

Starting soon.....

Access and Choice programme at five years webinar



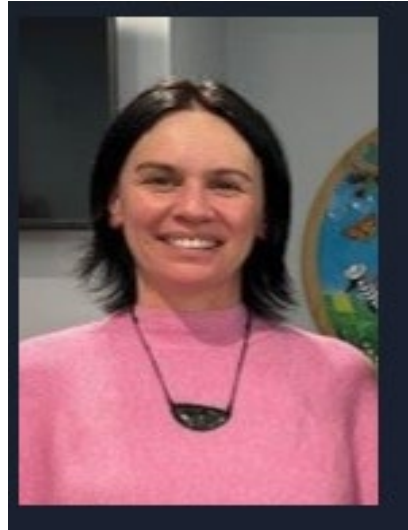
**Te Hiringa
Mahara**

Mental Health and
Wellbeing Commission

Our panel



Genevieve Obbeek
Programme Lead and
Health Improvement
Practitioner at
WellSouth Primary
Health Network



Leilani Maraku
Manukura (Chief
Executive) at Mana o te
Tangata Trust

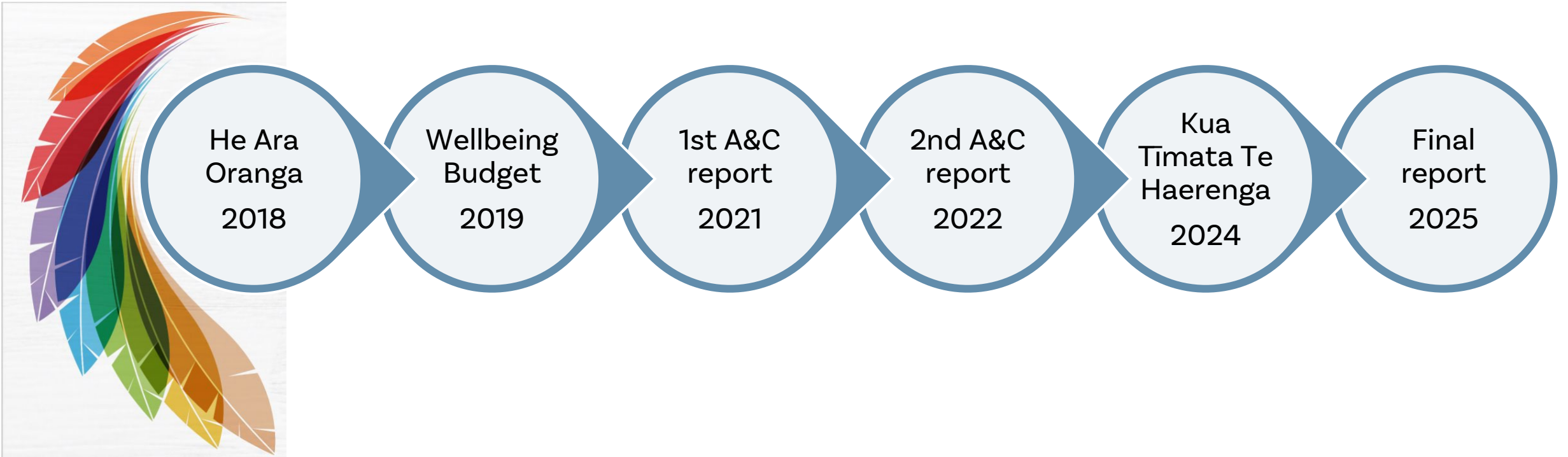


Carole Koha
Pou kaihautu at Te
Waka Whaiora
Porirua and Te
Menenga Pai
Newtown

Te Hiringa Mahara: our role and focus

- We are a Kaitiaki (guardian) of mental health and wellbeing, leading improved mental health and wellbeing outcomes, towards all people in Aotearoa/New Zealand thriving together.
 - Independent Crown Entity
 - We are committed to being grounded in Te Tiriti o Waitangi
 - Key functions:
 - System-level oversight and leadership
 - Monitoring and reporting
 - Advocacy for collective interests of People with lived experience and whānau who support them
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Our journey



