Hauora Māori Advisory Committee

Rangatahi experience stronger mental health resilience

Priority 4 – Key Insights

JUNE 2025

What measures and why?

Content warning: This infographic discusses sensitive topics of suicide and self-harm.

Issues negatively impacting on youth mental wellbeing include racism, discrimination, and requiring better access to support (Te Hiringa Mahara, 2022).

The lead measures for this priority provide insight into how rangatahi Māori (15-24 years old, unless otherwise stated) interact with the health system for mental health and addictions (MH&A) support. The lead measures are rangatahi having timely access to mental health and addictions services, and the rate of hospitalisations due to attempted suicide or self-harm.

This priority investigates the impacts on other aspects of the health system, such as emergency department (ED) presentations. It also discusses other factors of mental health and resilience, such as cultural connectedness and identity. These supplementary measures provide further context for both the health system interactions and individual protective factors.

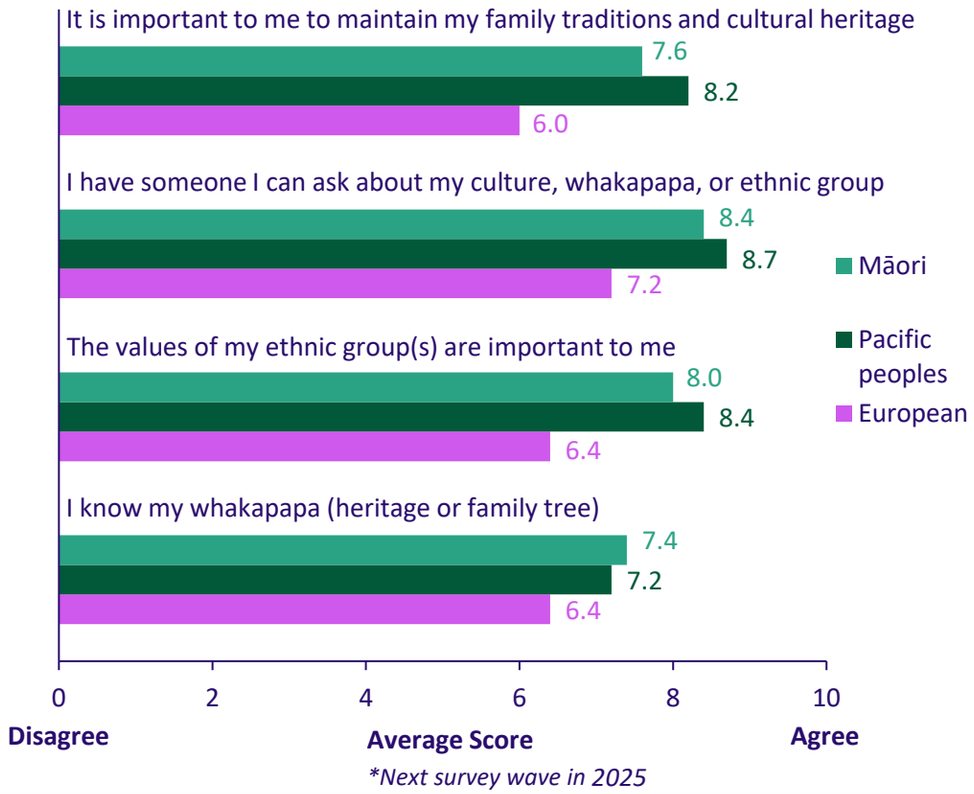
Cultural connection, values and sense of self can improve mental health and resilience

"Research shows that cultural connectedness is independently associated with positive mental wellbeing, including in rangatahi Māori."- GUiNZ, 2023

Māori students tend to display a stronger sense of cultural connectedness than European students, however slightly weaker when compared to Pacific peoples, suggesting Māori cultural connectedness has potential to improve.

