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

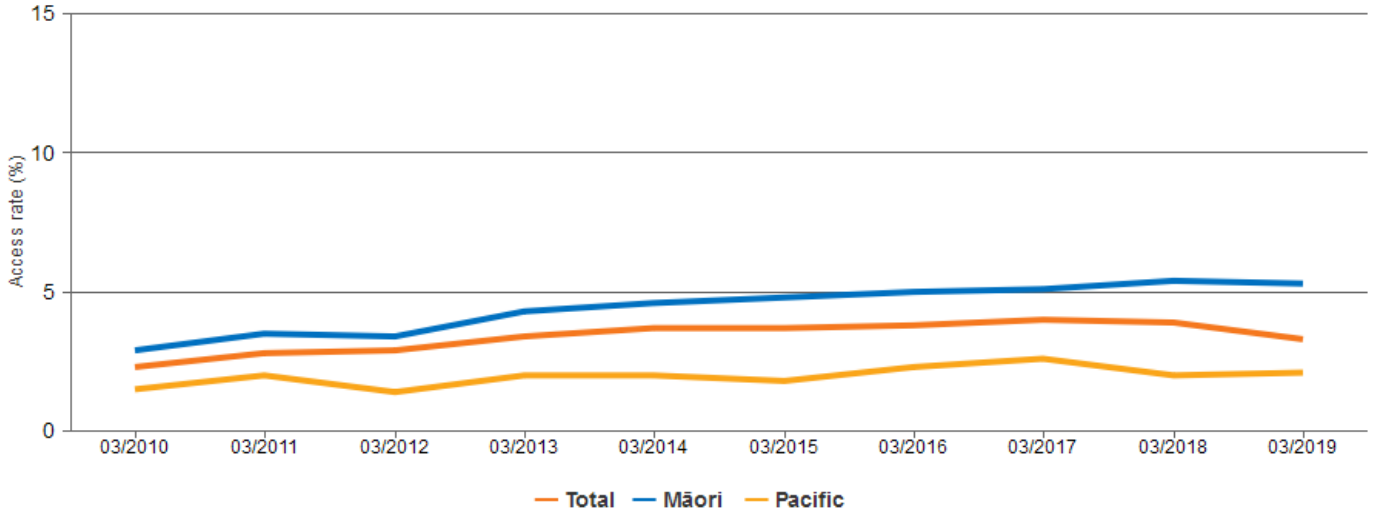
