

# Te Hiringa Mahara

## Mental Health and Wellbeing Commission

Briefing to the Incoming Minister of  
Health

February 2025



## Welcome from the Chair

Congratulations and welcome to your new role as Minister of Health. The Mental Health and Wellbeing Commission - Te Hiringa Mahara (the Commission), is an independent crown entity legislated to contribute to better and equitable mental health and wellbeing outcomes for all people in New Zealand.

The Commission was established by the Mental Health and Wellbeing Commission Act 2020, in response to public and cross-sector calls, including through He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. We provide leadership within New Zealand's mental health and wellbeing system, by providing independent cross-government oversight and holding the government to account for improving the mental health and wellbeing of people in New Zealand.

We have a good working relationship with the Minister for Mental Health, and we would like to work with you too, to support improved mental health and wellbeing outcomes.

You have taken on this new portfolio at a time of considerable pressure and challenge for the health system in New Zealand, including the mental health and addiction system. Accounting for \$2.7b of Vote Health, the pressures faced by the mental health and addiction system, and the outcomes it seeks to improve, are of vital importance to your portfolio, the government's wider priorities, and the wellbeing of the people of New Zealand.



Hayden Wano

**Chair, Te Hiringa Mahara - Mental Health and Wellbeing Commission**

## Action on mental health and addiction is important for the health system

1. Poor mental health outcomes are a concern – each year around one in five of us experience mental illness or significant mental distress. Around 12% of the population reported high or very high psychological distress in the past 4 weeks in 2022/23; up from 8% in 2018/19. Increasing numbers of children and young people are showing signs of mental distress and intentionally self-harming. People experiencing mental health and addiction issues die much earlier than their counterparts in the general population, with a two to three times greater risk of premature death.
2. Around 20% of the population of New Zealand aged over 15 access mental health and addiction services each year. For those who seek help there is a growing range of services available and access to some services has increased. However, barriers and chronic workforce shortages mean that access to specialist services has decreased and wait times continue to be an issue in parts of the system.
3. In addition to the human costs, the annual cost of the burden of serious mental illness, including addiction, in New Zealand is around 5% of gross domestic product. This is higher than comparable countries, and in 2024 equates to around \$21 billion. More employment support is needed, as those with diagnosed mental disorders are less likely to work in paid employment and, by one measure, workers diagnosed with anxiety lose more than 68 working days of productivity per year.
4. Improving mental health and wellbeing outcomes can be expected to support the delivery of a range of Government priorities and targets – it contributes to people remaining in or returning to employment; reducing crime; improving educational attendance and outcomes; and reducing pressure on the health system. Research suggests that, for every \$1 invested in scaled-up treatment for depression and anxiety, there is a \$4 return in better health and productivity. The mental health and addiction system is key to achieving your and your government's aims.
5. Within your portfolio, mental health and addiction services account for approximately \$2.7b per year, or around 10% of the total operational spend of Vote Health. That money buys, for example, early intervention and primary mental health services, community support services; specialist services for those with higher needs; drug and alcohol interventions; and telehealth support. It is vital, to make best use of the available funding and achieve better mental health and addiction outcomes, that this money is well spent – that is, the services it funds need to be effective, accessible, and support the wellbeing of people in New Zealand.
6. People want and need access to timely, quality healthcare when and where they need it; they want coordinated and joined-up services, which are adequately resourced and staffed; and they want action on factors that affect peoples' ability to stay well – alcohol and other drugs in particular. Recent investments in the mental health and addiction sector have made a contribution to this, but ongoing effort is required.
7. As our monitoring reports have showed, the mental health and addiction system has seen an increase in investment in options for people with mild to moderate distress, and greater access of those services. However, the number of people accessing specialist

mental health and addiction services has reduced, the use of coercive and restrictive practices is too high, and there are significant workforce shortages in specialist services, non-governmental organisations, and general practice. These shortages have constrained a range of services, which need to prioritise those with the highest needs.

### As Minister of Health, you have a role in improving mental health and addiction outcomes

8. Along with the Minister for Mental Health, you have a lead role in expanding the system's successes and addressing its challenges. As the responsible Minister for Health New Zealand, and the services it commissions and provides, you have a considerable influence on how mental health and addiction services are funded and provided.
9. In the primary care sector, general practice is a common first intervention for people with mild to moderate mental health concerns. Hospitals provide triage and mental health services, and have to manage the challenges presented by patients seeking urgent support by presenting at hospital emergency departments. The connection between health services and other parts of government and non-government support – such as employment, housing, and social care – can make the difference between recovery and further distress. In turn, better mental health outcomes will support the government's priorities for education, employment, and physical health outcomes.
10. At a higher-level, you have overall control of the policy and strategy settings of the health system. While there is a separate mental health and wellbeing strategy under the purview of the Minister for Mental Health, you also have considerable influence through your budget setting, government policy statement (GPS) on health, and a range of strategies that will influence how all forms of health services are distributed, prioritised and provided – such as the rural health strategy. It will be vital that these strategies support and are supported by mental health and addiction services.
11. Because of the levers you hold, success in the mental health and addiction system, and in lifting the wider wellbeing of the public, will rely on your support. There are big pieces of work the Minister for Mental Health is driving: the Mental Health Act is currently being replaced, and the Minister's Mental Health Targets are focusing efforts in the system.
12. Making the most of the opportunities these changes provide will rely on collaboration across your respective ministerial portfolios and listening to people with lived experience of mental distress, addiction, and service use. Beyond ensuring that the new Act is fit for the future, and upholds the rights and dignity of people needing treatment, it's success – and the success of the government's targets – will rely on the health system's response – in terms of workforce, training, and service availability.
13. Success in the mental health and addiction sector will particularly rely on supporting the workforce, with the right mix of capabilities, capacity, and the resources they need to do their jobs. This includes the workforce under Health NZ, as well as those in non-government organisations who provide a range of services and supports in the community. As lead Minister for Health NZ – with its more than 90,000 employees, its facilities, and its budget – the system will benefit from your focus on strengthening the workforce, clearing backlogs, and improving access to services.

