

18 May 2026

Ministry of Health
Via online submission

Re: Draft Mental Health and Wellbeing Strategy 2026–2036

Tēnā koe,

Please find below our responses to the consultation questions for 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?

From our experience across primary care and community-based mental health services, barriers to accessing mental health and wellbeing support occur across the whole continuum, from prevention through to crisis care and recovery. These barriers are interconnected and often reinforce one another.

Fragmented system and unclear access pathways

One of the most significant barriers is the fragmented nature of the system. Services across primary care, NGOs, schools, community providers and specialist services are not consistently connected resulting in unclear entry points to care, inconsistent eligibility criteria and referral pathways, and disjointed transitions between services.

For many people and whānau, particularly those already in distress, navigating this complexity is a barrier itself. The absence of simple, visible, consistent pathways reduces early help-seeking and contributes to delays in care.

Workforce constraints and capacity pressures

Workforce shortages across psychology, psychiatry, and primary mental health roles continue to significantly limit access to timely support. These shortages contribute to long wait times, reduced continuity of care, and increased thresholds for accessing specialist services.

In addition, supervision capacity remains a critical constraint. While workforce growth is a focus, insufficient supervision and training infrastructure limits the safe expansion and retention of the workforce.



Increasing pressure on primary care and community services

Primary care and community-based services, including programmes such as the Integrated Primary Mental Health and Addiction (IPMHA) service, and providers like Fresh Minds, are increasingly managing higher acuity and complexity than originally intended. There is a growing shift of moderate to severe presentations from secondary services into primary care, alongside limited access to specialist back-up, particularly for high-risk or complex cases. This is resulting in increased clinical risk being managed without appropriate resourcing. In turn, this creates a system pressure and can result in people not receiving the level of care that matches their needs.

Gaps in crisis response and acute care

Access to timely and responsive crisis support remains a significant challenge. In many areas crisis teams are overstretched, thresholds for intervention are high and primary care providers are left managing acute risk without adequate support. This creates risk for both patients and providers, and can result in delayed or insufficient responses for people experiencing severe distress or suicidality.

Barriers related to cost, location, and service design

Practical barriers continue to affect access, particularly for priority populations. These include the cost of care and affordability, transport and geographic access, limited opening hours, and a lack of culturally appropriate or responsive services. These factors disproportionately impact those already experiencing inequities, contributing to unmet needs.

Services not located where people live, learn, and connect

For many groups (especially children and young people), engagement is strongly influenced by where services are delivered. When support is not available in accessible, familiar environments (e.g. schools, community settings), barriers increase and early intervention opportunities are missed.

Social determinants and upstream drivers

Mental health and wellbeing are significantly shaped by social, economic, and environmental factors. Barriers such as housing instability, financial stress and cost of living pressures, exposure to violence or trauma, and limited access to education and employment contribute to increased mental distress and reduced ability to seek or engage with support.

Inconsistent funding models and system variation

Variation in funding, commissioning, and service availability (both within and across regions) creates inequities in access. Inconsistent systems within the same city, such as differing service models and funding approaches, can result in unequal access depending on location, duplication or gaps in services, and confusion for providers and whānau. Fragmented and short-term funding approaches also limit the ability to build stable, integrated service models.



Lack of integrated infrastructure and shared information systems

The absence of a shared, integrated health information system continues to limit coordination of care. Without accessible, connected health records across primary, secondary, and community services, communication between providers is reduced, continuity of care is compromised, and people and whānau are required to repeat their stories. This creates inefficiencies and impacts both experiences and outcomes.

Overall, the key barriers reflect a system that remains fragmented, under workforce pressure, and inconsistent in how people access and move through care. While demand for support is increasing, the system has not yet fully adapted to provide seamless, timely, and appropriately matched care across the continuum.

Addressing these barriers will require a stronger focus on integration, workforce capacity, clear access pathways, and coordinated investment across both health and wider social systems.

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?

From our experience, people and whānau are best supported when care is accessible early, connected across services, and delivered in ways that reflect how people live their lives. Several key factors consistently enable better outcomes.

Early access to support and intervention

Early access to mental health and wellbeing support is one of the strongest protective factors. People experience better outcomes when support is available before distress escalates, intervention is timely and easy to access, and thresholds for care are not overly restrictive. Shifting the focus toward prevention and early intervention reduces the need for crisis responses and supports long-term wellbeing.