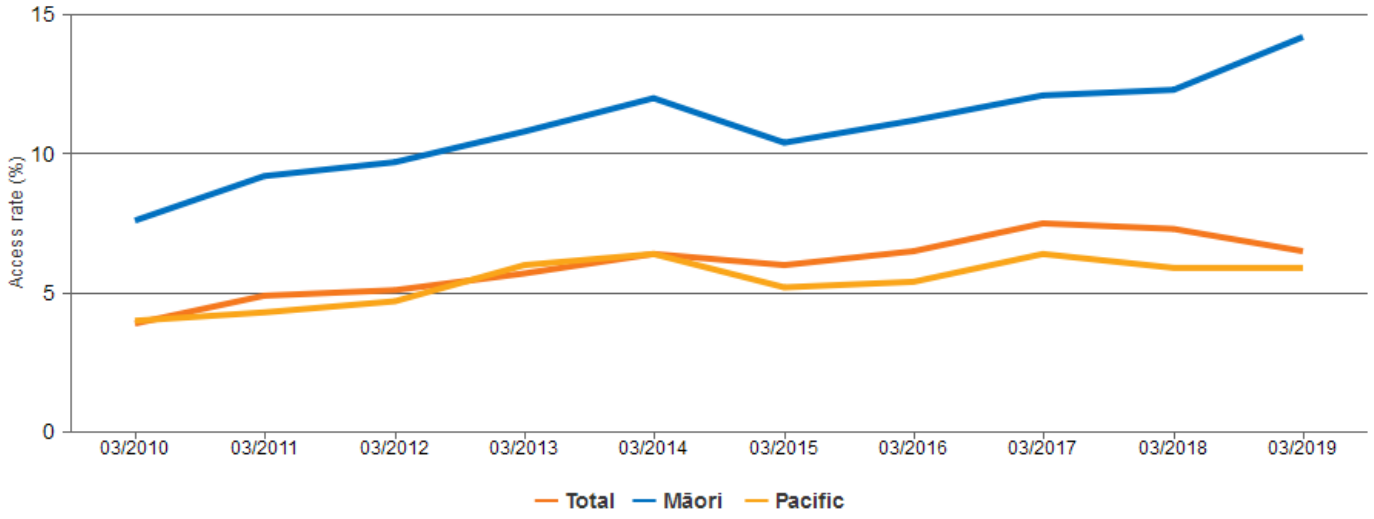
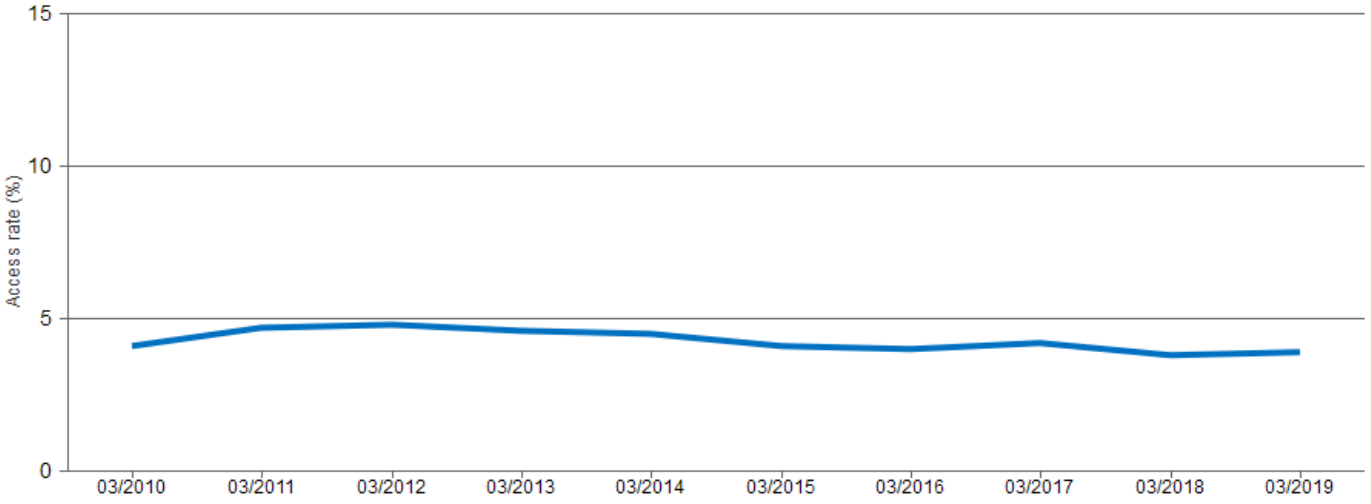


