

Key mental health and addiction findings: NZ Health Survey 2023/24

August 2025

The purpose of this summary is to provide a synthesis of key mental health and addiction findings from the NZ Health Survey. We want to maximise available evidence to drive improved decision making. Our aim is for this information to be used for planning and investment, and to direct resources where they are most needed to improve mental health and addiction outcomes.

About

This report summarises key adult mental health and addiction findings from the New Zealand Health Survey (NZHS) 2023/24¹ for our legislated priority groups. The NZHS is a continuous, self-report survey of the health and wellbeing of adults (15 to 75+ years) and children (0 or 2 to 14 years²) in New Zealand. Findings are reported annually. Note that when the term significant is used in this report it refers to statistical significance.³

Overall, the data shows an increase in psychological distress, and unmet need for mental health and addiction care. While hazardous drinking has decreased, problematic use of illicit substances has not. In general, findings show significant disparities for disabled adults and Māori and Pacific adults.

¹ The underlying data is available at <https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer>.

² Core NZHS questions are asked about 0- to 14-year-old children; the mental health and problematic substance use module questions are asked about 2- to 14-year-old children.

³ Statistical significance in New Zealand Health Survey data is measured at the 5% significance level (that is, a p-value less than 0.05). Before calculating p-values, results are age-standardised to account for changing age structures in the underlying populations over time. A statistically significant difference is likely to represent a real change over time rather than a random variation due to the sampling process.

1. Increase in high levels of psychological distress over time

In 2018/19

8.3%



of adults experienced high or very high levels of psychological distress.⁵

There has been a significant increase over the last five years.

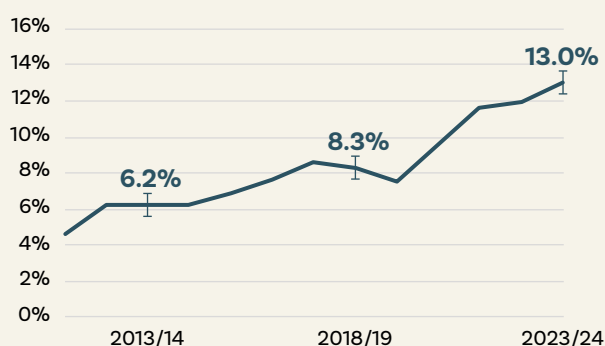
In 2023/24

13.0%



of adults (about 564,000 people) experienced high or very high levels of psychological distress in the four weeks prior to the survey.

High or very high levels of psychological distress over the past four weeks – percentage of all adults



Note that the K10 scale used in the survey questionnaire is a screening tool, rather than a diagnostic tool. It is not recommended as a measure of the prevalence of mental health conditions in the population.⁶ Reported levels of psychological distress do not indicate how many people need mental health and addiction services.

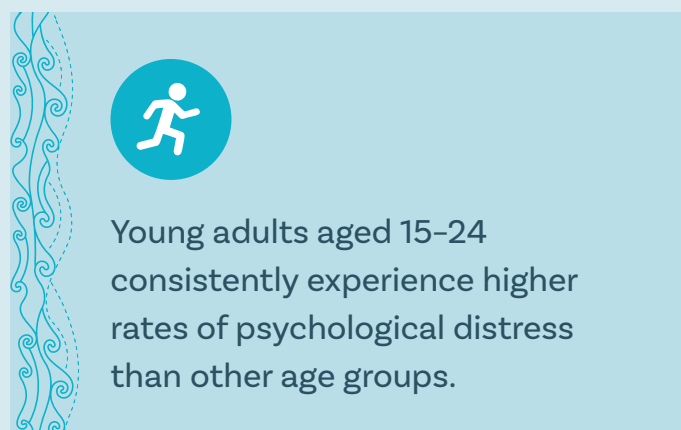
⁴ In this paper, only the single line charts show the 95% confidence intervals, represented by error bars. Confidence intervals indicate a range where the true value is likely to fall, with a 95% probability.

⁵ Adult respondents (aged 15+ years) are categorised as experiencing high or very high psychological distress if they have a score of 12 or more on the Kessler Psychological Distress Scale (K10).

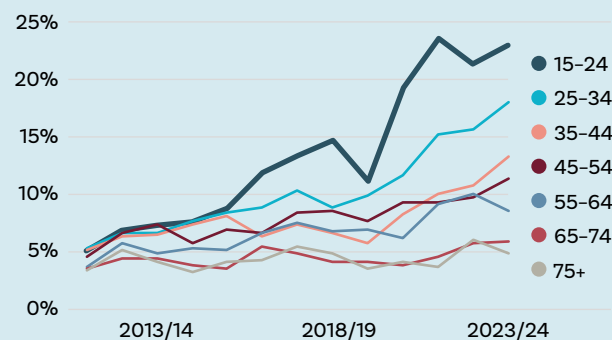
⁶ The K10 was developed to identify severe non-specific psychological distress in population surveys. The K10 is a screening tool, rather than a diagnostic tool, so it is not recommended to use it to measure the prevalence of mental health conditions in the population.

