Te Hiringa Mahara | Mental Health and Wellbeing Commission

Access to mental health and addiction services

Published February 2026

This data summary presents data about access to mental health and addiction services – the number of people using services, wait times, workforce, among others. For most measures, the data covers the five-year period to June 2025.

At a glance

Changes to the number of people using specialist services between 2023/24 to 2024/25:

↑ **6,496**

More people across all ages excluding 19–24 years **(from 158,059 to 164,555)**

↓ **390**

Fewer rangatahi and young people aged 19–24 years **(from 19,753 to 19,363)**

Summary of key findings:

- More people were able to access services overall, but for 19–24-year-olds, access continued to decrease.
- People are waiting longer for addiction services than for mental health services.
- Wait times have improved but declined referrals have increased.
- More staff in place due to filling vacancies has been a key driver to improve access rates and reduce wait times.
- Māori have higher access rates than non-Māori, had shorter wait times and were less likely to be referred by GP.
- More people are being seen by Access and Choice (primary MHA services) but fewer than expected.

We want to see:

- Focused action to improve access and reduce wait times for rangatahi and young people and those needing addiction services.
- More people being seen by Access and Choice services to reach full capacity.

Te Hiringa Mahara – Mental Health and Wellbeing Commission is legislated to monitor mental health and addiction services. Improved access to services contributes to ensuring mental health and addiction (MHA) services are meeting the needs of tāngata whaiora and their whānau (one of our strategic priorities). We present measures from across the Access and Options domain of our **He Ara Awhina monitoring framework** to help us understand how tāngata whaiora access services and how services are performing within a wider system. We report on these to give a fuller picture of system performance.

Key findings

1. More people used MHA specialist services in 2024/25

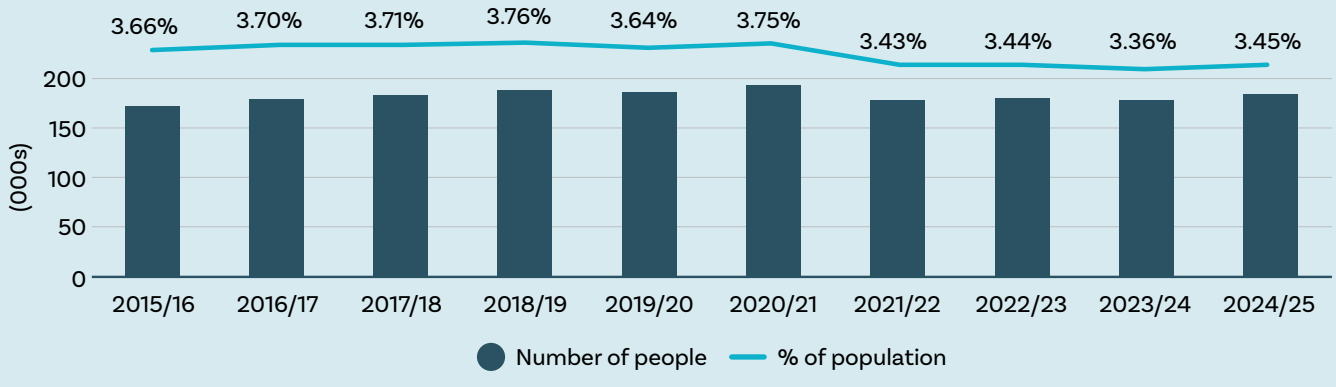
Overall, 183,356 people used specialist services in 2024/25. This is 6,072 more people than the year before and the highest number since 2020/21.[1]

Our previous monitoring highlighted the difficulties people had accessing specialist services. People told us that the impact of workforce challenges and perceived threshold changes were significant contributors to this.

The access rate to specialist services during 2024/25 for the total population in Aotearoa New Zealand was 3.45 per cent. This rate was higher than the previous year but lower than historical rates before Covid-19, the associated lockdowns and workforce challenges. There is no evidence to indicate that the need for specialist MHA support has reduced and people continue to report unmet need, particularly for some population groups*.

All ethnic groups show similar trends over the last five years. Differences in access rates by ethnicity – higher levels of access for Māori and lower levels for Asian – remain and can be viewed in our **He Ara Āwhina dashboard**.

