National Council of Women of New Zealand
Te Kaunihera Wahine o Aotearoa

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MAKING EQUALITY REALITY

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S26.05

Submission to the Ministry of Health in response to the Consultation on the Draft Mental Health and Wellbeing Strategy 2026 - 2036

Introduction

1. The National Council of Women of New Zealand, Te Kaunihera Wāhine o Aotearoa (NCWNZ) is an umbrella group representing around 60 affiliated organisations and 300 individual members. Collectively our reach is over 200,000 with many of our membership organisations representing all genders. NCWNZ has 12 branches across the country.
2. NCWNZ's vision is a gender equal New Zealand and research shows we will be better off socially and economically if we are gender equal. Through research, discussion and action, NCWNZ in partnership with others, seeks to realise its vision of gender equality because it is a basic human right.
3. This submission has been prepared by the NCWNZ Safety, Health and Wellbeing Action Hub, and the Submissions Coordination Committee. It includes feedback from members and draws on existing NCWNZ policy and previous related NCWNZ submissions.

Summary

4. NCWNZ is pleased to give its support to the Draft Mental Health and Wellbeing Strategy (The Strategy) that will set the direction for how the health system improves mental health and wellbeing outcomes for New Zealanders over the next ten years. We acknowledge its scope includes improving mental health and addiction support, preventing suicide, and reducing harms from substance use and gambling.
5. NCWNZ agrees with the proposed vision to see that "All New Zealanders are supported in the ways they need to thrive and experience positive mental health and wellbeing alongside positive physical health".
6. NCWNZ acknowledges that The Strategy forms part of the Pae Ora (Healthy Futures) Act 2022, and we note the four pillars of The Strategy: Prevention and Early Intervention; Access to Supports and Services; Workforce; Effectiveness.

7. NCWNZ applauds both the aspirational and comprehensive nature of The Strategy but retains concern about adequate resourcing and implementation of The Strategy.

8. NCWNZ's existing policy and past submissions align with the goals of The Strategy to support the mental health and wellbeing of the population of Aotearoa New Zealand.

9. NCWNZ supports a strategy where all components of mental health legislation and mental health and addiction policy and practice work together to form a coherent and accessible mental health framework.[1]

10. NCWNZ acknowledges the unique mental health needs of women and girls, and especially across the reproductive health life span.

11. We also acknowledge the disproportionate number of Māori and other population groups, including disabled people, who are experiencing increasing levels of mental distress along with a high level of unmet need for mental health and addiction services.

12. NCWNZ emphasises the global trend of increasing mental distress for young people, and notes that increases are occurring at a greater rate for this group than for any other population group.

13. We note the country's ageing population and their associated health needs, chronic health conditions, impairments, and social isolation; we are also aware that women will continue to make up the higher proportion of this population group.

14. NCWNZ is pleased that The Strategy aligns with a number of international conventions to which New Zealand is a signatory.

15. NCWNZ is aware of the persistent under-staffing of the mental health sector, and we urge an increased focus on recruiting and retaining a workforce that is appropriately remunerated and supported, and one that experiences safe work conditions.

16. NCWNZ is aware of the harm to mental health caused by interaction with social media platforms and other online sites and is campaigning for regulation and media monitoring to create a safe online environment for all. We know that digital technology companies design algorithms that create addiction, and we know that these companies and social media platform providers operate and cause incalculable harm with impunity in Aotearoa New Zealand.

17. NCWNZ understands the determinants of good mental health and wellbeing will not be addressed through the health sector alone. That is, factors such as poverty, homelessness, precarious and low-paid employment are all key determinants for poor mental health and wellbeing as well as addiction issues. In light of this, NCWNZ urges the Government's immediate attention to implement measures to remove barriers to economic and social wellbeing. Additionally, NCWNZ understands the increasing need to support population wellbeing in the light of climate change, extreme weather events and other natural disasters.

[1] NCWNZ. 2022. Submission to the Ministry of Health on Transforming our Mental Health Law. S22.01. https://d3n8a8pro7vhmx.cloudfront.net/ncwnz/pages/1026/attachments/original/1643852824/S22.01_Mental_Health_Law_.pdf?1643852824

18. We believe that the attainment of gender equality in Aotearoa New Zealand will bring improvements in mental health and increased wellbeing in society.

19. NCWNZ is aware of the enormous harm, including mental health harm to women and girls as a result of Family Violence (FV) or Intimate Partner Violence (IPV), and seeks an end to the country's persistently high rates of all forms of violence against women and girls.

20. NCWNZ is concerned by the gender-related mental health problems related to eating disorders especially for girls. We are aware that unrealistic and idealised images of the female body in advertising and social media are known to have damaging effects for girls and young women, such as eating and other psychiatric disorders.[2]

21. We also have concern for the mental health of the LGBTQI+ community, and particularly for trans and non-binary people. We note that The Counting Ourselves (2019) survey found stark health inequities between trans and non-binary people and the general population, particularly in the areas of mental health and wellbeing, including very high rates of attempted suicide. This report showed that many trans and non-binary people cannot access medically necessary gender-affirming care in the public health system.[3]

22. NCWNZ encourages investment in prevention and early intervention of society's wellbeing, knowing such an approach makes sound economic sense, given it will relieve the pressure on mental health services.

