



**ANZCA**  
FPM

*Te Whare Tohu o  
Te Hau Whakaora*

18 May 2026

Draft Mental Health and Wellbeing Consultation  
Ministry of Health | Manatū Hauora  
By email: [mhasp.engagement@health.govt.nz](mailto:mhasp.engagement@health.govt.nz)

Tēnā koe

## Draft Mental Health Strategy 2026-2-36 ('the strategy')

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, thanks you for the opportunity to provide feedback on the above. ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around 10,000 fellows, 1300 of whom work in Aotearoa New Zealand.

The college has consulted with our national committees (National Committee NZ and FPM NZ) and education and policy advisors in Australia and Aotearoa; their feedback informs this submission. This submission, which includes answers to the online survey questions, may be published.

Anaesthetists and Specialist Pain Medicine Physicians (SPMPs) work in public and private community and hospital services throughout the country.

## Overview

ANZCA supports the Strategy's:

- intended outcomes: improved mental health, wellbeing and physical health for people experiencing mental health and addiction challenges, and reduced levels of mental distress, and gambling and substance related harm,
- four priorities: Prevention & early intervention; Access to services & supports, Workforce, and Effectiveness (previously identified in [He Ara Oranga: Government Inquiry into Mental Health and Addiction Services \(2018\)](#)), and
- its 10 year purview, with an initial, as yet unspecified, priority focus on the first three years.

It is reassuring to see some continuity, but disappointing that fundamental, evidence-based elements of cultural safety in Aotearoa - commitment to Te Tiriti o Waitangi, partnership with Māori, and health equity - are missing. These underpin key strategic actions such as growing community-based support, fostering positive attitudes to mental health and wellbeing, collaboration, and engagement with diverse communities. Addressing intergenerational trauma and loss, structural discrimination and lack of culturally safe services, requires a shared understanding and agreed principles.

A significant gap in the strategy is the lack of recognition of chronic pain as a key driver of poorer mental health, drug abuse and addiction and self-harm. The Strategy should include:

- Developing a **national pain strategy** in Priority 1: Prevention & early intervention.
- Developing specialist pain services and implementing the Mamaenga roa Model of care in Priority 2: Access to supports & services.
- Utilising SPMPs in Priority 3: Workforce.

**7. 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 the perspective of SPMPs there is no recognition of PAIN as a contributing factor to mental health and addiction issues. 27% of the adult population affected by chronic pain, and 14-22% young people (National Health Survey 2024/2025), but there is no clinical network for pain, roles are poorly defined and coordinated, and access to very few pain services, none of which are led by SPMPs is highly inequitable.

Lack of timely, correct (or even any!) diagnosis for many people with pain and disability caused through accident, injury or chronic disease which can lead to needless surgery, over or misprescribing of opioids, unnecessary suffering, increased disability, drug abuse, and self-harm.

**8. 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?**

Consistent research indicates that “people who are exposed to adverse circumstances – including poverty, violence, disability and inequality – are at higher risk of developing a mental health condition” (WHO, Mental Health) indicating that the things needed to help people stay mentally well are: Having the necessities of life early on – healthy parents; warm, dry housing; nutritious food; emotional and community support; education – including health literacy; employment/secure income; culturally safe and accessible health services.

Timely access to appropriately trained, culturally safe health practitioner/interdisciplinary team (IDT) for correct diagnosis, communication, treatment plan, to maximise engagement and cooperation.

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

**1. Prevention and early intervention** – this priority is the most important part of the strategy because the conditions experienced pre-gestation and in early childhood determine health status throughout life affecting future demand for health resources and productivity. Important actions identified include:

- Grow community-based supports and services and enhanced models of care to foster positive mental health and wellbeing for pregnant women and parents with young children;
- Access to a range of evidence-informed resources, supports and services for children and young people (ensure information is culturally safe, targeted to specific communities and accessible through multiple channels and language.)

**2. Access to supports and services** – The strategy rightly emphasises access to connected services and wraparound mental, physical and social support for people regardless of geographic location. Developing consistent evidence-based models of care that include patient choice is consistent with expectations of medical practitioners. Mental health issues are not always associated with addiction (or substance and gambling related harms); consistently labelling services this way may not be helpful.

**3. Growing the workforce** – this is important and must be done in a planned way as Aotearoa’s small population must leverage its well-trained medical, nursing and allied health workforce, and community care workers to maintain quality and trust in the health system.

- Career progression pathways must also include pathways for *specialist trainees* to ensure sufficient specialists. Having consistent models of care across mental health services to support

quality and continuity are both important goals. Workforce planning also needs to be done in relation to population planning (including immigration) and forecasts. Prevention and early intervention will require different workforces for children born in Aotearoa, for elderly migrants, for those who've experienced trauma, and for the 27% living with chronic pain, for example.

Successive mental health strategies have not gone much beyond identifying that the “workforce” needs to grow, without identifying and assessing the specific workforces needed in specific fields of mental health: psychiatry, neurology, pain, addiction, eating disorders, CBT, psychology, fostering positive models of health care with young people, or addressing loneliness or dementia in older people. There are **37** Psychiatrists in New Zealand as of April 2026, for instance, with a ratio of 13.3 per 100,000 people; will that be sufficient for an aging population?

**4. Effectiveness** – All the listed actions are important, particularly:

- targeted strategies to combat prejudice and discrimination and change attitudes in the health system and across sectors as they are fundamental barriers to mental wellbeing and health equity. (Closing the gap in a generation : health equity through action on the social determinants of health / World Health Organization, Commission on Social Determinants of Health. (2008)

- improving data quality and completeness; it is to be hoped that all actions in the mental health will be aligned with the Health Digital Investment Plan (HDIP) as the current fragmented and insecure digital health landscape does not support quality care or interoperability.

