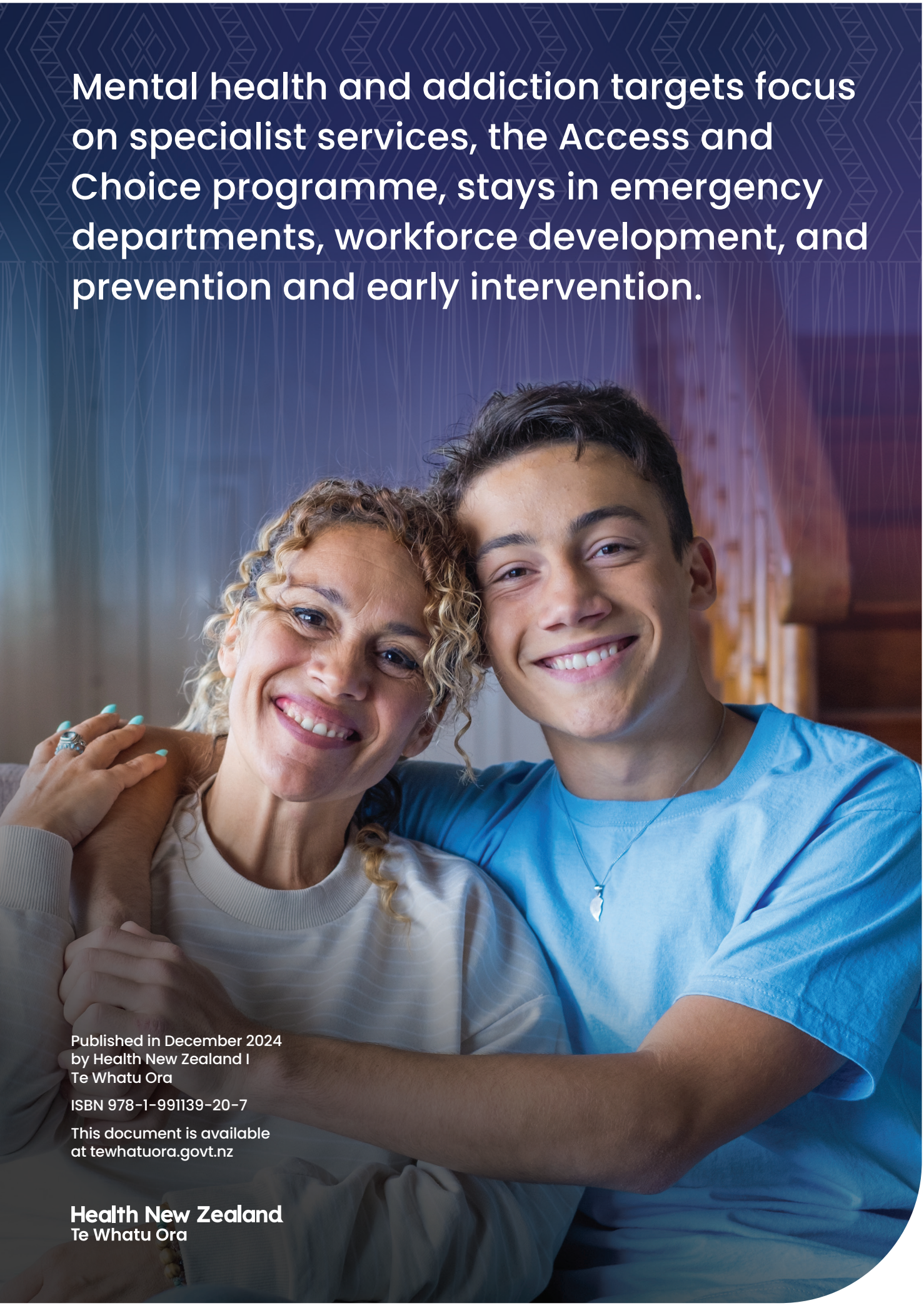
Health New Zealand
Te Whatu Ora

Achieving the Mental Health and Addiction Targets

High Level Implementation Plans

July 2024 – June 2027

Mental health and addiction targets focus on specialist services, the Access and Choice programme, stays in emergency departments, workforce development, and prevention and early intervention.



