Q3 Mental health & Addictions targets – Communications Pack

This pack includes:

- Draft Minister's Media Release (for publication)
- Overarching key messages (not for publication, back pocket information)
- Q&As for Minister Doocey (not for publication, back pocket information)
- Social media post (for publication)

DRAFT Minister's Media Release

Access to timely mental health support continues to improve

Minister for Mental Health Matt Doocey says continued improvement in mental health and addiction targets means more New Zealanders are getting the right support at the right time.

"I'm pleased to see that at a national level 84.3 per cent of people are able to access primary mental health and addiction services through the Access and Choice programme within one week. This is well above the 80 per target.

"The access to specialist services target has also been exceed with 82.4 per cent of people being seen within three weeks of referral.

"While the national results are positive, there is work to be done to bring all districts up to the same level. There are many initiatives underway to achieve this, including building the mental health and addiction workforce."

"Meeting the target for shorter mental health-related stays in ED continues to be a challenge however performance has been improving each quarter. The additional $28 million in funding over the next four years announced in this year's Budget to transition from a police-led response to a mental health response to 111 mental distress calls, will contribute to achieving this target.

"The multi-agency co-response teams will help ensure people who are experiencing mental distress get the right support, in the right place, taking pressure of our emergency departments.

-ENDS-

National results for this reporting period:

Quarter 1, 2 24/25 vs Quarter 3 24/25

Target	Comparison to Quarter 1			Percent Change Q2 vs Q3	Milestone	Target
	Q1 24/25	Q2 24/25	Q3 24/25			
Increased mental health and addiction workforce development	457 (for 2024 academic year)	457 (for 2024 academic year)	349 (partial result, reflects semester 1 of 2025 academic year. Full academic year will be reported in Q2 25/26)	N/A	N/A	500 per year
Shorter mental health and addiction-related stays in emergency departments	63.5%	65%	66.1%	1.1%	74%	95%
Faster access to primary mental health and addiction services	80.8%	83.9%	84.3%	0.4%	N/A	80%
Faster access to specialist mental health and addiction services	80.4%	81.9%	82.4%	0.5%	N/A	80%
Strengthened focus on prevention and early intervention	N/A – reported annually	24.4%	24.4%	N/A	N/A	25%

High Level Messages - Mental Health and Addiction Targets

- On 4 July 2024 I announced five mental health and addiction targets.
- High-level implementation plans for the MH&A targets were published in December 2024
- Improving quality and completeness of data is still a key focus for the MH&A targets.
- These five targets support the delivery of better mental health outcomes for New Zealanders.
- Early and timely access to mental health and addiction services for those who need it is crucial to support people's recovery, help them to live well, and prevent further deterioration in their mental health and overall quality of life.
- We don't want people to have to wait long periods of time to access the mental health and addiction support they need.
- One of the barriers to improved mental health and addiction services is the considerable shortages across the workforce. These targets aim to address that.
- The target of 'strengthened focus on prevention and early intervention' is reported in quarter two each year.
- The increased mental health and addiction workforce development target is reported on twice a year in quarters one and three.
- Data for the targets this quarter is showing good progress, with two out of five already exceeding their target.

MHA workforce development target

This measure presents the number of MH&A professionals trained each year in New Zealand.

- 349 people in the identified professions started training in semester one of the 2025 academic/calendar year.
- This is a partial result and only for the first semester intake. 349 is 70% of the 500-person target. The second semester intake (mid-2025) figure will be available in Q2 2025/26 (end of December 2025), at which point we will

be able to provide a complete view of performance in this measure for the 2025 academic/calendar year.

- The following initiatives are in place to support progress towards this target:
    - The Royal Australian and New Zealand College of Psychiatrists continues improvements on co-ordination of psychiatry registrar recruitment and maximising the number of trainees.
    - Training of peer support workers:
        - Contracts are in place to deliver Level 4 Health and Wellbeing (Peer Support) Training, to further support this workforce.
        - The number of new entrants into Specialised Practice training remains strong with 200 enrolled and started nursing, and 51 in allied training so far in 2025.

