The Royal Australian & New Zealand College of Psychiatrists

Tu Te Akaaka Roa
New Zealand National Office

Your Health in Mind
Hauora hinengaro Manatuhia

The Health Committee

Healthy Futures (Pae Ora) Amendment Bill

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Excellence and equity in the provision of mental healthcare

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Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand. We are a binational college that prepares doctors to be medical specialists in the field of 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 8,730 members, including more than 6000 qualified psychiatrists and 2500 trainees. Our training, policy and advocacy approach is led by expert committees of psychiatrists and subject matter experts with academic, clinical and service delivery expertise in mental health and addiction.

The RANZCP welcomes the opportunity to respond to the Healthy Futures, Pae Ora Amendment Bill 2025. **We take a principled stance to reject the repeal of this bill.** Our position aligns with both clinical evidence and ethical obligations. Alongside fellow medical colleges, the Council of Medical Colleges, and the Mental Health Foundation of New Zealand, we advocate for the protection of the Act's original intent and oppose the Amendment Bill.

Introduction

Tū Te Akaaka Roa and Te Kaunihera of RANZCP oppose repealing the Pae Ora, Healthy Futures Act, citing concerns about Māori health inequity and ethics. They urge halting the Healthy Futures, Pae Ora Bill. We advocate for systems eliminating discrimination and inequities, especially for Māori, Pacific peoples, and underserved groups, emphasising Te Tiriti o Waitangi in healthcare and culturally safe mental health services. The amended bill risks worsening Māori outcomes by removing vital community-led, culturally grounded care structures.

- This amendment bill threatens tino rangatiratanga, partnership, and protections and undermines Māori governance.
- The Healthy Futures Amendment Bill 2025 undermines the act's original purpose, conflicting with Te Tiriti o Waitangi, UNDRIP, and UNCRPD.
- We are concerned about removing expertise requirements on Health New Zealand Board and advisory committees, favouring Political satisfaction over expert input.
- We warn against policies equating patient safety with political neutrality, learning from past systemic abuse cases, to protect health professionals and tāngata whai ora and whānau from systemic issues.
- We advise against setting targets without proper consultation with tāngata whenua, clinicians, and mental health experts. Unconsulted targets risk measuring compliance rather than quality or equity.

Discussion

The Healthy Future Bill 2025 undermines the Pae Ora Act 2022, which aimed to improve psychiatric care and health equity through a multi-sector approach. It was welcomed for its commitment to Te Tiriti o Waitangi, Māori governance via Te Aka Whai Ora, and community involvement, promoting culturally safe, whānau-centred care. The bill emphasised equity, cultural safety, and trauma-informed care, moving from coercive models to relational, rights-based care—a vital shift to address longstanding inequities. Public reporting helped expose systemic racism and improve the quality of services. However, the 2025 Bill removes these priorities, weakening focus on equity and Māori models, risking trust and engagement. Removing Te Reo Māori and Māori-specific provisions disavows Te Tiriti

obligations, reducing Māori leadership and voice. Disestablishing Te Aka Whai Ora and shifting Māori mental health services to Health NZ marginalises Māori needs and whānau expertise.

The Bill centralises oversight in Health NZ, limits regional input, and reduces Iwi Māori Partnership Boards, harming Kaupapa Māori-based strategies. Removing local mechanisms risks unfit services for Māori, causing harm and disengagement. Without strong Māori leadership, strategies may not reflect Māori realities. The Bill weakens principles by reducing Māori inclusion, governance, and removing te Reo Māori and equity measures.

We recommend partnering with the health sector, tāngata whenua, and lived experience leaders to enhance the Pae Ora Act, aiming for equity and well-being. Working with Māori, in line with Te Tiriti o Waitangi and principles of tino rangatiratanga, equity, and cultural safety, is essential. Embedding Māori models of care, leadership, cultural competence, te ao Māori, and te reo Māori is vital for health equity in Aotearoa.

