



Whakarongorau
Aotearoa//
New Zealand
Telehealth
Services//

Virtual Care in Aotearoa

Evidence from services reaching over 700,000 people

FY25 (1 July 2024 - 30 June 2025)



**In FY25
we supported
more than 700,000 people.**
Around 13% of the population of Aotearoa.

**People connected with our services
more than 1.1 million times,**
demonstrating national-scale demand across
health, mental health, emergency triage, screening
and social wellbeing services.

Executive summary

In FY25, health, mental health, screening and wellbeing support delivered through Whakarongorau channels reached over 700,000 people across Aotearoa; approximately 13% of the country's population. These services processed 812,052 handled contacts and 2,624,859 total interactions.

Four key findings emerge from the FY25 data:

1. Demand is fundamentally changing.

Healthline managed 349,272 contacts in FY25, but digital channels now account for 10% of interactions – more than double FY24. Mental health SMS contacts (67,931) have become the largest single digital channel, indicating a structural shift in how people seek help.

2. Complexity and acuity continue to rise.

The data shows 14,292 high-risk mental health contacts (11% of core mental health and addiction service contacts), with risk contacts showing a tenfold increase since 2019. Frequent callers (people contacting services more than 20 times per month) now generate over 11,000 contacts quarterly, a 50% increase over five years. The percentage of calls triaged requiring 24hr response has lifted from 23% in 2023 to 32% in 2025 across the crisis triage lines. This pattern is visible across all services and signals unmet need in coordinated, ongoing support for people with complex needs.

3. Emergency services integration demonstrates both capability and unmet need.

Earlier Mental Health Response (10,184 contacts from Police and ambulance) successfully redirected 87% of cases away from emergency escalation despite managing the highest proportion of acute calls in service history (14% requiring emergency response). Emergency Triage works in partnership with Hato Hone St John and Wellington Free Ambulance, providing secondary triage for 111 calls – with 47% of patients not requiring ambulance services after clinical assessment. This demonstrates clinical capability to handle rising complexity while highlighting concerning growth in mental health crises presenting to frontline services.

4. National infrastructure supports multiple system functions.

Whakarongorau coordinates large-scale preventive care (220,191 bowel screening follow-ups, 586,320 cervical results processed) and provides after-hours clinical coverage (142,578 Mental Health Crisis Line contacts across 13 districts, 44,940 GP out-of-hours calls for 526 practices), demonstrating how virtual care infrastructure operates across prevention, primary, and acute care.



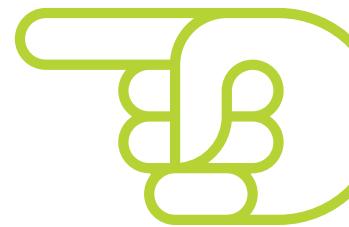
This publication presents evidence from FY25 contact data, set against the shifting demographic landscape in Aotearoa. It informs sector understanding of how virtual care is being used, who is using it, and what patterns reveal about wider system pressure and opportunity.



The context: our shifting landscape

Virtual care does not operate in isolation. The patterns visible in FY25 contact data reflect broader demographic, social and system changes across Aotearoa. Understanding these shifts is essential for interpreting what the data shows about demand, access and need.

Demographic transformation



Aotearoa is experiencing four major demographic shifts that directly impact health service delivery:

1. Aging population.

By 2045, 23.3% of the population will be aged 65 and over – higher than the upper-middle-income country average of 21.2%. Many more people aged 65+ will remain in the paid workforce, changing traditional dependency ratios. Emergency Triage data shows over 50% of contacts come from people over 65 years, with the 75-84 age group comprising 22% of contacts.

2. Ongoing urbanisation.

By 2043, more than three-quarters of New Zealanders will live in urban areas. Auckland City alone accounts for 49.3% of New Zealand's population growth over two decades, concentrating demand in specific regions while rural areas face declining populations and reduced local service capacity.

3. Increasing ethnic diversity.

The Asian population will grow to 24% by 2043 (from 17.3% in 2023), while Pacific peoples will comprise 11.5% of the population. Māori will reach 19% nationally but 40% in the Northland region. FY25 data shows Māori are accessing services at rates that align with or exceed population proportions in Healthline (20-21% of contacts), mental health (20-21% of contacts), and Emergency Triage (16% of contacts), while Pacific peoples remain slightly underrepresented (6.7-7% of contacts versus 8.9% nationally).

4. Regional decline.

Between 2023 and 2043, the Gisborne region is projected to lose 16.8% of its population, Southland 10.8%, and West Coast 10.5%. These regions will experience concentrated aging populations with reduced local workforce capacity to deliver services. Virtual care infrastructure becomes increasingly critical in maintaining equitable access.

