

Ministry of Education
NZ Curriculum Refresh

June 2026

Improve the mental health outcomes for communities

About the Royal Australian and New Zealand College of Psychiatrists

The RANZCP is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. As a binational college, the RANZCP has strong ties with associations in the Asia-Pacific region and is the peak body representing psychiatrists in Aotearoa New Zealand and Australia. The RANZCP has more than 9000 members including more than 6500 qualified psychiatrists and over 2500 members who are training to qualify as psychiatrists.

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. The RANZCP is guided on policy matters by a range of expert committees made up of psychiatrists and community members with a breadth of academic, clinical, and service delivery expertise in mental health.

Key Messages

Tū Te Akaaka Roa, the Aotearoa New Zealand Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the draft curriculum for the years 11-13.

Tū Te Akaaka Roa recommends

- Integrating mental health content across all strands.
- Providing ākonga a cohesive framework for applying knowledge, building the skills to recognise and respond to challenges and pathways for ākonga to become active members of their community.
- Conducting routine monitoring of wellbeing and screening to support more timely identification and management of mental health issues.
- Embedding te ao Māori perspectives throughout the document and should recognise that culturally grounded approaches to wellbeing can be protective, healing, and identity-affirming.
- Explicitly and consistently including consideration of LGBTQIA+ young people and neurodivergent ākonga across all relevant content, taking a strength-based approach.
- Explicit teaching on how to seek, give, and withdraw consent and how to communicate boundaries effectively, and set expectations of safety and understanding of how to recognise and respond when consent is unclear.
- Strengthening the online safety strand of the curriculum to ensure ākonga are confident in recognising misinformation and unsafe environments, understand how to respond and promote open discussions on the advantages and concerns about online platforms and technologies, including consideration of te Ao Māori perspectives and cultural safety.

Recommendations

Young people in Aotearoa New Zealand experience high levels of psychological distress compared to other age groups, and Aotearoa has one of the highest youth bullying and suicide rates compared to other countries in the OECD. For many young people, the most important health education they will receive will be about their mental and emotional lives and the draft curriculum, in its current form, does not do this responsibility justice.

Integration of mental health content

The draft acknowledges the interconnected nature of physical, mental, and social wellbeing, but this is not consistently reflected in the teaching sequence. Mental health content remains largely confined to a single strand, reinforcing an artificial and clinically inaccurate separation. Topics such as communicable diseases, nutrition, sexual and reproductive health, online safety, relationships, discrimination, and substance use all carry significant mental health implications and vice versa. Each should explicitly include learning about emotional impacts, regulatory challenges, peer support, and pathways to professional care.

Recommendation

We recommend much stronger incorporation of mental health content across the curriculum, rather than treating it as largely confined to a single strand.

Helping ākongā thrive

Many children in our classrooms return each day to homes that are unsafe, chaotic, or violent. They live with the chronic stress of poverty, the disorientation of family disruption, and impacts of trauma, sometimes their own, and sometimes inherited across generations. These are not exceptional circumstances at the edges of the school population. For a significant proportion of our rangātahi, this is the daily context of their lives.

While the draft Health Education curriculum for Years 11–13 contains many commendable features and engages with structural inequity and social determinants of health, it falls short in providing young people with the tools to manage these challenges and does not offer a coherent pathway that supports cumulative learning, and helps ākongā to build understanding, compassion and resilience.

Several knowledge strands are not incorporated into the 'practice' aspects of the curriculum and there is limited room to help ākongā build skills and knowledge how and when to take action. This creates confusion and risks ākongā being faced with the impacts of their complex realities without a pathway forward.

The draft curriculum for senior students must build on earlier skills and provide age-appropriate opportunities to practice evidence-based tools, breathwork, grounding practices, and body-based awareness exercises. However, it must also go beyond individual responsibility. It's important that senior students learn how to notice when a peer is struggling, how to respond safely without taking on clinical responsibility, and how to contribute to and drive societal change. This peer dimension is especially important in content relating to relationships, substance use, online behaviour and mental health, where peer influence is strongest. Additionally, ākongā must be provided with the knowledge, skills and courage to be active participants in their community.

The curriculum must also provide students with explicit learning on how to understand their own limits and offer practical pathways to support, including how to access help for mental health, relationship harm, substance use, bullying, and online harm, including culturally grounded support options and specific services for diverse groups or needs. Education should be integrated with routine monitoring of wellbeing and ideally regular surveillance/screening for mental health issues to ensure ākongā are supported to access support when needed.

