

A Sound Investment



A Spotlight on the Impact and Value
of Mental Health and Addiction
NGO Services in New Zealand

March 2025



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PO Box 6380 Marion Square
Wellington 6141, New Zealand
admin@platform.org.nz

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A message from the Chairperson and Chief Executive of Platform Trust

The information about mental health and addiction service delivery by non-governmental organisations (NGOs) contained in this report provides Platform and its' members a foundation to showcase the value, worth and capability that NGOs add to the functioning of a mental health and addiction system in Aotearoa New Zealand.

The role and value of NGOs in the mental health and addiction sector is often not well understood and is downplayed. Shining a spotlight will help partners and stakeholders fully appreciate what NGOs do, the flexibility they provide and the value they add in responding to community needs.

In 2024, we saw and experienced increased Government expectations to deliver results, improve outcomes, and show the effectiveness and a return on the dollar amount invested in services. We saw the introduction of mental health and addiction targets aiming to drive improvements in system and service performance.

The mental health and addiction NGO sector is an indispensable part of the health system, providing just under one-third of Government health-funded mental health and addiction services, supporting 73,000 people who access specialist support for their mental health or substance use needs. The number of people supported in the community has increased over time whilst health government investment has not grown.



A dedicated NGO workforce has grown and become more diverse, supporting people with multifaceted needs which are often complex and challenging. This is a testament to the flexibility and innovation of NGOs, the spirit of collaboration and the adoption of a collective approach that adds value to deliver positive results, improved outcomes and the achievement of the Government's mental health and addiction targets.

At the time of writing, 94 NGOs are members of Platform, committed to supporting Platform's national role as the peak body for the mental health and addiction NGO and community sector. Our member organisations are the glue that drives our work; they provide the mandate

for our advocacy, ensuring that our priorities are fit for purpose so that they can focus on delivering frontline high-quality and flexible support to tāngata whai ora and whānau, in their communities.

We hope this resource will help to support understanding of how the NGO sector contributes to improved outcomes and provides value to tāngata whai ora and whānau in Aotearoa New Zealand. By supporting, valuing, and strengthening NGO providers, the country can make significant strides towards achieving equity in mental health and addiction outcomes for all New Zealanders.



Sally Pitts-Brown
Chairperson



Memo Musa
Chief Executive

Acknowledgements

This report is a testament to the dedication and capability of non-government organisations working in the mental health and addiction sector and to the spirit of collaboration.



Platform Trust would like to thank everyone who has contributed to the completion of this report, particularly the non-government organisation providers that responded to Platform's call for examples of innovative practice. The service models and approaches that are profiled in this report were selected on the basis that they are innovative, increase people's access to services and can demonstrate their impact.

Platform Trust is also grateful to the other agencies and partners that provided input, data analysis and constructive feedback. Their assistance has significantly enhanced the quality of the final report. In particular, Platform wishes to acknowledge the contribution of the data, information and research team at Te Pou, which provided much of the quantitative analyses. This report would not have been possible without their expertise and commitment to the project.

1. About this report

Purpose

Non-government organisations (NGOs) account for a significant portion of the total expenditure on mental health and addiction (MH&A) services in New Zealand. They have an important role to play in meeting the mental health and related needs of individuals, families/whānau and local communities within the wider health and social system.

However, it cannot be assumed that the role, function and potential capability of MH&A NGOs is well understood by everyone, including some key stakeholders.

This report aims to highlight the breadth, strengths and capabilities of community MH&A NGOs by outlining a few of their key features and providing examples of the innovative work that MH&A NGOs are doing throughout New Zealand. The intention is to inform, influence and engage with a wide range of stakeholders – particularly key decision-makers.

Limitations and strengths of the data

Qualitative data

- The 26 practice examples that are profiled in this report have been selected from 55 responses to an expression of interest generated by Platform Trust in November 2024. These examples were selected on the basis of service coverage, geographical spread, demonstrable outcomes and the overall quality of the submission. Given the complexity of the NGO part of the MH&A

sector, it is not possible to claim that these examples are representative of all MH&A NGOs. However, the sample does offer a glimpse into the wide range of community MH&A NGO services that are available to people who experience mental health and/or substance use problems throughout New Zealand.

Quantitative data

- Not all of the data relates to the same financial year, mainly because it is drawn from diverse data sources.
- None of the data sources/agencies produce a complete picture of the NGO part of the MH&A sector, which makes data aggregation and comparisons over time difficult.
- Whilst the quality and availability of data relating to the national Access and Choice programme continues to improve, the lack of available information about MH&A NGO involvement in this programme limits what can be said about the NGO contribution.

Disclaimer: The information in this report has been reviewed by each of the agencies/providers responsible for producing it. This has been done to improve accuracy and to mitigate the data quality issues associated with combining information from different sources. Despite these quality assurance measures, the information in this report should not be used without due consideration of the context in which it was first produced and the data quality issues that could potentially be associated with it.

② MH&A NGOs at a glance

Who accesses MH&A NGO services?

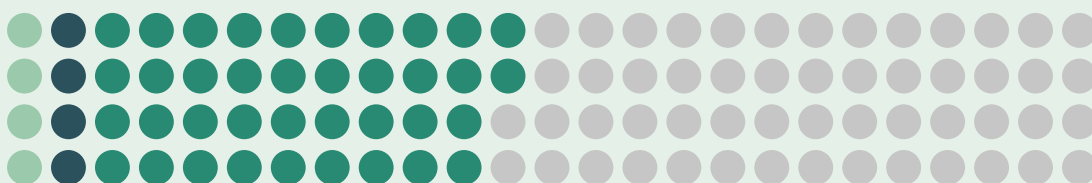


73,000
people

41%

In 2023/24, approximately **73,000** people accessed MH&A NGO services, making up around **41%** of all people who accessed specialist support for their mental health and/or substance use need.

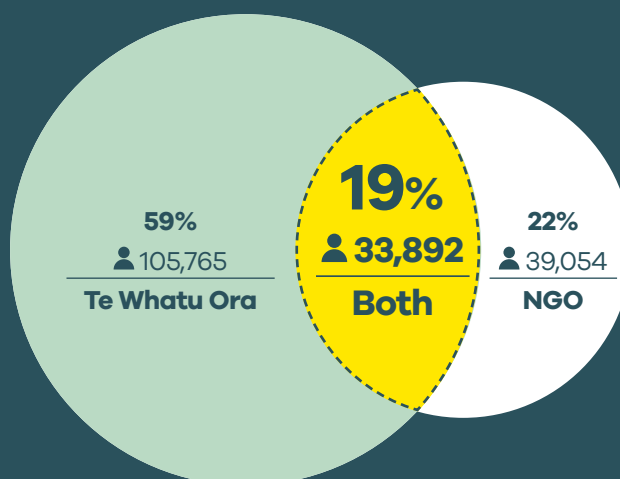
Demographic of the people accessing NGOs:



● Asian peoples: 4.6% ● Pacific peoples: 5.6% ● Māori: 37.7% ● Other: 52.1%

What percentage of people access both NGO and Te Whatu Ora specialist clinical MH&A services?

In 2023/24, approximately **19%** of all people who accessed MH&A services received support from both community MH&A NGOs and Te Whatu Ora specialist clinical services.



What types of MH&A NGO services?

214

In 2022, there were **214 NGO providers** delivering **adult** MH&A services. These services included:

community
services

alcohol
and drug

kaupapa
Māori

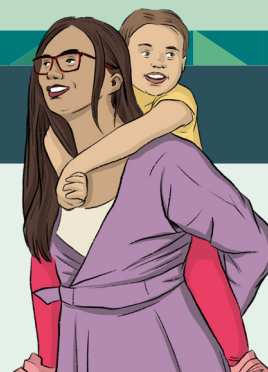
residential and
accommodation

peer-led
services

family
and whānau

83

In 2020/21, there were **83 NGO providers** delivering **child and youth** MH&A services



With what NGO workforce?



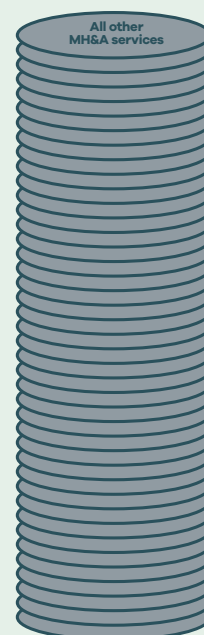
37.5%

In 2022, MH&A NGOs had **5,820 full time employees**, which represented a **37.5% share** of the total Vote Health MH&A workforce (15,534 FTEs).