Digital access and exclusion

While digital channels are growing rapidly, equity of access remains a critical consideration:

- **96.2% of New Zealanders have internet access**, but 199,000 people (3.8%) remain offline. This group is disproportionately older, rural, and lower-income – populations already experiencing health inequities. Voice channels remain essential for these communities.
- **93.5% of the population uses smartphones**, with 5.46 million social media users and an average of 6 hours 39 minutes daily online. This high digital engagement makes text-based channels like SMS and chat accessible and familiar options for people seeking support.
- **Digital access does not guarantee digital health literacy.** Cultural preferences, disability access needs, and complexity of health issues all influence channel choice and effectiveness. For Whakarongorau, FY25 shows successful multi-channel delivery: 67,931 mental health SMS contacts alongside 89,973 voice calls demonstrates that people choose channels appropriate to their needs and circumstances.



→ The demographic transformation of Aotearoa – aging population, superdiversity, regional decline – creates the context in which these patterns emerge. Virtual care must evolve to meet changing population needs while maintaining equity of access across diverse communities.



What the data shows: system impact and insights

This section presents evidence from Whakarongorau Aotearoa services in FY25, with insights into what the patterns mean for the wider health system.

National reach and scale

- **700,000+** people reached across all Whakarongorau services (approximately 13% of the population of Aotearoa)
- **812,052** total handled contacts
- **2,624,859** total inbound and outbound interactions
- **7,191** average daily interactions.

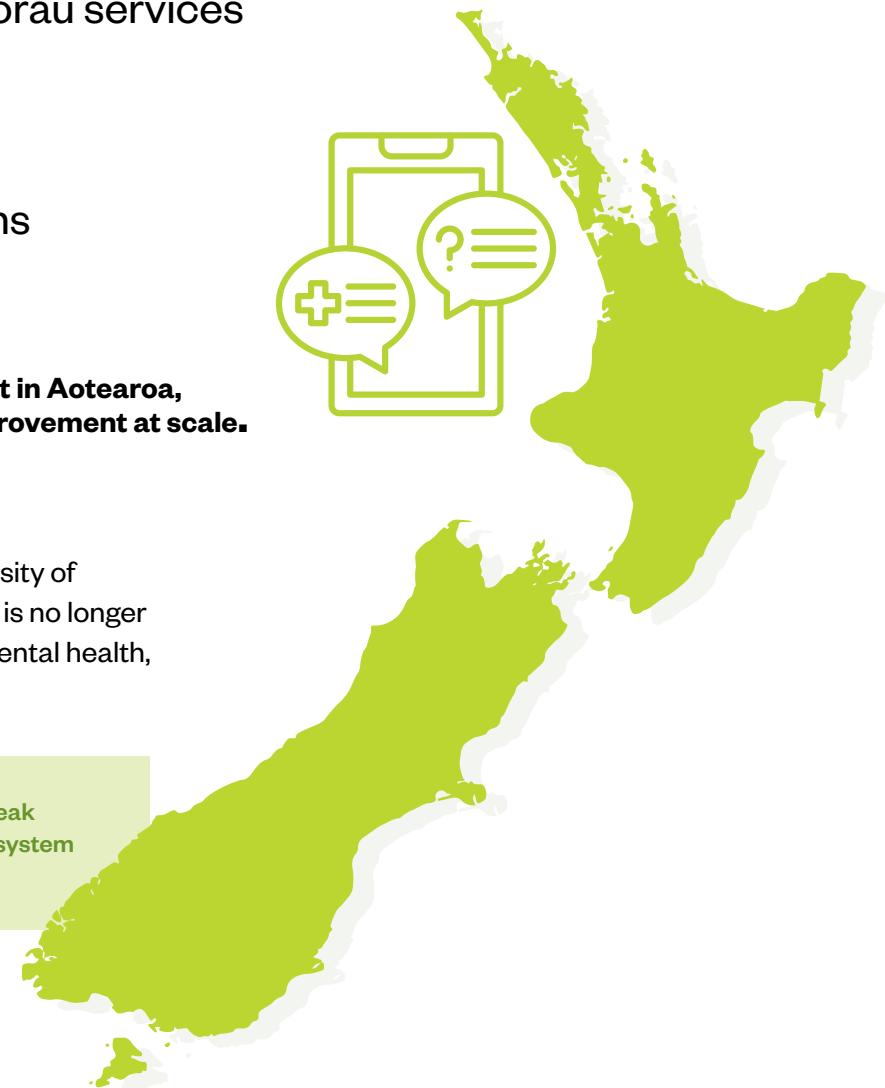
Whakarongorau is the largest provider of telehealth and digital health support in Aotearoa, with ISO 9001 certification supporting consistent quality and continuous improvement at scale.

What this means for the sector:

Virtual care infrastructure now operates at population-scale. The volume and diversity of services delivered through shared platforms demonstrates that national telehealth is no longer supplementary – it is core health system infrastructure supporting primary care, mental health, emergency services, screening programmes and specialist advice.



These numbers represent contact with a significant proportion of New Zealand's population. Peak demand days reach nearly 3,000 handled contacts, demonstrating the pressure points where system capacity is tested.



Health advice and triage: stable volume, accelerating digital shift

What the data shows

- **349,272** total Healthline contacts
 - 313,994 call contacts (90%)
 - 35,278 online contacts (10%) – more than double FY24 digital volume
- **263,669** unique service users

Healthline volume remained relatively stable in FY25 with 349,272 contacts, but the nature of contacts is fundamentally changing. Digital channels (Healthline Online, image upload, video upload) grew from approximately 5% of interactions in FY24 to 10% in FY25; a 100% increase year-over-year.

