



Te Kāwanatanga o Aotearoa
New Zealand Government



Draft Mental Health and Wellbeing Strategy 2026– 2036

For public consultation

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Foreword from Minister for Mental Health

Every person in New Zealand deserves timely access to quality mental health and addiction support. This strategy sets out how we will achieve that – creating a system that promotes mental health and wellbeing for all and provides mental health and addiction support and services that meet people’s needs.

Since the creation of the mental health portfolio, this Government has made substantial, measurable improvements across mental health and addiction, including improved wait times, declining workforce vacancy rates, and a strengthened set of crisis response options in communities. But we know that challenges remain. Psychological distress is rising, especially among young people, and substance-related harm is increasing. Demand for support continues to grow, stretching mental health and addiction services, the workforce, and families. Too often, care is fragmented and hard to navigate. Our population is also changing, people want a system that offers new ways to interact, and emerging technologies present both opportunities as well as potential new harms.

This strategy builds on the progress we have made to respond to these challenges with a commitment to build a system that is more connected, responsive, and designed around people’s needs.

As New Zealand’s first Minister for Mental Health, I have introduced new targets to drive faster access to support, prioritised investment to fill critical service gaps, and set a pathway for growing a skilled, diverse workforce. But this is just the beginning. We want every person to experience positive mental health and wellbeing alongside positive physical health.

To achieve this, the strategy focuses on four priorities:

- Strengthening the focus on prevention and early intervention, including mental wellbeing promotion, harm reduction and better support for young people
- Improving access to mental health and addiction support and services across a full and connected continuum of care that works for all New Zealanders
- Growing and supporting the mental health and addiction workforce to increase access and be responsive to people’s needs
- Improving the quality and effectiveness of mental health and addiction care and ensuring New Zealand has a system that can learn and adapt to new evidence, technologies and challenges.

This is not just a vision, it's a plan for action. We must fix the basics while also building for the future. The strategic actions in this strategy will be supported by an implementation plan that will set out concrete steps, clear milestones, and accountability. Your feedback on this draft strategy will help shape this future and ensure that together, we build a system that works for all New Zealanders.

Hon Matt Doocey
Minister for Mental Health

FOUR PRIORITIES

These are the areas that will require sustained focus over the 10-year duration of the strategy.

WHAT THE FUTURE WILL LOOK LIKE

A clear future state vision will guide the strategic actions for the health system within each priority.

STRATEGIC ACTIONS

These are the 10-year actions that will guide the health system to achieve the vision and future of this strategy.

VISION FOR THE HEALTH SYSTEM

All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health

OUTCOMES

Improved mental health, wellbeing and physical health for people experiencing mental health and addiction challenges. Reduced levels of mental distress, and gambling and substance-related harms.



PREVENTION & EARLY INTERVENTION

People's mental health and wellbeing will be actively supported throughout their lives, with timely, joined-up help available when they need it, with a particular focus on young people.

Individuals, family and whānau, and communities will have the tools and confidence to look after their own mental health and to support those around them.

The mental health and addiction system will work alongside other sectors to create the social, economic, physical, cultural, and environmental conditions that help people and communities to thrive.

Strengthen wellbeing promotion efforts and literacy related to mental health, substance and gambling related harms, and addiction across a range of settings and tailored to population groups at higher risk of distress and harm including suicide

Provide and promote comprehensive access to early support to address emerging mental health and wellbeing challenges

Implement evidence-based suicide prevention and postvention, and substance and gambling harm prevention and reduction programmes

Grow community-based supports and services, and enhanced models of care, to foster positive mental health and wellbeing for pregnant women and parents with young children, and to support mental health and addiction needs within the family

Expand access to a range of evidence-informed resources, supports and services for children and young people tailored to their age and developmental stage, with flexible age range eligibility criteria to enable them to engage fully in important developmental experiences

Ensure people engaged with, or transitioning from, the mental health and addiction system who lack basic supports, such as housing and employment, receive integrated or wraparound support



ACCESS TO SUPPORTS & SERVICES

People will have timely access to safe, trauma-informed, and culturally appropriate mental health and addiction care.

People experiencing multiple or complex challenges will receive integrated mental, physical, and social support, with clear pathways ensuring continuity and choice throughout their care journey.

A connected system will provide "entry through any door," delivering consistent, equitable services nationwide while adapting to local needs.

Scale up community supports and strengthen access to and options of mental health and addiction services across a comprehensive continuum of care including specialist services, eating disorders services, crisis support services and forensic services.

Increase the availability of acceptable, safe and effective digital mental health supports, including telehealth and appropriate AI tools.

Deliver safe, trauma-informed, responsive, accessible, and age and culturally appropriate services for populations with specific needs.

Improve continuity of care and transitions between primary, specialist and crisis support services, as well as transitions between mental health, addiction, and other health and social services.

Collaboratively develop consistent models of care across mental health and addiction services, with ongoing improvements to reflect emerging evidence, and clear expectations for geographic availability.



WORKFORCE

People will be supported by a larger, more diverse, representative, and highly skilled workforce delivering inclusive, culturally responsive, and person-centred care, with strong representation of peer and lived experience roles.

Improved workforce wellbeing will attract new talent and support the retention of existing staff, strengthening the system's capacity to meet growing needs.

People will interact with workforces equipped to address mental, physical, and social needs holistically.

Grow the workforce through expanded training, internship, and placement opportunities supported by appropriate supervision arrangements and career progression pathways to enable a smooth flow of new graduates into the workforce.

Diversify the range of roles that can support mental health, addiction and wellbeing and support professionals to work to the top of their scope of practice to enhance system productivity.

Upskill the workforce with training in competencies to enable improved models of care, address shortages in specialist areas, and offer responsive and safe support.

Implement targeted strategies to improve recruitment and retention, seeking to ensure employment conditions make mental health and addiction an attractive space to work and improving representativeness.

Further develop the Consumer, Peer Support and Lived Experience workforce with intentional planning, coordination and support mechanisms to enable this workforce to play a significant role in supports and services.

Support and promote other health and social service workforces to access upskill training to enable them to recognise and support mental health, addiction and wellbeing challenges alongside physical health and social sector needs.



EFFECTIVENESS

People will experience a mental health and addiction system that feels safe, inclusive, and free from prejudice and discrimination, shaped by the voices, leadership, and wisdom of people with lived experience.

Lived experience and peer leadership will be present at every level, with insights valued equally alongside clinical expertise to ensure responsive, person-centred care.

A connected, learning system will deliver evidence-based, flexible services that uphold rights, promote recovery, and adapt to changing needs and technologies.

Embed the infrastructure needed to support lived experience leadership at all levels and meaningfully involve people in service design and delivery.

Implement targeted strategies to combat prejudice and discrimination and change attitudes in the health system and across sectors to improve equity for people experiencing mental health and addiction challenges.

Improve data quality and completeness, including addressing gaps, ensuring the right information is collected, and evaluations to support monitoring, effectiveness and performance improvement.

Improve availability of robust population data to inform alignment of investment to population needs.

Improve the quality and safety of services for people receiving mental health care through supported decision making, minimising the use and duration of compulsory care, robust monitoring, and reducing and eliminating the use of seclusion and restraint for people receiving compulsory mental health care.

Shift commissioning approaches to a partnership approach and support providers to identify and respond to local needs and monitor outcomes.

Improve the safety and responsiveness of both existing and planned mental health and addiction facilities.

Strengthen horizon scanning mechanisms to identify new research and evidence, and emerging harms or threats and support the system and workforces to adjust and respond.



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Introduction

Purpose and scope

This strategy sets the direction for improving the mental health and wellbeing of New Zealanders over the next decade. It provides clear direction on the system-level actions required to improve mental health and wellbeing outcomes, and prevent and reduce harm from substance use, gambling, and addiction.

The Mental Health and Wellbeing Strategy (the strategy) is one of a suite of strategies published under the Pae Ora (Healthy Futures) Act 2022 (the Healthy Futures Act). The Healthy Futures Act states that the strategy must:

- contain an assessment of the current state of, and the performance of the health sector in relation to, mental health and wellbeing outcomes
- contain an assessment of the medium- and long-term trends that will affect mental health and wellbeing outcomes
- set out priorities for mental health and addiction services and health sector improvements relating to mental health and wellbeing, including workforce development.

Proposed amendments to the Healthy Futures Act, once enacted, will also require the strategy to:

- give effect to the relevant targets within the Government Policy Statement on Health
- be consistent with other strategies under the Healthy Futures Act.

While this strategy focuses on driving change through the health system and health entities¹, we know the health system cannot improve mental health and wellbeing outcomes alone. Other government agencies, families, iwi, community groups, non-government organisations, businesses and others all have vital roles in creating a future where people's needs are met, including social, economic and health needs, and where mental health and wellbeing are supported everywhere people live, learn, and work.

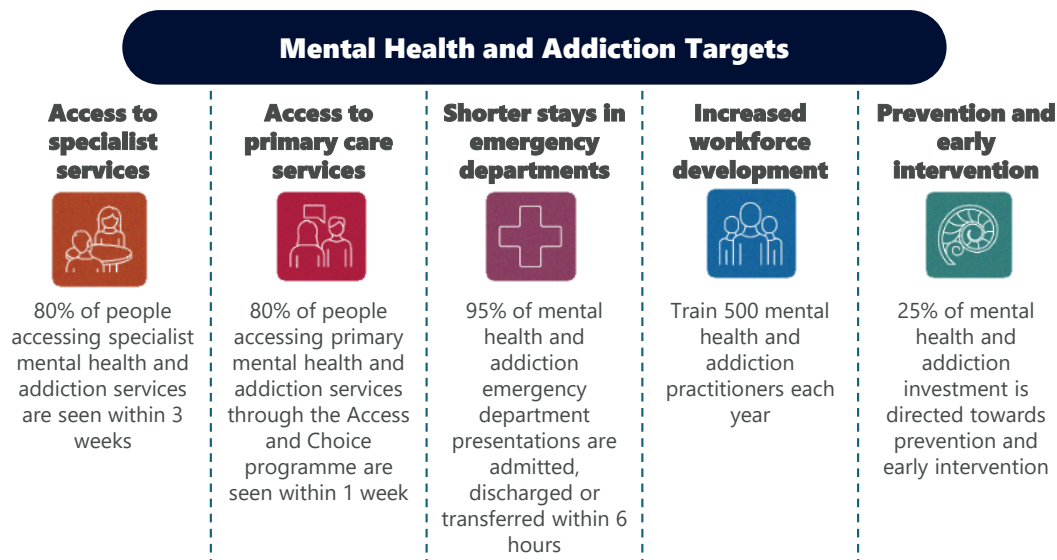
Appendix 1 presents a summary of the key elements of this strategy, including strategic actions and quantitative measures that will support monitoring and accountability for implementation.

¹ Health entities as defined in the Healthy Futures Act include Health New Zealand, the Health Quality and Safety Commission, Pharmac and the New Zealand Blood and Organ Service.

Giving effect to mental health and addiction targets

The Government Policy Statement on Health sets five targets to drive improvements in the mental health and addiction system so that people get the help they need when they need it.

Figure 1: Mental health and addiction targets



These targets are about accountability and efficiency, but most importantly they are about better outcomes for people and their families. This strategy provides the vision, framework, and actions to achieve these targets and improve the mental health and addiction system for all New Zealanders.

Each of the strategic actions outlined in this strategy either directly or indirectly contribute to the health system's achievement of these targets. **Appendix 2** provides an overview of the targets each strategic action supports.

Relationship to other strategies and plans

This strategy provides an overarching framework and vision for improving the mental health and wellbeing of all New Zealanders. To make this vision a reality, some areas require targeted focus and tailored action. Dedicated strategies and action plans address these priority areas, ensuring the unique needs of people facing specific challenges are met. These plans work together with this overarching strategy to create a unified approach to better mental health and wellbeing for everyone.

Figure 2: Overview of related strategies and action plans



While this strategy reflects current priorities and objectives for the health system, it also builds on a history of strategic shifts and direction-setting for the mental health and addiction system, as outlined in **Appendix 3**.

Wider responsibilities, such as international conventions to which New Zealand is a signatory, are acknowledged. This strategy also recognises the special relationship between New Zealand and countries that form the Pacific aspect of the Realm of New Zealand – the dependent territory of Tokelau and the self-governing states of the Cook Islands and Niue.

This strategy also complements various other government strategies² that focus on addressing a range of underlying drivers outside of the health system related to mental health and wellbeing.

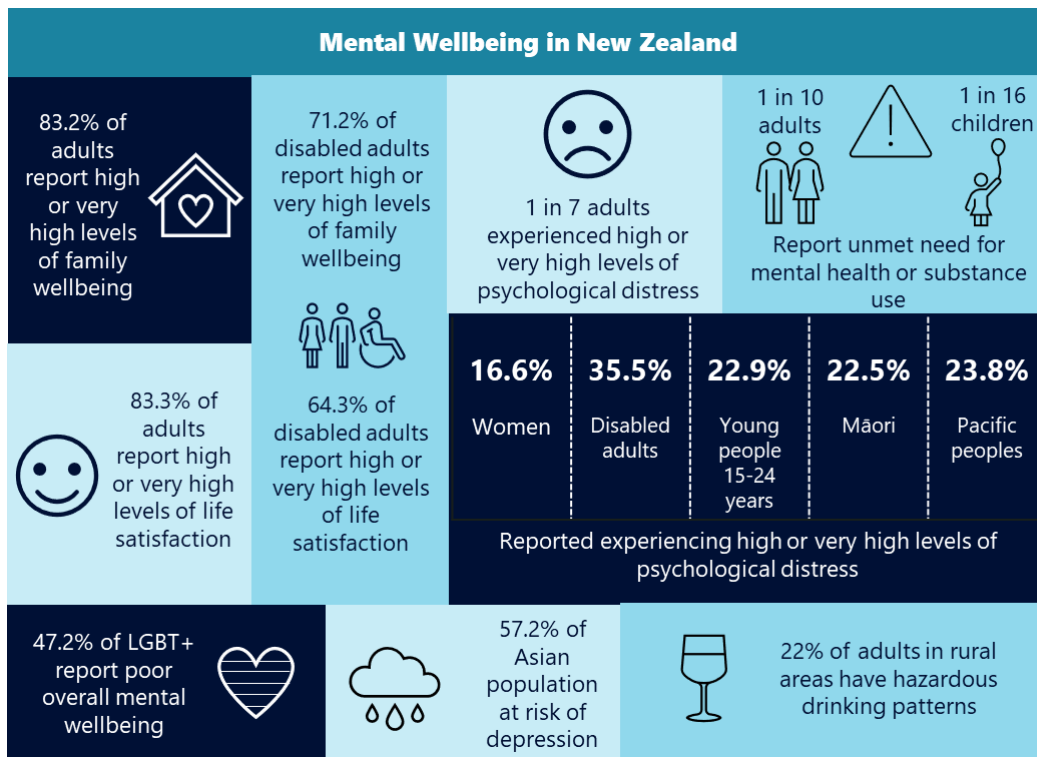
² E.g. Te Aorerekura: the National Strategy for the Elimination of Family Violence and Sexual Violence; the Child and Youth Strategy 2024-27; New Zealand Disability Strategy 2026-2030, among others.

