

Data caveats for the mental health and addiction target results: quarter 4, 2024/25

[Mental health and addiction targets performance resources: 2024/25](#)

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.

Faster access to primary mental health and addiction services

The Access and Choice data collection includes 4 workstreams.

- Integrated Primary Mental Health and Addictions Services.
- Youth.
- Pacific.
- Kaupapa Māori services.

IPMHA providers account for approximately 70% of the activity, and reporting on 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 this financial year.

There is a staged plan to transition the other Access and Choice providers' data to event level from 2025/26 through to 2026/27, at which point they will also begin to report on the mental health and addiction Access and Choice target.

Tairāwhiti Access and Choice services are delivered in an integrated way across workstreams to meet the needs of geographically diverse and isolated communities. 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. Summary level data is captured and reported but does not align exactly with other Access and Choice data so is not currently included in reporting.

Data for MidCentral district for the mental health and addiction access, Integrated primary measure was unavailable until Quarter 3 2024/25. As such, a trend line does not exist prior to this.

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.

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

Prevention includes mental wellbeing promotion and suicide prevention. Early intervention includes both services that intervene early during distress (such as primary mental health and addiction) and services that intervene early in the life course (such as maternal, infant, child and youth specialist services).

This measure is reported annually, with the 2024/25 result first reported in the Quarter 2 report. 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 develop an action plan. Results are likely to shift as data accuracy improves.