

Assessment of wellbeing for people who interact with mental health and addiction services

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Te Hiringa Mahara – Mental Health and Wellbeing Commission has a mandated role to assess and publicly report on the mental health and wellbeing of people in Aotearoa, New Zealand. This 2026 assessment is focused on reporting on the status of wellbeing for people who interacted with mental health and addiction services, updating data on measures from our **2025 assessment**.

We present here the extent to which wellbeing differs across a broad set of factors and outcomes for people who interact with mental health and addiction services, compared to the rest of the population. We do this to understand inequities in outcomes for people who interact with services.


Data collected for administrative purposes was used to report on the wellbeing outcomes for people who interact with mental health and addiction services. This is the best approximation available for people with lived experience of mental distress and addiction more broadly in the absence of adult population prevalence data. We compared these


findings with wellbeing outcomes for people who did not interact with mental health and addiction services – using survey data from 2018, 2021, and 2023.


We intend for this information to inform cross-sector and cross-agency strategies, plans, policy and system responses to address the inequities in mental health and wellbeing outcomes for people who experience mental distress and addiction. This work informs our strategic priority to monitor cross government contribution to mental health and wellbeing outcomes at a population level.

At a glance

Proportion of people reporting good life satisfaction, in 2023

59% 
 of those who interact with **specialist mental health and addiction services**

67% 
 of those who interact with **any mental health and addiction services**

82% 
 of those who have **no interaction with mental health and addiction services**

People who interact with specialist mental health and addiction services experience poorer wellbeing across multiple domains, and there has been no significant improvement since 2018

 **1 in 3**
 experienced discrimination

 **1 in 3**
 experienced loneliness

 **2 in 3**
 had gone without fresh fruit or vegetables to keep costs down

Summary

We know from our monitoring, research and from what our lived experience communities tell us, that people who experience mental distress and addiction face inequities in mental health and wellbeing outcomes.

Research shows people with diagnosed mental health conditions can have a life expectancy 15 years lower than the general population.¹ For some groups, such as Māori², young people³, disabled people, and Pacific peoples⁴ there are further inequities in outcomes. Inequities in mental health and wellbeing outcomes are strongly linked to wider social, economic and cultural factors, for example, access to adequate income or housing. We look at some of these factors in our assessment.*

We report here against 22 wellbeing indicators from our He Ara Oranga Wellbeing Outcomes Framework using three national social surveys conducted between 2018 and 2023.**

These findings are a view of the status of wellbeing for people who interact with mental health and addiction services. We did not set out to measure outcomes achieved from using specific mental health and addiction services.



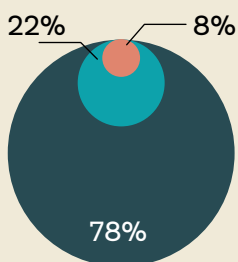
From 2018 to 2023 **there has been no improvement** in wellbeing outcomes for people who interact with mental health and addiction services, continuing an ongoing trend.

Addressing factors that affect mental health and wellbeing is complex and requires cross-sector and cross-agency effort. These findings show more needs to be done, within and beyond the mental health and addiction system, to address the inequities in mental health and wellbeing outcomes for people who experience mental distress and addiction.

To guide cross-government effort and action we have published an accompanying report, which estimates the size of the relationship between different factors (e.g. social connection, housing) and overall mental wellbeing for people who **interact with services**. We will use this work to advise on cross government action.

Our approach

We compared wellbeing outcomes for three groups of people. These were:



- The **'specialist services'** group: people who interacted with specialist mental health and addiction services in the five years before their participation in the survey (~8% of respondents – equivalent to 337,000 adults in 2023).
- The **'any services'** group: people who interacted with primary or secondary care for mental health reasons, and people who interacted with specialist mental health and addiction services in the five years before their participation in the survey (~22% of respondents – equivalent to 894,000 adults in 2023).
- The **'no services'** group: people who didn't interact with any of these specified mental health and addiction services in the five years before their participation in the survey (~78% of respondents – equivalent to 3,081,000 adults in 2023).

* More information on the indicators and data, and the demographics of the cohorts in this analysis is available in the appendix to this paper.

