

Access to mental health and addiction services

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Te Hīringa Mahara – Mental Health and Wellbeing Commission is legislated to monitor mental health and addiction services. Access to mental health and addiction services is one of our key priority areas. In June 2024, we published a mental health and addiction service monitoring report, **Kua Tīmata Te Haerenga | The Journey Has Begun**, which focuses on access to services and options available.

The following information provides an update on key measures with an additional year of data.

At a glance

Number of people using selected mental health and addiction services, 2023/24



Specialist services:

176,261 people

(designed for people most severely affected by mental illness or addiction)



Access and Choice services:

Over **207,000** people

(designed for people with mild to moderate mental health and addiction needs)

Specialist services are also known as secondary care services. They are publicly funded services provided by Health NZ | Te Whatu Ora or contracts through non-government organisations (NGOs).

This data summary is focused primarily on access to specialist mental health and addiction services. It includes data about a range of measures, including the number of people using specialist services, investment into services, workforce size, wait times, among others.¹ It also includes some data on Access and Choice services.² In most cases, it covers data over the five-year period to June 2024.

There is a separate **data summary** with data specifically for specialist addiction services.

The number of people using specialist mental health and addiction services has decreased over the last five years. Our previous monitoring shows this is not due to decreasing demand and is largely due to workforce constraints and changing needs.



People are waiting longer to access specialist services (with a lower percentage seen within three weeks).

Wait times are particularly concerning for children, young people, tamariki, and rangatahi aged 0–18 years.



While there are positive signs of workforce shortages being addressed in the last year largely due to increases in nurses and support workers, there are increasingly high vacancy rates for medical practitioners.



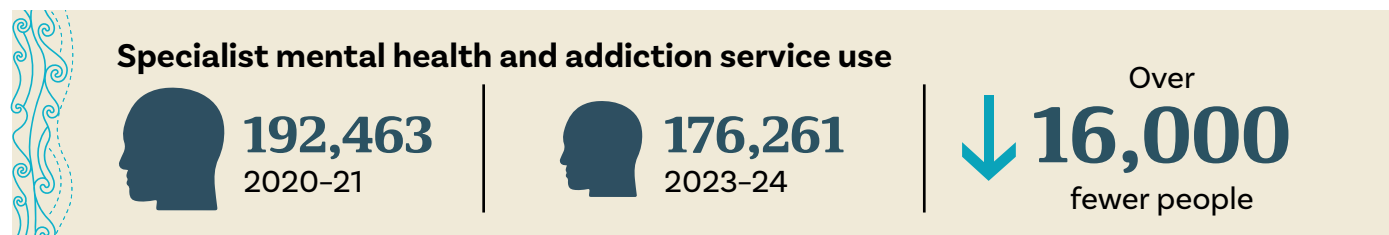
It is positive to see the Access and Choice programme improving access for people with mild to moderate needs in primary care.³



Te Hiringa Mahara continues to call for improvements in key areas to meet the needs of people with mental health and addiction issues, and reiterate the five recommendations made in our report last year **Kua Tīmata Te Haerenga**.⁴ We will report publicly on progress against these recommendations later in 2025.

Key findings

1. The number of people using specialist services has decreased



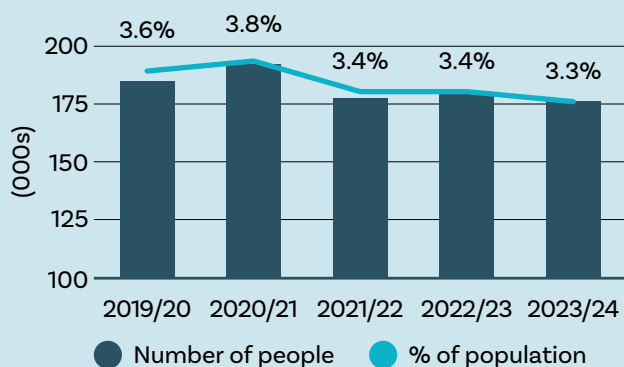
¹ This data is also available in our **He Ara Āwhina online dashboard** (along with other measures).

² Other mental health and addiction services, such as online platforms, telehealth services, and other primary mental initiatives, are not included in this publication. Data on these services can be found on our **He Ara Āwhina dashboard**.

