



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

*Tū Te Akaaka Roa*  
New Zealand National Office



Hauora hinengaro  
Manatuhia

# Aotearoa New Zealand Election 2026 Stable, accessible and effective: The mental health and addiction system New Zealanders need



Tū Te Akaaka Roa, the New Zealand Office of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) advocates for investment in mental health and addiction services that support tāngata whaiora to live well, get well and stay well.

This involves addressing both the immediate needs of people experiencing mental illness and addiction as well as tackling lasting social determinants such as poverty, family violence, homelessness, and poor educational achievement.

We acknowledge what has been achieved by successive governments over the past decade. However, we remain concerned about the current challenges New Zealanders face in managing mental health and addiction.

We implore the incoming New Zealand Government to prioritise:

- improving our mental health system which remains fragmented, hard to navigate and culturally unsafe,
- urgently addressing workforce shortages that reduce system effectiveness and perpetuate inequities, and
- optimising the quality-of-care tāngata whaiora receive.

## New Zealanders want stronger mental health and addiction services but are sceptical that long-term reforms are delivering meaningful change.

Since the landmark 2018 inquiry He Ara Oranga, successive governments have promised transformation. Billions have been spent on structural reforms and bureaucratic changes that have ultimately failed to create meaningful change for tāngata whaiora and their whānau.

For many, lived experience hasn't shifted enough. Long-standing inequities continue. Waitlists remain. Specialist thresholds remain high. Workforce shortages persist.

Our mental health and addiction system is falling woefully short in its ability to provide timely and adequate care for the people who need it. Rates of psychological distress are rising and greater numbers of tāngata whaiora are presenting in crisis, only to find overstretched services, long wait times, and care that falls short of what they need.

There is a growing gap between ambition and delivery. Mental health and addiction remain high-priority issues. However, to achieve tangible outcomes, the system needs stability, visible workforce growth, investment in front-line services and improved pathways of care.

What New Zealanders need is not further structural redesign — but visible delivery.

### **We believe reform should provide:**

#### **1. System stability**

Reform that endures beyond electoral cycles. Communities need clarity about where to seek care and certainty that the mental health system will not be reset with each change of government.

#### **2. Workforce growth**

No system can improve access without sustained investment in the workforce. Workforce expansion is the backbone of reform.

#### **3. Timely access and equity in outcomes**

People should not need to reach crisis to receive support. Ensuring timely access to care for all tāngata whaiora and improving services for Māori and rural residents is essential to system credibility.

Based on our sound knowledge of and leadership within the mental health and addiction system, we offer the following recommendations to the incoming Government ahead of the 2026 General Election.

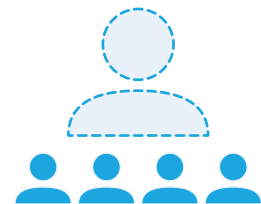
# 1

## Fixing the mental health workforce crisis

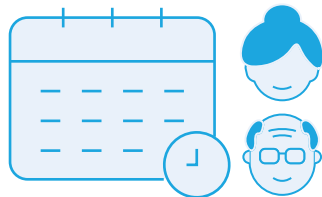
Over the past year, one in seven adults and one in four tāngata whaiora aged 15 to 24 experienced high or very high psychological distress. For those aged 15 to 24, that figure is almost one in four. Fewer rangatahi are accessing mental health and addiction services and the proportion experiencing high or very high psychological distress has tripled. Due to significant delays in accessing community-based specialist mental health and addiction services, crisis presentations are increasing. Inpatient services are overflowing and hospitalised Tāngata whaiora are often discharged early to clear beds for others. Suicide rates remain stubbornly high among rangatahi and inequities persist for Māori and those in rural communities.

Psychiatrists are the cornerstone of specialist mental health and addiction care. Yet:

**13.9 psychiatrists**  
per  
**100,000 people,**  
well below the OECD  
average of 18



**One in five**  
publicly funded positions  
are sitting vacant.



**Half the current workforce**  
will be beyond retirement  
age in the coming decade.

Overseas trained psychiatrists are a valuable part of the current psychiatric workforce in Aotearoa NZ, as

**more than 6 in 10 psychiatrists practising today are trained overseas.**

However, **only 64% are likely to remain in the country after five years, compared to 93% of those trained locally.**



Psychiatry workforce shortages disproportionately impact inpatient and rural mental health care and have a knock-on effect on psychiatric and medical student training.

Without urgent investment in growing our own psychiatry workforce, this shortage will deepen, and communities already underserved will fall further behind.

## Investment

- Actively recruit overseas-trained psychiatrists to fill the 210 existing service gaps across Aotearoa.
- Invest \$6 million over five years to increase the number of psychiatry trainees and mitigate the projected decline in the workforce.
- Commit \$1.06 million over the next five years (2027-2031) to increase funding for the Psychiatry Interest Forum (PIF) programme to strengthen recruitment of junior doctors into psychiatry.
- Maintain a specific focus on increasing the number of Māori and Pasifika psychiatrists and support cultural safety training for all mental health and addiction practitioners.
- Increase funding by \$3.5 million over 3 years for 20 additional training placements in key areas of unmet need, including child and adolescent psychiatry, consultant liaison psychiatry training, forensic psychiatry and intellectual disability.
- Fund the implementation of a rural psychiatry training programme.
- Grow the number of clinical psychologists, specialist nurses and other mental health professionals trained to deliver evidence-based and culturally safe therapies for tāngata whaiora with moderate to serious mental health and addiction issues.

## Impact

More psychiatrists mean more New Zealanders will get help. It means rangatahi in crisis are not turned away. It means tāngata whaiora living in rural communities have access to the right care at the right time. It means Māori and Pasifika peoples can access care from a diverse and well-trained workforce capable of delivering culturally safe care.

