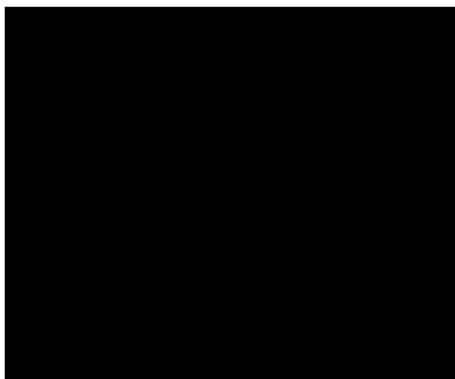




10 June 2022



OFFICIAL INFORMATION ACT 1982 REQUEST

Thank you for your request dated 28 April 2021 pursuant to the Official Information Act 1982 (OIA), for information concerning the treatment of individuals with a personality disorder and with Post Traumatic Stress Disorder (PTSD).

Waikato District Health Board (DHB) takes its obligations under the Official Information Act seriously and our response endeavours to provide the detailed information requested. However, much of your request as currently framed is very difficult for us to meet for the following reasons:

- Some of the information requests are not valid requests under the OIA as they lack due particularity. Section 12(2) of the Official Information Act provides that the official information requested shall be specified with due particularity in the request.
- Other information requests appear to be questions that require the Waikato DHB to form an opinion or provide an explanation and so create new information to answer the request. These are not valid official information act requests within the scope of the OIA.
- Some of the information you have requested does not exist and has been refused under Sections 18(e); and also section 18(g) of the Official Information Act 1982 (OIA) because the information is not held by Waikato DHB and is not believed to be held by or more closely connected to the functions of another organisation.

We have provided our decisions on your requests below. We have attempted to answer what we believe is the spirit of your request or provided detail as to why we are unable to respond fully. For consistency we have retained the numbering order from your letter of 28 April 2021.

10. ***Please provide any and all relevant research, discussion papers, guidelines and information relating to primary health services assessing and treating Cluster B Personality Disorders (in particular ASPD, NPD and BPD), as per the Diagnostic and Statistical Manual of Mental Disorders in 2012.***

This is not a valid OIA request. This question is particularly challenging to us as it not specified with due particularity and we are unable to identify the requested information. We invite you to amend the scope of this question to be more specific. This may help yield information that you are looking for.

11. ***Please provide the above information specifically in regard to the general enrolled population under the Waikato DHB.***

We have interpreted this request as: ***any and all relevant research, discussion papers, guidelines and information relating to primary health services assessing and treating Cluster B Personality Disorders (in particular ASPD, NPD and BPD), as per the Diagnostic and Statistical Manual of Mental Disorders in 2012 and in regard to the general enrolled population under the Waikato DHB.***

This is not a valid OIA request. Please see our response at paragraph 10 above. To assist, we also advise that information “specifically in regard to the general population under Waikato DHB” is unlikely to exist.

12. ***Please also provide the above information relating to: i. primary health services, ii. Secondary health services, iii. Tertiary health services***

We have interpreted this request as: ***any and all relevant research, discussion papers, guidelines and information relating to primary health services assessing and treating Cluster B Personality Disorders (in particular ASPD, NPD and BPD), as per the Diagnostic and Statistical Manual of Mental Disorders in 2012 and relating to:***

- i. primary health services;***
- ii. Secondary health services;***
- iii. Tertiary health services.***

This is not a valid OIA request. Please see our response at paragraphs 10 and 11 above.

- 13 ***Please provide any descriptions, policies and / or practice notes for how a patient presenting with symptoms of a personality disorder at his / her General Practitioner is expected to be identified, assessed and referred on for treatment.***

The Waikato DHB does not hold such a policy and this request is refused pursuant to section 18(e). Patients with personality disorders may present with a variety of mental health concerns. They will be managed according to the history they give, the symptoms they present with, and their acuity. However, a personality disorders pathway has not been localised for Waikato DHB.

15. ***Please provide any available information on the typical waiting times and other time frames for a referral to be seen by a specialist who can administer treatment for Cluster B Personality Disorders (in particular ASPD, NPD and BPD)***

i. This may be in the form of quantitative data or qualitative / anecdotal information on the approximate waiting time frames; and

ii. Depending on the information available, we are also open to receiving information on the wait times between the initial referral and the day the client is first seen by the service, and / or any other information on time frames related to the process of diagnosing / treating / referring clients with Cluster B Personality Disorders.