³ Primary care services are those provided at initial entry points. They are usually services provided by general practices although other organisations, such as NGOs, also provide primary care services. They are separate to specialist mental health and addiction services.

⁴ These five recommendations relate the mental health and addiction workforce plan, meeting the needs of Māori and whānau, acute community options, and improved data systems (including prevalence data). Further detail in **Kua Tīmata Te Haerenga**.

Number and percentage of people using specialist services, 2019/20 to 2023/24

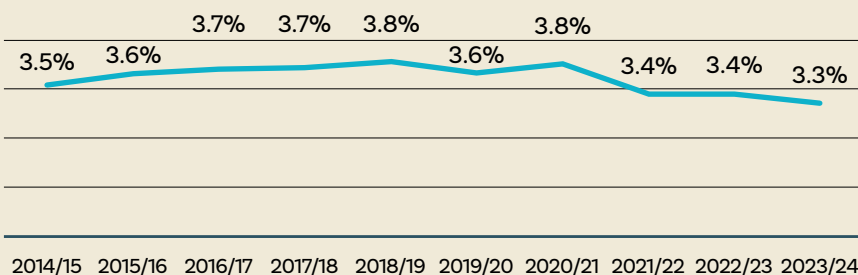


In terms of the total population in Aotearoa New Zealand, this represents an access rate of 3.3 per cent of people using specialist services in 2023/24.

Over the last five years, the COVID-19 pandemic and lockdowns have impacted access to mental health and addiction services. A longer 10-year view shows the population access rate to specialist mental health and addiction services historically was between 3.5 and 3.8 per cent of the population. The decrease over the last three years to a 3.3 per cent rate in 2023/24 sits lower than the historical trend.

This reduction is not due to decreasing need.⁵ Rather, it is due to significant workforce shortages in specialist services (see later in data summary), and services focused on responding to those with higher or more severe needs.

Percentage of people using specialist services, 2014/15 to 2023/24



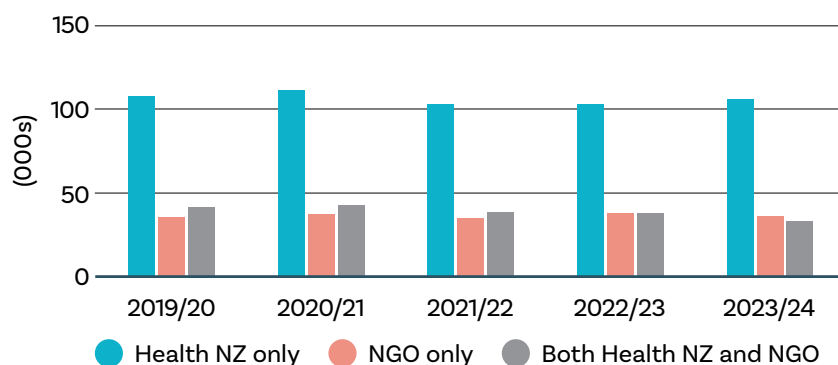
2. People can use one or both of Health NZ and NGO specialist services – there are now fewer people who use both services

People can use specialist mental health and addiction services provided by Health NZ, and/or through NGOs. Many people use both at some part of their journey. Over the five-year period between 2019/20 and 2023/24, there was slight change in the percentage of people using only one organisation type (Health NZ services 1.5 per cent decrease; NGO services 2.5 per cent increase).

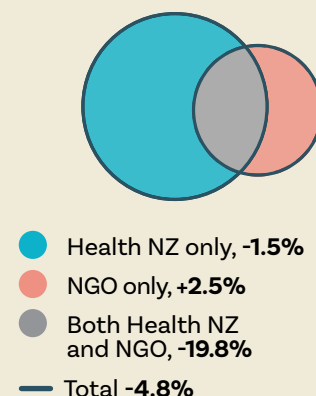
The largest difference over the five years is for people who used both Health NZ and NGO services – a 19.8 per cent decrease. This warrants future investigation to understand why this has changed.

⁵ Finding from our 2024 monitoring report *Kua Tīmata Te Haerenga*.