With what amount of funding?

In 2022/23, the funding for MH&A NGOs was approximately **27.5%** of the total expenditure on all MH&A services.*

27.5%



* Excludes Access and Choice and primary mental health

3. The MH&A funding landscape

Expenditure on MH&A NGO services

- In 2004/05, the NGO part of the MH&A sector claimed around **30%** of the total expenditure on MH&A services, up from around 10% in 2000.¹
- In 2022/23, the funding for MH&A NGOs had decreased to **27.5%** of the total expenditure on MH&A services (excluding primary care, workforce development, health promotion and prevention), with some interesting changes to the configuration of the MH&A service system – most notably the emergence of the Access and Choice programme and the ongoing development of primary mental health services (see Table 1).

Table 1: Expenditure on selected MH&A services in 2022/23²

NGO services (excluding Access and Choice and primary mental health)	Access and Choice service delivery	Primary mental health services (excluding Access and Choice)
\$620.7 million	\$164.5 million	\$42.3 million

Note: The total expenditure on all MH&A services in 2022/23 was \$2,280.6 million.

To some extent, the reduction in the percentage of MH&A funding for NGOs reflects the expanding role of other services both across the MH&A sector and in the wider health and social system.

This change is most evident with the increased collaborative activity between NGOs and primary health organisations, particularly those delivering services that are funded under the Access and Choice programme.³

1 Mental Health Commission. (2007). *Te haererenga mo te whakaōranga 1996–2006: The journey of recovery for the New Zealand mental health sector*. Wellington: Mental Health Commission (p. 20).

2 Data supplied by Te Hīringa Mahara | Mental Health and Wellbeing Commission.

3 Te Whatu Ora | Health New Zealand. (n.d.). *About Access and Choice*. www.wellbeingsupport.health.nz/about-access-and-choice



The impact of the 2019 and 2022 Wellbeing Budgets on MH&A NGOs

In 2019 the Wellbeing Budget (Budget 19) prioritised how to distribute the government's \$1,961.4 million investment in a range of cross-government mental health initiatives over the period 1 July 2019 to 30 June 2023.

Te Hiringa Mahara (2024)⁴ reported that, of the total investment package for mental health in Budget 19, approximately 57% (\$1.12 billion over four years) was allocated to various initiatives in the Health portfolio. This amount included \$1,118.4 million (41%) to support the expansion of the Access and Choice programme. The remaining 59% was spread across a range of initiatives.

Budget 2022⁵ subsequently provided an additional \$100 million over four years to boost the availability of specialist MH&A services and to trial new models. The extent to which MH&A NGO service provision might benefit from this additional investment is still unknown at this stage.

Te Hiringa Mahara (2024)⁶ also noted in its report that:

"Aotearoa needs a systemic and long-term approach to investment in mental health and addiction services and supports. We need to have sustainable funding for both new and current initiatives in priority areas, so that new initiatives are sustained and scaled up across the country."

Given the importance of strengthening the NGO sector as a crucial part of a more community-based MH&A service system this investment pathway needs to be explicit about the funding allocated to MH&A NGO services across the care continuum – i.e. in health promotion, illness prevention, primary care and secondary MH&A services. We also need better standardised data that will support local, regional and national efforts to plan, fund and monitor the impacts of MH&A NGO service developments over time and to track allocated new investments in a nationally consistent way to ensure that the MH&A ringfence funding is not breached.

4 Te Hiringa Mahara | Mental Health and Wellbeing Commission. (2024). *Budget 2019 to Budget 2022 investment in mental health and addiction*. Wellington: Te Hiringa Mahara.

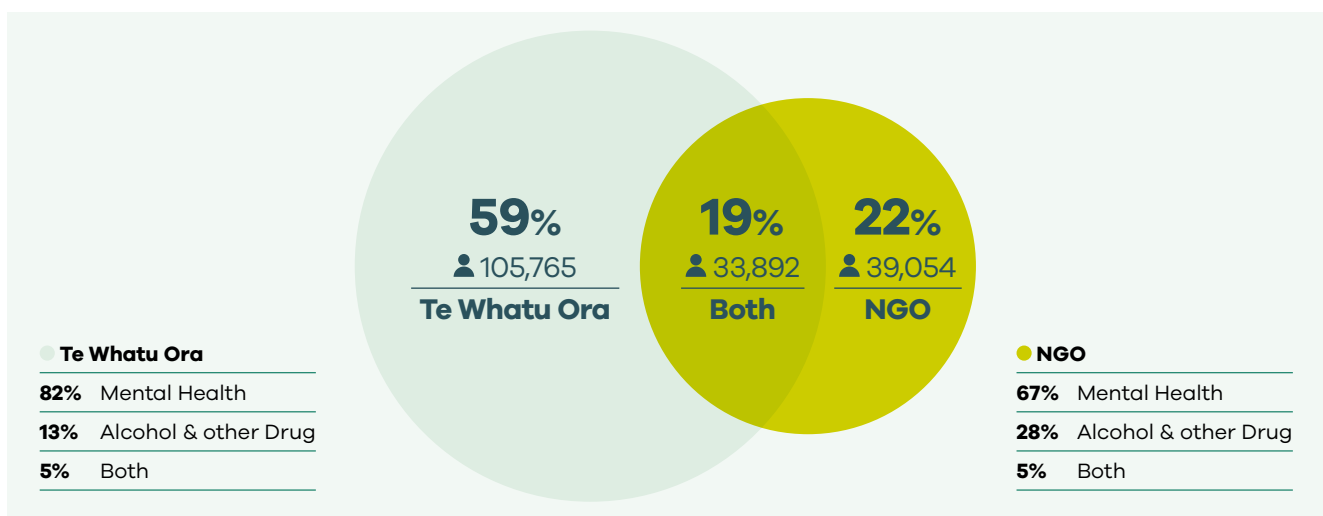
5 New Zealand Government. (2022). *Wellbeing Budget 2022: A secure future*. Wellington: New Zealand Government (p. 121).

6 See footnote 4.

4. Reaching people who need MH&A services

- In 2023/24, approximately **73,000** people accessed MH&A NGO services.⁷
- This makes up approximately **41%** of all people who accessed health funded MH&A services for their mental health and/or substance use needs.
- Of the people accessing NGOs in 2023/24:
 - 37.7% are Māori
 - 5.6% are Pacific peoples
 - 4.6% are Asian peoples.
- Approximately **19%** of all people who accessed MH&A services received support from both community MH&A NGO and Te Whatu Ora specialist clinical services (see Figure 1).
- In 2023/24, NGOs provided **561,821 bed nights** to **8,266 people** who were in either supported residential accommodation or community respite services.
- **Access and Choice programme:** As of 30 June 2022, **95,250** people had accessed integrated primary mental health and addiction services.⁸ Some of these integrated arrangements include services that are delivered by **MH&A NGO providers**.
- Note that the lack of available information about MH&A NGO involvement in the Access and Choice programme limits what can be said about the NGO contribution to care at this time.

Figure 1: People seen by all MH&A services in 2023/24



7 Te Whatu Ora | Health New Zealand PRIMHD extract dated 27 November 2024, analysed by Te Pou.

8 Te Hiringa Mahara | Mental Health and Wellbeing Commission. (2022). *Access and Choice Programme: Report on the first three years* | Te Hōtaka mō Ngā Whai Wāhitanga me Ngā Kōwhiringa: He purongo mō ngā tau tuatahi e toru. Wellington: Te Hiringa Mahara.

5. Delivering a diverse array of community services

- In 2022, there were approximately **214 NGO providers** delivering adult **MH&A services**.⁹
- Of these NGOs, **192** deliver mental health services and **75** deliver AOD services for adults.
- Approximately **77** NGO providers were **kaupapa Māori providers**, with just under half delivering AOD services for adults.¹⁰
- In 2021/22, there were approximately **83** NGO providers delivering **child and youth MH&A** services.¹¹

Figure 2 shows the wide range of community MH&A NGO services that are provided to people who are experiencing mental health and/or substance use challenges along with an

indication of how many people accessed these services in 2024. Note the associated caveat about individuals who are in contact with multiple teams.

