

18 May 2026

Submission on the draft Mental Health and Wellbeing strategy 2026-2036

1. From your experience, what most gets in the way of people or whānau getting the mental health or wellbeing support they need, including support for addiction, substance harm and gambling?

- **Stigma and discrimination:** Society-wide judgment creates shame and isolation, actively preventing people or whānau from reaching out for support.
- **Long wait times and inconsistent thresholds:** Fragmented service pathways create confusing entry points, meaning people must become severely unwell before meeting varying regional criteria.
- **Fear of consequences:** Many individuals avoid seeking help due to a valid fear of coercive interventions, police involvement, or child protection (Oranga Tamariki) repercussions.
- **Exhaustion and loss of hope:** Experiencing a poor, clinical, or unsupportive initial response drains the person's energy to continue seeking help.
- **Cost barriers:** Financial restrictions put immediate and continuous care completely out of reach for lower-income individuals and whānau.
- **Limited understanding of mental health, addiction, and trauma:** Many people in our society have a low level of understanding about these things or still believe in myths and stereotypes. This can stop people from seeking professional help.
- **Inaccessibility for marginalised groups:** Physical, informational and systemic barriers disproportionately isolate disabled people and diverse cultural communities who our mental health and addiction services do not cater for.
- **Systemic design flaws:** These widespread barriers directly reflect structural and system design issues rather than individual or whānau failings.

2. From your experience, what most helps people or whānau to stay mentally well or get the support they need for their mental health and wellbeing, including gambling and substance related harm?

- **Strong social connections and belonging:** Maintaining robust links to friends, whānau, and community networks to foster a deep sense of shared identity and belonging.
- **Purpose and meaningful roles:** Having a clear direction, responsibilities, or obligations through fulfilling activities, work, or cultural roles.

- **Social determinants of health:** Reliable access to the structural foundations of life, specifically stable housing, food security, quality education, and secure employment.
- **Good physical health:** Protecting and supporting physical wellness, recognising that bodily health directly underpins mental stability.
- **Access to the supports they need:** Having clear, frictionless pathways to both clinical interventions and community care when it is required.
- **Access to trauma-informed therapy:** Delivering specialised and culturally safe psychological interventions that actively understand and address deep-rooted or historical trauma rather than just symptoms, especially for our refugee communities.
- **Understanding, not judgement:** Receiving compassionate care from a support network that treats mental health and addiction issues with empathy rather than discrimination.
- **Access to peer support and lived experience-led services:** Validating the power of shared experiences by offering support systems designed and run by those who have walked the path themselves.
- **System design and investment:** These core wellbeing foundations must be directly embedded into the strategy's system design and future funding allocations.

3. What parts of the strategy feel the most right or important to you? Why?

- **The vision, outcomes, and priorities:** Balance Aotearoa supports the overall vision and four priorities. Prioritising both mental and physical health mirrors human design, where wellbeing needs are completely holistic.
- **Equitable access:** There is strong support for the commitment to “entry through any door.” This is critical to tackle geographic variability in service provision, ensuring people get a quality response regardless of who they speak to or where they live.
- **Lived experience leadership:** Balance Aotearoa strongly backs the focus on growing and supporting the lived experience workforce and leadership. Evidence proves peer support works and creates a user-centric system with better outcomes. More funding is needed for peer teams in co-response units, crisis cafes, and emergency departments.
- **Elimination of restrictive practices:** The stated intention to eliminate solitary confinement and restraint aligns with evidence and lived experience insights.

However, using the word "reduce" allows the system to retain them. As long as these practices are legally allowed, they will continue to be used.

- **Data quality:** Balance Aotearoa emphasises the importance of data quality. Improving national data collection is essential—it must be high-quality, timely, and cover services, workforce, and the Mental Health Act. The strategy should also include a child and youth prevalence study.
- **Supported decision-making:** Drastically underutilised in the mental health and addiction sector, increased training and resources around supported decision-making will protect individual autonomy.

4. What changes would make the strategy work better for people and whānau? Why?

- **Explicit Te Tiriti o Waitangi obligations:** The strategy identifies Māori as experiencing the greatest inequities but contains no explicit Te Tiriti framing or obligations. This critical omission must be corrected. The strategy must align with Te Tiriti as the founding document of Aotearoa New Zealand, continuously embedding investment in Kaupapa Māori approaches and Māori-led solutions.
- **Measurable suicide prevention targets:** The current language is too vague. Because suicide rates remain tragically high and inequitable, the strategy requires stronger commitments, clear measurable targets, and dedicated investment in evidence-based, community-led prevention and postvention activities.
- **Enforceable cross-agency accountability:** The strategy acknowledges that the health system cannot improve outcomes alone, yet fails to require other agencies to act. To stop agencies from working in siloes and address the social determinants of health, the strategy must mandate shared KPIs, joint commissioning, and annual public reporting to hold all sectors accountable.
- **Mandated lived experience leadership:** Conversations across the sector reveal inconsistent inclusion of lived experience leaders in governance, unclear role definitions, and insufficient resourcing. Shared clinical-lived experience leadership must be mandated at system levels as per the Health Quality & Safety Commission's Code of Expectations.
- **Resolving fragmented pathways and transitions:** Unclear referral pathways, inconsistent regional eligibility criteria, and poorly managed transitions between youth and adult services currently undermine the “entry through any door” vision. The strategy must create uniform, transparent transition frameworks.
- **Curriculum-integrated education:** Reinstating mental health, sexuality, and gender education in the New Zealand school curriculum is critical for early

prevention. Age-appropriate, evidence-based education protects young people, while its absence actively endangers them.