Number of people using specialist services provided by Health NZ and NGO services, 2019/20 and 2023/24



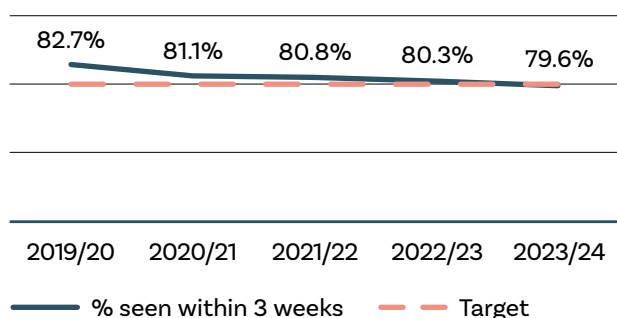
% 5-year change, 2019/20 to 2023/24



3. People are waiting longer to access specialist services

The Government has introduced a mental health and addiction target of 80 per cent of people accessing specialist services seen within three weeks.

Percentage of people accessing specialist services seen within three weeks of referral, 2019/20 to 2023/24



The overall 2023/24 rate was nearly at the target, with 79.6 per cent being seen within three weeks of referral.⁶



Over the five years to June 2024, wait times to specialist services have been heading in the wrong direction—that is, a declining percentage of people seen within three weeks (79.6 per cent in 2023/24, down from 82.7 per cent in 2019/20). Our data covers the five-year period to June 2024. Health NZ have published more recent data for quarter one and quarter two of 2024/25. This shows that 81.9 per cent of people were seen within three weeks in quarter two, and 80.4 per cent in quarter one.⁷

⁶ This measure aligns to the Government target data definition that was introduced in late 2024. 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**.

⁷ Mental health and addiction targets performance – Health New Zealand | Te Whatu Ora.

4. There are fewer referrals and a higher percentage of referrals are being declined

The number of referrals to specialist services has decreased over the last five years. In 2023/24, there were 339,107 referrals made to specialist services. This is over:

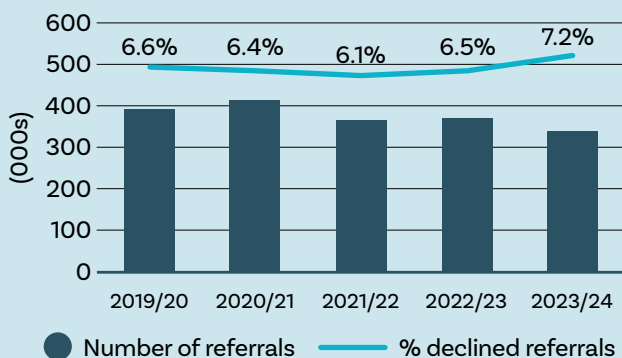
↓ 52,000 fewer referrals than five years earlier (13.5% decrease).

There has been a notable reduction in the last year—over 30,000 fewer referrals between 2022/23 and 2023/24 (8.3 per cent decrease).

In the last year, there has been an increase in the percentage of referrals that specialist services declined. In 2023/24, there were 7.2 per cent (20,956) of referrals declined, an increase from 6.5 per cent (22,623) in 2022/23.

The increase in declined referrals is due to a recorded reason of other services being more appropriate.¹⁰ Specialist service thresholds are perceived to have become firmer, there are workforce constraints in specialist services, and increasing availability of other services through the Access and Choice programme.¹¹ Together, these factors could be contributing to more referrals being declined due to a recorded reason of other services being more appropriate.

Number of referrals⁸ and percentage of declined specialist service referrals⁹, 2019/20 to 2023/24



Referrals from GPs had the highest declined rate, at:

15.4%

Referrals into HealthNZ services had a higher declined rate (**7.6 per cent**) than NGO services (**6.3 per cent**).

5. Specialist services are seeing a higher percentage of new people and fewer long-term people

Over the last five years, there has been a higher percentage of people who are new to specialist services, and a decrease in the percentage of people who are considered long-term users of specialist services.¹²

For monitoring purposes, 'new people' are defined as people who did not have any activity in the past 12 months. 'Long-term people' are defined as people who have been engaging with specialist services every quarter for the last year or more.

⁸ Includes all referrals, irrespective of whether the referral was accepted or not and includes all open referrals in the reference period (which means they may not have been closed).

⁹ Includes only referrals that have been closed.

¹⁰ This is based on the PRIMHD referral end code, which for declined referrals is either 'RI: Referral declined – inability to provide services requested' or 'RO: Referral declined – other services more appropriate'.

¹¹ Findings from our 2024 monitoring report [Kua Tīmata Te Haerenga](#).

