

Briefing

Meeting with Te Hīringa Mahara – Mental Health and Wellbeing Commission

Date due to MO:	20/04/2026	Action required by:	29/04/2026
Security level:	UNCLASSIFIED	Briefing number:	BN2026-007
To:	Hon James Meager, Minister for Youth		
Copy to:	Hon Matt Doocey, Minister for Mental Health Ministerial Services, Ministry of Youth Development Stephanie Buick, Principal Advisor System Planning & Accountability, Ministry of Health Manatū Hauora		

Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	
Stuart Allan	Director Corporate Services	

Minister's Office to Complete

- | | | |
|--|------------------------------------|---|
| ☐ Approved | ☐ Decline | ☐ Noted |
| ☐ Needs change | ☐ Seen | ☐ Overtaken by event |
| ☐ See Minister's note | ☐ Withdrawn | |

Comment:

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To:	Hon James Meager, Minister for Youth		

Purpose

1. The purpose of this paper is to provide a proposed agenda and key discussion points for a meeting with you, Hayden Wano, Board Chair and Karen Orsborn, Chief Executive of Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) on Wednesday 29 April 2026.

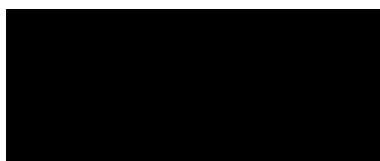
Summary

2. We propose the following items for discussion:
 - I. The role of the Commission and work to date
 - II. Rangatahi and youth mental health and wellbeing
 - III. Access to mental health and addiction services and support
 - IV. Online harm and safety for young people

Recommendations

We recommend you:

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



Karen Orsborn
Chief Executive
Date: 20/04/2026

Hon James Meager
Minister for Youth
Date:

Discussion points

Our role

1. The Commission's role and functions include monitoring and advocacy for improved access, experience and outcomes for young people with lived experience of mental distress and addiction. We also have a role to promote cross-government collaboration and coordination with entities that are focused on improving mental health and wellbeing. Young people are a focus area for the Commission given that as a group young people continue to experience significant barriers to improved mental health and wellbeing outcomes.
2. Through our legislated functions, the Commission provides leadership and independent oversight. We engage with a range of communities who experience different challenges in both mental health and addiction and in accessing services. We bring these views to our monitoring and reporting, and to the recommendations we make to improve the way the mental health and addiction system meets the needs of people that interact with it, as well as their family, whānau and communities.
3. We are a small monitoring entity and work closely with other agencies such as Mana Mokopuna and the Independent Children's Monitor, who have a dedicated focus on children and young people. We also work closely with the mental health sector and agencies such as Youthline, AraTaiohi, Yes Disability, Le Va, Rainbow Youth and Voyce Whakarongo Mai.
4. The Commission established a Youth and Rangatahi Expert Advisory Group (EAG) in 2024. This external advisory group comprises members with expertise in youth and rangatahi Māori mental health, wellbeing and lived experience. We consult with our Rangatahi and Youth EAG on relevant work.
5. We have published a range of monitoring and advocacy projects with rangatahi and youth insights since our establishment in 2021 (see Appendix One).
6. We have submitted on a number of key issues and legislation that impact on young people including the inquiry into online harm young, amendments to Oranga Tamariki legislation and the Education and Training Act.

Our insights

7. Through our independent monitoring, we use our insights to demonstrate how well the mental health and addiction system is performing and where it needs to improve.



Youth mental health and wellbeing

8. Outcome monitoring has shown that in comparison to older age groups, young people fare worse across a range of factors that keep them well, such as material wellbeing, income, discrimination, loneliness and social connection.
9. We have heard directly from young people that what keeps them well is safety in online spaces, addressing discrimination, certainty about the future (including climate change), and intergenerational connection.
10. The rate of psychological distress is increasing for young people (adults) aged 15 to 24. This is of concern to the Commission. In February 2026, [we published findings from the NZ Health Survey](#) showing that 22.9% of young people are experiencing high or very high levels of distress. The Youth Health and Wellbeing Survey 2025 (YHWS) results shows that this finding is consistent for a younger school aged population aged 13 to 17. The YHWS reported that while two thirds of young people reported good to excellent mental wellbeing, 21% of young people experienced distress and 19% self-identified as having a mental health condition.
11. We have made targeted recommendations in mental health and addiction monitoring service reports relating to the improved provision of mental health and addiction services for young people. We assess progress with our recommendations to ensure public accountability. We published our *Assessment of progress - implementation of Kua Tīmata Te Haerenga recommendations*, in December 2025.