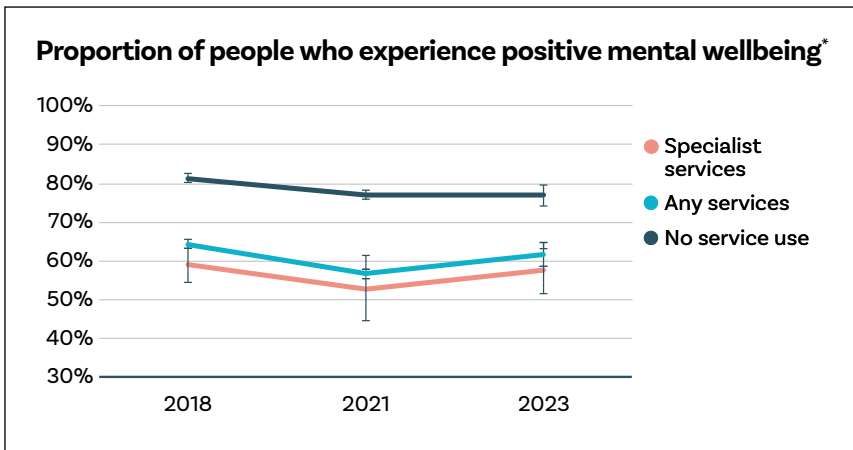
** The General Social Survey (GSS), the Household Economic Survey (HES) and Te Kupenga. All differences described in the text of this report are statistically significant at 95% confidence which means there is a very low probability that the difference was due to chance.

Key findings

1. People who interact with mental health and addiction services continue to face greater barriers to wellbeing

Wellbeing is achievable for all, but there are systemic issues that mean people who experience mental distress and addiction face greater barriers to wellbeing than others. These can include increased exposure to risk factors for poor health,

reduced access to support, the impact of mental distress and addiction on education, work and social interactions and discrimination, stigma and exclusion faced by people who experience mental distress and addiction.⁵

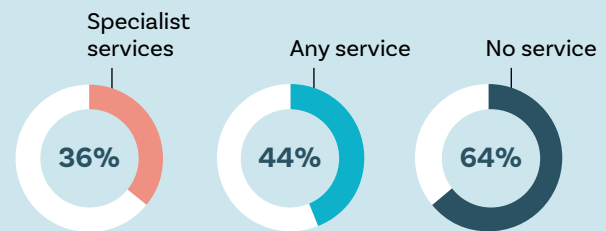


People who interacted with specialist services were **a lot less likely to experience good mental wellbeing.**

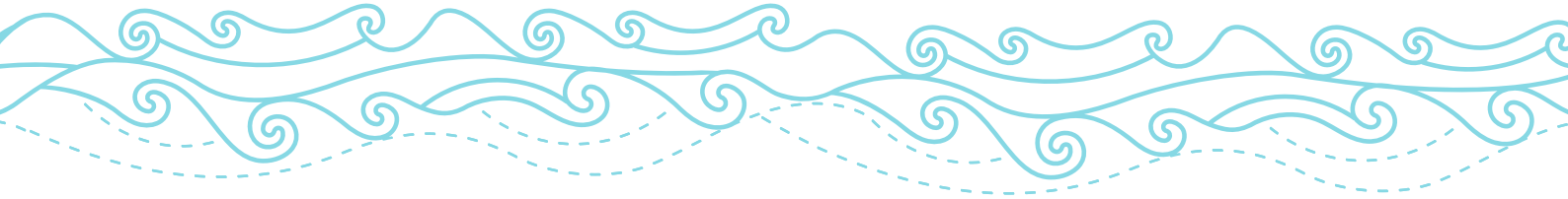


People identifying as gay, lesbian, bisexual, trans or intersex (LGBTI) who also interacted with services were much less likely to report good mental wellbeing than LGBTI people who didn't interact with services.

The proportion of LGBTI people who report good mental wellbeing in 2023



* The graphs in this report include error bars. Because of the relatively small number of people who access mental health and addiction services as well as take part in social surveys administered by government, it is not always possible to be certain of a change between years. Where we have confidence, those differences are described.



People who interacted with services were more likely to have poor self-rated health. This is consistent with the findings of other research which shows life expectancy gaps for people with mental health conditions⁶, and good mental health is linked inextricably to physical health⁷.

Satisfaction with family relationships and family connectedness have all been associated with fewer depressive symptoms.⁸ In contrast, negative family relationships or abuse and neglect has been associated with much poorer mental health outcomes⁹.