23. NCWNZ believes that development and support of strong communities and community ties at multiple levels are key in the prevention and early intervention of mental health, addiction and substance use harm.

Background

24. NCWNZ has an extensive history of advocating in all spheres of health - including mental health - for the protection of women from harm; for safe and gender equal employment conditions and pay equity; for child safety and protection; and for the wellbeing of society.

25. NCWNZ policy from the last 20 years reflects a growing concern for the need for the expansion, and adequate resourcing, of mental health services, in particular those for women and girls.

26. We reaffirm our commitment to the principles of protection, partnership, and participation of Te Tiriti o Waitangi.

27. In its recent campaign and submission on the crime of Stalking (and in other related submissions), NCWNZ made clear the harm to the mental health of victims of online stalking. As a consequence, we have called for the implementation of regulatory means

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[2] NCWNZ. 2023. Submission to the Justice Committee on the Crimes Legislation (Stalking and Harassment) Amendment Bill 107 – 1. S23.07. https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1680397922/S23.07_Women's_Health_Strategy_.pdf?1680397922

[3] NCWNZ. 2023. S23.07. Ibid.

to ensure an online landscape that does not rely on the target individual reporting abuse and seeking remedy for instances of online harm. We wish to see a system that is developed following a safety-by-design model, where digital technology companies and social media platform providers are required to be transparent, and are accountable to an independent media regulator.[4]

Prevention and Early Intervention

Removing barriers to access of mental health support services

28. NCWNZ members expressed a need to remove the stigma associated with mental health that prevents people reporting mental distress or accessing mental health services.

29. Individuals who won't accept the need for help, family members who dismiss symptoms as something that will heal with time, and people equating mental illness with poor behaviour all reflect a need for improved education of the general public.

30. Members cite pride, anxiety, stigma, fear of rejection and judgemental responses from family, friends or professionals as barriers to accessing mental health support. Loneliness and isolation, lack of support, lack of knowledge about support available, as well as understanding how to access this support, are reported as further barriers.

31. NCWNZ members also report the cost of counselling and long wait times for a first appointment as barriers to seeking help and accessing mental health services.

32. One member condemned the inappropriate placement of responsibility of care on whānau and especially women, with neither support nor recognition of the burden of care being carried.

33. For other NCWNZ members it is lack of:
    - language translation services, and lack of diversity in counselling support to meet cultural needs;
    - acknowledgement of the needs of carers, and support for carers;
    - networking and continuity between agencies such as police and mental health service providers;
    - focus on recent migrants and on older women living alone;
    - adequate workforce to meet current and increasing mental healthcare need;
    - appropriate levels of funding to support workforce capacity and capability, and
    - clear threshold definition criteria to be eligible for support;
    - good family/whānau support and access to community support teams;
    - universal access - how this strategy will reach those in jail, the homeless, those who have never seen a health professional;
    - a coordinated pathway and response for those presenting with mental health and addiction needs.

[4] NCWNZ. 2025. Submission to the Justice Committee on the Crimes Legislation (Stalking and Harassment) Amendment Bill 107 – 1. S25.03. https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1739502166/NCWNZ._S25.3_Crimes_Legislation_%28Stalking_and_Harassment%29_Amendment_Bill_107-1.pdf?1739502166

Online safety – regulation

34. It is clear to NCWNZ that there must be urgent legislative change in order to relieve the burgeoning levels of mental health distress and other harm caused especially to women and girls as a result of the lack of regulation of the online environment. We know that online harm translates readily to harm perpetrated offline, placing women and girls in grave danger.

35. Relevant extracts from NCWNZ's submission[5] to Parliament's Workforce and Education Committee Inquiry into the harm young New Zealanders encounter online are referenced below. We believe it is useful to highlight this material; in particular, the research regarding mental health harm as a result of interactions with online/digital technology platforms.

    i. "NCWNZ is concerned that social media and online platforms are increasingly used to spread misogyny, racism, dangerous disinformation and other harmful content. Violent online content - such as the abuse of women and children, suicide and self-harm, terrorism and extremism - is readily available to ordinary New Zealanders, who are invited to view and share this content."
    ii. "Digital technology companies are doing very little to prevent or respond to the online harm and abuse that appears on their platforms. Moreover, our current outdated laws and regulatory settings are completely ineffective at addressing these problems."
    iii. "Under our present law, the owners of search engines, social media and video-sharing platforms such as Meta (Facebook and Insta), TikTok, and Alphabet (Google and YouTube) are not liable for the content that appears on their platforms. They are also not required to be transparent or accountable for the harm they produce, or even to respond to complaints about online harm and abuse."
    iv. "There is significant evidence of the mental health harm arising from the online environment, including addiction, association with volatile or toxic people and groups (e.g. suicide or incel influencers and forums), and the impact of exposure to illegal or other harmful content for children. The Classification Office's world-leading research[6] on young people and pornography found that:
        - "One in four New Zealanders first see porn by age 12, and most are not seeking it out when they first see it. Most young people (75%) have seen porn by age 17. Research demonstrates this is a problem, with some children being disturbed or traumatised by these exposures. Porn has become a default learning tool for young people: an unofficial form of sex education."
        - Minamitani (2024) from Stanford Law School[7] advises that:

[5] NCWNZ. 2025. Submission to the Workforce and Education Committee, Inquiry into the harm young New Zealanders encounter online S25.17. https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1754263022/S25.17_Inquiry_into_the_harm_young_NZers_encounter_online-1.pdf?1754263022 Submissions - National Council of Women of New Zealand

[6] Classification Office. Getting real about the impacts of online pornography on young people. Classification Office-4.pdf

[7] Stanford Law School. 2024. Social Media Addiction and Mental Health: The Growing Concern for Youth

v. "The link between social media and mental health issues has been well documented in numerous studies and research papers. A systematic review found that the use of social networking sites is associated with an increased risk of depression, anxiety, and psychological distress (Keles, et al., 2020). …this association is particularly strong in adolescents compared to younger children (Twenge & Campbell, 2018). Moreover, in the United States, the 12-month prevalence of major depressive episodes among adolescents increased from 8.7% in 2005 to 11.3% in 2014 (Mojtabai, et al., 2016). The new media screen activities have been suggested as one of the causes of the increase in adolescent depression and suicide (Twenge, et al., 2017)."

36. NCWNZ believes that our existing legislation is not fit for purpose and is out of step with many other jurisdictions around the world. A pivotal point in the Prevention and Early Intervention toolkit for The Strategy is a requirement for online safety to begin with platforms and sites developed on a safety-by-design model, and by requiring platform provider transparency and accountability to an independent media regulator. The current model whereby an individual seeks redress for harm is a cumbersome, protracted, and often fruitless process that serves to perpetuate and compound the harm.

37. In light of the incontrovertible evidence that the lack of online regulation is contributing to mental health harm, we urge the Ministry to make regulation of the online industry a matter for immediate attention.

Homelessness

38. NCWNZ is aware of the increasing rates of homelessness for women, and acknowledging the concomitant health and social problems the state of homelessness brings to individuals, we urge the Government's focus to remedy this as an underlying cause of poor mental health.

39. We applaud the work being carried out by a number of organisations and agencies across the country seeking to provide housing for different population groups.

40. There have been spectacular results from He Kāinga Oranga's Housing First Research Programme, where participants who have faced chronic homelessness and who have coexisting challenges - such as poor mental health or illness, substance use, and addictions - bypass the steps of emergency shelter and transitional housing, and are placed directly (with wraparound support) into permanent housing.[8]

41. NCWNZ notes with pleasure the phenomenal success of the initiative, including the significant levels of improvement recorded in many wellbeing factors of participants in the programme; notably, reductions in interactions with mental health services. The rate of change in circumstances from one year prior to entering the programme and five

Wellbeing. Social Media Addiction and Mental Health: The Growing Concern for Youth Well-Being - Law and Biosciences Blog - Stanford Law School

[8] Kāinga Oranga - Housing and Health, 2026. Ending Homelessness in New Zealand – Housing First. https://www.healthyhousing.org.nz/our-research/past-research/ending-homelessness-new-zealand-housing-first

years after being housed are thrilling. In particular, for women: a reduction of 23% in mental health and addiction outpatient events; a reduction of 81% in mental health in-patient unit bed-nights; a reduction of 75% in mental health residential unit bed-nights; and a 65% reduction of hospitalisations.[9]

42. In light of the outstanding success of the Housing First Programme, we urge the Government to continue its support of, and increase its funding for, this initiative with a view to expanding the programme.

43. Another programme, Doors to Dignity, is an initiative developed by the Christchurch Methodist Mission that seeks to provide housing for older people who are experiencing housing distress. The report produced by this organisation outlines the housing issues faced by older women, noting the insufficient retirement savings of older women due to interrupted working lives and the gender pay gap.[10]

44. NCWNZ urges ongoing government support of papakainga programmes, Māori-led initiatives that aim to house Māori on ancestral land, develop small communities, and are designed to enhance whānau wellbeing and reconnection to turangawaewae.[11]

45. We also urge the Government's immediate attention to addressing the issue of homelessness as a means of reducing anxiety and other mental and general health stressors that result from living in housing distress.

Climate Change

46. NCWNZ is pleased to see acknowledgement of the impacts of climate change, extreme weather events and other natural disasters on population mental health, and we are pleased to see this increased focus on population mental wellbeing.

47. Again, we see the value and importance of support being led at a community level and seek assurance that investment in community resilience for such events will be included and increased in The Strategy.