Our advocacy priorities

12. The Commission advocates for improvements to access and outcomes for rangatahi and youth (including online safety) and access to mental health and addiction services (including crisis responses).

Access to services

13. Service monitoring has shown that young people are still not receiving accessible, affordable, quality, age-appropriate mental health services and supports in a timely manner. Our access monitoring called for focused attention to improve access and reduce wait times for young people.
14. Our recent [Access data summary](#) for young people showed that in the 2024/25 year, access to specialist mental health services for young people reduced, they faced longer wait times, and had more referrals declined.
15. The YHWS noted that while 21.2% of young people may benefit from further assessment, only 6.1% accessed mental health support. This highlights a system issue for young people accessing support that they need. The inclusion of practical and psychological barriers to access in the YHWS is valuable.
16. Our [2025 monitoring of crisis responses](#) found that while fewer people have a recorded crisis activity, a higher proportion of crisis calls are urgent, particularly for

Māori, rangatahi and youth. Current crisis services are hard to navigate, fragmented and patchy, and many people do not get the help they need. People need a real choice of safe and welcoming options for both mental health and substance use crises, and they must be culturally safe, trauma-informed and uphold human rights.

17. We are developing a deeper dive for publication in November to increase understanding of rangatahi and youth access to mental health and addiction (MHA) services.

Position on online safety

18. Our position is to take a harm reduction approach to addressing online harms. That is, empowering participation from young people into decisions about online safety; ensuring education is available for young people, parents and caregivers; and promoting stronger regulation of online platforms and harmful content.
19. Online harm and safety for young people is a global issue with Aotearoa New Zealand currently developing policy options to respond. Young people have told us that feeling safe and living free from discrimination is vital to their wellbeing. The YHWS found around two thirds of young people felt safe at school and online, and over 88% felt safe at home. However, in the past 12 months over a third of young people were treated unfairly or differently because of their ethnicity, gender or for another (unspecified) reason. The YHWS also showed that school aged young people in Aotearoa New Zealand are spending at least 5 hours or more in online spaces. Aotearoa New Zealand has some of the highest rates of online engagement internationally.
20. Evidence shows that there are both harms and benefits to online spaces, internet use and social media for young people. A nuanced approach to this issue is required to avoid unintended consequences. For example, young people rely on online spaces for social support and connection as well as support during crisis. However, there is harmful content online that can exacerbate a young person's mental state if they are already experiencing distress which needs stronger monitoring and regulation.
21. We have called for a nuanced and evidence-based approach to addressing online harms while maintaining benefits through mainstream media, select committee processes on online harm and safety, and communications with our key stakeholders and will continue to advocate for a harm reduction approach to mitigating online harms for young people.

Youth Health and Wellbeing Survey 2025

22. The published findings from the Youth Health and Wellbeing Survey 2025 aligns with and supports our advocacy areas and the insights generated by our work.
23. We advocated strongly for a prevalence survey on mental health and addiction. We were pleased to see the announcement of the first child and youth mental health

survey commissioned from the Ministry of Health. We use relevant information from multiple sources for our monitoring, insights and advocacy.

24. There is a gap for a system wide function to consolidate and generate policy ready insights and evidence from government funded surveys for a complete and more coherent picture of current youth health, mental health and wellbeing for cross-government use.

Child and Youth Strategy

25. We note the 2024/25 Annual Report for the Child and Youth Strategy 2024-2027 (the Strategy) published in early April, shows worsening trends across poverty-related priority areas compared with the baseline year (2019/20). It shows stark disparities for Māori children, Pacific children, and disabled children across indicators, particularly in measures of material deprivation.
26. The Strategy does not have a specific focus on youth mental health and wellbeing. We consider this a key gap as youth mental health requiring cross-agency coordinated action to address the drivers of distress, as well the health system's role in responding to distress when it develops.
27. 14.3% of households with children and young people (aged 0-17 years) were in material hardship in 2024/25. 25.1% of households with Māori, 31% of households with Pacific children and young people and 26.9% of households with a disabled child or young person were in material hardship.
28. Our research found material hardship is a key factor associated with mental wellbeing for people who interact with the mental health and addiction system. For young people, growing up in material deprivation has both immediate and long-term consequences.

