Te Hiringa Mahara | Mental Health and Wellbeing Commission

Access and Choice Programme: *Monitoring report on progress and achievements at five years*

This summary provides an overview of findings, key programme data, our calls to action and recommendations. Download a copy of the full report: **www.mhwc.govt.nz/access-choice-2025**

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The Access and Choice programme was funded from the 2019 Wellbeing Budget (Government of New Zealand, 2019) to provide support for 'mild to moderate' needs relating to mental health and problematic substance use or gambling in primary care and community settings.

The national roll-out of the programme has come a long way in a difficult environment. There were some delays in the roll-out of the programme, related to a range of issues, including COVID-19 and recruitment challenges. Programme implementation is now on track, and there are opportunities to build on what has been achieved so far.

Access to and choice of services have improved

The Access and Choice programme has provided increased access to support for needs relating to mental health and problematic substance use or gambling, as well as more choice in services. The investment in this programme has significantly expanded support available and enabled easier and earlier intervention for those needing support.

We heard about the positive benefits of the programme and that it is supporting people on their journey to mental wellbeing. Kaupapa Māori and Pacific services offer whānau-centred, holistic support. Youth services also offer holistic support in ways that are acceptable to young people. Services report that the additional capacity of Access and Choice programme staff has alleviated time pressures and boosted their capability to respond to those with mental health and substance use/gambling needs.

Aim is projected to be achieved by June 2026

By the last year of the programme, the funding had been fully committed. While the number of people seen per year by services has increased steadily over the last five years, to over 207,000 for the 2023/24 financial year, it falls short of the programme's aim of 325,000. However, the aim is projected to be met by the end of 2025/26 or shortly after, based on previous years' reach.

Reaching the programme aim of seeing 325,000 people annually will require sustained funding; full implementation with services operating at full capacity; integration of the Integrated Primary

Mental Health and Addiction (IPMHA) model into primary care settings; accelerated workforce development, recruitment, and productivity; and improved access to specialist services so that providers are able to refer those who require a more intensive service.

The programme has achieved good coverage

Access and Choice services are now available to people living across Aotearoa New Zealand. As of 30 June 2024, IPMHA services were available to 68 per cent of those enrolled with general practices (nearly reaching the goal of 70 per cent).

Kaupapa Māori and Youth services are available in every district as well, and Pacific services are available in nine districts where there is a higher representation of Pacific peoples. These services are not only benefiting the priority populations they cater for, but others too – e.g. Kaupapa Māori providers are seeing nearly a quarter of clients who are non-Māori.

As the programme was funded to provide coverage to 70 per cent of the enrolled population, availability of the services is limited in some locations. For example, 32 per cent of the enrolled population has no access to IPMHA services, as these services are not provided in their local practice (although they may be able to access Kaupapa Māori, Pacific, and Youth services as appropriate).

Workforce opportunities and challenges remain

The programme has boosted the capacity of the primary and community care workforce and is now a substantial part of the primary and community mental health and addiction sector. Dedicated investment in workforce development has supported these boosts. The workforce growth has kept pace with the expansion of the services, with 84 per cent of the contracted full-time equivalents (FTEs) in place. The need to establish an Access and Choice programme workforce has implications for other health workforces, especially clinical roles.

Reducing variation across the country

It will be important to understand variation in IPMHA services to enable more people to access these services. Understanding regional variation in clinical to non-clinical FTE ratios and intensity of services will be key. Expanding access to virtual options and multi-practice models could enable further reach and increased access.

Productivity of Access and Choice programme roles are difficult to determine when some services are still not at full capacity and there are data quality issues. However, there are some early indications that, for IPMHA roles in practices where the programme is fully rolled out, average productivity ranges from around 6–7 sessions delivered per FTE per day. Understanding utilisation of FTEs in place will be important to support ongoing improvement of the programme.

Improved data collection and reporting would improve our understanding of the impact of the Access and Choice programme on people as well as on the mental health and addiction landscape.