Health Equity in Aotearoa

Repealing the health charter removes a commitment to cultural competence, which helps address systemic issues like racism and stigma, improves recognition of distress, and reduces disparities in mental health outcomes. It impacts Māori health negatively, as they face higher rates of distress, suicide, and chronic illnesses, partly due to healthcare inequities stemming from cultural dominance. The Pae Ora Act 2022 sought to address these issues, but upcoming amendments threaten Māori governance and violate UNDRIP articles on self-determination, participation, and redress. Upholding UNDRIP and Te Tiriti ensures culturally safe care and supports Māori aspirations. Removing these principles weakens culturally appropriate services, breaches international standards, and undermines community trust, workforce retention, and whānau-centred care.

Clauses 4-10 Māori Leadership

Our view is that the bill threatens Māori self-determination, health, and participation, echoing concerns from the Council of Medical Colleges. It reduces roles for Iwi Māori Partnership boards and the Hauora Māori Advisory Committee, weakens Māori governance, removes equity mechanisms, and breaches Crown obligations of partnership, protection, and participation. Genuine engagement requires shared decision-making, resources, and accountability. We suggest mechanisms to assess how responsive the Health NZ board is to Māori wisdom. The Regulatory Impact Statement links improving Māori voice to Health NZ's implementation of benefits from ‘streamlining’ IMPB and MHAC. Repealing Section 6 would drop commitments to equity and cultural safety, reducing Māori involvement from partnership to consultation, thereby risking their perspectives and advocacy. The Bill limits Iwi-Māori Partnership Boards to advisory roles, centralising decision-making and risking disconnection from Māori communities, especially in mental health, where trust and cultural safety are vital. The Bill may exacerbate Māori mental health inequalities by dismantling structures that support mana motuhake, kaupapa Māori-led care, and the Te Tiriti principles of accountability. Without guarantees, Māori mental health services face underfunding and the loss of cultural safety. The Amendment Bill 2025 weakens these structures, threatening Māori mental health equity.

Mental Health Harms Linked to the Bill

Repealing the Pae Ora Amendment Bill 2025 risks worsening mental health by shifting focus from prevention and whānau ora to efficiency, increasing disparities and crisis responses. Removing the NZ Health Charter cuts a key tool for integrating Te Tiriti, equity, and cultural safety, reducing accountability for Māori needs. The Bill undermines mana motuhake and community-led healing promised by Pae Ora.

To improve Māori health, systems should be guided by Te Tiriti o Waitangi principles, Māori leadership, and equitable outcomes.

The amendment bill undermines kaupapa Māori models, centralises decision-making, and conflicts with local, mātauranga-based needs vital for Māori health equity. The top-down, infrastructure-focused approach ignores whānau-led and community methods. Limiting IMPB to advisory roles delays responses to local needs.

We do not oppose the Māori Health Advisory Committee; we advocate for stronger Māori governance. Reducing IMPB's role may weaken local ties. Protecting iwi, hāpū, and whānau systems is essential, and channelling Māori wisdom through MHAC, which lacks service design authority, is risky. We caution against restricting Māori-led design, as it could undermine the healing and culturally safe care vital for Māori, and risk underfunding preventative and culturally relevant services. These changes remove mechanisms addressing systemic failures harming Māori. Erasing Te Tiriti or te reo Māori devalues Māori communities' realities and rights, risking trauma and distrust. Removing equity targets and Te Tiriti focus risks widening disparities. We support Māori-led health initiatives linked to better outcomes and urge the government to honour Māori knowledge and solutions.

Clause 21- 23 Targets

The RANZCP stresses that health targets are crucial, but the proposed ones overlook key issues like equity, Māori governance, and partnership, risking their neglect. While improvements in Māori leadership and healthcare are inferred, these targets lack measures to respond to Māori wisdom or lived experiences.

The bill requires Māori participation in Health New Zealand but does not specify assessment methods or recognise Māori contributions. Although the expanded MHAC suggests increased Māori influence, it lacks targets for Māori-led services or outcomes. The streamlined Iwi-Māori Partnership Boards imply better engagement but lack clear evaluation criteria.

Consolidated health strategies and the removal of equity targets focus on outcomes but lack tools to promote fairness for underserved groups. Eliminating population-specific strategies hinders the measurement of equitable, culturally appropriate healthcare.

