Te Hiringa Mahara | Mental Health and Wellbeing Commission

Urupare mōrearea:
Crisis responses monitoring report

Published: November 2025

This report focuses on crisis responses over a five-year period, from January 2020 to December 2024, and aims to deepen our understanding of them. Although one part of the mental health and addiction landscape, crisis responses form a critical function in ensuring people and whānau who are experiencing crisis get the urgent support they need.

It examines how the current system is functioning and provides insights on the responses and pathways people and whānau navigate when experiencing crisis, and it defines what a good crisis response system could look like for Aotearoa New Zealand. It also makes two recommendations on what needs to happen to improve crisis responses in both the short term and the longer term.

Fewer people but higher urgency

Compared with five years ago, fewer people have a recorded crisis activity and crisis activity makes up a slightly lower proportion of total specialist services activity. Overall access to specialist mental health and addiction services has also decreased over the past five years, although our monitoring indicates this is not due to decreased demand. Many reasons are evident for this, including increased complexity of distress and needs, and system constraints.

The total number of crisis calls has decreased but a higher proportion are urgent. For Māori and rangatahi and young people, a higher proportion of calls are high urgency compared with non-Māori and those aged over 24 years.

Police received more calls for a mental health-related issue, but fewer were coded as a threat or attempted suicide. Slightly more people have called for an ambulance, but fewer between the ages of 19 and 24 years.

System is under pressure

Over half of the people reaching out for crisis support are doing this via crisis phone lines, and people are waiting longer to speak to someone. In 2020, people waited an average of two minutes to talk to someone, and by the end of 2024, people waited an average of over five minutes.

People are staying longer in services than five years ago. The average length of stay in inpatient services has increased along with the number of treatment days in specialist services and bed days in respite per person. In 2020, the average length of stay across the country was 18 days, and by the end of 2024, this was 20 days.

Measures used to understand the complexity of distress and needs on admission to inpatient services show an increase in ratings since 2022. The New Zealand Health Survey results show increasing levels of high psychological distress and unmet need for care.[1]

We heard about wide variation in crisis responses across the country and challenges of coordination and consistency of care. Ongoing workforce shortages affect the system's capability to respond to the increasing levels of complexity in the distress and needs of tāngata whaiora and whānau.

Options, pathways, and resources are limited in some areas, and we heard about high levels of increasing distress when people and their whānau reached out for help and could not get what they needed. For those experiencing crisis related to substance use, these pathways are even more limited, with few options available.

Māori and young people need more support

We continue to see inequitable outcomes for Māori. Māori represent a higher proportion of those accessing services across all specialist mental health and addiction services, and this is also the case for crisis services. Of all people with a crisis activity, 32.5 per cent identify as Māori. Māori represent a higher percentage (4.1 per cent compared to 2.7 per cent for non-Māori) of mental health related emergency department (ED) presentations.

Urgency of calls through to Whakarongorau Aotearoa | New Zealand Telehealth Services (Whakarongorau) crisis lines was higher for Māori, and Māori make up over half of the people who have a crisis activity in a police setting. Māori are also more likely to have a crisis activity within 48 hours before inpatient admission (79.8 per cent versus 72.9 per cent non-Māori) and more likely to be readmitted.

Rangatahi and young people (under 25 years old) also need more urgent support by the time they are reaching out to a crisis line. Over 30 per cent of all those with a crisis activity were under the age of 25. They are accessing ED at a higher rate than other age groups and make up double the rate of ambulance mental health incidents, although this has reduced over the past five years.

Moving towards an improved crisis response system

International evidence points to the importance of cohesive, nationally coordinated, and culturally safe crisis response systems that value lived experience. Effective models provide 24/7 coverage, non-coercive care, cultural safety, peer roles, and youth-specific supports. These systems result in reduced ED use, reduced trauma, and improved outcomes for tāngata whaiora.[2]

In Aotearoa, we have a collection of services with components that are working well. Locally led Kaupapa Māori and peer-led services show promise for increasing trust, safety, and engagement. Elements of a good crisis response system are often delivered as standalone services or locally driven initiatives.

