

## Briefing

### Publication – Monitoring mental health and addiction system performance in Aotearoa New Zealand

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|-----------------|-----------------------------------------------------------------------------------------------------|---------------------|------------|
| Date due to MO: | 4/06/2026                                                                                           | Action required by: | 16/06/2026 |
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| To:             | Hon Matt Doocey, Minister for Mental Health                                                         |                     |            |
| Copy to:        | Tim Herbert, Ministry of Health – Manatū Hauora<br>Grace Collis, Ministry of Health – Manatū Hauora |                     |            |

### Contact for Telephone Discussion

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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 Withdrawn |                                             |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:

# Publication – Monitoring mental health and addiction system performance in Aotearoa New Zealand

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| To:             | Hon Matt Doocey, Minister for Mental Health |       |           |

## Purpose

1. On 16 June 2026, Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) will publish our 2026 system performance monitoring report. This briefing summarises the key findings, recommendations and calls to action.

## Summary

2. In 2025 we developed our approach to system performance monitoring and published our first system performance monitoring report [refer BN2025-009]. In 2025 we found a system under immense pressure with early improvement evident in MHA system performance. We also found no overall improvement across a range of mental health and wellbeing outcomes at population level. We used findings from this report to inform our proactive advice on the draft Mental Health and Wellbeing Strategy.
3. In 2026 we consolidated our monitoring measures and reported against 30 measures. Key findings from 2026 show that while there are signs of progress this is only in pockets with some areas regressing. The improvements we need to see across the whole mental health and addiction system are too slow for some, with rising need for young people and Māori not being met.
4. A robust mental health and addiction system should provide timely, accessible, age and culturally appropriate services when there is a need. We are seeing variation in service responses with some overall progress on access to services but not for young people for example. We are also concerned about the system's capacity to uphold human-rights based practices. A system needs to be fair, caring, responsive and effective.
5. Our 2026 report includes two new recommendations for improvement and one renewed recommendation by June 2027 focused on seclusion, effectiveness of services, and access to services for Māori. We also identified other areas for improvement that we are calling for this year. Our calls to action are focused on cross-agency commitment to addressing factors of mental wellbeing and primary prevention, strengthening lived experience in the system, addressing the higher needs for Māori, improving access, experience and outcomes for young people, and a commitment to upholding human-rights based practices.

6. The 2026 system performance monitoring report will inform our final advice to the Mental Health and Wellbeing Strategy before it goes to Cabinet as part of our mandated role.
7. Together with the 2026 monitoring report, we are bringing together all our key reports and previous work into a roadmap that outlines the changes we want to see. This is intended for release in late June.
8. Subject to minor edits and design changes, we will publish the system performance monitoring report on our website on 16 June 2026. We will host a webinar in July 2026 to share our key findings.

## Recommendations

We recommend you:

- |    |                                                                                                                                                    |          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a) | <b>Note</b> the <i>Monitoring mental health and addiction system performance in Aotearoa New Zealand</i> report will be published on 16 June 2026. | Yes   No |
| b) | <b>Note</b> we intend to release this briefing under our proactive release policy.                                                                 | Yes   No |



Karen Orsborn  
Chief Executive  
Date: 4/06/2026

Hon Matt Doocey  
Minister for Mental Health  
Date:

## Discussion

### Background

1. In our first 2025 report, we found a system under immense pressure, that was showing very early signs of progress. We used this monitoring as a key input to our advice on the draft Mental Health and Wellbeing Strategy. The draft Strategy currently reflects the shifts for system transformation and mental health and addiction contribution to population level mental health and wellbeing outcomes. It is important that the sector is aligned on the goals for the ideal mental health and addiction system and that we have a way of monitoring those for improvement. This report, and future reporting will show progress towards improving mental health and wellbeing outcomes and implementation of the Mental Health and Wellbeing strategy.

### Key findings

2. Our 2026 monitoring report shows that while progress is being made in targeted areas, rising needs of young people and Māori are not being met.

#### We are seeing progress in increasing access, peer support and workforce

3. Since our 2025 reporting, good progress has been made on improving wait times for mental health and addiction services. There is increased access overall to primary mental health and addiction services and increased access to specialist services that include peer support. Workforce vacancy rates are improving, and workforce diversity is increasing. We have also seen an increase in people entering training to work in the mental health and addiction sector.

#### We are seeing a pattern of systemic disadvantage for tāngata whaiora Māori

4. We are seeing increased unmet need for professional mental health support among Māori. There are continued disparities in coercive practices, in which Māori are subjected to both compulsory community treatment orders and ‘seclusion’<sup>1</sup> at significantly higher rates than non-Māori. The level of investment in kaupapa Māori services has not kept up with other mental health investment which means over time we are seeing a decline in the proportion of investment in kaupapa Māori services, which we know are effective.

