

Ministry of Health
Draft Youth Mental Health and Addiction Action Plan
September 2026

**Improve the mental
health outcomes
for communities**

Royal Australian and New Zealand College of Psychiatrists submission

Draft Youth Mental Health and Addiction Action Plan

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 bi-national 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.

Introduction

Tū Te Akaaka Roa welcomes the opportunity to provide feedback on the Ministry of Health's Draft Youth Mental Health and Addiction Action Plan 2026–2029 (the Plan). We support the intent to create a more connected, youth-informed and evidence-based response to youth mental health, addiction and suicide prevention, and agree that urgent action is needed to improve access, equity, quality and continuity of care for young people across Aotearoa New Zealand. However, the Plan fails to recognise the magnitude of change required to develop a system that can prevent and respond to mental distress experienced by young people in Aotearoa New Zealand.

Key Messages

Tū Te Akaaka Roa recommends the Ministry strengthen the final Action Plan by:

- prioritising service developments to ensure appropriate services are available and have capacity to support young people living with mental illness and/or addiction;
- working with other agencies to address the social determinants of poor mental health and addiction;
- developing and expanding early intervention for psychosis services;
- strengthening Te Tiriti, Māori leadership and kaupapa Māori commitments across the whole continuum of care;
- developing and funding a youth mental health and addiction specialist clinical workforce plan, including child and adolescent psychiatry and consultation liaison psychiatry;
- expanding whānau and carer support across youth mental health and addiction services;
- developing appropriate stepped-care and crisis response pathways for rangatahi with intellectual disability and/or neurodevelopmental disability;
- strengthening respite options, behavioural support escalation pathways and training for the workforce supporting young people with complex needs;
- including implementation detail for each action, including responsible agencies, milestones, investment requirements and measurable outcomes;
- committing to transparent public reporting on equity, access, waiting times, workforce capacity and outcomes;

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Recommendations

Prioritise service developments

Tū Te Akaaka Roa welcomes the Ministry's commitment to supporting the mental health and wellbeing of young people in Aotearoa. However, the Plan fails to provide a clear roadmap on how system transformation will be achieved, or how the identified action will contribute to the strategic vision. While we do not disagree with individual actions, we recommend a stronger focus on establishing the core systems required to ensure youth mental health and addiction support can be provided across the continuum of care. Without these, many of the action will not provide the required change. For example, better coordination of entry points and referrals, using a 'no wrong door' approach has been identified as a key action. While this is a valid and worthwhile action, we must first have services capable of providing the required care. Otherwise, the doors leading to nothing.

Public mental health and addiction services for young people in Aotearoa New Zealand are currently insufficient, with only three child and adolescent mental health inpatient units, and a limited range of community treatment options, particularly for young adults with complex needs. Access is further limited by ongoing workforce shortages, with increasing vacancy rates for psychiatrists and clinical psychologists.

Despite high demand for professional mental health and addiction support (1), youth mental health and addiction services remain under resourced and funding is often directed towards low acuity care or wellbeing support. In 2019, the wellbeing budget allocated \$1.9 billion to mental health and addiction with \$124.3 million allocated to specific youth mental health and addiction initiatives. However, between 2019 and 2023, only \$2 million was allocated towards increasing the capacity of specialist Child and Adolescent Mental Health inpatient services, \$750 000 of which was reallocated to provide psychological support during Northland severe weather events and \$650 000 remained unspent (2). Similarly, a recent review completed by Sapere suggests that only 13% of the mental health and addiction ringfence is invested into infant, child and youth mental health services, despite 37% of service users being under 25 years old (3). Without significant investments in specialist mental health services, psychological distress, unmet need, and wait times are likely to continue rising, worsening long-term health outcomes and compromising long-term system sustainability (4, 5).

Furthermore, the Action Plan, in its current form, suggests expanding eligibility criteria for youth focused services, but does not provide any specific actions focused on increasing service capacity or addressing ongoing clinical workforce shortages or service gaps. We stress that expansion of youth services must not come at the expense of mental health and addiction services for younger tamariki or adults, which are already under strain but be supported through a separate funding stream.

Recommendation

Tū Te Akaaka Roa recommends the development of specialist youth mental health and addiction services be prioritised and matched by workforce and funding commitments. Specialist service developments must include acute, community and early intervention psychiatric services and be designed with input from clinical experts, young people with lived experience and members of priority populations, including tāngata whenua and tāngata whaikaha.

