

Crisis Pathways Visualisation User Guide

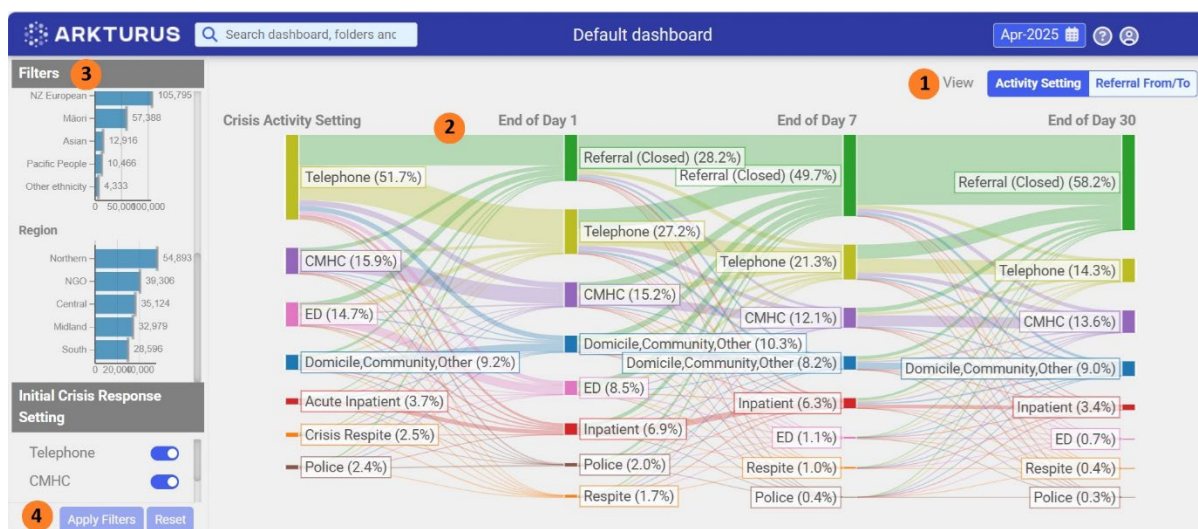
11 May 2026

The interactive model (also called an alluvial diagram) uses national mental health and addiction specialist services data from Programme for the Integration of Mental Health Data (PRIMHD). It shows the pathways of people who are entering mental health and addiction services in crisis and how they journey through these services in Aotearoa New Zealand.

This user guide outlines how to read the flowchart and how to use the interactive features. It includes methodological detail and examples.

1. Overview

The interactive flowchart start page has the following key features:



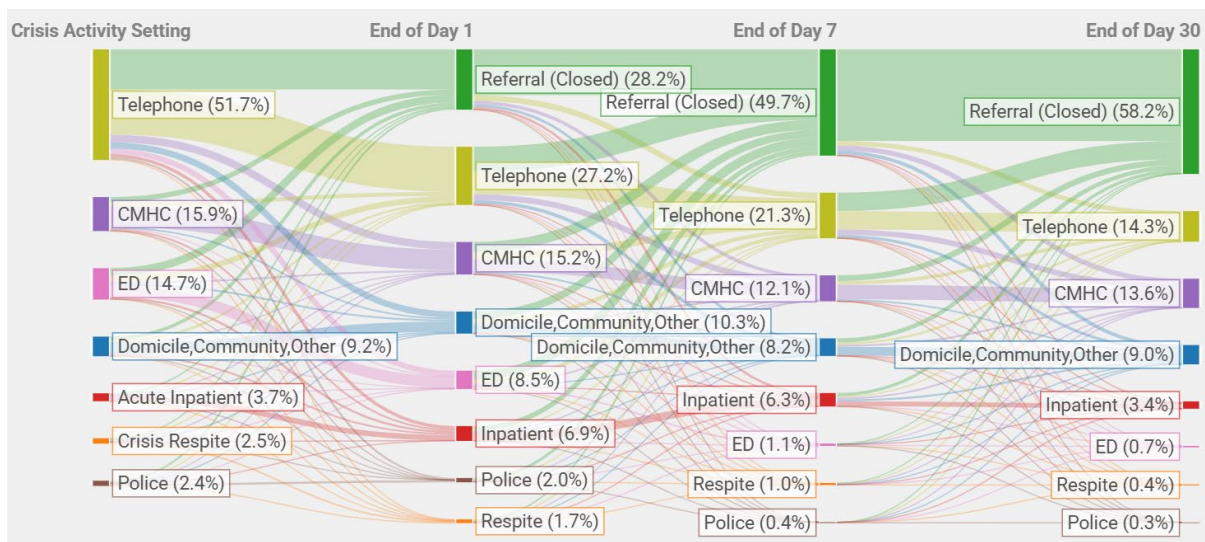
- 1. View options:** The default view option is 'Activity Setting' and there is a 'Referral From/To' view option that can also be selected between using the buttons on the top right of the page. The Activity Setting view has a person flow perspective - it illustrates the different service settings people were last seen in across four time points (initial activity, end of day 1, end of day 7, and end of day 30). The Referral From / To view has a referral direction perspective - it illustrates the sources of referrals to different service settings and where they are sent to.
- 2. Interactive flowchart:** The main part of the page is an interactive alluvial diagram. This will show either the activity setting across four different time points (activity setting) or the place before and after activity in different settings (referral from/to). This chart has consistent time periods across the horizontal x-axis and different categories across the vertical y-axis that illustrate the proportion of people in each category at that time point. These categories are organised with the largest at the top and will sum to 100 per cent of people at each time point on the x-axis. You can