Understanding needs, system performance and future trends

Mental health and wellbeing needs

While most people in New Zealand report a good level of life satisfaction and wellbeing, this is not the case for everyone. Mental health conditions, gambling and substance related harms, and mental distress are increasing, start early in the life course, and the burdens associated are distributed inequitably across different population groups^{3,4}.

Figure 3: Mental health and wellbeing needs



³ Asian Family Services. (2025). New Zealand Asian Wellbeing & Mental Health Report; Ministry of Health, Health and Independence Report 2023, Unpublished Data; **Ministry of Health, New Zealand Health Survey 2024/25**; Stats NZ, General Social Survey 2023.

⁴ Particular population groups that experience poorer mental health outcomes identified in *He Ara Oranga: Report of the Government inquiry into mental health and addiction* include Māori, Pacific, rainbow communities, children and young people, refugees and migrants, disabled people, rural communities, people involved in the justice system, veterans, and older people.

People with mental health and addiction needs also experience inequitable physical health outcomes, with higher rates of many health conditions and shorter life expectancy, and this gap has increased over time. For example, New Zealanders accessing specialist mental health services have double the risk of premature mortality compared with the overall population and their life expectancy is shorter by up to 25 years.

These measures point to a critical challenge. While overall wellbeing remains strong for many, a significant and growing number of New Zealanders are struggling, and the systems designed to support them are under pressure.

More detailed information about the nature of mental health and wellbeing, and the current state of mental health and wellbeing in New Zealand, is in **Appendix 4**. However, it is important to acknowledge that data regarding system performance and experiences of people accessing mental health and addiction services can only tell the story about people who interact with the system. As a result, there are people who experience poor mental health, substance and/or gambling related harm, and/or poor wellbeing that are not visible.

Mental health and addiction system performance

The mental health and addiction system provides a continuum of supports and services for different levels of needs – from preventing poor mental health and wellbeing, promoting positive mental health and wellbeing for all, early intervention services for people experiencing distress or harms associated with substance use or gambling, through to specialist services for those experiencing complex challenges.

Figure 4: Continuum of mental health and addiction system services and supports



The expectation is that people easily transition through services across the continuum as their needs change. However, people currently experience barriers such as rigid eligibility criteria, waitlists, services that do not meet unique population needs, and challenges accessing available services (for example, because of location or opening hours). As a result, while more people are seeking support, more people are also reporting unmet need for mental health and addiction services and thus more people are turning to alternative sources of support such as their family and friends⁵.

⁵ Ministry of Health, New Zealand Health Survey 2024/25

There have been ongoing improvements in the mental health and addiction system over the past years. For example:

- **More options:** There has been increased investment to fill critical service gaps, most recently focused on primary-level and crisis support services. This has moved New Zealand towards a more complete continuum of care.
- **Targets for timely access:** The introduction of mental health and addiction targets is driving more timely access, with targets for shorter wait times to access primary and specialist mental health and addiction services met nationally since they were introduced in July 2024.
- **Workforce growth:** There has been an 11% increase in Health New Zealand full-time equivalent mental health and addiction workers between September 2023 and 2025, with decreasing vacancy rates across most professional groups.

These improvements matter because they translate into better experiences for people and their families including less time waiting in distress, more options for timely support, and care that feels responsive and respectful.

However, while national progress is encouraging, not everyone is benefiting equally and there are persistent challenges.

- **Outdated system design and service delivery models:** While we have built a fuller continuum, the overall design of the system and the way services are delivered has not shifted significantly in the past 25 years. Services are still largely delivered in traditional health settings, with triaging based on acuity of needs, limited availability outside of standard office hours, and slow integration of new technology. This has resulted in a system that is not adequately meeting the needs of all New Zealanders, and one that is not keeping pace with the changing ways people want to interact with and receive services.
- **Variation in investment and fragmentation across services:** While there are more options, levels of investment, models of care and service access are variable across the country and fragmented across the system. Referral pathways between, and eligibility criteria for, services are not clear or consistent, and are impacted by historic funding siloes and capacity constraints. This creates disjointed and inconsistent experiences for people and their families and difficulties navigating services, particularly for young people transitioning to adult services. It also contributes to disparities in access and outcomes.
- **Limits on access to services:** Access to mental health and addiction services in some parts of the continuum and for some population groups is declining, particularly for children and young people. This will be driven by a range of factors including the availability of a greater variety of support options, but also indicates increasing complexity of needs requiring more intensive support, system barriers impacting productivity, and ongoing workforce constraints.
- **Critical system enablers** including lived experience leadership, funding and commissioning models, physical infrastructure, mental health legislation, and data and evidence also need strengthening to reflect best practice and drive ongoing system improvements.

Every person, regardless of where they live or who they are, should have equitable and timely access to mental health and addiction support that works for them. This means

continued efforts are needed to build a comprehensive continuum of care designed around people's needs, address variation and fragmentation, elevate lived experience, and ensure the system is supported by strong enablers to drive change.

More detailed information about the landscape of supports and services, including workforce and funding, and current system performance is included in **Appendix 4**.

Trends and future factors

Over time, the mental health and addiction system will need to adapt for a changing New Zealand population. Workforce composition, training and models of care will need to respond to and reflect these changes.

Key population trends include:

- **Increasing youth mental distress:** There has been a steady global trend of increasing mental distress for young people, with increases occurring at a greater rate than for other age groups.
- **Ageing population:** By 2040, New Zealand's median age is projected to rise to 42⁶, bringing increased risks of chronic health conditions, impairments, and social isolation.
- **More diverse population:** Māori and Pacific peoples will make up a growing proportion of the population, with younger age profiles compared to the national average, alongside a significant increase in Asian communities.

Future expectations of care are also shifting. Digital tools like telehealth will play a bigger role in improving access, while technologies such as artificial intelligence may enhance services, but only if used responsibly and in ways that protect people's wellbeing.

A changing landscape of illicit drugs in New Zealand will require different approaches to preventing and reducing substance-related harms. The overall supply of drugs to New Zealand is expected to increase, with a greater variety of drugs available⁷.

Broader social and environmental challenges from housing affordability to anxiety from extreme weather events, will also shape mental health needs and substance use patterns. While there will be new and emerging harms that require mitigation, advances in research and evidence, changing and emerging technologies, and shifts in societal attitudes and beliefs create the potential for new solutions and treatments.

The pace of these changes often outpaces the speed at which systems can respond, therefore we need to provide flexibility for the system to be able to adapt and respond quickly and compassionately, providing support in times of crisis and building resilience for whatever the future brings.

⁶ District Ethnic Group Population Projections, 2025 Update produced by Statistics New Zealand according to assumptions specified by the Ministry of Health

⁷ National Drug Intelligence Bureau (December 2025). Strategic Intelligence Forecast.

Strategic direction

Vision and outcomes

This strategy sets the direction for improving mental health and wellbeing and reducing gambling and substance-related harm for the health system. At its heart is a clear vision: *'All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health'*.

People and their families will experience a mental health and addiction system where every pathway connects them to a range of response options that they can choose from. Supports and services will be designed to meet their needs and life stage, and will be easy to access and navigate. People's experiences engaging with services will be seamless, without barriers to accessing the care they need, when they need it. People will be able to trust that services will respect and promote their dignity and will feel safe, respected, and empowered.

People will know how to support their own mental health and wellbeing and will feel confident that support will be there if they need help. Families will be supported to walk alongside their loved ones, and communities will be empowered and equipped to care for their people close to home.

Overall, mental health, wellbeing and physical health for people experiencing mental health and addiction challenges will improve, and levels of mental distress and gambling and substance-related harms will reduce.

Direction of travel

There has been progress in strengthening the mental health and addiction system, building on a history of strategic shifts – from institutions to community-based care, from a limited focus on specialist treatment to a population approach, from a health-only response to a whole-of-government approach, and with notable progress destigmatising mental health, broadening workforces and increasing support options available to people (refer **Appendix 3**). These are important shifts and must continue.

However, as outlined above, many challenges remain, and there are future factors that require different approaches now. These have informed the priorities in this strategy. Particular focus will be needed to ensure the future system adequately:

- addresses the changing needs of young people and how they interact with the mental health and addiction system
- adopts emerging digital health tools in a safe and effective way to support innovation and improved experiences for people seeking support
- supports families, friends and communities who are often the first port of call when a person experiences distress or harm.

Over the years, New Zealanders have shared their experiences and aspirations for change. We have heard clearly that people want there to be support early, as soon as it is needed, with a stronger focus on promoting and producing wellbeing and stronger supports for parents, children and young people. They have told us the system needs to be more joined up, with seamless navigation and smooth entry and exit. This requires arrangements to support people with lived experience and their families to influence design and solutions, and a diverse workforce that is valued and reflects the communities it serves.

These voices have helped shape this strategy. Further information about key themes from previous engagements are outlined in **Appendix 5**.

Four priorities will guide the strategic direction over the next 10 years.

Figure 5: Four priorities to guide the strategic direction



The following sections outline why these priorities matter, what better outcomes look like, and the strategic actions to achieve them.

Implementation plan

A key point of difference for this strategy is how it will be delivered. The strategy will be backed by an implementation plan that turns strategic vision into tangible action. The implementation plan will provide detail around how the system-level shifts reflected through the strategic actions will be achieved.

While this strategy provides a ten-year vision, the implementation plan will focus on the next three years. It will turn priorities into tangible improvements through detailed activities with clear milestones, timeframes, and accountability to ensure real progress for people and their families.

Not everything can be done at once. There are core system components that require focus to ensure the system is stable, however this strategy is not about simply doing more of the same. It is also about embracing innovation, building new components and shifting to new ways of working and supporting people.

Across these strategic priorities:

- There will be an immediate focus on **fixing the basics**; it is important we get the foundations right and do the basics better.
- There will also be an initial focus on **doing more of what works**; New Zealand's mental health and addiction system has many strengths and pockets of excellent practice that can be scaled up.
- Alongside this, we must **build for the future**. Over time, there will be an increasing focus on aspirational actions to drive system change.

The implementation plan will be developed following engagement on this draft strategy, to ensure it gives effect to the final strategy and feedback received through public consultation.

Measuring and monitoring progress

Measuring progress matters, because people need to know that change is happening. This strategy places strong emphasis on tracking outcomes and system performance, using clear measures that will show how mental health and wellbeing are improving across the population.

The Ministry of Health and Health New Zealand will work together to monitor the implementation of the strategic actions in this strategy, as well as how each mental health and addiction target is progressing. This will include analysis of quantitative measures to track outcomes and equity at district levels, for specific population groups, and separately for mental health and addiction services. Achieving targets at the national level is not sufficient if it still means people in specific places, or who are part of specific population groups, do not experience the same improvements.

Appendix 1 outlines an initial set of quantitative measures that will be used which reflect data and information that is currently available. However, through the life of this strategy and the implementation of the strategic actions, new measures will be developed collecting additional data which will enhance our ability to effectively monitor and measure progress and outcomes. This is expected to include the development of mechanisms to measure the experiences of people interacting with the system.

The Mental Health and Wellbeing Commission will also play an important role. In line with its statutory functions, it will independently assess and report on the mental health and wellbeing of people in New Zealand, factors that affect people's mental health and wellbeing, as well as approaches to mental health and wellbeing and mental health and addiction services. This ensures transparency, accountability, and confidence that the system is delivering for people and their families.

Priority 1: Prevention and early intervention

Why this matters

A strong focus on wellbeing promotion, prevention, early intervention and harm reduction can reduce distress, gambling and substance-related harm and mental health challenges, improving long-term outcomes and easing system pressures. Yet urgent demand often shifts attention away from prevention and the underlying causes of distress, substance use and gambling.

Mental wellbeing is nurtured within families, whānau, communities, educational settings and workplaces, which are often the first to notice when someone is struggling. Equipping people with the right tools, knowledge and resources enables people to support their own wellbeing and that of others, while community, hapū and iwi-led initiatives provide locally meaningful and effective support to respond to need.

Supporting people early, especially in the first years of life⁸ and during key transitions such as pregnancy, birth, childhood and adolescence, and the development of conditions associated with ageing, is vital to lifelong wellbeing. Nearly half of mental health challenges emerge before age 18⁹, and currently 22.9% of young people aged 15-24 report experiencing high or very high levels of psychological distress, making timely, developmentally appropriate support essential for children and young people.

It is estimated that 60-90% of mental health challenges¹⁰ are driven by social, economic, environmental and cultural conditions, including housing, physical health, family and sexual violence, and poverty. This highlights the importance of a cross-sector prevention approach to tackle these drivers to more effectively reduce harm, strengthen resilience, and lessen long-term pressure on mental health, addiction and other services.

What the future will look like

In the future, people's mental health and wellbeing will be actively promoted in the places where they live, learn, work and connect. Families, whānau and communities, along with schools, workplaces, marae, sports clubs, neighbourhood events and faith-based institutions will confidently foster environments that promote wellbeing.