1.1 Young adults had a higher rate of psychological distress than other age groups

In 2023/24, 22.9% of young adults⁷ experienced high or very high levels of psychological distress in the four weeks prior to the survey.

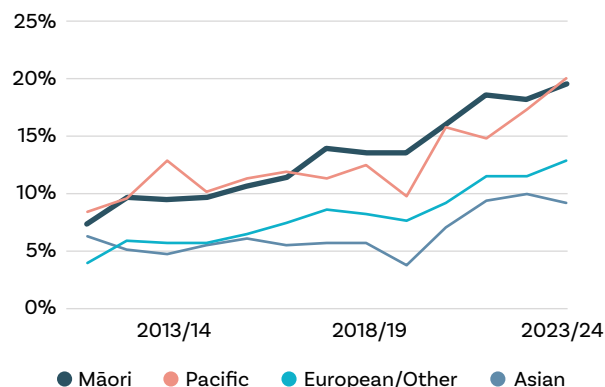


High or very high psychological distress in the past four weeks – percentage of adults by age group (years)



1.2 Pacific and Māori had higher rates of psychological distress than other ethnic groups

High or very high psychological distress in the past four weeks – percentage of adults by ethnic group



While there has been an increase in rates of psychological distress over time for all four ethnic groups reported,⁸ Pacific and Māori adults experienced the highest rates of high or very high psychological distress in 2023/24 – 20.0% of Pacific adults (about 58,000 people) and 19.5% of Māori adults (about 125,000 people).

Both Pacific and Māori were significantly more likely to have high or very high psychological distress than non-Pacific and non-Māori respectively (after adjusting for age and gender).⁹

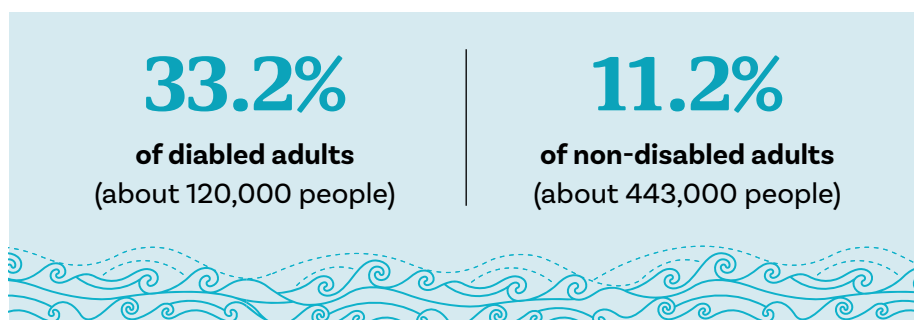
⁷ 'Young adult' refers to those aged 15 to 24 in the NZ Health Survey. In Te Hiringa Mahara we refer to this cohort as 'young people' in our other reporting.

⁸ The four ethnic groups reported are Māori, Pacific, Asian, and European/Other. Ethnicity is total response. People who reported more than one ethnic group are counted once in each group reported. This means that the total estimated numbers for all ethnic groups will be greater than the total estimated number.

⁹ To compare results for different population groups, adjusted mean or prevalence ratios were calculated. The ratios adjust for other demographic factors that may influence (confound) the comparison, such as age and gender.

1.3 Disabled adults had the highest rate of psychological distress

In 2023/24, disabled adults¹⁰ were significantly more likely to experience high or very high levels of psychological distress in the past four weeks after adjusting for age and gender.



2. Increase in moderate levels of psychological distress over time

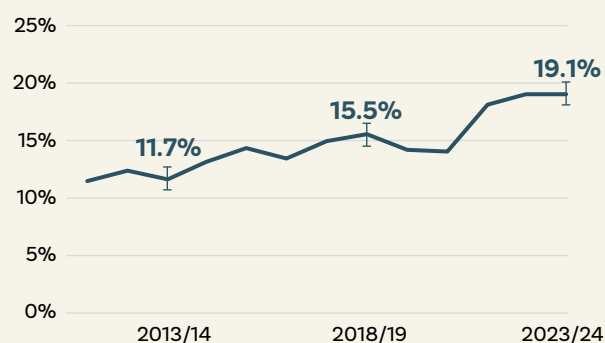
In 2023/24, 19.1% of adults (about 828,000 people) experienced moderate psychological distress in the past four weeks.¹¹ This is a significant increase compared to 2018/19.