interact with the chart by selecting a category at any time point to focus on the flows to and from one category (and selecting again to remove the focus).

3. **Filters:** These filters are another interactive part of the chart which allows you to select different populations to be illustrated on the chart; age groups, year of crisis activity, ethnicity, region of activity provider, and initial crisis response setting / referral from.
4. **Buttons to apply filters or reset to total population:** Filter do not automatically apply when selected in the side pane and need to be applied using the button.

2. Reading the charts

2.1 Activity setting

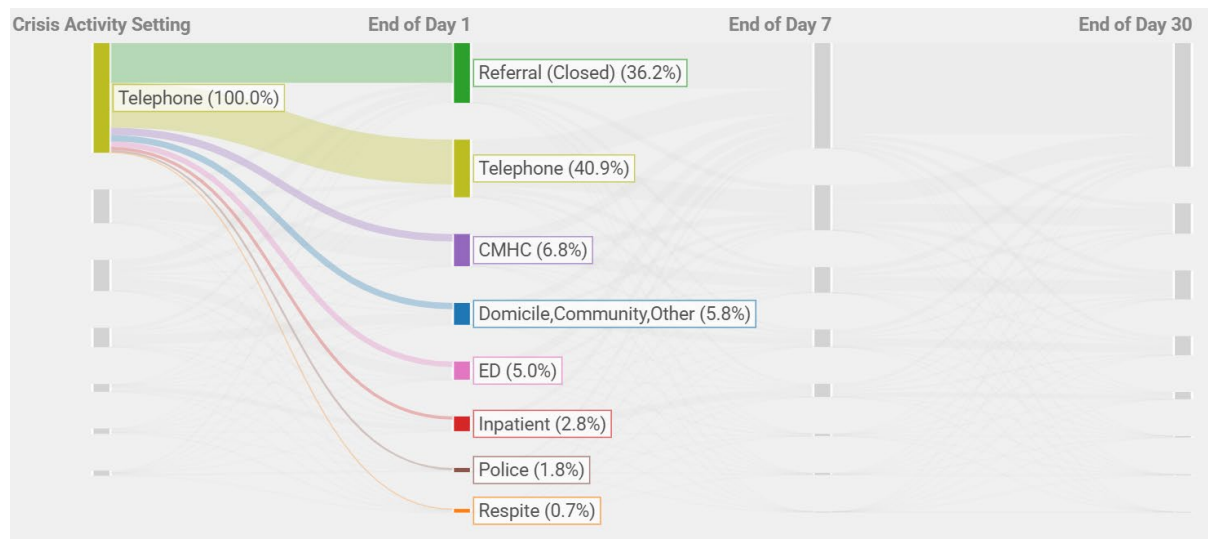


The chart can be read at each time period on the x-axis to tell you what proportion of people were seen in that activity setting at that time-point in their crisis journey. For example, in the above chart there was 51.7 per cent of all people who started their crisis journey with telephone activity and by 30 days after their initial crisis activity, 58.2 per cent of people had their referral closed (no longer receiving activity).

