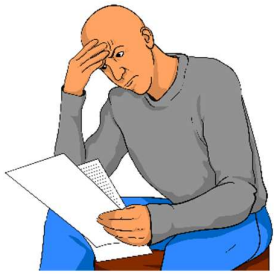
Te Hiringa Mahara | Mental Health and Wellbeing Commission


# Crisis responses monitoring report


**Published: November 2025**

# Before you start



This information may upset some people when they are reading it.

If you are upset after reading this document you can talk to your:

- whānau / family
- friends.


You can also contact Need to Talk by:

- calling 1737
- texting 1737.


It does not cost any money to call / text 1737.


More information about support is available on the Te Hiringa Mahara website here:

**tinyurl.com/bdsa8yvx**

# What you will find in here

**Page numbers:**




Te Hiringa Mahara



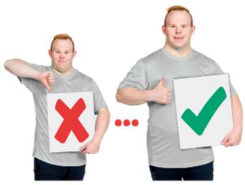





**Page numbers:**





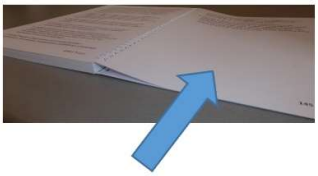






# About this Easy Read

This Easy Read report is from **Te Hiringa Mahara – Mental Health and Wellbeing Commission.**



More information about Te Hiringa Mahara – Mental Health and Wellbeing Commission is on **page 10**.


In this document:

- **Te Hiringa Mahara – Mental Health and Wellbeing Commission** is called **Te Hiringa Mahara**
- when you see the words **we / us / our** it means Te Hiringa Mahara.


This Easy Read report is about **crisis responses** in Aotearoa New Zealand.

**Crisis responses** are support for people who are having a very hard time with:

- their **mental health**
- **addiction**.

**Mental health** is how you:

- think
- feel in your mind.

Here **addiction** is about when someone:

- uses a **substance** a lot
- has a very hard time trying to stop using / taking it.

Here a **substance** is something like:

- alcohol
- drugs.

Crisis responses are for people who:

- are going through a **crisis**
- need more support than they can get from a:
  - doctor
  - nurse
  - community mental health and addiction worker.


Crisis responses look like **urgent**:

- support
- assessments – seeing if someone needs urgent support / care
- interventions – people stepping in to make sure someone is safe.

**Crises** are when someone may be in danger of:

- being hurt
- hurting themselves.

**Urgent** is when someone needs assistance / support right away.

# About Te Hiringa Mahara

Te Hiringa Mahara:

- is an independent part of the Government which means the Government cannot tell them what to do
- is a kaitiaki / guardian of mental health and **wellbeing** in Aotearoa New Zealand
- tells other agencies how to make things better for mental health and wellbeing.

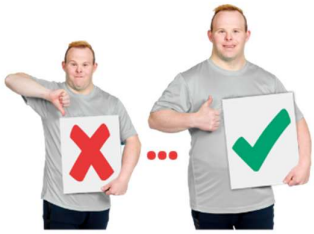
**Wellbeing** means things like:

- how we feel about ourselves
- looking after our:
  - bodies
  - minds
- getting support when we are feeling sad or worried.


Te Hiringa Mahara looks at:

- the wellbeing **system**
- mental health services
- addiction services.

Here **system** is how services work together.



Te Hiringa Mahara speaks up for:

- things that make services better
- the experiences of people who go through:
    - mental health distress which is when your mental health is not doing well
    - addiction.

# What this report is about

The **monitoring report** is about how well we are doing crisis responses for:

- mental health
- addiction.

A **monitoring report** is written information about things that:

- are working well
- are not working well
- we think **Health New Zealand** should do.

HEALTH NEW ZEALAND
HAUORA AOTEAROA
He hinonga taupua

HEALTH NEW ZEALAND
HAUORA AOTEAROA
He hinonga taupua

In Aotearoa New Zealand **Health New Zealand** is a **crown entity** that:

- funds / gives money for:
  - mental health services
  - addiction services
- runs:
  - mental health services
  - addiction services.


**A crown entity** is a service run by a government organisation.


More information about crown entities is available **online** here:

**tinyurl.com/yvaa8e8x**


This information is **not** in Easy Read.

The monitoring report includes information about:

- how crisis responses work in Aotearoa New Zealand


- the kinds of crisis responses people can get

- the kinds of support people can get
- what a good crisis response could look like in Aotearoa New Zealand.

Pages **16** to **24** will go through the **key findings** of our report.

**Key findings** are the main things we found when making this report.

# Key finding 1 – fewer people are getting support for crises

In the last 5 years fewer people have:

- used:
  - crisis responses
  - services
- called **crisis phone lines**.


**Crisis phone lines** are phone numbers you can ring if you:

- are going through a crisis
- know someone who is going through a crisis.

In the last 5 years:

- more calls to crisis phone lines have been from people needing urgent support

- more people have called police for mental heath related issues

- more people have called for an ambulance for mental heath related issues.

The most urgent calls are coming from:

- Māori

- young people aged:
    - under 19
    - 20 to 24 years old.

# Key finding 2 – there are many challenges with crisis responses

**Challenges** are things that make something hard to do.

Here are some of the challenges we found with crisis responses.

## Waiting too long

People who call crisis phone lines have to wait too long to speak to someone.


In 2020 people waited 2 minutes to talk to someone.