↑ Moderate psychological distress has increased from

15.5% in 2018/19 to
19.1% in 2023/24



Moderate psychological distress in the past four weeks – percentage of adults



¹⁰ Disabled adults are those who have at least a lot of difficulty seeing or hearing (even with glasses or hearing aids), walking or climbing stairs, remembering or concentrating, self-care, or communicating, as measured by the [Washington Group Short Set](#). The WG-SS should not be used to produce estimates of disability prevalence or to investigate levels of need for services or environmental change. To meet these and other data needs, a disability-specific survey, with a more extensive question set, would be required.

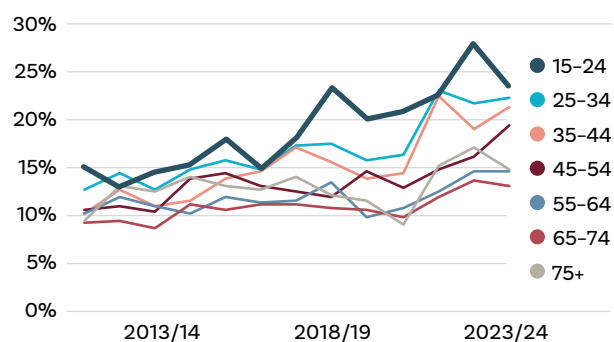
¹¹ Adult respondents (aged 15+ years) are categorised as experiencing moderate psychological distress if they have a score between 6 and 11 (inclusive) on the Kessler Psychological Distress Scale (K10).

2.1 Young adults had a higher rate of moderate psychological distress



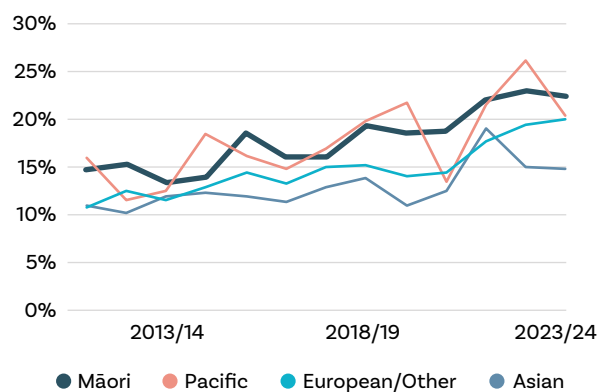
Over time, young adults (15–24 years) have generally had the highest rate of moderate psychological distress.

Moderate psychological distress in the past four weeks – percentage of adults by age group (years)



2.2 Rates of moderate psychological distress have increased for Māori and European/Other groups

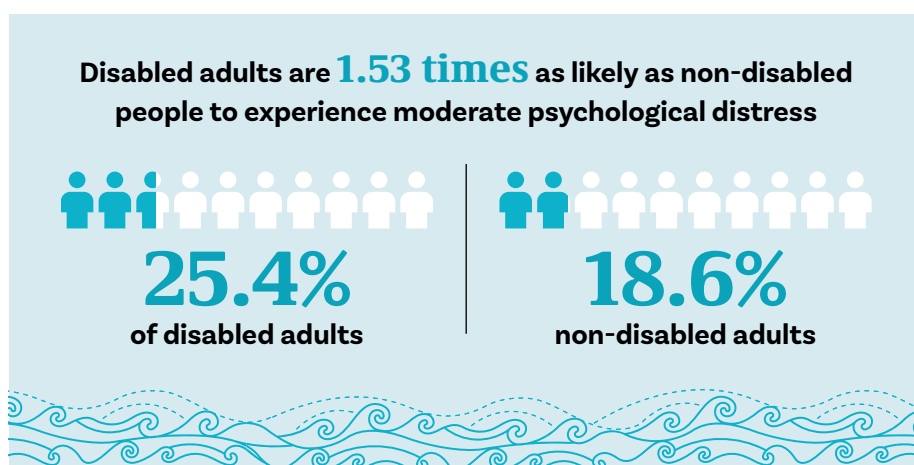
Moderate psychological distress in the past four weeks – percentage of adults by ethnic group



Compared to 2018/19 the rate of moderate psychological distress significantly increased in 2023/24 for both Māori and European/Other ethnic groups.

2.3 Disabled adults were significantly more likely to have moderate psychological distress than non-disabled adults

In 2023/24, 25.4% of disabled adults (about 92,000 people) had experienced moderate psychological distress over the past four weeks.



