

Mental health and addiction services data: calculating waiting times

This document describes the method used by the Ministry of Health (the Ministry) to calculate waiting times for mental health and addiction services.

Waiting times reflect the length of time between the day when a client is referred to a mental health or addiction service and the day when the client is first seen by the service.

DHBs are required to meet a sector-wide target where

- 80 percent of people referred for non-urgent mental health or addiction services are seen within 3 weeks, and
- 95 percent of people referred for non-urgent mental health or addiction services are seen within 8 weeks.

Definition

The **waiting time** is number of days from the date a new client was referred to an organisation to the first in-scope activity (services) the client attended at that organisation.

Note:

- New clients are those who have not accessed mental health and addiction services in the past year. Only waiting times for new clients are measured as it is important to ensure new clients are seen in a timely manner.
- New clients are referred to mental health or addiction services. The services clients receive is recorded against a referral record and submitted to the Ministry.
- The first in-scope activity may be recorded on the initial referral or on a subsequent referral as long as that subsequent referral is to a team within the same organisation. Referrals that should not be counted such as declined referrals are excluded from the report.
- The Ministry uses data from PRIMHD, the national mental health and addiction information collection of service activity and outcomes data, to calculate waiting times.

The waiting times calculation is complex and ensures the waiting time is measured as accurately as possible but within the limitations of PRIMHD. The details of this calculation are described below.

Detailed method for calculating waiting times

The five steps required to calculate waiting times is detailed in this section, as well as a diagram showing the possible scenarios.

Please note that we assume that the audience of this section will have a will have a moderate level of understanding of PRIMHD data. For this reason we have used jargon and have not included a glossary. If you do not understand a term used the glossary of the [Mental Health and Addiction: Service use publications](#) will be helpful.

Step 1: Determine the funding DHB

For each activity where a client was seen by an NGO, the Ministry determines the **funding DHB** using:

- contracting information held by the Ministry to link each NGO to the DHB that funds their activities as the primary source (PRIMHD does not collect funding DHB information at the activity level)
- the client's DHB of domicile (where the client lives) as the secondary source if the DHB has a contract with the NGO.

See Appendix 1 for detailed steps on determining the funding DHB.

Step 2: Determine a list of in-scope referrals

All referrals for the same client and organisation are grouped together. For each group of referrals, determine which are considered to be in-scope and exclude those considered to be out-of-scope based on the criteria given below.

In-scope referrals must be in the reporting period. Referrals with any of the following end codes are excluded if they don't have an in-scope activity:

- DD (Died)
- DG (Gone, no address or lost to follow up)
- DM (Consumer did not attend)
- ID (Involuntary Discharge)

Out-of-scope referrals are identified using the following criteria:

- Referrals that have a referral end code of RI (Referral declined - inability to provide services requested) or RO (Referral declined - other service more appropriate).
- Referrals for clients with an activity at any organisation in the 12 months prior to the referral start date (ie, clients who are not 'new').
- Referrals to teams no longer providing services at the end of the reporting period.

Step 3: Identify the index referral

All in-scope referrals (determined in Step 2) that include the same client and organisation are grouped. The **index referral** is the first referral, in this group, in the reporting period.

Step 4: Identify the first in-scope activity

An in-scope activity is either a face-to-face activity or an activity of a clinical nature (see Appendix 2 for a list of activity codes). The first in-scope activity is identified from the group of in-scope referrals (for the same client and organisation). This activity must be on or after the index referral start date.

