffing, and service user access.

This is our 10th stocktake of the workforce that provides infant, child, adolescent and youth mental health/alcohol and other drugs (ICAYMH/AOD) services, and it provides a snapshot of population trends, service demand (service user data), investment in service provision (funding data), and the capacity and capabilities of the workforce (through workforce survey and the *Real Skills Plus ICAYMH/AOD online assessment tool*) in relation to service demand. The *Stocktake* aims to support Manatū Hauora |Ministry of Health, Te Whatu Ora and Te Aka Whai Ora, national, regional, and local planners, funders, and service leaders in assessing current capacity and planning for service and workforce development.

The 2022/23 Stocktake report includes the following data:

Population: Population data play a crucial role in assessing the current and anticipated future demand for services. By analysing population data, it becomes possible to understand the size and composition of the population, allowing for a better estimation of the demand for services.

• Population data are based on 2018 census and projections (prioritised ethnicity) sourced from Statistics New Zealand. Prioritised ethnicity data are used as they are easier to work with, as each individual appears only once (note, therefore, that the sum of the ethnic group populations will not add up to the total NZ population; Statistics New Zealand, 2006).

Funding: Indicates the level of investment for service provision and workforce development activities.

• Data were extracted from the Manatū Hauora's Price Volume Schedules (PVS, contract period 2021-2022, financial year) and are based on contracts coded to infant, child, adolescent, and youth purchase unit codes (including alcohol & drug and forensic); and may not capture those services that provide ICAYMH services if coded differently.

Workforce: Data collection for each *Stocktake* is informed by consultations with teams at Manatū Hauora and Whāraurau (including Youth Consumer, Māori, and Pacific advisors) and external Māori, Pacific, and Asian advisory input. Data were collected using a workforce survey communicated via email and phone, and includes:

- 20 Te Whatu Ora and Manatū Hauora funded Te Whatu Ora (Inpatient & Community) ICAYMH/AOD services (including National Youth Forensic Inpatient Service)
- 108/122 (89%) Te Whatu Ora and Manatū Hauora funded, NGO (112) and PHO (10) service providers contracted to provide ICAYMH/AOD services from July 2021 to June 2022, extracted from the MOH 2021/2022 PVS. Data provided in 2020 were used as an estimate of the workforce for those who did not participate.
- Data are collected and presented by actual and vacant full-time equivalents (FTEs) and headcount by ethnicity and occupation as at 30 June 2022 and collected from July 2022 to May 2023. Data in this *Stocktake* are reported at the national level. Regional data are presented in the *Appendices* and more detailed data can be provided upon request.
- Data are reported by "clinical" and "non-clinical" categories. Clinical includes alcohol and drug workers, counsellors, nurses (mental health, registered, nurse practitioners), occupational therapists, psychiatrists, psychotherapists, clinical or registered psychologists, and social workers. Non-clinical includes the workforce that provides direct support/care for service users and includes cultural workers (kaumātua, kuia or other cultural appointments), mental health support workers, mental health consumers, peer support workers and youth workers. Note: Te Whatu Ora services recruit staff from various disciplines based on relevant skills and competencies, rather than strictly following the above categories for workforce data collection and reporting.
- Vacancy Rates: Rates are calculated by dividing the Vacant FTE by the sum of Actual and Vacant FTEs. Staff Turnover rates are calculated by dividing the total number of staff who left during 2021 and 2022 by the average number of staff within that timeframe, multiplied by 100.

• Real Skills Plus (RSP) ICAYMH/AOD competency data are extracted from the RSP ICAYMH/AOD online assessment tool (accessed via the Whāraurau website) which identifies practitioner competencies for working in the ICAYMH/AOD sector and highlight areas for development. RSP data is collected at individual, team, service, and organisational levels, regionally and nationally. RSP has three levels: Primary Level (for workers in the primary sector working with infants, children & young people), Core Level (practitioners focusing on mental health/AOD concerns) and Specific Level (senior/specialist practitioners working at advanced levels of practice). National organisational level data (as at March 2023) are used in this report to present the current levels of knowledge and skills that were self-reported by teams representing 15 Te Whatu Ora services (Core level competencies) and 32 NGO/PHO (Primary and Core level competencies) workforces.

Limitations:

- Data quality relies on the information provided by service providers. While respondents are supported to accurately complete the workforce survey (previous team/service data are included in the workforce survey to help guide completion), variations over time may still occur due to how different management respondents count their staff and each respondent's understanding of how to complete the workforce survey. Analyses are adjusted as more accurate data are received. Changes in contracts may also contribute to observed variances.
- Ethnicity data are reported at management level and prioritisation of ethnicity in cases of mixed ethnicity is determined at this level. Hence, caution should be exercised when interpreting ethnicity data.
- While these limitations apply to both Te Whatu Ora and NGO/PHO services, there are other factors that affect the quality of data from the NGO/PHO sector. Therefore, caution should be exercised when interpreting the information from this sector. These services:
 - receive funding from various sources (MSD, Accident Compensation Corporation, Youth Justice). Due to a diverse range of services provision, it can be challenging to determine the specific portion of funding allocated to the Manatū Hauora/Te Whatu Ora funded ICAYMH/AOD contract.
 - often offer integrated support that covers all age groups and within the entire family. Determining the precise portion of full-time equivalent (FTE) that falls under the Te Whatu Ora-funded infant, child, adolescent, and youth contract is challenging for providers, often requiring estimation.
 - have contracts that are held by a single lead provider with contracts devolved to a number of other providers.

 This level of detail may not be captured in the PVS; therefore, services may be missed.
 - receive a variable number of contracts from year to year; therefore, difficult to ascertain workforce trends over time.
 - face challenges in recruiting and retaining qualified staff in rural areas. Unfilled positions funding may need to be returned to the funders; therefore, services may be reluctant to provide this information.
- RSP competency data limitations:
 - i. The RSP online tool was updated in March 2022, therefore this report includes data from March 2022 to March 2023.
 - ii. The RSP tool is based on self-report.
 - iii. Some of the competencies may not be relevant to the worker's scope of practice (e.g., leadership), and this might nevertheless be marked as needing development, which could skew the results

Service user data: Helps to identify utilisation patterns and gaps in service delivery and can be used to guide resource allocation and interventions for timely and appropriate mental health services and support.

- Service user data on those aged o-19 years old are extracted from the Programme for the Integration of Mental Health Data (PRIMHD). PRIMHD contains information on service users (demographics, referral, activity type, outcomes) accessing *secondary* mental health/AOD services (inpatient, outpatient, and community) provided by 20 Te Whatu Ora providers and NGO providers (157 NGOs in the 2019 data set and 148 NGOs in the 2021 dataset).
- Data are based on service of domicile (residence) for full calendar years (i.e., the area where the service user lived).
- Access rates: A New Zealand study indicated that 20% of the population has a diagnosable mental illness (including alcohol and drug use disorders) at any one time (Oakley Browne et al., 1989). Around 3% of people have serious,

ongoing, and disabling mental illness requiring treatment from specialist mental health and alcohol and drug services. The equivalent figure for children and young people is estimated to be 5% (McGeorge, 1995). Based on the McGeorge report, the Ministry of Health set an access benchmark to mental health services (including drug and alcohol services) for children and young people (0-19 years) at 5% in 1996. This is in line with the 1996 report of the Mental Health Strategy Advisory Group, which suggested that a realistic target for access to specialist child and youth mental health services of 3% by the year 2000/01 be set, moving to 5% in subsequent years. The 5% target, by the year 2005, was incorporated in Moving Forward (Ministry of Health, 1997). Target rates were also set to account for expected variations in the prevalence rates of mental illness among different age groups: 1% for children aged o-9 years; 3.9% for ages 10-14 years; and 5.5% for ages 15-19 years. Te Rau Hinengaro (Oakley Browne et al., 2006) proposed a revised rate of 4.7% of the population requiring specialist mental health/AOD services (in any 12-month period) and identified other vulnerable population groups with significantly higher prevalence rates, including adolescents and Māori. Health Workforce NZ suggested a wider scope for mental health and addiction services to reach 7%-9% of the population to not only meet the highest needs but also, therefore, make the largest impact on wellbeing (Health Workforce, 2011). Access rates are calculated by dividing the number of service users by their corresponding population. Due to the absence of updated prevalence data and revised access rates beyond 2005, the 5% target rate is used in this report as a conservative comparison rate for the overall population of those aged o-19 years. Comparisons between access rates and target access rates by specific age groups could not be made, due to the lack of updated age-group access rate data.

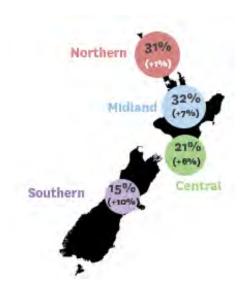
Limitations:

- Services send their previous month's service user data electronically to the PRIMHD system, which is based on the variable quality of information received.
- Service user and workforce data may not align due to differences in reporting periods. Data presented are based on the most complete information available at the time of reporting.
- PRIMHD does not contain data from PHOs nor from GPs contracted to offer youth primary mental health/addiction services. Therefore, the complete scope of service utilisation by the population aged o-19 years is not captured and is unknown.
- Increased service user numbers may not indicate true improvement, but rather the result of more services reporting data over time. Conversely, decreased service user numbers could be attributed to fewer contracted NGOs providing services for that year.
- Access rates are calculated using projections based on the 2018 census. Rates based on projections tend to be less accurate.

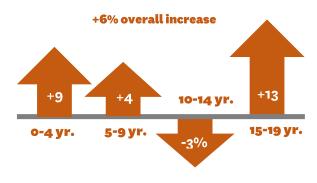
Māori National Overview

Māori pēpi, tamariki, and taiohi population

- 39% of Aotearoa NZ's Māori population are 0-19 years old (a youthful population).
- Māori make up 27% of Aotearoa NZ's population of those aged 0-19 years population.
- There is +6% overall growth projected from 2022 to 2032, with the largest growth projected for those aged 15-19 years and in the Southern region by +10%.



10-year projections (2022-2032)



Source: Statistics NZ, 2022-2032 population projections base

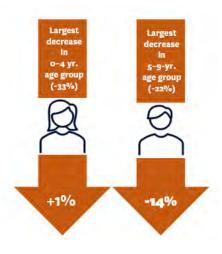
• Increasing socioeconomic inequalities, particularly in the early years, and existing and increasing high mental health concerns, compounded by the effects of COVID-19, are likely to be extensive and enduring, with mental health needs of Māori pēpi tamariki and taiohi remaining high and complex (Children's Commissioner, 2020; ESRC, 2019; Fenaughty et al., 2021a, 2021b; Fleming et al., 2020; Ministry of Social Development, 2022; Morton et al., 2014; Nicholson & Flett, 2020). These factors strongly signal an urgent need for early intervention, prioritising suicide prevention in order to improve the long-term mental health outcomes for Māori pēpi, tamariki, and taiohi.

Māori pēpi, tamariki & taiohi service user access to ICAYMH/AOD services

Māori pēpi, tamariki and taiohi service user data can help to identify utilisation patterns and gaps in service delivery, guiding resource allocation and interventions for timely and appropriate mental health services and support.

2019 to 2021:

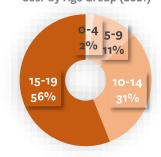
- -6% overall decrease in the number of Māori service users accessing services: +1 increase in female service users; -14% decrease in males.
- By age group, overall decrease seen in those aged 5-9 years by -20%.
- Decrease in service users seen in both NGOs (-8%) and Te Whatu Ora services (-6%).
- Increase seen only in the Southern region by +2% (Appendix B, Table 3).

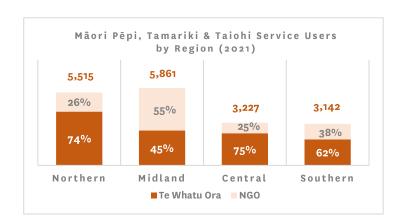


2021:

- Māori made up the 2nd largest proportion of all service users:
 31% (17, 775).
- 50% were female, 49% were male.
- Those aged 15-19 years made up the largest proportion of service users (56%), followed by those aged 10-14 years (31%), and 5-9 years (11%). Those aged 0-4 years made up the smallest proportion of service users (2%).
- 63% accessed Te Whatu Ora services and 37% accessed NGOs. Regionally, Māori largely accessed NGOs in the Midland region.

Māori Pēpi, Tamariki & Taiohi Service User by Age Group (2021)





Due to the lack of epidemiological data for Māori, the target access rate was set at double the rate (6%) of the overall

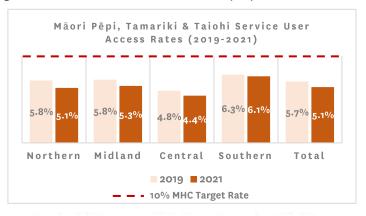
population of those aged O-19 years (3%), based on their higher need for mental health services (MHC, 1998). The 3% target rate increases to 5% from 2005 (MOH, 1997). Therefore, current Māori access rates are benchmarked against a 10% target rate (double the 5%) to compare access to services versus actual need. Target rates by age group beyond 2005 are not available, therefore comparisons are not conducted.

2019 to 2021:

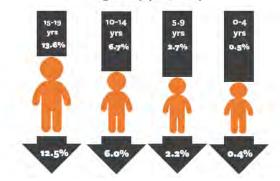
- There was a decrease in the overall access rate for Māori pēpi, tamariki and taiohi from 5.7% to 5.1%.
- Decreases were seen across all four age groups and all four regions.

2021:

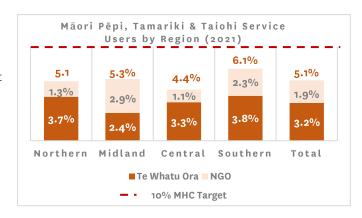
- Māori access rates remained the highest for ages 15-19 years (12.5%), and lowest for ages O-4 years (0.4%).
- Access rates for Māori were highest in the Southern (6.1%), and lowest in Central (4.4%) regions.



Māori Pēpi, Tamariki & Talohi Service User Access Rates by Age Group (2019-2021)



 Current access rates for Māori remain well below the 10% target rate, indicating underutilisation of specialist mental health services, and therefore highlighting significant unmet mental health needs.



Māori ICAYMH/AOD workforce

The following information is based on the Whāraurau workforce survey and reports actual and vacant full-time equivalents (FTEs) by ethnicity and occupation, submitted by all 20 Te Whatu Ora (Inpatient & Community) ICAYMH/AOD services, including the National Secure Youth Forensic Service, and 108/122 Te Whatu Ora-funded NGO and PHO services (112 NGOs and 10 PHOs) for the 2021/22 period. Due to a lower participation rate of NGO/PHO services, the 2020 workforce data have been used to estimate the Māori workforce for services that were unable to participate; therefore, the Māori workforce information should be interpreted with caution. Detailed ICAYMH/AOD workforce data are presented in Appendix E, Tables 1-19.

2020 to 2022/23:

- There was a +2% increase in the total Māori ICAYMH/AOD workforce. Increases were seen in two out of the four regions (Midland & Central by 14%); there were decreases in the Southern (-7%) and Northern (-17%) regions (Table 2.1).
- By service provider, there was a 6% increase in NGO services, -5% decrease in Te Whatu Ora services, and a +20% increase in the National Youth Forensic service (Table 2.1).
- There was a +7% increase in the Māori clinical workforce (from 255 to 272 headcount).

Table 2.1. Māori ICAYMH/AOD Workforce by Region (headcount, 2010-2022/23)

Māori ICAYMH/ AOD Workforce 12 Northern 57 Midland 26 Central 42 Southern 16 National Youth Forensic	Te \	Nhatu	Ora (yrs	6 - 2012	, 2014 (etc)			NGO/PH	lO (yrs))				Total	(yrs)		
	12	14	16	18	20	22	12	14	16	18	20	22	12	14	16	18	20	22
Northern	57	52	54	61	78	63	45	7 5	57	58	54	47	102	127	111	119	132	110
Midland	26	23	33	34	30	38	71	75	83	120	117	130	97	98	116	154	147	168
Central	42	49	44	40	37	42	41	35	29	37	50	57	83	84	73	77	87	99
Southern	16	15	17	17	27	19	21	27	36	41	34	38	37	43	53	58	61	57
Youth	-	-	-	13	10	12	-	-	-	-			-	-	-	13	10	12
Total	141	139	148	165	182	174	178	212	205	256	255	272	319	351	353	421	437	446

Note: Te Whatu Ora data includes Inpatient Services.

Workforce data: 2010-2016 based on a 99% response rate from NGOs, 2018 data based on a 100% response rate, 2020 is based on 84%, with 2018 data used to estimate the workforce; 2022/23 is based on 80% with 2020 data used to estimate the workforce.

2022/23:

- Māori make up 20% of the total ICAYMH/AOD workforce.
- The majority (87%) are based in the North Island (including the Youth Forensic Service workforce), with almost half based in the Midland region (43%) (Table 2.1).
- Māori are largely employed in NGO/PHO (61%) services (Table 2.2).
- 61% of the Māori workforce were in clinical roles, largely Nurses (17%), Social Workers (14%), Alcohol & Drug Practitioners (11%) and Psychologists (6%) (Table 2.2).
- 31% were in non-clinical roles (excluding admin and management), largely Mental Health Support Workers (8%), in Cultural roles (6%), Youth Workers (5%) and Peer Support Workers (3%) (Table 2.2).
- There were 4% in Management and 4% in Administration roles (Table 2.2).

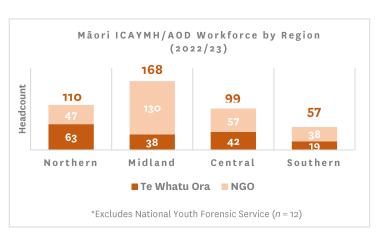




Table 2.2. Māori ICAYMH/AOD Workforce by Service Type & Occupation (2022/23)

Māori ICAYMH/AOD	Te Wł	natu Ora Provid	er Services	To sail or		
Workforce by Occupation (Headcount, 2022/23)	Inpatient	Community	National Youth Forensic Service	Te Whatu Ora Total	NGO/PHO	Total
Alcohol & Other Drug Practitioner	-	4	1	5	43	48
Co-Existing Problems Clinician	-	4	-	4	1	5
Clinical Intern	-	2	-	2	1	3
Counsellor	-	3	-	3	13	16
Family Therapist	-	1	-	1	2	3
Mental Health Assistant	2	-	-	2	-	2
Nurse	7	37	6	50	24	74
Occupational Therapist	-	6	-	6	3	9
Psychiatrist	1	1	-	2	-	2
Psychotherapist	-	2	-	2	-	2
Psychologist	1	17	-	18	10	28
Senior Medical Officer	2	-	-	2		2
Social Worker	-	28	-	28	33	61
Other Clinical ¹	-	1	3	4	13	17
Clinical Sub-Total	13	106	10	129	143	272
Cultural ²	3	15	-	18	8	26
Consumer Advisor	-	-	-	-	2	2
Educator	-	-	-	-	9	9
Mental Health/Community Support Worker	4	6	1	11	25	36
Peer Support	-	-	-	-	12	12
Whānau Ora Practitioner	-	-	-	-	8	8
Youth Worker	-	-	-	-	22	22
Other Non-Clinical ³	-	-	-	-	23	23
Non-Clinical Sub-Total	7	21	1	29	109	138
Administration	-	7	-	7	9	16
Management	-	8	1	9	11	20
Total	20	142	12	174	272	446

Other Clinical: Case Manager; Triage Staff; Kai Marie Hauora; Clinical Lead; Mātanga Whai Ora; Therapist; Kaupapa Māori Infant Child & Youth

Cultural: Cultural Advisors; Pukenga Atawhai; Pakeke; Kaitakawaenga; Kaumātua; Tuturu, Whakapapa Navigator; Kaiwhakaharae; Māori Art & Craft Tutor; Kaioriki Māori; Māori Cultural Support Worker.

Other Non-Clinical: Needs Assessor; Tautiaki; Whānau Tahi (Family Harm Safety Support); Kaiwhakapuaki Waiora (Health Coach); Activity &

Skills Coordinator; Wellbeing Coach; Programme Support.

Capability of the Māori ICAYMH/AOD workforce

National organisational *Real Skills Plus* competency data (from 6 Te Whatu Ora and 12 NGO/PHO services, including 36 individuals who identified as Māori), from March 2022 to March 2023, showed that the core workforce knowledge and skill levels required to work effectively with infants, children, adolescents, and youth ranged from 52% to 69%, with further development needed in Core Knowledge in Intervention (44%) and Assessment (37%) (specifically leadership knowledge and knowledge working with tamariki) and Core Skill development for Intervention (38%) and Assessment (31%) skills (specifically skills for working with taiohi and whānau).

Top 5 competencies that needed development in each of the categories include (see figures):

Core Intervention Knowledge (44%):

- 1. Outcome measures (i.e., HoNOSCA, Strength and Difficulties Questionnaire, Outcome Rating Scale) (56%).
- Evidence-informed and evidence-based interventions (e.g., Cognitive Behavioural Therapy, ACT, FACT, DBT, Motivational Interviewing, Solution-Focused, Family Therapies, and Māori and Pacific models) (44%).
- Parental rights and relevant NZ legislation (i.e., child protection legislation and the principles of informed consent with regards to children, young people and their whānau) (42%).
- 4. Importance of intersectoral relationship management (e.g., System of Care principles and philosophy) (39%).
- 5. Taking a systemic approach in practice (36%).

Core Assessment Knowledge (37):

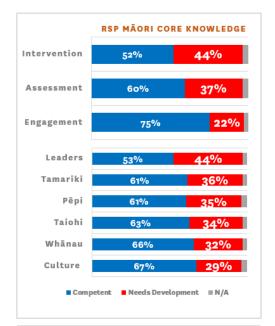
- 1. Real Skills Plus Seitapu: Working with Pacific Peoples and how to incorporate this into my work (69%).
- 2. DSM5 and ICD-11 and their use as diagnostic tools (67%).
- 3. Effects and side-effects of commonly prescribed medications (58%).
- 4. Development of pēpi sensorimotor and physical development (58%).
- 5. Supporting Parents, Healthy Children initiative (53%).

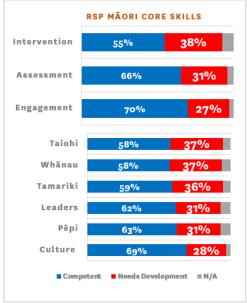
Core Intervention Skills (38%):

- 1. EMDR (67%).
- 2. Dialectical Behavioural Therapy (67%).
- 3. Infant therapies (i.e., Watch Wait Wonder, Circle of Security) (64%).
- 4. Routinely using global outcome measures to evaluate clinical change (e.g., HoNOSCA, Outcome Rating Scale) (61%).
- 5. In conjunction with practitioners with specific-level skills, using more targeted clinical outcome measures (e.g., *Connors Scales* or *Beck Inventories*) (56%).

Core Assessment Skills (31%):

- 1. Conducting a mental state examination of pēpi, tamariki and taiohi (and sometimes caregivers) (53%).
- 2. Developing a formulation integrating theoretical and cultural frameworks with information gathered during the assessment (42%).
- 3. Assessing emerging AOD concerns for taiohi (39%).
- 4. Assessing emerging MH concerns for tamariki and taiohi (39%).
- 5. Using information gathered during assessments to develop a culturally inclusive formulation that is meaningful for clients and whānau (31%).