3. Decrease in low or no psychological distress over time

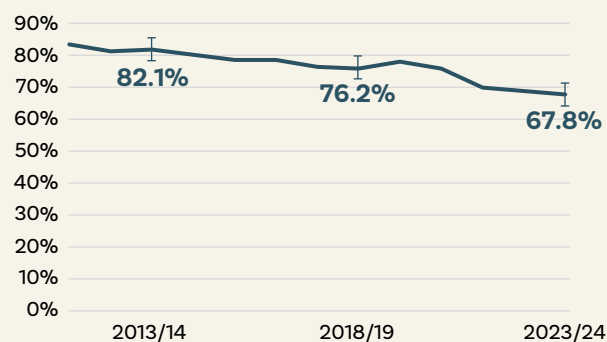
In 2023/24, 67.8% of adults (about 2,939,000 people) experienced low or no psychological distress in the past four weeks.¹² This is a significant decrease compared to 2018/19.

↓ The rate of low or no psychological distress has significantly decreased over the last five years.

76.2% in 2018/19 to
67.8% in 2023/24



Low or no psychological distress in the past four weeks – percentage of all adults by age group (years)



¹² Adult respondents (aged 15+ years) are categorised as experiencing low psychological distress if they have a score between 0 and 5 (inclusive) on the Kessler Psychological Distress Scale (K10).

3.1 Young adults had the lowest rates of low or no psychological distress

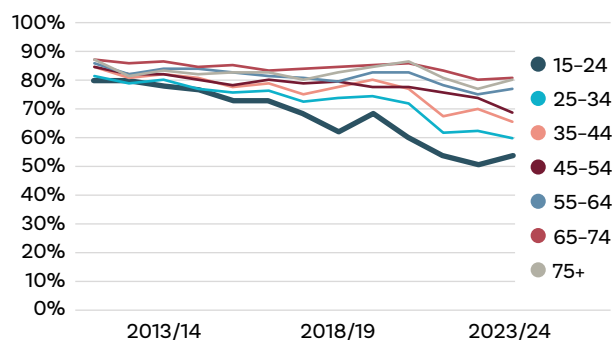
Generally the rate of low or no psychological distress increases as age increases. Over time, differences in the rate of low or no psychological distress between age groups have increased.



53.6%

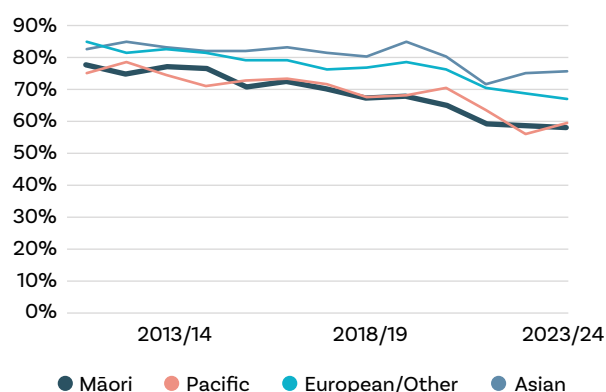
of 15–24-year-olds (about 357,000 people)
had low or no psychological distress.

Low or no psychological distress in the past four weeks – percentage of all adults by age group (years)



3.2 All ethnic groups experienced a significant decrease in rates of low or no psychological distress

Low or no psychological distress in the past four weeks – percentage of all adults by ethnic group



Over time, Māori and Pacific have consistently had lower rates of low or no psychological distress in the past four weeks than European/Other and Asian ethnic groups.



Between 2018/19 and 2023/24 all four ethnic groups experienced a significant decrease in the rate of low or no psychological distress.

3.3 Disabled adults were significantly less likely to have experienced low or no psychological distress than non-disabled adults

In 2023/24, 41.4% of disabled adults had experienced low or no psychological distress over the past four weeks (about 150,000 people).

Disabled adults were significantly less likely than non-disabled adults to have low or no psychological distress, after adjusting for age and gender.

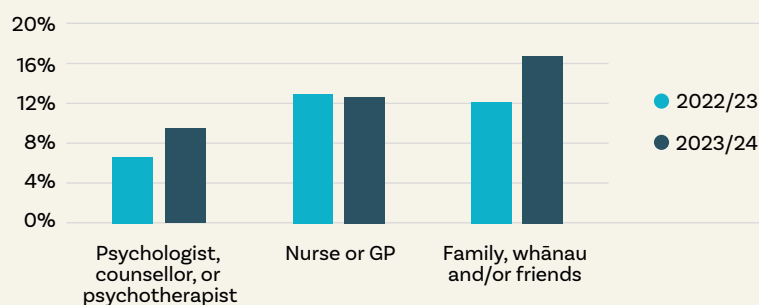
41.4%
of disabled adults

70.3%
of non-disabled adults

4. More people were seeking mental health care

In the 2023/24 NZHS, four questions about seeking help for mental health or substance use concerns were added to the adult (and child) core questionnaires. The questions were previously asked in the 2016/17, 2021/22 and 2022/23 mental health and problematic substance use survey modules.¹³

Seeking help for mental health over the past 12 months – percentage of adults



In 2023/24, over the 12 months prior to the survey:



9.4% of adults
(about 407,000 people)

consulted a psychologist, counsellor, or psychotherapist – this was a significant increase compared to 2022/23 (6.6%).