For noting

Upcoming publications

Effectiveness review and evidence brief, rangatahi and youth

29. On 30 April we will publish an effectiveness review of approaches and interventions that support young people with early signs of distress. Intervening early, before distress escalates has been shown to be effective and cost effective in reducing mental distress and preventing the onset of mental health conditions. They are also more scalable than specialist responses.
30. This report identifies the factors and approaches that are most effective in reducing distress and supporting wellbeing among young people aged 12-24 who experience mild to moderate distress (secondary prevention).

System performance monitoring

31. On 16 June we will publish our second Mental Health and Addiction (MHA) System Performance Monitoring report. This report is an overarching assessment of the mental health and addiction system – including services, but also the structures, investment, policy and legislation that enable services to function. It uses quantitative measures to assess performance of the system in the 2024/25 year.
32. Our analysis identifies that rangatahi and youth are underserved by the mental health and addiction system. Our report prioritises a focus on improving access, outcomes and experience for young people experiencing distress, particularly at key transition points between child and adolescent mental health and addiction services and adult mental health and addiction services.

Deep dive and literature scan

33. Our previous monitoring reports have included information on rangatahi and youth, however they have not been the sole focus of these reports. These earlier reports have raised further questions about trends in how young people are accessing and using MHA services.
34. We will publish literature scan in July 2026 and monitoring report in November 2026 focusing on a deeper understanding of what works for young people with more severe presenting MHA issues including the early stages of those issues. Our Hauora Hinengaro Hui Taumata | Mental Health conference 2026 will have a focus on rangatahi and youth and our ongoing crisis responses work.

Youth Mental Health Summit 2026

35. The Commission collaborated with Youthline to run the Youth Mental Health Summit, hosted by the Minister for Mental Health on 4 March 2026. This event, which you attended in the afternoon, brought together leaders and young people to



improve mental health and wellbeing for young people. We will continue to work with Youthline on a framework and set of actions that seek to drive system change for young peoples' mental health and wellbeing.

Next Steps

36. We will continue to keep you updated with relevant work through briefings and meetings as required.

ENDS



Appendix One: the Commission's youth specific and related monitoring and advocacy work

Name	Description
Mental health and addiction service monitoring reports (2022 – 2026).	This series of reports presents qualitative and quantitative data relating to service access, wait times, workforce, investment and makes recommendations to Government for improvement. Each report includes data and insights from and about rangatahi and young people. The Youth Services Focus Report (2023) specifically examines the trends in admitting young people (aged 12 to 17 years) to adult inpatient mental health services in New Zealand and reflects on perspectives gained from discussions with young people, whānau and family.
Access and Choice Programme Reports (2021 – 2025).	This series of reports monitor progress of the Access and Choice programme, services rolled out from 2019/20 for people with mild-to-moderate mental health and addiction needs. This programme aims to improve access to primary mental health, wellbeing, and addiction services, including in Kaupapa Māori, Pacific, youth, general practice, and community settings. These reports have a particular focus on access and outcomes for rangatahi and young people.
Youth Wellbeing Insights (2023).	This report and accompanying literature review identifies four drivers of mental health wellbeing for rangatahi and young people, including youth-led solutions for improving mental health and wellbeing.
Assessment of Youth and Rangatahi Wellbeing and Access to Services (2024).	This infographic primarily presents findings from our quantitative assessment of mental health and wellbeing among young people and rangatahi Māori and presents key service monitoring findings for young people.
Achieving Equity of Pacific Mental Health and Wellbeing Outcomes (2024).	This report and data infographic brings together insights about Pacific people's wellbeing with some reporting on young Pacific people.
Urupare Mōrearea: Crisis Responses Monitoring Report (2025).	This report examines how the current crisis response system is functioning and provides insights on the responses and pathways people and whānau navigate when experiencing crisis. This report explicitly includes data relating to rangatahi and young people, including recommendations to improve crisis responses for rangatahi and young people.