Te Hiringa Mahara | Mental Health and Wellbeing Commission

Assessment of progress - implementation of Kua Tīmata Te Haerenga | The Journey Has Begun recommendations

December 2025

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Te Hiringa Mahara - Mental Health and Wellbeing Commission was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: www.mhwc.govt.nz

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Kupu arataki | *Introduction*

The purpose of this report is to answer the question 'How much has been achieved towards the recommendations set in Kua Tīmata Te Haerenga | the Journey Has Begun for completion by 30 June 2025?'.

The objective of Te Hiringa Mahara - Mental Health and Wellbeing Commission is to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa New Zealand. We have legal functions and powers to enable us to fulfil our objective, including the mandate to make recommendations. We are committed to following up on progress towards and achievement of the recommendations we directed towards Health New Zealand and the Government.

This public accountability mechanism ensures transparency, acts as a lever for change, and allows people to see the impact from our recommendations.

We made our first recommendations in our monitoring report, Kua Tīmata Te Haerenga | The Journey has Begun, published in June 2024. These five recommendations had a focus on improving access to mental health and addiction (MHA) services. Collectively, they included planning to ensure those with highest needs could receive appropriate access, improving data and knowledge about population needs and MHA service delivery, and planning for a workforce with required capability and capacity. Each of these recommendations had a completion date of 30 June 2025.

This short report outlines the progress that has been made towards achievement of these five recommendations. Responsible agencies were asked to assess progress and provide evidence for their assessment. In this, we asked for assessment of both how much had been done to achieve the recommendation and how well it had been done. We describe progress using steps in the draft rubric illustrated on the following page. This rubric been adapted from the Poutama used in Mā Te Rongo Ake | Through listening and healing by the Initial Mental Health and Wellbeing Commission. This is the first time we have used this rubric to monitor our own recommendations, and we will continue to improve and refine our approach.

Rubric for how progress will be assessed

	Levels of progress					**Our overall goal**
	Te Kākano Potential	**Whakaaratia Activating**	**Whanaketanga Developing**	**Tipuranga Evolving**	**Puāwaitanga Realisation**	**Tū Tangata Mauri Ora Thriving Together**
Quantity: how much	No progress at this time	Discussion and planning have taken place to respond to this recommendation	Activities and actions are underway, although consistent and sustained action/change is yet to emerge	Actions and implementation are in place and are becoming more consistent and sustainable	Recommendation has been fully implemented or completed	Together the quantity and quality progress of recommendation makes a difference for people – demonstrated by quantitative system performance monitoring and/or qualitative voices
Quality: how well	N/A	At least one mechanism in place to ensure quality e.g. collaboration with key stakeholders / lived experience, strong body of evidence, internal review	Multiple mechanisms to ensure quality, *and* Mostly responds to the intent of the recommendation	'Developing' criteria, *and* Lived experience or other external perspectives consider the quality of progress will support their aspirations	'Evolving' criteria; *and* Fully responds to the intent of the recommendation	

Whakamōhiotanga whānui | *Overall summary*

This progress report shows that three of the five recommendations set for 30 June 2025 have been fully implemented.

This progress report illustrates that substantial progress has been made overall. Having improved prevalence information, better data systems, and a plan to address workforce shortages will provide a solid foundation for designing and delivering changes to services that are most effective in addressing gaps in access to MHA services.

There are still some areas that need further work, particularly ensuring that services meet the needs of priority population groups who have not been well served by mainstream MHA services— Māori and rangatahi and young people. While there has been some promising work by Te Aka Whai Ora prior to their disestablishment, this needs to be turned into an action plan and delivered by Health NZ to see changes that will make a difference for Māori.

Work of the Infant, Child and Youth Strategic Design Network needs to deliver timely and meaningful improvements to services for young people. Our monitoring, and the report by the Office of the Auditor General highlight that young people have the highest level of unmet need for mental health care of any age group in the population and have been waiting too long for services and supports tailored to their needs.[1]

The achievement of these recommendations is just the first step to improving access to MHA services. It is the implementation of these plans and programmes of work that will make the difference for tāngata whaiora accessing MHA services. We will continue to watch their implementation, to independently monitor the system, and advocate for improvements that improve the MHA system for tāngata whaiora.

[1] The report by Office of the Auditor General on Meeting the mental health needs of young New Zealanders is available here.

Ngā Kitenga | *Findings*

In this section, we present the progress reported by agencies and our commentary for each of the five recommendations.

1. Health NZ develops a mental health and addiction workforce plan to address service capacity and workforce shortages by June 2025

Health NZ self-assessment: Puāwaitanga | Realisation

Evidence provided:

Health NZ released the Mental Health and Addiction Workforce Plan in September 2024 and the Health Workforce Plan in December 2024.

