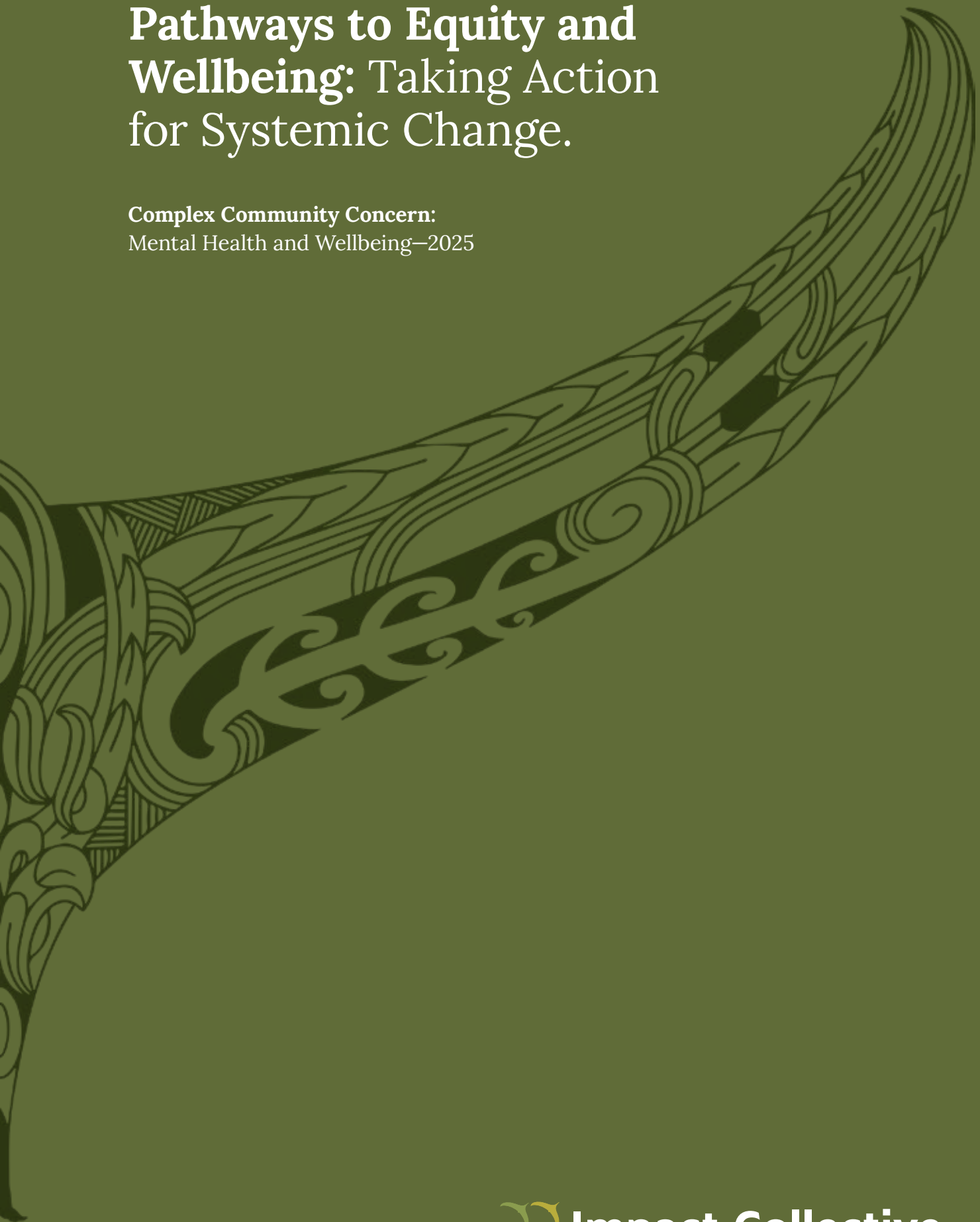
Pathways to Equity and Wellbeing: Taking Action for Systemic Change.

Complex Community Concern:
Mental Health and Wellbeing—2025



Impact Collective

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Whakataukī

Ki te wātea te hinengaro, me te kaha rere o te wairua, ka tāea ngā mea katoa

'When the mind is free and the spirit is willing, anything is possible' - Ngapo Wehi.

This whakataukī emphasises that just like our physical health, we need to nurture and take care of our mental and emotional wellbeing.

Our Manutaki

This design is based around the manutaki, the lead bird that guides the flock in a triangle formation during migration, the manutaki is supported and protected by rest of the flock.

This represents working together in unison for a common purpose.

Above the manu is the design known as manaia which can be used as a human form side profile of a face this represents unity of two people coming together, this forms koruru/wheku a face, this represents being transparent.

The design above the manaia/koruru is a design known as paakura it symbolises the rae of spiritual essence or spiritual belief it also represents the footprint of pukeko and is about being cautious knowing your surroundings, your environment before making decisions.

On the side of the bird's wings are two more manaia in a bird form that relates to interconnectedness our relationship with each other.

Next to this is a design known as whakarare this represents change and a new direction.

The harakeke/weave is about intergenerational relationships, it also symbolises binding of the kōrero or kaupapa.

At the bottom of the wing is a design known as pikopiko/koru this represents new beginnings and also represents nga tangata people/community.

Te Tiriti o Waitangi—Our Commitments

The Impact Collective is committed to being responsive to Māori as tangata whenua and recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document. The principles of Te Tiriti o Waitangi, as articulated by the Waitangi Tribunal and the New Zealand Courts provides a framework for how we are to fulfil our obligations under Te Tiriti on a daily basis. More recently, as outlined by the Ministry of Health, in 2019, the Hauora Report articulated five principles for primary care that are applicable to not only the wider health care system, but also to any person, organisation or Crown Agency working with Māori in our communities.

These principles are articulated as:

- **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of community services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable outcomes for Māori. This is achieved through breaking down barriers and enabling equity of access to ensure equality of outcomes.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner, are well informed on the extent and nature of both Māori wellbeing outcomes and efforts to achieve Māori wellbeing equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori services. Furthermore, the Crown is obliged to ensure that all services are provided in a culturally appropriate way that recognises and supports the expression of Te Ao Māori models of service delivery.
- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of community services. This includes enabling Māori to express Tino Rangatiratanga over participation in governance, design, delivery, and monitoring of community services.

For the members of the Impact Collective, it is important that we enable the principles to guide our mahi. The purpose of the current mahi is to provide community level insights and intelligence to enable communities to partner on the development of services to create positive impacts for the people throughout the community. These services should focus on addressing equity of access to services in a manner that is consistent with tino rangatiratanga, active protection in the co-design, provide options to ensure culturally appropriate services and developed through a solutions focused, community-led partnership approach.

Acknowledgements

We've been privileged to collaborate with a number of individuals, organisations, and partners who have informed and supported the mahi of the Impact Collective. We extend our heartfelt thanks to each of them below:

Community Organisations

We engaged with over 400 individuals, representing approximately 130 organisations across four regions. These interactions have been crucial in ensuring that our work is grounded in the community voice and reflects the real, everyday experiences of those within each community. Their willingness to share their stories, challenges, and successes has not only enriched our understanding but has also underscored the importance of our collective efforts towards improving equity and wellbeing for all.

DOT Loves Data

Our data partner, DOT Loves Data, boasts an incredibly talented team of data scientists and data engineers specialising in building simple, smart, and beautiful data visualisation tools. They have been instrumental in creating the Community Compass Data Dashboard, allowing us to have a single source of truth to gather data insights for various communities across Aotearoa. They have also played an integral role in supporting and advising our team as we endeavour to bring together the data insights with stories from the community.

The Impact Collective Charitable Trust

The Impact Collective established the Impact Collective (2020) Charitable Trust in November 2022. We would like to thank those that stood up as trustees, and those who continue to support the mahi through leadership, advice and significant funding contributions. The Impact Collective maintains its charitable kaupapa by continuing to provide these essential community level intelligence reports, free of charge, to the communities that have allowed us to share the taonga of their stories.

Blindspot New Zealand

Blindspot New Zealand Limited is a specialist consulting company that was established in 2021. Blindspot Consulting continues to work closely with the Impact Collective to ensure the delivery of community level intelligence reports through systems strategy, community engagement, governance and thematic analysis support. We would like to thank the team from Blindspot New Zealand Limited for your continued dedication to enabling a better informed Aotearoa New Zealand.





HAITIARI








KARMA


ADMIT ONE
ADULT
CHILD
CINEMA

Contents

Figures

Definitions and Acronyms

Adverse Childhood Experiences (ACEs) – Traumatic events that occur during childhood, such as abuse, neglect, or family dysfunction, which can affect long-term health, wellbeing, and educational outcomes.

AI (Artificial Intelligence) – The simulation of human intelligence by machines or computer systems.

Anxiety – A mental health condition characterised by excessive worry, fear, or nervousness that can interfere with daily life, often accompanied by physical symptoms like restlessness, rapid heartbeat, and difficulty concentrating.

Aotearoa – The Māori name for New Zealand, often translated as "Land of the Long White Cloud."

Attention-Deficit/Hyperactivity Disorder (ADHD) – Attention-Deficit/Hyperactivity Disorder, a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity, and impulsivity that can impact daily functioning.

Autism – Autism Spectrum Disorder (ASD) Autism is a neurodevelopmental condition affecting social communication, behaviour, and sensory processing, with a wide range of strengths and challenges varying from person to person.

Bias – Unconscious or conscious prejudice towards certain groups, ideas, or perspectives, which can influence attitudes, actions, and decisions.

Bipolar – A mental health condition characterised by extreme mood swings, including episodes of mania (elevated mood, high energy) and depression (low mood, fatigue).

Child and Adolescent Mental Health Services (CAMHS) – Child and Adolescent Mental Health Services, a healthcare service that provides assessment and treatment for children and young people experiencing mental health difficulties.

Cisgender – A term describing individuals whose gender identity matches the sex assigned to them at birth.

Co-design – A collaborative approach to designing solutions or systems, where stakeholders, especially end users, actively contribute throughout the process.

Cognitive Behavioural Therapy (CBT) – Cognitive Behavioural Therapy, a psychological treatment that helps individuals identify and change negative thought patterns and behaviours to improve mental health and wellbeing.

Community Based Care – A healthcare approach that prioritises delivering services and support outside of hospital settings, often through NGOs or primary care providers, to foster local engagement, improve access, and focus on prevention and ongoing care within communities.

Community Compass – A digital tool by Dot Loves Data for visualising quantitative data.

Community-led – Refers to initiatives or projects that are driven, managed, and owned by the community members themselves, empowering them to take control and make decisions that best address their own needs and priorities.

Community-Led – Approaches or initiatives driven by the community itself.

Complex Community Concerns – Also known as systemic challenges, systemic issues, or wicked problems.

COVID-19 – An acute disease caused by a coronavirus, characterised by fever, cough, and potentially severe complications, especially in the elderly or those with underlying health conditions.

Cultural Responsiveness – The ability to understand, respect, and adapt practices to align with diverse cultural values, needs, and worldviews.

Cultural Safety – An environment where people feel safe, respected, and free from cultural discrimination.

Depression – A mental health condition characterised by persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in daily activities, often accompanied by physical and cognitive symptoms.

Emergency Department (ED) – Emergency Department, which is the hospital unit providing immediate medical care for urgent and life-threatening conditions.

Equity – Ensuring fairness by addressing systemic barriers so everyone has equal opportunities to thrive.

Equity and Wellbeing Profiles – Reports created by the Impact Collective Charitable Trust that present data on equity and wellbeing within regions of Aotearoa New Zealand.

Ethics – Moral principles that govern decision-making and behaviour, ensuring fairness, respect, and responsibility.

Evidence-based – Relying on systematically collected data, research, and proven outcomes to guide decisions, policies, or practices.

Gender Stereotypes – Generalised and often limiting assumptions about roles, abilities, or behaviours based on gender.

General Practitioner (GP) – General Practitioner, a medical doctor who provides primary healthcare, diagnosing and treating a wide range of illnesses, offering preventive care, and referring patients to specialists when needed.

Good Mahi Stories – Positive examples of impactful work and initiatives that exist within Aotearoa New Zealand.

Gross Domestic Product (GDP) – Gross Domestic Product, the total value of goods produced and services provided in a country during one year.

Hāpu – The Māori term for 'sub-tribe' which consists of extended whānau (families) descended from a common ancestor.

Harakeke – A native New Zealand flax plant.

Hauora – The Māori word for 'health and wellbeing' encompassing physical, mental, social, and spiritual dimensions.

Heteronormative – The assumption that heterosexuality is the norm, which can marginalise LGBTQIA+ identities and perspectives.

Human Dignity – The recognition and respect of every individual's inherent worth and value, regardless of their circumstances.

Implicit Bias – Unconscious attitudes or stereotypes that influence behaviour, often without awareness.

Inclusion – Ensuring all individuals, regardless of their background or abilities, are welcomed, valued, and able to participate fully.

Instagram – A social media platform for sharing photos, videos, and stories.

Integrated Primary Mental Health and Addiction Service (IPMHAS) – Integrated Primary Mental Health and Addiction Service, a healthcare service that provides early access to mental health and addiction support within primary care settings, offering integrated, person-centred care to improve mental wellbeing and reduce the impact of mental health and addiction issues.

Intergenerational Trauma – Trauma passed down through generations, often as a result of historical injustices, colonisation, or adverse experiences.

Definitions and Acronyms

Intersectionality – The interconnected nature of social identities, such as race, gender, and class, that can create overlapping systems of discrimination or privilege.

Interventions – Targeted actions designed to address specific issues or improve outcomes for individuals or groups.

Iwi – The Māori term for 'extended kinship group, tribes' based on whakapapa (genealogy).

Kai – The Māori word for 'food'

Kaitiakitanga – The Māori principle of 'guardianship, stewardship, trusteeship'.

Kapa Haka – A traditional Māori performance art.

Kaupapa – The Māori word for 'purpose'.

Kōhanga Reo– Māori-language immersion early childhood centres.

Kura – The Māori word for 'school'

Kura Kaupapa Māori – Schools where Te Reo Māori and tikanga Māori form the foundation of teaching and learning.

Land Air Water Aotearoa (LAWA) – Land Air Water Aotearoa, a New Zealand initiative that provides comprehensive environmental data and information on the quality of the country's land, air, and water, helping to inform decision-making and promote environmental sustainability.

LGBTQIA+ – An acronym referring to Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other gender and sexual identities.

Life Skills – Practical abilities essential for independent living, such as budgeting, cooking, problem-solving, and communication.

Living Standards Framework (LSF) – A Treasury tool in New Zealand measuring wellbeing across social, economic, and environmental domains.

Mahi – The Māori word for 'work, do, perform, make, accomplish'

Mana – The Māori word for 'prestige, authority, control, power, influence, status, spiritual power, charisma'.

Mana Motuhake – A Māori term for 'autonomy, self-government, self-determination, independence, sovereignty, authority'.

Mana-enhancing – Practices or actions that uphold and strengthen an individual's or group's mana (dignity, respect, and authority).

Manaakitanga – The Māori concept for 'hospitality, kindness, generosity, support'.

Manutaki – A leader or guide, often in a cultural or organisational context, providing direction and support.

Māori – Indigenous person/people of Aotearoa New Zealand.

Marae – A sacred meeting ground and communal facility for Iwi, Hapū or Whānau.

Marginalisation – The process by which individuals or groups are excluded or disadvantaged due to systemic inequities or discrimination.

Mental Health (Compulsory Assessment and Treatment) Act 1992 – A New Zealand law that governs the compulsory assessment and treatment of individuals experiencing severe mental health disorders, ensuring their rights and safety while providing a legal framework for involuntary care when necessary.

Mental Health Promotion (MHP) – Mental Health Promotion, refers to efforts and strategies aimed at improving mental wellbeing, preventing mental health issues, and promoting positive mental health through education, awareness, and community-based initiatives.

Ministry of Social Development (MSD) – Ministry of Social Development, a New Zealand government agency responsible for delivering social services, including welfare support, employment services, and assistance for vulnerable populations.

MOE – Ministry of Education, a government department responsible for overseeing and regulating the education system, including policies, curriculum, and funding for schools and educational institutions.

Neurodiverse – A term recognising the diverse ways brains function, including conditions like ADHD, autism, and dyslexia.

Non-Government Organisation (NGO) – Non-Government Organisation, a non-profit organisation that operates independently of government control, typically focused on addressing social, environmental, or humanitarian issues.

OECD (Organisation for Economic Co-operation and Development) – A forum where the governments of 37 democracies with market-based economies collaborate to develop policy standards to promote sustainable economic growth.

Our regions – The geographical areas of Whanganui, Rangitīkei, Ruapehu, and South Taranaki.

Pākehā – The Māori word for 'English, foreign, European'.

Pathologisation – The process of treating or defining a behaviour, condition, or characteristic as a medical or psychological disorder.

Peer-based Support – A form of assistance where individuals with shared experiences provide emotional, social, and practical support to one another.

Pharmac – New Zealand's government agency responsible for deciding which medicines, vaccines, and medical devices are funded for public healthcare.

Prototyping – An iterative process of creating and testing models or solutions to refine and improve them before implementation.

Qualitative Data – Non-numerical information collected through observations, interviews, or narratives, capturing in-depth insights.

Quantitative Data – Numerical information collected through measurements or surveys, often used for statistical analysis.

Quarter 4 (Q4) – Refers to the fourth quarter of a year, typically encompassing the months of October, November, and December.

Radio New Zealand (RNZ) – Radio New Zealand, one of New Zealand's public service radio broadcaster, providing news, entertainment, and cultural programming across multiple platforms, including radio, online, and digital media.

RainbowYOUTH (RY) – RainbowYOUTH, a New Zealand-based organisation that supports and advocates for the rights and wellbeing of rainbow (LGBTQIA+) youth, providing resources, services, and a safe space for young people to explore their identity and connect with others in the community.

Rangatahi – The Māori word for 'youth, young people'.

Restorative Practices – Approaches to resolving conflict that focus on repairing harm, rebuilding relationships, and fostering accountability.

Rohe – The Māori word for 'boundary, district, region, territory'.

Schizophrenia – A mental condition that affects thinking, perception, emotions, and behaviour, often causing hallucinations, delusions, and impaired cognitive function.

Secondary Care – Refers to specialist services, often delivered in hospital settings, following a referral from a primary care provider. It involves more advanced treatments or procedures that cannot be provided by general practitioners.

Definitions and Acronyms

Socioeconomic Status (SES) – A measure of an individual's or group's economic and social position, often based on income, education, and occupation.

Soft Skills – Non-cognitive skills such as discipline, courteousness, teamwork, and communication.

Stakeholders – Individuals or groups with an interest in or influence over a specific issue, project, or community outcome.

Sustainable Development Goals (SDGs) – Global goals established by the United Nations to address social, economic, and environmental challenges.

Systemic Bias – Refers to the structural and ingrained inequalities within institutions, policies, and practices that disadvantage certain groups based on characteristics such as race, gender, or socioeconomic status.

Systemic Inequities – Institutionalised disparities within systems, such as education or healthcare, that disadvantage certain groups..

Tamariki – The Māori term for children, often used to refer to young people or offspring in the context of Māori culture.

Tangata whenua – The Indigenous people of Aotearoa New Zealand, Māori, who hold ancestral connections to the land.

Taonga – The Māori term for 'property, goods, possession'.

Te Ao Māori – The Māori worldview.

Te Reo Māori – The Māori language.

Te Tiriti o Waitangi – The Treaty of Waitangi, New Zealand's founding document, establishing relationships between Māori and the Crown.

The Big Five – The five most pressing community concerns identified by the Impact Collective Charitable Trust, including Secondary Education, Financial Health and Employment, Mental Health and Wellbeing, Rental and Emergency Housing and Family Harm.

Thematic Analysis – A method for identifying, analysing, and reporting patterns or themes within qualitative data.

Tikanga – The Māori term for 'correct procedure, custom, practice', encompassing protocols, values, and practices unique to each Iwi or Hapū.

Tino rangatiratanga – The Māori term for 'self-determination, sovereignty, autonomy, self-government'. It is a fundamental principle of Te Tiriti o Waitangi, asserting Māori authority over their lives, resources, and futures.

Trans Peer Support (TPSS) – Trans Peer Support, a support service that offers a safe and supportive space for transgender and gender-diverse individuals to connect with peers, share experiences, and access resources aimed at promoting wellbeing and empowerment within the trans community.

Transgender – A term for individuals whose gender identity differs from the sex assigned to them at birth.

Trauma-informed – An approach that recognises the impact of trauma and integrates this understanding into policies, practices, and programmes.

Treasury Living Standards (TLS) – A framework developed by the New Zealand Treasury to assess wellbeing across economic, social, and environmental dimensions.

Tūrangawaewae – A Māori term for 'where one has the right to stand'.

Wairua – A Māori term for 'spirit, soul'.

Wellbeing – A holistic measure of an individual's health, happiness, and quality of life across multiple dimensions.

Whakapapa – A Māori term for 'genealogy' or 'lineage', a core concept in Māori culture connecting people to their ancestors, community, and land.

Whakatauki – A Māori term for 'proverb, significant saying'.

Whakawhanaungatanga – The process of building relationships and connections, often through shared experiences and mutual respect.

Whānau – The Māori word for 'family'

Whānau Ora – A Māori health and wellbeing approach focusing on family-centred solutions and outcomes.

Whenua – The Māori word for 'land'.

Wrap-Around Services – Comprehensive, coordinated services designed to support individuals by addressing multiple aspects of their wellbeing.

The Impact Collective Operational Team

Tēnā koutou katoa
Ko Kōtirana te whakapaparanga mai engari
Ko Ahuriri te whenua tupu
Ko Ahuriri te kāinga
Kei Te Awahou au e noho ana
Ko Steve Carey tōku ingoa
Tēnā tatou katoa

Steve Carey
Executive Director

A compelling sense of commitment to the community, to inspire, to acknowledge, to enable has driven the Impact Collective to support the removal of organisational and territorial boundaries to ensure positive impact for change is made possible. Bringing extensive experience in community engagement, authentic co-design principles has enabled the Impact Collective to deliver the presentation of data and people insights in a way that is mana enhancing for the people throughout the rohe.

Having worked in both public and private sector, I understand the importance of enabling those with lived experience and those who reside in the community to have a voice and be supported to remove the power imbalance in decision making. Only then can we enable communities to thrive.

Ko Ruahine te Pai Maunga
Ko Rangitīkei te Awa
Ko Tākitimu te Waka
Ko Ngāti Hauiti tōku Iwi
No Whanganui ahau

Caleb Kingi
Creative Director

I'm a cinematographer based in Whanganui. My craft has allowed me to travel over Aotearoa and the world shooting for a range of govt organisations, SME's, NGO's, brands and individuals.

I have a passion for telling stories that bring positive change to people, communities and organisations. I love the place I call home, it's my place of belonging and I feel privileged being connected to the whenua and the people.

Ko Whakarara te Maunga
Ko Wainui te Moana
Ko Mataatua te Waka
Ko Ngāpuhi tōku Iwi
No Whakatāne ahau

Briar Goldie
Senior Systems Strategist

I am a community-based researcher and strategist, but above all, a listener. My journey has taken me through roles in user experience design, customer experience, and community-based research, all rooted in my commitment to uplifting people's voices to drive meaningful change. Now, my work and heart lie in creating spaces for people to share their stories and experiences.

Ko Ruapehu tōkū Maunga
Ko Whanganui tōkū Awa
Ko Aotea tōkū Waka
Ko Te Āti Haunui a Pāpārangi rāua ko Ngā Rauru Kiitahi oku iwi
Ko Putiki rāua ko Pākaraka oku marae
No Whanganui ahau
Ko Dayna Stevenson tōku ingoa

Dayna Stevenson
Systems Strategist

As an experienced researcher with a passion for community engagement, I am privileged to use community voices and lived experiences to shape the transformative work we do at the Impact Collective.

By actively listening to the community and their needs in all aspects of my work, I am able to provide valuable insights, strategies, and outcomes. These contributions not only align with my personal values but also resonate with the collective goals of our team.

Dedication to equity and wellbeing is at the heart of what we do, guiding us as we strive to create empowering, meaningful and sustainable impact in the communities we serve.

Tēnā koutou katoa
Nō Peretānia ōku tūpuna
I whānau mai au i Whanganui
I tipu ake au i te Waikato
Kei Te Papaioea au e noho ana
Ko Hayden Pritchard tōku ingoa
Tēnā tātou katoa

Hayden Pritchard
Systems Support

I am an experienced researcher with a passion for primary health and community wellbeing. While my mahi began in traditional academic settings, my career has shifted toward roles focused on improving access to primary health care. I bring experience in research analysis and health system design, guided by a belief that combining the voice of our communities with the best available evidence creates the opportunity to drive meaningful change.

Tēnā koutou katoa
Ko Aerana te whakapaparanga mai engari
Ko Te Papaioea te kāinga
Kei Te Papaioea au e noho ana
Ko Josh Ace tōku ingoa
Tēnā tatou katoa

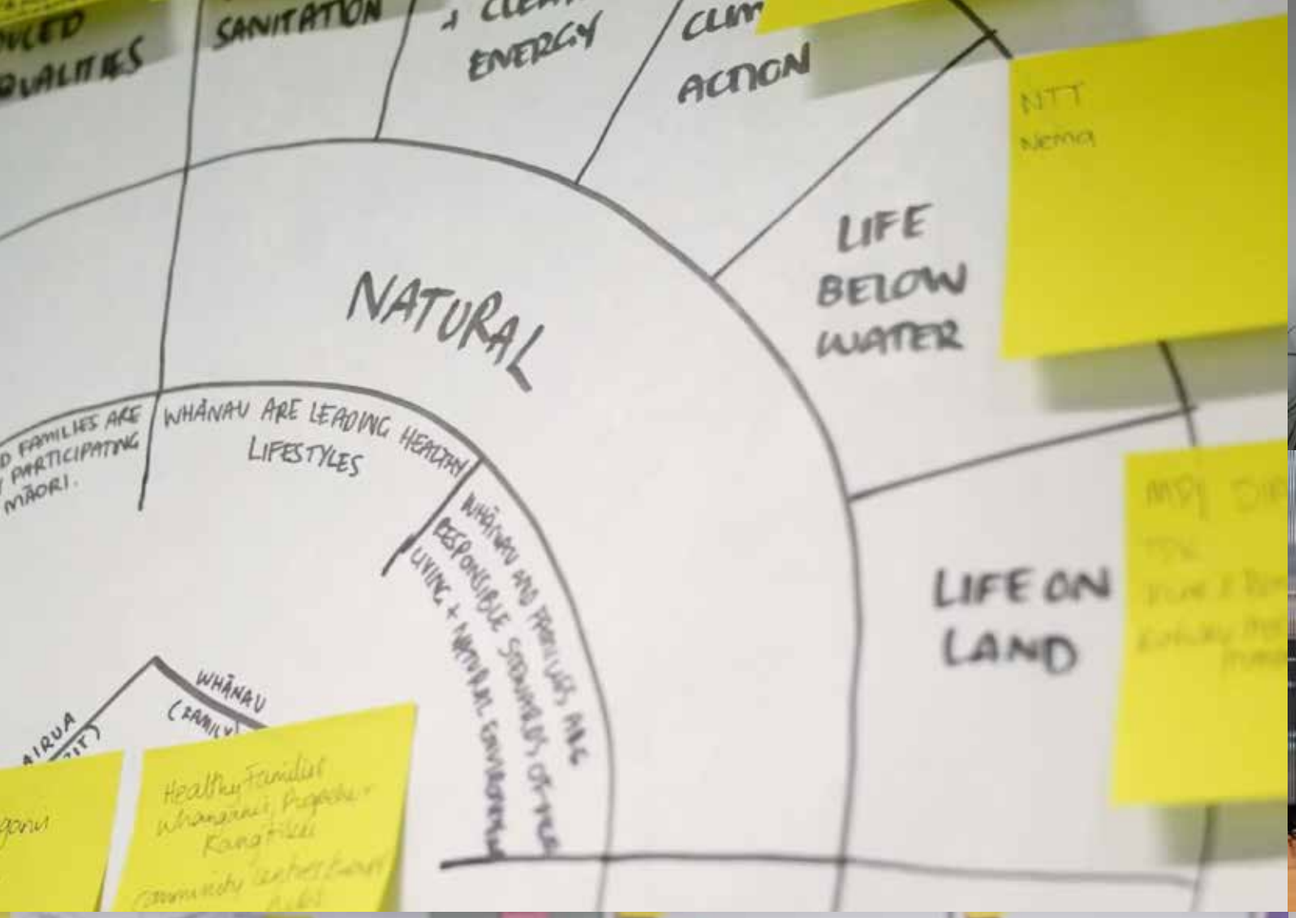
Josh Ace
Senior Designer

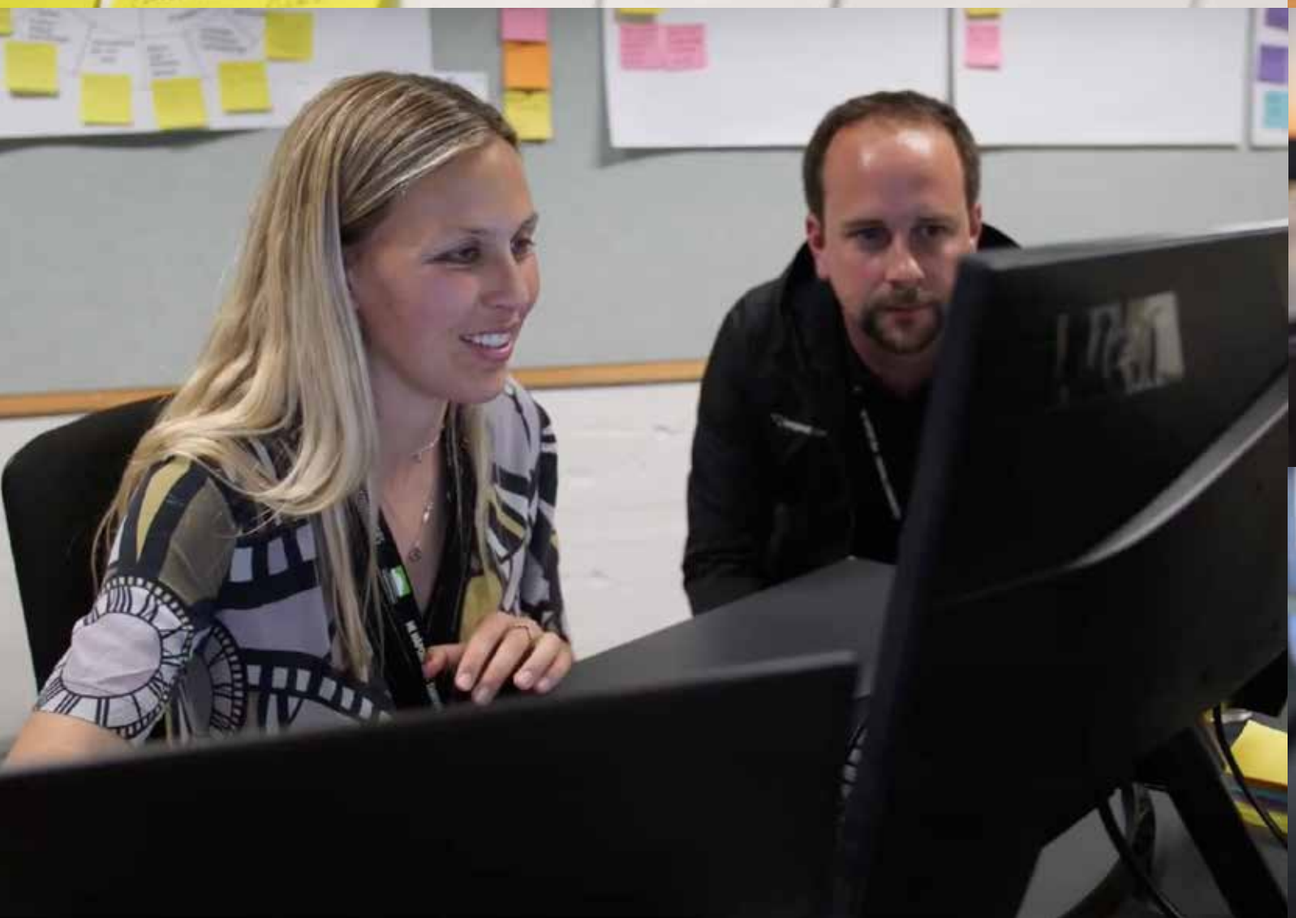
I am an experienced graphic designer based in Palmerston North with 10 years in the industry. I enjoy the challenge of telling stories visually and have been lucky enough to have undertaken a wide scope of work with various companies throughout Aotearoa.

All of the skills learnt from those endeavours will serve me well in the exciting future opportunities and mahi with the Impact Collective Team.

"Mental wellbeing isn't just about surviving—it's about feeling seen, supported, and safe. When we remove the barriers to care, we unlock the potential for every person and whānau to truly thrive."

Steve Carey
Executive Director - Impact Collective


SANITATION
ENERGY
ACTION
NATURAL
LIFE BELOW WATER
LIFE ON LAND
WHĀNAU ARE LEADING HEALTHY LIFESTYLES
WHĀNAU
Healthy Families




Impact Collective

Our Kaupapa

For our people, our whenua and our communities. Working together to gather data and people insights across our region to inform and support the best actions to improve equity and wellbeing for all of our people.

Our Principles

Unite together
Breaking down silos and developing genuine and enduring relationships between communities and organisations.

Listen together
Listening and emphasising to ensure everybody within our communities have an opportunity to share their knowledge and lived experiences.

Act together
Working collaboratively to uncover and take action on collective insights, knowledge and experiences.

Our Promises

1 **We strive to create equity and wellbeing for all. -** Through breaking down traditional organisational and territorial boundaries and focusing on our communities holistically, the Impact Collective strives to enrich foundational data with people's lived experiences in order to support the co-design of pathways and initiatives across our region that will create positive and enduring impact for all.

We seek to shift from viewing our communities solely in terms of health, wealth, access, or vulnerability, to viewing it in terms of the whole person and their whānau – a mana-enhancing approach.

2 **We serve our people, our whenua and our communities. -** We are for all individuals, communities and organisations, should they be tangata whenua, tūrangawaewae to the region, or align to the purpose of the Impact Collective.

3 **We utilise a collective response -** In response to the goals and aspirations of our communities, the Impact Collective will seek not only the data, but also the real-life stories and lived experiences that sit behind it. The data is just our starting point – the stories will provide us with a wealth of insight and the 'why'.

Together, these provide the foundation for us to craft truly collective insights representative of what matters most to our communities.

Our Communities

On the facing page, we highlight the communities across Aotearoa New Zealand where we've had the opportunity to engage deeply and complete comprehensive Equity and Wellbeing Profiles. These profiles represent our ongoing commitment to understanding and capturing the unique strengths and opportunities of each community. As we move forward, our aim is to expand this valuable work, creating profiles for more communities throughout Aotearoa to enrich our collective understanding.

Source: Dot Loves Data, Community Compass Dashboard.

Figure 1 - Snapshot of Communities Engaged by Impact Collective.

Executive Summary

Pathways to Equity and Wellbeing: Taking Action for Systemic Change – Mental Health and Wellbeing explores the complex and deeply interconnected challenges of mental health across communities in Aotearoa New Zealand. Grounded in both data and lived experience, this report sheds light on the growing mental health crisis, the structural barriers that sustain it, and the opportunities we have to collectively create systemic change.

Across the motu, mental health and wellbeing remain deeply influenced by systemic inequities—including socioeconomic deprivation, discrimination, and a lack of culturally responsive services. These issues disproportionately affect Māori, Pacific Peoples, LGBTQIA+ communities, young people, and those living in rural or underserved areas. Despite growing awareness and rising demand, access to mental health support remains patchy, siloed, and often out of reach.

The Impact Collective's kaupapa is centred on listening to community voices and weaving them together with robust data to co-design solutions that are grounded in equity, dignity, and possibility. Through engagement with over 400 individuals and 130 organisations across four regions, this report captures both the depth of challenge and the resilience of communities already forging solutions. Tools such as the Community Compass Dashboard and detailed Systems Mapping reveal how mental health intersects with broader social systems—from education and employment to housing and family harm.

While the data confirms a rising tide of mental distress, especially among rangatahi and marginalised groups, it also points to clear pathways for change. These include expanding access to kaupapa Māori and community-led services, strengthening early intervention and prevention, addressing upstream drivers such as poverty and discrimination, and investing in safe, inclusive, and culturally affirming care.

This report is not a prescription, but a platform. It invites policymakers, service providers, iwi, and community leaders to take collective action, centred on the principles of Te Tiriti o Waitangi and the lived realities of those most affected. With courageous leadership, authentic partnership, and long-term commitment, Aotearoa can transform its mental health system into one that upholds mana, fosters resilience, and enables everyone to thrive—mind, body, spirit, and whānau.

