Submission on the Draft Mental Health and Wellbeing Strategy 2026-2036

New Zealand Speech-language Therapists' Association

The New Zealand Speech-language Therapists' Association (NZSTA) welcomes the opportunity to comment on the Draft Mental Health and Wellbeing Strategy 2026-2036.

NZSTA supports the overall direction of the strategy, particularly its focus on prevention and early intervention, improved access to services, workforce development, and a more effective, evidence-informed system. We strongly support the strategy's acknowledgement that mental health and wellbeing are shaped by social, cultural, physical, environmental and communication contexts, and that the system must be easier to navigate, more integrated, and more responsive to people and whānau.

NZSTA has not responded to each consultation question separately. Instead, this submission focuses on the key issue most relevant to NZSTA's expertise: ensuring that communication and swallowing needs are recognised as core components of [1]accessible, safe and effective mental health and addiction care.

This matters because accessibility is not a marginal issue. NZSTA's data fact sheet estimates that up to **10% of the New Zealand population has some form of communication difficulty**, equating to more than **500,000 New Zealanders**. Feeding and swallowing needs are also present across the lifespan, with significant impacts on safety, participation and quality of life. (https://bit.ly/3PIxCFw)

NZSTA recommends that the final strategy and implementation plan more explicitly recognise communication and swallowing needs as core components of accessible, safe and effective mental health care.

Communication is central to mental health care and recovery. People must be able to understand information (spoken and written), express distress, participate in assessment, give informed consent, engage in talk-based therapies, make decisions, and be heard by services. For people with speech, language, and communication (including cognitive-communication and social communication) or swallowing needs, these processes can be difficult or inaccessible unless services are designed to recognise and support them.

The strategy appropriately identifies a range of population groups with distinct needs and poorer outcomes, including Māori, Pacific peoples, disabled people, children and young people, older people, people in the justice system, ethnic communities, rural communities, rainbow communities, people experiencing homelessness, and people with other specific conditions. NZSTA recommends that the implementation plan also explicitly consider people with communication and swallowing needs, including those with developmental, neurodevelopmental, acquired communication, cognitive-communication and swallowing difficulties. These needs may intersect with and compound the disadvantage for many of the population groups already identified in the strategy.

[1] By accessible, we mean services, information and environments that people can find, understand, enter, use and benefit from, with the communication, cultural, practical and disability-related supports or adjustments they need to participate safely and meaningfully.

A scoping review commissioned by NZSTA highlights that communication and swallowing needs are under-recognised in mental health services, despite their impact on assessment, diagnosis, treatment engagement, safety, supported decision-making and equity. It also notes that speech-language therapy involvement in mental health services in Aotearoa New Zealand is currently very limited, with only two specifically funded speech-language therapy positions nationally within mental health services.

NZSTA recommends that the final strategy and implementation plan:

1. **Recognise communication access as a core component of safe and effective mental health care.** Mental health information, assessment processes, consent processes, talk-based therapies, digital tools and crisis responses should be accessible to people with communication needs.
2. **Include speech-language therapists in all multidisciplinary mental health and addiction teams, as communication or swallowing needs are likely to affect care.** This is particularly important in child and youth services, forensic services, inpatient and residential settings, eating disorder services, services for disabled people, neurodevelopmental pathways, acquired brain injury/stroke pathways, services for older people where mental health, distress, capacity or swallowing safety intersect, and services supporting people with complex needs. This publication very neatly summarises the ways speech-language therapy supports mental health care and recovery: https://bit.ly/4dvY8K6
3. **Embed communication and swallowing screening into mental health pathways.** Unrecognised communication needs may be misinterpreted as behavioural, psychiatric or motivational issues. Swallowing difficulties may also create avoidable risks, including choking, malnutrition, dehydration and aspiration.
4. **Strengthen workforce capability.** Mental health and addiction workers should have training to recognise communication and swallowing needs and know when to involve a speech-language therapist. Speech-language therapists working in, or alongside, mental health services also need access to appropriate supervision, trauma-informed training and mental health-specific professional development.
5. **Ensure supported decision-making is genuinely communication-accessible.** The strategy's emphasis on human rights, reduced coercion and supported decision-making will not be fully realised unless people are supported to understand, communicate preferences, ask questions, and participate meaningfully in decisions about their care.
6. **Measure communication accessibility as part of system quality and effectiveness.** Monitoring should include whether people and whānau can understand information, participate in assessment and treatment, access communication support, and experience services as responsive to their communication needs.
7. **Support research and service development in Aotearoa New Zealand.** NZSTA supports the strategy's focus on evidence and learning systems. There is a need for local research into communication, swallowing and mental health, including Kaupapa Māori and Pacific-led approaches, and evaluation of models that embed speech-language therapy within mental health services.

NZSTA particularly supports the strategy's workforce priority. The proposed action to diversify roles and support professionals in working to the full extent of their scope aligns strongly with the

contribution that speech-language therapists can make to mental health and addiction services. The implementation plan should identify practical steps to build this capability, including funded roles, referral pathways, service specifications and interprofessional education.

Response to key consultation questions

Consultation theme	NZSTA response
What gets in the way of people or whānau getting support?	Unrecognised communication and swallowing needs can create barriers to assessment, diagnosis, informed consent, supported decision-making, treatment engagement and safety.
What helps people and whānau stay well or get support?	Communication-accessible services, trained workforces, clear referral pathways, and access to speech-language therapy expertise where needed.
What parts of the strategy feel most right or important?	NZSTA strongly supports the focus on access, workforce, effectiveness, supported decision-making, trauma-informed care, equity, and services that are responsive to people and whānau.
What changes would make the strategy work better?	Explicitly include communication and swallowing needs in the implementation plan, workforce planning, service models, digital supports, quality measures and supported decision-making work.
What are the most important first three-year steps?	Pilot and evaluate communication-accessible models of care, including embedded or consultative speech-language therapy roles within selected mental health and addiction services. These models should routinely identify and respond to communication and swallowing needs, adapt assessments and treatments, and provide access to speech-language therapy expertise when those needs affect safety, participation, informed consent, supported decision-making, or outcomes.
If choosing one thing for the next three years?	Develop and evaluate communication-accessible models of care so that people with communication and swallowing needs are not unintentionally excluded from mental health support.
What should we stop doing or do less of?	Reduce reliance on verbally mediated, one-size-fits-all assessment and treatment pathways that assume all people can understand, process and express information in the same way.
What should be measured?	Whether people and whānau can understand information, participate in assessment and treatment, access communication support, and experience services as responsive to their communication needs.

Closing comment

NZSTA would welcome the opportunity to work with the Ministry of Health, Health New Zealand, and mental health sector partners to support the implementation of the strategy and to strengthen communication, accessibility, safety, and equity in mental health care across Aotearoa New Zealand.