

20 April 2026

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Tēnā koe Spencer

Your request for official information, reference: HNZ00201647

Thank you for your email on 16 March 2026, asking Health New Zealand | Te Whatu Ora (Health NZ) for information under the Official Information Act 1982 (the OIA). Your original request and response to our request for clarification is attached as **Appendix A**.

On 26 March 2026, we contacted you seeking clarification of parts 2 and 3 of your request. While you responded on 26 March 2026 with further explanation of your request, you did not narrow or refine the scope in a way that enabled the information to be identified.

Response

For clarity, I will respond to each question in turn.

Please provide copies of any existing documents (2015–2025) that:

1. *Workforce Capacity Modelling*
 - a) *Model projected workforce requirements for crisis or acute mental health services;*
 - b) *Assess staffing sufficiency against demand trends;*
 - c) *Analyse Full Time Equivalent (FTE) projections for crisis teams;*
 - d) *Model the impact of suicide prevention strategy initiatives on workforce requirements.*

Health NZ does not disaggregate workforce modelling to crisis or acute mental health services. This has been communicated to you in our previous OIA responses (HNZ00105191 and HNZ00201048). Future requests for this information may be refused under section 18(h).

As communicated previously, workforce modelling undertaken by Health NZ relates to the mental health workforce as a whole, rather than modelling specific service components such as crisis or acute services. This has been confirmed with relevant National Office functions responsible for mental health workforce planning and projections.

Our latest data is publicly available here: [Mental Health and Addiction Workforce Plan: 2024–2027 \(2025 refresh\)](#).

Accordingly, this part of your request is refused under section 18(g) of the OIA, as the information requested is not held.

2. *Risk Assessment Documentation*

Please provide any:

 - a) *Risk registers identifying insufficiency of crisis service staffing;*
 - b) *Enterprise risk management entries relating to crisis response capacity;*
 - c) *Internal briefings noting risk associated with workforce shortages in crisis teams;*
 - d) *Assessments of service coverage gaps or escalation pressure;*
 - e) *Documents assessing impact of workforce vacancy rates on crisis service safety.*
3. *Post-Reform Transition Assessment*

Please provide any documentation created during or after structural reform to Health New Zealand that:

- a) Assessed crisis service workforce adequacy;*
- b) Identified risks arising from regional variability;*
- c) Evaluated whether crisis workforce modelling required revision post-centralisation.*

As noted above, we sought to refine these parts of your request. However, although you responded, there was no clear refinement. As such, these parts of your request are broad, are not made with due particularity under section 12(2) of the OIA and are therefore refused under section 18(f) - as the information requested cannot be made available without substantial collation or research.

This is because Health NZ does not hold centrally managed or readily identifiable documentation that comprehensively addresses your request. While you have identified broad classes of documents, any further information potentially in scope would be embedded across a wide range of operational, planning, risk, and briefing documents held at both National Office and regional levels, including legacy former District Health Board systems.

As such responding to your request would require extensive manual searching, subjective assessment of relevance, and collation across multiple regions and districts.

We have considered whether further refinement under section 13 of the OIA could enable the request to be processed. However, given the distributed and embedded nature of the information sought, and the need for organisation wide manual searching and assessment, further refinement would be unlikely to reduce the required collation or research to a reasonable level.

If you wish to make a new request that focuses on identifiable and reasonably retrievable documents, we would be happy to assess this request.

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](#).

How to get in touch

If you have any questions, you can contact us at h.nzOIA@tewhatauora.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 or by phoning 0800 802 602.

Nāku iti noa, nā



Matthew McLay

Manager (OIAs) – Government Services
Health New Zealand | Te Whatu Ora

Appendix A

Your original request dated 16 March 2026:

I refer to my previous request regarding mental health crisis services workforce and suicidology capability (2015–2025).

This follow-up does not seek additional statistical breakdowns. It seeks clarification of whether documented workforce modelling or risk assessment material exists.

Please provide copies of any existing documents (2015–2025) that:

1. Workforce Capacity Modelling

- a) Model projected workforce requirements for crisis or acute mental health services;*
- b) Assess staffing sufficiency against demand trends;*
- c) Analyse Full Time Equivalent (FTE) projections for crisis teams;*
- d) Model the impact of suicide prevention strategy initiatives on workforce requirements.*

This includes:

- Modelling spreadsheets;*
- Scenario analysis papers;*
- Workforce planning reports;*
- Cabinet or Ministerial briefings containing modelling extracts;*
- Transition planning documents (including DHB → Health NZ consolidation) referencing crisis workforce projections.*

2. Risk Assessment Documentation

Please provide any:

- a) Risk registers identifying insufficiency of crisis service staffing;*
- b) Enterprise risk management entries relating to crisis response capacity;*
- c) Internal briefings noting risk associated with workforce shortages in crisis teams;*
- d) Assessments of service coverage gaps or escalation pressure;*
- e) Documents assessing impact of workforce vacancy rates on crisis service safety.*

3. Post-Reform Transition Assessment

Please provide any documentation created during or after structural reform to Health New Zealand that:

- a) Assessed crisis service workforce adequacy;*
- b) Identified risks arising from regional variability;*
- c) Evaluated whether crisis workforce modelling required revision post-centralisation.*

4. Clarification (if section 18(e) is relied upon)

If any part of this request is declined under section 18(e), please confirm:

- The systems searched (e.g., workforce planning units, ERM systems, shared drives, Ministerial Services files)*
- Whether former DHB workforce planning records were included;*
- The date parameters applied;*
- The business units consulted.*

Your response to our request for clarification/refinement dated 26 March 2026

Thank you for your response.

I do not agree that parts 2 and 3 of my request lack due particularity under section 12(2) of the Act.

As set out in my original request (Appendix A), I have already specified clearly identifiable document types, including:

- *workforce modelling reports, spreadsheets, and scenario analyses*
- *risk registers and enterprise risk management entries*
- *internal briefings and workforce planning documents*
- *Cabinet or Ministerial briefings containing modelling extracts*

These are standard and recognisable document classes within Health New Zealand systems.

The request is also clearly bounded by:

- *subject matter (mental health crisis services workforce and suicidology capability)*
- *timeframe (2015–2025)*

Clarification (without narrowing scope)

To assist processing, please treat my request as covering:

All documents of the types listed in Appendix A that relate to:

- *workforce capacity, modelling, or projections for crisis or acute mental health services*
- *risks associated with workforce sufficiency or service capacity*
- *assessments of crisis service coverage, demand, or system pressure*

across both:

- *National Office*
- *District-level (including former DHB records where held)*

Process

This clarification is provided to assist under section 13 and should not be treated as a new request under section 15.

If there are specific aspects of the request that you consider would require substantial collation or research under section 18(f), please identify those elements so that they can be reasonably refined.