



2022 STOCKTAKE

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

National Overview



WHĀRAURAU

Empower the Workforce | Manaaki Mokopuna

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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 0–19-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

Executive summary

The 2022/23 Stocktake of the Infant, Child, Adolescent and Youth Mental Health/Alcohol and Other Drugs (ICAYMH/AOD) Workforce, along with service users' access data, offers a snapshot of the present and potential future demand for services. This snapshot is based on population data, actual service demand (service user data), investment in service provision (funding data), and the capacity and capabilities of the workforce (through the workforce survey and *Real Skills Plus ICAYMH/AOD Competency Framework Online Tool*, The Werry Centre, 2009b).

Infant, child, adolescent and youth (0-19 years) population (2020-2030): 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.

- A quarter (**25%**) of Aotearoa's 2022 population was 0-19 years old: **46%** were in the **Other Ethnicity** (includes NZ European/Pākehā) group, **27%** were Māori, **17%** Asian, **10%** Pacific.
- While 10-year projections (2022 to 2032) indicate a declining overall 0-19 years population (by **-0.6%**), projections show a trend towards a more ethnically diverse population: **+36%** for the Asian population aged 0-19 years (largest projected growth), **+6%** for Māori, and **+1%** for Pacific.

Service user access to ICAYMH/AOD services: Service user data from the Programme for the Integration of Mental Health Data (PRIMHD) indicate actual service demand and the extent to which individuals access services based on need. These data help to identify utilisation patterns and gaps in service delivery, guiding resource allocation and interventions for timely and appropriate mental health services and support.

From 2019-2021:

- There was a **-1%** decrease in the number of those aged 0-19 years accessing services. Decrease was seen in the number of male service users by **-11%**, while the number of female service users increased by **+10%**.
- There was a decrease in the number of service users for both **NGOs (-2%)** and **Te Whatu Ora services (-0.1%)**.
- A slight decrease in the overall access rate to services from **4.6%** to **4.5%** therefore remains below the **5%** target rate set by the Mental Health Commission (MHC) for the overall 0-19 years age group (MHC, 1998).
- However, by ethnicity, there was improvement in access rates for Māori, Asian and Other Ethnicity service users, but not for Pacific.
- Improvement in access rates were only seen in three out of the four regions: Midland, Central, and Southern, but not in Northern.

2021:

- The majority of service users (**70%**) continue to access Te Whatu Ora services.
- The **Other Ethnicity** group (includes NZ European/Pākehā), represents the largest proportion (**59%**) of service users with the highest access rate of **5.7%**, followed by **Māori (31%, 5.1%)**, **Pacific (5%, 2.4%)**, and **Asian (5%, 1.4%)** remaining the lowest.
- The target rate for Māori is set at double the overall rate (10%) due to higher prevalence of mental health disorders (MHC, 1998). Therefore, current access rates still indicate significant unmet mental health needs for Māori, Pacific and Asian populations.
- By region, Midland had the highest access rate of **5.4%**, exceeding the 5% target rate; Northern had the lowest at **3.7%**.

ICAYMH/AOD funding: Funding data for ICAYMH/AOD services indicate the level of investment for service provision and workforce development activities:

2020-2022:

- **+7%** increase in overall funding indicates a rise in financial resources directed towards supporting the needs of infants, children, adolescents, and youth.
- **+8%** increase for Te Whatu Ora provider services and **+7%** for NGO/PHO services.
- **+6%** increase in funding per head for the 0-19 years population, from **\$167 to \$178**.

ICAYMH/AOD workforce: Workforce data indicate the capacity and capabilities of the workforce relative to service demand. Information is based on data provided by Te Whatu Ora (Inpatient, Community & Forensic) services and Te Whatu Ora/MOH funded NGO and PHO services.

2020 to 2022/23:

- **+2%** increase in the overall ICAYMH workforce.
- **+5%** increase in the **NGO/PHO** workforce; **-0.1%** decrease in **Te Whatu Ora** workforce.
- **+11%** increase in the **non-clinical** workforce and **+0.2%** increase in the **clinical** workforce.
- **+2%** increase in the Māori workforce; **+2%** increase in the Pacific workforce; and **+38%** increase in the Asian workforce.
- **+79%** increase in reported vacancies, largely in the Te Whatu Ora workforce by **+97%**.
- Overall annual turnover rate increased from **19%** to **27%**. NGO turnover rate remained the same at **27%** while there was a noticeable increase in the rate for Whatu Ora services from **14%** to **27%**.

2022/23:

- **65%** employed in **Te Whatu Ora** services, **35%** in **NGO/PHO** services.
- **50%** of the workforce were **NZ European/Pākehā**, followed by **Māori (20%)**, **Other Ethnicity (16%)**, **Asian (7%)**, and **Pacific (7%)**.
- **73%** were in **clinical** roles and **19%** in **non-clinical** (excluding Administration and Management roles).
- **13% vacancy rate** (vacancies ranged from 0% to 22%). Vacancies were largely for clinical roles.
- **27% turnover rate** for **Nurses (18%)**, **Psychologists (18%)**, **Social Workers (15%)**, **Occupational Therapists (12%)** and **Mental Health/Community Support Workers (9%)**. Main reasons for staff turnover were external and internal job opportunities, moving into private practice and relocating to another city/town.
- Assessment of workforce capability using *Real Skills Plus ICAMH/AOD* indicated development needed in *Assessment, Intervention* and *Cultural* knowledge and skills.
- **Training in therapeutic interventions** remains the greatest workforce development need. **Recruitment and retention** of experienced staff continues to be the biggest workforce challenge.

Recommendations:

- Increase and allocate appropriate levels of funding for improvements in essential infrastructure, services, and workforce development activities.
- Engage in prevention and early intervention activities to inform, educate, and improve mental health literacy and reduce stigma for earlier access to services.
- Invest in and continue to provide youth-informed early intervention programmes and services including evidence-based digital resources.
- Continue to expand and strengthen primary services and workforce to alleviate demand on specialist services.
- Develop youth-informed services that better meet the needs of Māori, Pacific, and Asian young people.
- Increase, strengthen and support the workforce through:
 - *Funding, planning and service re-design.*
 - *Increasing capacity via effective and targeted recruitment and retention strategies.*
 - *Increasing capability by identifying knowledge and skills requirements and enabling access to training opportunities.*

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 Pae 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 Whānau 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 0-19 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 0-9 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 0-19 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 0-19 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.

National overview

Infant, child, adolescent, and youth (0-19 yrs) population

Population data and projections play a crucial role in assessing the current and anticipated future demand for services. By analysing population trends and projections, it becomes possible to understand the size and composition of the population, allowing for a better estimation of the demand for services. Data should ideally inform planning and resource allocation to ensure that services can adequately meet the population needs, both now and in the future.

- A quarter of Aotearoa's population is 0-19 years old and ethnically diverse: **Other Ethnicity (46%)**, **Māori (27%)**, **Asian (17%)** and **Pacific (10%)**. The Asian population of those aged 0-19 years is now the 3rd largest ethnic population (Source: Statistics New Zealand Population Projections, 2021 update, base Census 2018).
- 10-year population projections** (2022-2032; 2018 Census, Statistics NZ) show a slight decline in the overall population of those aged 0-19 years by **-0.6%**; however, projections show growth in the ethnic populations particularly for **Asian (+36%)**, followed by **Māori (+6%)** and **Pacific (+1%)**. Population growth is projected for the Northern region by only +2%. (Appendix A, Table 1).



Service user access to infant, child, adolescent and youth mental health/alcohol and other drugs services (0-19 Years)

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 (see *Appendix B* for more detailed service user data).

2019 to 2021:

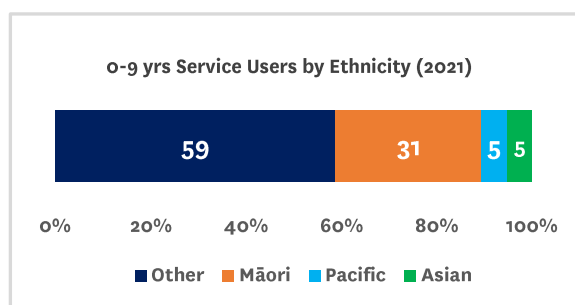
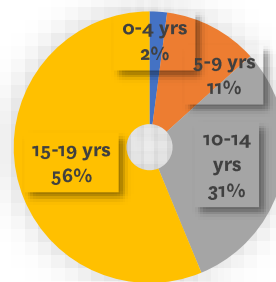
- 1%** overall decrease in the number of service users accessing mental health services.
- Decrease was seen for **male** service users by **-11%**; however, there was an increase in **female** service users by **+10%**.
- By age group, there was an overall decrease in service users aged **5-9 years (by -19%)**; however, there were increases in service users aged **15-19 years (by +4%)** and aged **10-14 years (by +2%)**.
- Decrease in access was seen in both **NGOs (-2%)** and **Te Whatu Ora services (-0.1%)**.
- Regionally, increases in service users were seen only in the **Southern** region by **+3%**. Decreases were seen in the remainder of the regions



with the largest decrease in service user numbers in **Northern (-3%)**, followed by **Central (-1%)** and **Midland (-0.3%)**.

2021:

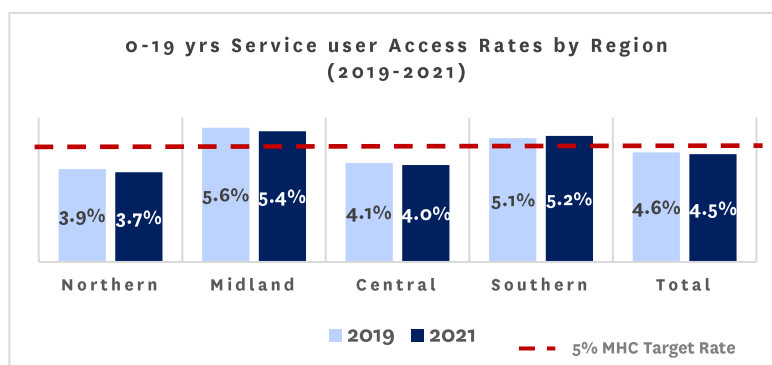
- **54%** of service users were **female**, **45% male** and **0.3%** were in the **other gender** category (0.2% were “unknown”).
- Those aged **15-19 years** made up the largest proportion of service users (**56%**), followed by those aged **10-14 years** (**31%**).
- The **Other Ethnicity** group (includes NZ European/Pākehā) made up the largest proportion of service users (**59%**) followed by **Māori (31%)**, and **Pacific** and **Asian** making up equal proportions (**5%**).
- **70%** accessed **Te Whatu Ora** services and **30%** accessed **NGOs**.
- The largest referral sources to mental health services were **GPs (29%)**, **Self/Relative (18%)** and the **Education Sector (8%)**.