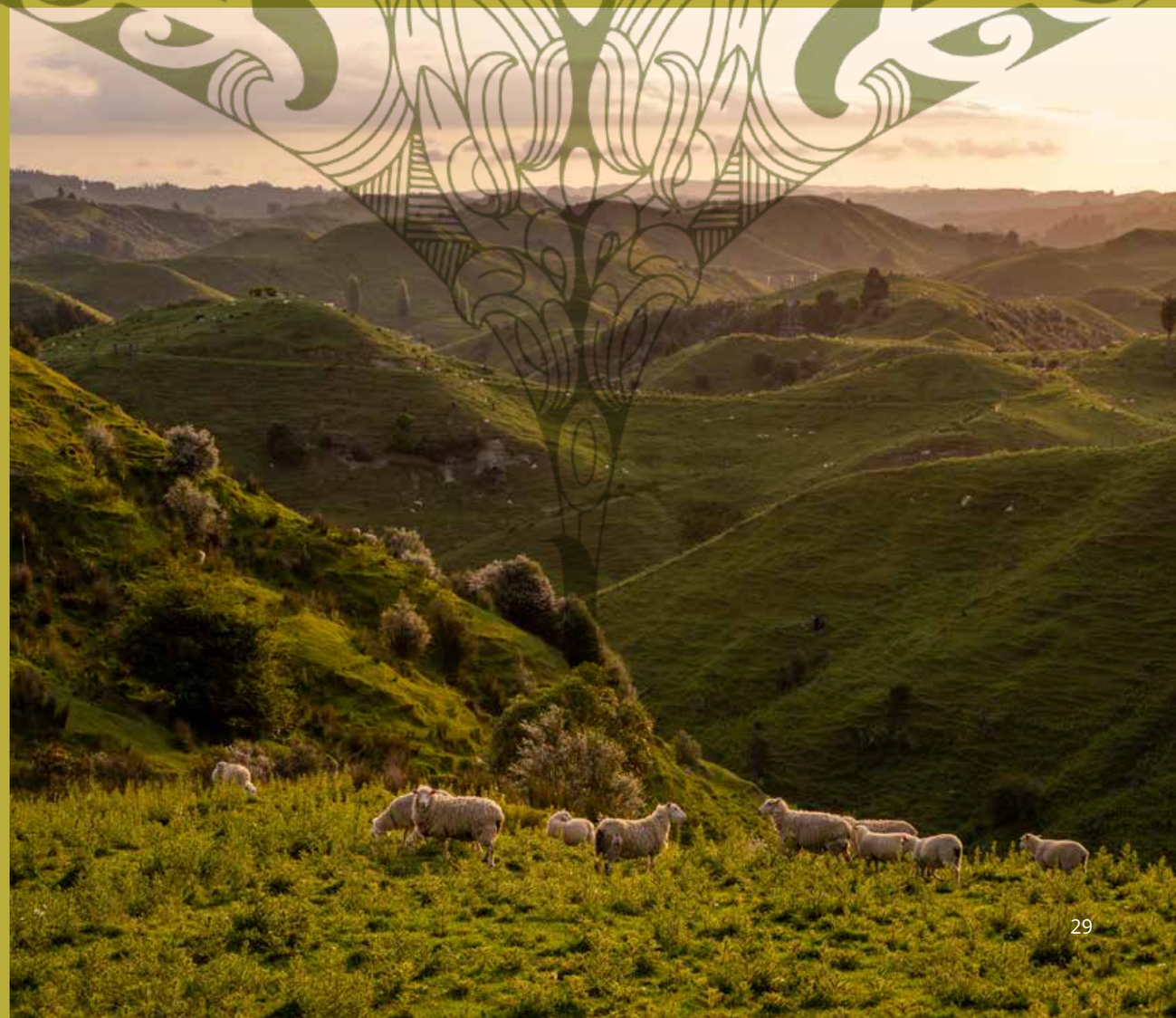
Whaowhia te kete mātauranga.
Fill your basket of knowledge.

Disclaimer and Acknowledgement of Research Scope

As we navigate the complexities of mental health and wellbeing, it is crucial to acknowledge that this report serves merely as an entry point into a much broader conversation. While we strive for accuracy and depth, we acknowledge our role as facilitators of conversation rather than experts in the field. This report, derived from a high-level analysis of data, literature and community insights, underscores the need for further research and deeper investigation. Such efforts are essential to fully comprehend the complexity of the issue and to develop effective, informed actions for addressing education-related disparities in Aotearoa New Zealand.

We therefore invite our readers to approach this report not just as a collection of insights, but as an open call for further inquiry, discussion, and action.

Context Framing



Our Equity and Wellbeing Framework

Figure 2 — Impact Collective Equity and Wellbeing Framework.

Think global, align national, act local.

In order to identify opportunities and measure outcomes within our communities, we have developed a three-tier framework encompassing global, national, and local equity and wellbeing frameworks.

Together, these provide us with over 150 individual indicators with which we can measure equity and wellbeing – acting as a benchmarking tool to begin to explore data insights within our region and identify priority areas that we will seek to understand in much more detail.

The purpose of this combination of global, national, and local frameworks is to ensure that we encompass all elements of equity and wellbeing. While the goals of each can be individually interpreted, each goal has a relationship with all other elements - as such, we have designed the framework to represent the most logical alignments.

Whānau Ora Goals

Whānau Ora is an innovative approach to improving whānau wellbeing that puts whānau at the centre of decision making. The Whānau Ora approach focuses on the whānau as a whole and addresses individual needs within the context of the whānau. Whilst this is a National Framework, the focus on individuals and whānau as its core tennant has inspired the Impact Collective to place these goals at the heart of our framework.

Whānau are supported to identify the aspirations they have to improve their lives and build their capacity to achieve their goals. Iwi and the Crown have agreed to a shared Whānau Ora Outcomes Framework to guide their work to improve outcomes for whānau.

The Outcomes Framework confirms that Whānau Ora is achieved when whānau are self-managing, living healthy lifestyles, participating fully in society, confidently participating in Te Ao Māori, economically secure and successfully involved in wealth creation, cohesive, resilient and nurturing and responsible stewards of their natural and living environments.

Treasury Living Standards

The Living Standards Framework (LSF) represents a perspective on what matters for New Zealanders' wellbeing, now and into the future. It is a flexible framework that prompts our thinking about policy impacts across the different dimensions of wellbeing, as well as the long-term and distributional issues and implications.

Updated in October 2021, the LSF consists of three levels - Wealth of Aotearoa New Zealand, Our Institutions and Governance and Our Individual and Collective Wellbeing. Level One, Our Individual and Collective Wellbeing, includes 12 domains that have been shown to be important for the wellbeing of both individuals and collectives, such as families, whānau and communities of place, identity and interest. Level Two, Our Institutions and Governance, refers to formal rules, informal norms, and the formal and informal organisations those rules and norms are embedded within.

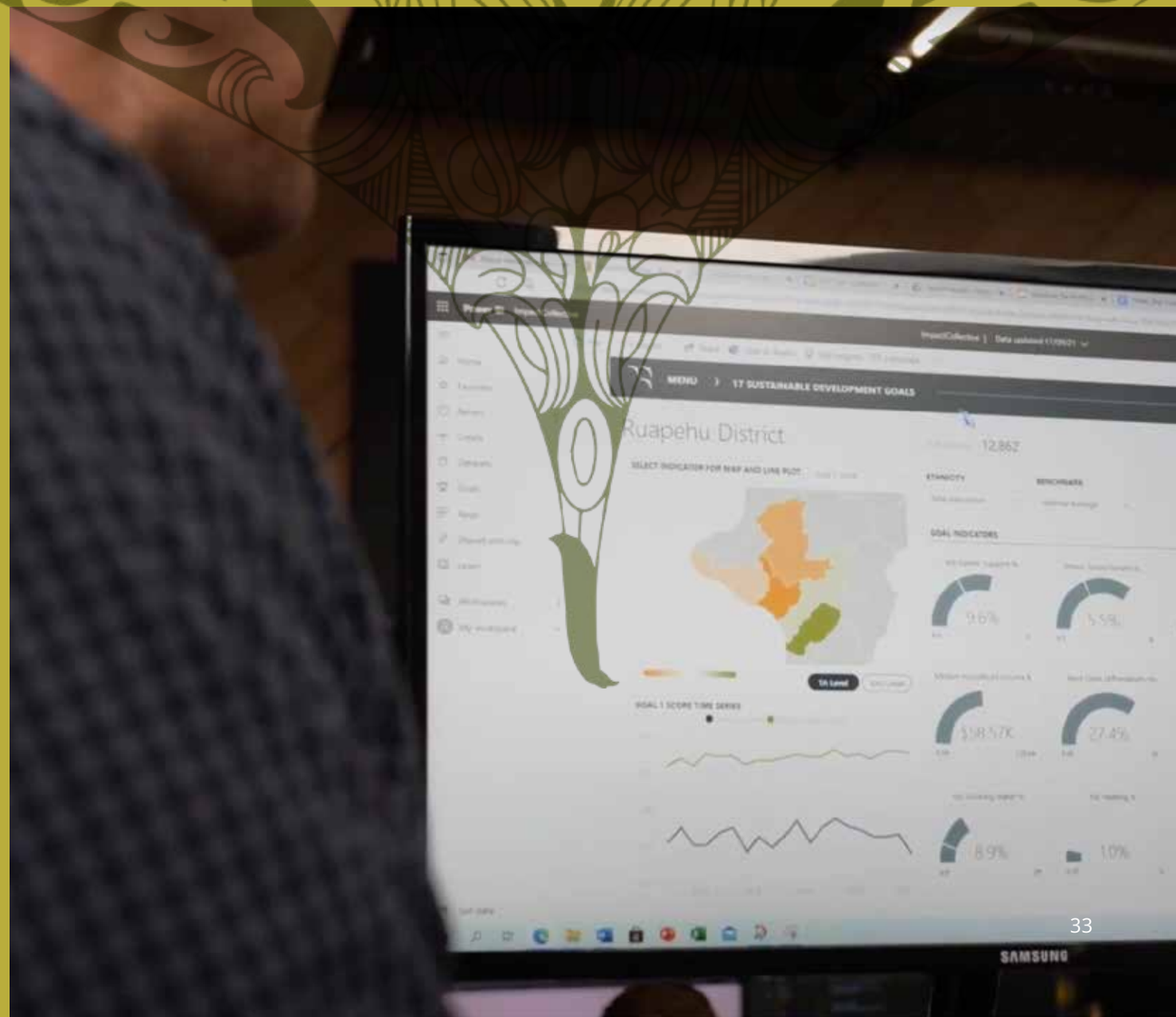
Institutions are often nested in complex relationships. Level Three, outlines the four categories of Wealth of Aotearoa New Zealand; natural environment, financial and physical capital, social cohesion and human capability. These categories recognise that wealth generation in Aotearoa New Zealand is not limited to the historical categorisation of 'GDP', but rather the wider determinants of wealth creation - including our people and our environment.

United Nations 17 Sustainable Development Goals

The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future.

At its heart are the 17 Sustainable Development Goals, which are an urgent call for action by all countries - developed and developing - in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling environmental and climate concerns and working to preserve our oceans and forests.

Our Methods


MENU
17 SUSTAINABLE DEVELOPMENT GOALS
Ruapehu District
12,862
SAMSUNG

A Dual-phased Approach

1 2 3

Seek the data

Collating and analysing the data insights through the lens of our frameworks.

Understand through stories

Engaging with communities and organisations within our rohe to ensure the insights are understood through a lived experience lens.

Identify insights and priorities

Bringing together the stats and stories to determine what matters the most to our rohe.

4 5 6

Bridging to Pathways

Exploring complex community concerns across systemic, national, and local contexts, highlighting their nature and identifying opportunities for communities to drive meaningful change.

Supporting Pathways

Supporting communities and organisations within our rohe to collectively co-design pathways/ initiatives that have a positive and enduring impact.

Evaluating Impact

Evaluate the impact of initiatives through our Impact Assessment Reports, using before-and-after data comparisons and community insights, to validate their effectiveness.

Phase One

In Phase One, we gather and present community level insights through Equity and Wellbeing profiles, which represent the collective strengths, barriers, and opportunities of specific regions. Phase One includes steps 1, 2, and 3 of our methodology.

To date, we have completed four Equity and Wellbeing profiles, dedicated to highlighting the unique characteristics of the Whanganui, Rangitīkei, Ruapehu, and South Taranaki communities.

Phase Two

In Phase Two, we help empower community organisations, Iwi, and government agencies to leverage insights from our Equity and Wellbeing profiles so that they can pinpoint opportunities for community-led initiatives that aim to respond directly to community needs. The Impact Collective can assist by working alongside changemakers to bring community members together for the co-design of these initiatives. Covering steps 4, 5, and 6 of our dual-phased approach, Phase Two is where action begins to take shape.

Alongside this, the Impact Collective intends to conduct an Impact Assessment Report to demonstrate the impact various initiatives have had on addressing the strengths, barriers, and opportunities of each community. While we understand that initiatives can take time to demonstrate impact, by leveraging a maturity-based system, we will be able to monitor and support these new initiatives, helping to validate the effectiveness of their efforts through data and insights gathered from people at the community level.

The aim of the Impact Collective's work is to continue on an ongoing basis, following a continuous cycle of the two phases and their respective steps for the regions we serve.

Phase One—Delivery of the Equity and Wellbeing Profiles

Phase One commences upon request, with the aim to meet the evolving needs of our communities on a continuous basis.

This phase encompasses the initial three steps of our process, tailored to gather deep insights from the unique perspectives within our communities. These steps Include:

1 Seeking the data.
2 Understanding through stories.
3 Identifying insights and priorities.

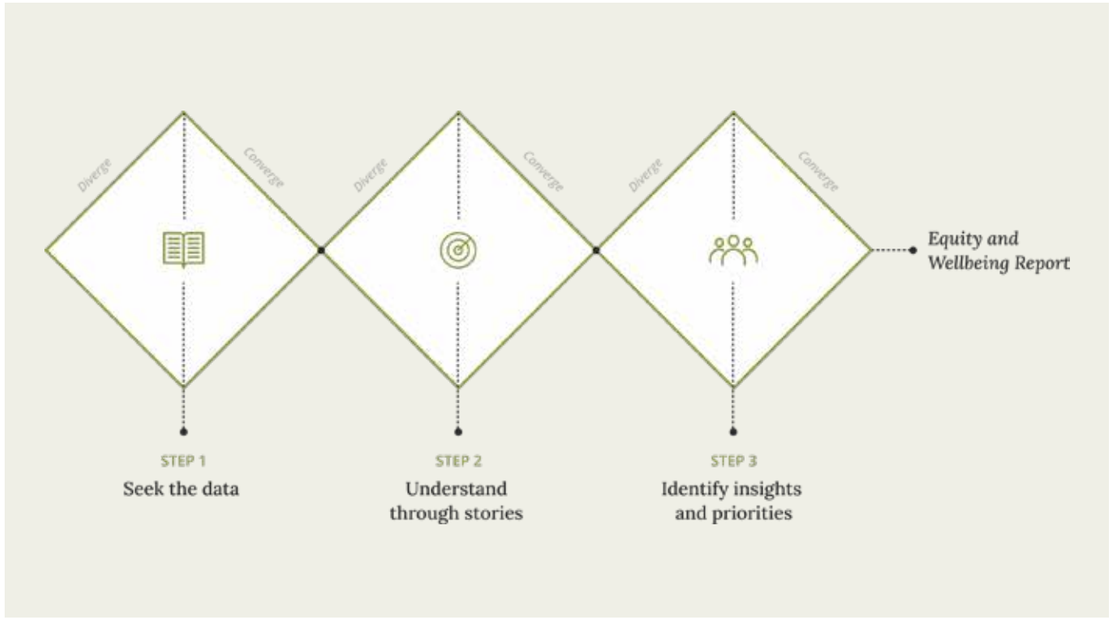


Figure 3 - Phase One of the Impact Collective Process.

Step 1—Seeking the Data.

This step involves collating and analysing data insights through the lenses of our frameworks. Central to this is the Community Compass Dashboard, which pulls up-to-date data from over 100 data sources to measure how communities within Aotearoa New Zealand are tracking. These include over 150 individual indicators that we are able to measure against.

This provides us with a tool to explore data insights with members of our community, and identify areas that require a deeper understanding through their lived experiences.

Tasks included in this step:
- Collate, analyse, and cleanse data.
- Identify key areas for further exploration through community workshops.

The Community Compass Dashboard

This dashboard has been developed by our data partner, DOT Loves Data, which has an incredibly talented team of data scientists and data engineers specialising in building simple, smart, and beautiful data visualisation tools.

The dashboard itself is a leading tool in New Zealand that achieves as close to real-time and collective data representation of equity and wellbeing across our communities as possible, unlocking the potential to track and measure the impact of certain initiatives within our communities across the systems they exist within.

It brings together cross-sector statistics to understand the components and dynamics of community wellbeing from multiple perspectives. While it provides a means to measure progress towards wellbeing objectives, this data is most valuable when contextualised alongside community stories and experiences. This dashboard is innovative in measuring wellbeing at the sub-national and local levels and also highlights current data gaps in understanding wellbeing for Māori.

Data sources

The Community Compass dashboard draws from many validated national and regional data sources to ensure comprehensive coverage across all frameworks and indicators. It was important for the Impact Collective to present data from these validated sources to ensure that, when working with our communities and agencies, the data presented reflects the information held by the government. This will better enable the data to be used by communities when developing community-led services. The primary data sources are listed below:

- NZ Census of Populations and Dwellings (Statistics NZ)
- Ministry of Social Development
- Tenancy Services
- ACC
- Statistics NZ
- Statistics NZ - Child poverty data
- Statistics NZ - New Zealand business demography statistics
- Eftpos NZ
- Ministry of Business, Innovation and Employment
- NZ Police
- DOT Loves Data
- Dynamic Deprivation Index: DOT Loves Data product
- Bizmomento - DOT Loves Data product
- Waka Kotahi
- NZ Transport Agency
- NZ Transport Agency Motor Vehicle Register
- Education Counts
- Ministry of Health
- Ministry of Health - Health survey
- Water New Zealand - National Performance Review
- Open Street Maps
- Electricity Authority
- HealthSpace
- Infometrics
- Chorus
- Tūao Aotearoa
- LAWA

Data gaps and limitations

Throughout the process of data collation, it has become evident that across Aotearoa New Zealand, there are areas where data collection is lacking or non-existent. For example, data can only be provided at a national level, or the intervals between data updates are slow. The significance of this cannot be understated, as it indicates a fundamental lack of quantitative data available to support communities in addressing issues that may be impacting them. Government agencies involved in these areas must support more regionalised and timely access to data to enable communities to design services to ensure a positive impact in the future.

It was also further identified that while ethnicity data is beginning to be collected more frequently, there is still a significant gap in what is being measured and how that impacts Māori communities and Māori service development. Throughout this report, we have ensured that the narratives of Māori participants are portrayed as authentically as they were gifted to us, and that where possible, Māori data is presented.

Step 2—Understanding Through Stories.

By gathering stories through engaging with individuals, groups, and organisations across diverse communities, we ensure the insights collected are understood through the lens of lived experiences. This ensures our insights remain genuine and reflective of the community's voice and prevents assumptions from being made.

We cannot understate the importance of this step. Without it, we risk relying on assumptions and potentially targeting the wrong issues, disconnected from the real needs of the community members who are most impacted.

Tasks included in this step:

- *Facilitate Equity and Wellbeing Workshops with community organisations.*
- *Conduct in-depth Good Mahi Stories, and podcasts with inspiring individuals and groups across the community.*

Equity and Wellbeing Workshops

The purpose of these workshops is to gather stories and lived experiences from communities across Aotearoa, directly from those actively working in and belonging to these communities.

The key objectives of these workshops:

- *To understand their kaupapa (purpose) and why they exist.*
- *To identify the specific needs their organisation or group aims to address.*
- *To determine who their organisation or group partners with to meet these needs.*
- *To look beyond their day-to-day mahi (work) to identify and discuss broader community needs, challenges, strengths, and opportunities.*
- *To discuss current data insights from their community and identify whether they align with or differ from the lived experiences.*

Over the course of our research, we have run approximately 94 workshops with over 400 individuals from across four regions, representing 130 organisations. Please see relevant Equity and Wellbeing profiles for individual acknowledgements.

Good Mahi Stories

In parallel with the workshops, we identified and captured success stories, known as Good Mahi Stories, of individuals, groups, or organisations contributing positively to their community. This allowed us to engage in one-on-one discussions with many local heroes, delving deeper into the needs they aim to address within the community.

Throughout our research, we gathered Good Mahi Stories from approximately 50 individuals, groups, or organisations. Each inspirational story is available on the Impact Collective website in the 'Our Work' section; please take a look when you have the time.

Qualitative Data Gaps and Limitations

While we aim to capture a diverse range of lived experiences to accurately reflect the strengths and opportunities of each region, we can face numerous challenges and gaps in gathering qualitative data due to the availability and willingness to engage. Despite these challenges, we remain committed to capturing and incorporating a wide array of lived experiences into our findings to ensure they accurately represent each region.






FIRE AND EMERGENCY NZ


KAITIAKI




Absent


NikeAir


Step 3—Identifying Insights and Priorities.

In this step, we bring together the wealth of narratives collected through our research, alongside statistics, to pinpoint the areas that matter most to each community. These insights form the foundation of our Equity and Wellbeing Profiles, which aim to capture the collective strengths, challenges, and opportunities of each community.

Tasks within this step include:
- Synthesise stories from community engagements.
- Conduct thematic analysis to unearth insights.
- Validate and refine initial themes with community input.
- Identify systemic connections within our frameworks.
- Compile comprehensive Equity and Wellbeing reports.
- Present findings to stakeholders and the wider community.

Process Overview

Our Systems Strategists undertake a rigorous process to develop each Equity and Wellbeing profile. This begins with capturing the wealth of lived experiences shared during workshops and Good Mahi Stories. To achieve this, each narrative is meticulously transcribed and summarised as anonymised statements, utilising voice transcription tools for precision. A thorough thematic analysis follows, grouping and examining stories to uncover key insights that represent the community.

This initial analysis leads to a set of core themes, which are subsequently validated with the community to ensure that our findings accurately reflect the community's experiences. Feedback and additional narratives are then integrated, further refining these themes into their final iteration (see figure 4). At this stage, data is incorporated to enhance the analysis and a Community Systems Map is formed to articulate the interconnected nature of each theme. This comprehensive approach results in a detailed profile that showcases each community's unique strengths, challenges, opportunities, and success stories.

Goals of each Equity and Wellbeing Profiles:
- To accurately reflect each community's voice and experience.
- To provide a holistic overview that merges lived experiences with data.
- To spotlight the invaluable contributions of community members and organisations.
- To identify and present the strengths, challenges, and opportunities of each region, inspiring community-led action that enhance existing strengths or overcome current barriers.

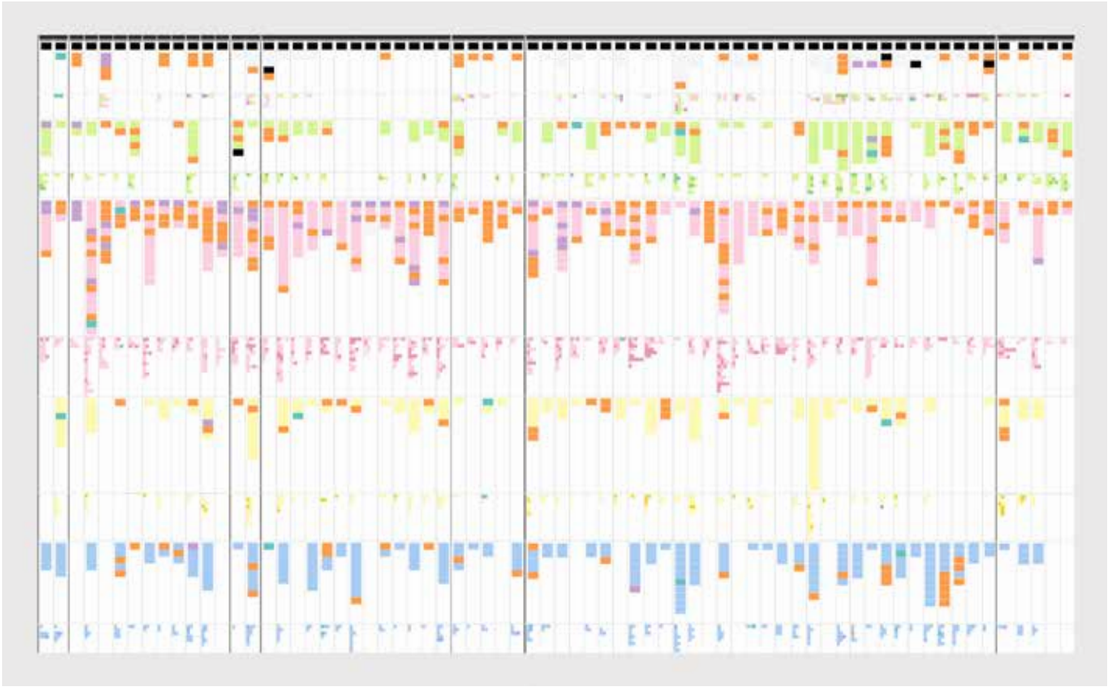


Figure 4 - Comprehensive Insights Map: Final Step in the Insights Process.

Engagement and Presentation:

We are prepared to present or discuss the Equity and Wellbeing Profiles' insights, either in person or online, to help you gain a deeper understanding of the findings nuances. For those interested in a more detailed discussion, we invite you to contact us directly to arrange a session.

Phase Two—Supporting Collective Action

Following the completion of the Equity and Wellbeing Profiles in Phase One, Phase Two initiates a strategic shift towards turning insights into community actions and initiatives.

This phase encompasses the remaining three steps of our process, designed to foster a collective approach to addressing the needs and opportunities within our communities. These steps include:

1 Bridging to Pathways.
2 Supporting Pathways.
3 Evaluating Impact.

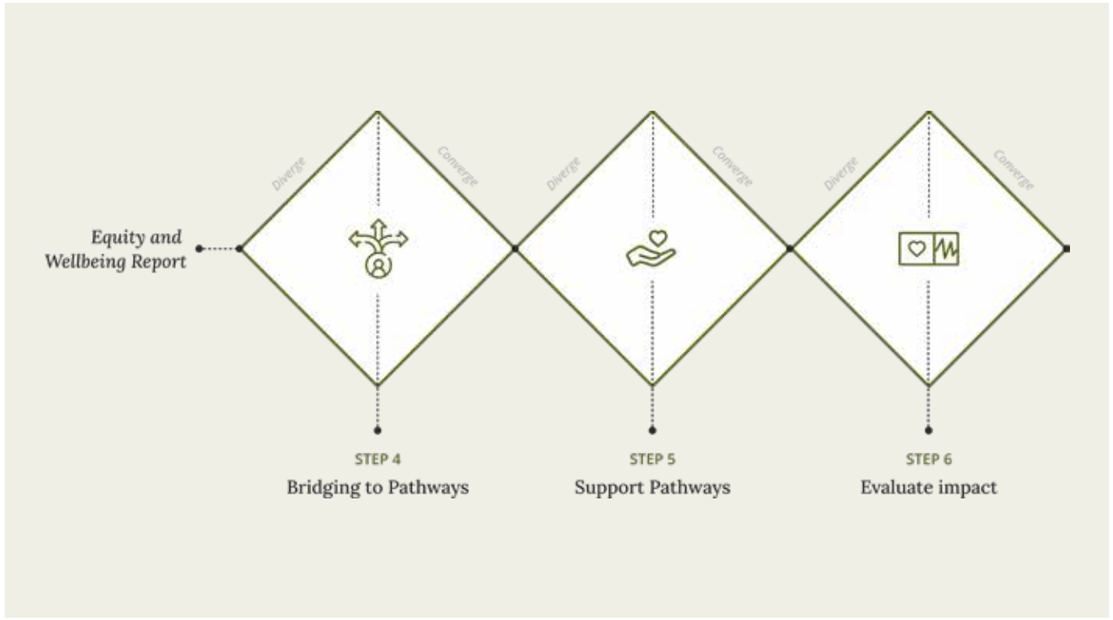


Figure 5 - Phase Two of the Impact Collective Process.

Step 4—Bridging to Pathways

This step serves as a bridge from understanding community needs to taking action to address them.

Here, we delve into specific complex community concerns, highlighting their nature across systemic, national, and local contexts and pinpointing opportunities for individuals, groups, and organisations to initiate meaningful change.

The Impact Collective does not intend to prescribe specific actions. Instead, this step aims to equip people with the knowledge and insights they need to forge their own pathways (with or without our support) towards greater equity and wellbeing.

Tasks included in this step:

- *Perform high-level thematic analysis to identify key community concerns.*
- *Collate statistics to enhance our understanding of each concern.*
- *Review national literature and media to contextualise data and community findings.*
- *Understand community-specific concerns through a detailed review of local stories.*
- *Gather and document opportunities identified in the above.*
- *Highlight examples of successful organisations, models and interventions.*

High-level Thematic Analysis

We begin with an expansive review of community findings to identify the most pressing concerns, referred to in this report as The Big Five. This step is conducted at a high-level, aiming to identify concerns that have widespread impact across different areas related to equity and wellbeing.

National Literature and Media Review

Following this, we compile national literature and media reports to underscore the significance of each complex community concern at a national scale. This review helps contextualise the data and community voices collected, ensuring that our analysis also resonates with the national discourse on these issues.

Local Findings Analysis

In parallel with the National Literature and Media Review, we gather stories from communities within Aotearoa New Zealand to identify and delve deeper into each complex community concern at a local level. This approach allows us to understand the key findings specific to each issue according to the community, enriching our insights and ensuring they are grounded in both data and the community's lived experiences.

Further enriching this analysis we re-engage with organisations who are actively working to address specific concerns within their community. These discussions offer in-depth insights into the challenges and outcomes of specific issues, providing perspectives from experts in the field. These discussions aim to:

- *Explore the contributing factors of social issues within communities.*
- *Understand the short-term and long-term impacts of these issues.*
- *Highlight broader challenges exacerbating these issues.*
- *Discuss successful local, national, and international interventions.*
- *Highlight specific individuals, groups, or organisations making a positive impact.*
- *Identify necessary short-term and long-term strategies for effectively addressing each concern.*

In recognition of their contributions, we extend our heartfelt gratitude to Jamie Allen, Pou Tiaki at Taranaki Retreat, and the broader team at Taranaki Retreat, for being so willing to share their expertise and experience with us for this report.

Considering the sensitive nature of many complex community concerns, we ensure the safety and sensitivity of those by focusing our discussions on those indirectly involved, such as industry experts and service providers, rather than direct engagement with affected individuals.

Opportunities from the Community

With insights in hand, we shift towards action-oriented strategies, starting with an extensive collection of opportunities, ideas, and pathways, identified by the community as well as national literature and media. These are articulated as clear opportunity statements, inviting readers to explore and engage with each further.

Success Stories and Local Good Mahi

We also highlight the impactful work of various models, interventions, and organisations that have made a significant difference in addressing complex community concerns, drawing from both national and international examples.

Here, we also pay tribute to the Good Mahi undertaken by groups and organisations within Aotearoa New Zealand's communities. By featuring their dedicated efforts, we shine a light on the initiatives that are tackling complex community concerns head-on and highlight their invaluable contributions to fostering wellbeing at the community level.

Step 5—Supporting Pathways

This step marks the transition from gathering and analysing insights to enabling communities to take action.

The primary aim here is to support communities and organisations in collaboratively co-designing pathways and/or initiatives that will have a positive and enduring impact on equity and wellbeing. This involves building on the community-identified strengths and opportunities and translating these into tangible actions.

Tasks to support in this step:
- Present insights by sharing detailed findings from regional Equity and Wellbeing Profiles, offering an in-depth understanding of local needs and opportunities.
- Validate pathways and initiatives by collaborating with the community to evaluate the potential impact of proposed pathways and initiatives, ensuring they align with the insights previously identified.
- Co-facilitate sessions that bring diverse community voices together to collaboratively design solutions, initiatives, or services.
- Connect community groups with essential resources, such as funding opportunities, expert advice, and potential partnerships, to actualise co-designed plans.

Role of the Impact Collective

Our role at The Impact Collective is to facilitate and empower others to take action. By leveraging our expertise and the insights we've gathered, we aim to support and empower communities in discovering and implementing solutions, programmes, and services that drive positive change.

The Impact Collective will walk alongside the community to support the co-design process, bringing together community members, local leaders, and stakeholders to envision, plan, and enact further programmes of work, from exploratory research to implementing new services.

Step 6—Evaluating Impact

With many initiatives facing the common challenge of quantifying their impact to secure continued support or funding, this step is dedicated to understanding and measuring the impact of initiatives at the community level.

Through our Impact Assessment Reports, we evaluate the impact of initiatives through a before-and-after comparison of data and community insights. This comparative analysis not only validates the effectiveness of their efforts, but also surfaces new strengths and opportunities emerging within the community.

Additionally, we assess the impact of these initiatives in relation to the Impact Collective framework and the larger system they exist within, using community narratives as a guide.

This evaluation equips communities and service providers with the vital information needed to refine existing services or, if necessary, create new ones, ensuring that solutions remain effective and aligned with the needs of the communities they serve.

Tasks included in this step:
- Gathering the latest data insights through the Community Compass dashboard.
- Collecting fresh community narratives through workshops, interviews, and Good Mahi Stories.
- Measuring change in both data and community perspectives.

Key Concerns

The Big Five

Drawing on insights gathered from our Equity and Wellbeing profiles and the latest data, we introduce The Big Five. These focus areas encompass the top five complex community concerns within the community. Not only do these concerns highlight key systemic challenges, but they also serve as the foundation for our series of Pathways to Equity and Wellbeing reports. In these reports, we will delve into each concern in more detail, aiming to understand their impacts and connections, with the ultimate goal of inspiring community-led action and fostering change where it is most needed.

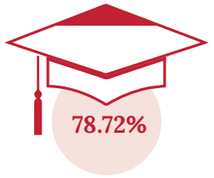
Secondary Education

While education is a cornerstone of equity and wellbeing, schools grapple with a myriad of challenges that impact access to and quality of learning for many. Overpopulated schools, a one-size-fits-all curriculum, and prevalent bullying are among the critical challenges. These issues not only affect academic achievement but also student wellbeing and engagement, leading to an array of downstream impacts, such as low achievement rates and increased dropouts. Addressing these concerns includes, but is not limited to, tailoring curricula to diverse learning needs and fostering inclusive, safe learning environments to ensure every child can thrive in their educational setting.

IN 2022, 52.64% OF SECONDARY SCHOOL STUDENTS IN NEW ZEALAND **GRADUATED WITH NCEA LEVEL 3 AS THEIR HIGHEST QUALIFICATION.**

Dot Loves Data, Community Compass Dashboard.

IN 2022, 78.72% OF NEW ZEALAND SECONDARY SCHOOL STUDENTS WERE 17 YEARS OR OLDER WHEN THEY COMPLETED HIGH SCHOOL.



Dot Loves Data, Community Compass Dashboard.

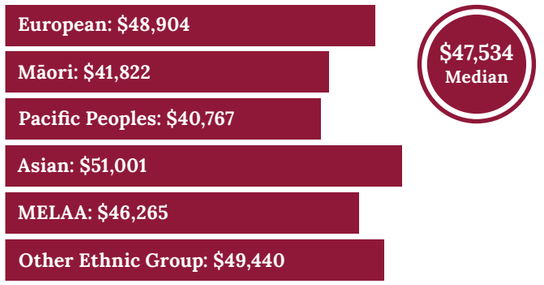
Financial Health and Employment

The economic landscape within our regions reveals a complex interplay of unemployment and financial insecurity that underpins community equity and wellbeing. Financial health and stable employment are foundational to the prosperity of individuals, families, and communities. Yet, current economic challenges, including high unemployment rates, the escalating cost of living, and increasing levels of debt, not only exacerbate financial strain but also contribute to a cascade of related social issues, such as substance abuse, family harm, and mental health struggles, ultimately perpetuating the cycle of poverty. Addressing this concern is undoubtedly complex; however, by ensuring communities have access to the opportunities and support they need, we can pave the way for a more prosperous future where families can thrive.

AS OF JANUARY 1, 2024, **THE MEDIAN HOUSEHOLD INCOME IN NEW ZEALAND STANDS AT $99,424.**

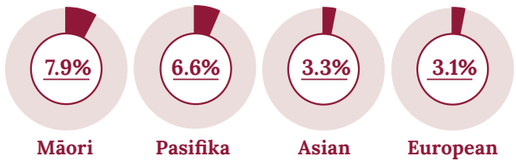
Dot Loves Data, Community Compass Dashboard.

THE MEDIAN HOUSEHOLD EQUIVALISED DISPOSABLE INCOME, WHICH IS DEFINED AS HOUSEHOLD INCOME LESS HOUSEHOLD COSTS, **IS $47,534 AT JUNE 2022.** THE ETHNIC BREAKDOWN FOR HOUSEHOLD EQUIVALISED DISPOSABLE INCOME IS:



Dot Loves Data, Community Compass Dashboard.

IN DECEMBER 2023, THE **UNEMPLOYMENT RATES ACROSS DIFFERENT ETHNIC GROUPS** WERE AS FOLLOWS:



Dot Loves Data, Community Compass Dashboard.

Mental Health and Wellbeing

Mental health challenges such as anxiety, depression, and trauma are widespread, significantly affecting the quality of life and wellbeing of individuals and their families. The causes of mental health concerns are multifaceted, including factors such as isolation and economic stress, and can lead to various downstream effects like family harm and suicide. Barriers to accessing care, including long waiting times, high costs, and insufficient crisis support, exacerbate these challenges. The widespread impact of mental health concerns underscores the urgent need not only to address immediate needs but also to tackle the deeper factors contributing to mental distress. By ensuring that mental health support is accessible, inclusive, and effective, we can create a supportive environment where everyone has access to the resources they need.