⁸ The early years of life spans from conception through the first 2,000 days.

⁹ Ref Solmi, M., Radua, J., et al. (2021). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies *Molecular Psychiatry*, <https://doi.org/10.1038/s41380-41021-01161-41387>







¹⁰ Bala, J., Newson, J. J., & Thiagarajan, T. C. (2024). Hierarchy of demographic and social determinants of mental health: Analysis of cross-sectional survey data from the Global Mind Project. *BMJ Open*, 14(3), e075095. <https://doi.org/10.1136/bmjopen-2023-075095>

Individuals, families and communities will have the tools, knowledge and skills they need to strengthen their own mental health and to support those around them, reducing both individual and collective harms.

At key life stages, people will receive timely, integrated support that strengthens long-term wellbeing. Pregnant women and new parents will have seamless access to services that help build strong, healthy foundations for their families. Young people will be actively involved in shaping the mental health and wellbeing supports designed for them and will be able to access help where they live, study and work. They will feel confident talking about mental health, substance use and gambling in ways that reduce stigma and encourage hope for the future.

This future will be underpinned by a connected and collaborative system that works across sectors to promote the social, economic, physical, cultural and environmental conditions that protect mental health. Government agencies, iwi and hapū, community organisations and other partners will work together to create supportive environments that enable people to thrive.

Strategic actions

Prevention and early intervention actions	Relevant target
1. Strengthen wellbeing promotion efforts and literacy related to mental health, substance and gambling related harms, and addiction across a range of settings and tailored to population groups at higher risk of distress and harm including suicide.	
2. Provide and promote comprehensive access to early support to address emerging mental health and wellbeing challenges.	
3. Implement evidence-based suicide prevention and postvention, and substance and gambling harm prevention and reduction programmes.	
4. Grow community-based supports and services, and enhanced models of care, to foster positive mental health and wellbeing for pregnant women and parents with young children , and to support mental health and addiction needs within the family.	
5. Expand access to a range of evidence-informed resources, supports and services for children and young people tailored to their age and developmental stage, with flexible age range eligibility criteria to enable them to engage fully in important developmental experiences.	
6. Ensure people engaged with, or transitioning from, the mental health and addiction system who lack basic supports, such as housing and employment, receive integrated or wraparound support .	

Priority 2: Access to supports and services

Why this matters

Levels of mental distress, along with harms related to substance use and gambling, continue to rise, making timely access to primary, specialist and crisis mental health and addiction services more critical than ever.

As New Zealand's population grows and becomes more diverse, people are presenting with a wider range of needs and differing ways of engaging with services. People want to be able to easily enter the system without encountering barriers, and they want options for services that suit their lifestyle and circumstances, from non-traditional hours to co-location with other social services or community supports.

When people cannot easily access the right support at the right time, their distress intensifies, and inequities worsen for those facing multiple or complex challenges or with specific cultural, social or health needs.

At the same time, stretched and fragmented services create additional barriers for people navigating the mental health and addiction system. Inconsistent models of care and unwarranted geographic variation in the availability of supports mean that a person's access to help may depend on where they live rather than what they need.

These discrepancies mean not all people experience a smooth continuum of care that can meet their changing needs, and this results in unequal health outcomes across communities. Strengthening coordination, consistency and accessibility across the system is essential to ensure everyone can get the support that helps them live well.






What the future will look like

In the future, people and their families will have timely access to safe, trauma-informed and culturally appropriate mental health and addiction services that meet them where they are. Care will be available across a wide continuum and in a range of settings in the community as well as digital and telehealth platforms. Support will be responsive, age-appropriate and accessible for all. People will be able to easily find the support they need and will feel confident reaching out for help, knowing they will be met with compassion, dignity and options that work for their needs.

People experiencing multiple or complex challenges will be able to access supports that work for them. They will receive integrated mental, physical and social care alongside strong community-based, recovery-oriented options. When hospital-based care is needed, clear and flexible pathways will support smooth transitions into and out of services, ensuring continuity, stability and choice.

A coordinated and connected system will enable “entry through any door.” Mental health, addiction, physical health and social supports will work together so people experience smooth transitions and consistent access no matter where they live. Unwarranted geographic variation will be removed, while local needs will still shape service delivery. People will have a dependable range of supports available nationwide that are flexible enough to reflect local contexts, but consistent enough to enable equity, quality and continuity.

Strategic actions

Faster access to services and supports actions	Relevant target
1. Scale up community supports and strengthen access to and options of mental health and addiction services across a comprehensive continuum of care including specialist services, eating disorders services, crisis support services and forensic services.	
2. Increase the availability of acceptable, safe and effective digital mental health supports , including telehealth and appropriate AI tools.	
3. Deliver safe, trauma-informed, responsive, accessible, and age and culturally appropriate services for populations with specific needs .	
4. Improve continuity of care and transitions between primary, specialist and crisis support services, as well as transitions between mental health, addiction, and other health and social services.	
5. Collaboratively develop consistent models of care across mental health and addiction services, with ongoing improvements to reflect emerging evidence, and clear expectations for geographic availability.	

Priority 3: Workforce

Why this matters

The mental health and addiction workforce underpins the system, made up by a wide range of skilled clinical and non-clinical professionals who work hard to support people experiencing mental health and substance related challenges. However, access to services is often limited by significant workforce shortages, which contribute to ongoing recruitment and retention challenges.

A diverse range of roles working across the mental health and addiction continuum, and in collaboration with other sectors, is essential to provide timely access and early intervention. The effectiveness of these services also relies on how responsive and representative the workforce is, ensuring care meets the needs of local communities and delivers inclusive, person-centred support.

Mental health, physical health, and social wellbeing are closely connected. People experiencing mental health and addiction challenges often interact with the wider health system and social services, yet not all workforces have the capability or supports needed to address these needs holistically. Building workforces across sectors that can integrate mental health, physical health, and social support is critical to improving outcomes and ensuring people receive the care and support they need.







What the future will look like

People's experiences of the mental health and addiction system will be improved by a larger, more diverse, representative, and highly skilled workforce that reflects the communities of New Zealand. This workforce will be equipped to deliver care that is inclusive, age appropriate, culturally responsive, and person-centred. There will also be a greater presence of consumer, peer support, and lived experience roles.

Improved workforce wellbeing will attract more people to careers in mental health and addiction, while also supporting the recruitment and retention of existing staff.

People who access mental health, addiction, physical health, and social support will interact with workforces that have the skills to support their mental health alongside their physical health and social needs.

Strategic actions

Workforce actions	Relevant target
<p>1. Grow the workforce through expanded training, internship, and placement opportunities supported by appropriate supervision arrangements and career progression pathways to enable a smooth flow of new graduates into the workforce.</p>	
<p>2. Diversify the range of roles that can support mental health, addiction and wellbeing and support professionals to work to the top of their scope of practice to enhance system productivity.</p>	
<p>3. Upskill the workforce with training in competencies to enable improved models of care, address shortages in specialist areas, and offer responsive and safe support.</p>	
<p>4. Implement targeted strategies to improve recruitment and retention, seeking to ensure employment conditions make mental health and addiction an attractive space to work and improving representativeness.</p>	
<p>5. Further develop the Consumer, Peer Support and Lived Experience workforce with intentional planning, coordination and support mechanisms to enable this workforce to play a significant role in supports and services.</p>	
<p>6. Support and promote other health and social service workforces to access upskill training to enable them to recognise and support mental health, addiction and wellbeing challenges alongside physical health and social sector needs.</p>	

Priority 4: Effectiveness

Why this matters

An effective mental health and addiction system is essential to ensure people can access high-quality, safe, and effective supports that uphold their human rights— not just more services. Achieving this requires strong monitoring and evaluation, a clear understanding of prevalence and outcomes, and decisions guided by robust data and evidence.

People with lived experience and communities hold valuable knowledge about what needs to change to make the system safer and more effective, so that people can choose to trust and engage with services. However, barriers to participation in leadership and service design mean these voices are often missing from decision-making.

At the same time, prejudice and discrimination related to mental health and addiction challenges persist across health and social systems. These attitudes perpetuate inequities and undermine the effectiveness of care, including support for physical health and social needs.

To be effective, a system needs to be supported by the right settings and enablers. This includes legislative settings and workforce practices to uphold human rights, reduce coercive practices, and enable safe care. Current funding and commissioning models make innovation difficult, and some physical environments do not promote safety or effectiveness.

The system also needs to keep pace with change. Advances in research and technology, shifts in societal attitudes, and new trends in substance use create opportunities for better solutions and treatments—but they also bring new risks. A responsive, evidence-informed system can adapt to these changes, protect people from emerging harms, and make the most of innovations that improve wellbeing.

What the future will look like

People will experience a mental health and addiction system that is safe, effective, and free from prejudice and discrimination, with services they can choose to trust. This system will be shaped by the voices of those with lived experience, their families, and communities, ensuring that services reflect both current evidence and the realities of those they serve.

Lived experience and peer leadership will be embedded at every level of the system including management, planning, commissioning, delivery, and monitoring. Insights from people with lived experience will be valued equally alongside clinical and professional expertise, creating a culture of partnership and shared decision-making. This inclusive approach will strengthen accountability and ensure services remain responsive to the needs of individuals and communities.




Investment in mental health and addiction services will be guided by robust data and evidence, aligned with population prevalence and emerging needs. Services will be sustainably resourced, with flexible commissioning models that enable tailored responses to local priorities and diverse populations.

People receiving compulsory care will have their rights upheld and experience care that supports recovery, informed by the lessons of the Royal Commission’s report on abuse State and faith-based institutions (Whanaketia) and a commitment to preventing harm. Physical infrastructure for all people receiving care will promote safety and recovery-oriented, non-restrictive models of care.

The system will have the capacity and capability to drive change and operate as a learning system, quickly integrating new evidence-based solutions and adapting to changing technologies and societal trends that impact wellbeing. Through continuous improvement and innovation, the mental health and addiction system will remain resilient, equitable, and focused on protecting and enhancing the wellbeing of all people.

Strategic actions

Effectiveness actions	Relevant target
1. Embed the infrastructure needed to support lived experience leadership at all levels of the system and meaningfully involve people with lived experience, their families and communities in design and delivery of supports and services.	
2. Implement targeted strategies to combat prejudice and discrimination and change attitudes in the health system and across sectors to improve equity for people experiencing mental health and addiction challenges, particularly those with severe and enduring needs.	
3. Improve data quality and completeness , including addressing gaps, ensuring the right information is collected, and undertaking evaluations to support stronger monitoring, understanding of effectiveness and performance improvement.	
4. Improve availability of robust population data , including prevalence and wellbeing data, to inform continuous alignment of investment to population needs.	
5. Improve the quality and safety of services for people receiving mental health care through supported decision making, minimising the use and duration of compulsory care, robust monitoring, and reducing and eliminating the use of seclusion and restraint for people receiving compulsory mental health care.	

Effectiveness actions	Relevant target
6. Shift commissioning approaches to a partnership approach and support providers to identify and respond to local needs and monitor outcomes.	
7. Improve the safety and responsiveness of both existing and planned mental health and addiction facilities .	
8. Strengthen horizon scanning mechanisms to identify new research and evidence, and emerging harms or threats and support the system and workforces to adjust and respond.	

Next steps for this draft strategy

How you can provide feedback

We welcome your feedback on this draft strategy and how you think it should be implemented.

Consultation is open from 8 April 2026 and closes on 18 May 2026.

You can submit your feedback using any of the following options:

- Online – read the information and make a submission through the Ministry of Health consultation hub: <https://consult.health.govt.nz>
- Information sessions and hui – take part in facilitated sessions, including sessions for specific communities.
- Community discussions – use the community toolkit to run your own discussions and submit collective feedback.
- Print a copy of the consultation questions and send your feedback to us at:
Mental Health and Wellbeing Strategy Consultation
PO Box 5013
Wellington 6140

You can find more details about these options on the Ministry of Health website:

<https://health.govt.nz/mhws-consultation>

If none of these options work for you or you're having any issues, you can email us at mhasp.engagement@health.govt.nz

Consultation questions

1. From your experience, what most gets in the way of people or whānau getting the mental health or wellbeing support they need, including support for addiction, substance harm and gambling?
2. From your experience, what most helps people or whānau to stay mentally well or get the support they need for their mental health and wellbeing, including gambling and substance related harm?
3. What parts of the strategy feel the most right or important to you? Why?
4. What changes would make the strategy work better for people and whānau? Why?

5. This strategy will come with a plan that sets out what needs to happen to bring it to life. The first plan will have a three-year focus. What are the most important steps we should take in the next three years to make the biggest difference to people's mental health and wellbeing, including reducing substance and gambling related harm? Please tell us why.
6. If you could choose just one thing for us to do to make the biggest difference in the next three years, what would it be?
7. To make space for new or better ways of doing things we might need to stop doing other things. What do you think we should stop doing, or do less of, so we can focus on what would work better? Please tell us why.
8. We want to make sure that the things we do are making a difference for people. What should we be checking, measuring or keeping an eye on to know if the strategy is making a difference?
9. Are there any other thoughts, concerns, or ideas you want to share?

What will happen following engagement

Feedback received through the engagement process will be analysed and summarised by an independent provider.

We will then use the insights gathered through the engagement process to inform development of a final Mental Health and Wellbeing Strategy and the supporting implementation plan.