"Risks to experiencing mental distress and/or addiction can be impacted by a number of socioeconomic determinants, including loneliness and social isolation, deprivation and cultural alienation." – Government Inquiry into Mental Health and Addiction

Agreement with statements by high school students (years 9 -13), 2021*



*Next survey wave in 2025

Many social determinants are association with self-harm and suicide including housing, education, and employment.

Protective factors for rangatahi Māori are cultural connectedness, social connection, values and identity.

5.0% of rangatahi Māori experienced loneliness most or all of the time between 2021/22 to 2023/24.

This has **decreased** from **6.8%** between 2020/21 to 2022/23.

Māori students rated themselves 3.2/10 for being treated unfairly because of their ethnicity in 2021.

Based on a scale of **0 Not at all** and **10 all the time.** European rated **1.8/10.**

40.2% of Māori live in highly deprived areas in 2023.

This has **increased** from **37.4% of Māori** in 2018.

Many Māori find the health system **hostile** and **alienating**, and reported experiencing **discrimination** and **racism** when interacting with the health system. These interactions may relate to **fewer and lower quality interactions** in future.

Low-income Māori **may avoid accessing healthcare** until it's unavoidable due to practical barriers like finances. (Graham and Masters-Awatere, 2020).

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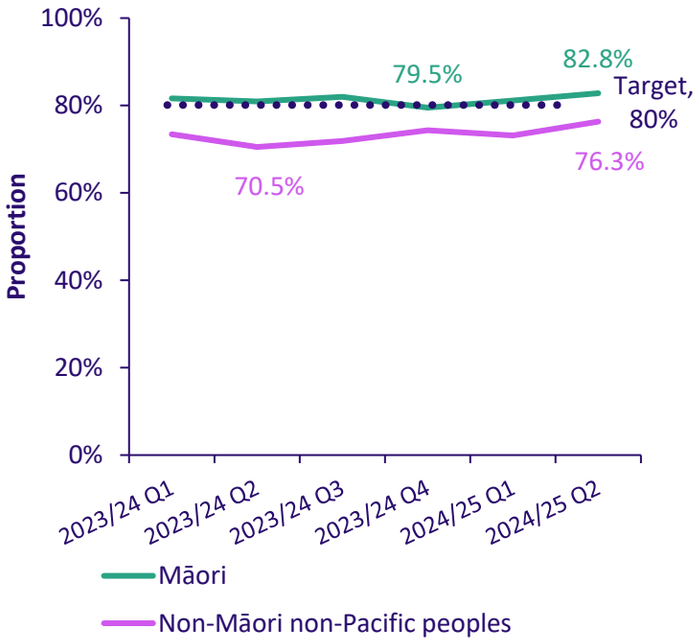
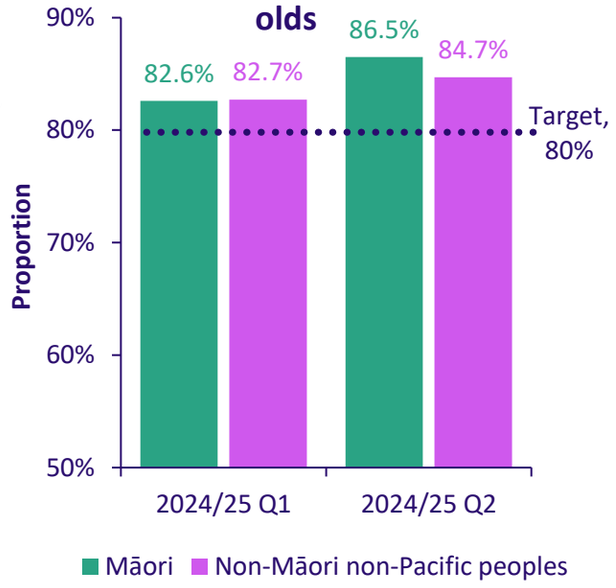
Access to timely professional help is important to support rangatahi

Accessing specialist mental health and addiction services within 3 weeks, 2023/24 to 2024/25, 12-24 year olds



Accessing first primary mental health and addictions services within 1 week, 2024/25, 12-24 year olds



Access to specialist mental health and addiction services has stayed consistent over the past year and half. However, since 2020/21, **16,000 fewer people** accessed specialist mental health and addiction services. **10,000 of these 16,000** were youth and rangatahi.

