

# Mental health and substance use data summary: Key findings from the NZ Health Survey 2024/2025

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The purpose of this summary is to provide a synthesis of key mental health and substance use 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.

This data summary brings together key adult mental health and substance use findings from the New Zealand Health Survey (NZHS) 2024/25\* focusing on our legislated priority groups.

In 2024/25



**14.3%**  
of all adults  
(about 619,000 people)



**22.9%**  
of young people  
(about 156,000 people)



**22.5%**  
of Māori  
(about 147,000 people)

experienced high or very high levels of psychological distress.

\*The underlying data is available at <https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer>.

## 1. Increase in high levels of psychological distress over time

In 2024/25

**14.3%**<sup>1</sup>



of adults (about 619,000 people) experienced high or very high levels of psychological distress in the four weeks prior to the survey.<sup>2</sup>

There has been a significant<sup>3</sup> increase in high or very high psychological distress among adults over the last five years (between 2019/20 and 2024/25) and over the last 10 years (between 2014/15 and 2024/25).

**High or very high levels of psychological distress in the past four weeks**  
(percentage of adults)



**Rates for both men and women have increased over time, however in 2024/25 men were significantly less likely than women to have experienced high or very rates of psychological distress (0.67 times as likely, after adjusting for age).**

<sup>1</sup> 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.

<sup>2</sup> 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). The K10 was developed to identify severe non-specific psychological distress in population surveys (See Kessler RC, Barker PR, Colpe LJ, et al. (2003). Screening for serious mental illness in the general population. Archives of general psychiatry, 60(2), 184-189.) 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.

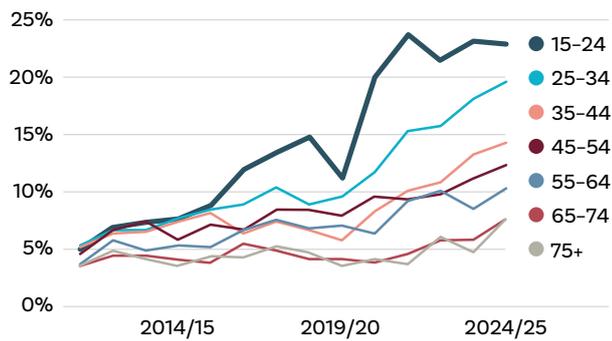
<sup>3</sup> Statistical significance in New Zealand Health Survey data is measured at the 5% significance level (that is, a p-value less than 0.05). Before calculating p-values, results are age-standardised to account for changing age structures in the underlying populations over time. A statistically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

## 1.1 Young adults had the highest rate of psychological distress

In 2024/25, 22.9% of young adults<sup>4</sup> (15–24 years old) experienced high or very high levels of psychological distress in the four weeks prior to the survey. This was the highest percentage of any age group.

### High or very high psychological distress in the past four weeks

(percentage of adults by age group and years)



Young men experienced a significantly lower rate (15.8%) of high or very high levels of psychological distress compared to young woman (29.2%).

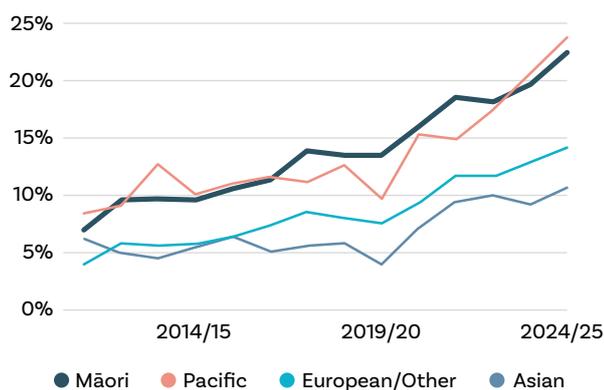


Older adults (65+ years) had the lowest rates and less change over time. All age groups experienced significantly higher psychological distress in 2024/25 compared to five years ago (2019/20) and 10 years ago (2014/15).

## 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 and years)



Compared to five and 10 years ago, in 2024/25 all four ethnic groups experienced a significant increase in rates of psychological distress.<sup>5</sup>

Pacific and Māori adults experienced the highest rates of high or very high psychological distress in 2024/25 – 23.8% of Pacific adults (about 69,000 people) and 22.5% of Māori adults (about 147,000 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).<sup>6</sup>

<sup>4</sup> '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.

<sup>5</sup> 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 sum of estimated numbers for all ethnic groups will be greater than the total estimated number.

