

# Data caveats for the mental health and addiction targets results: quarter 1, 2025/26

[Mental health and addiction targets performance resources – 2025/26](#)

## General caveats

All historic results from Q1 2024/25 onwards (when the targets came into effect) in the Q1 2025/26 health and mental health and addictions target products (i.e. downloadable files) reflect the first published result. For data caveats applying to previously published results, please see the relevant quarter's published results.

[Quarterly published results - Mental health and addiction target resources](#)

Results are based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources. Some underlying historic numerator and denominator data in the health and mental health and addictions targets interactive dashboards have minor variances. This is due to different extraction dates for the data used to prepare previously published fact sheets and previously published dashboard content (outlined within the individual target caveats, below). These variances did not affect the overarching measure result. Health NZ has been continuously improving its reporting practices and since Q4 2024/25 data for published fact sheets and dashboards has been extracted on the same day to ensure consistency.

Where a rural and urban breakdown in results is reported, data is classified using the Geographical Classification of Health (GCH) rural–urban geographic classification. Health NZ is using the 2018 GCH population proportions for each group, mapped to the 2023/24/25 populations.

According to the GCH, Hutt Valley is classified as fully urban, and West Coast is classified as fully rural. Therefore, urban and rural results for these districts are blank for some metrics. Where rural results are reported for Hutt Valley or urban for West Coast, this is due to patients from other districts (for example, rural domicile patients from Wairarapa receiving care in the Hutt Valley).

Region, district, ethnicity, and rurality classifications may be unknown for a small number of events within each measure. If this data is unavailable, those events will be excluded from the relevant disaggregation. These cases represent only a very small proportion of the total, and the reported breakdowns are representative of performance. All events, including those with missing classifications, are included in the aggregate results.

For data definitions and sources, please see Health NZ's Accountability Performance Measure Specifications document.

[Accountability Performance Measure Specifications](#)

## Faster access to specialist mental health and addiction services

Data was extracted on 30 October 2025.

## Faster access to primary mental health and addiction services

Data was extracted on 30 October 2025.

The Access & Choice (A&C) includes four workstreams: Integrated Primary Mental Health and Addictions (IPMHA) Services; Youth; Pacific; and Kaupapa Māori services.

Up to and including quarter 4 2024/25 the measure only included IPMHA data. Referral dates were mandated for IPMHA providers in October 2024, meaning prior to this, wait times were not measured or reported using the same definitions and are not comparable. Youth A&C data has been included in this measure from quarter one 2025/26 which means that comparison with historical published results (which did not include this data) is not a like for like comparison. IPMHA and Youth providers deliver approximately 80 percent of Access and Choice activity. There is a staged plan to transition the other A&C providers' data to event level, from 2025/26 through to 2026/27, at which point they will be included in reporting on this measure.

Tairāwhiti A&C Services are delivered across workstreams to meet the needs of geographically diverse and isolated communities. Services are delivered in a collaborative and integrated model, which enables greater flexibility to deliver services in a range of settings and to engage as many whānau as possible. Summary level data is captured and reported, but does not align exactly with other A&C data, so Tairāwhiti performance is not currently included in reporting.

## Shorter mental health and addiction-related related stays in emergency departments

Data was extracted on 11 November 2025.

Four level 2 ED facilities (Clutha Health First, Gore Health Limited, Maniototo and Wanaka after hours) are excluded from the result calculation.

## Increased mental health and addiction workforce development

The definition 'Train 500 mental health and addiction professionals each year' includes clinical psychology interns, new entry to specialist practice nurses, occupational therapists, social workers and stage one psychiatry registrars.

This quarter is a partial result as it represents only the first semester intake for the 2025 academic year, and some professions also have a second semester intake.

The full 2025 academic year result will be available in quarter two 2025/26.

## **Strengthened focus on prevention and early intervention**

Prevention includes mental wellbeing promotion and suicide prevention. Early intervention includes both services that intervene early during distress (such as primary MH&A) and services that intervene early in the life course (such as maternal, infant, child and youth specialist services). This measure is reported annually in quarter two.