

He Ara Āwhina | Pathways to Support Summary Set



This summary set of measures provides an at-a-glance overview of mental health and addiction (MHA) service performance across the domains of He Ara Āwhina | Pathways to Support framework.

Key findings

1. Access to mental health and addiction services improved in 2024/25, except for young people aged 19–24 years. Overall, average wait times reduced with more people seen within three weeks.
2. High inequity remains for Māori and Pacific peoples with higher rates of CCTO and seclusion.
3. Capacity of the MHA system has increased with more staff employed since 2023 and decreased vacancy rates.
4. Investment has increased, with a 49 per cent increase in annual expenditure over the last five years.

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

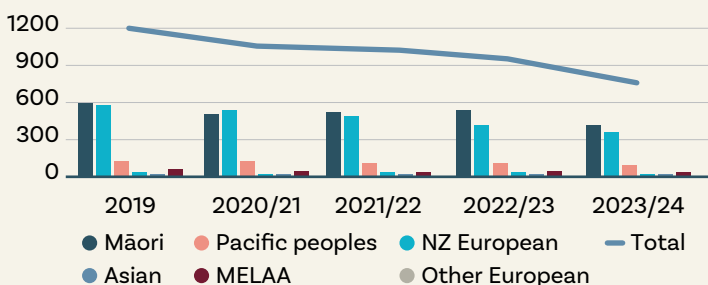
↑ **6,496**

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

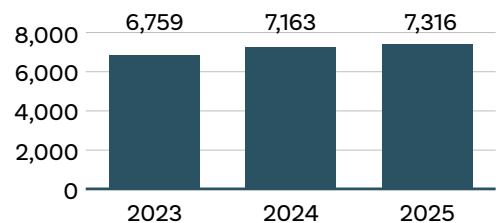
↓ **390**

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

Number of people in mental health inpatient services subject to 'seclusion' by ethnicity



Workforce in adult Health NZ specialist services, 2023 to 2025 (FTE, employed and vacant)



Annual expenditure on mental health and addiction services



\$2.3bn
2022/23



\$2.6bn
2023/24



\$2.7bn
2024/25

Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

Mana Motuhake | Participation and leadership

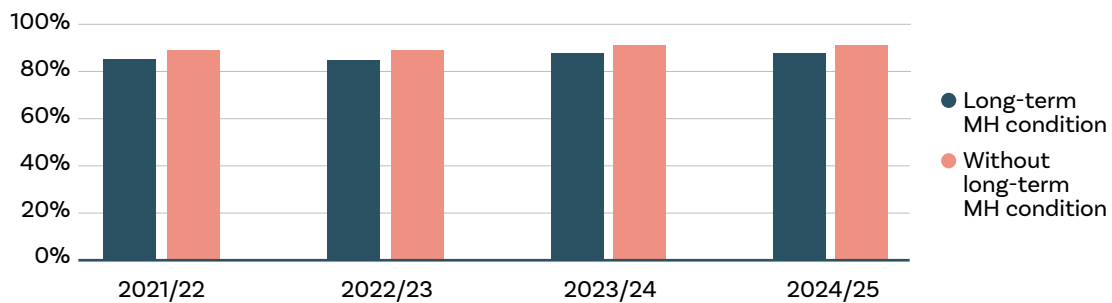
There is a lack of data at the national level about the experiences of tāngata whaiora across MHA services.

Health Quality & Safety Commission | Te Tāhū Hauora (HQSC) is currently working to capture information about the experience people have when accessing MHA inpatient services. The HQSC primary care survey data indicates small improvements in involvement in decision-making however disparities remain.

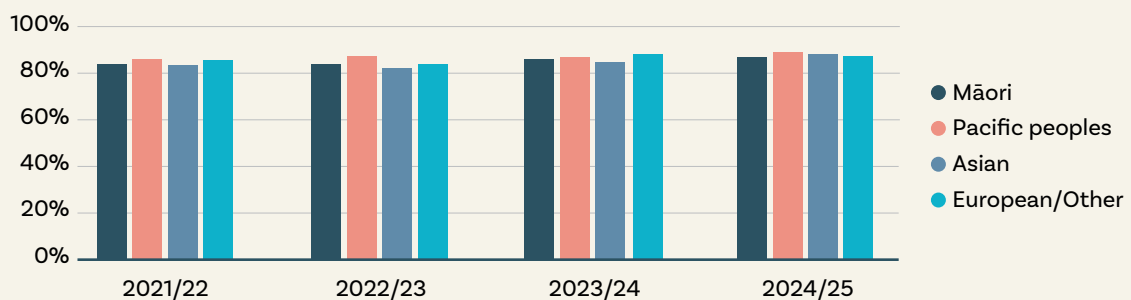
The number of people with a long-term mental health condition that have been involved in decisions about treatment and care (within primary care) had a minor increase over the last four years.

