

Whakamōhiotanga whānui | Overall summary

There has been considerable investment in mental health and addiction services

[He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) (He Ara Oranga) in 2018 laid down the vision for a transformed system and made 40 recommendations to drive this transformation (Government Inquiry into Mental Health and Addiction, 2018a). [Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing](#) (Kia Manawanui) built on the themes and recommendations set in He Ara Oranga, and provides the Government's long-term pathway for transforming Aotearoa New Zealand's approach to mental wellbeing (Ministry of Health, 2021a). Almost five years on from the landmark report He Ara Oranga, we are undertaking our monitoring function to shine a light on where progress has occurred and where further work is required.

The Government's increased investment in mental health and addiction services is a promising commitment to this transformed system. Total annual expenditure was \$1.95 billion in 2021/22, an increase of 33 per cent since 2017/18.

Transformation needs Te Tiriti o Waitangi as the foundation, and to address system inequities

We elevate Te Tiriti o Waitangi as a platform for mental health and addiction system transformation towards better and equitable outcomes, as the Inquiry into Mental Health and Addiction (2019) called for in [Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction](#). In this report we use the framework He Ara Āwhina for the first time, which monitors what an ideal mental health and addiction system looks like from both Te Ao Māori and shared perspectives.

Our findings show that Māori continue to experience significant inequities in the mental health and addiction system; for example, they are subject to higher rates of coercive practices. In response, we need all services to urgently address these inequities, coupled with an increase in kaupapa Māori services, in line with the responsibility under Te Tiriti o Waitangi of tino rangatiratanga—'by Māori, for Māori'.

We are seeing changes in use of mental health and addiction services

Despite the increased investment, service use across many health-funded mental health and addiction services has decreased. In the 2021/22 year, 16,500 fewer people used specialist mental health and addiction services than in 2020/21—a 8.6

per cent decrease. In primary mental health initiatives,¹ 12,000 fewer people used these services in 2021/22 than the previous year—a decrease of 8.0 per cent. Reduced use of other services, such as national telehealth services and online platforms, was also evident.

The main exception to this trend is the increased use of the Access and Choice programme services, which 114,500 people accessed in 2021/22. Initial dispensings of mental health medications also increased.

The decrease in service use in parts of the system is unexpected given the public reports of increasing levels of distress. The New Zealand Health Survey shows that the proportion of people with high levels of psychological distress has been increasing, from 8.6 per cent of people aged 15 years and over in 2017/18 to 11 per cent in 2021/22 (Ministry of Health, 2022a).

What factors contribute to these changes in service use is a question we will explore and seek to understand in future reports.

We need to address workforce challenges

While the increased investment in services is promising, Aotearoa needs a well-resourced workforce to respond to people experiencing mental distress and substance use harm. Between 2018 and 2022, the number of full-time equivalent (FTE) staff increased in specialist adult services. However, services are hampered by a high rate of workforce vacancies—these rates nearly doubled over the same period.

Services for young people need ongoing focus

Our monitoring report last year called out the longer wait times for young people and noted an increasing rate of medication dispensing. One year on, young people continue to have longer wait times than other age groups to access specialist mental health services. In addition, initial dispensings for antidepressant, antipsychotic, and anxiolytic medications have increased substantially for this age group.

There are gaps in data about what is important for tāngata whaiora and whānau

In this report we use data from 86 measures to monitor service performance. Yet large data gaps remain for measuring what is important for tāngata whaiora and whānau, particularly from a perspective of Te Ao Māori.

¹ Primary mental health initiatives include services provided in a general practice that come under the devolved primary mental health funding that former district health boards (DHBs) reported against. These services include extended general practitioner or practice nurse consultations, brief interventions, individually tailored packages of care (which cover a variety of services, such as cognitive behavioural therapy, medication reviews, counselling, and other psychosocial interventions), and group therapy.

This is a summary report on findings across the breadth of mental health and addiction services, and in some cases, we don't have complete data so can't tell the full story. The purpose of our monitoring role is to make transparent both positive change and issues of concern for the sector. We identify areas that require future examination, and advocate for data improvements to increase understanding of the issues.

System transformation must remain a Government priority

Five years on from He Ara Oranga, we are seeing some signs of progress. But much remains to be done. In some areas we need a paradigm shift to enable choice and respect the rights of people to make decisions about their own care. Transformation requires strong leadership, and we have opportunities through the health reforms, including the establishment of Te Whatu Ora and Te Aka Whai Ora, to accelerate this change.

We acknowledge there will be tension in any complex system change programme, and some areas take longer to transform than many would hope. But with concerted energy, investment, and prioritising the voices of lived experience, we will work together towards the vision of tū tāngata mauri ora, thriving together.