

## Briefing

### Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

<b>Date due to MO:</b>	1/04/2025	<b>Action required by:</b>	10/04/2025
<b>Security level:</b>	UNCLASSIFIED	<b>Briefing number:</b>	BN2025-005
<b>To:</b>	Hon James Meager, Minister for Youth Hon Matt Doocey, Minister for Mental Health		
<b>Copy to:</b>	[REDACTED]		

### Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	[REDACTED]
Ella Cullen	Director Wellbeing System Leadership & Insights	[REDACTED]

### Minister's Office to Complete

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Approved            | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted              |
| <input type="checkbox"/> Needs change        | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by event |
| <input type="checkbox"/> See Minister's note | <input type="checkbox"/> Withdrawn |   |

Comment:

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<b>To:</b>	Hon James Meager, Minister for Youth Hon Matt Doocey, Minister for Mental Health		

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## Purpose

1. This paper provides a proposed agenda and key discussion points for a meeting between yourselves, Kevin Hague, Deputy Board Chair and Karen Orsborn, Chief Executive of Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) on [REDACTED]

## Proposed agenda

2. We propose the following items for discussion:
  - i. Introductions, and our work to date
  - ii. Identifying shared priorities for youth services, mental health and wellbeing
  - iii. Opportunities for improvement and action

## Recommendations

We recommend you:

- |    |  |                 |
|----|--|-----------------|
| a) | <b>note</b> the contents of this briefing.   | <b>Yes / No</b> |
| b) | <b>note</b> the Commission intends to proactively release this briefing as part of our proactive release policy. | <b>Yes / No</b> |



Karen Orsborn  
**Chief Executive**  
Date: 01/04/2025

Hon James Meager  
**Minister for Youth**  
Date:

Hon Matt Doocey  
**Minister for Mental Health**  
Date:



# Meeting with Te Hiringa Mahara Mental Health and Wellbeing Commission

## Introductions and our work to date

1. Representing the Commission will be Kevin Hague, Deputy Board Chair and Karen Orsborn, Chief Executive.
2. The Commission is an independent Crown entity operating under the Mental Health and Wellbeing Commission Act 2020. We report to the Minister for Mental Health, with the Ministry of Health as the monitoring agency.
3. Under the Act, the Commission has a broad responsibility for system oversight and leadership to improve mental health and wellbeing outcomes for people. As such, we:
  - Monitor, report and influence improvement to mental health and addiction services and system in Aotearoa, to contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand.
  - Assess and report on peoples' mental health and wellbeing, the factors that affect them, and the effectiveness of the approaches to support them.
4. We have a very broad statutory mandate, with 22 full-time equivalent permanent staff and funding of around \$5m per annum through an appropriation within Vote Health.
5. To deliver our legislated functions, we have recently refreshed our strategy, which includes a focus on providing evidence on effective early intervention and prevention approaches to improving mental health and wellbeing outcomes for youth and rangatahi with lived experience of mental distress, including suicide prevention. We will also continue to monitor access to mental health services for youth and rangatahi, as well outcomes for young people who interact with services. This builds on our work to date, and long-running focus on rangatahi and youth mental health and wellbeing. For the purposes of our work, we classify young people as being aged between 15 and 25 years old.
6. The advice provided here, and which we can elaborate on in the meeting, is informed by our work to date. It reflects our:
  - Recent assessment of youth and rangatahi wellbeing and access to services<sup>1</sup>;

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<sup>1</sup> <https://www.mhwc.govt.nz/our-work/wellbeing/youth-rangatahi-wellbeing-assessment/infographic/>

- Mental health and addiction service monitoring reports, including Kua Tīmata Te Haerenga | The Journey Has Begun<sup>2</sup>, Access and Choice<sup>3</sup> (which includes information on youth specific services – and its supplementary paper, focused on improving access for youth<sup>4</sup>).
- Report on determinants of youth wellbeing including a youth perspective<sup>5</sup>.