Waikato DHB does not routinely capture data relating to waiting times by specific diagnosis such as those noted above. It would require a manual search of a large volume of files to extract the information. Due to the substantial amount of work that would be required to research and collate the information you have requested, we are refusing your request pursuant to section 18(f) of the OIA. We have considered whether charging or extending the timeframe for responding to your request would help, as required by section 18A of the OIA. However, it would not help as it would directly impact on the DHB’s operations.

16. *We understand that Mental Health and Addiction specialist services (“MHA specialist services”) are contracted and funded by DHBs. Please provide information on what specific (if any) public health service organisations and / or MHA specialist services exist within the Waikato DHB region that are contracted and funded by the Waikato DHB to provide treatment for Cluster B Personality Disorders (in particular ASPD, NPD and BPD).*

The Waikato DHB does not currently fund services whose specific purpose is to provide treatment for Cluster B Personality Disorders.

17. *We understand that it is the responsibility of the Waikato DHB and Primary Health Organisations (“PHO”) to set the standards for treatment and clinical guidelines. Our research indicates that a commonly used treatment method for personality disorders is the Dialectical Behavioural Therapy method (“DBT”). There is also a method called Cognitive Behavioural Therapy (“CBT”). Please advise which of these methods and / or other methods are considered the expected / commonly held industry standards among public health service providers and / or MHA specialist services for treating personality disorders within the Waikato DHB region.*

This request is refused pursuant to section 18(e) as no document containing the information exists. To assist, we advise that Waikato DHB does not set standards for treatment for the industry (health). Treatment standards and diagnoses specific guidelines are generally developed by the clinical community and professional organisations across disciplines, such as psychology and psychiatry. However, the strongest research base for the treatment of cluster B personality disorder suggests DBT is the preferred treatment modality in many cases. Following this Mentalization also has sound evidence base for treatment of Personality Disorders. There is also an evidence base for CBT for Personality Disorders. CBT is a well-recognised treatment modality for the treatment of PTSD. Again, treatment for individuals is based on thorough assessment of each individual by a psychiatrist or a psychologist and agreed, usually in partnership with the patient.

We also note that you can search publically available case notes that have considered the consumers right to services of an appropriate standard on the Health and Disability Commissioner’s website: <https://www.hdc.org.nz/decisions/>

18. *Please provide information on the typical / expected treatment plans / timeframes for persons receiving treatment for Cluster B Personality Disorders (in particular ASPD, NPD and BPD). For example:*

i. Are there standard weekly sessions with a psychologist / psychiatrist who administer treatment? What is the typical frequency of treatment sessions?

This request is refused pursuant to section 18(e) as no document containing the information exists. To assist, we advise that treatment plans and timeframes for people receiving any kind of treatment by the mental health and addictions services are driven by the clinical need and responsiveness of the individual and are generally agreed between the clinician and the patient.

ii. Are sessions planned out over the course of a few months / years, and if so how long on average?

Please see our response at paragraph 18(i) above.

iii. Are there standard plans or commonly adopted plans for treatment?

Please see our response at paragraph 18(i) above.

iv. Are there good practice standards adopted in the Waikato DHB that inform such treatment plans?

In many cases, for Cluster B Personality Disorders there will be a period of “pre-treatment” involving further assessment and requiring participation and commitment on behalf of the patient. During this period of pre-treatment patients continue to be seen by clinicians to monitor current mental state and monitor any particular changes in levels of risk, or mental state. In the pre-treatment phase formulations, treatment plans and goals are developed, which are reviewed throughout treatment by both the clinician and the person engaging in treatment. Specifically with DBT, these treatment plans focus on addressing the DBT hierarchy of targets; 1) Life Threatening Behaviours, 2) Therapy Interfering Behaviours, Quality of Life Interfering Behaviours.

DBT is a “Stage Based Treatment”. Persons who sign the agreement to start treatment are signing a 12-month agreement for ‘Stage 1’ DBT. Agreements can be extended at times, if there is strong evidence that DBT is benefitting the person and there are further treatment goals to address, some of which may be ‘Stage 2’ i.e. trauma, loss, grief work. At times targets from other stages can be introduced within the 12-month period.