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Address the social determinants of poor mental health and addiction

The Action Plan recognises that young people's mental health is shaped by wider social, economic, cultural, educational and digital environments. However, there are no specific actions responding to these concerns, despite prevention being a key focus area. Child poverty has increased in Aotearoa New Zealand over recent year, with latest figures estimating that 14.3% of New Zealand children live in material hardship, the highest it has been since official reporting was introduced in 2018 (6).

We acknowledge that the Ministry of Health shares responsibility with other government agencies for addressing the social determinants of mental illness, however, the Plan must show commitment to coordinated cross-government action. Additionally, the Ministry may consider initiatives aiming to support whānau wellbeing and foster cultural connection, particularly during the early years of life, and provide targeted support service for disadvantaged children to help them build connections and resilience and support their wellbeing before psychological intervention is required.

Recommendation

Tū Te Akaaka Roa recommends specifying how the Ministry will work with other agencies to address drivers such as poverty, housing insecurity, family stress, discrimination, racism, school exclusion, justice-system contact, digital harms and barriers to culturally safe support.

Expand and develop early intervention for psychosis services

Early intervention for psychosis (EIP) has been shown to be a highly effective model of care with both local and international researching showing improved outcomes and tāngata whai ora and whānau reporting positive experiences with EIP services in Aotearoa New Zealand and reduced service use following discharge (7-9). Despite widespread support, investment into EIP services remains limited, thereby reducing access, particularly in rural areas which often lack specific EIP services. Additionally, resource limitations can impact the range of support offered by individual EIP services, including provision of cultural support or incorporation of kaupapa Māori approaches, which remain underdeveloped across the motu (9). While the Action Plan includes the development of specific prevention and early intervention models for underserved populations, the intended target and scale is currently unclear, and we recommend specific cultural support be provided to EIP services.

Recommendation

We recommend expanding access to EIP services to all districts in Aotearoa New Zealand, including rural and underserved areas, potentially utilising telehealth models, mobile specialist support, or rural primary care and community providers to reduce the need for young people and their whānau to relocate or wait until crisis before receiving specialist care.

We further recommend investing in the development of kaupapa Māori approaches and cultural support services for new and existing EIP services.

Strengthen Te Tiriti, Māori leadership and kaupapa Māori commitment

Tū Te Akaaka Roa strongly supports the inclusion of kaupapa Māori and whānau-based programmes in early intervention. However, Māori leadership and kaupapa Māori approaches should be embedded across the whole continuum of care, not just prevention and early intervention. The evidence provided alongside the draft Plan suggest that rangatahi Māori are overrepresented among mental health and

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addiction service users but experience inequitable outcomes, in line with several other reports provided over many years. To address these inequities, services must be resourced to embed kaupapa Māori models of care, and cultural leadership within everyday service delivery.

Recommendation

Tū Te Akaaka Roa recommends developing and implementing kaupapa Māori models of care across the mental health and addiction service continuum, co-designed with Māori clinicians, whānau, tāngata whai ora, kaumātua and Māori communities.

Develop the child and adolescent clinical workforce

The Plan must acknowledge the impact of current shortages and provide actions to support the development of the clinical workforce.

While the draft Plan includes useful workforce initiatives, including youth peer workforce development, competency frameworks and youth-specific standards, they do not amount to a comprehensive workforce strategy. Peer and community support workers are an essential part of the mental health and addiction system in Aotearoa New Zealand; however, workforce shortages are particularly pronounced for the clinical workforce, making up 89% of vacancies and 24% of Child and Adolescent Psychiatry FTE recorded as vacant in 2024 (3). Vacancies rates have increased over recent years, partly driven by poor retention with turnover rates of 17% across the sectors. Targeted developments and resources focused on addressing ongoing workforce shortages for psychiatrists and clinical psychologists, including retention strategies, are therefore essential for improving access to mental health and addiction support. Growing the clinical workforce is particularly urgent, given the intention to expand youth services to age 24, which will be infeasible within the current resource environment.

Recommendation

Tū Te Akaaka Roa recommends adding a specific action to fund the development of the youth mental health and addiction specialist clinical workforce, including child and adolescent psychiatry, consultation liaison psychiatry, clinical psychology, mental health nurses and other allied health professions.