Community-based and locally accessible services

Services that are delivered in community settings (such as primary care, schools, workplaces, and local organisations) play a critical role. These approaches reduce practical and psychological barriers to access, enable support to be provided in familiar, trusted environments, and support earlier engagement and ongoing connection to care. For children and young people in particular, access improves significantly when services are embedded in places where they already live, learn, and connect.

Integrated and coordinated models of care

People are more likely to engage and stay engaged when services feel connected. Strong integration across primary care, NGOs, schools, and specialist services helps to simplify pathways into and through care, reduce the need for repeated assessments and



retelling of experiences, and support smoother transitions between levels of care. A coordinated system enables people to move more easily between services as their needs change.

Strong relationships and continuity of care

Ongoing relationships with trusted providers are central to both recovery and maintaining wellbeing. Continuity of care builds trust and safety, improves engagement and adherence to support, and allows for more responsive, person-centred care over time. This is particularly important for people with ongoing or complex needs.

Whānau, peer, and community support

Whānau, families, peers, and communities are often the first and most enduring source of support. Strengthening these supports helps people to maintain wellbeing in everyday settings, seek help earlier, and sustain their recovery over time. Peer and lived experience support also plays a valuable role in reducing stigma and increasing connection.

Addressing practical access barriers

Removing practical barriers helps ensure people can access and continue receiving care. This includes affordable services, accessible locations and transport options, flexible hours of service delivery, and culturally appropriate and responsive care. Reducing these barriers is particularly important for priority populations and those experiencing inequities.

A strong prevention and wellbeing focus across sectors

Mental wellbeing is supported not only by the health system, but by broader social and economic conditions. People are more likely to stay well when they have access to stable housing, financial security and employment opportunities, safe and supportive environments, and access to education and community connection. A cross-sector approach to prevention helps address the underlying drivers of mental distress and reduces long-term demand on services.

Overall, people and whanau are best supported by a system that enables early, local, and connected care, supported by strong relationships and community networks. When services are easy to access, integrated, and designed around people's lives, individuals are more likely to seek help early, remain engaged, and sustain their mental wellbeing over time.

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

Overall, the strategy sets a clear and constructive direction for the future of mental health and wellbeing in New Zealand. In particular, the emphasis on prevention, early intervention and a more connected, person-centred system aligns strongly with what we see in practice and reflects the realities of increasing demand and workforce constraints.



One of the most important aspects is the strengthened focus on prevention and early intervention. The recognition that support should be available earlier – before people reach crisis point – is critical. This aligns with both evidence and frontline experience, where timely, lower-intensity support delivered in community settings can significantly improve outcomes and reduce longer-term system pressure. The inclusion of wellbeing promotion and the acknowledgement of the broader drivers of mental health also reflect a more mature, holistic understanding of what supports people to thrive.

The strategy's commitment to improving access across a full continuum of care is also a key strength. The intent to create a system that is easier to navigate, more responsive to people's needs, and more consistent across regions addresses longstanding challenges. In particular, the focus on creating smoother transitions between services and reducing fragmentation aligns well with what people and providers continue to identify as a major barrier to care.

We also strongly support the prioritisation of children and young people, including the recognition that services should be available in places where they live, learn, and connect. This reflects what has been shown to work in practice, where embedding services in schools and community settings improves both access and engagement and enables earlier intervention.

Another important element is the focus on growing and supporting the workforce, alongside recognising the need for a broader and more diverse workforce across the continuum of care. The acknowledgement of workforce shortages, and the role they play in limiting access and quality, is an essential foundation for improvement. The inclusion of supervision, training pathways, and lived experience roles is also positive, recognising that workforce development is not just about growth in numbers, but about capability and sustainability.

The emphasis on lived experience and partnership within Priority 4 is also a strength. Embedding lived experience perspectives into design, delivery, and evaluation has the potential to significantly improve how services respond to real-world needs, and to strengthen trust and engagement with communities.

Finally, the strategy's focus on effectiveness, data, and continuous learning is an important step toward a more accountable and adaptive system. The commitment to evidence-informed practice, improved data quality, and ongoing evaluation provides a strong platform for ensuring that investment leads to meaningful outcomes for people and whānau over time.

