The Royal Australian & New Zealand College of Psychiatrists
Tū Te Akaaka Roa
New Zealand National Office

Your Health in Mind
Hauora hinengaro Manatuhia

Ministry of Social Development
Improvements to Disability Support Services
July 2026

Improve the mental health outcomes for communities

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak body representing psychiatrists in Aotearoa New Zealand and Australia. We are a binational college that trains doctors to become medical specialists in psychiatry. We support and enhance clinical practice, advocate for people affected by mental illness and addiction, and advise governments on matters related to mental health and addiction care. We represent over 9000 members, including more than 6,500 qualified psychiatrists and 2,500 trainees. Our training, policy, and advocacy work is led by expert committees of psychiatrists and subject-matter experts with academic, clinical, and service-delivery experience in mental health and addiction.

The recommendation provided are based on the collective expertise and experience of members of the RANZCP New Zealand Section of Psychiatry of Intellectual and Neurodevelopmental Disability, comprised of psychiatrists working with tāngata whai ora and whānau living with a dual diagnosis of an intellectual and/or neurodevelopmental disability and mental illness.

Key Messages

Tū Te Akaaka Roa, the Aotearoa New Zealand Branch of the RANZCP, appreciates the opportunity to provide feedback on how Disability Support Services can be improved to better need the needs of disabled peoples and their whānau. We support efforts to make Disability Support Services more consistent, transparent and sustainable, but these goals should not come at the expense of disabled people's autonomy, dignity, cultural identity, or ability to live ordinary lives in their communities. Improvements should be explicitly grounded in Enabling Good Lives (EGL) principles, Te Tiriti o Waitangi, and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Topic 1: Outcomes that matter for disabled people

Tū Te Akaaka Roa broadly supports the stated outcomes and intended benefits of disability support services. However, we believe they require refinement to improve clarity and consistency with EGL values and the UNCRPD.

Outcome 1 - We provide disabled people with the essential supports required for everyday life (for example, personal cares, residential care).

While Outcome 1 acknowledges the essential role of DSS funding in the life of disabled people, it is currently unclear what would be considered 'essential support for everyday life' or the standard DSS is striving for. We emphasise that DSS must support tāngata whaikaha to maintain an adequate standard of living and wellbeing for themselves and their families and have the means to participate in the community with choices and opportunities equal to non-disabled peers. Given the variety of needs and barriers experiences by disabled people, funding must be kept flexible and consider physical health and psychological wellbeing as a core goal for Disability Support Services.

Outcome 2 Disabled people are safe from physical or psychological harm, and free from abuse or neglect, in the services and support we provide.

We agree that disabled people must be protected from harm, abuse, or neglect and any form of harm, discrimination and abuse must be monitored on an ongoing basis. However, services must also meet the need of disabled people and ensure appropriate support is available and accessible for people with varying needs and support the health and mental health of tāngata whaikaha and whānau. Additionally, a strong equity focus is needed to ensure DSS improvements address unmet need, particularly for whānau whaikaha Māori, who are overrepresented among DSS recipients and disproportionately affected by existing policies and system barriers.

Outcome Measures

Effective data management and reporting is essential for driving system improvements. Current processes remain fragmented and do not provide sufficient information to monitor outcomes or identify service gaps. Cross-sector data collection and integration is needed to better understand connection points with other systems, such as housing, health, forensic, and social services. Importantly, data must capture unmet need and the experiences of people who struggle to access DSS, rather than only those already receiving support. To improve our understanding of the needs and experiences of people with varying disabilities, e.g., people with intellectual and developmental disabilities, data should be disaggregated and include demographic and geographic information.

Recommendation

> Tū Te Akaaka Roa recommends refining the service purpose statements to emphasise disabled people's inherent right to an adequate standard of living and wellbeing for themselves and their families and equal choices and opportunities. Health, including mental wellbeing and equity must be recognised as core outcomes of DSS support services.
>
> We recommend DSS work with relevant agencies to improve data management and integrate disability data with cross-sector data sets and enable targeted reporting on disabled people's experiences of health, mental health and addiction services and monitor outcomes across health, social, education and justice sectors.
>
> We strongly advocate for flexible funding and individualised support options with clear guidance without unnecessary administrative barriers.

Topic 2: A more proactive approach to support

Tū Te Akaaka Roa supports a more proactive approach to ensure appropriate services can be accessed without delay. Timely access and coordinated care planning will strengthen support, reduce distress for whānau and, in some cases, prevent the need for higher levels of care later.

Early intervention and proactive transition planning

We agree that more effective planning for changing needs is critical and must include consideration of how transition between youth and adult services is managed to reduce stress on tāngata whai ora and whānau. Varying funding streams and access criteria can result in

disabled New Zealanders being left without support at times when they need it most. For example, changes in environments, providers and processes can cause significant distress for rangatahi with a neurodevelopmental disability such as Austism Spectrum Disorder (ASD) who are transitioning between youth and adult services. Failure to provide adequate, timely, and appropriate support to rangatahi with emerging mental illness or lifelong disability produces trajectories of compounding disadvantages that are both predictable and preventable if additional behavioural and carer support services are made available in advance and easy to access if required.