¹² The new Government target into specialist wait times counts is focused on referrals into specialist services. Timely access to specialist services is important, and this needs to be balanced with ongoing support provided to existing people using services.

In 2023/24:

62.1%

of people using
services were **new**
to the service.

In 2019/20:

58.7%

of people using
services were **new**
to the service.

In 2023/24, there were 36,300 long-term people seen by specialist services. This is a decrease from 39,974 in 2019/20—over 3,500 fewer people. This decrease is larger than the overall reduction in specialist service use. As a percentage of all people using specialist services, this was a decrease from 21.4 per cent in 2019/20 to 20.4 per cent in 2023/24.

Young people and rangatahi (aged 19–24 years) experienced the largest relative decrease in the number of people using specialist services

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

36.3%

of all people using specialist
services in **2023/24**.



The number of people using specialist services in 2023/24 was:

44,392

children, young people, tamariki,
and rangatahi **aged 0–18 years**.

19,662

young people and rangatahi
aged 19–24 years.

As a percentage of the total youth population in Aotearoa, the
percentage who accessed specialist services in 2023/24 was:

3.6%

for children, young people,
tamariki, and rangatahi
aged 0–18 years.

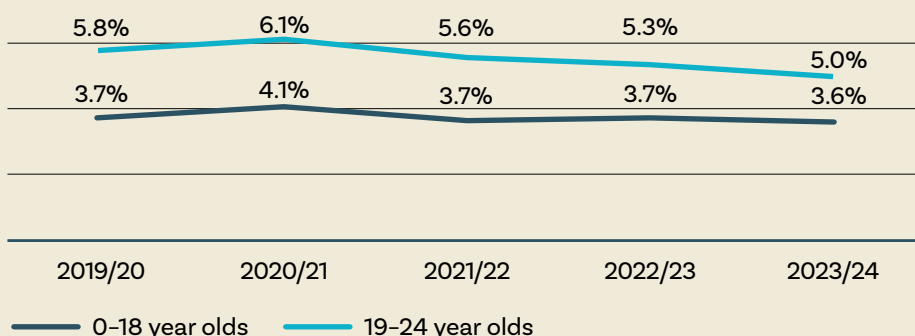
5.0%

for young people
and rangatahi
aged 19–24 years.

The number of 19 to 24 year olds using specialist services had the largest relative decrease over the last five years (16.3 per cent decrease; 3,842 fewer people). The 0 to 18 year old age group had a smaller reduction than all ages using specialist services (2.2 per cent vs 4.8 percent decrease) over the last five years.

The decrease over the last five years as a percentage of the total youth population is more evident for the 19 to 24 year old age group.

Percentage of total youth population using specialist services, 2019/20 to 2023/24



Wait times are a significant issue for children, young people, rangatahi, and tamariki aged 0–18 years

The Government target on wait times for specialist services is reported for under 25 year olds. In 2023/24, 72.8 per cent of under 25 year olds were seen within three weeks of referral.

The 0 to 18 year olds in this age group have the longest waits; that is, 65.1 per cent of 0 to 18 year olds were seen within three weeks in 2023/24.



This is largely being driven by long waits into assessment and treatment.



Tamariki and rangatahi aged 0–18 years have shorter wait times on average (a higher percentage seen within three weeks), although this has declined over the last five years.

People aged 0 to 18 years wait longer to be seen for the first appointment, and then continue to have longer waits. Wait times to third appointment is a proxy for treatment starting.

Percentage of people **waiting more than eight weeks for third appointment** in 2023/24 (for people with a third appointment):



0–18 year olds:

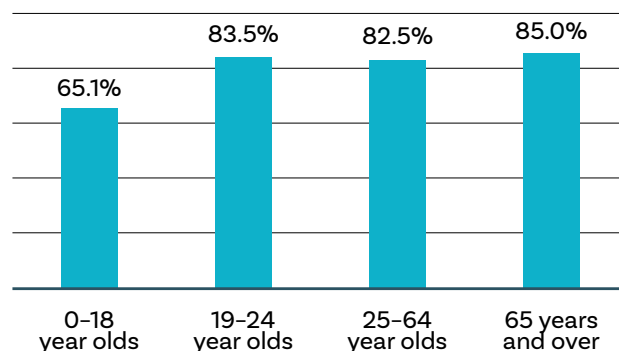
40.2%



All ages:

23.5%

Percentage of people accessing specialist services seen within three weeks (Government Target) by age group, 2023/24



People aged 0 to 18 years also had the highest rate of referrals being declined (12.8 per cent) compared to 7.2 per cent for all ages.

