Te Hiringa Mahara | Mental Health and Wellbeing Commission

Kua Tīmata Te Haerenga
The Journey Has Begun

Mental health and addiction service monitoring summary report 2024: Access and options

Published: June 2024.

This monitoring report focuses on access to mental health and addiction services and options available over the five years from July 2018 to June 2023. In developing this report, we set out to gain a deeper understanding of changing patterns in access to mental health and addiction services and the options available. To do this, we heard from many perspectives in the mental health and addiction sector and communities and triangulated their views with quantitative data.

Access to primary and community services has increased and access to specialist services has decreased

The Access and Choice programme has helped to increase access and expand options for people with mild to moderate distress. The number of people accessing primary and community care[1] has continued to increase over the last five years. While the impact of the Access and Choice programme is positive, we also heard that some people with higher needs (moderate to severe) have not been able to access services in a timely way.

The number of people accessing specialist[2] mental health and addiction services has reduced over the five-year period of our monitoring until it levelled out in the last year. The five-year decrease represents a change in access rate from 3.8 per cent of the total population in 2018/19 to 3.4 per cent in 2022/23. The decrease in access over the five years has been bigger in addiction services (15.9 per cent decrease) than in mental health services (3.1 per cent decrease). Through our qualitative data, we heard from many people about their difficulties with accessing specialist and crisis services.

Whakarongorau Aotearoa | New Zealand Telehealth Services (Whakarongorau) has received fewer people calling/texting mental health and addiction lines over the last year of monitoring. Similarly, after emergency department (ED) presentations for mental health reasons increased steadily over the three years to 2020/21, presentations fell in the following two years. In contrast, the number of calls to Police and Ambulance services (coded as mental health related) has increased, although rates of Police attendance has decreased.

Increasing pressure on specialist services due to workforce challenges and needing to focus on those with higher needs

Based on our analysis of data gathered, we conclude that the causes of these changes in service use are the increased pressure on the workforce due to high vacancies, and a focus on caring for those with higher and more severe needs. We also heard that the growth in opportunities to intervene earlier through primary care is having positive effects, which may be contributing to a slight decrease in referrals to specialist services.

While overall the workforce in primary and community care has grown through the Access and Choice programme, significant workforce shortages continue in specialist services, non-governmental organisations (NGOs), and general practice. These shortages have constrained the responses of specialist services, which are needing to prioritise those with the highest needs. We heard about the increasing level of demand for services and people presenting with more complex needs (for example, drug use, neurodiversity, and social issues such as housing instability).

Primary and community providers are changing their behaviour in response to feedback from specialist services. Some perceive that the threshold for acceptance into specialist services has become higher. Some referrers are reducing the number of referrals they make and are supporting people for longer in the community while waiting for access to specialist services. People shared some of the barriers they face in gaining early access to general practice and specialist services, with the result that they were in crisis by the time they received a response.

The decrease in use of specialist services (particularly addiction services) over the five-year period, along with the greater focus of specialist services on people with more complex needs, may indicate some success of the increase in early intervention through primary and community services. We heard that some people with moderate needs (who would have previously been referred to specialist services) are now receiving support without the need for specialist care.

The New Zealand Health Survey shows that psychological distress has continued to increase. Societal changes, driven by the increased cost of living and changes in people's expectations of the health system (among other factors), have exacerbated that distress. The COVID-19 pandemic is a significant event over the five years of monitoring, which has impacted service use, service delivery models, the workforce, and people's expectations.

Changing patterns of need and service access

Representation of the level of mental health and addiction need in the total population, and services designed to respond to need. Mild to moderate needs are at the bottom of the triangle moving up to severe and complex needs at the top of the triangle.

Previous need Current need

Different types of complex needs in population

There are changing mental health and addiction needs in the population, and we have heard about more complex needs.

Investment to increase options in GPs and NGOs

There has been investment to increase options in GPs and NGOs through the Access and Choice programme. This has improved access for people with mild to moderate needs.

Need to target limited resource to highest needs

Specialist services are designed for people experiencing more severe mental health and addiction needs. These services are targeting limited resource to people with highest need.

The system needs to be strengthened to meet the needs and aspirations of Māori

The current system does not work well for many Māori. We heard from Māori that different parts of the system lack cohesion. They are calling for the system to be more holistic, culturally appropriate, affordable, and accessible to meet their needs. While many acknowledged pockets of excellence, such as a growth in Kaupapa Māori services, many report these services have a lack of reach across the motu.

We heard high levels of frustration and disappointment after many failed attempts to access services through primary care and then ending up at acute services in crisis. These experiences are reflected in our finding that Māori use of community specialist services has decreased. For many Māori, this has resulted in a loss of faith or trust in the system and difficulties in achieving a sense of wellbeing.

Our monitoring this year has found that Māori admission rates to inpatient services have increased while non-Māori rates have decreased. Over the last five years, Māori rates of mental health presentations to EDs have been higher than those for non-Māori. Māori report higher levels of psychological distress and experiences of mental distress and substance use, which need to be understood in the context of social determinants.

Rangatahi and young people need to be a continued focus

Young people aged 15 to 24 years continue to experience increasing levels of psychological distress. Despite young people having the highest incidence and prevalence of mental illness compared to other age groups, they report the highest rate of unmet need for health services, and they face barriers to accessing appropriate mental health and addiction support. Children and adolescents (aged 0 to 18 years) have the longest wait times for access to specialist services, and young people (aged 19 to 24 years) have higher ambulance and ED presentations than other age groups. Despite this, there has been a relatively small increase in investment (compared to adult services) in mental health services for this age group.

Options for initial support for young people are improving. They are increasingly using telehealth and Access and Choice programme services, as well as other options available such as school-based services. Young people are now also receiving fewer mental health medications than the year before. This trend in initial dispensings (for antidepressants, antipsychotics, and anxiolytics) for young people increased in the four years to 2021/22, before decreasing in 2022/23. It is also positive to see the number of young people admitted to adult inpatient units has started to decline in the last year of monitoring.

Taking a life-course approach to understanding needs for supports, and planning the collective landscape of services will help to meet the unique needs of young adults, and children and adolescents, in a way that the adult system is not set up to achieve.

Endnotes

1 Primary care services are those provided at initial entry points, usually general practices and other services such as pharmacists. Non-governmental organisations (NGOs), such as Māori and Pacific providers, can also provide primary care services so these have been included as primary and community care services.

2 Specialist services are those designed to respond to the needs of people with the most severe and/or complex needs. They usually require a referral or assessment from a primary-level service for a person to enter them but some will accept self-referrals. Providers of specialist services can be hospitals, Health New Zealand community teams, or contracted NGOs.

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