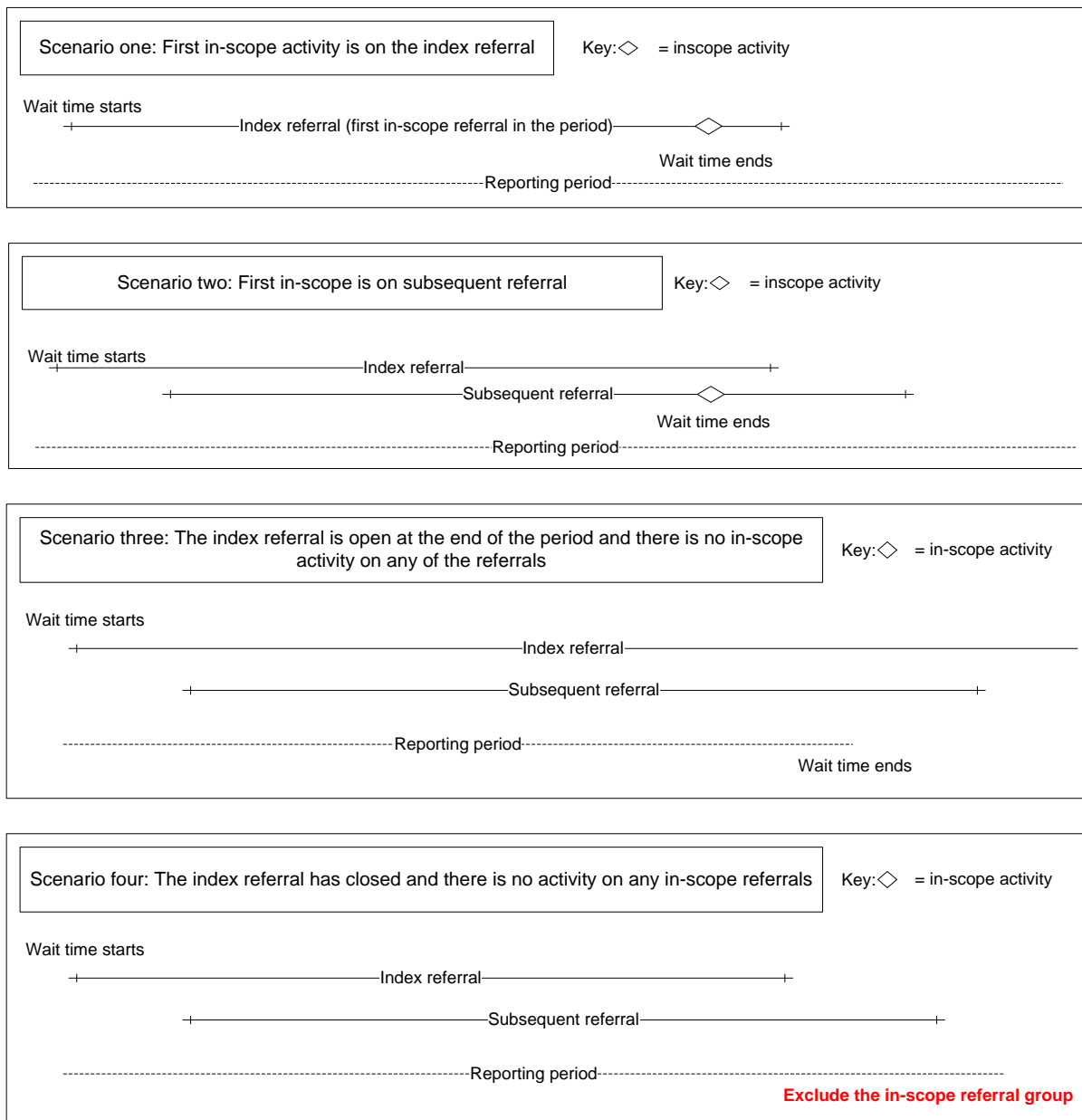
Step 5: Calculate the waiting time

Waiting time (in days) = start date of first in-scope activity (Step 4) – start date of index referral (Step 3)

If a group of in-scope referrals does not have any in-scope activities,

- the waiting time is calculated using the report period end date if the index referral is open at the end of the period
- the group of in-scope referrals for the client is excluded if the index referral is closed at the end of the period.

Diagram: four possible scenarios for calculating waiting time



Getting data on waiting times

The Ministry loads summary level information on waiting times onto the [Nationwide Service Framework Library](#) each quarter.