Around 1 in 4 referrals from a GP for 0 to 18 year olds (24.8 per cent) were declined in 2023/24.

The vast majority (22.1 of the 24.8 per cent were declined due to other services were more appropriate (compared to 2.7 per cent were declined due to an inability to provide service).

Māori have higher access to specialist mental health and addiction services

In 2023/24, there were:

52,633 Māori who used specialist mental health and addiction services.

In 2023/24, there were 52,633 Māori who used specialist mental health and addiction services. Māori made up 29.9 per cent of all people using specialist services. This percentage is relatively consistent over the last five years. The number of Māori using specialist services has decreased over the last five years, in a trend relatively consistent with all people using specialist services (4.0 per cent decrease for Māori, compared to 4.8 decrease for all people).

When accounting for population growth over this time, the decrease is higher.

Of the **Māori population** who used specialist mental health and addiction services, there was:

6.4% 2019/20 | **↓ 5.7%** 2023/24

In 2023/24, there was \$244 million spent on Kaupapa Māori specialist services, an increase from \$190 million in 2019/20. This was 9.5 per cent of total mental health and addiction expenditure in 2023/24, which is a proportionate decrease from 11.2 per cent in 2019/20.

Our separate infographic published in 2024 has more findings on investment and service use in Kaupapa Māori mental health and addiction services.

Māori on average have shorter wait times to specialist services.



81.7% of Māori are seen within three weeks in 2023/24, compared to

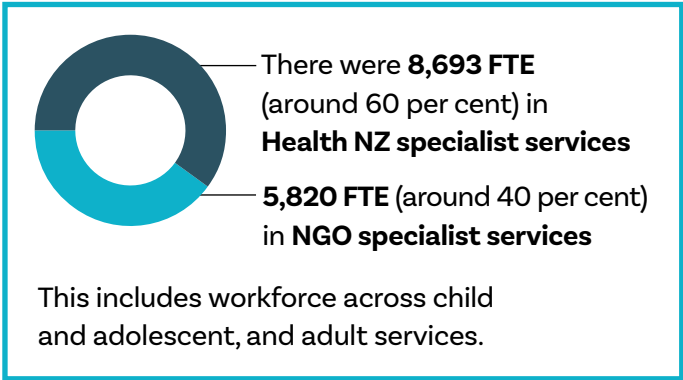


79.6% for all people.

This is partly due to the higher percentage of 'acute' referrals for Māori—that is, referrals seen within 48 hours. Māori have a lower rate of declined referrals (**6.7 per cent**) compared to all referrals to specialist services (**7.2 per cent**).

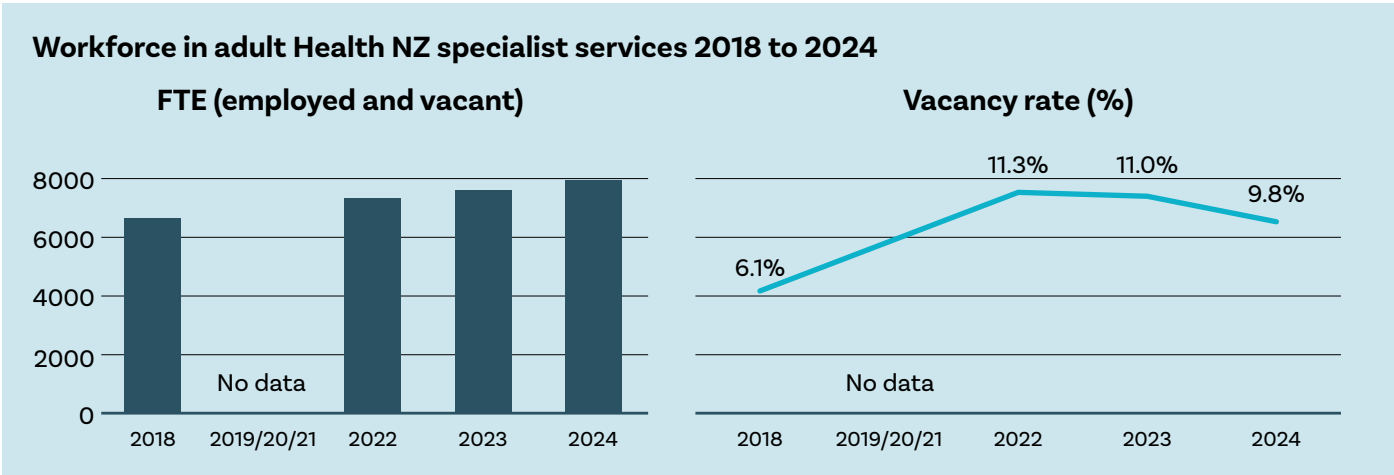
6. While the workforce is growing, there are persistent high vacancies for medical practitioners