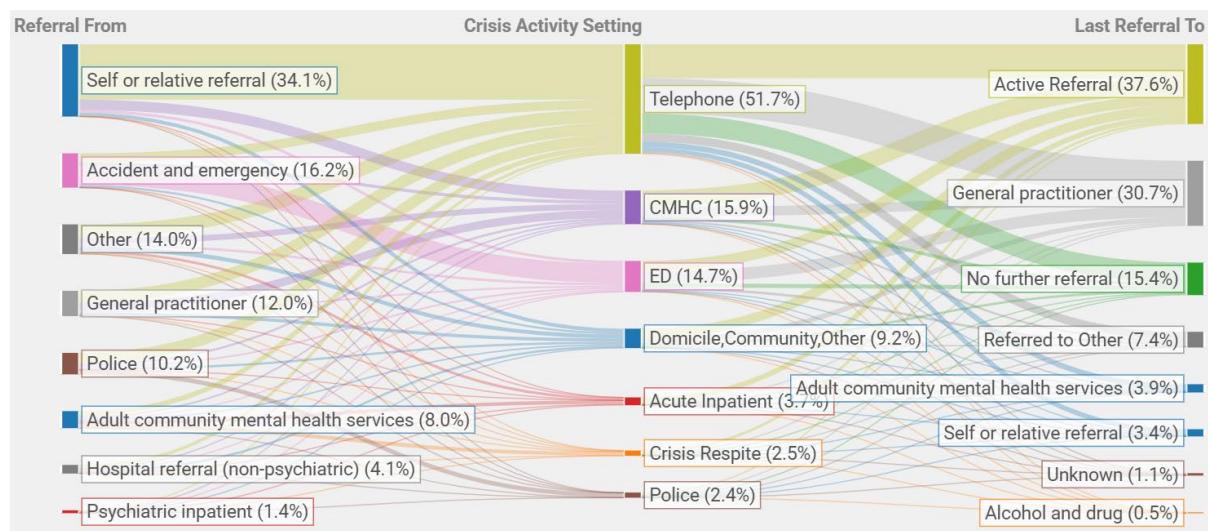
The size of the flows between categories at different time-points can also be seen when reading the chart. For example, in the above chart, for people who started their crisis journey with telephone activity were more likely to have telephone activity or closed referral by the end of day 1. This can be seen by the thicker flows from telephone at crisis activity setting time point to telephone and referral (closed) at the end of day 1 timepoint.

The interactive features of the chart means that we can focus on specific flows between two time points that we are interested in. For example, if we want to know how many people who started their journey by telephone activity had activity across different activity settings, we can left click on the telephone category at crisis activity setting

timepoint. This will highlight flows from (and/or to) this category and give the proportions (that sum to 100 per cent) for this specific group as illustrated below.