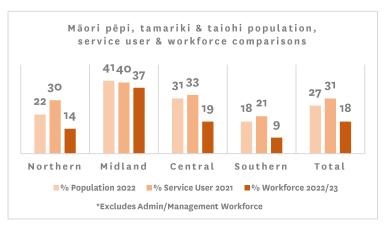


Māori pēpi, tamariki, and rangatahi service user & workforce comparisons

Māori pēpi, tamariki and taiohi service user and workforce comparisons continue to highlight significant disparities between demand for services and workforce capacity, especially in the Northern, Central and Southern regions (see Figure).

Summary

The Māori population is a growing and youthful population, with almost half of this population aged between 0 and 19 years. Māori will continue to have a younger age



structure than the overall NZ population due to a higher fertility rate (Statistics NZ, 2021). Studies document increasing socioeconomic inequalities, particularly in the early years, and increasing high mental health concerns, compounded by ongoing effects of COVID-19, are likely to be extensive and enduring, with mental health needs of Māori pēpi, tamariki and taiohi remaining high and complex (Children's Commissioner, 2020; ESRC, 2019; Fenaughty et al., 2021a, 2021b; Fleming et al., 2020; Ministry of Social Development, 2022; Morton et al., 2014; Nicholson & Flett, 2020). These factors strongly signal an urgent need for early intervention, prioritising suicide prevention, in order to improve the long-term mental health outcomes for Māori pēpē, tamariki and taiohi.

Despite an increase in reported mental health needs for Māori, the actual demand for specialist mental health services, based on PRIMHD service user data, showed a 6% decrease in the number of Māori pēpi, tamariki and taiohi accessing services, particularly for males, despite returning to pre-COVID conditions. The access rate for Māori in 2021 decreased to 5.1% from a 5.7% rate in 2019, indicating continued underutilisation of services and remaining below the MHC recommendation that services should be accessed by 10% of the Māori population aged 0-19 years. However, the target access rate has not been updated beyond 2005, so may not be an accurate reflection of the current mental health needs for Māori. Furthermore, Māori are predominantly relying on Te Whatu Ora services, indicating limited choice of specialised services tailored to their specific needs. Lack of mental health education and information about available services and how to access them, and lack of service options, could all be contributing to low access to services. Limited funding allocation may contribute to the slow progress in providing more service options. A recent report by Te Hiringa Mahara | Mental Health & Wellbeing Commission (2023) highlighted that, although there has been an increase in the total investment into mental health services (including kaupapa Māori services), the annual proportion has remained at around 10% to 11% over the past 5 years, with less than a third of Māori who access mental health services having had access to kaupapa Māori services. The persistent lack of recognition and respect for mātauranga Māori is reflected in the way services are funded and contracted, restricting referral pathways and services offered. These highlight a concern regarding significant unmet mental health need and emphasises that focused efforts are called for to improve access to services early and when needed.

The 2022/23 latest workforce data showed a 5% growth in the overall size of the Māori ICAYMH/AOD workforce. Despite this increase, and the decrease in the number of Māori service users accessing services, persistent disparities continue to exist between service users and the workforce across all regions, particularly in the Northern, Central and Southern regions. Retention and challenges in recruitment pose significant barriers for growth in the workforce. Te Whatu Ora services reported a significant increase in the number of vacant FTEs in clinical positions (nurses, psychologists, social workers), which remain difficult to fill (vacant for more than 3 months) and a significant increase in the turnover rate in similar roles (from a rate of 14% to 27%), on par with NGO/PHO services. Staff were mainly leaving for roles that pay more for the same roles, in private practice and other organisations. Retention of experienced and senior staff is crucial to retain advanced levels of knowledge and skills for effective service provision. Recruitment challenges include the lack of qualified and experienced practitioners available for recruitment, with many at entry-level. Given that population trends show a growth in the Māori population, alongside growing mental health concerns, and that Māori continue to make up a third of all service users, challenges in recruitment, and retention of qualified staff, if not addressed, will widen the gap between demand and capacity even further. Therefore, the need to focus on effective recruitment and retention strategies for the

Māori workforce, including allocating more funding, is even more vital in establishing a workforce that is representative of its service users and able to provide choice and cultural safety.

Māori pēpi, tamariki and taiohi continue to make up the second largest proportion of all service users aged o-19 years. The growing complexity in Māori service user needs requires a workforce that has the right knowledge and skills to work effectively with Māori children and young people and their whānau. Current assessment of knowledge and skills levels of

the Māori workforce required to work effectively with children and young people (RSP data) showed that, while the workforce has the adequate levels of knowledge and skills, further development is needed for core assessment and intervention knowledge and skills. Services have indicated that limited funding allocated for training and development inhibits the ongoing upskilling of the workforce. Therefore, training and education should be prioritised—and funded adequately—to focus on ways to effectively engage and support Māori infants, children, and young people and their whānau with the required assessment and intervention skills.

Recommendations

The following recommendations are based on current findings and advocate a Te Tiriti Partnership and whānau-centred approach that incorporates Māori perspectives and working in partnership with Māori communities, iwi and whānau in guiding policy development, service funding, planning, development, delivery, evaluation, and workforce development activities. A whānau-centred approach is integral for building and supporting the wellbeing of Māori whānau, hapū and iwi. It is grounded in Māori models of wellbeing, including *Te Whare Tapa Whā* and *Te Wheke*, and sits behind the Whānau Ora Outcomes Framework (Te Puni Kōkiri, 2016). A whānau-centred approach can result in positive change for whānau and can create the conditions for change to be sustainable (Te Puni Kōkiri, 2018).

Monitor and allocate appropriate levels of funding

Increased allocation of the budget for mental health could allow a rapid response in the provision of much-needed mental health, kaupapa Māori

services. Ongoing investment is needed in building essential infrastructure (organisational structures, technology, models of care) to be able to advance further service expansion and development (planning, re-design, more stable and improved contracting arrangements for smaller organisations) and to make progress on essential workforce development initiatives (particularly recruitment and retention, creating pay parity, role development/expansion, professional development, supervision, and training).

Work collaboratively

The growing complexity in service user needs (co-morbidities/multiple diagnoses exacerbated by socioeconomic factors such as housing and poverty affected by COVID-19) requires a workforce that not only has the right knowledge and skills but that is also connected to and working effectively with a wider range of essential services (Te Whatu Ora, NGOs, PHOs, Kāinga Ora, education, health, police, Oranga Tamariki) for a more collaborative and holistic approach to service delivery. Services, in collaboration and partnership with local iwi and Māori health providers, community organisations, and service users, should actively and regularly engage in strategic planning to identify and mitigate barriers in working collaboratively; identify shared opportunities; actively monitor potential and local service demands; develop new models of care, assessments and interventions (to ensure they are sensitive to Māori cultural contexts, experiences and worldviews), and culturally appropriate services for their populations; and increase their efforts on workforce planning and development activities.

EXAMPLE:

Tiaki Whānau - Tiaki Ora

is a Māori suicide prevention intervention implemented by Te Rau Ora Centre of Māori Suicide Prevention in 2018. It provides a unique approach to support whānau to support each other, to raise their knowledge and awareness about suicide prevention and to develop protective factors that foster wellbeing and resilience, with specific self-help tools, and activities supported by "champions", specifically recruited, and trained to provide support directly into whānau homes. Findings showed that whānau champions have been highly effective in reaching Māori communities, promote wellbeing, and prevent suicide. (Sewell, Milner & Morris, 2021).

Develop and provide early intervention programmes, services, and workforce

Because early intervention and earlier access to services are essential for Māori (Ministry of Health, 2008b), there is ongoing need to invest in and develop early intervention and suicide prevention programmes and strategies for Māori.

- Evidence-based parenting programmes: Evidence-based parenting programmes that work across cultures, socioeconomic groups and in different kinds of family structures are critical for intervening early and improving long-term outcomes for children. Both Incredible Years and Triple P-Positive Parenting Programme have been shown to be effective in preventing and reducing children's emotional and behavioural problems. Triple P Primary Care has the advantage of being suitable for delivery within services that families already engage with, such as early childhood education, social services, and Well Child Tamariki Ora. Incredible Years and Triple P-Positive Parenting Programme have been shown to be effective with parents of various ethnic backgrounds including Māori families (Fergusson et al., 2009; Sturrock & Gray, 2013; Sturrock et al., 2014).
- Targeted early intervention programmes: Programmes targeted to reduce emotional symptoms, peer problems, and conduct problems in Māori children (aged 3-14 years, as identified by the SDQ scores from the NZ Health Survey Ministry of Health, 2018), and enhance resilience and a sense of belonging, identified to be protective factors for Māori youth (Denny, 2014.
- School-based health education and services: Schools can play a crucial role and provide an early opportunity to reach and support many young people's wellbeing, especially those who are at risk of experiencing poor outcomes. Schools also provide an ideal setting for mental health promotion and education activities, as well as cultural training, which help to inform, educate and, in turn, reduce stigma associated with mental health concerns. Cultural training could reconnect young people with their whakapapa and allow them to draw on their own and different cultural views on mental health/wellbeing. Additionally, study data from secondary school-based health services have shown positive associations between aspects of school health services and mental health outcomes of students, with less overall depression and suicide risk among students who attended schools with any level of health services (Denny et al., 2014). There is also mounting evidence on the effectiveness of delivering both universal and targeted school-based learning and mental health interventions that improve

EXAMPLE:

Manaaki Ora App: A self-help app to support individuals and whānau to know what to do if they're concerned about someone's mental or emotional wellbeing, developed by Te Rau Ora and The Centre for Māori Suicide Prevention. The application is available through the App store and Google Play.

outcomes for the short and long term (Clarke et al., 2021). School-based programmes, such as *Mana Ake: Stronger for Tomorrow*, aimed at addressing mild to moderate mental health needs for those aged o-8 years, have had success for children who have been affected by the earthquakes in Christchurch (Malatest, 2021), and have been expanded and rolled out to more areas. Wider expansion and development of such school-based programmes, in alignment with activities planned and funded by other sectors, e.g., Ministry of Education (Incredible Years Teacher programme), are needed.

Digital tools and resources: Young people in Aotearoa have high rates of internet access and use (Gibson et al., 2013; Statistics New Zealand, 2004b) and now perhaps more so, due to the COVID-19 pandemic. However, a "digital divide" - the gap between those with Internet access and those without it, creating unequal access to digital technology information and resources - has also become more apparent amongst high-deprivation communities (Gurney et al., 2021; Ioane et al., 2021a; Litchfield et al., 2021). The reliance on and use of technology was fast-tracked during the pandemic, with the development of many everyday activities onto web-based applications and this will continue to be built on. This reliance on a digital environment to access information and tools creates opportunities for the development of local and international evidence-based, validated mental health apps, online self-help guides and etherapy tools, and can provide access to services. Young people do want services that recommend apps such as anxiety management techniques and services that can be accessed through apps or websites (Whāraurau, 2023). However, concerns exist about negative links between the use of smartphones, social media, and youth mental health (Abi-Jaoude et al., 2020). Young people in New Zealand report experiences with expensive and ineffective apps, confusing information on social media platforms like *TikTok* and *Instagram* and, where telehealth services are

available, encountering difficulties with lengthy waitlists and privacy concerns while accessing services from home, where other family members are present (Whāraurau, 2023). On the other hand, when co-designed by rangatahi, and by improving the quality of information and services/support offered, there still remain positive aspects of the use of online platforms for providing important benefits, such as easier and earlier access to social support, information, and therapy that young people may have difficulties accessing in "real" life.

- Provide more equitable access to services: Equitable access to services remains a key issue, as there is a very limited choice of services available for vulnerable young people, particularly Māori young people of all sexualities, gender identities (Fenaughty et al., 2021a, 2021b; Fleming et al., 2020, 2022) and those who are not in employment, education, or training (NEET) (Ministry of Business, Innovation & Employment, 2022), including homeless youth. Kaupapa Māori services could help to alleviate some of the access issues highlighted, and commonly integrate a whānau ora approach with clinical models, to offer versatility that meets the needs of whānau and community and can act as a model for effective service design. Young people who participated in the 2022 DMC events would like health services with no wait times, equipped for walk-ins, based on self-referrals, or regular referrals, and physically located in an area with access to multiple types of public transport (Whāraurau, 2023). Youth Consumer Advisors at Whāraurau are currently developing a Youth Friendly Audit Tool to help guide services to enhance the youth-friendliness of their spaces, based on various aspects such as environment, inclusivity, accessibility, safety, and resources. Developing and providing youth-informed kaupapa Māori, community-led and clinically partnered services (e.g., One Stop Shops; Youth Hubs), that provide greater choice are critical for improving health and mental health equity for young people (ActionStation, 2018).
- Improve access to services by enhancing service user pathways from primary to specialist services. In consultation with tangata whaiora, effective strategies to increase access rates must be identified. Enhancing service user pathways to key services, especially for those under 15 years of age, should be a priority. Appointing Whānau Champions, who are respected members of the local community, to facilitate and improve access to services has been used successfully in the Midland region and could be an effective strategy in other areas where access is an issue. Engaging in service quality improvement processes, informed by whānau, could also improve access. Improving access to services requires a collaborative approach between iwi, schools, primary and specialist services, within an enabling infrastructure.

Increase, strengthen and support the specialist ICAYMH/AOD services and workforce

Support and nurture Māori leadership development: Identifying and appointing experienced Māori leaders within services should be an integral part of informing and guiding all aspects of service delivery and workforce development activities. Māori leadership within services can have a positive impact on recruitment and retention of the Māori workforce by providing organisational support and access to cultural supervision, being experienced role models and providing mentorship for new staff. Succession planning for the senior Māori workforce is also vital in ensuring capability (institutional and cultural knowledge and skills) and capacity of the workforce is sustained over time.

Increase workforce capacity: Increase the Māori workforce to adequately represent and cater for the growing demand for services by Māori.

- Workforce planning: Services need to actively monitor their local service provision (incorporating a whānau ora model) against potential and actual service demand within current workforce capacities and capabilities (specialist knowledge and skills required), and ensure funding is allocated accordingly. Services also need to ensure that active recruitment and retention strategies for the Māori workforce are seen as a key priority and are embedded in a service's strategic plan. Developing career pathways into the sector and ensuring that local schools, tertiary education providers, PHOs, NGOs and Te Whatu Ora services are all part of the workforce planning processes should also occur.
- Recruitment: Lack of qualified staff for recruitment and higher than usual turnover continue to affect the capacity of the workforce. A concerted drive is required to increase the capacity of the Māori workforce (including recruitment of new graduates, sourcing from local communities) to work in ICAYMH/AOD services, particularly in Te Whatu Ora services. Ongoing investment into innovative and targeted recruitment strategies for all roles needs to occur to bridge the gap between the workforce and service user demand. Specific training and career pathways to transition entry-level and experienced non-clinical workers into the clinical workforce remains a way to increase the Māori clinical workforce, and recruitment can be further enhanced and guided by utilising national competency frameworks such

as *Real Skills Plus ICAYMH/AOD* to recruit staff with the right knowledge and skills, based on local service user needs. Establishing dedicated Māori intern positions in services, and retaining them where there are high Māori populations, could also increase the capacity of the workforce. NGOs repeatedly report that their efforts in recruiting and developing staff are often lost to Te Whatu Ora services and agencies that are able to pay more. It seems that NGO and primary level services are better able recruit local talent and offer entry-level staff opportunities for further development. Therefore, appointing and funding local primary and NGO services to act as recruitment and development agencies, and allowing staff to move to specialist services, could work as a less competitive strategy for growing the Māori workforce (*Mangrove* method for recruitment, a term coined by our Māori Advisory Group).

- Retention: Despite a decline in the numbers of Māori service users, Māori continue to make up the second largest proportion of service users. Therefore, actively supporting and retaining the existing Māori workforce is crucial to support this demand amidst high vacancies and turnover. Strategies to retain the Māori workforce should include focusing on developing and supporting Māori leadership and governance, whereby Māori are integral to the decision-making processes in all aspects of service development, delivery, and workforce planning. Additionally, offering competitive salaries, creating supportive work environments, and providing opportunities for professional growth and advancement, are also essential.
 - o *Mentoring, supervision, and peer support:* Supporting the current Māori workforce by providing access to senior and experienced Māori mentors for supervision and support could improve retention.
 - Look after the workforce: Developing a team that is valued is vital, with a strong and positive set of personal relationships between team members that provide emotional support, whanaungatanga, informal consultation, and motivation to be at work and to work effectively as a team, and this should remain an essential part of a service's retention strategy. Specifically for Māori, ensuring a working environment where kaimahi are supported, valued, their lived and cultural knowledge and experience are recognised, and they feel safe to bring and incorporate their cultural perspective, knowledge, and experience in to their mahi, is critical. Additionally, they should have opportunities for innovation, leadership, promotion, and growth, and feel like they are making a meaningful contribution to their communities.
 - Expand and develop existing roles: Identifying fast-track solutions to address workforce shortages, such as the development of existing roles like the peer and lived-experience workforce (which includes service user, consumer, and peer workers), provide good opportunities for increasing the capacity of the Māori workforce. Currently, the Māori peer workforce makes up a small proportion of the overall Māori workforce (approximately 3%). Therefore, an investment in developing these roles is required. Peer workforce competencies (Te Pou o Te Whakaaro Nui, 2014) have been developed for planners and funders, service managers, training providers and workers to help guide best practice in peer workforce development in services.
- Increase Māori workforce knowledge and skills: Nationally, the March 2022 to March 2023 Real Skills Plus competency assessment data show further knowledge and skill development are required for intervention and assessment (specifically, leadership knowledge and knowledge working with tamariki) and skill development for intervention and assessment (specifically, skills for working with taiohi and whānau). Information at this level is useful to guide national workforce development organisations to design training based on these gaps; however, a more effective and targeted approach to enhancing workforce capabilities requires services to regularly engage in identifying their local current competency levels using competency assessment tools such as the Real Skills Plus ICAYMH/AOD online tool. Providing comprehensive and specialised training, such as evidence-based therapies, trauma-informed care, and infant, child, adolescent and youth development are all essential. Additionally, even within the current Māori workforce, staff may require different levels of development in cultural knowledge and skills. Identifying and developing cultural knowledge and skills of the Māori workforce can enable Māori staff to provide guidance to the non-Māori workforce, ensuring clinical and cultural safety is provided for all Māori service users and their whānau, until the Māori workforce capacity can be built up.
- Review training: The way training is developed and delivered also needs to be reviewed and guided by local needs. Content of current training can be too academic and theoretical, lacking mātauranga Māori, and may not align to preferred learning styles (hands-on, practical). Some training programmes are lengthy, which can deter staff from enrolling and can also result in high rates of attrition for those who do. Micro-credentialing, digital

badges/credentialing (accomplishment or skill that can be displayed, accessed, and verified online) can provide a sense of achievement and motivation for staff as they move up to more advanced levels of training. Resources and organisational support should also be provided for those who want to pursue a more academic pathway.

• Enable access to targeted knowledge and skills training: Once knowledge and skill gaps have been identified, it is essential that the workforce is able to access the training that is adapted to their needs. Staff shortages and lack of allocated funding have been reported by services as key barriers to accessing training. Until funding and recruitment and retention issues are addressed, shared training between Te Whatu Ora and NGOs, and the development and provision of more online, e-based training, could provide opportunities for further development, until adequate resources and workforce capacity are available.

References

- Abi-Jaoude, E., Naylor, K. T., & Pignatiello, A. (2020). Smartphones, social media use and youth mental health. *Canadian Medical Association Journal*, 10(192), E136-41.
- ActionStation. (2018). Ngā kōrero hauora o ngā taiohi. A community powered report on conversation with 1000 young people about wellbeing. Wellington: ActionStation & Ara Taiohi.
- 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.
- Au, P., & Ho, E. (2015). Broken dreams? Chinese migrant families at risk: The New Zealand experience. In K. L. Chan (Ed.), *Chinese migration and family at risk* (pp. 186-213). Newcastle upon Tyne, UK: Cambridge Scholars Publishing.
- Badkar, J., & Tuya, C. (2010). The Asian workforce: A critical part of New Zealand's current and future labour market. Wellington: Department of Labour.
- Children's Commissioner. (2020). Life in lockdown: Children and young people's views on the nationwide Covid-19 level 3 and 4 lockdown between March and May 2020. Wellington: Office of the Children's Commissioner.
- Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C., & McBride, T. (2021). Adolescent mental health: A systematic review on the effectiveness of school-based interventions. London, UK: Early Intervention Foundation.
- Denny S., Grant S., Galbreath R., Clark, T.C., Fleming, T., Bullen, P., Dyson, B., Crengle, S., Fortune, S., Peiris-John, R., Utter, J., Robinson, E., Rossen, F., Sheridan, J., Teevale, T. (2014). *Health Services in New Zealand Secondary Schools and the Associated Health Outcomes for Students*. Auckland, New Zealand: University of Auckland.
- Dewhirst, M., Pine, R., Archer, D., & Fleming, T. (2022). *Improving Health and Wellbeing websites: The views of Asian adolescents, A Youthng Brief.* Youthng and The Adolescent Health Research Group, Auckland and Wellington.
- Economic & Social Research Council (ESRC). (2019). The impact of inequalities in the early years on outcomes over the life course: Using international evidence to identify creative policy solutions. Summary Report. Edinburgh, Scotland: Economic & Social Research Council Understanding Inequalities. (Includes an update from S. Morton, Mind the gap Unequal from the start: Addressing inequalities utilising evidence from Growing Up in New Zealand, p. 7.).
- Every-Palmer, S., Jenkins, M., Gendall, P., Hoek, J., Beaglehole, B., Bell, C., Williman, J., Rapsey, C., & Stanley, J. (2020). Psychological distress, anxiety, family violence, suicidality, and wellbeing in New Zealand during the COVID-19 lockdown: A cross-sectional study. PLoS ONE 15(11), e0241658.
- Equal Employment Opportunities Trust (2011). Specifically Pacific. Engaging young Pacific workers. Author: Auckland.
- Faleafa, M. (2020). Core elements of Pacific primary mental health and addiction service provision. Auckland: Niu Mindworks Ltd.
- Fenaughty, J., Sutcliffe, K., Clark, T., Ker, A., Lucassen, M., Greaves, L., & Fleming, T. (2021a). Same and Multiple Sex Attracted Students.

 The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
- Fenaughty, J., Sutcliffe, K., Fleming, T., Ker, A., Lucassen, M., Greaves, L., & Clark, T. (2021b). *Transgender and gender diverse students*.

 The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
- Fergusson, D., Stanley, L., & Horwood, L. J. (2009). Preliminary data on the efficacy of the Incredible Years Basic Parent Programme in New Zealand. *Aust N Z J Psychiatry*, 43(1), 76-9.
- Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Hauora Hinengaro/Emotional and Mental Health.* The University of Auckland and Victoria University of Wellington: The Youth19 Research Group.
- Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2022). Young people who have been involved with Oranga Tamariki:

 Mental and physical health and healthcare access. The Youth19 Research Group, The University of Auckland and Victoria
 University of Wellington, New Zealand.
- 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.
- Gurney, J., Fraser, L., Ikihele, A., Manderson, J., Scott, N., & Robson, B. (2021). Telehealth as a tool for equity: Pros, cons and recommendations. *The New Zealand Medical Journal (Online)*, 134(1530), 111-115.
- 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 Pasifika 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.
- Ho, E., Au, P., & Amerasinghe, D. (2015). Suicide in Asian communities. An exploratory study in NZ. Auckland: Te Whatu Ora.
- Ioane, J., Knibbs, C., & Tudor, K. (2021a). The challenge of security and accessibility: Critical perspectives on the rapid move to online therapies in the age of COVID-19. *Psychotherapy and Politics International*, 19(1), e1581.
- Ioane, J., Percival, T., Laban, W., & Lambie, I. (2021b). All-of-community by all-of-government: reaching Pacific people in Aotearoa New Zealand during the COVID-19 pandemic. *The New Zealand Medical Journal (Online)*, 134(1533), 96-7.
- King-Finau, T., Dewhirst, M., Archer, D., & Fleming, T. (2022). *Improving health and wellbeing websites: The views of Pacific adolescents, A Youth19 Brief.* Youth19 and The Adolescent Health Research Group, Auckland and Wellington.
- Kingi, P. (2008). Viewpoint: The cultural determinants of health. In E. Craig, S. Taufa, C. Jackson & D. Y. Han (Eds.), *The health of Pasifika 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.
- Knudsen, E. I., Heckman, J. J., Cameron, J. L., & Shonkoff, J. P. (2006). Economic, neurobiological and behavioral perspectives on building America's future workforce. *Proceedings of the National Academy of Sciences of the United States of America*, 103(27), 10155-10162.

