

25 March 2026

Health New Zealand  
Te Whatu Ora

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Tēnā koe Spencer

## Your request for official information, reference: HNZ00201048

Thank you for your email received by the Ministry of Health on the 12 February 2026 and partially transferred to Health New Zealand | Te Whatu Ora (Health NZ) on 24 February 2026. Your request in full is provided as **Appendix One**.

### Response

To provide context for our response, some parts of your request are broad and do not meet the requirement for due particularity under section 12(2) of the OIA. Until we receive a request that clearly specifies the information you are seeking, we are unable to provide detailed or granular information. However, we can offer a high-level response at this stage.

The Ombudsman provides advice on how to make a official information requests this is available on their website: [Making official information requests: A guide for requesters | Ombudsman New Zealand](#).

For clarity I will respond to each part of your requests in turn. Your request has been numbered for ease of response.

1. *Whether Health NZ holds any nationally aggregated crisis response performance indicators (e.g., response times, crisis contacts, ED wait thresholds) for 2018–2025; and if not, confirm explicitly.*

Yes, Health NZ reports publicly on the Mental Health & Addiction (MH&A) targets and key MH&A outputs. Links to this information can be found here:

- [Quarterly Performance Report, Quarter One 2025/26 – Health New Zealand | Te Whatu Ora](#).
- [Mental health and addiction targets](#).

As noted in our previous response, PRIMHD (pronounced 'primed') is Health NZ's single national MH&A tool collecting information of service activity and outcomes data for health consumers. PRIMHD holds data as far back as 1 July 2008. The data is collected from the regions and Non-Government Organisations (NGOs). This information can be accessed here:

- [PRIMHD – mental health data – Health New Zealand | Te Whatu Ora](#).

2. *Whether Health NZ holds any nationally aggregated monitoring dataset recording follow-up within 7 or 28 days after a suicide attempt or acute crisis presentation; and if not, confirm explicitly.*

I confirm from our response of 4 February 2026 (reference: HNZ00105191), Health NZ does not collect this data nationally.

3. *Whether Health NZ holds any national-level dataset recording Police attendance or transport in mental health crisis events; and if not, confirm explicitly*

I confirm from the information in our response of HNZ00105191, Health NZ does not hold national-level data on police attendance for mental health crisis events.

You may wish to contact the New Zealand Police directly, as they are the most likely source of data on police attendance at mental health crisis events.

4. *Whether nationally aggregated crisis workforce data prior to 2020 is held in retrievable form; and if not, confirm.*

Yes, I refer you to our contextual information above, some information is available from our Health Workforce Information Programme (HWIP) tool. However, not all data is captured. We are able to respond to specific requests that are made with due particularity.

5. [In reference to our response HNZ00105191 (Appendix One)], *Psychiatric Registrar Vacancy Data*

Yes, our response of 4 February 2026 (reference: HNZ00105191 Appendix One) provided the data we hold nationally on vacancy FTE and vacancy rates for mental health psychiatrics (senior medical officers), mental health nurses and mental health registrars. However, we do not hold a complete dataset for Psychiatric Registrars nationally. For Registrars working in mental health we have provided you with the contracted FTE and vacancy rates. This was noted in the data caveat section in the information provided.

6. [In reference to our response HNZ00105191 (Appendix One)], *District Vacancy Reporting Gaps*

- a. *Please confirm which districts did not report vacancy data and from which reporting periods.*

Please refer to our OIA response HNZ00105191, Appendix One and the data caveats and key notes section regarding the table provided (rows 9- 40). The data is collected from the districts as at the end of each quarter. Where a cell shows as empty or with a 'dash', means no data has been reported from the district or no data matches the relevant search criteria.

Regarding the relevant districts please refer to:

- Row 33: Vacancy data from June 2022 quarter onwards is not available from the Canterbury and West Coast Districts.
- Row 34: Vacancy data for June 2022 is not available from Bay of Plenty District.
- Row 38: Vacancy data for June 2021 is not available from Wairarapa District as staff and vacancies are captured on the Capital and Coast payroll.

It is important to consider the data caveats provided with tables in order to interpret the information. Should you have any queries regarding the interpretation of the data caveats please contact us.

- b. *Please confirm whether this reflects a system limitation, a reporting policy change, or local data capture issues.*

Health NZ is unable to accurately provide the current total workforce vacancy rates by Health NZ district for this request. Vacancy data relies on multiple district systems with differing processes which can result in significant discrepancies in the data provided.

Health NZ is currently undertaking work to standardise recruitment data collection and reporting across districts, but these initiatives are still in progress and will take time to fully implement.

- c. *If there is a document or internal guidance explaining this reporting limitation, please provide it.*

There are no documents or internal guidance explaining this reporting limitation therefore this part of your request is refused under section 18(e) of the OIA as the information does not exist or despite reasonable efforts cannot be found.

7. [In reference to our response HNZ00105191], *Pre-2020 National Aggregation via HWIP*

We have interpreted this part of your request to refer to information held by HWIP or held in a national collection.