Rates of self-reported involvement in decisions about treatment and care were higher for people without a long-term mental health condition. They were slightly lower for young people and Māori.

Proportion of people involved in decisions about treatment and care



Proportion of people with long-term MH condition involved in decisions about treatment and care by ethnicity



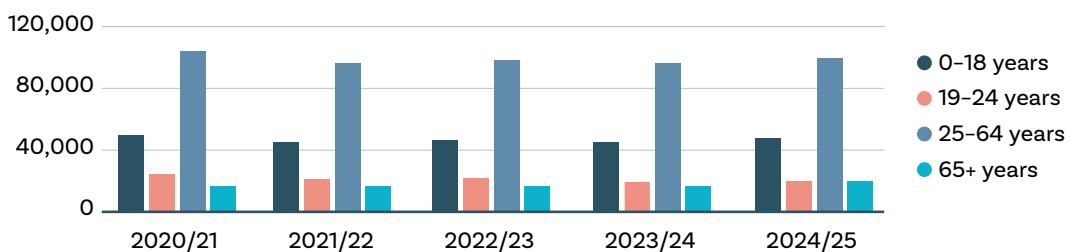
Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

Manawa Ora / Tūmanako | Access and options

More people were able to access services overall in 2024/25, but for 19–24 year olds, access continued to decrease. Wait times have improved but are longer on average for people accessing addiction services and young people aged 0–18 years. More staff are in place (due to filled vacancies) and this has been a key driver of improved access rates and reduced wait times. More people are being seen by Access and Choice (primary MHA services) but fewer than expected. For more information on access see this summary [Mental health and addiction service monitoring 2026 downloads | Te Hiringa Mahara—Mental Health and Wellbeing Commission](#)

The number of people using specialist MHA services increased in the most recent 2024/25 year for all age groups except 19–24 year olds. Trends were consistent across ethnic groups.

Number of people using specialist services by age group



Across the five years, the decrease in number of people using specialist MHA services was 4.8% overall:



↓ 7.7% Health NZ | ↓ 2.8% NGOs | ↓ 5.4% MH services | ↓ 5.0% Addiction

The proportion of people accessing specialist MHA services within three weeks is reaching the 80 per cent target overall, but 0–18 year olds continue to wait the longest on average. Trends were consistent across ethnic groups.

Overall the target was met for 2024/25, with



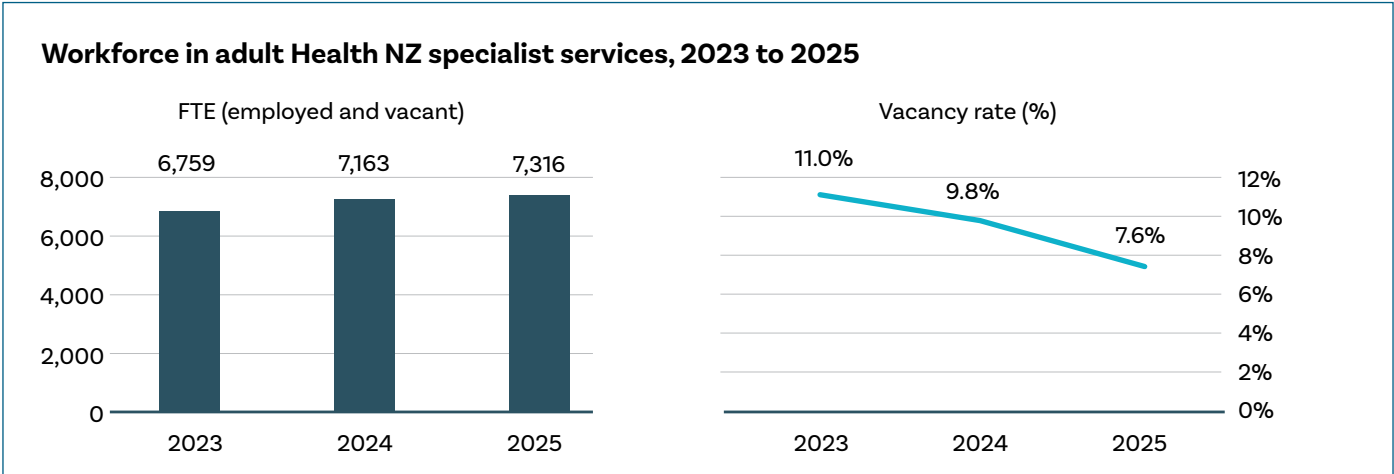
80.9% seen within three weeks of referral.

