Te Hiringa Mahara | Mental Health and Wellbeing Commission

Briefing

Publication of two data summaries: access to services and key mental health and substance use survey findings

Date due to MO:	13/02/2026	**Action required by:**	25/02/2026
Security level:	UNCLASSIFIED	**Briefing number:**	BN2026-001
To:	Hon Matt Doocey, Minister for Mental Health		
Copy to:	Stephanie Buick, Principal Advisor System Planning & Accountability, Ministry of Health – Manatū Hauora		

Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	[redacted]
Sonya Russell	Director, Mental Health and Addiction Sector Leadership	
Ella Cullen	Director – Wellbeing System Leadership & Insights	

Minister's Office to Complete

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by event

☐ See Minister's note ☐ Withdrawn

Comment:

Publication of two data summaries: access to services and key mental health and substance use survey findings

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To:	Hon Matt Doocey, Minister for Mental Health		

Purpose

1. On 25 February 2026, Te Hiringa Mahara – Mental Health and Wellbeing Commission (the Commission) will publish the attached *Access to Mental Health and Addiction Services Data Summary* and *Key mental health and substance use findings: NZ Health Survey 2024/25* (the summaries). This briefing provides an overview of the key findings of these documents.

Context

2. These publications contribute towards our strategic priorities and the implementation of Government targets and priorities, as well as providing thought leadership and alignment across the system through bringing together mental health, substance use and wellbeing insights to improve decision making.

3. The summaries are part of our suite of products and provide curated information on mental health and wellbeing for use by interested stakeholders and complement our other reporting. They provide indicators of the needs of the population and insights into how tāngata whaiora access mental health and addiction services.

4. Our monitoring of the mental health and addiction targets differs to that of Health NZ and the Ministry of Health in that we are looking at longer term trends to track sustainable change (primarily the last five years with the exception of overall access where we look at a ten-year timeframe). We are working with Health NZ and the Ministry to align our monitoring of mental health and addiction services.

5. The summaries will be published on our website on 25 February 2026, and shared via email, social media and engagement with key stakeholders. We will undertake proactive media pitching. We are happy to provide a verbal briefing if required.

Access Data Summary key findings

6. The access data summary includes a broader suite of contributory and balancing measures to highlight variation that warrants focused attention (for example, improving access for young people and rangatahi is a key focus of the access summary showing that this trend is consistently trending down).

7. The access summary demonstrates more people were able to access services overall, but for 19-24-year-olds, access continued to decrease. Wait times have improved but declined referrals have increased, and people are waiting longer for addiction services than for mental health services. More staff in place due to filling vacancies has been a key driver to improve access rates and reduce wait times. More people are being seen by Access and Choice but less than expected.

NZ Health Survey Mental Health and substance use key findings

8. Overall, 2024/25 NZHS data for population mental health and substance use rates shows similar findings to previous years. Concerningly, psychological distress continues an upward trend across all ages and ethnicities. This is, particularly the case for young adults with a rapid increase in high levels of distress.

9. Hazardous drinking is on a downward trend overall in the last 5 years; however, some groups are still drinking in a hazardous pattern. Illicit cannabis use shows persistent age and ethnic differences.

10. Overall rate of unmet need for professional mental health or substance use care in 2024/25 is similar to 2023/24 at 10.5% of adults. In 2024/25 unmet need was highest among adults aged 25 to 34 years (16.1%, about 121,000 people). Among the adult population Pacific and Māori had higher rates of unmet need than other ethnic groups.

Recommendations

We recommend you:

a) **Note** the attached summaries will be published on 25 February 2026. **Yes | No**

b) **Agree** to receive a verbal briefing. **Yes | No**

c) **Note** we intend to release this briefing under our proactive release policy. **Yes | No**

[redacted]
Chief Executive
Date: 13/02/2026

Hon Matt Doocey
Minister for Mental Health
Date:

Key findings

Access to Mental Health and Addiction Services Data Summary

1. The access data summary provides updated data and insights into some of the drivers of access and reflects the Government mental health and addiction targets. We publish a summary annually, with addiction services information included in this summary.

2. While more people were able to access specialist services overall, young people and rangatahi aged 19-24 were the only age group whose access did not increase in 2024/25.

3. Our previous monitoring highlighted the difficulties people had accessing specialist services. People told us that the impact of workforce challenges and perceived threshold changes were significant contributors to this. Filling vacancies has been a key driver to improve access rates and reduce wait times.

4. For 2024/25 the Government wait time target was met, with 80.9% of people seen within three weeks of referral. While wait times have improved, declined referrals have increased and some groups are waiting longer than others, particularly young people aged 0-18 years.