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Health New Zealand
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Minister's foreword

This Government is unwavering in its commitment to improving access to, and the quality of, mental health and addiction support in this country, no matter which part you live in.

My vision as New Zealand's first Minister for Mental Health is a strong and joined-up mental health and addiction continuum.

I am determined to deliver better mental health and addiction care that makes a real difference in the lives of New Zealanders.

I'm also acutely aware that there are many challenges to solve, we know there are communities that are currently underserved by mental health and addiction services. We will continue to work to achieve a fairer, more joined-up and less fragmented mental health and addiction system.

We have set five ambitious targets so this Government – and I – can be held to account. These are:

- 80% of people accessing specialist mental health and addiction services are seen within three weeks
- 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week
- 95% of mental health and addiction-related ED presentations are admitted, discharged, or transferred elsewhere within six hours
- 500 mental health and addiction professionals are trained each year
- 25% of mental health and addiction investment is allocated towards prevention and early intervention.

This document outlines how Health New Zealand | Te Whatu Ora will set out to achieve these targets and the key milestones for improvement.

Some of these targets are new measurements, but are much needed. This means monitoring and reporting will become more robust and complete over time.

New Zealand has done well as a country in breaking down some of the barriers around mental health and the related stigma and discrimination which is sometimes associated with discussing mental health issues.

But when people ask for help, we have to ensure the right support is in place and accessible. These targets help chart a course to that. The focus is firmly on lifting mental health and addiction system performance, and – more importantly – improving the mental wellbeing of many New Zealanders.

Hon Matt Doocey
Minister of Mental Health

From the Commissioner

Tēnā koutou katoa

I am pleased to present the high level implementation plans for achieving the mental health and addiction targets, July 2024 – June 2027.

In March 2024, the Government announced health targets that will support the delivery of better health outcomes for New Zealanders and improve the performance of our health services throughout the country. These targets came into effect in July 2024 and include five specific targets related to mental health and addiction services.

Mental health and addictions touch many New Zealanders in various ways, and I am committed to ensuring we deliver on these targets. The mental health and addiction targets provide clear expectations for health system performance and are intended to improve outcomes for people with mental health and addiction needs, as well as supporting people to stay well.

These targets will drive faster access to primary and specialist mental health and addiction services, shorter stays in emergency departments, workforce growth and a stronger focus on prevention and early intervention.

I recognise the targets are ambitious and will take a lot of work and time to achieve – but I know we can get there. This implementation plan sets out how Health NZ intends to make demonstrable progress in the short and medium term to drive improved performance and deliver timely access to quality healthcare.

Our role at Health NZ is to deliver quality, compassionate and affordable healthcare to New Zealanders. Our committed and skilled health workforce needs to be supported and empowered to deliver this care to communities.

In July 2024, I was appointed Commissioner by the Minister of Health, who tasked me with restoring the performance of Health NZ and returning the organisation to living within its means and providing timely access to quality health care.

We are implementing a 'hard reset' to fundamentally change how we operate, with a primary focus on reducing wait times for assessments and treatments. We are making changes to the flow of patients across the entire health system to promote timely access to quality services. The safest wait is the shortest wait. Every patient, family and community should have access to the best possible care and treatment in a timely and accessible way.

We are committed to working very hard to make tangible, year on year progress and delivering for New Zealanders.

Professor Lester Levy
Health NZ Commissioner

Introduction

These five targets support the delivery of better mental health outcomes for New Zealanders and to help improve the performance of our mental health and addiction services.

The targets set clear expectations for mental health and addiction system performance, to ensure people can get the help they need when they need it and are supported to recover, to live well and to stay well.

The targets are ambitious and achieving them won't happen overnight. As with the health targets, the mental health and addiction targets drive focus on the areas of the system that need it.

Two of the mental health and addiction targets measure wait times, reinforcing the crucial importance of improved access to timely support across primary and specialist services.