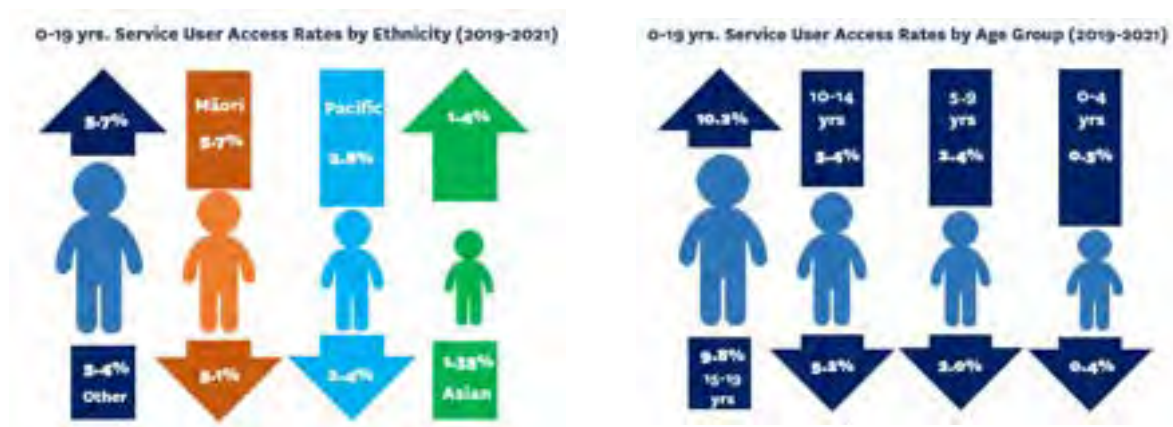
Service user access rate calculations showed:

2019-2021:

- A slight decline in the overall access rate, from **4.6%** to **4.5%** of the population accessing mental health services, remains below the **5%** of the population aged 0-19 years that should be accessing services (MOH, 1997).
- Regionally, there was a slight improvement seen in the overall access rate in the Southern region only, from **5.1% to 5.2%**.

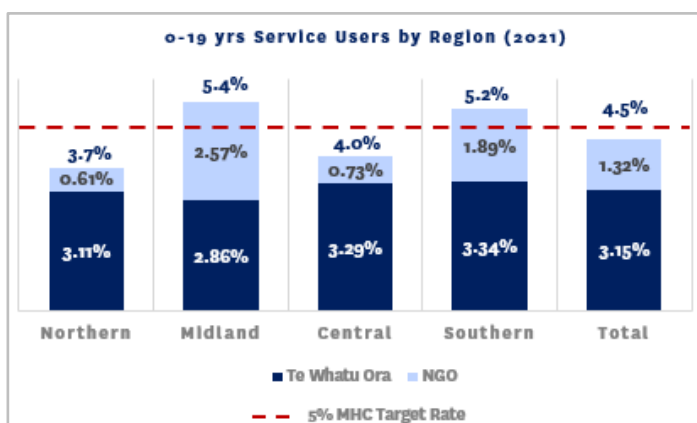


- By age group, a slight improvement in access rate was seen only for age **15-19 years** (from 9.8% to 10.2%).
- By ethnicity, slight improvements were seen in the **Other Ethnicity** (from 5.4% to 5.7%) and **Asian** (1.35% to 1.4%) groups' access rates.



2021:

- The **15-19 years** age group had the highest access rate out of the four age groups at **10.2%**, followed by those aged **10-14 years (5.2%)**, **5-9 years (2.0%)** and **0-4 years (0.4%)**.
- The **Other Ethnicity** group had the highest access rate of **5.7%** among the four ethnic groups; followed by **Māori (5.1%)**, **Pacific (2.4%)** and **Asian (1.4%)**, remaining the lowest.
- The **Midland** region had the highest access rate of **5.4%**, exceeding the 5% target rate; **Northern** had the lowest at **3.7%**.¹



¹ Service users mostly access Te Whatu Ora services in most regions, except in Midland where they access both Te Whatu Ora (53%) and NGO (47%) services almost equally.

Funding of infant, child, adolescent & youth mental health/alcohol and other drugs services

Funding data provide information about the amount of financial resource allocated to support service provision and workforce development in the sector. It helps to assess the level of investment dedicated to delivering services and enhancing the capabilities of the workforce.

Investment in mental wellbeing was identified as a priority in the 2019 Budget and was allocated \$1.9 billion over 5 years. The 2022 Budget allocation for supporting mental wellbeing included investments in specialist mental health and addiction

services, primary and community care, as well as a new public health agency (\$202 million) (Ministry of Health, 2022). Over four years, \$100 million will be allocated for new mental health and addiction services, targeting specified needs across the country, which includes:

- \$27.5 million allocated for community-based crisis services
- \$18.7 million allocated for the enhancement of existing child and adolescent mental health and addiction services
- \$10 million allocated for workforce development.

2020 to 2022:

- **+7%** increase in total funding of ICAYMH/AOD services (Table 1).
- **+8%** increase for **Te Whatu Ora** provider services and **+7%** increase for **NGO/PHO** services (Appendix C, Table 1).
- Largest increase for **Youth Forensic** services by **+31%**, followed by **AOD** and **Inpatient** services by **+12%**.
- Regionally, increases in funding were seen in three of the four regions; the largest in **Central** by **+14%**, followed by **Northern** (**+12%**), **Midland** (**+4%**). A decrease (**-1%**) occurred in the **Southern** region (Appendix C, Table 1).

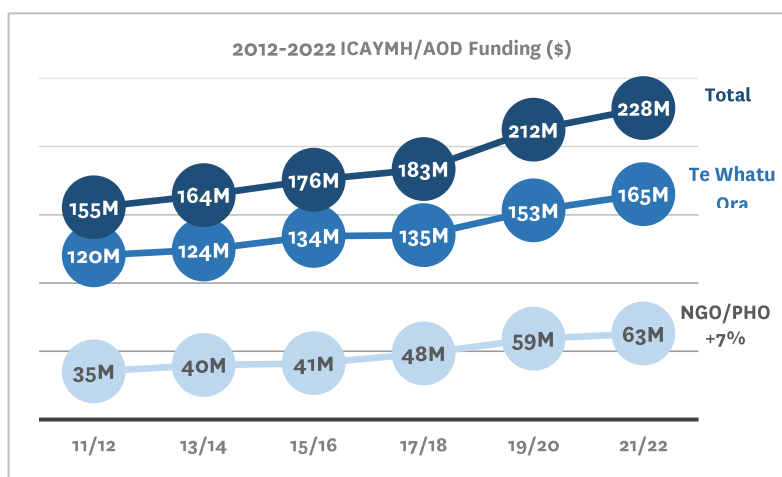


Table 1. ICAYMH/AOD Funding by Service (2015/16–2021/22)

Services	ICAYMH/AOD Funding (2015/2016 - 2021/2022)				
	15/16	17/18	19/20	21/22	% Change (20-22)
Inpatient	\$14,192,776	\$12,232,919	\$13,559,509	\$15,18,443	+12%
AOD	\$23,386,143	\$20,670,687	\$25,023,668	\$28,067,462	+12%
ICAY Mental Health ¹	\$126,000,120	\$131,640,480	\$148,759,025	\$153,581,693	+3%
Youth Forensic	\$10,066,585	\$13,955,365	\$19,474,664	\$25,481,076	+31%
Youth Primary Mental Health	\$1,900,000	\$4,935,029	\$5,458,979	\$5,736,696	+5%
Total	\$175,545,624	\$183,434,480	\$212,275,844	\$228,056,369	+7%

1. Includes residential services.

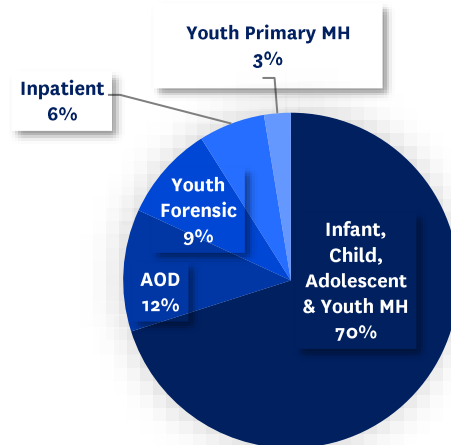
2. Source: Te Whatu Ora Price Volume Schedules (PVS) 2015 - 2019/20, CMS & CCPS (as at 20/10/20).

2021 to 2022:

- **12%** of total mental health funding (\$1,954.7M) was allocated to ICAYMH/AOD services, compared to the **26%** *Blueprint* recommendation (Mental Health Commission, 1998, p. 29), which was based on the number of infants, children, and adolescents likely to have mental health difficulties and require treatment.²

- **72%** of the funding was allocated to **Te Whatu Ora** provider services and **28%** to **NGO/PHO** provider services (Appendix C, Table 1).

- **70%** of the funding was allocated to **community-based** infant, child, adolescent and youth mental health services and activities. The remainder was allocated to **AOD 12%** (59 providers), **Forensics 9%** (11 providers), **Inpatient 6%** (6 Te Whatu Ora providers) and **Youth Primary** mental health services **3%** (20 providers) with some overlap of providers for services and activities funded (see Appendix D, Table 1 for a list of services).