<sup>6</sup> 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 2024/25

Disabled adults<sup>7</sup> were **3.47 times** as likely to have **experienced high or very high levels of psychological distress** in the past four weeks compared to non-disabled adults.

Over the last five years, there has been a significant increase in the rate of disabled adults experiencing high or very high psychological distress. The change was from 26.7% in 2019/20 to 35.5% in 2024/25.

## 2. Increase in moderate levels of psychological distress over time

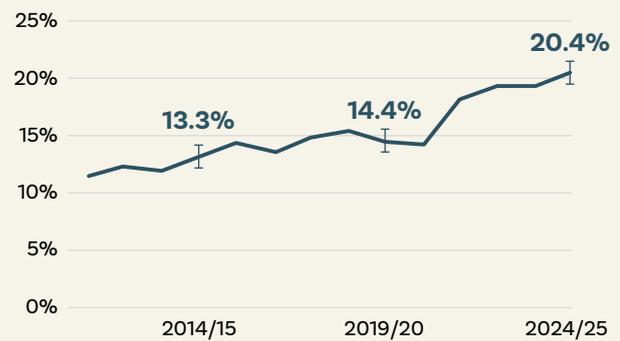
In 2024/25

**20.4%** percent of adults (about 884,000 people) experienced **moderate psychological distress** in the past four weeks.<sup>8</sup>



### Moderate psychological distress in the past four weeks

(percentage of adults)



There has been a significant increase in moderate psychological distress among adults over the last five years (between 2019/20 and 2024/25) and over the last 10 years (between 2014/15 and 2024/25).

<sup>7</sup> 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.

<sup>8</sup> 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

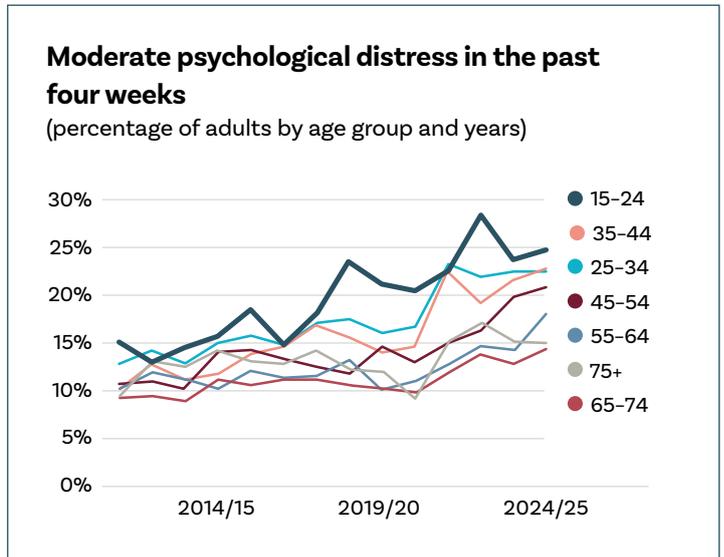
In 2024/25

**24.8%**

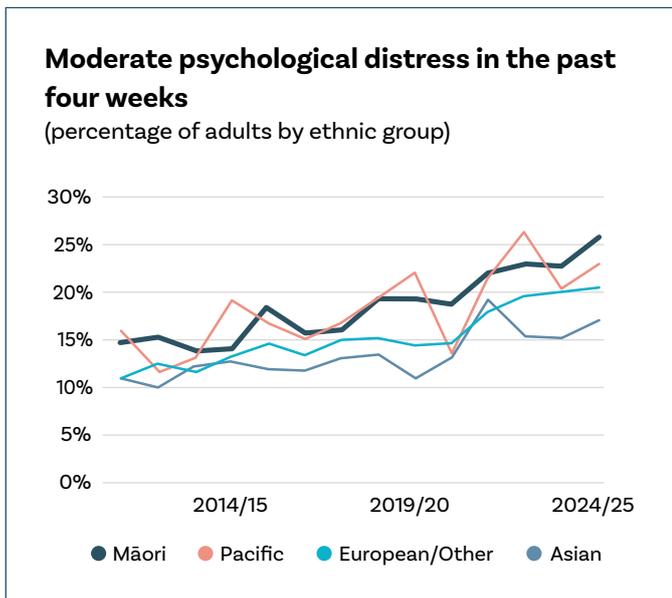
of 15-24-year-olds reported moderate levels of psychological distress (about 168,000 people).



Broadly, rates of moderate psychological distress in the past four weeks decrease as age increases. Over time, young adults (15-24 years) have generally had the highest rate of moderate psychological distress.



