

Digital Mental Health: Where to from here?



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Position statement | Platform Trust

This report identifies key challenges and opportunities in Digital Mental Health as experienced by the mental health and addiction NGO and community sector.

It also recommends options for a national approach to support the effective, safe, and strategic use of Digital Mental Health tools to improve access to services and support and enhance mental health and addiction outcomes in Aotearoa New Zealand.

Executive summary

Digital Mental Health (DMH) is reshaping how mental health and addiction services are delivered and accessed across Aotearoa New Zealand. As demand continues to grow, DMH tools offer a significant opportunity to improve outcomes for all people, including tāngata whaiora and their whānau, by enhancing access, cultural responsiveness and service delivery. However, insights from the NGO and community sector reveal that this potential could be strengthened with increased transparency, strategic alignment, coordination with services, and investment in the right areas.

This position statement assesses a range of options against objectives identified by the NGO and community sector and identifies several key actions the Government can take to improve outcomes. These include a National DMH Strategy, Quality and Safety Standards, an Accreditation Framework, and a Navigation Tool. While these could be progressed concurrently, an ideal process would involve a phased approach that begins with a **National DMH Strategy** to establish a shared understanding of national priorities

and clarify the value and appropriate use of digital tools. A strategy could also:

- **Set out a shared approach** defining goals and enablers that would work together to ensure a safe, effective, and accessible DMH ecosystem. These could include (1) national standards, (2) an accreditation framework and (3) a DMH navigation tool.
- **Embed partnership with Māori, Pacific, Lived Experience, and community providers** to ensure tools reflect diverse models of wellbeing, including Kaupapa Māori approaches.
- **Set the direction for long-term investment**, identifying priority areas for support (e.g., workforce development, blended care models, and removing systemic barriers to change).

With the right leadership and collaboration, DMH can play a transformative role in strengthening mental health and addiction services, increasing access to support, and improving outcomes for tāngata whaiora across Aotearoa New Zealand.

Background

The rapid and exponential evolution of digital technologies is reshaping the mental health and addiction (MH&A) sector, both in terms of how services are being delivered across New Zealand, and how tāngata whaiora (people seeking MH&A support) and whānau access support.

The MH&A system is facing sustained and intensifying pressure, driven by workforce shortages, rising demand, and growing complexity of need. In this context, DMH has emerged as an increasingly compelling solution to address and mitigate some of these challenges. Tāngata whaiora are already engaging with digital tools through informal and self-directed channels at significant scale. MH&A service providers, particularly in the NGO and community sector, are also adopting digital tools to enhance their delivery, with evidence showing improvements in access and outcomes for those seeking support.¹

Despite the growing importance of DMH, New Zealand is unique among OECD countries in that it does not have a cohesive, nationally driven approach to understanding and

managing these different tools and how they integrate into the existing MH&A system. This position statement identifies some of the key challenges and opportunities relating to DMH experienced by the NGO and community sector and recommends a clear path forward for the Ministry of Health and Te Whatu ora to minimise risk and harness the full potential of digital innovations. In the course of preparing this position statement, the Digital Health Association has also been developing advice on a digital mental health Roadmap at the request of the Minister for Mental Health. We have met with them and shared the substance of this position statement and the range of options we have identified. Their recommendation to develop a digital navigation tool and establish standards and accreditation pathways to ensure a safe and effective digital ecosystem aligns with the options in this paper.



What is Digital Mental Health?

Digital Mental Health (DMH) refers to the use of digital tools such as mobile apps, websites, telehealth platforms, and AI-driven technology to enhance and increase access to wellbeing and MH&A care.² It includes tools such as website, mobile apps, and telehealth platforms that focus on prevention, assessment, recovery, and self-help as well as administrative and analytical functions to improve access and outcomes in MH&A support.

¹ See (McHugh C, Hu N, Georgiou G, et al. 2024).

² MH&A (mental health and addiction) care includes gambling harm reduction and recovery.

Challenges, opportunities and objectives



In April and May 2025 Platform interviewed leaders and experts from across the MH&A sector³ to better understand the current challenges and opportunities in the DMH space in Aotearoa.

