

Consultation on the Mental Health and Wellbeing Strategy

Ministry of Health, Manatū Hauora

Survey Submission 18 May 2026

**Submission made on behalf of the New Zealand Society of Anaesthetists – Ngā Ringa
Tauwhiro o Aotearoa**

Consultation questions

7. From your experience, what most gets in the way of people or whānau getting the mental health or wellbeing support they need, including support for addiction, substance harm and gambling?

This could include things that affect people before they need help, when they are trying to get help or while they are recovering.

8. From your experience, what most helps people or whānau to stay mentally well or get the support they need for their mental health and wellbeing, including gambling and substance related harm?

9. What parts of the strategy feel the most right or important to you? Why?

***10. What changes would make the strategy work better for people and whānau? Why?
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11. This strategy will come with a plan that sets out what needs to happen to bring it to life. The first plan will have a three-year focus. What are the most important steps we should take in the next three years to make the biggest difference to people's mental health and wellbeing, including reducing substance and gambling related harm? Please tell us why.

A national strategy and investment towards the prevention, early recognition and intervention of chronic pain should be included in the plan towards achieving the outcomes of the proposed Mental Health and Wellbeing Strategy 2026-2036, given the well-established links between chronic pain, poorer wellbeing and addiction.

One in five adults in New Zealand experiences chronic pain, with Māori, Pacific People, women, and those in socio-economically deprived areas being disproportionately affected. Internationally, chronic pain is recognised as a major health issue with wide-ranging consequences for individuals and the health system, including loss of employment, reduced ability to work, depression and anxiety, family and relationship disruption, increased suicide risk, adverse drug effects, long-term opioid dependency, higher use of healthcare resources, and increased reliance on social welfare. Evidence also links chronic pain with poorer wellbeing in adolescents <http://pmc.ncbi.nlm.nih.gov/articles/PMC10100059/> (Accessed 11/05/2026).

A national chronic pain strategy should be developed alongside the proposed Mental Health and Wellbeing Strategy, incorporating clinical expertise and following a model of care consistent with the management of other chronic conditions. This should include adequate resourcing to enable equitable and effective integration across community, regional and tertiary centres.

Without inclusion of chronic pain within the proposed strategy's scope, a significant and modifiable driver of poor mental health and wellbeing outcomes in Aotearoa New Zealand risks being overlooked.

12. If you could choose just one thing for us to do to make the biggest difference in the next three years, what would it be?

13. To make space for new or better ways of doing things we might need to stop doing other things. What do you think we should stop doing, or do less of, so we can focus on what would work better? Please tell us why.

14. We want to make sure that the things we do are making a difference for people. What should we be checking, measuring or keeping an eye on to know if the strategy is making a difference?

You might want to think about or share what you would be seeing, hearing or experiencing in your own community if the strategy was changing things for the better.

15. Are there any other thoughts, concerns, or ideas you want to share?