

Clinical : Mental Health
Proactive Release : 08 February 2019



19 December 2018

Reporter – Youth Affairs
Radio New Zealand
PO Box 123, Wellington

E-mail:

Dear

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 4 December 2018. You requested the following information:

- 1. The number of patients who have been treated at a mental health facility in the DHB while under the influence of Methamphetamine in the past five years?**
- 2. The number of patients who have been treated at a mental health facility in the DHB while under the influence of Synthetic Cannabis in the past five years?**

We do not hold collated retrospective information to isolate the number of people who have been treated at our mental health facility while under the influence of these substances.

With regard to the information you are seeking, and our response, it may be helpful to note the following additional points on our ability to respond.

In most cases, when people present for health services, their presenting condition is identified, rather than the underlying/contributing causes. Given the nature of these drugs/substances, these presentations can include a range of behaviours, but detail of substances may only be captured from what clinicians are told, or by their observations of the person, rather than definitive testing for substances.

Obtaining reliable data concerning how many individuals were under the influence of illicit substances when admitted/under care would be very time-consuming, and will not be entirely accurate in most cases. Any data would likely not fully capture the specific contributions of methamphetamine or synthetic cannabis to presentations of acute behavioural disturbance in mental health. Similar challenging behaviours can present with a variety of substances. Active intoxication at the time of admission will under-represent the specific role of substances in causing acute behavioural disturbance, such as delirium, aggression, agitation that can frequently present for up to 1-2 weeks after exposure.

Mental health services manage all behaviours as they present clinically and a range of strategies and procedures are used to guide and manage responses to these situations, so as to ensure both service users and staff safety at all times.

Toxicology is not routinely obtained as part of mental health care, as it would only capture use within the past 2-3 days. Conversely, the psychotropic effects of methamphetamine can last for weeks. It may also not capture the use/ impact other substances that are frequently used simultaneously and contribute to delirium (synthetics, inhalants, MDMA, hallucinogens, anticholinergics, etc.). In addition, people can be uncooperative with providing samples, when they are aware we're seeking evidence of illicit drug use.

We are mindful that the use of these substances in New Zealand is considered to be widespread, and not all users are engaged with Alcohol & Drug Addiction treatment services. The NZ Health Survey (NZHS) provides comparative assessment of meth use at a national level, based on interviews. The latest update was in March 2018, with single year data for the six years from 2011/12 to 2016/17.

The data is produced at DHB level in the online 'Regional Data Explorer' by the Ministry of Health. <https://minhealthnz.shinyapps.io/nz-health-survey-2014-17-regional-update/ w 0301f49b/ w 5e3f0380/#!/home>

3. How many seclusion rooms are there at mental health facilities in the DHB?

There are two seclusion rooms located in the new Tiaho Mai Mental Health Acute Adult inpatient Unit, with the plan to add two more when the second stage of the new facility is built.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,



Fepulea'i Margie Apa
Chief Executive