The bill does not set clear quantitative Māori health targets. Despite expectations of increased Māori leadership, proposed measures do not adequately address responsiveness to Māori wisdom or lived experiences. There are no targets to evaluate Māori community engagement or the Ministry's responsiveness to IMPB and Hauora Māori Advisory Committee, and success depends on Health NZ's implementation.

We warn against a one-size-fits-all approach, as performance indicators for Health NZ and the Hauora Māori Advisory Committee are lacking, along with specific health metrics or time-bound targets.

Focusing solely on targets can influence practice culture and potentially compromise patient experience and outcomes. When linked to funding or performance, there's a risk of data manipulation or selective reporting, especially in under-resourced or rural areas.

Transparent public reporting on Māori health outcomes is crucial to upholding Te Tiriti and ensuring culturally safe, high-quality healthcare. We suggest setting Māori Health Equity Targets, such as reducing hospitalisations, lowering chronic disease rates, and closing mortality gaps.

Quantitative metrics are vital but do not capture the full picture, especially in mental health and addiction, with their daily complexities. This can lead to oversimplification and a rigid focus on particular outcomes. Targets often emphasise measurable aspects, such as wait times, but overlook deeper indicators,

including cultural safety, whānau engagement, and trauma recovery. Māori and marginalised groups face complex, relational, and long-term outcomes.

Without disaggregated data by ethnicity, age, gender, and lived experience, disparities remain hidden. Uniform targets that average outcomes can mask inequalities, distort practices, and hinder the development of effective strategies. High-quality data, including patient stories and lived experiences, supports community-led evaluation, ongoing learning, and improvement.

Proposed targets under Clause 36A

Enhancing accountability requires a strong performance framework. However, proposed targets under Clause 36A are limited, as they ignore resourcing and service quality, reducing their effectiveness. Current mental health assessments often prioritise risk, rush care, and ignore staffing and governance issues, relying on isolated metrics that can be diverted or misused politically. Amendments to the Pae Ora Act aim to simplify legislation and increase Māori involvement. While strengthening advisory bodies may help, real Māori health benefits depend on proper implementation.

Recent actions such as disestablishing Te Aka Whai Ora, introducing the Treaty Principles Bill, and removing Te Reo Māori raise doubts about whether ‘streamlining’ will enhance iwi and hapū-led change. Concerns exist that the MHAC advisory role alone cannot ensure structural change. Despite the Bills’ aims, there are no specific, measurable targets for Māori health equity, which risks undermining partnership, protection, and participation. Although disparities are recognised, the Bill lacks clear measures for improvement.

Independent Oversight

Performance indicators for Health New Zealand should show responsiveness and incorporate mātauranga, guided by IMPB, Hauora Māori, and Māori feedback. Equity targets must be evaluated by Māori health experts and communities with lived experience, who can suggest corrective actions. Without specific measurable targets, amendments risk being symbolic. The Ministry of Health’s proposed monitoring is concerning; success depends on proper implementation, not just legislation, especially after the removal of the Auditor-General’s review. Transparent reporting on Māori health outcomes is vital for Te Tiriti and culturally safe care. We recommend Māori Health Equity Targets, like reducing hospitalisations and closing mortality gaps. Without clear, measurable targets, amendments may be symbolic and risk biasing data or undermining equity, particularly when not involving health professionals and patients.

Appointment of expert advisory committee members - Clause 32

Expertise in science, culture, and clinical care shouldn't be politicised. A duty of care must be at the heart of decision-making, with specific expertise to safeguard the integrity of the health system. Repealing Section 93(4), which requires the Minister to ensure committees possess relevant knowledge in areas such as population health, health equity, Te Tiriti o Waitangi, epidemiology, and health promotion, is a hazardous move. Allowing public membership of key health committees to be based solely on the Minister’s satisfaction weakens public safety. The current vague criterion of being 'suitably qualified' is inadequate for roles requiring specific public health expertise.