The final strategy will be presented to the House of Representatives and publicly released later this year.








































































Appendix 1: Mental Health and Wellbeing Strategy overview


















Vision				
All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health.				
Outcomes				
Improved mental health, wellbeing and physical health for people experiencing mental health and addiction challenges. Reduced levels of mental distress, and gambling and substance-related harms.				
Priorities	1. Strengthen the focus on prevention and early intervention	2. Increase access to mental health and addiction supports and services	3. Grow the mental health and addiction workforce	4. Improve effectiveness of mental health and addiction supports and services
Why this matters	<p>A focus on wellbeing promotion, prevention, early intervention, and harm reduction can limit the development of distress, experiences of substance related harms, as well as gambling and mental health challenges – improving long-term outcomes for people and reducing system costs. Intervention early in the life course and at key life transitions, such as pregnancy and birth, is critical for improving long-term outcomes.</p> <p>Youth mental health challenges have increased and require dedicated and targeted support.</p> <p>Families, friends and communities are often the first line of support for people experiencing distress or harms and need tools and knowledge to maintain their own mental health and wellbeing and provide support to others.</p> <p>Addressing the underlying drivers and determinants of mental health, substance use and gambling harm will improve outcomes, help to prevent people from coming into the care system, and reduce pressure on mental health and addiction services and other sectors over the long term.</p>	<p>Levels of mental distress, and harms related to substance use and gambling, are increasing. Timely access to primary and specialist mental health and addiction services, and crisis support services, is crucial to support people to live well, reduce their distress, and improve overall wellbeing and quality of life.</p> <p>New Zealand is experiencing growth of different age and population groups (aging, Māori youth and Asian population growth etc.), with different mental health and addiction needs, and different ways of interacting with services.</p> <p>Discrepancies and barriers in access to supports and services contribute to inequities in health outcomes for population groups experiencing multiple and/or complex challenges or with specific needs.</p> <p>A stretched and fragmented mental health and addiction system creates additional barriers for people to transition through and access the most appropriate services across the continuum of care.</p> <p>Inconsistent models of care and unwarranted geographic variation in availability of supports and services exacerbate discrepancies and barriers in access.</p>	<p>The mental health and addiction workforce underpins the system, comprising a diverse range of dedicated clinical and non-clinical professionals who work hard to meet the needs of people with mental health and addiction needs.</p> <p>However, access to services is affected by significant workforce shortages exacerbated by recruitment and retention challenges.</p> <p>Effectiveness of services is also impacted by the responsiveness and representation across the workforce.</p> <p>Having a diverse range of roles working across the mental health and addiction continuum, and across sectors, is essential to be able to offer timely and effective access and early intervention.</p> <p>Mental health, physical health and social wellbeing are closely interconnected. People experiencing mental health and addiction challenges interact with the wider health system and social services; however, are often met with workforces lacking capability to adequately support their mental health and addiction needs alongside their physical health and other social needs.</p>	<p>Alongside a focus on increasing access, investment should be prioritised towards high-quality, safe and effective supports and services. To do this requires strong monitoring, evaluation and understanding of prevalence and outcomes, supported by data and evidence.</p> <p>People with lived experience and communities have knowledge of what needs to change to make the system more effective and safer for all, however there are barriers to participation in system leadership and service design.</p> <p>Prejudice and discrimination related to mental and addiction challenges exists across the health and social systems. This perpetuates inequities for people experiencing mental health and addiction challenges and impacts the effectiveness of supports and services, including for physical health and social needs.</p> <p>An effective mental health and addiction system needs to be supported by legislative settings and practice change to enable high-quality, safe care; reduce coercive practices; and uphold human rights.</p> <p>Current funding and commissioning models make innovation to improve effectiveness and efficiency challenging, nor do all physical environments promote safe and effective care.</p> <p>Advances in research and evidence, changing and emerging technologies, shifts in societal attitudes and beliefs, and new trends in substance use create both the potential for new solutions and treatments, as well as new sources of harm.</p>
What the future will look like	<p>People's mental health and wellbeing is actively promoted within families, communities and in diverse settings such as schools, workplaces, neighbourhood events, marae, sports clubs, and faith-based institutions.</p> <p>Pregnant women and new parents have access to supports and services that enable strong foundations for healthy families and children.</p> <p>Young people are involved in the design of, and have timely access to, integrated mental health and wellbeing supports located where they live, study and work and are equipped to talk about mental health, substance use, and gambling in helpful ways to drive positive outlooks for the future.</p> <p>Individuals, families and communities have the tools to maintain and improve their own mental health and wellbeing and that of those around them, as well as to reduce individual and collective harms.</p> <p>People's wellbeing is supported by a system that collaborates across sectors, working in partnership to promote the social, economic, physical, cultural and</p>	<p>People have timely access to safe, trauma-informed, responsive, accessible, and age and culturally appropriate services across the continuum of care and in a range of settings, including safe and innovative digital and telehealth avenues.</p> <p>People experiencing multiple and/or complex challenges have access to supports and services that work for them, including general health services for physical health needs, with a strong continuum of community-based recovery-oriented options and pathways into and out of hospital-based services when needed.</p> <p>Population groups with specific needs have equitable access to supports and services that work for them, with a broader range of tailored services in areas with sufficient population size and need that are designed and delivered by the communities that access them.</p> <p>Mental health and addiction services are more connected across the continuum, and with other health and social supports, allowing for 'entry through any door', smooth</p>	<p>People's experiences of the mental health and addiction system are improved with a larger, more diverse and skilled workforce that is representative of the New Zealand population.</p> <p>There is a greater range of Consumer, Peer Support and Lived Experience roles across the mental health and addiction service landscape.</p> <p>Improved workforce wellbeing attracts more people into the mental health and addiction workforce, and supports recruitment and retention of existing workforces.</p> <p>People receiving mental health, addiction, physical health and other social services in combination interact with workforces with greater capability to promote, protect and support mental health, addiction and wellbeing challenges alongside their physical health and social service needs.</p>	<p>People experience a safer and more effective mental health and addiction system free from prejudice and discrimination, shaped by people with lived experience, their families and communities and reflecting current evidence.</p> <p>Lived experience and peer leadership are incorporated across the board – in management, planning, commissioning, delivery and monitoring of the mental health and addiction system and services. Insights will be valued as equal to other disciplines.</p> <p>Mental health and addiction service investment is driven by data and evidence and is reflective of population prevalence and needs.</p> <p>People receiving compulsory care will have their rights protected and experience care that supports their recovery and reflects the learnings from Whanaketia (the Royal Commission's report on abuse State and faith-based institutions).</p>

Vision				
All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health.				
Outcomes				
Improved mental health, wellbeing and physical health for people experiencing mental health and addiction challenges. Reduced levels of mental distress, and gambling and substance-related harms.				
Priorities	1. Strengthen the focus on prevention and early intervention	2. Increase access to mental health and addiction supports and services	3. Grow the mental health and addiction workforce	4. Improve effectiveness of mental health and addiction supports and services
	environmental factors that support and protect mental health and wellbeing.	transitions and better support for people experiencing multiple and/or complex challenges or specific needs. People can access a consistent range of mental health and addiction supports and services no matter where they live, without unwarranted geographic variation and tailored to local needs.		Mental health and addiction services have sustainable resourcing and flexibility in commissioning to effectively respond to the unique needs of their local population. Physical infrastructure promotes safe, recovery-oriented and non-restrictive models of care. There is a learning system that has flexibility to quickly incorporate new evidence-based solutions, and evolve to respond to better protect and promote mental health and wellbeing in the face of new and changing technologies and trends that may negatively influence people's wellbeing.
Strategic actions (10-year horizon)	<ol style="list-style-type: none"> 1. Strengthen wellbeing promotion efforts and literacy related to mental health, substance and gambling related harms, and addiction across a range of settings and tailored to population groups at higher risk of distress and harm including suicide 2. Provide and promote comprehensive access to early support to address emerging mental health and wellbeing challenges 3. Implement evidence-based suicide prevention and postvention, and substance and gambling harm prevention and reduction programmes 4. Grow community-based supports and services, and enhanced models of care, to foster positive mental health and wellbeing for pregnant women and parents with young children, and to support mental health and addiction needs within the family 5. Expand access to a range of evidence-informed resources, supports and services for children and young people tailored to their age and developmental stage, with flexible age range eligibility criteria to enable them to engage fully in important developmental experiences 6. Ensure people engaged with, or transitioning from, the mental health and addiction system who lack basic supports, such as housing and employment, receive integrated or wraparound support 	<ol style="list-style-type: none"> 1. Scale up community supports and strengthen access to and options of mental health and addiction services across a comprehensive continuum of care including specialist services, eating disorders services, crisis support services and forensic services 2. Increase the availability of acceptable, safe and effective digital mental health supports, including telehealth and appropriate AI tools 3. Deliver safe, trauma-informed, responsive, accessible, and age and culturally appropriate services for populations with specific needs 4. Improve continuity of care and transitions between primary, specialist and crisis support services, as well as transitions between mental health, addiction, and other health and social services 5. Collaboratively develop consistent models of care across mental health and addiction services, with ongoing improvements to reflect emerging evidence, and clear expectations for geographic availability 	<ol style="list-style-type: none"> 1. Grow the workforce through expanded training, internship, and placement opportunities supported by appropriate supervision arrangements and career progression pathways to enable a smooth flow of new graduates into the workforce 2. Diversify the range of roles that can support mental health, addiction and wellbeing and support professionals to work to the top of their scope of practice to enhance system productivity 3. Upskill the workforce with training in competencies to enable improved models of care, address shortages in specialist areas, and offer responsive and safe support 4. Implement targeted strategies to improve recruitment and retention, seeking to ensure employment conditions make mental health and addiction an attractive space to work and improving representativeness 5. Further develop the Consumer, Peer Support and Lived Experience workforce with intentional planning, coordination and support mechanisms to enable this workforce to play a significant role in supports and services 6. Support and promote other health and social service workforces to access upskill training to enable them to recognise and support mental health, addiction and wellbeing challenges alongside physical health and social sector needs 	<ol style="list-style-type: none"> 1. Embed the infrastructure needed to support lived experience leadership at all levels of the system and meaningfully involve people with lived experience, their families and communities in design and delivery of supports and services 2. Implement targeted strategies to combat prejudice and discrimination and change attitudes in the health system and across sectors to improve equity for people experiencing mental health and addiction challenges, particularly those with severe and enduring needs 3. Improve data quality and completeness, including addressing gaps, ensuring the right information is collected, and undertaking evaluations to support stronger monitoring, understanding of effectiveness and performance improvement 4. Improve availability of robust population data, including prevalence and wellbeing data, to inform continuous alignment of investment to population needs 5. Improve the quality and safety of services for people receiving mental health care through supported decision making, minimising the use and duration of compulsory care, robust monitoring, and reducing and eliminating the use of seclusion and restraint for people receiving compulsory mental health care. 6. Shift commissioning approaches to a partnership approach and support providers to identify and respond to local needs and monitor outcomes 7. Improve the safety and responsiveness of both existing and planned mental health and addiction facilities 8. Strengthen horizon scanning mechanisms to identify new research and evidence, and emerging harms or threats and support the system and workforces to adjust and respond

Vision				
All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health.				
Outcomes				
Improved mental health, wellbeing and physical health for people experiencing mental health and addiction challenges. Reduced levels of mental distress, and gambling and substance-related harms.				
Priorities	1. Strengthen the focus on prevention and early intervention	2. Increase access to mental health and addiction supports and services	3. Grow the mental health and addiction workforce	4. Improve effectiveness of mental health and addiction supports and services
Monitoring framework	The monitoring framework for the Strategy consists of monitoring the actions above and in the accompanying Implementation Plan, as well as quantitative analysis against clear measures, with some initial measures outlined below, to track progress. Analysis will include tracking outcomes and equity for specific population groups, and separately between mental health and addiction services. The Ministry will work with Health New Zealand to monitor how each mental health and addiction target is progressing, and to continue to improve data quality and completeness and address data gaps as well as refine the quantitative measures used over time.			
Quantitative measures	<ul style="list-style-type: none"> Target: Proportion of mental health and addiction ringfence funding invested in prevention and early intervention Mental wellbeing promotion initiative engagement metrics including harm prevention and reduction campaigns Quarterly numbers of drug checking clinics and outreach events, harm reduction conversations delivered, and substances checked Annual rate of suspected self-inflicted deaths Annual rate of self-harm hospitalisations Child and youth mental health and addiction service access rates and wait times by ethnicity, age cohort, and district Self-reported outcome and experience measures including annual HONOSCA data analysis for child and youth services Uptake of maternal/perinatal mental health supports and services including Pregnancy and Parenting Support 	<ul style="list-style-type: none"> Target: Percentage of people accessing primary mental health and addiction services through the Access and Choice programme seen within 1 week Target: Percentage of people accessing specialist mental health and addiction services seen within 3 weeks Target: Length of emergency department stays for mental health and addiction presentations Access rates across the continuum by ethnicity, age and district including telehealth, primary, specialist, eating disorders, crisis support services and forensic services Rate of mental health and substance-related emergency department presentations by age and ethnicity Inpatient occupancy rates, length of stay and readmission Uptake of targeted interventions Number and percentage of adults reporting unmet mental health need 	<ul style="list-style-type: none"> Target: Number of new mental health and addiction professionals trained each year Number and type of mental health and addiction training placements filled Growth across professions/disciplines including clinical, non-clinical, support and cultural workforces Number of peer support workers embedded in different settings, including within government agencies, specialist multi-disciplinary teams and emergency departments, and nature of support Number of people taking upskill training courses Composition of the mental health and addiction workforces in relation to role type and representativeness Number of new psychology assistant roles filled Vacancy rates for mental health and addiction services and professions 	<ul style="list-style-type: none"> Number and percentage of people reporting high or very high levels of psychological distress and unmet mental health need Number, spread and operations of lived experience leadership roles across Health New Zealand Self-reported outcome and experience measures including annual AOD service ADOM data analysis Mental health and addiction ringfence expenditure across the continuum of care Number of people receiving compulsory care and average duration of compulsory care orders annually Annual rate and length of seclusion and restraint events Proportion of specialist mental health and addiction service users with a transition and wellbeing plan Rate of family/whānau engagement in specialist mental health and addiction services Compliance with the Code of Expectations for Health Entities' Engagement with Consumers and Whānau Physical health and social outcomes indicators for people experiencing mental health and addiction challenges

Appendix 2: Alignment of strategic actions to mental health and addiction targets