The time people spend in ED is an indicator for how well the whole system is working to support patients and their whānau.

The third target aligns to the wider health system target for shorter ED stays, with a specific focus to ensure those presenting with mental health and addiction-related needs receive clinical assessment and treatment in a reasonable time.

We also know there are considerable mental health and addiction workforce shortages, creating a barrier to being able to improve mental health and addiction services. The fourth target focuses on growing the mental health and addiction workforce to address this need.

The final target focuses on ensuring Health NZ continues to have a dedicated focus on investing in services and supports aimed at preventing mental health and addiction needs from escalating, and intervening early when needs arise.

More information on the mental health and addiction targets, including the targets set for the wider health system, can be found here: www.health.govt.nz/new-zealand-health-system/health-system-targets

Information on the wider programme for Government targets can be found here: www.dpmc.govt.nz/our-programmes/government-targets

Mental health and addiction targets

Faster access to specialist mental health and addiction services

Faster access to primary mental health and addiction services

Shorter mental health and addiction-related stays in emergency departments

Increased mental health and addiction workforce development

Strengthened focus on prevention and early intervention

More information about the targets

Faster access to specialist mental health and addiction services

80% of people accessing specialist mental health and addiction services are seen within three weeks

- Early and timely access to specialist mental health and addiction services for those who need it is crucial to support people's recovery, help them to live well and prevent further deterioration of their mental health and overall quality of life.
- Wait times currently vary between services and age groups. We need to address these variations to ensure people have timely access to the services and support they need.
- Specialist services include all Health NZ-delivered mental health and addiction services and non-governmental organisation alcohol and other drug services.

Faster access to primary mental health and addiction services

80% of people accessing primary services through the Access and Choice programme are seen within one week

- As with access to specialist mental health and addiction services, early and timely access to primary services can help support people to live well and reduce the likelihood of becoming more unwell over time.
- The expectation of Access and Choice services is to provide rapid support.
- People can access the programme's services through their GP, culturally responsive services through Kaupapa Māori or Pacific organisations, and Youth services designed to be easily accessible for young people.
- We want to ensure people are seen promptly and before needs potentially worsen, while acknowledging some people may not need to be seen that quickly or may prefer to be seen at a different time.

Shorter mental health and addiction-related stays in emergency departments

95% of mental health and addiction-related emergency department presentations are admitted, discharged or transferred from an emergency department within six hours

- Some people with mental health and addiction needs, including those in crisis, seek support at emergency departments.
- While there is work underway to improve outcomes for people seeking crisis support for mental health issues, it is important to ensure people who present to emergency departments are seen in a timely manner.
- This target aligns to the wider health system target that 95 per cent of people are admitted, discharged, or transferred from an emergency department within six hours.
- Introducing a specific focus on mental health and addiction will help ensure those with mental health and addiction-related presentations do not experience disproportionately longer stays than those presenting with physical health needs.

Increased mental health and addiction workforce development

500 mental health and addiction professionals trained each year

- There are considerable mental health and addiction workforce shortages. This creates a barrier to improved mental health and addiction services.
- The target focuses on the number of people trained each academic calendar year to help ensure we continue to grow this crucial workforce.
- Key workforce training programmes include the new entry to specialist practice mental health and addiction nursing and allied health programmes, psychiatry registrars, and clinical psychology interns.
- There is no one size fits all development model given the diverse nature of the mental health and addiction workforce.

Strengthened focus on prevention and early intervention

25% of mental health and addiction investment is allocated to prevention and early intervention

- Prevention and early intervention are important parts of the mental health and addiction care continuum.
- This target ensures a dedicated focus on investing in services and supports aimed at preventing mental health and addiction needs from escalating, and intervening early when needs arise.
- This can help reduce the need for more costly services and support in the long-term.

The plan

The following pages show how we intend to make progress towards achieving these targets by 2030 and hit the milestones set out in the Government Policy Statement on Health (GPS).