Number and percentage of people using specialist services, 2020/21 to 2024/25

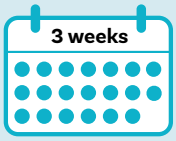


* See our summary of the **New Zealand Health Survey report**

2. Wait time targets for specialist services are being met

In mid 2024, the Government introduced a MHA target of 80 per cent of people accessing specialist services seen within three weeks.

Overall the target was met for 2024/25, with **80.9% being seen within three weeks of referral.**[2]



One of the drivers that can explain variation in wait times is differences in the proportion of people who require an urgent[3] response. In 2024/25, 49.2 per cent of people who accessed specialist services required an urgent mental health response while a lower proportion (34 per cent) required an urgent response from addiction services. For children, young people, tamariki, and rangatahi (0-18) the proportion requiring an urgent mental health response was 33.3 per cent which was lower than other age groups.

The target is not being met for some groups. In 2024/25:

74.2% of people accessing **addiction services** and
69.6% of people aged **0–18 years** were seen within 3 weeks – **below the target of 80%.**

3. Proportion of declined referrals has increased

In 2024/25, the total number of referrals to specialist services increased by 10 per cent. This is a change to the previously decreasing trend but still lower than the 414,488 referrals in 2020/21.

The number of declined referrals increased in the most recent year continuing the increasing trend[4]. This is an important balancing measure in relation to wait times.

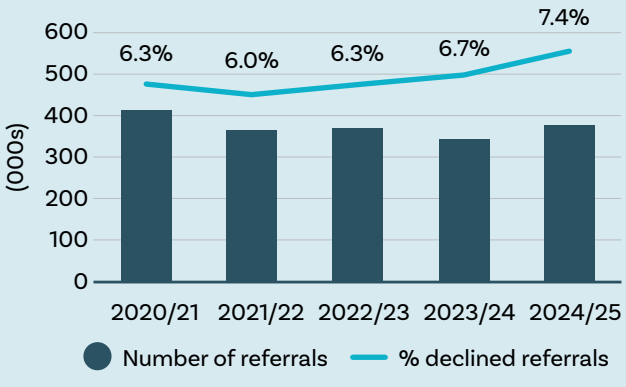
People with a declined referral were more likely to be referred again within 30 days than those whose referral ended routinely.

Returning referrals[5]

12.5% returning referrals for people with declined referrals[6]

8.9% returning referrals for people who had a referral ended routinely[7]

Number of referrals and percentage of declined specialist service referrals, 2020/21 to 2024/25

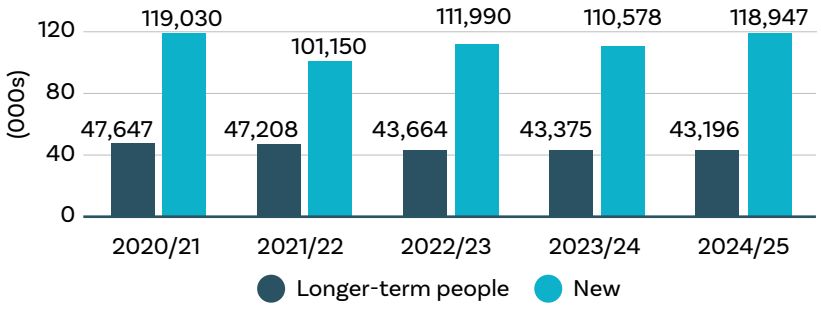


Referrals from GPs were **declined at the highest rate at 17.7%.**

People aged 0–18 years had the **highest rate of declined specialist referrals – 14.9%.**

4. Seeing fewer people with longer term needs (those regularly using services)[8]

People with longer term needs and new to services accessing specialist services, 2020/21 to 2024/25