Priority 1 – Prevention and early intervention actions	Relevant target
1. Strengthen wellbeing promotion efforts and literacy related to mental health, substance and gambling related harms, and addiction across a range of settings and tailored to population groups at higher risk of distress and harm including suicide.	 
2. Provide and promote comprehensive access to early support to address emerging mental health and wellbeing challenges.	  
3. Implement evidence-based suicide prevention and postvention, and substance and gambling harm prevention and reduction programmes.	 
4. Grow community-based supports and services, and enhanced models of care, to foster positive mental health and wellbeing for pregnant women and parents with young children, and to support mental health and addiction needs within the family.	  
5. Expand access to a range of evidence-informed resources, supports and services for children and young people tailored to their age and developmental stage, with flexible age range eligibility criteria to enable them to engage fully in important developmental experiences.	   
6. Ensure people engaged with, or transitioning from, the mental health and addiction system who lack basic supports, such as housing and employment, receive integrated or wraparound support.	 
Priority 2 – Faster access to services and supports	Relevant target
1. Scale up community supports and strengthen access to and options of mental health and addiction services across a comprehensive continuum of care including specialist services, eating disorders services, crisis support services and forensic services.	  
2. Increase the availability of acceptable, safe and effective digital mental health supports, including telehealth and appropriate AI tools.	   
3. Deliver safe, trauma-informed, responsive, accessible, and age and culturally appropriate services for populations with specific needs.	  
4. Improve continuity of care and transitions between primary, specialist and crisis support services, as well as transitions between mental health, addiction, and other health and social services.	  
5. Collaboratively develop consistent models of care across mental health and addiction services, with ongoing improvements to reflect emerging evidence, and clear expectations for geographic availability.	  
Priority 3 – Workforce	Relevant target
1. Grow the workforce through expanded training, internship, and placement opportunities supported by appropriate supervision arrangements and career progression pathways to enable a smooth flow of new graduates into the workforce.	  
2. Diversify the range of roles that can support mental health, addiction and wellbeing and support professionals to work to the top of their scope of practice to enhance system productivity.	   
3. Upskill the workforce with training in competencies to enable improved models of care, address shortages in specialist areas, and offer responsive and safe support.	  
4. Implement targeted strategies to improve recruitment and retention, seeking to ensure employment conditions make mental health and addiction an attractive space to work and improving representativeness.	  
5. Further develop the Consumer, Peer Support and Lived Experience workforce with intentional planning, coordination and support mechanisms to enable this workforce to play a significant role in supports and services.	    
6. Support and promote other health and social service workforces to access upskill training to enable them to recognise and support mental health, addiction and wellbeing challenges alongside physical health and social sector needs.	    
Priority 4 – Effectiveness	Relevant target
1. Embed the infrastructure needed to support lived experience leadership at all levels of the system and meaningfully involve people with lived experience, their families and communities in design and delivery of supports and services.	    
2. Implement targeted strategies to combat prejudice and discrimination and change attitudes in the health system and across sectors to improve equity for people experiencing mental health and addiction challenges, particularly those with severe and enduring needs.	   
3. Improve data quality and completeness, including addressing gaps, ensuring the right information is collected, and undertaking evaluations to support stronger monitoring, understanding of effectiveness and performance improvement.	   
4. Improve availability of robust population data, including prevalence and wellbeing data, to inform continuous alignment of investment to population needs.	   

5. Improve the quality and safety of services for people receiving mental health care through supported decision making, minimising the use and duration of compulsory care, robust monitoring, and reducing and eliminating the use of seclusion and restraint for people receiving compulsory mental health care.						  
6. Shift commissioning approaches to a partnership approach and support providers to identify and respond to local needs and monitor outcomes.						    
7. Improve the safety and responsiveness of both existing and planned mental health and addiction facilities.						 
8. Strengthen horizon scanning mechanisms to identify new research and evidence, and emerging harms or threats and support the system and workforces to adjust and respond.						 
Health Target Icon Key:	 Faster access to specialist mental health and addiction services	 Faster access to primary mental health and addiction services	 Shorter mental health and addiction-related stays in emergency departments	 Increased mental health and addiction workforce development	 Strengthened focus on prevention and early intervention	

APPENDIX 3

Where we have come from

Over time there have been a number of mental health strategies, each with its own emphasis. This has led to shifts in how the health system has responded to mental health and addiction, and a gradual increase in public understanding of mental health and addiction issues.

The key direction-setting documents below have been pivotal in leading to the current strategy and still hold relevance for shaping the future mental health and addiction system.

1998

Blueprint for Mental Health Services in New Zealand: How things need to be

The Mason inquiry into mental health services in the 1980s and 1990s was foundational for New Zealand's mental health and addiction policy. The *Blueprint for Mental Health Services* outlined access targets for specialist mental health and addiction services and the supports needed across the life course, emphasising recovery and addressing discrimination in services.

A follow-up, *Blueprint II* (2012), promoted people-centred approaches, collective action and good mental health and wellbeing for all.



2002

Te Puāwaitanga Māori Mental Health National Strategic Framework

Te Puāwaitanga was the first direction-setting document for Māori mental health. It provided District Health Boards with a nationally consistent framework for planning and delivery of services to help meet the Government's mental health policy objectives for Māori.



2005

Te Tāhuhu: Improving Mental Health 2005–2015

Te Tāhuhu outlined Government policy and priorities for mental health and addiction for 10 years from 2005 to 2015. It focussed on 10 leading challenges: promotion and prevention, building mental health services, responsiveness, workforce and culture for recovery, Māori mental health, primary health care, addiction, funding mechanisms, transparency and trust, and working together across agencies.



2012

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017

Rising to the Challenge set out a plan focused on four key areas: making better use of resources; improving integration between primary and secondary services; cementing and building on gains for people with high needs; and delivering increased access for all age groups.



2018

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction

He Ara Oranga sets out a vision of a people-centred, holistic approach that tackles inequities and the wider determinants of mental wellbeing; upholds the principles of Te Tiriti o Waitangi; orients the system towards mental health promotion, prevention and early intervention; and strengthens services across an integrated continuum of need.

The Inquiry Panel heard from thousands of New Zealanders about their experiences which remain relevant to inform our future direction.



2021

Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing

Kia Manawanui sets out the strategy underpinning a whole-of-government approach to mental health and wellbeing. It names the critical system enablers required for a cross-government approach including leadership, policy, investment, information, technology and workforce.

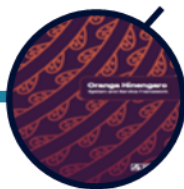
Kia Manawanui continues to inform cross-sector contributions, and the system enablers remain critical for achieving this strategy, which has a narrower scope focused primarily on the health system.



2023

Oranga Hinegaro System and Service Framework

Oranga Hinegaro focuses on guidance for the health system in relation to the mix of supports and services that should be available across the country, as well as the critical shifts needed within the mental health and addiction system and expectations for how services should be delivered. These are aligned with the direction of this strategy.



Appendix 4: Current state of mental health and wellbeing

Nature of mental health and wellbeing

Positive mental health and wellbeing is an asset that enhances every aspect of individual, family, whānau and community life. Mental health and wellbeing involves a range of mental, emotional, physical, spiritual and cultural factors. It exists when people feel safe, connected, valued, are able to realise their own potential, have hope for the future, and can manage with the stresses of life.

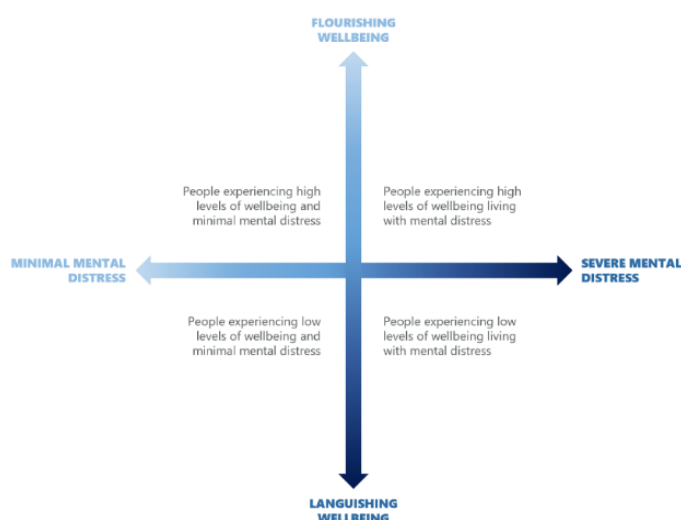
Evidence shows that mental health and wellbeing are shaped by a range of interacting factors in the social, cultural, economic, natural and built environments. Key influences include insecure or inadequate housing, poverty, violence, discrimination, geographical isolation and social media harms. Strong social and emotional skills, positive relationships and social connections, quality education, decent work, safe neighbourhoods, and cohesive communities can protect mental health and wellbeing.

Physical health and nutrition are also closely inter-related, and need to be considered concurrently, with mental health and wellbeing.

Mental health challenges occur across a continuum from mental distress to complex conditions. Similarly, substance use and gambling harm exist across a continuum from no or low harm, to problematic use and addiction.

Serious harm, such as overdose, can still occur for those who are not in distress or addicted. At the same time, levels of mental wellbeing can fluctuate and vary; it is possible to thrive and live well even in the context of ongoing mental health and addiction challenges.

The impact on a person's autonomy, ability to function, belonging and contribution to society can be minimal to severe, and people's experiences may be temporary or enduring.



Mental health and wellbeing needs

Most people report good levels of life satisfaction and wellbeing, but levels of distress and harms from illicit substance use and gambling are increasing

Over the last four years self-reported life satisfaction and family wellbeing has remained consistently high, with more than 80% of people 15 years old and over reporting high or very high satisfaction or wellbeing each year¹¹. This is consistent for younger people (aged 15-24 years) as well, with the exception of 2021/22 where just under 80% of younger people (79.3%) rated life satisfaction as high or very high.

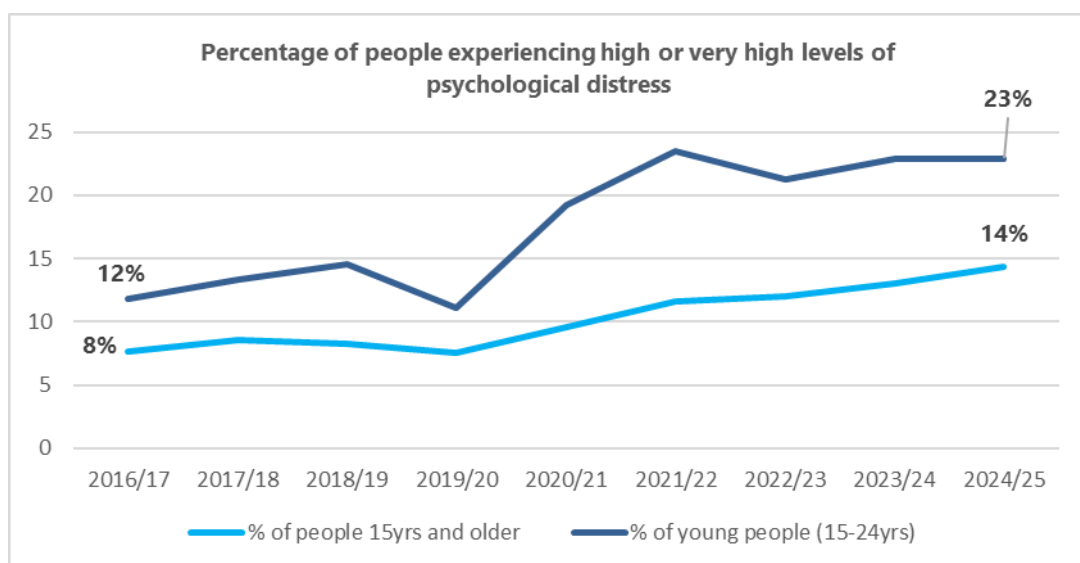
Whilst most people in New Zealand report a good state of general life satisfaction and wellbeing, this is not the case for everyone. In 2024/25 almost one in six people aged 15 years and older reported only low or medium life satisfaction or family wellbeing.¹²

New Zealand's data on the prevalence of mental health and addiction conditions is outdated, with the last national prevalence study published in 2006. This showed that in a 12-month period:

- 4.7% of people will experience a serious mental disorder (including substance use)
- 9.4% of people will experience a moderate mental disorder
- 6.6% of people will experience a mild mental disorder.

While data on the prevalence of diagnosable disorders is outdated, there are signs of worsening mental wellbeing and increasing levels of distress. The percentage of people aged 15 years and over experiencing high or very high psychological distress¹³ in the past four weeks has been increasing. This increase is greater for specific groups. For instance, for people aged 15 to 24 years, the experience of psychological distress has nearly doubled.

Figure 6: Percentage of people experiencing high or very high levels of psychological distress



¹¹ Ministry of Health, New Zealand Health Survey 2024/25

¹² Ministry of Health, New Zealand Health Survey 2024/25

¹³ Ministry of Health, New Zealand Health Survey 2024/25

Other areas of concern where there are or will be focused strategies which overlap with this broader mental health and wellbeing strategy include:

- the rate of suspected suicide¹⁴ in 2024/25 was 11.0 per 100,000 people, with higher rates for males and for Māori
- for 2021/22 to 2022/23¹⁵ over 25% of people aged 15 and over could be classified as being at moderate or high risk of problematic substance use¹⁶ (including alcohol)
- there has also been an increase in accidental overdose deaths from 2019 to 2023, from 126 to 177 respectively, though cases (confirmed or under investigation) dropped to 148 for 2024¹⁷
- in 2023/24, 8.3% of adults showed signs of some level of harm from gambling in the past 12 months; 2.4% showed signs of moderate or high risk.

Some population groups experience poorer mental health and addiction outcomes

Statistics show there are particular population groups who experience poorer mental health and addiction outcomes. In particular, Māori have experienced longstanding inequitable outcomes which can be further compounded as Māori are also overrepresented within other groups that experience poorer outcomes.

Other groups with distinct needs and poorer outcomes include children and young people, Pacific peoples, disabled people, ethnic communities (including new migrants and refugees), pregnant women and new mothers, rainbow communities, veterans, prisoners, people who are at risk of or are experiencing homelessness, rural communities, survivors of abuse in state care, older people, people on low incomes, those who have other specific conditions and/or who identify across more than one of the groups.