Expand whānau and carer support services to all mental youth mental health services.

Family and whānau support are a critical aspect of mental wellbeing, particularly for young people. While child and adolescent mental health and addiction services in Aotearoa New Zealand are increasingly moving towards a whānau-centred approach, family, carer or whānau involvement remains inconsistent and few resources are provided to those supporting a young person living with mental illness. The draft Plan recognises the importance of such support as part of eating disorder services and similar actions must be taken for other mental health and addiction services in Aotearoa New Zealand.

The evidence provided alongside the Plan suggests that young people were more likely to seek help from their peers or whānau, highlighting the importance of a strong social support network for rangatahi struggling with mental health or addiction. Additionally, whānau, family and friends are often central to early identification, engagement, treatment, recovery and safety planning, particularly for younger adolescents and young people with complex needs. Importantly, support must include targeted resources for young people supporting a friend or family member. Our previous feedback on the [Carer Support Strategy](#) provides a detailed outline of potential actions.

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Recommendation

Tū Te Akaaka Roa recommends practical, accessible and culturally appropriate support for whānau be embedded in all mental health and addiction services for young people.

Strengthen care and support for rangatahi with intellectual disability and/or neurodevelopmental disability

Tū Te Akaaka Roa recommends that the final Plan include specific actions for rangatahi with intellectual disability and/or neurodevelopmental disability who experience disproportionately high levels of distress and face persistent barriers for accessing appropriate care.

Poor integration of health and disability services and complicated funding processes can significantly delay access to support for young people living with dual diagnosis of an intellectual or neurodevelopmental disability (ID/ND) and mental illness, leaving whānau without adequate support. Additionally, limited availability of respite or therapeutic services for people with autism spectrum disorders (ASD) means that mental health services are increasingly becoming involved by default, even if they do not have a significant mental illness. Unfortunately, general mental health and addiction services are not well equipped to support the needs (e.g., sensory needs) of individuals with ID/ND. This means that standard crisis intervention pathways can further escalate distress in this population, delaying discharge and impacting wellbeing long-term. Similarly, changes in environments, providers and processes can cause significant distress for rangatahi with a neurodevelopmental disability such as ASD who are transitioning between youth and adult services and failure to provide adequate, timely, and appropriate support can worsen psychological distress and increase demand for mental health and addiction services. Some of these challenges may be addressed with more proactive planning for the changing needs of tāngata whai ora with ID/ND. Additionally, the creation of a dedicated funding stream and the development of a unique crisis response pathway for those with a dual diagnosis of ID/ND and mental illness may improve access for this population and enable a faster and more appropriate response during times of acute distress.

Recommendation

Tū Te Akaaka Roa recommends developing a comprehensive plan to improve the care of tāngata whai ora living with ID/ND and mental illness, including consideration of a unique funding stream, appropriate care pathways across the care continuum, including early intervention services, respite care and crisis response pathways. These pathways should be co-designed with disabled young people, whānau, carers, disability providers and specialist clinicians.

Commit to implementation and transparent reporting

While the draft Plan has identified some important actions, it currently lacks detail regarding their implementation, including responsibilities, funding commitments, timelines and outcome measures. Without specific expectations, there is a risk that the Plan will remain a high-level roadmap rather than delivering the system transformation young people, whānau and communities need. Furthermore, we urge the Ministry to provide regular updates and transparent reporting on progress towards system improvements. As highlighted in the recent review of Infant, Child and Adolescent mental health and addiction services reporting of health system data is inconsistent, limiting oversight and making evidence-informed service planning and investment challenging, if not impossible (3). Quantitative measures must be collected alongside qualitative insights from clinicians and services users, including

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tāngata whai ora and whānau facing greatest barriers, such as tāngata whaikaha, rāngatahi Māori, and young people identifying as LGBTQIA+.

Recommendation

Tū Te Akaaka Roa recommends that every action include the responsible agency or agencies, implementation milestones and timelines, investment assumptions, workforce implications, risks and outcome measures.

We further recommend that the final Plan include public reporting on implementation progress and outcome measures for young people, including equity, access, and service effectiveness as well as workforce data and vacancies rates for clinical specialists.

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