Faster access to specialist mental health and addiction services

2030 target

80% of people accessing specialist mental health and addictions services are seen within three weeks

Baseline as at June 2024

79.7%

2024-27 performance expectations

2024/25	2025/26	2026/27
Over 25 years old		
80%	80%	80%
Under 25 years old		
72%	75%	78%

The aim of this target is to reduce the length of time people wait to see specialist mental health and addiction services after they are referred. Specialist services include all Health NZ-delivered mental health and addiction (MH&A) services and non-governmental organisation (NGO) alcohol and other drug (AOD) services.

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 1: Build an evidence-based framework for improvement			
Complete **analysis** of current variation in performance against the target to identify potential **drivers of performance** to inform detailed implementation planning.	✓		
Adapt the UK **triage scale** (or other appropriate triage tool) **for MH&A services** for Health NZ and promote its use across all Health NZ specialist MH&A services.	✓		
Design a **National MH&A performance framework** or frameworks informed by the physical health targets performance frameworks. (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 2: Empower regions to lead performance improvement			
Design and implement the **specialist MH&A component of the emerging national and regional target improvement infrastructure.** (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		
Develop and implement detailed **Regional Commissioning AOD performance improvement plans** for timely access to AOD services, with clear milestones and accountabilities.	✓	✓	✓
Develop and implement **district operational improvement plans** with a focus on lifting performance in areas that need more support detailing milestones and accountabilities for implementation.	✓	✓	✓
Action 3: Strengthen Infant, Child and Adolescent MH&A Services (ICAMHS)			
Develop and implement **operational improvement plans for ICAMHS** performance in each district.	✓	✓	✓
Increase capacity in **ICAMHS** through reducing vacancies and increasing investment.	✓	✓	✓
Action 4: Service re-design initiatives have a focus on timeliness of care			
Ensure the strategic re-design of Mental Health services for **Infant, Child, and Youth** has a focus on timeliness of access.	✓	✓	✓
Ensure the strategic re-design of **Alcohol and Other Drug** services has a focus on timeliness of access.	✓	✓	✓

Faster access to primary mental health and addiction services

2030 target

80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week

Baseline as at June 2024

Not known as data not currently collected.
Baseline to be set February 2025.

2024–27 performance expectations

Baselines and milestones to be set as routine data collection from each service stream is established.

The aim of this target is to reduce the length of time people wait to see an Access and Choice service after they are referred or seek help. Initial reporting will be for the general practice–based services only, as other services do not provide NHI–based reporting for reliable measurement. Service models are expected to result in differences between the service streams, with an overall wait time target across all streams of 80% seen within one week.

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 1: Improve data to support performance improvement and monitoring			
Replace Ministry of Health Analytic Data Store (ADS) solution with **Health NZ National Data Platform (NDP) solution** and move Access and Choice portal solution to Health NZ.	✓	✓	
Progressively update the **Target Qlik App** to enable **visualisation of wait times** and other related measures **for Health NZ teams** in regions and districts.	✓	✓	
Enable **visualisation of wider provider performance, including wait times, for providers** and Health NZ planning and funding teams in regions and districts.	✓	✓	
Support all Access and Choice services to implement **National Health Index (NHI)-based reporting** • Youth Services (to enable reporting from 1 Jan 2025) • Pacific Services (to enable reporting from 1 October 2025) • Kaupapa Māori Services (to enable reporting from 1 July 2026).	✓ ✓	 ✓	

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Complete an **analysis of the implications of NHI-based reporting** on engagement with Access and Choice Services, and identify potential mitigations.	✓		
Action 2: Continue to deliver the Access and Choice programme			
Continue to commission the delivery of the four Access and Choice services: • Services integrated within general practice (integrated primary mental health and addiction services) • Youth services • Pacific services • Kaupapa Māori services.	✓	✓	✓
Action 3: Build an evidence-based performance improvement framework			
Complete **analysis** of current variation in performance against the target to identify potential **drivers of performance** to inform more detailed implementation planning.	✓		
Design a **National MH&A performance framework** or frameworks informed by the physical health targets performance frameworks. (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		
Action 4: Empower regions to lead performance improvement			
Design and implement the Access and Choice MH&A component **of the emerging national and regional target improvement infrastructure**, ensuring the participation of the funded sector as appropriate. (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		
Develop and implement **regional performance improvement plans** for timely access to the four Access and Choice services within the region.	✓	✓	✓