The strategy feels strongest where it brings together a focus on early support and improved access, workforce development, and a more integrated, evidence-informed system. These elements reflect both what has been consistently heard from communities and what is needed to build a system that is sustainable and responsive to the future.



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

While the strategy provides a strong and welcome direction of travel, its effectiveness will depend on how clearly it translates into practical, system-level change. From our experience, several refinements would strengthen its impact for people and whānau.

Clearer access pathways and a visible “front door”

Although the strategy recognises access and navigation as key issues, it is not yet clear how people will practically enter the system. Many people continue to experience mental health support as referral-dependent, fragmented, and difficult to navigate.

The strategy would work better with clearer expectations for simple and visible entry points to care, options for direct access and self-referral where appropriate, and reduced reliance on multiple gatekeeping steps.

Clearer access pathways would support earlier engagement and reduce escalation into crisis.

Stronger integration across services

Disconnect between primary care, NGOs, schools, and specialist services remains a significant barrier. While the strategy acknowledges this, there is limited detail on how integration will be achieved in practice.

Stronger emphasis is needed on shared care models across settings, clearer pathways and responsibilities between services, and more consistent support as people’s needs change over time. This level of integration is difficult to achieve without enabling infrastructure, including shared information systems that support continuity of care.

More explicit and supported workforce planning

The strategy appropriately prioritises workforce growth, but workforce expansion will only succeed if it is delivered safely and sustainably. In practice, this requires sufficient supervision and clinical leadership capacity, stronger retention strategies for experienced clinicians, and recognition that supervision reduces clinical throughput and must be resourced accordingly. Without this, workforce growth risks becoming aspirational rather than impactful.

Clearer responses to clinical complexity and risk

As access expands and roles diversify, the strategy would benefit from clearer guidance on how people with moderate to severe, complex, or high-risk needs will be supported.

Currently, increasing complexity is being managed within primary care and community services, often without adequate specialist back-up. Clearer expectations around clinical pathways, risk management, and the role of specialist services would help ensure people receive care that is appropriately matched to need.



Balancing national consistency with local flexibility

The intent to reduce unwarranted geographic variation through more consistent models of care is positive. However, this needs to be balanced carefully with responsiveness to local needs.

Greater clarity around minimum national service expectations and where local adaptation is appropriate would help reduce inequities while preserving community-led and culturally responsive approaches.

Embedding services where people already are

The strategy would be strengthened by a more explicit commitment to delivering services in settings that maximise engagement, particularly for children and young people.

There is strong evidence that embedding services in schools, community settings, and familiar local environments supports earlier access, reduces barriers, and improves outcomes.

Sharper focus on implementation and accountability

Finally, while the strategy sets a clear vision, it would benefit from stronger signals about how progress will be measured and how accountability will be maintained.

Clear expectations around improvements in access and wait times, continuity of care, workforce capacity, and equity across population groups will be critical to ensuring the strategy translates into real change for people and whānau.

We believe the strategy would work better with clearer access pathways, stronger integration, more explicit workforce and supervision planning, clearer responses to complexity and risk, improved national consistency, and sharper implementation focus. These changes would help ensure the strategy delivers tangible improvements in how people experience mental health and wellbeing support.

5. This strategy will come with a plan that sets out what needs to happen to bring it to life. The first plan will have a three-year focus. 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.

The next three years are critical for translating the strategy's direction into tangible improvements for people and whānau. From our experience, the most impactful steps are those that strengthen the foundations of the system while improving access, integration, and workforce sustainability.

Strengthen primary and community mental health access

Improving access to timely support at the primary and community level would make an immediate difference. This includes expanding the availability and consistency of primary mental health services, improving integration with NGOs and community providers, and



ensuring services are resourced to respond to the increasing complexity of need being seen outside of specialist settings.

Strengthening early access helps prevent people reaching acute levels of distress, supports more consistent and connected care over time, and supports better long-term outcomes.

Address workforce capacity, supervision, and retention

Growing the mental health and addiction workforce must remain a central focus over the next three years, but this growth needs to be delivered in a way that is safe and sustainable. In practice, this means investing not only in training pipelines and placements, but also in supervision capacity, clinical leadership, and retention of experienced clinicians.