12.5% of adults
(about 540,000 people)

consulted a nurse or GP¹⁴ – this was not a significant change compared to 2022/23 (12.9%).



16.7% of adults
(about 723,000 people)

consulted family, whānau and/or friends – this was a significant increase compared to 2022/23 (12.1%).

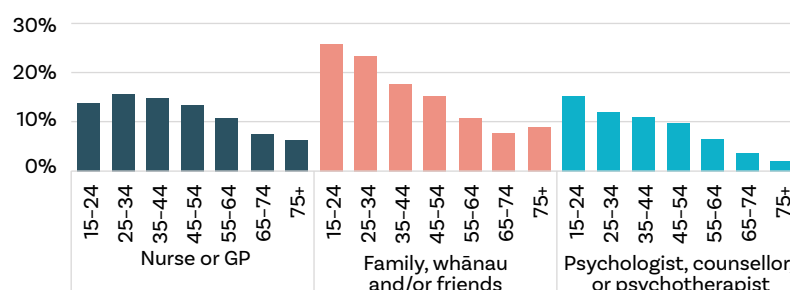
¹³ See the Ministry of Health (2024) **Content Guide 2023/24: New Zealand Health Survey**. Wellington: Ministry of Health.

¹⁴ Adult respondents (aged 15+ years) are defined as having consulted a nurse or GP about mental health in the past 12 months if they answered “GP” or “Nurse” to the following question: In the past 12 months, have you consulted any of the following people for concerns about your emotions, stress, mental health, or substance use?

4.1 Increase in rates of younger adults seeking help for mental health

There is a distinct age pattern in help seeking with greater rates of younger adults (15 to 34 years) seeking help and the rate decreasing as age increases. Young adults aged 15 to 24 years had the highest rate of seeking help from a psychologist, counsellor, or psychotherapist (15.3%, about 102,000 people) and from family whānau and/or friends (25.8%, about 172,000 people).

Seeking help for mental health in past 12 months, 2023/24 – percentage of adults by age group (years)



4.2 There were significant ethnic differences in help seeking



In 2023/24 Māori adults were **significantly more likely** to consult family, whānau and/or friends.



Pacific adults were **significantly less likely** to consult professional providers.



Asian adults were **significantly less likely** to consult either family, or professional providers.

Comparisons between ethnic groups have been adjusted for age and gender.

Percentage of adults seeking help for mental health in the past 12 months, 2023/24

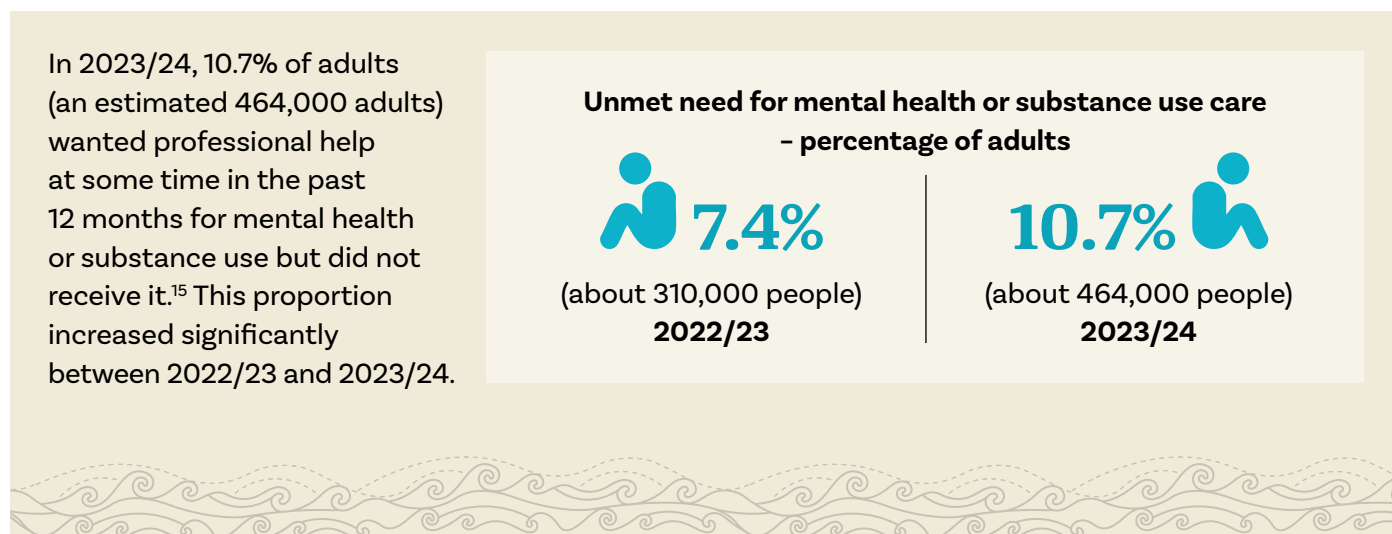
	Family, whānau and/or friends	Nurse or GP	Psychologist, counsellor, or psychotherapist
Māori	23.9%	14.1%	11.2%
Pacific	22.1%	8.9%	7.9%
Asian	12.0%	5.7%	3.8%
European/Other	17.1%	14.4%	11.2%