Shorter mental health and addiction-related stays in emergency departments

2030 target

95% of mental health and addiction-related emergency department (ED) presentations are admitted, discharged, or transferred from an emergency department within six hours

Baseline as at June 2024

67%

2024-27 performance expectations

2024/25	2025/26	2026/27
74%	77%	80%

The aim of this target is to reduce the length of time people with mental health and addiction-related ED presentations stay in ED, where MH&A presentations are defined as having a mental health or addiction-related SNOMED CT presenting complaint recorded.

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 1: Improve data quality and completeness			
Implement the **SNOMED in ED Data Improvement Stream**, working with districts to identify and address barriers to consistent application of MH&A Chief Presenting Complaint (CPC) codes.	✓	✓	
Explore and enable the **collection of time from arrival to ED to time of referral** to MH&A services by ED.	✓	✓	
Implement the **MH acute inpatient occupancy dashboard** across all districts and regions.	✓		
Action 2: Build an evidence-based performance improvement framework			
Use available data to **investigate drivers of performance** across various components of the SSED care pathway to inform more detailed implementation planning.	✓		
Design a **National MH&A performance framework** or frameworks informed by the physical health targets performance frameworks. (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		

Action 3: Embed MH&A in regional and national improvement infrastructure initiatives			
Design and implement the Access and Choice MH&A component **of the emerging national and regional target improvement infrastructure.** (This action spans both wait time targets and emergency department (ED) length of stay.)	✓		
Produce focused **operational improvement plans** in line with a tailored MH&A performance framework and the existing Acute Flow Operational Standards.	✓		
Action 4: Enhance the capability and capacity of community-based MH&A services to reduce MH&A ED presentations and facilitate patient flow			
Implement and evaluate **crisis cafés** in six selected sites.	✓	✓	
Implement and evaluate the relevant **MH&A components** of the 5-year plan to move to a **multi-agency response for people who call 111 in distress.**		✓	✓
Strategic re-design of services for **people with high and complex mental health** needs.		✓	✓
Action 5: Promote efficient hospital systems to facilitate patient flow			
Assess and disseminate **efficient service delivery models between ED and MH&A** across regions, to address regional variation in the service delivery interface between EDs and MH&A services.	✓	✓	✓
Review and update the **Acute Flow Operational Standards** to ensure they include patient flow processes applicable for MH&A.	✓	✓	
Ensure MH&A is embedded in the work to develop **Integrated Operating Centres' standard operating procedures** for common business rhythms, escalation processes, and visibility of key metrics related to hospital flow.	✓		
Embed MH&A in the work to explore, assess, and implement **standardised discharge policies** from inpatient wards/units, including criteria-led discharge.	✓		
Implement **Peer Support in EDs** trial.	✓	✓	

Increased mental health and addiction workforce development

2030 target

Train **500*** mental health and addiction professionals each year

(*To be revised upwards as new occupational groups are included over time)

Baseline as at June 2024

448

2024-27 performance expectations

2024 academic year:	2025 academic year:	2026 academic year:	2027 academic year:
baseline to be updated at year end	500	500	500

The aim of this target is to increase the number of people entering mental health and addiction-specific training to better equip them to work in MH&A related roles. The target initially covers four occupational groups: nurses; allied health (occupational therapists and social workers); psychology interns; and psychiatry registrars. The intent is to expand the included occupational groups over time.