- shifting commissioning approaches to a partnership approach. The partnership approach underpinned by Te Tiriti o Waitangi is the basis of Aotearoa's constitution. With Māori having higher recorded rates of mental illness and higher rates of use of mental health services than the general population with even more disproportionate rates of compulsory treatment (Maori Mental Health, p42, Wai 2575), the need for systemic partnership, including Māori-led commissioning, is self-evident.

The appendices are useful, especially **Appendix 3 Where we have come from** which acknowledges and describes previous policy work, providing an important context for this brief strategy.

#### **10. What changes would make the strategy work better for people and whānau? Why?**

A Te Tiriti o Waitangi principles-based framework would provide a rational evidence base for actions to improve equity. The strategy barely references equity and perversely ties poor health outcomes to the discrimination that people with mental health and addiction issues experience, rather than recognising that inequity is the driver of those conditions. The evidence has long been clear that current ‘challenges’ (which are referenced 54 times) will certainly persist unless inequity is addressed; in Aotearoa New Zealand that starts with recognition of the Te Tiriti o Waitangi.

We draw your attention to the reported findings of the UN Committee on the Elimination of all forms of Racial Discrimination (2025) that the Committee “...noted with concern that, although the Treaty of Waitangi has long been recognized as the foundational framework governing the relationship between the Crown and Māori, recent initiatives to reinterpret the Treaty are being pursued without the free, prior and informed consent or meaningful engagement of Māori, risking the attenuation of Treaty principles, undermining reconciliation, entrenching historical and systemic discrimination, restricting Māori customary rights and weakening Māori self-determination.”

Recognition of the burden of pain, including complex chronic pain, and its detrimental impact on mental health and wellbeing is critical. A national pain plan and nationally consistent SPMP-led pain services in each region would significantly reduce the inadequate, uncoordinated, ‘pillar to

post' treatments experienced by many people with chronic pain, without the prospect of relief or improvement. SPMPs use a psychosocialbiomedical model of pain management and interdisciplinary team care delivery to deliver the best evidence-based pain care.

**11. 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.**

Prevention is the most important focus because of the long-term impacts. Assuming that the necessities of life housing, food, and healthcare are outside the scope of this question. The college recommends:

1. Honouring Te Tiriti o Waitangi and acting to remove prejudice and systemic discrimination, because equity underpins health.
2. Education emphasising the first three years of life as per the [Report of the Health Committee on Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age](#) (2013), because these years are critical to lifelong health .
3. Regulating access and messaging around alcohol, drugs, and harmful social media.
4. Developing a national pain strategy, ensuring access to SPMP-led pain services.
5. Investing in secure, coordinated and interoperable digital services and systems, including standardised reporting.

**12. 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?**


Address the unmet need of the large proportion of people living with chronic pain by developing a national pathway for SPMP-led pain services, with clear eligibility criteria for initial assessment and progression. The small number of those needing specialist attention would be quickly identified and appropriately treated, avoiding common routes to depression, self-medication and drug abuse, suicide, and preventable disability. Requiring each district to have a SPMP-led pain service would address the major obstacle to effective pain management: lack of specialist leadership in pain medicine, and lack of employment opportunities to retain SPMPs. Note: ACC may be considering a pilot programme under its new pain management services contract.

**13. 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.**

**14. 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?**

Access to appropriate services, treatment. Reduced inequity, improved outcomes,

Nāku noa, nā



Rachel Dempsey  
Chair, New Zealand National Committee



Brendan Little  
Deputy Chair, New Zealand National Committee

Australian and New Zealand  
College of Anaesthetists  
& Faculty of Pain Medicine



**ANZCA**  
FPM

For further information please contact: Michele Thomas, Executive Director New Zealand  
[mthomas@anzca.org.n.nz](mailto:mthomas@anzca.org.n.nz), Ph +64 27 570 4963

References:

CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. [Internet] Geneva. World Health Organization. Available from:  
<https://wkc.who.int/resources/publications//item/WHO-IER-CSDH-08.1>

He Ara Oranga: Government Inquiry into Mental Health and Addiction Services [Internet] Wellington. 2018 Nov. Available from: [www.mentalhealth.inquiry.govt.nz/inquiry-report/](http://www.mentalhealth.inquiry.govt.nz/inquiry-report/).

Health New Zealand | Te Whatu ora. Health Digital Investment Plan (HDIP) [Internet]. Wellington. Health NZ. 2025 Oct 11. Available from: <https://www.healthnz.govt.nz/publications/health-digital-investment-plan>

Gassin, Timothy. Maori Mental Health: A report commissioned by the Waitangi Tribunal for the Wai 2575 Health Services and Outcomes Kaupapa Inquiry. 2019 Aug 28. Available from:  
[https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_153087514/Wai%202575%2C%20B026.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_153087514/Wai%202575%2C%20B026.pdf)

United Nations Human Rights Commission. Report of the UN Committee on the Elimination of all forms of Racial Discrimination [Internet] Geneva. UNHRC. 2025 Dec 5. Available from:  
<https://www.ohchr.org/en/press-releases/2025/12/un-committee-elimination-racial-discrimination-publishes-findings-burundi>

Health Committee. Report of the Health Committee on Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age Wellington. New Zealand House of Representatives. 2013 Nov. Available from:  
[https://www3.parliament.nz/resource/en-NZ/50DBSCH\\_SCR6007\\_1/3fe7522067fdab6c601fb31fe0fd24eb6befae4a](https://www3.parliament.nz/resource/en-NZ/50DBSCH_SCR6007_1/3fe7522067fdab6c601fb31fe0fd24eb6befae4a)