4.3 Disabled adults were more likely than non-disabled adults to seek help

In 2023/24, disabled adults were significantly more likely than non-disabled adults to consult either family, or professional providers (after adjusting for age and gender).

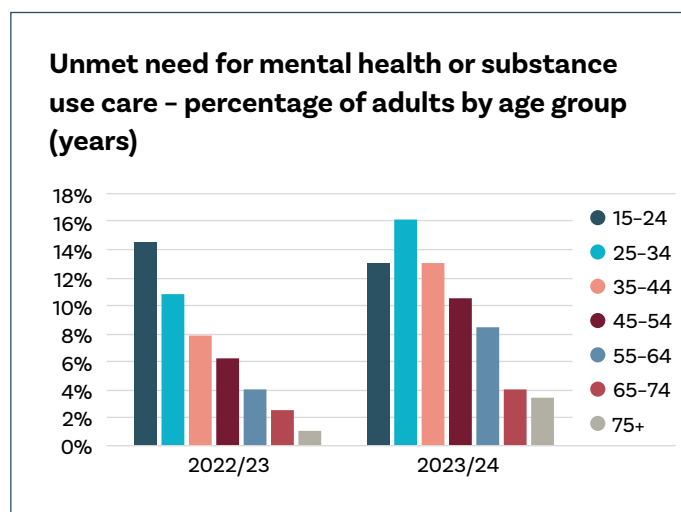
Percentage of disabled adults consulting others about mental health in past 12 months, 2023/24			
	Family, whānau and/or friends	Nurse or GP	Psychologist, counsellor, or psychotherapist
Disabled adults	24.6%	24.4%	16.9%
Non-disabled adults	15.9%	11.3%	8.7%

5. Significant increase in unmet need for professional mental health or substance use care



¹⁵ Unmet need for mental health or addiction services in the past 12 months is defined for adults (aged 15+ years) as feeling like you needed professional help for your emotions, stress, mental health, or substance use in the past 12 months, but not receiving that help.

5.1. Unmet need increased in most age groups



Most age groups reported higher levels of unmet need for mental health or substance use care in 2023/24 compared to 2022/23.¹⁶

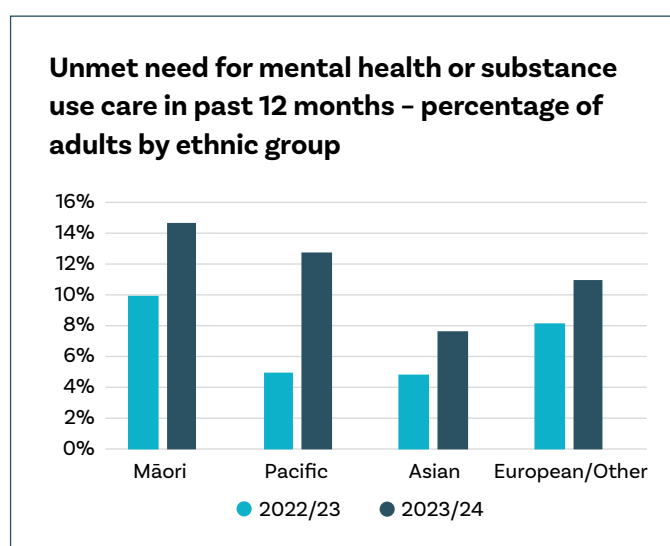
In 2023/24 unmet need was highest among adults aged 25–34 years (16.2%, about 125,000 people).