Programme funding must be sustained and prioritised

The government invested $664 million over five years from 2019/20 to 2023/24 for the programme, with 20 per cent committed for Kaupapa Māori services, 7 per cent for Pacific services, 15 per cent for Youth services, and 58 per cent for IPMHA services by 30 June 2024.

Given the increases in psychological distress and unmet need for mental health care over the last several years, the programme investment and level of service delivery that were planned at the start of the programme need to be sustained.

Key programme data

64% of the aim for people seen was achieved

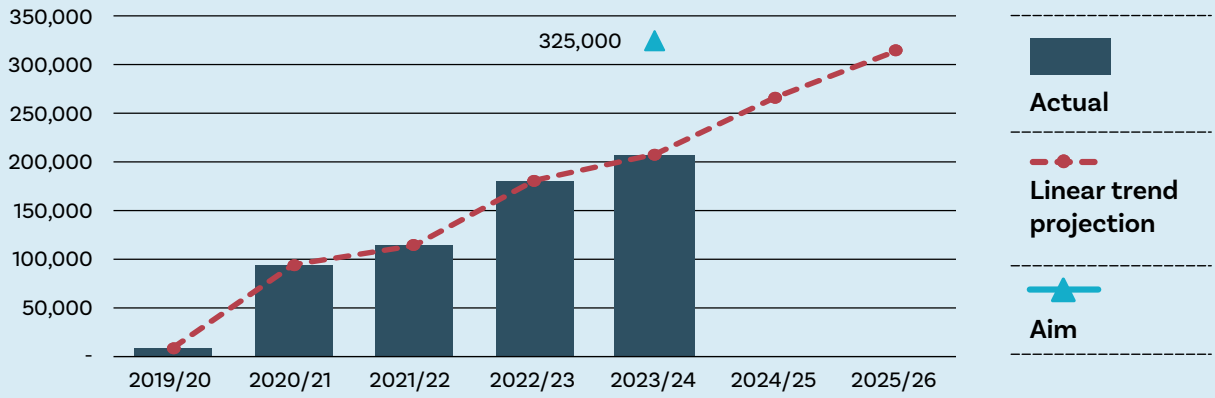
Aim: 325,000 people to be seen per year (6.5% of the total population) by 30 June 2024

Achieved: Over **207,000** people seen in 2023/24 (3.9% of the total population)

Service	People seen by 30 June 2024	Aim for people seen
Integrated Primary Mental Health and Addiction (IPMHA)	159,869	248,000
Kaupapa Māori	26,668	
Pacific	10,137	77,000
Youth	10,932	
Total	**over 207,000**	**325,000**

The aim of reaching 325,000 people is projected to be met in 2025/26

Projected number of people seen per year to 2025/26



The most common presenting issue was anxiety

The five most common presenting issues were:

1. Anxiety
2. Depression/low mood
3. Generalised stress
4. Other physical wellbeing issue
5. Diabetes

84% **1,262 employed of 1,495 contracted FTEs by 30 June 2024**

Access and Choice staff who previously worked in the mental health and addiction sector:

57% Health Improvement Practitioners (HIPs)

25% Health Coaches (HCs)

The services are reaching a broad range of people, including:

26.8% Māori

10.9% Pacific people

9.3% Asian people

20.2% Young people

The coverage aim was nearly achieved:

Integrated Primary Mental Health and Addiction (IPMHA) services are available to **68%** of the enrolled population (the aim was **70%**).

- **32** Kaupapa Māori services in all 20 districts
- **13** Pacific services in all 9 districts (that were planned to have them)
- **24** Youth services in all 20 districts

IPMHA is reported as being helpful to people. Most frequently reported helpfulness ratings ranged from **8–10** (out of 10) for IPMHA.