Without adequate supervision or workforce support, workforce expansion will not translate into improved access or quality of care. Addressing workforce wellbeing and employment conditions is essential to stabilising the system.

Improve system integration and continuity of care

People experience better outcomes when services are connected and easy to navigate. Over the next three years, priority should be given to improving integration between primary care, community services, schools, and specialist mental health and addiction services.

This includes clearer shared care models, smoother transitions between services, and better coordination as people's needs change. Progress in this area would significantly reduce fragmentation and improve people's experience of care.

Establish enabling infrastructure for coordination and information sharing

A major enabler of integration is shared infrastructure. The absence of a nationally accessible health record continues to limit coordination, increase duplication, and undermine continuity of care.

Making clear progress toward a shared, integrated health information system that supports communication across primary, secondary, and community services would materially improve safety, efficiency, and patient experience over the next three years.

Expand effective early intervention and youth-focused models

Children and young people should be a priority focus in the first implementation phase. Expanding evidence-based early intervention models, particularly those embedded in schools and community settings, would reduce barriers to access and support earlier engagement.

These models have demonstrated value in practice and are well aligned with the strategy's intent to provide support where people live, learn, and connect.



Strengthen crisis response pathways for high-risk needs

While prevention and early intervention are essential, the system must also respond effectively to people experiencing acute distress. Over the next three years, strengthening crisis services and clarifying pathways for people at high risk would significantly improve safety and outcomes.

This includes ensuring crisis teams are adequately resourced, improving coordination with primary care, and ensuring people are not discharged back into settings without appropriate support.

Reduce fragmentation in funding and commissioning

Greater consistency in funding and commissioning approaches is needed to support integrated care. Piecemeal and short-term funding arrangements undermine collaboration and create inequities within and across regions.

Aligning commissioning with the strategy's priorities and supporting existing, effective providers to scale and integrate services would help deliver more stable and equitable outcomes.

Together these actions would deliver the greatest immediate and sustained impact for people and whānau.

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?

If one thing is prioritised over the next three years, it should be establishing a clearly integrated mental health and addiction system that is easy to access, well-connected, and properly supported by the workforce and infrastructure needed to deliver safe and effective care.

From our experience, one of the most significant contributors to fragmentation is the lack of simple, visible pathways. People are often required to navigate multiple entry points, referral steps and contact numbers, including multiple crisis phone numbers within the same region. This complexity acts as a barrier in itself, particularly for people already in distress, and discourages early help seeking. Clearer, more centralised access pathways, including options for direct access and self-referral, would reduce reliance on clinical gatekeeping and make it easier for people and whānau to find the right support at the right time.

Progress toward a more integrated system would enable clearer access pathways, better continuity of care, safer management of clinical risk, and more effective use of the existing workforce. It would also reduce the burden on people and whānau to navigate the system themselves and limit the need to repeat their story at each point of contact.



Delivering this integration requires practical foundations, including shared models of care, coordinated commissioning, and enabling infrastructure that supports information sharing and collaboration across settings. Investment in these foundations over the next three years would unlock benefits across prevention, access, workforce sustainability, and crisis response, making it the single most impactful step the system could make.

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.

To create space for more effective ways of working, there are several current practices that, from our experience, should be reduced or stopped because they dilute impact, increase fragmentation, or place unnecessary burden on people and providers.

Fragmented and piecemeal service development

The system would benefit from not creating as many small, short-term, or duplicative services while existing providers remain under-resourced. Fragmented funding and the proliferation of narrowly scoped initiatives can undermine integration and continuity of care. Greater impact would be achieved by adequately resourcing and scaling services that are already embedded, trusted, and delivering results, rather than continually establishing new services alongside them.

Cost-shifting and risk transfer to primary care

There should be less reliance on shifting people with moderate to severe or high-risk needs out of specialist services and into primary or community settings without corresponding increases in resourcing, specialist back-up, or clinical governance. This approach increases risk for people and providers and does not represent a sustainable solution to access pressures. Reducing this practice would help ensure care is better matched to complexity and need.

Siloed models of care and inconsistent pathways

The system should move away from siloed service models with inconsistent eligibility criteria, referral processes and thresholds. These arrangements make navigation difficult, create inequities, and result in people falling between services. Reducing fragmentation would support clearer pathways, smoother transitions, and more coherent care experiences.