Intimate Partner Violence/Family Violence

48. NCWNZ is gravely concerned with the omission of reference to the subjects of Intimate Partner Violence (IPV) and Family Violence (FV) in The Strategy, given the enormous impact on the mental health of victims of IPV or FV.

49. Sadly, Aotearoa New Zealand has persistently high rates of IPV and FV as measured against other member countries of the OECD.

50. We note that research from a number of agencies[12] reveals clear links between intimate partner violence, mental health harm, and suicide. The statistics are chilling. "Te Tāhū

[9] Five-Year Post-Housing Outcomes for a Housing First Cohort in Aotearoa, New Zealand, 2024. https://ojs.lib.uwo.ca/index.php/ijoh/article/view/16747

[10] Christchurch Methodist Mission, 2024. Doors to Dignity: Ensuring all older people are housed well. https://www.doorstodignity.nz/report-on-older-persons-housing

[11] Te Puni Kōkiri, 2026. Māori Housing: New Builds – small papakāinga. https://www.tpk.govt.nz/en/nga-putea-me-nga-ratonga/maori-housing/new-builds-small-scale-papakainga

[12] Violence Information Aotearoa, 2026. Research and resources on links between intimate partner violence and suicide. https://vine.org.nz/news/research-and-resources-on-links-between-intimate-partner-violence-and-suicide

Hauora Health Quality and Safety Commission's report on femicide (deaths related to gender-based violence against women and girls) shows that 63% of maternal suicides between 2006 and 2023 had a police-reported record of family violence"

51. NCWNZ also notes that, from the same summary by Vine, "Research undertaken by Women's Refuge shows that women's suicides are often linked to family violence and its impacts. They found that women who have experienced violence are three times as likely to have attempted suicide in the last year, and that family violence is the biggest contributor to health burden (including mental health burden) for women of reproductive age"[13]

52. "Gulliver and Fanslow found that women were more likely to report they had thought about taking their own life if they also reported that their partner's behaviour had impacted on their mental health, were current or former users of recreational drugs, had experienced a stillbirth/abortion/miscarriage, or had experienced emotional abuse in the previous 12 months"[14]

53. NCWNZ insists that addressing the country's high levels of violence against women and girls is central to The Draft Mental Health Strategy.

Bolstering community support and resilience

54. NCWNZ is pleased to see The Strategy's acknowledgement of the role other Government agencies will play in seeking an improvement in the mental health wellbeing of the country's citizens. "While this strategy focuses on driving change through the health system and health entities[15], we know the health system cannot improve mental health and wellbeing outcomes alone. Other government agencies, families, iwi, community groups, non-government organisations, businesses and others all have vital roles in creating a future where people's needs are met, including social, economic and health needs, and where mental health and wellbeing are supported everywhere people live, learn, and work."

55. NCWNZ understands that community agencies can make a crucial difference by their commitment, interagency communication and collaboration, advocacy and activism.

56. Our members have expressed their desire to see a focus on strengthening community ties and communities as a means of alleviating isolation and loneliness, especially for older women whose numbers are increasing by the year, and as a channel for fostering wellbeing and resilience of individuals. Community spaces – marae, community centres, halls, and public libraries - that allow for the operation of social, music, and cultural clubs, or facilitate social interaction over a shared activity or interest are invaluable to supporting and enhancing positive mental health.

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[13] National Collective of Independent Women's Refuges, 2024. Family violence and suicide: responding well to risk. https://library.vine.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=8662

[14] P. Gulliver, 2023.Exploring risk factors for suicidal ideation in a population-based sample of New Zealand women who have experienced intimate partner violence. https://library.vine.org.nz/cgi-bin/koha/opac-detail.pl?biblionumber=4256

[15] Health entities as defined in the Healthy Futures Act include Health New Zealand, the Health Quality and Safety Commission, Pharmac and the New Zealand Blood and Organ Service.

57. NCWNZ members also suggest faith-based settings as an avenue for providing mental health support. “The strategy pays little more than lip service to our much more diverse community - Asian and MELAA and muslim people. Faith is having a lot of resurgence in New Zealand and plays an important part in conceptualisation of mental health.”

58. Members further suggest the promotion of outdoor activity and exercise, along with education and healthy diet as important factors in improving mental health. However, these suggestions come with an assumption that access to good nutrition and education about the benefits of exercise is available to all, when, in reality, it is contingent on adequacy of economic means.

59. NCWNZ members have requested the provision of parenting and anti-bullying programmes to aid parents in supporting their children to safely negotiate a healthy pathway to adulthood. Anti-bullying and similar programmes will include reinforcement of an individual’s value and the need for acceptance, tolerance, kindness and respect for all.

60. We are reminded of the value of the Citizens’ Advice Bureau service by this NCWNZ member: “One of the most helpful, up-to-date voluntary services in New Zealand (and around the world) is Citizens Advice Bureau. They keep extensive records of a wide variety of helping services to aid mental health and wellbeing in local communities and link to other Bureau services and national paid staffing. A gap in the strategy is limited reference to social and community services. It is a concern that social service funding is crossing over to the Ministry of Social Investment and not staying with the Ministry of Social Development, as it is moving away from DEVELOPMENT TO INVESTMENT, a government decision.”

