

Improve the mental health of our communities

Royal Australian and New Zealand College of Psychiatrists submission

Regulatory Standards Bill

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances mental health practice, and advocates for people affected by addiction, or other mental health difficulties.

The RANZCP represents more than 8,730 members, including more than 6000 qualified psychiatrists and 2500 trainees across Aotearoa New Zealand and Australia. Our policy and advocacy approaches are guided by a range of expert committees made up of psychiatrists and subject matter experts with a breadth of academic, clinical, and service delivery expertise in mental health and addiction. This submission has been prepared by Tū Te Akaaka Roa, the Aotearoa New Zealand office of the RANZCP.

Introduction

The RANZCP welcomes the opportunity to provide feedback on the Regulatory Standards Bill (the Bill). We are strongly opposed to the Regulatory Standards Bill, in all forms as we foresee a plethora of negative impacts this legislation could have on the communities we serve. Our key concerns are as follows:

1. This Bill is likely to undermine the wellbeing and mental health of tāngata whai ora, especially those being cared for by mental health services.
2. The Bill is a clear breach of Te Tiriti o Waitangi.
3. Proposed changes to current regulation are likely to increase existing inequities, not reduce them.
4. The Bill may reduce the safeguards we have to ensure good public health outcomes.
5. The Bill introduces an individualist, profit driven ideology that would supersede legislative and moral responsibilities to mitigate societal determinants of mental distress, addiction and harm.
6. The Bill increases the risk of monopolist and insufficient expert decision making.
7. The Bill may undermine the Health Sector Principles from Pae Ora (Healthy Futures) Act 2022.

Potential negative impact on the wellbeing and mental health of tāngata whai ora

First and foremost, we note that the fourth iteration of the ACT party's Bill has already generated increased distress among tāngata whai ora, particularly Māori, due to its potential (and likely intentional) impact on principles of Te Tiriti o Waitangi.

Despite the Bill's purported aim of reducing 'red tape', it's obvious emphasis on economic growth and property rights is likely to have negative effects on people's wellbeing and receipt of mental healthcare, both of which are complex issues affected by proximal factors and wider (social) determinants of health.

Individual wellbeing is likely to be negatively impacted by the Government's inability to enact regulations that protect public health, for example restricting alcohol outlets in poorer neighbourhoods and prioritising profit over environmental issues that affect the wellbeing of many young people. Mental healthcare is likely to be adversely affected by alterations to currently high standards of professional regulation by organisations such as Te Kaunihera Rata o Aotearoa, the Medical Council of New Zealand.

A likely outcome is service provision by a wider body of less well-trained and monitored professionals operating in a less evidence-informed, peer-mediated and culturally safe manner. Changes to current safeguards are also likely to reduce the confidence of service users and existing quality control measures.

Breach of Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand and affirms mana Māori motuhake and tino rangatiratanga over lands, waters, taonga, and all decision-making. Te Waitangi Tribunal has recently noted the Crown must foster tino rangatiratanga, not undermine it, and to ensure that its laws and policies adequately give effect to Te Tiriti rights and guarantees.

Throughout the bill there is no mention of Te Tiriti o Waitangi, which is interpreted as an attempt to diminish the importance of the Nation's founding document and absolve the Crown of a constitutional obligation to honour tino rangatiratanga and mana Māori motuhake in all realms of life and decision making.

This bill is a strategic attempt to override constitutional obligations to Te Tiriti o Waitangi. By design, its aim is obscure the Crown's duty to consult and actively protect Māori interests and any equity driven kaupapa. Under the guise of ensuring personal freedoms, liberty and equality, this Bill prioritises economic growth and deregulation above the protection and kaitiakitanga of community health and environmental protection.

Loss Of Regulatory Protections over Social Determinants of Health

Mental distress, addiction and suicide are not always associated with a diagnosable mental illness but are often rooted in psychosocial disadvantages such as poverty, unemployment, social fragmentation, family violence, adverse childhood experiences and housing insecurity. Such adversities can have long-term impacts on whānau whai ora and increase the risk of ongoing mental health concerns, child maltreatment and suicide in future generations.

Intergenerational traumas can be protected through proactive service provision, adequate housing, reducing child poverty, and supporting whānau when they need, with the appropriate supports. We fear that the RSB will enable a reduction of the public health safeguards we already rely on, such as the Pae Ora Act 2022, that are designed to reduce these very inequities.