- Lambie, I. (2018). It's never too early, never too late: A discussion paper on preventing youth offending in New Zealand. A report from the Prime Minister's Chief Science Advisor. Auckland: Office of the Prime Minister's Chief Science Advisor.
- Litchfield, I., Shukla, D., & Greenfield, S. (2021). Impact of COVID-19 on the digital divide: a rapid review. *BMJ Open*, 11(10), e053440.
- Liu, J.J. (2020). Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health*, 4(5), 347-349.
- McGeorge, P. (1995). Child, adolescent, and family mental health services. Wellington: Ministry of Health.
- Maiava, M. (2014). Exploring the acceptability and accessibility of the Incredible Years Parenting Programme for Pasifika Peoples. (Unpublished Doctoral Dissertation). The University of Auckland, Auckland, New Zealand.
- Malatest International. (2021). Final Evaluation Report: Mana Ake Stronger for Tomorrow. Wellington: Ministry of Health.
- Manatū Hauora. (2019). Infant, child, adolescent and youth mental health, alcohol and/or other drugs services. Mental health and addiction services, Tier Two service specification. Retrieved from: https://www.tewhatuora.govt.nz/our-health-system/nationwide-service-framework-library/about-nationwide-service-specifications/mental-health-and-addiction-service-specifications/infant-child-adolescent-and-youth-mental-health/
- Mathieu, E., Ritchie, H., Rodés-Guirao, L., Appel, C., Giattino, C., Hasell, J., Macdonald, B., Dattani, S., Beltekian, D., Ortiz-Ospina, E., & Max Roser, M. (2020). *Coronavirus Pandemic (COVID-19)*. Retrieved from: https://ourworldindata.org/coronavirus [Online Resource].
- Matua Raki National Addiction Workforce Development. (2010). Takarangi Māori Competency Framework. 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.
- Ministry for Pacific Peoples. (2022). Yavu. Foundations of Pacific engagement. Author: Wellington.
- Ministry of Business, Innovation & Employment. (2022). *Labour market statistics snapshot: Māori*. Retrieved from: https://www.mbie.govt.nz/dmsdocument/23358-maori-labour-market-statistics-snapshot-june-2022.
- Ministry of Business, Innovation & Employment. (2023). Refugees and Protection. Statistics Pack. Wellington: Author.
- Ministry of Education. (2019). Export education levy key statistics (January to August). Wellington: Author.
- Ministry of Education. (2022). International fee-paying students. Wellington: Author.
- Ministry of Health. (1997). Moving forward: The National Mental Health Plan for More and Better Services. Wellington: Author.
- Ministry of Health. (2020). New Zealand Health Survey. Wellington: Author. Retrieved from:
 - https://www.health.govt.nz/publication/annual-update-key-results-2020-21-new-zealand-health-survey
- Ministry of Health (2021a). Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing. Wellington: Author.
- Ministry of Health. (2021b). Strategic Intentions 2021 to 2025. Wellington: Author
- Ministry of Health. (2022). Vote Health. Wellington: Author. Retrieved from: https://www.health.govt.nz/about-ministry/what-wedo/budget-2022-vote health#:
 - ~:text=Mental%20health%20and%20wellbeing,targeted%20areas%20across%20the%20country.)
- Ministry of Social Development. (2022). What About Me? The National Youth Health and Wellbeing Survey 2021.

 https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/consultations/youth-health-and-wellbeing-survey-results/the-national-youth-health-and-wellbeing-survey-2021-overview-report-september-2022.pdf
- 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.
- Nicholson, M. N., & Flett, J. A. M. (2020). The mental wellbeing of New Zealanders during and post-lockdown. *New Zealand Medical Journal*, 133 (1523), 110-112.
- New Zealand Digital Government. (2022). Digital inclusion and wellbeing in New Zealand. Retrieved from: https://www.digital.govt.nz/dmsdocument/161~digital-inclusion-and-wellbeing-in-new-zealand/html
- New Zealand Government. (2012). The children's action plan. Identifying, supporting and protecting vulnerable children. Wellington: Author.
- New Zealand Government. (2022). *New digital tools ramp up mental wellbeing support.* Wellington: Author. Retrieved from: https://www.beehive.govt.nz/release/new-digital-tools-ramp-mental-wellbeing-support.
- Oakley-Browne, M.A., Joyce, P.R., Wells, J.E., Bushnell, J.A., & Hornblow, A.R. (1989). Christchurch Psychiatric Epidemiology Study, *Australian and New Zealand Journal of Psychiatry*, 23:327-340.
- Oakley Browne, M.A., Wells, J.E., & Scott, K.M. (2006). Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.
- Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *The Future of Children*, 3(3), 53-92.
- 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.
- Peiris-John, R., Kang, K., Bavin, L., Dizon, L., Singh, N., Clark, T., Fleming, T., & Ameratunga, S. (2021). East Asian, South Asian, Chinese and Indian Students in Aotearoa: A Youth19 Report. Auckland: The University of Auckland.
- Peiris-John, R., Farrant, B., Fleming, T., Bavin, L., Archer, D., Crengle, S. & Clark, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Access to Health Services. Youth19 Research Group, The University of Auckland and Victoria University of Wellington,
- Poulton, R., Gluckman, P., Menzies, R., Bardsley, A., McIntosh, T., & Faleafa, M. (2020). *Protecting and promoting mental wellbeing:*Beyond Covid-19. Auckland: Koi Tū: The Centre for Informed Futures.
- Radio New Zealand News. (2020). Mental health support for Pasifika receives funding: Retrieved from:
 - https://www.rnz.co.nz/international/pacific-news/423504/mental-health-support-for-pasifika-receives-funding
- Radio New Zealand News. (2023). New Zealand's net annual migration gain back to pre-pandemic levels. Retrieved from: https://www.rnz.co.nz/news/national/491964/new-zealand-s-net-annual-migration-gain-back-to-pre-pandemic-levels

- 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.
- Sewell, T., Milner, A., & Morris, T. (2021). *Tiaki Whānau- Tiaki Ora*. Retrieved from:
 https://journalindigenouswellbeing.co.nz/media/2022/01/148.163.Tiaki-Whanau-Tiaki-Ora-1000-Maori-Homes-The-whanau-initiative-to-build-wellbeing-and-resilience-to-prevent-suicide.pdf
- Southwick, M., Kenealy, T., & Ryan, D. (2012). Primary care for Pasifika People: A Pasifika and health systems approach. Report to the Health Research Council and the Ministry of Health. Wellington: Ministry of Health.
- Statistics New Zealand. (2004b). Household access to the internet. Wellington: Author.
- Statistics New Zealand. (2006). The impact of prioritisation on the interpretation of ethnicity data. Wellington: Author.

ohad%20a%20total%20fertility%20rate%20of%201.40%20births%20per%20woman.

- Statistics New Zealand. (2017). National ethnic population projections, by age and sex, 2013(base)-2038 update. Wellington: Author.
- Statistics New Zealand. (2021). Births and deaths: Year ended June 2021. Retrieved from: https://www.stats.govt.nz/information-releases/births-and-deaths-year-ended-june-2021/#:~:text=The%20data%20shows%20that%20Pacific,than%20European%20or%20Asian%20woman.&text=M%C4%8 10ri%20women%20had%20a%20fertility%20rate%20of%202.14%20births%20per%20woman.&text=Asian%20woman%2
- Statistics New Zealand. (2022). Annual net migration loss of 8,400. Retrieved from: https://www.stats.govt.nz/news/annual-net-migration-loss-of-8400/
- Statistics New Zealand (2023). Linked Employer-Employee Dataset: LEED measures by industry (based on ANZSICo6) and firm size December 2021 quarter. Retrieved from https://nzdotstat.stats.govt.nz/WBOS/Index.aspx?DataSetCode=TABLECODE7019.
- Stuff News. (2023). Brain drain to Australia increases 42% in three months. Retrieved from:
 - https://www.stuff.co.nz/business/132109458/brain-drain-to-australia-increases-42-in-three-months.
- Sturrock, F., & Gray, D. (2013). *Incredible Years pilot study: Evaluation report.* Wellington, New Zealand: Ministry of Social Development.
- Sturrock, F., Gray, D., Fergusson, D., Horwood, J., & Smits, C. (2014). *Incredible Years: Follow-up study.* Wellington, New Zealand: Ministry of Social Development.
- Te Hiringa Mahara Mental Health & Wellbeing Commission. (2023). *Te Huringa Tuarua 2023. Kaupapa Māori Services report.*Wellington: Author.
- Te Pou o te Whakaaro Nui. (2009). Let's Get Real. Real Skills Plus Seitapu. Working with Pacific Peoples. Auckland: Le Va, Pasifika within Te Pou The National Centre of Mental Health Research, Information & Workforce Development.
- Te Pou o te Whakaaro Nui. (2014). Competencies for the mental health and addiction service user, consumer and peer workforce.

 Auckland: Author.
- Te Puni Kōkiri. (2016). The Whānau Ora Outcomes Approach. Empowering whānau into the future. Wellington: Author.
- Te Puni Kōkiri. (2018). Whānau Ora review: Tipu matoro ki te ao: Final report to the Minister for Whānau Ora. Wellington: Author.
- Te Rau Matatini. (2007). Whakapakari Ake Te Tipu Māori child and adolescent mental health and addiction workforce strategy. Wellington: Author.
- Te Whatu Ora. (2022). Te Pae Tata Interim New Zealand Health Plan 2022. Retrieved from: https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan/
- Thakur, K., Kumar, N. & Sharma, N. (2020). Effect of the pandemic and lockdown on mental health of children. *Indian J Pediatr*, 87, 552 Retrieved from: https://doi.org/10.1007/s12098-020-03308-w
- 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 Wang, C., & Mallinckrodt, B. (2006). Acculturation, attachment, and psychosocial adjustment of Chinese/Taiwanese international students. Journal of Counseling Psychology, 53(4), 422-433.
- Werry Workforce Whāraurau. (2019). Youth-Informed Transformation. Auckland: Author.
- Whāraurau. (2021). He mana taiohi: Understanding mana motuhake. Auckland: Author.
- Whāraurau. (2023). DMC Youth-informed transformation 2022. Auckland: Author.
- 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.
- Wouldes, T., Merry, S., & Guy, D. (2011). Social and emotional competence: Intervening in infancy. In P. Gluckman & H. Hayne (Eds.), Improving the transition: Reducing social and psychological morbidity during adolescence. A report from the Prime Minister's Chief Science Advisor. Wellington, New Zealand: Office of the Prime Minister's Science Advisory Committee.
- Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing*, 14, 88-95.
- York, A., & Kingsbury, S. (2006). The 7 HELPFUL Habits of Effective CAMHS and The Choice and Partnership Approach: A workbook for CAMHS. London: CAMHS Network.

Appendices

Appendix A: Population Data

Table 1. O-19 yrs. Population by Ethnicity & Area (2020-2032)

O-19 yrs. Population		Tot	al			Mā	ori			Pac	cific			Asia	an			Other E	thnicity	
by Ethnicity & Area	2020	2022	2032	% Change (22-32)	2020	2022	2032	% Change (22-32)	2020	2022	2032	% Change (22-32)	2020	2022	2032	% Change (22-32)	2020	2022	2032	% Change (22-32)
Northern	491,740	491,240	500,470	1.9%	107,390	109,290	110,570	1.2%	84,200	86,950	85,300	-1.9%	122,470	131,200	170,270	30%	177,680	163,800	134,330	-18.0%
Northland	50,920	52,130	51,740	-0.7%	27,690	28,750	29,960	4.2%	1,440	1,530	1,350	-11.8%	1,970	2,460	3,840	56.1%	19,820	19,390	16,590	-14.4%
Waitematā	161,240	160,810	168,510	4.8%	26,120	26,440	27,290	3.2%	16,600	17,150	17,530	2.2%	42,600	47,270	66,910	41.5%	75,920	69,950	56,780	-18.8%
Auckland	109,320	104,730	102,310	-2.3%	13,640	13,120	11,320	-13.7%	18,120	17,980	15,780	-12.2%	34,640	36,720	43,780	19.2%	42,920	36,910	31,430	-14.8%
Counties Manukau	170,260	173,570	177,910	2.5%	39,940	40,980	42,000	2.5%	48,040	50,290	50,640	0.7%	43,260	44,750	55,740	24.6%	39,020	37,550	29,530	-21.4%
Midland	265,655	270,350	269,490	-0.3%	108,120	112,780	121,140	7.4%	8,820	9,505	10,120	6.5%	22,295	25,465	37,040	45%	126,420	122,600	101,190	-17.5%
Waikato	118,740	120,080	121,210	0.9%	43,350	45,310	49,810	9.9%	4,950	5,270	5,650	7.2%	12,960	14,750	22,150	50.2%	57,480	54,750	43,600	-20.4%
Lakes	32,070	31,980	30,120	-5.8%	17,060	17,430	17,840	2.4%	1,020	1,080	1,020	-5.6%	2,290	2,690	3,950	46.8%	11,700	10,780	7,310	-32.2%
Bay of Plenty	66,655	69,310	70,710	2.0%	26,960	28,410	31,490	10.8%	1,745	2,000	2,200	10.0%	4,920	5,480	7,370	34.5%	33,030	33,420	29,650	-11.3%
Tairawhiti	14,945	15,180	14,390	-5.2%	10,020	10,330	9,920	-4.0%	430	435	410	-5.7%	305	375	460	22.7%	4,190	4,040	3,600	-10.9%
Taranaki	33,245	33,800	33,060	-2.2%	10,730	11,300	12,080	6.9%	675	720	840	16.7%	1,820	2,170	3,110	43.3%	20,020	19,610	17,030	-13.2%
Central	230,995	242,570	233,200	-3.9%	68,980	74,750	79,470	6.3%	17,645	19,285	20,250	5.0%	25,310	29,525	42,010	42%	119,060	119,010	91,470	-23.1%
Hawke's Bay	47,240	47,900	46,140	-3.7%	19,940	20,560	21,550	4.8%	2,700	3,030	3,440	13.5%	2,470	2,910	4,320	48.5%	22,130	21,400	16,830	-21.4%
MidCentral	17,825	48,920	47,760	-2.4%	7,500	17,170	18,700	8.9%	795	2,560	2,760	7.8%	760	4,710	6,200	31.6%	8,770	24,480	20,100	-17.9%
Whanganui	48,410	17,800	17,440	-2.0%	16,370	7,730	8,300	7.4%	2,360	850	900	5.9%	4,060	890	1,310	47.2%	25,620	8,330	6,930	-16.8%
Capital & Coast	40,450	75,080	40,080	-46.6%	11,110	11,460	12,410	8.3%	4,150	4,480	4,650	3.8%	5,830	6,990	11,010	57.5%	19,360	17,840	12,010	-32.7%
Hutt	77,070	40,770	69,820	71.3%	14,060	13,930	14,240	2.2%	7,640	7,940	8,080	1.8%	12,190	13,500	18,500	37.0%	43,180	39,710	29,000	-27.0%
Wairarapa	11,800	12,100	11,960	-1.2%	3,730	3,900	4,270	9.5%	405	425	420	-1.2%	485	525	670	27.6%	7,180	7,250	6,600	-9.0%
Southern	281,140	280,205	273,375	-2.4%	50,270	51,980	57,340	10.3%	11,095	12,065	13,440	11.4%	30,245	33,880	49,545	46%	189,530	182,280	153,050	-16.0%
Nelson Marlborough	36,330	36,840	34,170	-7.2%	7,280	7,690	8,660	12.6%	1,140	1,280	1,270	-0.8%	2,420	2,720	3,820	40.4%	25,490	25,150	20,420	-18.8%
West Coast	7,340	7,160	6,525	-8.9%	1,550	1,580	1,680	6.3%	135	130	110	-15.4%	275	340	445	30.9%	5,380	5,110	4,290	-16.0%
Canterbury	140,000	139,730	139,310	-0.3%	23,390	24,300	27,430	12.9%	6,400	6,980	7,930	13.6%	19,860	22,070	32,110	45.5%	90,350	86,380	71,840	-16.8%
South Canterbury	14,170	14,105	13,620	-3.4%	2,530	2,580	2,820	9.3%	390	465	560	20.4%	940	1,060	1,550	46.2%	10,310	10,000	8,690	-13.1%
Southern	83,300	82,370	79,750	-3.2%	15,520	15,830	16,750	5.8%	3,030	3,210	3,570	11.2%	6,750	7,690	11,620	51.1%	58,000	55,640	47,810	-14.1%
TOTAL	1,269,530	1,284,365	1,276,535	-0.6%	334,760	348,800	368,520	5.7%	121,760	127,805	129,110	1.0%	200,320	220,070	298,865	36%	612,690	587,690	480,040	-18.3%

Population Projections (Base 2018 Census, Prioritised Ethnicity), Source: NZ Statistics

Appendix B: Programme for the Integration of Mental Health Data (PRIMHD)

Table 1. Northern Region o-19 yrs. Service User by Area, Gender & Ethnicity (2019 & 2021)

	Service Users l	by Ethnic	ity & Gende	r (2019)			:	Service Users	s by Ethnicity	& Gender (20	21)			% Char	nge	
	Od		Ethr	nicity		Takal		Et	hnicity		Takal		Eth	nicity		Takal
Service of Domicile	Gender	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total
	Female	17	596	482	34	1,118	12	606	526	31	1,171	-29	2	9	-9	5
	Male	11	765	559	29	1,349	14	646	411	16	1,084	27	-16	-26	-45	-20
Northland	Other	-	1	1	-	2	-	1	1	-	2	-	-	-	-	-
	Unknown	-	-	3	-	3	-	-	2	-	2	-	-	-33	-	-33
	Total	28	1,362	1,045	63	2,472	26	1,253	940	47	2,259	-7	-8	-10	-25	-9
	Female	294	589	1,760	160	2,779	349	667	2,098	196	3,287	19	13	19	23	18
	Male	218	804	1,893	241	3,129	265	647	1,763	212	2,863	22	-20	-7	-12	-9
Waitemata	Other	1	-	9	-	10	-	2	5	-	7		-	-44	-	-30
	Unknown	-	3	5	-	7	-	3	8	-	11	-	-	60	-	57
	Total	513	1,396	3,667	401	5,925	614	1,319	3,874	408	6,168	20	-6	6	2	4
	Female	307	434	900	242	1,839	379	400	1,068	221	2,031	23	-8	19	-9	10
	Male	220	452	855	283	1,787	237	378	743	213	1,547	8	-16	-13	-25	-13
Auckland	Other	2	2	2	-	6	1	4	7	-	12	-50	100	250	-	100
	Unknown	-	-	6	-	6	-	-	3	-	3	-		-50	-	-50
	Total	529	888	1,763	525	3,638	617	782	1,821	434	3,593	17	-12	3	-17	-1
	Female	322	1,135	1,121	619	3,157	358	1,030	1,276	560	3,189	11	-9	14	-10	1
	Male	360	1,361	1,399	735	3,790	318	1,125	1,170	579	3,152	-12	-17	-16	-21	-17
Counties Manukau	Other	-	2	3	1	6	-	4	2	1	7	-	100	-33	-	17
	Unknown	-	1	6	-	7	-	2	5	1	8	-	100	-17	-	14
	Total	682	2,499	2,529	1,355	6,960	676	2,161	2,453	1,141	6,356	-1	-14	-3	-16	-9
	Regional Total	1,752	6,145	9,004	2,344	18,995	1,933	5,515	9,088	2,030	18,363	10	-10	1	-13	-3
	National Total	2,663	19,005	33,371	3,556	57879	3,017	17,775	34,047	3,104	57,550	13	-6	2	-13	-1

Table 2. Midland Region 0-19 yrs. Service User by Area, Gender & Ethnicity (2019 & 2021)

	Ser	vice Users	by Ethnicit	y & Gender	(2019)		:	Service User	s by Ethnicity	& Gender (20	21)			% Chai	nge	
Service of Domicile	Gender		Ethi	nicity		Total		Et	hnicity		Takal		Eth	nicity		Total
	Gender	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total
	Female	96	1,167	2,031	106	3,346	101	1,110	2,239	89	3,513	5	-5	10	-16	5
	Male	95	1,416	2,042	118	3,622	88	1,073	1,782	83	3,014	-7	-24	-13	-30	-17
Waikato	Other	-	-	4	-	4	-	-	8	-	8			100	-	100
	Unknown	1	-	11	-	12	-	2	5	-	7	-100		-55	-	-42
	Total	192	2,583	4,088	224	6,984	189	2,185	4034	172	6,542	-2	-15	-1	-23	-6
	Female	19	453	533	19	1,020	23	516	635	18	1,187	21	14	19	-5	16
	Male	10	471	454	11	940	22	452	429	11	912	120	-4	-6	-	-3
Lakes	Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Unknown	-	-	2	-	2	-	-	2	-	2	-	-	-	-	-
	Total	29	924	989	30	1,962	45	968	1,066	29	2,101	55	5	8	-3	7
	Female	30	757	875	34	1,676	43	839	1,181	35	2,093	43	11	35	3	25
	Male	18	957	930	33	1,926	29	913	951	26	1,914	61	-5	2	-21	-1
Bay of Plenty	Other	-	-	-	-	-	-	3	-	-	3	-	-	-	-	-
, and the second	Unknown	-	1	3	1	5	-	2	6	2	10	-	100	100	100	100
	Total	48	1,715	1,808	68	3,607	72	1,757	2,138	63	4,020	50	2	18	-7	11
	Female	2	335	133	15	478	8	344	164	4	518	300	3	23	-73	8
	Male	6	393	180	3	577	1	300	170	7	476	-83	-24	-6	133	-18
Tairawhiti	Other	-	2	1	-	3	-	2	2	-	4	-	-	100	-	33
	Unknown	-	1		-	1	-	1	-	-	1	-	-	-	-	О
	Total	8	731	314	18	1,059	9	647	336	11	999	13	-11	7	-39	-6
	Female	8	159	351	5	521	7	148	381	13	547	-13	-7	9	160	5
	Male	4	166	353	11	531	9	154	244	10	417	125	-7	-31	-9	-21
Taranaki	Other	-	2	1	-	3	-	1	1	-	2	-	-50	-	-	-33.3
	Unknown	-	-	-	-	-	-	1	626	-	1	-	-	-	-	-
	Total	12	327	705	16	1,055	16	304	626	23	967	33	-7	-11	44	-8
	Regional Total	289	6,280	7,904	356	14,667	331	5,861	8,200	298	14,629	15	-7	4	-16	-0.3
	National Total	2,663	19,005	33,371	3,556	57,879	3,017	17,775	34,047	3,104	57,550	13	-6	2	-13	-1

Table 3. Central Region o-19 yrs. Service User by Area & Ethnicity (2019 & 2021)