61. NCWNZ members note that having a public library is central to promoting and enhancing the mental health and wellbeing of a community. A public library offers much more than books and resources; it is a place where groups meet for a multitude of purposes: games, gaming, book clubs, language lessons, story and music sessions for pre-schoolers, lego and tech workshops, craft sessions, film screenings, and special cultural events for ethnic and migrant communities. A public library is a unique place in the community where there are no barriers to entry, and where people are citizens, not consumers.

62. The majority of children and young people between the ages of five and sixteen years in Aotearoa attend school or kura. A school or kura sits at the heart of the community. Knowing that there is a growing number of children and young people who are experiencing emerging mental distress, elevated/exaggerated worry, anxiety, low self-esteem, it follows that the school or kura setting is the ideal place for investing resources to ‘head these issues off at the pass’, to help build resilience, and improve self-esteem of students.

63. NCWNZ members understand a two-week wait to see a counsellor at a high school is not out of the ordinary and therefore urge the Government to invest in a skilled workforce to ensure universal provision of a school nurse and professional counsellors or social workers across all secondary schools in Aotearoa New Zealand. NCWNZ Members also recommend investment in peer support training, and the provision in every school, from Year 1 to Year 13, of a well-resourced library with dedicated library staff.

64. NCWNZ has identified inadequacies in the Draft Year 0 - 10 Health and Physical Education Curriculum (Relationships and Sex Education) that will likely negatively impact the mental health of members of the LGBTQI+ community. As a result, our recent submission[16] recommends a more inclusive and holistic approach where sexual, gender, and cultural diversity are included. NCWNZ members also highlight the need for information on the dangers of addictive substances to be included in the Health Curriculum.

65. We note with concern a recently announced proposal to reduce the school nurse workforce by up to 60% by 2027. It is obvious that such a drastic reduction will add significant pressure to mental health services, and other health providers.[17]

66. Where a school or kura is the heart of the community, a school library/whare pukapuka is the heart of the school, and an ideal setting for promoting cultural identity, positive mental health, increasing self-esteem and fostering resilience of students/ākonga. A school library is not a luxury; it is a necessity. Currently a school library is a discretionary expense, with staff and resources funded from a school's Operations Grant. Often a school's PTA or parents' group will fundraise for books and library resources, but there is no central funding from the Government for library staff. [18]

67. NCWNZ believes that a school library/whare pukapuka is a safe place; it is a refuge for many from the complexities and confusion of the playground, especially for neurodiverse students. It fosters a sense of belonging for students and enhances student wellbeing.[19] School librarians provide a point of stability in a student's school life. They are in a unique position of being with students across the span of students' school years. Librarians know their school's students well, and not only curate the library collection according to students' interests and needs, but a school librarian is frequently a safe person to whom a student feels comfortable asking questions and sharing news or concerns. Additionally, a school library's collection will include, with age-appropriate content and comprehension levels, books and other resources that affirm identity, reject racism, that promote positive self-esteem, celebrate diversity, and that enhance wellbeing.

68. NCWNZ members' views on community and its strength as a first line of response to improving mental wellbeing or addressing mental health needs are further illustrated in the following points.

    i. "What actually helps is this: community connection, relational continuity, and genuine support for the people doing the invisible work. Not clinical strangers who rotate. Not crisis lines that require the person in crisis to consent before anyone can act. People

[16] NCWNZ. 2026. Submission to the Ministry of Education in response to the Consultation for Year 0 – 10 Draft Curriculum ContentS26.04. https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1776990171/S26.04_Year_0_%E2%80%93_10_Draft_Curriculum_Content.pdf?1776990171

[17] The Post. 2026. Principals 'deeply alarmed' as school nurses could be slashed by half.https://www.thepost.co.nz/politics/360972225/principals-deeply-alarmed-school-nurses-could-be-slashed-half

[18] Schools Need Libraries. 2025. 2/3 of schools in NZ don't have a library. https://schoolsneedlibraries.org.nz/

[19] National Library. 2018. Reading and libraries for well-being. https://natlib.govt.nz/blog/posts/reading-and-libraries-for-well-being

who know you, trust built over time, and a system that sees whānau as participants who also need care — not just as resources to be deployed when services run out."

ii. "What is needed is community engagement, connection with the factory floor and the realities of the day-to-day existence of those who suffer poor mental health and disability, gambling and substance use harm. This is where crucial interactions and effective action is required."

iii. "What helped me was stubbornness, community ties, and eventually learning to manage what the system never resolved. That is not good enough. Carers need relief, recognition and support in their own right — not as an afterthought, but as a core part of how the system is designed."

iv. "The commitment to community-based support over purely clinical settings is also right. In my experience, community connection and relational continuity did more than any clinical intervention. People heal in relationships, not waiting rooms."

v. "I believe a significant part of that answer lies with NGOs, iwi organisations, community groups and networks — not as overflow valves for an overstretched system, but as a genuinely skilled and resourced primary delivery layer. These organisations already do the relational, continuous, culturally grounded work that clinical settings struggle to replicate. The strategy needs to name them not as supplementary but as central — and invest in building their capability accordingly.

vi. "The system will not change by continuing to describe what is broken. It will change when community capacity is treated as infrastructure, not charity."