THE PROPORTION OF PEOPLE WITH POOR MENTAL WELLBEING, **IS UP FROM 22% IN 2018 TO 28% IN 2021.**

General Social Survey, Statistics New Zealand, 2022.

1 IN 5 ADULTS AGED 15 YEARS AND OVER **ARE DIAGNOSED WITH A MOOD AND/OR ANXIETY DISORDER.**

Ministry of Health, 2019.

IN 2022, **58% OF YOUNG PEOPLE REPORTED HAVING GOOD TO EXCELLENT MENTAL HEALTH,** WHILE **28% SAID THEY HAD EXPERIENCED SERIOUS DISTRESS.**

Ministry of Social Development, Youth Health and Wellbeing Survey (2022).

DEMAND FOR MENTAL HEALTH AND ADDICTION SERVICES IS INCREASING. OVER THE LAST 5 YEARS, **THE NUMBER OF PEOPLE ACCESSING SECONDARY MENTAL HEALTH AND ADDICTION SERVICES HAS INCREASED BY 10%.**

Ministry of Health, 2021.

Rental and Emergency Housing

Across Aotearoa New Zealand, secure and affordable housing remains an elusive goal for many. The apparent housing crisis, characterised by a critical shortage of affordable, secure, and quality homes, stands as a significant barrier to equity and wellbeing. This crisis leads to devastating downstream impacts, including homelessness, housing insecurity, and compromised health, disproportionately affecting the most vulnerable in our society, such as low-income families, single households, and those with disabilities. Addressing this crisis requires a comprehensive approach to ensure that everyone in our community has access to their fundamental right: a safe, affordable home. By tackling the housing crisis, we can pave the way towards a more equitable and healthy future for all residents.

THE MEDIAN WEEKLY RENTAL PRICE IN NEW ZEALAND AS OF JANUARY 2024 **IS $554.11.**

Dot Loves Data, Community Compass Dashboard.

ON AVERAGE, NEW ZEALAND HOUSEHOLDS **SPEND 28.98% OF THEIR INCOME ON RENT EXPENSES.**

Dot Loves Data, Community Compass Dashboard.

Family Harm

Family harm, a critical symptom of broader societal issues deeply entrenched within our communities, has devastating impacts on individuals and their families. Perpetuated by factors including economic stress, substance abuse, and trauma, the prevalence and severity of family harm, described by some as an epidemic, leads to long-term psychological, physical, and social consequences for those directly and indirectly involved. The significance of these impacts underscores the necessity for intervention, including improved support services and community awareness, to break the cycle of harm and ensure safety and support for individuals and their families so that they can thrive across generations.

INCIDENTS OF FAMILY HARM HAVE **INCREASED BY 60% IN THE LAST FIVE YEARS** AND ARE **PREDICTED TO INCREASE BY AN ADDITIONAL 35% BY 2025.**

NZ Police Annual Report, 2021.

INTIMATE PARTNER VIOLENCE **STANDS AS THE LEADING CAUSE OF FEMALE HOMICIDE DEATHS AND REMAINS THE MOST PREVALENT FORM OF VIOLENCE** EXPERIENCED BY WOMEN.

Professor Julia Gerrard/Dr Ian Lambie, Every 4 minutes: A discussion paper on preventing family violence in New Zealand, Office of the Prime Minister, 2018.

A Closer Look: Mental Health and Wellbeing

To pave the way for meaningful action, it's essential we first understand the concerns that stand in the way of achieving equity and wellbeing. In "A Closer Look" we unpack the complex community concern of mental health and wellbeing. We explore this topic through multiple lenses—systemic, national, and local—drawing on data, national studies, and voices from within communities to uncover key challenges, barriers, and also opportunities for strength and growth. Through this approach, we aim to pinpoint the areas that need attention in order to close the gaps and improve mental health outcomes for all.

While many insights in this report speak directly to mental health and wellbeing, some may appear more indirectly connected. This reflects just how intertwined these issues really are—and why a holistic view is necessary when tackling complex social challenges. For those wanting a deeper dive into the interconnected factors shaping mental health and wellbeing, we recommend turning to the Ecosystem overview on page X.

What's in this Section:

- **Problem Statement:** A foundational overview that grounds our exploration, offering a clear view of the mental health and wellbeing landscape in Aotearoa New Zealand. This section introduces the report and helps readers understand the depth and complexity of the issue.
- **Framework Alignment:** In this section, we revisit the Impact Collective Framework and how the topic of mental health and wellbeing in Aotearoa aligns with global, national, and local frameworks, demonstrating its wider impact on various aspects of equity and wellbeing.
- **System Map:** This visual helps illustrate the complex ecosystem surrounding mental health and wellbeing. It maps out the many interconnected factors that shape—and are shaped by—the issue.
- **National Context:** Using a wide range of national research, literature, and media coverage, this section places our findings within the broader context of Aotearoa New Zealand.
- **Local Context:** Rooted in lived experiences, this section captures the mental health and wellbeing landscape from the community's perspective, translating findings into relatable human stories.

Problem Statement

Mental health is a vital part of individual, whānau, and community wellbeing in Aotearoa New Zealand. Yet across the country, people are struggling to get the help they need. Mental distress is common, particularly for Māori, Pacific Peoples, LGBTQIA+ communities, young people, and others who face systemic inequities; however, support is often unavailable, unaffordable, or difficult to access.

Many services remain under pressure, with underfunding, workforce shortages, long wait times, and a lack of culturally appropriate care creating further barriers. People navigating mental health challenges often encounter systems that feel clinical, fragmented, or unwelcoming—especially for those who have experienced trauma or discrimination. In rural areas, limited services and isolation add further challenges. On top of this, stigma, fear of judgement, and past negative experiences can make reaching out for help even harder—regardless of where someone lives.

To improve mental wellbeing in Aotearoa New Zealand, it is essential to ensure all people, particularly those from marginalised communities, can access safe, inclusive spaces where care is timely, proactive, and culturally responsive. By addressing structural barriers, building on the strengths of individuals and whānau, and ensuring support services are equipped to meet the growing need, we can work towards a future where mental wellbeing is recognised, nurtured, and supported for everyone.

Framework Alignment

In this section, we return to the Impact Collective Framework, a key tool that brings together global, national, and local perspectives through the lenses of the United Nations Sustainable Development Goals, the Living Standards Framework, and Whānau Ora Goals. This framework enables us to systematically assess how mental health and wellbeing touches on critical areas of the human experience, shedding light on its wide-reaching influence across different layers of equity and wellbeing.

The visual representation provided (see figure 6) illustrates the many touchpoints mental health and wellbeing has with issues at all levels—global, national, and local. These encompass Sustainable Development Goals, such as Good Health and Wellbeing, Quality Education, Reduced Inequalities, and Gender Equality.

To help you interpret the visual:

- Full-coloured segments show where mental health and wellbeing has the strongest impact on equity and wellbeing.
- Half-coloured segments mark areas with moderate influence.
- Grey segments indicate areas with little to no direct connection.

This framework alignment not only highlights the multidimensional nature of mental health and wellbeing in Aotearoa New Zealand but also shows how addressing this issue has the potential to positively impact various aspects of equity and wellbeing.

Figure 6 - Impact Collective Equity and Wellbeing Framework: The Influence Mental Health and Wellbeing has on Equity and Wellbeing.

Understanding the Mental Health and Wellbeing Ecosystem

Community System Map

Before diving into the Mental Health and Wellbeing Ecosystem, it's helpful to first explore the broader network of interconnected social issues shown in the Community System Map from previous Equity and Wellbeing profiles. These maps reveal the complex links between themes like employment, education, and crime, and how they affect specific communities, such as the South Taranaki district (see Figure 7).

The Community Systems Map not only illustrates the complexity of these issues and how they relate to one another, but also sets the foundation for a deeper dive into mental health and wellbeing. For a closer look at the full map, head to the 'Snapshot of the Community' section in our Equity and Wellbeing Profiles.

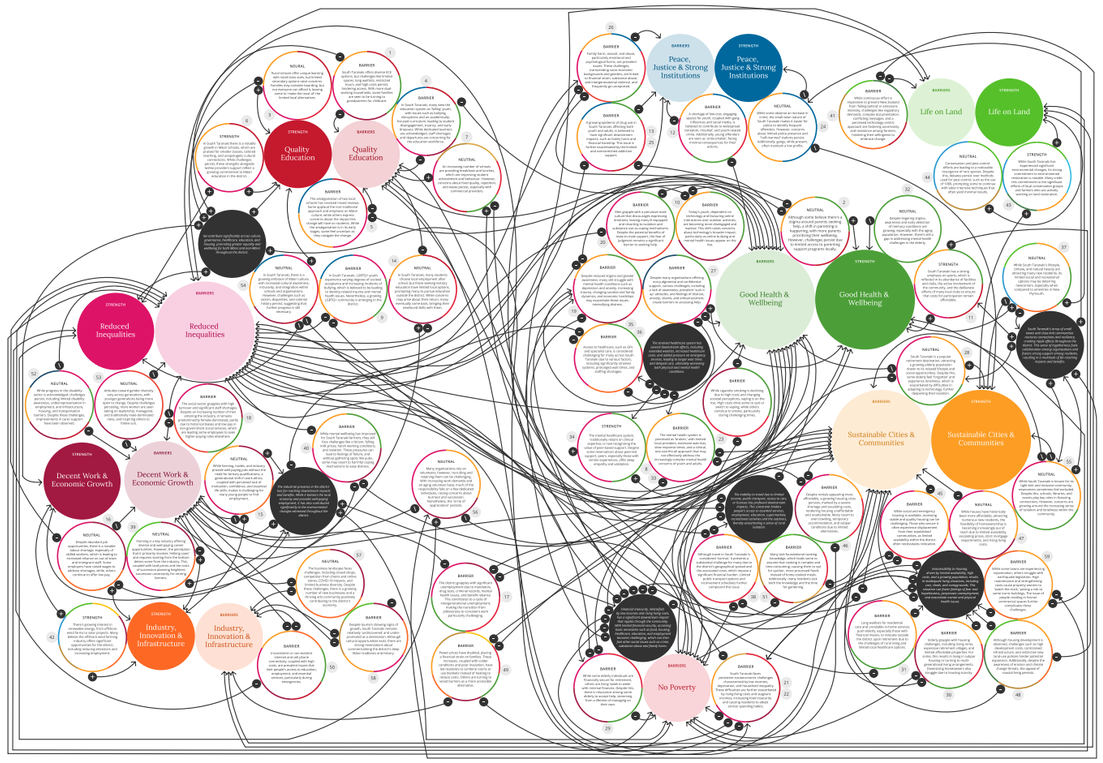


Figure 7 - Example of Community Systems Map: South Taranaki District.

As we shift our focus from the broader landscape captured by the Community System Map, we narrow in on mental health and wellbeing (see figure 8). This closer look allows us to uncover the key themes and relationships that specifically shape this issue.

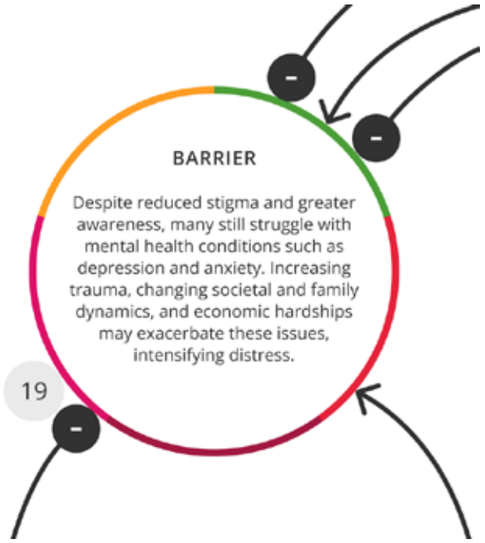


Figure 8 - Example of Community Systems Map: Focusing on mental health and wellbeing in South Taranaki.

On the next page, there's a visual representation called the mental health and wellbeing Ecosystem (see figure 9). This visualisation combines findings from both local and national levels to illustrate the complex interactions of causes, effects, and influences related to mental health. It provides an overview of the factors impacting mental health and wellbeing in Aotearoa New Zealand. Further details on many aspects of this map will be discussed in the subsequent sections of the report.

Mental Health and Wellbeing Ecosystem

KEY

- Barriers that impact mental health and wellbeing directly or indirectly
- Strengths that support mental health and wellbeing directly or indirectly
- Neutrals that can both impact and support mental health and wellbeing
- Positive impact
- Negative impact
- Direction and connection

YOUTH MENTAL HEALTH
Youth are facing increasing mental health challenges, particularly anxiety and depression, driven by social pressures, social media, and the lasting impacts of COVID-19.

YOUTH AND SOCIAL MEDIA
Social media is believed to impact youth mental health, with some parents delaying smartphones or going back to landlines to help protect their kids.

GAPS IN YOUTH SUPPORT
Schools lack adequate, targeted mental health resources to address students' specific needs.

ADHD CHALLENGES
ADHD diagnoses are on the rise due to increased awareness, but treatment access remains limited by high costs, specialist shortages, and long wait times.

LACK OF EMOTIONAL SKILLS
Young people lack the skills to manage strong emotions, making it harder to cope with setbacks and everyday challenges.

COST OF CARE
The high cost of mental health care makes support hard to access, especially for those who can't afford private therapy. With few affordable options, some turn to drugs as a cheaper way to cope

SUICIDE CRISIS
Suicide is a major public health issue in Aotearoa New Zealand, disproportionately affecting Māori, LGBTQIA+ people, and young people.

SUICIDE PREVENTION
Suicide prevention faces ongoing challenges, with concerns about limited resourcing, unclear leadership, and the effectiveness of current strategies to reduce high suicide rates.

SUBSTANCE USE
Substance use is closely linked to poor mental health. Many turn to alcohol or drugs to cope with distress, but this often leads to long-term harm, addiction, and worsening wellbeing.

STIGMA
While stigma around mental health has improved, it is still deeply ingrained in some areas. Some conditions are becoming more accepted and normalised. However, others continue to carry significant stigma.

LACK OF NEURODIVERSITY SUPPORT IN SCHOOLS
Neurodiverse support systems are inadequate in some regions, particularly in schools, where students struggle to access the help they need.

HOLISTIC APPROACHES
Media articles provide practical tips to reduce stress and improve wellbeing, while community support programmes offer connection and belonging, helping to alleviate these challenges.

LIFESTYLE AND WELLBEING
Lifestyle factors like physical activity, nutrition, sleep, and social connection play key roles in wellbeing. Small, consistent actions, can help reduce stress and support long-term mental health.

RISING LIVING COSTS
Rising living costs are worsening mental health for low-income households, causing stress, burnout, and financial strain, with energy poverty, debt, and heavy workloads affecting vulnerable communities.

ELDERLY WELLBEING
Many elderly people experience loneliness and isolation, impacting their wellbeing. Loss of loved ones, lack of transport, and emotional abuse leave many struggling.

MASCULINITY & MENTAL HEALTH
Stigma, outdated ideas about masculinity and a lack of dedicated services, make it hard for men to seek mental health support. Without safe spaces to express emotion, some turn to drugs, alcohol, or anger to cope.

SOCIOECONOMIC FACTORS
Lower socioeconomic status is linked to poorer mental health, with factors like financial stress and social exclusion exacerbating mental health issues, especially among Māori and Pacific Peoples.

ISOLATION AND LONELINESS
Loneliness and isolation is linked to poor mental health, especially for rural communities and those without strong social networks. Limited transport and services make it harder to stay connected.

SOCIAL HUBS
Local libraries serve as vital social hubs, fostering connection and support.

MENTAL HEALTH IN FARMING
Farmers experience high stress and mental health struggles due to isolation, financial pressures, and long hours and limited support. A 'suck it up' culture often stops people from seeking help."

FINANCIAL STRAIN
Rising living costs and financial pressure are increasing stress, anxiety, and burnout. Even those who haven't struggled before are now facing mental health challenges.

PERCEIVED SCARCITY
Messages about limited mental health services discourage people from seeking help, reinforcing the belief that support is only for the most critical cases.

MENTAL HEALTH AND WELLBEING

ACE'S
Adverse childhood experiences and trauma are strongly linked to poor mental health, reduced engagement in education, and increased risk of depression, anxiety, and substance use.

UNRESOLVED TRAUMA
Unresolved trauma from childhood experiences, attachment damage, and colonisation has serious impacts on adult mental health, along with wider effects on education, development, and wellbeing.

MENTAL HEALTH CARE SYSTEM ISSUES
Mental health services are often seen as too rigid and clinical, lacking trauma-informed, community-based support that meets people's diverse needs for healing and recovery.

COLLABORATION
Collaboration between services, whānau, and Iwi is key to effective mental health support, but resource limitations make it difficult in practice. Strong relationships are important but often unattainable due to sector pressures.

ABUSE IN CARE
Reported abuse in psychiatric, state, and faith-based institutions has caused lasting harm on mental health. Survivors and advocates are calling for accountability, compensation, and public recognition.

PACIFIC MENTAL HEALTH DISPARITIES
Pacific Peoples face higher rates of mental health challenges but struggle to access support due to stigma, structural barriers, and a lack of culturally appropriate care that reflects Pasifika values.

PREVALENCE OF MENTAL HEALTH
Challenges with mental health, including anxiety and depression, are widespread, but the true extent may be higher than reported, as some people struggle alone without seeking help.

INTERGENERATIONAL TRAUMA
Unresolved trauma can be passed down through generations, shaping emotional and mental wellbeing. Without support, harmful coping like substance use can keep these cycles going.

LIVED EXPERIENCE SUPPORT
Lived experience and peer support are seen as effective methods for improving mental health outcomes, offering connection and understanding. However, concerns remain around training, safety, and long-term support.

GROWING COMPLEXITY
Mental health challenges are becoming more complex, with increasing trauma, addiction, and emotional distress. Many support workers feel unprepared to meet these growing and changing needs.

MENTAL HEALTH WORKFORCE CRISIS
New Zealand faces a critical shortage of mental health and support workers, leading to burnout, long wait times, and reduced access to care. Staffing gaps are worsening despite government investment.

CRISIS VS. PREVENTION
Mental health support is seen as reactive, responding only in crisis. Many say this 'ambulance at the bottom of the cliff' approach comes too late to prevent serious harm.

MĀORI MENTAL HEALTH DISPARITIES
Māori experience significant mental health inequities driven by colonisation and structural racism. Despite higher levels of distress, access to culturally appropriate care is limited due to ongoing underinvestment in by-Māori, for-Māori services.

JUSTICE SYSTEM CHALLENGES
People with mental health challenges are overrepresented in prisons, often due to systemic gaps in care, housing, and support. This cycle highlights deeper issues of inequity across justice, health, and social systems.

CULTURALLY RESPONSIVE CARE
Traditional Western care often fails meet the needs of diverse people. Yet, research shows culturally competent, community-led services are more effective as they improve trust, engagement, and mental health outcomes.

FUNDING
Mental health services are under pressure, with ongoing funding issues, rising demand, and limited resources. Many argue the system lacks long-term investment, making it harder to deliver care.

LGBTQIA+
LGBTQIA+ people, particularly youth, face higher risks of mental illness, driven by discrimination, outdated beliefs, and limited support. These experiences often lead to long-term trauma.

POLICE WITHDRAWAL
The phased withdrawal of police from mental health callouts risks putting additional pressure on the existing health system and causing delays in care for people in need.

BUILDING TRUST
Some services prioritise building trust, confidentiality, and non-judgemental spaces, encouraging more people to seek help comfortably.

BARRIERS TO SEEKING SUPPORT
People are reluctant to engage with support services due to stigma, emotional barriers, and past negative experiences, making it harder to access the help they need.

LIMITED SERVICES AND CRISIS SUPPORT
Many rural areas have inadequate mental health services, especially for youth, with scarce crisis support, long delays, and few emergency options. Distance and limited respite care leave many with nowhere to turn.

SHORT-TERM SOLUTIONS
Some say the mental health system relies too much on medication and short-term fixes, rather than addressing root causes. Limited long-term support leaves many without lasting healing.

MENTAL HEALTH BILL
Concerns are being raised about the new Mental Health Bill, which some say fails to deliver real change to mental health care in New Zealand.

Figure 9 - Mental Health and Wellbeing Ecosystem.

National Context

National Literature Review

In this section, we draw from a diverse array of research materials, including scholarly articles, meta-analyses, theses, reports, discussion papers, and book chapters, to build a well-rounded view of mental health and wellbeing from a national perspective. Each source offers unique insights and evidence that deepen our understanding of the factors shaping mental health across Aotearoa New Zealand.

Please note that while we examine a diverse array of materials, this review captures high-level research and is not intended to be an exhaustive study. Its purpose is to complement the following sections of the report by offering additional perspectives and considerations relevant to mental health and wellbeing in Aotearoa.

Socioeconomic Disparities

In Aotearoa New Zealand, people with lower socioeconomic status tend to experience poorer mental health and wellbeing than those in higher socioeconomic status. Those experiencing socioeconomic deprivation are more likely to experience mental health challenges, including higher rates of depressive symptoms, anxiety, and lower life satisfaction (Fergusson et al., 2015; Mulder et al., 2022; Sutcliffe et al., 2023). Notably, some studies further suggest that these risks are even greater when individuals living in poverty reside in higher-income neighbourhoods or attend more affluent schools where financial disparities may become more pronounced (Denny et al., 2016).

Socioeconomic status influences mental health through multiple interconnected factors, including financial stress, housing instability, unemployment, and social exclusion. Those experiencing deprivation often face greater psychological distress, due to limited access to stable income, secure housing, and supportive social environments—which are essential for mental wellbeing (Mulder et al., 2022; Patterson et al., 2018; Sutcliffe et al., 2023).

Unfortunately, the ongoing effects of colonisation and systemic racism have contributed to Māori and Pacific Peoples being disproportionately represented in lower socioeconomic groups, resulting in greater exposure to the associated mental health challenges associated with economic disadvantage (Gibson et al., 2017).

> *"People said that unless New Zealand tackles the social and economic determinants of health, we will never stem the tide of mental health and addiction problems. There are clear links between poverty and poor mental health. People need safe and affordable houses, good education, jobs and income for mental wellbeing" (Patterson et al., 2018, p. 9)*

"*Socioeconomic deprivation and mental health status had a clear inverse relationship, with those from higher deprivation neighbourhoods reporting lower mental health status on all measures in both 2012 and 2019. Declines in mental health status across this period were largest among those in high-deprivation neighbourhoods and smallest among those in low-deprivation neighbourhoods, in both relative and absolute terms, resulting in a substantial widening of pre-existing inequities" (Sutcliffe et al., 2023, p278)*

"*In general, this research has found that levels of life satisfaction are higher among those who have: higher socio-economic status; a partner relationship; social resources and support; employment; financial resources; good health; and certain personality characteristics" (Fergusson et al., 2015, p. 2427).*

"*However, we also have a significant section of the population that suffers from deprivation, and this group has much more psychological distress. Thus, we suggest that resources should be directed towards this group. Data from the New Zealand Health Survey show that those in the most deprived decile were around 30 times more likely than those in the least deprived decile to report a K10 score suggesting clinical anxiety and depression. The suicide rates for the lowest quintile in 2016 were two to three times higher than the least deprived quintile" (Mulder et al., 2022, pp. 92-93).*

"*This study found that risk of health and behaviour indicators such as depressive symptoms and cigarette smoking by adolescents experiencing poverty were worsened when living in more affluent neighbourhoods or attending more affluent schools… This may be compounded by unequal access to social capital, particularly bonding social capital, whereby low socioeconomic individuals are socially excluded and become more isolated in more affluent neighbourhoods or schools" (Denny et al., 2016, p. 9).*

"*Increasing international data has allowed more sophisticated ecological studies to show what factors are associated with psychological distress. These factors are consistent and not surprising: lower incomes, poor housing and unemployment (possibly better expressed as "deprivation"), as well as discrimination, neighbourhood safety, gender equality and corruption" (Mulder et al., 2022, p. 92)*

"*People with experience of mental illness are at greater risk of unemployment, and unemployment and job loss are associated with a greater risk of developing mental illness, particularly depression. Unemployment leads to uncertainty, and a loss of identity and self-esteem. It also leads to a loss of structure and purpose, and deprives people of the social and psychological functions of work. All this can lead to poverty, a loss of meaning and a sense of self, isolation, substance use and even suicide" (Gordon et al., 2015, p. 16).*

"*Approximately one-third of participants mentioned substance use, housing and/or other socioeconomic factors as contributing to both demand and complexity. These factors were thought to complicate the support of people in crisis and make it more difficult for them to recover in the community" (Every-Palmer et al., 2024, p. 86).*

"*Based on the ongoing effects of colonisation and colonial privilege in New Zealand, Māori have been exposed to social and economic disparities that have been developed in a political context that privileges the dominant group. Māori are more likely to live in poverty on the basis of systemic discrimination, and are more likely to develop mental health problems as a result of disconnection and alienation from their cultural institutions. Pasifika people also experienced economic and racial discrimination and other challenges to the maintenance of their traditional values" (Gibson et al., 2017, p. 19).*

Māori Mental Health and Wellbeing

Māori experience significant inequities in mental health and wellbeing, with higher rates of mental distress yet less access to appropriate care. Mental distress is 50% more prevalent among Māori than non-Māori, yet Māori are 30% less likely to receive a formal diagnosis. This highlights disparities not only in the prevalence of mental distress but also in access to care (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023).

These inequities stem from the lasting effects of colonisation and structural racism, which continue to negatively affect Māori health outcomes. Barriers to accessing culturally appropriate services further widen these disparities (Harris, Stanley, & Cormack, 2018; Sutcliffe et al., 2023; Williams, Clark, & Lewycka, 2018). A key challenge is the limited availability of culturally appropriate services. Public investment in by-Māori, for-Māori services remains insufficient, restricting access to support that reflects Māori values and perspectives (Craik et al., 2023; Patterson et al., 2018).

As a result, many Māori face difficulties accessing appropriate mental health support and may be less likely to engage with the health system due to experiences of stigma and discrimination (Williams, Clark, & Lewycka, 2018).

"*Our findings suggest that public health programmes and services that genuinely seek to address equity for Māori youth, will ensure cultural programming and policies that are culturally and developmentally specific, as core components of any mental health and suicide prevention strategy" (Williams, Clark, & Lewycka, 2018, p. 7).*

"*There is now a strong, consistent evidence base linking experience of racial discrimination to various markers of negative physical and mental health (both self-reported and objectively measured), health risk and health care utilisation. The magnitude of association appears to be highest with mental health outcomes" (Harris, Stanley, & Cormack, 2018, p. 2)*

"*While the prevalence of mental distress among Māori is almost 50% higher than among non-Māori, Māori are 30% less likely than other ethnic groups to have their mental illness diagnosed. Māori are also more likely to die by suicide and more likely to experience addiction. Unmet need is also worse for Māori and Pacific peoples, with 12.9% of those populations reporting an unmet need. However, despite this and other strong evidence that mainstream health services and models of care are not working for Māori, less than a third of Māori who access specialist mental health and addiction services have had access to kaupapa Māori services" (Ministry of Health, Health New Zealand, & Maori Health Authority, 2023, p. 11).*

"*Policy directives must be actively anti-racist and antidiscrimination, and address entrenched disadvantage caused by mechanisms of colonisation compounding over generations. In line with the principle of tino rangatiratanga (self determination), Māori-led solutions and those incorporating mātauranga Māori (Māori knowledge) are needed" (Sutcliffe et al., 2023, p. 279).*

"*Racial discrimination is more common for Māori, Asian and Pacific ethnic groups, as is report of any experience of discrimination. Therefore, while the health impact of discrimination may be similar for different ethnic groupings, the burden of exposure is not, and hence health will be affected more for those groups with the greatest exposure" (Cormack, Stanley, & Harris, 2018, p. 12).*

"*The strong consensus among Māori was that Te Ao Māori, mātauranga Māori, whānau, and te reo me ona tikanga are essential aspects of wellbeing for Māori" (Patterson et al., 2018, p. 36).*

"*However, failures to uphold te Tiriti o Waitangi in health policy and practice have been increasingly documented, and are evident in the persistent mental health inequities experienced by Māori compared to other NZers." (Craik et al., 2023, p. 2).*

"*Thus, to achieve equity and improve outcomes for Māori, it is recommended that increased investment and funding into 'by Māori for Māori' MHP [mental health promotion] is also complemented with ongoing cultural safety training for non-Māori HPPs [health promotion practitioners]" (Craik et al., 2023, p. 10).*

"*Despite the concerning health and social impacts of poor mental health, Māori youth are significantly less likely to be able to access healthcare when needed and frequently experience mental health stigma and ethnic discrimination" (Williams, Clark, & Lewycka, 2018, p. 2).*

Pacific Peoples Mental Health and Wellbeing

Pacific Peoples in Aotearoa New Zealand experience higher rates of mental health challenges, largely due to factors such as discrimination and economic disadvantage (Cormack, Stanley, & Harris, 2018; Fa'alogo-Lilo & Cartwright, 2021). However, access to mental health support for Pacific People remains low due to structural barriers, stigma, and a lack of culturally appropriate care.

Many mental health services in Aotearoa New Zealand are based on an individual-focused model of care, which overlooks the collectivist values of Pasifika cultures, where family and community are central to wellbeing (Patterson et al., 2018; Fa'alogo-Lilo & Cartwright, 2021). This discrepancy between common models of care and cultural values can discourage engagement with the health system, leaving many Pacific Peoples without the support they need.

"*For Pasifika clients who wanted it, it also includes acceptance of family involvement and support, a practice which often does not fit with an individualist perspective. This is particularly important given the collectivist and family-focused values of Pasifika cultures" (Fa'alogo-Lilo & Cartwright, 2021, p. 766).*

"*Pacific peoples in New Zealand experience higher rates of mental health problems but are less likely to access and utilize mental health services" (Fa'alogo-Lilo & Cartwright, 2021, p. 765).*

"*…there has also been a history of discrimination and oppression of Pacific peoples (as there has been a history of colonization and oppression of Māori) in New Zealand. Pasifika remain economically disadvantaged and the evidence suggests that acute and chronic socioeconomic factors impact significantly on poor health status for Pasifika, including mental health" (Fa'alogo-Lilo & Cartwright, 2021, p. 753).*

"*Barriers to accessing services included stigma among Pasifika regarding mental health problems and experiences of fear and shame for those experiencing unwellness. This was compounded by lack of knowledge about available services and also mistrust of services that were viewed as incompatible with Pasifika beliefs and values" (Fa'alogo-Lilo & Cartwright, 2021, p. 765).*

"*Racial discrimination is more common for Māori, Asian and Pacific ethnic groups, as is report of any experience of discrimination. Therefore, while the health impact of discrimination may be similar for different ethnic groupings, the burden of exposure is not, and hence health will be affected more for those groups with the greatest exposure" (Cormack, Stanley, & Harris, 2018, p. 12).*

"*Pacific peoples called for Pacific ways and world views of knowing and doing, where connection is paramount through relationships with family, community and the environment, to be honoured" (Patterson et al., 2018, p. 36).*

"*Māori and Pacific peoples pointed to evidence that treating the mental health of an individual in isolation from family and community is ineffective and inappropriate for cultures that value collectivism" (Patterson et al., 2018, p. 48).*

LGBTQIA+ Challenges and Stigma

People of diverse genders and sexualities in Aotearoa New Zealand face a significantly higher risk of mental illness (Tan, Wilson et al., 2022). This disparity is partly driven by the normalisation of cisgender identities and the pathologisation of transgender identities, which persist even in diagnostic manuals of mental disorders. These factors contribute to social exclusion and mistreatment, directly impacting mental health (Tan, Schmidt et al., 2022; Tan, Wilson et al., 2022). Access to healthcare also remains a challenge, as many practitioners lack the education and confidence needed to provide appropriate care for gender-diverse people (Treharne et al., 2022).

"*Another participant criticised the notion that transgender identity is pathological, 'Being, trans isn't something that in itself causes mental distress or harm. It's how the world around you treats you for being trans that does the harm' " (Tan, Schmidt et al., 2022, p. 1116).*

"*People of diverse genders and sexualities also had approximately twice the risk of experiencing lifetime mental illness, about twice the risk of feeling socially excluded, and more than three times the risk of thinking about self-harm and suicide in the last two weeks" (Tan, Wilson et al., 2022, p. 585).*

"*The continued listing of transgender people's experiences as a diagnostic category, including 'gender dysphoria' in DSM-5 has been critiqued for reinforcing the pathologisation of transgender identities and the normalisation of cisgender identities, as well as implying that medical intervention is a mandatory trajectory for transgender people to affirm their genders" (Tan, Schmidt et al., 2022, p. 1114)*

"*Health professionals often report discomfort and lack of confidence providing care to transgender patients, and education on this topic is lacking in medical schools" (Treharne et al., 2022, p. 834).*

"*Transgender healthcare is not routinely taught in general practice training in Aotearoa/New Zealand, although findings from the Counting Ourselves survey are informing changes occurring in the postgraduate GP curriculum to include gender-affirming healthcare going forward" (Treharne et al., 2022, p. 838).*

Culturally Responsive Approaches to Care

Traditional Western models of care often fail to meet the needs of groups at higher risk of mental health concerns, such as Māori, Pacific Peoples, and gender-diverse individuals. As a result, many disengage from services or receive inadequate support, even when care is available (Treharne et al., 2022).

However, research shows that mental health services are more effective when they are designed to genuinely serve these communities—whether through employing healthcare providers with shared lived experiences or by ensuring all practitioners are culturally competent in delivering appropriate care (Fa'alogo-Lilo & Cartwright, 2021). Even when traditional services are delivered with cultural competence it helps develop trust, reduce barriers, and ensure people feel understood and respected in their care (Every-Palmer et al., 2024; Tan, Wilson et al., 2022).

> "*These western approaches often include emphasis on individuality and objectivity, as well as an absence of spirituality, all of which are problematic for people from collectivist cultures*" (Fa'alogo-Lilo & Cartwright, 2021, p. 766).

- "*Sleep, nutrition, exercise and time outdoors are important for recovery. So too is regaining one's cultural identity and participating in cultural activities." (Patterson et al., 2018, p. 67).*
- "*A number of authors have also drawn attention to the lack of fit of traditional western approaches to understanding mental health problems and providing treatment for people from non-western cultures, including a lack of understanding of spiritual beliefs" (Fa'alogo-Lilo & Cartwright, 2021, p. 754).*
- "*Policy directives must be actively anti-racist and antidiscrimination, and address entrenched disadvantage caused by mechanisms of colonisation compounding over generations. In line with the principle of tino rangatiratanga (self determination), Māori-led solutions and those incorporating mātauranga Māori (Māori knowledge) are needed" (Sutcliffe et al., 2023, p. 279).*
- "*The strong consensus among Māori was that Te Ao Māori, mātauranga Māori, whānau, and te reo me ona tikanga are essential aspects of wellbeing for Māori" (Patterson et al., 2018, p. 36).*
- "*The other half of participants reported feeling required to educate health professionals about transgender people—the most common negative healthcare experience" (Treharne et al., 2022, p. 838).*
- "*Some examples of how associated agents such as policy makers, educational institutions and health care providers can contribute to this process are creating safe and supportive school environments, training health practitioners to be culturally competent towards health needs of people identifying as diverse genders and sexualities, and designing interventions for the general public to combat cisgenderism and heterosexism." (Tan, Wilson et al., 2022, p. 586).*
- "*A skilled and adequately staffed multidisciplinary workforce that includes peer support and cultural capability is an extant strength. This workforce needs to be grown and nurtured to achieve the highest attainable standard of mental health for the people of New Zealand" (Every-Palmer et al., 2024, p. 90).*

Youth Mental Health and Wellbeing

Young people in Aotearoa New Zealand are facing increasing mental health challenges, with rising rates of depressive symptoms, anxiety, and psychological distress (Sutcliffe et al., 2023; Ministry of Health, Health New Zealand, & Māori Health Authority, 2023). These declines in youth mental health have been particularly pronounced among Māori, Pacific Peoples, and those from lower socioeconomic backgrounds (Sutcliffe et al., 2023).

While COVID-19 has affected all age groups, its impact on young people is particularly concerning, as research suggests that its effects on mental wellbeing may be long-lasting (Nicolson & Flett, 2020). Additionally, the rise of social media and constant online connectivity have been identified as mental health risks, alongside their impact on sleep and physical wellbeing.

Young people also report facing extensive and often conflicting expectations from family, friends, and cultural influences, amplified by the fact that these pressures exist not only in person but also in the digital world, contributing to stress and affecting their overall wellbeing (Britten, 2024). Despite growing awareness of youth mental health, schools often lack structured mental health programmes, with many prioritising general wellbeing over targeted support for anxiety and depression (Thabrew, Biro & Kumar, 2023).

> "Few schools have programmes explicitly geared towards preventing, identifying or addressing common mental health issues such as anxiety and depression" (Thabrew, Biro & Kumar, 2023, p. 668).