For example:

- there are multiple mental health and wellbeing challenges for young people in New Zealand, which include the impact of intersecting identities¹⁸ and for populations such as children in state care who have higher rates of mental health and addiction-related challenges¹⁹

¹⁴ **Health New Zealand, Suicide data web tool 2025**

¹⁵ Due to COVID-19 impacting data collection this figure is based on data from 2021/22 and 2022/23.

¹⁶ **Ministry of Health, New Zealand Health Survey 2021/22 and 2022/23**. Note this measure is based on the World Health Organisation's Alcohol, Smoking, and Substance Involvement Screening Test.

¹⁷ **New Zealand Drug Foundation, Overdose Fatalities Report 2025**

¹⁸ Peiris-John, R., Ball, J., Clark, T., Fleming, T., and the Adolescent Health Research Group (2024). Youth Mental Health Needs and Opportunities: Leveraging 25 Years of Research from the Youth2000 survey series. The University of Auckland and Victoria University of Wellington.

¹⁹ Oranga Tamariki (2023). Mental health and wellbeing needs of children and young people involved with Oranga Tamariki

- Māori are more likely than non-Māori to be moderate-risk or high-risk gamblers²⁰ and to report moderate or greater anxiety and/or depression symptoms in the past two weeks²¹
- while self-reported ratings of family wellbeing are similar for Pacific versus non-Pacific people, Pacific people are less likely to report having high or very high life satisfaction²²
- for people aged 15 years and over, disabled people are more likely to experience high or very high levels of psychological distress and higher levels of unmet need for professional support compared with non-disabled people²³
- more than a third of Asian people considered lack of language support or cultural support as a barrier when accessing mental health and wellbeing resources²⁴
- members of the rainbow community are nearly twice as likely to be classified as having poor overall mental wellbeing than people outside this community²⁵
- rates of hazardous drinking²⁶ and suicide rates²⁷ are notably higher in rural areas than in urban areas.

People with mental health and addiction needs also experience inequitable outcomes, with higher rates of many health conditions and shorter life expectancy, and this gap has increased over time. For example, New Zealanders accessing specialist mental health services have double the risk of premature mortality compared with the overall population and their life expectancy is shorter by up to 25 years.

People are increasingly seeking help and unmet need is growing

Aligning with the increase in distress, more people are reporting consulting health professionals for concerns about their emotions, stress, mental health, or substance use²⁸. Between 2016/17 and 2024/25 there was an increase in the proportion of people reporting they consulted a psychologist, counsellor, or psychotherapist²⁹. For the same period there was a small increase in people aged 15 years and over consulting a nurse or general practitioner but no significant change for people aged 14 years and under (see figure on the next page).

However, there has also been an increase in people reporting unmet need for mental health and addiction services. Unmet need is higher for some groups than others, for example disabled people. For people aged 15 years and over, around 10% reported

²⁰ Ministry of Health and Health New Zealand, New Zealand Gambling Survey 2023/24

²¹ **Ministry of Health, New Zealand Health Survey 2021/22 and 2022/23.**

²² **Ministry of Health, New Zealand Health Survey 2024/25**

²³ **Ministry of Health, New Zealand Health Survey 2024/25**

²⁴ Asian Family Services. (2025). New Zealand Asian Wellbeing & Mental Health Report.

²⁵ Stats NZ, General Social Survey 2023

²⁶ Ministry of Health, Regional Data Release 2011/12-2023/24: New Zealand Health Survey

²⁷ Ministry of Health, Suicide Facts: Data tables 1996-2015

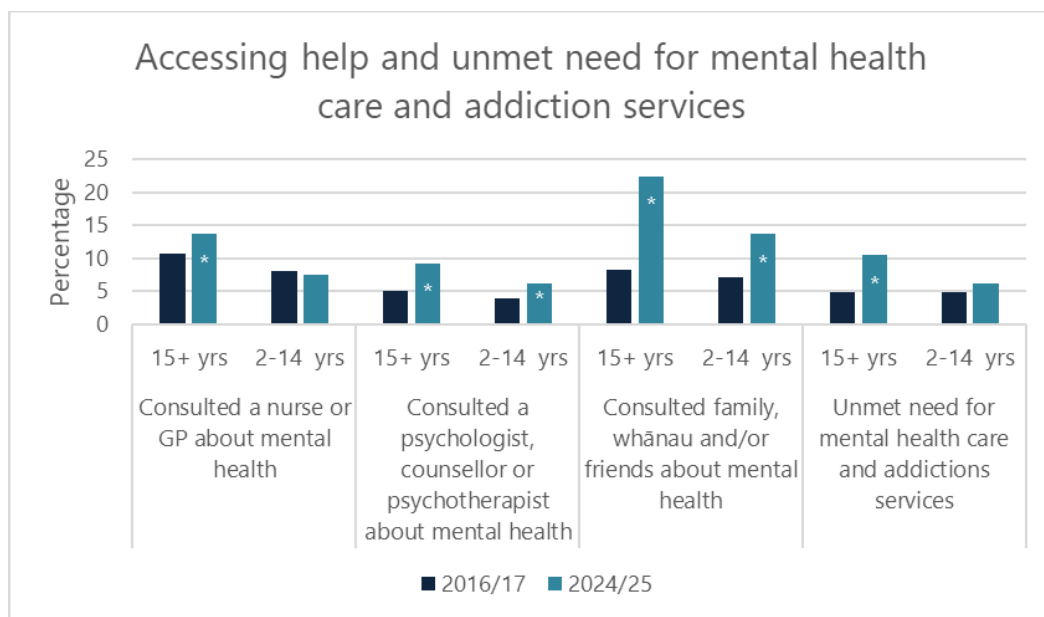
²⁸ **Ministry of Health, New Zealand Health Survey 2024/25.** Psychological distress is measured using the Kessler Psychological Distress Scale (K10). The K10 is a screening tool rather than a measure of mental health conditions in the population. For more detail please follow the link.

²⁹ The parents or caregivers of people aged 14 years and under answered the survey questions on behalf of their child.

that they felt they needed, but did not receive, professional help in the previous 12 months for 2024/25, twice as high as in 2016/17³⁰. This and the broader increase in people seeking supports from services has placed further pressure on the already stretched and fragmented mental health and addiction system.

People are also increasingly seeking support from family, whānau, and friends³¹. For those aged 15 and over the proportion doing so in 2024/25 is more than 2.5 times higher than in 2016/17, while for people 2 to 14 years old, it has nearly doubled. This may in part be a reaction to barriers to accessing professional support but also shows increased use of alternative sources of support.

Figure 7: Accessing help and unmet need for mental health care and addiction services



*In the chart, bars with an asterisk indicate a statistically significant change from 2016/17.

The following pages provide additional detail on the current state of mental health and wellbeing in New Zealand. This is a high-level view and does not fully cover the complexities of, and determinants influencing, people’s mental health, substance use and wellbeing. More details can be found in the linked resources.

Landscape of supports and services

The mental health and addiction system encompasses a spectrum of activities and services. Health system supports range from promotion of positive mental wellbeing for all; to support for people experiencing mental distress, substance use or gambling harms; to services for people with more significant mental health and addiction challenges, including crisis support services, alternatives to acute admission and residential services, and forensic services for people interacting with the justice system.

³⁰ [Ministry of Health, New Zealand Health Survey 2024/25](#). Note: This does not indicate whether people reached out for support or what type of support is needed.

³¹ [Ministry of Health, New Zealand Health Survey 2024/25](#)

Figure 8: Landscape of supports and services



There is a mix of delivery arrangements for mental health and addiction services across:

- Health New Zealand-delivered services and services commissioned from non-governmental organisations, which play a vital and significant role in providing aspects of rehabilitation and other support for people with enduring mental health conditions and addiction requiring ongoing community care
- national, regional and local delivery and commissioning
- hospital, community, workplace, educational and digital settings. A majority of mental health and addiction service delivery is community-based, with only the highest acuity and/or intensity services delivered within hospital settings
- whole-of-population and tailored services for life stages including maternal, infant, child and youth services; population groups with specific needs including kaupapa Māori services; and conditions such as eating disorders services.

Mental health and addiction services also work with physical health services and cross-sector supports to respond to people’s complex or multiple needs.

As people’s mental health and wellbeing changes, their ongoing needs for supports and services change. As indicated above, people are increasingly reaching out to families, friends and communities for support. The mental health and addiction system includes efforts to promote skills, habits, behaviours and health literacy to manage their own mental health and wellbeing; as well as resources for families and others supporting the mental health and wellbeing of loved ones.

Other government agencies also invest in mental health and addiction supports and services. For example, the Department of Corrections provides services to people in prison with mild and moderate needs; ACC funds therapy for mental injury resulting from physical injury, work-related traumatic events, or sexual abuse; the Ministry of Education funds initiatives for children and young people in educational settings; and Oranga Tamariki delivers psychological services to children and young people in care and youth justice and funds treatment and therapeutic services.

Vote Health funding for mental health and addiction services

Since the Mason Inquiry into mental health services 30 years ago, most mental health and addiction funding is ‘ringfenced’ within Vote Health. The Ministry of Health sets the amount of the ringfence each year which represents the minimum amount of funding Health New Zealand is expected to invest in mental health and addiction services.

In 2025/26, Health New Zealand is expected to invest at least \$2,859 million in mental health and addiction services captured within the ringfence.

There is additional investment from the problem gambling levy (\$26.3 million in 2025/26) and the alcohol levy (\$16.6 million in 2025/26), as well as capital investment in mental health infrastructure (\$1.012 billion across 18 projects as at November 2025).

Mental health and addiction workforce

At the heart of the mental health and addiction system are the people working to deliver these services and supports. The mental health and addiction workforce comprises a growing range of clinical roles, support workers, cultural workers, and consumer, peer support and lived experience workforces.

The table below³² sets out changes over the past two years in Health New Zealand-employed mental health and addiction workforces and vacancy rates. There has been growth in almost all professional groups and decreases in overall vacancy rates.

Table 1: Health Workforce Information programme data

	MH&A Workforce				Health NZ Vacant FTE				Health NZ Vacancy Rate			
	Sep-23	Sep-24	Sep-25	Change from '23	Sep-23	Sep-24	Sep-25	Change from '23	Sep-23	Sep-24	Sep-25	Change from '23
Clinical Psychologist	444.9	444.7	461.1	16.2	126.9	110.9	107.4	-19.5	18.0%	15.7%	15.2%	-3%
Drug and Alcohol Counsellor	210.7	212.6	214.9	4.2	36	15	12.8	-23.2	14.3%	6.4%	5.5%	-9%
Nursing Support Worker	864.7	944.8	920.4	55.7	399.7	210.1	242.4	-157.3	7.2%	3.9%	4.6%	-3%
Occupational Therapist	302.3	296.6	295.5	-6.8	234.4	134	99	-135.4	18.6%	11.2%	8.4%	-10%
Psychiatrist	432.1	439.1	444.1	12	109.9	110	111.2	1.3	19.1%	19.2%	19.1%	0%
Psychologists nec	14.9	19.7	22.6	7.7	12.6	14	13.9	1.3	36.8%	36.5%	36.8%	0%
Psychotherapists	19.9	19.8	20.4	0.5	3	2.1	3.4	0.4	11.5%	9.1%	13.1%	2%
Registered Nurse (Mental Health)	2932.4	3288	3339.3	406.9	524.2	269.1	267.9	-256.3	14.8%	7.4%	7.3%	-8%
Social Worker	550.4	621.4	636.1	85.7	141	90.7	65.2	-75.8	10.1%	6.1%	4.5%	-6%

These workforces are an essential component for the system and are often working under considerable constraints to support people and their families, when and where they need it.

Current system performance

There have been ongoing improvements in the mental health and addiction system over the past years. For example:

- **More options:** There has been increased investment to fill critical gaps in services, with significant investment most recently focused on primary-level and crisis support services, as well as investment in community-led solutions. There has also been an increased focus on population mental wellbeing promotion following the COVID-19 pandemic and extreme weather events and in response to rising distress. This has moved New Zealand towards a more comprehensive continuum of care.

³² Health Workforce Information Programme (HWIP) data.

- **Targets to drive timely access:** The introduction of targets in 2024 has driven more timely access to mental health and addiction services. In 2025, targets for faster access to both primary and specialist services were consistently met nationally, with over 80% of people seen within one week and three weeks respectively, alongside steady progress in reducing emergency department wait times.
- **Workforce growth:** The mental health and addiction workforce continues to grow across professional groups, vacancy rates have declined and there are increased training opportunities for people to enter the workforce or upskill. Health New Zealand met the target to train 500 mental health and addiction practitioners in 2025. *[to be confirmed with Health New Zealand once target data is validated]*
- **Increasing investment:** Overall, Vote Health investment in mental health and addiction services through the mental health and addiction ringfence has grown from \$2.201 billion in 2022/23 to \$2.859 billion in 2025/26 – an increase of 30%. It is positive that there is more resource going into the system, however much of this increase has focused on maintaining service levels with increasing cost pressures.

However, there are persistent challenges.

- **Variation in investment:** While investment has increased, it remains low compared to population need and variable across regions and districts, service types, and for population groups with higher needs who require tailored supports. For example:
 - investment in alcohol and other drug services is relatively low at 9% of total mental health and addiction expenditure
 - investment per capital in specialist maternal, infant, child and adolescent mental health and addiction services (approximately \$7,000 per person in 2023/24) is low compared to specialist adult services (approximately \$11,000 in 2023/24). *[to be confirmed with Health New Zealand]*
- **Outdated system design and service delivery models:** The overall design of the system and the way services are delivered has not significantly shifted over the past 25 years. Services are still largely delivered in traditional health settings, with limited availability outside of standard office hours and slow integration of new digital tools. This has resulted in a system that is not adequately meeting the needs of all New Zealanders, and a system that is not keeping pace with the changing ways people want to interact with and receive services.
- **Variation and fragmentation across services:** Service levels, models of care and access are variable across the country and fragmented across the system. This means there are inconsistent options for people depending on where they live and their needs, exacerbating disparities in access and outcomes and leading to disjointed experiences for people when accessing different services. In particular:
 - The introduction of more options is positive, but has added to variability.
 - Funding and commissioning models that are siloed and limit flexibility create further challenges.
 - Referral pathways between, and eligibility criteria for, services are not clear or consistent, and are impacted by historic funding siloes and capacity constraints, particularly for specialist services. There are also particular challenges for young people transitioning to adult services.