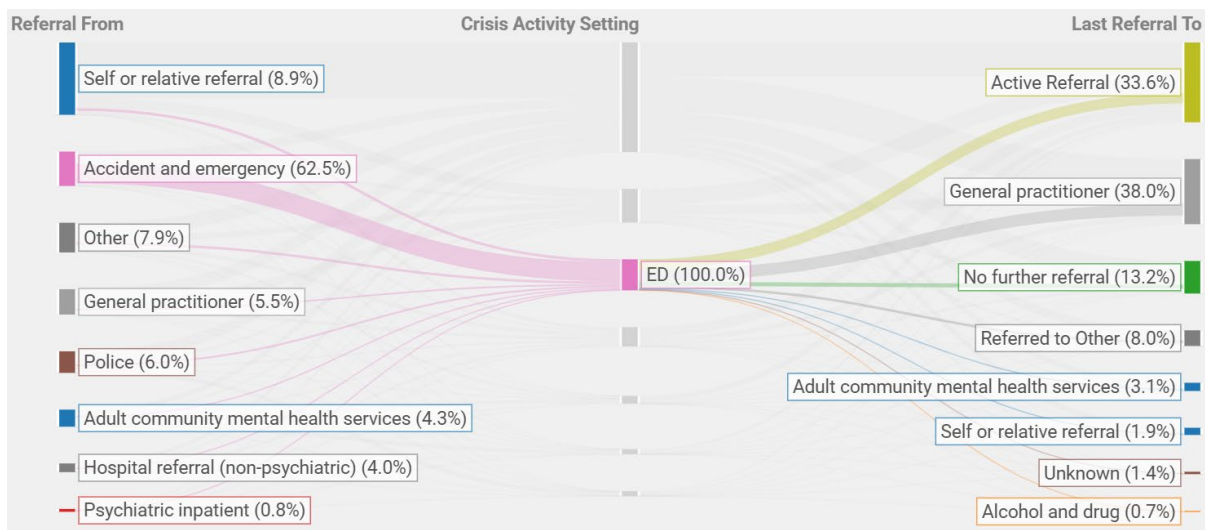
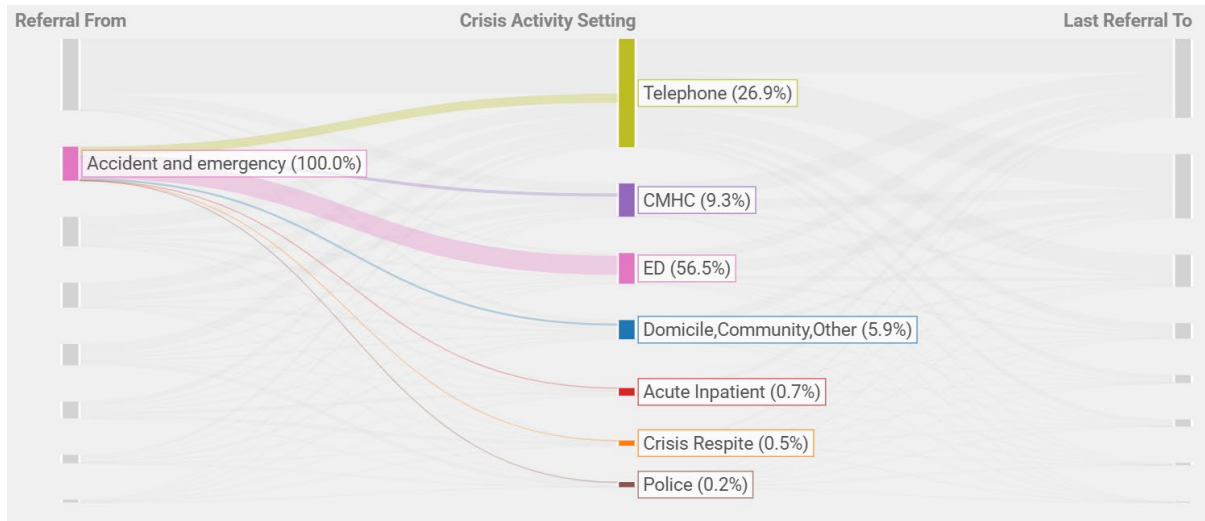
2.2 Referral From / To



This chart can be read in a similar way to the activity setting view in that you can see different proportions of different categories at different points. You may note that the categories and groups at crisis activity setting point in this view match that of the crisis activity setting point on the left of the activity view. In this view, we can see where referrals came from to receive initial crisis activity in each activity setting and where the last referrals went to (where people ended up after their crisis interaction). For example, in the above chart, 34.1 per cent of all initial crisis activity started with a self or relative referral and 30.7 per cent were referred to their general practitioner after their crisis journey.

Again, the size of the flows can be seen by the thickness of the lines, and more specifically by selecting a category to focus on flows to/from this category. For example, in the above chart we can see that a large proportion of referrals from Accident and

emergency have their initial crisis activity in the emergency department (ED). If we left click on the Accident and emergency category at the referral from point, we see that 56.5 per cent of referrals from Accident and emergency are seen in ED (see below). We could also left click on the ED category in crisis activity setting timepoint to see that 62.5 per cent of the ED crisis activity comes from referrals from Accident and emergency (see further below).