In DBT, there are four components to the therapy;

1. The DBT Consult, who meet together weekly without clients present.
2. Individual therapy, in which each person engages in individual therapy sessions which are typically one hour sessions, once per week (during Stage 1).
3. A 2 hour DBT Skill Group held with other clients and x2 DBT therapists once a week. This is an educational group, where the DBT Skills are taught however no presenting issues are processed, but instead suggested to be raised in individual session.
4. Phone Coaching, where clients can access their therapist outside of session times for the purpose of skills coaching, celebrating successes and working to repair relationship ruptures/upsets.

Waikato DHB considers the clinicians working in our DBT service follow strong clinical practice standards which inform their approach to treatment planning.

There is no dedicated PTSD service at Waikato DHB, however our clinicians follow strong clinical practice standards which inform their approach to treatment planning

19. Please provide the funding arrangement and criteria for people seeking treatment for Cluster B Personality Disorders (in particular ASPD, NPD and BPD). We understand that Waikato DHB may set its own criteria based on the MHA service specifications. Please provide information specific to the Waikato DHB, for example:

i. What criteria is there for a patient to receive publicly funded treatment?

This request is refused pursuant to section 18(d) as the information is publically available. The Waikato DHB does not set its own criteria for people seeking treatment for Cluster B Personality Disorders (in particular ASPD, NPD and BPD), and instead utilises the eligibility criteria set by the MoH, which is publically available found here <https://nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-service>.

We do not have any funding arrangements or criteria specific to the treatment of patients with Cluster B Personality Disorders as described.

ii. Are there any limitations / cut-offs to the extent of treatment / treatment sessions available under publicly funded health services under the Waikato DHB?

Please see our response at paragraph 19(i) above.

iii. At page 3 of the MoH Refinement Letter, MoH stated that individuals who are receiving publicly funded treatment receive treatment free of charge. How are the number of sessions provided to a publically funded client under Waikato DHB estimated / allotted?

This request requires the Waikato DHB to provide an explanation and so to create new information. As such it is not a valid official information act request.

iv. We understand that mental health practitioners (Psychologist/ Psychiatrist) providing such treatment within public health services determine their charge rates (for example per session), through contracts with the Waikato DHB / relevant PHOs. Are there any set charge rates, maximum numbers of sessions per client and/or other specific policies managing the scope/extent/quality of services available from mental health practitioners as set by the Waikato DHB?

The question is not specified with due particularity, and we are unable to identify the requested information. We invite you to amend the scope of this question to be more specific. This may help yield information that you are looking for.

v. Are there any statistics held by Waikato DHB on the number of publically funded patients being treated for Cluster B personality Disorders (in particular ASPD, NPD and BPD)? Are there any statistics held by Waikato DHB on the number of privately funded patients being treated for Cluster B personality Disorders (in particular ASPD, NPD and BPD)?

We are unable to provide statistics on patients receiving public and private treatment as this information does not exist, therefore the information is refused pursuant to section 18(e) of the OIA.

20. *Please provide the following statistical data (if it has been collected) on people with Cluster B Personality Disorders (in particular ASPD, NPD and BPD):*

i. The average treatment duration under the Waikato DHB;

ii. The average recovery times of people that have received treatment from Public Health Services under the Waikato DHB;

This information does not exist therefore this question is refused pursuant to section 18(e) of the OIA, Waikato DHB does not collect statistical data as you have described.

22. *Please provide any and all relevant research, discussion papers, guidelines and information relating to primary health services assessing and treating PTSD, as per the Diagnostic and Statistical Manual of Mental Disorders in 2012.*

Please see our response at paragraphs 10, 11 and 12 above.

23 *Please provide the above information specifically in regard to the general enrolled population under the Waikato DHB.*

Please see our response at paragraphs 10, 11, 12 and 22 above.

24. *Please also provide the above information relating to: i. primary health services; ii. secondary health services; and iii. tertiary health services.*

Please see our response at paragraphs 10, 11, 12, 22 and 23 above. As above, we are unable to identify the requested information in regards to Paragraph 24 as this query is dependent on the previously provided information of paragraphs 22 and 23.