0		Sei	rvice Users by Eth	nicity & Gender ((2019)		Ser	vice Users by E	thnicity & Gender	(2021)				% Char	ige	
Service of Domicile	Gender		Ethi	nicity		Total		Ef	thnicity		Total		Eth	nicity		Total
		Asian	Māori	Other	Pacific	Totat	Asian	Māori	Other	Pacific	Totat	Asian	Māori	Other	Pacific	Total
	Female	4	365	463	27	846	15	312	374	19	714	275	-15	-19	-30	-16
	Male	4	388	372	28	782	5	281	305	23	612	25	-28	-18	-18	-22
Hawke's Bay	Other	-	-	1	-	1	-	-	-	-	1	-	-	-100	-	-
	Unknown	-	-	3	-	3	-	-	1	-	-	-	-	-67	-	-100
	Total	8	753	839	55	1,632	20	593	680	42	1,327	150	-21	-19	-24	-19
	Female	17	335	616	45	999	33	368	714	32	1142	94	10	16	-29	14
	Male	25	363	618	48	1048	15	376	539	30	956	-40	4	-13	-38	-9
MidCentral	Other	-	-	2	-	2	-	2	1	-	3	-	-	-50		50
	Unknown	-	-	-	-	-	-	-	2	-	2	-	-			-
	Total	42	698	1236	93	2,049	48	746	1256	62	2,103	14	7	2	-33	3
	Female	6	203	292	11	494	7	201	316	8	527	17	-1	8	-27	7
	Male	6	196	293	7	488	6	190	252	7	454	-	-3	-14	-	-7
Whanganui	Other	-	1	1	-	2	-	-	1	-	1	-	-100	-	-	-50
	Unknown	-	-	-	-	-	-	-	-	-		-	-	-	-	-
	Total	12	400	586	18	984	13	391	569	15	982	8	-2	-3	-17	-0.2
	Female	84	400	949	127	1,527	94	391	1114	122	1,710	12	-2	17	-4	12
	Male	73	432	868	113	1,463	71	362	783	99	1,306	-3	-16	-10	-12	-11
Capital & Coast	Other	1	2	20	1	24	3	5	36	-	43	200	150	80	-100	79
	Unknown	-	2	2	-	4	-	-	4	-	4	-	-100	100	-	-
	Total	158	836	1839	241	3,018	168	758	1937	221	3,063	-100	-9	5	-8	1
	Female	31	272	491	57	837	40	271	574	63	941	29	0	17	11	12
	Male	35	323	466	36	853	27	251	400	37	712	-23	-22	-14	3	-17
Hutt Valley	Other	-	1	9	-	10	-	1	18	-	19	-	-	100	-	90
	Unknown	-	1	-	-	1	-	1	-	-	1	-	-	-	-	-
	Total	66	597	966	93	1,701	67	524	992	100	1,673	2	-12	3	8	-2
	Female	3	99	183	9	291	9	106	230	8	351	200	7	26	-11	21
	Male	1	79	150	3	231	8	109	164	7	286	700	38	9	133	24
Wairarapa	Other	-	-	1	-	1	-	-	3	1	4	-	-	200	-	300
	Unknown	-	-	4	-	4	-	-	1	-	1	-	-	-75	-	-75
	Total	4	178	338	12	527	17	215	398	16	642	325	21	18	33	22
	Regional Total	290	3,462	5,804	512	9,911	333	3227	5832	456	9,790	15	-7	0	-11	-1
	National Total	2,663	19,005	33,371	3,556	57,879	3,017	17,775	34,047	3,104	57,550	13	-6	2	-13	-1

Table 4. Southern Region o-19 yrs. Service User by Area & Ethnicity (2019 & 2021)

	Sei	rvice User	s by Ethnicit	y & Gender	(2019)		:	Service User	s by Ethnicity	& Gender (20	21)			% Chai	nge	
Service of Domicile	Gender		Eth	nicity		Total		Et	hnicity		Total		Eth	nicity		Total
	Gender	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total	Asian	Māori	Other	Pacific	Total
	Female	21	192	749	14	975	24	236	877	24	1158	14	23	17	71	19
	Male	15	225	650	13	903	14	233	705	15	965	-7	4	8	15	7
Nelson Marlborough	Other	-	1	1	-	2	-	2	3	-	5	-	100	200	-	150
	Unknown	-	-	2	-	2	1	-	1	-	2	-	-	-50	-	-
	Total	36	418	1402	27	1,882	39	471	1586	39	2,130	8	13	13	44	13
	Female	1	38	138	2	177	3	42	165	-	207	200	11	20	-100	17
	Male	3	55	190	5	250	-	47	145	3	195	-100	-15	-24	-40	-22
West Coast	Other	-	-	3	-	3	-	-	1	-	1	-	-	-67	-	-67
	Unknown	-	-	-	-	-	-	-	-	-	-	-	-		-	-
	Total	4	93	331	7	430	3	89	311	3	403	-25	-4	-6	-57	-6
	Female	100	751	2439	92	3,324	152	748	2737	91	3,693	52	-	12	-1	11
	Male	85	755	2163	71	3,023	115	727	2048	68	2,937	35	-4	-5	-4	-3
Canterbury	Other	-	3	19	-	21	-	7	21	-	28	-	133	11	-	33
	Unknown	-	5	24	-	27	-	4	21	-	25	-	-20	-13	-	-7
	Total	185	1514	4645	163	6,395	267	1486	4827	159	6,683	44	-2	4	-2	5
	Female	4	86	360	9	459	6	110	456	6	577	50	28	27	-33	26
	Male	2	85	352	10	449	9	81	365	10	463	350	-5	4	-	3
South Canterbury	Other	-	-	4	-	4	-	-	2	-	2	-	-	-50	-	-50
,	Unknown	-	-	2	-	2	-	-	2	-	2	-	-	-	-	-
	Total	6	171	718	19	914	15	191	825	16	1044	150	12	15	-16	14
	Female	44	437	1,888	52	2,406	56	490	1946	53	2,531	27	12	3	2	5
	Male	51	442	1,612	67	2,159	37	410	1354	49	1,847	-27	-7	-16	-27	-14
Southern	Other	-	3	11	-	14	1	2	16	-	19	-	-33	45	-	36
	Unknown	1	2	22	1	25	-	3	19	-	22	-100	50	-14	-100	-12
	Total	96	884	3,533	120	4,604	94	905	3,335	102	4,419	-2	2	-6	-15	-4
	Regional Total	327	3,080	10,629	336	14,225	418	3,142	10,884	319	14,679	28	2	2	-5	3
	National Total	2,663	19,005	33,371	3,556	57,879	3,017	17,775	34,047	3,104	57,550	13	-6	2	-13	-1

Table 5. Northern Region 0-19 yrs. Service User Access Rates by Area, Ethnicity & Age Group (yrs.) (2019 & 2021)

Northern	Veer	Causiaa Tuma			Māori					Pacific					Asian					Other					Total		
Region	Year	Service Type	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19
		Te Whatu Ora	0.2%	1.5%	3.7%	7.1%	3.0%	0.3%	1.5%	3.1%	7.9%	2.9%	0.1%	0.8%	1.4%	2.7%	1.1%	0.3%	1.8%	4.7%	9.2%	4.0%	0.2%	1.6%	4.0%	7.7%	3.2%
	2019	NGO	0.0%	0.1%	2.1%	6.5%	2.0%	0.0%	0.2%	2.0%	4.5%	1.4%	0.0%	0.2%	0.2%	1.4%	0.4%	0.0%	0.1%	1.3%	4.6%	1.5%	0.0%	0.1%	1.7%	5.4%	1.7%
Northland		Total	0.2%	1.7%	5.8%	13.5%	4.9%	0.3%	1.7%	5.1%	12.4%	4.3%	0.1%	1.0%	1.7%	4.1%	1.4%	0.3%	1.9%	6.0%	13.8%	5.4%	0.3%	1.7%	5.7%	13.1%	4.9%
Northand		Te Whatu Ora	0.3%	1.2%	3.4%	6.1%	2.7%	0.3%	0.9%	1.7%	4.7%	1.7%	0.1%	0.0%	1.3%	2.8%	0.8%	0.2%	1.2%	4.3%	9.4%	3.6%	0.2%	1.1%	3.7%	7.2%	2.9%
	2021	NGO	0.0%	0.1%	1.5%	5.9%	1.7%	0.0%	0.0%	1.7%	4.7%	1.4%	0.0%	0.0%	0.0%	2.1%	0.3%	0.0%	0.1%	0.8%	4.5%	1.2%	0.0%	0.1%	1.2%	5.2%	1.5%
		Total	0.3%	1.3%	5.0%	12.0%	4.4%	0.3%	0.9%	3.3%	9.3%	3.1%	0.1%	0.0%	1.3%	4.9%	1.1%	0.2%	1.3%	5.1%	13.8%	4.8%	0.2%	1.2%	4.9%	12.3%	4.4%
		Te Whatu Ora	0.8%	3.5%	5.8%	10.1%	4.9%	0.4%	1.7%	2.3%	4.5%	2.3%	0.3%	0.8%	1.6%	2.7%	1.2%	0.9%	3.6%	5.2%	8.0%	4.6%	0.6%	2.6%	4.2%	6.7%	3.5%
	2019	NGO	0.0%	0.0%	0.2%	2.1%	0.6%	0.0%	0.0%	0.0%	0.4%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.6%	0.2%	0.0%	0.0%	0.1%	0.7%	0.2%
Waitemata		Total	0.8%	3.5%	6.0%	12.2%	5.4%	0.4%	1.7%	2.3%	5.0%	2.4%	0.3%	0.8%	1.6%	2.8%	1.2%	0.9%	3.6%	5.2%	8.6%	4.8%	0.7%	2.6%	4.2%	7.4%	3.7%
		Te Whatu Ora	0.7%	3.0%	5.0%	10.1%	4.6%	0.5%	1.6%	2.3%	4.4%	2.2%	0.3%	0.7%	1.3%	3.6%	1.3%	0.9%	3.5%	5.8%	9.3%	5.2%	0.6%	2.3%	4.1%	7.6%	3.6%
	2021	NGO	0.0%	0.0%	0.2%	1.6%	0.4%	0.0%	0.0%	0.1%	0.5%	0.1%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	0.6%	0.2%	0.0%	0.0%	0.1%	0.7%	0.2%
		Total	0.7%	3.0%	5.2%	11.7%	5.0%	0.5%	1.6%	2.4%	4.9%	2.4%	0.3%	0.7%	1.3%	3.8%	1.3%	0.9%	3.5%	5.9%	10.0%	5.4%	0.6%	2.3%	4.2%	8.3%	3.8%
		Te Whatu Ora	1.0%	2.2%	5.4%	11.1%	5.1%	0.6%	1.4%	2.4%	4.4%	2.3%	0.5%	0.8%	1.6%	2.8%	1.4%	1.1%	2.0%	4.1%	6.6%	3.8%	0.8%	1.5%	3.2%	5.5%	2.9%
	2019	NGO	0.4%	0.3%	1.3%	3.6%	1.4%	0.0%	0.1%	0.5%	1.5%	0.5%	0.0%	0.0%	0.1%	0.3%	0.1%	0.1%	0.1%	0.3%	0.8%	0.3%	0.1%	0.1%	0.4%	1.0%	0.4%
Auckland		Total	1.4%	2.6%	6.6%	14.7%	6.5%	0.6%	1.5%	2.9%	5.8%	2.8%	0.5%	0.8%	1.7%	3.1%	1.5%	1.2%	2.1%	4.4%	7.4%	4.1%	0.8%	1.6%	3.6%	6.5%	3.3%
		Te Whatu Ora	1.0%	2.1%	4.6%	9.9%	4.6%	0.6%	0.7%	2.3%	4.0%	2.0%	0.4%	0.6%	1.8%	3.7%	1.5%	1.3%	1.9%	4.3%	7.3%	4.3%	0.7%	1.2%	3.2%	5.9%	3.0%
	2021	NGO	0.3%	0.2%	1.0%	3.2%	1.2%	0.0%	0.1%	0.3%	0.9%	0.4%	0.0%	0.0%	0.2%	0.4%	0.2%	0.1%	0.0%	0.3%	0.8%	0.4%	0.1%	0.0%	0.3%	1.0%	0.4%
		Total	1.3%	2.3%	5.6%	13.1%	5.9%	0.6%	0.8%	2.6%	4.9%	2.4%	0.4%	0.6%	2.0%	4.1%	1.7%	1.3%	1.9%	4.6%	8.1%	4.7%	0.8%	1.3%	3.5%	6.9%	3.4%
		Te Whatu Ora	0.8%	3.0%	4.8%	9.6%	4.3%	0.4%	1.0%	2.0%	3.6%	1.8%	0.4%	1.0%	1.8%	2.5%	1.3%	1.3%	4.7%	6.2%	8.4%	5.4%	0.6%	2.3%	3.6%	5.8%	3.0%
	2019	NGO	0.1%	0.2%	1.9%	6.1%	1.9%	0.0%	0.1%	0.8%	3.0%	1.0%	0.0%	0.1%	0.4%	0.9%	0.3%	0.1%	0.3%	0.7%	2.5%	1.0%	0.1%	0.2%	0.9%	3.0%	1.0%
Counties Manukau		Total	0.8%	3.1%	6.7%	15.6%	6.3%	0.4%	1.1%	2.8%	6.6%	2.7%	0.4%	1.1%	2.2%	3.4%	1.6%	1.4%	5.0%	6.9%	10.9%	6.3%	0.7%	2.4%	4.6%	8.8%	4.1%
Hallukau		Te Whatu Ora	0.8%	2.2%	4.1%	7.9%	3.7%	0.5%	0.7%	1.6%	3.3%	1.5%	0.4%	0.9%	1.3%	3.0%	1.3%	1.2%	3.3%	6.4%	9.2%	5.3%	0.6%	1.7%	3.2%	5.7%	2.8%
	2021	NGO	0.0%	0.1%	1.4%	5.5%	1.6%	0.0%	0.1%	0.7%	2.2%	0.7%	0.0%	0.0%	0.2%	1.0%	0.3%	0.0%	0.2%	0.8%	2.7%	1.0%	0.0%	0.1%	0.8%	2.8%	0.9%
		Total	0.9%	2.3%	5.4%	13.4%	5.3%	0.5%	0.8%	2.3%	5.5%	2.3%	0.4%	0.9%	1.5%	4.0%	1.5%	1.2%	3.5%	7.3%	12.0%	6.4%	0.6%	1.8%	4.0%	8.5%	3.7%
	0010	Te Whatu Ora	0.7%	2.6%	4.8%	9.3%	4.2%	0.4%	1.2%	2.2%	4.0%	2.0%	0.4%	0.9%	1.7%	2.7%	1.3%	1.0%	3.3%	5.1%	7.8%	4.5%	0.6%	2.2%	3.7%	6.2%	3.2%
	2019	NGO	0.1%	0.2%	1.5%	4.9%	1.5%	0.0%	0.1%	0.6%	2.2%	0.7%	0.0%	0.0%	0.2%	0.4%	0.2%	0.1%	0.1%	0.4%	1.5%	0.5%	0.50/	0.1%	0.6%	2.0%	0.7%
Regional Total		Total Te Whatu Ora	0.8%	2.8%	6.3%	14.2%	5.8%	0.4%	1.3%	2.7%	6.2%	2.7%	0.4%	0.9%	1.9%	3.1%	1.5%	1.0%	2.8%	5.5%	9.3%	5.0%	0.7%	2.3%	4.4% 3.6%	8.2%	3.9% 3.1%
Total	2027	NGO	0.7%	2.1%	4.2%	8.3%	3.7%	0.5%	0.9%	1.9%	3.7%	1.8%	0.4%	0.7%	1.5%	3.4%	1.3%	0.9%			8.7%	4.9%	0.6%	0.1%		6.5%	0.6%
	2021	Total		0.1%	1.1%	4.3%	1.3%	0.0%		0.5%		0.6%	0.0%	0.0%	0.1%	0.6%	0.2%	0.0%	0.1%	0.4% 5.8%	1.5%	0.5%	0.6%	1.8%	0.5%	1.9% 8.4%	3.7%
		TOTAL	0.7%	2.2%	5.3%	12.0%	5.1%	0.5%	1.0%	2.4%	5.3%	2.3%	0.4%	0.7%	1.0%	4.0%	1.5%	1.0%	2.9%	5.8%	10.2%	5.4%	0.6%	1.8%	4.1%	8.4%	3.7%

^{*}Calculated using 2019 & 2021 Population Projections (Base 2018 Census, prioritised ethnicity) & full year Service User data from PRIMHD.

Table 6. Midland Region o-19 yrs. Service User Access Rates by Area, Ethnicity & Age Group (yrs.) (2019 & 2021)

Midland	Year	Camina Tuna			Māori					Pacific					Asian					Other					Total		
Region	Year	Service Type	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19
		Te Whatu Ora	0.3%	1.3%	2.5%	5.5%	2.3%	0.1%	1.0%	2.1%	3.7%	1.7%	0.1%	0.2%	0.8%	2.2%	0.7%	0.5%	2.2%	4.1%	6.9%	3.5%	0.3%	1.5%	3.0%	5.8%	2.6%
	2019	NGO	0.3%	2.0%	4.8%	8.4%	3.7%	1.2%	1.9%	3.8%	4.8%	2.9%	0.1%	0.5%	1.0%	2.5%	0.9%	0.3%	3.1%	4.7%	6.2%	3.7%	0.3%	2.3%	4.3%	6.5%	3.3%
Waikato		Total	0.6%	3.3%	7.2%	13.9%	6.0%	1.3%	2.9%	5.9%	8.5%	4.6%	0.1%	0.7%	1.8%	4.6%	1.5%	0.8%	5.3%	8.8%	13.1%	7.2%	0.6%	3.9%	7.4%	12.3%	6.0%
waikato		Te Whatu Ora	0.2%	0.7%	2.1%	4.6%	1.8%	0.0%	0.6%	1.4%	2.8%	1.2%	0.0%	0.2%	0.7%	1.9%	0.6%	0.2%	1.8%	4.2%	7.5%	3.6%	0.2%	1.1%	2.9%	5.7%	2.4%
	2021	NGO	0.1%	1.8%	3.8%	6.8%	3.1%	0.2%	1.5%	2.6%	4.4%	2.2%	0.0%	0.5%	1.1%	1.9%	0.7%	0.1%	2.3%	4.8%	7.0%	3.7%	0.1%	1.8%	3.9%	6.3%	3.0%
		Total	0.3%	2.5%	5.9%	11.4%	4.9%	0.2%	2.0%	4.0%	7.2%	3.3%	0.0%	0.7%	1.8%	3.8%	1.3%	0.4%	4.1%	8.9%	14.5%	7-3%	0.3%	3.0%	6.8%	12.0%	5.5%
		Te Whatu Ora	0.0%	1.5%	2.2%	6.0%	2.4%	0.0%	0.3%	1.9%	2.7%	1.3%	0.0%	0.0%	0.0%	2.2%	0.4%	0.3%	2.7%	5.4%	8.7%	4.4%	0.1%	1.8%	3.3%	6.6%	2.9%
	2019	NGO	0.0%	0.0%	3.8%	9.0%	3.1%	0.0%	0.0%	1.2%	5.4%	1.6%	0.0%	0.0%	1.5%	2.7%	0.8%	0.0%	0.0%	5.3%	11.3%	4.2%	0.0%	0.0%	4.1%	9.3%	3.3%
Lakes		Total	0.1%	1.5%	6.1%	15.0%	5.5%	0.0%	0.3%	3.1%	8.1%	2.9%	0.0%	0.0%	1.5%	4.9%	1.3%	0.3%	2.7%	10.7%	20.0%	8.5%	0.1%	1.8%	7.4%	16.0%	6.2%
		Te Whatu Ora	0.0%	0.9%	2.1%	6.0%	2.2%	0.0%	0.0%	1.7%	3.1%	1.2%	0.1%	0.3%	1.1%	2.1%	0.7%	0.1%	2.0%	5.7%	11.1%	4.7%	0.1%	1.2%	3.3%	7.4%	2.9%
	2021	NGO	0.0%	0.1%	4.6%	9.1%	3.4%	0.0%	0.3%	2.4%	3.1%	1.5%	0.0%	0.0%	2.2%	3.5%	1.0%	0.0%	0.1%	6.4%	13.3%	4.9%	0.0%	0.1%	5.0%	10.0%	3.7%
		Total	0.1%	1.1%	6.7%	15.2%	5.6%	0.0%	0.3%	4.1%	6.2%	2.7%	0.1%	0.3%	3.3%	5.6%	1.7%	0.1%	2.1%	12.1%	24.3%	9.6%	0.1%	1.3%	8.3%	17.4%	6.6%
		Te Whatu Ora	0.6%	1.8%	3.6%	7.7%	3.3%	0.9%	0.8%	2.5%	5.1%	2.2%	0.0%	0.3%	1.0%	2.5%	0.8%	0.3%	1.9%	4.9%	9.5%	4.1%	0.4%	1.7%	4.1%	8.2%	3.5%
	2019	NGO	0.2%	1.5%	4.0%	6.9%	3.1%	0.0%	0.8%	1.5%	4.4%	1.5%	0.0%	0.3%	0.1%	0.8%	0.3%	0.0%	0.6%	1.8%	3.1%	1.4%	0.1%	0.9%	2.6%	4.5%	1.9%
Bay of		Total	0.8%	3.3%	7.6%	14.6%	6.4%	0.9%	1.5%	4.0%	9.5%	3.7%	0.0%	0.7%	1.1%	3.3%	1.0%	0.4%	2.4%	6.7%	12.6%	5.5%	0.5%	2.6%	6.6%	12.7%	5-4%
Plenty		Te Whatu Ora	0.3%	1.5%	4.1%	6.7%	3.1%	0.2%	1.1%	2.0%	4.2%	1.8%	0.1%	0.1%	1.8%	2.6%	0.9%	0.4%	2.2%	5.1%	11.2%	4.6%	0.3%	1.8%	4.4%	8.5%	3.6%
	2021	NGO	0.1%	1.4%	4.7%	6.6%	3.2%	0.0%	0.2%	1.8%	4.2%	1.4%	0.0%	0.1%	0.8%	1.1%	0.4%	0.0%	0.7%	2.2%	4.5%	1.8%	0.0%	0.9%	3.1%	5.2%	2.2%
		Total	0.4%	2.9%	8.8%	13.3%	6.3%	0.2%	1.3%	3.7%	8.4%	3.2%	0.1%	0.2%	2.6%	3.8%	1.3%	0.5%	2.9%	7.3%	15.7%	6.3%	0.4%	2.7%	7.5%	13.7%	5.8%
		Te Whatu Ora	0.4%	1.8%	2.9%	5.1%	2.5%	0.0%	0.0%	1.8%	5.3%	1.6%	0.8%	0.0%	1.3%	5.0%	1.5%	1.0%	3.2%	4.9%	5.4%	3.7%	0.5%	2.1%	3.3%	5.1%	2.7%
	2019	NGO	0.5%	2.9%	5.6%	9.8%	4.6%	0.0%	0.0%	2.7%	8.4%	2.6%	0.0%	0.0%	2.5%	1.7%	0.9%	0.8%	3.5%	4.6%	7.3%	4.1%	0.6%	2.9%	5.1%	8.9%	4.3%
Tairawhiti		Total	0.9%	4.7%	8.5%	14.9%	7.1%	0.0%	0.0%	4.5%	13.7%	4.2%	0.8%	0.0%	3.8%	6.7%	2.4%	1.9%	6.7%	9.5%	12.7%	7.7%	1.1%	5.0%	8.4%	14.0%	7.0%
		Te Whatu Ora	0.5%	1.7%	3.1%	6.6%	2.8%	1.0%	0.0%	1.8%	2.9%	1.4%	0.0%	0.0%	2.5%	4.3%	1.3%	1.2%	3.1%	6.5%	6.8%	4.4%	0.6%	2.0%	3.9%	6.5%	3.2%
	2021	NGO	0.3%	2.0%	4.0%	8.0%	3.4%	1.0%	0.8%	1.8%	1.0%	1.1%	0.0%	0.0%	2.5%	2.9%	1.1%	0.4%	2.6%	5.6%	6.7%	3.9%	0.3%	2.1%	4.3%	7.3%	3.4%
		Total	0.7%	3.8%	7.0%	14.6%	6.3%	2.0%	0.8%	3.6%	3.8%	2.5%	0.0%	0.0%	5.0%	7.1%	2.4%	1.6%	5.7%	12.1%	13.6%	8.3%	1.0%	4.1%	8.2%	13.7%	6.6%
		Te Whatu Ora	0.1%	0.4%	2.6%	7.4%	2.5%	0.0%	2.3%	0.6%	4.5%	2.0%	0.2%	0.2%	0.0%	2.9%	0.6%	0.1%	1.4%	3.3%	8.5%	3.2%	0.1%	1.0%	2.9%	7.8%	2.8%
	2019	NGO	0.0%	0.0%	0.2%	2.4%	0.6%	0.0%	0.0%	0.0%	1.0%	0.3%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.1%	1.1%	0.3%	0.0%	0.0%	0.2%	1.5%	0.4%
Taranaki		Total	0.2%	0.5%	2.8%	9.7%	3.1%	0.0%	2.3%	0.6%	5.5%	2.3%	0.2%	0.2%	0.0%	3.2%	0.7%	0.1%	1.4%	3.5%	9.6%	3.5%	0.1%	1.0%	3.1%	9.2%	3.2%
		Te Whatu Ora	0.2%	0.6%	2.6%	6.9%	2.5%	0.0%	1.0%	1.5%	9.7%	2.9%	0.1%	0.2%	1.2%	2.7%	0.8%	0.1%	0.6%	3.1%	8.5%	2.9%	0.1%	0.6%	2.8%	7.7%	2.6%
	2021	NGO	0.0%	0.0%	0.2%	1.0%	0.3%	0.0%	0.0%	0.0%	1.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.9%	0.2%	0.0%	0.0%	0.1%	0.9%	0.2%
		Total	0.2%	0.6%	2.8%	7.8%	2.7%	0.0%	1.0%	1.5%	10.9%	3.2%	0.1%	0.2%	1.2%	2.7%	0.8%	0.1%	0.6%	3.2%	9.4%	3.2%	0.1%	0.6%	2.9%	8.6%	2.9%
		Te Whatu Ora	0.3%	1.4%	2.8%	6.3%	2.6%	0.2%	0.9%	2.0%	4.0%	1.7%	0.1%	0.2%	0.7%	2.3%	0.7%	0.4%	2.1%	4.3%	8.0%	3.7%	0.3%	1.6%	3.3%	6.7%	2.9%
	2019	NGO	0.2%	1.5%	4.0%	7.7%	3.2%	0.6%	1.2%	2.6%	4.6%	2.2%	0.0%	0.4%	0.8%	2.0%	0.7%	0.2%	1.6%	3.3%	5.2%	2.6%	0.2%	1.4%	3.4%	5.9%	2.7%
Regional Total		Total	0.6%	2.9%	6.8%	14.0%	5.8%	0.9%	2.1%	4.7%	8.6%	4.0%	0.1%	0.6%	1.5%	4.3%	1.3%	0.6%	3.7%	7.6%	13.1%	6.3%	0.5%	3.0%	6.69%	12.5%	5.6%
Total		Te Whatu Ora	0.2%	1.0%	2.7%	5.8%	2.4%	0.1%	0.6%	1.6%	3.6%	1.4%	0.1%	0.2%	1.0%	2.2%	0.7%	0.3%	1.8%	4.5%	8.9%	3.9%	0.2%	1.3%	3.4%	6.9%	2.9%
	2021	NGO	0.1%	1.3%	3.8%	6.6%	2.9%	0.2%	0.9%	2.2%	3.8%	1.7%	0.0%	0.3%	1.1%	1.7%	0.6%	0.1%	1.3%	3.5%	6.0%	2.7%	0.1%	1.2%	3.4%	5.9%	2.6%
		Total	0.3%	2.3%	6.5%	12.4%	5.3%	0.3%	1.6%	3.8%	7.4%	3.2%	0.1%	0.5%	2.1%	3.9%	1.3%	0.4%	3.1%	7.9%	14.9%	6.6%	0.3%	2.4%	6.7%	12.7%	5-4%