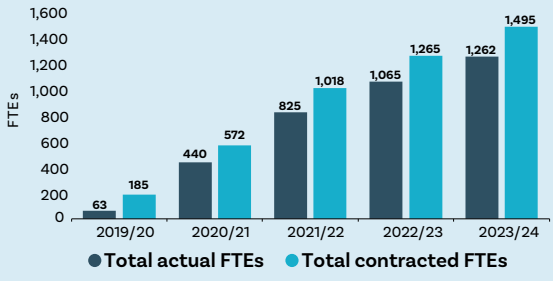
The majority of programme funding has been spent

Total funding committed and allocated by workstream, 2019/20–2023/24[1]

	Committed ($m)	Allocated ($m)	Difference ($m)
IPMHA	313.95	287.16	26.79
Kaupapa Māori	83.28	97.25	-13.97
Pacific	33.14	38.90	-5.76
Youth	75.86	93.09	-17.24
Workforce development	85.95	99.73	-13.78
Enablers	32.01	48.15	-16.14
Total	**627.82**	**664.29**	**36.47**

Workforce has increased each year

Total actual versus contracted FTEs, as of 30 June 24



1 Not presented in the table is $3.63m committed for hospital chaplaincy mental health, which had no funding allocated to it.

Ngā huringa e hiahiatia ana
The changes we want to see

In this section, we set out the system changes (based on our key findings) that we want to see to support the ongoing delivery of these services and future developments.

Sustained focus on roll-out and delivery

- **Enhance service utilisation and productivity** to achieve the reach aim of 325,000 people seen annually with the continued expansion of multi-practice models and virtual services.
- Continued **implementation support** (enabler funding) until services are fully rolled out and operating at full capacity. Embedding Integrated Primary Mental Health and Addiction (IPMHA) services into the primary care team is a key success factor, and implementation support will be needed to support these teams to reach full capacity.
- Extended contract periods for Access and Choice providers to **ensure sustainability** of the programme and enable **communities of practice** to drive continuous improvement and **address variation** across the country.
- **Increased access** by raising awareness of the programme and addressing barriers to entry.
- Further work to understand if these services are **meeting the needs** of people with **substance use or gambling issues**.
- **Ongoing workforce needs** of Access and Choice services reflected in workforce planning and associated funding (see recommendation 4 in Kua Tīmata Te Haerenga) (Te Hiringa Mahara, 2024a).

Enhanced productivity

- Assessment of productivity across Access and Choice services (and for benchmarks to be developed accordingly).

Extended coverage

- Investigation into whether current services provide **sufficient coverage** to meet service needs for Māori, Pacific, youth, and Asian populations, including conducting a mental health prevalence study to quantify these needs.
- Guidance provided on what else would be needed to extend coverage and reach **those missing out**, including those whose general practice does not have IPMHA services and those who are not enrolled with a general practice.

Improved core data set to drive continuous improvement

- Move to more **automated, National Health Indicator–based reporting requirements** to reduce administrative burden in collecting/reporting on outcome and experience data and to understand programme impacts.

Ngā Tūtohu
Recommendations

In this section, we set out three recommendations based on the monitoring findings. These recommendations provide more detail about what success looks like so action can be taken and progress monitored.

The recommendations included here are the more specific 'who needs to do what' to enable this programme to thrive.

We recommend that:

1. Health New Zealand | Te Whatu Ora (Health NZ) increase programme reach to deliver services to 325,000 people per annum by 30 June 2026, as intended in the 2019 Wellbeing Budget.
2. By 30 June 2026, Health NZ develop a plan to streamline pathways and ensure that Access and Choice Youth services and Infant, Child and Adolescent Mental Health Services (ICAMHS) work together to meet the needs of young people across the continuum of care, including shared care arrangements.
3. Health NZ develop a plan to reduce unwarranted variation across the country in relation to fidelity (including access and entry pathways) to the IPMHA model by 30 June 2026.

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Te Kāwanatanga o Aotearoa
New Zealand Government