- "*Historically, Aotearoa New Zealand has not had a good track record for adolescent mental health, with the adolescent suicide rate consistently among the highest in developed nations" (Sutcliffe et al., 2023, p264).*
- "*...the overall prevalence of depressive symptoms rising from 13% to 23% in this 7-year period [from 2012 to 2019]. Declines were unevenly spread and were generally greater among Māori and Pacific students and those in lower socioeconomic neighbourhoods, resulting in increased inequity." (Sutcliffe et al., 2023, p278)*
- "*There has been a large increase in self-reported psychological distress among people aged 15–24, according to the New Zealand Health Survey. For children aged 0–14, there has been an increase in anxiety disorders and emotional/behavioural problems, both of which have roughly doubled from 2011/12 to 2021/22" (Ministry of Health, Health New Zealand, & Maori Health Authority, 2023, p. 5).*
- "*In addition, the impacts of COVID-19 on youth mental wellbeing are likely to be extensive and enduring. Action is required to reduce adverse life course consequences" (Nicolson & Flett, 2020).*
- "*Mental health pressures on young people remained high in 2024, with around one-quarter of young adults experiencing high levels of mental distress" (Barber & Ika, 2025, p. 5).*
- "*...the message from young people was that the expectations placed on them from family, culture, and the online and offline world are vast, varied, and often contradictory, and impacted their mental health and wellbeing in significant ways. They expressed that the fear of being judged and relentless expectations leave them with confusion, sadness, and rejection, yet they find strength in what anchors them, which included mattering to their family, peer support, and faith." (Britten, 2024, p. 79-80).*
- "*Children and young people are exhibiting high levels of behavioural distress leading to deliberate self-harm, risk-taking, anxiety and other troubling behaviours. Parents are concerned about the harms of bullying and misuse of the internet and social media. School counsellors and teachers are overwhelmed by the number of students in distress. New Zealand's high rates of youth suicide are a national shame. Students and teachers highlighted the importance of learning about mental health as part of the health curriculum and helping young children develop resilience and learn how to regulate their emotions" (Patterson et al., 2018, p. 9).*
- "*Primary schools are predominantly focused on addressing behaviour problems, usually in a universal manner and in keeping with international findings. Secondary schools tend to be more focussed on general wellbeing, especially via relaxation and mindfulness based education" (Thabrew, Biro & Kumar, 2023, p. 668).*
- "*Schools should be incentivised to implement evidence-based interventions and accountability for student health should overtly be shared between health and education services" (Thabrew, Biro & Kumar, 2023, p. 670).*

Suicide Crisis

Suicide is a significant issue in Aotearoa New Zealand. While it affects people of all ages, New Zealand has some of the highest youth suicide rates among developed nations (Sutcliffe et al., 2023). Certain groups are disproportionately affected, particularly Māori and LGBTQIA+ people, who face higher risks due to systemic inequalities and mental health challenges (Barber & Ika, 2025; Ministry of Health, Health New Zealand, & Maori Health Authority, 2023; Treharne et al., 2022).

Although youth suicide rates are notably high, the highest number of suicide deaths occur among adults over 24, particularly males aged 25–44 (Patterson et al., 2018). While explanations of suicide often focus on mental illness, broader social, cultural, and psychological factors also play a critical role. These influences highlight the impact of personal struggles, societal pressures, and acute life stressors on mental health (Stubbing & Gibson, 2019).

As a result, suicide remains a major public health and social issue in Aotearoa New Zealand, with far-reaching consequences for individuals, whānau, and communities.

"Historically, Aotearoa New Zealand has not had a good track record for adolescent mental health, with the adolescent suicide rate consistently among the highest in developed nations" (Sutcliffe et al., 2023, p. 264).

- "*...the most recent confirmed reporting, the suicide rate was higher for Māori than other ethnic groups, with a rate of 18.2 per 100,000 Māori population compared with 10.6 per 100,000 for non-Māori. A notable difference in the rate of suicide between Māori and non-Māori was the 15–24 years age group, at 2.1 times that for non-Māori in the same age group" (Ministry of Health, Health New Zealand, & Maori Health Authority, 2023, p. 4).*
- "*The discrepancy between Māori and non-Māori rates [of you youth suicides] also seems to be slowly trending down: 2023 (the most recent year for which the rates are available) saw the second smallest discrepancy between Māori and non-Māori rates in at least 16 years, after 2021" (Barber & Ika, 2025, p. 18).*
- "*The greatest loss of life through suicide occurs among people older than 24, particularly males aged 25–44" {Patterson et al., 2018, p. 8).*
- "*We believe that ethnic discrimination is likely to be a strong contributor to the perpetual disadvantage in our health system among Māori populations. We recommend any future suicide prevention research must collect and analyse ethnic discrimination data to enhance explanatory understandings of suicide among indigenous and minority populations" (Williams, Clark, & Lewycka, 2018, p. 6).*
- "*Each additional negative healthcare experience [for transgender individuals] was associated with a 20% increase in likelihood of having made a suicide attempt, whereas each additional supportive experience with primary care doctors was associated with an 11% decrease in likelihood of having made a suicide attempt" (Treharne et al., 2022, p. 839).*
- "*While clinicians agreed with most of the sentiments expressed in the coroners' recommendations, they reported that many were not implemented... This lack of change engenders high levels of frustration for communities, families, services, and coroners, particularly when the same issues are repeatedly occurring. A key function of coronial inquiries into suicide is to promote learning, and one of the main categories identified in the recommendations to MHS [mental health services] was the use of coronial findings for learning purposes" (Manuel et al., 2018, p. 648).*
- "*The most recent review of the effectiveness of suicide-prevention strategies identified that treatment needs to involve a combination of effective pharmacological and psychological treatments. While most patients presenting to MHS will be provided with pharmacological treatment, they are far less likely to be offered psychotherapeutic treatments, despite clinical guidelines identifying that the two in combination are more effective than medication alone" (Manuel et al., 2018, p. 649).*
- "*Although suicide is a statistically rare event, its social, economic and psychological impacts are so great that suicide prevention remains a priority. While multilevel interventions for suicide prevention have been positioned as the gold standard, they are hugely resource intensive and as such are likely only to be funded at the government level" (Collings et al., 2018, p. 10).*

Trauma and Adverse Childhood Experiences (ACEs)

Child maltreatment rates in Aotearoa New Zealand are a significant concern (Telfar et al., 2023), with recent data showing an increase in confirmed cases of abuse, reaching a record-high of 359 hospitalisations due to child abuse in 2024 (Barber & Ika, 2025). Experiencing trauma and adverse childhood experiences (ACEs) is strongly associated with a higher likelihood of experiencing mental health concerns in adulthood. Longitudinal data from Aotearoa New Zealand indicates that people exposed to childhood maltreatment have 1.8 to 2.6 times greater odds of developing mental health problems later in life (Telfar et al., 2023). The stress and trauma associated with ACEs can also contribute to lower engagement in education and an increased likelihood of adopting unhealthy behaviours (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023). Evidence further shows that child abuse and neglect have lifelong developmental consequences, increasing the risk of depression, anxiety, self-injury, and substance abuse (Telfar et al., 2023).

"People noted that steps to prevent or reduce the trauma of childhood abuse and neglect, sexual abuse and sexual violence, adult partner violence and bullying at school and work should be recognised as strategies for preventing future distress and investing in the wellbeing of future generations" (Patterson et al., 2018, p. 44).

- "*Globally and in New Zealand/Aotearoa, rates of child maltreatment are a problem and have been described as one of the greatest public health challenges" (Telfar et al., 2023, p. 1).*
- "*...experience of severe childhood maltreatment increased the odds of experiencing a mental health problem between 1.8 and 2.6 times, compared to those who did not report maltreatment" (Telfar et al., 2023, p. 10).*
- "*Those in the most severe CPP [childhood physical punishment] category reported >3 ×the odds of mental health problems in adulthood compared to those who did not experience CPP. Those in the most severe CN [childhood neglect] category reported >4 ×the odds of mental health problems in adulthood compared to those who did not experience CN" (Telfar et al., 2023, p. 7).*
- "*Adverse childhood experiences can be stressful or traumatic. Childhood experiences such as abuse, neglect, or forms of household dysfunction can lead to increased risk of unhealthy behaviours, lower engagement in education, and thinking about suicide" (Ministry of Health, Health New Zealand, & Maori Health Authority, 2023, p. 9).*
- "*For the first time in at least five years, the actual number of children affected by substantiated abuse increased by 6.6 percent to 10,958 in 2024" (Barber & Ika, 2025, p. 9).*
- "*The average annual number of hospitalisations was around 250 for the five years to 2019, but three of the past four years have seen more than 300 such hospitalisations and in 2024 the 359 hospitalisations of children was the highest since this recording system was introduced" (Barber & Ika, 2025, p. 11).*

Social Isolation and Loneliness

Research shows that social isolation is linked to a range of mental health problems, while social connectedness serves as a protective factor (Every-Palmer et al., 2020; Saeri et al., 2018). Various factors can contribute to isolation, including belonging to a minority group or living in a physically remote area with limited access to services (Patterson et al., 2018; Tan et al., 2022).

In rural communities, geographic barriers create additional challenges, as mental health services are often scarce and difficult to access, with limited or poor digital connectivity further limiting support for some rural populations (Ministry of Health, 2021; Patterson et al., 2018).

Research has demonstrated that when social connectedness is built through community engagement and support networks it can play a crucial role in safeguarding mental wellbeing and mitigating the risks associated with isolation (Saeri et al., 2018).

> "*...the dominant public health and epidemiological perspective on social connectedness is that it is a resource (a form of capital) that an individual can draw upon in times of need, and which will protect their mental health*" (Saeri et al., 2018, p. 5).

- "*Isolation can exacerbate pre-existing depression and anxiety, with potential deleterious effects on those with lived experience of mental distress. Reduced social connection has been shown to be a risk factor for suicidal behaviour" (Every-Palmer et al., 2020, p. 2).*
- "*In Aotearoa, exclusion can be the result of factors such as colonisation, racism and discrimination, monoculturalism, social isolation, poverty, trauma, adverse childhood experiences, disabilities, stigma associated with mental health challenges or the potential legal consequences of some substance use. Exclusion can also result from factors like rural isolation or inability to access and use digital technology" (Ministry of Health, 2021, p. 26).*
- "*Our study also found people of diverse genders and sexualities who felt socially isolated had higher rates of mental health concerns, supporting previous research that noted social isolation as one of the strongest proximal predictors for poor mental health outcomes among these populations" (Tan et al., 2022, p. 586).*
- "*Sparsely populated regions present challenges geographically as people may have to travel long distances to receive or deliver mental health and addiction services. Slow or no internet connection, limited cell phone coverage and poor roads can also make it difficult to access services and support. Recruiting staff to work in rural areas is also challenging. Often only crisis services are provided, with limited opportunity to undertake preventative work" (Patterson et al., 2018, p. 72).*
- "*The findings speak to the value of interventions to improve social connectedness, such as facilitating engagement with existing group memberships and building new group memberships, for mental health. Further, these results challenge mental health practitioners to conceptualise the social deficits in their patients as precursors, as well as symptoms or consequences of, mental illness" (Saeri et al., 2018, p. 18).*

Substance Use and Addiction

Substance use is closely linked to poor mental health outcomes, with over half of mental health service users in Aotearoa New Zealand also experiencing substance abuse issues (Patterson et al., 2018). Among the substances contributing to this crisis, alcohol is particularly concerning, not only due to its widespread use but also because of its significant role in mental health problems and social harm (Cobiac & Wilson, 2018).

Alcohol-related harm is estimated to cost New Zealand $9.1 billion annually, factoring in healthcare expenses, justice system costs, productivity losses, and its effects on families and communities (Barber & Ika, 2025). While alcohol use disorders are associated with conditions such as depression, anxiety, and bipolar disorder, the causal relationship remains unclear. Some research suggests that alcohol increases the risk of mental illness, while other studies indicate that pre-existing mental health conditions may contribute to alcohol dependency (Cobiac & Wilson, 2018).

However, alcohol is not the only substance driving harm. The misuse of illegal drugs also has severe consequences, with addiction strongly linked to poorer mental health and lower life satisfaction (Ferguson et al., 2015; Patterson et al., 2018).

> "*Over 70% of people who attend addiction services have co-existing mental health conditions, and over 50% of mental health service users are estimated to have co-existing substance abuse problems*" (Patterson et al., 2018, p. 8).

- "*In the studies examining links between alcohol use disorders and other mental disorders, researchers have found significant associations between alcohol use disorders and co-morbid depression, anxiety disorders, bipolar disorder, conduct disorder, PTSD and attempted suicide" (Cobiac & Wilson, 2018, p. 16).*
- "*The analysis showed that after adjustment, significant associations ($p < 0.05$) remained between life satisfaction and major depression, anxiety disorder, suicidal ideation/attempt and illicit substance dependence" (Ferguson et al., 2015, p. 2434).*
- "*On an international scale, our use of alcohol is high, with 18.8% of New Zealand adults having an established pattern of drinking that carries a high risk of damage to physical or mental health" (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023, p. 10).*
- "*Despite shifting drinking patterns and declining consumption levels, alcohol remains the most harmful drug in New Zealand. The annual cost of alcohol harm is estimated at $9.1 billion, encompassing healthcare expenses, justice system costs, productivity losses and the widespread impacts on families and communities" (Barber & Ika, 2025, p. 80).*
- "*The total social harm from illicit drugs—including cannabis, cocaine, MDMA and methamphetamine—is estimated at $2.1 billion per year, with methamphetamine alone accounting for half of this figure" (Barber & Ika, 2025, p. 77).*

Barriers to Support and Treatment

While significant investment has been made in mental health and addiction services in Aotearoa New Zealand, many barriers remain. The most widely recognised issue is that service capacity does not meet demand, with workforce and facility shortages affecting both community and secondary care (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023; Johns, 2017; Every-Palmer et al., 2024).

Additionally, challenges such as stigma, mistrust of services, and inadequate funding for culturally appropriate care further limit access and effectiveness (Fa'alogo-Lilo & Cartwright, 2021; Ministry of Health, Health New Zealand, & Māori Health Authority, 2023). Capacity issues, such as bed shortages, mean that people in urgent need of care often face long wait times, during which their condition may worsen. This not only makes recovery more difficult but also places additional strain on an already overwhelmed system (Every-Palmer et al., 2024).

> *"Workforce challenges remain the most significant risk for the continued delivery of services across the mental health and addiction continuum, and directly impact those in need of service" (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023, p. 3).*

> *"The mental health and addiction system is under significant pressure, and the capacity of mental health and addiction services and workforce growth have not kept pace with increasing demand" (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023, p. 3).*

> *"Another longstanding system issue identified was the tertiary-oriented mental health system, and the continued prioritization of mental ill-health treatment over MHP [mental health promotion]. Many HPPs [health promotion practitioners] in this study reported that this caused MHP to be significantly 'under-resourced and under-funded to meet the needs', and noted the impact of tenuous funding on: the MHP programmes/ projects delivered, the adequacy of programme evaluation and most prominently, workforce capacity" (Craik et al., 2023, p. 9).*

> *"But it's also inaccurate to say there's a "mental health crisis" in New Zealand. The major crisis, if there is one, may be in gaining access to MHS [mental health services], which are having to manage increasing numbers of patients" (Mulder et al., 2022, p. 90).*

> *"A recent global report notes that New Zealand, as well as having very low bed numbers, also has the lowest number of community care facilities of all countries surveyed" (Mulder et al., 2022, p. 91).*

> *"Many participants discussed the increased funding for primary mental health care in the 2019 budget. Participants were generally supportive of this investment, but noted that in their experience, it had not led to any tangible reductions in pressure on secondary services but it conversely had increased referrals from primary care. While improvements in primary care were considered helpful to address some peoples' needs, service users with serious and complex mental health issues were thought to also need the support of specialist services, with this population currently being underserved" (Every-Palmer et al., 2024, p. 84).*

> *"Participants reported that bed shortages meant that acutely unwell people were either not admitted, or were discharged precipitously to create space for the next admission, which then created a cycle of crisis-driven reactive care. Participants described the lack of beds as self-perpetuating – when people have to wait longer to access treatment, they become more unwell in the interim, and then it takes longer to recover (which further reduces capacity)" (Every-Palmer et al., 2024, p. 86).*

> *"Secondary school based counsellors are used as early intervention in childhood mental health issues in New Zealand. However, the current ratio of counsellors to students in secondary schools is often 1:1,000, when the ratio should be 1:400 to work with secondary students in an effective manner. The New Zealand Association of Counsellors (NZAC) recommends that the Government should be looking to employ counsellors in primary and intermediate schools in order to provide more co-ordinated and consistent school-based support for all students" (Johns, 2017, p. 61).*

> *"Barriers to accessing services included stigma among Pasifika regarding mental health problems and experiences of fear and shame for those experiencing unwellness. This was compounded by lack of knowledge about available services and also mistrust of services that were viewed as incompatible with Pasifika beliefs and values" (Fa'alogo-Lilo & Cartwright, 2021, p. 765).*

> *"Currently, investment in kaupapa Māori services lags behind the identified need for these services. Investment in kaupapa Māori services will provide more choices for Māori seeking support, and a skilled cultural workforce will be able to deliver appropriate and effective services" (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023, p. 4).*

Community-Led and Peer-Based Support

There has been a growing shift towards community-based mental health support, which helps people stay connected while receiving care for crisis intervention, addiction recovery, and long-term mental health needs (Patterson et al., 2018). Peer-based models, where trained individuals with lived experience provide support, have been shown to improve outcomes when integrated with traditional services, including in acute settings (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023).

While community care offers significant benefits, its success depends on the availability of long-term facilities and appropriate discharge options (Every-Palmer et al., 2023). Without these discharge options, people may struggle to transition smoothly from care to ongoing support, increasing the risk of relapse or readmission. However, not everyone agrees that a greater focus on community care is the best approach. They argue that shifting too many resources in this direction risks further underfunding an already overstretched secondary care system (Mulder et al., 2022).

> *"People wanted support in the community, so they can stay connected and receive help for a variety of needs – crisis support and acute care, addiction recovery, long-term support, respite care, drop-in centres, social support, whānau wrap-around services and employment support" (Patterson et al., 2018, p. 9).*

> *"Strengthening protective factors is not a role that is best led by health services alone, but by whānau, hapū and iwi, Pacific peoples, Rainbow and other communities, universities and tertiary providers, schools and early childhood education providers, workplaces, sports groups, faith centres, social services, organisations that support positive parenting, youth development, and positive ageing, and a range of other community sectors" (Patterson et al., 2018, p. 37).*

> *"There is strong evidence that, when combined with more traditional models, peer based support models improve outcomes. This model involves a workforce of people with lived experience of mental health or addiction challenges who have received training to provide peer support to others experiencing these concerns. There is a current focus on expanding peer support in the mild and moderate service levels, but it will also be a key solution to strengthening the full continuum including in acute settings" (Ministry of Health, Health New Zealand, & Māori Health Authority, 2023, p. 4).*

> *"Providing adequate facilities that match the service user's journey is also a key requirement. In particular, the participants noted a lack of long-term community facilities for those with more complex presentations and challenges in finding appropriate accommodation to discharge service users who need support" (Every-Palmer et al., 2023, p. 90).*

> *"It is now well established that with sufficient resourcing of community-based services, most people who were previously in long-term inpatient psychiatric care can be successfully treated in the community, where there is evidence for a higher quality of life than formerly experienced in institutional care" (Skipworth et al., 2023, p. 1).*

> *"Moving resources from struggling, already under-resourced, public MHS into the community appears a dangerous and an inequitable strategy. We appear to have forgotten that the hospital component of a community health is an essential part of good and balanced practice" (Mulder et al., 2022, p. 91).*

Lifestyle Impacts

Research suggests that lifestyle factors play a crucial role in mental health, with physical activity, a nutritious diet, and adequate sleep linked to improved wellbeing and lower rates of mental health concerns (Kulkarni, Swinburn, & Utter, 2015; Prendergast, Schofield, & Mackay, 2016; Vella et al., 2023). Physical activity may support mental health by influencing brain function, through increased blood flow and changes to the brain's structure, while also helping to regulate stress, boost self-esteem, strengthen social connections, and improve sleep quality (Vella et al., 2023). Other aspects, such as social connectedness, job satisfaction, and work-life balance also contribute to overall wellbeing (Hone et al., 2025). This research demonstrates that certain lifestyle factors can positively shape overall wellbeing.

> "Importantly, we emphasise that most forms of physical activity, irrespective of their concordance with our recommendations, are likely to support mental health compared with no physical activity at all" (Vella et al., 2023, p. 137).

- "*Our findings, together with the literature, provide support for holistic interventions which integrate the promotion of lifestyle behaviours and the dimensions underpinning optimal wellbeing (e.g. relationships, self-esteem, and resilience). Our research shows the lifestyle variables which should be targeted in such interventions include sleep, exercise, and sedentary behaviour, and to a lesser degree sugary drink consumption and breakfast intake" (Prendergast, Schofield, & Mackay, 2016, p. 9).*
- "*Physical activity, for example, may lead to improved mental health through changes in brain structure and function, such as changes in cortisol activity or improved brain-wide vasculature. In addition, physical activity may lead to changes in self esteem and self-efficacy, which in turn generalise to improved mental health. Physical activity can also enhance social connection and support which are important for mental health. Finally, physical activity can lead to behavioural changes such as improved sleep quantity and quality, as well as better coping and self-regulation skills which are important for mental health" (Vella et al., 2023, p. 133).*
- "*Although the cross-sectional study design prevents us from making causal predictions, our results demonstrated significant associations between flourishing and the Five Ways to Wellbeing, volunteering, physical health, strengths awareness, strengths use, autonomy, feeling appreciated, work–life balance, and job satisfaction. Importantly, these are all modifiable protective factors, which, on the strength of epidemiological evidence like our own, we hope may inform targeted employee wellbeing intervention programs in future." (Hone et al., 2025, p. 981).*
- "*The current study identified a significant, dose-dependent, cross-sectional relationship between both healthy and unhealthy eating and mental health symptoms in a large, ethnically diverse population of adolescents [in New Zealand]. Moreover, the relationship between healthy diet and mental health remained even when accounting for unhealthy eating (and vice versa). Independent effects of healthy and unhealthy diets on mental health suggest that both increased intake of healthy food and decreased intake of unhealthy food may positively influence adolescent mental health, as an increase in one of these behaviors is not necessarily indicative of a decrease in the other" (Kulkarni, Swinburn, & Utter, 2015, p. 81).*

Challenges in the Justice System

Prisons in Aotearoa New Zealand house a disproportionately high number of people with mental health concerns, yet resources to support them during incarceration remain inadequate (Monasterio et al., 2020; Skipworth & Brookbanks, 2021). This overrepresentation is partly driven by a revolving door between inpatient mental health services and the justice system, where individuals are discharged from secondary mental health facilities only to later be imprisoned—often due to unstable housing or difficulties managing stressful relationships (Skipworth et al., 2023).

The high prevalence of mentally impaired defendants in Aotearoa New Zealand's justice system, particularly among Māori and other ethnic minorities, raises serious concerns about equity for these already marginalised groups (Skipworth & Brookbanks, 2021). Evidence suggests that systemic bias within the justice system further compounds these disparities (Skipworth & Brookbanks, 2021), reinforcing broader inequities that extend beyond the justice system into housing, healthcare, and social support services.

> "The prevalence of mentally ill defendants in the New Zealand criminal justice system, and the disproportionate way in which Maori and other ethnic minority groups are affected, raises real questions about equity for these already marginalised and disadvantaged groups" (Skipworth & Brookbanks, 2021, p. 559).

- "*Imprisonment following inpatient unit discharge is now an outcome facing nearly 1% of all adult inpatient discharges." (Skipworth et al., 2023, p. 7).*
- "*In terms of social factors, this study suggests that people discharged from inpatient mental health units in New Zealand are increasingly struggling to secure stable and supportive accommodation, and meaningful employment, while their relationships are under more stress. Perhaps we should not be surprised that they are increasingly being remanded into prison following discharge" (Skipworth et al., 2023, p. 11).*
- "*Greater resources need to be applied to these cases to reduce the risk of imprisonment following inpatient discharge. This includes sufficient beds to avoid early discharge into unsafe community care" (Skipworth et al., 2023, p. 14).*
- "*In New Zealand, the most recent survey of mental illness in the prison population revealed that nearly 62% of all prisoners had experienced some type of mental health or addictions disorder over the past year, a rate three times that of the general population" (Skipworth & Brookbanks, 2021, p. 550).*
- "*Two important prison studies conducted 15 years apart in Aotearoa New Zealand show rates of mental disorder and substance use disorder are very high and climbing, with over 90% of the prison population having a lifetime diagnosis of a mental health or substance use disorder" (Monasterio et al., 2020, p. 9).*
- "*So far, the increase in the prison population has been met by little increase in prison capacity or funding for specialist mental health services in prisons. For example, 610 extra prison beds have been planned in Christchurch (a potential 50% increase in prisoner population) by the middle of 2020 with no extra specialist mental health resources." (Monasterio et al., 2020, p. 10).*
- "*Growth in the prison population has far exceeded resources to manage the wide and complex range of health problems common in this population. It leaves prisoners with acute health needs far worse off than the rest of the population, especially those suffering from serious mental illness. The growth has contributed to a serious— arguably scandalous—mental health crisis with few options for relief in sight" (Monasterio et al., 2020, p. 9).*

> *It is the authors' clinical experience that not infrequently this leads to acutely unwell prisoners, including those with a severe acute psychosis, waiting untreated for weeks under 23-hour per-day solitary lockdown in Intervention and Support Units (ISU). Those prisoners often cannot keep up even basic self-care, they pose risks to themselves and others from symptoms of their illness, and some show extremely disturbed or aggressive behaviours. This is more than lack of access to healthcare while in custody—in the language of the CRPD [Convention on the Rights of Persons with Disabilities], this is inhuman and degrading treatment" (Monasterio et al., 2020, p. 10).*

> *Specialist Mental Health Courts (as run successfully, for example, in South Australia and other Australian states) do not exist in Aotearoa New Zealand. However, they make sense as a response to the increasing number of people with serious mental illness who are remanded to prison on minor charges. In many cases offending in this group can be traced to general adult mental health services' lack of resources to assertively treat these people or provide the level of care necessary for successful diversion, as a result of decades of decay from under-funding" (Monasterio et al., 2020, p. 11).*

"If you think about it, people always talk about that person who heard them, who understood them, who gave them their time, who saw them for who they were, and didn't judge them."

Workshop Participant.

Snapshot of National Media

This review takes a close look at how mental health and wellbeing are represented in the media across Aotearoa New Zealand. It aims to shed light on the broader public conversation around these topics, offering a snapshot of how mental health issues are currently being portrayed. This ensures our understanding of the mental health and wellbeing landscape stays informed by the latest discussions and developments.

Overview of Media Coverage

Our analysis draws on over 200 articles published between March 2024 and March 2025, sourced from leading media outlets across New Zealand. Figure 10 below shows the month-by-month frequency of these reports, highlighting increases and decreases in discussions during specific periods.

In addition to visualising the frequency of media coverage, we identified the common themes across all articles. These key themes are:

1 Mental Health Service Shortages
2 Workforce Crisis
3 Funding Concerns
4 Historical Abuse in Psychiatric & State Care
5 Rural Communities & Farmers
6 Men's Mental Health Challenges
7 Elderly Mental Health
8 Impact of Rising Living Costs
9 Increase in ADHD Diagnoses
10 Youth, Social Media, and Mental Health
11 New Mental Health Bill
12 Phased Police Withdrawal From Mental Health Callouts
13 Suicide Prevention Efforts
14 Efforts to Boost Mental Wellbeing

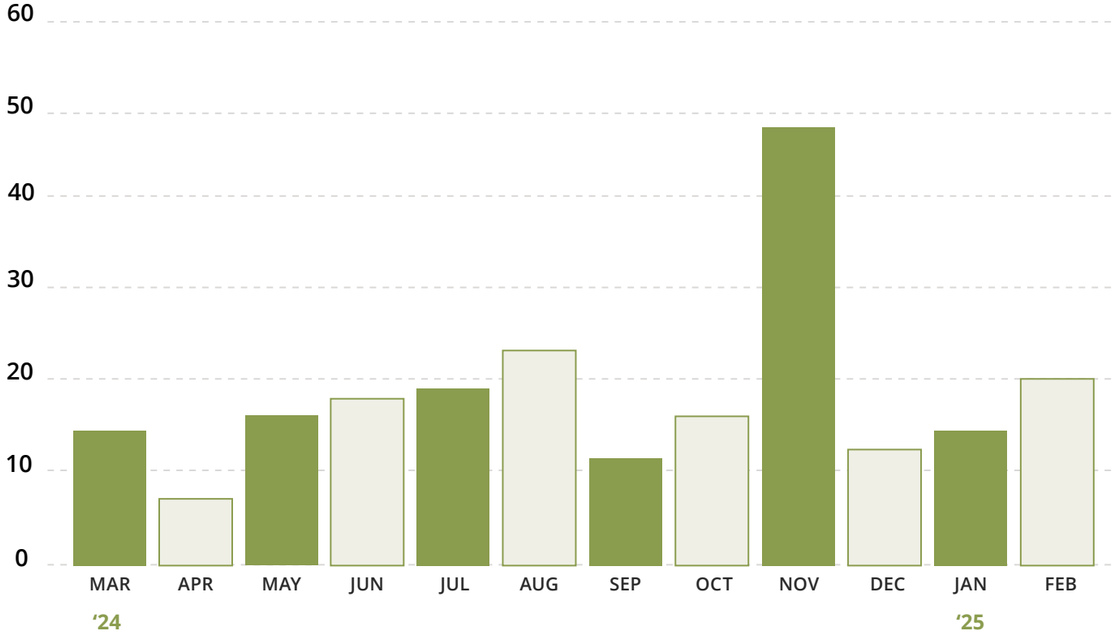


Figure 10 - Monthly Frequency of Media Publications on Mental Health and Wellbeing.

Mental Health Service Shortages

Media reports highlight a severe shortage of mental health services in Aotearoa New Zealand, with existing services struggling with overcrowded facilities, long wait times, and high demand. As a result, many people are turned away or discharged early, leaving them without timely care. Despite these challenges, reports show that efforts are underway to improve accessibility, with new mental health facilities opening across the country and peer support specialists being introduced in emergency departments to increase care and support.

- "*A Waikato mental health facility was so overcrowded at least one patient slept on a mattress on the floor for two nights as staff grappled with high occupancy." (RNZ, 2024, para. 1).*
- "*People are presenting more in crisis, but also they are being discharged earlier than they should be because of demand for a limited number of beds for other people as well." (RNZ, 2024, para. 32).*
- "*Mental Health Minister Matt Doocey has announced the five hospital emergency departments (EDs) that will trial a mental health and addiction peer support service. The scheme sees peer support specialists in EDs provide mental health support to patients and connect them to community services when they're discharged." (RNZ, 2024, para. 3).*

24 MAY 2024

Mental health patients being turned away or discharged early due to high demand

Hospital beds for mental health patients are so in demand people are being turned away from wards or discharged suddenly.

(Radio New Zealand, 2024).

Workforce Crisis

Media reports highlight a severe mental health workforce crisis in Aotearoa New Zealand, with significant staff shortages leading to overworked and burnt out professionals, as well as long wait times for those in need. Psychiatrists, nurses, and other mental health workers are facing unsafe working conditions, leaving many regions struggling to provide adequate care.

- "*The mental health and addictions workforce is in crisis, with hundreds of unfilled vacancies leading to stressed and over-worked staff and patients unable to receive the help they need." (RNZ, 2024, para. 1).*
- "*Our workforce is burning out because they are covering vacant roles. I went to a mental health adolescent service in Wellington recently, 50 percent workforce vacancy rate." (RNZ, 2024, para. 19).*
- "*Seventy-six percent of mental health nurses have been threatened and more than 40 percent have been assaulted within a single year." (RNZ, 2024, para. 1).*

4 NOV 2024

Mental Health Foundation calls for action on hundreds of unfilled vacancies

The mental health and addictions workforce is in crisis, with hundreds of unfilled vacancies leading to stressed and over-worked staff...

(Radio New Zealand, 2024).

Funding Concerns

Media reports highlight increasing concerns about mental health funding in Aotearoa New Zealand, as budget reallocations and funding cuts continue to strain frontline services. These reductions have led to a shrinking workforce, heavier workloads for remaining staff, and the closure of some mental health organisations, limiting access to essential care. The government's decision to shift funding priorities has faced criticism, with many arguing that short-term projects are being favoured over sustained investment in mental health infrastructure. As demand for services continues to rise, funding gaps are leaving essential providers struggling to meet the needs of their communities.

- *"Oranga Tamariki has discontinued funding to 190 providers, saying they are under-performing or are operating at surplus. A further 142 have had their funding reduced to align with service need." (1 News, 2024, para. 8).*
- *"Money earmarked for frontline mental health services, including tackling severe workforce shortages, was 'reprioritised' to pay for the government's controversial $10 million mental health innovation fund." (NZ Herald, 2025, para. 1).*

13 FEB 2025

$10 million for frontline mental health services redirected by Matt Doocey to innovation fund

Money earmarked for frontline mental health services, including tackling severe workforce shortages, was "reprioritised" to pay...

(NZ Herald, 2025).

Historical Abuse in Psychiatric & State Care

Media reports highlight widespread and systemic abuse in psychiatric, state, and faith-based care institutions, described as 'places where people were meant to be safe and cared for'. Both survivors and advocates are calling for greater government accountability, meaningful compensation, and acknowledgement that abuse was widespread across multiple institutions.

- *"It is clearly unacceptable for people to be subject to trauma and harm in the places where they are meant to be safe, and by the people who are there to care for them." (RNZ, 2024, para. 32).*
- *"The survivors wanted the government to acknowledge torture was widespread and systemic in institutions beyond the Lake Alice child and adolescent unit." (RNZ, 2024, para. 8).*
- *"The report found abuse was rife in state and faith-based care settings and the state failed to respond to signs of systemic abuse and neglect." (RNZ, 2024, para. 18).*

11 NOV 2024

Abuse in care: Survivors say they were tortured by state employees in psychiatric hospitals

Survivors of abuse in New Zealand's psychiatric system say they were...

(Radio New Zealand, 2024).

Rural Communities & Farmers

Media reports highlight significant mental health challenges faced by rural communities and farmers in Aotearoa New Zealand. Factors such as geographic isolation, limited access to healthcare, financial strain, and demanding work conditions contribute to these struggles. While suicide rates remain disproportionately high in rural areas, initiatives like Surfing for Farmers are helping to provide much needed social and mental health support by encouraging connection and physical activity.

- *"Access to mental health services in regions of New Zealand was patchy... Some are okay, where we can access counselling or GP support or even a crisis team. But there are areas of New Zealand where there just isn't a professional team." (RNZ, 2024, para. 19).*
- *"The higher costs, higher interest rates, weather-related issues are just grinding on and it makes it quite difficult for people to see a lot of light ahead." (RNZ, 2024, para. 7).*
- *"Now the Surfing for Farmers programme is in 25 beaches across the country and about to kick off again for the summer season." (RNZ, 2024, para. 2).*

5 AUG 2024

Farming confidence slumps amid cost, price pressures

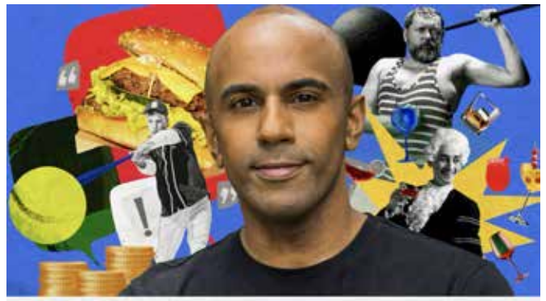
Farmer confidence has remained at an all-time low in the latest bi-annual Federated Farmers survey.

(Radio New Zealand, 2024).

Men's Mental Health

Media reports highlight the ongoing challenges men face in addressing their mental wellbeing, with societal expectations and limited specialised services making it harder for many to seek help. While initiatives like Men's Health Week and community-led efforts aim to normalise emotional expression, experts argue these efforts alone are not enough to provide meaningful support. Some say the lack of a national men's health strategy in Aotearoa New Zealand leaves many without the structured services and resources needed to address mental health issues effectively. Advocates warn that without a dedicated approach, men will continue to struggle to access the help they need.

- *"I've also had conversations with so many grieving parents who have lost a son to suicide. Many of those young men had not been diagnosed with an illness, but were struggling with loneliness, identity, financial pressure, relationships issues, or the ongoing trauma of physical or sexual abuse in childhood." (1 News, 2024, para. 21).*
- *"Across New Zealand, events have been set up in the hope other men will also embark on their own journey of healing and learning to express their emotions." (RNZ, 2024, para. 10).*



8 JUN 2024

'Men have it so easy' - why do NZ guys get minimal health support?

A New Zealand boy born today will live three-and-half-years less than a baby girl born next door. Other countries are starting to...

(1 News, 2024).

Elderly Mental Health

Reports highlight the mental health challenges faced by elderly people, with loneliness, isolation, and emotional abuse affecting their wellbeing. Loneliness has reached what some reports describe as 'epidemic levels', while isolation, whether due to loss of loved ones or lack of social support, is also having a severe impact on emotional wellbeing. Alongside this, reports highlight a rise in cold violence—a subtle but harmful form of emotional abuse where caregivers intentionally withdraw communication and support. Some elderly people describe this experience as 'mental torture' which significantly affects their mental health and quality of life.