The proportion of people who report good, very good, or excellent **self-rated health** in 2023



63%

Specialist services

69% in 2021
71% in 2018



67%

Any service

72% in 2021
73% in 2018



85%

No service

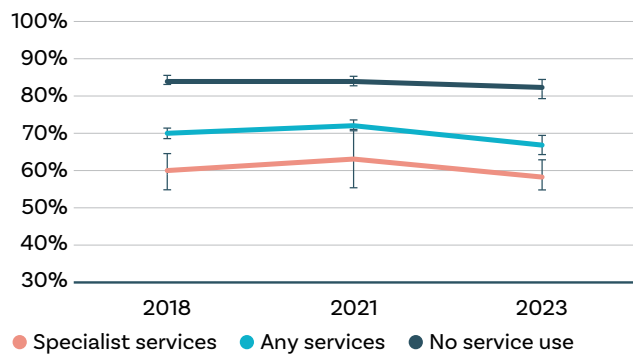
86% in 2021
89% in 2018



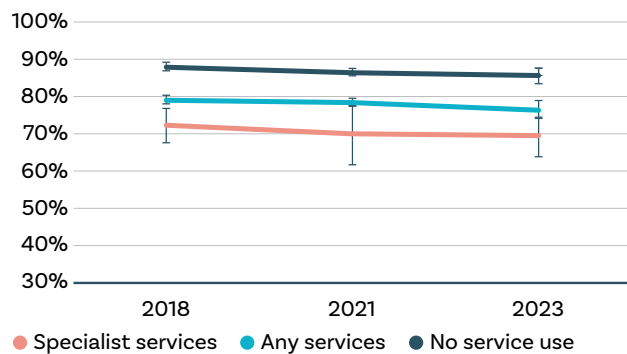
Life satisfaction continues to be considerably lower

among people who interacted with specialist services, and they **are less likely to report that the things they do in life are worthwhile**

Proportion of people who report good life satisfaction



Proportion of people who report that the things they do in life are worthwhile

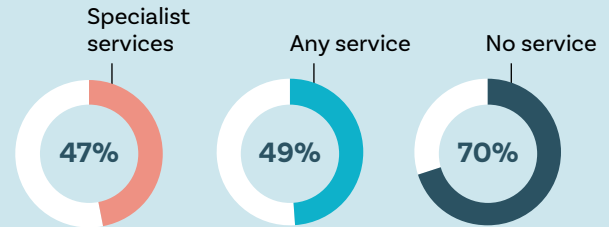




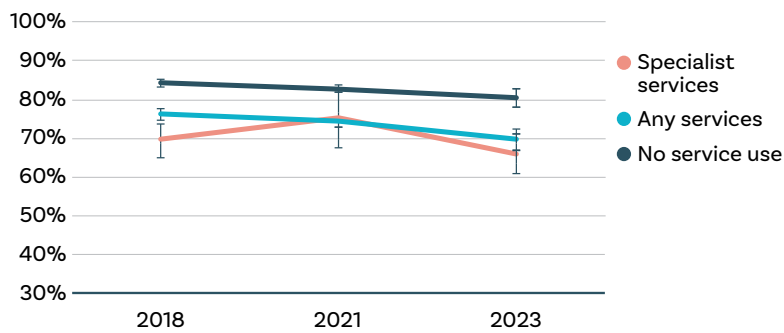
Disabled people who interacted with services were much more likely to experience lower life satisfaction than disabled people who didn't interact with services.

Disabled people face multiple forms of discrimination which contributes to higher rates of anxiety, depression and other mental health challenges.

The proportion of **disabled people reporting good life satisfaction** in 2023



Proportion of people who report high family wellbeing



Family wellbeing was lower among people who interacted with specialist services.

2. People who interact with mental health and addiction services face particular economic and material barriers to wellbeing

Well established evidence shows the impact of broader social, cultural and economic factors on individual mental health and wellbeing, with mental distress and social factors both impacting one another.¹⁰

For example, material hardship is both a cause of mental distress through a lack of having necessities to live well, and an outcome of mental distress impacting on economic security. Mental distress and addiction challenges can lead to hardship through loss of employment, underemployment, or fragmentation of social relationships.¹¹