Nationally, however, crisis responses remain fragmented, regionally variable, and lack robust evaluation. No overarching system-wide framework is in place across Aotearoa, and while some areas have a range of crisis response services, others, particularly rural, have limited options.

We recommend that a nationally cohesive, networked crisis response system be developed that includes clear pathways and addresses current gaps and inconsistencies. We also recommend that some shorter-term actions are taken while this is being developed.

We acknowledge that it will require significant effort to create a national crisis response system. Tāngata whaiora and whānau need to have trust and confidence that when they are in crisis, they will be able to access immediate, culturally safe, and timely support that meets their needs.

1 Ministry of Health. 2024. **Annual Data Explorer 23/24: New Zealand Health Survey [Data File]**. minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/_w_6b5ae008b0e84f3389790b43af23ccc5/#!/home.

2 Synergia. 2025. **Crisis responses to mental health and/or substance use: What works? A literature scan for Te Hiringa Mahara | Mental Health and Wellbeing Commission.** Wellington: Te Hiringa Mahara.

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 improve crisis response pathways for tāngata whaiora and whānau.

A well-designed, coordinated national system

Cohesive networked approach that enables equitable outcomes through culturally safe, trauma-informed practices and delivers effective, health-led, multi-agency responses. Includes integrated systems that enable timely, seamless, and coordinated transitions between services, including ED handovers to crisis team services.

Increased range of options, including improved availability to crisis lines, Kaupapa Māori, rangatahi and youth, peer-led, and community-based options for 24/7 crisis support that also meet the needs of people and whānau experiencing substance use crisis.

Crisis responses that are person- and whānau-centred

People know where they can get help, get the right response when they need it, and have access to safe and welcoming options from which to choose. These options include pathways for people who have used substances while experiencing crisis and greater inclusion of whānau, especially for Māori and rangatahi and young people. Also includes a reduced number of mental health assessments occurring in police cells.

Strengthened system enablers and data insights

A supported workforce with increased capacity and capability to respond to complexity and access to the systems, resources, skills, and knowledge they need to work effectively and efficiently.

Conversations encouraged to address stigma and discrimination that tāngata whaiora and whānau experience in the health system, especially when they are transported by police to places for assessment.

Collection of meaningful data to better understand the experiences of people using crisis response services, including more detailed data on access for disabled people, rural communities, and those using substances. Further investigation is also needed to better understand abandoned calls, declined and closed referrals, as well as patterns when people experience more than one crisis in two or more quarters in a 12-month period.

Ngā Tūtohu
Recommendations

In this section, we set out two 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 system change.

We recommend that:

1. **Health NZ** develops a nationally cohesive, networked crisis response system by 30 June 2027.

   This system needs to:

   - enable access to a range of options, including 24/7 phone-based crisis support in every district, virtual options, crisis community teams, crisis cafés, crisis respite, acute alternatives, as well as inpatient services when needed. Needs to include youth-specific, peer-led, and Kaupapa Māori options
   - be led by lived experience, embed peer support, be culturally responsive, rights-based, and trauma responsive
   - ensure the provision of a timely and compassionate response as well as safe and welcoming places to go
   - ensure tāngata whaiora and whānau have access to information about what they can expect when they are experiencing crisis, regardless of where they live
   - ensure that responses match the patterns of demand, with comparable quality and timeliness in the evenings and weekends.

2. **Health NZ** to progress shorter-term actions by 30 June 2026:
   - enable nationwide access to 24/7 phone-based crisis support
   - develop clear, consistent pathways to crisis services from primary care
   - evaluate the outcomes and impact of peer support in ED and crisis cafés.

Download Crisis Responses Monitoring Report:
www.mhwc.govt.nz/crisis-responses

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Te Kāwanatanga o Aotearoa
New Zealand Government