5.2. Māori adults had a higher rate of unmet need than other ethnic groups

Māori were
1.31 times
 more likely than non-Māori to report unmet need (after adjusting for age and gender).

In 2023/24, Māori had the highest rates of unmet need compared to other ethnic groups (14.7%, about 95,000 people), followed by Pacific (12.7%, about 37,000 people).

Between 2022/23 and 2023/24 there were significant increases in unmet need for mental health care for Māori, Pacific, and European/Other adults.



5.3. Disabled adults had the highest rate of unmet need

Unmet need for mental health or substance use care in the past 12 months (2023/24) – percentage of adults

22.2%
 of disabled adults
 (about 82,000 people)

9.6%
 of non-disabled adults
 (about 380,000 people)

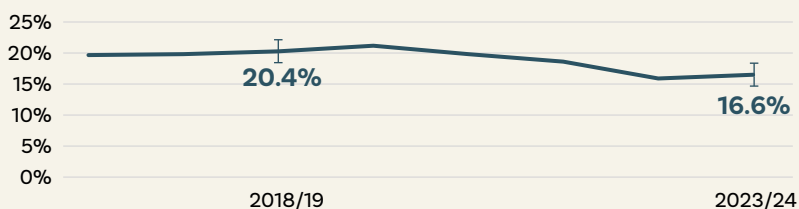
Disabled adults were significantly more likely (three times) than non-disabled adults to experience unmet need, after adjusting for age and gender.

¹⁶ Results for 75+ year olds in 2022/23 need to be interpreted with caution as the relative sampling error (the size of the sampling error relative to the result) is over 30%.

6. Significant decrease in hazardous drinking over the last five years

In 2023/24, 16.6% of adults (an estimated 718,000 people) had a hazardous drinking pattern.¹⁷ This is a significant decrease compared to 5 years ago (2018/19) when it was 20.4% of adults.

Hazardous drinking – percentage of all adults



6.1 Hazardous drinking among younger adults has significantly decreased over the last five years

Rates of hazardous drinking have significantly decreased over the last five years (between 2018/19 and 2023/24) for the three age groups between 15 and 44 years.

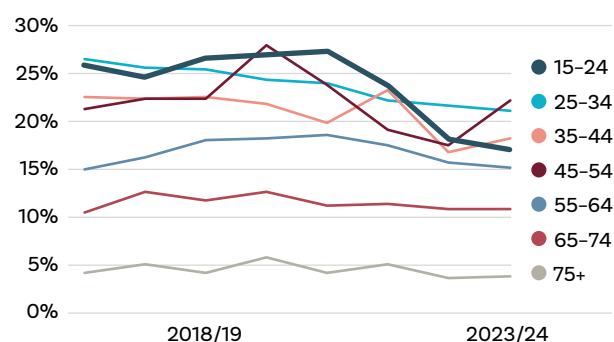
The decline has been notably steep for young adults (15 to 24 years).¹⁸

Rate of hazardous drinking for 15- to 24-year-olds

26.6% in 2018/19 ↓ **17.1%** in 2023/24



Hazardous drinking – percentage of adults by age group (years)



6.2 Hazardous drinking among Māori and Pacific adults has not significantly decreased over the last five years, 2023/24



Māori adults
29.6%, about
189,000 people



European/Other adults
17.9%, about
566,000 people



Pacific adults
16.2%, about
47,000 people

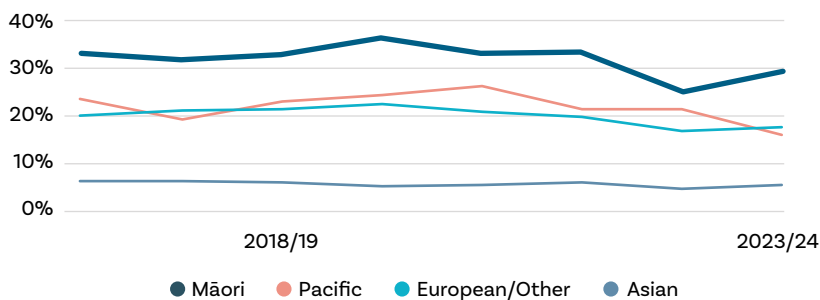


Asian adults
5.7%, about
40,000 people

¹⁷ Hazardous drinking (aged 15+ years) is measured using the 10-question Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization. The AUDIT is a 10-item questionnaire that covers three aspects of alcohol use: alcohol consumption, dependence, and adverse consequences. An AUDIT score is the total of the scores obtained for each of the 10 items. Hazardous drinkers (total population) are adults who obtained an AUDIT score of 8 or more, among the total number of respondents, representing an established pattern of drinking that carries a high risk of future damage to physical or mental health. Someone can reach a score of 8 from the alcohol consumption items alone. For example, someone who drank six or more drinks on one occasion, twice a week.