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 1: Ensure sufficient training is available			
Ensure funding and infrastructure is available to grow to 50 the annual intake into **stage 1 psychiatry training places** in Health NZ services from 2025 onwards.	✓	✓	✓
Establish 10 additional Health NZ **clinical psychology intern roles** in 2025; and a further 10 roles in both 2026 and 2027 (+30 total in 2027) increasing the number of funded intern roles from 50 to 80 per annum.	✓	✓	✓
Encourage universities to increase **post-graduate clinical psychological training capacity** by 10 students in 2025; and a further 10 students in both 2026 and 2027 (+30 total in 2027).	✓	✓	✓
Support an additional 110 specialist **nurses, occupational therapists and social workers** to undertake New Entry to Specialist Practice (NESP) training annually, with phased growth over a three-year period.	✓	✓	✓

Action 2: Increase numbers accessing the training			
National coordination and oversight of Stage 1 psychiatry registrar placements to align future increases in psychiatry training numbers to specialties where need is greatest.	✓	✓	✓
Explore establishing new **House Officer runs in psychiatry.**	✓	✓	✓
Continue to fund the Royal Australian and New Zealand College of Psychiatrists (RANZCP) **Psychiatry Interest Forum.**	✓	✓	✓
Promote mental health and addiction as an attractive career path for relevant professional groups other than psychiatry.	✓	✓	✓
Action 3: Improve data and reporting			
Establish a **reporting mechanism for psychiatry** registrars.	✓		
Establish a **reporting mechanism for psychology internships funded directly by HNZ districts.**	✓		
Action 4: Set aspirational workforce goals by revising and extending the target over time			
Expand the occupational groups receiving specialised mental health training and contributing to the target, including: • Associate psychologists • Addiction workforce • Consumer, peer support & lived experience (CPSLE) workers • Nurse practitioners.		✓	✓

Strengthened focus on prevention and early intervention

2030 target

25% of mental health and addiction investment is allocated towards prevention and early intervention

Baseline as at June 2023

23.9%

2024–27 performance expectations

Performance expectations to be agreed annually based on funding intentions

The aim of this target is to increase the proportion of MH&A ringfence investment towards prevention and early intervention to 25% of total MH&A ringfence. Prevention includes mental wellbeing promotion and suicide prevention. Early intervention includes both services that intervene early in the course of distress (like primary mental health and addiction) and services that intervene early in the life course (like maternal, infant, child and youth specialist services).

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 1: Improve data quality to be able to accurately identify expenditure on prevention and early intervention			
Connect mental health and addiction data across finance, contract management and activity data collections to automate and improve reporting against this target, via a **cross-organisational programme of work** spanning Planning, Funding and Outcomes, Finance, Hauora Māori, Pacific Health, and People & Communications.	✓	✓	
Action 2: Continue our current investment in prevention and early intervention			
Maintain current ringfenced MH&A investment in prevention and early intervention: • Mental wellbeing promotion • Suicide prevention • Services that intervene early in the course of distress (primary MH&A services and early psychosis intervention) • Services that intervene early in the life course (specialist pregnancy & parenting, maternal, infant, child and adolescent services).	✓	✓	✓

Initiatives	July 2024–June 2027 Y1	Y2	Y3
Action 3: Increase investment in prevention and early intervention			
Plan and implement an innovative, multi-site trial of earlier-intervention services, with a specific focus on **youth services** and **early psychosis intervention**, by moving specialist service funding upstream.	✓	✓	✓
Increase investment in **Mana Ake** in Tairawhiti and Hawkes Bay.	✓	✓	✓
Increase investment in the **Infant, Child and Adolescent Mental Health Service** (ICAMHS).	✓	✓	✓
Increase investment in **youth respite services** by trialing new service models to enhance the acute crisis continuum for young people.	✓	✓	✓
Increase investment in **maternal and infant specialist services.**	✓	✓	✓
Invest in a national **mental wellbeing promotion campaign.**	✓	✓	✓
Increase investment in **suicide prevention** services as part of implementing the Suicide Prevention Plan.		✓	✓
Action 4: Ensure investment decisions outside prevention / early intervention incorporate this target			
Ensure there is awareness of this target when other funding decisions are being made E.g.: uplifts for demand growth and cost of living, MECAs, pay equity adjustment or new investment in specialist services.	✓	✓	✓
Explore additional funding sources to expand investment in prevention and early intervention including primary mental health and addiction services.	✓	✓	✓

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