This growth was driven by continued improvements to the Healthline Online experience, which enables people to request clinical callbacks, upload images or video for visual assessment, and access health information without waiting on hold. The healthy.org.nz website was refreshed in Q4 to improve user experience and bring callback registration to the forefront, significantly increasing digital uptake.

Looking ahead

Building on the FY25 digital growth, the Healthline Symptom Navigator launched in July 2025, extending digital triage capabilities. This tool enables people to complete symptom assessments independently and receive either self-care guidance, direct referrals to appropriate care settings, or callback requests from clinical staff. Early results show promise for further reducing wait times while maintaining clinical safety.

Call performance maintained under pressure

- **81.4%** of calls answered within 10 minutes (up from 77.2% in FY24)



This performance improvement occurred despite maintained volumes and increased complexity, demonstrating workforce capability and system resilience.

What outcomes tell us about system impact

Healthline and Emergency Triage combined outcome data shows appropriate triage across the care continuum:

- GP-directed outcomes connecting people to primary care
- Urgent care outcomes directing people to appropriate care settings
- Self-care outcomes supporting safe management at home
- Cases safely diverted from unnecessary emergency escalation.

What this means for the sector

Virtual triage is functioning as designed – connecting people with the right care at the right time while maintaining clinical safety.



The high volume of GP outcomes demonstrates that Healthline supports primary care by managing overflow, providing after-hours access, and triaging appropriate cases. The digital channel shift indicates that people increasingly prefer asynchronous and self-service options when these are designed well and clinically safe.

Mental Health & Addiction: digital transformation and rising complexity

What the data shows

- **306,445** total contacts across all Whakarongorau Mental Health & Addiction services in FY25.

This breaks down into:

- 163,867 core Mental Health & Addiction service contacts (1737, Depression Helpline, Alcohol Drug Helpline, Gambling Helpline, EMHR, Expert Advice Line, RecoveRing)
- 142,578 Crisis Mental Health Triage contacts (16 district contracts) – 13% increase from FY24 to FY25
- **51,827** unique people supported through core MH&A services.

Services include:

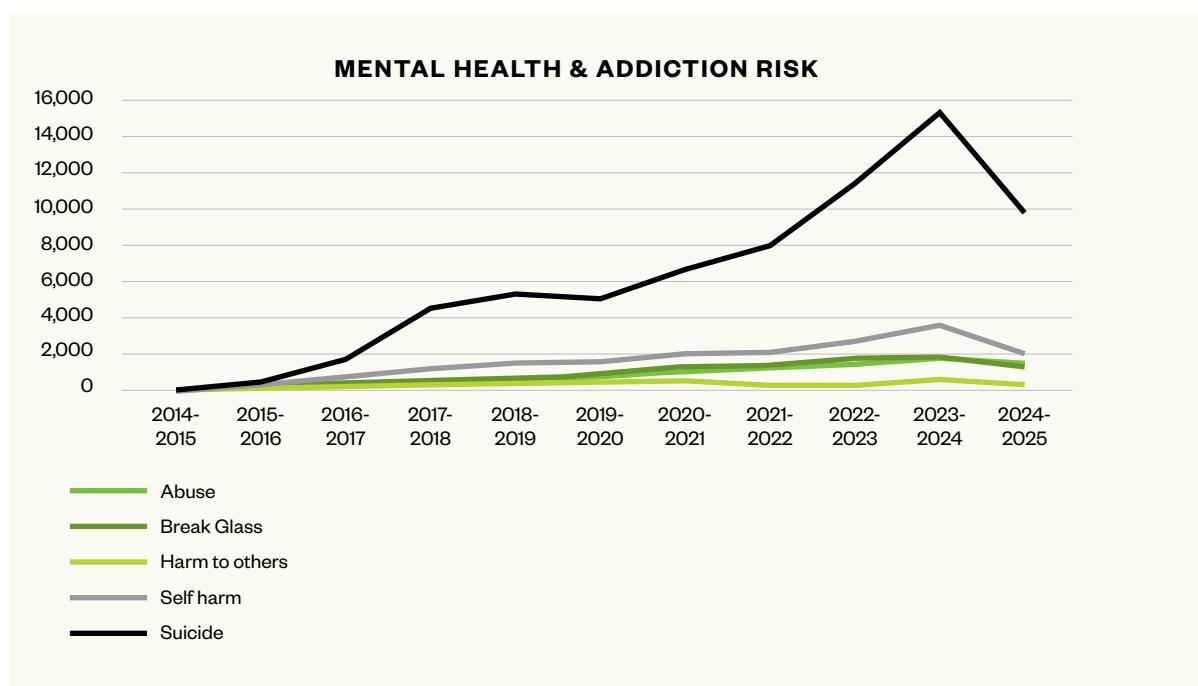
- 67,931 SMS contacts (41% of core MH&A contacts) – the largest single channel
- 89,973 call contacts (55% of core MH&A contacts)
- 5,963 chat/email contacts (4% of core MH&A contacts).

