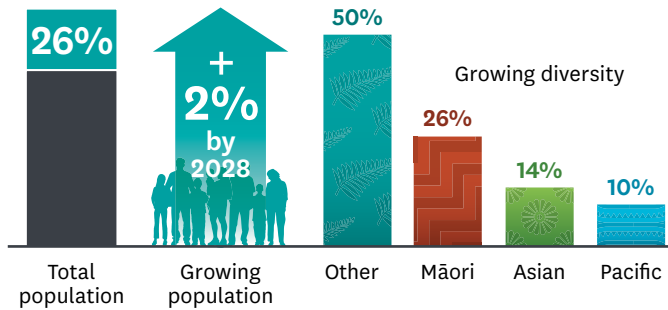


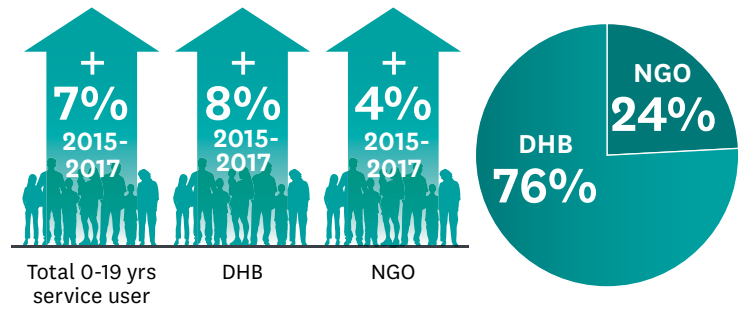
The Stocktake 2018

NATIONAL SUMMARY

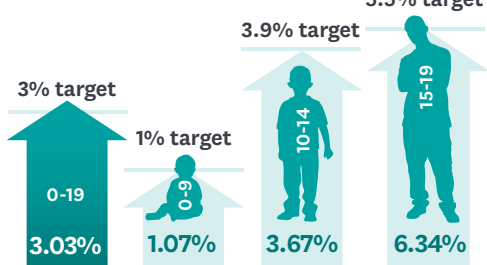
INFANT, CHILD AND ADOLESCENT (0-19 YEARS) POPULATION 2018



SERVICE USER ACCESS (0-19 YEARS) TO ICAMH/AOD SERVICES July-December 2017

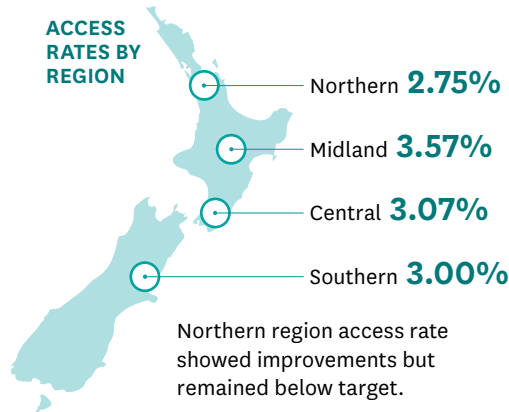


ACCESS RATES BY AGE GROUP

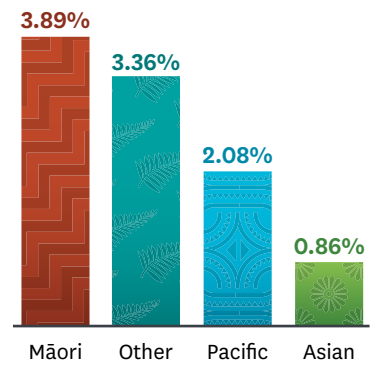


Overall 0-9 and 15-19 years rates exceeded targets. 10-14 year rate improved but remained below target.

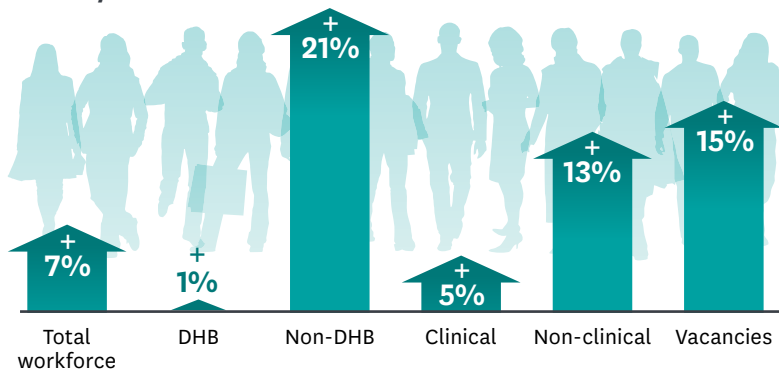
ACCESS RATES BY REGION



ACCESS RATES BY ETHNICITY



ICAMH/AOD WORKFORCE From 2016 to 2018:



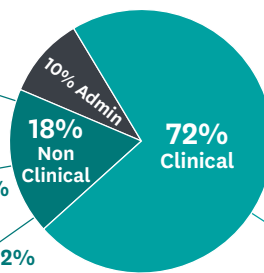
As at June 2018:

TOP THREE:

Mental health support 9%

Youth workers 5%

Cultural workers 2%



TOP THREE:

20% Nurses

15% Social workers

11% Psychologists

TURNOVER

20%

Turnover by service:

DHB=17%

Non-DHB=24%

- other job opportunities for better salaries
- relocation locally or overseas.