74.2% for people accessing addiction services

69.6% for young people aged 0–18 years


Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
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The number of full-time-equivalent (FTE) roles employed in Health NZ adult MHA specialist services increased by 557 FTE between March 2023 to March 2025. The workforce vacancy rate for these services has been trending down towards previous norms of five to six per cent.



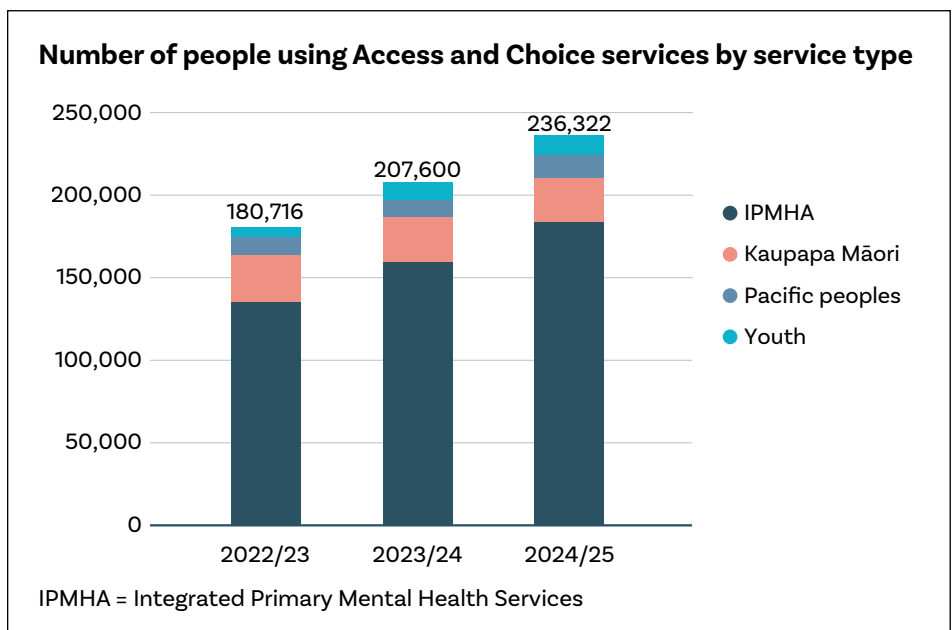
Average length of stay in an inpatient service has continued to increase although this has slowed in the most recent year.

From 18.3 days
in 2020/21



To 21.4 days
in 2024/25

The number of people using Access and Choice services continued to increase (28,722 more people than 2024/25). These services reach a high proportion of Māori. A further increase of 88,678 people is required to reach the goal of 325,000 people per year.