SMS represents a substantial portion of mental health contacts, providing lower-barrier access for people in distress who may not be ready or able to speak.

1737 Digital Hub launched in Q4 FY25, providing 24/7 online access to self-guided mental health tools and resources. In its first quarter, 1737.org.nz recorded 27,236 website visits from 16,165 users, with top self-support tools being “Feeling Sad” (1,390 uses), “Counselling and Support” (1,087 uses), and “Feeling Anxious” (911 uses).

Rising complexity and risk in Mental Health & Addiction

- **14,292 high-risk mental health contacts (9% of total core MH&A contacts)**
- **Risk has grown tenfold since 2019.** Risk contact breakdown:
 - 9,621 suicide ideation contacts (67% of risk contacts)
 - 1,971 self-harm contacts (14% of risk contacts)
 - 1,285 abuse-related contacts (9% of risk contacts)
 - 1,105 break-glass escalations requiring immediate emergency response (8% of risk contacts)
 - 310 harm-to-others contacts (2% of risk contacts).



Emerge Peer Support (formerly Mind & Body) shows sustained growth

- **42,811 peer support contacts in FY25**

13% increase from FY24 to FY25

→ Peer support provides lived-experience mental health support, with 2,617 unique peers accessing the service in FY25.

Frequent callers: a sector-wide signal of unfunded need

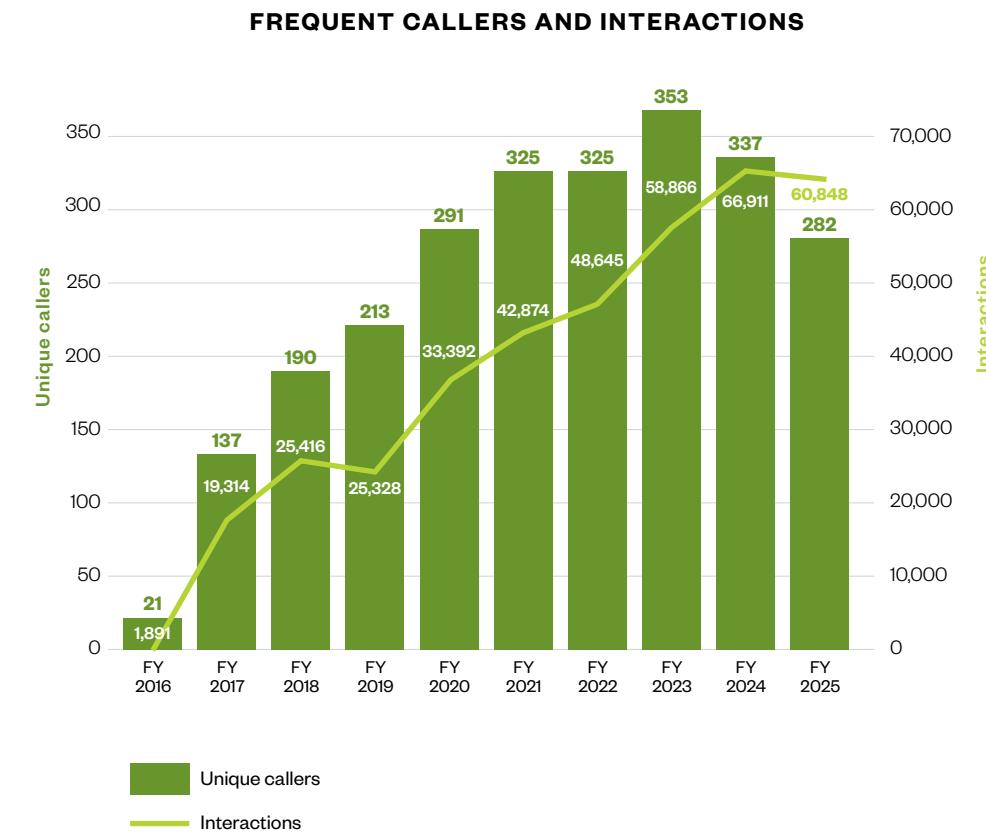
Managing demand from people who contact 1737 Need to talk?, Depression, Alcohol & Drug, and Gambling services repeatedly, continues to be a challenge across all services. This is not a Whakarongorau-specific issue but rather a visible indicator of wider system gaps. International evidence from telehealth services in the UK, Australia, and North America shows similar patterns, reflecting global challenges in providing sustained community mental health support for people with complex, chronic needs.

Quarterly data (Q4 FY25):

- 11,000+ contacts from 99 frequent callers (defined as people contacting services more than 20 times per month)
- 50% increase in frequent caller contacts compared to the same quarter five years ago
- Mental Health services most affected: 1737 Need to talk? alone received 3,100 contacts from 37 people – less than 0.5% of users but 16% of total contacts
- Emerge Peer Support: 55 frequent callers made 6,800 contacts – a 52% increase compared to two years ago

Historical trend (2019-2023):

- Unique frequent callers increased 38%
- Total contacts from frequent callers surged 143%
- Average handling time for frequent caller contacts is 50% longer due to complexity
- Support plans developed increased from 18 in 2019 to 1,100 in 2023.