Table 7. Central Region 0-19 yrs. Service User Access Rates by Area, Ethnicity & Age Group (yrs.) (2019 & 2021)

Central	Year	Service Type			Māori					Pacific					Asian					Other					Total		
Region			0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-
		Te Whatu Ora	0.1%	1.2%	3.9%	8.4%	3.2%	0.0%	1.1%	2.1%	3.9%	1.7%	0.1%	0.2%	0.2%	1.0%	0.3%	0.0%	1.7%	3.8%	8.1%	3.5%	0.1%	1.3%	3.5%	7.6%	3.
	2019	NGO	0.0%	0.0%	0.3%	2.1%	0.5%	0.0%	0.0%	0.0%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.8%	0.3%	0.0%	0.0%	0.2%	1.3%	0
wke's		Total	0.1%	1.2%	4.1%	10.5%	3.8%	0.0%	1.1%	2.1%	5.2%	2.0%	0.1%	0.2%	0.2%	1.0%	0.3%	0.0%	1.7%	3.9%	8.9%	3.8%	0.1%	1.3%	3.7%	8.9%	3
У		Te Whatu Ora	0.2%	0.9%	3.0%	6.6%	2.6%	0.1%	0.2%	1.4%	3.5%	1.2%	0.0%	0.0%	0.3%	3.1%	0.7%	0.1%	1.2%	3.1%	6.8%	2.9%	0.1%	0.9%	2.8%	6.3%	2
	2021	NGO	0.0%	0.0%	0.2%	1.3%	0.4%	0.0%	0.0%	0.1%	0.8%	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	0.8%	0.2%	0.0%	0.0%	0.1%	0.9%	(
		Total	0.2%	0.9%	3.2%	7.8%	2.9%	0.1%	0.2%	1.6%	4.4%	1.4%	0.0%	0.0%	0.3%	3.3%	0.7%	0.1%	1.2%	3.2%	7.5%	3.1%	0.1%	0.9%	2.9%	7.2%	2
		Te Whatu Ora	0.1%	1.8%	3.8%	6.0%	2.9%	0.4%	0.6%	0.8%	5.8%	1.8%	0.1%	0.4%	1.1%	1.7%	0.8%	0.3%	2.5%	5.0%	7.0%	3.9%	0.2%	1.9%	4.1%	6.1%	;
	2019	NGO	0.0%	0.2%	1.7%	4.1%	1.4%	0.0%	0.0%	3.1%	6.5%	2.2%	0.0%	0.0%	0.5%	0.7%	0.3%	0.0%	0.1%	0.9%	2.7%	1.0%	0.0%	0.1%	1.3%	3.1%	
idCentral		Total	0.1%	2.0%	5.5%	10.1%	4.3%	0.4%	0.6%	3.9%	12.3%	4.0%	0.1%	0.4%	1.6%	2.4%	1.0%	0.3%	2.6%	6.0%	9.7%	4.9%	0.2%	2.1%	5.4%	9.2%	4
idcentral		Te Whatu Ora	0.3%	1.4%	3.3%	8.6%	3.3%	0.2%	0.6%	2.2%	5.4%	2.0%	0.0%	0.2%	1.6%	2.1%	0.9%	0.1%	1.9%	5.6%	8.4%	4.2%	0.1%	1.5%	4.3%	7.7%	3
	2021	NGO	0.0%	0.0%	0.8%	3.8%	1.1%	0.0%	0.0%	0.4%	1.9%	0.5%	0.0%	0.0%	0.3%	0.5%	0.2%	0.0%	0.1%	0.9%	2.0%	0.8%	0.0%	0.1%	0.8%	2.5%	C
		Total	0.3%	1.5%	4.2%	12.3%	4.4%	0.2%	0.6%	2.6%	7.2%	2.5%	0.0%	0.2%	1.9%	2.6%	1.0%	0.1%	2.0%	6.5%	10.5%	5.0%	0.1%	1.6%	5.1%	10.2%	4
		Te Whatu Ora	0.4%	1.6%	6.3%	11.0%	4.5%	0.5%	0.0%	1.5%	7.7%	2.0%	0.8%	0.6%	2.5%	2.5%	1.5%	0.9%	3.3%	7.0%	11.6%	5.9%	0.6%	2.2%	6.0%	10.4%	4
	2019	NGO	0.0%	0.2%	1.1%	2.5%	0.9%	0.0%	0.0%	0.0%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	1.3%	1.7%	0.9%	0.0%	0.3%	1.1%	1.9%	(
		Total	0.4%	1.8%	7.3%	13.5%	5.4%	0.5%	0.0%	1.5%	9.0%	2.3%	0.8%	0.6%	2.5%	2.5%	1.5%	0.9%	3.9%	8.3%	13.2%	6.8%	0.6%	2.6%	7.1%	12.3%	5
hanganui		Te Whatu Ora	0.5%	1.3%	4.7%	12.0%	4.2%	0.5%	0.5%	0.9%	4.4%	1.4%	0.7%	1.4%	1.2%	2.1%	1.3%	1.1%	3.3%	5.5%	12.6%	5.7%	0.8%	2.1%	4.8%	11.4%	_
	2021	NGO	0.0%	0.3%	1.2%	2.2%	0.9%	0.0%	0.0%	0.5%	1.1%	0.4%	0.0%	0.0%	0.0%	1.1%	0.2%	0.0%	0.5%	1.5%	2.2%	1.1%	0.0%	0.4%	1.3%	2.1%	c
		Total	0.5%	1.6%	5.9%	14.3%	5.1%	0.5%	0.5%	1.4%	5.6%	1.8%	0.7%	1.4%	1.2%	3.2%	1.5%	1.1%	3.8%	7.0%	14.8%	6.7%	0.8%	2.5%	6.1%	13.5%	5
		Te Whatu Ora	0.4%	2.5%	4.9%	8.3%	3.9%	0.0%	0.5%	2.4%	3.4%	1.6%	0.0%	0.8%	1.9%	2.0%	1.0%	0.3%	2.8%	5.7%	8.2%	4.3%	0.2%	2.1%	4.7%	6.8%	1
	2019	NGO	0.0%	0.2%	2.4%	3.8%	1.5%	0.0%	0.1%	0.4%	1.7%	0.6%	0.0%	0.0%	0.2%	0.4%	0.1%	0.0%	0.1%	0.6%	1.9%	0.7%	0.0%	0.1%	1.0%	2.2%	
		Total	0.4%	2.7%	7.3%	12.2%	5.4%	0.0%	0.6%	2.8%	5.0%	2.2%	0.0%	0.8%	2.1%	2.4%	1.1%	0.3%	2.9%	6.3%	10.0%	5.0%	0.2%	2.3%	5.7%	9.0%	
utt		Te Whatu Ora	0.4%	1.9%	3.5%	7.9%	3.3%	0.1%	1.0%	1.8%	4.3%	1.8%	0.1%	0.6%	1.4%	2.1%	0.9%	0.3%	2.3%	5.4%	9.5%	4.5%	0.3%	1.7%	3.9%	7.5%	3
	2021	NGO	0.0%	0.1%	1.9%	3.5%	1.3%	0.0%	0.2%	0.6%	1.0%	0.5%	0.0%	0.0%	0.3%	0.4%	0.1%	0.0%	0.2%	0.8%	2.6%	1.0%	0.0%	0.1%	1.0%	2.4%	
		Total	0.4%	1.9%	5.4%	11.4%	4.6%	0.1%	1,1%	2.4%	5.3%	2.3%	0,1%	0.6%	1.7%	2.5%	1,0%	0.3%	2.5%	6.2%	12.2%	5.4%	0.3%	1.9%	4.9%	9.9%	4
		Te Whatu Ora	0.2%	3.0%	5.4%	8.3%	4.3%	0.2%	0.9%	2.2%	3.8%	1.8%	0.1%	0.8%	1.5%	2.9%	1.2%	0.2%	2.7%	4.8%	6.6%	3.9%	0.2%	2.2%	4.1%	6.0%	3
	2019	NGO	0.1%	0.3%	4.0%	2.9%	1.8%	0.0%	0.0%	3.4%	1.5%	1,2%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.1%	0.4%	1.1%	0.4%	0.0%	0.1%	1.3%	1.3%	
	2019	Total	0.3%	3.3%	9.4%	11.2%	6.1%	0,2%	0.9%	5.5%	5.2%	3.1%	0,1%	0.9%	1.6%	3.1%	1.3%	0.2%	2.8%	5.1%	7.7%	4.3%	0.2%	2.3%	5.4%	7.2%	4
apital & oast		Te Whatu Ora	0.0%	2.0%	3.9%	9.3%	3.8%	0.1%	1.0%	2.1%	3.7%	1.8%	0.0%	0.4%	1.1%	3.8%	1.2%	0.1%	1.9%	4.2%	8.5%	4.2%	0.1%	1.5%	3.5%	7.4%	3
	2021	NGO	0.0%	0.3%	3.6%	2.7%	1.7%	0.0%	0.2%		1.5%	0.9%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.1%	0.6%	1.1%	0.5%	0.0%	0.1%	1.2%		
	2021	Total	0.0%	2.3%	7.5%	12.0%	5.5%	0.1%	1.2%	1.9%	5.2%	2.8%	0.0%	0.5%	1.2%	4.1%	1.3%	0.1%	2.0%	4.8%	9.6%	4.8%	0.1%	1.7%	4.7%	1.3%	
		Te Whatu Ora	0.1%	1.1%	2.9%	8.8%	3.1%	0.1%	1.0%		6.0%	2.7%	0.0%	0.5%				0.1%					0.1%				
	0010	NGO	0.1%	0.1%	2.9%		1.8%	0.0%		3.6%	0.0%	0.2%	0.0%	0.0%	0.9%	3.5%	0.9%	0.1%	0.6%	4.5%	8.9% 2.8%	3.8%		1.4%	3.8%	8.5%	3
	2019					5.1%			0.0%	0.9%						0.0%	0.0%			0.0.0		1.1%	0.0%	0.4%	1.2%	3.4%	
airarapa		Total	0.1%	1.2%	5.1%	13.9%	4.8%	0.0%	1.0%	4.5%	6.0%	2.9%	0.0%	0.0%	0.9%	3.5%	0.9%	0.1%	2.3%	5.3%	11.8%	4.8%	0.1%	1.8%	5.0%	11.9%	4
		Te Whatu Ora	0.0%	2.3%	4.0%	7.5%	3.4%	0.0%	2.7%	2.5%	4.8%	2.6%	0.0%	1.5%	2.9%	7.4%	2.4%	0.1%	1.3%	5.0%	9.8%	4.0%	0.1%	1.7%	4.5%	8.7%	:
	2021	NGO	0.0%	0.4%	2.9%	5.9%	2.2%	0.0%	0.0%	0.8%	3.8%	1.2%	0.0%	1.5%	1.9%	1.1%	1.0%	0.0%	0.7%	2.0%	3.3%	1.5%	0.0%	0.6%	2.2%	4.0%	
		Total	0.0%	2.7%	7.0%	13.4%	5.6%	0.0%	2.7%	3.3%	8.6%	3.7%	0.0%	1.5%	2.9%	7.4%	2.4%	0.1%	1.9%	7.0%	13.0%	5.5%	0.1%	2.2%	6.8%	12.7%	
		Te Whatu Ora	0.2%	1.9%	4.5%	8.1%	3.6%	0.1%	0.8%	2.0%	4.1%	1.8%	0.1%	0.7%	1.4%	2.3%	1.0%	0.2%	2.5%	4.9%	7.6%	4.0%	0.2%	1.9%	4.2%	6.8%	3
	2019	NGO	0.0%	0.1%	1.8%	3.2%	1.2%	0.0%	0.0%	1.9%	2.0%	1.0%	0.0%	0.0%	0.2%	0.3%	0.1%	0.0%	0.1%	0.6%	1.6%	0.6%	0.0%	0.1%	1.0%	1.9%	•
gional		Total	0.2%	2.1%	6.3%	11.3%	4.8%	0.1%	0.8%	4.0%	6.1%	2.8%	0.1%	0.7%	1.6%	2.6%	1.1%	0.2%	2.6%	5.5%	9.2%	4.7%	0.20%	2.06%	5.20%	8.75%	
tal		Te Whatu Ora	0.2%	1.5%	3.5%	8.3%	3.3%	0.1%	0.8%	1.9%	4.1%	1.8%	0.1%	0.4%	1.2%	3.1%	1.0%	0.2%	1.9%	4.6%	8.7%	4.1%	0.2%	1.5%	3.7%	7.6%	
	2021	NGO	0.0%	0.1%	1.5%	2.8%	1.1%	0.0%	0.1%	1.0%	1.4%	0.6%	0.0%	0.0%	0.2%	0.4%	0.1%	0.0%	0.2%	0.7%	1.6%	0.7%	0.0%	0.1%	0.9%	1.8%	•
		Total	0.2%	1.6%	5.0%	11.1%	4.4%	0.1%	1.0%	2.9%	5.5%	2.4%	0.1%	0.5%	1.4%	3.5%	1.2%	0.2%	2.1%	5.3%	10.3%	4.8%	0.18%	1.62%	4.64%	9.43%	4

Table 8. Southern Region O-19 yrs Service User Access Rates by Area, Ethnicity & Age Group (yrs) (2019 & 2021)

Central				Māori				Pacific						Asian					Other			Total					
Region	Year Service 1	Service Type	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19
		Te Whatu Ora	0.2%	1.6%	4.5%	8.3%	3.5%	0.4%	0.6%	3.5%	3.2%	1.9%	0.0%	0.3%	1.5%	3.1%	1.1%	0.1%	1.8%	4.8%	9.5%	4.3%	0.1%	1.6%	4.5%	8.7%	3.8%
	2019	NGO	0.1%	0.8%	2.7%	5.9%	2.3%	0.0%	0.3%	0.6%	0.8%	0.4%	0.0%	0.0%	0.4%	1.5%	0.4%	0.0%	0.2%	1.0%	3.6%	1.2%	0.0%	0.3%	1.2%	3.8%	1.4%
Nelson Marlborough		Total	0.3%	2.4%	7.1%	14.3%	5.8%	0.4%	0.9%	4.2%	4.0%	2.3%	0.0%	0.3%	1.9%	4.6%	1.5%	0.1%	2.0%	5.8%	13.0%	5.5%	0.1%	1.9%	5.8%	12.5%	5.2%
		Te Whatu Ora	0.4%	1.6%	6.0%	8.6%	4.1%	0.0%	0.6%	2.8%	5.6%	2.2%	0.1%	0.4%	1.7%	2.9%	1.1%	0.4%	1.8%	5.5%	10.5%	4.8%	0.4%	1.6%	5.3%	9.4%	4.3%
	2021	NGO	0.1%	0.4%	3.0%	5.2%	2.1%	0.0%	0.0%	0.6%	3.7%	1.0%	0.0%	0.0%	0.7%	0.9%	0.3%	0.0%	0.4%	1.3%	3.8%	1.4%	0.0%	0.3%	1.6%	3.9%	1.5%
		Total	0.5%	2.0%	9.0%	13.8%	6.2%	0.0%	0.6%	3.3%	9.3%	3.1%	0.1%	0.4%	2.4%	3.8%	1.5%	0.4%	2.2%	6.9%	14.3%	6.2%	0.4%	2.0%	6.9%	13.4%	5.8%
		Te Whatu Ora	0.0%	3.3%	5.3%	11.4%	4.8%	0.0%	7.5%	8.6%	5.0%	5.8%	0.0%	1.3%	1.4%	2.9%	1.1%	0.3%	4.4%	4.8%	9.4%	4.7%	0.2%	3.9%	4.8%	9.6%	4.6%
	2019	NGO	0.3%	1.0%	1.1%	2.5%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.4%	0.5%	1.1%	1.6%	2.5%	1.4%	0.4%	1.0%	1.5%	2.4%	1.3%
West Coast		Total	0.3%	4.3%	6.3%	13.9%	6.0%	0.0%	7.5%	8.6%	5.0%	5.8%	0.0%	1.3%	2.9%	2.9%	1.5%	0.8%	5.5%	6.4%	11.9%	6.2%	0.6%	4.9%	6.3%	11.9%	5.9%
West Coast	2021	Te Whatu Ora	0.2%	2.4%	4.9%	9.2%	4.0%	0.0%	2.5%	2.5%	4.0%	2.4%	0.0%	0.0%	1.2%	2.9%	0.6%	0.0%	2.1%	5.0%	10.0%	4.3%	0.1%	2.1%	4.6%	9.5%	4.0%
		NGO	0.0%	0.5%	1.6%	4.9%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.3%	0.2%	0.9%	2.3%	3.5%	1.7%	0.1%	0.7%	2.0%	3.7%	1.6%
		Total	0.2%	2.9%	6.5%	14.1%	5.7%	0.0%	2.5%	2.5%	4.0%	2.4%	0.0%	0.0%	1.2%	5.7%	0.9%	0.2%	3.0%	7.2%	13.5%	6.0%	0.2%	2.8%	6.6%	13.2%	5.6%
		Te Whatu Ora	0.2%	2.8%	5.4%	9.5%	4.3%	0.1%	1.1%	2.5%	4.0%	1.8%	0.1%	0.2%	0.9%	1.6%	0.6%	0.1%	2.5%	4.4%	6.5%	3.6%	0.1%	2.1%	4.0%	6.1%	3.1%
Canterbury	2019	NGO	0.6%	0.4%	2.2%	6.9%	2.4%	0.4%	0.1%	0.8%	2.0%	0.8%	0.1%	0.0%	0.2%	1.2%	0.3%	0.2%	0.1%	1.3%	4.4%	1.6%	0.3%	0.1%	1.3%	4.2%	1.5%
		Total	0.7%	3.3%	7.6%	16.4%	6.7%	0.5%	1.1%	3.2%	6.0%	2.6%	0.1%	0.3%	1.1%	2.8%	1.0%	0.4%	2.6%	5.7%	10.9%	5.2%	0.4%	2.3%	5.3%	10.3%	4.7%
	2021	Te Whatu Ora	0.1%	2.9%	5.6%	8.7%	4.2%	0.2%	0.7%	2.0%	4.2%	1.7%	0.0%	0.4%	1.1%	2.3%	0.9%	0.1%	2.5%	4.7%	7.0%	3.8%	0.1%	2.1%	4.2%	6.4%	3.3%
		NGO	0.3%	0.3%	1.9%	6.1%	2.0%	0.2%	0.2%	0.5%	1.9%	0.7%	0.0%	0.1%	0.3%	1.4%	0.4%	0.2%	0.1%	1.4%	4.6%	1.7%	0.2%	0.2%	1.3%	4.3%	1.5%
		Total	0.4%	3.2%	7-4%	14.8%	6.2%	0.3%	0.9%	2.5%	6.1%	2.3%	0.1%	0.5%	1.4%	3.7%	1.2%	0.3%	2.6%	6.0%	11.6%	5.5%	0.3%	2.3%	5.5%	10.7%	4.8%
		Te Whatu Ora	0.2%	2.9%	6.0%	9.3%	4.5%	0.0%	3.2%	2.4%	7.5%	3.0%	0.0%	0.5%	0.0%	1.5%	0.4%	0.1%	2.9%	5.7%	9.2%	4.5%	0.1%	2.8%	5.3%	8.7%	4.2%
	2019	NGO	0.0%	0.0%	2.9%	7.2%	2.5%	0.0%	0.0%	1.2%	7.5%	1.8%	0.0%	0.0%	0.5%	0.5%	0.2%	0.0%	0.1%	2.4%	7.1%	2.4%	0.0%	0.1%	2.4%	6.7%	2.2%
South		Total	0.2%	2.9%	8.9%	16.6%	7.0%	0.0%	3.2%	3.5%	15.0%	4.8%	0.0%	0.5%	0.5%	2.0%	0.7%	0.1%	2.9%	8.1%	16.2%	6.9%	0.1%	2.8%	7.7%	15.4%	6.5%
Canterbury		Te Whatu Ora	0.3%	4.4%	5.4%	9.7%	4.9%	0.0%	3.0%	3.3%	5.6%	2.9%	0.0%	0.0%	2.4%	2.2%	1.0%	0.1%	2.7%	6.2%	11.7%	5.2%	0.1%	2.8%	5.7%	10.5%	4.8%
	2021	NGO	0.0%	0.0%	2.5%	8.1%	2.6%	0.0%	0.0%	0.8%	2.2%	0.7%	0.0%	0.0%	0.5%	1.7%	0.5%	0.0%	0.0%	3.1%	9.0%	3.0%	0.0%	0.0%	2.7%	8.2%	2.6%
		Total	0.3%	4.4%	7.8%	17.7%	7.5%	0.0%	3.0%	4.2%	7.8%	3.5%	0.0%	0.0%	2.9%	3.9%	1.5%	0.1%	2.7%	9.3%	20.8%	8.2%	0.1%	2.8%	8.4%	18.6%	7.4%
		Te Whatu Ora	0.08%	2.10%	4.14%	6.51%	3.25%	0.00%	0.88%	3.14%	6.32%	2.58%	0.0%	0.2%	0.7%	1.9%	0.8%	0.0%	0.6%	1.1%	1.4%	0.8%	0.1%	1.8%	3.9%	5.9%	3.1%
	2019	NGO	0.11%	1.32%	3.42%	5-42%	2.60%	0.00%	0.88%	1.57%	3.29%	1.44%	0.0%	0.3%	0.8%	1.3%	0.7%	0.0%	0.0%	0.5%	1.1%	0.4%	0.0%	1.3%	3.1%	5.1%	2.5%
Southern		Total	0.20%	3-43%	7.56%	11.93%	5.85%	0.00%	1.75%	4.71%	9.61%	4.01%	0.0%	0.5%	1.6%	3.2%	1.5%	0.0%	0.6%	1.6%	2.5%	1.3%	0.1%	3.0%	7.0%	11.0%	5.6%
		Te Whatu Ora	0.1%	0.8%	3.8%	6.6%	2.9%	0.1%	0.6%	1.8%	3.8%	1.6%	0.0%	0.2%	1.0%	1.8%	0.8%	0.1%	0.9%	3.1%	6.8%	3.0%	0.1%	0.8%	3.1%	6.1%	2.7%
	2021	NGO	0.2%	1.3%	3.6%	6.0%	2.9%	0.0%	1.2%	2.4%	3.2%	1.7%	0.0%	0.0%	0.5%	1.2%	0.5%	0.0%	1.1%	3.5%	6.1%	2.9%	0.0%	1.0%	3.3%	5.5%	2.6%
		Total	0.2%	2.1%	7.5%	12.6%	5.8%	0.1%	1.8%	4.3%	7.0%	3.2%	0.0%	0.2%	1.5%	2.9%	1.3%	0.1%	2.0%	6.6%	12.9%	5.9%	0.1%	1.9%	6.3%	11.6%	5.4%
		Te Whatu Ora	0.1%	2.4%	4.9%	8.4%	3.9%	0.1%	1.1%	2.8%	4.7%	2.1%	0.0%	0.3%	0.9%	1.8%	0.7%	0.1%	2.3%	4.5%	7.0%	3.7%	0.1%	2.0%	4.1%	6.6%	3.3%
	2019	NGO	0.3%	0.8%	2.7%	6.1%	2.4%	0.2%	0.3%	1.0%	2.4%	0.9%	0.0%	0.1%	0.4%	1.2%	0.4%	0.1%	0.5%	1.9%	4.8%	2.0%	0.2%	0.5%	1.9%	4.5%	1.8%
Regional		Total	0.5%	3.2%	7.6%	14.5%	6.3%	0.3%	1.4%	3.8%	7.1%	3.0%	0.1%	0.3%	1.3%	3.1%	1.1%	0.3%	2.8%	6.4%	11.8%	5.7%	0.3%	2.6%	6.0%	11.1%	5.1%
Total		Te Whatu Ora	0.2%	2.1%	5.1%	8.1%	3.8%	0.1%	0.8%	2.1%	4.3%	1.7%	0.0%	0.4%	1.1%	2.2%	0.9%	0.1%	1.9%	4.5%	7.7%	3.8%	0.1%	1.7%	4.1%	7.0%	3.3%
	2021	NGO	0.2%	0.6%	2.6%	6.0%	2.3%	0.1%	0.4%	1.0%	2.4%	1.0%	0.0%	0.0%	0.4%	1.3%	0.4%	0.1%	0.5%	2.1%	5.2%	2.1%	0.1%	0.4%	2.0%	4.8%	1.9%
		Total	0.4%	2.7%	7.7%	14.1%	6.1%	0.2%	1.2%	3.1%	6.7%	2.7%	0.1%	0.4%	1.5%	3.5%	1.3%	0.2%	2.4%	6.6%	12.8%	5.9%	0.2%	2.1%	6.1%	11.7%	5.2%

