

18 May 2026

Mental Health and Wellbeing Strategy Consultation
PO Box 5013
Wellington 6140

mhasp.engagement@health.govt.nz

Mental health and Wellbeing Strategy 2026 – 2036

Tenā koutou

1. The Kāpiti Coast District Council welcomes this opportunity to contribute to this important conversation around mental health and wellbeing. Our submission is informed by feedback we have received from:
 - our community on mental health and wellbeing over recent years through a number of engagement exercises, and
 - Council's advisory groups¹ working in the areas of health and disability or representative of populations in our district that the Strategy identifies as vulnerable groups, such as youth and older persons.
2. Council strongly supports the development of a Mental Health and Wellbeing Strategy and is particularly heartened by its strong focus on strategic actions and commitment to delivery through the Implementation Plan with its three-year focus on getting things done.
3. In this letter we outline Council's general thoughts on the strategy and on mental health and wellbeing. Our comments include feedback from our Advisory groups. In the attachment, we respond directly to the questions from your Submission Form Questionnaire and include further detailed feedback from our Advisory groups.

Council's role in Mental health and Wellbeing for its communities

4. We note the draft Strategy strongly emphasises services for people experiencing mental health and wellbeing challenges. We suggest the Strategy should give equal weight to the social infrastructure that reduces physical access barriers and the disconnection and isolation that can worsen mental health. This is a key area where councils add value and

¹ Kapiti Health Advisory Group; Kāpiti Disability Advisory Group; Kapiti Youth Council; Older Persons' Advisory Group.

it should be highlighted, perhaps under the prevention and early intervention and access to support priorities. The Strategy should also recognise that councils' ability to deliver physical, community, and economic infrastructure and services must not be undermined by wider government decisions on local government services and funding. These are core council responsibilities for our communities, and where undermined, reduce councils' ability to contribute to this important wellbeing space.

5. In 2022 Council adopted a growth strategy, [Te tupu pai, Growing well](#), looking out 30-years to 2051. Priorities and aspirations expressed in the Strategy focused on:
 - Keeping, protecting and enhancing the district environment, history and amenity, to encourage a strong sense of identity and place,
 - Improving walkability and connections throughout our neighbourhoods, to support connection and access,
 - Enabling an affordable and efficient urban form, with a welcoming place for everyone,
 - Driving community prosperity and productivity, to support personal contribution and a sense of personal and societal value, and
 - Supporting our communities to be respectful, inclusive and diverse, through enhancing the mauri of our people and district, celebrating who we are within vibrant, accessible and safe spaces and facilities, by supporting a compassionate and just society.
6. Since the adoption of Te Tupu Pai, Growing Well, and across Long-term Plans, Annual Plans, health-related consultations and an extensive district visioning exercise to build an aspirational Vision for Kāpiti looking towards 2060², these same themes have recurred in submissions received from our communities. These themes have also been reiterated in numerous previous submissions by Council to Government proposals that put the protection of our communities' health (including mental health) and wellbeing in jeopardy.

Council recommends:

- a. Rebalancing the Strategy to give equal weight to social infrastructure (alongside clinical/services responses), particularly where it reduces physical access barriers, disconnection, and isolation, potentially under the prevention and early intervention and access to support priorities.
- b. Explicitly recognising and highlighting local government's role and value in supporting mental health and wellbeing through delivery of physical, community, and economic infrastructure that enables connection, access, and wellbeing.
- c. Ensuring wider government decisions (including funding and service reforms) do not undermine councils' capacity to deliver core infrastructure and services—because weakening this capability reduces councils' ability to contribute to mental health and wellbeing outcomes.