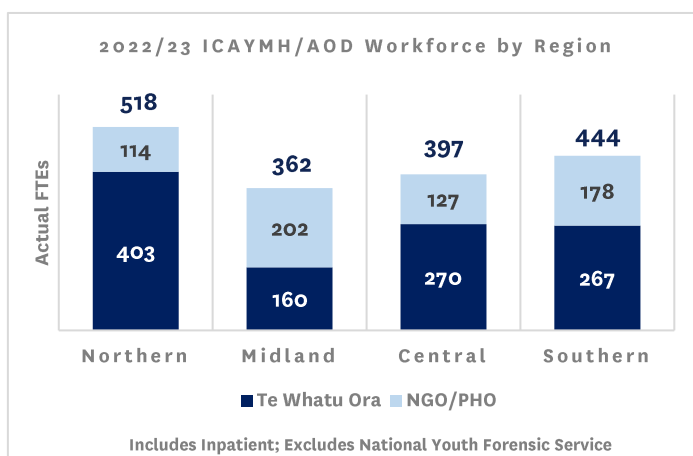
- Overall, from 2020 to 2022, the funding for mental health/AOD services for someone aged 0-19 years increased by **+6%**, from **\$167** to **\$178** per person (including inpatient and youth primary mental health funding). There was an increase in three regions and a decrease in the Southern region, yet the spend per 0-19 years population remained the lowest in the Northern region (Appendix C, Table 2).

² The relative cost of treatment for infants, children and adolescents, compared to adults (using current models of care) remains unknown, as does the number of those aged 17-19 years who receive services within the adult funding stream (because of ICAMHS upper age limits or other factors).

Infant, child, adolescent and youth mental health/alcohol and other drugs workforce

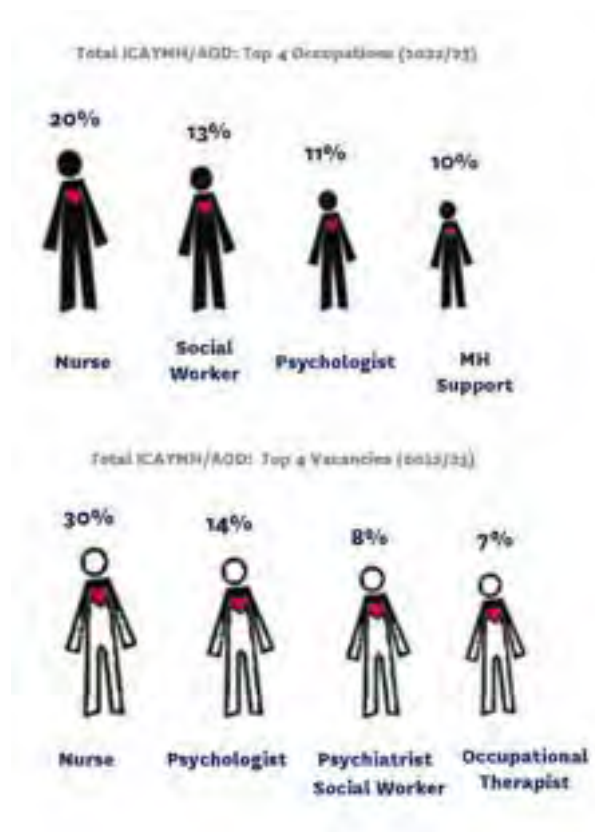
2020/21 to 2022/23:

- Overall, there was a **+2% increase** in the ICAYMH/AOD workforce (Table 2).
- +5% increase** in the **NGO/PHO** workforce and very little change in the **Te Whatu Ora** service workforce (Community, Inpatient, National Youth Forensic Service) (**-0.1%**).
- +11** increase in the **non-clinical** workforce, and a **+0.2%** increase in the **clinical** workforce.
- +79%** overall increase in reported **vacant FTEs**, largely in Te Whatu Ora services by **+97%** (in the clinical workforce by **+87%**).
- Overall, **annual turnover** rate increased from **19%** to **27%**. NGO turnover rate remained the same at **27%** while there was a noticeable increase in the rate for Te Whatu Ora services, from **14%** to **27%**.



2022/23:

- 65%** of the overall workforce is employed in **Te Whatu Ora** services, and **35%** in **NGOs/PHOs**. Regionally, however, NGO/PHO workforces make up the greater proportion of the workforce (in Midland, Central and Southern regions).
- About one-third (**30%**) of the workforce is based in the Northern region, followed by **26%** in Southern, **23%** in Central and the smallest proportion in the Midland region (**21%**).
- 50%** of the workforce is **NZ European/Pākehā**, **20%** Māori, **16%** Other Ethnicity, **7%** Asian and **7%** Pacific.
- 73%** of the workforce is in **clinical** roles, largely **Nurses (20%)**, **Social Workers (13%)**, **Psychologists (11%)**, **AOD Practitioners (6%)** and **Occupational Therapists (6%)** (Table 3).
- There are **19%** in **non-clinical** roles, largely as **Mental Health/Community Support Workers (10%)** and **Youth Workers (3%)** (Table 2).
- There are **5%** in Administration and **4%** in Management roles (Table 3).
- The overall **vacancy rate** is **13%** (rates ranged from 0% to 20%). By service, **Te Whatu Ora services** had a much higher rate of **17%**, compared to the **NGO/PHO** rate of **5%**.



- **89%** of vacancies were for **clinical** roles, largely **Nurses** (Mental Health, Registered, Practitioners) (**30%**), **Psychologists** (**14%**), **Psychiatrists** (**8%**), **Social Workers** (**8%**) and **Occupational Therapists** (**7%**) (Table 3).
- The overall **turnover rate** of **27%** is more than double the Q4 2021 national average rate of 10.7% for health care and social assistance (Statistics New Zealand, 2023); similar rates are now seen in both NGO/PHO and Te Whatu Ora services (**27%**).
- Turnover rates by **occupation** were highest for **Nurses** (**18%**) and **Psychologists** (**18%**), followed by **Social Workers** (**15%**), **Occupational Therapists** (**12%**) and **Mental Health Support Workers** (**9%**). The main reasons for staff leaving were external job opportunities for better salaries, internal job opportunities within the same organisation, staff moving into private practice, and relocating to another city/town. (Source: 2022/23 Stocktake Workforce survey.)



Table 2. ICAYMH/AOD Workforce by Service Provider (2012-2022/23)

ICAYMH/AOD Provider Service	Actual FTEs (2012-2023)							Vacant FTEs (2012-2023)							Vacancy Rate 2022	Vacancy Rate 2020	Turnover Rate 2022*	Turnover Rate 2020
	12	14	16	18	20/21	22/23	% Change (2020- 2022)	12	14	16	18	20/21	22/23	% Change (2020- 2022)				
Te Whatu Ora Inpatient	141	144	148	154	150	154	+3%	16	22	16	18	17.2	16	-3%	10%	10%	23%	9%
Te Whatu Ora Community	878	914	935	887	960	947	-1%	74	108	120	129	96	214	+123%	18%	9%	27%	15%
National Youth Forensic: Nga Taiohi				44	40	48	+20%					5	2	-60%	4%	11%	24%	7%
NGO/PHO	412	532	503	610	589	621	+5%	4	13	10	21	30	33	+11%	5%	5%	27%	28%
Total	1,431	1,590	1,585	1,696	1,739	1,770	+2%	94	142	147	168	148	265	+79%	13%	8%	27%	19%

There are 20 Te Whatu Ora services that provide a range of specialist inpatient and community based ICAYMH/AOD services. The upper age limit (19 years) is variable throughout the country, with each Te Whatu Ora service determining their own service provision criteria. Services also include regional AOD, eating disorders, and forensic services.

Regional inpatient child, adolescent and youth mental health services are provided by three Te Whatu Ora inpatient services: Auckland, Capital & Coast (Wellington) and Canterbury (Christchurch). In some areas, acute inpatient admissions and brief admissions are made to local paediatric or adult units while arrangements are made for admission to the three regional inpatient child and adolescent facilities.

The Nga Taiohi National Secure Youth Forensic Inpatient Mental Health Service in the Kenepuru Community Hospital (Porirua) is a 10-bed unit that provides specialist inpatient services to 13- to 17-year-olds who are severely affected by mental health and/or AOD issues, who have offended or are alleged to have offended, and who are involved in the youth justice system. Referrals to Nga Taiohi are received from the five youth forensic community services. The young people referred to Nga Taiohi primarily come from youth justice facilities and prisons.

ICAYMH/AOD services are also provided by Te Whatu Ora/MOH-funded NGOs, iwi services, and primary health organisations (PHOs). The *Prime Minister's Youth Mental Health Project* was launched in 2012 to help prevent youth developing mental health issues and to improve access to primary mental health services for young people aged 12 to 19 years with mild to moderate mental health issues. Provision of services can include young people up to 24 years of age and is largely based on local needs and opportunities. Provision may include enhanced school-based health services; GPs and Youth Nurses delivering Year 9 HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Depression and Suicide, Sexuality, Safety) assessments and a range of health services in low decile secondary schools; packages of care and brief interventions (such as alcohol brief interventions); establishment of Primary Mental Health Coordinator roles, youth psychologists in schools and NGO youth services; and/or funding youth-specific services ranging from resilience-building to treatment.