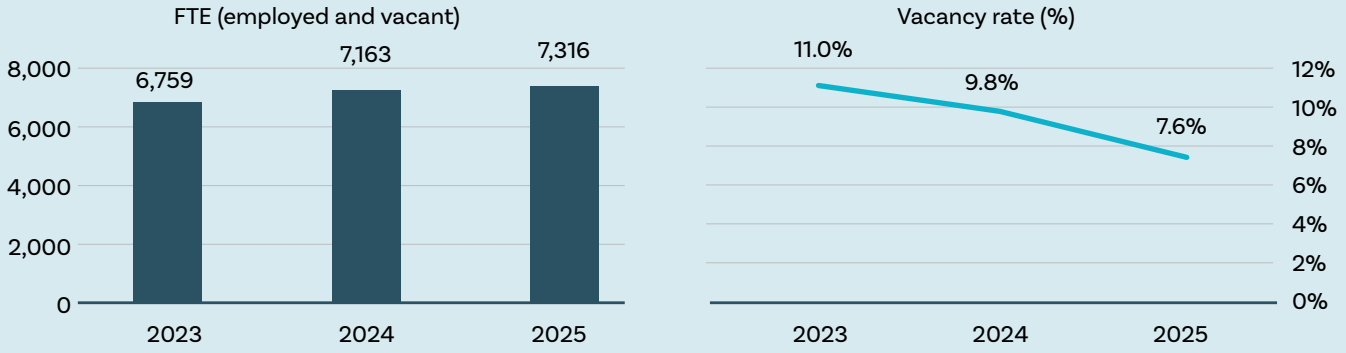


There was a decrease of over 4,000 people with longer term needs seen since 2020/21. This may reflect efforts to transition care to primary and community services when it is safe to do so. This is within the context of increased investment in primary and community care through Access and Choice and linking roles/services such as psychiatrist liaison.

5. Larger employed workforce reflecting reduced vacancy rates

The adult Health NZ MHA workforce[9] employed has grown by 557 FTE* since March 2023, largely due to decreased vacancy rates.

Workforce in adult Health NZ specialist services, 2023 to 2025



The total FTE workforce (including vacancies) in 2025 was 7,897 which was similar to the total FTE workforce in 2024 (7,910) after growing since 2022 (7,311).

While total vacancy rates are moving closer to previous norms of 5 to 6 per cent, there are different patterns for some role types.

The vacancy rate for psychiatrists and senior medical practitioners **remains high in 2025 at 19.7%.**

Rates for other role types varied from 5.5% or support workers to 8.6% for allied health.

* Full-time equivalent

Children, young people, tamariki, and rangatahi access to specialist services remains a concern

Children, young people, tamariki, and rangatahi (aged 0-24) accounted for:

36.1%

of all people using specialist services in 2024/25. (Down from 38.3% in 2020/21)

The number of people using specialist services in 2024/25 was:

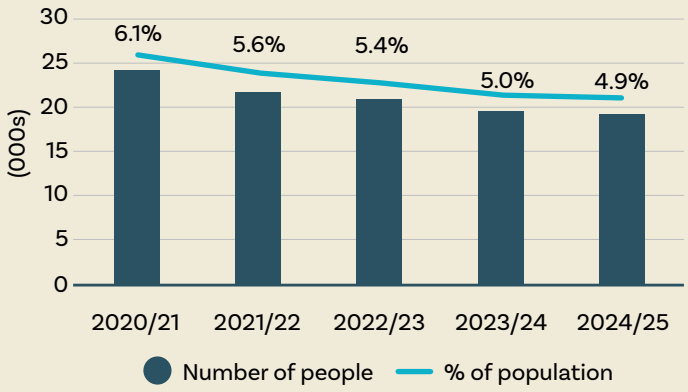
46,759
aged 0–18 years.

19,363
aged 19–24 years.

Young people and rangatahi aged 19–24 were the only age group whose access to specialist services did not increase in 2024/25. This age-group also experienced the largest decrease in access **(4,919)** to specialist services over the last five years since 2020/21 (from 24,282 to 19,363).

We heard that many rangatahi and young people want different approaches, such as digital and school supports, to better enable early access.

Rangatahi and young people aged 19-24 years using specialist services, 2020/21 to 2024/25



Access and Choice services are also being accessed by rangatahi and young people aged 12-24. In 2024/25:

27,940 using **integrated** primary mental health and addiction services (usually offered through GPs).

12,549 using **youth** primary mental health services.

Rangatahi and youth also access Kaupapa Māori and Pacific Access and Choice services.