The 'community team' category includes mainstream MH&A services as well as services that are tailored to meet the needs of specific sub-groups of the population such as Asian peoples, the profoundly deaf and refugees.

Some practice examples of the different types of services are profiled throughout this report, with additional information about each example provided in an addendum.

Figure 2: Total number of people seen in 2024 by MH&A NGO team type¹²

Community team	24,026		Maternal mental health	1,178
Alcohol and drug	21,493		Co-existing problem	1,029
Kaupapa Māori	9,523		Needs assessment and service coordination	955
Residential/accommodation	6,143		Pacific peoples	794
Child and youth	4,123		Forensic	418
Peer-led services	3,595		Early intervention	289
Primary health	2,865		Older people	284
Family/whānau	1,732		Eating disorders	126
Speciality team	1,568		Other	66

Note: The teams are classified according to a team classification hierarchy. People who see multiple teams over the course of a year may be counted more than once.

⁹ Te Pou. (2023). *NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services*. Auckland: Te Pou.

¹⁰ See footnote 9.

¹¹ Child and youth MH&A workforce stocktake data for 2021/22, analysed by Whāraurau.

¹² See footnote 7.

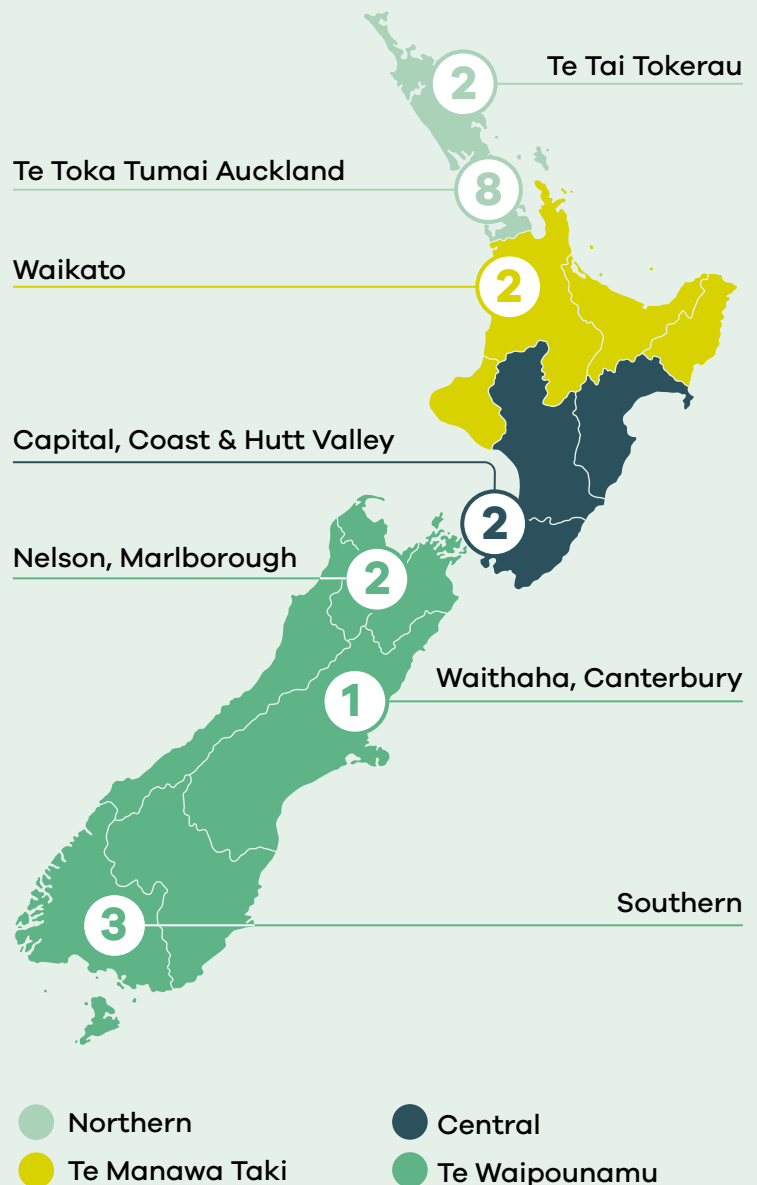
6. Devising innovative approaches to service delivery

Practice examples

The following practice examples highlight some of the innovative work that is happening in mental health NGO services. More detailed information about each of these services can be found in the addendum to this report and on the Platform Trust website.

This map illustrates the distribution of locations across New Zealand from which the practice examples have been sourced.

6 National coverage
Services delivered by five MH&A NGOs



ADL

www.adlnz.org.nz



ADL has been delivering mental health and addiction services for rangatahi in urban and rural communities

across the lower South Island for over 30 years. One of its standout programmes, Adventure Development Counselling (ADC), includes innovative approaches such as The Journey – a multi-day outdoor group therapy experience.

Over 2023/24, ADL achieved on average a 7-point reduction in psychological distress among participants as measured by the Kessler Psychological Distress Scale (K10).

Arataki Peer Support: Empowering recovery in Northland

www.aratakimin.co.nz/services/peer-support



The Arataki Peer Support service was launched in Whangārei in April 2023 and has expanded rapidly across Northland to

include Kaikohe and Kaipara, with plans to extend the service to Kaitia at some time in the future.

The programme's success is evident in high engagement rates and positive outcomes as measured by exit interviews and the number of successful transitions from mental health support services.

Artsenta: Creative wellbeing for mental health recovery

www.artsenta.org



Artsenta, operated by the Creative Arts Trust, is a Dunedin-based creative hub dedicated to supporting

tangata whai ora who are experiencing mental health and addiction challenges. This service fosters a safe, nurturing environment in seven towns across north, south and central Otago where individuals can engage in creative activities as part of their recovery journey.

User feedback highlights the transformative role of creativity in fostering community connections, building self-esteem and supporting mental health recovery.

Asian Family Services: Tackling gambling harm in Asian communities

www.asianfamilyservices.nz



Asian Family Services is a leading provider of culturally tailored mental health and social services for Asian

communities in New Zealand. One of the programmes is designed to address gambling harm and aid rehabilitation for Asian inmates who are in Wiri or Mount Eden prisons.

Participants report improved awareness, reduced stigma and greater accessibility to support services.

EaseUp – Ka Puta Ka Ora Emerge Aotearoa

www.easeup.org.nz



EaseUp is a free, mobile, community-based service supporting youth aged 12–24 from diverse

backgrounds who are experiencing mental health challenges and/or substance use problems. It is available across Tāmaki Makaurau, Waitematā and South Waikato.

Hua Oranga outcomes data shows that 80.7% of rangatahi have experienced improvements in their mental and physical health, spiritual wellbeing and whānau relationships. The initial pilot evaluation also found significant positive impacts for rangatahi and their whānau, including reduced substance use, increased educational engagement and enhanced life skills.

Ember Services: Individualised support service for people who have high and complex needs – Waikato Hub

www.ember.org.nz/services



Ember Services offers individualised support programmes in the Waikato for 30 tangata

whai ora who have high and complex MH&A needs, many of whom have exhausted other community support options.

The positive impact of the service on people's lives includes improved wellbeing, decreased number of incidents, reduced substance use, improved financial stability and enhanced community integration.

Hāpai Ngā Rangatahi: Alternative pathways for rangatahi Māori mental health support – Te Paepae Ārahi

www.tepaepae.co.nz



Hāpai Ngā Rangatahi is a pioneering initiative launched in 2024 by Te Aka Whai Ora and Te Paepae Ārahi

to address specialist Child and Adolescent Mental Health Service waitlists for rangatahi Māori and their whānau.

Early feedback highlights the programme's positive impact on young people's lives.

He Ara Whakamana Tāngata: Culturally grounded support – Auckland City Mission

www.aucklandcitymission.org.nz



He Ara Whakamana Tāngata, a service under Te Tāpui Atawhai | Auckland City Mission,

provides culturally centred support for tenants in high-density permanent housing, including HomeGround (80 apartments) and Te Ao Mārama (60 apartments). The service has been operational since June 2024.

Preliminary qualitative feedback suggests that the programme enhances community cohesion, improves spiritual wellbeing and fosters unity among tenants. Evaluations are under way that aim to capture the service's transformative effects on residents' lives.