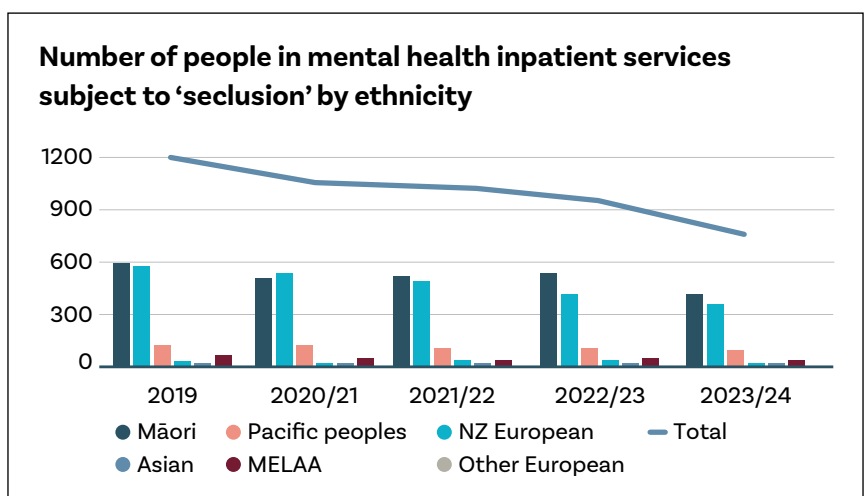


Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

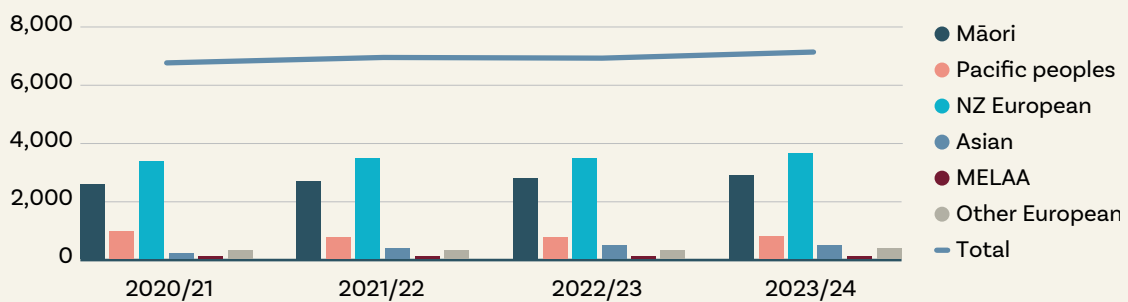
Mana Tangata / Tū Tangata Mauri Ora | Safety and rights

High inequity remains for Māori and Pacific peoples with higher rates of CCTO and seclusion. In the most recent 2024/25 year the number of young people in adult inpatient services increased.

The number of people in mental health inpatient services subject to ‘seclusion’ has decreased. Seclusion rates for Māori are disproportionately higher than non-Māori and Pacific peoples also experience higher rates.¹ There is wide variation across the country. Note that there is a significant delay in this dataset and the Commission continues to advocate for more timely and accurate seclusion data and acknowledge Health NZ’s focus on improving this.



Number of people subject to a compulsory community treatment order by ethnicity



The number of people subject to a CCTO under the Mental Health Act has not decreased as we would like to see². Māori are disproportionately impacted and Pacific peoples also experience higher rates.

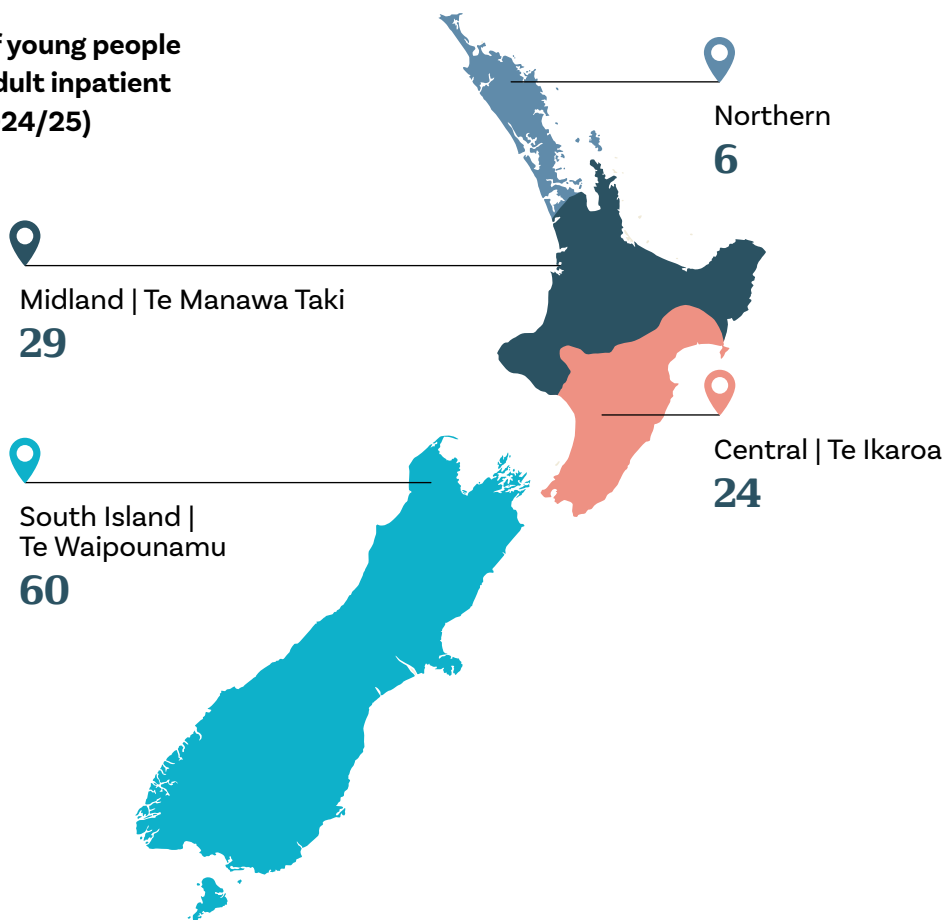
Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