In 2024/25:

10,192

people used Gumboot Friday services

Children, young people, tamariki, and rangatahi face longer wait times (on average) and barriers to access

Children, young people, tamariki, and rangatahi (aged 0-18 years) had the longest wait times:

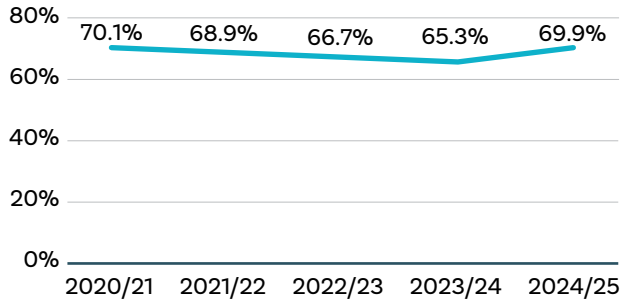
69.9% of 0–18-year-olds were seen by specialist services within three weeks in 2024/25.

Compared to 80.9% overall.

Children, young people, tamariki, and rangatahi aged 0-18 years had the longest wait for a first specialist appointment.

They also have the longest wait times to treatment starting[10] with 40 per cent of people aged 0–18 waiting longer than 8 weeks for a third appointment in 2024/25 – compared to 23 per cent overall.

People aged 0-18 accessing specialist services within three weeks, 2020/21 to 2024/25



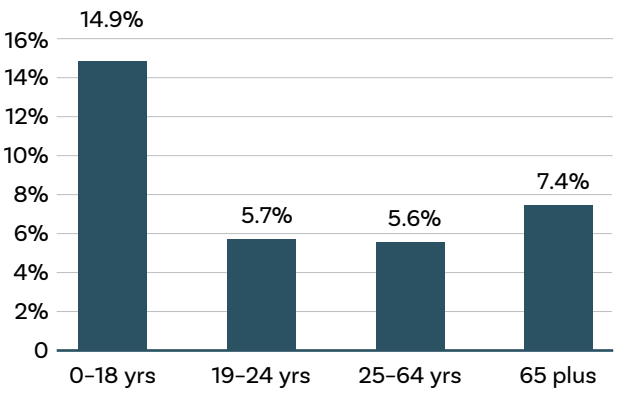
Children, young people, tamariki, and rangatahi aged 0-18 years also had the **highest rate of declined referrals**

14.9%

compared to other age groups.

Children, young people, tamariki, and rangatahi are more likely to be referred via GP (30 per cent compared to 18 per cent for all ages). Referrals from a GP for children, young people, tamariki, and rangatahi were declined at a higher rate – 32.3 per cent compared to 17.7 per cent for all ages.

Declined referrals by age group, 2024/25



Māori have higher access to specialist mental health and addiction services but less likely via a GP

In 2024/25, there were

56,131 **Māori** who used specialist services. This was 30.6% of all people using specialist services.

As a proportion of the total population, Māori have higher access rates than non-Māori – 6.0 per cent in 2024/25.

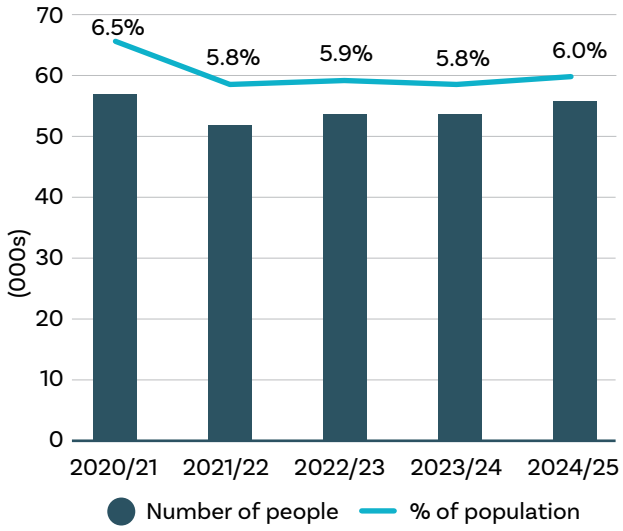
These findings sit within a broader context of inequity. Māori experience unequal access to the social determinants of health and to culturally safe, early support. As a result, higher use of specialist services reflects greater need.

In 2024/25 Māori had similar wait times to specialist services compared to the overall population.