Since July 2023, **79.5% to 82.8% of rangatahi Māori accessed specialist services within 3 weeks of being referred, meeting the target rate of 80%.** Compared to **70.5% to 76.3%** for non-Māori non-Pacific peoples.

In the latest financial quarters, the target of 80% of people accessing primary mental health and addiction services through the Access and Choice programme seen within one week **was met for both Māori and non-Māori non-Pacific peoples.**

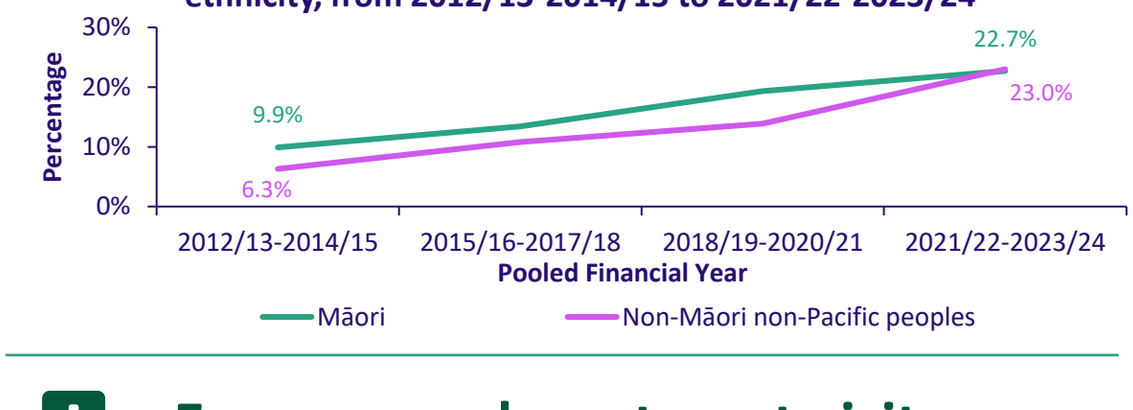
More than 75% of mental health disorders developing by age 24

In 2021/22-2023/24, 15% of rangatahi Māori and non-Māori non-Pacific youth reported unmet need for professional mental health help.

Experiences of high psychological distress are increasing over time

The percentage of rangatahi Māori experiencing high levels of psychological distress over time has increased from 2011/12 and 2013/14, from 9.4% of rangatahi Māori to 22.7% in 2021/22-2023/24. This increase is similar to that of non-Māori youth.

Rangatahi experiencing high psychological distress by ethnicity, from 2012/13-2014/15 to 2021/22-2023/24



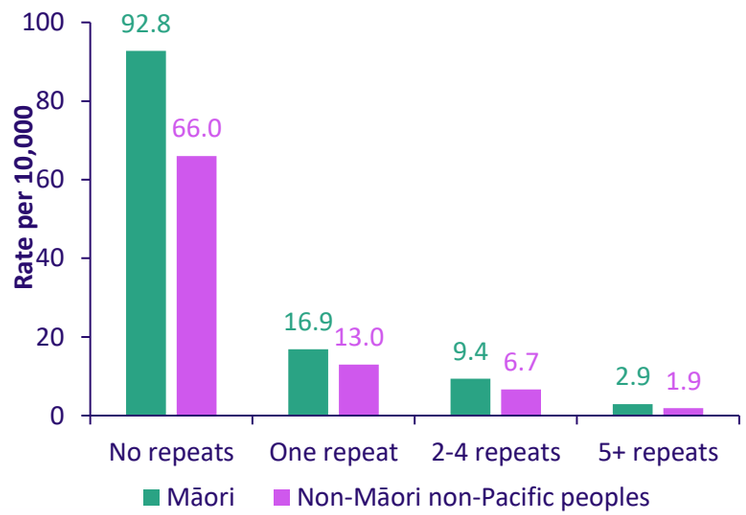
Emergency department visits for mental health

6% of all visits to the ED for rangatahi Māori are related to mental health.