## 2.2 Rates of moderate psychological distress have increased

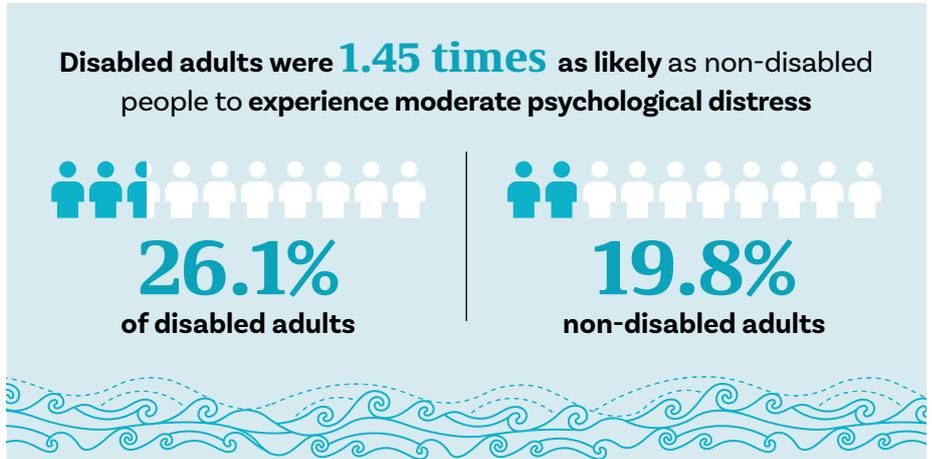



Rates of moderate psychological distress in 2024/25 for Māori, Asian, and European/Other ethnic groups show a significant increase compared to five years ago (2019/20) and 10 years ago (2014/15).

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

In 2024/25, 26.1% of disabled adults (about 100,000 people) had experienced moderate psychological distress in the past four weeks.

There has been no significant change in disabled adults' experience of moderate psychological distress over the last five years.



### 3. The percentage of adults experiencing no or low psychological distress in the past four weeks continues to decrease

In 2024/25

**65.4%** of adults (about 2,836,000 people) experienced low or no psychological distress in the past four weeks.<sup>9</sup>

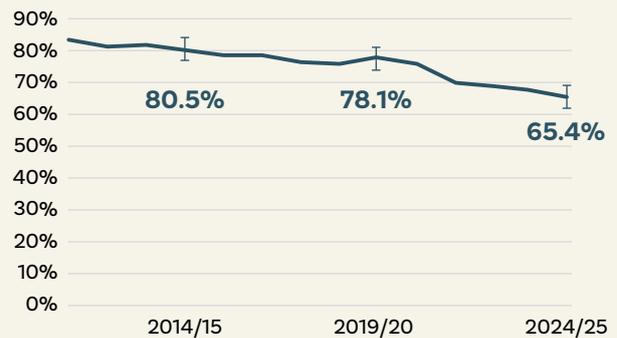


↓ This is a **significant decrease** in the rate compared to one, five and ten years ago.

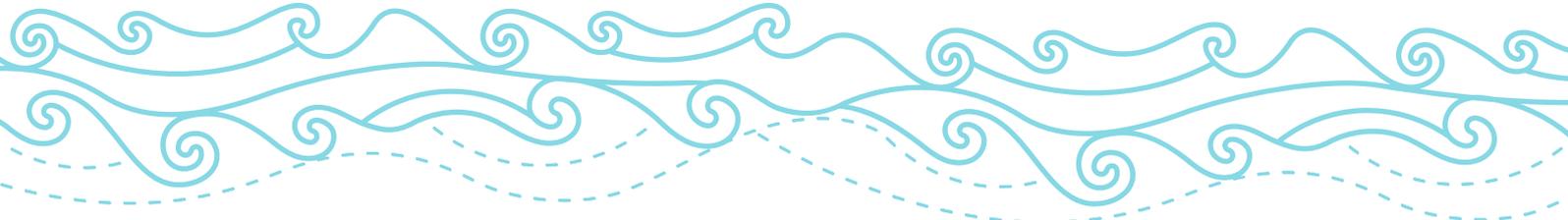
Note, though, that the number of people experiencing low or no psychological distress has not greatly changed over the last 10 years due to population growth (about 2,948,000 in 2014/15).

#### Low or no psychological distress in the past four weeks

(percentage of adults)



<sup>9</sup> 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

The rate of low or no psychological distress increases as age increases. However, the inverse pattern is occurring for high or very high psychological distress.



In 2024/25, young adults (15-24-year-olds) had the **lowest rates of low or no psychological distress** (52.3%, about 355,000 people).