- **Limits on access to services:** While there are more options for support, access to mental health and addiction services in some parts of the continuum and for some population groups are declining, particularly for children and young people. This does not reflect the increased investment that has gone into the system. This trend likely partially reflects people seeking help through a wider range of support options, including from families and digital tools; but may also indicate:
 - growing complexity of needs requiring more intensive or extended time in care
 - system barriers impacting productivity within existing services and workforces
 - ongoing workforce constraints limiting the capacity of services to support additional people.

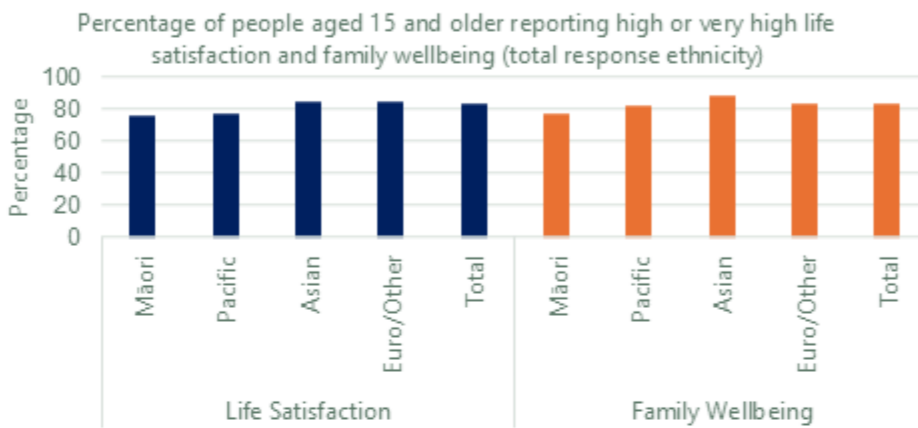
Critical system also enablers need strengthening to drive system change.

- **Lived experience leadership:** There has been progress with embedding lived experience leadership, consumer advisor roles, and peer support roles across the system, including the recent expansion of peer support into emergency departments and eating disorders services. However, more is needed to fully realise the benefits of lived experience expertise and these workforces. The current system lacks the infrastructure needed to support these roles consistently.
- **Legislation:** New Zealand’s mental health legislation is out of date and out of step with international human rights obligations. The rate of people subject to compulsory treatment orders has increased over the past 10 years, and while there has been a reduction in the use of seclusion, it is still used in services and inequitably impacts Māori. Work has progressed to develop new legislation that is rights-based and recovery-focused. New ways of working and shifts in practice and attitudes will be needed to implement it and to reduce and eliminate the use of seclusion and restraint.
- **Infrastructure:** Similarly, much of New Zealand’s physical mental health infrastructure is outdated. Not all facilities support best clinical practice or safe, recovery-oriented and non-restrictive models of care. The ongoing implementation of Health New Zealand’s Mental Health Infrastructure Programme will see positive changes, but focused effort is needed to ensure the programme is implemented without delay and designed with strong clinical and lived experience input.
- **Data and information:** There continue to be gaps in our data, evidence and understanding of prevalence and system performance. These will need to be filled and assessed to ensure New Zealand has access to the right information to drive improvements. In particular, data on needs, service use and outcomes broken down by a range of demographic variables will be key to target efforts and investment.

These system challenges have shaped the focus areas in this strategy. The following pages provide additional details on current system performance.

HOW ARE NEW ZEALANDERS DOING?

Overall, the majority of New Zealanders aged 15 years and older report feeling they have positive life satisfaction and family wellbeing for 2024/25¹.



However, people are reporting an increase in experiencing high or very high levels of psychological distress over the 2016/17 – 2024/25 period, especially for people aged 15 to 24 years¹.

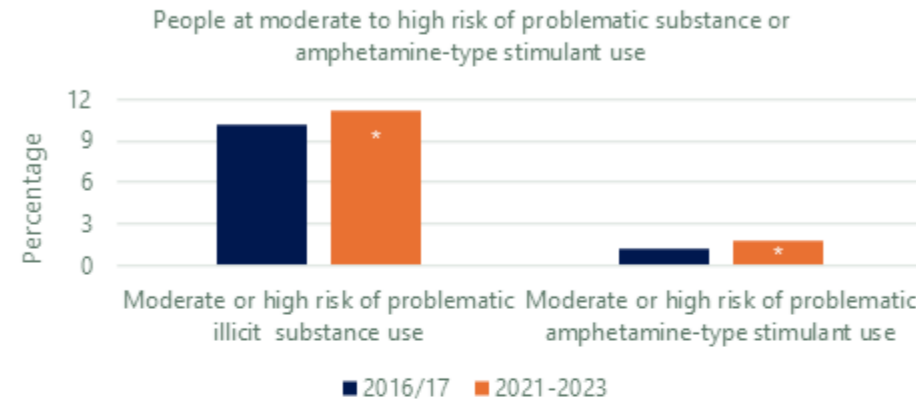


There has also been an increase in reports of severe (including moderately severe) anxiety and/or depression symptoms from 2016/17 to 2021-2023², almost doubling for the younger age groups (15-24 and 25-34 years old).

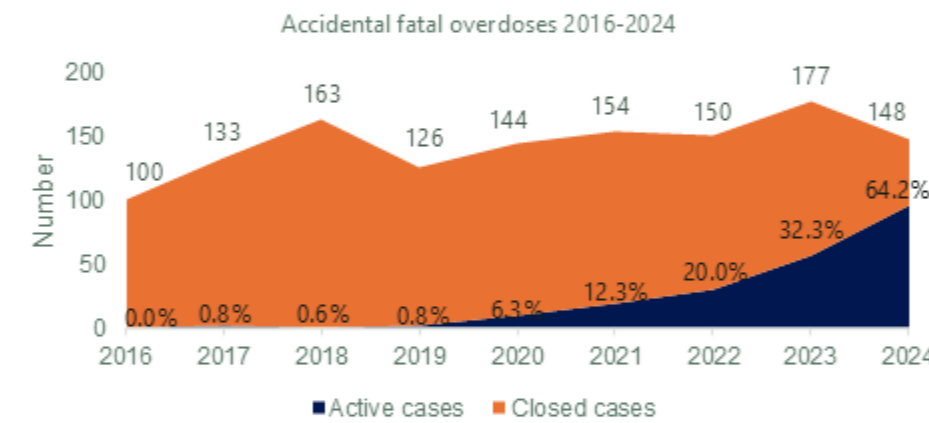


Note: bars with an asterisk indicate a statistically significant change from 2016/17.

Over a similar time period (2016/17 to 2021-2023) there has been an increase in the percentage of people aged 15 and over that are at moderate to high risk of problematic illicit substance use (excluding alcohol and tobacco), including an increase in risk for amphetamine-type stimulants². Accidental fatal overdoses have also been increasing over this time, outside of a peak in 2018 caused by synthetic cannabinoids, but have dropped off slightly between 2023 and 2024³.



Note: bars with an asterisk indicate a statistically significant change from 2016/17.



There are other areas where we see ongoing concerns. For instance, in 2023/24, 8.3% of adults experienced some level of harm from gambling in the past 12 months; 2.4% showed signs of moderate or high risk⁴.



Note that more targeted research for ethnicity, such as Asian mental health during COVID or gambling behaviours, may produce different findings to the population-level surveys shown here. This highlights the need to consider both the higher-level picture alongside more detailed analyses to understand the mental health and wellbeing of different groups.

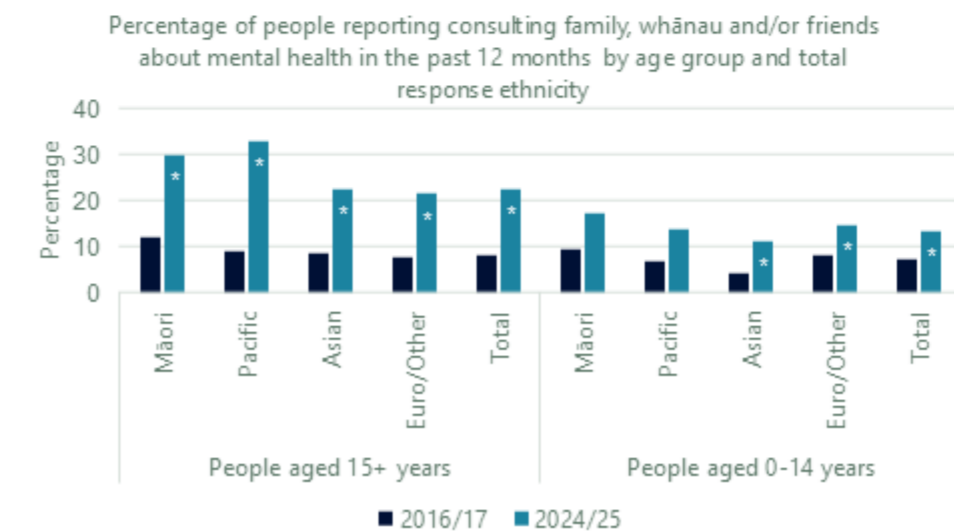
Rates of suspected and confirmed suicide have been consistent over time, with males having higher rates compared with females⁵.



Coinciding with the increase in distress and anxiety/depression there has been an increase in people aged 15 years and over consulting with medical professionals about mental health¹. For people 14 years and under (not shown), there was only a small increase for seeing a psychologist, counsellor, or psychotherapist.



People across all age ranges have also increasingly been discussing emotions, stress, mental health, or substance use with family, whānau, or friends¹.

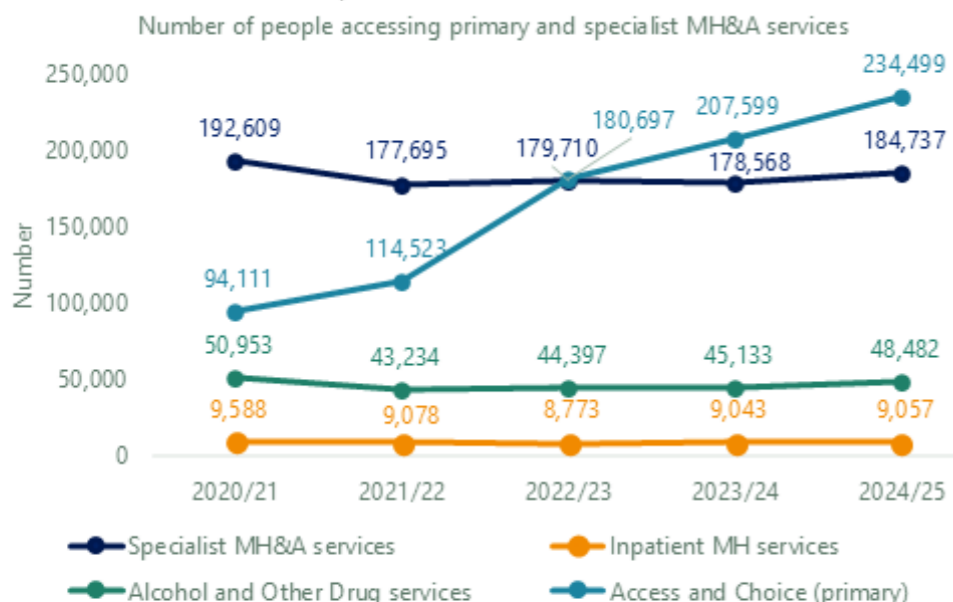


Note: bars with an asterisk indicate a statistically significant change from 2016/17.

WHAT DO WE KNOW ABOUT THE SYSTEM?

There has been an increase in people using MH&A services. The number of people using specialist MH&A services increased in 2024/25, after a relatively flat period following a drop from 2020/21 to 2021/22⁶. This increase can also be seen for the Alcohol and Other Drug subset of specialist services, but is not evident for Inpatient MH services.

Use of Access and Choice primary MH&A services, has been increasing since its inception in early 2020^{6,7}. Access and Choice replaced other primary MH&A services (not shown). Around 325,000 people are expected to use Access and Choice in 2025/26.



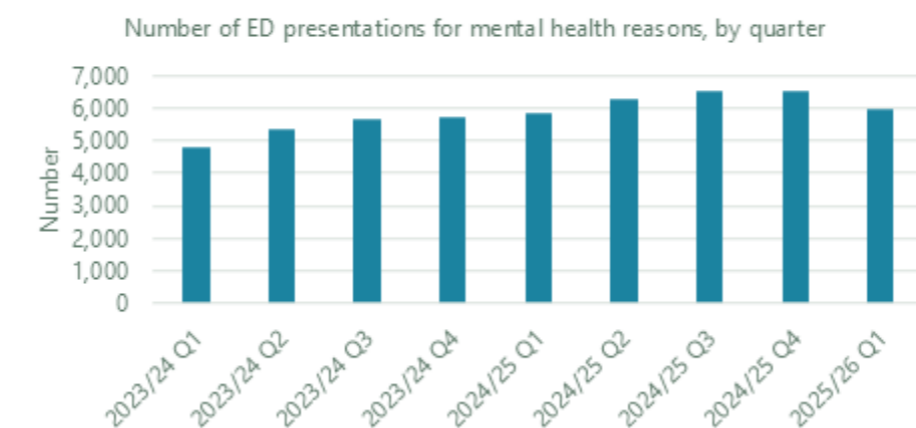
Note: Alcohol and Other Drug services and Inpatient MH services are both subsets of Specialist MH&A services. The overall Specialist MH&A services number shows unique individuals, but some people may have used both Alcohol and Other Drug or Inpatient services so these are not unique counts.