Figure 9.1b: Proportion of population aged 20 to 64 years accessing mental health services (combined Non-Government Organisations, primary mental health, and specialist mental health services) in the Canterbury DHB region, by ethnicity, 2010–2019



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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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REFERENCES

This is the full reference list for **Health**.

1 Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P (2012) WHO European review of social determinants of health and the health divide. *Lancet* 380: 1011-1029.

2 Keefe V, Reid P, Ormsby C, Robson B, Purdie G, et al. (2002) Serious health events following involuntary job loss in New Zealand meat processing workers. *International Journal of Epidemiology* 31: 1155-1161.

3 Howden-Chapman P, Matheson A, Crane J, Viggers H, Cunningham M, et al. (2007) Effect of insulating existing houses on health inequality: cluster randomised study in the community. *BMJ* 334: 460.

4 Ross CE, Wu C-l (1995) The Links Between Education and Health. *American Sociological Review* 60: 719-745.

5 McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ (2005) Psychological and physical well-being during unemployment: a meta-analytic study. *J Appl Psychol* 90: 53-76.

6 Cormack DM, Harris RB, Stanley J (2014) Investigating the Relationship between Socially-Assigned Ethnicity, Racial Discrimination and Health Advantage in New Zealand. *PLoS ONE* 8: e84039.

7 Robson B, Harris R (2007) *Hauora: Màori Standards of Health IV. A study of the years 2000–2005*; Robson B, Harris R, editors. Wellington: Te Ròpù Rangahau Hauora a Eru Pòmare.

8 Hider P (1998) *Acute medical admissions: a critical appraisal of the literature*. New Zealand Health Technology Assessment Clearing House.

9 Peter M. Fayers, Hays RD, editors (2005) Assessing Quality of Life in Clinical Trials: Methods and Practice. 2 ed. Oxford: UK: Oxford University Press. 467 p.

10 Idler EL, Benyamini Y (1997) Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav* 38: 21-37.

11 CDHB (2017) *Canterbury Wellbeing Survey, June 2017: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies.* Christchurch: Canterbury District Health Board.

12 Health Promotion Agency (2020) Smokefree facts and figures. Retrieved from https://www.smokefree.org.nz/smoking-its-effects/facts-figures.

13 Ministry of Health (2019) *Annual Data Explorer 2018/19: New Zealand Health Survey* [Data File]. Retrieved from https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/.

14 National Center for Chronic Disease Prevention and Health Promotion (US) (2014) *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Patterns of Tobacco Use Among U.S. Youth, Young Adults, and Adults.* Atlanta (GA): Office on Smoking and Health, Centers for Disease Control and Prevention (US).

15 U.S. Department of Health and Human Services (USDHHS) (1994) *A report of the Surgeon General: Preventing tobacco use among young people*. Atlanta, GA: Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

16 U.S. Department of Health and Human Services (USDHHS) (2012) *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US).

17 Ministry of Health (2013) *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health.

18 Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. (2015) Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Medicine* 13: 38.

19 World Health Organization (2015) *WHO report on the global tobacco epidemic, 2015: Raising taxes on tobacco*. Geneva: WHO. ISBN 978 92 4 069460 6.

20 Ministry of Health (2018) Regional Data Explorer 2014–17: New Zealand Health Survey [Data File].

21 Ministry of Health (2017) *Methodology Report 2016/17: New Zealand Health Survey*. Wellington: Ministry of Health.

22 WHO (2007) *Global Database on Body Mass Index.* Geneva: World Health Organization.

23 Ministry of Health (2017) *Clinical Guidelines for Weight Management in New Zealand Adults*. Wellington: Ministry of Health, Clinical Trials

Research Unit.

24 Ministry of Health (2018) Obesity. Retrieved from www.health.govt.nz/our-work/diseases-and-conditions/obesity

25 Ministry of Health (2016) *Annual Update of Key Results 2015/16: New Zealand Health Survey*. Wellington: Ministry of Health.

26 Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, et al. (2011) The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 378: 804-814.

27 Drewnowski A (2009) Obesity, diets, and social inequalities. *Nutr Rev* 67 Suppl 1: S36-39.

28 Physical Activity Guidelines Advisory Committee (2018) *2018 Physical Activity Guidelines Advisory Committee Scientific Report*. Washington, DC: U.S. Department of Health and Human Services.

29 McLean G, Tobias M (2004) *The New Zealand Physical Activity Questionnaire: Report on the validation of the NZPAQ-long and NZPAQ-short form physical activity questionnaires*. Wellington: Sport and Recreation New Zealand.

30 Craig CL, Marshall AL, Sjostrom M, Bauman AE, Booth ML, et al. (2003) International physical activity questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc* 35: 1381-1395.

31 Ministry of Health (2018) Annual Data Explorer 2017/18: New Zealand Health Survey [Data File].

32 Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG, World Health Organization (2001) *AUDIT: the alcohol use disorders identification test: guidelines for use in primary health care*. Geneva: World Health Organization.

