Health: Mental health service access

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It is relatively common for a person to experience a mental health disorder at some time in their life [44-46]. About 20 percent of the population may be experiencing a mental health disorder at any time [17,45,47]. Individuals with mental health disorders are at greater risk for decreased quality of life, educational difficulties, lowered productivity and poverty, homelessness, social problems, vulnerability to abuse, additional physical health problems, stigma, and suicide [44,45,48].

The first Blueprint for Mental Health Services in New Zealand [49] was based on an estimated three percent of the population needing access to publicly funded specialist mental health services in any six month period. Subsequently, the definition of the mental health and addiction sector has been broadened to include primary and community care and the delivery of responses beyond those most severely affected, acknowledging the impact of less severe mental health and addiction issues on people's health and day-to-day functioning [50]. Earlier access to services may reduce a person's progression to more severe conditions. With this transformation it is noted that more than three percent of the population will need to access newly integrated services [50].

Mental health care in New Zealand has undergone a transformation over the last several decades, moving from an institutional model to a model centred on engagement with services in community settings [45]. In recent years, record numbers of people have accessed mental health and addiction services across New Zealand [45,46]. This increase is consistent with international trends and has occurred in the context of population growth, growing social awareness, and increasingly open discussion of mental health issues.

Disasters such as the Canterbury earthquakes have well-documented negative impacts on mental health [51-53] with an estimated five to ten percent of the population likely to experience a deterioration in their psychological health and to seek or require intervention in the long term [54]. These impacts relate both to the immediate effects of the disaster and to ongoing or secondary stressors, such as a continued lack of infrastructure [55,56].

International literature suggests that approximately eight percent of those affected by mass shootings - such as the March 2019 Christchurch mosque attacks - may have moderate symptoms, and two percent chronic dysfunction [57]. The impact on individuals will be influenced by aspects including pre-existing risk factors, level of exposure to the incident, and different coping strategies [57].

This indicator presents the proportion of the population accessing mental health services (combined Non-Government Organisations, primary mental health, and specialist mental health services) in the Canterbury DHB region.

Figure 9.1a: Proportion of population aged 19 years and under accessing mental health services (combined Non-Government Organisations, primary mental health, and specialist mental health services) in the Canterbury DHB region, by ethnicity, 2010–2019