Professional Health Ethics

Health professionals have a duty of care, and advocacy is essential for delivering quality care. Suppressing dissent not only conceals failures but also harms patients, communities, and the health system itself by impeding necessary reforms. It can lead to burnout, moral injury, and workforce

shortages, especially during crises, and diminishes trust among patients and Māori- trust that is vital for strong relationships.

Silencing clinicians also undermines tino rangatiratanga, Māori advocacy, and Te Tiriti reforms, jeopardising health equity, indigenous leadership, and fostering fear. This results in unsafe practices, increased inequities, and racism, ultimately causing poor health outcomes without accountability. Ensuring clinicians can freely voice concerns is crucial. Speaking out is a duty and not a breach of neutrality; health issues should not be politicised.

Practices that silence dissent undermine the trust, safety, and equity that are fundamental to a healthy healthcare system. We recognise that the absence of whistleblower protections enables abuse to persist unchecked for years. There are clear links between Clause 11 and the removal of the Health Charter, as highlighted by the Royal Commission of Inquiry into Abuse in Care, which emphasises accountability, equity, and safeguarding vulnerable groups, especially in mental health care.

Political neutrality of health professionals – Clause 11

Clause 11A of the Bill mandates HNZ employees to stay politically neutral and follow public service principles, which are not yet public and might undermine doctors' duty to patients. Considering the Employment Relations and Public Services Amendment Bills, clause 11 poses a higher risk for medical practitioners, who must uphold high standards for providing independent and expert opinions. This conflicts with doctors' longstanding duties to patients, including raising safety concerns publicly. The legislation could deter health workers from speaking out, creating a conflict between their professional responsibilities and the legislation. It also suggests that HNZ medical practitioners must serve the government, potentially creating a dangerous link between health, patient safety, and politics.

Lessons from Lake Alice (1972–1980)

Lake Alice, children and young people were subjected to torture, including electric shocks as aversion therapy, physical and sexual abuse, and chemical restraint. This horror was bred through systemic failures – including the silencing of staff, tāngata whai ora and their whānau that we cannot allow to repeat.

Staff were discouraged or lacked safe channels to report abuse. This led to delayed or inadequate investigations, with some survivors waiting decades for justice. The UN found New Zealand breached three articles of the Convention over Lake Alice.

The Royal Commission made 233 recommendations for oversight, culturally safe care, and accountability. In 2024, the Royal Australian and New Zealand College of Psychiatrists apologised to Lake Alice survivors abused by a former member.

It is our responsibility to protect all rights to speak up against direct and systemic harm as practitioners of health regardless of whom employs us.

The Healthy Futures Bill does not fully incorporate the Inquiry's findings on mental health safeguards, redress, and Māori-led accountability. We oppose environments where harm can go unreported and stand against silencing witnesses and health professionals – whose duty is to care.

Clause 7 Health Equity without Lived Experience

Lived experience is vital for mental health equity, especially for Māori, Pacific peoples, and marginalised groups, as it enhances service development and outcomes. The Healthy Futures (Pae Ora) Amendment Bill 2025 risks silencing these voices, especially those of Māori and tāngata whai ora, potentially leading

to social disconnection even if services remain effective. Lived experience helps create accessible, non-discriminatory, trauma-informed, and culturally safe services.

For Māori, it connects to whānau, whakapapa, and tino rangatiratanga, supporting Māori-led care and mātauranga Māori. Excluding these perspectives weakens the Te Tiriti partnership and equity. The Royal Commission noted that neglecting lived experience can lead to abuse and neglect. Including these voices helps identify risks, design safeguards, and ensure accountability.

Conclusion

We oppose the Healthy Futures Amendment Bill 2025. We urge the house to protect the Pae Ora, Healthy Futures Act 2022 and the original intentions of the bill.

