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Ministry for Pacific Peoples

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Submission on Delivering for Pacific Communities Strategy

Thank you for the opportunity to submit on the Delivering for Pacific Communities Strategy (Strategy). The work of the Ministry for Pacific Peoples and this strategy are important for improving mental health and wellbeing outcomes for Pacific peoples in Aotearoa.

About Te Hīringa Mahara

Te Hīringa Mahara – Mental Health and Wellbeing Commission (the Commission) has a legislated role to assess and report on mental health and wellbeing, monitor services, and make recommendations, promote alignment, and advocate for the collective interests of people who experience mental distress and/or addiction, and the persons who support them.

He Ara Oranga (report of the Inquiry into Mental Health and Addiction), and the Mental Health and Wellbeing Commission Act 2020 highlighted that Pacific peoples experience higher rates of mental distress and addiction. This is reflected in the Act, with Pacific people listed as an example of groups the Commission could effectively engage.

It is because of these mandated roles and responsibilities that the Commission is putting forward a submission on this strategy. As per our proactive policy, we will publish this submission in full on our website.

Our position

The Commission strongly supports the inclusion of a health priority in the strategy, and the objective to ‘promote the health and wellbeing of Pacific families and communities’. We would like to see this priority further strengthened, with specific reference to, and action on, improving mental health outcomes for Pacific peoples.

Our past reports have highlighted the barriers to mental health and wellbeing that Pacific peoples face – both social determinants and barriers to accessing services. The strategy could better highlight how it will address these barriers.

The Commission would be happy to support MPP in delivering the strategy, particularly in the use of mental health and wellbeing data, and drawing on the views of people with lived experience, to support decision-making.

Our data shows that Pacific people in Aotearoa New Zealand face poorer mental health outcomes, exhibiting a clear need for targeted effort to improve mental health

1. Across almost every measure of mental health and wellbeing, Pacific people face greater challenges than the rest of the population,¹ and the strategy highlights some population-level indicators of inequitable mental health outcomes experienced by Pacific peoples in Aotearoa. However, despite experiencing higher rates of psychological distress to other ethnicities, Pacific peoples are less likely to consult with a mental health professional for concerns about emotions, stress, mental health or substance use¹.
2. Our 2024 monitoring report², found that specialist service use by Pacific peoples decreased by 11.7% over the previous five years, while the decrease for the general population was 5.0%. Meanwhile, Emergency Department presentations for mental health reasons decreased for NZ Europeans but increased among Pacific peoples.
3. In 2022/23, 10,016 Pacific peoples accessed culturally responsive services through the Access and Choice programme, delivered by Pacific organisations. However, annual expenditure on Pacific services decreased by \$2.8 million (9.9%) between 2021/22 and 2022/23.
4. Recognising these inequities, the approaches outlined under the strategy's Health priority should make specific reference to effort to overcome barriers to accessing appropriate mental health services for Pacific peoples – including under the opportunities to collaborate with the Ministry of Health and deliver the Pacific Health Strategy.
5. One key approach that could be referenced here, and under the investment and values approaches of the Health priority, should be advocacy for wrap-around support. Such support can draw on Pacific understandings of wellbeing and recognise the multi-faceted challenges to wellbeing faced by Pacific people in Aotearoa. This requires enabling community leadership, Pacific-led solutions, and contracting models and workforce development that trusts providers and reflects the realities of communities they support.

¹ Te Hīringa Mahara – Mental Health and Wellbeing Commission (2024). *Achieving equity of Pacific mental health and wellbeing outcomes*. Wellington: New Zealand. Wellington: New Zealand.

² Te Hīringa Mahara – Mental Health and Wellbeing Commission (2024) *Kua Tīmata Te Haerenga*. Wellington New Zealand.

Promoting the health and wellbeing of Pacific families and communities would be supported by a strengthened focus on the factors that affect Pacific peoples' mental health and wellbeing.