Rangatahi Māori had more repeat visits to ED for mental health related conditions than non-Māori non-Pacific youth in 2024.

The rate of rangatahi Māori ED presentations was **1.46 times** higher than non-Māori non-Pacific youth.

Repeat emergency department visits, 2024



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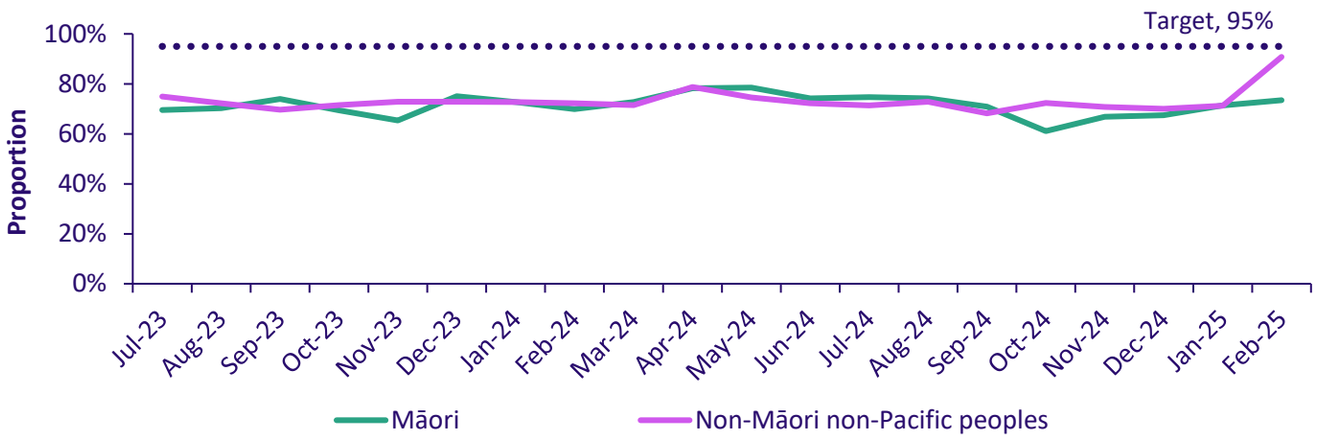
Emergency department visits for mental health

The **target of 95%** of MH&A-related ED presentations departing within 6 hours **has not been met** for either rangatahi Māori or non-Māori non-Pacific (aged 12-24 years old).

During the 2024/25 Q2, **65.2% of rangatahi Māori** departed within 6 hours, compared to **71.1% of non-Māori non-Pacific youth.**

Proportion of departing ED within 6 hours (July 2023 to December 2025)



72% of Māori aged 12-24 who presented at ED for MH&A reasons in 2024 departed ED within 6 hours, short of the 95% target.

