New Zealand Psychological Society
*Rōpū Mātai Hinengaro o Aotearoa*

# Submission on Healthy Futures (Pae Ora) Amendment Bill
## New Zealand Psychological Society

**Submission prepared by:**
**NZ Psychological Society Executive**

**Contact:**
**Veronica Pitt, Executive Director**
executivedirector@psychology.org.nz

## Introduction

The New Zealand Psychological Society (NZPsS, "the Society") is the premier professional and scientific association for psychologists in Aotearoa/ New Zealand and is committed to supporting quality practice, education and research in psychology. The Society is making a submission on the Healthy Futures (Pae Ora) Amendment Bill as many of our members work within the health system and we are seriously concerned about this amendments impact on our members and their clients.

The NZPsS represents over 2000 members and students and encompasses a broad range of practice in psychology in Aotearoa/New Zealand, including clinical, counselling, health, criminal justice, organizational, community, and educational. We are committed to Te Tiriti o Waitangi and supporting culturally safe practice.

The Society advocated for and, with other professional and regulatory bodies, established a new Code of Ethics in 2002 that strongly reflects our commitment to Te Tiriti and to principles relating to the pursuit of social justice and social wellbeing.

### Overview

The Society believes that the proposed changes to the Pae Ora (Healthy Futures) Act represent a significant regression in the delivery of equitable, culturally responsive healthcare. They undermine Te Tiriti o Waitangi and are utterly lacking the robust consultative process the Pae Ora Act was developed to provide - stripping away protections for Māori, disabled, minoritised and oppressed communities and weakening the integrity of our public health system. The pace and magnitude of these changes, in addition to the lack of open and transparent consultation, is cause for great concern from our profession. Psychologists work largely within high complex areas of psychosocial need where Te Tiriti based equity measures have had enduring impacts on access to specialist psychological services across multiple levels of care, need and across government sectors.

**Key Concerns:**

1. **Repeal of Te Mauri o Rongo, the New Zealand Health Charter:** The removal of this charter which sets out values and expectations for culturally safe care across the health sector is a significant concern for the Society. The Charter has provided essential guidance for health professionals, including psychologists, on how to engage respectfully and effectively with tangata whenua and other marginalised groups.

   Te Mauri o Rongo is more than symbolic—it reflects years of collaborative work to embed Te Tiriti principles into everyday practice. Its removal signals a deliberate move away from partnership, equity, and accountability.

2. **Downgrading of Iwi Māori Partnership Boards**: The current role of Iwi Māori Partnership Boards in the Act is a central and valuable one, being tasked with influencing local health service design. This reflects appropriate collaboration and co-design with local communities. Under the proposed amendments, these Boards would be relegated to a consultative role, without genuine decision-making power.

   Psychologists know from practice and research that Māori leadership in health leads to better outcomes for everyone. Removing that leadership undermines community trust and exacerbates health disparities. Recent repurposing of the Health Research Council (HRC) funding to advancement in technology will further erode the evidence-based research the HRC has contributed too and informed for decades. Again, lack of full consultation regarding these changes breaches Te Tiriti o Waitangi and demoralises health researchers and the contribution they have made to building evidence-based interventions across our wider diaspora.

3. **Reintroduction of rigid health targets:** The return to rigid health targets mirrors failed policies from 2008–2017, which led to data manipulation, neglect of complex cases, and staff burnout. A strict focus on timely access leads to the exclusion of patients with complex needs—including those experiencing mental distress, neurodivergence, or disability. Targets without workforce and financial investment drive poorer outcomes and increase inequity, overburdening an already stretched workforce.
   Services will be focused on seeing as many people as quickly as possible (rather than focusing on how well these people become) prioritizing outputs over outcomes. This will favour short-term interventions, making mild/moderate cases more likely to be seen and accepted. Severe and complex cases may be passed around at best, or possibly ignored at worst, as they will impede the focus on achieving targets. This approach does not lean itself towards efficacious psychological work, and psychologists will face the tension of knowing that people who need long-term psychological intervention may only get a short-term fix, if they get seen at all.
   The recent report from the Auditor General *Providing Equitable Access to Planned Care Treatment*[i] highlighted these inconsistencies in Health New Zealand's reporting methods noting inequitable access to planned care prolonging wait times for Māori, Pacific, rural and low socio-demographic communities. The report reiterated the need for Pae Ora Act (2022) equity-based measures as a critical framework for reducing systemic barriers impacting access to care across these communities.

4. **Removal of Requirements for the Board and the Expert Advisory Committee**: The removal of requirements for the Health NZ Board, and the Expert Advisory Committee on Public Health to have specific knowledge, experience and expertise exacerbates the politicisation of these roles, and amplifies the likelihood of Ministers appointing people who have no knowledge of a public health system and how to effectively run a service for the public good. The removal of requirements for knowledge and expertise around Te Tiriti o Waitangi, Kaupapa Māori services, cultural safety is a further breach of Te Tiriti o Waitangi and reflects a lack of awareness of the research that highlights the importance of cultural safety for clinical effective outcomes. The public health system should remain politically neutral and accountable to communities.

The Society is also alarmed by the government's broader signals such as the *Putting Patients First* consultation document, which suggest a move to weaken regulatory standards and reduce requirements for cultural competency in health professions. These changes threaten the safety of service users and undermine the credibility of the health workforce. We do not support this safety and effective practice being eroded for the sake of convenience or cost-cutting.

**Conclusion**

The NZPsS strongly urges the Government, and the Health Select Committee to abandon these amendments and instead work to strengthen the foundations of a just, inclusive, and evidence-based public health system. The current Pae Ora (Healthy Futures) Act offers a well-considered, researched and appropriate guidance for the New Zealand Health system.

We must uphold our obligations under Te Tiriti o Waitangi, protect cultural safety, and ensure that all people in Aotearoa can access care that is safe, appropriate, and responsive to their needs.

[i] *Providing Equitable Access to Planned Care Treatment:* https://oag.parliament.nz/2025/planned-care/docs/planned-care.pdf