Shorter MHA stays in ED target

- This measure presents the percentage of mental health related ED attendances that were admitted, discharged or transferred from an ED within six hours as a proportion of all mental health related attendances.
- The national Q3 result is currently sitting at 66.1%. Two regions have reached the 2024/25 milestone of 74% (Te Waipounamu and Te Manawa Taki) and we recognise their hard work to achieve this.
- While the Central and Northern Regions haven't met the milestone there are good district results in both regions: Northland (81.4%) and Hawke's Bay (74.3%). .
- Eight districts are below the milestone, including three below 50%: Waitematā, Counties Manukau and Capital and Coast.

In all regions there is strong operational drive to improve performance and there is much more work to be done. Many steps are being taken to improve performance in Northern and Central regions:

- Counties Manukau and Waitematā have established a consistent approach to support engagement across their MH&A and emergency department teams, using alternative ways to admit patients and escalate care.
- Auckland is working with partner agencies to address the occupancy pressures in its inpatient unit and changing how psychiatry is used in

emergency department to improve mental health and addiction assessment and intervention.

- Northland is trialling a simultaneous physical and MH&A assessment approach.
- Capital and Coast has significant initiatives underway:
    - The Wellington Crisis Resolution Service is preparing to relocate to Wellington Hospital this quarter.
    - Wellington City Mission Crisis Café and the peers in the emergency department initiative began in March.
    - Capital and Coast, Hutt Valley, and Wairarapa are working together with the non-governmental organisation sector to explore opportunities to partner and expand the number of acute alternative placement options.

MHA faster primary access target

- This measure presents the percentage of people accessing primary MH&A services through the Access and Choice programme within one week.
- At a national level, results show us sitting above the target, at 84.3 per cent with all regions achieving the 80% target.
- Of the 20 districts, 75% have achieved or are operating above the target. Four districts are below target with values ranging from 70% to 77.6% of target.

Activity continued in Central region this quarter to lift performance:

- Review meetings with Integrated Primary Mental Health and Addictions Services (IPMHA) providers started with a focus on improving accurate data collection and reporting against MH&A targets. MidCentral, Whanganui and Hawke's Bay review meetings were completed in quarter three, and Wellington, Wairarapa and Capital and Coast are scheduled for early in quarter four.
- MidCentral introduced a new data collection tool to improve reporting accuracy.

MHA faster specialist access target

- This measure presents the percentage of people accessing specialist MH&A services seen within three weeks of referral.

- At a national level, results show us sitting above the target, at 82.4% a 0.5% increase on the last quarter.
- Three of the four regions have reached the target of 80% and while these results are promising, there is more work to do to ensure performance is sustained and improved. Te Waipounamu did not reach the target this quarter sitting at 78.5%
- Overall, half of districts are sitting below the target with values ranging from 69% to 79.6%
- The highest performing district is Taranaki on 91.3%
- Ongoing activity to support this target includes:
    - Te Waipounamu reviewing data to build a detailed picture of the barriers impacting target achievement, to help with further planning.
    - Canterbury undertaking a model of care review to improve access to treatment and streamline the flow through services.
    - Nelson Marlborough improving its triage processes by changing the addictions triage mode from phone to face-to-face.
    - West Coast has a new model of care that supports more timely triaging of adult referrals, leading it to being one of the best performing districts in the country.
    - Waikato is implementing lessons from its quality improvement reviews on waitlists, referrals and capacity.

MHA prevention and early intervention target

- The aim of this target is to increase the amount of MH&A ringfence investment towards prevention and early intervention to 25 per cent of total MH&A ringfence.
- Prevention includes mental wellbeing promotion and suicide prevention. Early intervention includes both services that intervene early during distress (such as primary mental health and addiction) and services that intervene early in the life course (such as maternal, infant, child and youth specialist services).
- The ringfence is the minimum expected spend, specified each year by the Ministry of Health, to be allocated by Health NZ to funding or delivery of MH&A services.
- We measure how much of the MH&A ringfence has been budgeted or committed in contract to prevention and early intervention services.

- The annual budgeted amount for 2024/25 is 24.4% against a target of 25%, therefore 2.4% below target

Q&As for Minister Doocey

1. Faster Access to Primary Services:

Q: Why have you been successful in reaching this target after just 14 months?

A: Having a target in the first place is very important as it give teams something to aim for and be motivated to reach. It has also taken a lot of focus and hard work by many people, and I would like to acknowledge this, but we have more work to do so that we continually improve.

Q: Is the target high enough/do you need to stretch the target?