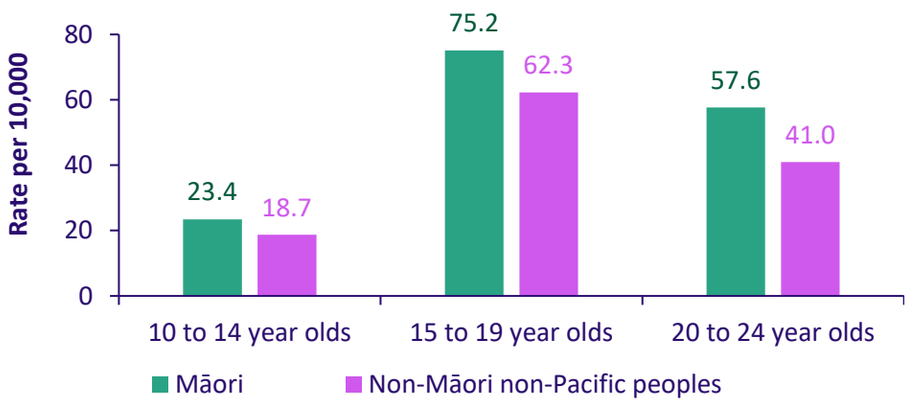
Of Māori departing ED within 6 hours, most were routinely discharged (77%), with 12% self-discharging without indemnity signed.

Hospitalisations for self-harm and deaths by suicide

In 2023/24, 15 to 19 year old Māori had the highest rate of hospitalisations for attempted suicide or self-harm out of reported youth groups, at **75.2 per 10,000 people.**

Māori hospitalisations rate was 1.3 times higher than non-Māori non-Pacific peoples.

Hospitalisations due to attempted suicide or self-harm (July 2023 to June 2024)



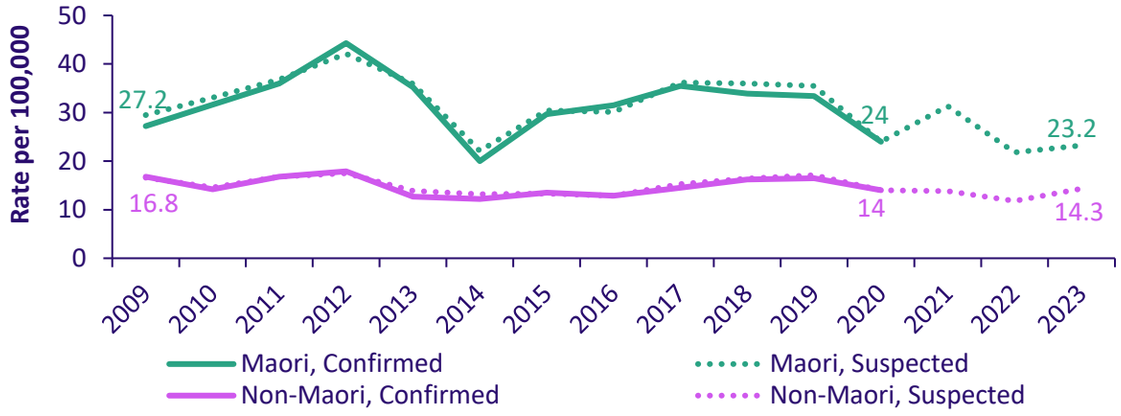
Rates of hospitalisations for self-harm have decreased since June 2022.

Māori females consistently have had a higher rate of hospitalisations over time. In 2023/24, the rate of hospitalisations for Māori females was 2.8 times that of Māori males.

In 2020, rangatahi Māori had a confirmed suicide deaths rate of **24 per 100,000,** higher than non-Māori youth, **14 per 100,000.**

Māori experience a 1.7 times higher rate of suicide deaths than non-Māori.

Rate of suicide deaths for Māori and non-Māori, 15-24 years, 2009-2023



Māori males experienced a 2.6 times higher rate of suspected suicide deaths than Māori females, in 2023.

37.5% of Māori students, years 9-13, thought about taking their own life compared to 26.1% of European students in 2021.

