‘Unacceptable’ waits for ADHD, autism checks

Children are waiting years for potentially life-changing neuro-developmental assessments. Thousands more can’t even get into the queue. **Nikki Macdonald** investigates.

Long waits for diagnosis and support can shut children out from education and have long-term impacts.

Mariah was barely one when her parents started noticing quirky behaviours. She liked to arrange things in piles, and sort by colour.

Then they found their sandals all lined up in a row.

When she was two, in September 2024, a Plunket nurse referred Mariah to the Hutt Valley’s Child Development Service for an assessment for suspected autism.

Waits were long, the manager warned, but she should be seen by a developmental paediatrician by November 2025.

Anxious to give Mariah the best possible start in life, her parents Marcelo Magioli Sereno and Ana Sereno Magioli paid a Brazilian specialist to do an online video diagnosis in the hope it would fast-track Mariah into the New Zealand system. But that went nowhere.

And almost two years on from Mariah’s referral, the family says they’re still waiting for an appointment.

Magioli Sereno says they recently got their first concrete help via a before-school check – free nappies for the four-year-old who still can’t toilet herself. The four-year-old who speaks in two-word sentences, and is too overwhelmed to go to kindy.

“We are concerned about the future for her, because the sooner she learns how to behave with others the better for her, not only for school but for life,” Magioli Sereno says.

“She can’t be at home for her whole life. We won’t be here forever, we need to give her tools to prepare for life.”

Mariah’s mother has to stay home almost 24/7 to care for her, which is a financial strain. And her struggles take a toll on everyone, including Mariah’s 14-year-old sister.

“Sometimes she can get a lot of meltdowns, and as she grows, it’s becoming more intense or aggressive sometimes. We need to learn tools to deal with that.

“It’s behavioural help, financial help – if we can, educational as well.

“The New Zealand system has a lot of problems, but when you are in the system, it’s very good,” Magioli Sereno says. “It’s just the waiting time.”

The changing face of paediatrics

As recently as 2018, just a third of paediatric first specialist appointments related to assessments for autism, attention deficit hyperactivity disorder (ADHD) and other neuro-developmental conditions. Now they make up 50%-60%.

The proportion of Kiwi kids with ADHD has more than doubled in the past decade to one in 17, according to the latest New Zealand Health Survey. Autism rates have more than tripled, to 3.7%.

“I think we’re seeing a changing face of paediatrics,” says Jess Allen, New Zealand paediatrics and child health division committee chair for the Australasian College of Physicians.

And all those children have to be seen to be diagnosed. The resulting pressure on paediatric services nationwide prompted a briefing to Health Minister Simeon Brown in August 2025.

Waiting lists for first specialist assessments (FSAs) had doubled since 2019, the briefing found.

“Paediatric medicine FSA delivery has consistently lagged behind demand … Long waits for children and young people pose significant risks to child health, development, school readiness, education, and family functioning.”

The latest statistics show that, as at March 31 2026, 9208 children nationwide were waiting for a paediatric medicine first specialist assessment, of whom 3085 had been waiting longer than the target maximum of four months. Counties Manukau, Waitematā and Southern regions all had more than 400 children waiting too long.

And that’s just the kids who make it in the door. *The Post* previously revealed 6000 children were among the hidden waiting list of patients whose assessment referrals were declined in 2025, from the five regions that actually tracked rejections. The other 15 regions couldn’t even provide data.

The Post’s attempt to chart the increase in ADHD and autism referrals and waits for children around the country returned another hot mess. A request for 10 years of data had to be stripped back to three years, and even then only seven of 20 regions provided data. A request for each region’s current average waiting time for assessments went unanswered.

Health NZ argued the data was too complicated to compile as it was not coded consistently and diagnostic appointments span multiple services.

While referrals appear to have stabilised or even dropped in some areas, the Wellington and South Canterbury regions show sharp spikes.

Although ADHD referrals in South Canterbury have tripled in three years, they have managed to keep assessment waits to two to three months.

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>
> **Jess Allen**
> New Zealand paediatrics and child health division committee chair for the Australasian College of Physicians

But Wellington is a different story. Health NZ says while the most complex Wellington cases are assessed by the mental health team in 34 days, the wait for assessments through the child development service is “over 12 months”.

But Wellington families are far from alone. Autism NZ research and advocacy director Larah van der Meer says whānau nationwide are commonly waiting six months to two years for assessments, if they can even get their referral accepted.

Research in 2020 found children weren’t being diagnosed until six or seven, meaning they miss out on early support and help transitioning to school.

Things have got worse since, van der Meer says. Partly because demand has spiked so much that even parents who can pay $2000-$5000 for private assessments are now having to wait, as even private appointments are scarce.

“The impact, especially at school, is huge, in terms of that understanding and getting the right supports in place,” van der Meer says. “We’ve got families in crisis, really.”

Mark Potter, principal of Wellington’s Berhampore Primary School and former New Zealand Educational Institute president, says diagnosis delays make it hard for schools to get the extra help they need – usually another adult in the classroom – to support high needs kids. And that affects every child in the class.

“When a child’s needs aren’t being met … you get heightened anxiety from the child, and that can result in actions where they act out, where they have tantrums and meltdowns because they’re overwhelmed. “It can be physical aggression, defiance, or running away from the classroom, because they’re not yet equipped, or the classroom itself is not equipped to support them.”