25. ***Please provide any descriptions, policies and /or practice notes for how a patient presenting with symptoms of a personality disorder at his / her General Practitioner is expected to be identified, assessed and referred on for treatment.***

Please see our response at paragraph 13 above. To assist, we advise that if the history and symptoms of the patient suggest PTSD, an ACC referral and claim may be activated if the patient consents to this. ACC then have a process for assessment of the patient and to make a diagnosis.

There are a range of services available for mild to moderate mental health conditions including extended general practice consultations for mental health assessment, referral to counsellors (if available), referral to practice mental health nurses, and referral to PHOs for funded brief intervention therapy. Patients who are not being managed successfully by these means in primary care can be referred to secondary mental health services for assessment and treatment. HealthPathways is used by GPs. However, a PTSD pathway has not been localised for Waikato DHB.

26. ***Please provide any available information on the typical waiting times and other time frames for a referral to be seen by a specialist who can administer treatment for PTSD.***

i. This may be in the form of quantitative data or qualitative / anecdotal information on the approximate waiting time frames; and

ii. Depending on the information available, we are also open to receiving information on the wait times between the initial referral and the day the client is first seen by the service, and / or any other information on time frames related to the process of diagnosing / treating / referring clients with PTSD.

Waikato DHB does not routinely capture data relating to waiting times by specific diagnosis such as those noted above. It would require a manual search of a large volume of files to extract the information. Due to the substantial amount of work that would be required to research and collate the information you have requested, we are refusing your request pursuant to section 18(f) of the OIA. We have considered whether charging or extending the timeframe for responding to your request would help, as required by section 18A of the OIA. However it would not help as it would directly impact on the DHB's operations.

27. ***We understand that Mental Health and Addiction specialist services ("MHA specialist services") are contracted and funded by DHBs. Please provide information on what specific (if any) public health service organisations and / or MHA specialist services exist within the Waikato DHB region that are contracted and funded by the Waikato DHB to provide treatment for PTSD.***

Please see our response at paragraph 16 above. The Waikato DHB does not currently fund services whose specific purpose is to provide treatment for PTSD.

28. ***We understand that it is the responsibility of the Waikato DHB and Primary Health Organisations ("PHO") to set the standards for treatment and clinical guidelines. Please advise what are the expected / commonly held industry standards among public health service providers and / or MHA specialist services for treating PTSD within the Waikato DHB region.***

Please see our response at paragraph 17 above.

29. ***Please provide information on the typical / expected treatment plans / timeframes for persons receiving treatment for PTSD. For example:***

i. Are there standard weekly sessions with a psychologist /psychiatrist who administer treatment? What is the typical frequency of treatment sessions?

Please see our response at paragraph 18(i) above.

ii. Are sessions planned out over the course of a few months / years, and if so how long on average?

Please see our response at paragraph 18(ii) above.

iii. Are there standard plans or commonly adopted plans for treatment?

Please see our response at paragraph 18(iii) above.

iv. Are there good practice standards adopted in the Waikato DHB that inform such treatment plans?

Please see our response at paragraph 18(iiii) above.

30. ***Please provide the funding arrangement and criteria for people seeking treatment for PTSD. We understand that Waikato DHB may set its own criteria based on the MHA service specifications. Please provide information specific to the Waikato DHB, for example:***

i. What criteria is there for a patient to receive publicly funded treatment?

Please see our response at paragraph 19(iii) above.

ii. At page 3 of the MoH Refinement Letter, MoH stated that individuals who are receiving publicly funded treatment receive treatment free of charge. How are the number of sessions provided to a publically funded client under Waikato DHB estimated / allotted?

Please see our response at paragraph 19(iii) above.

iii. We understand that mental health practitioners (Psychologist / Psychiatrist) providing such treatment within public health services determine their charge rates (for example per session), through contracts with the Waikato DHB / relevant PHOs. Are there any set charge rates, maximum numbers of sessions per client and / or other specific policies managing the scope/extent/quality of services available from mental health practitioners as set by the Waikato DHB?

Please see our response at paragraph 19(iii) above.

iv. Are there any limitations / cut-offs to the extent of treatment / treatment sessions available under publicly funded health services at the Waikato DHB?