Who are frequent callers and what do they need?

These frequent contact patterns often signal deeper needs, frequently linked to underlying mental health challenges combined with chronic pain, rather than purely episodic crisis presentations. Many struggle with anxiety or chronic pain in combination with limited alternative support options.

Our data shows markedly better outcomes when helpline teams work in coordination with Community Care, Mental Health or Specialist Services, and the caller's GP. This integrated approach provides a stronger foundation of ongoing support rather than repeated crisis response.

What this means for the sector:

Frequent callers represent a cohort with complex, ongoing needs that fall between traditional service boundaries; not acute enough for sustained specialist intervention, but too complex for episodic primary care alone. The 143% surge in contacts over five years, visible across multiple services, signals unfunded gaps in coordinated care pathways.

Frequent callers have genuine, complex needs.

Research shows they represent 3% of callers but 60% of call volume¹, and they're people facing multiple challenges – mental and physical health conditions, social isolation, and ongoing crises². They're already using other health services; what's often missing is coordination. Whakarongorau is uniquely positioned to identify unmet needs, facilitate appropriate referrals, and work with GPs and other providers to develop coordinated care plans that ensure people with complex needs receive wrap-around support from the right services.

The broader insight:

People experiencing acute mental health crises are accessing national services in growing numbers, with digital channels (particularly SMS) providing critical access for those who find phone calls too confronting. The tenfold growth in risk contacts since 2019 signals wider system pressure and unmet need. After-hours Mental Health Crisis Lines (142,578 contacts across 16 districts) absorb regional system demand when local services are unavailable, demonstrating the essential role of national infrastructure in maintaining 24/7 mental health access.



The 13% year-over-year growth in peer support reflects increasing recognition of lived-experience support as a complement to clinical services.

1. Spittal et al. (2015) Australian & New Zealand Journal of Psychiatry
2. Pirkis et al. (2016) International Journal of Mental Health Systems

Earlier Mental Health Response: handling complexity, highlighting gaps

What the data shows

- **10,184 Earlier Mental Health Response (EMHR) contacts**
 - 7,200 referrals from Police communications centres (71%)
 - 2,706 referrals from ambulance services (27%)
 - 278 other access points including public and professional advice lines (2%).
- **5,656 unique people supported through EMHR pathways**
- **98% of calls answered within 10 minutes**
- **87% redirection rate** – meaning 87% of Police and ambulance referrals were safely managed without emergency service escalation or dispatch.

Rising acuity demonstrates both capability and concern

Rising acuity demonstrates both capability and concern. EMHR measures acuity using the UK Mental Health triage tool (an internationally recognised clinical assessment system), with Category A representing emergency service response for immediate life-threatening situations.

- **14% of Q4 FY25 contacts were Category A – the highest proportion in service history**

What this means for the sector:

The EMHR data tells two important stories simultaneously.

1. **It demonstrates capability:** When Police and ambulance have access to real-time mental health clinical expertise, 87% of situations can be safely de-escalated without hospital admission or continued emergency service involvement. This is effective, clinically sound triage that maintains safety while preserving emergency services for situations that genuinely require them.
2. **It highlights concerning unmet need:** EMHR FY25 recorded the highest-ever proportion of acute cases requiring emergency response (14%, up from 9% in the previous quarter). This sustained growth signals that mental health crises are increasingly presenting to frontline emergency services – a pattern that indicates gaps in preventive care, early intervention, and community support that would prevent crises from escalating to the point where Police or ambulance involvement becomes necessary.

EMHR has moved from an innovative pilot in 2016, to an embedded emergency response pathway. The service demonstrates what's possible when emergency services have access to specialist clinical expertise. However, the rising volume and acuity also demonstrate that crisis response alone is insufficient; the health system needs stronger investment in earlier-stage mental health support to prevent people from reaching the point of emergency service involvement.



Despite this rising acuity, the service maintained 87% redirection rates, demonstrating clinical capability to manage increasing complexity safely.

Family Violence & Sexual Harm: consistent demand, diverse access pathways

What the data shows

- **44,120 Family Violence contacts across Whakarongorau services**
- **28,256 unique people reached through Family Violence services**

Crisis and support services include:

- Safe to Talk (sexual harm): 13,570 contacts
- Shine: 10,318 contacts
- Women's Refuge: 10,315 contacts
- FV Information Line: 3,658 contacts
- 211 Helpline: 1,604 contacts
- Elder Abuse Response: 1,009 contacts
- FV National Portal: 850 contacts
- NZDF support: 819 contacts.

Post-crisis pathways:

- **ACC Sensitive Claims:** 2,676 contacts – a new service launched in 2025 to support people accessing ACC-funded counselling for sexual harm. The service provides information, manages provider searches based on cultural and gender preferences, and coordinates supplier waitlists. Multi-channel access (phone, chat, email, SMS) reduces barriers to support. Māori service users represent 34% of contacts, with 221 people specifically requesting Māori providers.