This included gathering perspectives from tāngata whaiora and people with lived experience,⁴ as well as local and international evidence on emerging trends and innovations in DMH. Overall, the sector is optimistic about the potential of DMH tools and interventions to streamline and enhance service delivery. However, this optimism is tempered by a clear recognition that the current digital ecosystem is fragmented, under-resourced in key areas and lacks strategic coordination. Our inquiry highlighted several factors limiting the effectiveness of DMH to bridge gaps in the system, as well as opportunities to better integrate DMH into the existing system and unlock their full potential to improve service delivery and outcomes for tāngata whaiora. The key challenges and opportunities that we identified are outlined in this section.

3 Predominantly the MH&A NGO and Community sector however some perspectives from the primary healthcare sector were included.

4 These perspectives were informed by discussions with tāngata whaiora led by *Changing Minds*.

1.

Effective adoption of DMH tools is limited by a lack of strategic alignment

Differing views on what DMH should achieve and how it can support service delivery is limiting the adoption of DMH tools. This is compounded by widespread misconceptions, inconsistent use of key terms, and a general mistrust of digital solutions, particularly when ethical concerns like privacy, equity, data sovereignty and accountability remain unresolved.

Efforts to advance DMH are often fragmented. Developers, clinicians, researchers, and policymakers tend to operate in silos, with limited collaboration or shared language. Tools are frequently created without clinical and lived experience input, making them difficult to integrate into existing service and user environments. Without a common framework or defined priorities, it becomes challenging to align innovation with real-world needs and risks duplication, inefficiency, and exacerbating inequity.

Objectives

- 1.1 A shared understanding of what our objectives and priorities are as a sector, including the value of DMH tools and how they can be adopted to enhance services.
- 1.2 A shared understanding of key terms and concepts relating to DMH.

2.

Inconsistent evaluation and visibility limits engagement with effective tools

The rapid growth and variety of DMH tools has made it increasingly difficult to distinguish between established, clinically accepted tools, such as telehealth and CBT tools (e.g., Just a Thought, oVRcome, Whakarongorau),⁵ and emerging or unregulated tools such as AI chatbots and commercial wellbeing apps.

Tāngata whaiora, clinicians and service providers are already engaging with digital tools through informal and self-directed channels, and there has been a recent surge in the use of AI chatbots for therapy.⁶ While there is growing research demonstrating the potential value of these new kinds of digital tools,⁷ evaluation of the potential benefits and risks that specific tools carry is inconsistent and often opaque, with little consensus on what should be measured or how.⁸ This makes it difficult for individuals and practitioners to reliably assess which tools are effective, safe, affordable, and relevant to their needs, and for funders and providers to identify gaps or invest in tools with proven impact.

Objectives

- 2.1 Increased standardisation of measurements of DMH tools, which includes information on privacy, fairness, and transparency.
- 2.2 Greater coordination between developers, services researchers and users when developing DMH tools.

5 **Just a Thought** (www.justathought.co.nz) offers free online cognitive behavioural therapy courses to help people manage mental health challenges like anxiety, depression and insomnia. **oVRcome** (www.ovrcome.io) is a mobile app that uses Virtual Reality Exposure Therapy to help individuals overcome phobias and anxiety. **Whakarongorau** (whakarongorau.nz) is New Zealand's primary telehealth service.

6 See (Tidy, Joe. 2024).

7 There have been studies showing the potential of AI chatbots to reduce anxiety (Spytska, L. 2025), Depression (Heinz, M.D. et al. 2025) and increase access to in-person services (Habicht, J. et al. 2024).

8 See (Wang L, et al. 2025) and (Bond, R.R. et al. 2013).

3.

The potential of DMH tools to increase access could be strengthened through greater interoperability and inclusivity

DMH tools already play an important role in reducing barriers to access, such as long wait times and limited access to culturally appropriate services and services that meet the diverse needs of tāngata whaiora.⁹ However, the sector sees a clear opportunity to strengthen this impact by improving system integration and prioritising inclusivity.