Health NZ note that they have already started delivering on actions including:

- establishing 15 additional Health NZ clinical psychology intern roles in 2025
- collaborating with universities to increase post-graduate clinical psychology training capacity by 12 students in 2025
- development of the associate psychologist role with the Psychology Board and a postgraduate diploma programme to train this workforce
- rolling out mental health peer support specialist roles in five emergency departments
- delivering the first phase of a nationally coordinated recruitment process for Stage One psychiatry trainees.

Increasing the MHA workforce was one of five targets for MHA services, and Health NZ are tracking well against this target with 349 of the targeted 500 people in training for the 2025 academic year (at the timepoint where only the first semester intake is represented).

Te Hiringa Mahara comment:

The publication of the Mental Health and Addiction Workforce Plan in September achieves the quantity criterion of this recommendation (Puāwaitanga | Realisation). It was a timely response and reflects the calls for a workforce plan, including our own calls to action in previous insights and monitoring reports as well as recommendations of the Auditor-General.[2]

[2] The Officer of the Auditor General made recommendations in Meeting the mental health needs of young New Zealanders.

The Mental Health and Addiction Workforce Plan does not meet the full intent of our recommendation in terms of quality criteria, and we consider quality criterion to be Whanaketanga | Developing. Our recommendation was inclusive of cultural workforces as well as Māori and lived experience leadership, which are not addressed in the Mental Health and Addiction Workforce Plan. Health NZ note that their broader work programme recognises these elements of the MHA workforce and includes peer leadership training contracts, cultural competency initiatives, and funding for Kaupapa Māori and Pacific MHA Workforce Centres. They also note that workforce is a workstream within their national MH&A improvement programme and they will continue to enhance their workforce planning and delivery.

Actions to support and retain staff are captured in the Health Workforce Plan, which is intended to be read alongside this Plan.

We will continue to monitor the delivery of these workforce plans alongside our monitoring of key workforce measures as part of our service and system monitoring work. We expect that actions will help address critical workforce shortages and ensure cultural and lived experience workforces are also bolstered.

2. Health NZ develops an action plan by June 2025 to meet the needs of Māori and whānau accessing specialist mental health and addiction services

Health NZ self-assessment: Te Kākano | Potential

Evidence provided:

Prior to its disestablishment in June 2024, the Oranga Hinengaro team within Te Aka Whai Ora carried out the project Hāpaitia: Supporting and Strengthening Māori Mental Health Specialist Services in Aotearoa New Zealand.

The primary objectives of Hāpaitia were to:

- understand how specialist mental health and forensic services are delivering care to Māori, including the functions of Māori models of care
- meet with key stakeholders (Māori cultural staff, clinicians, managers, tāngata whaiora, lived experience, and whānau) and Hauora Māori partners to understand service delivery, pressures, plans, pathways, and moemoea (aspirations)
- develop recommendations that will support the strengthening of existing services, improve equity, and grow workforce capacity and capability.

The review used face-to-face engagement to gather information and involved visiting approximately 400 staff and 50 tāngata whaiora across 34 facilities. Hāpaitia

proposed six recommendations. These recommendations will form the foundations of an action plan. To oversee and monitor the implementation of the recommendations, the report will be socialised with services and a joint Hauora Māori and Hospital and Specialist Services group established.

Te Hiringa Mahara comment:

Hāpaitia was developed prior to our recommendation and its scope is limited to adult acute mental health and forensic inpatient units. There are some strong links between the purpose of Hāpaitia and the intent of our recommendation to meet the needs of Māori and whānau accessing specialist MHA services. While Hāpaitia could be the foundation towards developing an action plan, this recommendation has not been achieved, and we consider progress to meet the quantity criteria of (Whanaketanga | Developing).

It is positive to see the high level of stakeholder engagement in the development of Hāpaitia and the robust and inclusive process followed. While progress has been slow, it can be built on through the development of an action plan. This would demonstrate a high level of quality (Tipuranga | Evolving to Puāwaitanga | Realisation).

We will continue to monitor access to specialist services for Māori. We look forward to seeing the implementation of recommendations from Hāpaitia as part of an action plan to ensure the needs of Māori are being met.

3. Health NZ provides guidance for the delivery of effective acute community options tailored to meet the needs of rangatahi and youth by June 2025

Health NZ self-assessment: Tipuranga | Evolving and Puāwaitanga | Realisation

Evidence provided:

Health NZ consider the work currently underway through the Infant, Child and Youth Strategic Design Network will support the overall outcomes intended by this recommendation. This work is focused on redesign of the continuum of care for infants, children and young people, including acute options. The work consists of a current state assessment on MHA services, which describes trends and makes recommendations for further work, including access to services for young people aged 16-24 years. There are plans to take this work to stakeholders to seek feedback on potential actions to address key priorities.