What this means for the sector:

Family violence demand remains consistently high at approximately 120 contacts per day, indicating persistent social harm requiring sustained support infrastructure. The diversity of access points (nine different service lines) reflects the complexity of family violence situations and the need for multiple entry pathways.

Digital and shielded access channels (FV National Portal, text-based contact) enable earlier contact, safer disclosure, and access outside standard hours when risk may be highest. Many contacts involve early-stage help-seeking where people are testing whether it's safe to disclose – these contacts might never occur through face-to-face services.

Our virtual team is accessible via a 'shielded site' embedded behind prominent New Zealand websites, with web chat functionality designed to be undetectable to perpetrators. This technology enables people experiencing family violence to seek help safely while in the presence of those causing harm – a critical safety feature that traditional services cannot provide.

The addition of ACC Sensitive Claims demonstrates system integration beyond immediate crisis response - connecting people from disclosure through to funded therapeutic support while maintaining choice and cultural responsiveness.



The sustained volume demonstrates that family violence services require permanent, reliable infrastructure rather than temporary or fragmented local responses.

Emergency Triage: appropriate use of emergency services

What the data shows

- **42,629 Emergency Triage contacts (111 calls assessed as lower-acuity and referred for clinical secondary triage)**
- **39,782 unique people supported through Emergency Triage**

Emergency Triage provides secondary triage for 111 calls, working in partnership with Hato Hone St John and Wellington Free Ambulance to assess clinical urgency and determine appropriate care pathways.

Performance metrics show system responsiveness:

- 47% of Emergency Triage patients did not require ambulance services after clinical assessment
- 73% of clinician callbacks completed within 30 minutes (up from 66% in Q3).

Outcome patterns show appropriate triage:

- 5,520 contacts resulted in clinical dispatch (required ambulance/ emergency care)
- 1,218 contacts resulted in self-care outcomes (up from 1,019 in Q3)
- 1,035 contacts resulted in GP referrals in Q4.

→ The shift toward self-care outcomes while maintaining clinical dispatch indicates that clinical assessment is successfully identifying cases that can be safely managed at lower acuity levels.

What this means for the sector:

Emergency Triage demonstrates that secondary triage works: clinical assessment by nurses and paramedics can safely redirect nearly half of lower-acuity 111 calls away from ambulance dispatch while maintaining safety (clinical dispatch remains available when needed and increased quarter-over-quarter).

- **18,383 ambulance dispatches avoided**
- **22,492 unnecessary ED visits prevented**
- **\$18.4 million saved in ambulance costs.**



This model preserves ambulance and emergency department capacity for true emergencies while ensuring people receive appropriate care through alternative pathways. The model has applicability beyond current 111 pathways – similar triage could support other high-volume entry points where clinical assessment could improve appropriate resource allocation.

Poisons centre: specialist expertise preventing unnecessary presentations

What the data shows

- **29,189** Poisons Centre contacts
- **27,909** unique people supported
- **~76%** of contacts safely managed without referral to emergency services.

What this means for the sector:

The National Poisons Centre provides 24/7 specialist advice on poisoning, envenomation, and toxicology queries for both public and health professionals. The 76% home-management rate demonstrates high-quality clinical decision-making that prevents unnecessary ED presentations while maintaining safety.

This specialist service is difficult to replicate locally; toxicology expertise requires specific training and sufficient case volume to maintain clinical currency. The national model ensures consistent access to specialist knowledge regardless of location or time of day.

Quitline: sustained smoking cessation support

What the data shows

- **39,508** Quitline contacts
- **15,666** unique people supported
- **23%** of enrolments were Māori; overrepresentation indicates strong Māori engagement.



16,442 cumulative user enrolments across programmes:

- Quit Smoking: 10,884 enrolments (66%)
- Quit Vaping BMP: 4,035 enrolments (25%)
- Vape to Quit: 1,523 enrolments (9%)

Channel diversity:

- Calls, SMS, chat, email, and web registrations all contribute to access
- 97% of calls answered within 10 minutes (up from 92% in Q3)
- 5% abandonment rate (down from 8% in Q3)

- **40%** of contacts resulted in general support for people already on their quit journey
- **24%** of contacts resulted in new programme enrolments
- **14%** of contacts were requests for nicotine replacement therapy.

What this means for the sector:

Quitline continues to support people across different stages of their smokefree journey. The emergence of vaping cessation programmes (4,035 enrolments in Quit Vaping Behaviour Modification Programme) indicates evolving needs as vaping becomes more prevalent.

Strong Māori engagement (23% of enrolments versus 17.8% of population) demonstrates that culturally responsive design and targeted outreach can achieve equity of access. The sustained demand (approximately 108 contacts per day) shows that smoking cessation requires ongoing support infrastructure, not time-limited interventions.

Population Health: screening and prevention at scale

What the data shows

- **220,191** bowel screening follow-up calls
- **586,320** cervical screening results processed
- **5,804** cervical screening helpline contacts.