He Kākano Ora: Perinatal mental health support – WALSH Trust

www.walsh.org.nz



He Kākano Ora, operated by WALSH Trust, provides holistic perinatal mental health services to birthing parents from the

second trimester of pregnancy through to their baby's first year. Services include residential respite care, community and home-based support, and parenting education, ensuring tailored, culturally responsive care for each parent and their family.

Quantitative and qualitative data demonstrates enhanced parental confidence, stronger parent-infant relationships and improved mental health.

Ngā Kete Aronui: Kaupapa Māori mental health service – Te Waka Whai ora Trust

www.tww.org.nz/nga-kete-aronui

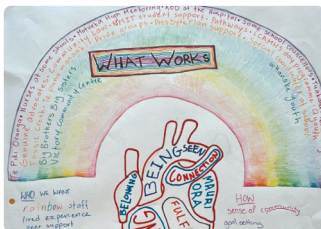


Ngā Kete Aronui is a kaupapa Māori primary mental health service provided by Te Waka Whai ora Trust in collaboration

with four other kaupapa Māori providers. The service delivers holistic mental health and addiction support services across greater Wellington, Hutt Valley and Wairarapa to people who are experiencing mild to moderate mental distress and who are not eligible for secondary MH&A services.

Specific measurement tools, surveys and data reports are used for measuring wellbeing outcomes.

Nelson Marlborough Te Taihū youth wellbeing service



The Nelson Marlborough youth wellbeing service delivers early intervention and support to youth aged 12–24 (and their

whānau) who are experiencing mild to moderate mental distress. It serves over 17,000 youth within the Nelson Marlborough health district with a focus on Māori, Pacific peoples and under-served populations.

The integration of services allows for early intervention and streamlined referrals, ensuring that youth receive timely and effective support. As of October 2024, the service was seeing 50–80 young people a month and running approximately 20 sessions involving whānau.

Piri Pono: Peer-led acute mental health service – Ember Services

www.ember.org.nz/services/peer-led-services/#piri-pono



Piri Pono is one of only three peer-led acute alternative mental health services operating in New Zealand.

It was established by Ember Services in 2013 and is located in Rodney, Auckland. This innovative service provides people who are in extreme mental distress a community-based alternative to an acute hospital admission.

The service uses Hua Oranga, a holistic outcomes tool to assess tangata whai ora progress. Feedback consistently highlights the programme's positive impact on recovery, with 161 guests reporting a high level of satisfaction with the service.

Real Waikato: Youth justice support with a kaupapa Māori lens

www.pathways.co.nz/real



Real Waikato is a youth-focused service operating in Kirikiriroa that is designed to support taiohi navigating the youth justice

system. As part of Pathways Health, Real Waikato offers the Supported Bail programme, a community-based alternative to custodial remand. Grounded in kaupapa Māori principles, the service emphasises whānau involvement, cultural respect and holistic wellbeing.

The service boasts steady referral rates from agencies such as Oranga Tamariki and New Zealand Police and high engagement levels by taiohi. Its success lies in fostering positive behaviour, compliance with bail conditions and strengthened whānau dynamics.

Te Whare Mahana: New Zealand's residential dialectical behaviour therapy service

www.twm.org.nz



Te Whare Mahana, located in Golden Bay, offers New Zealand's only national residential dialectical

behaviour therapy programme. This renowned service supports individuals aged 18 years and older who frequently experience high levels of emotional distress that is often linked to complex disorders such as borderline personality disorder and post-traumatic stress disorder.

Participants report significant improvements as measured by a range of mental health tools that are designed to measure different psychological symptoms or domains, offering valuable insights into specific emotional or psychological difficulties.

Rural Support Trust: Navigating challenges in rural wellbeing

www.rural-support.org.nz



The Rural Support Trust started in the 1980s and became a nationwide service in the early 2000s.

It offers confidential, wrap-around mental health and wellbeing support for primary producers facing personal, financial, business or health stressors.

Case tracking shows that people's needs are being met. Attendance at community events also reflects strong engagement as well as the service's growing reach into New Zealand's rural heartland.

Vaka Tautua: Pacific-led mental health and wellbeing services

www.vakatautua.co.nz



Vaka Tautua is a national Pacific-led organisation that was established in 2007. It provides comprehensive mental health, disability and social services in

Auckland, Wellington and Canterbury. Guided by the Pacific value of nofo 'a kainga (families caring for families), the organisation focuses on holistic, culturally tailored support to address mental health challenges and promote wellbeing within Pacific communities.

Feedback highlights the value placed on the programme's culturally competent and empathetic approach – fostering trusted relationships and recovery.

7. Supporting people to recover from harmful use of alcohol and other drugs

Overcoming harmful use of alcohol and other drugs

- Approximately **12.3%** of the population will experience a substance use problem at some stage in their lives.
- **Alcohol** is the most commonly identified substance of concern for people accessing AOD services. Overall, alcohol-related harm is estimated to cost \$9 billion per annum.¹³
- There is a strong correlation with substance disorders for people involved in the justice system with **87%** of prisoners having a substance use problem over their lifetime.¹⁴
- Over **70%** of people who attend addiction services will also have co-existing mental health problems.¹⁵ Co-existing disorders are the norm and not the exception.
- Approximately **11%** for 2021/22 (Ministry of Health, 2023) of the total MH&A service expenditure is directed towards AOD services, many of which are provided by NGOs.

Community NGOs that deliver AOD services play a vital role in promoting the wellbeing of individuals, families and communities by offering essential support, treatment and resources for those struggling with substance use problems. Through counselling, treatment programmes and educational initiatives, these providers support people to recover and rebuild their lives, thereby reducing the harm from alcohol and other drugs. Their work also extends to families/whānau, offering guidance and support to heal damaged relationships and foster healthier living environments.

¹³ Hogan, S., Hamill, D., & Dunn, T. (2024). *Costs of alcohol harms in New Zealand: Updating the evidence with recent research*. NZIER report to the Manatū Hauora / Ministry of Health. Wellington: NZIER.

¹⁴ Bowman, J. (2016). Comorbid substance use disorders and mental health disorder among New Zealand prisoners. *Practice – The New Zealand Corrections Journal*, 4 (1), 15-20.

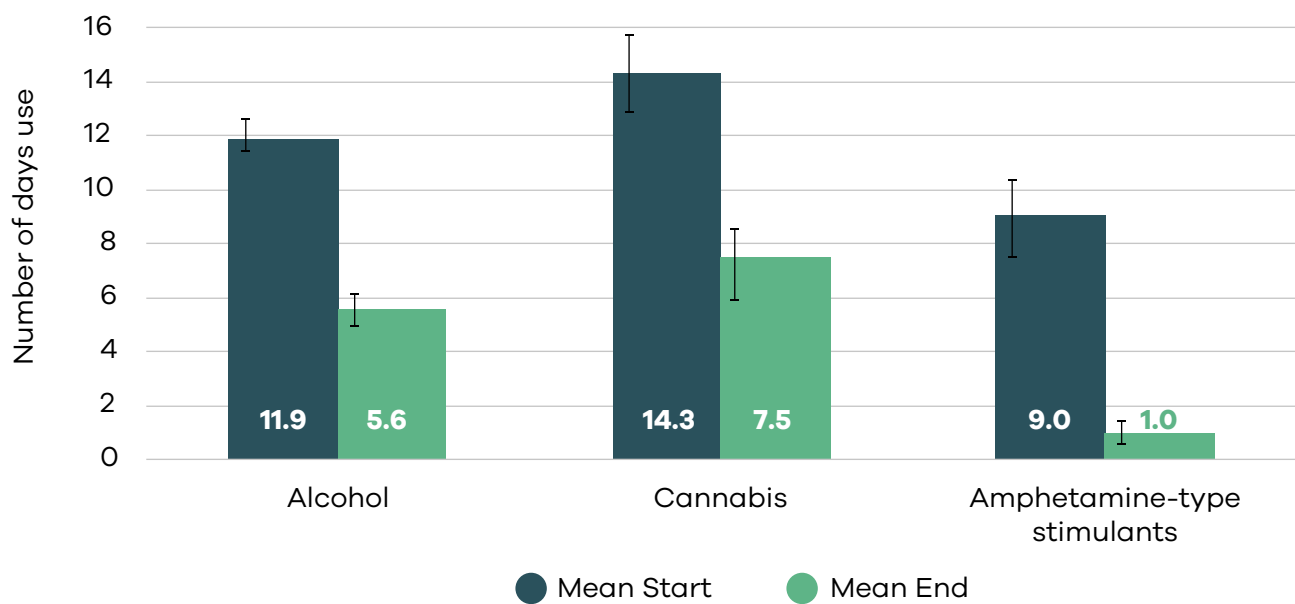
¹⁵ Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga*. Wellington: Government Inquiry into Mental Health and Addiction.