Please see our response at paragraph 19(iii) above.

v. Are there any statistics held by Waikato DHB on the number of publically funded patients being treated for PTSD? Are there any statistics held by Waikato DHB on the number of privately funded patients being treated for PTSD?

Please see our response at paragraph 19(iii) above.

31. ***Please provide the following statistical data (if it has been collected) on people with PTSD:***

i. The average treatment duration under the Waikato DHB and New Zealand in general;

This request is refused pursuant to section 18(e) as the document alleged to contain the information does not exist as Waikato DHB does not collect the statistical data you have requested.

ii. The average recovery times of people that have received treatment from Public Health Services under the Waikato DHB;

Please see our response in paragraph 31(i) above.

32. ***We understand that some of the above information may be also / exclusively held by Primary Health Organisations (“PHO”) that are funded by and contracted to the Waikato DHB. We seek the following information:***

i. What are the PHO(s) that are funded by and contracted to the Waikato DHB?

The PHOs that are funded and contracted by Waikato DHB are as follows:

- Midlands Health Network Charitable Trust
- National Hauora Coalition
- Hauraki PHO.

ii. What are the PHO(s) who are responsible for the general population in the area containing Spring Hill Corrections Facility?

We understand that Spring Hill Corrections Facility contract their own General Practitioners. Waikato DHB has transferred your OIA request paragraph 32; ii and iii to Ara Poutama - Department of Corrections pursuant to section 14.

iii. What are the relevant PHO(s), if any, that ordinarily provide health services to the prison population in Spring Hill Corrections Facility?

Please see our response at paragraph 32(i) above.

33. ***In regard to the prison population in the Spring Hill Corrections Facility, we understand that Regional Forensic Psychiatry Services (“RFPS”) contracted to / funded by the Waikato DHB.***

This is not a request for official information.

34. ***We repeat the above requests at paragraphs at [10]-[20] regarding Cluster B Personality Disorders (in particular ASPD, NPD and BPD) in regard to Regional Forensic Psychiatry Services (“RFPS”) contracted to / funded by the Waikato DHB***

Our responses to paragraphs 10 - 20 reflect the decision of the Waikato DHB, including the mental Health and Addictions Services and incorporate the regional forensic services. However, we note Ara Poutama - Department of Corrections has a number of programmes working with individuals with personality disorder and most recently has developed intervention and support teams to work in the prison (including Springhill).

35. **We repeat the above requests at paragraphs at [21]-[31] regarding PTSD in regard to Regional Forensic Psychiatry Services ("RFPS") contracted to / funded by the Waikato DHB**

We refer you to our responses at paragraphs 21 to 31 and 34 above.

36. ***As discussed at above, we respectfully request for Waikato DHB's response to the transferred request from MoH (from our other MoH OIA request H202204647) be included in Waikato DHB's response to this letter; AND***

37. **For ease of reference, in MoH's email dated 7 April 2022 (enclosed) they had stated the following request was transferred to Waikato DHB: *We have found a "Regional Mental Health and Addiction Strategic Plan" 2005- 2010 online. Please provide other versions the above document from 2002 to the current date for Auckland Prison and Spring Hill Corrections Facility.***

Please accept our apologies for not responding to the transferred request from MoH in April 2022 in a timely manner. An administration error led to this not being progressed at the time it was received. We are unable to provide an answer within this response due to staff absences. We will endeavour to locate the information and provide a response to you by 17 June 2022.

We refer you to our response at paragraph 10 above. In particular, it is not clear specifically which historic regional plan is referred to as the forensic and overall services may have had different plans at that time. Without clarity we are unable to provide the specific equivalent current documents today. However, the service specification for forensic mental health services are publically available and can be accessed here:

<https://nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-services-specifications/forensic>

Waikato DHB supports the open disclosure of information to assist community understanding of how we are delivering publically funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

You have the right to request the Ombudsman investigate and review the decision to withhold the information. The Ombudsman's postal address is:

The Ombudsman
Office of the Ombudsmen
P O Box 10-152
WELLINGTON

Yours sincerely



Christine Lowry
Executive Director - Waikato Hospital and Community Services
Waikato District Health Board