Social and economic wellbeing as a foundation for engendering resilience, positive mental health and wellbeing

69. NCWNZ welcomes the following statement from The Strategy: "It is estimated that 60-90% of mental health challenges[20] are driven by social, economic, environmental and cultural conditions, including housing, physical health, family and sexual violence, and poverty. This highlights the importance of a cross-sector prevention approach to tackle these drivers to more effectively reduce harm, strengthen resilience, and lessen long-term pressure on mental health, addiction and other services."

70. We are well aware of these underlying factors. Clearly stated in our 2023 submission on the Women's Health Strategy (S23.07)[21], "The major determinants of women's health lie outside of the health system. Low incomes, substandard, insecure housing, unaffordable healthy food, and the stress associated with poverty are major drivers of poor physical and mental health especially for women who usually bear most responsibility for ensuring the wellbeing of their children and whānau. There will not be significant improvements in the health of girls and women until we as a nation seriously tackle poverty, pay equity, housing, education, misogyny, and all forms of discrimination."

71. We look forward to the long-overdue attention that The Strategy will bring to ensuring universal social and economic wellbeing in Aotearoa New Zealand.

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[20] Bala, J., Newson, J. J., & Thiagarajan, T. C. (2024). Hierarchy of demographic and social determinants of mental health: Analysis of cross-sectional survey data from the Global Mind Project. BMJ Open, 14(3), e075095. https://doi.org/10.1136/bmjopen-2023-075095

[21] https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1680397922/S23.07_Women's_Health_Strategy_.pdf?1680397922

Aspiration versus Implementation

72. NCWNZ members have expressed concern that The Strategy will become another policy, another 'word-fest' without action, that it is big on aspiration but short on identified implementation. Members have requested less aspirational language and more specifics on expected outcomes, and how services can be delivered to better meet the population's growing mental health needs.

73. Members have also expressed a desire for The Strategy to have cross-party support, in order that subsequent governments do not erase or minimise its contents.

74. Please see below for a sample of comments provided by members.

    i. "A strategy is one thing, making it work is another. There needs to be transparency and accountability for any funding decisions made that are not evidenced based going forward."
    ii. "Where are the performance indicators that will shape the development of service models?"
    iii. "Vision and reality are not the same thing. We have had strategies before that said the right things. What is missing is not acknowledgment of what is not working — it (what is missing) is an honest answer to how we actually fund and build the capacity to make the vision real."
    iv. "Several structural changes would make this strategy more than a vision document:
        - First, whānau must be given formal standing in crisis response. Currently, the person in crisis holds a veto — they can decline to engage, present as calm, and be discharged back into the home of the person who called for help. I experienced this repeatedly. My account of what was happening in our home carried no weight. Whānau who are living with a crisis, absorbing risk and providing unpaid care must be recognised as participants in assessment and planning, not bystanders.
        - Second, the police and mental health blame loop must be broken. When someone falls at the intersection of mental health and addiction, or mental health and risk of violence, neither system currently owns the problem. They redirect to each other while whānau are left managing an unsafe situation alone. A single point of accountability — where one agency holds the case and coordinates the response — is essential.
        - Third, the comorbidity gap between mental health and addiction services must be closed. When it is unclear whether a crisis is driven by mental illness, substance use or both, the system becomes confused and inconsistent. People at this intersection are among the most vulnerable and the least well served.
        - Fourth, the strategy needs to be honest about a dynamic it currently avoids: people experiencing addiction and some mental health crises can be skilled at manipulating systems designed around self-reported need and voluntary engagement. This is not a moral failing — it is a symptom of the condition. But a system that accepts "I'm fine" at face value and discharges people back into the homes of the whānau who raised the alarm is not compassionate — it is negligent. Better responses include formal whānau input into assessment, longitudinal relationships with consistent workers who can identify patterns over time, and

genuine accountability frameworks for people receiving support — not punitive, but honest."