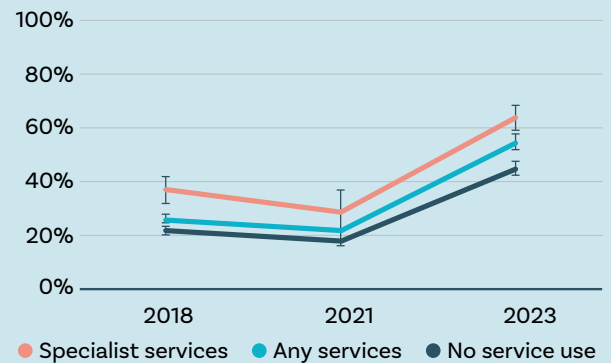
People who interacted with services were less likely to have access to the income that meets their needs, the material things they need to support good wellbeing, and are **less likely to be able to afford the basics.**



Almost two in three people

who interacted with specialist services had **gone without fresh fruit or vegetables** a little or a lot in the last 12 months, up markedly from one in three, in 2018.

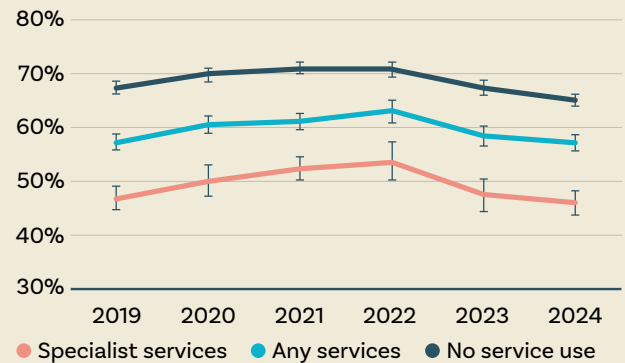
Proportion of people who went without fresh fruit or vegetables to keep costs down



Half of households

with one or more people who interacted with specialist services **did not have enough income to meet everyday needs.** This has not improved since 2018.

Proportion of households with at least one person living there who had interacted with services, who had enough income to meet their needs



Measures of material hardship and income

improved between 2018 and 2021

but decreased further since, for the wider population. The same trend is apparent for people who interact with services, though this shift is within the margin of error.

The proportion of people **not living in material hardship** in 2023



Specialist services
70% in 2021
60% in 2018



Any service
81% in 2021
72% in 2018



No service
88% in 2021
81% in 2018

These findings are consistent with our 2024 assessment of Pacific and youth mental health and wellbeing which found that income adequacy for households who had a younger person, Māori, or Pacific person living in them was significantly lower than other households in New Zealand. This shows inequities in access to adequate income and economic opportunities for some groups, which evidence has shown impacts wellbeing outcomes.

3. Action toward improved social connectedness will support prevention and recovery from mental distress

Social connectedness is a key protective factor,¹² and has been shown to prevent mental health problems, maintain good mental health and support recovery from moderate and severe mental distress, while loneliness causes poorer mental health.¹³

While social connection is important, it is not easily accessible for all. Lower social connection among people experiencing mental distress and addiction can be caused by a combination of factors, including discrimination, stigma and societal barriers.

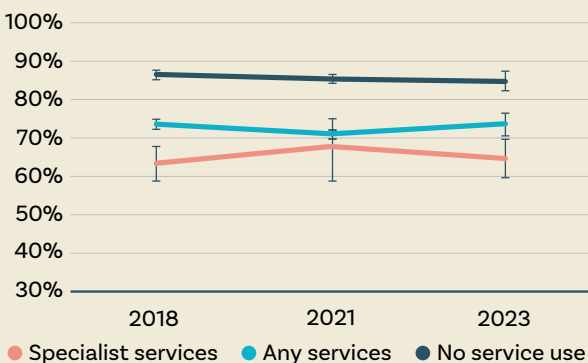


People who interacted with services were **less likely to have social connections that support them** in their times of need.



One in three people who use specialist mental health services **experience loneliness.** This has not improved since 2018.