- *"Loneliness among older New Zealanders is now at epidemic levels according to Age Concern. A study by the advocacy group last month showed 59 percent of Kiwis aged 65 and over recently felt lonely or socially isolated." (RNZ, 2024, para. 4).*
- *"I've got a husband, but once he's gone I will be isolated. You don't see your neighbours, nobody. The only other person I see is the girl behind the counter at the supermarket." (RNZ, 2024, para. 10).*

9 DEC 2024

Combating loneliness in older age: 'You have to make the effort'

Every week at a community centre in West Auckland, a bunch of bubbly seniors can be found chatting away and working together on craft projects.

(Radio New Zealand, 2024).

Impact of Rising Living Costs

Some media reports highlight the significant impact of rising living costs on mental health in Aotearoa New Zealand. Many low-income households, workers, and families are struggling with increasing financial pressure, leading to higher levels of stress and burnout. Reports warn that issues such as energy poverty, heavy workloads, and mounting debt are worsening mental health challenges, particularly for vulnerable groups such as low-income households.

- *"Low-income households are spending disproportionately more of their income on power costs, but are often still unable to meet their basic needs." (RNZ, 2024, para. 2).*
- *"A survey by Employment Hero - a human resources, payroll and benefits software company - found 61 percent of people felt burnt out because of work in the past three months, up from 53 percent two years ago...32 percent of those surveyed indicated financial stress and the cost of living was the main cause of stress." (RNZ, 2024, para. 2).*
- *"The cost of living is only increasing and I don't want to have to start telling clients to get a second or third job to be able to afford the essentials." (RNZ, 2024, para. 15).*

17 MAY 2024

More people 'drowning in debt' as cost of living crisis bites

The number of whānau turning to financial mentors for help has jumped 40 percent in a year as they grapple with growing debt, a new report shows.

(Radio New Zealand, 2024).

Increase in ADHD Diagnoses

Media reports highlight a significant rise in ADHD diagnoses, driven by greater awareness, reduced stigma, and better detection by professionals. However, many people still struggle to access treatment due to high costs and complex prescription requirements, such as needing special authority from Pharmac and specialist endorsements from paediatricians or psychiatrists. Limited specialist access and long wait times add further barriers. Without treatment, ADHD increases the risk of mental health issues, substance abuse, and difficulties in relationships, employment, and impacts overall quality of life.

- *"In many societies, ADHD is far less stigmatised than previously. Doctors have fewer doubts about making the diagnosis, and those receiving it feel less stigmatised." (1 News, 2024, para. 11).*
- *"Receiving treatment for ADHD relies on access to a range of assessment and treatment options. Also, the prescription of methylphenidate requires special authority from Pharmac (the government body overseeing funding and supply of medications) and endorsement by a paediatrician or psychiatrist." (RNZ, 2024, para. 20).*

3 MAY 2024

Despite a tenfold increase in ADHD prescriptions, too many New Zealanders are still going without

The number of people accessing medication for attention-deficit hyperactivity disorder (ADHD) in Aotearoa New Zealand increased...

(Radio New Zealand, 2024).

Youth, Social Media, and Mental Health

Media reports explore the complex relationship between young people, technology, and social media, highlighting both its benefits and potential harms. While social media is often linked to poor mental health among youth, research suggests it is not the main cause, with broader societal issues playing a larger role. Concerned about the potential impact on mental health, some parents are turning to alternatives like landlines to delay smartphone use, while others are pushing for stricter regulations on social media platforms to better protect young users.

- *"Social media is really a little bit of a scapegoat - the bigger problems youth are experiencing are broader things like access to good jobs, gendered violence, poor economic outcomes, fears of social change." (1 News, 2024, para. 8).*
- *"Some parents are bringing back the home phone to avoid the pitfalls of smartphones while still providing an avenue for kids to connect with friends." (RNZ, 2025, para. 10).*

29 NOV 2024

Kiwi parents would support similar social media ban to Australia's

A senior researcher says she believes New Zealand is open to a social media ban for children, similar to what has just passed in Australia.

(Radio New Zealand, 2024).

New Mental Health Bill

Media reports are raising concerns about Aotearoa New Zealand's new Mental Health Bill, which aims to replace the outdated 1992 Mental Health Act. The bill is designed to modernise mental health laws and 'create a person-centric, human rights approach to its mental health legislation'. However, critics argue it falls short of delivering real transformational change. Some argue it still gives too much control to clinicians instead of patients and allows controversial practices to remain. These include enforced treatment orders and solitary confinement, which have been criticised as ineffective and raising ethical concerns.

- "*A group of mental health professionals argue the new Mental Health Bill is just "the old act with some new lipstick"…New Zealand has wasted a "once-in-a-generation opportunity" to create a person-centric, human rights approach to its mental health legislation, in their view." (RNZ, 2024, para. 3).*
- "*The bill as it was currently designed would not deliver the 'transformational change' that was its intention." (RNZ, 2024, para. 3).*

13 DEC 2024

New Mental Health Act a 'potentially wasted opportunity' - healthcare professionals

Making special laws to control people suffering mental illness is as pointless as forcing people with diabetes to get treatment, claims one psychiatrist.

(Radio New Zealand, 2024).

Phased Police Withdrawal From Mental Health Callouts

Media reports highlight concerns over the phased withdrawal of police from mental health callouts in Aotearoa New Zealand, with uncertainty about how the health sector will manage the transition. While police plan to implement a system where mental health professionals take the lead in responding to mental health emergencies, concerns remain about workforce shortages, the safety of health workers, and the absence of a clear, well-resourced alternative to police intervention.

- "*Police should not be sitting in emergency departments trying to provide a health response when there should be a health response." (Newsroom, 2024, para. 23).*
- "*Health workers have expressed worries that they – and patients – will be exposed to more violence with less police backup." (RNZ, 2024, para. 3).*
- "*The Mental Health Foundation is worried that there is nothing to fill the gap; redeployed police will leave, and a ham-fisted approach will be a disaster." (RNZ, 2024, para. 4).*

15 MAY 2024

Police cannot rush pulling out of attending mental health callouts, foundation says

Mental health advocates say pulling police away from 80,000 mental health callouts a year could be disastrous for people in distress - if it is not done right.

(Radio New Zealand, 2024).

Suicide Prevention Efforts

Media reports highlight efforts and challenges surrounding suicide prevention in Aotearoa New Zealand, with a focus on the government's draft prevention plan and the potential closure of the Suicide Prevention Office. Critics, including mental health advocates and organisations, argue that the draft plan lacks sufficient preventative measures and resources, despite the government emphasising a need for localised, culturally appropriate solutions. The confusion over the potential closure of the Suicide Prevention Office highlights broader concerns about funding, leadership, and the effectiveness of current strategies in addressing the Aotearoa New Zealand's high suicide rates.

- "*Government agencies have warned a lack of resources will limit what they can do to prevent suicide in the new suicide prevention plan." (RNZ, 2024, para. 1).*
- "*The Public Service Association (PSA) wants clarity from the Government after confusion yesterday over whether the Suicide Prevention Office would close or not as the Ministry of Health looks to cut jobs." (RNZ, 2024, para. 1).*

16 SEPT 2024

Pasifika mental health org critical of govt's draft suicide prevention plan

The head of a Pacific Mental Health organisation believes the government's first ever suicide prevention plan doesn't go far enough and lacks preventative measures.

(Radio New Zealand, 2024).

Efforts to Boost Mental Wellbeing

Some media articles offer practical advice on improving mental health and wellbeing, including self-care practices such as mindfulness, exercise, and spending time in nature. They highlight the importance of small, consistent actions, like meditation, walking, and engaging in hobbies, to reduce stress and enhance overall wellbeing.

- "*I wish people put as much care and effort into their minds as they do their bodies, that they regularly checked in on their emotional health and built a toolbox to support it." (Stuff, 2024, para. 6).*
- "*Walking isn't just good for your body, it's also great for your mental wellbeing. Not only can it help break addictions such as smoking, but a walk can also help reduce anxiety and depression, especially for people who might be dealing with grief." (RNZ, 2025, para. 20).*
- "*The act of standing in a river, trout or salmon fishing, has mental health benefits… it lets all the stress and worry slip away." (RNZ, 2024, para. 1).*

26 JAN 2025

'Reclaim the real estate of your own mind' - meet NZ's first wellbeing professor

Christchurch academic Julia Rucklidge assumed her 'mile-a-minute' brain would never be capable of meditation - now she practices every morning.

(Radio New Zealand, 2025).

Local Context

Summary of Community Insights

In this section, we explore the lived experiences shared by the communities we engaged with, supported by insights from our Equity and Wellbeing profiles and conversations with industry experts. The aim is to highlight key themes that reflect the community's main concerns around mental health and wellbeing in Aotearoa New Zealand.

Although we have aimed to capture the primary concerns, we acknowledge that we likely haven't heard everything. What we share here aims to shine a light on what these communities deemed important, providing a foundation for understanding the mental health and wellbeing landscape from the communities perspective.

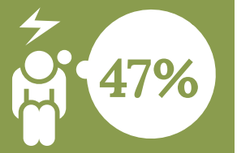
Prevalence of Mental Health

Some believe that mental health challenges, particularly anxiety and depression, are widespread across communities, workplaces, and schools. However, it is also thought that their true prevalence may be higher than statistics suggest, as many people try to cope on their own rather than seeking support, leaving a significant portion of struggles 'untapped' or unaddressed.

> *"Mental health is a little bit higher than what is presented in the figures. Not everyone is coming forward, as they feel ashamed to say, 'I've got problems.'"*

- *"[Anxiety] is amongst the people we serve—the community, the workplace, the schools—everywhere."*
- *"I'm seeing mainly depression and anxiety. Definitely a lot of depression, and it wouldn't take much for people to start having issues."*
- *"Mental health is the biggest thing hitting us lately."*
- *"There are more families not engaging with their GP or not contacting services for support because they don't think they have a problem, or in their family, they don't deal with that."*
- *"There's a lot of untapped, unidentified mental health issues—you know, people not seeking help, just trying to deal with it."*
- *"[Access to mental health support] is lower than it really is because mental health support in South Taranaki is not as good as in other areas. Although there are some services, there are probably more mental health issues behind closed doors than are being measured."*
- *"There's a lot of untapped mental health, unidentified, you know, people not seeking help, they're just trying to deal."*

ALMOST HALF OF NEW ZEALANDERS (47%) WILL EXPERIENCE MENTAL DISTRESS OR ILLNESS IN THEIR LIFETIME.



Mental Health Foundation, 2022.

MĀORI (38%), PASIFIKA (25%), PEOPLE AGED BETWEEN 18-24 YEARS OLD (36%), RAINBOW COMMUNITIES (57%) AND PEOPLE LIVING WITH DISABILITIES (65%) ARE MOST LIKELY TO EXPERIENCE MENTAL DISTRESS OR ILLNESS.

Mental Health Foundation, 2022.

77% OF NEW ZEALANDER'S KNOW SOMEONE WHO HAS EXPERIENCED MENTAL DISTRESS OR ILLNESS.

Mental Health Foundation, 2022.

MĀORI AND PACIFIC ADULTS WERE 1.4 AND 1.3 TIMES AS LIKELY TO HAVE EXPERIENCED PSYCHOLOGICAL DISTRESS THAN NON-MĀORI AND NON-PACIFIC ADULTS, RESPECTIVELY (THESE FIGURES ARE ADJUSTED FOR AGE, GENDER AND ETHNICITY.

Ministry of Health, 2024.

Growing Complexity

Many believe that mental health challenges are becoming more complex, with rising anxiety, emotional instability, and changing social and family dynamics. More people are dealing with multiple serious issues at once, such as trauma, addiction, and disabilities, making it harder for support workers to provide the right help—especially with limited training and resources. Some professionals are even hesitant to take on new clients, knowing how demanding and complicated these cases can be.

At the same time, mental health needs are believed to be evolving quickly, leaving many feeling unprepared to handle the growing range of needs. While traditional support methods still have value, they are often no longer enough to meet the depth and complexity of the issues people face today.

"We're really seeing a big increase in extreme anxiety, paranoia, all mental health stuff that makes things so much more complicated."

- *"The rates of say schizophrenia, bipolar, so-called biological mental illnesses, they seem to be the same, the same rates. Whereas there is a rise in new emotional issues and emotional instability issues. Things that are socially developed."*
- *"So, the family dynamics I feel are more complicated. They've always been complicated… but when it comes to the environment, family environment, and social environment, there's more complexity there now."*
- *"Families coming through are becoming increasingly complex."*
- *"There's some people coming in with intense needs, for instance, one person with multiple huge issues like incest, suicide, drug addictions. That's just one person, which is in the whole family."*
- *"…people coming in with multiple issues and unable to deal with it.'"*
- *"The types of referrals that they're (Child and Adolescent Mental Health Services (CAMHS)) getting are more complex."*
- *"When we've had support workers, and this might be just in our experience, they do great support, but then they'll occasionally get a referral that's got a bit more complexity to it and more risk, and they seem to get stuck."*
- *"Some practitioners are now more reserved to take people on because they know how much work is involved, they know how messy it is."*
- *"I think that's really key, particularly around mental health support. The environment is so utterly constantly changing the pace, it's nuts."*
- *"We figure the days of cup of tea support, which we still do, are over, as things are more complex."*
- *"It's still an ongoing conversation [whether mental health needs are more complex]. But I've heard a lot of field workers around the country say the same thing, particularly ones who have been around a lot longer than me."*
- *"We did train up a lot of people who are in care services quite a few years ago, and maybe haven't done so well at constantly changing."*

LEVELS OF PSYCHOLOGICAL DISTRESS HAVE RISEN IN THE LAST FIVE YEARS. IN 2018/19, 8.3% OF PEOPLE EXPERIENCED HIGH OR VERY HIGH LEVELS OF DISTRESS. BY 2023/24, THIS HAD INCREASED TO 13.0%. **THE BIGGEST RISE WAS AMONG 25–34-YEAR-OLDS, NEARLY DOUBLING FROM 8.8% TO 18.0%.**

Ministry of Health, 2024.

Current State of Mental Health Care

Some believe that mental health systems fail to provide safe, trauma-informed environments that are essential for healing. Instead, these services are seen as highly clinical, following a rigid, one-size-fits-all model that doesn't meet the diverse needs of people. As a result, these environments can make it difficult for those who have experienced trauma to feel secure enough to heal. Some also argue that mental health care should be more whānau- and community-focused, as a purely clinical approach isn't always the best way to support recovery.

"Yeah, it's not somewhere where I tend to feel very safe, and the reality is when trauma is part of who we are, in terms of our experience and the damage that we carry, unless we are in environments where we feel safe and secure, then it's impossible for us to get better."

- *"The spaces that we've provided for people to find their wellbeing again weren't configured with a trauma-informed lens."*
- *"Mental health structure is such that it's still very clinically focused. And so it's a one-size-fits-all kind of model. So when we're talking about youth waiting on a waitlist, for example, we're talking about a whole range of different complexities waiting on the same waitlist, from mild to moderate, anxiety to depression. That one-size-fits-all is not really the ideal for dealing with that."*
- *"The health system itself is supposed to be whānau-focused and community-based, so having a clinical model is not necessarily the be-all and end-all. We need to think outside of the square."*

Limited Crisis Support

In some rural areas, mental health crisis support is severely limited. Respite care is difficult to access, and emergency options are scarce, leaving some with 'nowhere to go'. In many cases, crisis teams must travel from out of town, which creates long delays that don't align with the urgency of the situation. As a result, some local organisations, despite not being mental health specialists, find themselves supporting people in distress simply because there is nowhere else for them to turn. For some, these organisations become the 'last resort' after all other options have been exhausted.

"There is very little mental health support that can be accessed in a timely manner. When you're in crisis, you can't be told 'we're going on a waitlist, that's going to be up to six weeks.'"

- *But there's nowhere for them to go, the respite is not in place. It's impossible to get our people into respite and care."*
- *I only hear about the bad stories, about how somebody was needing help because of their mental health, and they had to sit for hours and hours and hours."*
- *The crisis service, for instance, will take, say, 45 minutes to get somebody down there just because they are based in New Plymouth Hospital. It's that geography as well, needs to be recognised as a significant barrier."*
- *We are not mental health specialists so where do they go? Because there's no refuge for people."*
- *We are dealing with the most vulnerable people in society who have nowhere else to go."*
- *For any number of those who get in touch today, we are potentially the last resort, so they may have tried everything else, and they're gonna give this thing a try and maybe this will help."*
- *So we don't have the luxury of going 'we're busy' or 'we'll put you on a waiting list' or 'we'll see you in a fortnight', we have to respond there and then."*
- *We've got women, men, and young people who are struggling. We worry for them because we're not sure how they're going to cope over the weekends."*
- *We will always try and stretch ourselves to meet that need, but there's only so much we can do, and it really concerns me that we are letting down the most vulnerable people."*
- *The lack of timely interventions, when somebody is down, they don't want to hear 'yes, you can have an appointment, but you're waiting two months for it.' You know, our window of opportunity is really narrow."*
- *...these are all past traumas that a lot of us don't have the ability to deal with or [we have] nowhere to go to to deal with it."*

Lack of Support Services

While some believe mental health services are easy to access, many argue that there is a widespread lack of support, particularly in rural areas. This gap is especially severe for youth services, with some regions having no dedicated facilities or specialists available. In some areas, people often have to travel long distances to receive care, which becomes a major barrier for those without reliable transport. For the services that do exist, they are often stretched thin, with rising caseloads and limited capacity, making it harder to meet the growing needs of the community.

"Lack of mental health services for everybody... Not just farmers, everybody."

- *It's not just farmers having issues accessing mental health services... It is everyone. We are isolated."*
- *Mental health is a huge issue here in Hāwera, and to access support for people with mental health disability, it's dreadful, it's a tragedy actually. From our organisation, when we try to support people it's very hard for us to find support for them."*
- *There seems to be [a] lack of mental health services for youth in South Taranaki and for clinicians in Te Whatu Ora. The waitlists are high everywhere but they will probably be seen less, if they do get the service in the first place."*
- *With our child and adolescent mental health, we have no facilities here in Taranaki for our youth."*
- *[South Taranaki] is an area [where] there is no child and adolescent psychiatrist, they come down from North Taranaki, and I think they are few and far between up there as well. So it's a lack of service."*
- *If we have children or teenagers who are suicidal, attempting to commit suicide and doing it on a regular basis, and they are verbalising that they don't want to be here on this earth, our police are fantastic with their limited resources but our mental health is non-existent."*
- *We see a lot of struggling people in those areas because if you do have some community mental health support, the amount of times you're actually going to see them rocking up and making it to your house is going to be a bit less than if you lived in one of the big centres. So that will be my number one."*
- *There are issues around access to mental health and wellbeing, the rural nature and distances to travel make it more challenging."*
- *Some of it is that our treatments are not in Eltham. Which is partly why we wanted a nurse in the events centre. We know the ability for adults and children to get out of Eltham to get on these things [mental health support] if you haven't got transport... If you haven't got transport, you can't access things from Eltham."*
- *We can't help but cry for the South Taranaki region, as it gets a bit left out."*
- *There seems to be a lot of peer support agencies that have had to just focus on New Plymouth when they are meant to be Taranaki-wide, which is disappointing."*
- *Certainly agree with lack of mental health support, but that is national too."*
- *We don't have mental health services and drug rehabilitation services around NZ, therefore this situation doesn't bode well for us."*
- *The workload that myself and the other staff are getting here is going to double. Yesterday I signed up [for] seven new ones, in one day. I'm booked out. So, going forward, we're going to get worse."*
- *[Mental health] is going to get worse... I can't see it getting any better. If there's anything saying it's going to settle, I don't think it is. If anything, it's going to get a little worse as society is going to get worse."*
- *Services have limits and capacities which limit their capacity around what they can take on."*
- *All the agencies in the area. They've all got the limits and capacities and how much they can take on."*
- *I found it pretty easy to get people into counselling down there, to be honest, easier than in North Taranaki, where you have to have a referral and all that. Whereas there are services down here that you can call up and they'll take them the next day."*

IN 2022/23, **A TOTAL OF 178,600 CLIENTS ACCESSED MENTAL HEALTH AND ADDICTION SERVICES IN AOTEAROA NEW ZEALAND.** OF THESE, 88,884 (49.8%) WERE MALE, AND 89,717 (50.2%) WERE FEMALE.

Te Whatu Ora, 2022/2023.

IN 2022/23, OF THE ETHNIC GROUPS REPORTED, **MĀORI WERE MOST LIKELY TO ACCESS MENTAL HEALTH AND ADDICTION SERVICES, WITH 5920.2 CLIENTS ACCESSING SERVICES FOR EVERY 100,000 MĀORI POPULATION**. HOWEVER, THE RATE OF **MĀORI CLIENTS ACCESSING SERVICES PROVIDED BY DISTRICTS (FORMER DHBS) DECREASED FROM 4869.9 PER 100,000 POPULATION IN 2014/15 TO 4224.6 IN 2022/23** (A CHANGE OF 13%). (THESE RATES HAVE BEEN AGE STANDARDISED TO THE WORLD HEALTH ORGANISATION'S STANDARD WORLD POPULATION.)

Te Whatu Ora, 2022/2023.

THE RATE OF PACIFIC CLIENTS ACCESSING SERVICES PROVIDED BY DISTRICTS (FORMER DHBS) DECREASED FROM 2698.1 PER 100,000 POPULATION IN 2014/15 TO 2291 IN 2022/23 (A CHANGE OF 15%).

Te Whatu Ora, 2022/2023.

IN 2022/23, **THERE WERE 140,696 CLIENTS ACCESSING SERVICES PROVIDED BY DISTRICTS (FORMER DHB'S) AND 75,747 CLIENTS ACCESSING SERVICES PROVIDED BY NGOS.** SOME OF THESE CLIENTS ACCESSED SERVICES PROVIDED BY BOTH DISTRICTS AND NGOS.

Te Whatu Ora, 2022/2023.

Extensive Waitlists and Strict Criteria

Mental health services are widely seen as difficult to access, with long wait times and increasing barriers to support. Many people and families face months or even years on waitlists for care, such as counselling, specialist care, and referrals, while others are turned away entirely. With rising demand, an overstretched system, and increasingly strict criteria for support, some believe services now prioritise only the most severe cases. Many are left without help unless they are considered among the 'worst of the worst.'

"If you're not aiming to top yourself, they're almost not interested in you. They're really only dealing with the worst of the worst."

- *"There's so many really good services, but they're overloaded. Yeah, they have massive waiting lists. They don't have the capacity to be able to meet the need."*
- *"Even when I think of non-emergency mental health cases, there's a three- to six-month wait to even be able to make an appointment with a counsellor."*
- *"Accessing support and getting assessments done through CAMHS [Child and Adolescent Mental Health Service], it used to take me probably 18 months to get an initial appointment. It's been like that for probably the last 25 years, probably more. So, now it's really difficult to access support for students."*
- *"A GP can send a referral recommending a paediatrician or specialist needs to be seeing a child, and they'll quite realistically get a letter back saying, 'Due to our wait-load at the moment, we can't see you'."*
- *"We're finding a lot of people are being turned away from community mental health, with their referrals not accepted, and we're picking up quite a few of those people."*
- *"Bigger agencies where they work with mental health or addiction, a lot of them have screening tools and scores that will dismiss people if they don't meet a 'certain score' and send them back out into the community."*
- *"Unless you have hit bottom, they won't take you."*
- *"They're not unwell enough."*

THE 2022/23 NEW ZEALAND HEALTH SURVEY FOUND THAT **MORE THAN A QUARTER OF YOUNG PEOPLE EXPERIENCE HIGH MENTAL HEALTH NEEDS.** HOWEVER, **THE NUMBER OF THOSE UNABLE TO ACCESS SUPPORT WHEN THEY NEED IT HAS INCREASED BY 77%.**

Mental Health Foundation, 2024.

Perceived Scarcity

Some believe there is a growing sense of scarcity within Aotearoa New Zealand's mental health system, reinforced by messaging that resources are severely limited. This is thought to affect people's confidence in seeking support, as messaging about lack of capacity and budget creates the impression that help is only available for the most critical cases.

"That's the popular press story, it's having an impact on people's sense that there isn't capacity to help them through their distress. We're all hearing that there isn't enough to go round, and certainly that's the messaging we're seeing within our local hospital context that budget-wise, there is only capacity to help people where their need is really critical."

- *"I guess a big overarching problem, though, which is current and urgent, is the major scarcity messaging we're experiencing at the moment."*
- *"It may become the case that our ward is only able to support people who are actually there under the Mental Health Act. So the outcomes of that would be catastrophic and hugely problematic."*

High Costs of Care

Many believe the high cost of mental health support creates major barriers to accessing care, particularly for those who cannot afford private therapy. With few affordable options available, some argue that people turn to drugs as a cheaper and more accessible way to cope with trauma, especially when specialist care is out of reach.

"It's actually cheaper to get some black market meth to deal with your anxiety and depression than it would be to go to a specialist and do it properly."

- *"Many believe the high cost of mental health support creates major barriers to accessing care, particularly for those who cannot afford private therapy."*
- *"If they can't afford $180 to see a private clinician, especially in these tough times, what do they do? We've got families really struggling, let alone our youth, and our whole mental health system has just gone."*
- *"Adults are having lots of trouble finding access to counselling—affordable counselling. How can you fix all this intergenerational, underlying, complex trauma if you're not offering the means for people to address it?"*
- *"So a lot of our mental health clinicians have decided to go into private practice. That's my interpretation of it, because there's more money there than working in the hospital."*
- *"We do it for koha… we're the only place that works like that because we work our butts off to get funding. Whereas, with private counsellors, if you cannot afford the $100, then we're left with an empty session. People would rather [have] an empty seat than offer the session for $5".*
- *"People don't have access to medical services, making drugs a more affordable way to 'deal with' trauma."*

IN 2023/24, **15.5% OF ADULTS (1 IN 6) DID NOT VISIT A GP DUE TO COST**, AND 4.4% (ABOUT 191,000 ADULTS) HAD AN UNFILLED PRESCRIPTION FOR THE SAME REASON.

Ministry of Health, 2024.

IN 2023/24, **ADULTS IN THE MOST DEPRIVED AREAS WERE 1.2 TIMES MORE LIKELY TO SKIP A GP VISIT BECAUSE OF COST** AND **4.5 TIMES MORE LIKELY TO MISS OUT ON A PRESCRIPTION** THAN THOSE IN THE LEAST DEPRIVED AREAS (THESE FIGURES ARE ADJUSTED FOR AGE, GENDER AND ETHNICITY).

Ministry of Health, 2024.

IN 2023/24, **EXPERIENCING COST AS A BARRIER TO VISITING THE GP WAS MORE COMMON AMONGST WOMEN (19.0%)** THAN MEN (11.9%).

Ministry of Health, 2024.

IN 2024, **MĀORI ADULTS WERE 1.9 TIMES MORE LIKELY AND PACIFIC ADULTS 2.2 TIMES MORE LIKELY** THAN NON-MĀORI, NON-PACIFIC ADULTS **TO NOT COLLECT A PRESCRIPTION DUE TO COST.**

1.9X Māori

2.2X Pacific

Ministry of Health, 2024.

IN 2023/24, **22.3% OF ADULTS WITH DISABILITIES SKIPPED A GP VISIT DUE TO COST**, 1.9 TIMES HIGHER THAN NON-DISABLED ADULTS (14.9%). AND **11.2% OF ADULTS WITH DISABILITIES COULDN'T AFFORD TO COLLECT PRESCRIPTIONS**, 3.6 TIMES HIGHER THAN NON-DISABLED ADULTS (3.8%)

Ministry of Health, 2024.

IN 2023/24, **1.1% OF CHILDREN (ABOUT 11,000) COULDN'T SEE A GP DUE TO COST, DOWN FROM 4.8% IN 2011/12 AND 1.8% IN 2018/19**. FOR PRESCRIPTIONS, 1.6% OF CHILDREN (AROUND 15,000) COULDN'T AFFORD TO COLLECT THEIRS, A DROP FROM 6.6% IN 2011/12 AND 2.0% IN 2018/19.

Ministry of Health, 2024.

Staff Shortages

Many believe there is a critical shortage of support workers across mental health, aged care, disability support, and addiction services, creating major barriers to both delivering and accessing care, particularly in rural areas. Despite government investment in the sector, some say the demand for qualified professionals still far outweighs the available workforce. The lack of workers is often seen as being linked to many issues, such as recruitment challenges, low wages, an aging workforce, and a decline in migrant workers due to COVID-19.

Another concern is the shortage of male support workers. Some believe men bring unique benefits to these roles, particularly for youth, but attracting them to the sector remains difficult due to negative perceptions and past challenges.

"Like every rural community, there's still a very big lack of support workers. People being able to provide support to people in their own homes."

- *"In South Taranaki I can definitely say that providers definitely have a lack of workforce and we're all trying to think of ways of making it more of a career as opposed to just a job that you go to, to earn some money."*
- *"The government has put a lot of money into Mental Health but there are the same workforce issues, around having qualified people that can help others."*
- *"If you ask them what they are getting paid, it's minimum wage and then their travel allowance is only 60% of the national travel allowance. Then they are using their own cars. [That's] all of it. So, no fool is going to go there."*
- *"In these roles people are still 70 and still working, then they leave, but there's no one to replace them at the other end."*
- *"I wonder whether it's a lack of staff because my mother in law, she is in home care in Hāwera and yet the people who come in to shower her are off, they might live in Kaponga, but they've got to go to Whanganui because they are short staffed."*
- *"The government has thrown a lot more money at it, but I think at the end of the day, there's just a shortage of trained personnel that are available and the mental health services are under extreme pressure themselves."*
- *"Anything around drugs and alcohol, it's always been really hard to have the number of professionals that are really needed."*
- *"We just don't have enough support to help people heal from their trauma."*
- *"Not enough support in the country to help people heal from their trauma so people aren't getting the help they need."*
- *"I wonder if some of that is born out of the fact that there aren't enough qualified or specialist expertise."*
- *"We struggle with recruitment for male support workers. There's probably more detail into why that is the case. It's probably to do with issues that have come up for men, working in the care industry when things have happened."*
- *"But certainly, it's kind of hard to promote trying to just advertise for male support workers because it's not seen as the thing to do."*
- *"A man offers the ability to feel comfortable having conversations man to man, the tone is different. The tone of voice can be different as well."*
- *"It is true when they say that men will just get on, they're not talking so much. I guess it's just feeling comfortable, having a male to male support. It makes a difference."*
- *"If we can bring on board male support staff in the industry we are in, it always works really well from a support side."*
- *"I think culturally as well, for particularly rangatahi. They gravitate more to male role models as well."*
- *"Man to man, they can teach those qualities of respect and mana, and those things can be communicated differently by males than females, when working with a male."*
- *"Recruitment is problematic and we lost a lot of good people all over the kind of reforms era and it's quite a hard region to get people to come into. Recruitment's a problem."*

Underfunding in Mental Health

Many believe Aotearoa New Zealand's mental health system is severely underfunded, with years of inadequate investment leading to what some call 'a crisis.' Funding shortages have created gaps in support, such as the lack of couples counselling, and have also affected how services operate. A competitive funding system discourages collaboration, as organisations often prioritise protecting their resources over working together. Even basic necessities, like toiletries in mental health wards, have been cut due to budget constraints, highlighting the strain on resources.

"There's been years and years of not funding mental health and mental health services properly, and we've got to the point where it's become a crisis now."

- *"I don't think it's ever been funded properly, or even getting the number of personnel that really should be involved. I don't think it's ever been addressed adequately."*
- *"I've heard that the mental health and support system is over capacity and under-resourced. There needs to be more funding in this arena to help support individuals."*
- *"From a funding point of view, we don't get funded to support couples, it is only for individuals or individual children. Couple counselling is a big gap."*
- *"Services protect their funding, so if people go to the wrong door (service), they won't get help."*
- *"But there are some strange kinds of propensities in how we do operate, perhaps collegially, and so much of that tragically just comes down to money really, that makes people worried about collaborative working."*
- *"Like a lot of organisations, we all want to have our chiefs and Indians that don't want to share part of the pie. For me, it shouldn't be about part of the pie – not in this industry. We are here firstly to be helping, not the chequebook."*
- *"At our local mental health ward, which is awesome, the staff there are remarkable, but they have recently been informed that [with] the recent budget… they can't [provide] them with essential toiletries anymore."*
- *"It's such a minor thing, but you don't want to have to be the person going 'sorry, we can't give you a toothbrush, but your mental health would be much better after two weeks here'."*
- *"So that all has a trickle-down effect, and we see the outcomes of where that's placing challenges."*

BY 30 JUNE 2023, $1,797.6 MILLION (92%) OF BUDGET 2019 HAD BEEN SPENT ON OR COMMITTED TO INTENDED INITIATIVES. THE REMAINING $163.8 MILLION (8%) REMAINED UNSPENT; **HOWEVER, IT WAS ALLOCATED TO ONGOING SERVICE DELIVERY OR IMPLEMENTATION IN 2023/24.**

Mental Health Wellbeing Commission, 2024.

Crisis Response vs. Prevention

Many believe that mental health support in Aotearoa New Zealand acts as the 'ambulance at the bottom of the cliff,' focusing on crisis responses rather than prevention. This reactive approach is seen as addressing problems too late, leaving services struggling to 'fix what's really, really broken' instead of stepping in earlier to prevent harm.

"Support and interventions aren't put [in] early enough, meaning services are the ambulance at the bottom of the cliff trying to create change when lifestyles are already entrenched."

- *"Part of New Zealand's culture is 'we'll worry about it when it is a problem'."*
- *"There has been a huge breakdown in those layers. Then it gets to the ambulance at the bottom of the cliff, which is what our mental health services [are]."*
- *"We are working at the end of the cliff. I find it disheartening."*
- *"What's happened a lot in our society is so much money goes into the ambulance at the end of the cliff rather than paying more money up front for the preventative work, preventing these things from happening so that we don't have to do a lot of the stuff at the end."*
- *"That's where we should be getting those services involved before everybody's broken at the bottom."*
- *"They're trying to fix what's really, really broken instead of mending it at the top of the cliff."*
- *"This is the bottom of the cliff. And it's not because we haven't asked for help before. We asked for help before we even went near the cliff. There just hasn't been any [help]."*
- *"The issue I had when doing that role at the youth residence was that whole ambulance at the bottom of the hill thing."*
- *"They're trying to fix what's really, really broken and instead of mending it at the top of the cliff."*

IN 2022/23, **HEALTH NEW ZEALAND SPENT $15.3 MILLION ON MENTAL HEALTH AND ADDICTION PROMOTION AND PREVENTION, MAKING UP 0.67% OF THE $2.28 BILLION TOTAL MENTAL HEALTH BUDGET.**

0.67%
OF BUDGET

Ministry of Health, 2024.

Barriers to Seeking Support

Many people are believed to be reluctant to engage with support services, with barriers such as stigma, emotional challenges like anxiety, shame or fear of judgement, and past negative experiences with service providers—any of which can make them less likely to reach out. In smaller communities, privacy concerns and familiarity with staff, especially for Māori, can add another layer of reluctance. Despite these challenges, some services are seen to be working hard to uphold confidentiality and create safe, non-judgemental spaces where more people feel comfortable seeking the help they need.

"For whatever reason that distrust exists, we do a lot of work around creating a space where everyone feels safe, where they're not going to be asked challenging questions, or they're not going to be judged."

- *"There are some constructs in NZ that come along to a group and experiencing a programme that you've got a deficit or there is something wrong or you need to fix something… and that is not at all what we hold."*
- *"There's a huge amount of support for this (mental health) in Whanganui for some people, but the key is to get them to engage with it."*
- *"It's not easy to come off the street and decide to walk in a place that is opposite the Warehouse. Everyone could be driving past and seeing [that] you're walking into a counselling or advocacy agency looking for help."*
- *"Just getting the confidence to walk through the door is a big step."*
- *"People don't like having to walk through our door and ask for help."*
- *"There's shame associated with their trauma. So a lot of the time they can't open up to their own families."*
- *"People's experiences with social workers hasn't always been a positive one."*
- *"To go somewhere where they feel like there will be professional social worker eyes on them is a bit intimidating."*
- *"They hear the word social worker and they put their guards up, because the experiences of what it means for them as a family have sometimes not been positive."*

"*Some people don't access services in those areas because they know people there too well, or they've had previous experience with them or family. We get the 'we don't want to work with that group of people because actually, that's my cousin. I know that person, and I'm worried about the spread of information.' It's in the smaller towns. There is a real fear.*"

"*Māori are reluctant to go to kaupapa Māori organisations as they are intimately connected.*"

"*A lot of Māori won't go to Māori organisations because why should they know my business? I don't want Aunty to know, I don't want Uncle to know. And yet, it's probably the right place to go because then the wider family can come in around them.*"

"*Not all Māori want to go to Iwi!*"

"*To tell you the truth, because we are a small rural community, people don't want to access these services in our community because 'they know my Aunty', or 'they know my cousin.'*"

"*They are not confidential. They're talking [about] people's names in a board meeting. We should not be naming names; it should be purely data. That's a big part of why I would say it's way higher in a rural area.*"

"*It is having a local [that] provides those services where there is no confidentiality.*"

"*Some of the stuff that comes into my room can't be repeated. It's not just the confidentiality that you sign with me. It's stuff I won't type on my system… I'm not repeating nothing, I won't even hear. I may get a dime privately. But I can't.*"

"*To get somebody that's a life gang member or a life member of anything willing to share, I've got to have some deep, dark secrets, and I gotta back it up. For you to trust me, out of this world, trust me, I can't repeat that stuff.*"

"*Many people, due to stigma, will not feel comfortable doing that, and sometimes our support is done in confidence. It has to be done in a confidential way in the background.*"

"*We try [to] remove that cloak of shame. We thank them for coming because they are helping us.*"

"*Building that rapport with them. We don't sit in the judgement seat. We're here for you.*"

"*We create a space which is safe. So we don't see our customers as problems to solve. They are just people who want food. So we have no judgement, no barriers, anyone's welcome.*"

IN 2022, **57% OF PEOPLE WITH MENTAL DISTRESS OR ILLNESS HAD HIDDEN THEIR MENTAL DISTRESS FROM OTHERS.**

Mental Health Foundation, 2022.