6. Our 2024 Achieving Equity of Pacific Mental Health and Wellbeing Outcomes report³ showed that Pacific people face barriers in the form of a range of factors that impact mental health and wellbeing. Compared to the rest of the population, and between 2018 and 2021, many Pacific peoples reported finding Aotearoa less welcoming, less understanding, with less access to the things they need to live well; and were finding it harder to connect with people in meaningful ways or talk to someone, especially during times of need and when feeling down or depressed.
7. We support the reference to social determinants in the strategy, as we know from our own work how important they are. The strategy outlines many benefits in the housing priority, including lower crime, reduced social costs, and strengthened community safety because of higher home ownership rates. The case for action could be strengthened through inclusion of mental health and wellbeing benefits from access to good, warm, affordable, accessible and appropriate housing⁴, and similarly from the other priorities in the strategy, including improved education and employment outcomes.
8. We note that there are many references to racism experienced by Pacific communities, and discrimination experienced by groups with intersecting identities, such as Pacific rainbow communities and Pacific disabled people. Our own insights on mental health and wellbeing outcomes for Pacific peoples highlight that Pacific peoples are increasingly more likely to report being discriminated against³. This is concerning given that discrimination impacts subjective wellbeing and exacerbates mental health challenges, and racism is well established as key determinant of adverse population mental health for indigenous and ethnic minorities globally⁵.
9. However, despite these references, we note there are no actions within the strategy to address racism and discrimination. While reducing barriers, such as access to services, may include tackling racism and discrimination and make it easier for Pacific peoples to get the support they need, we would like to see a stronger focus on reducing racism and discrimination across the priority areas, and for young people through the Education priority in particular, as research shows

³ Te Hīringa Mahara – Mental Health and Wellbeing Commission (2024). *Achieving equity of Pacific mental health and wellbeing outcomes*. Wellington: New Zealand.

⁴ Howden-Chapman et al (2021). *The effects of housing on health and wellbeing in Aotearoa New Zealand*.

⁵ Stubbing, Simon-Kumar, Gluckman (2023). *A summary of literature reflecting the perspectives of young people in Aotearoa on systemic factors affecting their wellbeing*. Auckland: New Zealand.

that Pacific young people are more recently experiencing decreased belongingness in secondary school⁶.

10. Further, the draft strategy is absent of any reference to Te Tiriti o Waitangi, including how the strategy is committed to upholding the articles. As a cross-government strategy, the strategy should recognise the Crown's obligations under Te Tiriti o Waitangi. We also consider it important given the increasing number of people who identify as both Māori and Pacific.

The Commission is committed to improving mental health and wellbeing outcomes for Pacific people and would like to support MPP

11. We would like to work with MPP to access, use, and share outcomes data. We support the strategy's focus on better quality and timely Pacific data, and recognise the barriers that MPP faces when measuring progress and reflecting what is important to Pacific families. Similar data gaps pose a challenge for our monitoring^{6, 7}.
12. Despite these challenges, we have gathered extensive data relating to mental health and wellbeing outcomes for Pacific peoples. We publish these insights in a range of reports and infographics⁸, including our interactive [He Ara Āwhina dashboard](#), and we encourage MPP to use this dashboard as a resource for assessing progress of mental health and wellbeing outcomes for Pacific peoples.
13. We would welcome the opportunity to collaborate with MPP to advocate for more comprehensive outcomes data collection, specifically from mental health and addiction services. This data would help us understand Pacific peoples' experiences accessing services, including whether services are positively contributing to wellbeing goals.
14. Alongside the use of data, we could support MPP to include the voices of people with lived experience of mental distress and/or addiction in shaping relevant actions under the strategy. The Health priority should emphasise the voices of health consumers, and Pacific peoples with lived or living experience of mental

⁶ Te Hiringa Mahara – Mental Health and Wellbeing Commission (2024). *Achieving equity of Pacific mental health and wellbeing outcomes*. Wellington: New Zealand

⁷ Te Hiringa Mahara – Mental Health and Wellbeing Commission (2024). *Kua Timata Te Haerenga, the journey has begun*. Wellington: New Zealand.

⁸ For example, [Achieving Equity of Pacific Mental Health and Wellbeing Outcomes](#), [Pacific Connectedness and Wellbeing in the Pandemic](#), [Assessment of Youth and Rangatahi Wellbeing and Access to Services](#), our [mental health and addiction service monitoring reports](#), [Access and Choice monitoring reports](#), [system performance monitoring report](#), and our [Voices report](#) which details communities' experiences accessing or trying to access mental health and addiction services.

distress or addiction in particular. The Commission could work with MPP to bring the views of people with lived experience to the delivery of the strategy.

15. Alongside the Pacific disabled peoples and Pacific rainbow communities highlighted in the strategy, we would support an emphasis on other priority populations, such as older Pacific peoples, and Pacific peoples involved in the justice system. We particularly encourage the strategy to have a focus on young Pacific peoples in the health priority, noting that there are higher unmet needs in young Pacific people.