We recommend that the committee notes that we strongly oppose:

- Clause 4 and clause 5 (1) amending the Title and the Purpose of the Act to put the English language Healthy Futures before te Reo Māori Pae Ora.
- Clauses 6 and 7 amending section 4 (Interpretation) and section 5 (Guide to this Act) respectively, repealing the definitions of health sector principles and New Zealand health charter.
- Clause 8 amending section 6 Te Tiriti o Waitangi (the Treaty of Waitangi), which despite subclauses (4) and (5) regarding iwi-Māori partnership boards (IMPB), isolates Māori health and Māori health service provision from the rest of the health service by:
    - Removing the provision for Māori to have "a meaningful role in the planning and design of local services" without making the same provisions available for local services that other districts have
    - Removing requirements for the board of Health New Zealand to have any "knowledge, skill, expertise in relation to Māori" or to "maintain systems and processes to ensure understanding of Te Tiriti o Waitangi, kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori and Māori perspectives of services."
    - Removing requirements for Health New Zealand to" …report back to Māori on the performance of its functions" without making provision for funding, reporting back, or assessing performance of IMPB functions elsewhere.
- Clause 9 repealing section 7 (Health sector principles) and all clauses repealing the principles, including clause 25(3) amending section 51.
- Clause 10 repealing section 10(1)(d) of section 10 (Overview of Minister's role) removing "endorsing the New Zealand Health Charter" from the Ministers role and all clauses removing the Health Charter, including clause 28 repealing sections 56 to 58.
- Clause 11 inserting new section 11 A (Obligations as Crown agent including in relation to political neutrality)
- Clause 12 amending section 12 (Board of Health New Zealand) by removing the requirement for the board collectively to have knowledge, experience and expertise in relation to te Tiriti o Waitangi and Tikanga Māori, public funding and provision of services, public sector governance and government processes, financial management and proposing that the Minister appoint "only people who, in the Ministers' opinion, have appropriate knowledge skills and experience to assist the board to perform its role".
- Clause 12 amending section 12 (Board of Health New Zealand).
- Clause 14 (2) amending section 14 (Functions of Health New Zealand) It is unnecessary to insert "including, to avoid doubt, private healthcare providers" since collaboration with private providers already occurs, though it remains unclear how broad that collaboration is expected to be and whether it will include consideration of ACC-funded and privately-funded healthcare as well public health services.
- Clause 15 amending section 15 removing the requirement for Health New Zealand to engage with IMPBs. It is difficult to see how it could continue to properly support IMPBs without

engagement. Advice provided by the Hauora Māori Advisory Board, to whom the 15 IMPBs report, is not comparable to the input and control formerly afforded IMPBs who could determine priorities for kaupapa Māori services.

- Clause 16 amending section 16 (Additional collective duties of board of Health New Zealand) by repealing s15(1)(d)(ii) ensuring that Health New Zealand "maintains systems and processes that ensure Health New Zealand has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, matauranga Māori, and Māori perspectives of services."
- Clause 17 repealing section 16A (Engaging with and reporting to Māori).
- Clause 18 new section 20 Infrastructure Committee subsections (4-6) relating to the Minister's sole responsibility for appointment of the members of the committee, and inadequate provision for ensuring the requisite Māori, technical and clinical expertise necessary for informed decisions on systems supporting the health of New Zealanders.
- Clause 19 replacement of sections 29 and 30 relating to the Purpose, and Function, of iwi-Maori Partnership boards, which effectively reduce the status of the IMPBs boards to "being of one stakeholder among many, rather than sovereign partners with the legal power to sign off on local health plans. They would no longer hold veto rights, instead sitting alongside hospitals, NGOs, and health providers.
- Clause 23 inserting New Section 36A (Targets that must be included in the Government Policy Statement (GPS)) namely cancer management care; immunisation of children; admission to, and discharge and transfer of patients from emergency departments; specialist assessments; elective treatment; and access to primary care. Targets mean that planning and funding will be focused on this selective list, potentially excluding or underfunding other health needs, and reducing the ability to address unanticipated health risks. A systematic approach is needed.
- Clause 26 repealing section 52(2)(c) and clause 27 repealing section 53(2) removing the requirements for the New Zealand Health Plan to be audited by the Auditor-General.
- Clause 29 inserting new section 65A (Minister may direct Health New Zealand regarding Public Service Commissioner) which is superfluous.
- Clause 31 amending Section 89 (Hauora Advisory Committee) specifically subclause (2) which defines the purpose of the Committee as providing advice only to the Minister of Health and the board of Health New Zealand for whom requirements for understanding knowledge and expertise of kaupapa Māori has been expressly removed by this bill. Consultation with the Minister of Māori Development reinforces the 'top down' approach of ministerial control, rather than shared autonomy.
- Clause 32 amending section 93 (Expert advisory committee on public health) repealing s93(4) which requires the Minister to be "satisfied that the committee collectively has knowledge of and experience and expertise in relation to population health, health equity, te Tiriti o Waitangi (the Treaty of Waitangi), epidemiology. Health intelligence, health surveillance, health promotion, health protection and preventative health." It is essential that the committee has the requisite expertise to advise on matters critical to public health and safety.

