Australasian College
for Emergency Medicine

Level 2/142 Featherston Street, City Chambers
Wellington Central, Wellington 6011, Aotearoa New Zealand
+64 4 471 2334 | acemnz@acem.org.nz | ABN 76 009 090 715

Submission to the Ministry of Health – Draft Mental Health and Wellbeing Strategy 2026-2036 Consultation

Introduction

The Australasian College of Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Ministry of Health consultation on the *Draft Mental Health and Wellbeing Strategy 2026-2036* (the 'Strategy' henceforth). As the peak body for emergency medicine, ACEM's position is grounded in the operational realities of emergency departments (EDs), which provide continuous acute care across Aotearoa New Zealand. It focuses on areas for which emergency clinicians have provided relevant feedback, consistent with the College's practice of responding only on matters directly affecting emergency care.

ACEM Submission

ACEM broadly supports the overarching priorities and associated actions of the proposed strategy. However, we remain concerned about the government's capacity to deliver the scale of reform required in the mental health and addiction system, particularly in light of reductions in health spending and workforce pressures arising from Health New Zealand efficiency targets. As such, ACEM considers the Strategy to be more aspirational than operationally achievable without dedicated investment, workforce growth, acute mental health service capacity and robust implementation monitoring and evaluation mechanisms. ACEM's submission maintains that ED pressure is the visible consequence of wider mental health system failure and outlines three priority areas to ensure best practice emergency mental health and addiction care is provided to people who seek treatment and support.

Priority 1 – Access and flow

Many hospitals across Aotearoa New Zealand are operating at or beyond capacity, with workforce shortages and limited inpatient availability placing significant pressure on EDs. These pressures disproportionately affect people presenting with mental health and/or substance use disorders, who frequently remain in EDs well beyond the *Shorter Stays in ED* (SSED) targets. Prolonged stays in the high-stimulus ED environment increases the risk of behavioural escalation, seclusion, restraint and sedation, contributing to further deterioration in patients' mental health. The ongoing failure to meet SSED targets reflects insufficient inpatient capacity for those with acute and complex needs, underscoring the need for the Strategy to prioritise improved access to care and patient flow. This can be achieved through:

- Increased investment in acute mental health inpatient bed capacity to address prolonged ED stays for patients awaiting assessment or admission;
- Standardised triage, treatment and disposition pathway for tāngata whaiora in EDs to improve early identification, intervention and integrated referral processes;
- Bypass the ED for mental health crisis care if medical intervention is not required;
- Extend inpatient and community-based service hours to reduce ED reliance and ensure access to care is available when it is needed; and
- Significant upgrades to data and performance frameworks, including the replacement of SSED targets with ACEM's Hospital Access Targets (HAT), to better identify system blockages and drive accountability for patient flow across the whole hospital.

Priority 2 – Hauora Māori | Māori Health

ACEM's commitment to health equity is articulated through its Māori Health Strategy, *Te Rautaki Manaaki Mana*. ACEM strongly recommends that the Strategy and related frameworks are explicitly aligned with Te Tiriti o Waitangi obligations, with Te Tiriti principles embedded within strategic priorities, governance, service design, delivery, and accountability measures. ED responses should be developed in genuine partnership with Māori, support Māori-led approaches to care, and ensure services are whānau-centred, culturally safe and equity-focused. Cultural support should be recognised as a core component of safe and effective clinical care, rather than an optional add-on. ACEM suggests the following actions can support EDs to honour Te Tiriti obligations and improve equity for Māori:

- Implement *Te Rautaki Manaaki Mana* and Pae Ora Standards within all EDs;
- Partner with Māori to ensure Te Ao Māori and mātauranga Māori are embedded in ED governance, service design, delivery and evaluation;
- Support Māori-led models of care and whānau-centred approaches within EDs;
- Ensure patients and whānau have timely access to appropriate cultural support as part of safe clinical care;
- Invest in the recruitment, development, leadership and retention of the Māori ED workforce;
- Provide sustained cultural safety education, including Te Ao Māori, tikanga principles and te reo Māori, to strengthen the capability of the ED workforce;
- Establish clear equity measures and accountability mechanisms to monitor outcomes for Māori; and
- Proactively identify and dismantle historical racist policies, practices and institutional barriers within EDs and the broader healthcare structure.

Priority 3 – Infrastructure and resourcing

Patients presenting with mental health disorders related to psychoactive substance use are often complex and resource-intensive to manage in the ED, with co-occurring symptoms that may be substance-induced and resolve over time. The management of these patients increases ED workload due to the often chaotic and volatile behaviours exhibited by intoxicated patients, which increase the safety risks to patients and staff, requiring risk management, security and regular observation. ACEM's 2025 report *When Care Meets Conflict: Violence in Aotearoa New Zealand's Emergency Departments* highlighted the impact of such presentations on staff safety and ED operations. ACEM supports all efforts to grow and strengthen the mental health and addiction workforce, including actions to increase lived experience leadership and peer workforce roles. ACEM recommends the following actions:

- Dedicated mental health teams working within the ED 24/7 to provide rapid assessment, disposition planning, patient navigation and support;
- Ensure ED staffing meets the requirements of *G23 Constructing a sustainable ED medical workforce*;
- Calm, private spaces in the ED that can accommodate whānau and help reduce distress;
- Equip all hospitals (ED or ED-adjacent) with purpose-built behavioural assessment rooms to manage patients experiencing acute behavioural disturbance or intoxication; and
- 24/7 hospital security officers posted at every ED, with appropriate training and integrated with the ED team to best support staff, patients, whānau and visitors.

Conclusion

Thank you again for the opportunity to provide this submission. EDs will continue to play a vital role within the mental health and addiction system, and ACEM welcomes the ongoing opportunities to engage with the Ministry of Health and to participate in ongoing system reform efforts underway. ACEM looks forward to seeing further detail regarding the resourcing available to operationalise these far-reaching aspirations. If you require any further information about any of the above issues or if you have questions about ACEM or our work, please do not hesitate to contact Arlen Keen, Manager, Policy (Arlen.Keen@acem.org.au).

Yours sincerely,

Dr Michael Connelly
Chair, Aotearoa New Zealand National Council
Australasian College for Emergency Medicine