33 Ministry of Health (2013) Hazardous drinking in 2011/12: Findings from the New Zealand Health Survey. Retrieved from www.moh.govt.nz/NoteBook/nbbooks.nsf/0/81BF301BDCF63B94CC257B6C006ED8EC/$file/12-findings-from-the-new-zealand-health-survey.pdf

34 Braillon A, Dubois G (2005) Alcohol and public health. *Lancet* 365: 1387.

35 Health Promotion Agency (2016) *Alcohol – the Body and Health Effects: A brief overview*. Wellington: Health Promotion Agency.

36 GBD 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 392: 1015-1035.

37 Connor, J., Kydd, R., Shield, K., & Rehm, J. (2015). The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *N Z Med J, 128*(1409), 15-28.

38 Hall JJ, Taylor R (2003) Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries. *Med J Aust* 178: 17-20.

39 Winnard D, Crampton P, Cumming J, Sheridan N, Neuwelt P, et al. (2008) *Population Health – Meaning in Aotearoa New Zealand? A discussion paper to support implementation of the Primary Health Care Strategy*. Auckland: Auckland Regional Public Health Service.

40 Neuwelt P, Matheson D, Arroll B, Dowell A, Winnard D, et al. (2009) Putting population health into practice through primary health care. *NZ Med J* 122: 98-104.

41 Schluter PJ, Hamilton GJ, Deely JM, Ardagh MW (2016) Impact of integrated health system changes, accelerated due to an earthquake, on emergency department attendances and acute admissions: a Bayesian change-point analysis. *BMJ Open* 6: e010709.

42 Galenkamp H, Deeg DJH, de Jongh RT, Kardaun JWPF, Huisman M (2016) Trend study on the association between hospital admissions and the health of Dutch older adults (1995–2009). *BMJ Open* 6: e011967.

43 Mordal J, Bramness JG, Holm B, Mørland J. (2008) Drugs of abuse among acute psychiatric and medical admissions: laboratory based identification of prevalence and drug influence. Gen Hosp Psychiatry 30(1):55-60.

44 Kessler RC, Angermeyer M, Anthony JC, R DEG, Demyttenaere K, et al. (2007) Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 6: 168-176.

45 Ministry of Health (2017) *Office of the Director of Mental Health Annual Report 2016*. Wellington: Ministry of Health.

46 Ministry of Health (2018) PRIMHD: Mental health data. Retrieved from www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data

47 Oakley Browne MA (2006) Lifetime prevalence and lifetime risk of DSM-IV disorders. In: Oakley Browne MA, Wells JE, Scott KM, editors. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

48 Kessler RC, Foster CL, Saunders WB, Stang PE (1995) Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry* 152: 1026–1032.

49 The Mental Health Commission (1998) *Blueprint for Mental Health services in New Zealand. How things need to be*. Wellington: The Mental Health Commission.

50 The Mental Health Commission (2012) *Blueprint II Improving mental health and wellbeing for all New Zealanders. How things need to be*. Wellington: The Mental Health Commission.

51 Cerdá M, Tracy M, Galea S (2011) A prospective population based study of changes in alcohol use and binge drinking after a mass traumatic event. *Drug & Alcohol Dependence* 115: 1-8.

52 Fergusson DM, Horwood J, Boden JM, Mulder RT (2014) Impact of a Major Disaster on the Mental Health of a Well-Studied Cohort. *JAMA Psychiatry* 71: 1025-1031.

53 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.

54 Gluckman P (2011) *The psychological consequences of the Canterbury earthquakes*. Wellington: Office of the Prime Minister's Science Advisory Committee.

55 Kessler RC, McLaughlin KA, Koenen KC, Petukhova M, Hill ED, et al. (2012) The importance of secondary trauma exposure for post-disaster mental disorder. *Epidemiology and Psychiatric Sciences* 21: 35-45.

56 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLoS Curr* 4.

57 Kerdemelidis M, Reid MC. (2019) *Wellbeing recovery after mass shootings: information for the response to the Christchurch mosque attacks 2019. Rapid literature review.* Christchurch, New Zealand: Planning and Funding, Canterbury District Health Board.

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