² <https://www.kapiticoast.govt.nz/council/about-council/vision-kapiti-2060/>

What our communities have told us about mental health and wellbeing services provision in Kāpiti

7. In our engagement exercises with our communities they have consistently framed responses to mental health and wellbeing as:
 - our parks, libraries, aquatic facilities, biking and walking trails, community housing, and good public spaces as core contributors to wellbeing rather than “nice-to-have” amenities. This strongly aligns with a ‘social determinants of health approach’ rather than a clinical model,
 - uneven access to services and support across our communities (e.g., Otaki), where physical access barriers and jurisdictional issues affecting health service provision can limit effective prevention and response. This also affects older people and youth, for whom transport and distance to services can be significant barriers (needing to go to Wellington or Palmerston North for services),
 - reflecting an emphasis on prevention rather than crises response, on connection and belonging, community resilience and the physical environment enabling wellbeing,
 - an expectation that councils have a role (even without formal health mandates) to:
 - convene and coordinate locally
 - advocate upward to central government
 - design places and systems that reduce stress and exclusion.
8. The overarching perspective is that for Kāpiti to ‘grow well’ in all dimensions, including physical and mental health, we need place-based implementation physically present in our communities and tailored to the distinct needs of coastal, rural, youth, and ageing populations.
9. Community feedback to Council also stresses the resourcing of the ‘non-health’ parts of wellbeing and that unfunded expectations and mandates on councils undermine wellbeing outcomes. This points to a need for policy alignment not just in the health sphere, but across government’s approaches to local government and the local needs of communities.
10. Council’s consultation history over recent years has also shown that our communities already see mental health and wellbeing as inseparable from housing, transport, social connection, and public space. Council therefore believes that the Strategy will be strongest if it formally enables and resources the place-based organisations and responses already shaping these determinants.

Feedback from our Community Health Partners and Population Cohort Groups

11. We have received comment on the Strategy from some of Council's advisory groups and include it for your information. The Kāpiti Disability Advisory Group (KDAG) and the Kāpiti Health Advisory group have tendered their own submission, which Council supports. Council's Youth Council provided comment for inclusion in the attached questionnaire response.

Feedback from KDAG

12. Disabled People are known to experience psychological distress at rates four to five times higher than non-disabled New Zealanders (Ministry of Health, 2021) yet are not explicitly referenced in the Strategy. It ignores the fact that there is often an intersection between disabled people and mental health.

13. While KDAG support the Strategy's commitment to equitable access, lived experience leadership, early intervention and prevention, they note the omission of family carers of people with disabilities from the Strategy and groups to be supported by its implementation.

14. As a matter of priority, KDAG believes that the Strategy should:

- explicitly recognise disabled people and their family and carers as priority populations
- at least cross-reference the Health of Disabled People Strategy as a core guiding framework
- operationalise key actions from the Carers' Strategy Action Plan within mental health system design
- point to or invest in flexible, accessible respite for carers as a mental health prevention infrastructure.

Feedback from Kāpiti Youth Council

15. Central points raised by the Youth Council with respect to strategy and your questions were:

- stigma and low trust in mental health services stop people seeking help (negative perceptions, belief support won't be there even if they try).
- access barriers are major, especially long wait times and cost/financial inaccessibility, which can worsen issues.
- one poor experience can deter future help-seeking ("one and done" therapy culture), so quality and continuity matter.
- community networks help people cope and find support, especially through informal guidance and recommendations about where to go.
- the Strategy should emphasise rapid responses plus tackling root causes (e.g., housing, employment, financial instability) and a holistic/hauora approach.

- priority actions should focus on safe, stable housing and essential needs, particularly for at-risk youth/people in abusive homes, and success should be tracked via wait times, service uptake, and reductions in negative outcomes.

16. A Youth Voice survey of over 1,000 young people aged 12 – 24 for 2025 – 2026 year, from across the Kāpiti Coast, (and including focus groups/interviews, and igroups “less often heard”), noted the following calls to action:

- strengthening prevention and early intervention for children and young people.
- improving access to timely, affordable, youth-friendly mental health supports (including free or low-cost counselling where possible).
- delivering culturally safe and inclusive services that respond to diverse identities and life stages.
- investing in community-based, place-based approaches that build on local strengths and increase connection and support.
- embedding genuine partnership with young people by resourcing lived-experience participation and youth leadership in planning and delivery.

17. These insights highlight the importance of ensuring that the Strategy meaningfully improves mental health and wellbeing outcomes for taiohi, particularly as they navigate increasing social, economic and environmental pressures.