A more detailed outline of the service specifications are provided here: Ministry of Health – Manatū Hauora (2018). *Infant, child, adolescent and youth mental health, alcohol and/or other drugs services – Mental Health and Addictions Services Tier Two Service Specification*: <https://www.tewhatauora.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/>

Table 3. ICAYMH/AOD Workforce by Occupation (2022/23)

ICAYMH/AOD by Occupation (Actual FTES, 2022/23)	Te Whatu Ora Provider Services				NGO/PHO	Total
	Inpatient	Community	National Youth Forensic	Total		
Alcohol & Other Drug Practitioner	-	18.75	1.0	19.75	93.15	112.9
Co-Existing Problems Clinician	-	9.1	-	9.1	5.8	14.9
Clinical Intern/Placement	0.8	10.8	-	11.6	1.0	12.6
Counsellor	-	10.6	-	10.6	64.02	74.62
Family Therapist	-	6.4	-	6.4	5.5	11.9
Mental Health Assistant	10.2	-	-	10.2	-	10.2
Nurse (MH, RN, Other)	79.36	217.91	19.0	316.27	45.7	361.97
Occupational Therapist	6.6	83.24	-	89.84	11.58	101.42
Psychiatrist	10.01	65.72	1.3	77.03	5.2	82.23
Psychotherapist	3.0	10.4	-	13.4	0.9	14.3
Psychologist	13.2	155.68	-	168.88	20.2	189.08
Registrar/Senior Medical Officer	5.26	19.04	-	24.3	1.0	25.3
Social Worker	3.8	167.03	-	170.83	56.64	227.47
Other Clinical	-	16.68	4.0	20.68	22.95	43.63
Clinical Sub-Total	132.23	791.35	25.3	948.88	333.64	1,282.52
Cultural	2.0	16.13	-	18.13	5.71	23.84
Consumer Advisor	-	1.4	1.0	2.4	1.60	4.0
Educator	-	-	-	-	6.93	6.93
Mental Health/Community Support Worker	10.4	22.0	18.0	50.4	131.64	182.04
Peer Support Worker	-	3.2	-	3.2	19.7	22.9
Whānau Ora Practitioner	-	-	-	-	7.5	7.5
Youth Worker	-	1.35	-	1.35	50.4	51.75
Other Non-Clinical ²	-	3.53	-	3.53	28.05	31.58
Non-Clinical Sub-Total	12.4	47.61	19.0	79.01	251.53	330.54
Administrator	6.0	66.75	1.0	73.75	12.04	85.79
Manager	3.5	41.0	3.0	47.5	23.35	70.85
Total	154.13	946.71	48.30	1,149.14	620.56	1,769.7

1. **Other Clinical:** Paediatrician; Clinical Coordinator; Clinical Lead/Intake; Speech Language Therapist; Case Manager; Consult Liaison; Māori Programmes Assistant; Pacifica Programmes Assistant; Māori Clinicians; Other Therapists; GP, Kaupapa Māori Infant Child & Youth Clinician; Trauma Therapist; Mātanga Whai Ora (Health Improvement Practitioner); Triage Staff.
2. **Other Non-Clinical:** Researcher; Educator; Needs Assessor; Case Manager; Programme Facilitator; Data & Audit Coordinator; Refugee/Migrant Facilitator; Project Support; Wellbeing Coach; Activity and Life Skills Co-ordinators; Māori Art and Craft Tutor; Health Coach; Whānau Tahi (Family Harm Safety Support); Whakapapa Navigator; Tautiaki Support Zone Coordinator.

Table 4. ICAYMH/AOD Workforce Vacancies by Occupation (2022/23)

ICAYMH/AOD Vacancies by Occupation (Vacant FTES, 2022/23)	Te Whatu Ora Provider Services				NGO/PHO	Total
	Inpatient	Community	National Youth Forensic	Total		
Alcohol & Other Drug Practitioner	-	6.35	-	6.35	2.2	8.55
Family Therapist	-	2.0	-	2.0	-	2.0
Nurse (MH, RN)	11.53	62.04	-	73.57	5.9	79.47
Occupational Therapist	0.4	16.9	1.0	18.3	-	18.3
Psychiatrist	2.53	19.53	-	22.06	-	22.06
Psychotherapist	-	5.3	-	5.3	-	5.3
Psychologist	1.0	32.42	1.0	34.42	2.5	36.92
Registrar/Senior Medical Officer	-	3.4	-	3.4	-	3.4
Social Worker	1.0	16.9	-	17.9	3.5	21.4
Other Clinical ¹	-	31.87	-	31.87	7.5	39.37
Clinical Sub-Total	16.46	196.71	2.0	215.17	21.0	236.17
Cultural	-	1.8	-	1.8	0.4	2.2
Consumer Advisor	-	1.0	-	1.0	0.1	1.1
Mental Health/Community Support	0.2	6.9	-	7.1	2.5	9.6
Peer Support	-	-	-	-	0.2	0.2
Youth Worker	-	-	-	-	5.9	5.9
Other Non-Clinical ²	-	1.2	-	1.2	1.7	2.9
Non-Clinical Sub-Total	0.2	10.9	-	11.1	10.8	21.9
Administrator	-	3.3	-	3.3	1.0	4.3
Manager	-	3.0	-	3.0	-	3.0
Total	16.7	213.91	2.0	232.57	32.8	265.37

1. Other Clinical: MDT Clinicians, Mental Health Clinicians; Mātanga Whai Ora.

2. Other Non-Clinical: Support Zone Co-ordinator; Kaiwhakapuaki Waiora.

Capability of the Te Whatu Ora ICAYMH/AOD workforce

The *Real Skills Plus ICAYMH/AOD* (2021) is a competency framework that describes the capabilities (knowledge, skills, and attitudes) necessary to work with pēpi, tamariki and taiohi who have a suspected or identified mental health and/or alcohol or other drug (AOD) concern impacting on their wellbeing. The *online assessment tool* (available on the Whāraurau website) highlights levels of knowledge and skills needed to work within the ICAYMH sector and identifies knowledge and skills for further development.

The March 2022-March 2023 Te Whatu Ora national organisational *Real Skills Plus* (RSP) data (from 15 Te Whatu Ora services) showed that the overall workforce met **43% to 70%** of the core knowledge and skills required to work effectively with pēpi, tamariki and taiohi.

Further development was indicated for core knowledge in **Assessment (51%)** and **Intervention knowledge (49%)** (specifically in leadership and cultural knowledge), and for core skills in **Intervention (50%)** and **Assessment skills (39%)** (specifically in cultural skills and working with taiohi and whānau).

The top 5 competencies in need of development, in each of the categories, included:

Core Assessment Knowledge (51%):

1. *Real Skills Plus Seitapu: Working with Pacific Peoples* and how to incorporate this into my work (80%).
2. Development of pēpi, tamariki, taiohi - sensorimotor and physical development (64%).
3. *Supporting Parents, Healthy Children* initiative (64%).
4. Development of pēpi, tamariki and taiohi - cognitive development (62%).
5. Development of pēpi, tamariki & taiohi - cultural/spiritual development (61%).

Core Intervention Knowledge (49%):

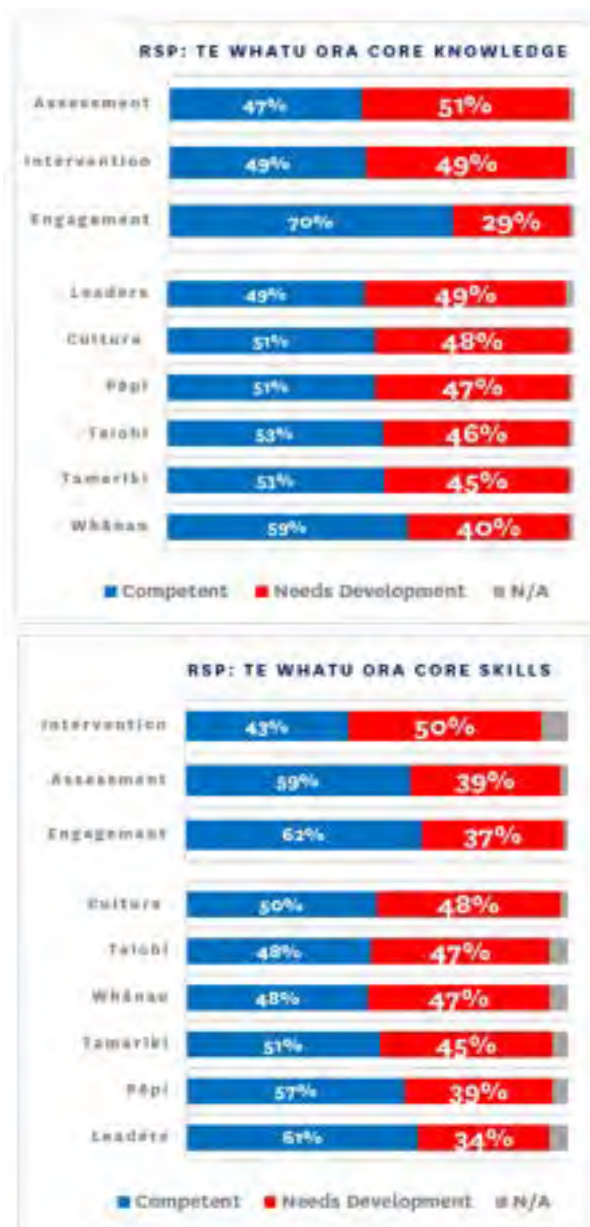
1. Developmental theories (e.g., attachment, cultural, psycho-social, cognitive development, social learning) (54%).
2. Evidence-informed and evidence-based interventions (e.g., *Cognitive Behavioural Therapy, ACT, FACT, DBT, Motivational Interviewing, Solution-Focused, Family Therapies, Māori & Pacific models*) (53%).
3. 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) (47%).
4. How to take a systemic approach in practice (43%).
5. Outcome measures (i.e., *HoNOSCA, Strength and Difficulties Questionnaire, Outcome Rating Scale*) (42%).

Core Intervention Skills (50%):

1. Dynamic Psychotherapy, including play and art (75%).
2. Infant therapies (i.e., *Watch Wait Wonder, Circle of Security*) (75%).
3. Interpersonal Therapy (74%).
4. Eye Movement Desensitization and Reprocessing (EMDR) therapy (70%).
5. Mana enhancing and mana protecting practice (70%).

Core Assessment Skills (39%):

1. Developing formulation integrating theoretical and cultural frameworks with information gathered during assessment (53%).
2. Assessing emerging AOD concerns for taiohi (51%).
3. Developing a comprehensive plan in partnership with tamariki, taiohi and whānau, where appropriate, including consideration of cultural and clinical concerns: risk, goals, review, transition, and policies (45%).



4. Using information gathered during assessment to develop a culturally inclusive formulation that is meaningful for the clients and whānau (42%).
5. Organising necessary assessments that are outside scope of practice (42%).

Te Whatu Ora ICAYMH/AOD workforce development needs

Te Whatu Ora ICAYMH/AOD provider services continue to experience challenges and barriers that constrain critical service and workforce development. Via the workforce survey, services identified the following workforce development needs:

- **Training** in therapeutic interventions - specifically: Family Based Therapy for Eating Disorders, Family Therapy, Acceptance & Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), Cognitive Behaviour Therapy.
- **Recruitment** of staff with ICAYMH training and experience.

The need for cultural development has been consistently reported by services in previous stocktakes. In the 2022 workforce survey, services were asked to identify specific cultural development needs for working with Māori, Pacific and Asian service users, and their whānau. Overall responses in the figure are presented from most development needed to least. Cultural development skills needed specifically for working with Māori, Pacific and Asian are presented in the figure on the next page.