- **Elevating and supporting the support workforce (including peer support):** Support workers face high burnout, limited training, lack of supervision, and inequitable pay. The strategy must shift to recognise support workers as essential, not supplementary, by funding pay equity, access to reflective practice, and clear career pathways.
- **Disability strategy alignment and psychosocial recognition:** Disabled people experience the highest levels of distress and unmet need. The strategy must explicitly align with the New Zealand Disability Strategy and recognise that people who live with mental health issues are people with psychosocial disability under the UNCRPD.
- **Inclusive vocabulary for rainbow safety:** Using the wording “pregnant people” is essential for safety, role-modelling respect, and ensuring our rainbow whānau feel seen by services.
- **Shift to high-trust commissioning:** Current contracting models create extreme funding insecurity. Funding must shift toward high-trust commissioning focused on long-term outcomes rather than narrow numerical outputs.
- **Embedding the National KPI Programme:** The strategy completely omits the National Mental Health & Addiction KPI Programme, which is a significant flaw. Relying solely on five narrow Government targets risks creating a target-driven rather than insight-driven system. The KPI Programme is the only longitudinal dataset providing real-time performance insights on wait times, equity, restrictive practices, workforce capacity, and outcomes.
 - *Recommendation:* The strategy must require Health NZ to embed KPI indicators into national reporting, use KPI insights to direct investment, strengthen measures (to include disability, rurality, and coercion), and publish annual insights for system transparency.

5. What are the most important steps we should take in the next three years to make the biggest difference to people’s mental health and wellbeing, including reducing substance and gambling related harm? Please tell us why.

- **Pay equity for the sector and support workforce (which includes the peer workforce):** Mandating pay equity ensures fair compensation, prevents sector burnout, and addresses poverty within the workforce so staff do not have to work multiple jobs. Valuing the distinct expertise of the support (and peer support) workforce is critical to attract and retain top talent, ensuring tāngata whai ora and whānau get the level of care they deserve.

- **Stop the use of solitary confinement immediately:** The use of solitary confinement must end completely. It is an internationally recognised form of torture that causes deep, lasting psychological trauma. Because it continues to be used disproportionately against Māori, Pacific, and Disabled communities, banning it has no alternative in modern Aotearoa New Zealand.
- **Expand rehabilitation and recovery pathways for substance use:** Rising substance abuse causes massive, compounding damage across local communities. The strategy must establish accessible, expanded rehabilitation pathways to make seeking recovery simple. This expansion also ensures a safer working environment for the frontline workforce, who currently feel unsupported and unsafe when attempting to assist individuals under the influence of highly volatile substances like methamphetamine.
- **Immediate Systemic Impact:** Prioritising these three specific interventions over the next three years will provide immediate, measurable, and highly significant positive impacts across the entire mental health infrastructure.

6. If you could choose just one thing for us to do to make the biggest difference in the next three years, what would it be?

- **Invest in the capability and capacity of the lived experience workforce at all levels of the system.** This is the most transformative action available to build a responsive, user-centric mental health framework.

7. To make space for new or better ways of doing things we might need to stop doing other things. What do you think we should stop doing, or do less of, so we can focus on what would work better? Please tell us why.

- **Stop investment in large, centralised, medical model informed facilities:** The strategy must step away from disproportionately funding large, medicalised, and institutional facilities located in major urban centres.
- **Stop the historic under-investment in peer-led, community-based supports:** We must actively reverse the structural funding patterns that systematically starve local, grass-roots infrastructure.
- **Why community-led models work better:** Community-led, local, and flexible supports are fundamentally more effective. They are deeply trusted by the populations they serve, run at a significantly lower structural cost, allow room for localised innovation, and ensure individuals stay safely connected and supported within the environment of their whānau.

8. What should we be checking, measuring or keeping an eye on to know if the strategy is making a difference?

- **Quantitative metrics:**
 - **Housing instability:** Tracking homelessness, temporary housing rates, and overall housing insecurity.
 - **Restrictive practices:** Monitoring trends and levels of solitary confinement, restraint, and compulsory treatment orders.
 - **Food insecurity:** Measuring the number of individuals and whānau seeking emergency food assistance.
 - **Mortality trends:** Keeping precise data on deaths resulting directly from suicide and substance overdose.
 - **Emergency health services:** Reviewing rates of Emergency Department (ED) presentations specifically for mental health and addiction needs.
 - **First responder involvement:** Tracking the frequency and nature of Police involvement in mental health crises.
 - **National KPI Programme indicators:** Integrating standard access and equity indicators directly from the KPI dataset to spot regional variations and baseline bottlenecks.

- **Qualitative metrics:**
 - **Lived experience and whānau experience:** Assessing the direct personal quality of interactions that individuals and their support networks experience inside the care system.
 - **Peer support outcomes:** Reviewing the localised efficacy and personal impacts of engaging with peer-run programs and independent advocacy services.
 - **Cultural safety:** Evaluating how effectively services respect, protect, and safely welcome diverse cultural identities.
 - **Supported decision-making experiences:** Tracking how consistently individual autonomy is protected by measuring personal experiences with legal alternatives to coercion and restriction.

9. Are there any other thoughts, concerns, or ideas you want to share?

- **Summary of the Strategy:** While the draft strategy provides a strong and welcome baseline foundation, it ultimately requires clearer commitments, much stronger inter-agency accountability mechanisms, and explicit alignment with Te Tiriti o Waitangi obligations, comprehensive disability inclusion, and system-level lived experience leadership.

- **System Learning:** To move away from a target-driven model to an insight-driven one, the National KPI Programme must be explicitly embedded within the final strategy document as a core system learning and data feedback mechanism.
- **Commitment to the Future:** Balance Aotearoa stands fully ready and eager to support the implementation of a modern, equitable, and rights-based mental health and addiction framework across Aotearoa New Zealand—one that is firmly grounded in authentic lived experience, robust community leadership, and longitudinal evidence.