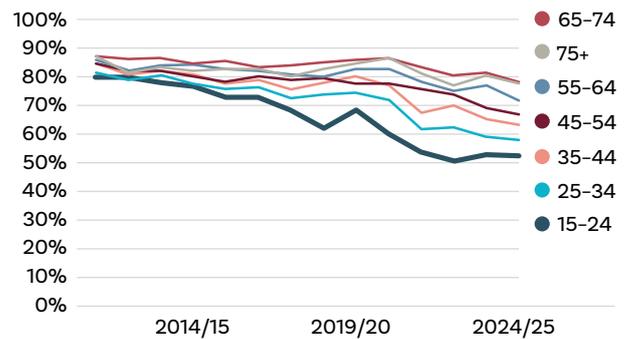


**Young men** were significantly more likely (64.4%) than **young women** (41.2%) to **experience no or low psychological distress**.



#### Low or no psychological distress in the past four weeks

(percentage of adults by age group and years)

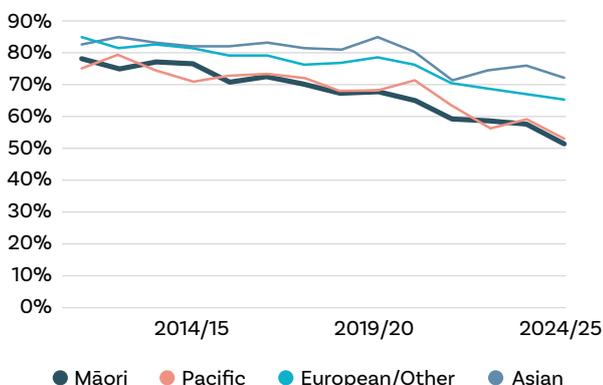


Over time, differences in the rate of low or no psychological distress between age groups have increased. However, all age groups have experienced a significant decrease in rates of low or no psychological distress compared to five years ago (2019/20) and 10 years ago (2014/15).

### 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 adults by ethnic group and years)



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

However, 2024/25 rates of low or no psychological distress for all four ethnic groups show a significant decrease compared to five years ago (2019/20) and 10 years ago (2014/15).



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

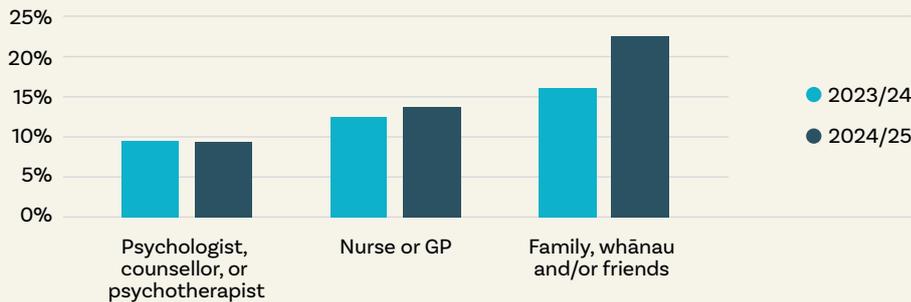
In 2024/25, 38.4% of disabled adults had experienced low or no psychological distress in the past four weeks (about 148,000 people).

Over the last five years, there has also been a significant decrease in the rate of disabled adults who experience low or no psychological distress.

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

## 4. More people consulted family, whānau, and/or friends about mental health

### Seeking help for mental health over the past 12 months (percentage of adults)



Note, we cannot yet look back over five consecutive years with this data.<sup>10</sup>

### In 2024/25, over the 12 months prior to the survey:



**9.3% of adults**  
(about 403,000 people)

consulted a psychologist, counsellor, or psychotherapist – this was not a significant change compared to 2023/24 (9.5%).



**13.7% of adults**  
(about 594,000 people)

consulted a nurse or GP<sup>11</sup> – this was not a significant change compared to 2023/24 (12.4%).



**22.5% of adults**  
(about 974,000 people)

consulted family, whānau, and/or friends – this was a significant increase compared to 2023/24 (16.0%).