Table 8. National 0-19 yrs Service User Access Rates by Area, Ethnicity & Age Group (yrs) (2019 & 2021)

	Year	Service Type	Māori				Pacific				Asian				Other				Total								
			0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19	0-4	5-9	10-14	15-19	0-19
		Te Whatu Ora	0.4%	2.1%	4.1%	8.0%	3.5%	0.3%	1.1%	2.2%	4.1%	2.0%	0.2%	0.7%	1.4%	2.5%	1.1%	0.4%	2.6%	4.7%	7.6%	4.0%	0.4%	2.0%	3.8%	6.5%	3.2%
National Total		NGO	0.2%	0.7%	2.6%	5.6%	2.1%	0.1%	0.2%	1.0%	2.3%	0.9%	0.0%	0.1%	0.3%	0.7%	0.2%	0.1%	0.6%	1.5%	3.2%	1.4%	0.1%	0.5%	1.5%	3.3%	1.4%
		Total	0.5%	2.7%	6.7%	13.6%	5 .7 %	0.4%	1.3%	3.2%	6.4%	2.8%	0.3%	0.8%	1.7%	3.2%	1.4%	0.5%	3.1%	6.2%	10.8%	5.4%	0.5%	2.4%	5.4%	9.9%	4.6%
		Te Whatu Ora	0.4%	1.6%	3.7%	7.5%	3.2%	0.4%	0.9%	1.9%	3.8%	1.7%	0.2%	0.6%	1.3%	3.0%	1.2%	0.4%	2.1%	4.8%	8.4%	4.2%	0.3%	1.6%	3.7%	6.9%	3.2%
	2021	NGO	0.1%	0.6%	2.3%	5.0%	1.9%	0.0%	0.2%	0.8%	1.8%	0.7%	0.0%	0.1%	0.3%	0.8%	0.2%	0.1%	0.5%	1.6%	3.5%	1.5%	0.1%	0.4%	1.5%	3.3%	1.3%
		Total	0.4%	2.2%	6.0%	12.5%	5.2%	0.4%	1.0%	2.6%	5.6%	2.4%	0.2%	0.6%	1.6%	3.8%	1.4%	0.4%	2.6%	6.4%	11.9%	5 .7 %	0.4%	2.0%	5.2%	10.2%	4.5%

Appendix C: Funding Data

Table 1. Infant, Child, Adolescent & Youth Mental Health/AOD Funding (2015/2016-2021/2022)

Pagion/Aron		2015/2016			2017/2018			2019/2020		2021/2022			
Region/Area	Te Whatu Ora*	NGO/PHO	Total										
Northern	\$52,411,826	\$8,789,249	\$61,201,075	\$49,588,907	\$10,570,297	\$60,159,204	\$54,518,610	\$12,111,675	\$66,630,285	\$61,520,824	\$13,122,669	\$74,643,493	
Northland	\$6,118,991	\$1,273,595	\$7,392,586	\$3,610,143	\$1,415,148	\$5,025,291	\$4,508,839	\$1,815,372	\$6,324,211	\$5,220,875	\$1,782,648	\$7,003,523	
Waitemata	\$15,862,594	\$702,631	\$16,565,225	\$15,745,106	\$721,096	\$16,466,202	\$16,476,534	\$832,473	\$17,309,007	\$17,581,501	\$895,056	\$18,476,557	
Auckland	\$17,006,883	\$2,598,834	\$19,605,717	\$16,742,962	\$4,102,814	\$20,845,776	\$18,792,042	\$4,636,373	\$23,428,415	\$21,256,767	\$4,924,575	\$26,181,342	
Counties Manukau	\$13,423,358	\$4,214,189	\$17,637,547	\$13,490,697	\$4,331,239	\$17,821,936	\$14,741,195	\$4,827,457	\$19,568,652	\$17,461,680	\$5,520,390	\$22,982,070	
Midland	\$20,251,653	\$16,272,187	\$36,523,840	\$19,736,066	\$19,576,532	\$39,312,598	\$21,370,475	\$25,226,032	\$46,596,507	\$23,843,951	\$24,506,984	\$48,350,935	
Waikato	\$5,795,619	\$10,239,947	\$16,035,566	\$5,649,594	\$10,597,774	\$16,247,368	\$6,521,744	\$15,095,321	\$21,617,065	\$7,729,847	\$13,219,409	\$20,949,256	
Lakes	\$3,275,060	\$1,545,288	\$4,820,348	\$2,938,911	\$2,917,218	\$5,856,129	\$2,799,010	\$3,358,540	\$6,157,550	\$2,954,344	\$3,621,506	\$6,575,850	
Bay of Plenty	\$6,234,260	\$3,446,180	\$9,680,440	\$6,158,124	\$4,878,148	\$11,036,272	\$6,860,902	\$5,513,430	\$12,374,332	\$7,684,227	\$6,089,017	\$13,773,244	
Tairawhiti	\$2,268,862	\$310,176	\$2,579,038	\$2,303,231	\$438,948	\$2,742,179	\$2,396,281	\$468,444	\$2,864,725	\$2,517,532	\$491,436	\$3,008,968	
Taranaki	\$2,677,852	\$730,596	\$3,408,448	\$2,686,207	\$744,444	\$3,430,651	\$2,792,538	\$790,297	\$3,582,835	\$2,958,001	\$1,085,616	\$4,043,617	
Central	\$30,614,119	\$5,062,877	\$35,676,996	\$34,840,926	\$5,784,642	\$40,625,568	\$36,826,043	\$7,787,916	\$44,613,959	\$42,400,554	\$8,656,521	\$51,057,075	
Hawke's Bay	\$3,412,251	\$410,217	\$3,822,468	\$4,016,008	\$915,448	\$4,931,456	\$4,016,008	\$1,520,874	\$5,536,882	\$3,863,968	\$1,555,329	\$5,419,297	
MidCentral	\$4,160,098	\$1,020,716	\$5,180,814	\$3,964,581	\$1,247,347	\$5,211,928	\$3,964,576	\$1,526,173	\$5,490,749	\$4,890,899	\$1,728,075	\$6,618,974	
Whanganui	2567102.285	224064	\$2,791,166	2336177.81	380472	2716649.81	2191738.4	404796	\$2,596,534	\$2,258,146	\$312,360	\$2,570,506	
Capital & Coast	\$15,036,417	\$776,604	\$15,813,021	\$18,815,821	\$1,552,701	\$20,368,522	\$20,403,667	\$2,356,929	\$22,760,596	\$24,136,174	\$2,741,406	\$26,877,580	
Hutt Valley	\$4,057,730	\$2,531,352	\$6,589,082	\$4,349,039	\$1,504,775	\$5,853,814	\$4,835,837	\$1,772,037	\$6,607,874	\$5,581,853	\$1,939,683	\$7,521,536	
Wairarapa	\$1,380,521	\$99,924	\$1,480,445	\$1,359,300	\$183,899	\$1,543,199	\$1,414,216	\$207,107	\$1,621,323	\$1,669,515	\$379,668	\$2,049,183	
Southern	\$31,120,579	\$11,023,133	\$42,143,712	\$30,868,614	\$12,468,496	\$43,337,110	\$40,441,147	\$13,993,947	\$54,435,094	\$37,305,850	\$16,699,016	\$54,004,866	
Nelson Marlborough	\$3,876,454	\$919,203	\$4,795,657	\$3,813,388	\$1,017,093	\$4,830,481	\$3,954,983	\$831,523	\$4,786,506	\$4,628,800	\$462,861	\$5,091,661	
West Coast	\$1,065,069	\$240,000	\$1,305,069	\$1,092,754	\$240,000	\$1,332,754	\$1,141,029	\$281,652	\$1,422,681	\$826,960	\$618,193	\$1,445,153	
Canterbury	\$16,850,056	\$4,446,390	\$21,296,446	\$17,617,285	\$5,175,825	\$22,793,110	\$26,549,862	\$6,454,848	\$33,004,710	\$22,387,773	\$8,763,380	\$31,151,153	
South Canterbury	\$1,089,537	\$702,204	\$1,791,741	\$1,067,492	\$721,068	\$1,788,560	\$1,128,056	\$750,204	\$1,878,260	\$1,179,382	\$793,068	\$1,972,450	
Southern	\$8,239,465	\$4,715,336	\$12,954,801	\$7,277,694	\$5,314,510	\$12,592,204	\$7,667,218	\$5,675,720	\$13,342,938	\$8,282,935	\$6,061,514	\$14,344,449	
Total	\$134,398,178	\$41,147,446	\$175,545,624	\$135,034,513	\$48,399,967	\$183,434,480	\$153,156,274	\$59,119,570	\$212,275,844	\$165,071,179	\$62,985,190	\$228,056,369	

Source: Ministry of Health Price Volume Schedules 2013-2020. *Te Whatu Ora funding includes Inpatient funding.

Table 2. National Funding per Head Infant, Child, Adolescent & Youth Population (2019/2020-2021/2022)

		2019/2020		2021/2022							
Region/Area	Spend/Child (Excl. Inpatient) \$	Spend/Child (Incl. Inpatient) \$	Total Te Whatu Ora & NGO/PHO \$	Spend/Child (Incl. Inpatient) \$	Spend/Child (Excl. Inpatient) \$	Total Te Whatu Ora & NGO/PHO \$					
Northern	\$135.50	\$127.88	\$66,630,285	\$151.95	\$144.18	\$74,643,493					
Northland	\$124.20	\$124.20	\$6,324,211	\$134.35	\$134.35	\$7,003,523					
Waitemata	\$107.35	\$107.35	\$17,309,007	\$114.90	\$114.90	\$18,476,557					
Auckland	\$214.31	\$180.04	\$23,428,415	\$249.99	\$213.53	\$26,181,342					
Counties Manukau	\$114.93	\$114.93	\$19,568,652	\$132.41	\$132.41	\$22,982,070					
Midland	\$175.40	\$174.76	\$46,596,507	\$178.85	\$178.18	\$48,350,935					
Waikato	\$182.05	\$182.05	\$21,617,065	\$174.46	\$174.46	\$20,949,256					
Lakes	\$192.00	\$192.00	\$6,157,550	\$205.62	\$205.62	\$6,575,850					
Bay of Plenty	\$185.65	\$185.65	\$12,374,332	\$198.72	\$198.72	\$13,773,244					
Tairawhiti	\$191.68	\$180.27	\$2,864,725	\$198.22	\$186.41	\$3,008,968					
Taranaki	\$107.77	\$107.77	\$3,582,835	\$119.63	\$119.63	\$4,043,617					
Central	\$193.14	\$176.28	\$44,613,959	\$210.48	\$192.65	\$51,057,075					
Hawke's Bay	\$117.21	\$117.21	\$5,536,882	\$113.14	\$113.14	\$5,419,297					
MidCentral	\$308.04	\$308.04	\$5,490,749	\$135.30	\$135.30	\$6,618,974					
Whanganui	\$53.64	\$53.64	\$2,596,534	\$144.41	\$144.41	\$2,570,506					
Capital & Coast	\$562.68	\$466.42	\$22,760,596	\$357.99	\$300.37	\$26,877,580					
Hutt Valley	\$85.74	\$85.74	\$6,607,874	\$184.49	\$184.49	\$7,521,536					
Wairarapa	\$137.40	\$137.40	\$1,621,323	\$169.35	\$169.35	\$2,049,183					
Southern	\$193.62	\$173.18	\$54,435,094	\$192.73	\$168.23	\$54,004,866					
Nelson Marlborough	\$131.75	\$123.48	\$4,786,506	\$138.21	\$130.24	\$5,091,661					
West Coast	\$193.83	\$193.83	\$1,422,681	\$201.84	\$201.84	\$1,445,153					
Canterbury	\$235.75	\$200.88	\$33,004,710	\$222.94	\$186.95	\$31,151,153					
South Canterbury	\$132.55	\$132.55	\$1,878,260	\$139.84	\$72.87	\$1,972,450					
Southern	\$160.18	\$153.39	\$13,342,938	\$174. 15	\$166.88	\$14,344,449					
Total	\$167.21	\$156.53	\$212,275,844	\$177. 56	\$165.74	\$228,056,369					

Source: Ministry of Health Price Volume Schedules 2019/2020, 2020/2022. Includes Youth Primary Mental Health Funding.

Appendix D: Contracted Services

Table 1. 2022	Youth Primary Mental Hea	alth Contracted Services = 20
Region	Area	Service
Northern	Auckland	Procare Health
Northern	Auckland	Youthline Auckland Charitable Trust
		Eastern Bay Primary Health Alliance
	Bay of Plenty	Nga Mataapuna Oranga: Te Manu Toroa
Midland		Western Bay of Plenty Primary Health Organisation
	Tairawhiti	Midlands Regional Health Network Charitable Trust
	Taranaki	Tui Ora
	Haveleda Dav	Health Hawke's Bay
	Hawke's Bay	Totara Health
	MidCentral	THINK Hauora
		National Hauora Coalition
	Whanganui	Te Oranganui Trust
Central		Whanganui Regional Health Network
	Hutt Valley	Hutt Valley Youth Health Trust
	Hutt Valley	Te Awakairangi Health Network
		Ora Toa PHO
	Capital & Coast	Te Whanganui-a-Tara Youth Development
		Tu Ora Compass Health (Capital & Coast & Wairarapa)
Southern	Canterbury	St John of God Hauora Trust
Southern	Southern	Adventure Development

Table 2. 2022 Yout	h Forensics Contracted Services = 11
Te Whatu Ora Servic	es = 9
Region	Service
	Te Tai Tokerau
Northern	Te Toka Tumai Auckland
	Counties Manukau
Midland	Waikato
Central	Capital & Coast
	Nelson Marlborough
Southern	Waitaha Canterbury
Southern	South Canterbury
	Southern
NGO = 2	
Northern	Waitemata: EMERGE Aotearoa
Midland	Waikato: Nga Ringa Awhina O Hauora Trust

Table 3. 2022 AOD	Contracted Services = 59
Te Whatu Ora Ser	vices = 14
	Te Tai Tokerau
Northern	Waitemata
	Counties Manukau
	Waikato
Midland	Hauora a Toi Bay of Plenty
	Tairawhiti
	Te Pae Hauora O Ruahine o Tararua MidCentral
	Whanganui
Central	Hutt
	Capital & Coast
	Wairarapa
	Nelson Marlborough
Southern	South Canterbury
	Southern

NGO = 45 Northland Rubicon Charitable Trust Board Mahitahi Trust (Auckland & Counties Manukau) Auckland Northern Odyssey House Trust (Auckland & Counties Manukau) Raukura Hauora O Tainui Trust Counties Manukau Youthline Auckland Charitable Trust Care NZ Hauora Waikato Māori Mental Health Services Odyssey House Trust Waikato Raukawa Charitable Trust Taumarunui Community Kokiri Trust Te Korowai Hauora o Hauraki Get Smart Tauranga Trust Maketu Health & Social Services Nga Kakano Foundation Charitable Trust Nga Mataapuna Oranga: Te Manu Toroa Midland Nga Mataapuna Oranga: Pirirākau Hauora Charitable Trust Bay of Plenty Poutiri Charitable Trust Rakeiwhenua Trust t/a Tuhoe Hauora Te Pou Oranga O Whakatohea Te Runanga O Ngai Te Rangi Iwi Trust Te Runanga O Te Whānau Charitable Trust Tuwharetoa Ki Kawerau Health, Education & Social Services Manaaki Ora Trust Lakes **Mental Health Solutions** Hawke's Bay Te Taiwhenua o Heretaunga Trust Best Care (Whakapai Hauora) Charitable Trust Raukawa Whānau Ora MidCentral The Youth One Stop Shop Whaioro Trust Board **Hutt Valley Youth Health Trust** Central **Hutt Valley PACT Group EMERGE Aotearoa KYS One Stop Shop Trust** Capital & Coast Te Runanga o Toa Rangatira Te Whanganui-a-Tara Youth Development Wairarapa **Mental Health Solutions** Ashburton Community Alcohol & Drug Service **Christchurch City Mission Community Wellbeing North Canterbury Trust** Canterbury Odyssey House Trust - Christchurch Purapura Whetu Trust Southern St John of God Hauora Trust Steppingstone Trust **South Canterbury** Adventure Development (South Canterbury & Southern) Southern Aroha Ki Te Tamariki Charitable Trust

2022 AOD Contracted Services = 59

Appendix E: ICAYMH/AOD Workforce Data

Table 1. Te Whatu Ora Inpatient ICAYMH Workforce by Occupation (2022/23)

Inpatient ICAYMH Workforce by Occupation (Actual FTEs, 2022/23)	Clinical Intern	Mental Health Assistant	Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Mental Health Support	Non- Clinical Sub- Total	Administrator	Manager	Total
Auckland	0.8	10.2	25.7	2.0	6.9	3.0	10.0	3.0	1.0	-	62.6	-	1.6	1.6	3.0	2.5	69.7
Capital & Coast	-	-	15.8	2.0	0.81	-	1.0	1.66	1.0	-	22.27	1.5	8.8	10.3	1.0	-	33.57
Canterbury	-	-	37.06	2.6	2.3	-	2.2	0.6	1.8	0.8	47.36	0.5	-	0.5	2.0	1.0	50.86
Total	0.8	10.2	78.56	6.6	10.01	3.0	13.2	5.26	3.8	0.8	132.23	2.0	10.4	12.4	6.0	3.5	154.13

^{1.} Includes Consult Liaison Service.

Table 2. Te Whatu Ora Inpatient ICAYMH Vacancies by Occupation (2022/23)

Inpatient ICAYMH Vacancies by Occupation (Vacant FTEs, 2022/23)	Nurse	Occupational Therapist	Psychiatrist	Psychologist	Social Worker	Clinical Sub- Total	Mental Health Support	Non-Clinical Sub- Total	Total
Auckland	2.62	0.4	1.84	1.0		5.86	-	-	5.86
Capital & Coast	4.15	-	0.39	-	1.0	5.54	0.2	0.2	5.74
Canterbury	4.76	-	0.3	-		5.06	-	-	5.06
Total	11.53	0.4	2.53	1.0	1.0	16.46	0.2	0.2	16.66

^{2.} Includes Child & Adolescent Day Programme.

