Health New Zealand
Te Whatu Ora

Data caveats for the mental health and addiction target results: quarter 3, 2024/25

Mental health and addiction targets performance resources: 2024/25

Increased mental health and addiction workforce development

The definition 'Train 500 mental health and addiction professionals each year' includes:

- clinical psychology interns
- new entry to specialist practice nurses
- occupational therapists
- social workers
- stage one psychiatry registrars.

This quarter is only a partial result as it represents only the first semester intake for the 2025 academic year, and some professions also have a second semester intake. The full 2025 academic year result will not be available until Quarter 2 2025/26.

Strengthened focus on prevention and early intervention

This measure is reported annually, with the 2024/25 result first reported in Quarter 2 2024/25. The information to report on this measure is unable to be automatically derived from our financial systems so the result has been manually extracted for the 2024/25 year. As a result, data is not reliable and the reported result is a best estimate.

Improving the reliability of results will require improved connectivity of data across our information systems. Work is underway to scope improvements and will inform the development of an action plan. Results are likely to shift as data accuracy improves.

Shorter mental health and addiction-related related stays in emergency departments

This measure is based on a subset of 8 of the 158 presenting complaint SNOMED (Systematized Nomenclature of Medicine) codes:

- abnormal behaviour
- aggression

- anxiety
- crisis
- insomnia
- mental health issue
- self-harm
- suicidal ideation.

The subset of codes includes patients who do not require secondary mental health services and excludes some who do. This measure does not reliably identify any addiction-related events. ED staff enter a SNOMED code for presenting complaint at the triage stage of an ED presentation. It does not account for the complexities of acute presentations, for example people presenting with combinations of physical and mental symptoms, or presentations where the actual problem is not immediately obvious. SNOMED has not been fully implemented at all EDs. Some districts provide this detail through a hierarchical mapping exercise involving recorded symptoms, discharge diagnosis and ICD diagnoses fields, which makes comparisons between districts difficult.

In Quarter 2, Auckland district implemented TrakCare, a new patient administration system, which has impacted data completeness for this measure. It will take some time for completeness to improve, so results published for Auckland may show slight variations in future reporting due to subsequent data being more complete.

Faster access to primary mental health and addiction services

The Access and Choice data collection involves providers from Integrated Primary Mental Health and Addictions Services, youth, Pacific and kaupapa Māori services.

IPMHA providers account for approximately 70% of the activity and this is provided at event level. Inclusion of referral date was mandated in October 2024 and makes the ability to measure waiting times more accurate. This measure is limited to IPMHA providers in Quarter 1 to Quarter 3.

There is a staged plan to include the other providers data at event level from Quarter 4 2024/25 through to 2026/27 in the Access and Choice programme.

Tairāwhiti data is captured differently and does not align with the graphs presented for this measure, so it has not been included. Tairāwhiti is geographically diverse and isolated. Services are delivered in a more collaborative and integrated model, which enables greater flexibility to deliver services in a range of settings and to engage as many whānau as possible. The data collected from all Tairāwhiti Access and Choice services is slightly different to what is collected in other districts, especially in regard to the Integrated Primary Mental Health and Addiction Service. Because of this, Tairāwhiti data cannot currently be integrated with the wider data set as it is not an exact match.

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Faster access to specialist mental health and addiction services

Measurement changed in 2024/25 to support more current and inclusive monitoring. We have moved from a 12-month rolling average to measuring ‘seen dates’ each quarter and including all ages and addiction services. All referrals (including inpatient admissions) are included. Our focus is on waiting time to individual teams rather than new episodes or access to services. Urgent and non-urgent referrals are included and grouped together. Whānau-only face-to-face contacts are now included as in-scope activities. Referrals that have not yet had contact will not show.