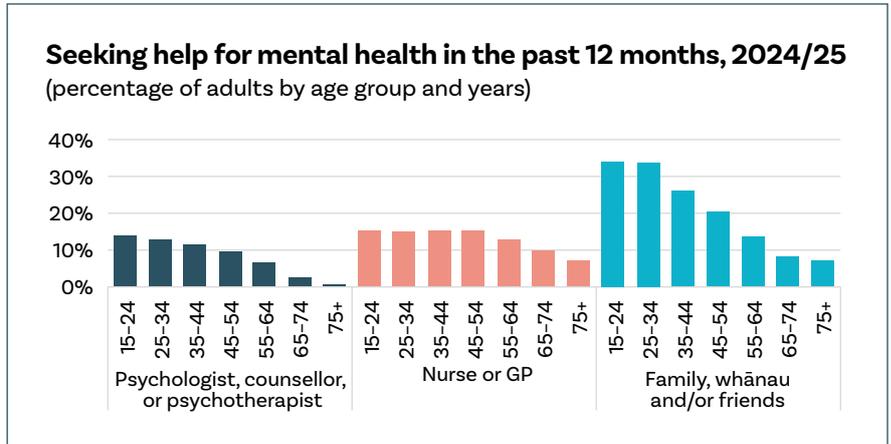
<sup>10</sup> See Ministry of Health. 2025. Content Guide 2024/25: New Zealand Health Survey. Wellington: Ministry of Health.

<sup>11</sup> 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 Younger adults continue to be more likely to seek help for mental health

There is a broad age pattern in help seeking with the rate generally decreasing as age increases.<sup>12</sup>

Younger adults aged 15 to 34 years had the highest rates of seeking help from a psychologist, counsellor, or psychotherapist and from family whānau and/or friends.



## 4.2 There were significant ethnic differences in help seeking

In 2024/25 Māori and Pacific adults were **significantly more likely** to consult family, whānau and/or friends.

Pacific adults were **significantly less likely** to consult a psychologist, counsellor, or psychotherapist.

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

### Percentage of adults seeking help for mental health in the past 12 months, 2024/25<sup>13</sup>

|                       | Psychologist, counsellor, or psychotherapist | Nurse or GP | Family, whānau and/or friends |
|-----------------------|--|-------------|-------------------------------|
| <b>Māori</b>          | 11.4%  | 15.1%       | 29.7%                         |
| <b>Pacific</b>        | 6.4%   | 12.7%       | 32.9%                         |
| <b>Asian</b>          | 5.1%   | 8.8%        | 22.4%                         |
| <b>European/Other</b> | 10.8%  | 15.3%       | 21.4%                         |

<sup>12</sup> Results for 75+ year olds consulting a psychologist, counsellor or psychotherapist in 2024/25 need to be interpreted with caution as the relative sampling error (the size of the sampling error relative to the result) is over 30%.

<sup>13</sup> Table shows unadjusted prevalence.

### 4.3 Disabled adults were more likely than non-disabled adults to seek help for mental health

In 2024/25, 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 the past 12 months, 2024/25<sup>14</sup>**

|                            | Psychologist, counsellor, or psychotherapist | Nurse or GP | Family, whānau and/or friends |
|----------------------------|--|-------------|-------------------------------|
| <b>Disabled adults</b>     | 16.1%  | 25.4%       | 25.0%                         |
| <b>Non-disabled adults</b> | 8.6%   | 12.6%       | 22.2%                         |

## 5. Unmet need for professional mental health or substance use care similar to 2023/24

In 2024/25, 10.5% of adults (about 456,000 adults) wanted professional help at some time in the past 12 months for mental health or substance use but did not receive it.<sup>15</sup> This proportion did not change significantly between 2023/24 and 2024/25.

### Unmet need for mental health or substance use care in the past 12 months

(percentage of adults)



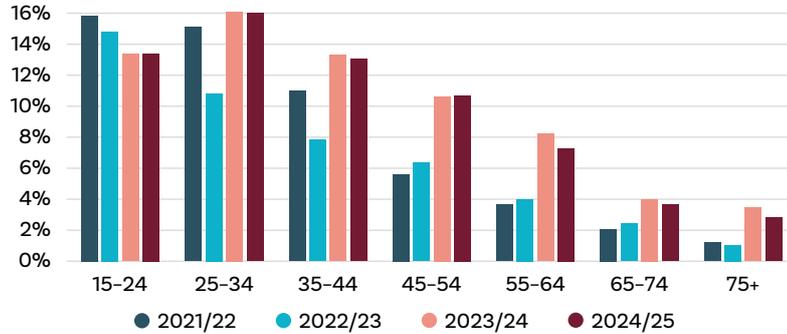
<sup>14</sup> Table shows unadjusted prevalence.