The right care at the right time

Disability support services are currently fragmented with significant access barriers and service gaps. For example, rigid assessment requirement, such as IQ testing, can significantly delay access to support where availability of psychometric testing or diagnostic assessments is limited. While we acknowledge the need to set defined boundaries, standard psychometric tests offer little benefit and can be difficult to complete for individuals with profound cognitive challenges.

Once support is indicated, poor integration of referral and assessment systems and disparate funding streams mean whānau are often passed between services and forced to coordinate support themselves, which causes confusion, duplication and delays. People with more complex needs, ethnic minorities and tāngata whai ora living in rural areas are particularly affected by these barriers. Delays in accessing care can worsen psychological distress and increase demand for mental health and addiction services, resulting in the increasingly crisis-driven responses we see today. Some of these challenges may be addressed through a unique funding pathway for tāngata whai ora living with dual diagnosis of an intellectual or neurodevelopmental disability and mental illness to streamline service provision and enable early intervention.

Alongside simplified funding streams, a proactive approach to support requires agencies to work together on an ongoing basis and develop systems to enable timely identification of barriers and find solutions.

Stepped care and crisis pathways

Tū Te Akaaka Roa agrees that prevention and early intervention is critical. However, proactive support must also include a streamlined process for accessing higher levels of care in unexpected crisis situations and enable clinical input. Current options for increasing support or accessing crisis intervention are inadequate and do not consider the needs of tāngata whai ora and whānau living with a disability and mental illness. For example, general mental health and addiction services are not well suited for individuals with sensory sensitivities. While a comprehensive review of mental health crisis support pathways for tāngata whai ora with an intellectual and/or neurodevelopmental disability is needed in coordination with Te Hiringa Mahara and Health New Zealand, DSS may consider options for enabling clinicians and support staff to escalate urgency to allow faster access to additional support and prevent further deterioration of mental health.

Recommendations

We recommend the Ministry of Social Development (and DSS) work more effectively with relevant agencies, including Te Whatu Ora | Health New Zealand, Te Hiringa Mahara, Needs Assessment Coordination Organisations and other non-government

agencies and whānau to improve care coordination, prevent service gaps and provide appropriate care to tāngata whai ora with intellectual and/or neurodevelopmental disabilities and mental illness.

We further recommend the creation of a unique funding stream and care pathways for whai ora with intellectual and neurodevelopmental disabilities, using a step-up and step-down approach that prevents unnecessary hospitalisation while enabling timely crisis support, escalation criteria and options for health professionals to escalate urgency where additional support is likely to prevent deterioration of mental health.

Topic 4: Better support for carer respite and breaks

As highlighted in Tū Te Akaaka Roa's submission to the Carers' Strategy Action Plan consultation (March 2026), respite care is one of the most critical supports for sustaining family-based caregiving over time. However, access to respite services is limited, particularly for tāngata whai ora with complex needs and many respite providers lack the skills to safely support youth with dual diagnosis. For example, there are currently no support options for young people (under the age of 18) living with ASD and mental illness and staff is often unable to provide appropriate care for individuals with a dual diagnosis of intellectual/neurodevelopmental disability and mental illness.

The caring that whānau provide for people with lifelong mental illness or disability encompasses sustained vigilance, emotional attunement, crisis management, safety monitoring, and system navigation. Whānau are often left to absorb functions the formal system cannot, or does not, provide. This work carries profound consequences for the health and wellbeing of those who do it. Carer burden is associated with significant rates of depression, anxiety, physical ill-health, and financial hardship, impacting their capacity to provide ongoing support, which can lead to crisis situations or hospital admissions**.** Providing suitable respite option may allow whānau to provide care for their loved one without risking adverse impacts on their own mental health.

Equitable access to appropriate respite services, including geographic and financial barriers, and adequate staff training must therefore be considered as part of an effective support services framework.

Recommendation

We recommend DSS develop a carer support package and identify and address current service gaps for New Zealanders with an intellectual/neurodevelopmental disability and mental illness and offer appropriate support for whānau facing geographical challenges, e.g. travel and accommodation support as required.

Care staff must be supported to build the knowledge and skills necessary to ensure non-stigmatising, compassionate and trauma-informed engagement.

Topic 6: Improving information and advice

As mentioned above, current disability support services are fragmented and difficult to navigate, compounded by ongoing system changes, regional variation and dispersed responsibilities across government agencies. Stronger national alignment across government and non-

government agencies, clear responsibilities, and well-developed information resources may address some of the current issues. Information should be targeted to suit the needs of the intended audience, including specific information for health professionals, whānau and individuals with varying accessibility needs and cognitive abilities.

Tāngata whai ora and whānau who are new to DSS may also benefit from peer-support services to reduce overwhelm and reduce stress while navigating complex processes and information.

Recommendations

We recommend DSS provide clear guidance for tāngata whaikaha, tāngata whai ora and whānau, as well as health professionals, on pathways for accessing disability support services. We recommend providing a central point of contact to ensure access consistent and clear information and consolidation of available resources into accessible, plain-language and culturally appropriate formats.

Additionally, we recommend DSS invest in independent, culturally competent navigators and peer-led information services to support disabled people and whānau with navigating the system, helping them understand their options and make informed decisions.