A: These targets will evolve although there's no plan currently to increase them. We need to continually improve and while it was set at 80% there are several districts sitting under this, and we need to make sure we support them, so they reach the same level as others.

Q: What specific strategies are being implemented to ensure faster access to primary mental health and addiction services?

A: The Access and Choice programme has been instrumental in a promising result.

At a national level, we are sitting above the target, at 84.3 per cent with all regions achieving the 80% target.

However, there are four districts below target with values ranging from 70% to 77.6% of target and needing more support.

Q: How do regional disparities in access times impact overall service delivery, and what measures are being taken to address these disparities?

A: Regional variations in results will always happen because of variation across the country in terms of communities, geography and the difference between urban and rural. We are working hard to create a consistent approach and results.

Specific examples of initiatives being taken to improve consistent results are:

- In six districts review meetings have started with Integrated Primary Mental Health and Addictions Services (IPMHA) providers with a focus on improving accurate data collection and reporting against MH&A targets. The districts are: MidCentral, Whanganui and Hawke's Bay (review meetings completed in Q3) and Wellington, Wairarapa and Capital and Coast (meetings scheduled for early Q4).

- MidCentral also introduced a new data collection tool to improve reporting accuracy.

Other actions include, improving the quality and completeness of data and increasing the number of people in the workforce.

2. Faster Access to Specialist Services

Q: Why have you been successful in reaching this target so soon?

A: Similar response to above question about faster access to primary care.

Q: Is the target high enough/do you need to stretch the target?

A: Similar response to above question about faster access to primary care.

Q: Can you tell us what Taranaki has done to be the highest performing district with a 91.3% result against the target of 80%?

A: Congratulations to the team in Taranaki who have done a great job. Some districts will have higher results each quarter while others will be lower and that's just the nature of having different teams and communities. All districts are working very hard to deliver faster access to specialist services and everyone should be congratulated on the effort being put in to continually improve.

Q: Can you elaborate on the initiatives aimed at improving access to specialist mental health and addiction services?

A: There are many initiatives underway in different districts - here are a few examples:

- Te Waipounamu is reviewing data to build a detailed picture of the barriers impacting target achievement, to help with further planning.
- Canterbury is reviewing its model of care to improve access to treatment and streamline the flow through services.
- Nelson Marlborough is improving its triage processes by changing its addictions triage from being on the phone, to being in person.
- West Coast has a new model of care that supports more timely triaging of adult referrals, leading it to being one of the best performing districts in the country.
- Waikato is implementing lessons from its quality improvement reviews on waitlists, referrals and capacity.

Q: What are the main challenges faced in achieving the target for faster access to specialist services, and how are they being addressed?

A: Workforce is our biggest challenge and this is being addressed (see other target QA below).

3. Workforce Development

Q: The result this quarter is a drop from the last quarter from 457 to 349? Can you explain this result?

A: The result from last quarter was for a full year, whereas this quarter we are reporting a partial result of 349 for the first semester of 2025. Our target this year is 500. Some professions where we are recruiting have a second semester intake starting from the middle of the calendar year, so we will continue to recruit for people with the aim of reaching our target by the end of 2025. The target professions include: clinical psychology, specialist practice nurses, occupational therapists, social workers and stage one psychiatry registrars.

Q: What are you doing to grow the number of (attract) mental health and addiction professionals?

A: The Mental Health and Addiction (MH&A) workforce plan was released in September 2024 and Health NZ is working to deliver on the actions of the plan.

There are several national initiatives underway to support improvements including:

- The Royal Australian and New Zealand College of Psychiatrists continue to improve central co-ordination of the recruitment of psychiatry registrars.
- Training of peer support workers, with contracts in place for the delivery of Level 4 Health and Wellbeing (Peer Support) Training.
- The number of people entering New Entry into Specialised Practice training remains strong with 200 enrolled and starting, and 51 in allied training so far in 2025.
- Health NZ is working to increase the number of Stage one psychiatry registrars, with work beginning in the 2025 academic year.
- A broader programme of work to attract junior doctors into psychiatry training and improve the coordination of training places is underway.
- Expanded and new scholarship programmes for Pacific, Māori, Muslim, Lived Experience and Support workers studying towards Mental Health and Addiction careers and specific scholarships for those from

underrepresented groups studying towards alcohol and other drug and gambling harm workforce careers.