Stigma in Mental Health

Some believe that while stigma around mental health has improved, it is still deeply ingrained in some areas. Conditions like depression, anxiety, ADHD, and autism are becoming more accepted and normalised. However, more severe or less commonly understood conditions, such as borderline personality disorder and psychosis, continue to carry significant stigma.

"*In the clinical sense, the mild to moderate mental health conditions, like the everyday stuff, depression and anxiety, then certain diagnoses like ADHD, autism… those I think are more [accepted], but it's almost like the reverse is happening. Where I don't think it's moved is still the more severe mental illness stuff, where people with mental illness are seen as still quite further removed. Which I think is a shame.*"

"*[The stigma] has improved in some ways but not in others.*"

"*Unfortunately, there's some stigma out there [around mental health].*"

"*I feel like [mental health] stigma has improved. But I don't know if I can give a clear answer because sometimes I wonder if, as a worker that works in this field for a living, I get in a bit of a bubble where I think the stigma is way better.*"

"*A lot of people are talking about them now and that's fine, having depression is fine, anxiety is fine, so the stigma there has definitely improved.*"

"*Emotional dysregulation with borderline personality disorder, there is still a lot of stigma there… I think they are still misunderstood.*"

IN 2022, **ALMOST ONE IN FIVE PEOPLE WITH MENTAL DISTRESS REPORTED BEING DISCRIMINATED AGAINST BECAUSE OF THEIR MENTAL HEALTH EXPERIENCES.**

Mental Health Foundation, 2022.

IN 2022, ONE IN FIVE PEOPLE WITH MENTAL DISTRESS AVOIDED OR FEARED DOING SOMETHING BECAUSE THEY ANTICIPATED BEING DISCRIMINATED AGAINST. THIS FEAR CAN STOP THEM FROM SEEKING HELP WHEN THEY NEED IT MOST, AS THEY ARE AFRAID OF BEING JUDGED OR LABELLED.

Mental Health Foundation, 2022.

Loneliness and Isolation

Many believe there is a growing sense of loneliness and isolation, driven by a decline in social interactions and a shift towards more individualised lifestyles. This is especially felt by newcomers, those who are unemployed, or people without transport in smaller rural regions, where access to social support networks can be limited.
Despite these challenges, some spaces, such as libraries, have become important social hubs, providing connection and a sense of belonging, particularly for those who may not have other support networks.

> *"The loneliness and isolation that people have, and the need for friends, and the need for connection. It's the same issues that affect the community that affect the people that we support as well."*

- *"There's a lot of lonely people that are isolated. There's a lot of isolated people."*
- *"I think it's just people not going out and just people not interacting."*
- *"We don't socialise. Socialisation has become a major factor. It's a huge factor of not going out anymore, catching up at the local."*
- *"The anxiety around socialisation is just out the gate."*
- *"One person moved to Patea for instance because she could afford it there. But because there is no transport or employment out there, she was then unemployed, isolated and her mental health went downhill."*
- *"They aren't from that region, so they don't have family and local ties, which is hugely important in really small places like Patea."*
- *"There is an isolation factor that I have noticed down there for newcomers to the region. They may not have been able to find social support networks, as they don't know anyone from there."*
- *"They've had family members who have said that their unwell person has moved there from another area. So they are completely not connected with anybody there, because of the really cheap housing. So they will move in there."*
- *"Definitely agree, it seems part of the culture just to be more self-focused."*
- *"Before, when you raised children it took a village. You had your extended family around you whereas now families have become so singular."*
- *"That's what a lot of my family talk to me about… a lot of them feel, maybe they don't use the word individualised, but they are seeking connection, and they feel lonely or they wonder whether they are the only ones, as a parent, doing it tough."*
- *"So that is true, less connected, and it is the lack of connections that impact on mental health and addictions."*
- *"Our libraries are very much more than places to go and get books. They tend to be one of the main social hubs of each of our small towns, and they provide very, very much more than books or information."*
- *"If you go to any of our libraries after school, you'll see the same handful of kids every day. That's their safe space [where] they go to where it's warm and it's dry and no doubt they'll get made a cup of Milo… they've got really good relationships with staff. They know us and want to connect generally, which is really important."*
- *"People are also really lonely, so sitting in the library with a device surrounded by other people keeps them alive. So [they are] together alone."*

IN 2019, Q4, **3.4% OF PEOPLE AGED 15+ FELT LONELY MOST OR ALL OF THE TIME, AND 13.0% FELT LONELY SOME OF THE TIME.** THAT'S APPROXIMATELY 656,000 NEW ZEALANDERS AGED 15+ EXPERIENCING LONELINESS AT LEAST SOME OF THE TIME.

Loneliness New Zealand Charitable Trust, n.d.

Financial Stress

Some believe that financial pressure and the rising cost of living are taking a toll on people's mental health. Economic downturns and financial instability are seen to be creating distress, even for those who have never struggled in this way before. The stress of making ends meet, such as having to choose between feeding their families or heating their homes, is believed to be worsening anxiety and adding to mental health challenges.

> *"From a mental health perspective that has a knock-on effect on anxiety to make ends meet, especially if you've got family to feed and you have to choose between feeding your family and heating the house."*

- *"I mean, there's the whole epidemic with the rural sector. You know, with the downturn in the economy and all of that, that puts pressure on people that potentially weren't needing mental health services that now are."*
- *"Financial wellbeing is having a real detrimental negative effect on people's mental health."*
- *"I put it into a big bucket of distress. So, there's a lot more distress-related things coming up. People who weren't necessarily predisposed are now getting distressed. I can't help but think society has done it to them."*

IN 2024, **ADULTS LIVING IN THE MOST SOCIOECONOMICALLY DEPRIVED AREAS WERE 1.7 TIMES MORE LIKELY TO EXPERIENCE PSYCHOLOGICAL DISTRESS** THAN THOSE IN THE LEAST DEPRIVED AREAS (THESE FIGURES ARE ADJUSTED FOR AGE, GENDER AND ETHNICITY).

Ministry of Health, 2024.

1.7X
MORE LIKELY

IN 2022/23, **PEOPLE IN THE MOST DEPRIVED AREAS WERE 1.7 TIMES MORE LIKELY TO USE MENTAL HEALTH AND ADDICTION SERVICES THAN THOSE IN THE LEAST DEPRIVED AREAS.** PER 100,000 PEOPLE, 5,068 IN THE MOST DEPRIVED AREAS ACCESSED SERVICES, COMPARED TO 3,059 IN THE LEAST DEPRIVED (THESE FIGURES ARE ADJUSTED FOR AGE USING THE WORLD HEALTH ORGANISATION'S STANDARD POPULATION.)

Te Whatu Ora, 2022/2023.

Masculinity's Impact

Many believe that stigma and deeply ingrained expectations around masculinity prevent men from expressing emotions in healthy ways or seeking help for their mental health. The fear of judgement, embarrassment, and appearing 'weak' is seen as a major barrier, making it harder for men to ask for support.

As a result, some turn to alcohol, drugs, or anger as coping mechanisms, which can lead to long-term struggles with addiction, emotional distress, and harmful behaviours.

"One is that, and I touched on the male psyche. So probably the biggest thing that stops men from getting the help that we need, is that we are terminally afraid of embarrassment, and looking weak, and being judged really as a huge fear. We're terrified of being judged."

- *"For a man to come through a door and ask for help and feel vulnerable, is massive."*
- *"The factors that lead to male suicide often include a whole gamut of shame around feelings that they are weak and problematic and should be able to cope with their stuff."*
- *"It's a guy thing and generally going down that support route isn't attractive to men. So that's a big problem for us."*
- *"Usually it is men, and men don't find it as easy as females to go and ask somebody else for help or an opinion."*
- *"Worst of all, probably for guys where there's that whole stigma piece which is a great concern for us."*
- *"That's why a lot of our men that I have worked with over the years have said they turned to alcohol or drugs to cope with some of those stressors."*
- *"Which means that when we suffer in our later life, we then have to find other ways of coping, which will then maybe lead to other and more harmful coping strategies, and typically those will lead to secondary problems. So addictions."*
- *"Once you've got those substances in your system, then that boils over to anger, because they're frustrated."*
- *"They don't know how to express their emotions because they've never been taught or have been told to suck it up."*
- *"A lot of males who are in their 30s, 40s are suffering major mental health issues and they don't know how to deal with them, so a lot of them will verbally abuse."*

IN 2024, MEN WERE 1.1 TIMES MORE LIKELY THAN WOMEN TO HAVE CONSUMED ALCOHOL IN THE PAST YEAR (THESE FIGURES ARE ADJUSTED FOR AGE).

Ministry of Health, 2024.

IN 2024, HAZARDOUS DRINKING WAS MORE COMMON AMONG MEN (22.2%) THAN WOMEN (11.2%). **MEN WERE TWICE AS LIKELY AS WOMEN TO BE HAZARDOUS DRINKERS** (THESE FIGURES ARE ADJUSTED FOR AGE).

Ministry of Health, 2024.

Rising Anxiety Among Youth

Anxiety among youth is believed to be increasing, with many struggling to cope with pressures from school, social expectations, and other stressors. Social media is often cited as a major factor, contributing to bullying, peer pressure, and negative self-perception, which some believe is worsening mental health challenges for young people.

Additionally, while the peak of the COVID-19 pandemic has passed, its effects still linger. Some young people continue to feel anxious about returning to school, and parents are still facing difficulties encouraging school attendance.

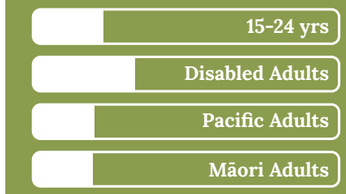
"Mental health and anxiety is a big issue that young people suffer through, and it seems to be more complicated nowadays than when I was a young girl."

- *"Mental health, anxiety, and external things outside of the school arena that are impacting on their lives."*
- *"People are more so presenting with high levels of anxiety that is impacting their ability to function in their usual way, and it is probably higher than it has ever been."*
- *"But anxiety is unreal. It's unreal how many people now that are quite crippled by anxiety. So it's coming into GP specialists and going through CAHMS."*
- *"Level of anxiety amongst younger ones has gone through the roof recently."*
- *"Social media for our youth has brought around so much harm. If you actually look at technology and mental health, they actually very much go together because a lot of our social media issues that we have are actually making our mental health system for our youth 10 times worse."*
- *"That's why we have such a massive suicide rate in our teens, because of the social media platforms that they use."*
- *"The Internet has done a lot of damage—anxiety, bullying, disconnection within families… we should be encouraging outdoor play, etc."*
- *"Since COVID, we've got a lot of anxiety around going to school and parents seemingly unable to get them there."*
- *"We have things for anxiety in teens and adults. Now that came from COVID because of going through the pandemic, we had lots of children that wouldn't return to school."*

IN 2021, **WHILE 58% OF YOUNG PEOPLE HAD GOOD TO EXCELLENT MENTAL WELLBEING** (BASED ON WHO-5 SCORES), **28% SHOWED SIGNS OF SERIOUS DISTRESS** (KESSLER-6 SCORES). IN THE LAST YEAR, JUST UNDER HALF HAD FELT SO OVERWHELMED THEY COULD NOT COPE (49%) AND THAT LIFE WAS NOT WORTH LIVING (41%).

Ministry of Social Development, 2021.

IN 2024, **HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS WERE MORE COMMON IN YOUNG ADULTS AGED 15–24 YEARS (22.9%), DISABLED ADULTS (33.2%), AND IN PACIFIC (20.0%) AND MĀORI (19.5%) ADULTS.**



Ministry of Health, 2024.

IN 2024, MENTAL WELLBEING WAS SIGNIFICANTLY POORER FOR SOME GROUPS OF YOUNG PEOPLE. **FEMALE, DISABLED, AND RAINBOW YOUTH HAD WORSE RESULTS ACROSS ALL MEASURES**, WHILE RANGATAHI MĀORI HAD WORSE OUTCOMES FOR MOST MEASURES.

National Youth and Wellbeing Survey, 2021.

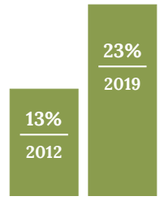
THERE IS ROBUST EVIDENCE THAT MENTAL ILLNESS OFTEN PEAKS IN ADOLESCENCE AND EARLY ADULTHOOD WITH 35% OF CASES APPEARING BEFORE AGE 14, AND 48% EMERGE BEFORE AGE 18.

35%
Before Age 14

48%
Before Age 18

Ministry of Health, 2024.

THE YOUTH19 SURVEY FOUND THAT **DEPRESSION SYMPTOMS AMONG SECONDARY SCHOOL STUDENTS INCREASED FROM 13% IN 2012 TO 23% IN 2019.**



Informed Futures, 2023.

Lack of Emotional Skills in Youth

Some believe young people are not being equipped with the skills to manage strong emotions, making it harder for them to handle setbacks and everyday challenges. Without being taught emotional regulation and coping strategies, some struggle to respond to difficult emotions, with concerns that even minor setbacks can feel overwhelming.

"Young people, especially our young men, are not taught how to manage really big emotions."

- *"An education gap in teaching people how to manage really big emotions."*
- *"This is the trend coming through... young people who can't emotionally regulate or function, because they haven't been taught."*
- *"Just a 'no' becomes the end of the world. It's that resilience."*
- *"They think they're in depression, or in this terrible mental state, but it's just because they don't know how to handle no."*

Challenges Faced by LGBTQIA+ Youth

Some believe LGBTQIA+ youth continue to face significant challenges, including bullying, discrimination, and limited support—especially in rural areas. Societal and generational attitudes towards their identities remain a barrier to acceptance, with outdated beliefs, such as viewing LGBTQIA+ identities as a 'phase' or a mental health issue, reinforcing negative bias. For many, these experiences are thought to have serious effects on the mental health of these young people, contributing to trauma that can be carried into adulthood.

"It goes back to that bias of the past generations... you have so many of that older generation of 'this is a phase'... but it's not. There are studies, there is research. They just want to be accepted. Why can't we as a society accept that and move past some of these biases?"

- *"Rainbow youth and diverse identities face bullying and non-acceptance from society"*
- *"There is horrific bullying, abuse, physical as well because our kids are who they are."*
- *"We have a lot of parents, grandparents, who struggle to understand the evolving concepts of identity."*
- *"Just from his perspective, he struggles with the concept of mental health, and he struggles with [the concept of] transgender."*
- *"That [judgement] comes from our whānau too because some of our whānau are still stuck in those old ways and believe that they obviously have a mental health issue, or it's a phase."*
- *"Some parents' perceptions, especially some of the older generations, are very much close-minded. Whether our kids go through fads, we all go through different things."*
- *"I don't think it [LGBTQIA+ support] is based in the region."*
- *"I had a meeting just yesterday with the rainbow community, and I agree with the statement. I'd even go so far as to say that the organisations that are set up to support, for instance, in Taranaki, Rainbow Youth, are based in New Plymouth. They would be the first ones to say that they do not have the resources to deliver down South."*
- *"We're setting these kids up to go into adulthood with trauma around their identity, and what does that do? That leads to our mental health deteriorating."*

IN 2022, **OVER HALF (57%) OF THE RAINBOW COMMUNITY WILL HAVE HAD A PERSONAL EXPERIENCE OF MENTAL DISTRESS OR ILLNESS.**

Community & Public Health, Te Mana Ora, 2022.

Challenges in Neurodiverse Support

Some believe diagnoses of neurodiverse conditions, including ADHD, autism, and dyslexia, are increasing. However, in some regions, support systems are seen as inadequate, particularly in schools, where students struggle to access the help they need.

"There isn't that support pathway for kids in primary school that then leads them into high school to be [fully] engaged, especially if they're neurodiverse or suffering from ADHD. [There isn't] that continuation or pathway to help them achieve."

- *"Yeah, definitely it is increasing the number of children that have been diagnosed with ADHD."*
- *"It [ADHD diagnosis in youth] is definitely increasing, which is why our contract increased."*
- *"There is also space for engaging with students with regards to neurodiversity, ADHD and dyslexia. There's not any kind of support like that for students in Hāwera."*
- *"I know that there's a large portion of, you know, kids that are probably struggling in that area, but just not identified."*

IN 2024, **ADULTS WITH DISABILITIES WERE MORE LIKELY TO EXPERIENCE HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS** THAN NON-DISABLED ADULTS (33.2% AND 11.2%, RESPECTIVELY).

Ministry of Health, 2024.

IN 2024, **41% OF STUDENTS AGED 5–11 WHO IDENTIFIED AS DISABLED OR NEURODIVERGENT, AND 59% OF OLDER STUDENTS, HAD NO RECORD OF RECEIVING MINISTRY-FUNDED LEARNING SUPPORT.**

41% 5–11 YRS | **59%** 12+ YRS

The Education Hub, 2024.

A 2019 NZCER SURVEY FOUND THAT PARENTS OF CHILDREN WITH DISABILITIES OR LEARNING SUPPORT NEEDS **HAD A SIGNIFICANTLY MORE NEGATIVE PERCEPTION OF THEIR CHILD'S SCHOOL EXPERIENCE COMPARED TO PARENTS OF CHILDREN WITHOUT DISABILITIES OR LEARNING SUPPORT NEEDS.**

The Education Hub, 2024.

BY 2020, **OVER 600 FULL-TIME LEARNING SUPPORT COORDINATORS (LSCS) WERE EMPLOYED IN SCHOOLS. HOWEVER, WITH MORE THAN 2,000 SCHOOLS IN NEW ZEALAND, THIS SUPPORT REMAINS LIMITED.**

The Education Hub, 2024.

Mental Health in Farming

Many believe that farmers face significant challenges, with stress, isolation, and financial pressure taking a toll on their mental health. Long hours, economic hardship, and demanding conditions are seen to erode wellbeing and self-worth, leaving some feeling trapped in difficult circumstances.

Isolation is a major issue in rural farming communities, where many farmers work alone and have fewer opportunities for social connection. As traditional gathering spaces, such as local pubs and community events, decline, support networks become harder to maintain. Without these connections, some withdraw or turn to unhealthy coping mechanisms to manage their struggles.

Despite these hardships, many farmers are reluctant to seek help due to a deeply ingrained culture of resilience and self-reliance. A 'suck it up' mindset is seen to discourage open conversations about mental health, with some believing others are worse off or fearing they will be seen as weak. As a result, many only reach out for support when their struggles have worsened.

"It's huge. Everyone feels like they've been backed into a corner and there's no way out. You can't just exit out by selling your farm and say 'that was close' because there's no one to buy your farms or take your jobs."

- *"We do have a lot of farming communities, with higher isolation."*
- *"I would add isolation in particular to farming communities. I spoke to a friend yesterday—I think we've had five suicides in the last two months for rural farmers. That links well to that last point about economic hardships."*
- *"So he's a failure as a father, and a failure as a husband as well. It's really eroding their sense of self-worth, their Te Whare Tapa Whā. All of those elements are just falling away."*
- *"As a husband, you could feel like a failure, a failure provider, whatever it is, the mana of farming is eroding at the moment."*
- *"One of the young farmers said today that he feels like a failure. He's working long, long hours, especially over calving, and they are not getting home to their family and the wife, who was home by herself looking after the children."*
- *"The price for our milk [has dropped] and our costs have gone through the roof. There's virtually no margin in that now."*
- *"Farmers have got enough pressure on them now, finding staff for docking, shearing is hard enough, farmers are facing a lot of stress and pressure."*
- *"They all closed down because of, you know, rules around drink-driving. So you can't just go down there on a Thursday or Friday and vent, and find out that you're not the only one in the shit. I find that a bit tough."*
- *"A lot of our local pubs have closed down, which actually, that was a really good support to go and drink four or five beers, chew the fat, and realise that you're not the only one in the shit."*
- *"Going back to community, when my parents were farming, there were lots of tennis clubs, table tennis clubs, they played cards, and nice little movie theatres in their communities. We had church, we had lots of community things, and now this has sort of dissipated."*
- *"I have always worried more about farm staff. Sometimes it's much harder for them. They move in, and if they haven't got children to go to a playgroup or into school, they really can be quite isolated. Farm owners need to be really aware of that."*
- *"I've got one girl at the moment who rung up bawling her eyes out yesterday. She moved from Hawke's Bay two years ago, and is on her second season of the farm and, of course, it's calving. She's isolated, she only gets back to see her family. She doesn't know anyone in the region."*
- *"We know, with farming communities, that mental health is a big, big issue because they're so isolated. So that's not surprising."*
- *"For me personally, if I don't feel good, I isolate. I don't go around people. I isolate. That's the trouble."*
- *"They think they are on the farm, no one will see if they are upset or if things go wrong they just hide it in themselves."*
- *"So for a young couple coming into a share milking job, how are they going to get to meet people to float their waka? That's really hard."*
- *"It's difficult, really difficult. There are a reduced number of counsellors, and you need people who speak a farmer's language. If you ask a farmer how he is, he'll say 'I'm okay.' They don't actually tell you the truth, and they don't think they should. They don't complain, they just get on with it."*
- *"They don't open up easily, and because they're naturally quite resilient and they have pride, you don't admit you've failed or that you're not coping. It's quite normal that they don't want to admit they aren't okay."*
- *"Difficulty with a farmer, they don't show easily. If you ask them if they are okay, they'll say 'I'm okay.' You have to be quite skilled in drawing out from them where things are at."*
- *"There seems to be quite a staunch 'no, we don't need that help, that help is for other people'."*
- *"The people I see using that term [staunch] are people in the rural sector and the farming sector more than anything else."*
- *"Interesting that farmers are specifically mentioned. Definitely, they are reluctant to access services, and if more were available, it would be easier."*
- *"I don't want to ring these people because there are other people with higher importance needs than me."*
- *"Perhaps it's a Kiwi mentality that we have because we have been told to be grateful growing up because there is always someone worse off."*
- *"I think there is a lot of that intergenerational, how we were raised, where research is showing now that that's not how you should have done it. You know—that hard, 'eat some concrete, get on with it' mentality has done a lot of damage."*
- *"Rural, I would argue, is a lot worse than urban. It's like a badge of honour to not complain, not have any issues, not talk about feelings."*
- *"It's okay to help others but not yourself, [it is that] suck it up mindset.*

SUICIDE RATES ARE HIGHER IN RURAL NEW ZEALAND, WITH 15.9 DEATHS PER 100,000 PEOPLE, COMPARED TO 10.8 PER 100,000 IN URBAN AREAS.

Like Minds Taranaki, n.d.

Elderly Mental Health

Many believe elderly people face significant challenges related to mental health, loneliness, and social isolation. While some see this as linked to aging, cognitive decline, and undetected anxiety or depression, others believe isolation itself plays a major role in declining mental wellbeing. Those who are widowed, unable to drive, or lacking strong social connections are seen to be particularly at risk of becoming increasingly isolated.

Despite these challenges, some community groups provide valuable opportunities for connection and support. Activities like knitting groups help older adults form friendships, check in on one another, and offer practical assistance—helping to reduce loneliness and foster a sense of belonging.

"When I'm old, I will be fine", but cognitive decline, we do not see, we do not recognise, and depression and anxiety work much the same way."

- *"There's a lot of lonely people out there. I hear many people talking about lonely people, elderly particularly."*
- *"Loneliness for elderly is real bad, and that causes depression."*
- *"As we age, our ability to manage anxiety and slip into depression can be very subtle, more to do with ageing than past events."*
- *"Kaumātua suffer from isolation and loneliness as they don't want to be a burden."*
- *"They've been brought up to be self-reliant… they (kaumātua) feel like a burden."*
- *"They end up struggling and lonely and isolate."*
- *"Alf could no longer drive, so he was isolated out in a satellite town. He had no way of getting out and about, because we live an hour away."*
- *"All of those things are possibly why the biggest growing statistic for suicide is men in the 85+ range."*
- *"I'm looking forward to the friendship and meeting the other ladies because quite a few of us live on our own now, and it can get lonely. We all have missed the big group around the table."*
- *"We might have knitted and handed them to somebody, but we've made friends. A lot of friends."*
- *"When everybody says, 'Oh, so and so hasn't been in today,' one of us will ring up and check that she's around, and everybody checks."*
- *"Maybe she's in hospital and needs a ride home or she needs medication picked up or something. We will try and help each other the best we can."*
- *"I keep in contact with a lot of them and see that if anybody needs anything or wants anything, we can try and do what we can to help—even if it is just a cup of tea or a yarn."*

APPROXIMATELY 10% OF PEOPLE OVER 65 FEEL LONELY ALL OR MOST OF THE TIME, INCREASING TO 50% FOR THOSE OVER 80.

Ageing Well National Science Challenge, 2022.

ACCORDING TO DATA, **OLDER PEOPLE ARE LESS LIKELY THAN THOSE AGED 25–64 TO USE PRIMARY MENTAL HEALTH CARE SERVICES, AND ARE ESPECIALLY UNLIKELY TO SEE A PSYCHOLOGIST.**

Government Inquiry into Mental Health and Addictions, n.d.

Short-Term Solutions

Some believe Aotearoa New Zealand's mental health system relies too much on medication and short-term solutions rather than addressing the root causes of mental health. Limited access to long-term support and pressure on GP services mean medication is sometimes seen as a 'quick fix'. This is worsened by what some see as the increasing tendency to pathologise and medicalise human emotions, resulting in diagnoses and treatments that may not always be necessary or appropriate.

Cognitive Behavioural Therapy (CBT) is seen as one example, with some questioning its effectiveness for deeper issues like attachment trauma. While CBT works for some, others argue that its brief, repeated sessions fail to create lasting change. These concerns raise broader doubts about whether the current system truly supports long-term healing.

"A lot of mental health work revolves around medication, the ambulance at the end of the cliff."

- *"We've got really obsessed with the quick fix approaches to the symptoms, rather than the root causes of those problems."*
- *"The lack of GPs, wait times, and often, they all seem to be able to get some medication for it pretty quickly. But, for me, that's not solving the underlying cause."*
- *"So anybody that has mental health concerns or anything like that to gain or access any form of mental health therapy through our DHBs and Community Services is just non-existent. You've either got a massive waiting list or they just keep throwing, I suppose, a quick-fix medication [at you]. The actual medication only does a part of the work. It's the rest of it. The therapy that actually helps as well."*
- *"I would say we're seeing very much the knock-on effect, perhaps of, and we've over-pathologised and over-medicalised a whole load of normal human reactions."*
- *"So one of the trickle-down effects of that is increasingly from a younger age, we're prescribing when other sorts of support might have been helpful."*
- *"Where we've gone down a pharmacology route where maybe people were needing a different kind of support."*
- *"But I would say that's the outcome again of a shortage of time in how we can help people through their distress when they present at GP appointments."*
- *"Therapeutically, we're really hung up on CBT as the golden child, or the silver bullet… The outcomes of which, unfortunately, often look like very brief, and often serial interventions of short-term counselling. That isn't the way that we heal attachment damage, that takes a fully different approach."*
- *"In fact, I think short and repeated interventions of CBT are counterproductive to healing attachment damage."*
- *"So we are obsessed with [CBT] because it's quick and cheap, and we look like we're doing something, but it isn't effective in addressing people's more deep-seated stuff. In fact, it can be just really traumatising."*
- *"We were also wondering about the impact of our support on young people and families. It's a little like CBT, it works when it works, but two weeks later, is it still working or has it gone back?"*
- *"So when you have a broken leg, you get a plaster. That's fine, but when it comes to, you know, mental health, it's the whole picture, not just the one picture."*
- *"I feel that we're probably going to go full circle and eventually reach a point where we realise we don't need to pathologise everything, but I would say that still at the moment on the up."*
- *"We're just ordinary social anxiety or low self-esteem ends up with a diagnosis which ironically has a negative impact on people's recovery."*

IN 2015, **12.6% OF NEW ZEALANDERS WERE PRESCRIBED ANTIDEPRESSANTS**, WITH HIGHER RATES AMONG FEMALES (16%) THAN MALES (9%). THIS WAS A 21% INCREASE FROM 2008.

(Pizzol, Marzetti, & Pinto, 2018).

BY THE END OF THE 2022/23 FINANCIAL YEAR, **32,523 PEOPLE HAD BEEN USING MENTAL HEALTH AND ADDICTION SERVICES A YEAR OR MORE**. OF THESE, 20,414 HAD BEEN ACCESSING SERVICES FOR TWO YEARS OR MORE.

Te Whatu Ora, 2022/2023.

Unresolved Trauma

Some believe Aotearoa New Zealand's high rates of mental distress and suicide are deeply connected to unresolved trauma, stemming from experiences of abuse, attachment damage, and intergenerational harm. For Māori, trauma is also believed to stem from the lasting effects of colonisation, including land displacement, cultural disconnection, and the forced removal of whānau. These historical and systemic injustices continue to shape mental health outcomes today, yet many feel their full impact remains overlooked.

"The essence of the truth of the matter is that we haven't taken enough care of our children, and kept them safe enough. I'm already sad to say, and that is the heart of it."

- *"If at some stage during our formative years, we were not held safe and as precious, then a little bit later that comes back to bite in terms of self-esteem."*
- *"If formative years, in particular, have involved really any significant degree of attachment damage, then we won't necessarily have developed those self-soothing skills to the same level."*
- *"Trauma was there and very often in the form of abuse, which obviously very much makes sense, but until you've done the stats on it, you don't see quite how predominant that is."*
- *"Around that we saw the massive predominance of trauma in people's stories. In fact, when I processed that, the growth in it was way bigger than I had anticipated, and turned out to be present in over 90% of cases."*
- *"Way before that was the displacement from our land. That was huge. That really set us on the back foot, and we've just been struggling to get ourselves back on our feet ever since."*
- *"Māori have been struggling to get back on their feet ever since the dismantling of their people and the displacement from their lands."*
- *"Colonisation has played a huge part in Aotearoa's ills, and they are coming to the surface."*
- *"From New Zealand's perspective, a lot of our ills, colonisation has played a huge part in that."*

MĀORI EXPERIENCE MENTAL DISTRESS AT RATES ALMOST 50% HIGHER THAN NON-MĀORI, YET THEY ARE 30% MORE LIKELY TO HAVE THEIR MENTAL ILLNESS UNDIAGNOSED COMPARED TO OTHER ETHNIC GROUPS.

Government Inquiry into Mental Health and Addiction, n.d.

RESEARCH STATES, **MĀORI EXPERIENCE TRAUMA IN DISTINCT WAYS DUE TO COLONISATION, RACISM, DISCRIMINATION, AND SUBSEQUENT UNEQUAL RATES OF VIOLENCE, POVERTY, AND ILL HEALTH.**

Journal of Indigenous Wellbeing, 2017.

Coping with Trauma

Some believe that mental health challenges, family harm, offending, and substance use are often symptoms of deeper, unresolved issues—particularly trauma. Substance use, in particular, is seen as a common way people cope with distress, with many turning to alcohol or drugs to escape difficult circumstances or manage stress.

"With that trauma, they start getting on drugs or they get addicted to things because they're trying to escape the trauma."

- *"From a social work perspective, when you look at offending, and you look at things like family violence and mental health and child abuse, those are just symptoms of underlying issues."*
- *"We have all these huge social issues as a result of trauma."*
- *"People turn to alcohol and drugs to lessen the pressures of what's happening at home and trauma."*
- *"Definitely addictions. Addictions tend to come as a way of escaping from the pressures of what's happening at home. It's side by side."*
- *"People under stress are making dumb decisions - drugs, drinking, violence—all because they haven't been taught."*

Intergenerational Trauma

Many believe that when trauma goes unresolved, it becomes intergenerational, which is believed to have a significant impact on children's development, shaping their emotional and mental wellbeing into adulthood. Without intervention, this cycle of dysfunction continues, as hurt people unintentionally pass their pain to the next generation.

"People have unresolved trauma that they have been going through and they get to the point where they have children and if you're not working with it yourself, you're just gonna be passing it on."

- *"When trauma isn't dealt with the cycle continues and it becomes intergenerational."*
- *"A lot of that is intergenerational trauma [that] causes mental health in children."*
- *"It was just really evident how trauma, through the generations, affects children, and then affects their adult lives, because they don't develop properly and their brain systems and stuff."*
- *"Dysfunctional adults raising dysfunctional children."*
- *"Hurt people, hurt people."*
- *"[There is a] generational cycle of dysfunction in our children, who then become parents and so on."*
- *"So it's between the ages of like zero and two, and then from two to seven, that really impacts children's lives, depending on the trauma that they received."*
- *"All the parents received when they were pregnant, or before that even, generational [trauma] can be passed through in your DNA sets. So it's having a big impact."*

IN 2023, **PEOPLE WHO EXPERIENCED SEVERE CHILDHOOD MALTREATMENT WERE 1.8 TO 2.6 TIMES MORE LIKELY TO DEVELOP MENTAL HEALTH PROBLEMS IN ADULTHOOD** COMPARED TO THOSE WHO WERE NOT MALTREATED.

1.8-2.6X

MORE LIKELY

(Li, Y., et al., 2023)

Lived Experience and Peer Support

Some believe that lived experience and peer support play a crucial role in mental health and addiction services, offering a level of understanding that professional training alone cannot provide. For many, having a support person who has 'been there' creates a sense of connection, validation, and shared experience that makes support feel more meaningful and accessible.

Despite this, some remain cautious about the quality of training and supervision in peer-led organisations, as well as the risk of re-traumatisation for those providing support. While there is growing recognition of the value of lived experience in mental health and addiction services, some believe peer support roles must be well-supported to ensure they are both safe and sustainable for workers and those they assist.

> *"I think you can't beat lived experience, you can't learn it in a book."*

- *"I think when you're working with people, if you've got a similar experience, you have authenticity. You get it."*
- *"He's done the hard yards, he now knows and understands, and suddenly this boy has got this, this person who he realises, validates, who understands his life journey, and what it meant to be in that situation."*
- *"He works with his peer support worker, he's got someone now who he holds with this mana and self-esteem. So that peer element is crucial."*
- *"That's definitely where intentional peer support models come into play, because you can validate what you're feeling and what you're experiencing and your journey with someone who can make some sort of connection."*
- *"It's complex, but they're often related to normal human experiences, which other people have been through. There's somebody who's been through something similar."*
- *"We have all had our own experience, and been through something significant in our lives that we have then been used to kind of propel us into recovery and, and learn a lot of how to keep ourselves safe and well, so when we work with people, we really work from that place rather than a place of, yeah, I can help you because I read it in a book."*
- *"When I'm working with people, I will say, 'I know what you mean, I know what you're going through'. I always reiterate to them, 'I don't say this unless I have been through it'."*
- *"It's really helpful for people and it's helpful for them to feel like they're talking to someone who understands and gets it and, and has no place of judgement."*
- *"We'd be welcomed by people who understood, and then being in that peer environment was really very helpful. We were able to be around other parents who had really sick children."*
- *"So we meet them where they're at, and if we are the right person, we'll engage and do what we need to do. If we're not, we'll refer on, but we often are."*
- *"There's plenty of examples where peer-led organisations don't do their share properly. Don't train and supervise their people properly, and stuff people up."*
- *"Peer-led organisations are not a new concept and, in a way, they're a concept that a large cohort of people are very wary of, probably because they've had bad experiences."*
- *"If you've had depression, then how strong are you standing on your own solid ground, yet going in and supporting others with depression? We don't want to re-litigate something. So that's a real nervousness around the table at the moment."*
- *"They're all putting their hands up, and mental health strategy and suicide strategy nationally are all looking at these lived experience people, but it could bring up lots of concerns rather than support."*
- *"I guess what we want to say is that peer support and lived experience should be involved in all areas of mental health and addiction services, and that we're there to uphold people's human rights. We're there to be the people who understand exactly how it is going through that—exactly how it is being under the Mental Health Act, being restrained, being secluded, and being medicated. We would really like to be there for those people and be there on those journeys."*

THE PEER SUPPORT WORKFORCE GREW BY 64 FULL-TIME ROLES (18%) BETWEEN 2018 AND 2022, MAKING UP 3.4% OF THE WIDER MENTAL HEALTH AND ADDICTIONS WORKFORCE.

Te Hiringa Mahara Mental Health and Wellbeing Commission, 2023.

Importance of Collaboration

Some believe that collaboration between services (clinical and non-clinical), whānau, and Iwi is essential for effective mental health support, as it creates a more connected and accountable system. Involving family and existing support networks is seen as particularly important, as whānau have a strong interest in a person's wellbeing and can play a key role in recovery.

