

# THE STOCKTAKE

## 2016 MĀORI SUMMARY

New Zealand's youthful and growing Māori child and youth population experience greater socioeconomic deprivation, higher disengagement and greater mental health needs than the general population indicating increasing demand for services.

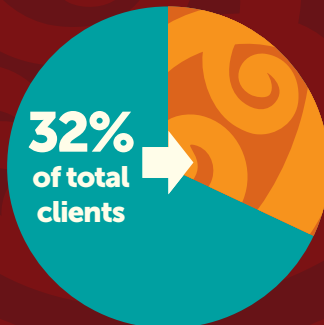
**12% GROWTH**  
Projected for 2026

### What we know



- Significant improvements in emotional related symptoms at service discharge
- Early intervention & access to services are essential
- More likely to report barriers to healthcare access

### What we found



- Make up 32% of total clients
- 15% increase in access (2013-2015)
- Majority (67%) access DHB services
- Access rate 3.66% below the 6% recommended rate. Highest access rate of 4 ethnic groups

### What we need to do



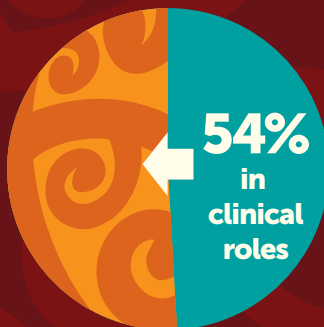
- Intervene early (Primary Mental Health) & provide services in communities
- Reduce barriers to mental health services
- Develop services youth want to attend, especially 10-14yrs

CLIENT ACCESS

ICAMH/AOD WORKFORCE



- Difficulties accessing specialist training
- Limited funding for professional development & recruitment
- Few Māori professionals for recruitment
- Workforce dealing with increased service demand & complex cases



- Workforce negatively disproportional to clients
- Make up 18% of the workforce
- Over half (54%) in clinical roles
- 1% overall decrease but 5% increase in DHB services in clinical roles



- Increase workforce clinical and cultural competencies
- Actively recruit and retain the Māori workforce
- Improve access to specialist training
- Work innovatively and collaboratively

For the full Stocktake report, visit  
[www.werryworkforce.org](http://www.werryworkforce.org)