Over-reliance on crisis-driven responses

While crisis services are essential, the system currently relies too heavily on reactive, acute responses rather than sustained investment in prevention, early intervention, and community-based care. Doing more to stabilise and strengthen early support would reduce long-term demand on crisis services, and improve outcomes.



Rigid service boundaries and thresholds

Rigid age cut-offs, service boundaries, and eligibility thresholds often create unnecessary barriers, particularly for children, young people, and those transitioning between services. Improving flexibility on criteria would enable more responsive, developmentally appropriate and person-centred care.

Short-term funding and commissioning approaches

Doing less short-term, piecemeal funding would allow room to support more sustainable service delivery. Longer-term, aligned commissioning enables workforce stability, collaboration across services, and meaningful evaluation of what works.

Creating space for better ways of working requires reducing fragmentation, cost-shifting, siloed care, crisis-driven responses, and rigid service boundaries, while moving away from short-term funding approaches. These changes would allow the system to focus on integrated, sustainable, and people-centred solutions that deliver greater impact for people and whānau.

8. We want to make sure that the things we do are making a difference for people. What should we be checking, measuring or keeping an eye on to know if the strategy is making a difference?

To understand whether the strategy is delivering meaningful change, it is important to track both system performance measures and people's lived experience of accessing care. Improvements should be visible not only in data, but in what people, whānau and providers are seeing and experiencing in their communities.

Access, timeliness, and navigation

A core signal of success will be whether people can access support more easily and earlier. This should be reflected in:

- Reduced wait times across primary, community, and specialist services
- Fewer barriers to entry, including clearer and simpler access pathways
- Improved continuity as people move between services.

If the strategy is working, people should report feeling more confident about where to go for help and experience fewer delays before receiving support.

Equity of access and outcomes

It is critical to understand whether improvements are being experienced equitably.

Measurement should include:

- Access and wait times by region, age, ethnicity, and population group
- Changes in unmet need, particularly for priority populations
- Consistency of service availability across districts.



Workforce capacity and sustainability

Given the central role of the workforce, success should be measured by whether the system is becoming more stable and sustainable. Indicators should include:

- Workforce vacancy and turnover rates
- Supervision capacity and availability
- Retention of experienced clinicians alongside growth of new roles.

Impact on crisis demand and high-risk presentations

Over time, improved early intervention should reduce reliance on crisis services.

Monitoring should include:

- Trends in crisis presentations and acute admissions
- Follow up and continuity after crisis episodes
- Whether people at high risk are receiving timely and appropriate care.

A positive shift would include fewer people reaching crisis point and better support when crises do occur.

Change in communities

We would expect to see and hear that:

- People are accessing help earlier and with less distress
- Whānau feel better supported and less burdened by navigation
- Providers report stronger collaboration and clearer pathways
- Communities experience reduced stigma and greater confidence in seeking help.

The strategy's impact should be assessed through a combination of access, equity, workforce, quality, and experience measures. Success will be evident when improvements are visible in data and clearly felt by people and whānau through simpler access, earlier support, more connected care and a more stable, sustainable system.

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

Overall, we believe the strategy provides a strong and well-aligned direction for improving mental health and wellbeing outcomes. The key challenge now will be ensuring that implementation is sufficiently resourced, coordinated and sustained to deliver meaningful change for people and whānau.

A consistent theme from our experience is the importance of building on what is already working, rather than introducing additional layers of services or short-term initiatives. There are many established providers and service models delivering effective support across primary care and community settings. Ensuring these services are adequately funded, stable, and able to scale will have a greater impact than creating new programmes alongside them.



This includes continued strengthened investment in primary mental health initiatives such as the IMPHAS programme, which has improved access to early support but is not yet consistently available or resourced to meet increasing demand and complexity. Sustaining and extending these models will be critical to achieving the strategy's objectives around early intervention and improved access.

It is also important that the focus on prevention and early intervention is balanced by continued investment in specialist services, particularly for people with moderate to severe or enduring mental health and addiction needs. A well-functioning system requires strength across the full continuum of care.

Finally, the success of the strategy will depend on whether people experience changes in practice, including simpler access to support, more connected services, and timely care that matches their level of need. Maintaining a clear focus on implementation, accountability and system alignment will be essential to achieving these outcomes.