18. Council also recommend that these matters outlined by our Advisory Groups are included in the Strategy. We would suggest the need for these to feature both in the Strategy itself and be worked through to identifiable action points to ensure all vulnerable groups are actively and appropriately provided for in planning and implementation of preventative and response services.

Council recommends that:

- d. The feedback from the Kāpiti Disability Advisory Group and Kāpiti Youth Council be noted and their comments and recommendations be included in the Mental Health and Wellbeing Strategy.

In conclusion and a way forward

19. Council strongly validates the Strategy’s direction, especially prevention and equity. Our local experience strengthens the case for:

- explicitly naming councils as partners in prevention
- embedding place-based delivery models
- aligning planning, infrastructure and wellbeing outcomes.

20. Council notes an opportunity that could be picked up by the Strategy, is to ensure that government entities with a focus on mental health and wellbeing, have a coherent and

intentional presence in the spatial planning exercises to be undertaken across council regions under the new resource management and planning legislation over the next few years. This could ensure that responding to mental health and wellbeing is tackled holistically, and the social and physical determinants of mental health and wellbeing are integrated with service provision and clinical responses.

21. We would be happy to engage further with your team to support the implementation or consideration of our recommendations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kris Pervan', with a stylized, cursive script.

Kris Pervan
GM Strategy and Growth
Kāpiti Coast District Council

Feedback Questionnaire

This submission was completed by: *(name)*

Chris Worth

Address: *(street/box number)*

175 Rimu Road,

(town/city and postcode)

Paraparaumu 5032

Email:

chris.worth@kapiticoast.govt.nz

Organisation *(if applicable)*:

Kapiti Coast District Council

Position *(if applicable)*:

Principal Advisor Advocacy

This submission *(tick one box only)*:

Is made on behalf of a group or organisation(s).

Yes

What ethnic group/s do you belong to? *(you may tick more than one box)*

N/A

Please indicate which perspectives your submission represents *(you may tick more than one box)*:

Local government

Consultation questions

1. 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.

Barriers to accessing timely and good mental health and wellbeing support include:

- Negative culture around mental health and perceptions of the system
- People feel they won't get support even if they are proactive
- "One and done" culture: one bad therapy experience can create a negative bias against seeking support
- Timing: even when proactive, people often face **multi-month wait times**, which can worsen issues
- Fragmented, and difficult-to-navigate systems

- Exclusion of family/whānau from decision-making
- Financial and employment pressures
- Inaccessible and disability-unresponsive services
- Workforce capacity and complexity.

2. 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?

The things that help people and whānau to stay mentally well or get timely and good support are:

- Community support and recommendations (friends knowing where to refer someone who is struggling)
- Financial accessibility
- Timely availability of services, including:
 - flexible and reliable respite services as a preventative
 - whanaungatanga and relational support
 - clear navigation and system coordination
 - integrated disability and mental health services
 - financial and employment support
 - access to appropriately skilled clinical assessment and treatment
 - access to suitable housing, including refuge housing.
- Financial and income stability
- Housing tenure stability and longevity.

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

What feels right:

From the **Youth Council**, the focus on:

- Immediate and rapid responses, and empowering the positive parts of the system
- Prevention and early intervention
- Focus on root causes (e.g., housing, employment, financial instability)
- Lived experience leadership in system design and governance
- Addressing stigma and building community connection.
- Recognition of the role of whānau and informal support (but implementation must go further to recognise whānau as recipients of support, not just providers).

Why. Getting what's there right and responsive now for quick 'wins' in a service that is seen as generally fragmented, unreliable, and difficult to access.

The **Disability Advisory Group** strongly support the Strategy's commitment:

- Prevention and early intervention.
- Lived experience leadership in system design and governance.

- Addressing stigma and building community connection.
- Recognition of the role of whānau and informal support (but implementation must go further to recognise whānau as recipients of support, not just providers).

They also welcome the Strategy's recognition of social determinants of mental health but believe it should have explicit disability and carer-specific mechanisms as a matter of importance.