We heard from the sector that greater coordination and interoperability between DMH tools and traditional services would reduce inefficiencies and increase accessibility.

Seamless integration, including built-in pathways between digital tools and traditional services, would help strengthen support networks and make it easier for tāngata whaiora to navigate care. Pathways should also reflect changing needs both individually and at a population level. Research consistently shows that DMH tools work best when used to complement and enhance existing service delivery.¹⁰

Another key theme we heard was that there could be clearer pathways to appropriate and relevant tools. Although thousands of DMH tools are available, both practitioners and tāngata whaiora often struggle to find ones that meet their specific needs. Clearer pathways would also enable tāngata whaiora to identify different options and make informed choices, giving them more autonomy as they navigate the system. It is also important for funders and service providers, as it would enable them to plan and invest more strategically around effective digital solutions.

Many DMH tools also often lack cultural resonance or fail to reflect the specific needs of diverse groups such as Māori, Pacific peoples, and disabled communities. Barriers such as low digital-literacy, infrastructure gaps, or cost also limit access, especially for those already underserved by the system. Co-design ensures tools work for different groups, such as lived experience, and facilitate equitable outcomes. For example, when co-designed with Māori, digital tools can integrate tikanga Māori, te Reo, karakia, pūrākau, and whānau-centred models, while ensuring good use of data sovereignty via principles such as Te Mana Raraunga.^{11,12}

Research shows that usage of digital tools tends to concentrate around a few popular commercial apps, which are often not accessible or evidence-based.¹³ Introducing standardised metrics would enable funders and providers to invest in tools that are evidence-based and capable of competing with large-scale commercial platforms. It could also influence how tools are developed, encouraging greater emphasis on aspects such as co-design and equity.

Objectives

- 3.1 Improved coordination and interoperability in the system connecting different tools and services including in-person services, online services, and DMH tools and interventions.
- 3.2 More accessible information about what tools are available and where to find them.
- 3.3 Increased availability and access to tools which target specific needs of diverse groups.

9 See (Fleming, T., Ball, J., Peiris-John, R., & Clark, T. C. 2024).

10 See (Smith KA, et al. 2023) and (Garrido, S., et al. 2019).

11 Examples of this include **Aroha** – a Facebook messenger chatbot that combines CBT and positive psychology with te Ao Māori, and **Whitu | 7 Ways in 7 Days** – mobile app guiding users through modules teaching wellbeing skills.

12 Te Mana Raraunga. (n.d.). *Te Mana Raraunga: Māori Data Sovereignty Network*. Retrieved August 5, 2025, from www.temanararaunga.maori.nz

13 See (Balcombe L, De Leo D. 2021).

Options

National DMH Strategy

One of the key actions that came out of *Kia Manawanui Aotearoa* (New Zealand's long-term pathway to mental wellbeing 2021-2031)¹⁴ was the development of a digital MH&A service strategy. If implemented, this would be a high-impact, low-cost way to ensure there is a coordinated national voice on the role and value of DMH solutions, and lay the groundwork for sustained investment, innovation and system-wide planning. National DMH Strategies have been successfully adopted by many OECD countries including, Australia, Canada, and the UK.¹⁵ In a New Zealand context, A National DMH Strategy could:

- **Define** a long-term vision, shared objectives and desired outcomes for digital mental health, identifying current challenges and opportunities, and clarifying how tools can best be used to improve MH&A outcomes.
- **Establish** guiding principles and values, such as equity, safety, co-design, and person-centred approaches, to direct future initiatives and investments.
- **Identify** national priorities and focus areas where initiatives can deliver the greatest impact, such as service integration, navigation, workforce capability, and evidence-based innovation.
- **Set out** system enablers and conditions for success, including interoperability, safety and quality assurance mechanisms, governance and partnership models, and monitoring and evaluation.