2.3 How to Interact with the Visualisation

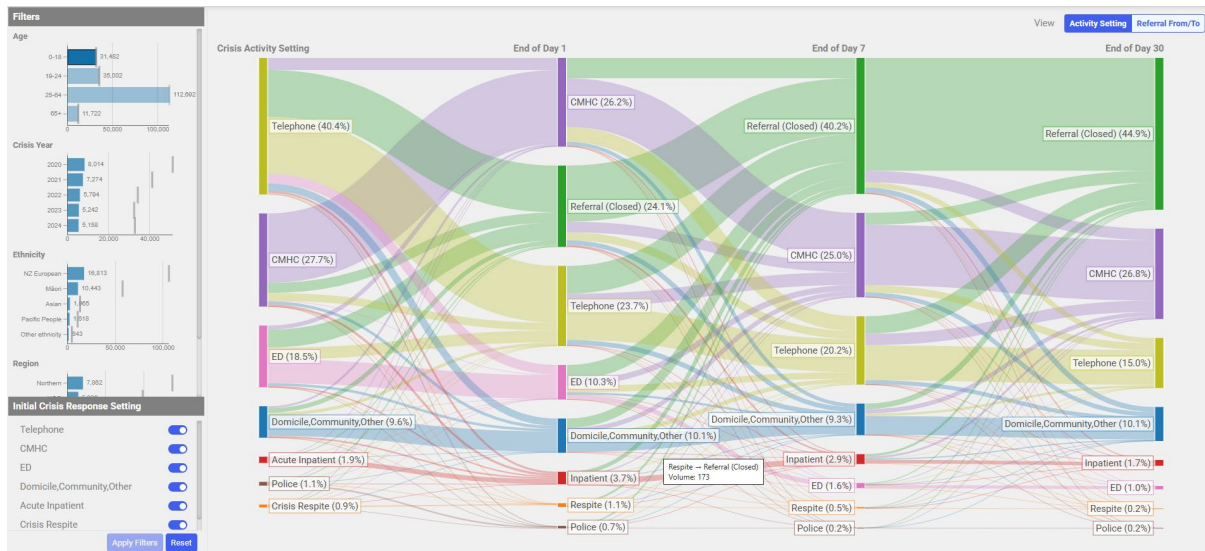
Interactions can occur directly on the charts displayed to highlight flows to and / or from selected categories at a selected point.

The chart also allows to explore pathways for different groups by applying filters from the left hand pane:

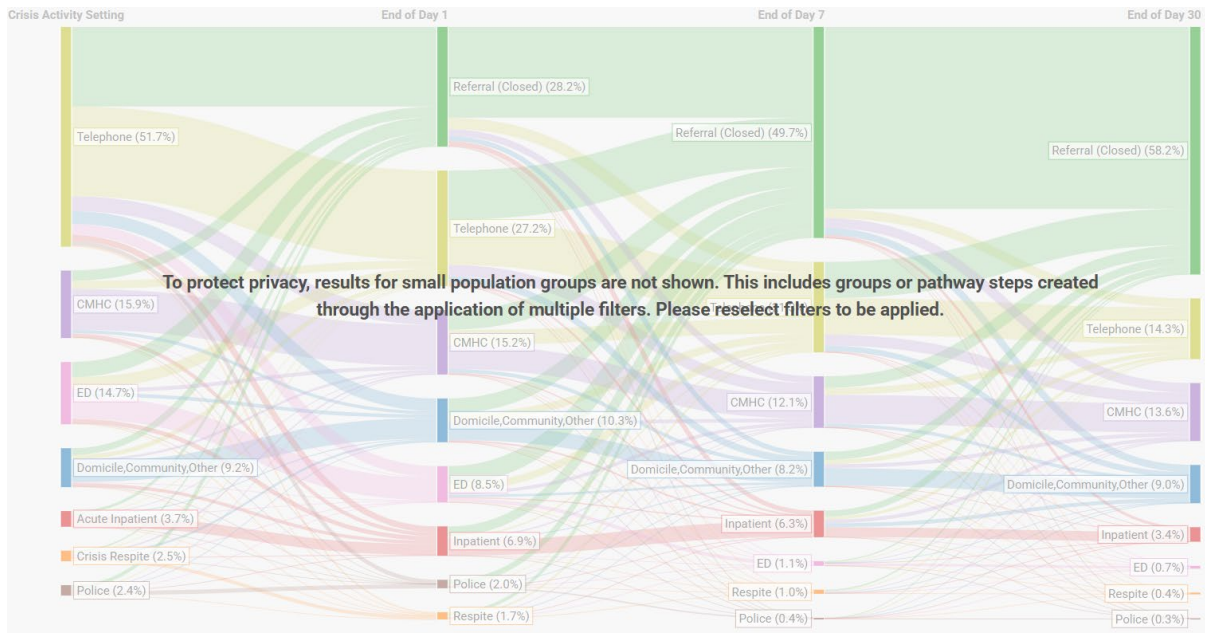
- Age group
- Calendar year

- Ethnicity
- Region of activity provider
- Pathway entry point (either initial crisis activity or referral from).

Multiple filters may be selected at the same time and then applied using the apply filters button. Filters can be removed by using the reset button. For example, the below chart shows the crisis activity setting flows for young people age 0-18. It shows that while telephone still has a large role to play, CMHC and ED are also settings where many young people have their initial crisis activity.