Berhampore School principal Mark Potter says schools are having to fundraise or purloin money from other areas to pay for extra support staff to help with neurodiverse children. MONIQUE FORD/THE POST

While in theory children don’t need an official diagnosis to get school support, in practice they mostly do, Potter says. Which leaves schools struggling to find or fundraise money for classroom help.

“One of the first things you get asked is, ‘Well, does the child have a diagnosis?’ And the moment you hear that question, you know you’re going to be really struggling to get some support.

“Schools just have this accumulating pressure on them … They have to start borrowing money from elsewhere to pay for support staff.

“At one small school – I was talking to the principal yesterday – he has to try and find another $150,000 this year to support all the needs of their kids.”

Paediatrician Allen says paediatric services are under “huge pressures” from the “massive” referral increases, and children can wait years for assessments, especially in small and rural places.

“It’s devastating to see a child who’s waited 18 to 24 months for a diagnosis of autism, which is with severe impairment.

“Delays in assessment can have harmful impacts on a child’s health and can have long-term impacts on their development and wellbeing. I’m seeing children and families who are missing out on services and supports, and the interventions that could help them right now, and also the knowledge that’s going to help them understand their child and the difficulties that they have.”

Children’s Commissioner Claire Achmad says early assessment for neurodiversity is crucial, because a diagnosis can be life-changing.

“It can help a child or young person to understand who they are, what their particular needs are, and it also helps their families and whānau to understand them better and to ensure that they have access to the wide range of support that they may need.”

More and more families are contacting her office worried about the “uncertainty and stress” caused by long waits for diagnosis. Without the behavioural support that comes with that, children are being shut out of education, Achmad says.

“These long wait times are unacceptable. That’s because they can leave children struggling without the understanding and support that they need to participate in their lives at home, at school, in their communities. And when families and whānau are asking for help for their mokopuna in record numbers, it does signal the need for our services to grow to meet that demand.”

What’s driving the demand, and what’s the solution?

Director of Auckland private practice Totally Psyched, clinical psychologist Sarah Watson has a three to four-month wait for neuro-developmental assessments.

With demand making it “incredibly challenging” for children to even get onto a public hospital waiting list, and others facing long waits, more families are knocking on her door. But that comes at a cost many can’t afford.

“I think in private practice, all over the country, a lot of people are coming because they can’t get into a public service.

“This is really hard times financially for a lot of families, so it means then that they have to reprioritise their funds for something that ideally should be seen in the public system, but the reality is that the access just isn’t there for everyone.”

Psychologists also can’t prescribe medications for ADHD, so families might opt to see a psychiatrist or paediatrician if that’s the suspected diagnosis.

Watson, who is also the New Zealand director for the Australasian ADHD Professionals Association, thinks the surge in demand for assessments for ADHD, autism and AuDHD (a combination of the two) is partly a good news story, as it shows neuro-diversity is shedding its stigma.

It’s also a product of parents understanding for the first time how difficult learning was for their children, after home-schooling them during Covid, Watson says.

But more needs to be done to help families understand early how their child’s brain works, and how to deal with that, she says.

Watson thinks the February change to allow nurse practitioners working within child health or mental health teams to diagnose ADHD is a good start. But with only 1014 practising nurse practitioners in the country, and few that are appropriately trained, that’s unlikely to slash waits.

Autism NZ’s van der Meer says training someone to diagnose a single condition can also be problematic, as neuro-developmental conditions are often intertwined.

Autism NZ runs a private clinic to increase diagnosis options in the wider Wellington region, but even at a subsidised rate assessment costs $1800.

It also has Social Investment Agency funding for an Early Years Pathway to promote earlier identification, access to diagnosis and support through to school transition, van der Meer says.

“Initiatives like this actually meet the need and are having a positive impact but more is needed.”

Paediatrician Allen says corner-cutting is not the answer, as behavioural issues can have many causes.

“We don’t want to just fall into the trap of short, quick ADHD assessments that don’t assess the other potential things, such as sleep difficulties, the impact of trauma and adverse childhood experiences on children, learning difficulties, anxiety.”

She calls instead for funding to train more paediatricians to meet the demand. In the past decade, during which neuro-developmental referrals doubled, paediatrician numbers increased by just 10%, from 442 to 484.

Health NZ director of mental health and addictions, Phil Grady, says New Zealand’s soaring demand mirrors trends overseas, and there is no quick fix.

Many children referred for neuro-developmental concerns have overlapping needs, including ADHD, autism, emotional and mental health concerns, learning difficulties and social disadvantages.

“These needs are often interconnected and require co-ordinated support across health, education and community services, rather than a single diagnosis or service.”

Grady says families also need support to create the best possible environment for children to grow up in, from safe housing and financial security to healthy sleep, exercise and appropriate screen use.

He says the Mental Health and Addiction Network and Child and Youth Network are “progressing work in this space”, but does not provide any specifics.

“This is a complex challenge that will require sustained change across health, education and social sectors and investment.

“Improving outcomes for children and young people will require a whole-of-system response over a number of years.

“We want all children with neuro-diverse needs to receive the care they need, and we know wait times are frustrating for parents and caregivers and their children.”

But principal Potter says authorities know what would fix the problem – more resources in all the areas buckling under the strain.

“What would help is an honest, grown-up conversation about the fact that we need to invest in these areas … All we hear is ‘We can’t afford to do that’, and so on. And we’ve heard this for decades. So the dial doesn’t shift.”