We express the grave concern we have for any attempt to reduce public health initiatives and measures that protect the most vulnerable in our society. The bill may have sweeping implications for regulations that protect – to some degree – the social determinants of wellbeing; these can include, but are not limited to, clean water standards, non-genetically modified foods, protections for the environment, social development benefits for sole parents, the unemployed, disabled communities, the minimum wage, and healthy home rental standards. We need a stronger commitment from all of government to protect our existing regulations and public health safeguards to reduce suicide levels, experiences of poverty, alcohol and gambling harm, family violence, harm to kids in the care or judicial system, and homelessness.

Increased Inequity

The bill poses a threat to all targeted, equity-focussed healthcare for our most underprivileged communities. The deliberate warping of the term 'equality' is a systemic attempt to denigrate any rationale for the continuation and delivery of essential, culturally safe and equity focused and approaches, such as targeted funding for minorities.

The 2018 He Ara Oranga Inquiry outlined the need for radical transformation within the mental health and addiction system. A predominate shift was to ensure the mental health and addiction system

Regulatory Standards Bill

prioritises effective services for people with the highest need, and ensures people have equitable access to services and supports that improve outcomes.

The Mental Health and Wellbeing Commission's System Performance Monitoring Report, published in June 2025 identified six critical shifts towards a fit for purpose mental health system. The overarching theme of such transformation is equity and inclusion; whereby priority populations, particularly people with lived experience and tāngata whenua, participate in decision-making and provision of services. This report also showed that as funding for kaupapa Māori initiatives reduces, suicide and seclusion rates increased, which shows we must prioritise equity as a good public health outcome.

Equity as Critical to Good Mental Health Care

An equity focused lens over mental health is critical to ensuring that support is available in the right places, at the right time, delivered by the right people. In a context where we have very vulnerable populations who experience poor mental health and discrepancies in access to services, it is important we do not shift a model of care away from quality and equity towards an 'efficient' and a one size fits all approach.

There are well-documented inequities in the mental health and addiction system, and it is widely agreed that barriers created by inequity affect tāngata whai ora whether they are in contact with services or not. Equity is considered a fundamental requirement for an effective health system, and we are gravely concerned that the RSB principles will elevate profit over people and undermine the sector's goal to transform the health system in a way that delivers to all peoples, in all their complexities, and directly combats inequity.

For example, coercive practices such as compulsory community treatment orders (CCTOs) and the use of solitary confinement 'seclusion' can be extremely traumatising, and we know those most frequently put under a CCTO are Māori, and Pasifika. These statistics illuminate the need to equity driven and culturally safe practices. Similarly, rangatahi in state care, new mothers, males, and whānau in rural areas all require targeted supports designed specifically for them, or we risk exacerbating symptomatology, whānau despair, suicide numbers, and lengthy recovery periods. We highlight this as we are concerned that a legislative shift from equity to a profit driven, monocultural approach to healthcare will harm tāngata whai ora who are persistently harmed by unconscious bias, systemic racism, and social drivers of intergenerational trauma.

A one size fits all model does not work in the complex space, such as health and addiction. A contextually responsive system guided by clinical and lived experience wisdoms is the only way to address the historical and ongoing inequities that we see impacting wellbeing in Aotearoa New Zealand.

Removal of Public Protections for Good Public Health Outcomes

We advocate against removing safeguards for good public health outcomes. It is critical legalisation, policies, strategies, and processes enable good public health outcomes for tāngata whenua, those with lived experience of mental health and addiction inequities, and our local communities.

We interpret the bill to jeopardise protections for good public health outcomes- should the public health goal 'impair' potential profit / private property as it is loosely defined in the bill. For example, The Pae Ora Act 2022 and subsequent amendment 2024 places significant emphasis on the Crown's obligation to uphold Te Tiriti o Waitangi (Te Tiriti). Under section 6 of the Pae Ora Act, the Minister of Health and the health entities (the Ministry of Health, Health New Zealand, and Te Aka Whai Ora) must do certain things to give effect to the principles of Te Tiriti. Section 7 of the Act specifies the health sector principles, which the Minister of Health and the health entities must, so far as reasonably practicable, be guided by [such principles].

