

18 May 2026

Mental Health and Wellbeing Strategy Consultation
PO Box 5013
Wellington 6140

Tēnā koe

Submission on the Mental Health and Wellbeing Strategy 2026-2036

Toi Mata Hauora | The Association of Salaried Medical Specialists (ASMS) is the union for salaried senior doctors and dentists in Aotearoa, representing over 6,000 members. ASMS promotes and protects the interests of members in all aspects of their employment. Also, under our constitution, we advocate for high standards of publicly funded healthcare services for all New Zealanders, including the right to access those services. ASMS is interested in the Mental Health and Wellbeing Strategy because of its impact on patients accessing services, the mental health workforce and our members working as senior medical officers (SMOs) in mental health. This submission focuses on the implications of priority three: workforce.

Presence of critical system enablers underpinning the Draft Strategy

Kaiāwhina, non-regulated and lived-experience workforces are the only professional group identified as a system enabler, and the lack of specific reference to the foundational workforces of medicine and nursing in the context of the strategy is concerning. ASMS recognises the mutually beneficial and complementary skills of the regulated and non-regulated workforces, but an emphasis on non-regulated workers should not come at the expense of foundational workforces.

The only mention of psychiatrists in the entire document is in Appendix four, in a table outlining changes in FTE and vacancy rates since 2023. There are two mentions of “nurse”. The implementation plan emphasises “fixing the basics” and “doing more of what works,” which must foreground attraction, recruitment, and retention for foundational workforces to fix persistent staffing shortages.

Appendix four includes a section on current system performance, including persistent challenges for the sector. This section is fundamental to understanding how the Draft Strategy might improve outcomes as it succinctly describes the status quo. While the draft Strategic Framework notes an intended link between the system challenges and their influence on the strategy’s focus areas, these links are less visible on page 5.

Another enabler underpinning the Draft Strategy is legislation. The Mental Health Bill remains in its Second Reading, with the Health Committee’s report presented in April 2025. ASMS’ submission on the Mental Health Bill¹ noted that

¹ Association of Salaried Medical Specialists, ‘ASMS Response to the Mental Health Bill’.

1. Severe workforce shortages, inadequate facilities, and lack of resource will prevent the purpose and principles of the Bill from being realised and may create perverse incentives towards compulsory care.
2. The training, skills, qualifications and experience of mental health practitioners is a critical safeguard for tāngata whaiora who are subject to compulsory treatment. This must be considered carefully within the Bill.
3. Accountability under the Bill should only be allocated to those with commensurate agency. The Bill must not ascribe accountability to mental health practitioners in areas where they do not have agency, such as wider resource allocation within the service they work in. The accountability for resource allocation must sit with the organisational leaders who make decisions on resource allocation.

The issues ASMS identified regarding workforce shortages, training, the skills and experience of mental health practitioners, and resourcing accountability all have relevance to the current Strategy. Fundamental shifts towards enabling patient-centred and trauma-informed care for tangata whaiora to fulfil the intention of the proposed legislation require ongoing uplifts to the ring-fenced funding for mental health and addiction services. The Strategy notes an increase in Budget 2025/26 to the ring-fence of 30 per cent could only maintain services in the face of increasing cost pressures.

Members have also raised concerns with ASMS where business cases to improve SMO staffing have languished waiting for approvals, despite clear directives regarding the availability of ring-fenced funding.

Growth in Psychological Distress and decline in psychiatrist FTE

The latest New Zealand Health Survey reveals high or very high levels of psychological distress in adults at 14.3 per cent, up from 13 per cent in 2023/24. These rates are persistently high and represent more than 500,000 New Zealanders. The trend since 20/21 is available in Figure 1.