A well-functioning, holistic mental health system that reaches people before crisis point, supports whānau, and keeps communities well, depends on this investment.



# 2

## Building an effective, stable and equitable mental health and addiction system

An effective, stable and safe mental health and addiction system needs to understand and acknowledge the different needs of tāngata whaiora in states of wellbeing, distress and illness, and separately optimise services for each subgroup to achieve an effective continuum of care.

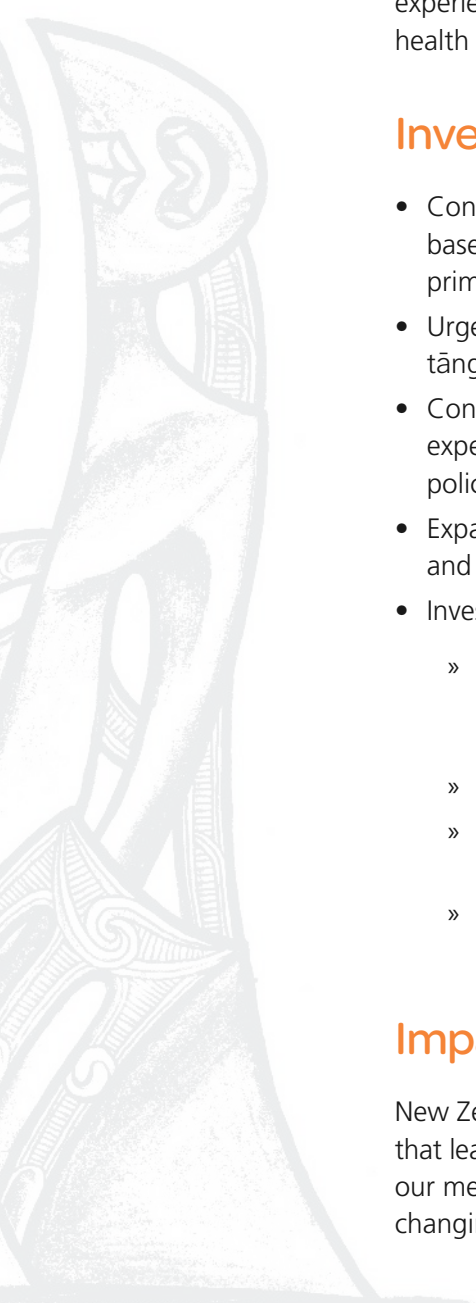
The system needs to ensure services are culturally safe, age-appropriate and available long enough to meet clinical need rather than system requirements. Services need to specifically address the needs of Māori and Pasifika people who disproportionately experience mental health and addiction issues as well as individuals living with long-term health needs and disabilities, and those known to care, protection and justice services.

### Investment

- Continue to fund the Access and Choice scheme for adults while increasing school-based supports for children and young people who have been shown to underuse primary care services.
- Urgently increase the number of acute inpatient beds and respite facilities available to tāngata whaiora experiencing more serious issues.
- Continue to collaborate across Ministries with input from clinicians and those with lived experience to address upstream social determinants of mental health. Evaluate new policies according to their potential impact on mental health and addiction issues.
- Expand the range of national clinical networks and support them to develop guidance and stepped care pathways for key mental health and addiction issues.
- Invest in digital solutions:
  - » Train mental health and addiction practitioners to use telehealth, prescribe digital mental health interventions and workplace-based technology (e.g. electronic notes, AI-assisted documentation).
  - » Integrate Health NZ data systems to optimise communication between services.
  - » Develop a national digital mental health strategy to ensure integration of digital mental health and in-person activities.
  - » Fund and promote a suite of evidence-based digital mental health interventions to the public.

### Impact

New Zealanders deserve a mental health system that meets them where they are, not one that leaves them shuffling between services or missing out on the care they need. Ensuring our mental health system remains both stable and responsive to emerging challenges and changing needs of tāngata whaiora is crucial to maintaining its long-term viability.



These investments will mean rangatahi can access help early, in places they already trust. Tāngata whaiora experiencing serious issues will have somewhere safe to go. Whānau will spend less time navigating a fragmented system and more time getting their loved ones well.

Digital investment will extend the reach of our mental health and addiction system, bringing quality care to rural and remote communities. Integrated data systems will mean clinicians can work together seamlessly across services.

A mental health and addiction system that is connected, culturally safe and built around the needs of tāngata whaiora is the foundation of a productive, equitable Aotearoa.

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# 3

## Making decisions based on evidence

Evidence underpins good investment decisions, meaning public finances are spent on the right initiatives. Without relevant data describing the mental health and addiction problems experienced by New Zealanders, it is challenging to quantify and track need, which means Government investment is not necessarily being targeted at the right areas.

Current national mental health survey data is significantly dated, meaning services are not based on actual population need.

### Investment

- Commit to updating Te Rau Hinengaro within the next three years and conducting prevalence studies for all tāngata whaiora of all ages once every decade.
- Increase the quality of workforce data to ensure the available workforce matches demand.
- Refocus national mental health workforce centres on upskilling specialist providers to deliver evidence based therapies.
- Urgently review national data collection systems and optimise the use of outcome measures to demonstrate service effectiveness.

### Impact

Collecting relevant data sets, and ensuring they are regularly updated, will enable tracking of appropriateness and effectiveness of mental health services, helping the Government to improve efficiency and deliver appropriate return on investment.

The RANZCP believes this can be delivered via a comprehensive understanding of the mental health and wellbeing of New Zealanders, a clinical quality registry program for mental health, and regular collection of workforce data at a national level.



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We tautoko the mahi to address the demand for mental health services in Aotearoa New Zealand and we will partner with the incoming Government to identify and support appropriate pathways in a focused, impactful way.

## Key contacts

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