Te Whatu Ora cultural development needs for working with Māori, Pacific and Asian service users & their whānau



Capability of the NGO/PHO ICAYMH/AOD workforce

The 2023 NGO/PHO national organisational Primary RSP data (from 32 services who work in the primary sector) showed that the workforce met **55% to 79%** of the knowledge and skills required to work effectively with pēpi, tamariki and taiohi children and young people. Further knowledge development was indicated in **Assessment (41%)** and **Intervention (35%)** (specifically assessment and intervention knowledge working with tamariki, pēpi and taiohi) and further skills development was indicated in **Intervention (36%)** and **Assessment skills (24%)** (specifically skills in working with taiohi and tamariki).

The top 5 competencies in need of development, in each of the categories, included:

Primary Assessment Knowledge (41%):

1. Pacific family structures and dynamics and the family as a system (66%).
2. Trauma-informed approaches (46%).
3. Key developmental milestones for pēpi, tamariki and taiohi (40%).
4. Care and Protection concerns (40%).
5. Common and emergent MH and AOD concerns (37%).

Primary Intervention Knowledge (35%):

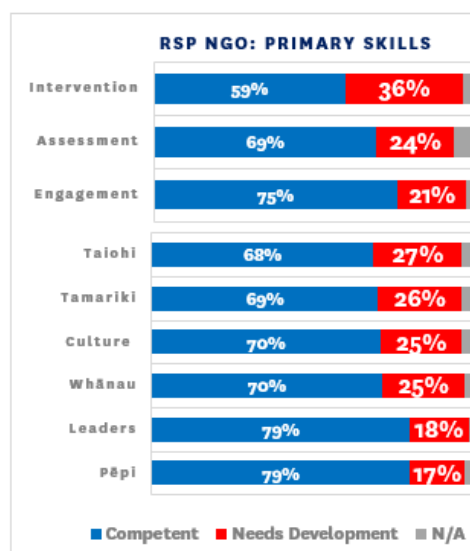
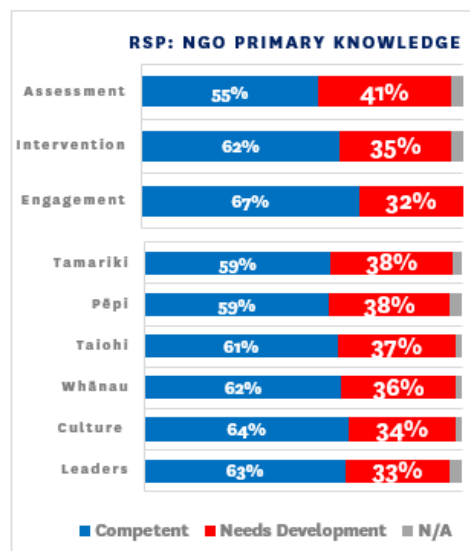
1. Trauma-informed approaches to interventions (51%).
2. Culturally appropriate print and online information or psychoeducation for tamariki, taiohi and their whānau (45%).
3. *Whānau Ora* approach and my role within it (43%).
4. Resources and networks within the community to assist access to evidence-based parenting courses such as *Incredible Years* and *Triple P* (39%).
5. Principles and delivery of support and advocacy for tamariki, taiohi and their whānau (e.g., *Introduction to Principles Guiding Provision of Health & Disability Services*) (35%).

Primary Intervention Skills (36%):

1. ACT/FACT therapy (64%).
2. Cognitive behavioural strategies (52%).
3. Motivational interviewing (47%).
4. Dynamics of whanaungatanga (44%).
5. Providing psychoeducation about mental health and wellbeing to children, young people, and their families (44%).

Primary Assessment Skills (24%):

1. Undertaking screening for substance use in taiohi using a validated tool (i.e., *Substance and Choices Scale (SACS)*, *CRAFT* or *Trends Theoretical Model of Change*) (55%).
2. Conducting a psycho-social assessment of taiohi using a recognised framework (i.e., *HEEADSSS Assessment*, *Te Whare Tapa Whā* and *Fonofale*) (41%).
3. Undertaking screening for mental health concerns using a validated tool (i.e., *Patient Health Questionnaire (PHQ) 2* or *9*, *Parents' Evaluation of Developmental Status (PEDS)*, *Strengths and Difficulties Questionnaire (SDQ)*) (34%).
4. Developing a wellbeing plan in collaboration with the person at risk and their whānau (31%).
5. Identifying wellbeing concerns present for the parent or caregiver that may impact upon their developing relationship with their pēpi, tamariki or taiohi (27%).



The NGO/PHO national organisational RSP data (from 37 services) showed that the overall workforce competency levels ranged from **52% to 78%** in the core knowledge and skills required to work effectively with children and young people. Further development was indicated in core knowledge in **Intervention (38%)** and **Assessment (32%)** (specifically Leadership and Cultural knowledge) and core skills in **Intervention (40%)** and **Assessment (27%)**, (specifically in Culture skills and working with whānau, taiohi and tamariki).

The top 5 competencies in each of the categories in need of development included:

Core Intervention Knowledge (38%):

1. Outcome measures (i.e., *HoNOSCA*, *Strength and Difficulties Questionnaire* and the *Outcome Rating Scale*) (51%).
2. Evidence-informed and evidence-based interventions (e.g., *Cognitive Behavioural Therapy*, *ACT*, *FACT*, *DBT*, *Motivational Interviewing*, *Solution-Focused*, *Family Therapies*, *Māori*, and *Pacific models*) (35%).
3. 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) (33%).
4. Importance of intersectoral relationship management (e.g., System of Care principles and philosophy) (30%).
5. Systemic approach in practice (30%).

Core Assessment Knowledge (32%):

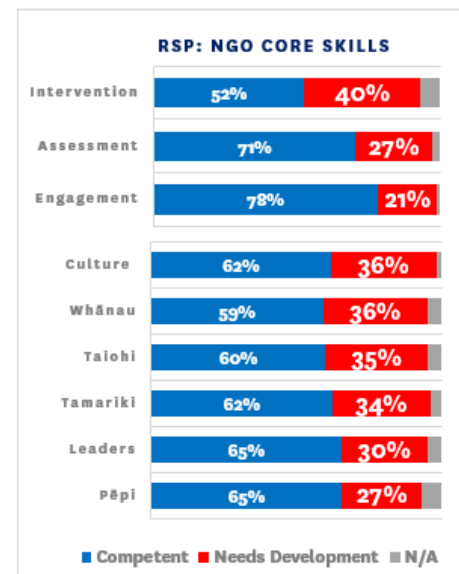
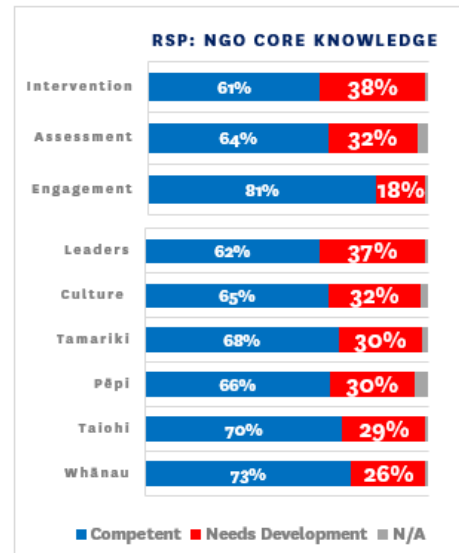
1. *Real Skills Plus Seitapu: Working with Pacific Peoples* and how to incorporate this into my work (71%).
2. *DSM5* and the *ICD-11* and their use as diagnostic tools (48%).
3. Interpersonal Theory (48%).
4. *Supporting Parents, Healthy Children* initiative (46%).
5. Addressing medication side-effects in conjunction with specialist practitioners within the service (42%).

Core Intervention Skills (40%):

1. Dialectical Behavioural Therapy (75%).
2. EMDR (70%).
3. Dynamic Psychotherapy, including play and art (64%).
4. Dynamics of whanaungatanga (61%).
5. Family Therapy (58%).

Core Assessment Skills (27%):

1. Conducting mental state examination of pēpi, tamariki and taiohi (and sometimes caregivers) (40%).
2. Developing a formulation integrating theoretical and cultural frameworks with information gathered during assessment (38%).
3. Using information gathered during assessment to develop culturally inclusive formulation that is meaningful for clients and whānau (31%).
4. Developing a comprehensive plan in partnership with tamariki, taiohi and whānau, where appropriate, including consideration of cultural and clinical concerns: risk, goals, review, transition, and policies (30%).
5. Assessing emerging MH/AOD concerns for tamariki and taiohi (29%).



NGO/PHO workforce development needs

- NGO/PHO services identified similar workforce development needs as did Te Whatu Ora services but reported a greater need for **training**, specifically for cultural training, general child and youth mental health and therapy/intervention-based training.
- NGO/PHO services also identified difficulties in **recruitment** of qualified staff.

The need for cultural development has been consistently reported by services in previous stocktakes. In the 2022 workforce survey, services were asked to identify specific cultural development needs for working with Māori, Pacific and Asian service users, and their whānau. Overall responses in the figure are presented from most development needed to least. Cultural developments needs specifically for working with Māori, Pacific and Asian are presented in the figure on the next page.



NGO/PHO cultural development needs for working with Māori, Pacific and Asian service users and their whānau

NGO/PHO Māori Cultural Development Needs



NGO/PHO Pacific Cultural Development Needs



NGO/PHO Asian Cultural Development Needs



Summary

Population projections indicate a declining overall population of infants, children, adolescents, and youth aged 0-19 years. However, this age group is expected to become more ethnically diverse, with significant growth projected for Māori, Pacific and, particularly, Asian populations. The COVID-19 pandemic has exacerbated existing mental health needs among children and young people, especially within these ethnic groups (Children's Commissioner, 2020; Every-Palmer et al., 2020; Fenaughty et al., 2021a, 2021b; Fleming et al., 2020; 2022). Consequently, demand for mental health services is expected to remain high, becoming more complex, and intensify. Service providers should be prepared for ongoing and intense demand.