Health NZ also note other work they are doing in this space:

- partnership with Ministry of Health and Sapere to understand the range of services currently funded across infant, child and youth MHA continuum

- scoping and planning for a new initiative to develop or bolster child and adolescent acute, respite or crisis services in two or more regions
- engaging with referrers, youth crisis respite service providers, and young people with lived experience to identify and implement service improvements and enhancements that would improve utilisation of these services and minimise hospital admissions
- working with Oranga Tamariki to provide social worker roles in acute inpatient units for young people in Auckland, Wellington, and Christchurch

Health NZ report that these series of activities, either completed or in progress, will serve as the foundation for a set of guidance documents for regions on the commissioning of effective acute community options to meet the needs of rangatahi and youth. They expect to complete this work by June 2026.

Te Hiringa Mahara comment:

It is positive to see a focus on improving the continuum of supports available for infants, children, and young people. This will support change that is broader than our recommendation, which focused on acute community options—an area where we heard the most need for immediate action. The closest work described by Health NZ to this recommendation is their activities underway to identify and implement service improvements and enhancements to improve utilisation of youth crisis respite services. Based on this, we consider this recommendation not achieved and consider progress on the quantity criteria to be Whanaketanga | Developing.

The wide range of stakeholders engaged in identifying these improvements and enhancements includes young people with lived experience. This indicates a high level of quality in the process (Tipuranga | Evolving). Ideally, this engagement would also support improvements and enhancements across the range of acute community options that young people utilise. This in addition to crisis respite services.

We will continue to monitor access to MHA services for rangatahi and youth and expect to see guidance on the commissioning of effective acute community options by June 2026 to meet the needs of rangatahi and youth. We welcome broader change led by the Strategic Design Network to better meet the needs of rangatahi and youth.

4. Health NZ develops a mental health and addiction data plan by June 2025 that ensures information systems are integrated and enables collection of quality and timely data

Health NZ self-assessment: Tipuranga | Evolving and Puāwaitanga | Realisation

Evidence provided to support this:

Health NZ recognise the need to improve their data quality and completeness as a critical lever in supporting improvement in the MHA system. Health NZ have developed a comprehensive plan with several key initiatives in response to our recommendation and note they:

- will continue to develop and implement dashboards like Qlik Sense
- will recruit a Mental Health Principal Analyst and establish an analytics delivery team
- will reinstate and strengthen the Data Governance Group
- plan to automate data ingestion and transformation for the Access and Choice programme
- are incorporating balancing measures for Mental Health & Addiction Targets
- have formed a mental health ringfence taskforce to ensure success of these initiatives.

The ringfence taskforce is in the preliminary stages of integration of financial and activity reporting. Their approach within the plan is to address the data integration requirements by focusing on ensuring that data is readily accessible and consistently reported.

They also note that the national MH&A improvement programme includes a workstream dedicated to data and are advancing the maturity of their existing plan through iterative development and prioritising implementation of current actions.

Te Hiringa Mahara comment:

The comprehensive plan as described by Health NZ achieves the quantity criteria of this recommendation (Puāwaitanga | Realisation).

From the description provided by Health NZ, the intention of the recommendation has been mostly met for the quality criterion (Whanaketanga | Developing). Initiatives that support quality and timeliness of data are described. It does not appear there was lived experience participation in development of the plan as Health NZ note they are currently looking at data at a systems level.

We will monitor progress in data information systems and processes as the comprehensive plan is delivered. We look forward to being able to do more with Health NZ data to further support our goal of contributing to better and more equitable mental health and wellbeing outcomes.

5. Government commits to funding a planned programme of work to collect mental health and addiction prevalence data by June 2025, to enable improved services and ensure value for money

Ministry of Health assessment: Puāwaitanga | Realisation

Evidence provided:

The Minister for Mental Health and the Ministry of Health have communicated publicly their commitment to fund and commence a dedicated work programme for a Child and Youth Mental Health and Addiction Prevalence Survey.

This is a significant undertaking with a lead in time to ensure the study is developed robustly and with sufficient consultation in advance. There is a Project Management Plan for the programme of work, and key milestones have already been achieved:

- establishment of key leadership and technical roles to deliver the first iteration of the study, focussed on children and youth, by mid-2027
- establishment of a Governance Group and Expert Advisory group
- approval of the commissioning arrangements, business case and procurement plan, and commencement of procurement for supplier/s
- confirmation of objectives for the first iteration of the study, and public communication of these.

There has also been a commitment to ongoing funding for the following iteration focused on adults. The Ministry has given advice on future iterations where prevalence surveys are conducted every three years, alternating between children and young people followed by adults over 25 years (so prevalence data is available every six years for each age group). Decisions on ongoing approach will be made on this in the future.

Te Hiringa Mahara comment:

The quantity and quality criteria of this recommendation has been met and fully meets the intent of this recommendation (Puāwaitanga | Realisation). This has been a timely response and shows the commitment to addressing a similar recommendation within the Office of the Auditor General's report on Meeting the mental health needs of young New Zealanders released in February 2024.

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Te Kāwanatanga o Aotearoa
New Zealand Government