Access and Choice programme

Goal: to reach 325,000 people per year

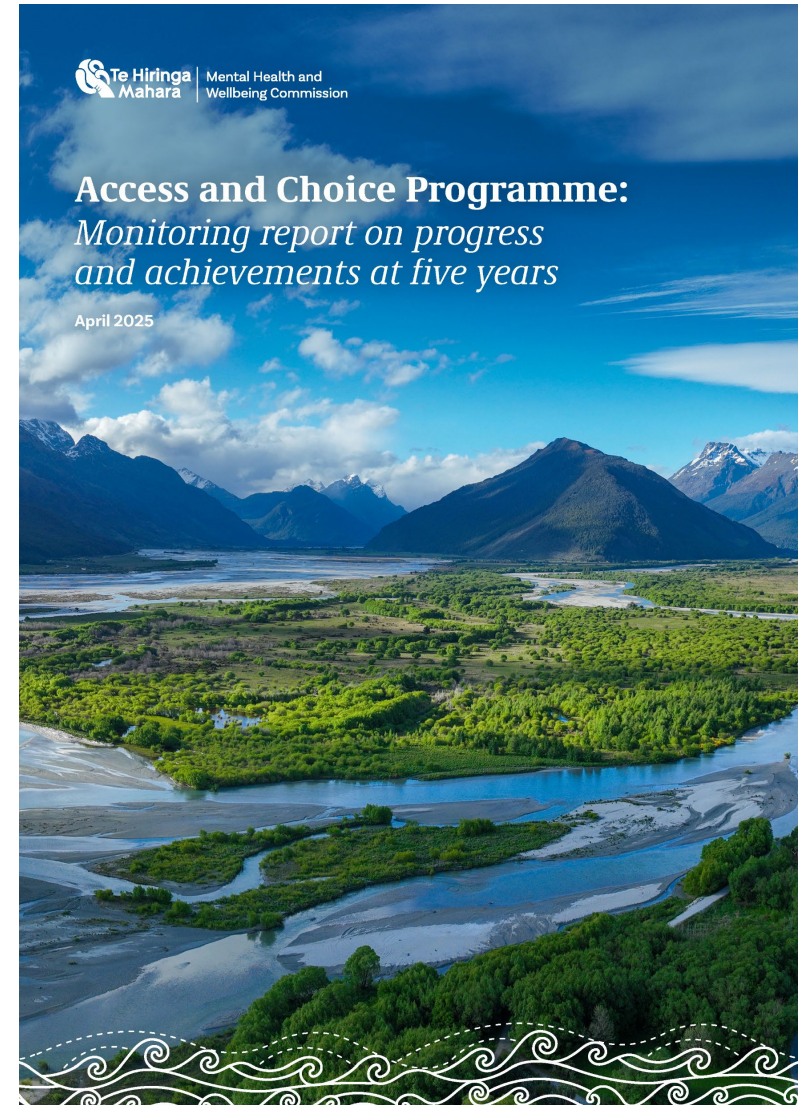
Four types of services:

1. Integrated Primary Mental Health and Addiction (IPMHA) services:
 - Health Improvement Practitioners (HIPs)
 - Health Coaches (HCs)
 - Support Workers (SWs)- in some areas.
2. Kaupapa Māori services
3. Pacific services
4. Youth services



Final report: Key questions

1. What was delivered by the Access and Choice programme (and how does this compare with its intended roll-out)?
2. How has the Access and Choice programme contributed to changing the mental health and addiction service landscape?



Reach (2023/24)