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<sup>1</sup> We use the term ‘seclusion’ as it relates to terminology used in the Mental Health Act. We use quote marks around the term to indicate this is not our preferred language informed by lived experience. In our other work, we use the term ‘solitary confinement’ in place of or alongside ‘seclusion’ to recognise people’s lived experience of this practice.



5. Māori who are in contact with specialist services have consistently higher rates of homelessness and lower rates of employment, education, or training. The disparity in the drivers of mental health need appears to be growing for Māori.

### The needs of young people are not being met by the MHA system as well as other systems that support young people

6. Young people experience persistently high rates of unmet need for professional mental health support, and experience longer average wait times for specialist services. Access to specialist services has decreased for young people alongside high rates of declined referrals. There has also been an increase in the number of young people admitted to adult inpatient services compared to the previous year.
7. Nearly a quarter of young people report high or very high levels of psychological distress, and this rate is increasing for young people faster than any other age group. The system needs to better reorient to addressing rising levels of distress of young people. The proportion of young people accessing specialist services who are in employment, education or training has decreased and ringfenced prevention and early intervention funding as spent in hospital and specialist services. While these are important for those who need them, we need more upstream action on preventing the need for contact with specialist services in the first place.

### Implications of our findings

8. Our findings suggest that there is further and faster work to be done both for the MHA system and the wider systems that people journey through when they seek support. Our new report shows that while some people are experiencing improved mental health and addiction system responses, significant inequities exist for young people and Māori. Renewed effort is required by leaders of the mental health and addiction system across all six shifts.
9. MHA system improvement needs to focus on provision of services that meet human rights such as access to culturally and age-appropriate care. This will require targeted focus on access to appropriate and effective services, as well as prevention efforts tailored to groups known to have the highest need.

### Seclusion

10. In our 2025 report we used seclusion data reported directly by services to the Programme for the Integration of Mental Health Data (PRIMHD). We were advised by the Ministry of Health in April of significant data quality issues with PRIMHD data. We have decided, following advice about the quality and completeness of the PRIMHD data, to use validated data only in our 2026 report. This does not change our conclusions that the number of people subject to seclusion remains too high, large inequities exist and urgent action is needed.



11. Using Ministry of Health 'seclusion' data instead of PRIMHD data impacts our ability to report timely information. Ministry of Health data is only available up to the 2023/24 year, whereas PRIMHD data is additionally available for the 2024/25 year. Our internal analysis shows very small differences between PRIMHD and validated Ministry of Health 'seclusion' data.

## Recommendations

12. We are making three recommendations to drive improvement in key areas of the MHA system. Two of these are new recommendations, and one is a renewal of a previous recommendation. We have engaged Health NZ and the Ministry of Health about their respective recommendation with support from both agencies.

### New recommendations

13. We make two new recommendations for action by June 2027.
  - That Health New Zealand publishes a national 'seclusion' plan by June 2027 outlining the pathway to eliminate 'seclusion'.
  - That the Ministry of Health includes actions for collection of outcomes and experience data from people engaging with mental health and addiction services in the first three-year implementation plan of the Mental Health and Wellbeing Strategy. Actions should include specific data collection for high-needs populations by June 2027.

### Renewed recommendation

14. Our findings show inequity of mental health and wellbeing outcomes for Māori. In 2024 we recommended that Health New Zealand develop an action plan by June 2025 to meet the needs of Māori and whānau accessing specialist mental health and addiction services.
15. In our 2025 follow-up report, we found that this recommendation had not been realised. Achievement of this recommendation will contribute to addressing the inequities we find in this report; therefore, we renew our recommendation:
  - That Health New Zealand develop an action plan by June 2027 to meet the needs of Māori and whānau accessing specialist mental health and addiction services.

## Consultation

16. We developed this report with support from people with lived experience and people working in the mental health and addiction sector. Peer review has been provided by subject matter experts.
17. The report has been reviewed by Health NZ for data accuracy, and we also provided an early copy to Ministry of Health who provided feedback.

## Communications

18. A high-level communications plan is attached for your information. This is a high-profile report, and the Commission will be actively pitching stories to the media about the findings and calls to action. The findings will be presented in a report-card format to ensure the overall conclusions are easily understood by a wide audience.
19. Karen Orsborn, Chief Executive, Maraea Johns, Director Māori Health, and Ella Cullen, Director – Wellbeing System Leadership and Insights, will be the spokespeople for any media interest. We will keep your office informed of media activity.

## Next Steps

20. The final reports will be shared with your office prior to publication.
21. Subject to minor editorial changes and design, the attached monitoring report will be published on our website on 16 June 2026.
22. We will use our system performance insights to provide advice on the draft Mental Health and Wellbeing Strategy. The system performance monitoring report informs the roadmap that is intended for release in late June.

**Appendix A** Monitoring mental health and addiction system performance in Aotearoa New Zealand report

**Appendix B** Comms and engagement plan – Minister's office

## ENDS