Royal Australian and New Zealand College of Psychiatrists submission

Regulatory Standards Bill

The Pae Ora Act provides a legal mandate to address alcohol-related harm, and to reduce the significant inequitable burden of harm experienced by Māori and Pacific, while recovering the costs of those investments from the producers and importers of alcohol, through alcohol harm levies. Aotearoa New Zealand requires safeguards against alcohol-related harm.

Impairment to Private Property and the Removal of Regulatory Safeguards

The Bill's focus on private property and compensation for the impairment of private property, such as revenue, could remove the existing safeguards for alcohol harm. As a definitive example, we focus on alcohol harm levies. Under the proposed Regulatory Standards Bill, existing levies of alcohol and gambling industries may become redundant, through a review and removal of the Public Health Principles Bill, Pae Ora 2022.

Alcohol harm levies are a critical tool used to mitigate some of the harm alcohol brings to our communities, albeit costly to industry. As such, the alcohol harm levy under the proposed framework could be interpreted to 'impair' (*under the bill's broad definition*) profit and private property therefore, New Zealand could lose investment funds received through the existing levies to address alcohol related harm.

The role of alcohol in reduced community safety, productivity and economic growth is substantial. Alcohol is New Zealand's most harmful drug, and has devastating impacts to individuals, whānau, communities and wider society. Alcohol use increases the risk of over 200 diseases and health conditions (including seven cancers), injuries and road deaths, poor mental health, suicide, dementia, domestic, sexual, and family violence, child maltreatment, crime, and harm to unborn children through Fetal Alcohol Spectrum Disorder.

The removal of these safeguards could disproportionately impact Māori, and already vulnerable whānau experiencing addiction. Evidence-based actions are required to address the unacceptably high and disproportionate harm experienced by communities across Aotearoa New Zealand. Persistent inequities in alcohol use and harm exist, particularly experienced by Māori, Pasifika and those living in the most socioeconomically deprived neighbourhoods. Death rates from alcohol among Māori are more than twice that of non-Māori.

It is our obligation to advocate against the removal of any safeguards or initiatives dedicated to minimising alcohol, or similar, gambling harms. Currently New Zealand's alcohol laws fail to protect communities from the three strongest drivers of alcohol use and harm – low alcohol prices, high availability, and pervasive alcohol marketing. These environmental risk factors are unjustly concentrated among Māori, Pasifika and low-income communities, where high numbers of alcohol outlets are more common, and exposure to alcohol advertising is more prevalent.

This access and normalisation of alcohol directly harms our communities, and the bill is likely to remove the little safeguards we have. If anything, we need more safeguards from the harms of alcohol and gambling. We expose our vulnerable communities to more harm by taking a libertarian approach to public health and we argue for strengthening safeguards against alcohol harm, not for the removal of any measures to mitigate harm.

Monopolist and Insufficient Expert Decision Making

Currently, regulation is carried out by organisations with relevant expertise, connection with relevant workforces or areas of practice and external monitoring. The removal of professional guidance

throughout decision making is of grave concern to medical bodies such as the Royal College of Psychiatrists and is shared with our fellows of the Aotearoa Council of Medical Colleges.

The Bill may dissolve best practice expectations, evaluation and equity driven targets, and poses a great threat to the quality of health delivery. The proposed framework will see regulation and best practice determined by economic and political ideology rather than subject matter experts and best practice. The Establishment of a Regulatory Standards Board will override evidence and best practice evaluations required for good law making, procurement and evaluation.

Section 38.5, is deeply concerning regarding the review or redesign of current and proposed legislation without adequate consultation to ensure best practice in delivery and evaluation. As stated in Subpart 6, The Regulatory Standards Minister and the Attorney-General decide "when consultation may be considered to be not reasonably practicable; or when not consulting may be considered to be justified". This is interpreted as a politicisation of the Attorney-General role, who has a particular responsibility for maintaining the rule of law, as stated in the [New Zealand Bill of Rights Act 1990](#).

As a medical professional body committed to evidence based best practice, we vehemently reject any illusion that one or two person holds enough relevant information to practically assess whether consultation is justified, especially if they do not possess themselves the relevant knowledge of certain medical landscapes. It is not safe to assume the regulatory standards Minister and the Attorney-General is able to accurately assess whether the Regulatory Standard Board's limited membership would have appropriate knowledge, skills and experiences to review all legislation, *and* comprehend the experiential wisdoms and interests of those suffering the detriments of poor legalisation, mental health practice, health regulation, and ineffective evaluation standards.