64%

of the aim for
people seen
was achieved

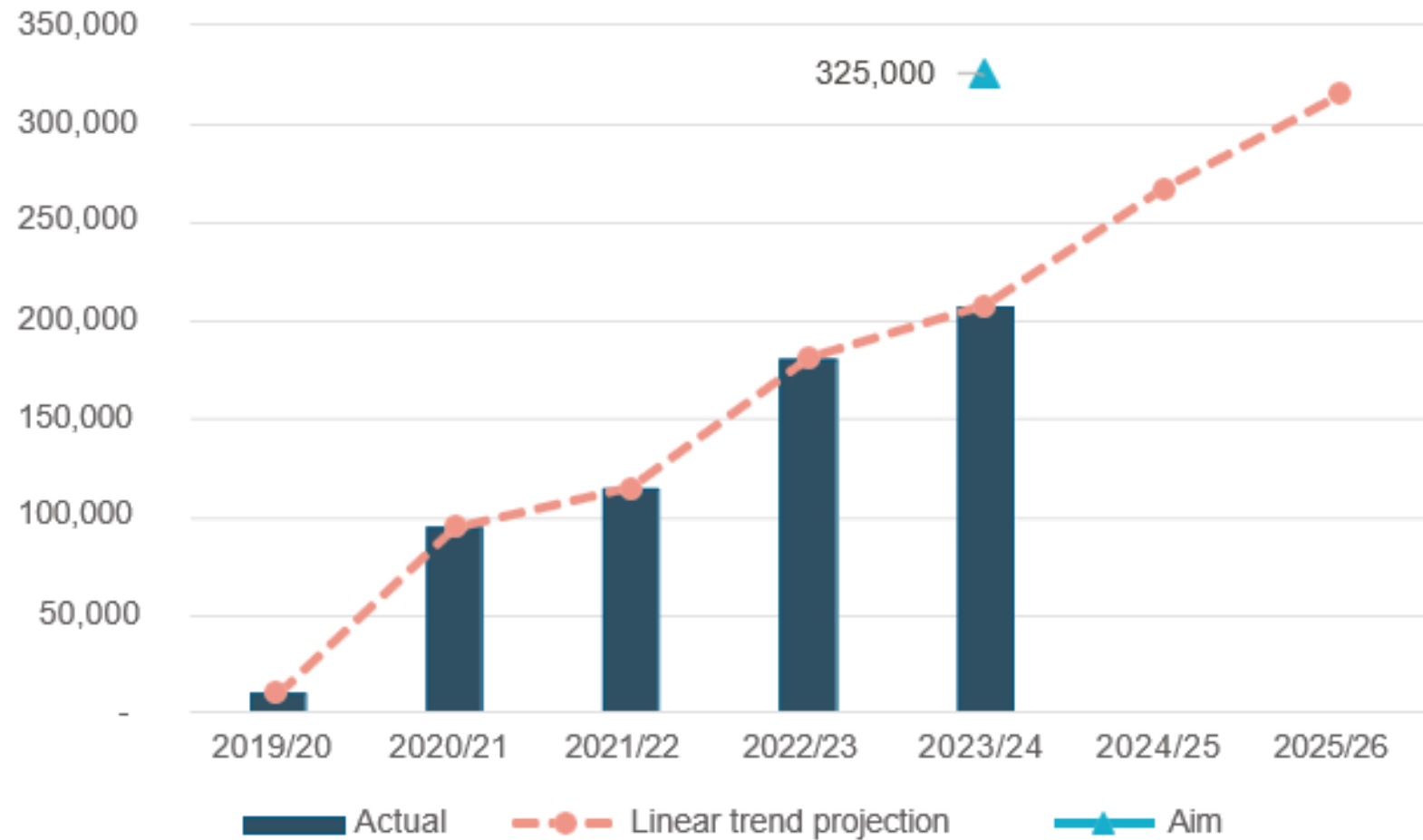


Aim: 325,000 people to be
seen per year (6.5% of the total
population) by 30 June 2024



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

Reach: Projecting into the future



Reaching specific groups (2023/24)

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

Coverage (2023/24)

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

Workforce (2023/24)



Investment (2019/20 – 2023/24)

\$664m allocated, \$628m spent or committed

Underspends in earlier years; last 1-2 years on track

Underspends applied to subsequent years' baseline



Presenting issues (IPMHA)