¹⁸ Within the 15-to-24-year age group, the rate has not significantly declined for 15 to 17 years olds between 2018/19 and 2023/24 (from 6.7% to 5.9%) but has significantly declined over this period for 18- to 24-year-olds (from 35.8% to 22.6%).

Hazardous drinking – percentage of adults by ethnic group



Among ethnic groups, only European/Other adults have reported a significant reduction in rates of hazardous drinking over the last five years.

6.3 Disabled adults were more likely than non-disabled adults to have a hazardous drinking pattern

In 2023/24, the rate of hazardous drinking for disabled adults was 17.9% (about 66,000 people). This rate is not significantly different to 2018/19.

Disabled adults in 2023/24 were

1.45 times more likely than non-disabled adults to have a hazardous drinking pattern, after adjusting for age and gender.



7. Increase in moderate or high risk of problematic use of illicit substances

We include data in this report from the periodic mental health and problematic substance use NZHS module.¹⁹

Note that the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) used in the survey questionnaire is not designed to calculate the prevalence of substance use disorders, nor to make diagnoses, but is an indication of substance use concerns only.²⁰

There was a significant increase in adults with a moderate or high risk of problematic use of illicit substances

In 2021-23
11.2%
of adults (about 470,000 people)

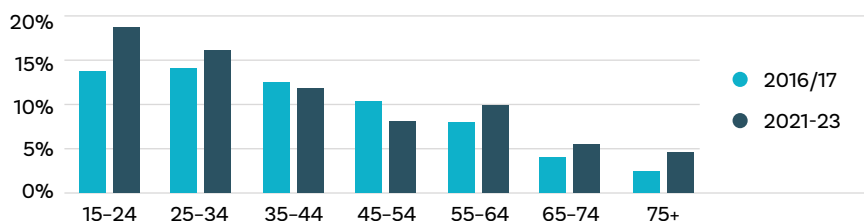
2016/17
10.1%
of adults (about 390,000 people)

¹⁹ The underlying data is available at <https://minhealthnz.shinyapps.io/nz-health-survey-2022-23-mental-health-data-explorer>.

²⁰ Adult respondents (aged 15+ years) are categorised as having a moderate or high risk of problematic use of illicit substances if they have a moderate or high risk of problematic use of any of the following substances (cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives or sleeping pills, hallucinogens, opioids) included in the World Health Organization's Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST V3.0). Note that ASSIST is not designed to calculate the prevalence of substance use disorders, nor to make diagnoses, but is an indication of substance use concerns only.

7.1 More younger adults were at risk of problematic use of illicit substances

Moderate or high risk of illicit substance use – percentage of adults by age group (years)



Young adults had the highest rate of moderate or high risk of problematic use of illicit substances. In 2021-23, this involved 18.4% of 15-24-year-olds (about 118,000 people).

7.2 Māori were more likely than non-Māori to have a moderate or high risk of problematic use of illicit substances

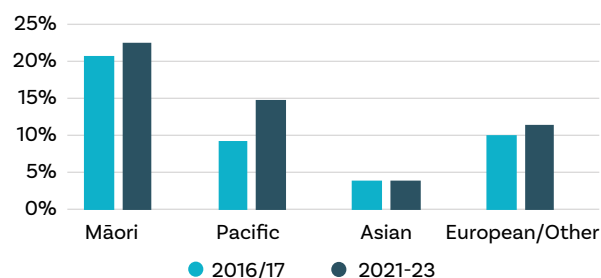
Māori were **2.14** times as likely as non-Māori to have this risk (after adjusting for age and gender).



In 2021-23, 22.6% of Māori (about 141,000 people) were at moderate or high risk of problematic use of illicit substances.

Both Pacific (15.0%, about 39,000 people) and European/Other (11.6%, about 371,000 people) have had significant increases in problematic use between 2016/17 and 2021-23.

Moderate or high risk of illicit substance use – percentage of adults by ethnicity



7.3 Disabled adults were more likely than non-disabled adults to have a moderate or high risk of problematic illicit substance use

In 2021-23, the rate of moderate or high risk of problematic illicit substance use

20.2%
(about 73,000)
Disabled people

10.4%
(about 396,000)
Non-disabled people

Disabled adults were significantly more likely (2.36 times) as non-disabled adults to have a moderate or high risk of problematic use, after adjusting for age and gender.

Authored by Te Hīringa Mahara – Mental Health and Wellbeing Commission. July 2025.



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