VACANCIES

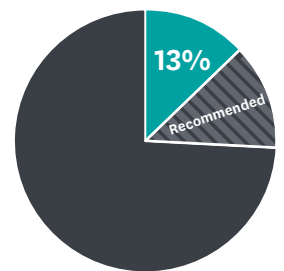
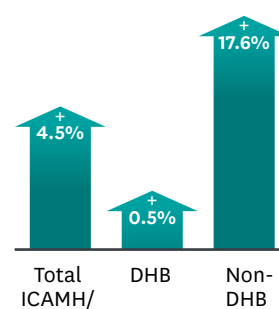
91%

for clinical roles

- Nurses 29%
- Psychologists 20%
- Social workers 14%
- Psychiatrists 8%

ICAMH/AOD FUNDING

From 2016 to 2018:



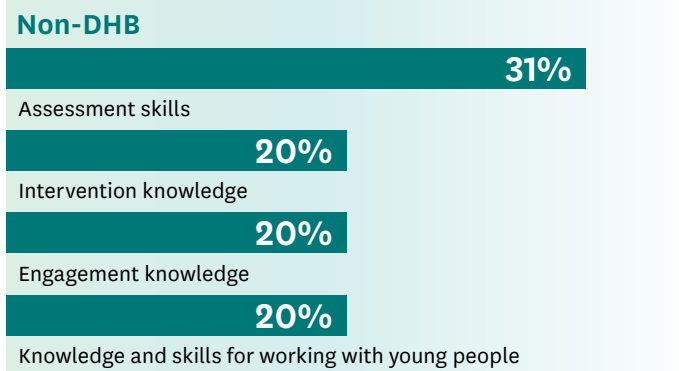
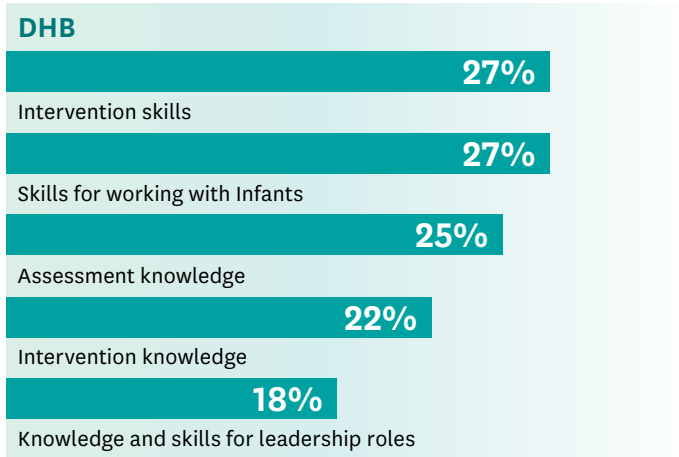
13% of total mental health funding allocated to ICAMH/AOD services. Half of the recommended 26%.



WORKFORCE CAPABILITY

The competency of the workforce assessed by Real Skills Plus ICAMHS (The Werry Centre, 2009b), via an online tool.

The workforce met a number of core level (practitioners working in specialist services) and primary level (practitioners working in the primary sector) competencies ranging from 64% to 96% of the skills and knowledge required and further development was indicated for the following:



CHALLENGES IDENTIFIED BY THE ICAMH/AOD SERVICES VIA THE WORKFORCE SURVEY:

- Lack of funding limiting service and workforce development
- Recruitment and retention of specialist staff
- Service demand (numbers & complexity) outweighing workforce capacity and capability
- Working collaboratively with other services/agencies

RECOMMENDATIONS

- **Increase and allocate appropriate levels of funding:**
For essential infrastructure, service and workforce development activities.
- **Develop and provide early intervention programmes and services:**
 - Targeted early intervention programmes and parenting programmes
 - School-based health education and services
 - More alternative community-based services
 - Evidence-based online e-therapy tools and apps
 - Enhance service user pathways from primary to secondary services via collaboration.
- **Increase, strengthen and support primary level services and workforce through:**
 - Targeted capacity, knowledge and skill development.
- **Increase, strengthen and support the specialist ICAMH/AOD services and workforce through:**
 - **Funding, planning and service re-design:** Use current resources more effectively and plan for future need and demand.
 - **Increasing workforce capacity:**
 - **Recruitment:**
 - Continue with targeted recruitment strategies
 - Expand and develop existing roles such as the peer workforce
 - Work collaboratively with other services to share resources.
 - **Retention:**
 - Address high vacancies and staff turnover
 - Look after the workforce.
 - **Increasing workforce capability (knowledge and skills):**
 - Identify current clinical and cultural competency levels for targeted development
 - Develop identified clinical and cultural competencies
 - Enable access to targeted specialist training.
- **Continue data collection and large-scale national studies:**
To inform on-going service and workforce development based on population needs.