Enhancing people’s lives – the positive impact of AOD services

The following data analysis looks at matched pair data for everyone who had an alcohol and other drug outcome assessment at the start and the end of AOD treatment in an NGO community service in New Zealand during the period July 2021 to June 2024.¹⁶

Figure 3 shows that people engaging in AOD treatment reduce the number of days they use substances by at least half, on average, for alcohol and cannabis and substantially more for amphetamines.¹⁷

Figure 3: Change in average days of substance use in the past 28 days between treatment start and treatment end for AOD NGO community services – matched pairs (July 2021 to June 2024)



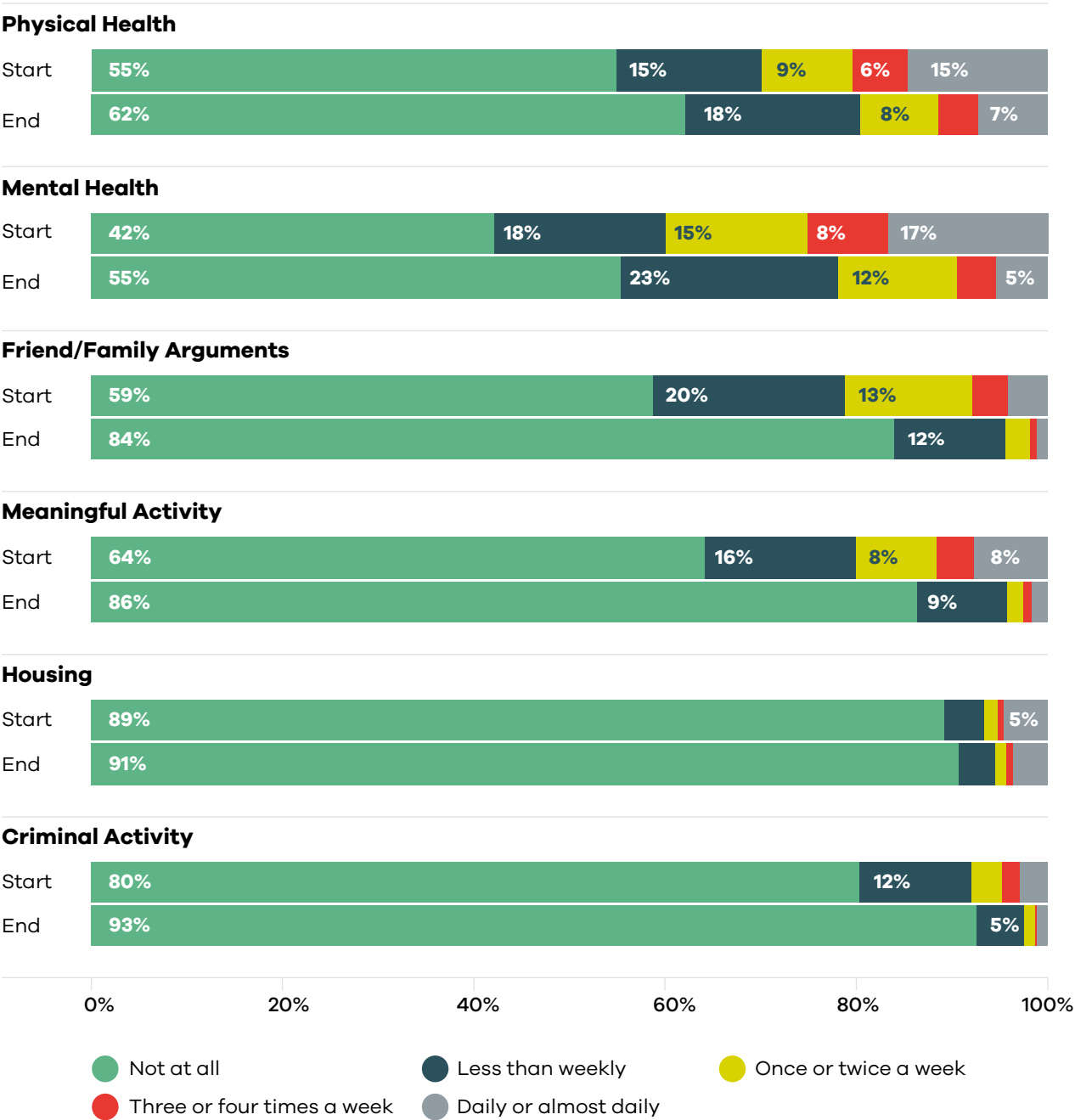
Note: Matched pairs with reported frequency of substance use recorded at treatment start. See ADOM report building rules at www.tepou.co.nz/resources/adom-report-building-rules.

16 See footnote 7.

17 See footnote 7.

Figure 4 shows improvements in all areas of lifestyle and wellbeing. Larger improvements are found in the areas of family/friends, engagement with meaningful activities, mental health and physical health. Challenges with housing show little change.

Figure 4: Changes in lifestyle and wellbeing between treatment start and treatment end for AOD NGO community services – matched pairs (July 2021 to June 2024)¹⁸



Note: Proportions of 5% or less not labelled.

18 Te Whatu Ora | Health New Zealand PRIMHD extract dated 27 November 2024, analysed by Te Pou.

Practice examples

The following practice examples highlight some of the innovative work that is happening in the AOD part of the NGO sector. More detailed information about each of these services can be found in the addendum to this report and on the Platform Trust website.

DISC Trust and Odyssey Northern: A peer-led mobile hepatitis C screening and treatment service in Te Tai Tokerau



DISC Trust and Odyssey Northern collaborate to deliver a peer-led, mobile hepatitis C screening and treatment service in Te Tai Tokerau Northland. The service has been operating since 2022 and has screened over 1,000 individuals, over 85% of whom are Māori.

Service engagement with tangata whai ora is highly effective with only two declining to be screened. Of those with a positive viral load, 50% were treated by the programme, and 50% by other services.

Higher Ground Papa Taumata Drug Rehabilitation Trust

www.higherground.org.nz



Whānau reconnection
© Rebekah Robinson

Higher Ground Papa Taumata is an addiction recovery service that was established in Auckland in 1984. It serves individuals aged

18–65+ and is inclusive of all genders and members of the rainbow community.

The service provides two types of structured live-in addiction recovery programmes. The adult programme is an 18-week therapeutic residential programme designed for individuals aged 18 and older. Te Whare Taonga is a 24-week initiative supporting pregnant wāhine and māmā with pēpi under three years old, emphasising parenting and recovery.

Higher Ground offers life-changing outcomes for tangata whai ora, including reconnection with whānau, reduced state dependency and community reintegration. Its 2012–2018 outcome review¹⁹ highlights significant progress among tangata whai ora, particularly for those who remained in the programme longer and whose primary substance of concern was methamphetamine.

¹⁹ King, J., Stevenson, B., Moss, M., & Garden, E. (2019). *Review of outcomes for clients of Higher Ground 2012–2018*. Auckland: Kinnect Group.

Rātā Koura Ora: The Bridge programme – Salvation Army

bridge.salvationarmy.org.nz



The Bridge programme, operated by The Salvation Army, provides a range of harm minimisation services to

support individuals and families affected by alcohol and drug addiction. The programme is offered in residential and community-based services at 25 centres across New Zealand.

An innovative initiative within The Bridge is Rātā Koura Ora, a Māori-centred peer support model that weaves together mātauranga Māori and the Salvation Army's core values. In 2023/24, the programme assisted 4,512 individuals, provided 40,505 bed nights and achieved a 70% graduation rate for participants who completed their treatment plans.