The workforce size of mental health and addiction specialist services in 2022 was 14,513 full-time equivalent (FTE) staff (including employed and vacant roles).

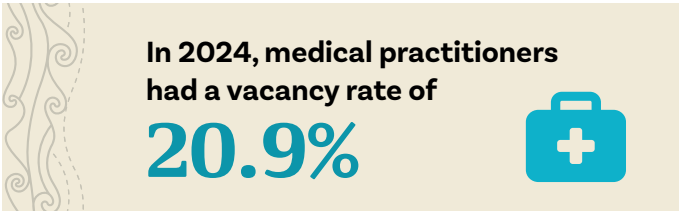


More recent data for the adult Health NZ workforce is available. The adult Health NZ workforce in 2022 was 7,311 FTE, and this workforce continues to grow over the last few years. In 2024, the total workforce size (employed and vacant) of the adult Health NZ workforce was 7,910 FTE, an additional 344 FTE (4.5 per cent increase) since the year prior.

Vacancy rates continue to be a significant challenge. Between 2018 and 2022, vacancy rates for the adult Health NZ workforce increased from 6.1 per cent to 11.3 per cent. Vacancy rates have been high for the last three years, although there is some positive improvement in 2024 as the overall rate reduced to 9.8 per cent.



While total vacancy rates have improved in the last year, vacancy rates by role show different patterns. Vacancy rates for nurses, allied health, and support workers have improved between 2023 to 2024 (that is, the per cent vacant has reduced).

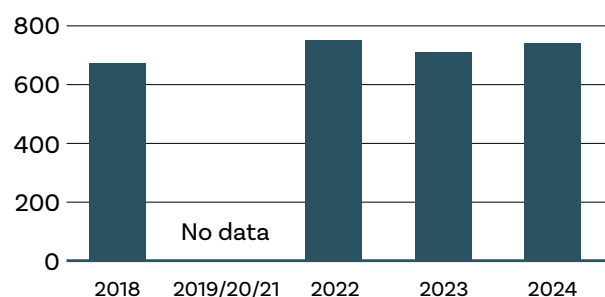


Vacancy rates for medical practitioners continues to increase. This is the highest vacancy rate across all roles. While the number of FTE (employed and vacant) for medical practitioners increased between 2023 and 2024, this is offset by an increase in vacancy rates. This means there were fewer employed medical practitioners in 2024 than there were in 2023. Fewer psychiatrists and senior medical roles means many specialist interventions cannot take place, and there is less supervision support for new practitioners coming through.¹³

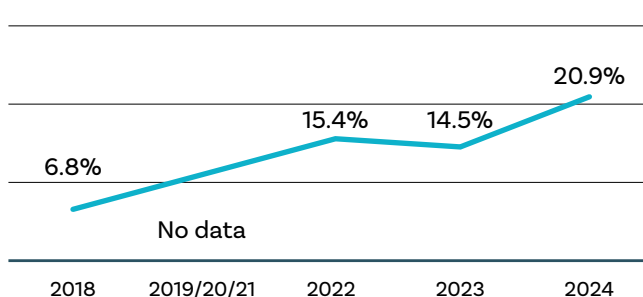
¹³ The workforce data does not separate out the growth in roles like nurse practitioners, which may also be contributing to changes in the workforce profile needed to deliver services.