Considering recent proposed reforms to the Health Practitioners Competence Assurance Act 2003 (HPCA), this Bill signals a broader shift in governance, moving decision-making power away from impartial experts and towards politically driven centralised regulatory bodies. This trend threatens to compromise the integrity of healthcare oversight, diminishing professional autonomy and increasing the risk of policy decisions that fail to prioritise health equity and patient safety. Without legislative expectation to consult with those who hold the most experience in particular spaces, such as psychiatry, we expose ourselves to the mercy of ministerial appointments and ideological frameworks that may not reflect evidence based best practice in health.

The erasure of safeguards against monopolist decision-making would mean the Regulatory Standards Board would wield untenable influence over legislative review and decision-making and have no obligation to engage with Māori *and* relevant subject matter experts to protect best practice and ensure long-term health outcomes. By dismantling the critical need to consult and be accountable to the people with the most expertise such tāngata whenua, best practice leads, professional experts and subject matter experts, the Bill poses an intergenerational risk, to all health, social, and environmental realms.

Recommendations

1. Tū Te Akaaka Roa recommends ceasing the progression of this Bill, immediately and indefinitely.
2. We recommend the government upholds the constitutional obligations that this country has to Te Tiriti o Waitangi.
3. We recommend that subject matter experts, professionals and community members have a fundamental role in shaping the standards and legislation that govern Aotearoa New Zealand.
4. We recommend that all legalisation and standards are designed and implemented to enhance the long-term health and wellbeing of our communities, and taiao.
5. We recommend the select committee process be extended to six weeks and ensure that adequate consultation on this proposal is undertaken.

Royal Australian and New Zealand College of Psychiatrists submission

Regulatory Standards Bill

6. Very reluctantly we share some recommendations to mitigate some of the impending harm should the bill as it stands is passed.
 - a. If The Bill is to be passed, we challenge the select committee and all members to consider;
 - i. The long-term impacts to society and the environment, of legislating against collective wellbeing laid out in the proposed principles; and
 - ii. How Te Tiriti o Waitangi would be ensured as a fundamental tool in 'good lawmaking' in Aotearoa New Zealand
 - iii. How would property define in the statute and what would the bill do to protect customary titles;
 - iv. How would compensation for impairment of non-real property, or projected income expose the Crown to massive and ill-specified costs;
 - v. How practicable are regulatory takings under proposed legislation given the profound unknowables which sometimes will not be resolvable;
 - vi. How would government remain democratic after establishing a quasi-judicial board, appointed by proposed Regulatory Standards Minister, who could dismiss them at any time?
 1. Would they be treated as board members for independent crown entities (s28 and 39 of the Crown Entities Act) who should only be removed for just cause, rather than as akin to board members for Crown agents or autonomous entities?
 - vii. We recommend there be a requirement to consult with the opposition, tāngata whenua, and subject matter experts on appointees and subsequent review of any legalisation, past and forward.

Royal Australian and New Zealand College of Psychiatrists submission

Regulatory Standards Bill

Health Sector Principles from Pae Ora (Healthy Futures) Act 2022

Health sector principles

(1) For the purpose of this Act, the health sector principles are as follows:

- (a) The health sector should be equitable, which includes ensuring Māori and other population groups—
 - (i) have access to services in proportion to their health needs; and
 - (ii) receive equitable levels of service; and
 - (iii) achieve equitable health outcomes.
- (b) The health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:
- (c) The health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—
 - (i) The strength or nature of Māori interests in a matter; and
 - (ii) The interests of other health consumers and the Crown in the matter:
- (d) The health sector should provide choice of quality services to Māori and other population groups, including by—
 - (i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and
 - (ii) providing services that are culturally safe and culturally responsive to people's needs; and
 - (iii) developing and maintaining a health workforce that is representative of the community it serves; and
 - (iv) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and
 - (v) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and
 - (vi) providing services that reflect mātauranga Māori:
- (e) The health sector should protect and promote people's health and wellbeing, including by—
 - (i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and
 - (ii) Undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and
 - (iii) Working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and
 - (iv) Collaborating with agencies and organisations to address the wider determinants of health; and
 - (v) Undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.

(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—

- 35 (a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and
- (b) to the extent applicable to them.

(3) In subsection (1)(d), lived experience means the direct experience of individuals.