v. "Be transparent about funding capacity and capability. Outcomes should not be targets. They should be meaningful in terms of the social determinant choices people with mental health issues can make as they go through life. The Dunedin Hospital Multidisciplinary Cohort Study has demonstrated the importance of early childhood health and wellbeing before the age of 3. This has not been acknowledged in the strategy."
vi. "The strategy needs more words such as DEVELOP, e.g. Development of a greater number of programmes for parents in the prisons, for reduction in self-harm, substance misuse, bullying and self-care and initiative/rational/critical thinking programmes."
vii. "The plan and theoretical approach of the Strategy is all very well. It is the action plan that is vital. This is complex and involves much more than a focus on mental health services. Socio-economic factors that impact on physical and mental health and wellbeing should be addressed. Disadvantage, discrimination and lack of equity and loss of respect and dignity of members of the population cannot be ignored."
viii. "But most of all, having spent time and dollars developing the strategy, IMPLEMENT IT. Let it not be consigned to shelves in the bowels of beehives where many EARLIER strategies linger."
ix. "Stop convening reviews, strategies and consultations that accurately describe what is broken without producing binding, resourced action. New Zealand has a long history of mental health inquiries that reach the same conclusions. The people who live with the consequences of system failure do not need another document — they need change. Accountability must be attached to implementation, not just to the quality of the vision statement."
x. "The management plan should include constant reviews of what is being offered. Therefore review, review, review every process, beginning at the individual client level, then moving up the chain. This should be the minimum automatic action across all services. Review service models in place and determine if they are being utilised appropriately, effectively and efficiently."
xi. "The answers already exist. New Zealand has conducted inquiry after inquiry into mental health and addiction. He Ara Oranga. Decades of reviews, strategies, consultations and working groups. The findings are consistent. The recommendations are consistent. This consultation will likely produce findings consistent with all of them. The gap is not knowledge. The gap is implementation."
xii. "Measurement immediately after a service does not immediately show the results, as the results need to be measured long term, as in the Otago lifetime studies."
xiii. "My fear is that the government will approach this by leveraging layers of management staff who will sit in front of computers and produce policies and processes that have nothing to do with the day-to-day reality of those affected by mental health difficulties, gambling and substance use harm. "
xiv. "The aspirational structure of the strategy document does not lend itself to being anything other than a grand statement with great appendices. The value of the strategy document is in the recognition of the importance of both the individual seeking help and their family."

75. One NCWNZ Branch has referenced a recent opinion piece by Sir Peter Gluckman that suggests some of society's big issues must sit outside the three-year political cycle in order to be successful: "Sir Peter Gluckman in his opinion piece '*The new approach needed to cast out wicked problems'*,[22] suggests that many of these questions are too big to be subjected to the seesaw nature of our political cycle. He quotes encouraging examples overseas. For instance, '… Finland's political parties have agreements over managing governmental spending over the next decade and a broad consensus on increasing investment in research.' He notes that 'Governments like Finland, Switzerland and Singapore, despite being constitutionally different, all put effort into problem analysis and long-term solution finding.' He continues "…a more open policy process that allows wicked problems to be explored transparently, will help policy debates focus on effective solutions to the issues that really matter. Even with shared strategies, there is room for political parties to shape the details in ways that reflect their beliefs.'

76. This particular NCWNZ Branch believes those responsible for implementing The Strategy will find this is an article worth reading in terms of considering "how it could re-shape our political landscape by using cross-party agreements to lock in strategies that survive more than the current churn of the three-year political cycles, thus reflecting a political maturity that really puts people first."

Funding

77. NCWNZ members express concern that there has been no mention of the source of funding for the implementation of The Strategy. Further input from members regarding funding of The Strategy follow below.

    i. "The unstated assumption that there will be adequate funding to support educated and experienced workforce where it is needed, is of major concern. The economics of meeting the social determinants of health to reduce demand on mental health services and avoidable harm, not just for the individual but for the family, iwi and hapu, is clear."
    ii. "Prevention and early intervention are more cost-effective long term. We must have cross party binding agreements to ensure that strategy and policy is not changed at a political whim to save money. It is ironic that this strategy is being proposed when school nurses who do a great deal of prevention and early intervention are being cut to meet government-imposed budget constraints on Te Whatu Ora."
    iii. "Community and NGO organisations need to be resourced as primary delivery infrastructure, not emergency overflow. The relational, continuous, culturally grounded work that these organisations do cannot be replicated in clinical settings — but it is currently assumed rather than funded."
    iv. "I think it will take a massive injection of money to invest in the mental health workforce and community support agencies – where will this come from?
    v. "We need to stop cuts and invest in the health workforce. We do have the means economically to do this as our debt level is low compared to other OECD countries. We can also change our tax system to a progressive tax system that ensures that

[22] RNZ. 2025. 'Wicked' problems need a new approach. https://www.rnz.co.nz/national/programmes/nights/audio/2019015214/wicked-problems-need-a-new-approach

corporations and the wealthy pay their fair share of tax. It works in Norway. It can work here in NZ."

Workforce

78. NCWNZ is aware of the acute deficiency of sufficient numbers of mental health workers to appropriately meet the demands of mental health, addiction, and substance use patients. Thus, we wholeheartedly support The Strategy's goals in relation to the mental health workforce. "People's experiences of the mental health and addiction system will be improved by a larger, more diverse, representative, and highly skilled workforce that reflects the communities of New Zealand. This workforce will be equipped to deliver care that is inclusive, age appropriate, culturally responsive, and person-centred. There will also be a greater presence of consumer, peer support, and lived experience roles[23]"

79. In particular, we approve the aim: "Improved workforce wellbeing will attract more people to careers in mental health and addiction, while also supporting the recruitment and retention of existing staff", as we are aware of many professionals in the mental health sector - from nurses to psychologists and psychiatrists - who choose to work abroad where work conditions and remuneration are vastly superior to those on offer in Aotearoa New Zealand.