Proportion of people who report little or no loneliness



The proportion of people who **feel it would be easy to talk to someone if they felt down,** in 2023



54%

Specialist services
51% in 2021
55% in 2018



63%

Any service
57% in 2021
64% in 2018



69%

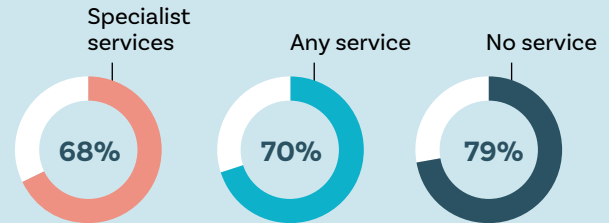
No service
64% in 2021
70% in 2018

Fewer people who interacted with specialist services would **find it easy to talk to someone if they felt down,** compared to people who didn't interact



Young people aged 15–24 years who interacted with services were more likely to experience loneliness than young people who didn't interact with services. This finding is consistent with our 2024 assessment of youth wellbeing which reported that loneliness was higher among young people, compared to older age groups, and may have worsened since 2018, though changes across years are not statistically significant.³

The proportion of **people aged 15–24 reporting little or no loneliness** in 2023



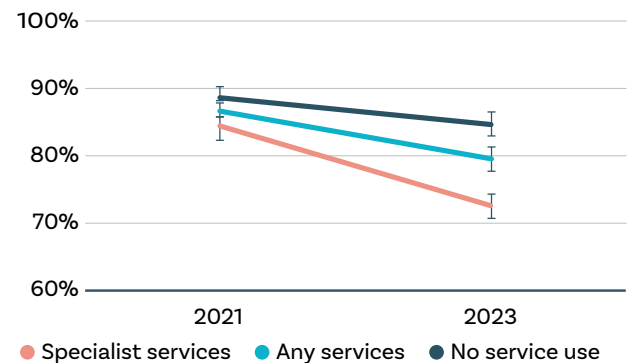
4. Promoting a sense of belonging and inclusivity will better support wellbeing for people who interact with services

A sense of belonging acts as a buffer against negative mental health outcomes supporting individuals from feeling lonely, isolated and disconnected.¹⁴ In contrast, being socially isolated or discriminated against are risk factors and impact negatively on mental health and wellbeing outcomes for individuals.

Our findings show that people who interacted with services experienced higher rates of discrimination and were much less trusting compared to others. Discrimination here refers to any type of discrimination and is not limited to discrimination against mental distress and addiction.

Updated data shows that **people who access services are less likely to feel a sense of belonging**

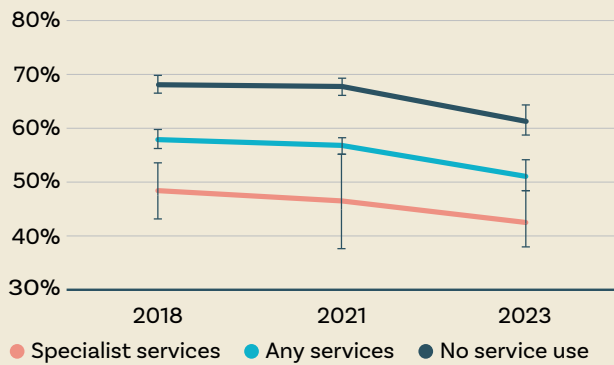
Proportion of people who report a sense of belonging to New Zealand





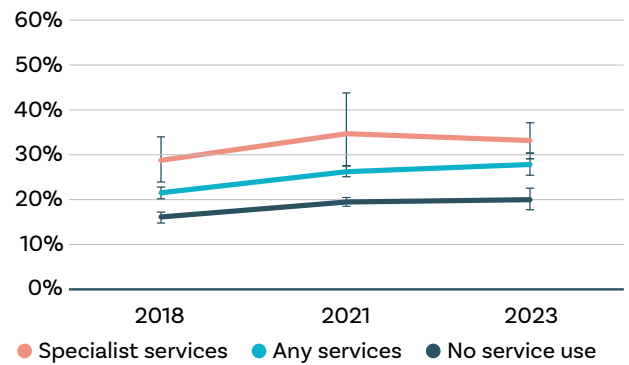
Fewer than half of people who interacted with specialist services reported having trust in most other people.

Proportion of people who report high trust in other people



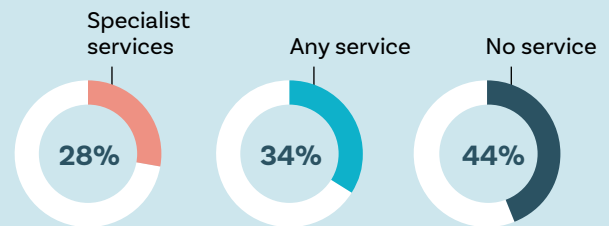
One in three people who interacted with specialist services **reported experiencing discrimination** in the last year.