Speed Freaks: Running towards recovery

speedfreaks.org.nz



Speed Freaks Charitable Trust supports individuals recovering from addiction and mental distress through running

and walking programmes. Operating in Ōtautahi and Tāmaki Makaurau with satellite services in Taranaki and Whangārei, Speed Freaks fosters health, wellbeing and social connection for anyone managing addiction, sobriety or mental health challenges.

Research conducted by Massey University in 2022 highlighted significant benefits of the service, including increased fitness, commitment to recovery and community integration. Feedback indicates that participants gain confidence, maintain sobriety and feel more connected to their communities.



Te Whare Whakapiki Wairua: Alcohol and Other Drug Treatment Court – Odyssey House Trust

www.odyssey.org.nz/our-services/pakeke/te-whare-whakapiki-wairua



Te Whare Whakapiki Wairua, facilitated by Odyssey House Trust, offers an innovative alternative to

incarceration for individuals whose offending has been influenced by unresolved problems with alcohol and other drugs. This service is provided in Auckland and Waitakere and supports individuals who, without intervention, would otherwise serve a prison sentence.

A quantitative outcomes evaluation of the service in 2019 found that graduates had substantially better reoffending outcomes than offenders released from prison who were matched to graduates. Many graduates reported reduced recidivism and sustained recovery, highlighting the programme's success in breaking the cycle of addiction and offending.



Whakaata Tohu Tohu | Mirror Counselling Service – Aroha Ki Te Tamariki Trust

www.mirror.services.org.nz



Established in 1991, Mirror Services is a tamaiti (child), rangatahi (youth) and whānau-centred service delivering

specialised mental health and addiction interventions & support for mokopuna aged 0–25 years who reside in Otago and Southland. Providing a suite of services, including an AOD/CEP Youth Exemplar Service, Counselling Service and an AOD Youth Day Programme, Mirror has developed treatment and support services by demonstrating that they are more effective when they are part of the community.

Last year, kaimahi worked with 1,399 tangata whai ora, 30% of whom identified as Māori. Key presenting concerns across all services included substance related challenges (100% for our AOD services), parent-child relational issues (46.2%), low mood, sadness, and depression (47.42%), with 54.35% of clients presenting with anxiety and fear. Additionally, trauma associated with family separation was observed in 59.75% of presentations. The average length of time in the service is four months.

Outcome tools, including the WHO Quality of Life NZ (WHOQoL) Bref (adapted for adolescents aged 13–24) and the Strengths and Difficulties questionnaire (for children under 13 years) have revealed statistically significant positive outcomes in the health, social, physical and environmental domains.

8. Employing a significant portion of the workforce

NGOs employ a significant portion of the MH&A workforce

The delivery of effective and efficient MH&A services is influenced by several factors including the level of investment, the service mix, the model of care and the capacity and capability of the workforce in each geographical area to respond to people's need for MH&A services, especially in areas with high population growth.

The state of the MH&A workforce is captured in the following tables as a useful barometer for the state of the overall MH&A system.

Overall, the Vote Health-funded MH&A workforce in 2022 was estimated to be 15,534 FTEs with MH&A NGOs claiming a **37.5% share** (5,819.6 FTEs).



37.5%

Table 2: Total MH&A workforce FTEs in 2022²⁰

Provider type	Primary care	NGO	Te Whatu Ora	Grand total
Total workforce (FTEs)	1,021.4	5,819.6	8,693.0	15,534.0
Share (%)	6.6%	37.5%	56.0%	100.0%

Note: Includes Access and Choice programme, child and youth services, and adult NGO and Te Whatu Ora services.

²⁰ Te Pou. (2023). *Mental health and addiction workforce: 2022 primary, community, and secondary healthcare settings*. Auckland: Te Pou.

Changes in the composition of the MH&A NGO workforce over time

The comparison between different occupational groups can help to create a picture of current service delivery and provide a baseline for assessing the change in the size and composition of the MH&A NGO workforce over time.

Table 3 indicates that the adult MH&A workforce has increased over time, with the biggest percentage increase occurring in the field of nursing. It is thought that this increase has happened partly in response to NGOs' desire to increase their clinical capability, particularly with regard to mental health NGO services for people who have challenging life circumstances and require more of a multi-disciplinary approach. In addition, a shortage of addiction practitioners may be leading to more nurses and peer support workers being employed in addiction services.

Table 3: Adult MH&A NGO workforce over time^{21,22,23}

Adult MH&A NGO workforce	2014	2018	2022	Change 2014–2022	Change 2018–2022
Allied health and registered health professionals	556.5	723.8	787.6	42%	9%
Nurses	150.2	173.9	283.5	89%	63%
Support workers	2,064.2	2,652.7	3,104.9	50%	17%
Advisors, managers and administrators	501.7	932.2	989.1	*	6%
Total workforce FTEs	3,272.6	4,482.6	5,165.1	*	15%
Service delivery workforce change	–	–	–	51%	18%

* 2014 data is likely under-reported.

²¹ See footnote 20.

²² Te Pou o te Whakaaro Nui. (2015). *NGO adult mental health and addiction workforce: 2014 survey of Vote Health funded services*. Auckland: Te Pou o te Whakaaro Nui.

²³ Te Pou o te Whakaaro Nui. (2018). *NGO adult mental health and addiction workforce: 2018 survey of secondary care health services*. Auckland: Te Pou o te Whakaaro Nui.

NGO staff turnover

Staff turnover is one indicator among many of how well the MH&A sector is performing. Whilst many parts of the physical health sector are reporting workforce deficits, it is noted that the recruitment rate for adult MH&A NGOs in 2021/22 exceeded the rate of resignations across all staff

professional groupings. This is likely to be an effect of COVID-19 impacting competing sectors such as hospitality and construction. It is not yet known if these high rates have been maintained since 2022 and what impact the current austerity measures will have on MH&A NGOs' ability to recruit and grow their workforce.

Table 4: NGO adult MH&A services – staff turnover for year ended 31 March 2022²⁴

Staff grouping	Resignation rate (%)	Recruitment rate (%)
Allied health and registered health professionals	15.1	22.2
Nurses	7.8	22.4
Support workers	14.0	22.0
Advisors, managers and administrators	12.2	16.1
Total	13.5	21.0



24 Te Pou. (2023). *NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services*. Te Pou.

Practice examples

The following programmes are examples of workforce development activities that are being undertaken by NGOs to help grow and develop the MH&A workforce. More detailed information about each of these services can be found in the addendum to this report and on the Platform Trust website.



Cognitive health approaches for mental wellness – Pathways

www.pathways.co.nz



Pathways serves individuals living with severe mental illness and addiction challenges and recognises the importance

of cognitive health in enabling full and connected lives.

Since 2024, Pathways has integrated innovative cognitive health approaches to enhance support for tangata whai ora facing challenges with attention, memory and executive functioning. These cognitive health approaches are grounded in evidence-based practices. Understanding and complementing these skills are vital for promoting independence and wellbeing.

Kia Mataara: Peer workforce development programme – Pathways and Real

www.pathways.co.nz



The Kia Mataara training programme was developed by Pathways in 2022 to validate and support the experiential

knowledge of its peer workforce. This programme reflects Pathways' commitment to embed lived experience and peer support roles across all of its mental health and addiction services, including its youth-focused Real services.

Kia Mataara has trained over 100 peer workers, eight of whom now hold leadership roles, with others contributing in ao Māori positions and youth work models.

Taupae Wheako: Peer support workforce development – Odyssey House Trust

www.odyssey.org.nz/taupaewheako



Taupae Wheako is a part of Odyssey House Trust that is focused on building the capability of the lived experience

and peer support workforce. Located in Tāmaki Makaurau, the service provides training nationally and offers foundational training (Peer Support 101), workforce development and professional supervision to individuals with lived experience of mental health and addiction challenges.

Work Counts

www.workcounts.co.nz



Work Counts provides support for organisations to develop and deliver Individual Placement

and Support (IPS) programmes within their services. It is one of six IPS employment support centres globally.

In 2024, there were 103.1 FTE employment consultants integrated into 87 mental health, addiction and housing teams across 12 health districts in New Zealand.



9. Conclusion

Investing in both the capacity and the capability of community MH&A NGOs is essential for the development of a strong and resilient MH&A service system. Investing in this sector adds value and creates alternative service options to reach more people with MH&A needs.