A note on privacy: Where any category may represent a small number of people (less than 6) in the data, the chart will be suppressed to protect privacy of individuals. This is most likely to occur when using multiple filters and / or filters that contain smaller numbers of people e.g. initial crisis activity in Police setting. You will see the below message on the chart advising to reselect filters and can use the reset button.



3. Methodology notes

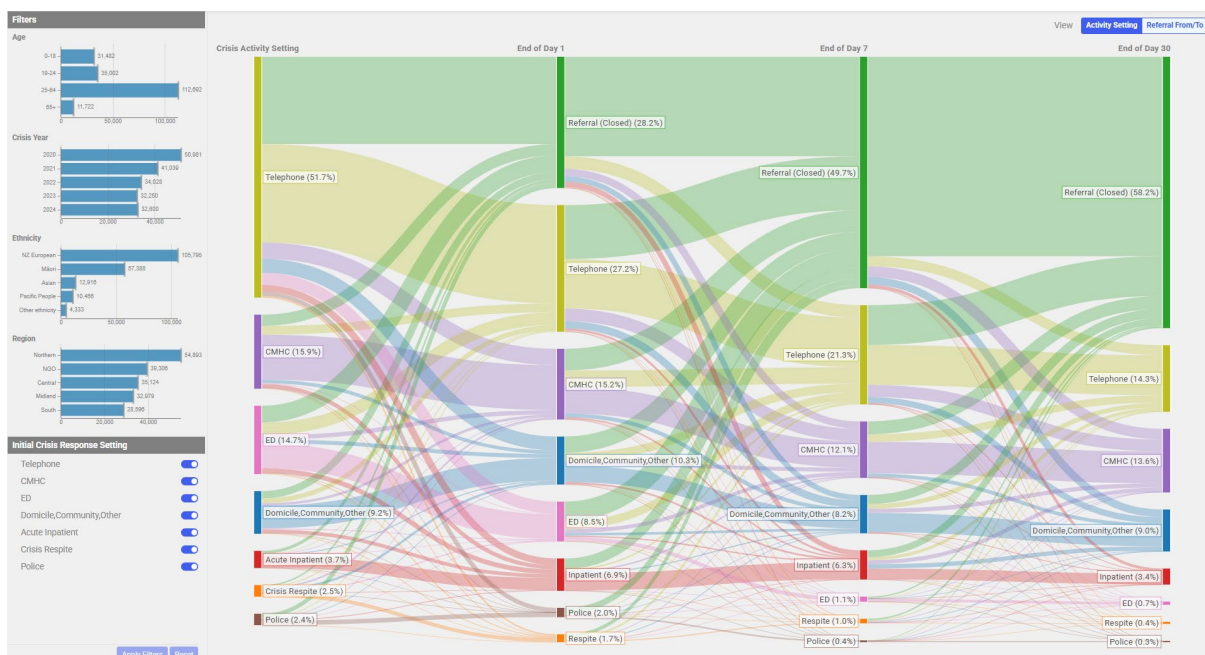
- Crisis Events** are defined using PRIMHD Activity Type Codes:
 - T01** – Crisis Attendance
 - T02/T03** – Inpatient
 - T05** – Crisis Respite Care
- Inclusion:** Tāngata whaiora with at least one Crisis Event during the analysis period.
- Time Period:** The analysis uses data from January 2020 to December 2024.
- Pathways:** Journeys are tracked across different services using PRIMHD activity settings, showing how people move between types of care.
- Key Time Points:** Day 0 (initial crisis), Day 1, Day 7, and Day 30. At each point, the latest recorded activity is used.
- Referral Grouping:** Referrals occurring within 7 days are grouped into a single pathway to reflect continuous care.

4. Example Uses and Insights

Overall Picture (no filters applied)

This shows all pathways from entry (Crisis Attendance, Acute Inpatient, or Crisis Respite) through to 30 days after the event.