## Priorities for youth mental health and wellbeing

7. We know that mental health is a priority for the Youth and Mental Health portfolios and would like to hear where your focus lies.
8. As outlined in our previous briefing to you [BN2025-002], our focus on youth mental health and wellbeing stems from poorer outcomes experienced by a higher need group of young people in NZ, and the challenges they face accessing mental health support. We have highlighted these in our recent monitoring reports above and are also supported by the findings of the Office of the Auditor General’s report on youth mental health services<sup>6</sup>; and the parliamentary Mental Health and Addiction Wellbeing Cross-party Group’s Under One Umbrella report on mental health, alcohol and other drug use care for young people<sup>7</sup>.
9. While many young people report good mental wellbeing, one in five young people in NZ are experiencing higher rates psychological distress in comparison to other age groups. Average youth mental wellbeing scores dropped between 2018 and 2021, continuing a longer-term decline. Every year around 125 people under the age of 25 die by suicide in Aotearoa, NZ. These outcomes are especially true for disabled, Māori and LGBTQIA+ young people who continue to face additional ongoing barriers to accessing supports when they need it.
10. More young people are choosing telehealth services for initial mental health support as well as integrated primary mental health and addiction services, kaupapa Māori, Pacific and Youth services. When it comes to specialist mental health services, however, young people face longer waiting times, and young people who interact with specialist services continue to experience worse wellbeing outcomes than young people who do not use services.
11. Our 2024 mental health and addiction service monitoring report showed that, while a wider variety of options for initial support are becoming available, investment in services for children and young people has not risen at the same level as other parts of

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<sup>2</sup> <https://www.mhwc.govt.nz/news-and-resources/kua-timata-te-haerenga/>

<sup>3</sup> <https://www.mhwc.govt.nz/news-and-resources/the-access-and-choice-programme-report-on-the-first-three-years-2022/>

<sup>4</sup> <https://www.mhwc.govt.nz/assets/Reports/Access-and-Choice-programme/2022/FINAL-Access-and-Choice-Youth-report-2022-PDF.pdf>

<sup>5</sup> <https://www.mhwc.govt.nz/our-work/wellbeing/youth-wellbeing-insights/>

<sup>6</sup> <https://www.oag.parliament.nz/2024/youth-mental-health/overview.htm>

<sup>7</sup> <https://www.platform.org.nz/what-we-do/work/advocacy/cross-party-under-one-umbrella>

the system. Wait times to access specialist child and adolescent mental health services remain higher than wait times for adult services, and young people have been using emergency services more, but this trend is starting to change, as are trends in medication dispensing.

We have a publication on outcomes for young people who interact with mental health services being released in June 2025, as well as monitoring findings from Access and Choice and access for young people published this week.

12. Mental health and substance use problems start earlier in the life course with around 75% emerging by the age of 24 years. Young people who experience problematic substance use are at higher risk of experiencing mental distress, disengaging from education, training and employment opportunities, significantly increasing ongoing risk of poor health, social and economic outcomes. Harm reduction from problematic alcohol and other drug use is an area of strategic priority for the Commission.
13. To improve these outcomes, we want to see a life course approach to investment in both effective prevention and early intervention approaches to reduce the impact of experience of distress. Identifying risk and protective factors, or determinants of mental health and wellbeing, and investing in what works, will improve the trajectory of mental health and wellbeing outcomes for young people across the life course. Preventing distress in the first place, and providing services when help is needed, supports taking a social investment approach to addressing long standing issues.
14. This approach requires cross-government action, and providing a range of supports that are accessible and appropriate for young people. As well as improving mental health and wellbeing outcomes directly, this will reduce pressure on the mental health system and support it to provide high-quality and accessible services for those young people who need more specialised support.
15. Our ongoing monitoring will highlight key areas of prevention and early intervention and where this investment could be focused which we are happy to advise you on. We are also engaging with the Social Investment Agency to support and inform their work on commissioning for outcomes using our well-established outcome frameworks and measures.

### Addressing barriers and enablers to wellbeing: what young people have told us

16. Our research, and the views of young people themselves, highlight barriers to wellbeing posed by several drivers including being free from discrimination and race-based discrimination for young Māori; feeling uncertain about the future; social media and online safety. Connection to whānau and intergenerational connection for young Māori people is a specific enabler of wellbeing for Māori. We would like to see action on all four of those areas – potential opportunities for improvement are outlined in the section below.
17. We also monitor broader wellbeing outcomes and determinants and what we know from our monitoring is that young people are less likely to have enough income to meet

their everyday needs, more likely to experience loneliness and discrimination, and less likely to trust others. There are fewer families with disabled and Māori young people in them that have adequate income and material wellbeing overall. In education outcomes, Māori young people who attend kura kaupapa are achieving higher NCEA level achievements than Māori learners attending English language schools.