By the end of 2024 people had to wait over 5 minutes.

## Longer stay in inpatient services

People are staying in **inpatient services** longer than they did 5 years ago.


**Inpatient services** are when people stay in services like hospitals.


In 2020 most people stayed in services for 18 days.


By the end of 2024 most people stayed in services for 20 days.

## Not enough services

Crisis responses are different all over Aotearoa New Zealand.


Some areas of Aotearoa New Zealand do not have enough:

- services
- staff at services.

Not having enough services / staff means some people cannot get the support they need.

There are fewer services for substance crises than for mental health crises.

## Coordination


There is not enough **coordination** between services.

Here **coordination** means how well different services:

- work together to assist people in crises
- support people going between:
  - different services

    **and**

  - home.

# Key finding 3 – Māori and young people need more support

More than other people Māori use:


- services
- crisis services.

Māori are more likely to:


- go to emergency departments for mental health issues

- make urgent calls to crisis phone lines


- go through a crisis within 2 days of being in a service
- keep coming back to services.

Half of the people who go through a crisis in a **Police setting** are Māori.


Here **Police setting** means being in police custody like being in a police cell.

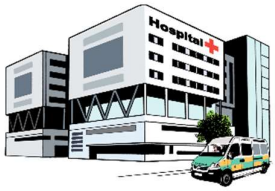
Young people under 25 years old need more urgent support when they call crisis phone lines.

This is because young people usually wait until they need urgent support before they call crisis phone lines.

More young people under 25 years old than older people go through:


- mental health crises that mean they need an ambulance

- crises that mean they:




    - need to go to emergency departments


    - are more likely to choose to go to emergency departments as they do not have other options available to them.

# Some crisis responses that work well

Good crisis responses are:

- available across Aotearoa New Zealand

- culturally safe which means people of different **cultures** feel safe using crisis reponses

- available all day / night.


Good crisis responses also give people choice about how they want to be supported.

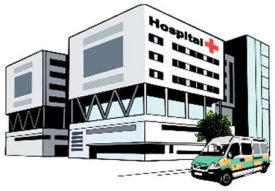
Good crisis responses include:

- **peer support** workers
- support for young people.


**Culture** is a way of:

- thinking that a group shares
- doing things as a group.

**Peer support** is where people support each other because they have something in common.




When crisis responses include all these things:

- fewer people need to go to emergency departments
- people go through less **trauma.**

**Trauma** is what happens when you go through something very bad.

Some parts of crisis responses work well in Aotearoa New Zealand such as:

- **kaupapa Māori** services
- services run by peer support workers.

**Kaupapa Māori** means using all the parts of Māori:

- knowledge
- skills
- attitudes
- values.

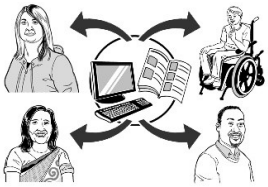
# Changes we want to see in crisis responses

Aotearoa New Zealand needs to get better at a lot of things for people to get good support when they need crisis responses.

We have made some **recommendations** to Health New Zealand about how to make crisis responses better.

**Recommendations** are ways to make something better.


Our main recommendation is that Health New Zealand should make a National Crisis Response System by 30 June 2027.



The National Crisis Response System should make sure people get:

- information about what will happen when going through a crisis

- information anywhere in Aotearoa New Zealand

- support as soon as they need it.

Crisis responses should give more support:


- in the evening


- on the weekends.

Services should:

- feel:
  - safe
  - welcoming / friendly

- have culturally safe support
- follow **human rights**.


**Human rights** are things that the law says every person should:

- have
- be able to do.

Rights are things like:

- having a safe place to live
- getting medical care.

Different kinds of support should include:

- crisis phone lines that are open:
    - all day / night
    - every day


- online support
- crisis community teams who provide support at homes

- crisis cafes – safe spaces for people to go to
- **respite** services

- kaupapa Māori services
- peer support.

**Respite** is a way to give whānau / family a break from caring for someone.

There should be more kinds of support available to people all over Aotearoa New Zealand.

There should also be support that works for:

- young people
- people in inpatient services.


By 30 June 2026 Health New Zealand should work on seeing how good / useful:


- peer support workers are in emergency departments

- crisis cafes are for people going through crises.


Health New Zealand should also work on making sure everyone in Aotearoa New Zealand can call a crisis phone line:


- all day
- every day.

By 30 June 2026 Health New Zealand should make it easy for people to move from crisis services to primary care like:


- doctors
- nurses
- community mental health and addiction workers.

# What happens next

The full report is availabe online at the Te Hiringa Mahara **website** here:


**tinyurl.com/ps4enkhy**


The full report is **not** in Easy Read.

We will share this report with:

- government agencies such as:
  - Health New Zealand
  - the Ministry of Health
- the **Minister** for Mental Health
- services
- lived experience networks.

A **minister** is someone who is:

- part of the Government
- in charge of something.

The Minister for Mental Health in New Zealand is **Matt Doocey.**

**Lived experience** means that a person has experience of a mental health condition.

# How to contact us

You can contact us:

- for more information about the report
- with any questions about the report.


You can contact us by sending an **email** to:

**kiaora@mhwc.govt.nz**

This information has been written by Te Hiringa Mahara – Mental Health and Wellbeing Commission.

It has been translated into Easy Read by the Make it Easy Kia Māmā Mai service of People First New Zealand Ngā Tāngata Tuatahi.

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