What this means for the sector:

These figures demonstrate population health reach that would be difficult to achieve through fragmented local services. Processing over half a million cervical screening results and making 220,000 bowel screening follow-up calls requires systematic protocols, consistent quality standards, reliable data management, and sufficient scale to maintain efficiency.

The services perform distinct but complementary functions:

Cervical screening processes test results nationally and manages helpline support, ensuring people receive timely results and are directed to appropriate follow-up care including cancer pathways when abnormalities are detected.

Bowel screening conducts targeted follow-up with priority populations who have not returned test kits. In FY25, 35% of people contacted subsequently completed their screening – directly contributing to early cancer detection and improved survival outcomes.

Screening services operate at the intersection of clinical care and public health infrastructure. They require:

- Real-time data integration with laboratory and clinical systems
- Consistent follow-up protocols regardless of location
- Culturally responsive communication across diverse communities
- Systematic tracking of non-respondents and priority follow-up.



Virtual platforms enable this scale while maintaining quality standards. The work is done in partnership with Health NZ's National Screening Programme, demonstrating how national infrastructure supports local service delivery.

System integration: GP support and cross-agency partnership

What the data shows

- **44,940** GP out-of-hours calls managed on behalf of **526** practices

This represents approximately 85 calls per practice per year, reducing after-hours burden on primary care.



Cross-agency partnerships embedded in service delivery:

- Police and ambulance integration through EMHR (10,184 contacts)
- Hato Hone St John and Wellington Free Ambulance partnerships through Emergency Triage (42,629 contacts)
- 16 district mental health partnerships through Crisis Lines (142,578 contacts)
- MSD partnership through Family Violence services (44,120 contacts)
- Plunket partnership (46,822 contacts)
- Pūawaitanga counselling support (68,314 appointments delivered).

What this means for the sector:

Whakarongorau infrastructure supports 526 GP practices by managing their after-hours demand. This allows practices to maintain patient relationships while ensuring 24/7 access without requiring individual practices to staff overnight.

The breadth of cross-agency partnerships demonstrates that virtual care infrastructure enables collaboration at scale. Services are designed to integrate with existing pathways rather than replace them; warm handovers, shared data, and coordinated escalation protocols ensure continuity of care.

This integration capability becomes increasingly important as the health system moves toward more coordinated, networked models of care. Virtual infrastructure can connect fragmented services and provide consistent access points across organisational boundaries.

Planned Care: addressing waitlist challenges

What the data shows

Te Manawa Taki Waitlist Management Initiative
(completed July 2025):

- **13,000+** patients contacted
- **674** waitlist removals (patients no longer requiring procedures)
- **366** clinical reviews conducted
- Approximately **8%** reduction in waitlist volumes.



What this means for the sector:

National virtual care infrastructure can address planned care waitlists at scale. The Te Manawa Taki initiative demonstrated how systematic patient contact identifies people who no longer need procedures, updates clinical information for accurate prioritisation, and reduces unnecessary waitlist pressure.

The model works by contacting patients who have been waiting extended periods, confirming whether they still require their appointment, updating their clinical status, and ensuring hospital

records reflect current need. This proactive approach prevents patients from waiting unnecessarily while freeing capacity for those with genuine clinical need.

The existing infrastructure of Whakarongorau supports nationwide deployment: trained kaimahi, established clinical governance, real-time data systems, and Māori-led partnerships through Taki-o-Autahi ensure culturally responsive non-clinical outreach. The platform can scale across regions without requiring local services to build separate capacity.

Work is now underway to extend this capability to other regions, supporting Health NZ's planned care targets while improving equity of access. Virtual waitlist management reduces harm from delays, connects people to appropriate care pathways, and demonstrates how national infrastructure can support regional service delivery challenges.

This approach directly supports system efficiency: preventing unnecessary procedures, ensuring accurate prioritisation based on current clinical need, and maintaining patient engagement throughout their care journey.



About this data

Data sources

All data in this publication comes from Whakarongorau Aotearoa verified FY25 datasets:

- Spectrum: Case and contact-level reporting used for service breakdowns and channel totals
- CXone: Telephony platform data including broader outbound activity (screening, follow-up)
- NTS 10-year dataset: Financial year-aligned, aggregated contact totals for core services.

All figures represent actual service delivery from 1 July 2024 to 30 June 2025. Minor variances between data sources (typically under 0.5%) reflect normal multi-platform reporting differences related to contact status changes, reporting timeframes, and system definitions.

Service scope

Whakarongorau Aotearoa delivers a portfolio of virtual care services reaching over 700,000 people annually. This includes:

- Health services: Healthline, Emergency Triage, National Poisons Centre, Immunisation Advisory Centre, supporting PlunketLine.
- Mental health services: 1737, Depression Helpline, Alcohol Drug Helpline, Gambling Helpline, Mental Health Crisis Lines (16 districts), Earlier Mental Health Response, Expert Advice Line, RecoveRing, Emerge Peer Support
- Family violence services: Safe to Talk, Shine, Women's Refuge, Elder Abuse Response, FV Information Line, ACC Sensitive Claims, 211 Helpline, FV National Portal

- Public health services: Quitline, Bowel Screening follow - up, Cervical Screening support
- Social support: Puāwaitanga counselling (68,314 appointments delivered under MSD contract)
- Waitlist Management: proactive outbound calling in Te Manawa Taki supporting planned care (13,000+ patients contacted, 674 waitlist removals, 366 clinical reviews, ~8% reduction in waitlist volumes), now being implemented Nationwide.