### Improving access to services for young people

18. Our monitoring reports show that the rollout of primary youth mental health and addiction services has progressed well, and young people are using all newly created Access and Choice services. Primary youth services are providing different models and more youth-friendly options, particularly where young people have been involved in co-design. Twenty-four youth services are now available across all 20 districts.
19. Despite this improvement, and the prioritisation of youth mental health and access to services in Government policy, wait times for specialist youth mental health services have got worse for young people and they wait substantially longer than for adults. There have been large increases in dispensing for antidepressant and antipsychotic medications young people, in the four years to 2021/22, before decreasing in 2022/23.
20. Our latest data shows the number of people using specialist mental health and addiction services continues to decrease. In 2023/24, this was over 3,000 fewer people than in 2022/23 and over 16,000 fewer people than 2020/21. Young people (aged 19–24) made up the majority of that decrease – nearly 10,000 of the 16,000 fewer people.
21. Some young people are still admitted to adult in-patient services. While we are pleased to see a considerable reduction in the rate of young people admitted to adult inpatient services over the last decade, young people experiencing distress should not have to choose between services that are age-appropriate or close to their home and whānau.
22. We would like to see changes that include investment in peer support services and workforce across all regions - with a range of services available that are designed with young people, for young people.

### Opportunities for improvement and action

23. Based on our respective priorities, there are several potential areas where we could work together to improve mental health and wellbeing outcomes. We would be happy to discuss these with you.
24. As described above, there is a need to prevent stress and distress in the first place which will require cross-government effort, along with adequate mental health services to provide early interventions. For those young people who need mental health and addiction services, we are monitoring the system and making recommendations to improve access and early intervention. Your support for improvements to youth mental health services would be valuable, and opportunities for improvement and collaboration with the Youth portfolio are highlighted below.

25. **The Youth Plan**, which sits in the youth portfolio, could be a valuable tool for delivering improved mental health and wellbeing outcomes. There may be opportunities for the youth portfolio and the Mental Health portfolio to align on youth-focused and youth-led services, including through use of the Akonga fund, support for the Hive, and the availability of youth one-stop shops (YOSS). We would be happy to provide advice to your officials in support of this.
26. **Cross government collaboration on youth wellbeing, mental health, and education** is a clear opportunity. You could seek alignment with your Ministerial colleagues and the departments they lead. Your input to, and sponsoring of, youth voice in decision-making would be a valuable contribution to a range of work currently underway, including:
- The Suicide Prevention Action Plan's school-based actions – led by the Ministry of Health in collaboration with the MoE. The Plan has a health focus with a bias towards intervention and postvention. More action that can be taken to prevent young people being on a pathway to distress or suicidality would be valuable.
  - The curriculum refresh, also led by the MoE – young people tell us they want a holistic education that prepares them for life transitions and life after school. This is particularly important for ongoing mental health and wellbeing and supporting school attendance rates.
  - We have also heard about an apparent disconnect between school-based support and other mental health supports, for some schools. There may be opportunities for the youth, education and mental health portfolios to drive improvement in this continuum of care and consistency across schools and regions.
27. **The Youth Development budget** is a key tool to support young people to use their voice. Some groups, including those who live with poverty, disabled young people, those from migrant and refugee communities, and young people who are not in education, employment or training (NEET) face additional barriers to being involved in decision-making that affects them. Use of the Youth Development Budget could seek to improve this.
28. **Addressing service-related issues** will require a range of services available that are designed with young people, for young people, and investment in peer support services and workforce. Collaboration across the youth and mental health portfolios could improve the design and delivery of key responses identified in a range of recent reports:
- The Office of the Auditor General found young people are often expected to fit into services and models of care designed for adults. It recommended that agencies involve young people in the co-design and delivery of services so that those services are tailored to young people.
  - The Under One Umbrella report found that many services were not designed for young people. It noted some exceptions: Youth One Stop Shops (YOSSs) are valuable services to meet the needs of young people, but these were inconsistently available across the country and were struggling to get funding to continue, with some YOSSs having to close due to lack of funding.

- In our 2024 Mental health and addiction service monitoring report, we showed that rangatahi and youth have high distress and need accessible services, as described in this briefing. We recommended that Health NZ provides guidance for the delivery of effective acute community options tailored to meet the needs of rangatahi and youth, by June 2025.

## Next steps

29. We look forward to meeting on 10 April to discuss our shared priorities.
30. Following the meeting, we will continue to keep you abreast of relevant aspects of our work programme, including our upcoming monitoring report looking at the 5-year delivery of the Access and Choice programme, which includes data on young people, and on youth-focused services. This is scheduled for publication in April.

**ENDS**