4. What changes would make the strategy work better for people and whānau? Why?

Changes that would make the strategy work better for people and whānau include:

- More focus on how the complex and cumulative manner of different forms of discrimination combine, overlap, or intersect plays a major role mental health and wellbeing
- For young people, supporting them better when dealing with the likelihood of:
 - unemployment
 - lack of tertiary education
 - lack of life experience
 - dependency on family is very high

Why:

- Supplying essential needs can prevent lives “snowballing” into more serious harm
- Services and resources to assist people across the population cohorts when they face life-changing transitions.

5. 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.

The most important steps that should taken in the next three years to make the biggest difference to people’s mental health and wellbeing (include reducing substance and gambling related harm), are:

From our **Youth Council**:

- Supply at-risk youth and communities with essential needs
- Provide comprehensive care including safe housing, not only therapy (Example: if home is abusive, the impact on health is dramatic; support must include a safe place to live).

From our **Disability Advisory Group**:

- Establish a formal cross-strategy implementation mechanism linking the Mental Health and Wellbeing Strategy, Health of Disabled People Strategy, and Carers' Strategy Action Plan.

- Develop and resource disability-competent mental health workforce capability, with ongoing and regular training as well as understanding the intersectionality of disability and mental health.
- Establish disability-disaggregated mental health outcome indicators and report them publicly.
- Invest in accessible community-based navigation support for disabled people and their whānau.

6. 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?

From the **Youth Council**:

- Tackle the key initiators of mental distress by helping people out of abusive situations (e.g., comprehensive housing support).

7. 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.

From our **Disability Advisory Group**:

To make space for new or better ways of doing things stop:

- Relying on crisis-driven service access as the primary point of contact for disabled people and their family/carers.
- Assuming disabled people and their family/carers have unlimited capacity to absorb gaps in formal service systems.
- Treating disability as a subset of general population equity without specific targeted actions.
- Under-investing in respite, navigation, and carer wellbeing infrastructure.

8. 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.

The things that should be checked to ascertain whether the Strategy is making a difference are:

- Average waiting times for support
- Whether more people are accessing services
- Whether negative statistics are decreasing

From our **Disability Advisory Group**:

For disabled people:

- Disability-disaggregated psychological distress and wellbeing measures.
- Access to community-based mental health and disability supports.
- Equity of service access and experience
- Waiting times for clinical assessment and treatment (not just community or peer support contacts)
- Rates of unmet clinical need disaggregated by disability status.
- Should be measuring some social determinants to see where additional policies or agencies should be stepping up to assist with mental health outcomes (e.g. housing).

For Family Carers:

- Anxiety, depression, and wellbeing indicators specific to carers.
- Access to respite, navigation, and financial support.
- Workforce participation impacts of caring.

For the system:

- Unmet need and waitlist data, disaggregated by disability status.
- Continuity of care across disability and mental health systems.
- Crisis service utilisation rates and reduction over time.
- Workforce disability competency levels.

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

Mental health needs to be addressed holistically, including using hauora approaches. There is a need to address causes, not symptoms. Unsafe or unsupported home environments have a deep impact, everyone deserves a consistently safe place to live, relax and recharge.

From our **Youth Council**:

At time of increased unemployment, youth are particularly vulnerable. For youth unemployment contributes to poor wellbeing through:

- Financial stress/instability
- Lack of purpose
- Lack of social engagement among youth
- Youth tend to stick to close friends and rarely branch out
- Need more youth-focused, community-based social activities/events.

From our **Disability Advisory Group**:

- The Te Pou snapshot (April 2026) highlights a workforce facing increasing complexity and burnout risk. It identifies that system and funding barriers (not workforce motivation) are the primary obstacle to quality care. The Strategy must address these structural conditions, not only workforce training, to produce sustainable improvement.

- It is concerning that families/carers are not specifically mentioned or have needs considered in this draft Strategy document.

For the general population, adults finding themselves suddenly unemployed can experience an extreme sense of dislocation, as ties to colleagues, and a sense of purpose and confidence are severely eroded. With the burgeoning AI revolution, the strategy should be looking to get preventative and support frameworks in place to meet this ongoing change.