The Ministry also emails the accompanying unit record extracts to sector representatives on a monthly basis. If you would like to receive this extract please contact info@health.govt.nz

List of tables included in the unit record extracts:

Table	Notes
Table 1: Waiting times, DHBs, all team types	Referral and in-scope activity may occur in the same or different team groups. Teams are split into AOD teams and non-AOD teams*.
Table 2: Waiting times, NGOs, all team types	
Table 3: Waiting times, DHBs, Non-AOD teams	Referral and in-scope activity must occur within the same team type grouping.
Table 4: Waiting times, DHBs, AOD teams	
Table 5: Waiting times, NGOs, Non-AOD teams	
Table 6: Waiting times, NGOs, AOD teams	
Table 7: Waiting times, DHBs, Forensic teams	
Table 8: All the exceptions from Table 2.	Shows exceptions (ie, not included in DHB performance measure against waiting times target). See Appendix 1 for details on determining funding DHBs.
Table 9: All the records where no link can be made in the MHS agreements table to the service organisation.	

*AOD: Alcohol and Other Drug

AOD team is defined by team codes '03 (Alcohol & Drug Team)' or '11 (Alcohol & Drug Dual Diagnosis Team)'. All other teams are considered as non-AOD teams.

List of fields included in the unit record extracts:

- NHI
- Organisation name
- Funding DHB (NGO tables)
- Referral ID (of index referral)
- Referral start date (of index referral)
- Referral from (of index referral)
- Team type (of index referral)
- Team code (of index referral)
- Referral end code (of index referral)
- Referral ID (of referral that contains in-scope activity)
- Referral end code (of referral that contains in-scope activity)
- Activity ID (of first in-scope activity)
- Activity start date (of first in-scope activity)
- Activity code (of first in-scope activity)
- Age (as at reporting period start date)
- Age group
- DHB of domicile at the time of event (of index referral)
- Sex
- Ethnicity at the time of event (of index referral)
- Waiting time (days) (days between first referral start date and first in-scope activity)
- Wait time (weeks)
- Extracted date (the date the record was extracted from the submitting organisations system)

See the [PRIMHD code set](#) for definitions of the fields listed above.

Appendix 1: funding DHB

The funding DHB for each activity is determined using the following rules:

1. If the NGO has a contract with only one DHB, then that DHB will be the funding DHB.
2. If the NGO has a contract with multiple DHBs, then contracts specific teams within an NGO have with DHBs are considered. This information is kept in the Mental Health Service (MHS) agreements table that is sourced from the MoH Contract Management System. If a team has a contract with only one DHB then that DHB will be the funding DHB.
3. If the NGO team has a contract with multiple DHBs or the team is not listed in MHS agreements, then the (current) DHB of residence for the client is used. The DHB of residence must be one of the contracting DHBs.
4. If the DHB of residence (Step 3) is not a contracting DHB, then the waiting time for that client is not included in the DHB performance measure against waiting times target and is presented in an exceptions table (Table 8).
5. If the NGO team is not in the MHS agreements table, then the waiting time for that client is not included in the DHB performance measure against waiting times target and is presented in an exceptions table showing those with no funding DHB identified (Table 9).

A funding DHB report is extracted with the waiting times report and can be provided on request.

Only contracts that were open in the two years prior to the start of the period and up until the end of the period are considered for determining the funding DHB. This time period is illustrated in the diagram below.



Appendix 2: in-scope activities

In-scope activities include face-to-face activities and activities of a clinical nature. Community support contacts and peer support activities are excluded as the severity of a new client's condition should be assessed by a clinician.

In-scope activities are identified as activities where:

Activity type code does not include any of T08, T24, T33, T35, T37, T43, T44, T45

AND

Activity setting code does not include any of WR, PH, SM, OM

Activity type code	Activity type description
T08	Mental health care coordination contacts
T24	Work opportunities programme attendances
T33	Seclusion
T35	Did not attend
T37	On leave
T43	Community support contacts
T44	Advocacy
T45	Peer support

Activity Setting Code	Activity setting description
WR	Written correspondence
SM	SMS text messaging
PH	Telephone
OM	Other Social Media/E-therapy