Recent Government budget allocations have been a much-needed boost in funding for mental health resources, programmes, and service development over the past few years. However, the need to prioritise and allocate more and appropriate levels of funding is becoming even more intense in light of reported growing mental health needs of the population aged 0-19 years. While there has been some increase in funding for infant, child, adolescent and youth mental health services, the rate of growth has slowed down from 14% (for the 2018-2020 period) to 7% (for the 2020-2022 period). Moreover, the current funding allocation (12%) represents only half of the proportion recommended by the MHC of 26%, indicating a potential barrier to essential service development, improvement, and workforce development activities.

Despite an increase in reported mental health needs, the actual demand for specialist mental health services, based on PRIMHD service user data, has remained similar to previous years, even after returning to pre-COVID conditions. The access rate for services in 2021 slightly decreased to 4.5% from a 4.6% rate in 2019, indicating a continued underutilisation of services, below the MOH target that services should be accessed by 5% of the population aged 0-19 years. Underutilisation is more concerning for areas such as the Northern region, which has the largest and most ethnically diverse population, and the lowest access rate in the country at only 3.7% of the population. Also, the 5% target access rate has not been updated beyond 2005, so may not reflect current need for services. Furthermore, outdated prevalence data inhibits the equitable and efficient planning and delivery of services, and efforts need to be made to develop more current indicators of mental health need. Māori, Pacific, and Asian children and young people are predominantly relying on mainstream Te Whatu Ora services, indicating a limited choice of specialised services tailored to their specific needs. Stigma, 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, particularly for Māori, Pacific and Asian populations. Limited funding allocation may contribute to the slow progress in providing more service options, particularly among Pacific and Asian populations. These issues raise concerns about significant unmet mental health need. Focused efforts to engage in stigma reduction and mental health education programmes are called for, alongside developing, and providing more service options to improve access to services early and when needed.

The latest workforce data showed very little growth in the size of the ICAYMH/AOD workforce; however, a small increase was seen in the NGO/PHO workforce. Retention and challenges in recruitment remain significant barriers for growth. Te Whatu Ora services reported a significant increase in the number of vacant FTEs in vital clinical positions (psychiatrists, psychologists, nurses, and 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 are leaving for similar roles that pay more in private practice and in other organisations. Challenges in recruitment and retention of qualified staff, if not addressed, will widen the gap between demand and capacity even further. Furthermore, population trends show a growth in ethnic diversity alongside growing mental health concerns, and Māori, Pacific and Asian young people make up more than half of all service users. The need to focus on effective recruitment and retention strategies includes allocating appropriate levels of funding to establish a workforce that is representative of its service users, and able to provide choice and cultural safety.

The growing complexity in service user needs requires a workforce that has the right levels of knowledge and skills to work effectively with children and young people. Assessment of knowledge and skills levels required to work with children and young people (based on the *Real Skills Plus* data) showed that, although the workforce has adequate levels of core knowledge and skills, further development is needed for assessment and intervention knowledge and skills, specifically in cultural and leadership domains.

Given that Māori, Pacific, and Asian service users are largely accessing mainstream services and make up more than half of all service users, amidst shortages in the respective cultural workforce, service users, particularly Māori, are seen by the non-Māori (tauiwi) workforce. Even though Asian service users currently make up the smallest proportion of service

users of mental health services, population projections and increasing mental health concerns indicate that services need to be prepared for a rising demand for services.

Therefore, there is a need to invest (resources and training) in the development of a workforce that is culturally skilled to work effectively and safely with young people and their families across all ethnicities. Services have acknowledged that knowledge and skills gaps exist for working with Māori, Pacific and Asian infants, children and young people and their families, and have identified specific development needs, which include addressing racism and unintentional bias, defining working with equity, incorporating cultural models of practice, and engaging with whānau. Limited funding allocated for training and development was reported as one of the factors that inhibits the ongoing upskilling of the workforce. Therefore, training and education should be prioritised and focused on ways to effectively engage and support infants, children and young people and their families, with the required assessment and intervention skills that are based on a deep understanding of culture, history, values, practices, and frameworks—and funded adequately.

Recommendations

The following recommendations are based on current findings and advocate a youth-informed framework (Werry Workforce Whānau, 2019) to guide service funding, planning, development, delivery, and workforce development activities.

Monitor and allocate appropriate levels of funding for infrastructure, service, and workforce development

Increased allocation of the budget for mental health could allow a rapid response in the provision of much-needed mental health services. Ongoing investment is needed to build essential infrastructure (organisational structures, technology, models of care) to be able to advance further service expansion and development (planning, re-design, and more stable, 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 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 with their local key stakeholders (including 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 for their populations, and increase their efforts on workforce development activities. The *Mana Ake* model of working, based in the Canterbury region, provides an effective guideline to working more collaboratively across sectors in other areas (Malatest, 2021).

Develop and provide early intervention programmes, services, and workforce

Evidence consistently shows that intervention with those aged 0-4 years is most cost-effective (Knudsen et al., 2006), with the potential to prevent mental health problems in the longer term (Lambie, 2018; Olds & Kitzman, 1993; Wouldes et al., 2011). The importance of intervening early, particularly for Māori, Pacific and Asian children, should be prioritised, because offering an early and appropriate response provides the best chance for improved life outcomes.

The Youth-Informed Transformation framework aligns with the aspirations of young individuals with lived experience of mental health and addiction challenges. These aspirations were voiced in the youth-led *Deep and Meaningful Conversations: Lived experience workshops in 2019*. Participants emphasised the importance of holistic care that includes whānau (family), nature, identity, giving back, and a focus on wairua (spirituality). The framework also introduced the "Ecosystems of Care" model, promoting collaboration among services to ensure young people receive appropriate care regardless of the initial service they access. It offers guidance on creating safe spaces for young individuals, covering aspects such as space design, accessibility, and recruitment. Services are urged to establish accountability to the population they serve and implement a robust feedback mechanism that involves young people and their whānau in governance structures.

- **Evidence-based parenting programmes:** Evidence-based parenting programmes that work across cultures, socioeconomic groups and in different kinds of family structures, such as *Incredible Years* and *Triple P-Positive Parenting Programme* (now also available to parents online), are critical for intervening early and improving long-term outcomes for children. Both have been shown to be effective for preventing and reducing children's emotional and behavioural problems, including for Māori and non-Māori. *Level Three Triple P* programmes also have the advantage of working well within services that families already engage with, such as early childhood and primary education, social services, and Well Child Tamariki Ora. The extensive suite of **online Triple P – Positive Parenting Programmes** have the advantage of offering families support in one of their preferred modalities and reduce barriers to accessing support.
- **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, 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 of the effectiveness of delivering both universal and targeted school-based learning and mental health interventions that improve 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 0-8 years, have had success for children who have been affected by the earthquakes in Christchurch (Malatest, 2021), and has 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, resources, and services:** 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. The 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 e-therapy 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

Example

\$28 million invested in expanding and rolling out *Mana Ake - Stronger for Tomorrow*, in-school mental health and wellbeing programmes, to West Coast, Bay of Plenty, Rotorua, Taupō, South Auckland and Northland.

A \$16 million programme (part of the Child & Youth Wellbeing programme of action) was to fund more services to be available in more areas across NZ from October 2020. More mental health and addiction services are to be available to more than 60,000 young New Zealanders across Rotorua, Taupō, Wairarapa, South Canterbury, Dunedin and Southland and will be delivered in youth-friendly locations, including sports clubs, community events and schools. It is hoped that such an investment into the provision of mental health services for youth will lead to more equitable access to services.

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 otherwise accessing in “real” life.

- **Provide more equitable access to services:** Equitable access to services remains a key issue, with very limited choice of services available for vulnerable young people, such as Māori and particularly for Pacific and Asian young people, as well for 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. Developing and providing youth-informed, alternative community-based services (e.g., One Stop Shops; Youth Hubs) is essential to offering a greater choice of easily accessible services that are critical for improving health and mental health equity for young people (ActionStation, 2018). Young people who participated in the 2022 DMC events (short for “Deep Meaningful Conversation” events for under 25-year-olds, <https://wharaurau.org.nz/youth-leadership>) 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.
- **Strengthen and support primary mental health services and workforce (capacity, knowledge, and skill development):** GPs are the largest source of referrals to ICAYMH/AOD services (according to the PRIMHD service user dataset), and nurses are a critical workforce in school-based and primary health services. Therefore, there needs to be continued investment in the development and provision of primary health services, development of new roles, and supporting the knowledge and skill development of the primary mental health workforces to deliver early and effective mental health care, particularly for those experiencing mild mental health concerns. Intervening earlier could also reduce the demand on specialist ICAYMH/AOD services. Furthermore, developing better infrastructure and systems to coordinate activities and share information would better enable collaboration between primary and specialist services and would improve service user pathways to key specialist services, especially for those under 15 years of age.

One of the themes from a **Deep Meaningful Conversation (DMC)** event, facilitated by Youth Advisors from Whāraurau, was to increase the number of clinical psychologists in the sector by increasing the number of students admitted into the clinical programme. Part of the admissions process that youth wanted to be changed was to give a higher priority to admitting Māori, Pacific, and Rainbow people, particularly those who demonstrate higher emotional intelligence AND lived experience, rather than on grades alone (Whāraurau, 2021).

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

Explore innovative use of limited resources for service re-design and workforce development activities: Current funding constraints and limited resources continue to impede progress in service expansion and development, and workforce development activities within services. Until more funding and resources are made available, services need to consider alternative and innovative ways to use existing resources more efficiently to support essential service development and re-design (e.g., Choice and Partnership Approach, York & Kingsbury, 2006) in order to better handle demand and to make progress on essential workforce development activities.

Increase workforce capacity: Services need to actively engage in local workforce planning to identify the needs of their service users and actively engage in innovative recruitment strategies.