- There are four Mental Health and Addiction Workforce Centres that deliver a broad programme of work to grow and upskill the workforce including providing access to post-graduate training, scholarships and new entry into specialist practice programmes for nursing, occupational therapy and social work.

Q: Will the 500-person target remain the same for coming years?

A: This is the current target, which will be assessed against ongoing workforce needs in the future.

4. Shorter Stays in Emergency Departments:

Q: Would you describe the achieving of shorter stays in ED for MHA patients as the biggest challenge being faced and what is being done to address this?

This is a very important target for us and not just for Mental Health and Addictions but overall, for all ED patients.

Across the country there is a strong operational drive to improve results for this target, and I would like to thank everyone who is addressing this challenge as well as the patience of everybody who visits ED. We acknowledge there is much more work to be done.

Q: What specific interventions are being implemented to reduce the length of mental health and addiction-related stays in emergency departments?

There are many initiatives underway to improve our performance. The number of these is indicative of the volume of effort being taken. Some of these initiatives include:

- Counties Manukau and Waitematā have established a consistent approach to support engaging with and managing patients across their MH&A and emergency department teams, using alternative ways to admit patients and escalate care.
- Auckland is working with partner agencies to address the occupancy pressures in its inpatient unit and changing how psychiatry is used in emergency department to improve mental health and addiction assessment and intervention.
- Northland is trialling a simultaneous physical health and mental health and addiction assessment approach.
- Capital and Coast has significant initiatives underway:

- The Wellington Crisis Resolution Service is preparing to relocate to Wellington Hospital.
- Wellington City Mission Crisis Café and the peers in the emergency department initiative began in March.
- Capital and Coast, Hutt Valley, and Wairarapa are working together with the non-governmental organisation sector to explore opportunities to partner and expand the number of options for acute alternative placements.

Q: Is shorter stays in ED for MHA patients a reflection of the overall ED challenge being faced by EDs across the country and what is being done to address this?

A: There is definitely a crossover between the ED challenges being faced by physical and mental health and addiction. Actions being taken to alleviate pressure overall helps all patients who visit ED whatever their need.

Q: How are regions with lower performance, such as Capital and Coast, being supported to improve their results?

A: Improving the results against this target is important for all districts but obviously if there is a district with a lower result we are providing support, advice and ideas on how to improve (see initiatives noted in previous response).

5. Prevention and Early Intervention

Q: Can you explain what prevention and early intervention involves?

A: Prevention includes mental wellbeing promotion and suicide prevention. Early intervention includes both services that intervene early during distress (such as primary mental health and addiction) and services that intervene early in the life course (such as maternal, infant, child and youth specialist services).

Q: Can you explain what a ringfence is?

A: The ringfence is the minimum expected spend, specified each year by the Ministry of Health, to be allocated by Health NZ to funding or delivery of MH&A services.

Q: Will the target of 25% be met by the end of 2025 considering it currently stands at just 2.4% short of meeting this?

This is the allocated budget for this year 2025.

Q: Has there been improvement in mental health wellbeing, reducing risk of suicide or suicide figures?

A: The purpose of all five MHATs are to support mental health and wellbeing, for all New Zealanders. Achieving them is aimed at improving mental health wellbeing and therefore they are our 100% focus.

6. Data Quality and Reporting

Q: How does data quality affect the ability to make meaningful comparisons across regions and districts?

Or

Q: What steps are being taken to improve the quality and completeness of data for mental health and addiction targets?

A: Good quality and reliable information are key ingredients to assessing what needs to be done to improve our MHAT performance. Improving quality and completeness of data is still a key focus for the MH&A targets.

However, we still have challenges related to bringing 20 district health boards together into one system. We continue to make good progress however; it is an ongoing and complex task.

---- // ----

Social media post

Continued improvement in mental health and addiction targets means more New Zealanders are getting the right support at the right time.

In quarter three, at a national level, 84.3% of people accessed primary mental health and addiction services through the Access and Choice programme within one week. This is well above the 80% target.

The specialist services target was also exceeded, with 82.4% of people seen within three weeks of referral.

While the national results are positive, there is work to be done to bring all districts up to the same level. There are many initiatives underway to achieve this, including building the mental health and addiction workforce.

[link to MHT page]