82.3% of Māori were seen within three weeks.

Compared to 80.9% for all people.

Māori access to specialist services, 2020/21 to 2024/25



Māori rates of declined referrals to specialist services in 2024/25 were also lower (6.7 per cent compared to 7.4 per cent overall). This may partly be due to fewer Māori being referred by a GP (11 per cent compared to 21 per cent non-Māori).

The number of people engaged with specialist addiction services[11] increased in the most recent year

Specialist addiction service use

45,114 2023/24

48,420 2024/25

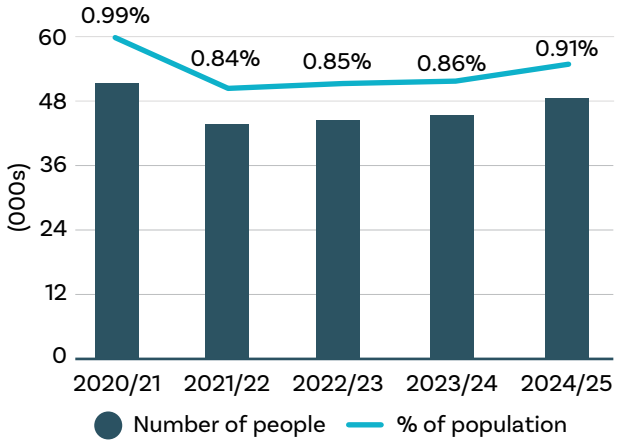
Over **3,000** more people

In 2024/25, 48,420 people engaged with specialist addiction services (0.91 per cent of the total population and 26.4 per cent of all people engaging with specialist services). This is fewer than the 50,985 people in 2020/21 despite an increasing trend over the last four years.

Substance use and mental health issues are not isolated and there is substantial crossover. A number of people using substance may also experience co-existing mental health issues.

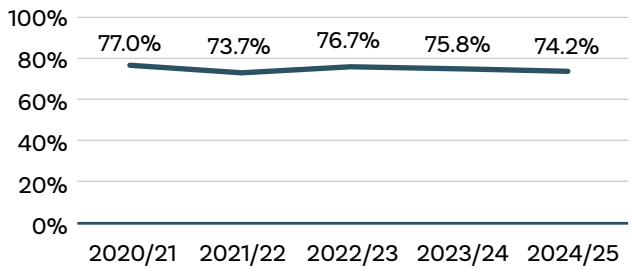
The rate of specialist addiction service use varies by ethnicity – over 2 per cent of the Māori population accessed these services in 2024/25 while other rates varied from 0.2 per cent of the Asian population to 1.0 per cent of the Pacific population.

People engaging with specialist addiction services, 2020/21 to 2024/25



People are waiting longer for specialist addiction services than specialist mental health services

People seen within the three week target by specialist addiction services, 2020/21 to 2024/25



Wait times for specialist addiction services are consistently longer than the target of 80 per cent of people seen within three weeks.

The percentage of people requiring an urgent response (within 48 hours) is lower for specialist addiction services than specialist mental health services and this in part contributes to the differences (34.0 per cent compared to 54.5 per cent for mental health in 2024/25).

This may be due to the way addiction services work as they are not set up to deliver urgent addiction treatment in the same way as mental health services.

The rate of declined referrals to specialist addiction services has increased faster compared to mental health services

4,740 referrals to specialist addiction services were declined in 2024/25.

This continues an increasing trend in the rate of declined referrals to specialist addiction services and is higher than the rate of declined referrals to specialist mental health services.

Specialist addiction services continue to support people to achieve their recovery goals

In 2024/25 self-rated progress towards recovery goals:

3.2 / 5 ★★★★★ **at start of service**

4.0 / 5 ★★★★★ **at end of service**

This is a 26% increase from start to end of service use, similar to the 28% in 2020/21.

People attending community-based and outpatient addiction services complete the Alcohol and Drug Outcome Measure (ADOM) at different points in time on their recovery journey. This outcome measure includes self-determined satisfaction with their progress towards recovery goals.

Over the last five years, people engaging with specialist addiction services have consistently rated their progress towards their recovery goals highly.

