What the Mental Health and Wellbeing Strategy means for those working with infants, children, young people and whānau

The release of the **Mental Health and Wellbeing Strategy 2026-2036** and the accompanying **Implementation Plan 2026/27-2028/29** marks an important moment for New Zealand's mental health and addiction sector. While both documents cover the whole system, they include a strong focus on children, young people and families, recognising that mental health challenges often begin early in life and that early support can improve lifelong outcomes. (Strategy pp. 13-14, 18-21; Implementation Plan pp. 1-3)

For people working across infant, child and adolescent mental health and addiction services, the documents signal a shift towards prevention, early intervention, improved access, more connected care and greater attention to inequities and workforce development. The strategy also acknowledges rising levels of distress among young people, growing unmet need, workforce pressures and challenges navigating services. (Strategy pp. 7-10, 14, 54-56)

Why the focus on children and young people?

The strategy identifies increasing psychological distress among young people as one of the key drivers for change. It notes that almost half of mental health challenges emerge before age 18 and highlights the importance of supporting young people before issues become more severe. (Strategy pp. 18-19)

Children and young people are identified as a priority population throughout the strategy, particularly those involved with Oranga Tamariki and those experiencing multiple forms of disadvantage.

The strategy also notes that 22.9% of young people aged 15-24 report high or very high psychological distress. (Strategy pp. 7-8, 18)

This emphasis reflects feedback gathered through public consultation, where people repeatedly called for:

- Earlier support
- Stronger prevention efforts
- Better support for children and young people
- Improved service integration
- Easier access and navigation
- Greater involvement of whānau and communities

(Strategy pp. 14, 54-56)

A dedicated youth mental health and addiction action plan

One of the most significant commitments for the sector is the development of a Youth Mental Health and Addiction Action Plan. This is one of only three new national guiding documents specifically highlighted in the first implementation plan. (Implementation plan p. 3)

The action plan will focus on:

- Integrated services designed with young people
- Timely access to supports where young people live, learn and work
- Improved transitions between services
- Clear clinical pathways and shared-care arrangements
- Increased flexibility in age criteria
- Stronger school-based support
- Better connections between school and community services

(Implementation plan pp. 3, 6; Strategy pp. 18-19)

The strategy also directly acknowledges that transitions between services, especially between youth and adult services, can be fragmented and difficult to navigate. (Strategy pp. 10, 21)

Stronger focus on prevention and early intervention

Prevention and early intervention are the first strategic priority of the 10-year strategy. The strategy argues that greater investment in prevention is essential if New Zealand is to reduce future demand for crisis and specialist services. (Strategy pp. 18-19)

Key commitments include:

- Strengthening mental wellbeing promotion
- Expanding early support
- Suicide prevention and postvention
- Prevention and reduction of substance-related harms
- Better support during pregnancy, infancy, childhood and adolescence
- Improved support for young people

(Strategy pp. 19, 31; Implementation plan pp. 5-6)

The strategy explicitly states that the early years, pregnancy, birth, childhood and adolescence are critical developmental periods where support can have long-term impacts. (Strategy pp. 18-19)

Maternal mental health receives dedicated attention

The implementation plan makes a substantial commitment to expanding maternal mental health and addiction services. (Implementation plan p. 5)

Actions include: (Implementation plan p. 5)

- A 5% increase in specialist maternal mental health funding
- Expansion of specialist maternal addiction services in at least two locations
- Eight new peer support positions
- A national fund of $1 million annually for successful NGO initiatives
- Support for the perinatal bereavement pathway

The broader strategy positions pregnancy and the first years of life as critical opportunities to strengthen wellbeing and improve outcomes for parents, infants and families. (Strategy pp. 18-19, 35)

More connected services and a "no wrong door" approach

A major system goal is creating a more connected experience for service users. Throughout the strategy, people describe wanting easier navigation, fewer barriers and smoother transitions between services. (Strategy pp. 10, 20-21, 55)

The strategy commits to: (Strategy p. 21)

- Shared referral pathways
- Coordinated intake processes
- Better information sharing
- Improved continuity of care
- "No wrong door" access

The implementation plan also includes work to: (Implementation plan p. 7)

- Refresh the national model of care
- Improve service integration
- Reduce variation between regions
- Strengthen continuity across the care continuum

For young people and whānau, this aims to reduce experiences of being redirected between services or finding that support depends on where they live. (Strategy pp. 9-10, 20-21)

More connected services and a "no wrong door" approach cont.