Medical practitioners in adult Health NZ specialist services 2018 to 2024

FTE (employed and vacant)



Vacancy rate (%)

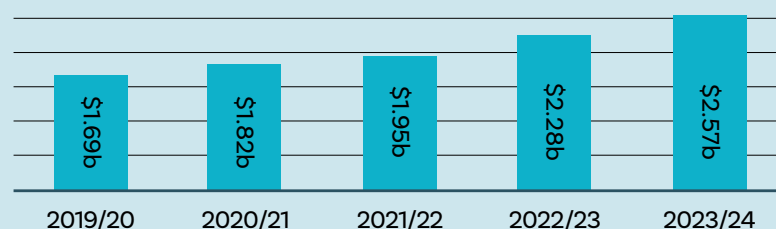


7. Overall investment in mental health and addiction services continues to increase

In 2023/24, there was \$2.57 billion spent in mental health and addiction services.

Expenditure has continued to increase over the last five years, up from \$1.69 billion in 2019/20—an over 50 per cent increase over five years.

Total annual expenditure on mental health and addiction services



As a percentage of total Vote Health, expenditure in mental health and addiction has increased from **8.5 per cent** in 2019/20 to **9.7 per cent** in 2023/24.



Together, the increasing expenditure into specialist services, and the decreasing number of people being seen by these services results in increased cost per person per year. Over this time there have been increasing cost pressures such as pay parity payments and, likely higher and more complex needs of people being seen.¹⁵

In 2023/24, of the total expenditure to mental health and addiction services

89.1% (\$2,291m)
went into specialist services:

63.7% (\$1,638m) in
Health NZ specialist services¹⁴

25.4% (\$653m)
in NGO specialist services

This percentage into specialist services is generally decreasing over time with the increased investment in primary care through the Access and Choice programme.

¹⁴ Health NZ deliver some higher-cost services than NGOs, such as inpatient and forensic services.

¹⁵ Finding from our 2024 monitoring report *Kua Timata Te Haerenga*.

More people are now using Access and Choice programme services

Since 2019/20, the Access and Choice programme has been rolled out in primary care with a particular focus on people with mild-to-moderate mental health and addiction needs. These services are separate to specialist mental health and addiction services.



Health NZ started quarterly reporting in 2024/25 on the Government target of 80 per cent of people accessing primary mental health and addiction services through the Access and Choice programme within one week.

For Q1 2024/25 this was 80.8 per cent and for Q2 2024/25 this was 83.9 per cent.¹⁶ The Access and Choice services are intended to have access on the day, and further detail on findings on the Access and Choice programme is available in our **monitoring report**.

This changing pattern means service use is moving in line with health system settings. More people with mild to moderate needs are using primary and community services, and a smaller proportion are using services designed for people most severely affected by mental illness or addiction.

The growth in opportunities to intervene earlier in primary care is positive and may be contributing to some of the decrease in specialist service use. However, this does not explain all the decrease in specialist services. Our previous monitoring reported difficulty for some people with higher needs not being able to access specialist services in a timely way and the increasing high levels of psychological distress.

¹⁶ **Mental health and addiction targets performance**
– Health New Zealand | Te Whatu Ora

Data

The findings reported here are sourced from:

- **Specialist service use data:** PRIMHD, using an extract date of 23 October 2024¹⁷
- **Investment data:** Supplied by Health NZ | Te Whatu Ora
- **Workforce data:** Published by Te Pou¹⁸
- **Population data:** Stats NZ, Population projections for end of financial years
- **Access and Choice programme data:** Supplied by Health NZ | Te Whatu Ora

All data have their limitations, including the PRIMHD dataset.¹⁹ Further detailed analysis is required to understand the trends highlighted in this data summary.

¹⁷ In line with the best practice of waiting three months or more from reference year end for data completeness.

¹⁸ 2018 data: **2018 More than numbers DHB workforce report**

2022 data: **Mental health and addiction workforce: 2022 primary, community, and secondary healthcare services**

2023 data: **2023 Health New Zealand – Te Whatu Ora workforce estimates**

2024 data: **2024 Health New Zealand Te Whatu Ora adult workforce estimates**

¹⁹ 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 package of products published in April–June 2025 to monitor mental health and addiction services and understand system performance.

These include:

- a **report** on the roll-out of the Access and Choice programme
- a **data summary** on specialist addiction services
- update of the online **He Ara Āwhina dashboard** with data to June 2024 (to be published in June)
- a report on our approach to system performance monitoring, with data on key shifts (to be published in June)
- a data summary on wellbeing outcomes for people who interact with mental health and addiction services (to be published in June).



Authored by Te Hiringa Mahara – Mental Health and Wellbeing Commission. May 2025.

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