Despite the increase in service usage there is a significant increase from 2016/17 in people aged 15 years and over reporting unmet need for professional help for their mental health, though there was no significant change for people aged 2-14¹.



Note: bars with an asterisk indicate a statistically significant change from 2016/17.

Alongside the self-reported unmet need there has been an increase in the number of presentations to emergency departments (ED) for mental health reasons since mid 2023⁶. This may also indicate need which is not being met by dedicated MH&A services.



Note: Counts of ED presentations uses the same definition as the Shorter Stays in ED MH target so data only goes back to July 2023 when the target was introduced. People can have multiple presentations so the numbers do not represent unique counts of people.

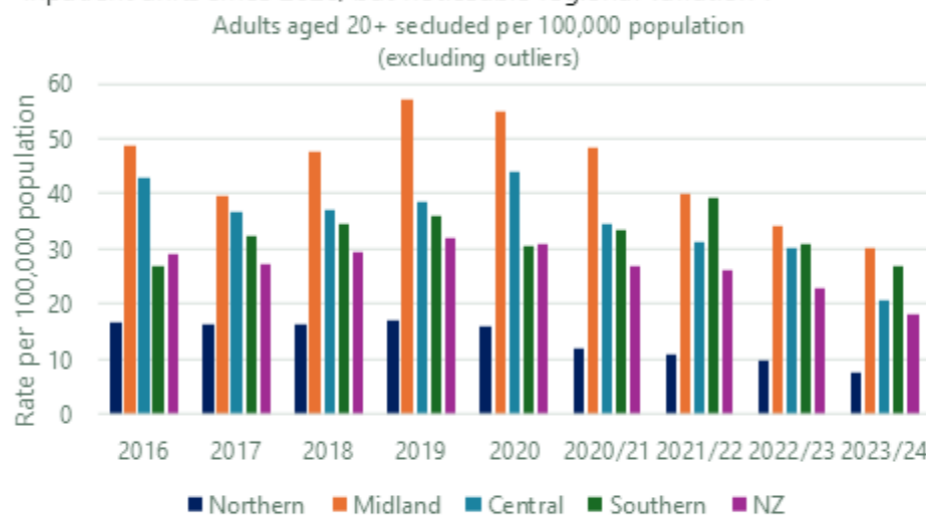
In some situations a court may order that a person with a mental health concern must receive treatment for a period up to 6 months. Treatment can either be inpatient or, more commonly, in the community (at home or another specified place). These orders are made under compulsory treatment order (CTO) provisions of the Mental Health Act 1992.

From 1 July 2023 to 30 June 2024 a total of 11,495 people⁸ were subject to either compulsory assessment or a CTO under the MH Act, representing 6.5% of specialist MH&A service users. The average number of people under a CTO each day over this period is shown below.

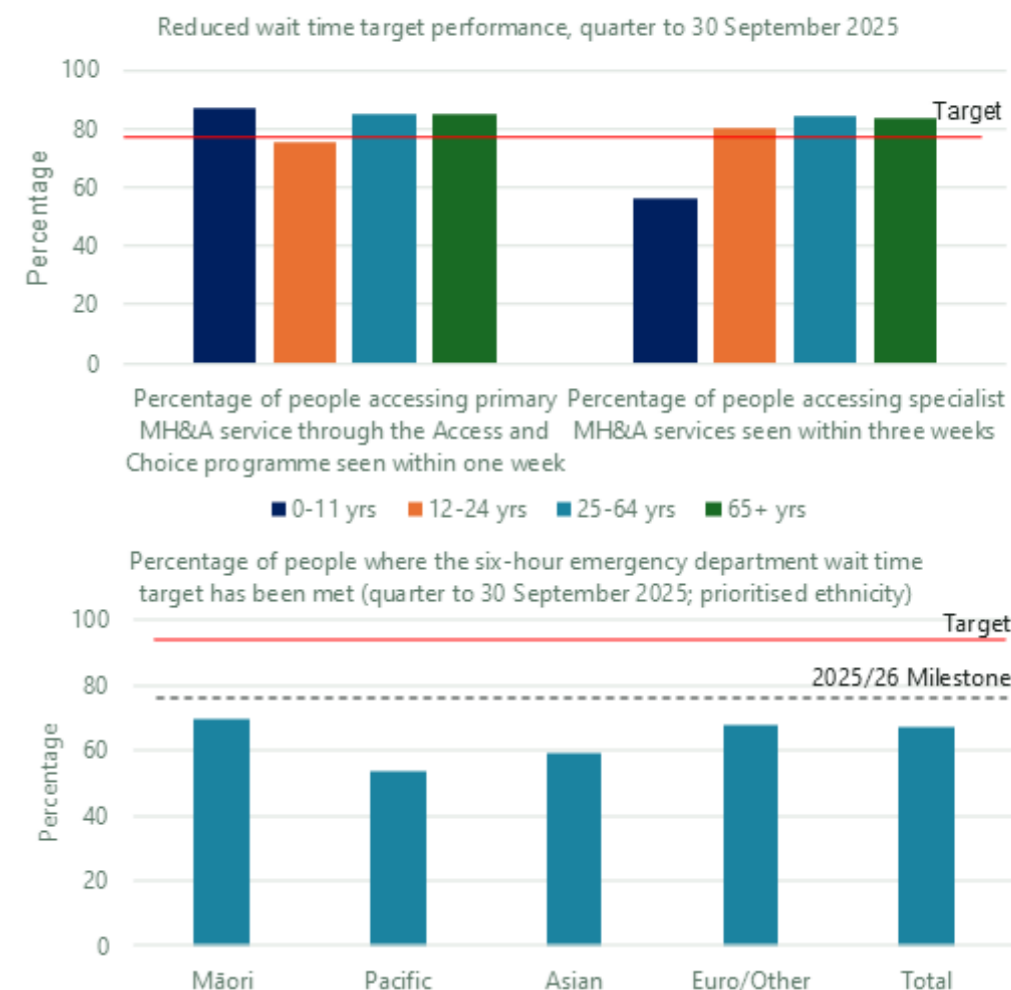
	Average number of people on CTO on a given day	Rate per 100,000 population (people)
Section 29 community order	4,797	89.8
Section 30 inpatient order	807	15.1

Under some specific circumstances, primarily to prevent harm in emergency situations where less restrictive strategies have been tried, a person under the MH Act may be subject to seclusion. Work continues towards to reduce and eliminate seclusion given there is evidence of no therapeutic benefit.

There has been a reduction in the number of people aged 20+ secluded in inpatient units since 2020, but noticeable regional variation⁸.



To address need, at a system level there has been a focus on reducing wait times for both primary and specialist mental health and addiction (MH&A) services⁶, as well as wait times in Emergency Departments⁹.



There have also been targets set to increase the number of professionals entering training⁹, and to ensure a quarter of mental health and addiction investment is spent on prevention and early intervention⁹.

Target: 500 professionals entering training per year
Calendar year 2024: 457
Calendar year 2025: 349*

Target: 25% of MH&A Investment
Financial Year 24/25 Budget: 24.4%

Note: The 2025 training figure is a partial result as it only includes the first semester intake, with some professions having a second semester mid-year. The final 2025 figure will be available in early 2026.

Sources

- Ministry of Health, New Zealand Health Survey 2024/25
- Ministry of Health, New Zealand Health Survey 2021/22 and 2022/23
- New Zealand Drug Foundation, Overdose Fatalities Report 2025
- Ministry of Health and Health New Zealand, New Zealand Gambling Survey 2023/24
- Health New Zealand, Suicide data web tool 2025
- Health New Zealand, administrative data (including PRIMHD National Data Collection)
- Mental Health and Wellbeing Commission, Access and Choice Programme 2025 report
- Office of the Director of Mental Health and Addiction Services, Regulatory Reports
- Health New Zealand, Performance Reporting to quarter ending September 2025

Appendix 5: What we have heard

Since the 2018 Government Inquiry into Mental Health and Addiction, various public engagements have also sought views on what needs to change to improve mental health and wellbeing. This strategy aims to capture the recurrent themes and suggestions that have been expressed.

Overall, there is concern that people are not receiving the level of support that they need, across all levels from mild distress to complex needs.

Workforce capacity is widely seen as primary factor in service shortages. Mental health and addiction-related responsible authorities and professional bodies have highlighted challenges in retaining the workforce due to workload, burnout, and unsustainable caseloads; the need to make mental health and addiction an appealing, inclusive, and attractive profession; opportunities to increase and develop the workforce; and the need to address workforce distribution in rural and low-income areas.

People want their needs to be viewed holistically, and for primary and specialist supports and services that are well resourced and connected. Addressing addictions and suicide prevention must remain integral.

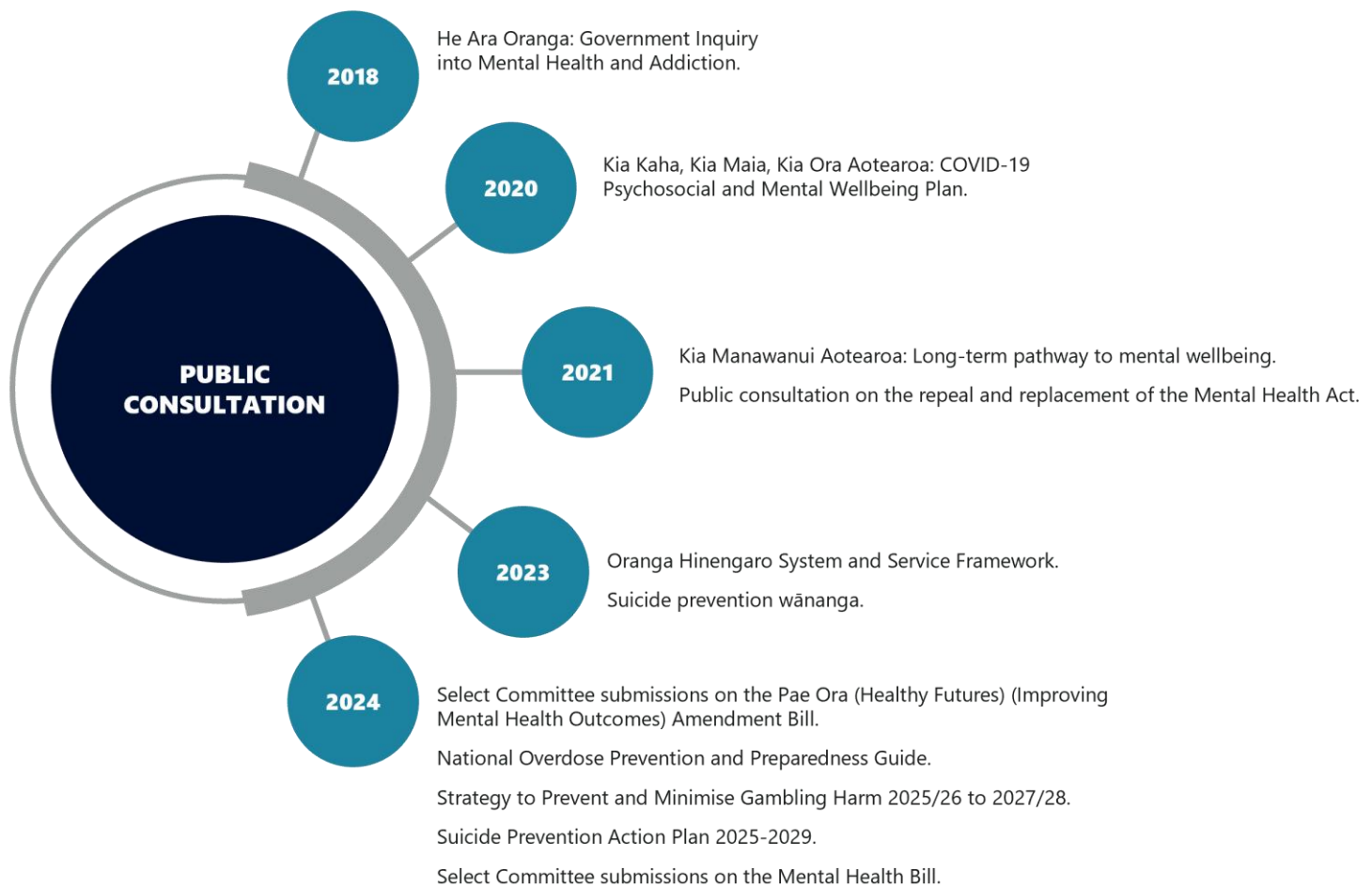
Māori are seeking strengthened services by and for Māori, and collaboration to foster and embed Kaupapa Māori approaches and cultural values within service delivery. A range of other specific populations and people with specific conditions feel underserved.

People have called for a stronger focus on promotion and production of mental wellbeing within communities, drawing on and enhancing whānau and community leadership. People with lived and living experience of mental wellbeing challenges want to have their voices amplified and their knowledge and expertise utilised to improve outcomes for others. This includes the perspectives of survivors of abuse in State care.

People want improved linking with other government services, in recognition of the wider contextual factors affecting mental wellbeing, such as employment, education, financial stability, safe and adequate housing, and freedom from discrimination and violence.

WHAT WE HEARD

PUBLIC CONSULTATION ON MENTAL HEALTH AND COMMON THEMES



PUBLIC CONSULTATION COMMON THEMES

Take a holistic approach to care that incorporates and supports wider physical, social, cultural and economic needs

Provide resources and supports that enable people, whānau and communities to support their own mental wellbeing

Respond early in the life course and in emerging mental health challenges

Improve access to high-quality primary, specialist and crisis services and supports, including for addictions and suicide prevention

Ensure more joined-up services in the health system and across other sectors that contribute to mental health and wellbeing

Enable voices of tāngata whaiora, their whānau, and communities to lead system and service transformation

Increase, retain and develop the workforce

Strengthen Kaupapa Māori approaches and embed cultural values within service delivery

Tailor support for a range of populations with greater needs

Enhance support for a range of specific conditions (eg, neurodiversity)

Improve data and insights collection, particularly for prevalence