Table 3. Te Whatu Ora Inpatient ICAYMH Workforce by Occupation & Ethnicity (2022/23)

ICAYM by Occ	atu Ora Inpatient H Workforce cupation & Ethnicity count, 2022/23)	Clinical Intern	Mental Health Assistant	Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/ Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Mental Health Support	Non- Clinical Sub- Total	Administrator	Manager	Total
	Auckland	-	2	4	-	1	-	-	-	-	-	7	-	1	1	-	-	8
Māori	Capital & Coast	-	-	3	-	-	-	-	2	-	-	5	2	3	5	-	-	10
Σ	Canterbury	-	-		-	-	-	1	-	-	-	1	1	-	1	-	-	2
	Total	-	2	7	-	1	-	1	2	-	-	13	3	4	7	-	-	20
	Auckland	-	4	6	-	-	-	-	-	-	-	10	-	-	-	-	-	10
Pacific	Capital & Coast	-	-	5	-	-	-	-	-	-	-	5	-	4	4	-	-	9
Pac	Canterbury	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1
	Total	-	4	12	-	-	-	-	-	-	-	16	-	4	4	-	-	20
	Auckland	-	-	7	1	1	-	3	-	-	-	12	-	-	-	1	-	13
Asian	Capital & Coast	-	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	2
Asi	Canterbury	-	-	5	-	1	-	-	-	-	-	6	-	-	-	-	-	6
	Total	-	-	14	1	2	-	3	-	-	-	20	-	-	-	1	-	21
	Auckland	1	2	13	1	5	3	6	2	-	-	33	-	-	-	2	3	38
	Capital & Coast	-	-	4	1	1	-	-	-	1	-	7	-	1	1	-	-	8
	Canterbury	-	-	40	3	2	-	1	1	2	-	49	-	-	-	3	1	53
Ž	Total	1	2	57	5	8	3	7	3	3	-	89	-	1	1	5	4	99
	Auckland	-	2	-	-	2	1	4	-	1	-	10	-	1	1	2	-	13
Other	Capital & Coast	-	-	3	1	-	-	1	-	-	-	5	-	1	1	1	-	7
<u>1</u> 5	Canterbury	-	-	5	-	-	-	-	-	1	-	6	-	-	-	-	-	6
	Total	-	2	8	1	2	1	5	-	2	-	21	-	2	1	3	-	26
	Grand Total	1	10	98	7	13	4	16	5	5	-	159	3	11	13	9	4	186

Table 4. Te Whatu Ora Community ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Ora Community Actual FTEs by Occupation (2022/23)	Alcohol & Other Drug Practitioner	Co-Existing Problems Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Mental Health Consumer Advisor	Mental Health Support	Peer Support	Youth Worker	Other Non- Clinical	Non-Clinical Sub- Total	Administrator	Manager	Total
Northern	9	2	6.8	7	2.6	76.9	39	19.32	9.2	56.68	9.2	53.33	2	293.03	7.5	1.2	2	3	-	-	13.7	15.3	11.7	333.73
Northland	4	2	-	3	-	17.8	4	1.8	-	6.6	1	8.6	-	48.8	-	0.2	2	-	-	-	2.2	3	3.2	57-2
Waitemata	5	-	0.8	4	0.6	17.7	12.1	4.2	7.4	11.3	1.2	21.1	-	85.4	-	-	-	-	-	-	-	6.3	3.5	95.2
Auckland	-	-	-	-	-	13.2	11.1	5.95	1.8	21.88	1.5	9.6	1	66.03	7.5	-	-	-	-	-	7.5	5.5	-	79.03
Counties Manukau	-	-	6	-	2	28.2	11.	7.37	-	16.9	5.5	14.03	1	92.8	-	1	-	3	-	-	4	0.5	5	102.3
Midland	3.3	2	-	-	2	32.32	14.06	11.5	0.6	30.95	1.6	33.1	5.08	136.51	2	-	3.6	-	-	1	6.6	10	7.3	160.41
Waikato	-	-	-	-	-	8.8	6.56	5.5	-	10.85	1.6	8	-	41.31	-	-	2.6	-	-	-	2.6	4	2.3	50.21
Lakes	-	-	-	-	-	2.1	-	2	-	5.2	-	3	0.2	12.5	-	-	-	-	-	-	-	2	1	15.5
Bay of Plenty	2.8	2	-	-	-	16.32	7.5	2	0.6	8.3	-	11.3	3.88	54.7	-	-	1	-	-	1	2	1	3	60.7
Tairawhiti	0.5	-	-	-	2	2	-	1	-	3.0	-	6		14.5	2	-	-	-	-	-	2	2	1	19.5
Taranaki	-	-	-	-	-	3.1	-	1	-	3.6	-	4.8	1	13.5	-	-	-	-	-	-	-	1	-	14.5
Central	5.45	5.1	3	2.6	1.8	51.46	13.5	12.65	2.2	31.8	15.14	37.9	4.4	187	2.63	-	14	-	1.35	1.53	19.51	19.3	11.	236.81
Hawke's Bay	1.8	-	-	1.8	1.8	5.4	1	1.2	-	5	7.1	-	-	25.1	1	-	1	-	-	-	2.0	3	3	33.1
MidCentral	-	0.5	-	-	-	8.3	3.2	1	-	5.4	0.8	8.5	1.2	28.9	-	-	-	-	-	-	-	3.6	1	33.5
Whanganui	2	3.6	-	-	-	5.4	-	1.4	-	-		4	0.7	17.1	-	-	-	-	1.35	0.6	1.95	2	1	22.05
Capital & Coast	1.65	-	0.8	-	-	29.56	7.4	5.85	1.4	12.2	6.64	12.1	0.5	78.1	1.63	-	12	-	-	0.93	14.56	6.5	4	103.16
Hutt	-	-	2.2	-	-	1	1.9	2.8	0.8	7.6	0.6	12.3	2	31.2	-	-	-	-	-	-	-	3	2	36.2
Wairarapa	-	1		0.8	-	1.8	-	0.4	-	1.6	-	1	-	6.6	-	-	1	-	-	-	1.0	1.2	-	8.8
Southern	1	-	1	1	-	57-23	16.68	19.05	1.6	36.25	0.2	35.6	6.2	175.81	4.0	-	2.4	0.2	-	1.2	7.8	22.15	10	215.76
Nelson Marlborough	-	-	-	1	-	9.63	-	2.3	-	9.4	0.2	6.3	1.9	30.73	-	-	1	-	-	-	1	3	1	35.73
West Coast	-	-	-	-	-	2.8	-	0.15	-	1	-	0.9	-	4.85	-	-	-	-	-	-	-	-	1	5.85
Canterbury	-	-	1	-	-	27.1	8.18	9.6	-	17.75	-	24.1	1.4	89.13	4	-	-	-	-	1	5	13.70	6	113.83
South Canterbury	1	-	-	-	-	-	4.9	0.6	-	0.8	-	1.5	-	8.8	-	-	1.4	0.2	-	0.2	1.8	-	-	11.4
Southern	-	-	-	-	-	17.7	3.6	6.4	1.6	7.3	-	2.8	2.9	42.3	-	-	-	-	-	-	-	4.65	2	48.95
Total	18.75	9.1	10.8	10.6	6.4	217.91	83.24	62.52	13.6	155.68	26.14	159.93	17.68	792.35	16.13	1.2	22	3.2	1.35	3.73	47.61	66.75	40	946.71

Table 5. Te Whatu ora Community ICAYMH/AOD Vacancies by Occupation (2022/23)

Te Whatu Ora Community Vacant FTEs by Occupation (2022/23)	Alcohol & Other Drug Practitioner	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Mental Health Consumer	Mental Health Support	Other Non- Clinical	Non-Clinical Sub-Total	Admin	Manager	Total
Northern	2.5	-	23.3	5.6	8.44	2.4	13.7	-	5.47	27.07	88.48	-	0.2	2	-	2.2	1.4	1	93.08
Northland	-	-	5	-	3.7	-	1	-	-	-	9.7	-	0.2	2	-	2.2	-	-	11.9
Waitemata	2.5	-	9.3	4.2	2.6	2.4	9.6	-	5.0	-	35.6	-	-	-	-	-	0.4	1	38
Auckland	-	-	-	-	-	-	-	-		26.07	26.07	-	-	-	-	-	1	-	27.07
Counties Manukau	-	-	9	1.4	2.14	-	3.1	-	0.47	1.0	17.11	-	-	-	-	-	-	-	17.11
Midland	3.5	2	7.7	-	-	1.0	3.15	-	2	-	19.35	-	-	0.4	-	0.4	-	-	19.75
Waikato	-	-	1.6	-	-	1.0	0.85	-	2	-	5.45	-	-	0.4	-	0.4	-	-	5.85
Lakes	-	-	5.1	-	-	-	-	-	-	-	5.1	-	-	-	-	-	-	-	5.1
Bay of Plenty	3	-	-	-	-	-	0.3	-	-	-	3.3	-	-	-	-	-	-	-	3.3
Tairawhiti	0.5	2	1.0	-	-	-	2.	-	-	-	5.5	-	-	-	-	-	-	-	5.5
Central	0.35	-	22	7	6.89	1.6	8.6	3.4	6.43	4	60.27	0.3	-	4.5	1.2	6.0	1.5	2	69.77
Hawke's Bay	-	-	1	-	1.8	-	0.6	-	1	-	4.4	-	-	-	-	-	-	-	4.4
MidCentral	-	-	1	-	1.5	-	0.5	2.8	1	2	8.8	-	-	-	-	-	-	-	8.8
Capital & Coast	0.35	-	17	3.3	2.89	1.6	7.3	-	3.63	1	37.07	0.3	-	2	1.2	3.5	1.5	-	42.07
Hutt	-	-	0.6	3.7	0.1	-	0.2	0.6	-	1	6.2	-	-	-	-	-	-	1	7.2
Wairarapa	-	-	2.4	-	0.6	-	-	-	0.8	-	3.8	-	-	2.5	-	2.5	-	1	7.3
Southern	-	-	9.04	4.3	4.2	0.3	6.97	-	3	0.8	28.61	1.5	0.8	-	-	2.3	0.4	-	31.31
Nelson Marlborough	-	-	2.24	-	0.8	-	0.87	-	2	-	5.91	-	0.5	-	-	0.5	-	-	6.41
Canterbury	-	-	1.6	1.2	2.8	-	1.6	-	-	-	7.2	1.5	-	-	-	1.5	0.4	-	9.1
South Canterbury	-	-	1	0.1	0.6	-	-	-	-	-	1.7	-	-	-	-	-	-	-	1.7
Southern	-	-	4.2	3	-	0.3	4.5	-	1	0.8	13.8	-	0.3	-	-	0.3	-	-	14.1
Total	6.35	2	62.04	16.9	19.53	5.3	32.42	3.4	16.9	31.87	196.71	1.8	1	6.9	1.2	10.0	3.3	3.0	213.91

Table 6. Te Whatu Ora Community ICAYMH/AOD Vacancies > 3 months by Occupation (2022/23)

Te Whatu Community Vacant FTEs > 3mo by Occupation (2022/23)	Alcohol & Drug Practitioner	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Mental Health Consumer	Mental Health Support	Other Non- Clinical	Non-Clinical Sub-Total	Administration	Total
Northern	2.5	1	-	3	-	3.7	-	1	-	0.47	26.07	37.74	-	0.2	-	-	0.2	1	38.94
Northland	-	-	-	1	-	3.7	-	1	-	-	-	5 ·7	-	0.2	-	-	0.2	-	5.9
Waitemata	2.5	1	-	2	-	-	-	-	-	-	-	5.5	-	-	-	-	-	-	5.5
Auckland	-	-	-	-	-	-	-	-	-	-	26.07	26.07	-	-	-	-	-	1	27.07
Counties Manukau	-	-	-	-	-	-	-	-	-	0.47	-	0.47	-	-	-	-	-	-	0.47
Midland	0.5	-	2	1	-	-	-	2	-	-	-	5.5	-	-	-	-	-	-	5.5
Tairawhiti	0.5	-	2	1	-	-	-	2	-	-	-	5.5	-	-	-	-	-	-	5.5
Central	-	-	-	8.6	5.1	2.86	1.4	5.7	0.6	3.33	1.0	28.59	-	-	3.5	1.2	4.7	1.5	34.79
Hawke's Bay	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	-	1
MidCentral	-	-	-	-	-	1	-	1.8	-	-	-	2.8	-	-	-	-	-	-	2.8
Capital & Coast	-	-	-	8.6	2.4	1.16	1.4	3.1	-	1.53	1.0	19.19	-	-	1.0	1.2	2.2	1.5	22.89
Hutt	-	-	-	-	2.7	0.1	-	0.8	0.6	-	-	4.2	-	-	-	-	-	-	4.2
Wairarapa	-	-	-	-	-	0.6	-	-	-	0.8	-	1.4	-	-	2.5	-	2.5	-	3.9
Southern	-	-	-	5.74	3.3	3.6	1.0	6.2	-	1	1	21.84	1	1.5	0.2	-	2.7	-	24.54
Nelson Marlborough	-	-	-	2.24	-	0.8	-	-	-	-	-	3.04	-	0.5	-	-	0.5	-	3.54
West Coast	-	-	-	1.5	-	-	-	1	-	-	-	2.5	-	-	-	-	-	-	2.5
Canterbury	-	-	-	-	0.3	2.2	-	0.7	-	-	-	3.2	1	-	-	-	1	-	4.2
South Canterbury	-	-	-	1	2	0.6	-	-	-	-	-	3.6	-	-	0.2	-	0.2	-	3.8
Southern	-	-	-	1	1	-	1	4.5	-	1	1	9.5	-	1	-	-	1	-	10.5
Total	3	1	2	18.34	8.4	10.16	2.4	14.9	0.6	4.8	28.07	93.67	1	1	3.7	1.2	7.6	2.5	103.77

Table 7. Te Whatu Ora Community Māori ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Ora Community Māori Workforce by Occupation (Head Count 2022/23)	Alcohol & Drug Practitioner	Co-Existing Problems Clinician	Clinical Placement	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Mental Health Support	Non-Clinical Sub-Total	Administrator	Manager	Total
Northern	4	1	2	3	1	9	4	-	2	8	8	-	42	6	1	7	-	6	55
Northland	4	1	-	1	-	4	1	-	-	3	2	-	16	-	1	1	-	2	19
Waitemata	-	-	-	2	-	1	1	-	1	-	-	-	5	-	-	-	-	-	5
Auckland	-	-	1	-	-	2	1	-	1	2	-	-	7	6	-	6	-	-	13
Counties Manukau	-	-	1	-	1	2	1	-	-	3	6	-	14	-	-	-	-	4	18
Midland	-	3	-	-	-	9	1	-	-	5	11	1	30	2	2	4	3	1	38
Waikato	-	-	-	-	-	3	1	-	-	-	1	-	5	-	2	2	-	1	8
Lakes	-	-	-	-	-	1	-	-	-	3	1	-	5	-	-	-	-	-	5
Bay of Plenty	-	3	-	-	-	4	-	-	-	1	5	1	14	-	-	-	1	-	15
Tairawhiti	-	-	-	-	-	1	-	-	-	-	3	-	4	2	-	2	1	-	7
Taranaki	-	-	-	-	-	-	-	-	-	1	1	-	2	-	-	-	1	-	3
Central	-	-	-	-	-	13	1	1	-	2	8	-	25	2	2	4	2	1	32
Hawke's Bay	-	-	-	-	-	2	-	-	-	-	2	-	4	1	-	1	-	1	6
MidCentral	-	-	-	-	-	3	-	-	-	-	3	-	6	-	-	-	-	-	6
Whanganui	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	2
Capital & Coast	-	-	-	-	-	7	1	1	-	2	-	-	11	1	2	3	-	-	14
Hutt	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	2
Wairarapa	-	-	-	-	-	1	-	-	-	-	1	-	2	-	-	-	-	-	2
Southern	-	-	-	-	-	6	-	-	-	2	1	-	9	5	1	6	2	-	17
Nelson Marlborough	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	2
West Coast	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Canterbury	-	-	-	-	-	2	-	-	-	2	1	-	5	5	-	5	2	-	12
South Canterbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1
Southern	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	2
Total	4	4	2	3	1	37	6	1	2	17	28	1	106	15	6	21	7	8	142

Table 8. Te Whatu Ora Community Pacific ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Ora Community Pacific Workforce by Occupation (Headcount 2022/23)	Clinical Placement	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Mental Health/ Community Support	Non-Clinical Sub-Total	Administrator	Total
Northern	2	9	7	1	-	4	1	24	2	-	2	1	27
Northland	-	1	-	-	-	-	-	1	-	-	-	-	1
Waitemata	-	1	-	-	-	2	-	3	-	-	-	1	4
Auckland	-	-	4	-	-	1	-	5	2	-	2	-	7
Counties Manukau	2	7	3	1	-	1	1	15	-	-	-	-	15
Midland	-	2	-	-	-	-	-	1	-	-	-	-	1
Waikato	-	1	-	-	-	-	-	1	-	-	-	-	1
Central	1	2	-	-	1	1	-	5	2	7	9	2	16
Capital & Coast	-	2	-	-	1	1	-	4	2	7	9	2	15
Hutt	1	-	-	-	-	-	-	1	-	-	-	-	1
Southern	-	-	-	1	-	1	-	2	-	-	-	1	3
Canterbury	-	-	-	1	-	1	-	2	-	-	-	-	2
Southern	-	-	-	-	-	-	-	-	-	-	-	1	1
Total	3	13	7	2	1	6	1	32	4	7	11	4	47

Table 9. Te Whatu Ora Community Asian ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Ora Community Asian Workforce by Occupation (Headcount 2022/23)	Clinical Intern	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/ Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Mental Health Consumer	Non-Clinical Sub-Total	Administrator	Total
Northern	1	14	4	4	3	5	5	7	1	44	1	1	6	51
Northland	-	1	-	-	-	-	-	-	-	1	-	-	-	1
Waitemata	-	4	2	-	2	2	-	3	-	13	-	-	2	15
Auckland	-	2	1	1	1	1	1	1	1	9	-	-	3	12
Counties Manukau	1	7	1	3	-	2	4	3	-	21	1	1	1	23
Midland	-	-	2	1	-	1	1	-	-	5	-	-	-	5
Waikato	-	-	1	1	-	-	1	-	-	3	-	-	-	3
Bay of Plenty	-	-	1	-	-	1	-	-	-	2	-	-	-	2
Central	-	4	3	1	-	3	2	2	-	15	-	-	1	16
Hawke's Bay	-	-	-	-	-	1	2	-	-	3	-	-	-	3
MidCentral	-	3	1	-	-	2	-	-	-	6	-	-	-	6
Whanganui	-	1	-	-	-	-	-	-	-	1	-	-	-	1
Capital & Coast	-	-	2	-	-	-	-	1	-	3	-	-	1	4
Hutt	-	-	-	1	-	-	-	1	-	2	-	-	-	2
Southern	-	1	4	2	-	5	-	4	-	16	-	-	-	16
Nelson Marlborough	-	-	-	-	-	1	-	-	-	1	-	-	-	1
Canterbury	-	-	-	1	-	4	-	3	-	8	-	-	-	8
South Canterbury	-	-	4	-	-	-	-	1	-	5	-	-	-	5
Southern	-	1	-	1	-	-	-	-	-	2	-	-	-	2
Total	2	19	13	8	3	14	8	13	1	80	1	1	7	88

Table 10. Te Whatu Ora Community NZ European ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Ora Community NZ European Workforce by Occupation (Headcount, 2022/23)	Alcohol & Drug Practitioner	Co-Existing Problems Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Mental Health/ Community Support	Peer Support	Youth Worker	Other Non-Clinical	Non-Clinical Sub-Total	Administrator	Manager	Total
Northern	5	1	-	2	1	40	24	13	5	44	3	28	2	168	1	1	-	-	2	8	4	182
Northland	-	1	-	1	-	9	3	1	-	2	1	5	-	23	1	-	-	-	1	3	1	28
Waitemata	5	-	-	1	1	10	8	4	4	11	-	9	-	53	-	-	-	-	-	3	3	59
Auckland	-	-	-	-	-	10	6	5	1	22	1	10	2	57	-	-	-	-	-	2	-	59
Counties Manukau	-	-	-	-	-	11	7	3	-	9	1	4	-	35	-	1	-	-	1	-	-	36
Midland	2	-	-	-	-	22	9	2	-	12	-	18	3	66	2		-	-	2	5	6	79
Waikato	-	-	-	-	-	5	3	2	-	5	-	4	-	17	1	-	-	-	1	3	-	21
Lakes	-	-	-	-	-	2	-	-	-	2	-	1	1	5	-	-	-	-	-	1	1	7
Bay of Plenty	2	-	-	-	-	12	6	-	-	1	-	6	2	29	1	-	-	-	1	-	3	33
Tairawhiti	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	-	-	-	-	1	1	5
Taranaki	-	-	-	-	-	4	-	-	-	4	-	4	1	12	-	-	-	-	-	-	1	13
Central	3	2	3	3	1	27	13	11	2	24	6	34	3	129	4	-	2	1	7	15	7	157
Hawke's Bay	2	-	-	2	1	4	1	1	-	2	-	4	-	17	1	-	-	-	1	4	2	24
MidCentral	-	-	-	-	-	3	4	1	-	4	1	7	2	22	-	-	-	-	-	4	1	27
Whanganui	-	1	-	-	-	4	-	-	-	-	-	3	1	9	-	-	2	1	3	1	2	15
Capital & Coast	1	-	1	-	-	12	6	6	1	9	5	8	-	49	2	-	-	-	2	2	1	54
Hutt	-	-	2	-	-	1	2	2	1	7	-	11	-	26	-	-	-	-	-	2	1	29
Wairarapa	-	1	-	1	-	1	-	1		2	-			6	1	-	-	-	1	2	-	9
Southern	1	-	2	1	-	45	15	11	2	31	1	29	7	145	2	1	-	-	3	26	13	187
Nelson Marlborough	-	-	-	1	-	6	-	-	-	7	1	5	3	23	1	-	-	-	1	2	2	28
West Coast	-	-	-	-	-	3	-	1	-	1	-	1	-	6	-	-	-	-	-	-	1	7
Canterbury		-	2	-	-	19	10	4	-	14	-	20	1	70	-	-	-	-	-	18	8	96
South Canterbury	1	-	-	-	-	-	1	-	-	-	-	1	-	3	1	1	-	-	2	1	-	6
Southern		-	-	-	-	17	4	6	2	9	-	2	3	43	-	-	-	-	-	5	2	50
Total	11	3	5	6	2	132	61	35	9	111	10	108	15	508	9	2	2	1	14	54	30	605

Table 11. Te Whatu Ora Community Other Ethnicity ICAYMH/AOD Workforce by Occupation (2022/23)