<sup>15</sup> Unmet need for mental health or substance use care 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 Across age groups, unmet need has not significantly changed compared to 2023/24

### Unmet need for mental health or substance use care in the past 12 months

(percentage of adults by age group and years)



All age groups reported levels of unmet need for mental health or substance use care in 2024/25 that were similar to their respective levels in 2023/24.<sup>16</sup>



Unmet need was highest among adults aged 25–34 years (16.1%, about 121,000 people).

## 5.2 Pacific and Māori adults had higher rates of unmet need than other ethnic groups

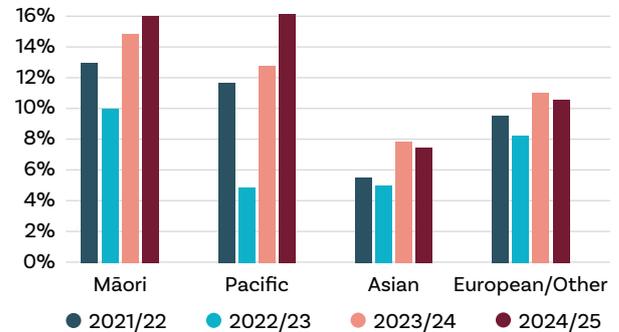


In 2024/25, Pacific and Māori adults had the highest rates of unmet need compared to other ethnic groups (16.2%, about 47,000 people; and 16.1%, about 106,000 people respectively).

Both Pacific and Māori adults were significantly more likely than non-Pacific and non-Māori adults respectively to report unmet need after adjusting for age and gender.

### Unmet need for mental health or substance use care in the past 12 months

(percentage of adults by ethnic group and years)



## 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 (2024/25) (percentage of adults)

**21.9%**  
of disabled adults  
(about 85,000 people)

**9.4%**  
of non-disabled adults  
(about 370,000 people)

Disabled adults were significantly more likely (3.05 times as likely) than non-disabled adults to experience unmet need, after adjusting for age and gender.

<sup>16</sup> Results for 65–74-year-olds in 2021/22 and for 75+ year olds in 2021/22 and 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

We include data on hazardous drinking because it relates to our strategic priority to reduce harm from alcohol and other drugs to people with lived experience of mental distress and addiction. Monitoring trends in hazardous drinking will help us to understand changes in use patterns which may affect our priority populations.

**In 2024/25, 16.6% of adults** (about 722,000 people) **had a hazardous drinking pattern.**<sup>17</sup> This is a significant decrease compared to 5 years ago (2019/20) when it was 21.3% of adults.

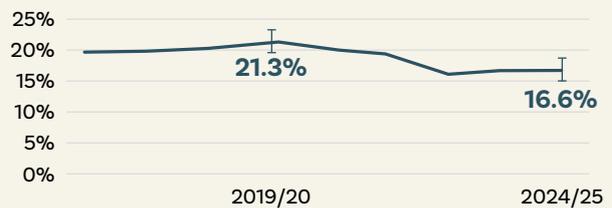


Men are **significantly more likely** to have a **hazardous drinking pattern**



than women (1.88 times as likely, after adjusting for age).

**Hazardous drinking**  
(percentage of adults)



### 6.1 Older adults have lower rates of hazardous drinking

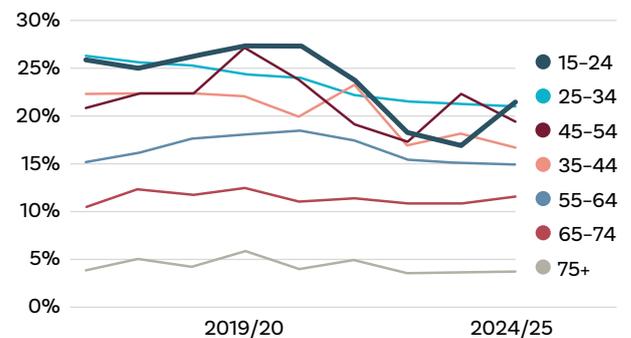
Rates of hazardous drinking have a distinct age pattern with older adults (55+) generally having lower rates. Rates in these age groups have been relatively steady over time.