14. The sector needs Health NZ to deliver against the mental health and addiction workforce plan and address service capacity and workforce shortages; better meet the needs of tāngata whaiora and whānau accessing specialist services; expand accessible community options for rangatahi and young people; and collect better integrated and timely mental health service data to understand and drive service improvement. These, alongside an expectation that tāngata whaiora have more choice and are subject to fewer compulsory treatment orders, could be priorities for you to pursue through Health NZ.
15. Challenges in accessing services, employment and other factors that affect peoples mental health and wellbeing are not experienced evenly. Because they face these challenges, some communities have greater need from the mental health and addiction system, Māori in particular – who are 1.4 times as likely to experience high or very high psychological distress, face barriers to accessing primary care, and are over-represented in specialist services and mental health emergency department presentations. It is clear that more is needed to ensure Māori can get the services they need. It is for this reason we advocate for, and you could seek Health NZ deliver, more Kaupapa Māori services – services that Māori with lived experience and the whānau that support them tell us work.
16. It will also be easier to accomplish your priorities for health and mental health and addiction if those other factors that affect people’s mental health and wellbeing are supported. By acting on sources of stress and distress – including alcohol and other drugs, housing, discrimination, and poverty – the government can reduce pressure in the mental health and addiction system, and the health system more broadly.

### We’re here to help drive improvement

17. Getting those settings and supports right is vital – and through our legislated functions, the Commission is here to provide leadership and independent oversight. Through our independent monitoring, we help show how well the system is performing and where it needs to improve, as shown in our published reports and the highlights in this briefing. We are led by a Board with a wide range of sector and community experience, and we engage with a range of communities who experience different challenges in both mental health and addiction and in accessing services. We bring these views to our monitoring and reporting, and to the recommendations we make to improve the way the mental health and addiction system meets the needs of people that interact with it, as well as their family, whānau and communities.
18. Over the next 6 months, we will release a number of monitoring reports that will be important to support you in guiding and driving improvement in the mental health and addiction system.
  - a. In April: a monitoring report on the 5 years of the Access and Choice programme, which was allocated \$664 million over a five-year period to provide free and immediate support for people with mild to moderate mental health and addiction needs.
  - b. In May: updated dashboard of our system monitoring measures along with infographics highlighting access and service use.
  - c. In June: an infographic on the wellbeing experienced by people who access mental health and addiction services in New Zealand.

- d. In June: a monitoring report on the key performance shifts required in the mental health and addiction system.

We would like to meet with you at the earliest convenience - to talk about our shared priorities, how we can help you, and what we know about the system.

## Appendix: Board member and Chief Executive profiles



Hayden Wano  
Chair

Hayden is of Te Atiawa, Taranaki, and Ngāti Awa descent and has over 40 years health sector experience in mental health, community, and medical services, including 25 years as CEO of Tui Ora. Hayden is a member of a range of governing Boards.



Kevin Hague  
Deputy Chair

Kevin is the Chair of the Public Health Advisory Committee, the West Coast PHO, and Takiwā Poutini (the West Coast Locality). Kevin was a Member of Parliament for eight years and has been Chief Executive of a number of organisations, including the West Coast DHB.



Wayne Langford  
Board Member

Wayne has held governance roles in the mental health, veterinarian and rural education space. He is involved in a variety of rural industry and community initiatives, including currently chairing Federated Farmers. Wayne farms with his family in Golden Bay



Professor Sunny Collings  
Board member

Sunny is Chief Executive of the Health Research Council, following nine years as Dean and Head of Campus at the University of Otago Wellington. Sunny practiced as a Consultant Psychiatrist for over 25 years and has broad expertise as a researcher, manager, and senior leader in the clinical mental health sector, in health academia, and in suicide prevention.



Dr Barbara Disley  
Board member

Barbara is the former CEO of Emerge Aotearoa and was a member of the Government Inquiry into Mental Health and Addiction. Barbara is Chair of the IIMHL/IDL (Global Leaders Exchange) and Board member of TheMHS. Barbara has held a number of senior public sector positions including chair of the first Mental Health Commission and Deputy Secretary, Ministry of Education.



Tuari Potiki  
Board member

Tuari is of Kāi Tahu, Kāti Mamoe and Waitaha descent. He has more than 30 years' experience in Māori alcohol and drug and mental health services, as both a clinician and manager. Tuari was previously the former Director of Māori Development at the University of Otago and Board member for the Southern District Health Board. He is Chair of the New Zealand Drug Foundation, Chair of Needle Exchange Services Trust (NEST), and is a Board member of Te Rau Ora.





Alexander El Amanni

Board member

Alexander has lived experience of mental health, addiction, justice, and social development services. Alexander works across the mental health and addiction sector with roles in clinical practice, education, research and consumer advocacy.



Karen Orsborn

Tumu Whakarae | Chief Executive

Karen has held various leadership roles in the health sector. Previously, Karen was Director Health Quality Improvement and Deputy Chief Executive at the Health Quality and Safety Commission (HQSC) and Group Manager Funding at Manatū Hauora. Karen also held leadership roles at the former Hawkes Bay District Health Board.