However, despite the clear benefits of collaborative care, many feel that stretched resources and limited capacity make it difficult to achieve in practice. While shared accountability and strong relationships between services are seen as important, some believe they remain a 'nice to have' rather than a reality due to ongoing pressures in the sector.

> *"We don't do anything in isolation. As soon as we start working with people, one of the first questions is 'who else is on this and can we talk to them or work with them? Would it be okay if we had a chat with your doctor?', so all of it's about building shared accountability."*

- *"Who's in the whānau connections, what are your Iwi connections, who are you a part of, and can we work together with them?"*
- *"So there's a whole piece around kind of building up the network, and the picture, and making sure that we're all on the same page together and pulling in the same direction."*
- *"I think too if you've got the family engaged, you get a better result because they want the best for them as well."*
- *"The missing piece in that messaging is enabling a sense of collaborative working between our clinical and non-clinical services to work well and to play off each other's strengths, perhaps, in a trusting and collaborative way."*
- *"Where whānau can see service links effectively is important as there's trust in good relationships between those services. It's what works intuitively for people and saves a load of pointless retailing of people's stories over and over again."*
- *"But it just isn't capacity for that to happen. People are so at their very limits within the sector, that's a nice to have. It's not even on the cards at the moment."*

Pathways Forward: Opportunities for Improving Mental Health and Wellbeing Outcomes

With a strong understanding of the mental health and wellbeing landscape, we now turn our attention to identifying ways forward. The Pathways Forward: Opportunities for Improving Mental Health and Wellbeing Outcomes section highlights emerging opportunities drawn from community voices, media coverage, and national research. These are further supported by successful models, interventions, and organisations from Aotearoa New Zealand and around the world. Our aim is to inspire and support people at all levels to begin—or strengthen—their efforts toward improving mental health and wellbeing.

At the end of this section, we expand on one opportunity that was frequently mentioned by our sources and holds strong potential for positive impact. For more on this, head to the 'Highlighted Opportunity for Action' on page 148.

Early Intervention and Prevention

Shifting from reactive responses to early prevention in mental health and wellbeing by investing in support for whānau and youth before issues escalate, including investment into mental health services focused on suicide prevention. This approach can strengthen long-term outcomes and reduce the need for crisis services.

Community Insights:

- "*It's about going back to a preventative model rather than responding after the fact."*
- "*The bigger picture—funding, everything—if more things were put in place earlier, maybe we would see better outcomes."*
- "*We are able to offer families some counselling for children we see exhibiting strong anger and violence, becoming quite dysregulated quickly. Intervening earlier may lead to better outcomes."*
- "*Focusing on prevention rather than being an ambulance at the bottom of the cliff."*
- "*Maybe we need to start early rather than later. When you look at support structures for whānau and rangatahi as well, we shouldn't wait until an episode or event happens."*
- "*If we could put the money we currently spend on end-stage services into preventative measures, we wouldn't need all this intervention at the end. And that's not just in health and education—it's everything."*
- "*The more mainstream preventative health becomes, the better."*
- "*If you want to target that stuff [intergenerational trauma], you need to target it early so you can stop people from jumping on that train."*

Suicide Prevention

Investing in coordinated, multilevel suicide prevention strategies that combine culturally responsive, community-led approaches with evidence-based psychological and pharmacological treatments. Government-level support is needed to fund these resource-intensive interventions and ensure they reach groups most affected by suicide, including Māori, LGBTQIA+ communities, and men aged 25–44 (Collings et al., 2018; Manuel et al., 2018; Williams, Clark, & Lewycka, 2018).

National Literature Insights:

- "*While multilevel interventions for suicide prevention have been positioned as the gold standard, they are hugely resource intensive and as such are likely only to be funded at the government level" (Collings et al., 2018, p. 10).*
- "*The most recent review of the effectiveness of suicide-prevention strategies identified that treatment needs to involve a combination of effective pharmacological and psychological treatments. While most patients presenting to MHS will be provided with pharmacological treatment, they are far less likely to be offered psychotherapeutic treatments, despite clinical guidelines identifying that the two in combination are more effective than medication alone" (Manuel et al., 2018, p. 649).*
- "*We recommend any future suicide prevention research must collect and analyse ethnic discrimination data to enhance explanatory understandings of suicide among indigenous and minority populations" (Williams, Clark, & Lewycka, 2018, p. 6).*

FEATURED INTERVENTION

Every Life Matters: He Tapu te Oranga o ia Tangata

Location: Aotearoa New Zealand
Year Implemented: 2019

Description: Every Life Matters—He Tapu te Oranga o ia Tangata is Aotearoa New Zealand's Suicide Prevention Strategy 2019-2029 and Suicide Prevention Action Plan 2019-2024. It aims to reduce the suicide rate and improve wellbeing for all, as part of the broader transformation of the mental health and addiction system to be more accessible, equitable, and responsive. The strategy focuses on five key areas: national leadership, workforce development, evidence use, evaluation, and monitoring. Actions span the full prevention continuum - promotion, prevention, intervention, and postvention - supported by collective ownership and values such as Māori leadership, trauma-informed care, and community-centred approaches (Ministry of Health, 2019). A refreshed Draft Suicide Prevention Action Plan for 2025-2029 has recently been consulted on.

- *"In particular, we need to focus on achieving equity for Māori and for other population groups that experience disproportionately higher rates of suicide. This includes providing fair, just and honest services that are regularly monitored and evaluated with appropriate methods with a view to achieving equitable outcomes for all, particularly Māori" (Ministry of Health, 2019, p. 9).*
- *"Suicide prevention efforts must support the wellbeing of all people in Aotearoa New Zealand and effectively respond to people's needs when and where required. Key to supporting wellbeing is to work across the suicide prevention continuum to increase protective factors and reduce risk factors..." (Ministry of Health, 2019, p. 9).*
- *"Suicide prevention needs a whole-of-society and whole-of-government approach. Every Life Matters recognises that everyone has a role in preventing suicide." (Ministry of Health, 2019, p. 11).*

FEATURED GOOD MAHI

Lifeline Aotearoa

Where: Aotearoa New Zealand

Description: Lifeline Aotearoa is a not-for-profit social services organisation providing free, 24/7 helplines for people in distress or crisis. Their phone and text-based services offer confidential support from trained professionals. Their mission is to reduce distress, save lives, and increase awareness around suicide prevention in Aotearoa. Alongside direct support, they work to improve understanding of mental health challenges through education and advocacy (Lifeline Aotearoa, 2025).

- *"We receive between 7,000 and 8,000 calls per month and 20,000 texts from people of all ages and ethnicities who are struggling with a wide range of issues including relationship and work problems, mental health, grief, abuse, bullying and loneliness. We help an average of 15-20 people a day at high risk of suicide" (Lifeline Aotearoa, 2025).*
- *"Calls to our helplines are free, confidential and available 24 hours a day, seven days a week. We receive no government funding for these helplines and rely on public donations" (Lifeline Aotearoa, 2025).*
- *"Our mission is to reduce distress and save lives by providing safe, accessible, effective, professional and innovative services. We work specifically to increase awareness and understanding of suicide prevention in New Zealand, reduce the associated stigma, and work with others to contribute positively to the health and social sector" (Lifeline Aotearoa, 2025).*

Empowering People For Prevention

Supporting people to be the 'ambulance at the top of their own cliff' by providing tools to take small, meaningful actions for their own self-care and wellbeing.

Community Insights:

- *"We worked through the five ways to wellbeing, brainstorming how they could be the ambulance at the top of their own cliff. It really helped them by giving them ideas, offering hope, and empowering them."*
- *"Just empowering them to realise that something as simple as walking outside and sitting in the sun for a little while could help them feel a little better."*
- *"Well, do we want to be dependent on everybody all the time? If you want people to grow and be the best they can be, to reach their potential, you help them get there."*

FEATURED GOOD MAHI

Yellow Brick Road

Where: Aotearoa New Zealand, with a regional branch in New Plymouth.

Description: Yellow Brick Road offers mental health support for individuals and whānau. It aims to 'inspire and equip whānau to restore themselves, from distress to mental wellbeing' (Yellow Brick Road, n.d.). Their services include 1-on-1 and group support, mental health programmes for adults, tamariki, and rangatahi, advocacy, family peer support, and suicidal distress and postvention support (Yellow Brick Road, n.d.).

- *"We want to change our focus [from] unwell individuals to well communities, to people that have the skills to support each other to be well."*
- *"We do education, so we help people understand mental illness, for lack of a better phrase, diagnosis, those sorts of things that can throw people a lot and can be very, very hard to make sense of."*
- *"Often services are heavily influenced by clinicians' opinions, and clinical assessment. But whānau have their own view and that's really important. Whānau support is designed around a non-clinical model. So we consider that whānau are first and foremost the experts when it comes to what they need and what their loved one needs."*

FEATURED INTERVENTION

Headstrong

Location: Aotearoa New Zealand
Year Implemented: 2018

Description: Headstrong is a digital mental health platform developed to support rangatahi in Aotearoa with accessible, evidence-based tools for managing stress and building wellbeing. Funded by Te Whatu Ora—Health New Zealand and the University of Auckland, and co-designed with young people, it blends positive psychology with digital technology to deliver engaging, youth-friendly content. The platform includes interactive articles, videos, and a suite of chatbot courses that promote healthy habits and teach strategies for managing stress, resolving conflict, and handling tough emotions. Research has shown promising results for supporting young people in a related pilot study (Kang et al., 2023; Headstrong, 2023).

> *"We understood that young people sometimes hesitate to seek help, so we set out to create a space where they felt heard and cared for. We also wanted to offer a secure digital platform for seeking help, all while embracing our unique Kiwi culture and values" (Headstrong, 2023).*
>
> *"Headstrong, a suite of chatbot courses supporting rangatahi, promoting healthy habits, and teaching evidence-based strategies for managing stress, resolving conflicts, and tackling tough emotions" (Headstrong, 2023).*
>
> *"The participants praised Aroha [a chatbot] for sounding like a person. They largely enjoyed its content, including techniques for managing stress and broader psychosocial advice that is not considered traditional "mental health" support (specifically the modules on gratitude, getting active, anger management, job seeking, and alcohol and drugs). Young adults may find it easier to access a chatbot than a counselor or therapist because they can avoid the stigma associated with seeking mental health support" (Kang et al., 2023, p. 15).*

Positive Lifestyle Behaviours

Promoting positive lifestyle behaviours, such as regular physical activity and healthy dietary habits, to help people support their mental health and wellbeing (Prendergast, Schofield, & Mackay, 2016; Vella et al., 2023).

National Literature Insights:

> *"Importantly, we emphasise that most forms of physical activity, irrespective of their concordance with our recommendations, are likely to support mental health compared with no physical activity at all" (Vella et al., 2023, p. 137).*
>
> *"The current study identified a significant, dose-dependent, cross-sectional relationship between both healthy and unhealthy eating and mental health symptoms in a large, ethnically diverse population of adolescents [in New Zealand]. Moreover, the relationship between healthy diet and mental health remained even when accounting for unhealthy eating (and vice versa). Independent effects of healthy and unhealthy diets on mental health suggest that both increased intake of healthy food and decreased intake of unhealthy food may positively influence adolescent mental health, as an increase in one of these behaviors is not necessarily indicative of a decrease in the other" (Kulkarni, Swinburn, & Utter, 2015, p. 81).*

FEATURED GOOD MAHI

Brown Butterbean Motivation: From the Couch

Where: Aotearoa New Zealand

Description: Buttabean Motivation (BBM) is a community organisation tackling obesity among Māori and Pacific Peoples in New Zealand through free fitness programmes, nutrition education, and ongoing support. Their 12-week 'From the Couch' (FTC) programme focuses on exercise and nutrition sessions (Finau, 2024; Sarich et al., 2025). This peer-led initiative fosters a supportive, self-sustaining community rooted in Māori and Pacific wellness perspectives. A recent Massey University evaluation found FTC not only reduced obesity and improved health markers like blood pressure but also lowered depressive symptoms (Sarich et al., 2025).

> *"This is a peer-based exercise and dietary advice programme that involves the cultivation of a positive and self reinforcing community of practice grounded in Māori and Pacific relational understandings of wellness" (Sarich et al., 2025, p. 5).*
>
> *"...participants emphasised how their mental health improved due to being in FTC. Being physically active and actively participating in the exercise sessions which in turn created feelings of self-worth, feeling good and improvement in mental health" (Finau, 2024, p. 78).*
>
> *"Initially, 65% of participants reported severe depressive symptoms, but this rate fell to just 20% by the programme's end" (Sarich et al., 2025, p. 12).*

Tools for Emotional Regulation

Equipping young people, particularly young men, with the tools to understand, regulate, and express their emotions in healthy ways so that they can manage their feelings and build resilience to distress.

Community Insights:

> *"Part of our job is to give them those tools and to recognise that it's okay to be angry, but it's what you do with it that counts. Anger is okay, but violence is never okay."*
>
> *"Our young people, especially our young men, are not taught how to manage really big emotions."*
>
> *"If we can get in there sooner, if there was more to attend to those needs—I'm talking about emotional regulation and distress tolerance."*
>
> *"We can't start unpacking the specific trauma because it is specialised and, ethically, it needs to stay in that space. But what about helping kids get coping strategies so that they're not just flipping out?"*
>
> *"We need spaces for people to manage emotions at a young age... What a difference we could have made if we got them at eight, nine, or 10."*
>
> *"It's about changing the way that we parent our children—boys and girls—so that they can be whatever they want to be. That it's okay if they cry, male or female... because it's a human emotion."*
>
> *"It's okay to be angry, but it's how you react to things that we need to teach them."*

FEATURED GOOD MAHI

Forge Boxing

Where: Marton, Rangitīkei, Aotearoa New Zealand

Description: Forge Boxing is a community initiative in Marton that empowers youth through boxing, teaching them resilience, discipline, and self-worth. By providing a positive space and partnering with schools, police, and local organisations, Forge Boxing has helped reduce youth misconduct and create a sense of belonging (Impact Collective, n.d.).

> "*To put the ones on the right path, that are walking down the wrong path. And that we can be a place that gives them a sense of belonging, and self-worth, and all those good things that make good adults."*
> "*After we started, all the 'troubled youth' sort of dissipated, and they became just 'youth'. We were getting just the occasional 'in trouble kid'. And slowly it turned into no kids getting in trouble."*
> "*It's given me a sense of accomplishment and knowing that we've done something that matters and that we're doing something. If it only makes a difference to one kid, then it's all worth it."*

> "*That was really where the idea was born, as it's an opportunity, not just to teach them how to fight, but to use fighting and boxing skills to teach them [youth] resilience, self-discipline, all those good things that make successful adults.*"

Healing the Root of Trauma

Addressing the root causes of mental health struggles, addiction, and family harm by looking beyond surface-level issues to recognise, heal, and break cycles of intergenerational trauma.

Community Insights:

> "*Mental health—they've got to look at the issue of why it's a problem. It's not just drugs and alcohol; there are a whole lot of things in society. And it's generational. It's been going on for two or three generations."*
> "*If you don't get to the root cause, chances are something's going to poke there again at some point down the track."*
> "*Because under the addiction, and then under there again, and under that again—when you take all those layers back, a lot of the time, there are incredibly hurt people."*
> "*When their trauma is buried—I know for myself, I used to bury all the stuff that I just couldn't look at, couldn't deal with, didn't want to look at. It was too hard, too painful, whatever… so I just buried it."*

FEATURED GOOD MAHI

Te Ara Pae

Where: South Taranaki, Aotearoa New Zealand

Description: Te Ara Pae Trust is an not-for-profit organisation offering counselling services to individuals and whānau impacted by family and sexual violence, as well as workshops focused on anger management. Te Ara Pae also supports young people, including members of the Rainbow Community, through specialised counselling services.

Te Ara Pae collaborates closely with other service providers and local Iwi to achieve the best possible outcomes for the community (Te Ara Pae, n.d.).

> "*That's what we're really aiming for here is to walk beside the community, empower people.*
> "*We are humbled every day that people trust us, that people will come here and they will expose their deepest darkest secrets and fears, and allow us the privilege to walk beside them."*
> "*It's so easy now to just prescribe medication. I'm getting clients that are overdosed. We've lost our way to be grounded and that's why I got sick, [we've] forgotten to be grounded in this world."*
> "*We get people coming through the door here that have fallen through so many cracks. By the time they get to us they are so disillusioned and so desperate that it takes us so much longer just for them to even believe they can trust someone."*

Breaking the Cycle of Trauma

Preventing the transmission of intergenerational trauma by prioritising early intervention and support during childhood so that the next generation has the foundations for lifelong wellbeing.

Community Insights:

> "*We have to focus on the children, concentrate on the next generation, to create change."*
> "*If you trace that, you might be able to stop it from passing to the next generation."*
> "*Passing on unresolved trauma means the next generation ends up being the ones to address it."*
> "*From conception to 3,000 days is when you set kids up chemically for life… that's the bit that matters."*

FEATURED GOOD MAHI

Jigsaw

Where: Whanganui, Aotearoa New Zealand.

Description: Jigsaw Whanganui is a Te Tiriti-based social service organisation dedicated to supporting whānau across the Whanganui region to be their best for their children. Through social work, family harm programmes, parenting support, and tailored advice, Jigsaw provides free, compassionate guidance to help families navigate challenges and build safer, stronger relationships (Jigsaw Whanganui, n.d.).

- *"Jigsaw exists to support families to be really great for their children. For children to thrive, they need a family environment that is safe, that is warm, and where they can grow and develop. That's basically why Jigsaw exists."*
- *"Building relationships with the whānau is really important. We work alongside families to make sure it's as easy as possible for them to come along, remove some of the barriers or help support them to remove barriers."*
- *"Really we just help to hold āhurutanga, a safe space, so that whānau have the chance to reflect on what they'd like to strengthen."*
- *"We're really looking at how they grew up, what life was like for them, and how they were parented because often they will carry on that cycle."*

Reducing Exposure to ACEs

Implementing effective interventions to reduce exposure to ACEs will support long-term mental health outcomes (Patterson et al., 2018)

National Literature Insights:

- *"People noted that steps to prevent or reduce the trauma of childhood abuse and neglect, sexual abuse and sexual violence, adult partner violence and bullying at school and work should be recognised as strategies for preventing future distress and investing in the wellbeing of future generations" (Patterson et al., 2018, p. 44).*

Reconnecting with Identity and Culture

Enabling Māori to discover their cultural identity and reconnect with their Iwi and Hapū, especially for those who didn't have that opportunity growing up, so that they can heal from past trauma and truly know who they are.

Community Insights:

- *"Helping people reconnect with their identity as Māori so that they know who they truly are."*
- *"A lot of our Māori are just in survival mode, or need benefits, or they're traumatised from their own past."*
- *"Being able to help those, mostly men, discover their true identity and reconnect them with their Hapū or Iwi—because most of them didn't have that opportunity growing up."*
- *"Engaging in and celebrating their culture has been a turning point for some families."*

FEATURED GOOD MAHI

Te Awanui a Rua Charitable Trust

Where: Taumarunui, Ruapehu, Aotearoa New Zealand.

Description: Te Awanui a Rua Charitable Trust is an organisation dedicated to improving mental health and wellbeing within Māori and the wider community in Taumarunui, through culturally rooted initiatives. Their programmes, including wānanga (educational workshops) and community events such as Kotangitanga Festival, focus on strengthening cultural identity, resilience, and unity, essential for emotional and mental wellbeing (Te Awanui A Rua Charitable Trust, n.d.).

- *"I've got a counsellor on board with us because there is no counselling service in Taumarunui so we grabbed it…I have [also] got Māna Kai Institute with me, so they are sending counselling down to us, because my students need counselling, they need support."*
- *"We were gifted the name by our three Iwi coming together… we were given the first name of the Whanganui River, which at that stage was in treaty settlement."*
- *"We had a goal that we wanted to get a rundown school that was closed down through MOE, and then we [were] granted a school. That was actually a primary school that was going to be shut down, they only had 10 students, and I said, 'let us work together and see if we can rebuild the school'."*
- *"We've got adult classrooms up there [at the school], that are all equipped with technology that's been donated, as we've been sponsored."*

Improving Māori Mental Health Outcomes

Ensuring all Māori can access care that respects their identity and lived experiences is essential to achieving equitable mental health outcomes for Māori (Williams, Clark, & Lewycka, 2018). Addressing disparities for Māori requires not only increased investment in Māori-led mental health services but also improved cultural safety training for non-Māori practitioners (Craik et al., 2023).

National Literature Insights:

- *"Thus, to achieve equity and improve outcomes for Māori, it is recommended that increased investment and funding into 'by Māori for Māori' MHP [mental health promotion] is also complemented with ongoing cultural safety training for non-Māori HPPs [health promotion practitioners]" (Craik et al., 2023, p. 10).*
- *"Our findings suggest that public health programmes and services that genuinely seek to address equity for Māori youth, will ensure cultural programming and policies that are culturally and developmentally specific, as core components of any mental health and suicide prevention strategy" (Williams, Clark, & Lewycka, 2018, p. 7).*
- *"…despite this and other strong evidence that mainstream health services and models of care are not working for Māori, less than a third of Māori who access specialist mental health and addiction services have had access to kaupapa Māori services" (Ministry of Health, Health New Zealand, & Maori Health Authority, 2023, p. 11).*

FEATURED INTERVENTION

Te Whare Tapa Whā

Location: Aotearoa New Zealand
Year Implemented: 1984

Description: Te Whare Tapa Whā is a Māori health model developed by Sir Mason Durie. It views wellbeing as a wharenui (meeting house) supported by four interconnected walls, each representing a key dimension of health: taha tinana (physical), taha wairua (spiritual), taha whānau (family and social), and taha hinengaro (mental and emotional). When one wall is weakened, overall wellbeing is affected. Widely used in mental health and wellbeing approaches in Aotearoa New Zealand, the model emphasises balance and connection across all aspects of life. It supports more culturally responsive care, particularly for Māori, and offers a valuable framework for inclusive mental health support (Ministry of Health, 2023).

> *"For many Māori, modern health services lack recognition of taha wairua (spiritual health). In a traditional Māori approach, wairua (the spirit), whānau (family) and the balance of hinengaro (the mind) are as important as physical manifestations of illness" (Ministry of Health, 2023).*

FEATURED INTERVENTION

Whānau Ora

Location: Aotearoa, New Zealand
Year Implemented: 2009

Description: Whānau Ora is a strengths-based, culturally grounded approach that focuses on improving the wellbeing of whānau as a collective, while still recognising individual needs. It wraps support and services around whānau to help them achieve better outcomes across health, education, housing, employment, and cultural identity. The focus shifts from delivering services to individuals to supporting whānau to lead their own development. Delivered by non-government organisations, Whānau Ora allows for locally driven decision-making and avoids overly rigid, risk-averse systems—enabling more flexible, whānau-led solutions that reflect the values, aspirations, and lived realities of those involved.

> *"Whānau Ora improves the wellbeing of whānau as a group while addressing individual needs, using a culturally grounded and holistic approach. It puts whānau at the centre of decision making about their wellbeing and supports them to identify and achieve their goals" (Te Puni Kōkiri, 2023).*
>
> *"Whānau are the decision-makers who identify what they need to build on their strengths and achieve their aspirations. Whānau Ora works with the collective and whānau capability to reach better outcomes (positive change) in areas such as health, education, housing, employment, improved standards of living and cultural identity" (Whānau Ora Commissioning Agency, 2023, p. 21).*
>
> *"Because delivering whānau-centred services is best done by the community, government is enabling local solutions and local approaches, as part of being nimble and embedding the kaupapa" (Te Puni Kōkiri, 2023).*

Supporting Complex Needs

Equipping parents and schools with the tools and skills to adapt their approach to support the unique needs of children, especially those with complex needs such as autism and ADHD.

Community Insights:

> *"A lot of the parenting issues come from banging your head against the wall with a particular child because they believe what they see is what they see… So it's about giving parents the tools and skills to adapt their parenting to their child."*
>
> *"It needs to be more in our schools because we have a lot of children now with complex needs."*

Trauma Recovery Centre

Establishing a comprehensive and dedicated trauma recovery centre, alongside detox and rehabilitation services, to address and heal the underlying trauma linked to mental health struggles, family harm, and substance abuse.

Community Insights:

> *"What I'd like to do if money wasn't an issue… If I could wave a magic wand, I would start with a trauma centre. A trauma centre is much needed."*
>
> *"We need a trauma centre to help support people and get to the stuff underneath—because to me, that's the starting point. A rehab would be amazing, a detox centre would be amazing. But a trauma centre is needed."*

FEATURED INTERVENTION

Alcohol and Other Drug Treatment Court

Location: Aotearoa New Zealand
Year Implemented: 2012

Description: The Alcohol and Other Drug Treatment (AODT) Court addresses addiction-driven crime by treating its root causes. It provides evidence-based treatment, including monitoring, case management, drug testing, and mentorship, with sentencing deferred during the programme. Participants can exit voluntarily or be removed for noncompliance, returning to the standard court process. Māori cultural practices are integrated into court processes, alongside cultural advice and peer support. Research shows AODTC participants are less likely to reoffend, be imprisoned, or engage with police, and also experience improved whānau relationships, better health, and greater education, training, and employment opportunities (Ministry of Justice, n.d.).

> *"The AODT Court aims to break the cycle of offending by treating the causes of that offending. It provides an alternative to imprisonment for people whose offending is being driven by alcohol and/or drug substance use disorders" (Ministry of Justice, n.d.).*
>
> *"The AODT Court provides an evidence-based, best practice treatment pathway that includes intensive monitoring, case management, drug testing, and mentoring. Sentencing is deferred while participants work through the programme, which includes regular Court appearances to check on progress. The programme may take between one to two years to complete" (Ministry of Justice, n.d.).*
>
> *"The AODT Court has adapted international best practice principles appropriate for Aotearoa New Zealand. For example, the programme includes the integration of Māori cultural practices into Court processes, cultural advice and peer support. This approach has been shown to be transformative and achieve better outcomes for those taking part." (Ministry of Justice, n.d.).*

Wraparound Support

Providing holistic, wraparound support for individuals and their whānau through a comprehensive, tailored and readily available approach, such as a 'one-stop shop,' to increase accessibility and minimise the need to access multiple agencies, thereby reducing the risk of re-traumatisation.

Community Insights:

- *"We would really like to see a welcoming space where people can come in and get all their needs met."*
- *"Around times of tragedy, people really need tailored, targeted, and wraparound care and support of all kinds—holistically—and for that to be freely and readily available."*
- *"You have to try and have that whole wraparound support. That's what we've tried to do here—we've got a little one-stop shop."*
- *"If more can be done under one roof regarding support mechanisms for the whole whānau, that is far more empowering for change than going from organisation to organisation."*
- *"We're just trying to create that one-stop shop because it's very disempowering for anyone who has suffered trauma to go from agency to agency, retelling their story from scratch. It's actually disempowering and retraumatizing."*
- *"It's about a big wraparound—we just support the client in any way they need. Sometimes they want nothing, sometimes they just want to be on their own."*

Creative Prescriptions

Providing mental health support that integrates traditional approaches, such as therapy and medication, with creative outlets to not only help people manage challenges but also enable them to thrive.

Community Insights:

- *"It's a new idea—because of the increase in mental health issues, of course, one part of it is therapy: being able to talk to a medical professional, work through those issues, and possibly use medications. That helps you survive, yes, but getting into something creative helps you thrive."*
- *"The whole idea is that you need a two-pronged approach. There needs to be a place available for people to go if they want a creative outlet, even if it's just for enjoyment, you know?"*
- *"That helps you survive, yes—but getting into something creative helps you thrive."*

Long-Term, Flexible Support

Providing long-term, flexible support that allows people to heal at their own pace, ensuring they are not rushed through the system but have ongoing access to care for as long as they need it.

Community Insights:

- *"Just because we've had this amazing conversation does not mean they are healed; there needs to be ongoing work."*
- *"The important thing is that we will always hold a space for that person, allowing them to stay as long as they want, and they're welcome to come back at any time."*
- *"[We need] to not rush people through their sessions."*
- *"They may only see us once a month for a check-in, but that's really, really important for them to keep moving forward for their wellbeing."*
- *"Even though we have a four-week programme, some clients have been with us for a year because they need constant support due to the trauma they've been subjected to. They need someone to walk alongside them."*
- *"We don't rush people through the system. We've got a couple of people who've been coming… for three years, and they will stay as long as they want."*

Evolving Models of Care

Ensuring care models evolve to meet the diverse and changing needs of youth, particularly around gender identities, as outdated approaches risk failing those they are meant to support.

Community Insights:

- *"We can't stay static in how we care… My 20-year-old lived the first 18 years of his life as female and now as a guy, and the models that were around when he was growing up as female were messed up."*

Harnessing Lived Experience

Leveraging the power of lived experience in mental health, trauma, family harm, and addiction services to ensure people feel truly understood and supported by those who have walked similar paths. When backed by strong policies, structured frameworks, and legislative recognition, lived experience has the potential to provide empathetic support, fosters meaningful connections, and enables safe, effective care.

Community Insights:

- *"It's about being able to understand them and connect with them on an intimate level—being able to walk where they've walked. I have walked that path, and for me, there is something really special about engaging with and meeting someone who has travelled that journey and truly knows what it's like."*
- *"All of our volunteers have been through their own experiences, which has given them something to connect over."*
- *"Through lived experience, we can support others in their time of need—giving young people confidence to be the best versions of themselves. If we can break the cycle this whole generation has been locked into, that's a win. But it starts with one person at a time."*
- *"Lived experience should be involved in all areas of mental health and addiction services. We're there to uphold people's human rights. We're there to be the people who understand exactly how it feels to go through that—exactly what it's like to be under the Mental Health Act, to be restrained, secluded, and medicated. We would really like to be there for those people and accompany them on their journeys."*
- *"Legislation has a big impact on the journeys of those going through mental health and addiction. Lived experience support needs to be mandated so that they are not alone."*
- *"It works well if it's really backed by good policy, procedure, and care. We have a comprehensive and extensive manual that guides us on how to do that, and we take that stuff really seriously. Otherwise, it can go very wrong, very quickly."*
- *"You've got to do a good job, really, if you're operating in that space. It's not good enough to just get a whole bunch of people together and say, 'Hey, let's go and help people.' I think, to be fair, that's probably a lot of the experience."*

FEATURED INTERVENTION

Te Hiringa Mahara (Mental Health and Wellbeing Commission)

Location: Aotearoa New Zealand
Year Implemented: 2021

Description: Te Hiringa Mahara—the Mental Health and Wellbeing Commission is an independent Crown entity established in response to He Ara Oranga, the 2018 inquiry into mental health and addiction. Operating under the Mental Health and Wellbeing Commission Act 2020, its role is to support improved and fair mental health and wellbeing outcomes for all people in Aotearoa. The Commission monitors system performance, encourages long-term change, and amplifies the voices of those with lived experience. Grounded in Te Tiriti o Waitangi, it places a strong focus on Māori wellbeing and works to ensure services are inclusive, effective, and equitable (Mental Health and Wellbeing Commission, 2025).

- *"Te Hiringa Mahara (Mental Health and Wellbeing Commission) is kaitiaki (guardian) of mental health and wellbeing in Aotearoa New Zealand. We were established as a result of He Ara Oranga, the 2018 inquiry into mental health and addiction, as an independent Crown entity at arms-length from the government of the day" (Mental Health and Wellbeing Commission, 2025).*
- *"Our objective is to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa. We perform an enduring role in transforming Aotearoa New Zealand's approach to mental health and wellbeing" (Mental Health and Wellbeing Commission, 2025).*
- *"We are committed to prioritising the voices of people who experience mental distress, substance harm, gambling harm or addiction, and advocating for their needs and aspirations" (Mental Health and Wellbeing Commission, 2025).*

FEATURED GOOD MAHI

Balance Aotearoa

Where: Aotearoa New Zealand, with a regional branch in Whanganui.

Description: Balance Aotearoa offers free, confidential, and independent peer support, advocacy, and information for those experiencing mental distress or addiction. Balance Aotearoa provides a safe, inclusive space where individuals feel heard, valued, and supported on their journey, with no diagnosis or referral is needed to utilise their service (Balance Aotearoa, n.d.).

> *"Anyone can experience mental or emotional distress or addiction, and it's not discriminatory, so neither are we."*
>
> *"Balance is a Mental Health and Addiction, Peer Support service. We come from a place of lived experience, so we have all had our own experiences and been through something significant in our lives that we've then used to propel us into recovery and learn a lot about how to keep ourselves safe and well."*
>
> *"Listening is the most important thing, just listening to people, and you don't need to fix them or advise them or rescue them. You just listen."*
>
> *"If you notice someone is having a hard time, don't ignore it… it is really important that we actually acknowledge that someone's having a rough time and that we reach out."*

Up-skilling the Workforce

Building a workforce with broad competencies in mental health and family violence support, so that everyone, including reception staff, has the skills to recognise and respond effectively, even if they are not specialists.

Community Insights:

> *"Mental health is much broader than just men in white coats. Family violence support and care is much broader than that. So, my question is, how can we develop a workforce with these broad competencies so that people can respond effectively?"*
>
> *"For instance, we see the administration and reception staff at our agency as people who need the skills to respond when someone walks in the door. They need to know how to react appropriately, and we consider that critical across our communities. Anybody in the service may not be an expert, but they need to know how to provide a first response—how to recognise and respond to situations."*

Ensuring Cultural Competency

Upskilling healthcare practitioners and mental health support providers in cultural competency to help ensure they deliver culturally responsive care to minority groups who often face bias and inequities in mental health, including Māori, Pacific Peoples, and LGBTQIA+ communities (Every-Palmer et al., 2024; Patterson et al., 2018; Treharne et al., 2022; Williams, Clark, & Lewycka, 2018).

National Literature Insights:

> *"A skilled and adequately staffed multidisciplinary workforce that includes peer support and cultural capability is an extant strength. This workforce needs to be grown and nurtured to achieve the highest attainable standard of mental health for the people of New Zealand" (Every-Palmer et al., 2024, p. 90).*
>
> *"Our findings suggest that public health programmes and services that genuinely seek to address equity for Māori youth, will ensure cultural programming and policies that are culturally and developmentally specific, as core components of any mental health and suicide prevention strategy" (Williams, Clark, & Lewycka, 2018, p. 7).*
>
> *"Māori and Pacific peoples pointed to evidence that treating the mental health of an individual in isolation from family and community is ineffective and inappropriate for cultures that value collectivism" (Patterson et al., 2018, p. 48).*
>
> *"Health professionals often report discomfort and lack of confidence providing care to transgender patients, and education on this topic is lacking in medical schools" (Treharne et al., 2022, p. 834).*

FEATURED GOOD MAHI

RainbowYOUTH Support Services

Where: Aotearoa New Zealand

Description: RainbowYOUTH (RY) supports queer, gender-diverse, takatāpui, and intersex youth in Aotearoa through advocacy, peer support, and education. Their services include Trans Peer Support (TPSS) & Sexuality Support, Housing Support, social groups, and a Community Wardrobe for gender-affirming clothing. They also provide a list of rainbow-friendly services, like healthcare and counselling, so young people know where to find safe support. With regional services across New Zealand, RY creates inclusive spaces where youth can connect, access help, and feel supported in their identities (RainbowYOUTH, 2024).

> *"Our mission is to create social change in Aotearoa by providing support, information and advocacy for queer, gender diverse, takatāpui and intersex youth, their friends, whānau, and wider communities" (RainbowYOUTH, 2024, p. 6).*
>
> *"RainbowYOUTH offers three key support services to help our communities thrive. Trans Peer Support (TPSS) & Sexuality Support is a free, confidential peer support service for transgender, non-binary, and gender-diverse youth needing guidance with transitioning, identity, gender-affirming healthcare, and social or whānau affirmation. Our Housing Support service (Auckland only), in partnership with other organizations, provides assistance to queer, gender-diverse, takatāpui, and intersex youth at risk of, or facing, housing insecurity, including those in unsafe living environments. These services ensure that our rangatahi have access to vital resources and advocacy" (RainbowYOUTH, 2024, p.14).*

Diversifying the Workforce

Breaking down gender biases in support roles by encouraging more men to enter the industry, creating a more diverse workforce that benefits both workers and those receiving care.

Community Insights:

- *"It doesn't matter what gender you are. If you've got the drive and you want to do it, then we need to get past some of those biases."*
- *"You don't get the same number of applicants for those roles [male carers], which is a shame. They are rare, and if we can bring male support staff into the industry we're in, it always works really well from a support perspective."*

Strengthening Male-to-Male Support

Ensuring men have access to male-to-male support networks where they can open up without judgement in safe spaces for connection and support—something long needed in the community.

Community Insights:

- *"A male having another man he can open up to, without feeling judged, is really, really important."*
- *"A lot of men prefer to engage with another male rather than a female, and it's something our community has needed for a very long time."*
- *"To have a man to talk to and support you through different things is really, really important."*

Prioritising Employment First

Shifting from a train then place model to a place then train approach to urgently support people facing mental health challenges into real jobs with real pay—giving them income, stability, and a sense of purpose without waiting until they are 'ready.'