If the bill is to progress, we recommend the following principles:

Protect Māori Governance

- Restore direct engagement between Health NZ and Iwi–Māori Partnership Boards (IMPBs), rather than limiting their role to advising the Hauora Māori Advisory Committee.
- Provide statutory decision-making powers to Māori-led bodies in service design, commissioning, and monitoring.
- Ensure transparent funding and support for kaupapa Māori services and Māori health providers.

Protect the Health Charter and sector principles

- We recommend all health entities are legally required to uphold Te Tiriti principles, including partnership, protection, and participation.
- Remove Clause 11

Strengthen Accountability and Monitoring

- Reinstate Māori health equity targets and require public reporting on progress.
- Develop Māori-led evaluation frameworks to assess health system performance from a kaupapa Māori perspective.
- Ensure independent oversight of Māori health outcomes, possibly through a dedicated commissioner or ombudsman.

Mandate Genuine Consultation

- Require inclusive consultation with Māori communities, not just advisory committees
- Establish regional Māori health forums to ensure local voices inform national decisions.
- Embed co-design processes for health strategies and plans that affect Māori.

Build Cultural Competency and Capability

- Require Health NZ and its board to maintain systems and processes that understand kaupapa Māori services, mātauranga Māori, and cultural safety.
- Mandate training in Te Tiriti and Māori health equity for all health professionals and decision-makers.
- Support career pathways for Māori health workers, including leadership development and scholarships.

Protect and Expand Kaupapa Māori Services

- Guarantee ring-fenced funding for kaupapa Māori services, with Māori-led commissioning.
- Recognise and support whānau-centred models of care that reflect Māori values and realities.
- Ensure continuity of services previously supported by Te Aka Whai Ora, even after its disestablishment.

Legislate for Locality-Based Māori Health Planning

- Reinstate locality planning requirements with Māori leadership and co-governance.
- Ensure that IMPBs have a statutory role in shaping local area plans and investment priorities.

We recommend these specific amendments:

- Clause 5 amending Section 3 (Purpose of this Act) subclause (2) (d) ensure that patients get timely access to quality health services, by inserting “and appropriately measure” after ensure to clarify the requirement for appropriate measurements of timeliness and quality, PROMs and PREMs.
- Clause 11 New section 11 A inserted (Obligations as Crown Agent, including in relation to political neutrality amend 11A(b)(ii) to read “subject to ethical duties held by members of a registered profession, Health New Zealand, and the groups and individuals in it, to comply with minimum standards of integrity and conduct relating to those public service principles.”
- Clause 13 amending section 13 (3) (Objectives of Health New Zealand) by inserting “all” into the proposed new subsection (f) to provide and plan for quality, cost-effective, and financially sustainably infrastructure to deliver services to all New Zealanders.

- Clause 14 amending section 14 (Functions of Health New Zealand) Objectives of Health New Zealand – insert “all” to deliver services to all New Zealanders.
- Clause 23 inserting new section 36A (Targets that must be included in the Government Policy Statement on Health) adding Chronic pain services consistent with the UNDRIP and Te Tiriti o Waitangi.
- Clause 18 (Board of Health New Zealand must have infrastructure committee) new section 20 (2) inserting “including health workforce and information and communications technologies (ICT)” the word infrastructure to clarify that both are intrinsic infrastructure for the delivery of safe, quality health services.

We want to present an oral submission.

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