5. People are waiting longer for addiction services than for mental health services with average wait times longer than the target of 80% of people seen within three weeks.

6. Māori have higher access rates than non-Māori, had shorter wait times and were less likely to be referred by a GP.

7. More people are being seen through Access and Choice services but less than expected (88,678 less than expected).

8. The data summary calls for focused action to improve access and reduce wait times for young people and those needing addiction services. It highlights the need for more people to be seen by Access and Choice services to reach full capacity.

Key mental health and substance use findings: NZ Health Survey 2024/25

9. The data summary on key mental health findings is our second publication of NZ Health Survey (NZHS) mental health and substance use data. This is intended to provide contextual information about population level mental health and substance use trends and unmet need for Māori, Pacific peoples, young adults, and people with disabilities highlighted.

10. Overall, 2024/25 NZHS data shows similar findings to previous years. The data shows a continuing increase in psychological distress across all ages, with 14.3% of adults (about 619,000 people) experienced high or very high levels of psychological distress in the four weeks prior to the survey.

11. Furthermore, 22.9% of young adults (15-24 years old) experienced high or very high levels of psychological distress in the four weeks prior to the survey. This was the highest percentage of any age group.

12. The overall rate of unmet need for professional mental health or substance use care in 2024/25 is similar to 2023/24 at 10.5% of adults (about 456,000 adults) and has not significantly changed across age groups since 2023/24. In 2024/25 unmet need was highest among adults aged 25 to 34 years (16.1%, about 121,000 people). Among the adult population Pacific and Māori had higher rates of unmet need than other ethnic groups.

13. In 2024/25, 16.6% of adults (about 722,000 people) had a hazardous drinking pattern. This a significant decrease compared to 5 years ago (2019/20) when it was 21.3% of adults. Compared to other ethnic groups, Māori adults had the highest rate of hazardous drinking (27.0%, about 178,000 people). Cannabis is the most commonly used illicit drug in the population, with persistent age and ethnic differences in use.

14. In general, findings show significant disparities for disabled adults, Māori and Pacific adults.

Communications plan

15. A high-level communications plan is attached for your information. We will publish the report on our website and share via LinkedIn and our mailing list. We will undertake proactive media pitching with key outlets. Key report findings will be shared via social media and we will focus on sharing the findings with our wider sector networks.

16. Karen Orsborn, Chief Executive, Sonya Russell, Director Mental Health and Addiction Sector Leadership, and Maraea Johns, Director of Māori Health will be the spokespeople for any media interest. We will keep your office informed of media activity.

Upcoming reports from the Commission

17. These summaries are complementary to our other monitoring products. On 31 March 2026 we will publish our annual update to our He Ara Āwhina dashboard and summary set infographic. The dashboard presents measures (76 in total) across the domains of the framework covering primary, community and specialist services and is publicly available on our website. The summary set infographic will provide a high-level overview of service performance that is easier to understand, with the full measure set available in the dashboard.

18. On 30 April we will publish our literature scan on early intervention and prevention for rangatahi and youth, which will provide evidence on effective early intervention and secondary prevention approaches for adolescents, young people and rangatahi Māori with lived experience of mental distress, substance use and addiction.

19. Our system performance report published in May 2026 will provide deeper insights into system performance through our analysis. Our deep dive into access to services for rangatahi and youth to be published in November 2026 will pick up some of the key findings for young people and support a deeper understanding of where action should be taken.

20. We continue to assess progress with our recommendations made in earlier reports, particularly with regard to access.

Consultation

21. We have engaged with the Ministry of Health and Health NZ on both summaries.

22. Health NZ reports on performance against the mental health and addiction targets every quarter as is appropriate given their operational responsibilities to track progress as close to real-time as possible. Monitoring of these targets sits within a wider suite of monitoring on health system performance by the Ministry of Health.

23. Our monitoring of the mental health and addiction targets differs to that of Health NZ and the Ministry of Health in that we are looking at longer terms trends to track sustainable change. We are also looking at a broader suite of contributory and balancing measures to provide a fuller picture of access and identifying where there is variation across population and age groups. We are working with Health NZ and the Ministry to align our monitoring of mental health and addiction services.

Next Steps

24. The summaries and high-level communications plan are attached for your information. The final summaries will be shared with your office prior to publication.

25. Subject to minor editorial and design changes, the summaries will be published on our website.

26. We would welcome the opportunity to brief you on these findings prior to release.

Attachments

Appendix A Access to Mental Health and Addiction Services Data Summary

Appendix B Key mental health and substance use findings: NZ Health Survey 2024/25

Appendix C Comms and engagement plan – Minister's office

ENDS