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

Changed landscape

Access and choice: Increased access and expanded options

Holistic/whānau-centred: Kaupapa Māori, Pacific, and Youth services

Impacts on people: Positive but limited impacts on people

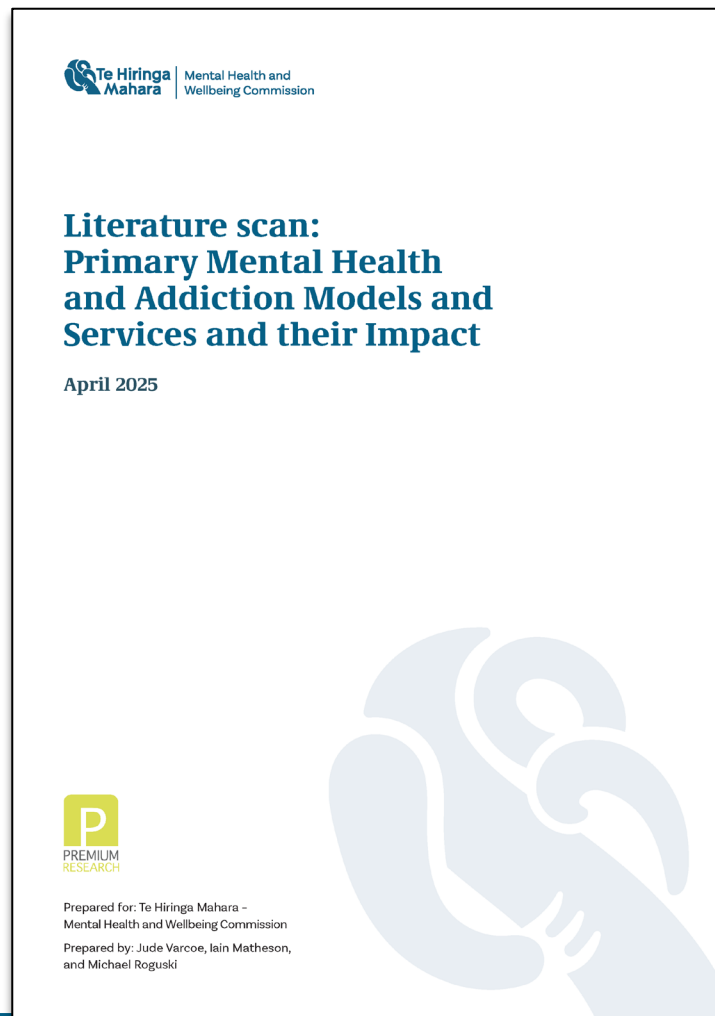
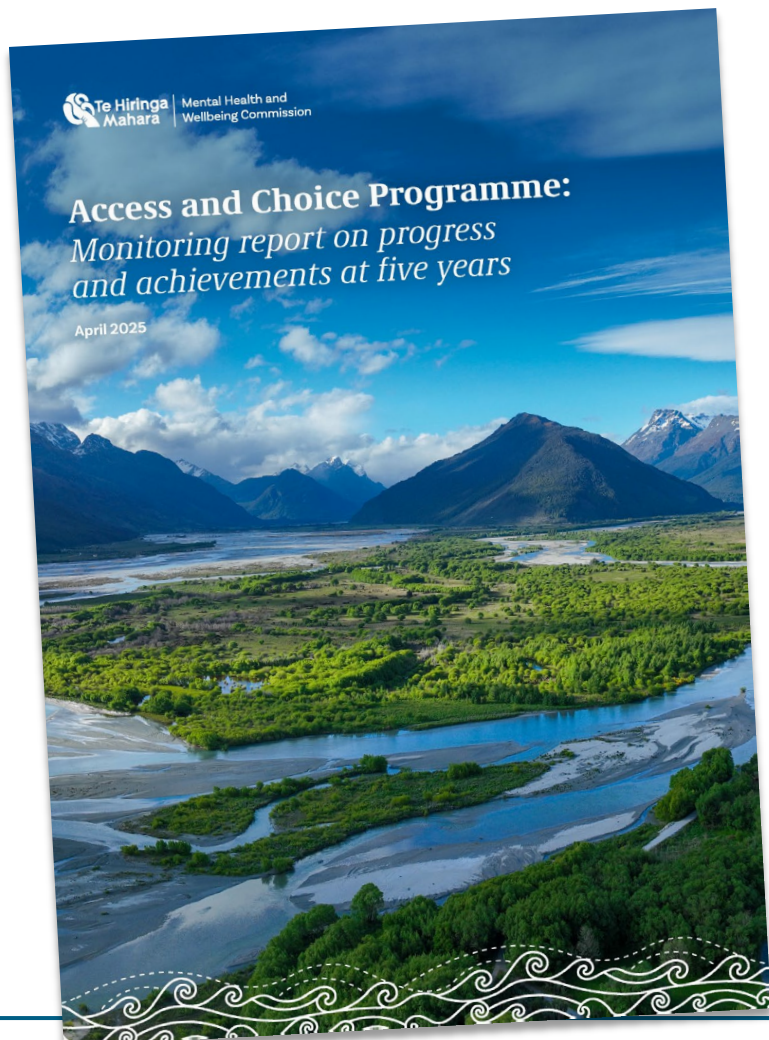
Impacts on GP staff: relieving their workload



Recommendations

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.

Downloads – www.mhwc.govt.nz/access-choice-2025



Ngā Mihi. Thank you.

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**Te Kāwanatanga
o Aotearoa**
New Zealand Government



**Te Hīringa
Mahara**

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Wellbeing Commission