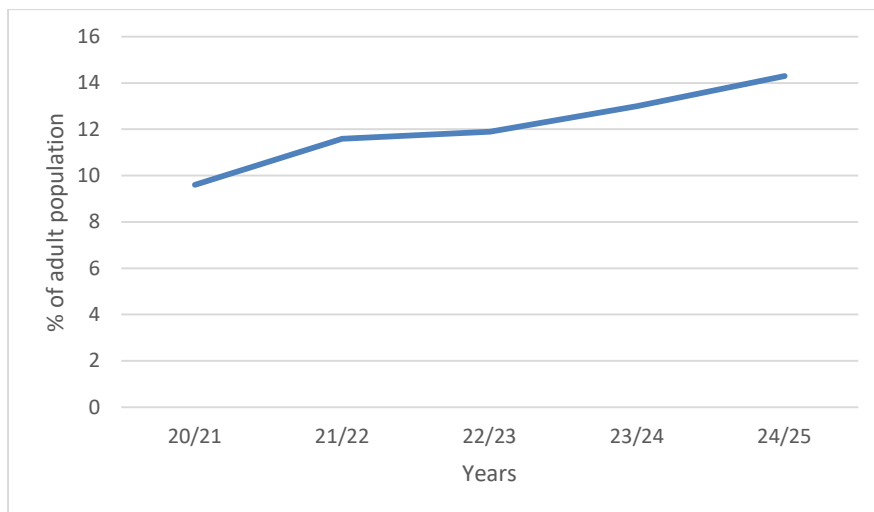


Figure 1: Growth in psychological distress – adults (high and very high), source: NZ Health Survey.

ASMS 2024 report *Anatomy of a Health Crisis* shows that in 2022/23, an estimated 329,000 adults and 55,000 children had an unmet need for Mental Health and Addiction services. This has increased by 73 percent and 45 percent, respectively, since 2016/17. The steep growth rate is due to several factors:

- Adults reporting high or very high psychological distress grew by 72.5 per cent between 2016/17 and 2022/23: need for MHA services is growing.
- The number of clients accessing MHA services increased by just 10.4 per cent from 2016/17 and 2021/22 (figures are not yet available for 2022/23).
- The MHA workforce grew by less than half that rate (5%) from 2017/18 to 2021/22.
- Research by ASMS shows that psychiatry is an area of private sector growth: between 2022 and 2024, the private psychiatry sector saw an increase in 33.3 FTE, and the greatest loss of all public hospital FTE at 19.6 FTE compared with other medical and surgical specialities.²

As this workload is increasing, the workforce is unable to keep pace. Health New Zealand forecasts show that pressures on psychiatrists will continue to mount over the coming years unless recruitment and retention improve significantly. The forecasts in Figure 2 are projected from workforce entry and exit trends over the five years to 2023 for the public and private sectors combined.

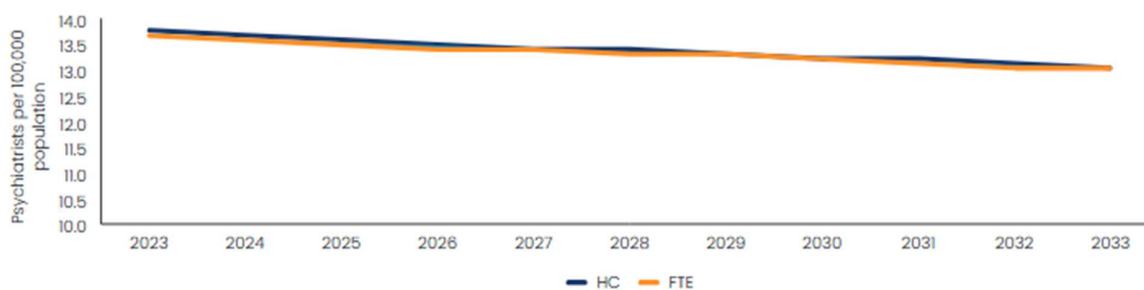


Figure 2: Forecast psychiatrist workforce (public and private) by headcounts and full-time equivalent numbers, 2023-2033. Source: Te Whatu Ora.³

Health New Zealand’s workforce forecast projections apply a relevant population group to determine its ratio of SMO FTE per 100,000 population. For psychiatry, the relevant population is people over 20 years of age, despite significant and growing unmet need for children, adolescents and young people. ASMS members working in child and adolescent psychiatry describe waitlists years long because clinical thresholds are so high. While funding such as the “Access and Choice” programme may have benefits on a preventative level, these primary care services are not designed for children and young people experiencing severe distress or suicidality.

² Association of Salaried Medical Specialists, *A Spreading Problem: Changes in the Distribution of Medical Specialists between Public and Private Work - 2022 to 2024*.

³ *Anatomy of a Health Crisis: By the Numbers*. p.13.

Further, Table 1 shows Te Whatu Ora’s Health Workforce Information Programme (HWIP) data for psychiatrists in September 2025. During that period, more than one quarter of Te Whatu Ora psychiatrist positions were vacant.

