Global Leadership Exchange

What international leaders should know: England and New Zealand's new mental health approaches

A high level overview

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Two of GLE's member countries recently released major policy directions that reflect a broader global shift in mental health reform. While the approaches differ, both strategies move away from hospital-based care towards prevention, community support and integrated systems.

For leaders working across **mental health**, **disability** and **addictions**, these documents provide valuable insight into where public policy is heading internationally.

England	New Zealand
Focus: Immediate transformation of community services and crisis care.	**Focus:** A long-term 10-year system transformation (2026–2036).
Investment in new community mental health centres and dedicated mental health emergency departments.	A national strategy covering mental health, addiction and wellbeing together.
Designed to reduce pressure on hospitals through earlier intervention.	Designed to improve population wellbeing while strengthening specialist services.
Strong emphasis on neighbourhood-based care and rapid access.	Strong emphasis on prevention, equity, partnership and culturally responsive care.

England: Expanding community mental health support

Although, the 10 year Mental Health Strategy is still in development, England's **latest announcement** represents one of the most significant investments in community mental health in recent years. The Government is introducing:

- 100 new Community Mental Health Centres
- 59 dedicated Mental Health Emergency Departments ("mental health A&Es")
- Walk-in access without requiring GP referral
- Greater emphasis on treating people before they reach crisis
- Significant investment (£343 million announced for this phase) in community-based mental health infrastructure.

Strategic direction

The reforms align with England's **wider 10-Year Health Plan** and seek to shift services:

- from hospitals to neighbourhood care
- from crisis response to prevention
- from fragmented services to integrated community support
- from lengthy waiting lists towards same-day assessment where appropriate.

The policy also recognises that improving mental health requires action beyond healthcare, including schools/educational settings, employers and local government.

New Zealand: Mental Health and Wellbeing Strategy 2026–2036

New Zealand has published a **comprehensive 10-year strategy** that is broader than a health service reform programme. It sets out a whole-system vision for improving mental health, addiction and wellbeing across the population.

The strategy aims to create a system that is:

- connected
- easier to navigate
- accountable
- prevention-focused
- responsive to changing needs
- centred on people, families (whānau) and communities.

Six major themes

Although expressed differently throughout the strategy, the central priorities include:

- promoting wellbeing across the whole population
- preventing mental distress before it develops
- improving access to mental health and addiction services
- strengthening the workforce
- improving quality, safety and accountability
- recognising Māori perspectives and supporting equitable outcomes.

Unlike many previous strategies internationally, addiction services are embedded throughout rather than treated separately.

What both strategies have in common

Despite different health systems, several common themes emerge.

1. Prevention is becoming the priority

Both countries acknowledge that health systems have become overly focused on responding after people reach crisis.

The policy direction is towards:

- early identification
- earlier intervention
- reducing demand on hospitals
- supporting people to remain well.

2. Community trumps hospital

Both governments are investing in neighbourhood and community-based services rather than relying solely on specialist hospitals. This includes:

- multidisciplinary teams
- easier access
- stronger links with primary care
- local partnerships.

3. Mental health is everyone's responsibility

Neither strategy views mental health solely as the responsibility of mental health or psychiatric services. Both recognise important roles for:

- education
- employment
- housing
- community organisations
- families
- local government.

4. Integration matters

Both strategies acknowledge that fragmented services produce poor outcomes. They call for:

- joined-up commissioning
- coordinated care
- better navigation between services
- stronger partnerships across sectors.

5. Lived experience is central

Both strategies emphasise involving people with lived experience, families and communities in designing and improving services.

6. Workforce remains critical

Both countries identify workforce development as essential, including:

- recruitment
- retention
- multidisciplinary practice
- capability building
- supporting staff wellbeing.

Key differences

England	New Zealand
Operational transformation focused on immediate service redesign.	Long-term system strategy covering an entire decade.
Major capital investment in physical services.	Greater emphasis on governance, planning and sustained implementation.
Focus on improving access and reducing crisis presentations.	Stronger emphasis on wellbeing, equity and cultural responsiveness.
Driven primarily through NHS reform.	Designed as a whole-of-government framework involving multiple agencies.

It will be interesting to see what emerges from the anticipated Mental Health 10-year Strategy (likely to be published late this year or early in 2027), but the policy announcement hints at some similarities to approaches set out in the NHS 10 Year Plan.

The New Zealand approach could be a good benchmark for the level of ambition we can expect from the government in England.

Considerations for international leaders

For organisations working in mental health, disability and addictions, these strategies reinforce several global trends:

- Prevention and upstream thinking are becoming the organising principle rather than crisis focused.
- Community-based models are increasingly replacing hospital-centred care.
- Mental health and addiction are being viewed as interconnected, requiring integrated responses.
- Cross-sector partnerships are becoming essential to improve outcomes.
- Lived experience, equity and population wellbeing are moving from aspiration to core policy expectations.
- Leadership increasingly requires collaboration across health, housing, education, employment and community sectors, rather than improvements within healthcare alone.

Conclusions

Although developed in different contexts, England and New Zealand are converging around a shared vision: shifting from fragmented, crisis-driven or reactive systems to integrated, community-based models that intervene earlier, strengthen wellbeing, and improve outcomes across the whole population. For leaders globally, these strategies offer a strong indication of the direction mental health, disability and addiction policy is likely to take over the coming decade.