Investment pathway

A National DMH Strategy should be accompanied by an action plan and an investment pathway which would set out a long-term plan for investment to ensure the objectives in the strategy are met. This is essential to ensure that initiatives are effective, and the sector is fully supported to integrate digital solutions into models of care.¹⁶ This could include targeted investment into workforce capability development, removing internal barriers to change such as outdated systems, supporting Māori and Pacific-led innovation, and implementing blended care models that integrate digital supports alongside traditional services. Co-design with the sector would ensure that investment is targeting existing gaps and scaling what already works.

Safety and Quality DMH Standards

The establishment of Safety and Quality DMH Standards would help to ensure that DMH tools are safe and effective by defining the minimum expectations for quality, privacy, cultural safety, accessibility, and clinical relevance that all DMH tools should meet.

National standards would provide a clear, shared benchmark for developers, clinicians, funders, and service users when developing and adopting DMH tools and would support a more unified understanding of what "good" looks like in DMH. They could also lay the groundwork for future regulatory or accreditation processes by establishing the criteria against which tools can be assessed.

¹⁴ See (*Ministry of Health, 2021*).

¹⁵ **Australia:** [National Digital Mental Health Framework](#) (*Department of Health, 2021*), **UK:** [Maximising the potential of digital in mental health](#) (*Mental Health Network, 2023*), **Canada:** [An E-Mental Health Strategy for Canada](#) (*Mental Health Commission of Canada, 2024*).

¹⁶ See (*LaMonica HM, et al. 2022*).

Australia's National Safety and Quality Digital Mental Health (NSQDMH) Standards offer a strong example of this approach.¹⁷ These standards provide a quality assurance mechanism that covers clinical governance, consumer partnership, and models of care. A similar framework in New Zealand would support safe, person-centred innovation and provide clarity for all stakeholders.

DMH Accreditation Framework

Building on the foundation of national standards, a DMH Accreditation Framework would provide a formal mechanism to assess and certify DMH tools against agreed criteria. Accreditation would give tāngata whaiora, whānau, clinicians, and funders confidence that the tools they use or recommend are safe, effective, and culturally appropriate.

An accreditation framework would operationalise the standards through a transparent process for evaluating and promoting tools, supporting developers by providing clear expectations and pathways to recognition, and helping services and funders make informed decisions about which tools to adopt or invest in. This could help increase the adoption of DMH tools by building trust across the sector and challenging the scepticism that currently limits uptake.

An accreditation framework could build on previous efforts such as the DMH & Addiction Tool (DMHAT),¹⁸ or the Digital Health Accreditation Pathway (DHAP),¹⁹ which lacked sustained funding to remain operational.²⁰

Healthify, who helped develop the tools, have estimated that the DHAP would take 3–4 months to be stood up and that effective implementation would require workforce training, clarity around funding models, and commercial incentives for developers.

DMH Navigation Tool

A DMH Navigation Tool would provide a centralised, user-friendly platform to help clinicians, tāngata whaiora, providers and funders find and compare trusted DMH tools. Serving as a practical guide for the entire system, it would direct users to tools that are safe, evidence-based, culturally appropriate, and relevant to different needs and contexts.

Beyond individual use, a navigation tool would address a system-wide need for accessible, reliable, and consistent information. For clinicians and service providers, this tool could support service integration by helping identify tools that align with care models and refer patients with confidence. For funders and policymakers, it could offer visibility into gaps, uptake trends, and opportunities for investment.

International models such as the UK's *Mental Health Digital Playbook*²¹ and Germany's *DiGA Directory*²² demonstrate how navigation tools can improve access, trust, and uptake of digital solutions across diverse health systems.

17 See (Australian Commission on Safety and Quality in Health Care, 2020).

18 See (Te Whatu Ora, n.d.).

19 See (Healthify, n.d.).

20 The Digital health Accreditation Pathway was built based on international evidence and in collaboration with ORCHA (Organisation for Review of Care and Health Apps), a UK based company that uses clinically and academically validated framework to assess apps based on value, risk and functionality.