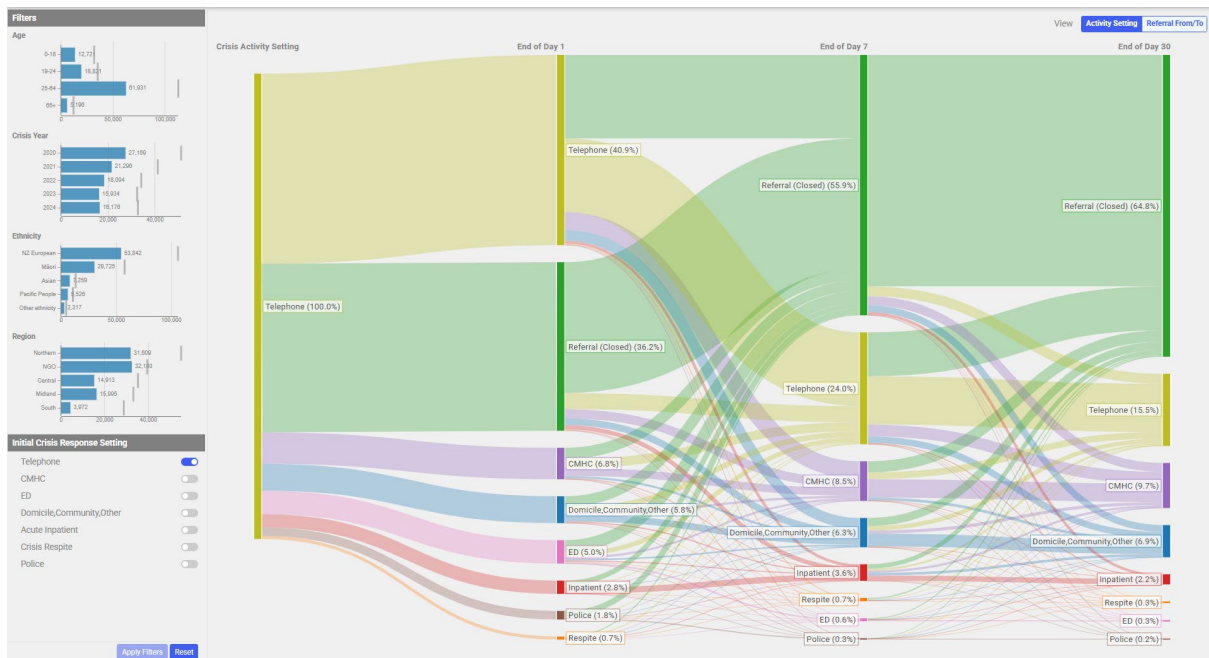
- Nearly half of crisis events are initially supported via telephone.
- 16 per cent receive onsite CMHC support, 15 per cent present at ED, and 5 per cent are supported at home or in the community.
- 28 per cent of referrals close within 24 hours, and around 50 per cent are closed by Day 7.



Telephone Entry Pathways

Filtering to “Telephone” shows what happens after phone-based crisis support begins.

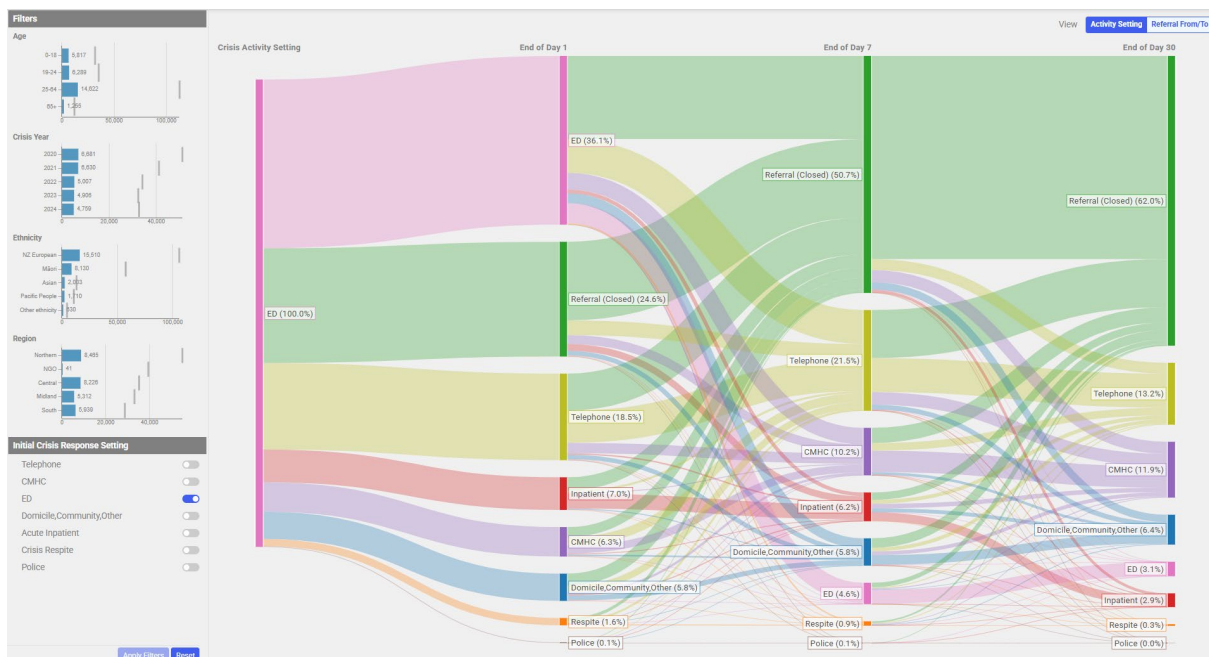
- Within 24 hours: 36 per cent of referrals are closed, while 41 per cent remain supported by phone.
- By Day 7: 56 per cent are closed, with 24 per cent still receiving phone support.
- Fewer people transfer to other services compared with the overall average.



