

Briefing

Publication of system performance monitoring report

Date due to MO:	20/05/2025	Action required by:	11/06/2025
Security level:	UNCLASSIFIED	Briefing number:	BN2025-009
To:	Hon Matt Doocey, Minister for Mental Health		

[REDACTED]

Contact for telephone discussion

Name	Position	Telephone
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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 Withdrawn	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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Purpose

1. This briefing outlines details of our plan to publish a system performance monitoring report on 11 June 2025.

Summary

2. Following publication of our [insights paper into actions that sit under the leadership enabler of Kia Manawanui Aotearoa 2021](#), Te Hiringa Mahara – Mental Health and Wellbeing Commission (the Commission) has developed an approach to system performance monitoring and applied it to the mental health and addiction system.
3. This work identifies gaps and opportunities for improving the mental health and addiction system to contribute to improved mental health and wellbeing outcomes. It sets out six key shifts that taken together offer a cross-government and cross-sector change programme to transform services, care and support for people with lived experience of mental distress and addiction.
4. The final draft report and the high-level communications plan are attached for your information. The final report will be shared with your office prior to publication. Subject to minor editorial and design changes, the report will be published on 11 June 2025.
5. We are using this report as a key input into our advice to the Mental Health and Wellbeing Strategy. The six key shifts form an evidence-based approach to understanding what is needed to transform the mental health and addiction system.

Recommendations

We recommend you:

- a) **note** the system performance monitoring report will be published on 11 June 2025. **Yes / No**
- b) **note** the Commission intends to proactively release this briefing as part of our proactive release policy. **Yes / No**



Chief Executive
Date: 20/05/2025

Hon Matt Doocey
Minister for Mental Health
Date:

Publication of system performance monitoring report

Context

1. Our independent system leadership monitoring role uniquely places us to look across government and its system-level contributions to mental health and wellbeing outcomes. This means we monitor implementation of cross-government mental health and wellbeing strategies and plans such as Kia Manawanui or any new strategy or plan. In 2021 Kia Manawanui Aotearoa set out the long-term pathway for achieving mental wellbeing at a system and population level. It was published in response to the findings and recommendations of the 2018 Government Inquiry into Mental Health and Addiction (He Ara Oranga Report).
2. In 2024 we published our first independent monitoring insights report against short term actions in Kia Manawanui which focused on one of six system enablers, namely lived experience leadership. We also looked at how cross-sector collaboration was working using Housing First as a case study for national, regional, and local leadership and collaboration.
3. In 2024, following publication of our Kia Manawanui insights paper and as part of our system leadership role, we commissioned an internal report to support the Commission to take a strategic approach to long-term system performance monitoring. This work brought together key documents including He Ara Oranga Report recommendations, our partner He Ara Āwhina System and Services Framework and He Ara Oranga Wellbeing Outcomes Framework, Kia Manawanui, Government mental health priorities, our own recommendations, and literature on system performance to understand what key system shifts are required to achieve mental health and wellbeing outcomes, and how we might approach measuring system performance.
4. We worked with system leaders across government, sector, and with lived experience communities to understand what good system performance monitoring looks like and how we could apply this to the mental health and wellbeing system.
5. To manage scope for our first assessment of system performance, we focused on the mental health and addiction system. We also report contextual measures of population mental health and wellbeing outcomes. We want to build on this initial approach to system performance monitoring to include other monitoring functions that we hold including determinants and broader wellbeing outcomes.

Our goal-oriented approach to system performance tells us what key shifts are needed to reorient the system for better outcomes

6. Our system performance monitoring approach centres around six key system shifts that, taken together, would improve the mental health and addiction system to realise the vision set out in the He Ara Oranga Report.

7. These six key shifts reflect the voices of people and communities heard through the Government Inquiry into Mental Health and Addiction, the sector and lived experience engagement we undertook for this work, and the collective insights from our last five years as a Commission.
8. We provide initial monitoring results for a small set of system performance and population outcome measures, including the government's five mental health and addiction targets. Our intent in reproducing targets here is to situate the targets within a broader performance story.

Six Key Shifts: Towards a Mental Health and Addiction System



Our monitoring provides an up-to-date assessment of progress towards the six shifts

9. Our monitoring uses 20 measures across the six key shifts. For our first report we prioritised data that we could measure now to give us an up-to-date, comprehensive picture of the performance of the mental health and addiction system. Although we have good data on investment and access, we note that some system performance concepts cannot currently be measured well using existing data. Specific gaps exist in understanding prevalence of mental health and addiction needs across the population, understanding outcomes of mental health and addiction services, and understanding people's experience of their interactions with the system.

We found a system under immense pressure, with some early signs of reorientation.

10. **Shift 1 (Promoting lived experience):** There has been early positive movement to realise the potential of lived experience, with some growth in peer support investment and the lived experience workforce.
11. **Shift 2 (Effective services for those in need):** There has been significant expansion of primary mental health options through the Access and Choice Programme; services are reaching communities with higher need and wait time targets are being met. Investment in Kaupapa Māori options has increased overall, though share of investment in Kaupapa Māori specialist services (10%) is considerably lower than the proportion of people who access specialist services who are Māori (30%).