- a. *Please confirm whether HWIP can produce a national aggregate series (contracted FTE and vacancy rates) for psychiatrists, registrars, and mental health nurses prior to 2020.*

HWIP retains historical workforce data from former district health board (DHBs). Data has been collected since 2006, with good quality data from 2012. The vacancy data collection started in 2016, therefore data prior to 2020 is available from this point.

The information is available through this link: [Health workforce information programme – Health New Zealand | Te Whatu Ora](#).

- a. *If such national aggregation exists, please confirm whether it has been previously produced.*

Yes, it has been previously produced. However, Health NZ requires a request made with due particularity to extract the data from the HWIP. You would therefore need to be specific on the employment role and the period of time you were interested in and make a new request.

- a. *If no national aggregation exists for crisis workforce categories pre-2020, please confirm this under section 18(e).*

I can confirm there is no nationally aggregated data for crisis workforce categories pre-2020, HWIP cannot provide data for crisis workforce therefore this part of your request is refused under section 18(e) of the OIA, as the information does not exist.

8. [In reference to our response, HNZ00105191], *Crisis Response Time Targets (Existence Only)*

- a. *Please confirm whether any internal national or district-level policy document sets a target or benchmark for mobile crisis team response times.*  
b. *If such a document exists, please provide the document name and date (no extraction required).*  
c. *If no such targets exist nationally, please confirm this.*

There are no national or district level policy documents that set targets or benchmarks mobile crisis team response times therefore your request for this information is refused under section 18(e) of the OIA as the document does not exist or despite reasonable efforts cannot be found.

The following frameworks are used to support response times and triage of MH&A patients. None of the frameworks are for the sole purpose of a mobile crisis team response:

- UK Triage Mental health triage (MHT) - [Microsoft Word - UK MHTS Guidelines 2016.docx](#)
- Health NZ MH&A Triage Scale – [HNZ00094528-Appendix-Doc-44-66.pdf](#).
- National Service Specifications for Mental Health and Addiction, Tier 1 - [T1 MHA MentalHealthAndAddictionService 202408.pdf](#)

## How to get in touch

If you have any questions, you can contact us at [hnzOIA@tewhatuora.govt.nz](mailto:hnzOIA@tewhatuora.govt.nz).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

Nāku iti noa, nā

A handwritten signature in black ink that reads "PP P Bradley".

### **Danielle Coe**

Manager, Government Services  
Health New Zealand | Te Whatu Ora

## Appendix One

Your request in full:

*“Subject: Clarification – Crisis KPIs and National Monitoring Datasets*

*To ensure clarity regarding the remaining components of my request, could you please confirm the following. I am not requesting collation or analysis—only confirmation of whether such datasets exist at national level*

- 1. Whether Health NZ holds any nationally aggregated crisis response performance indicators (e.g., response times, crisis contacts, ED wait thresholds) for 2018–2025; and if not, confirm explicitly.*
- 2. Whether Health NZ holds any nationally aggregated monitoring dataset recording follow-up within 7 or 28 days after a suicide attempt or acute crisis presentation; and if not, confirm explicitly.*
- 3. Whether Health NZ holds any national-level dataset recording Police attendance or transport in mental health crisis events; and if not, confirm explicitly*
- 4. Whether nationally aggregated crisis workforce data prior to 2020 is held in retrievable form; and if not, confirm.*

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*Thank you for your response dated 4 February 2026 (Ref: HNZ00105191) and for providing Appendix One and associated links.*

*I seek clarification on four narrow technical points to ensure I correctly understand what is and is not held nationally. This is not a request for broad new collation.*

### *5. Psychiatric Registrar Vacancy Data*

*Appendix One provides contracted FTE for psychiatric registrars but does not appear to include vacant FTE or vacancy rate calculations for this group.*

- Please confirm whether vacant FTE and/or vacancy rate data for psychiatric registrars exists in any national dataset.*
- If it exists, please provide the vacancy FTE and vacancy rate figures for the same reporting periods already supplied.*
- If it does not exist, please confirm this under section 18(e).*

### *6. District Vacancy Reporting Gaps*

*Appendix One notes that vacancy data is unavailable from certain districts for some periods.*

- Please confirm which districts did not report vacancy data and from which reporting periods.*
- Please confirm whether this reflects a system limitation, a reporting policy change, or local data capture issues.*
- If there is a document or internal guidance explaining this reporting limitation, please provide it.*

### *7. Pre-2020 National Aggregation via HWIP*

*Your response notes that historical workforce data from former DHBs is retained within HWIP and was used in part to respond.*

- Please confirm whether HWIP can produce a national aggregate series (contracted FTE and vacancy rates) for psychiatrists, registrars, and mental health nurses prior to 2020.*
- If such national aggregation exists, please confirm whether it has been previously produced.*
- If no national aggregation exists for crisis workforce categories pre-2020, please confirm this under section 18(e).*

#### *8. Crisis Response Time Targets (Existence Only)*

*Your response indicates that response-time data is not held centrally and refers to the KPI programme.*

- Please confirm whether any internal national or district-level policy document sets a target or benchmark for mobile crisis team response times.*
- If such a document exists, please provide the document name and date (no extraction required).*
- If no such targets exist nationally, please confirm this. These questions are confined to dataset existence, reporting structure, and document identification, and should not require substantial collation.”*