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Priority 4: System actions and delivery reporting

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GPS 2024-2027 Priorities	Sector Actions	Reporting on actions
Access • Implement an integrated mix of prevention, primary, community and specialist services for mental health and addiction, and suicide prevention, including community-based alternatives for acute care and a focus on prevention and early intervention. • Introduce a national approach to supported discharge and early discharge models, assisted by technology such as medical devices and strengthened capacity and capability in primary and community health care, that takes into account cultural contexts, caring responsibilities, and options for those in more remote and rural communities. This includes for mental health and addiction. • Implement initiatives that support an increased understanding and uptake of online care and telehealth, particularly in primary and community health care settings, and to equip people, families and whānau to better meet their own mental wellbeing needs.	**Te Whatu Ora SPE 2024/25 – Performance measures** • Percentage of people accessing specialist mental health and addiction services seen within three weeks. • Percentage of people accessing primary mental health and addiction services through the Access and Choice programme seen within one week. • Percentage of mental health and addiction investment allocated towards prevention and early intervention. • Number of people who accessed primary mental health and addiction services through the Integrated Primary Mental Health and Addiction Services. • Number of people who accessed Kaupapa Māori, Pacific and Youth Integrated Primary Mental Health and Addiction Services through the Access and Choice programme. • Percentage of rangatahi seen within the three weeks from a mental health and addiction referral. **Whakamaua: Māori Health Action Plan 2020-2025** • Increase access to and choice of kaupapa Māori primary mental health and addiction services. **Health Targets Implementation Plans** • Enabling primary care to treat more patients in the community.	**Whakamaua: Delivery reporting** Programmes that continued throughout the 2023/24 financial year include: • The Access and Choice programme was developed in response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. The rollout will be complete by the end of June 2025. • Ki te Ara Whakamua: Māori Community Addiction Fund. • He Kete Whaiora - - supporting tāngata whaiora to build strengths in te ao Māori, enable whānau connections, and uplift wairuatanga. • Supporting the mental health needs of people in emergency housing (supporting safe transitions). • Kia Piki te Ora programme went from nine partners before 2023 to 23 partners following the redesign of services. Total funding available for Kia Piki Te Ora services commencing 1 July 2023 is $4.39 million, across our 23 partners. Agreements run through to June 2025. **Kua Tīmata Te Haerenga** • Insights are reported in above infographic.
Timeliness • Reduce wait times for people accessing specialist mental health and addiction services. • Reduce the time New Zealanders stay in emergency departments for mental health and addiction-related presentations. • Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe.	**Te Whatu Ora SPE 2024/25– Performance measures** • Percentage of people accessing specialist mental health and addiction services seen within three weeks. • Percentage of people accessing primary mental health and addiction services through the Access and Choice programme seen within one week. • Percentage of mental health and addiction-related presentations admitted, discharged, or transferred from an ED within six hours.	**He Ara Āwhina dashboard** • Insights are reported in above infographic.
Quality • Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice.	**Mental Health and Wellbeing Commission Statement of Intent 2022-2026** • We engage with priority populations to inform reviews, insights, and submissions on legislation and policy. • We partner with people who experience mental distress, substance, and gambling harm, and engage with supporters, including whanau, to support our advocacy approach. • Apply and improve He Ara Āwhina mental health and addiction service monitoring framework. • Promote a stronger focus on lived experience in service design and delivery. • Promote improvements through insights reports on how outcomes are applied using He Ara Oranga wellbeing outcomes framework; the impact of COVID-19 and both the socio-economic and commercial determinants on mental wellbeing; the relationship between employment and mental health. • Advocate for strengthened health-based regulation of alcohol and other drugs and gambling. • We develop authentic partnerships with Māori leadership, iwi, hapū and whānau Māori. • We deliver informed advocacy for Māori and whānau mental health and wellbeing, including advocacy for increasing kaupapa Māori services and focusing on restrictive practices and achieving human rights-based practices for Māori. **Health Targets Implementation Plans** • Improve patient flow through hospitals. • Stabilise urgent care provision.	**He Ara Āwhina dashboard** • Te Hiringa Mahara | Mental Health and Wellbeing Commission Published the framework He Ara Āwhina (Pathways to Support) in June 2022 following a co-development phase with many people in the sector and lived experience communities. • Kaupapa Māori NGO MH&A services have increased from 60 in 2017/18 to 77 in 2021/22. NGOs contracted by former DHBs and Ministry of Health have decreased from 232 in 2017/18 to 214 in 2021/22.