Recommendation

We recommend a stronger organising framework that helps ākongā thrive by building the understanding and skills to support their own wellbeing and that of their peers and as offer pathways for ākongā to get engaged in community activities to foster wellbeing and a sense of

belonging and action. Importantly, ākonga must be equipped with the knowledge and skills to recognise signs of mental health challenges and understand how to offer and/or seek support, including pathways of accessing professional support if required. We also recommend consideration of routine monitoring of wellbeing and screening to support more timely identification and management of mental health issues.

Te Ao Maori and Cultural Grounding

The draft makes only limited use of te ao Māori and does not adequately reflect the role of whānau, whakapapa, wairua, and culture in health and wellbeing. Brief references to Indigenous approaches and Te Whare Tapa Whā are not sufficient. For many ākonga, wellbeing is experienced collectively and relationally, not simply as an individual state and while different concepts of wellbeing are references, they lack integration across the curriculum. Colonisation is identified in the Year 13 strand as a structural determinant of health. However, the curriculum must emphasise the the long-lasting impacts on nervous system regulation and systemic inequities that perpetuate the cycle, and clear understanding of how to overcome these challenges and/or drive change on a societal level. The curriculum must recognise that culturally grounded approaches to wellbeing can be protective, healing, and identity-affirming and offer examples of how Māori-led solutions are used to support health and address inequities.

Recommendation

Clearly embed te ao Māori perspectives throughout the document, not as an optional addition, and provide opportunities for learning about culturally grounded models of care. The role of whānau and wider community should be visible across learning about mental health, relationships, resilience, help-seeking, and community participation.

Recognise and celebrate diversity

The draft curriculum gives limited and uneven attention to LGBTQIA+ and neurodivergent young people. Rainbow young people have elevated rates of psychological distress and specific safety needs that should be explicitly and consistently addressed throughout, including specific considerations of gender dysphoria experienced during puberty and safe sexual relationships. Similarly, the specific experiences of neurodivergent ākonga across are not adequately considered. Neurodivergent young people are more likely to be subject to bullying or peer pressure and experience mental health challenges at higher rate than their peers. They may also encounter unique challenges, such as sensory difficulties during menstruation, that must be considered as part of the curriculum.

Importantly, the diversity of challenges must be discussed within a broader, strength-based approach to diversity, which highlight the value of diversity and affirms young peoples' identities, relationships, and strengths and foster a culture of compassion and inclusion.

Recommendation

Explicitly and consistently including consideration of LGBTQIA+ young people and neurodivergent ākonga across all relevant content, taking a strength-based approach.

Consent and Communication

A significant gap is the limited treatment of consent and communication in the sexual relationships content, it is not embedded as a practical, relational, and communication-based competency and significant responsibility is placed on young people to withstand peer pressure, rather than creating environments that reduce the risk of unsafe situations. Young people need explicit teaching on how to seek, give, and withdraw consent and how to communicate boundaries effectively, as well as how to respond when consent is unclear. These skills should not be confined to sexual relationships alone but should also be reinforced in discussions about peer relationships, online interactions, conflict, and alcohol and other drug contexts.

Recommendation

Include explicit teaching on how to seek, give, and withdraw consent and how to communicate boundaries effectively, and set expectations of safety and understanding of how to recognise and respond when consent is unclear.

Online safety

Tū Te Akaaka Roa support the inclusion of online safety education as part of the NZ Curriculum. However, a stronger emphasis on learning how to recognise algorithm-reinforced content, unsafe digital environments, and misinformation and understand how to respond to harmful online content must be included in the curriculum across all years to ensure ākonga are able to safely navigate online platforms. It is important to acknowledge the value of digital health application, alongside their risks and help ākonga understand where to find information on evidence-based tools. Ākonga must be provided with a safe environment to discuss their use of technology, including concerns and benefits, and promote safe practices without shame or judgement.

Additionally, the curriculum to include opportunities to discuss diverse views and the real-world impacts on diverse populations, including Māori, Pasifika, and neurodivergent communities. For example, discussion on Māori data sovereignty and the risks of AI reinforcing or amplifying bias and discrimination and what steps can be taken to ensure equity.

Recommendation

Strengthen the online safety domain to ensure ākonga are confident in recognising misinformation and unsafe environments, understand how to respond and promote open discussions on the advantages and concerns about online platforms and technologies.