The number of young people (12-17 years old) admitted to adult inpatient services increased across the last three years.

There are different regional patterns.



The number of young people admitted to adult inpatient services (in 2024/25)



Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

Mana Whānau / Whānaungatanga | Connected care

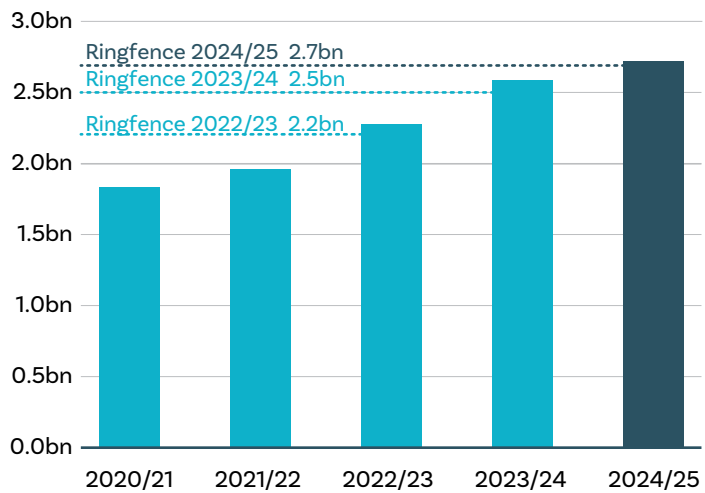
Investment in Vote Health funding for MHA services has increased, with a 49 per cent increase in annual expenditure over the last five years.

Annual expenditure on mental health and addiction services has continued to increase over the last five years.



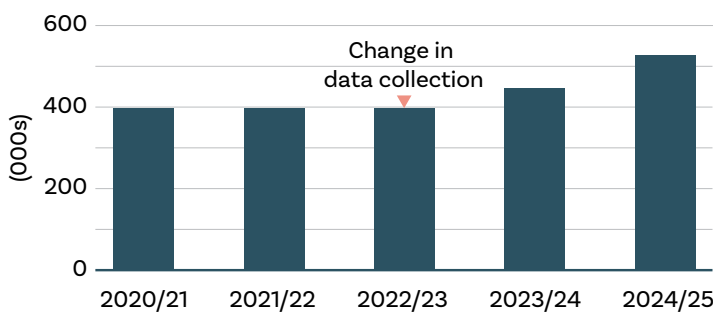
Across the five years, the increase in expenditure on MHA services was 49% overall (from \$1.8bn to \$2.7bn). In the most recent year, expenditure met the ringfence.

Annual expenditure on mental health and addiction services



Involvement of family and whānau continues to be important. However, it is difficult to determine trends over the last five years due to changes in the way information has been collected.

Number of treatment days in specialist services involving family and whānau



The percentage of people followed up within seven days of leaving the inpatient service slightly decreased over the last five years.

From **80.2%** in 2020/21 to **77.5%** in 2024/25.