**Over the past five years (between 2019/20 and 2024/25) hazardous drinking has significantly decreased for 15–24-year-olds and for 35–54-year-olds.**



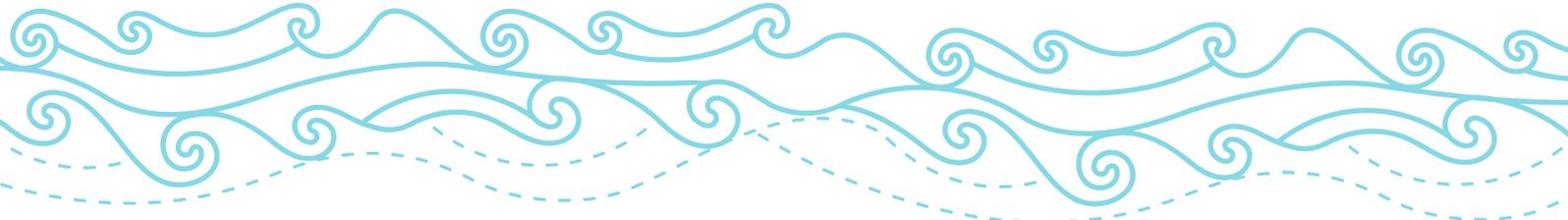
Note, though, that the rate of hazardous drinking for **15–24-year-olds significantly increased** between 2023/24 and 2024/25 (from 16.9% to 21.5%). The time series for 15–24 year olds is relatively variable so more data are needed to confirm a trend.

**Hazardous drinking**  
(percentage of adults by age group and years)



In 2024/25, in most age groups, men had a significantly greater rate of hazardous drinking than women. However, there is not a significant difference between the rates for 15–24 year old men and women.

<sup>17</sup> 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.

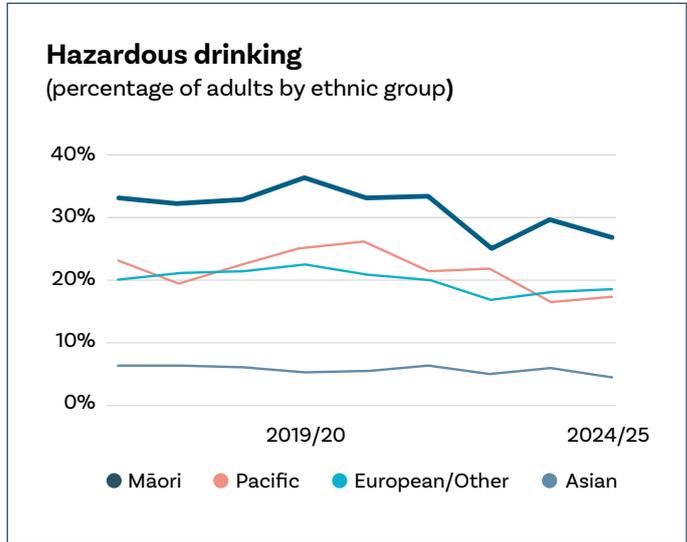


## 6.2 Hazardous drinking among Māori, Pacific, and European/Other adults significantly decreased over the last five years

Māori, Pacific, and European/Other adults have had a significant reduction in rates of hazardous drinking over the last five years.

### In 2024/25

-  Māori adults **27.0%**, about **178,000** people
-  Pacific adults **17.5%**, about **51,000** people
-  European/Other adults **18.8%**, about **582,000** people
-  Asian adults **4.4%**, about **35,000** people



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

In 2024/25, the rate of hazardous drinking for disabled adults was 18.7% (about 73,000 people). This rate is not significantly different to 2019/20.

Disabled adults in 2024/25 were **1.47 times** as likely as non-disabled adults to have a hazardous drinking pattern, after adjusting for age and gender.



## 7. Illicit drug use

In our previous summary of 2023/24 NZHS data we included data from the periodic mental health and problematic substance use module. As this data was not updated in 2025, we have instead included data on illicit drug use.<sup>18</sup> As with including hazardous drinking data, this relates to our strategic priority to reduce harm from alcohol and other drugs to people with lived experience of mental distress and harmful substance use.

<sup>18</sup> Monitoring trends in prevalence of illicit drug use will help us to understand changes in use patterns which may affect our priority populations. Illicit drug use in the past 12 months is defined for adults (aged 15+ years) as having taken the specified substance for any purpose other than for which it was prescribed. Note that in 2020/21 there was a break in the time series for this indicator due to changes in the questions used. Consequently p-values (denoting statistical significance of difference) for movements involving estimates on either side of 2020/21 are not available. This means we cannot comment on the statistical significance of changes over time.

## 7.1 Cannabis use

In 2024/25

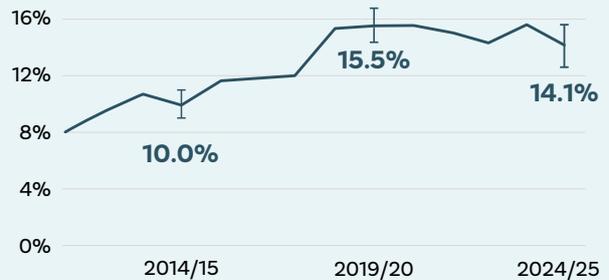
**14.1%** of adults (about 610,000 people) had used cannabis in the past 12 months for a purpose other than that prescribed.