The strategy identifies workforce capacity as one of the biggest barriers to improving access and outcomes. (Strategy pp. 22-23, 54) **The implementation plan includes:**

- **More training opportunities** (Implementation plan p. 9)
  - ✓ Psychiatry registrar places increased to 54 annually
  - ✓ 475 New Entry to Specialist Practice placements annually
  - ✓ Psychology internships expanded to 85 annually
  - ✓ 22 nurse practitioner training places annually
- **New workforce roles** (Implementation plan p. 9)

  The plan introduces a psychology assistant pathway:
  - ✓ Training for up to 40 psychology assistants each year
  - ✓ Employment support for approximately 50 newly trained assistants annually
- **Workforce wellbeing**

  Health New Zealand is also required to: (Implementation Plan p. 9; Strategy pp. 22-23)
  - ✓ Review workforce wellbeing supports
  - ✓ Refresh workforce investment approaches
  - ✓ Strengthen retention and sustainability

Greater recognition of peer and lived experience leadership

A significant feature of both documents is the emphasis on peer support and lived experience leadership. (Strategy pp. 24-25, 30; Implementation Plan pp. 9-10)

The implementation plan includes: (Implementation plan pp. 9-10)

The strategy's long-term vision is for lived experience expertise to influence: (Strategy pp. 24-25, 30)

- Planning
- Commissioning
- Service design
- Delivery
- Monitoring and evaluation
- National governance for peer workforces
- Expanded peer workforce training
- Career pathways for peer workers
- Supervision and reflective practice
- Lived experience leadership roles within Health New Zealand

Supporting whānau and communities

The strategy strongly positions whānau and communities as essential parts of the support system rather than simply recipients of services. (Strategy pp. 18-19, 55)

Consultation feedback highlighted: (Strategy pp. 55-56)

- Greater support for whānau
- Better recognition of carers
- Increased community leadership
- More whānau-centred approaches

The long-term vision includes: (Strategy pp. 18-19, 29)

- Communities equipped to support wellbeing
- Stronger whānau participation
- Greater local support
- Community-led responses

Digital services and telehealth

The implementation plan commits to developing a **Digital Mental Health and Addiction Strategic Framework** by June 2027. (Implementation plan pp. 3, 8)

Planned actions include: (Implementation plan pp. 3, 7-8)

- Greater use of telehealth
- Digital support tools
- AI-supported triage and referrals
- Better service navigation
- Workforce support through digital technologies

Specific investments include: (Implementation plan pp. 7-8)

- A 44% increase in Youthline capacity
- Expansion of telehealth contacts
- Improved crisis telehealth support

A strong commitment to reducing inequities

Reducing inequities is embedded throughout the strategy and implementation plan. (Strategy pp. 4, 7-8, 16; Implementation plan pp. 2, 8, 10)

The documents note that Māori experience: (Strategy pp. 7-8, 43)

- Higher distress
- Greater unmet need
- Higher rates of substance-related harm
- Poorer mental health outcomes

The strategy also identifies poorer outcomes among: (Strategy pp. 7-8, 43)

- Pacific peoples
- Disabled people
- Refugees and migrants
- Ethnic communities
- Rainbow communities
- Rural communities

Future monitoring and reporting will place greater emphasis on understanding outcomes for these populations and tracking inequities over time. (Strategy pp. 16, 33-34; Implementation plan p. 4)

What does this mean for the sector?

Taken together, the strategy and implementation plan provide a clear signal about the future direction of mental health and addiction services for infants, children, young people and whānau. The key themes are prevention, earlier support, maternal mental health, youth-focused service development, workforce growth, stronger peer and lived experience leadership, smoother transitions between services and reducing inequities. (Strategy pp. 14-15, 18-25; Implementation Plan pp. 2-10)

For those working in child and youth mental health and addiction, these documents provide an indication of where future investment, service development and policy attention are likely to be directed over the coming decade. While delivery will ultimately determine the impact, the overarching vision is clear: a more connected, responsive and preventative system that supports children, young people and whānau earlier and more effectively. (Strategy pp. 13-16, 20-25; Implementation Plan pp. 1-4)

Please note:

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