The vacancy rate for addiction practitioners working in Health NZ adult specialist services[12] has decreased

In 2025, there were 195.4FTE (employed and vacant) addiction practitioners working for Health NZ adult specialist services. This number has remained relatively stable since 2023 while vacancy rates have reduced (from 9.6 per cent in 2022 to 6.8 per cent in 2025).

The number of dapaanz* registered addiction practitioners continues to increase. **In 2024/25 there were 1,082 registered practitioners.** This is a **34% increase** from the 809 registered practitioners in 2020/21.

Access to online support for substance use has increased

In 2024/25, 174,818 people accessed thelevel.org.nz

99,606 were from organic channels, while 75,936 came from paid social media links.

The number of people accessing support for substance use through online platforms has more than doubled in the last five years – from an estimated 73,326 in 2020/21 to 197,494 in 2024/25.

Part of the increase in people accessing online platforms for support may be due to the social media strategy of the Drug Foundation.

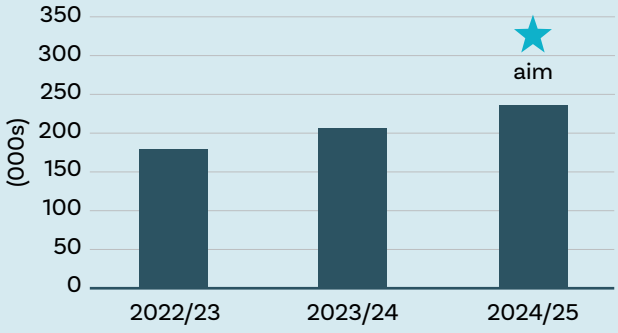
* Addiction Practitioners Association Aotearoa New Zealand.

Access and Choice services have changed the primary mental health and addiction landscape

Since 2019/20, Access and Choice services have been rolled out in primary and community care focused on people with mild-to-moderate needs relating to mental health and problematic substance use or gambling.

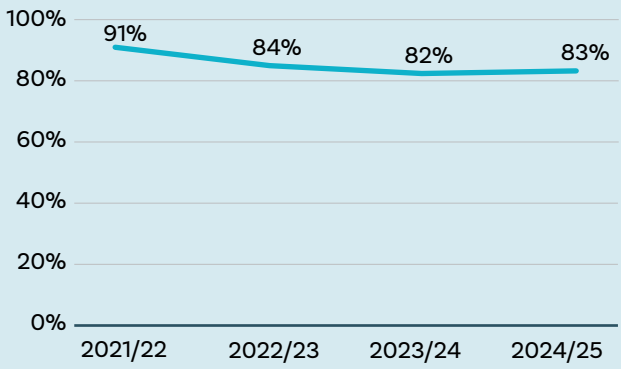
While access is still below its aim of 325,000 people per annum, the growth in opportunities to intervene earlier has potential to decrease specialist service use. However, it is still too early to see this impact and stakeholders are not seeing a decrease in need.

People using Access and Choice, 2022/23 to 2024/25



Integrated Primary Mental Health and Addiction services[13] was intended to provide a large amount of on-the-day access to support. Rapid access to support is demonstrated by achievement of the primary care MHA wait time target.

Proportion of people seen within 1 week of referral (target 80%), 2021/22 to 2024/25



The number of people accessing national telehealth services has decreased since it peaked during Covid-19 – 51,816 people in 2024/25 from 88,427 in 2020/21.

Wait times for national telehealth services have also increased (from just over 2 minutes in 2020/21 to over 10 minutes in 2024/25), **particularly for the 1737 Need to Talk service which had a wait time over 20 minutes in 2024/25.**

Both Whakarongorau data and Access and Choice anecdotes indicate the people they see are presenting with higher levels of complexity and risk that require additional resource to support.

Data

The data in this document has been sourced from:

- **Specialist service use data:** PRIMHD, using an extract date of 26 October 2025[14]
- **Workforce data:** Published by Te Pou*
- **Population data:** Stats NZ, Population projections for end of financial years
- **Access and Choice programme data:** Supplied by Health NZ | Te Whatu Ora
- **Online addiction platform data:** Supplied by the New Zealand Drug Foundation
- **Telehealth data:** Supplied by Whakarongorau Aotearoa | New Zealand Telehealth Services
- **Gumboot Friday data:** Supplied by Ministry of Health | Manatū Hauora
- **Te Hiringa Mahara stakeholder survey:** Disseminated to Health NZ MHA leaders, Platform members, GPNZ clinical leaders forum, five Lived Experience leaders, New Zealand Drug Foundation. 17 respondents started the survey and 13 completed.