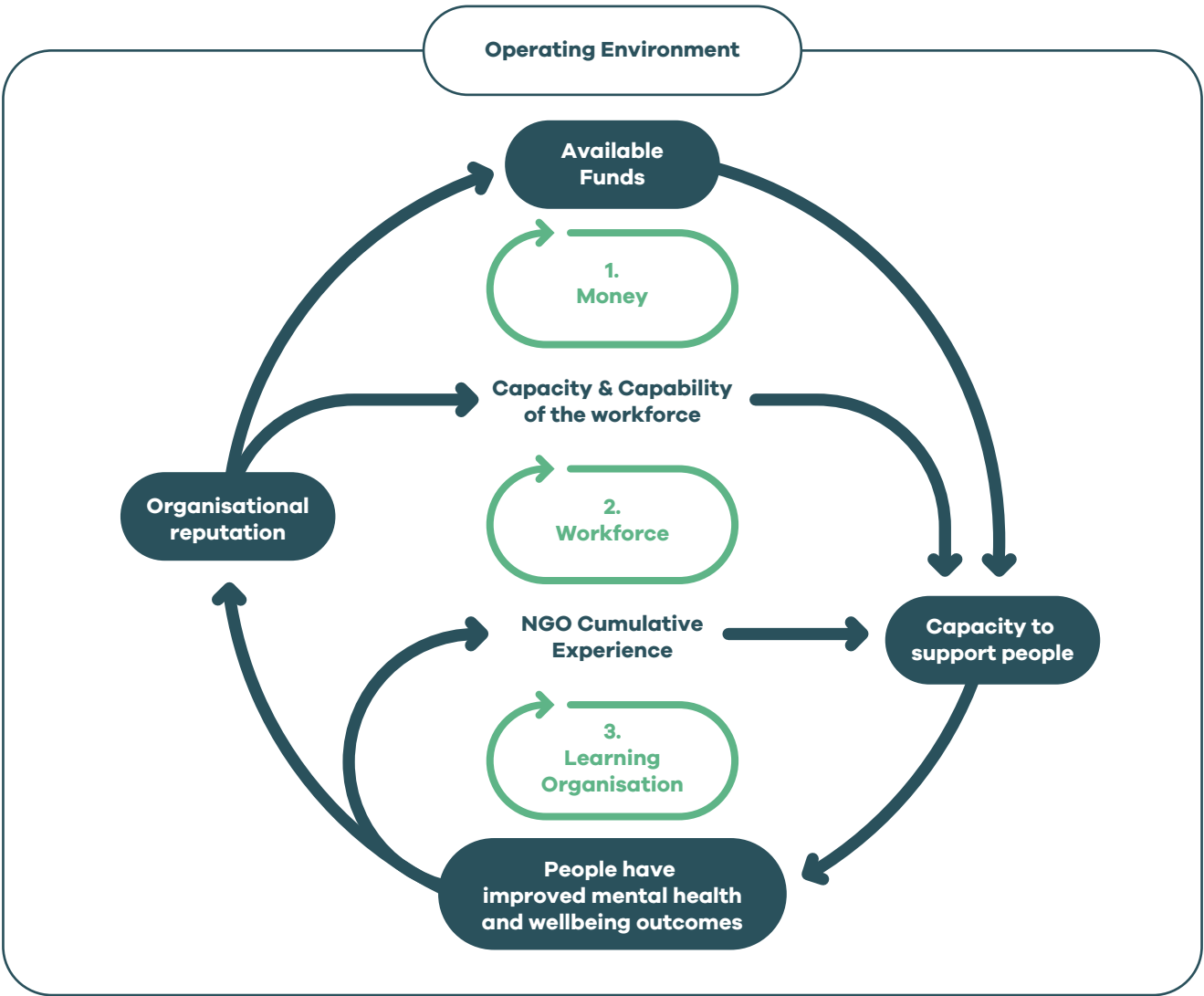
Figure 5 aims to highlight the three core capabilities of an NGO that, when woven together, create a successful organisation.²⁵

The large loop is influenced by several smaller feedback loops, including the amount of available funding (1), the workforce (2) and the organisation's capacity to learn, adapt and respond to people's needs, improve people's mental wellbeing and outcomes and adapt to a rapidly changing operating environment (3). It is noted that the variables in the operating environment significantly influence NGO performance but are almost totally outside NGO control.



²⁵ Adapted from Banerjee, N. (2006). *A note on capabilities that contribute to the success of non-governmental organisations: A case study prepared for the project 'Capacity, Change and Performance'.* Maastricht: European Centre for Development Policy Management.

Figure 5: A positive feedback loop that enhances an NGO’s capacity to improve people’s mental wellbeing



The key capability question for funders and planners is how they can better work with NGOs so that funding and other decisions enable NGOs to deliver the organisational and workforce development changes needed to steer the MH&A system in the desired direction of travel.

Some of the practice examples in this report demonstrate that the provision of more predictable funding to MH&A NGOs combined with the use of high-trust contracts is enabling community organisations to utilise their workforce in new and innovative ways.

As these innovations start to take hold, they are leading to more tangata whai ora being able to access a community MH&A service, as well as an increase in the use of tailored solutions for addressing people’s problems. These changes are resulting in improved mental health and wellbeing outcomes. Information from these types of service innovations help support the ongoing transformation of the wider MH&A system.

Appendix One

A regional perspective

The New Zealand Productivity Commission (2015)²⁶ noted that the demand for health and social services is geographically uneven. The combination of changes to the population, increasing diversity and the growing demand for MH&A services coupled with workforce shortages and systemic inequities is putting pressure on the MH&A system.

The following information has been reproduced here to support MH&A NGOs in each of the four regions to engage in conversations with key stakeholders about utilising NGO capability to help alleviate the current pressure points in the MH&A system and to implement models of care that are more able to meet people's needs in the future.

Please note that any regional comparisons will need to take into consideration the unique characteristics of each area.



²⁶ New Zealand Productivity Commission. (2015). *More effective social services*. Wellington: New Zealand Productivity Commission.

Population demographics

Table 5: Population estimates for each of the four regions (2014–2024)²⁷

Population estimate on:	June 2014	June 2018	June 2022	June 2024
Northern	1,705,500	1,861,060	1,918,750	2,013,950
Children & youth (under 20)	475,210	488,840	490,100	510,190
Adults (20 to 64)	1,022,290	1,136,690	1,161,670	1,211,630
Older people (65+)	208,000	235,530	266,980	292,130
Te Manawa Taki	872,320	954,865	1,020,370	1,063,420
Children & youth (under 20)	246,955	259,700	268,760	277,010
Adults (20 to 64)	486,665	534,620	568,360	588,305
Older people (65+)	138,700	160,545	183,250	198,105
Central	880,225	937,430	975,340	999,055
Children & youth (under 20)	236,435	240,065	238,990	240,720
Adults (20 to 64)	512,095	549,815	572,630	584,205
Older people (65+)	131,695	147,550	163,720	174,130
Te Waipounamu	1,058,285	1,146,845	1,202,535	1,249,380
Children & youth (under 20)	266,335	275,060	277,515	284,475
Adults (20 to 64)	621,785	680,570	708,895	731,725
Older people (65+)	170,165	191,215	216,125	233,180
Grand Total	4,516,330	4,900,200	5,116,995	5,325,805

Note: 2023 updates use Census 2018 as the base year for projections. Projections produced by Stats NZ according to assumptions specified by Te Whatu Ora.

The estimated percentage of each region's population who are Māori, Pacific peoples or Asian peoples is an indicator of population need, given the higher prevalence of many conditions in these populations. Equitable funding would

see higher per capita spending in regions with higher levels of need. For this reason, Table 6 shows the regional populations broken down into age and ethnic-specific groups.

²⁷ Data provided by the Data, Information and Research Team, Te Pou, Auckland.