Emergency Department (ED) Entry Pathways

This shows pathways for tāngata whaiora who first present at ED.

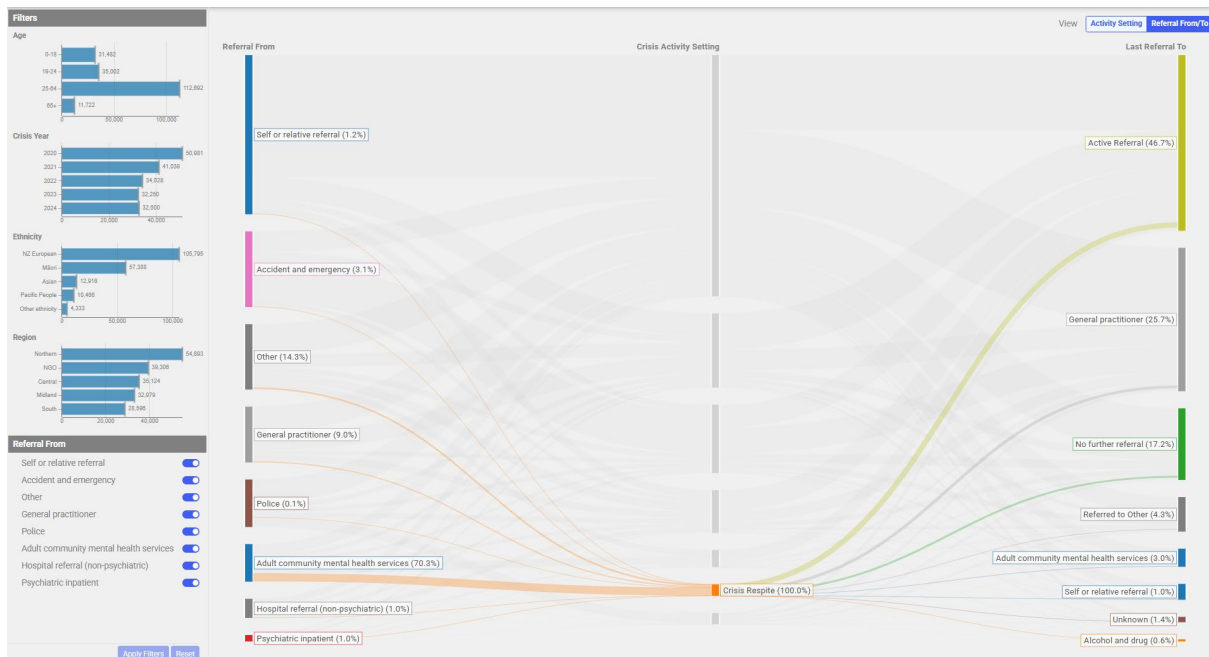
- In the first 24 hours: 36 per cent remain within ED only, while 7 per cent are admitted to inpatient care.
- By Day 7: fewer than 5 per cent remain in ED; inpatient stays tend to continue longer.
- 51 per cent of referrals are closed by Day 7, with others supported across phone, onsite, or community care.



Referral From/To View Example (Respite)

Using the **Referral From/To view** and selecting “Respite” shows where people come from and where their care leads after passing through respite services.

- Pathways involve a mix of services, highlighting the range of support involved in crisis care.



Authored by Te Hiringa Mahara – Mental Health and Wellbeing Commission. April 2026.

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