	Employee Count	Contracted FTE	Vacant FTE
Psychiatrist	528	469.0	111.1681

Table 1: Te Whatu Ora psychiatrist workforce, September 2025. Source: Te Whatu Ora HWIP.⁴

The table included in the Draft Strategy in Appendix 4 does not differentiate between head count and contracted FTE. It also shows an increase in vacant FTE between September 2023 and September 2025, and no change to the vacancy rate, which remains at just under 20 per cent.

Psychiatry workforce shortages and infrastructure deficits

Psychiatrists are pivotal to specialist mental health and addiction services. They have significant training and experience in the complex and nuanced aspects of care for New Zealanders and are accountable for the outcomes of that care. However, Aotearoa faces a critical shortage: 13.6 Psychiatrists per 100,000 people, compared with the OECD average of 18. Sixty per cent of the workforce is overseas-trained, and within the next decade, half will be aged over 65. An ageing workforce has implications for after-hours capacity, as on-call burden is a common driver of retirement.⁵

Workforce shortages have also fuelled burnout, driving a trend of psychiatrists resigning from permanent positions for locum work that allows them to choose safer hours and maintain greater control over their workload.⁶ Psychiatry continues to experience one of the highest locum rates of any speciality. The crisis further threatens future workforce capacity, as too few Psychiatrists remain to supervise trainees.⁷

Many of Aotearoa's mental health facilities are also inadequate and under-resourced, with too few beds for patients who need care,⁸ facilities that are not fit for purpose, poor maintenance, and inadequate space.⁹

The Ministry of Health must understand the Consultation on the Mental Health and Wellbeing Strategy in this context. The strategic actions proposed in the consultation are likely to further increase the workload of psychiatrists and the wider mental health workforce. Meeting the strategy's expectations and enabling successful implementation will require significant steps to expand the psychiatry and wider mental health workforce, and to improve access to the tools, facilities and resources practitioners require to meet patient needs.

⁴ Health New Zealand | Te Whatu Ora, ‘Health Workforce Information Programme’.

⁵ *Supporting an Ageing Medical Workforce*.

⁶ Association of Salaried Medical Specialists, *Inside the Frontline of the Mental Health Crisis*.

⁷ *The Psychiatry Workforce Training Pipeline in Aotearoa New Zealand*.

⁸ Ellingham, ‘Mental Health Patients Being Turned Away or Discharged Early Due to High Demand’.

⁹ *Mental Health Facility Inspections Highlight Stark Differences*.

Hillmorton Hospital

In August 2025, the Ministry of Health’s Director of Mental Health released a report on Hillmorton Hospital, completed following two fatal incidents involving members of the public and patients at the Specialist Mental Health Services facility at Hillmorton. This report noted persistent and severe staffing shortages, including a lack of opportunity for SMOs to engage with senior leadership, and structural deficits in maintaining clinical governance and clinical leadership at all levels.

Monitoring visits in November 2025 and February 2026 acknowledge “progress” being made by Health New Zealand, but what is described does not align with the experiences of SMOs working at Hillmorton, nor with those of members of the New Zealand Nurses’ Organisation (NZNO). Staffing shortages, run-down, unfit-for-purpose facilities, and clinical quality and safety concerns remain a daily experience.^{10 11}

The issues that have percolated at Hillmorton Hospital for years will not be unique to Waitaha Canterbury Specialist Mental Health Services; there will be resonances and echoes of similar concerns across Aotearoa: chronic understaffing, the safety of patients and health care workers, and dilapidated facilities.

Conclusion

While the workforce actions proposed by the Mental Health and Wellbeing Strategy 2026-2036 are admirable, they need to take into account the current dire situation facing the mental health workforce, and the consequential impacts on timely access to care and equitable outcomes.

In our view, the connection between the strategy, its goals, and actions seems disconnected from, and potentially insurmountable for, the daily lived reality of SMOs, nurses, other mental health care workers, patients, and service users.

ASMS urges the Ministry of Health to consider all aspects of the consultation that are likely to increase the mental health workforce’s workload, and to examine which levers are available to ensure adequate resourcing before implementing changes. Furthermore, action taken should not deflate credentials or deskill the workforce. To discuss this submission further, please get in touch with James Roberts, Policy and Research Advisor, via james@asms.org.nz

Nāku noa, nā



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¹⁰ New Zealand Nurses Organisation, ‘Culture of Fear at Understaffed, Dilapidated Hillmorton Hospital’.

¹¹ MacDuff, “‘The Job Eats Away at You’”.

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