Demographic context

Demographic insights draw from:

- Research by Distinguished Professor Emeritus Paul Spoonley, Massey University (presentation to Whakarongorau Aotearoa, May 2025)
- Digital 2025: New Zealand report (DataReportal, January 2025)
- Digital Inclusion and Wellbeing in New Zealand (NZ Digital Government)
- Statistics New Zealand (population projections).

Contact

For enquiries about this publication or the underlying data, please contact:

Whakarongorau Aotearoa | New Zealand Telehealth Services
Email: insights@whakarongorau.nz
Web: www.whakarongorau.nz



Glossary of Services

HEALTH SERVICES

Clinical Advice Line – Peer-to-peer clinical consultation service for health professionals seeking specialist advice.

Emergency Triage – Secondary clinical triage for 111 calls to safely redirect people to appropriate care settings and reduce unnecessary ambulance dispatches and ED presentations.

Healthline – 24/7 nurse-led health advice and triage service helping people determine the right level of care for their health concern.

Immunisation Advisory Centre (IMAC) – Expert advice on vaccination for health professionals and the public.

National Poisons Centre – Specialist toxicology advice for poisoning, envenomation, and medication queries for both public and health professionals.

PlunketLine – Nursing support for parents and caregivers with concerns about sick or symptomatic children, integrated with Healthline

MENTAL HEALTH & ADDICTION SERVICES

1737 Need to talk? – Free 24/7 mental health and wellbeing support via call or text for anyone experiencing distress or needing someone to talk to.

1737 Peer Support – Support from people with lived experience of mental health challenges.

Alcohol Drug Helpline – Confidential support and counselling for people concerned about their own or someone else's alcohol or drug use.

Depression Helpline – Specialist support for people experiencing depression, including access to resources like Aunty Dee, SPARX, Key 2 Life, and The Lowdown.

Earlier Mental Health Response (EMHR) – Mental health clinical support to Police and ambulance services when they encounter people experiencing mental health crisis, enabling safe de-escalation and appropriate care pathways.

Expert Advice Line – Professional-to-professional mental health consultation service for clinicians and first responders seeking specialist advice.

Gambling Helpline – Free support and counselling for people affected by problem gambling.

Mental Health Crisis Lines – After-hours mental health crisis support delivered on behalf of 16 districts, connecting people in distress to appropriate clinical responses.

RecoverRing – Peer support service for Department of Corrections clients with lived experience of addiction and recovery

FAMILY VIOLENCE & SEXUAL HARM SERVICES

ACC Sensitive Claims – Support for people accessing ACC-funded counselling for sexual harm, including provider searches based on cultural and gender preferences.

Elder Abuse Response Service – Support and information for older people experiencing abuse, and for concerned family members and professionals.

Family Violence Information Line – General information and referrals for family violence support services.

Family Violence National Portal – Digital access point for family violence support with web chat functionality designed to be undetectable to perpetrators.

Safe to talk – 24/7 sexual harm helpline providing crisis support, information, and referrals for people affected by sexual violence.

Shine – Support service for people experiencing or concerned about family violence.

Women's Refuge – After-hours national support for Women's Refuge centres and people experiencing family violence, including shielded website access for safe disclosure.

PUBLIC HEALTH SERVICES

Bowel Screening – Proactive follow-up calls to priority populations who have not returned bowel screening test kits, supporting early cancer detection.

Cervical Screening – Processing of national cervical screening results and helpline support for queries about testing and follow-up care.

Quitline – Smoking and vaping cessation support with personalized programs including Quit Smoking, Vape to Quit, and Quit Vaping services.

OTHER SERVICES

GP Out-of-Hours Support – After-hours call management on behalf of general practices, maintaining continuity of care outside standard hours.

Puāwaitanga – Counselling support delivered under Ministry of Social Development contract.

Waitlist Management (Te Manawa Taki) – Proactive outbound calling to people on surgical waitlists to verify clinical need, update information, and ensure appropriate prioritisation.

Key terms

Break glass – High-risk situations requiring immediate emergency response despite confidentiality protocols.

Contact – A single episode where a person seeks support through Whakarongorau (via phone, text, chat, or digital channels).

Digital channels – Non-voice contact methods including SMS/text, web chat, email, and online platforms.

Interaction – Each discrete exchange within a contact, including transfers, escalations, or follow-ups, as counted in operational reporting.

Kaimahi – Staff member; worker.

Tāngata whai ora – Person seeking wellness; people using health services.

Triage – Clinical assessment process to determine urgency and appropriate care pathway.

Warm handover – Direct connection between services where the original service provider stays on the line during transfer to ensure continuity of care.



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