12. **Shift 3 (Primary prevention and early intervention):** There are areas of significant concern under shift 3. Call wait times have increased markedly over time across all telehealth services (360% increase between 2019/20 and 2023/24). There has been no change over time in the proportion of people accessing specialist mental health and addiction services who are known to be homeless (6%) or are not in employment, education or training (55%), with rates of both far exceeding broader population rates.
13. **Shift 4 (Equitable access and outcomes):** Shows unmet need for mental health and addiction services has increased to over 10% of the adult population with Māori, Pacific, young people and disabled people experiencing much higher unmet need. More than one third of people of people presenting to emergency departments with mental health and addiction needs wait longer than six hours for admission, discharge or transfer.
14. **Shift 5 (Upholds human rights):** This shift seeks a faster transition from coercive treatment to choice-based treatment. Although the number and proportion of people subject to seclusion in inpatient units has decreased since 2018/19, the proportion of Māori, Pacific and young people subject to seclusion is consistently higher than other population groups. The number and rate of compulsory community treatment orders has increased over the last six years.
15. **Shift 6 (Workforce):** Workforce data is limited however as outlined in our access to mental health and addiction service infographic [refer BN2025-007], total vacancy rates have improved in the last year, but vacancy rates by role show different patterns. Vacancy rates for nurses, allied health, and support workers have improved between 2023 to 2024 (that is, the per cent vacant has reduced), while vacancy rates for medical practitioners continues to increase.

The system is serving a population with poorer mental health and wellbeing and an increasing need for mental health support compared to six years ago

16. Indicators at a population level show that since 2018 fewer people are experiencing good mental wellbeing, and this is particularly so for people in contact with mental health and addiction services. The percentage of people experiencing high or very high levels of mental distress has considerably increased since 2019/20, and remains higher among Māori, women and young people.
17. When we look at indicators of harm, we see that suicide rates have not decreased despite ongoing interventions, remaining steady since 2018 with Māori and young people experiencing higher rates.
18. Over 700,000 people in Aotearoa have hazardous drinking patterns, and fatal drug overdoses have almost doubled in the last nine years.
19. We conclude that faster progress towards the shifts is needed to realise the vision of the He Ara Oranga Report and our partner frameworks, in the context of inequitable mental health and wellbeing outcomes and increasing need.

Advice on the draft Mental Health and Wellbeing Strategy

20. The Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 was passed in October last year. The Act stipulates that:
 - a. The Minister must prepare and determine a Mental Health and Wellbeing Strategy.
 - b. The Minister must have regard to any advice from the Mental Health and Wellbeing Commission when preparing the Mental Health and Wellbeing Strategy.
 - c. The purpose of the Mental Health and Wellbeing Strategy is to provide a framework to guide health entities for the long-term improvement of mental health and wellbeing outcomes, including minimising the harm from addiction.
 - d. The Mental Health and Wellbeing Strategy must:
 - i. contain an assessment of the current state of, and the performance of the health sector in relation to, mental health and wellbeing outcomes; and
 - ii. contain an assessment of the medium- and long-term trends that will affect mental health and wellbeing outcomes; and
 - iii. set out priorities for mental health and addiction services and health sector improvements relating to mental health and wellbeing, including workforce development.
21. We are working closely with the Ministry to provide content and advice on the strategy, drawn from our monitoring insights, our measurement frameworks and the six key system shifts. This report brings all this thinking together in one place, so it is our key input into our advice on the strategy. We will provide feedback to the Ministry on the draft strategy, and formal written advice to you which we will make available on our website.

This report is the first step of a long-term, phased approach to monitoring system performance.

22. We will continue to monitor system performance to bring together a shared view of what good looks like and to drive improvement and change. We will continue our data advocacy to support improved measurement. This will help us to better understand how and where system transformation is delivering better mental health and wellbeing outcomes and where these efforts could be scaled up.
23. Our system performance monitoring will also enable us to deep dive into key areas of focus for the system that are cross-government and cross-sector including income, housing and education, and the role they have in improving population mental health and wellbeing.

Communications

24. The Commission will issue a media release about the report and undertake stakeholder focused outreach. A high-level communications strategy is attached.
25. Karen Orsborn, Chief Executive, Maraea Johns, Director Māori Health and Dr Ella Cullen, Director Wellbeing System Leadership will be the spokespeople for any media interest. We will keep your office informed of media activity.

Consultation

26. Review has been undertaken by external experts in system performance and lived experience leadership, and broader sector leaders. We have engaged senior leaders within the Ministry of Health and Health NZ on the content of the report.

Next Steps

27. We look forward to meeting with you to discuss the findings and future development of this work.
28. The final report will be shared with your office prior to publication. Subject to minor editorial and design changes, the report will be published on 11 June 2025.

ENDS