Te Whatu Oea Community Other Ethnicity Workforce by Occupation (Headcount 2022/23)	Alcohol & Drug Practitioner	Co-Existing Problems Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub-Total	Mental Health Consumer	Mental Health Support	Peer Support	Other Non-Clinical	Non-Clinical Sub- Total	Administrator	Manager	Total
Northern	-	-	3	2	1	12	6	8	3	18	2	13	-	68	1	-	2	-	3	4	3	78
Northland	-	-	-	1	-	4	-	3	-	2	-	2	-	12	1	-	-	-	1	-	1	14
Waitemata	-	-	1	1	-	4	3	1	3	3	1	9	-	26	-	-	-	-	-	3	1	30
Auckland	-	-	-	-	-	-	3	1	-	8	-	1	-	13	-	-	-	-	-	1	-	14
Counties Manukau	-	-	2	-	1	4	-	3	-	5	1	1	-	17	-	-	2	-	2	-	1	20
Midland	2	-	-	-	2	7	3	11	1	21	1	7	1	56	-	-	-	1	1	2	2	61
Waikato	-	-	-	-	-	1	2	5	-	9	1	4	-	22	-	-	-	-	-	1	2	25
Lakes	-	-	-	-	-	1	-	2	-	2	-	1	-	6	-	-	-	-	-	1	-	7
Bay of Plenty	1	-	-	-	-	4	1	2	1	7	-	2	1	19	-	-	-	1	1	-	-	20
Tairawhiti	1	-	-	-	2	1	-	1	-	3	-	-	-	8	-	-	-	-	-	-	-	8
Taranaki	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Central	3	4	-	-	1	12	3	7	1	10	6	4	2	53	-	1	-	2	3	2	3	61
Hawke's Bay	-	-	-	-	1	-	-	1	-	3	-	-	-	5	-	-	-	-	-	-	-	5
MidCentral	-	1	-	-	-	1	-	-	-	1	-	-	-	3	-	-	-	-	-	-	-	3
Whanganui	2	3	-	-	-	1	-	2	-	-	-	-	-	8	-	-	-	-	-	-	-	8
Capital & Coast	1	-	-	-	-	10	3	3	1	3	5	4	1	31	-	1	-	2	3	2	2	38
Hutt	-	-	-	-	-	-	-	1	-	3	1	-	1	6	-	-	-	-	-	-	1	7
Southern	-	-	-	-	-	11	1	16	-	9	-	5	1	43	1	-	-	1	2	2	-	47
Nelson Marlborough	-	-	-	-	-	2	-	3	-	5	-	2	-	12	-	-	-	-	-	2	-	14
Canterbury	-	-	-	-	-	9	1	9	-	2	-	2	1	24	-	-	-	1	1	-	-	25
South Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	2	1	-	-	-	-	-	-	3
Southern	-	-	-	-	-	-	-	3	-	1	-	1	-	5	-	-	-	-	-	-	-	5
Total	5	4	3	2	4	42	13	41	5	54	9	27	4	220	1	1	2	5	9	10	8	247

Table 12. NGO/PHO ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO Workforce by Occupation (Actual FTEs, 2022/23)	Alcohol & Other Drug Practitioner	CEP Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Consumer Advisor	Educator	Mental Health Support	Peer Support	Whānau Ora Practitioner	Youth Worker	Other NonClinical	Non-Clinical Sub- Total	Administrator	Manager	Total
Northern	29.2	-	1.0	4.0	-	2.1	0.5	-	0.9	5.4	-	4.7	3.15	50.95	-	1.6	2.4	33-4	5.5	2.5	5.6	2.4	53.4	5.0	4.8	114.15
Northland	8.0	-	-		-		-	-	-	-	-	-	-	8.0	-	-	-	2.0	-	-	-	-	2.0	-	-	10.0
Waitemata	-	-	-		-		-	-	-	-	-	-	-	-	-	-	-	6.6	-	2.5	-	-	9.1	-	-	9.1
Auckland	10.2	-	1.0	4.0	-	2.1	0.5	-	0.1	3.2	-	-	3.15	24.25	-	-	-	13.6	-	-	-	0.6	14.2	2.0	1.0	41.45
Counties Manukau	11.0	-	-		-		-	-	0.8	2.2	-	4.7	-	18.7	-	1.6	2.4	11.20	5.5	-	5.6	1.8	28.1	3.0	3.8	53.6
Midland	28.8	1.0	-	11.0	5.5	33.0	2.0	4.6	-	5.9	1.0	26.1	5.2	124.1	3.0	-	0.4	23.85	9.0	5.0	25.1	4.85	71.2	1.7	4.78	201.78
Waikato	15.4	-	-	-	2.0	26.0	1.5	4.6	-	2.9	1.0	11.0	-	64.4	2.0	-	-	11.9	1.0	2.5	5.0	-	22.4	-	1.0	87.8
Lakes	2.5	-	-	-	-	3.5	-	-	-	1.0	-	1.6	1.0	9.6	-	-	-	9.2	-	-	9.0	-	18.2	1.1	1.38	30.28
Bay of Plenty	9.9	1.0	-	10.0	3.5	2.5	0.5	-	-	2.0	-	9.5	4.2	43.1	1.0	-	0.4	1.75	7.0	2.5	6.5	3.85	23.0	0.6	1.4	68.1
Tairawhiti	1.0	-	-	-	-		-	-	-	-	-	1.0	-	2.0	-	-	-		1.0	-	1.0		2.0	-	-	4.0
Taranaki	-	-	-	1.0	-	1.0	-	-	-	-	-	3.0	1.0	6.0	-	-		1.0	-	-	3.6	1.0	5.6	-	1.0	12.6
Central	22.8	-	-	16.88	-	7.4	-	-	-	5.8	-	6.66	11.9	71.44	0.51	-	1.13	16.05	1.0	-	16.2	14.8	49.69	1.34	4.42	126.89
Hawke's Bay	-	-	-	3.0	-	0.3	-	-	-	-	-	2.4	-	5.7	-	-	-	4.2	-	-	-	0.1	4.3	-	1.0	11.0
MidCentral	4.7	-	-	4.2	-	-	-	-	-	1.8	-	1.0	9.9	21.6	-	-	-	1.8	1.0	-	6.0	13.0	21.8	-	-	43.4
Whanganui	-	-	-	0.08	-	2.0	-	-	-	-	-	0.26	-	2.34	-	-	-	0.7	-	-	7.2	-	7.9	0.14	0.14	10.52
Capital & Coast	12.7	-	-	6.8	-	2.8	-	-	-	2.9	-	2.2	-	27.4	-	-	-	1.0	-	-	2.0	1.0	4.0	1.0	2.0	34.4
Hutt	5.4	-	-	2.0	-	-	-	-	-	0.7	-	0.8	2.0	10.9	-	-	-	8.35	-		-	0.7	9.05	-	0.7	20.65
Wairarapa	-	-	-	0.8	-	2.3	-	-	-	0.4	-	-	-	3.5	0.51	-	1.13	-	-	-	1.0	-	2.64	0.2	0.58	6.92
Southern	12.35	4.8	-	32.14	-	3.2	9.08	0.6	-	3.1	-	19.18	2.70	87.15	2.20	-	3.0	58.34	4.2	-	3.5	6.0	77.24	4.0	9.35	177.74
West Coast	0.5	1.0	-	-	-	-	-	-	-	-	-	-	1.5	3.0	-	-	-	-	-	-	3.0	2.0	5.0	-	-	8.0
Nelson Marlborough	-	-	-	0.83	-	-	0.83	-	-	-	-	0.83	-	2.49	-	-	-	1.6	-	-	0.5	-	2.1	-	-	4.59
Canterbury	4.25	1.0	-	19.45	-	0.8	-	-	-	2.0	-	10.9	-	38.4	-	-	3.0	36.84	3.0	-	-	-	42.84	-	5.0	86.24
South Canterbury	-	1.0	-	0.76	-	0.4	1.7	-	-	-	-	2.6	-	6.46	-	-	-	-	-	-	-	-	-	-	-	6.46
Southern	7.6	1.8	-	11.1	-	2.0	6.55	0.6	-	1.1	-	4.85	1.2	36.8	2.2	-	-	19.9	1.2	-	-	4.0	27.3	4.0	4.35	72.45

Table 13. NGO/PHO ICAYMH/AOD Vacant FTEs by Occupation (2022/23) -

NGO/PHO Vacancies by Occupation (Vacant FTEs, 2022/23)	Alcohol & Other Drug Practitioner	Nurse (MH, RN)	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Consumer Advisor	Mental Health/Community Support	Peer Support	Youth Worker	Other Non- Clinical	Non- Clinical Sub-Total	Administrator	Total
Northern	-	-	-	-	-	-	-	-	1.0	-	2.8	-	3.8	-	3.8
Counties Manukau	-	-		-	-	-	-	-	1.0	-	2.8	-	3.8	-	3.8
Midland	2.2	5.9	1.0	2.5	2.0	13.0	-	-	-	-	2.1	1.0	3.1	1.0	17.1
Waikato	1.0	-	-	1.0	-	2.0	-	-	-	-	1.0	-	1.0	1.0	4.0
Lakes	-	4.9	-	-	-	4.9	-	-	-	-	-	-	-	-	4.9
Bay of Plenty	1.2	1.0	1.0	1.5	-	4.1	-	-	-	-	1.1	1.0	2.1	-	6.2
Tairawhiti	-	-		-	1.0	1.0	-	-	-	-	-	-	-	-	1.0
Taranaki	-	-		-	1.0	1.0	-	-	-	-	-		-	-	1.0
Central	-	-	-	-	5.5	5.5	-	-	-	-	1.0	0.7	1.7	-	7.2
MidCentral	-	-	-	-	4.5	4.5	-	-	-	-	-	0.7	0.7	-	5.2
Hutt	-	-		-	1.0	1.0	-	-	-	-	-	-	-	-	1.0
Wairarapa	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-	1.0
Southern	-	-	1.5	1.0	-	2.5	0.4	0.1	1.5	0.2	-	-	2.2	-	4.7
Canterbury	-	-	-	-	-	-	0.4	0.1	1.0	0.2	-	-	1.7	-	1.7
Southern	-	-	1.5	1.0	-	2.5	-	-	0.5	-	-	-	0.5	-	3.0
Total	2.2	5.9	2.5	3.5	7.5	21.0	0.4	0.1	2.5	0.2	5.9	1.7	10.8	1.0	32.8

Table 14. NGO/PHO Māori ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO Māori Workforce by Occupation (Headcount, 2022/23)	Alcohol & Other Drug Practitioner	Co-Existing Problems Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychologist	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Consumer Advisor	Educator	Mental Health Support	Peer Support	Whānau Ora Practitioner	Youth Worker	Other Non-Clinical	Non-Clinical Sub-Total	Administrator	Manager	Total
Northern	11	-	1	1	-	-	-	1	3	1	18	-	2	7	7	-	3	-	4	23	3	3	47
Northland	6	-	-	-	-	-	-	-	-	1	7	-	-	-	1	-	-	-	-	1	-	-	8
Waitemata	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-	3	-	-	3	-	-	3
Auckland	2	-	1	1	-	-	-	-	-	-	4	-	-	-	2	-	-	-	-	2	-	-	6
Counties Manukau	3	-	-	-	-	-	-	1	3	-	7	-	2	7	4	-	-	-	4	17	3	3	30
Midland	18	-	-	6	2	20	1	5	23	3	78	5	-	-	7	9	5	17	4	47	2	3	130
Waikato	7	-	-	-	1	19	-	3	12	-	42	3	-	-	5	1	2	7	-	18	-	1	61
Lakes	2	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	5	-	5	2	1	10
Bay of Plenty	8	-	-	6	1	1	1	2	7	3	29	2	-	-	1	7	3	4	4	21	-	-	50
Tairawhiti	1	-	-	-	-	-	-	-	1	-	2	-	-	-	-	1	-	1	-	2	-	-	4
Taranaki	-	-	-	-	-	-	-	-	3	-	3	-	-	-	1	-	-	-	-	1	-	1	5
Central	10	-	-	2	-	4	-	3	3	7	29	1	-	-	4	2	-	4	12	23	2	3	57
Hawke's Bay	-	-	-	1	-	1	-	-	2	-	4	-	-	-	3	-	-	-	-	3	-	-	7
MidCentral	5	-	-	-	-	-	-	-	1	6	12	-	-	-	-	2	-	1	11	14	-	-	26
Whanganui	-	-	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	-	-	1	1	4
Capital & Coast	5	-	-	1	-	1	-	2	-	-	9	-	-	-	1	-	-	2	1	4	1	1	15
Hutt	-	-	-	-	-	-	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-	1	3
Wairarapa	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	2	-	-	2
Southern	4	1	-	4	-	-	2	1	4	2	18	2	-	2	7	1	-	1	3	16	2	2	38
West Coast	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	2	-	-	3
Nelson Marlborough	-	-	-	1	-	-	1	-	1	-	3	-	-	-	2	-	-	-	-	2	-	-	5
Canterbury	-	1	-	1	-	-	-	-	1	-	3	-	-	2	4	1	-	-	-	7	-	-	10
Southern	3	-	-	2	-	-	1	1	2	2	11	2	-	-	1	-	-	-	2	5	2	2	20
Total	43	1	1	13	2	24	3	10	33	13	143	8	2	9	25	12	8	22	23	109	9	11	272

Table 15. NGO/PHO Pacific ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO Pacific Workforce by Occupation (Headcount, 2022/23)	Alcohol & Other Drug Practitioner	Co-Existing Problems Clinician	Counsellor	Nurse (MH, RN)	Social Worker	Other Clinical	Clinical Sub- Total	Consumer Advisor	Educator	Mental Health Support	Peer Support	Whānau Ora Practitioner	Youth Worker	Other Non- Clinical	Non- Clinical Sub- Total	Administrator	Manager	Total
Northern	4	-	1	3	3	4	15	1	2	11	9	1	3	-	27	1	2	44
Waitemata	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1
Auckland	3	-	1	3	-	4	11	-	-	4	-	-	-	-	4	1	-	16
Counties Manukau	1	-	-	-	3	-	4	1	2	7	9	-	3	-	22	-	2	28
Midland	1	-	-	1	1	-	3	-	-	4	-	-	1	-	5	-	-	8
Waikato	-	-	-	1	1	-	2	-	-	3	-	-	-	-	3	-	-	5
Lakes	1	-	-	-	-	-	1	-	-	1	-	-	1	-	2	-	-	3
Central	-	-	1	-	-	1	2	-	-	1	-	-	-	4	5	-	-	7
MidCentral	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	-	-	4
Capital & Coast	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Hutt	-	-	-	-	-	1	1	-	-	1	-	-	-	-	1	-	-	2
Southern	-	1	1	-	-	-	2	-	-	1	-	-	-	-	1	-	-	3
Canterbury	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1
Southern	-	1	1	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2
Total	5	1	4	4	4	5	22	1	2	17	9	1	4	4	38	1	2	62

Table 16. NGO/PHO Asian ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO Asian Workforce by Occupation (Headcount, 2022/23)	Alcohol & Other Drug Practitioner	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Mental Health Support	Peer Support	Youth Worker	Other Non-Clinical	Non-Clinical Sub-Total	Manager	Total
Northern	3	3	1	-	1	-	1	-	1	10	9	-	2	1	13	-	23
Waitemata	-	-	-	-	-	-	-	-	-	-	3	-	-	-	3	-	3
Auckland	1	3	1	-	1	-	1	-	1	8	5	-	-	-	5	-	13
Counties Manukau	2	-	-	-	-	-	-	-	-	2	1	-	2	1	5	-	7
Midland	1	-	-	1	-	-	-	-	-	2	6	-	2	-	8	-	10
Waikato	1	-	-	-	-	-	-	-	-	1	1	-	1	-	2	-	3
Bay of Plenty	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1
Lakes	-	-	-	-	-	-	-	-	-	-	5	-	1	-	6	-	6
Central	5	-	1	-	-	-	-	1	-	7	4	-	5	2	11	-	18
Hawke's Bay	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	2
MidCentral	-	-	-	-	-	-	-	-	-	-	-	-	5	1	6	-	6
Capital & Coast	3	-	1	-	-	-	-	-	-	4	-	-	-	-	-	-	4
Hutt	2	-	-	-	-	-	-	1	-	3	3	-	-	-	3	-	6
Southern	-	-	1	-	-	1	-	1	-	3	-	1	-	-	1	-	4
Canterbury	-	-	1	-	-	-	-	-	-	1	-	1	-	-	1	-	2
Southern	-	-	-	-	-	1	-	1	-	2	-	-	-	-	-	-	2
Total	9	3	3	-	1	1	1	2	1	22	19	1	9	3	33	-	55

Table 17. NGO/PHO NZ European ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO NZ European Workforce by Occupation (Headcount, 2022/23)	Alcohol & Other Drug Practitioner	CEP Clinician	Clinical Intern	Counsellor	Family Therapist	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Educator	Mental Health Support	Peer Support	Whanau Ora Practitioner	Youth Worker	Other N-Clinical	Non-Clinical Sub-Total	Administrator	Manager	Total
Northern	11	-	19	30	-	-	1	-	4	8	-	6	79	-	2	8	-	-	-	2	12	1	2	94
Northland	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	-	-	1	-	-	3
Waitemata	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3	-	-	3
Auckland	4	-	19	30	-	-	1	-	3	6	-	6	69	-	-	2	-	-	-	1	-	-	1	73
Counties Manukau	5	-	-	-	-	-	-	-	1	2	-	-	8	-	2	2	-	-	-	1	5	1	1	15
Midland	14	1	-	5	4	16	2	6	-	1	6	1	56	-	1	11	2	1	8	2	25	2	4	87
Waikato	11	-	-	-	1	9	2	6	-	1	-	-	30	-	-	7	-	1	-	-	8	-	-	38
Lakes	-	-	-	-	-	4	-	-	-	-	2	-	6	-	-	3	-	-	2	-	5	1	2	14
Bay of Plenty	3	1	-	4	3	2	-	-	-	-	4	1	18	-	1	1	2	-	4	1	9	1	2	30
Taranaki	-	-	-	1	-	1	-	-	-	-	-	-	2	-	-	-	-	-	2	1	3	-	-	5
Central	7	-	-	9	-	2	-	-	-	4	3	11	36	-	-	9	-	-	8	1	18	-	2	56
Hawke's Bay	-	-	-	1	-	1	-	-	-	-	2	-	4	-	-	2	-	-	-	-	2	-	-	6
MidCentral	1	-	-	3	-	-	-	-	-	2	-	11	17	-	-	2	-	-	5	-	7	-	-	24
Whanganui	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	-	-	2	-	3	-	1	5
Capital & Coast	1	-	-	3	-	-	-	-	-	1	-	-	5	-	-	-	-	-	-	-		-	-	5
Hutt	5	-	-	2	-	-	-	-	-	1	-	-	8	-	-	4	-	-	-	1	5	-	1	14
Wairarapa	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	-	2
Southern	10	3	-	26	-	6	15	-	-	3	13	5	81	1	1	57	4	-	3	2	68	4	10	163
West Coast	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	1	3	-	-	4
Nelson Marlborough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1
Canterbury	6	-	-	15	-	1	-	-	-	1	10	-	33	-	1	35	2	-	-	-	38	-	4	75
Southern Canterbury	-	1	-	2	-	2	2	-	-	-	3	-	10	-	-	-	-	-	-	-		-	-	10
Southern	4	1	-	9	-	3	13	-	-	2	-	5	37	1	-	22	2	-	-	1	26	4	6	73
Total	42	4	19	70	4	24	18	6	4	16	22	23	252	1	4	85	6	1	19	7	123	7	18	400

Table 18. NGO/PHO Other Ethnicity ICAYMH/AOD Workforce by Occupation (2022/23)

NGO/PHO Other Ethnicity Workforce by Occupation Group (Headcount, 2022/23)	Alcohol & Other Drug Practitioner	Counsellor	Nurse (MH, RN)	Occupational Therapist	Psychiatrist	Psychologist	Registrar/Senior Medical Officer	Social Worker	Other Clinical	Clinical Sub- Total	Educator	Mental Health Support	Peer Support	Youth Worker	Other Non- Clinical	Non-Clinical Sub-Total	Administrator	Manager	Total
Northern	1	-	-	-	-	1	-	-	2	4	-	7	-	1	-	8	-	-	12
Northland	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1
Auckland	1	-	-	-	-	1	-	-	2	4	-	4	-	-	-	4	-	-	8
Counties Manukau	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	3	-	-	3
Midland	1	-	1	1	-	1	1	-	2	7	-	1	-	3	-	4	-	1	12
Waikato	-	-	-	1	-	-	1	-	-	2	-	-	-	-	-	-	-	-	2
Lakes	-	-	1	-	-	1	-	-	-	2	-	1	-	-	-	1	-	-	3
Bay of Plenty	1	-	-	-	-	-	-	-	1	2	-	-	-	1	-	1	-	1	3
Taranaki	-	-	-	-	-	-	-	-	1	1	-	-	-	2	-	2	-	-	2
Central	4	7	5	-	-	4	-	4	1	26	2	1	-	1	1	5	1	5	37
Hawke's Bay	-	1	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1	3
MidCentral	-	2	-	-	-	1	-	-	1	4	-	-	-	1	-	1	-	-	5
Whanganui	-	1	-	-	-	-	-	1	-	2	-	-	-	-	-	-	-	-	2
Capital & Coast	3	2	2	-	-	2	-	3	-	12	-	-	-	-	1	1	-	1	14
Hutt	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	2	4
Wairarapa	-	1	2	-	-	1	-	-	-	4	2	-	-	-	-	2	1	1	8
Southern	3	6	-	1	1	1	-	5	2	19	-	3	1	-	-	4	-	2	25
West Coast	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	2
Canterbury	1	4	-	-	-	1	-	2	-	8	-	3	1	-	-	4	-	1	13
Southern	2	2	-	1	1	-	-	3	-	9	-	-	-	-	-	-	-	1	10
Total	9	15	6	2	1	7	1	9	7	55	2	12	1	5	1	21	1	7	84

Table 19. Total ICAYMH/AOD Workforce by Service Type, Ethnicity & Region (2022/23)

Total ICAYMH/AOD		Māori			Pacific			Asian		N	Z Europea		Ot	her Ethnic	ity		Total	
Workforce by Ethnicity (2022/23)	Te Whatu Ora*	NGO/ PHO	Total															
Northern	63	47	110	37	44	81	64	23	87	220	94	314	91	12	103	475	220	695
Midland	38	130	168	1	8	9	5	10	15	79	87	166	61	12	73	184	247	431
Central	42	57	99	25	7	32	18	18	36	165	56	221.4	68	35	103	318	172.51	491
Southern	19	38	57	4	3	7	22	4	26	240	163	403	53	24.5	77.1	338	233	570
National Youth Forensic	12	-	12	19	-	19	3	-	3	14	-	14	1	-	1	49	-	49
Total	174	272	446	86	62	148	112	55	167	718	400	1118	274	84	357	1364	872	2,236

^{*}Te Whatu Ora Services Includes Inpatient Workforce.

Appendix F: Glossary of Terms

ACRONYM	DESCRIPTION
ACEs	Adverse Childhood Experiences
AOD	Alcohol & Other Drugs
CAPA	Choice and Partnership Approach
СВТ	Cognitive Behaviour Therapy
CEP	Co-Existing Problems
СОРМІА	Children of Parents with Mental Health Issues and Addictions
TE WHATU ORA	District Health Board
EIS	Early Intervention Service
HEEADSSS	Home, Education/Employment, Eating, Activities, Drinking & Other Drugs, Sexuality, Suicide and Depression, Safety
ICAFS	Infant Child & Adolescent Family Services
ICAYMHS	Infant, Child, Adolescent and Youth Mental Health Services
IY	Incredible Years
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex
MOE	Ministry of Education
МОН	Ministry of Health/Manatū Hauora
NGO	Non-Governmental Organisation
PCIT	Parent Child Interactive Therapy
РНО	Primary Health Organisation
RSP	Real Skills Plus
SACS-BI	Substance Abuse & Choices Scale - Brief Interventions
SPARX	Smart, Positive, Active, Realistic, Xfactor, Thoughts
SPHC	Supporting Parents Healthy Children
YOSS	Youth One Stop Shop Service







