

23 May 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202205217

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 6 April 2022 regarding Asian New Zealanders and mental health. Please find a response to each part of your request below:

1. How many Asian New Zealanders accessed primary mental health services for each of the years between 2016 and 2021, along with what percentage they make up of the total people accessing services for those years.

The Ministry does not hold information on access to all primary mental health services. The majority of District Health Boards (DHBs) across the country fund primary mental health services for their local communities. Information regarding access to DHB funded services will need to be accessed via the DHBs directly. A list of their websites can be found here: www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/district-health-board-websites.

The Ministry does hold information on the ethnicity of people accessing services funded through the Budget 2019 initiative 'Expanding access and choice of primary mental health and addiction support' (Access and Choice). This is a five-year programme of work to establish new primary mental health and addiction services across the country including:

- Integrated primary mental health and addiction services accesses via general practice teams
- Kaupapa Māori primary mental health and addiction services accesses
- Pacific primary mental health and addiction services accesses
- Youth primary mental health and addiction services accesses

Services are in varying stages of establishment with the programme due to be fully rolled out by June 2024. Data regarding access rates to these services for Asian Peoples is outlined below.

Please note the following when considering this data:

- Reliable, detailed information on prioritised ethnicity for these services is available from July 2021
- Many services in the programme are still in their establishment or early-service delivery phases.
- The reporting process for these services is still under development and the Ministry is actively engaged in reviewing and improving the reporting process and data quality.
- Data reported by providers is published as reported and has not been audited.
- The number of 'new people seen' counts a person only once in the period.
- Ethnicity has been collated and reported using 'prioritised ethnicity'.

Table 1: Access and Choice Primary Mental Health and Addiction services (July to December 2021).

	2021*
Total number of people seen	54.2k
Number of people seen who identify as Asian	4.8k
% of the people seen who identify as Asian	8.9%

2. What is the number of initial dispensings of mental health and substance use medications for Asian New Zealanders for each of the years between 2016 and 2021?

On 26 April 2022, the Ministry contacted you to clarify what you were referring to by substance use medications and what medications you were seeking information on. On 28 April, you responded you were referring to the metric reported on in the mental health commission's latest report. For this part of your request the Ministry is providing the below two data sets.

Please note the below when considering the tables.

- This data uses a total response definition of ethnicity. This means anyone who identified as one or more Asian ethnic groups will be included. This differs to the Mental Health and Wellbeing Commission's Te Huringa service monitoring report, where prioritised ethnicity was used.
- Administrative and bulk dispensing data and dispensings without a national health index (NHI) number has been excluded.
- Although the Ministry has reviewed the provisional data presented here, this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo. As a result, published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible.
- The Pharmaceutical Collection data below only counts publicly funded, community dispensed pharmaceuticals; It does not count hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed.
- Some medications can be dispensed via practitioner supply order; for example, a family planning clinic may be dispensed a large volume of contraceptives which they then dispense to clients. Dispensings of this type have very poor NHI reporting, and it is often not possible to tell who is ultimately receiving the medication. These are excluded from the following data.
- Before the new Community Pharmacy Services Agreement in July 2012, it was not mandatory for pharmacies to submit a claim for items where the healthcare user's co-payment covered the entire cost of dispensing the pharmaceutical (e.g., there was nothing to claim for). This can create an artificial trend for increases in lower cost medicines over this time.
- The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

Table 2: A count of publicly funded initial dispensing of selected pharmaceuticals for people of Asian Ethnicity.

	2020/21	2019/20	2018/19	2017/18	2016/17
Antidepressants					
Total	99,965	86,552	79,416	70,757	64,805
<i>Young people (0-19)</i>	4,901	3,652	3,331	2,778	2,482
<i>Adults (20-64)</i>	72,942	62,676	57,636	51,927	47,739
<i>Older people (65+)</i>	22,122	20,224	18,449	16,052	14,584
Antipsychotics					
Total	36,494	32,152	29,379	26,003	24,181
<i>Young people (0-19)</i>	2,027	1,493	1,520	1,433	1,119
<i>Adults (20-64)</i>	26,505	23,875	21,461	19,177	18,146
<i>Older people (65+)</i>	7,962	6,784	6,398	5,393	4,916
Anxiolytics					
Total	20,123	18,354	16,813	14,874	14,572
<i>Young people (0-19)</i>	588	441	439	315	295
<i>Adults (20-64)</i>	14,113	13,056	11,674	10,510	10,264
<i>Older people (65+)</i>	5,422	4,857	4,700	4,049	4,013
Total	156,582	137,058	125,608	111,634	103,558

Note: 'Selected pharmaceutical' is defined as those in one of the following Therapeutic Groups: Antidepressants, Antipsychotics and Anxiolytics.