80. NCWNZ has long been concerned for the wellbeing of the largely female nursing sector whose capacity is stretched, and whose pay does not reflect the valuable skills of the workforce or degree of complexity of work carried out. Recent changes to The Equal Pay Act legislation have further compounded adversity for this workforce sector.

Mental Health Needs of Women and Girls Over Their Reproductive Lifespan

81. Addressing the unique mental health needs of women and girls and providing mental health support over the span of reproductive years are crucial. Please see below for relevant extracts from our submission S23.07 to Manatū Hauora Ministry of Health on The Women's Health Strategy.

    i. "The risk of mental illness onset or recurrence for women is particularly high during pregnancy and childbirth with an estimated 15-20% of women affected by maternal mental health and addiction. This can have a detrimental impact on the mother-infant relationship, emotional attachment, and ability to provide adequate care with sometimes long-term consequences for the child's development. "
    ii. "We urge the Ministry of Health to use the findings of the recent stock-take of maternal mental health service provision as a guide for Health New Zealand to develop nationally consistent, culturally informed, community-based perinatal mental health support services and to make these changes a key performance indicator for Te Whatu Ora and Te Aka Whai Ora."

[23] Ministry of Health. 2026. Consultation on the Mental Health and Wellbeing Strategy. P.15 https://www.health.govt.nz/publications/consultation-on-the-mental-health-and-wellbeing-strategy

iii. "Again, we note that the funding allocated to targeted mental health programmes but are disappointed that maternal mental health is not included." [24]

iv. NCWNZ notes that menopause and mental health needs are closely linked. Unstable oestrogen levels during menopause are known to impact women's physical and mental health. Symptoms of menopause can include mood swings, anxiety, and depression; some women may be affected severely such that they experience major depressive episodes and suicidal ideation. [25]

82. NCWNZ considers investment in, and support for, the mental health needs of women across the span of reproductive years to be a compulsory inclusion in The Strategy.

Te Tiriti o Waitangi

83. While we question the absence of explicit reference to either The Treaty of Waitangi or Te Tiriti o Waitangi in The Strategy, we are pleased to see acknowledgement of the persistent health and social inequities for Māori, as well as: the increasing Māori population; higher than average suicide rates for Māori; and data that show Māori are more likely than non-Māori to be moderate-risk or high-risk gamblers.

84. Acknowledgement of persistent health inequities for Māori is critical. NCWNZ trusts the Strategy will make appropriate use of this understanding to ensure culturally appropriate means are employed to seek an immediate amelioration of the current shameful situation. "Statistics show there are particular population groups who experience poorer mental health and addiction outcomes. In particular, Māori have experienced longstanding inequitable outcomes which can be further compounded as Māori are also overrepresented within other groups that experience poorer outcomes."

Conclusions

85. In principle, NCWNZ supports The Draft Mental Health and Wellbeing Strategy 2026 – 2036.

86. NCWNZ supports The Strategy's identified improvements to all areas of the mental health workforce.

87. NCWNZ urges clarity and detail of budget and funding models for the implementation of The Strategy.

88. Further, NCWNZ urges an appropriately funded investment in community organisations and initiatives as a key response in the prevention and early intervention of mental health and addiction wellbeing. In particular, we urge a focus on resourcing and furnishing schools with counselling experts and with library services and facilities.

89. NCWNZ urges a cross-party approach to addressing the underlying social and economic barriers to good mental health and wellbeing that are sought in the implementation of The Strategy.

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[24] https://assets.nationbuilder.com/ncwnz/pages/1026/attachments/original/1680397922/S23.07_Women's_Health_Strategy_.pdf?1680397922

[25] Australiasian Menopause Society. Menopause and Mental Health: Fact Sheet https://hub.menopause.org.au/Play?pId=577e727c-377a-4af3-bfed-fd8b80883f64

90. We stress the importance of supporting and funding successful programmes to end homelessness in Aotearoa New Zealand.

91. NCWNZ urges a retention of focus in The Strategy on the mental health needs of women and girls across the reproductive lifespan.

92. We insist that the matters of family Violence (FV) and Intimate Partner Violence (IPV) as causes of mental distress, harm, and suicide are included in and made central to The Strategy.

93. We urge immediate attention of the Government to ensure online safety for all by requiring through legislation, transparency and accountability to an independent mediator, of all technology companies and social media platform providers.

94. NCWNZ urges the retention of focus within The Strategy on upholding the principles of Te Tiriti o Waitangi as a means of addressing the health inequities experienced by Māori citizens in Aotearoa New Zealand.

95. We further urge continued attention on young people and the minority population groups identified in The Strategy to ensure the best mental health and wellbeing outcomes for these vulnerable groups.

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