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GPS 2024-2027 Priorities	Sector Actions	Reporting on actions

Workforce
• Increase the capacity of the mental health and addiction workforce, including by increasing the training places for clinical psychologists and psychiatrists and growing the Consumer, Peer Support and Lived Experience (CPSLE) workforce.
	Te Whatu Ora SPE 2024/25– Performance measures
	• Number of mental health and addiction professionals trained each year.
	Whakamaua: Māori Health Action Plan 2020-2025
	• Develop a Māori mental health and addiction strategic leadership framework to guide system transformation and decision making to improve mental health and addiction outcomes for Māori.
	• Support the development of a Māori primary mental health workforce.
	Te Hiringa Mahara SOI 2024/2025
	• Assess and report on access to and choice of services and supports, coercive and restrictive practice, and workforce needs.
	Health Targets Implementation Plans
	• Strengthening our workforce.
		Whakamaua: Delivery reporting
		• Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing was launched in 2021 to support the mental wellbeing of New Zealanders. Kia Manawanui recognises that Māori experience unfair and avoidable inequities in terms of mental wellbeing and intends to address equity through 'for Māori, by Māori' approaches.
		• The Oranga Hinengaro System and Service Framework was launched in April 2023 to support Kia Manawanui. This framework seeks to meet the aspirations of tāngata whaiora (people with lived experience) and whānau based on the core principles identified by Māori and people with lived experience.
		• A number of Māori mental health and addiction sector forums were established through this framework to to represent the diversity of Māori interests in mental health. These include:
		  • Te Whāriki o Te Ara Oranga, established by Te Pou, is a network for figures in the mental health and addiction workforce to share ideas.
		  • Hui Whakakotahi and Māori Lived Experience Mental Health and Addiction Sector Leaders forum are forums for Māori leaders to engage with sector leaders and share information and updates on key mahi.
		• Te Aka Whai Ora invested $1.4 million into the scholarship programme Te Rau Puāwai, supporting 177 students to progress their studies in mental health and addiction by December 2024.
		• Additional workforce development funding for kaupapa Maori access and choice services was implemented in FY22-23 and continued in FY23-24. Te Rau Ora is providing national co-ordination to these initiatives.
		• Kia Piki te Ora programme has successfully moved services to focus on a suicide prevention approach. During 2023/24 these services increased from 9 partners to 23 partners, delivered in 24 regions.

Infrastructure • Enable flexible and adaptive decision-making on emerging technologies such as precision health, nanotechnology, artificial intelligence and medical devices, for example by updating evaluation frameworks (including the Health Technology Assessment). Note: The GPS describes the priority of Infrastructure as "enables the use of technology in health care services, such as telehealth and online mental health and addiction services."	**Te Whatu Ora SPE 2024/25– Performance measures** • Mental health and addiction expenditure ringfence expectations are met.	**Te Whatu Ora Annual Report** • Mental health expenditure exceeded ringfence expectations driven by Hospital and specialist services. Percent increase in mental health was due to higher cost of hospital mental health services due to higher personnel cost.

Case Study: Increasing services

Access and Choice Programme

The Access and Choice programme is a priority initiative from the 2019 Wellbeing Budget, with funding of $664 million allocated for its rollout over a five-year period from 2019/20 to 2023/24. The programme allocated $516.4 million for four new service types (Integrated Primary Mental Health and Addiction (IPMHA), Kaupapa Māori, Pacific, and Youth services), $99.7 million for workforce development, and $48.15 million for system enablers.

The Access and Choice programme has a particular focus on providing free and immediate support to people with mild-to-moderate mental health and addiction needs. It aims to improve access to primary mental health, wellbeing, and addiction services, including in Kaupapa Māori, Pacific, youth, general practice, and community settings.