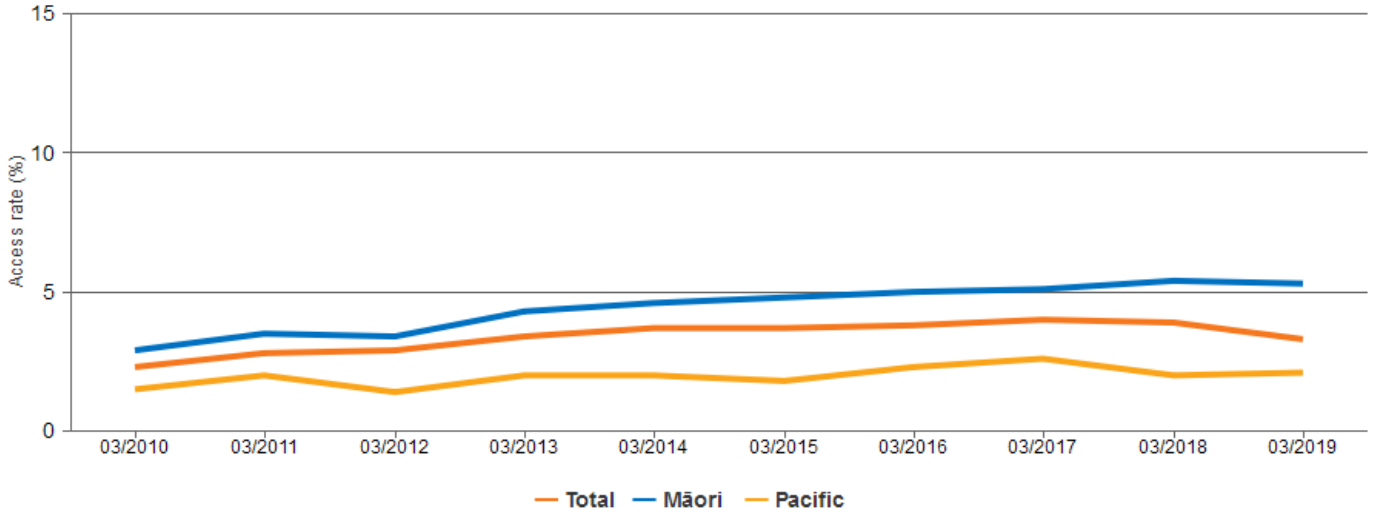
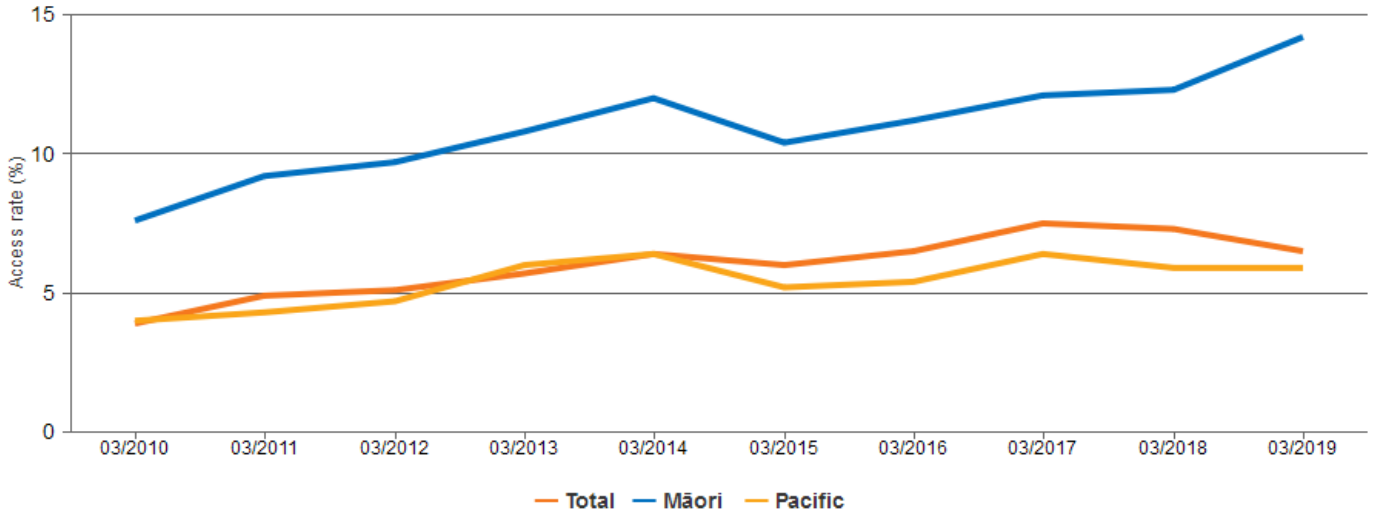
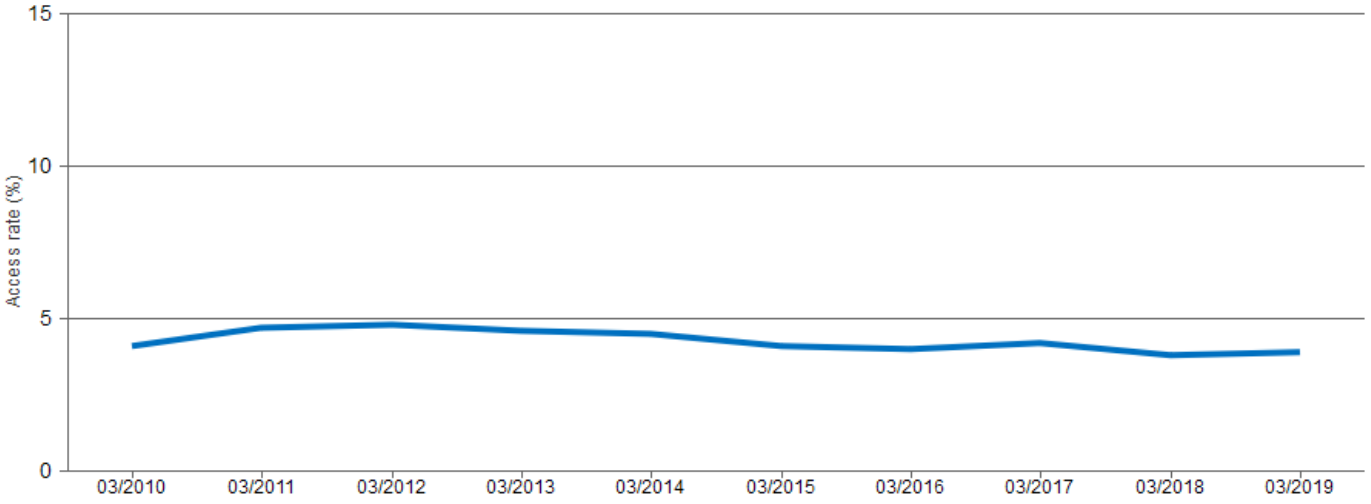


Figure 9.1b: Proportion of population aged 20 to 64 years accessing mental health services (combined Non-Government Organisations, primary mental health, and specialist mental health services) in the Canterbury DHB region, by ethnicity, 2010–2019



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The figures show that the proportion of the Canterbury DHB population accessing mental health services (combined Non-Government Organisations, primary mental health and specialist mental health services) has increased substantially over time. The picture varies by age group, with both a larger proportion accessing services and a greater rate of increase in this proportion for 20 to 64-year-olds (3.9% and 6.5% in March 2010 and March 2019, respectively) compared to 0 to 19-year-olds (2.3% and 3.3% in March 2010 and March 2019, respectively). Without national or other District Health Board data as comparators, it is difficult to determine from these data to what extent the increase in access is due to the impact of the Canterbury earthquakes, however an increase in mental health and addiction issues following natural disasters is well recognised [51-54]. The data time-series presented (to end March 2019) will not reflect the impact of the 15 March Christchurch mosque attacks on mental health service access.

The proportion of the population accessing mental health services differs between Māori, Pacific, and the total Canterbury DHB population. Service access for Māori and Pacific people appears notably different, both from each other, and in relation to the total Canterbury DHB population.

Among those aged 0 to 19 years, service access by Māori is above the total Canterbury DHB population level, and by Pacific is below. Among those aged 20 to 64 years, the most notable difference is the gap between Māori and the total population, with Pacific being similar to the total Canterbury DHB population. The data do not provide insight into the extent the differences by ethnic group are driven by disease burden and/or other factors, including service factors affecting access, such as cultural appropriateness. The proportion of Māori in Canterbury accessing services suggests that this population has a greater burden of mental disorder compared to the total population, and this pattern is also seen nationally [47]. For Pacific people, national data indicate both a higher burden of mental illness than the general population and low access to services relative to need, particularly for Pacific children and adolescents [47,50].

Figure 9.1c also shows that the mental health service use in Canterbury for those aged 65 years and over has been consistently below five percent of the population over the period 2010 to 2019.

Data Sources

Source: Canterbury District Health Board.
Survey/data set: Administrative data to 2019. Custom data request for Canterbury DHB region.
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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