All data has its limitations, including the PRIMHD dataset.[15] Further detailed analysis is required to understand the trends highlighted in this infographic.

Related work

Te Hiringa Mahara has a programme of work monitoring the delivery of mental health and addiction services and more broadly the overall performance of the system. Upcoming monitoring publications in 2026 are:

- Mental health and substance use data summary: Key findings from the NZ Health Survey 2024/2025 (February 2026)
- Updated He Ara Āwhina dashboard with data to June 2025 (March 2026)
- Infographic summarising key performance measures from across the He Ara Āwhina framework (March 2026)
- Our second mental health and addiction system performance monitoring report (May 2026)
- A comprehensive monitoring report on rangatahi and young people's access to mental health and addiction services (November 2026).

* 2022 data: **www.tepou.co.nz/resources/mental-health-and-addiction-workforce-2022-primary-community-and-secondary-healthcare-services**
2023 data: **2023 Health New Zealand – Te Whatu Ora workforce estimates | Te Pou**
2024 data: **2024 Health New Zealand Te Whatu Ora adult workforce... | Te Pou**
2025 data: **Te Whatu Ora adult mental health and addiction workforce estimates 2025**

Endnotes

[1] The sum across age categories differs from the total number of people accessing services due to some double counting when a person shifts into a different age group during the year.

[2] This measure aligns to the Government target data definition. Our monitoring against the **He Ara Āwhina framework** over the last few years has used an alternative sector data definition. We continue to report this alternative definition, along with the new Government target definition in our online **He Ara Āwhina dashboard**.

[3] People seen within 48 hours is considered an urgent response and used as a proxy for acute need.

[4] Note that this is a proportion of closed referrals so is likely to decrease slightly as more referrals that were accepted in the 24/25 year become closed in the future.

[5] Returning referrals are defined as the proportion of people with a closed referral and with no other open referrals that receive another referral to specialist services within 30 days of the last referral being closed.

[6] Counted as RO or RI end codes.

[7] Counted as DR codes where a person has completed treatment/engagement and been discharged (which make up 62 per cent of all referral end codes in 2024/25) and excluding other end code descriptions (e.g. DY – transfer to another MHA service within same organisation).

[8] For monitoring purposes, 'new people' are defined as people who did not have any activity in the past 12 months and 'long-term people' are those who have engaged with specialist services every three-months for the last year or more.

[9] The workforce stock-take for the whole MHA sector is conducted only every four years. We use data up to March 2025 provided by Te Pou on the adult Health NZ workforce as a proxy for MHA workforce changes. In the 2022 stocktake, the total MHA specialist services workforce was 14,513 FTE (including vacancies). This included 8,693 FTE (around 60 per cent) in Health NZ and 5,820 FTE (around 40 per cent) in NGOs.

[10] For monitoring purposes, we use wait time to third appointment as a proxy for treatment starting.

[11] 'Addiction services' are defined as services that respond to the experiences, needs, and aspirations of tāngata whaiora and whānau who experience harm from substances or substance addiction (alcohol or other drug). Gambling and other addiction services are out of scope for this data summary, as data are not included in PRIMHD.

[12] Since 2022, complete addiction workforce data is not available. We have some data by specific roles in adult Health NZ specialist services, including addiction practitioners.

[13] This is one service in the Access and Choice programme, predominantly delivered through general practice. Data on this service is currently being used to monitor the primary care wait time target.

[14] In line with the best practice of waiting three months or more from reference year end for data completeness.

[15] Responsibility for the PRIMHD national collection sits with Health NZ. Health NZ services and NGOs providing specialist mental health and addiction services are mandated to report to PRIMHD. Some organisations have breaks in reporting and/or incomplete data in PRIMHD for some time periods. PRIMHD is a living data collection with continues to be revised and updated as data reporting processes are improved. For this reason, previously published data may be liable to amendments, and data will differ based on the PRIMHD extract date.