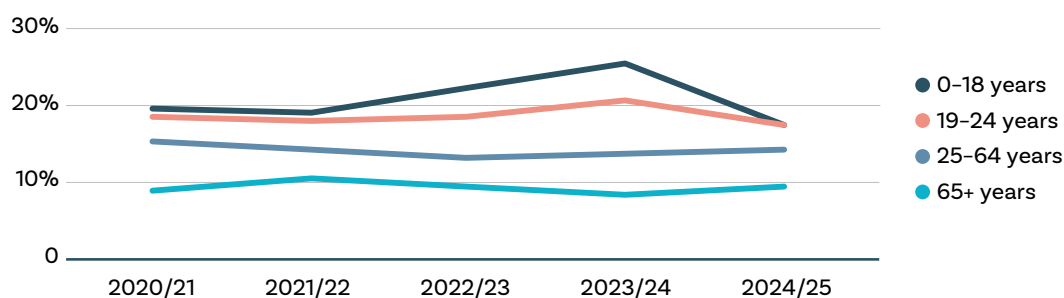
Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
Equity	Participation and leadership	Access and options	Safety and rights	Connected care	Effectiveness

Kotahitanga | Effectiveness

Outcome data to monitor effectiveness at a national level is limited however a variety of outcome tools are used locally. Inpatient readmission rates is one measure of effectiveness and it is positive to see a slight reduction in these rates.

The percentage of people who went back into inpatient services (readmission) within 28 days of being discharged had a slight decrease over the last five years across all age groups. Young people (0–24 years) continue to have the highest readmission rates.

Percentage of readmissions to inpatient service within 28 days of discharge by age-group



Specific to addiction services, the Alcohol and Drug Outcome Measure (ADOM) is used and continues to have high average rating in tāngata whaiora satisfaction towards achieving recovery goals. Health of the Nation Outcome Scales (HoNOS) is a clinician rated tool used to measure change in the health and social functioning of people experiencing severe mental illness and is currently not one of the measures used by the Commission.

About this He Ara Āwhina | Pathways to Support Summary Set

Our current He Ara Āwhina (HAĀ) monitoring framework includes 76 measures across the 12 domains. These measures can be explored in our online data explorer including additional breakdown of the measures in this Summary Set.

The 13 measures in this Summary Set provide an overview across the breadth of HAĀ – the measures span across all domains as illustrated below.

Te Ao Māori and shared perspective domains are not direct translations of each other, but weave together reflecting the role that Tāngata Whenua and Tāngata Tiriti have to play. Key quantitative data gaps in the national data collection are highlighted however there are data gaps across the domains, particularly Te Ao Māori domains where qualitative measures are better suited (see below).

Te Ao Māori Perspective

Mana Whakahaere	Mana Motuhake	Manawa Ora / Tūmanako	Mana Tangata / Tū Tangata Mauri Ora	Mana Whānau / Whānaungatanga	Kotahitanga
<p>Across all measures disaggregated by Māori compared to non-Māori.</p> <p>Across all measures highlighting other populations experiencing inequity.</p>	<p>Involvement in care</p> <p>Gap: Experience</p>	<p>Use of specialist MHA</p> <p>Wait times</p> <p>Expenditure</p> <p>Vacancy rate</p> <p>Length of inpatient stay</p>	<p>Seclusion rate</p> <p>CCTO use</p> <p>Youth admissions to adult</p>	<p>Involvement of whānau</p> <p>NGO support prior to inpatient</p> <p>Follow up after inpatient</p>	<p>Readmission rate</p> <p>Gap: Outcome measures</p>

Equity Participation and leadership Access and options Safety and rights Connected care Effectiveness

Shared Perspective

Data

The data in this document has been sourced from:

- **Specialist service use data:** PRIMHD, using an extract date of 26 October 2025³
- **Workforce data:** Published by Te Pou**
- **CCTO and seclusion data:** Supplied by Ministry of Health | Manatū Hauora
- **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.

^{*} In line with the best practice of waiting three months or more from reference year end for data completeness.

^{**} 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 Not all ethnic groups shown due to small numbers.

² The data is available until 2023/24.

³ 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.

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**
- **updated He Ara Āwhina dashboard with data to June 2025**
- 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).



Authored by Te Hiringa Mahara – Mental Health and Wellbeing Commission. April 2026.

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