Proportion of people who report experiencing discrimination in the last year



Māori who interacted with services were less likely to report having trust than Māori who didn't interact with services and were much less likely to report having trust compared to the total population who didn't interact with services. This has not improved since 2018.

The proportion of Māori reporting trust in others in 2023



5. Connection to culture is an enabler for Māori mental health and wellbeing

We know that Māori and especially rangatahi Māori have some of the highest rates of psychological distress, and experience system inequities and barriers to fully realising their potential.³ We also know that a source of strength for improved mental health and wellbeing for Māori is located within whānau and culture.² In the 2018 Government Inquiry into Mental Health and Addictions, tāngata whaiora Māori said that their mental health suffers as a direct result of alienation from their land and the impact of colonisation and intergenerational deprivation. Improved mental health and wellbeing requires reconnection to land, culture, whakapapa, and history.

Māori who interacted with services were equally engaged with their identity and culture and were just as likely to feel hope for the future compared to Māori who didn't interact with services.*

Māori who interacted with services were highly likely to know their iwi and were equally likely to be able to speak te reo Māori well and to consider taha wairua (spirituality) as important to them. There was no difference in proportion of Māori who thought it was important to be involved in things to do with Māori culture.



These are critical protective factors to support Māori mental health and wellbeing and **should be prioritised in system solutions.**

* The source of this data (Te Kupenga survey) has not been updated since 2018. The figures in this section have changed slightly since our 2025 report, due to minor methodological changes - the overall findings remain the same. The 'Proportion who speak te reo Māori well' indicator has been updated with 2023 data, as that measure is also captured in more recent surveys.

The proportion of Māori who report knowledge of their own iwi



87%

Specialist services

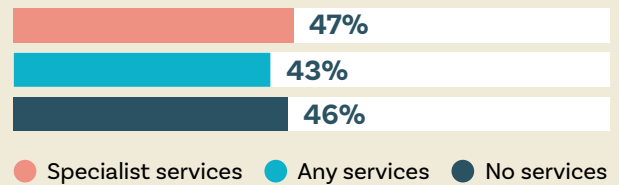
86%

Any services

85%

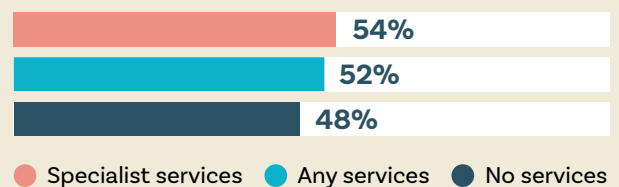
No services

The proportion of Māori who think it is important to be involved in things to do with Māori culture



12% of Māori who interact with specialist mental health and addiction services **can speak te reo Māori well**, compared to 10% among all services and 13% among Māori who don't interact with services.

The proportion of Māori who think taha wairua (spirituality) is very important or quite important

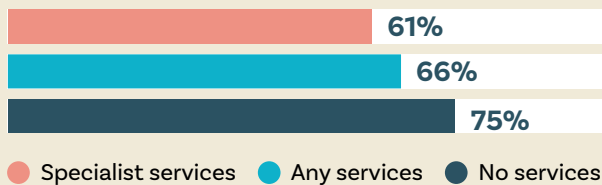


6. Whānau is a solution for supporting improved Māori mental health and wellbeing outcomes

Māori who interacted with services were less likely to have someone to support them, and were less likely to say their whānau was doing well, or that their whānau got along well together, compared to Māori who didn't interact with services.

Whānau is still a critical factor for Māori mental health and wellbeing. Whānau wellbeing is associated with positive outcomes for mental wellbeing, loneliness, and general health. Research shows those with higher whānau wellbeing were more likely to have good overall mental wellbeing, compared with those with lower whānau wellbeing.¹⁵

The proportion of Māori who find it easy to find someone to support them in times of need



The proportion of Māori who think their whānau are doing well



The proportion of Māori who think their whānau get along well together

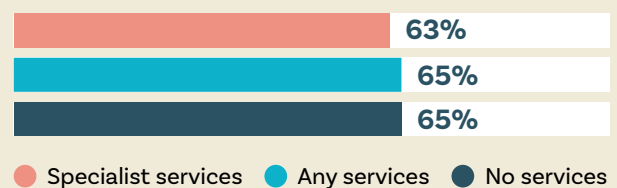


Māori who interacted with any services were just as likely to think they had the right amount of contact with whānau as Māori who didn't interact with services.