- **Recruitment:** Given the significant number of vacant positions and higher turnover rates reported for the 2022 period, particularly by Te Whatu Ora services, an urgent investment into active, targeted recruitment strategies, particularly for specialist roles, and across all ethnicities, is required to increase the capacity of the workforce. This should involve offering competitive salaries, creating supportive work environments, and providing opportunities for professional

growth and advancement. Recruitment of specialist staff can be further aided by utilising the *Real Skills Plus ICAYMH/AOD* competency framework to identify required knowledge and skills, based on local service user needs. However, the lack of trained/qualified/experienced staff is consistently reported as the greatest workforce challenge facing both Te Whatu Ora and NGO services and continues to impede vital recruitment efforts. Services need to work closely with their local or national training institutions to grow and attract graduates into the mental health sector. Utilising the *Real Skills Plus ICAYMH/AOD* competency framework to inform curriculum development within the training sector can create a “job-ready” infant, child, adolescent, and youth mental health/AOD workforce. Services can provide opportunities for students to enter the workforce by offering scholarships, mentoring programmes, and more clinical placement/intern opportunities. Creating a supportive environment for career advancement could alleviate staff shortages and retain graduates.

- **Invest in, support, and develop existing roles:** A fast-track solution to addressing workforce shortages could include the development of existing roles, such as the peer support workforce (which includes service user, consumer, and peer workers). There are many benefits to building a youth consumer workforce. They can assist with identifying youth trends, keeping up to date with rapidly advancing technology, identifying gaps in service delivery, decreasing rates of youth continually re-entering services, improving the credibility of services, and reducing barriers to access. Currently, the peer support workforce comprises a very small proportion of the total workforce (approximately 1%) and the youth consumer workforce continues to make up an even smaller proportion (0.2%). The lack of specific funding for this role is the main reason why it remains underdeveloped. Therefore, allocating funding for this workforce could provide effective solutions in alleviating workforce shortages and also expanding the range of services and support available to service users. Youth consumer toolkits (The Werry Centre, 2009a), Ka Rangatahi e-learning and face-to-face training (developed by Whāraurau in 2022) and peer workforce competencies (Te Pou o Te Whakaaro Nui, 2014) are available to guide best practice in developing youth consumer roles, youth-informed service development and provision, and quality improvement activities in services.
- **Share staff with other services:** Building relationships and working in partnership with other services by sharing essential staff can be an effective strategy in addressing interim workforce shortages; for instance, providing clinical and cultural support to services who are struggling to recruit qualified clinicians and cultural staff. This is currently occurring in some areas and services, particularly in rural areas where recruitment is even more difficult. This could continue to alleviate shortages, reduce competition for staff and enable the development of more collaborative relationships between services, resulting in more integrated service provision.
- **Retention:** Exploring and mitigating reasons for high vacancy rates and turnover, and implementing effective retention strategies for the workforce, is even more vital due to the higher vacancies and turnover rates that are being currently reported, particularly for specialist staff. The retention of experienced and senior staff is crucial, as this retains the level of knowledge and skills for effective service provision. Providing supervision and mentoring opportunities with lower contact time, or part-time positions, could aid retention of senior staff. Funding (remuneration) appears to be one of the key determinants in high turnover observed. Therefore, a review of the current funding models, in partnership with the NGO and PHO sectors, needs to occur. An increase in funding can allow services to offer better remuneration packages, create greater pay parity and, particularly for NGOs, allow the offer of longer-term employment contracts, which can address some of the retention challenges NGOs face.
- **Look after the workforce:** Developing workforce resilience should be an integral part of a retention strategy, as this protects the mental and physical health and wellbeing of the workforce. Current data show significant workforce shortages amidst similar levels of demand, leading to stress and burnout, which accounted for some of the reasons why staff were leaving. Many services acknowledge the importance of looking after their workforce and have implemented a variety of wellbeing activities and initiatives (flexible working conditions, shared lunches, social activities) to create a more positive working environment. It is vital to develop teams that feel valued, with a strong and positive set of personal relationships between team members, providing emotional support, informal consultation, and motivation to be at work and to work effectively as a team. Such team support and development should remain an essential part of a service’s retention strategy. The trauma-informed care approach is an example of a model of care that can be used to promote and guide self-care and staff wellness. Online training modules and face-to-face workshops on self-care have been developed and are widely available.

Increase workforce capability:

- **Identify and develop knowledge and skills:** Due to the loss of specialist and experienced staff and the recruitment of inexperienced and unqualified staff, amidst the complexity of service user needs, enhancing the workforce with the right knowledge and skills should be a critical area of focus. Nationally, 2022 *Real Skills Plus* competency assessment data show further knowledge and skill development are required for *assessment* and *intervention* and specific skill development for *leadership* and *cultural domains*. 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, infant, child, adolescent and youth development, and cultural competence, are all essential. Additionally, equipping the workforce with the skills to utilise technology and digital health tools in delivering services as virtual appointments, telephone and text messages, and use of social media to maintain contact and provide services, have become an integral part of service delivery as a result of the COVID-19 pandemic and lockdowns. While face-to-face appointments have now resumed, “virtual” contact will continue to be available for those who prefer this method of service delivery, particularly for rural communities.
- **Identify required cultural knowledge and skills:** Given that half of all service users are Māori, Pacific and Asian infants, children, adolescents, and youth, it is imperative that the workforce has the necessary cultural skills and knowledge to work effectively with diverse populations, including Māori, Pacific, Asian, and other ethnic minority groups. This involves understanding cultural values, beliefs, and practices to provide culturally sensitive and appropriate care. Cultural development should specifically focus on incorporating cultural models of practice, defining working with equity, addressing racism and unintentional bias, engaging with Māori, Pacific and Asian whānau, and developing cultural awareness for all staff. Access to experienced cultural practitioners for cultural guidance and supervision should also be an integral part of a service’s capability to provide a culturally safe and effective service.
 - **Working with Māori:** Integrating and applying Kaupapa Māori frameworks and models of care, which are based on Māori values, knowledge, and worldviews, is vital. This includes incorporating tikanga Māori (Māori customs) and whakapapa (genealogy) into mental health practice. Integrating trauma-informed care with a Māori lens and recognising historical and cultural contexts, intergenerational trauma experienced by Māori and the impact it has on the mental health of Māori children and youth, while focusing on healing and resilience, is needed.
 - **Working with Pacific:** Due to the paucity of Pacific mental health training available, there is a need to develop and roll out training and education that focuses on a deep understanding of Pacific cultures, values and practices to enhance engagement with families, that is also trauma-informed and includes mental health issues that are prevalent among Pacific infant, children, adolescents, and youth (such as acculturation stress, identity formation, migration-related challenges, and cultural adjustment difficulties). Awareness of how to incorporate Pacific worldviews, beliefs, and models practice (e.g., *Fonofale Model*), which includes integrating traditional healing approaches, spirituality, and Pacific cultural practices, is also needed.
 - **Working with Asian:** This include trainings focused on Asian mental health, cultural competence, and evidence-based interventions to understand the unique needs, challenges, and strengths of different Asian subgroups, how to engage with Asian whānau and how to effectively implement e-CALD resources to provide culturally sensitive and appropriate mental health services. Cultural training and education should promote understanding of Asian cultures, values, and practices to improve the awareness of diversity among the Asian population (ethnicities, linguistics, and cultural backgrounds), understanding the significance of the family system and intergenerational relationships in Asian cultures, recognising the influence of family dynamics, filial piety, and collectivism on the mental health of Asian children and youth, and incorporating this understanding into treatment approaches. Furthermore, understanding and addressing the challenges and stressors related to acculturation, identity formation, bicultural experiences and racial discrimination faced by Asian children and youth should also be included.

- ***Provide and enable access to targeted training and development:*** Once knowledge and skills needed for development are identified, it is vital to create and enable opportunities for further training. Staff shortages have been reported as a significant barrier to accessing training and upskilling, as staff cannot be released for training. A lack of funding allocation for training, particularly in NGO services, has also created challenges in the vital upskilling of staff. Until recruitment, retention and resourcing issues are addressed, shared training between Te Whatu Ora and NGO/PHO services, and the development and provision of more online training, could provide opportunities for further development, until adequate resources and workforce capacity have been built up.

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Appendices

Appendix A: Population Data

Table 1. 0-19 yrs. Population by Ethnicity & Area (2020-2032)

0-19 yrs. Population by Ethnicity & Area	Total				Māori				Pacific				Asian				Other Ethnicity			
	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%
Tairāwhiti	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 0–19 yrs. Service User by Area, Gender & Ethnicity (2019 & 2021)

Service Users by Ethnicity & Gender (2019)							Service Users by Ethnicity & Gender (2021)					% Change				
Service of Domicile	Gender	Ethnicity				Total	Ethnicity				Total	Ethnicity				Total
		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific	
Northland	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
	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
Waitemata	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
	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
Auckland	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
	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
Counties Manukau	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
	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	57,879	3,017	17,775	34,047	3,104	57,550	13	-6	2	-13	-1

Note: Unknown refers to gender not stated or inadequately described.

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

Service of Domicile	Service Users by Ethnicity & Gender (2019)						Service Users by Ethnicity & Gender (2021)					% Change				
	Gender	Ethnicity				Total	Ethnicity				Total	Ethnicity				Total
		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific	
Waikato	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
	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	4,034	172	6,542	-2	-15	-1	-23	-6
Lakes	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
	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
Bay of Plenty	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
	Other	-	-	-	-	-	-	3	-	-	3	-	-	-	-	-
	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
Tairāwhiti	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
	Other	-	2	1	-	3	-	2	2	-	4	-	-	100	-	33
	Unknown	-	1		-	1	-	1	-	-	1	-	-	-	-	0
	Total	8	731	314	18	1,059	9	647	336	11	999	13	-11	7	-39	-6
Taranaki	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
	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

Note: Unknown refers to gender not stated or inadequately described.

Table 3. Central Region 0-19 yrs. Service User by Area & Ethnicity (2019 & 2021)

Service of Domicile	Gender	Service Users by Ethnicity & Gender (2019)				Service Users by Ethnicity & Gender (2021)						% Change				
		Ethnicity				Total	Ethnicity				Total	Ethnicity				Total
		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific	
Hawke's Bay	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
	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
MidCentral	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
	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
Whanganui	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
	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
Capital & Coast	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
	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
Hutt Valley	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
	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
Wairarapa	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
	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

Note: Unknown refers to gender not stated or inadequately described.