The data we have provided in Table 2 counts the number of times a pharmaceutical product was dispensed from a pharmacy to a named person as initial dispensings or all at once (i.e., excludes repeat dispensings). The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals; it does not count hospital dispensings, drugs not funded by Pharmac, or prescriptions that were never dispensed. Hence, we have no visibility of the actual number of prescriptions that are written, only those that result in a dispensing.

There was an overall increase in dispensings in 2020 seen across all groups of medicines. This change reflects the impacts of the COVID-19 pandemic, rather than changes in the actual amount of a pharmaceutical which an individual person received. The reasons for this change are outlined below:

Prior to March 2020, under the Pharmac Schedule, some medicines were dispensed monthly, and others were dispensed three-monthly. In March 2020, Pharmac introduced a change to the Schedule which required pharmacies to move to monthly dispensing, rather than all at once dispensing. This change meant that a patient would have to go into a pharmacy three times for a normal 90-day prescription, rather than once. This was done to ensure that everyone had access to the medications they needed, to prevent stockpiling, and in response to difficulties in global medicine supply. New Zealand returned to normal dispensing rules for most medicines on 1 August 2020. It should also be noted that antipsychotic and antidepressant medicines can be used for several indications, including indications outside of mental health.

For example, antipsychotics are frequently used in palliative care, in older people with dementia for behavioural management, and are often used for sleep. Similarly, some of the

antidepressants are used frequently for pain management, for sleep, for nocturnal enuresis in children, and for smoking cessation.

Table 3: A count of publicly funded initial dispensings to patients of Asian ethnicity in the Pharmacy Methadone Service for Opioid Dependence.

	2020/21	2019/20	2018/19
<i>Total</i>	627	469	330
<i>Young people (0-19)</i>	9	0	0
<i>Adults (20-64)</i>	560	469	330
<i>Older people (65+)</i>	58	0	0

The data we have provided in Table 3 counts the number of publicly funded initial dispensings to patients in the Pharmacy Methadone Service for Opioid Dependence. The reporting of the patient cohort variable (which was used to identify those in the Pharmacy Methadone Service for Opioid Dependence), and the logic behind the cohorts was finalised in January 2018, and as such, the reporting before this point is not consistent with the reporting after. For this reason, we have only included the three latest financial years in which the reporting is consistent and based off the same logic.

3. How long do Asian New Zealanders wait to access DHB mental health services following the first referral (%) ≤48 hours / ≤3 weeks / ≤8 weeks for each of the years between 2016 and 2021?

Please note the below when considering this data extracted from PRIMHD:

- Mental Health wait times data includes DHB mental health teams only (excluding non-government organisation services and addiction services).
- Wait times data is collected for a rolling 12-month period.
- The data presented is for new clients (with no MHA activity in the prior 365 days).
- Priority ethnicity is recorded on NHI system as Asian.
- Some organisations have breaks in reporting and/or incomplete data in PRIMHD for some time periods.
- PRIMHD is a living data collection, which continues to be revised and updated as data reporting processes are improved. For this reason, previously published data may be liable to amendments.

Table 3: Percent of services users with Asian Ethnicity waiting for Mental Health Provider Arm Services between January 2016 – December 2021 by calendar year and wait time bracket.

Wait time	2016	2017	2018	2019	2020	2021
0 - 2 days	53.2%	53.6%	53.8%	55.4%	51.8%	58.0%
3 - 21 days	29.1%	29.2%	27.0%	25.9%	27.2%	25.5%
3 - 8 weeks	13.0%	11.9%	12.1%	11.6%	13.6%	11.7%
> 8 weeks	4.7%	5.4%	7.2%	7.0%	7.4%	4.8%

4. What percent of Asian New Zealanders report they feel involved in decisions about their mental health care?

The Ministry has checked with its New Zealand Health Survey team and has confirmed it does not hold this data. As such this part of your request is refused under 18(g) of the Act as it is not held by the Ministry.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'P. Grady', with a stylized, cursive script.

Philip Grady
**Acting Deputy Director-General
Mental Health and Addiction**