Māori who interacted with any services were also just as likely to report things were getting better for their whānau, and Māori who interacted with specialist services were slightly more likely to report things were getting better for their whānau.

39% of Māori who interact with specialist services **think things are getting better for their whānau** compared to **35%** of Māori who interact with **any services** and **34%** of Māori who do **not interact with services**.

The proportion of Māori who think they have the right amount of contact with whānau





Conclusion

There has been no improvement in any of the 22 measures we looked at, for people who interact with MHA services, between 2018 and 2023.

We can see from our assessment of wellbeing indicators that people who interact with services continue to fare less well, in comparison to those who do not interact with services:

- People who interacted with services were less likely to have access to the income that meets their needs, the material things they need to support good wellbeing, and are less likely to be able to afford the basics.
- People who interacted with services were less likely to have social connections that support them in their times of need.

It is clear that more cross-government action is required, to improve wellbeing for people who interact with services.

Inequities in mental health and wellbeing outcomes are strongly linked to wider social, economic, cultural factors which require a system-level response. We will continue monitoring outcomes for people in the system and, when we have the data, for the wider population of people with lived experience of mental distress and addiction. We will use this information in our advice for submissions, strategies and policy development to advance mental health and wellbeing outcomes.

We have also carried out analysis of the relationship between a range of factors and overall mental wellbeing, to understand where the mental health and wider government systems could focus to best support wellbeing outcomes. This analysis has been published in May 2026.

Related work

Te Hiringa Mahara has a package of products published in April-June 2026 to monitor mental health and addiction services and understand system performance.

These include:

- Our updated **mental health and addiction service monitoring dashboard**, including summary set of measures
- A report on **Early intervention and prevention for rangatahi and young people**
- Our separate **wellbeing outcomes analysis report**, on the association between wellbeing factors and overall mental wellbeing
- An update to our System performance monitoring report which will be published in June 2026. The **previous report** is available on our website.

Indicators and data

How we assessed the mental health and wellbeing of people who interacted with mental health and addiction services

We looked at three groups of people who completed national surveys using anonymised linked data in from the Statistics New Zealand Integrated Data Infrastructure (IDI).

Our methodology used the Stats NZ code module: Secondary specialist mental health and addiction service contacts, supplemented with aspects of the methods used by SIA¹⁶ and Bowden et al. (2020).¹⁷ We are grateful to Amanda Eng, Gary Cheung and Amy Chan for sharing their unpublished work with us. We are also grateful to the members of the Lived Experience Data Reference Group who supported this work.

Drawing on advice from lived experience communities through a data reference group, in 2024 we selected a set of 22 indicators from the 49 He Ara Oranga Wellbeing Outcomes Framework indicators published in the 2021 Te Rau Tira Wellbeing Baseline Report.² These indicators draw on data from the General Social Survey (GSS), Te Kupenga (TK), and the Household Economic Survey (HES).

In this update we assessed the same set of indicators, with change over time observed where possible:

- indicators largely use data from the GSS (2018, 2021 and 2023). Note that the 2021 GSS was curtailed due to the COVID-19 Delta outbreak and had a smaller than usual sample size (3,484 people compared to around 8,800 for the 2018 GSS) – this affected the margin of error shown for the 2021 data.
- Māori wellbeing indicators draw largely from TK (2018). As this survey has not been repeated since 2018 there is a lack of timely Māori wellbeing data available.
- One indicator (income adequacy) draws on HES data from the 2018/19 – 2023/24 surveys.

Our data and further information on our methodology is available on request to kiaora@mhwc.govt.nz

Disclaimer

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit www.stats.govt.nz/integrated-data.

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



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Demographics

There are differences in the demographic profile of the people in the three groups whose outcomes we assessed.



- People aged under 25 years, disabled people, people who identified as lesbian, gay or bisexual (LGBTI) and Māori were overrepresented in the group who interacted with specialist services, in comparison to the total population. People aged over 65 years were underrepresented.
- Disabled people and people who identified as LGBTI were overrepresented in the group who interacted with any mental health and addiction services, in comparison to the total population. Asian people were underrepresented among those who interacted with services across both specialist and all services cohorts, in comparison to the total population.
- European people and women were overrepresented in the any services group but not in the specialist services group. This indicates higher use of primary mental health services among women compared to men, and those who identify as European compared to other ethnic groups.

Citations

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