Community Insights:

- *"It's about the evidence and the approach—supporting people into real jobs for real pay as quickly as possible. That's the opposite of what we used to do years ago, which was, 'One day, when you're better, you can."*
- *"We have an urgency to support people into paid employment, with all the benefits that come with it—the income, the impact on my life and my whānau, my sense of community, my choices—all the things that can support me."*
- *"The approach flips the old-fashioned idea of 'train first, then place' on its head. Instead, it's 'place first, then train.'"*
- *"The idea is that if someone is given hope and the belief that 'I can,' then if they're interested in exploring employment, they will be supported right now—not later."*
- *"We have an urgency to support people into paid employment, with all the benefits that come with being employed—income, the impact on my life and my whānau, my sense of community, my choices—all the things that can support me."*

Improving Awareness of Services

Building awareness of what support services exist and how to access them by having organisations actively share information through community engagement, events, and direct outreach. This approach could help reduce misinformation and prevent people from falling through the cracks.

Community Insights:

- *"It's just about getting the word out so people know—because a lot of people just don't know what's available."*
- *"It's more about making people aware of what supports are actually out there."*
- *"I'm hoping people know enough about us to not fall through the cracks."*
- *"A big part of my role is being out in the community and engaging face-to-face, so they know they can come to me for information instead of getting misinformation from well-meaning people who might not have the right details."*
- *"I've held four health expos over the last decade, and I got a lot of pushback from certain people in the community saying, 'You only have to do these every two years.' But it has to happen every 12 months because people don't know that information. They go to the wrong organisations or the wrong people and get the wrong advice."*

Reducing Stigma in Employment

Giving people with criminal records and mental health challenges a second chance in employment so that they are not judged by their past but supported in rebuilding their futures.

Community Insights:

- *"I think that when it comes to people with criminal records, everyone should be allowed a second chance—they shouldn't be judged. The same goes for mental health. People shouldn't be judged on past experiences. Everyone deserves a second chance, but I think some employers still take a judgemental approach."*

Improving Access to Services

Improving access to support services by adopting an open-door policy to ensure that anyone facing mental and emotional distress, or addiction can receive help in a non-discriminatory and readily accessible manner.

Community Insights:

- *"It's not really fair to say that we work only with specific issues. We have an open-door policy, and anyone can access help. Anyone can experience mental or emotional distress or addiction—it's not discriminatory, and neither are we."*
- *"It's about making help accessible and not discriminating—having an 'open door' policy."*

Improving Referral Pathways

Ensuring services refer people to organisations that will genuinely support and care for them, so no one is left without the help they need.

Community Insights:

- *"We need to know that if this is not something we offer, we can send that person somewhere with confidence that they won't be left to fall."*
- *"If we're holding them to our heart as if they are our own, we're not just going to pass them on to another agency that won't love or care for them."*

Embedding Support in Communities

Ensuring mental health support workers are placed in the communities where the need is greatest by actively recruiting, training, and supporting local workers.

Community Insights:

- *"I think the only way you can do this work effectively is by living where the need is."*
- *"So that's kind of been our approach—we actively look for, train, and support workers throughout the region. But particularly, we aggressively recruit people to help in those places where the need is greatest."*
- *"So we can say, 'Actually, we do have someone who lives quite close to you who can visit,' and that seems to work quite well."*
- *"A magic wand solution here would be to get a mental health support worker in the region as soon as possible."*

FEATURED INTERVENTION

Access and Choice Programme

Location: Aotearoa New Zealand
Year Implemented: 2020

Description: The Access and Choice programme is a government-funded initiative designed to provide free, immediate support for people with mild to moderate mental health and addiction needs. With $664 million allocated over five years (2019–2024), it aims to fill the gap between general support and specialist care (Te Hiringa Mahara, 2022). Services are available in general practices through the Integrated Primary Mental Health and Addiction (IPMHA) service, as well as in Kaupapa Māori, Pacific, and youth-focused settings, making mental health care more accessible where people already are (Te Whatu Ora - Health New Zealand, n.d.). By June 2024, the programme is expected to support 325,000 people annually, ensuring more New Zealanders get help when they need it (Te Hiringa Mahara, 2022).

> *"The programme set out to provide free and immediate support for people with mild to moderate mental health and addiction needs. It is intended to change the way services are delivered, and to provide services and supports to anyone who needs them, as soon as they need them, and in a range of settings – Kaupapa Māori, Pacific, and youth settings, as well as in general practice and other community settings" (Te Hiringa Mahara, 2022, p. 12).*
> *"Support is available in many different settings and is flexible to meet people's needs. As well as general practice support there are kaupapa Māori services, Pacific-led services, and services for young people. The programme reflects local community needs but provides consistent support across the country" (Te Whatu Ora – Health New Zealand, n.d.).*
> *"It provides supports for the 'missing middle'. He Ara Oranga defines this as people with mild to moderate mental health and addiction needs. They don't meet the threshold to access specialist interventions that are publicly funded" (Te Whatu Ora – Health New Zealand, n.d.).*

Building Collective Responsibility

Building a community where there is a shared sense of responsibility and support for those experiencing mental health challenges, so that care extends beyond clinical services and becomes something everyone contributes to.

Community Insights:

> *"It's important for the community to be there for one another. If people don't make connections, they're an island by themselves. They can't call it a community."*
> *"We couldn't have done more. We could have just pointed fingers and said, 'Well, it was somebody else's fault.' But overall, it's the community's responsibility to help and to hold people as well. Clinical supports form a part of that, but they are only one piece of the puzzle."*
> *"There's a lot of concern in our community around mental health and wellness. One thing I would say about that, in my view, is that everybody is a mental health practitioner. Everybody needs the skill set you would want from a good mental health practitioner—mental health shouldn't be left just to the men in white coats."*

Fostering Community Support

Creating opportunities for people experiencing mental health challenges, along with their whānau, to connect, support one another, and navigate the healthcare system together and foster social connectedness. Whether through existing community networks or structured programmes, such connections may help improve mental health outcomes (Saeri et al., 2018).

Community Insights:

> *"Connecting people who are experiencing mental health challenges and linking whānau to support each other is an absolute no-brainer in my mind."*
> *"It's about individuals with mental health challenges supporting each other, and whānau supporting each other too—because there are whānau struggling with mental health, wondering where to get help, how to navigate the system. When they connect, it is invaluable."*

National Literature Insights:

> *"The findings speak to the value of interventions to improve social connectedness, such as facilitating engagement with existing group memberships and building new group memberships, for mental health. Further, these results challenge mental health practitioners to conceptualise the social deficits in their patients as precursors, as well as symptoms or consequences of, mental illness" (Saeri et al., 2018, p. 18).*
> *"In a society where transgender people may often feel socially ostracised, the presence of trans- affirming friends, family, and community members can be crucial in ensuring that transgender people are equipped with support systems to enable them to cope with the effects of gender minority stress" (Tan, Schmidt et al., 2022, p. 1114)*

Improving Support at Schools

Strengthening connections between families, schools, and communities to support resilience and improve youth mental health outcomes (Johns, 2017). This includes implementing evidence-based interventions in schools and recognising that student wellbeing is a shared responsibility between health and education services (Thabrew, Biro & Kumar, 2023).

National Literature Insights:

> *"Schools should be incentivised to implement evidence-based interventions and accountability for student health should overtly be shared between health and education services" (Thabrew, Biro & Kumar, 2023, p. 670).*
> *"Caring relationships between parents, schools, and community have been found to be important factors influencing happiness among adolescents" (Johns, 2017).*
> *"Few schools have programmes explicitly geared towards preventing, identifying or addressing common mental health issues such as anxiety and depression" (Thabrew, Biro & Kumar, 2023, p. 668).*

FEATURED INTERVENTION

Mitey

Location: Aotearoa New Zealand
Year Implemented: 2020

Description: Mitey is a mental health education programme for Years 1–8, designed to build mental health literacy and support wellbeing in New Zealand primary and intermediate schools. It combines elements of the New Zealand curriculum with Māori concepts of mental wellness, using dimensions of mana to shape its framework. These concepts are integrated alongside Western educational approaches to support a culturally relevant model. Mitey is delivered through teacher professional development, classroom resources, and ongoing coaching. An evaluation across six schools found improvements in student understanding, teaching practice, and school-wide awareness of mental health (Gregorzewski et al., 2022).

> *"Mitey is a cutting-edge unique approach to mental health education designed specifically for New Zealand primary and intermediate schools. Mitey is based on Indigenous Māori constructs of mental wellness as defined by different dimensions of mana. These are woven into the Western thinking that informs the New Zealand curriculum" (Gregorzewski et al., 2022, p. 6).*
> *"The approach is clearly providing opportunities for ākonga and teachers to engage in powerful learning about mental health, and there are welcome signs that cultural shifts to embed wellbeing at the heart of schools and their communities are starting to happen. The key will be to sustain and consolidate the gains of the last year for these schools over the coming two years" (Gregorzewski et al., 2022, p. 7).*
> *"It is as important for schools to develop proactive strategies that promote mental wellbeing for all as it is to ensure that school staff are able to recognise the needs of children with mental health issues and to refer them to targeted support or treatment" (Gregorzewski et al., 2022, p. 10).*

Strengthening Rural Networks

Creating more opportunities for farmers to connect, check in, and support one another through casual conversations and community gatherings. Simple gestures, like a quick phone call, a friendly wave, or a chat, help prevent isolation and strengthen rural support networks, especially during tough times.

Community Insights:

- *"It's talking about, how is the mud at your place? How are your cows going? Even better still, what are the kids doing? You know, things like that."*
- *"I think those conversations are going to become really important over the next 12 months, because I know one for one that a $7 payout, the foot is firmly up my ass, so it ain't so exciting no more."*
- *"If more people were able to have the supports, the natural supports that he's got with wider family and with mates, it would be helpful."*
- *"If you haven't seen anyone for a while, you just call him for five minutes, just to make sure they are alright."*
- *"You just got to keep an eye on, you know, a wave and a hello and how are you going? Then moving on, that's all it takes."*

FEATURED GOOD MAHI

Rural Support Trust

Where: Aotearoa New Zealand, with a regional branch in South Taranaki.

Description: Rural Support Trust New Zealand provides free, confidential health and wellbeing support to farmers and rural communities, offering mental health assistance, stress management, and resilience building programmes to help individuals recover from challenges and thrive in their rural lifestyles (Rural Support Trust, n.d.).

- *"We receive 190 calls to the trust each year, and 80% relate to stress, distress, anxiety, or depression. The chair of the trust and I brain-dumped, and there were 154 stressors across 14 categories that city folk don't have."*
- *"It's definitely a learning thing for everybody. It's really important now going forward that we all look for the signs and then try to talk to people. We're all guilty of not asking for help."*
- *"If you feel as though you're struggling, please reach out. Rural Support is there. Reach out to someone, even if it's a neighbour, and say 'can you tell me who I can contact, can you help me I need to talk to somebody.' Reach out because if you don't reach out, no one knows." (Rural Support Trust, n.d.).*

"Loneliness, which is a huge thing for rural people. Illness, whether it be mental illness, physical illness, alcoholism, all sorts of aspects of illness.

FEATURED GOOD MAHI

Surfing for Farmers

Where: Operates nationwide across 25 beaches in Aotearoa New Zealand.

Description: Surfing for Farmers is a charitable initiative that provides farmers with an opportunity to take a break from the demands of rural life through surfing. The initiative aims to improve mental health and wellbeing by fostering social connections, reducing stress, and encouraging physical activity. With over 8,000 participants across 25 beaches, Surfing for Farmers offers free surfing lessons, equipment, and refreshments, ensuring accessibility for all. By collaborating with rural support services, Surfing for Farmers creates a supportive community that helps farmers navigate the challenges of agricultural life (Surfing for Farmers, n.d.).

- *"We believe it is crucial to support their health, overall well-being, including mental health, to help them navigate challenging times." (Surfing for Farmers, n.d., para. 2)*
- *"The impact on our farmers and growers is evident on their faces as they emerge from the ocean with smiles on their faces and laughter around the BBQ and refreshments that follow." (Surfing for Farmers, n.d., para. 14)*
- *"This is well-being for not only the individual but their families, employees, and wider community." (Surfing for Farmers, n.d., para. 15)*

"Surfing For Farmers offers an opportunity to take a break from the demanding farm life and connecting with others while providing a chance to relax and have fun with their peers." (Surfing for Farmers, n.d., para. 1)

Sharing Elder Knowledge

Creating more opportunities for older people to share their skills, experiences, and wisdom to foster a sense of purpose, strengthen community connections, reduce loneliness, and positively impact their mental health and wellbeing.

Community Insights:

- *"I think it would give them all purpose. It would give the older person something to do with their time—that sense of purpose that we all need. We all need that; it helps with mental health. It's an untapped skill."*
- *"It's almost like you just come over there and be old. But actually, I've got so much more to offer if you saw me as an untapped source of strength."*
- *"Did you watch Rest Home for Four Year Olds? I think that's what they need to do—to stop loneliness for older people."*
- *"I think it would give them all purpose. It would give the older person something to do with their time—that sense of purpose that we all need. We all need that; it helps with mental health. It's an untapped skill."*

Strengthening Collaboration Between Organisations

Strengthening collaboration among organisations, Iwi, medical centres, and government agencies to create a unified approach to support. By breaking down silos and working collectively, services have the potential to better meet community needs.

Community Insights:

- *"We must work… as a society of organisations."*
- *"Organisations like Te Ara Pae, the Iwi, and medical centres all need to sit at the table first. We need to get on the same page—we're all doing the same job. How do we collectively work together while protecting confidentiality?"*
- *"We need to collectively come together with the police and the court system, because we're all still doing the same thing. We need to be building that support network."*
- *"As a community, whether it's Hāwera or anywhere else, we really do need to get collectively on the same page."*
- *"I think we could work better and more collaboratively together, to be honest."*
- *"We totally hate siloed working. We don't believe in it, we think it's wasteful, and people end up reinventing the wheel and trying to patch protect. It's better for whānau when organisations work as collaboratively as possible."*
- *"I would love to know that the police, mental health services, and Oranga Tamariki are seen by the community as working for them, not against them."*

Building Meaningful Relationships

Ensuring services build deep, trusting relationships with individuals and their families to foster meaningful support that goes beyond transactional interactions, so people feel genuinely supported, understood, and willing to return for help.

Community Insights:

- *"Earning the trust of those they work with is massive to ensure people come back, knowing we're there to help and support them."*
- *"Building that trust is really important too. Gaining that trust and being in a position to have these conversations is really important."*
- *"If we can at least show these families that not all professionals suck, even if the work isn't accomplished straight off the bat, we'll still have families coming back to us."*
- *"I think we really have the opportunity to build some really good relationships with people through living in the community and knowing them."*
- *"What's really important is that we're not having transactional relationships—we're meeting on a deeper level of understanding."*
- *"Words like holistic are often used to describe understanding a whole person—their connections, their relationships, their culture, everything. If you're going to have any sort of meaningful relationship with them, you need to be able to provide meaningful support."*
- *"Building a relationship so that they feel comfortable talking to us—sometimes it's just having someone to talk to that meets a real need."*

The Power of Listening

Prioritising active listening and meaningful conversations so that people feel genuinely heard, supported, and empowered to process their experiences. Many don't seek solutions or medication but need someone to listen without judgement, helping them build resilience and find their own path to healing.

Community Insights:

- *"If you think about it, people always talk about that person who heard them, who understood them, who gave them their time, who saw them for who they were and didn't judge them."*
- *"Being listened to for the first time is really important. It results in more confidence."*
- *"We found that if we simply take the time to be with them and listen, they have everything they need within themselves to thrive. They just need somebody to get alongside them, nurture that, and help it grow."*
- *"When you have the opportunity to talk about stuff that's been traumatising for you, that's very healing."*
- *"Providing people with a safe space to talk about their trauma enables understanding and closure."*
- *"People don't want to be medicated for trauma; they just want to talk about it."*
- *"The power of listening lies in the ability to explore a bit deeper and get to what is really on top—something they may not have realised was there initially."*
- *"There needs to be somewhere for those people to come and talk… People want a space where it's okay to stop and chat with other humans."*

Mental Health Courts

Introducing a specialist mental health court to help ensure people with mental illness are diverted into appropriate healthcare services and to reduce reoffending rates (Monasterio et al., 2020).

National Literature Insights:

- *"Specialist Mental Health Courts (as run successfully, for example, in South Australia and other Australian states) do not exist in Aotearoa New Zealand. However, they make sense as a response to the increasing number of people with serious mental illness who are remanded to prison on minor charges. In many cases offending in this group can be traced to general adult mental health services' lack of resources to assertively treat these people or provide the level of care necessary for successful diversion, as a result of decades of decay from under-funding" (Monasterio et al., 2020, p. 11).*

FEATURED INTERVENTION

Queensland Mental Health Court

Location: Australia
Year Implemented: 2002

Description: The Queensland Mental Health Court determines if individuals charged with offences were of unsound mind or unfit for trial due to mental illness or intellectual disability. Led by a Supreme Court judge with psychiatric advice, it reviews expert assessments and legal arguments. The court can issue Forensic Orders for secure treatment or Treatment Support Orders for ongoing care and also hears appeals on unlawful detention in mental health facilities. Its decisions help balance individual care with community safety, ensuring fair legal outcomes (Queensland Courts, 2017; Queensland Courts, 2024).

> *"The Mental Health Court decides the state of mind of people charged with criminal offences. A criminal case can be referred to the Mental Health Court if it's believed that the alleged offender is or was mentally ill, or has an intellectual disability. The court decides whether an alleged offender was of unsound mind when they committed the offence and whether they are fit for trial. The court also hears appeals from the Mental Health Review Tribunal and inquiries into the lawfulness of a patient's detention in authorised mental health facilities" (Queensland Courts, 2024).*

> *"The Mental Health Court can fully investigate the relationship between a person's mental illness and alleged offences. The court isn't bound by the rules of evidence that govern other types of court proceedings" (Queensland Courts, 2024).*

> *"The Mental Health Court can make forensic, custody, detention, examination, non-contact, confidentiality and other orders… A forensic order gives authority for a person (the forensic patient) to be detained in an authorised mental health service or, in some cases, high security unit for treatment or care" (Queensland Courts, 2017).*

We now turn our focus to a key opportunity—the 'Opportunity for Action'—which strongly resonated with the Impact Collective team. In this section, we'll explore its potential impact on mental health and wellbeing before posing a thought-provoking question to help inspire action.

Safe Support Spaces

For many people facing mental health struggles, seeking support can feel intimidating. Past experiences of judgement, stigma, and distrust in services often create barriers that prevent people from reaching out when they need help most.

This opportunity aims to rethink how support environments are created and experienced—ensuring they are truly safe and supportive. As one community member put it, "we have to feel safe as a prerequisite for getting better." Without safety, healing remains out of reach.

Safe spaces must be trauma-informed, culturally responsive, and built on genuine relationships. They require confidentiality, non-judgement, and, most importantly, genuine care. These qualities don't just create comfort—they build trust. And with trust, people can open up, feel understood, and begin healing.

When safety, trust, and care are at the heart of support spaces, services become more than just a resource—they become a place where real healing happens.

Community Insights

- *"Yeah, it's not somewhere where I tend to feel very safe. The reality is, when trauma is part of who we are, our experience and the damage we carry, unless we are in environments where we feel safe and secure, it's impossible for us to get better."*
- *"It is really key because we are aware of the need to cultivate a safe space for people to feel safe."*
- *"It's all about creating that safe space so that people feel safe and supported to share."*
- *"We work really hard to create that safe environment so they don't feel this way."*
- *"For whatever reason that distrust exists, we do a lot of work around creating a space where everyone feels safe—where they're not going to be asked challenging questions or judged."*
- *"We want to set up a safe place for people to talk about it. You might not even talk about drugs, but it's about mental health support and having a safe space."*
- *"It's not about sitting in the judgemental seat—because we're not here to judge. We're here to give them the support and tools they need to navigate what they're going through."*
- *"A space without judgement to talk about what is going on in her life."*
- *"If you think about it, people always talk about that person who heard them, who understood them, who gave them their time, who saw them for who they were, and didn't judge them."*
- *"If we don't have confidentiality, we don't have anything. You can't build trust without it. So for us, confidentiality is number one."*
- *"In the study, he tries to understand what elements of the environment help people, and they lead with one—it's not rocket science; it's that people experienced what they called genuine care. People have to experience what equates to genuine care."*
- *"We have to feel safe as a prerequisite for getting better. If we don't feel safe and secure, then we won't get better—we're just fighting, fleeing, or freezing all the time."*

Literature Insights

- *"The UK-based 'Safe Haven' service, for example, is a drop-in, self-referral service, offering peer well-being support in the community for people experiencing a mental health crisis… Consumers described how, unlike at the ED, they were able to maintain autonomy, as appropriate, regarding the help they received and they found the experience overwhelmingly positive" (Andrew et al., 2023, p. 1357).*
- *"The interpretation of the physical dimension of the safe space includes its design and features. This rejection of any representation of the clinical environment, including the dislike of staff uniforms, reflects the findings of previous mental health consumer experience studies" (Andrew et al., 2023, p. 1361).*
- *"For mental health consumers, the idea of safety is much more nuanced. There is, therefore, a need for a conversation about safe spaces that balances consumer sense of safety with clinician and organization ideas of risk" (Andrew et al., 2023, p. 1362)*

Media Insights

- *"What needs to change to ensure they become a therapeutic safe space for children in need." (RNZ, 2024, para. 5).*
- *"Healing from trauma is possible when a young person belongs to a strong network of people who enable them to feel loved, cared for and part of a community. Every young person deserves this." (RNZ, 2024, para. 29).*
- *"Our young people need extra help, and that's why this is here - because they need that healing, and need that place where they can come to create and maintain their mental health." (RNZ, 2024, para. 23).*
- *"Trauma-informed models of care recognise how trauma affects the neurodevelopment, health, behaviour and functioning of young people and whānau. These models also create safe environments and emphasise stable, predictable relationships." (RNZ, 2024, para. 25).*

FEATURED GOOD MAHI

Taranaki Retreat

Location: Taranaki, Aotearoa New Zealand

Description: Taranaki Retreat is a community-based support centre providing a safe and welcoming space for people facing life's toughest challenges, including anxiety, depression, grief, and suicidal thoughts. It offers a safe environment where guests can take time to rest, reflect, and regain a sense of hope—with all stays provided at no cost. Through compassionate listening, practical support, and a strong sense of community, Taranaki Retreat helps people navigate difficult times and find a path forward (Taranaki Retreat, n.d.).

Guided by their mission statement, "Our collective drive to maintain a focus on effective transitions and pathways for students and whānau through all sectors of learning in Whanganui anchored on the foundation of Hauora", their aim is to enhance student progress, achievement and aspirations, while embedding effective teacher practice and wellbeing across the Whanganui educational sector. With this, they hope to foster "learners being grounded in who they are and where they are from, so they know where they are going."

"*We want to provide a safe space, what we call 'a space to breathe".*
"*We wanted an environment that was trauma informed. Once you are there you are safe, you are supported, somewhere that has a pair of listening ears."*
"*One thing that came up was that a peer support approach would make all the difference. Supporting people with those who walked a similar journey and had some understanding that raw empathy that comes through having been through something similar yourself, brings in that hope that 'maybe I can get through this too', it takes away the fear of 'is this person judging me', and removes that sense of stigma for accessing help."*
"*A physical place to go was needed, where there would not be any barriers such as referral requirements through a GP, or that you would need a particular level of mental health or unwellness, no extensive wait time, or a place where there would be no money changing hands, no cost to access that support."*

Envisioned Impact

Creating 'Safe Support Spaces' has the potential to drive a fundamental shift in New Zealand's mental health landscape—making support not just available, but welcoming, accessible, and effective. When support spaces are built on safety and trust, they can restore confidence in mental health services, and empower people to seek the help they need without fear of stigma or judgement.

The impact of this opportunity would extend far beyond individual wellbeing. When people can access safe and supportive care, fewer will reach crisis point, easing pressure on emergency and acute care services. Stronger, healthier communities will emerge as more people are supported in their healing and feel less isolated. And as more people feel able to seek help, long-standing inequities in mental health, particularly for Māori and other communities that have faced barriers to care, could begin to shift.

Ultimately, 'Safe Support Spaces' can bridge the gap between those in need and the systems designed to support them—creating a mental health landscape where people feel safe accessing care, trust in the support they receive, and have the opportunity to heal, reconnect, and thrive.

How might we create mental health support spaces that are inclusive, accessible, and safe, while also sustainable, so that people feel empowered to seek help without hesitation?

Bridging Insights to Action

As we conclude this report, we shift from exploring various aspects of mental health and wellbeing to offering practical steps forward. In this final segment, we present high-level recommendations and key considerations that individuals and organisations can utilise to help them address disparities within their communities, regardless of their current stage in the process.

What's in this Section:

- **Recommendations:** We present three strategic recommendations to turn the insights from this report into concrete actions. These include deepening research, initiating community-led action, and fostering ongoing learning—all of which can be supported by the Impact Collective by facilitating the collection of additional insights..
- **Considerations:** We identify key considerations in addressing complex community concerns, such as cultural sensitivity, ethical practices, and adaptable strategies, to ensure actions meet diverse community needs. These considerations are essential for guiding the development of initiatives and ensuring any actions effectively implemented.

Recommendations

This section outlines three high-level recommendations designed to guide efforts in addressing disparities in mental health and wellbeing. Each recommendation represents an important component in the broader Impact Collective co-design process (see Figure 11), from initial understanding through to the implementation and subsequent evaluation of solutions.

These recommendations are intentionally broad to avoid prescribing specific actions. They offer flexibility for individuals or organisations to adapt them based on their current stage in the journey toward an mental health landscape that fosters equity and wellbeing. These recommendations include:

- **Deepen Research:** Invest in comprehensive research to enhance the understanding of the current mental health and wellbeing landscape. This research will lay the groundwork for informed, community- and data-driven actions.
- **Establish Community-Led Initiatives:** Design and carry out community-led initiatives by using a co-design approach that encourages active community participation.
- **Engage in Continuous Learning:** Evaluate and adapt implemented solutions to ensure they remain effective, responsive, and aligned with evolving community needs.

Whether you are just beginning to gather knowledge, are in the process of developing and testing ideas, or are evaluating and evolving existing solutions, these recommendations aim to provide a non-linear roadmap for addressing disparities in mental health and wellbeing.

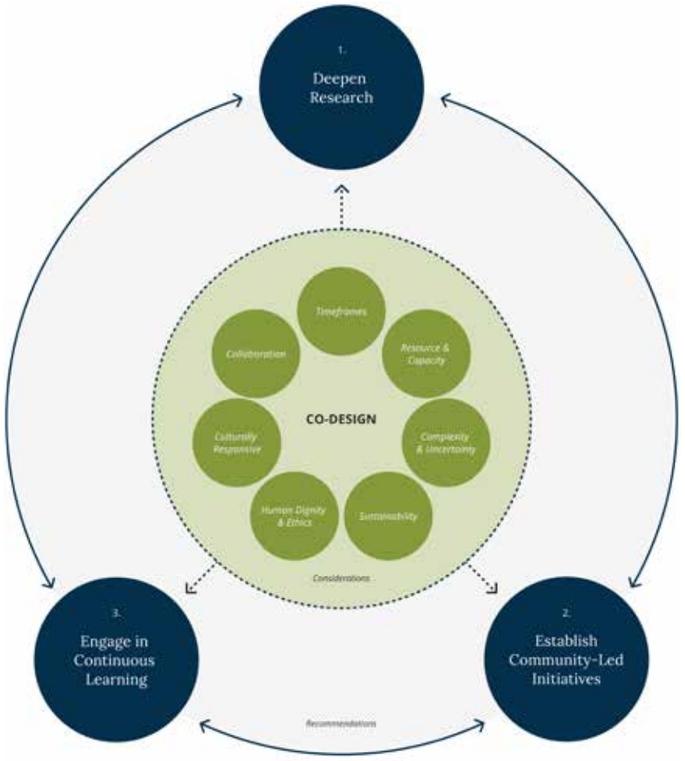


Figure 11 - High-level Impact Collective Co-Design Process.

Deepen Research

While this report provides an introductory view into the mental health and wellbeing landscape at systemic, national, and individual levels, it represents just a 'window' into the wider topic. To comprehensively understand the myriad factors contributing to mental health and wellbeing across different communities, we recommend undertaking further in-depth research. This is crucial because mental health is influenced by a multitude of socioeconomic, cultural, and personal factors, which are often interlinked. Additional research is necessary to fully grasp these complexities, ultimately ensuring that solutions are effectively tailored and responsive to the actual needs they aim to address.

Considerations:

- **Diverse Involvement:** It is essential to engage a wide range of stakeholders, including community members, schools (both mainstream and Māori medium education providers), students, whānau, and broader education support service providers. This inclusive approach ensures that a variety of perspectives, especially those with lived experience, contribute to richer insights while reducing the risk of one-sided or biased viewpoints.
- **Inclusive Research Design:** Ensure the research methodologies include both qualitative (data) and quantitative (personal narratives and lived-experiences) to enhance the validity of research.

Potential Action Steps:

- **Conduct Focus Groups and Discussions:** Conduct focus groups and one-on-one discussions with diverse groups to capture in-depth qualitative insights.
- **Partner with Support Programmes:** Partner with established support programmes to gain insight into their on-the-ground experiences.
- **Engage with National Experts:** Bring together experts from various fields to share their knowledge, latest research, findings, and best practices through dedicated engagement forums.

Establish Community-Led Initiatives

Building on the insights and opportunities identified in this report and through further independent research, we recommend engaging in community-led co-design to explore ways to improve mental health and wellbeing outcomes. This process acts as an important bridge from research to practical application, ensuring that solutions are both rooted in community needs and shaped by direct involvement. By embedding the voices and priorities of those with lived experience at every stage, we enhance the relevance of the solutions and ensure they address real, tangible needs.

Active participation and ongoing collaboration with key stakeholders from the outset are crucial. Their involvement not only improves the effectiveness of solutions but also fosters a sense of ownership and commitment to the outcomes. By empowering participants to help shape solutions that may directly impact their lives, community-led initiatives significantly increase the likelihood of long-term success and sustainability.

The outputs from this co-design process can take many forms, such as policy changes, service enhancements, or community awareness campaigns. What matters most is that these outputs are responsive to and directly address the authentic needs of the community.

Considerations:

- **Diverse Representation:** Ensure the co-design process includes a broad and diverse representation of community members, especially those with lived or living experience and those who are often marginalised or underrepresented.
- **Building Local Capacity:** Building capacity within the community is important for effective participation in the co-design process. This can empower them to not only contribute more but also sustain and evolve the solutions independently over time.
- **Supportive Facilitation:** Effective facilitation is key to managing the co-design process. Facilitators should be adept in conflict resolution and encouraging productive discussions to ensure every participant feels heard and valued.
- **Design with Adaptability in Mind:** Design solutions with flexibility in mind, allowing for adjustments and pivots as new feedback is received. This adaptability is key to responding to the complex and ever-changing nature of complex community concerns.

Potential Action Steps:

- **Identify Areas for Intervention:** Utilise the insights from research to identify specific areas for potential solutions, focusing on those with the highest potential for addressing community needs.
- **Identify and Engage Key Stakeholders:** Identify and engage a diverse group of stakeholders who represent all facets of mental health and wellbeing within the community. Ensure that all voices, especially those less heard, are included in the co-design process.
- **Facilitate Co-design Workshops:** Conduct workshops that bring together the identified stakeholders to collaboratively define problems, brainstorm solutions, and design solutions.
- **Prototyping and Testing Solutions:** Pilot the co-designed solutions in controlled settings or real-world contexts to monitor and evaluate their effectiveness. Iterate and adjust the solutions based on both stakeholder and community feedback and observed outcomes.
- **Share Successes with the Community:** Communicate the successes and lessons learned with the broader community to maintain trust, support, and engagement with those directly and indirectly involved.

Engage in Continuous Learning

As solutions addressing complex community concerns, such as mental health, are implemented, they must remain relevant over time. This relevance can only be sustained if solutions continuously evolve to meet the changing needs and dynamics within the communities they serve. Therefore, we recommend establishing a cycle of continuous learning where stakeholders can actively participate in a dynamic process of reflection and adaptation. This ongoing cycle is crucial for assessing what is working, what could be improved, identifying new challenges, and integrating lessons along the way.

The importance of continuous evolution cannot be overstated—it ensures solutions remain responsive to the changing landscape of complex community concerns, preventing them from becoming outdated as needs shift. By using a process of continuous learning, solutions can adapt to new challenges and opportunities, thereby enhancing their long-term impact. This adaptive approach not only prevents stagnation but also ensures that solutions continuously align with the evolving needs of the community.

Considerations:

- **Support a Learning Culture:** It is important to cultivate a culture that values learning and adaptation, where stakeholders are encouraged to view adaptations as opportunities for improvement rather than failures.
- **Inclusive Research Design:** Gathering feedback using both qualitative and quantitative methods is essential, as this dual approach provides a more comprehensive understanding of the impact of the solutions.
- **Assessing and Allocating Resources:** Assigning adequate resources for the continuous learning process is essential to ensure sufficient funds, personnel, and time are dedicated to effectively support the iterative process of feedback collection, analysis, and implementation of changes.

Potential Action Steps:

- **Implement Feedback Mechanisms:** Establish continuous feedback mechanisms to gather regular feedback and monitor the effectiveness of solutions. This can involve digital tools, feedback forms, and community hui (meetings).
- **Conduct Reviews and Impact Evaluations:** Schedule regular review sessions and impact evaluations to assess the effectiveness of solutions in achieving desired outcomes.
- **Facilitate Reflective Workshops:** Conduct workshops where stakeholders can reflect on their experiences, share successes, and discuss challenges, enabling them to collaborate on effective practices and areas needing adjustment.

> “We need to change expectations, hopes, and goals to break out of intergenerational patterns.”
>
> Workshop Participant.

Considerations

When addressing complex community concerns, it is crucial to identify and understand the key factors that can influence the success of solutions. This section summarises these factors, explaining their relevance and significance in effectively addressing community issues.

By considering these factors, stakeholders can better address root causes and maintain positive outcomes in both the short and long term. Moreover, taking these factors into account ensures that solutions are culturally sensitive, ethically sound, and responsive to the unique dynamics within the communities they aim to serve.

Following are a list of considerations to guide decision-making and action-taking processes for complex community concerns.

Timeframes

When addressing complex community concerns, it is important to set clear and realistic timelines for achieving milestones and objectives. Recognising that some goals may require extended periods to accomplish is essential. Additionally, maintaining flexibility to accommodate the evolving complexities of these challenges ensures that responses can adapt as situations change.

Resource and Capacity

It is essential to evaluate the availability and adequacy of resources—financial, human, and material—to determine if current resources meet the needs of proposed solutions. This evaluation will help ascertain whether additional funding is required, if staffing levels are adequate, or if there is a need to expand collaborations to effectively support and sustain initiatives.

Complexity and Uncertainty

Acknowledging the intricate and ever-evolving nature of complex community concerns is crucial to avoid oversimplification. These problems, often characterised by complexity, uncertainty, and intersectionality, cannot be effectively addressed with simple, isolated, one-size-fits-all solutions. Instead, they require continual learning, flexible approaches, and more nuanced and tailored responses.

Sustainability

It is vital to adopt a long-term perspective when addressing complex community concerns is vital to ensure approaches are resilient, responsive, and capable of adapting to and withstanding evolving conditions over time. With this approach, solutions are more likely to contribute to lasting benefits rather than providing temporary relief.

Human Dignity and Ethics

When addressing complex community issues, it is important to respect and uphold the rights, dignity, and wellbeing of everyone involved. Discussing topics such as family harm or mental health can be particularly sensitive, especially for vulnerable people. Therefore, adopting this approach is vital for creating safe, inclusive, and trusted environments, and supporting the development of long-term, positive change within communities.

Culturally Responsive

With certain populations disproportionately affected by complex community concerns, it is essential to understand and respect the cultural backgrounds and specific needs of the community being served. Cultural awareness is key to ensuring that approaches are culturally reflective and appropriately tailored. This involves aligning solutions with the diverse values, traditions, and challenges of varied communities to ensure effectiveness and acceptance.

Collaboration

Fostering collaboration among diverse services—including healthcare providers, law enforcement, social services, and community organisations—is important when addressing complex community concerns. This collaboration ensures that people receive holistic support, addressing various aspects of their wellbeing comprehensively. By working together, services can significantly enhance their impact, providing more integrated and effective solutions for the community.

Conclusion

Mental health and wellbeing in Aotearoa New Zealand is a complex, urgent, and deeply human issue—one that touches every whānau, community, and system. This report highlights the widespread impact of mental distress, particularly for those already navigating systemic inequities. It also exposes the barriers that prevent people from accessing the support they need, including long wait times, underfunded services, stigma, and a lack of culturally appropriate care.

Yet within this challenge lies enormous potential for change. The insights gathered from across our communities speak not only to the scale of the problem but to the strength, innovation, and mana already present in local solutions. When data is grounded in lived experience, and when communities are empowered to lead, we see what's possible: services that are safe, accessible, inclusive, and grounded in the values of whānau, whakapapa, and wairua.

This work cannot be done in isolation. We call on government agencies, health providers, funders, iwi, and communities to come together with courage and intention. By centring equity, upholding Te Tiriti o Waitangi, and investing in holistic, community-led pathways, we can create a mental health system that not only responds to crisis but actively nurtures wellbeing.

The path forward is one of partnership, accountability, and hope. With collective action and enduring commitment, a future where everyone in Aotearoa can access the support they need—and deserve—is within our reach.

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