Table 6: Breakdown of regional populations into age and ethnic-specific groups²⁸

Population June 2024					
Age groups	Maori	Pacific	Asian	Other	Total
Children & youth (under 20)	27%	10%	20%	43%	100%
Northern	21%	17%	30%	32%	100%
Te Manawa Taki	41%	3%	12%	43%	100%
Central	32%	8%	14%	46%	100%
Te Waipounamu	19%	4%	15%	62%	100%
Adults (20 to 64)	16%	7%	21%	56%	100%
Northern	13%	12%	33%	42%	100%
Te Manawa Taki	26%	3%	13%	58%	100%
Central	19%	5%	13%	63%	100%
Te Waipounamu	10%	3%	13%	74%	100%
Older people (65+)	8%	3%	9%	80%	100%
Northern	7%	7%	18%	68%	100%
Te Manawa Taki	12%	1%	4%	82%	100%
Central	8%	3%	7%	82%	100%
Te Waipounamu	4%	1%	4%	91%	100%
Grand Total	17%	7%	19%	57%	100%

²⁸ See footnote 27.

Table 7: Number of people seen by MH&A services in each region in 2023/24²⁹

	Number	%	MH (%)	AOD (%)	MH&A (%)
Northern					
NGO	7,755	12	68	30	3
Shared	10,907	17	–	–	–
Specialist clinical	44,366	70	76	18	6
Te Manawa Taki					
NGO	11,986	29	67	27	6
Shared	8,509	20	–	–	–
Specialist clinical	21,361	51	84	11	4
Central/Te Ikaroa					
NGO	8,646	23	63	32	6
Shared	6,060	16	–	–	–
Specialist clinical	22,395	60	89	7	5
Te Waipounamu					
NGO	11,879	29	68	27	5
Shared	8,109	20	–	–	–
Specialist clinical	20,967	51	86	11	3

Regional funding for MH&A services

Information about the per capita regional expenditure on specialist MH&A services can be found in the appendix to *Oranga Hinengaro: System and Service Framework*.³⁰ Two of the tables are replicated here for comparative purposes, noting that the expenditure figures are for 2019/20 and exclude much of Budget 2019. In addition, the data does not explicitly identify the expenditure on MH&A NGO services.

However, the data does paint a general picture of the funding inequities that existed at that time between different age groups, ethnic groups and MH&A service types across the country.

In addition, the report notes that, when comparisons are made between the 20 former district health boards that were responsible for funding MH&A services up until the formation of Te Whatu Ora and Te Aka Whai Ora in 2022, there was an even greater level of variation than what was apparent at a regional level. Whilst the information has not been updated for 2023/24, it is likely that these inequities continue to exist.

²⁹ Te Whatu Ora | Health New Zealand PRIMHD extract dated 27 November 2024, analysed by Te Pou.

³⁰ Manatū Hauora | Ministry of Health. (2023). *Oranga Hinengaro: System and Service Framework*. Wellington: Ministry of Health.

Community-based mental health services

Table 8 shows per capita regional expenditure on community-based mental health services (including crisis services) in 2019/20, some of which are provided by NGOs.

Table 8: Per capita regional expenditure on community-based mental health and crisis services³¹

Service focus	Central	Te Manawa Taki	Northern	Te Wai Pounamu	National Average	\$ Million (2019/20)
Adult Services (excl. crisis) (20+)						
Māori	\$ 140.80	\$ 125.87	\$ 175.74	\$ 97.13	\$ 141.08	72.2
Pacific	\$ 39.79	\$ 6.87	\$ 70.45	\$ 3.44	\$ 55.60	12.1
Asian	\$ 1.71	\$ 1.90	\$ 3.80	\$ 1.21	\$ 2.99	1.9
Whole population	\$ 107.15	\$ 108.88	\$ 124.36	\$ 128.37	\$ 119.06	452.5
Child & Youth (0–19)						
Māori	\$ 5.31	\$ 90.29	\$ 21.26	\$ 8.86	\$ 38.24	13.0
Pacific	\$ 9.94	\$ 13.39	\$ 3.75	\$ –	\$ 5.03	0.6
Whole population	\$ 103.02	\$ 87.30	\$ 84.42	\$ 140.99	\$ 100.85	129.8
All Ages (Crisis Services)						
Māori	\$ 10.73	\$ 8.66	\$ 1.52	\$ 0.17	\$ 5.59	4.8
Whole population	\$ 13.43	\$ 10.17	\$ 16.51	\$ 5.39	\$ 12.09	61.5
Total						\$ 748.4

Note: This summary excludes acute inpatient services to a value of \$225.8 million per annum.



³¹ See footnote 30.

Community-based alcohol and other drug services

Table 9 shows per capita expenditure on community-based alcohol and other drug services for both adults and child and youth (0–19 years). The per capita expenditure on services with a specific ethnic population focus is separately identified from the whole-of-population addiction services.

Table 9: Per capita regional expenditure on community-based alcohol and other drug services³²

	Central	Te Manawa Taki	Northern	Te Wai Pounamu	Average	\$ Million (2019/20)
Adult (20+)						
Māori	\$ 54.09	\$ 71.73	\$ 85.73	\$ 134.81	\$ 81.44	41.7
Pacific	\$ 16.46	\$ –	\$ –	\$ –	\$ 2.57	0.6
Whole population	\$ 30.24	\$ 26.90	\$ 28.79	\$ 26.72	\$ 28.21	107.2
Child & Youth (0–19)						
Māori	\$ 46.30	\$ 63.09	\$ 16.14	\$ 6.80	\$ 36.33	5.5
Whole population	\$ 31.00	\$ 31.27	\$ 32.25	\$ 40.34	\$ 33.61	19.6
Total						\$ 174.6

Note: This summary excludes inpatient services to a value of \$7.2 million per annum.

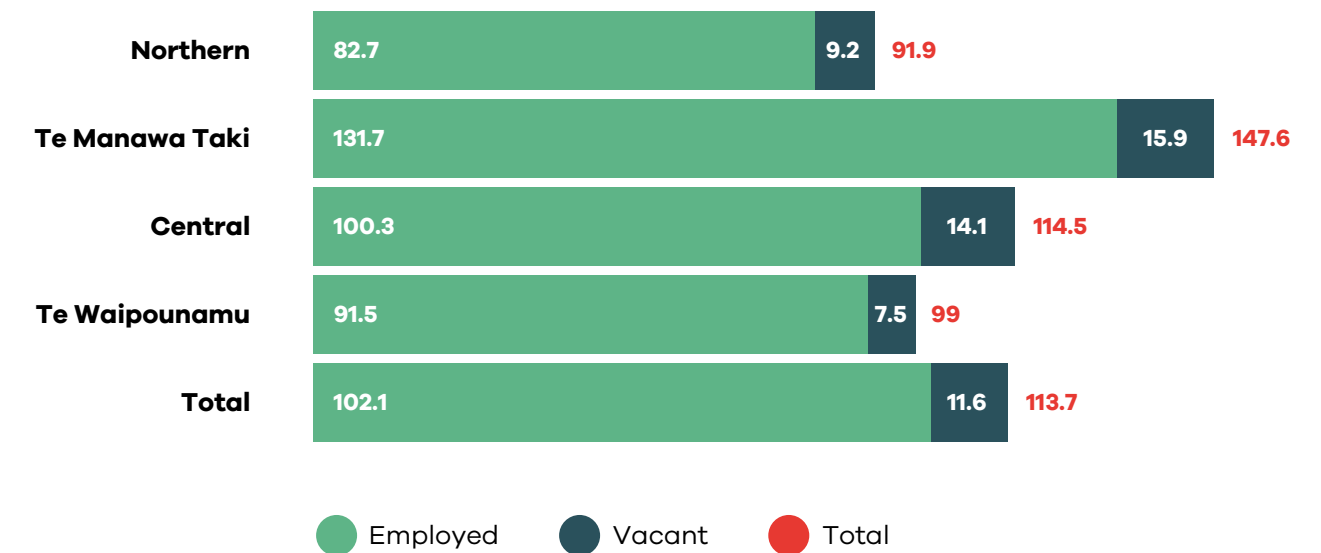


³² See footnote 30.

The size of the MH&A workforce in each region

Note that comparing FTEs per population across different regions is complicated by the way that the population is distributed (such as in large rural areas) and the way that services are organised. For example, some services are shared by different health districts.

Figure 6: NGO FTE positions per 100.000 adults in each region for adult MH&A services³³



Note: The data includes adult and child and youth workforce in NGO community and Te Whatu Ora secondary services but not the Access and Choice workforce. It does not include around 290 FTEs that are allocated to NGO roles covering multiple regions. Te Waipounamu vacancies are likely understated due to missing information from two health districts.



³³ See footnote 20.