21 NHS England (n.d.) *Mental Health Digital Playbook*.

22 Federal Institute for Drugs and Medical Devices (n.d) *Digital Health Applications (DiGA)*.

Recommendations

Recommendations for the Ministry of Health and Te Whatu Ora

Based on the objectives and options identified in this report, we recommend that the Ministry of Health and Te Whatu Ora prioritise the development of a **National DMH Strategy** as the most impactful step to improve how DMH is used in the mental health and addiction (MH&A) sector. A strategy would provide a coherent, long-term vision for the role of digital tools in enhancing MH&A services and serve as a foundation for further initiatives.

Ideally, this strategy would precede and guide a phased implementation of supporting initiatives, including:

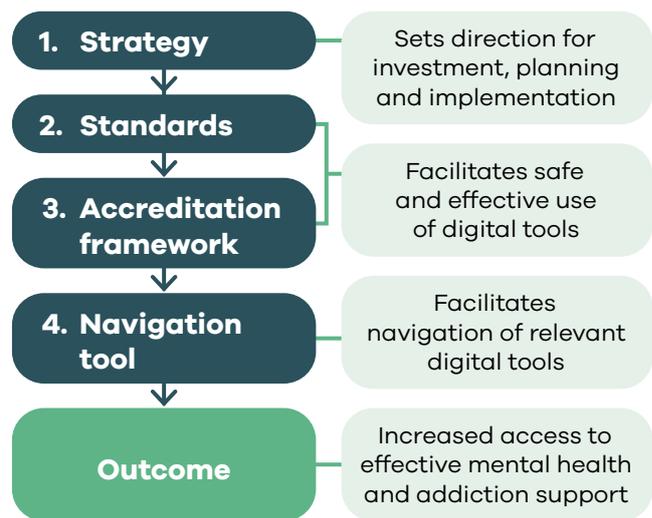
- National safety and quality standards,
- A DMH accreditation framework, and
- A DMH navigation tool.

Together, these components would form a network of safeguards and enablers to ensure a safe, effective, and future-proofed DMH ecosystem that supports innovation while safeguarding effectiveness, safety, and equity.

However, recognising the urgency of these initiatives, we recommend that some components could be progressed concurrently with the strategy. These initiatives are relatively low-cost, have existing foundations, and could be operationalised quickly to deliver early impact while the strategy is being developed.

For effective implementation of these initiatives, there needs to be a framework for sustained investment. Investment should focus on ensuring initiatives are fit-for-purpose and future-proofed, and that the sector is sufficiently supported to continue effectively integrating DMH into their models of care.

Phased approach to Digital Mental Health



Any effective and enduring approach should also prioritise continuity. We recommend decision makers consider the objectives outlined in *Kia Manawanui Aotearoa*²³ and where possible build on existing frameworks and initiatives such as are mentioned in this report.

Recommendations for the MH&A NGO and community sector

NGOs and community organisations will need to do the heavy lifting and take proactive steps to strengthen their internal capacity. This includes focusing building workforce capability, removing internal barriers to change such as outdated systems or low digital literacy and implementing blended care models that integrate digital supports alongside traditional services. These changes will only be feasible with targeted and sustained support from funders. With the right support, the sector can play a pivotal role in shaping a digital mental health system that is inclusive, effective, and future-ready.

²³ See (Ministry of Health, 2021).

Who are we?



Atamira | Platform Trust (Platform) is a peak body organisation representing the mental health and addiction (MH&A) non-governmental organisation (NGO) and community sector.

We represent 94 MH&A NGOs and community organisations that provide support to tāngata whaiora (people seeking wellness) including Māori and Pasifika providers, and whānau and peer-led services.

In addition to our members, Platform represents a wider network of MH&A NGOs who share the same aspiration of an MH&A system and sector that is driven by the need for better and more equitable outcomes for all. Collectively across 2020/21, MH&A NGO and community providers have supported over 80,000 tāngata whaiora,²⁴ approximately 42% of all people accessing specialist support for their mental health or addiction needs in Aotearoa. There is an estimated workforce consisting of 5,166 staff fulltime equivalents working in specialist MH&A NGO and community services in a range of occupational groups.

²⁴ Data from Programme for the Integration of Mental Health Data (PRIMHD) data set, sourced 27/03/22.

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