Table 4. Southern Region 0-19 yrs. Service User by Area & Ethnicity (2019 & 2021)

Service of Domicile	Service Users by Ethnicity & Gender (2019)						Service Users by Ethnicity & Gender (2021)					% Change				
	Gender	Ethnicity				Total	Ethnicity				Total	Ethnicity				Total
		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific		Asian	Māori	Other	Pacific	
Nelson Marlborough	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
	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
West Coast	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
	Other	-	-	3	-	3	-	-	1	-	1	-	-	-67	-	-67
	Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	4	93	331	7	430	3	89	311	3	403	-25	-4	-6	-57	-6
Canterbury	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
	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
South Canterbury	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
	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
Southern	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
	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

Note: Unknown refers to gender not stated or inadequately described.

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

Northern Region	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
Northland	2019	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%
		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%
		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%
	2021	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%
		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%
Waitemata	2019	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%
		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%
		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%
	2021	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%
		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%
Auckland	2019	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%
		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%
		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%
	2021	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%
		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%
Counties Manukau	2019	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%
		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%
		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%
	2021	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%
		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%
Regional Total	2019	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%
		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%		0.1%	0.6%	2.0%	0.7%
		Total	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%	3.4%	5.5%	9.3%	5.0%	0.7%	2.3%	4.4%	8.2%	3.9%
	2021	Te Whatu Ora	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%	2.8%	5.4%	8.7%	4.9%	0.6%	1.7%	3.6%	6.5%	3.1%
		NGO	0.1%	0.1%	1.1%	4.3%	1.3%	0.0%	0.1%	0.5%	1.6%	0.6%	0.0%	0.0%	0.1%	0.6%	0.2%	0.0%	0.1%	0.4%	1.5%	0.5%		0.1%	0.5%	1.9%	0.6%
		Total	0.7%	2.2%	5.3%	12.6%	5.1%	0.5%	1.0%	2.4%	5.3%	2.3%	0.4%	0.7%	1.6%	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 0-19 yrs. Service User Access Rates by Area, Ethnicity & Age Group (yrs.) (2019 & 2021)

Midland Region	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
Waikato	2019	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%
		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%
		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%
	2021	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%
		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%
Lakes	2019	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%
		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%
		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%
	2021	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%
		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%
Bay of Plenty	2019	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%
		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%
		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%
	2021	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%
		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%
Tairāwhiti	2019	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%
		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%
		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%
	2021	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%
		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%
Taranaki	2019	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%
		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%
		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%
	2021	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%
		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%
Regional Total	2019	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%
		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%
		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%
	2021	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%
		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 Region	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
Hawke's Bay	2019	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%	3.1%
		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%	0.4%
		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%	3.5%
	2021	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%	2.5%
		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%	0.3%
		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%	2.8%
MidCentral	2019	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%	3.1%
		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%	1.1%
		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%	4.3%
	2021	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%	3.5%
		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%	0.8%
		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%	4.3%
Whanganui	2019	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%	4.8%
		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%	0.8%
		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%	5.6%
	2021	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%	4.6%
		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%	0.9%
		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%	5.5%
Hutt	2019	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%	3.4%
		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%	0.8%
		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%	4.2%
	2021	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%	3.2%
		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%	0.9%
		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%	4.1%
Capital & Coast	2019	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%	3.3%
		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%	0.7%
		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%	4.0%
	2021	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%	3.3%
		NGO	0.0%	0.3%	3.6%	2.7%	1.7%	0.0%	0.2%	1.9%	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%	1.3%	0.7%
		Total	0.0%	2.3%	7.5%	12.0%	5.5%	0.1%	1.2%	4.0%	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%	8.7%	4.1%
Wairarapa	2019	Te Whatu Ora	0.1%	1.1%	2.9%	8.8%	3.1%	0.0%	1.0%	3.6%	6.0%	2.7%	0.0%	0.0%	0.9%	3.5%	0.9%	0.1%	1.7%	4.5%	8.9%	3.8%	0.1%	1.4%	3.8%	8.5%	3.4%
		NGO	0.0%	0.1%	2.2%	5.1%	1.8%	0.0%	0.0%	0.9%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.8%	2.8%	1.1%	0.0%	0.4%	1.2%	3.4%	1.2%
		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%	4.6%
	2021	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%	3.7%
		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%	1.7%
		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%	5.3%
Regional Total	2019	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%	3.3%
		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%	0.8%
		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%	4.1%
	2021	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%	3.3%
		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%	0.7%
		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%	4.0%

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

Central Region	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
Nelson Marlborough	2019	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%
		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%
		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%
	2021	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%
		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%
West Coast	2019	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%
		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%
		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%
	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%
Canterbury	2019	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%
		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%
South Canterbury	2019	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%
		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%
		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%
	2021	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%
		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%
Southern	2019	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%
		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%
		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%
	2021	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%
		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%
Regional Total	2019	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%
		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%
		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%
	2021	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%
		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)

National Total	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
	2019	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%
		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%
	2021	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%
		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)

Region/Area	2015/2016			2017/2018			2019/2020			2021/2022		
	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	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
Tairāwhiti	\$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)

Region/Area	2019/2020			2021/2022		
	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
Tairāwhiti	\$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 Health Contracted Services = 20

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

Table 2. 2022 Youth Forensics Contracted Services = 11	
Te Whatu Ora Services = 9	
Region	Service
Northern	Te Tai Tokerau
	Te Toka Tumai Auckland
	Counties Manukau
Midland	Waikato
Central	Capital & Coast
Southern	Nelson Marlborough
	Waitaha Canterbury
	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 Services = 14	
Northern	Te Tai Tokerau
	Waitemata
	Counties Manukau
Midland	Waikato
	Hauora a Toi Bay of Plenty
	Tairāwhiti
Central	Te Pae Hauora O Ruahine o Tararua MidCentral
	Whanganui
	Hutt
	Capital & Coast
	Wairarapa
Southern	Nelson Marlborough
	South Canterbury
	Southern

2022 AOD Contracted Services = 59

NGO = 45

Northern	Northland	Rubicon Charitable Trust Board
	Auckland	Mahitahi Trust (Auckland & Counties Manukau)
		Odyssey House Trust (Auckland & Counties Manukau)
	Counties Manukau	Raukura Hauora O Tainui Trust
		Youthline Auckland Charitable Trust
Midland	Waikato	Care NZ
		Hauora Waikato Māori Mental Health Services
		Odyssey House Trust
		Raukawa Charitable Trust
		Taumarunui Community Kokiri Trust
		Te Korowai Hauora o Hauraki
	Bay of Plenty	Get Smart Tauranga Trust
		Maketu Health & Social Services
		Nga Kakano Foundation Charitable Trust
		Nga Mataapuna Oranga: Te Manu Toroa
		Nga Mataapuna Oranga: Pirirākau Hauora Charitable Trust
		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
	Lakes	Manaaki Ora Trust
		Mental Health Solutions
Central	Hawke's Bay	Te Taiwhenua o Heretaunga Trust
	MidCentral	Best Care (Whakapai Hauora) Charitable Trust
		Raukawa Whānau Ora
		The Youth One Stop Shop
		Whaioro Trust Board
	Hutt Valley	Hutt Valley Youth Health Trust
		PACT Group
	Capital & Coast	EMERGE Aotearoa
		KYS One Stop Shop Trust
		Te Runanga o Toa Rangatira
		Te Whanganui-a-Tara Youth Development
	Wairarapa	Mental Health Solutions
Southern	Canterbury	Ashburton Community Alcohol & Drug Service
		Christchurch City Mission
		Community Wellbeing North Canterbury Trust
		Odyssey House Trust - Christchurch
		Purapura Whetu Trust
		St John of God Hauora Trust
		Steppingstone Trust
	South Canterbury	Adventure Development (South Canterbury & Southern)
	Southern	Aroha Ki Te Tamariki Charitable Trust

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.

2. Includes Child & Adolescent Day Programme.

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

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

Te Whatu Ora Inpatient ICAYMH Workforce by Occupation & Ethnicity (Headcount, 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
Māori	Auckland	-	2	4	-	1	-	-	-	-	-	7	-	1	1	-	-	8
	Capital & Coast	-	-	3	-	-	-	-	2	-	-	5	2	3	5	-	-	10
	Canterbury	-	-		-	-	-	1	-	-	-	1	1	-	1	-	-	2
	Total	-	2	7	-	1	-	1	2	-	-	13	3	4	7	-	-	20
Pacific	Auckland	-	4	6	-	-	-	-	-	-	-	10	-	-	-	-	-	10
	Capital & Coast	-	-	5	-	-	-	-	-	-	-	5	-	4	4	-	-	9
	Canterbury	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1
	Total	-	4	12	-	-	-	-	-	-	-	16	-	4	4	-	-	20
Asian	Auckland	-	-	7	1	1	-	3	-	-	-	12	-	-	-	1	-	13
	Capital & Coast	-	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	2
	Canterbury	-	-	5	-	1	-	-	-	-	-	6	-	-	-	-	-	6
	Total	-	-	14	1	2	-	3	-	-	-	20	-	-	-	1	-	21
NZ European	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
	Total	1	2	57	5	8	3	7	3	3	-	89	-	1	1	5	4	99
Other	Auckland	-	2	-	-	2	1	4	-	1	-	10	-	1	1	2	-	13
	Capital & Coast	-	-	3	1	-	-	1	-	-	-	5	-	1	1	1	-	7
	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
Tairāwhiti	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
Tairāwhiti	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
Tairāwhiti	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
Tairāwhiti	-	-	-	-	-	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
Tairāwhiti	-	-	-	-	-	-	-	-	-	-	-	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
Tairāwhiti	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 Non-Clinical	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
Tairāwhiti	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
Total	93.15	5.8	1.0	64.02	5.5	45.7	11.58	5.2	0.9	20.3	1.0	56.64	22.95	333.64	5.71	1.6	6.93	131.64	19.7	7.5	50.4	28.05	251.53	12.04	23.35	620.56

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
Tairāwhiti	-	-	-	-	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
Tairāwhiti	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	Counselor	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 Workforce by Ethnicity (2022/23)	Māori			Pacific			Asian			NZ European			Other Ethnicity			Total		
	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	Te Whatu Ora*	NGO/PHO	Total	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
CBT	Cognitive Behaviour Therapy
CEP	Co-Existing Problems
COPMIA	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
MOH	Ministry of Health/Manatū Hauora
NGO	Non-Governmental Organisation
PCIT	Parent Child Interactive Therapy
PHO	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