Men were significantly more likely than women to have used cannabis in this way (1.62 times as likely after adjusting for age).

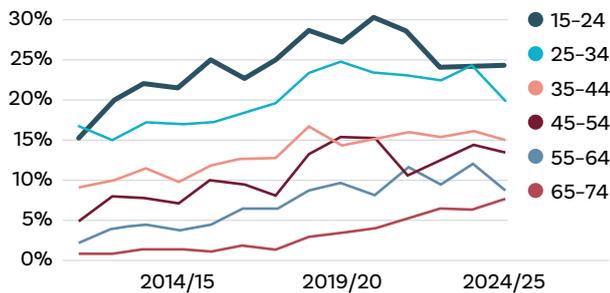
### Non-prescribed cannabis use in the past 12 months

(percentage of adults)



### Non-prescribed cannabis use in the past 12 months

(percentage of adults by age group and years)



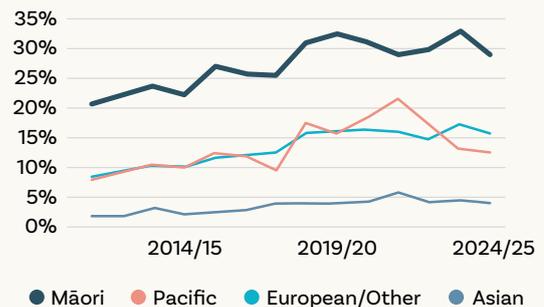
There is a distinct age pattern to non-prescribed use of cannabis in the past 12 months: 24.3% of 15-24-year-olds (about 165,000 people) used cannabis in this way, with the rate of usage decreasing in older age groups.<sup>19</sup> Note that we have omitted 75+ year olds from the chart due to the relative sampling error being over 30% in almost all years shown.

Māori were **2.24** times as likely as non-Māori to have used non-prescribed cannabis, while Asian adults were significantly less likely to have used cannabis in this way,<sup>20</sup> after adjusting for age and gender.



### Non-prescribed cannabis use in the past 12 months

(percentage of adults by ethnic group)



Disabled adults were twice as likely to have used non-prescribed cannabis than non-disabled adults, after adjusting for age and gender.

<sup>19</sup> The prevalence of 65-74 year olds non-prescribed cannabis use in the past 12 months in 2011/12 and 2012/13 needs to be interpreted with caution as the relative sampling error (the size of the sampling error relative to the result) is over 30%.

<sup>20</sup> The prevalence of Asian non-prescribed cannabis use in the past 12 months in 2012/13 and 2014/15 needs to be interpreted with caution as the relative sampling error (the size of the sampling error relative to the result) is over 30%.

## 7.2 Other drugs



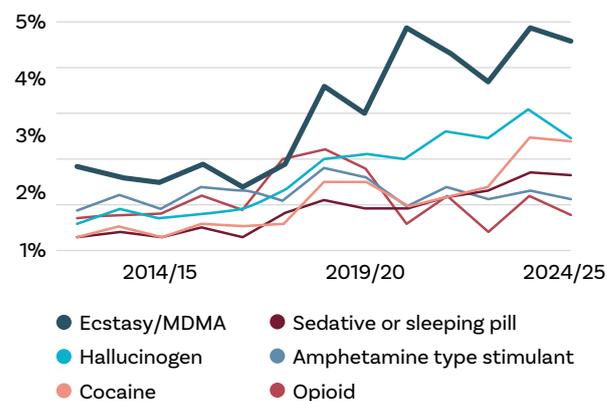
In 2024/25, the rate of other non-prescribed drug use in the past 12 months ranged from

**4.6%** of adults using ecstasy/MDMA  
(about 199,000 people)

**0.8%** of adults using opioids  
(about 36,000 people)<sup>21</sup>

### Other non-prescribed drug use in the past 12 months

(percentage of adults)



<sup>21</sup> The prevalence of non-prescribed opioid use in the past 12 months in 2022/23 needs to be interpreted with caution as the relative sampling error (the size of the sampling error relative to the result) is over 30%.

## 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:

- Access to mental health and addiction services data – an overview of the number of people using services, wait times and other data for the five-years to June 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).

Compiled by Te Hiringa Mahara – Mental Health and Wellbeing Commission. February 2026.



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