

REPORT TO APANZ Annual General Meeting (AGM), June 25 2025

Re: Public Issues Committee Report

From: Rick Williment, Chair of Public Issues Committee

Date: 26 May 2026

Report to Council on Public Issues Committee Activity

Period: December 2024 - May 2025

This report to Council and the membership is for the six months of December 2024 - May 2025, as the composition of the committee has changed. The Public Issues committee is re-forming since the role of Chair was advertised in late 2024.

The Committee currently comprises three members, Andrew Jones (previously on the Committee), Brigitte Viljoen, and myself Rick Williment.

To this point our efforts have been entirely reactive to initiatives of government (mainly from the Ministry of Health and the Minister for Mental Health's office). A summary of our activity follows:

Puberty blockers consultation

The Ministry undertook a 'consultation' process, which we understood as a pre-established bias against young people seeking puberty blockers as part of their gender identity.

The process of consultation was rushed and timed over the summer break. We made repeated requests for an extension to the timeframe to enable a robust involvement from the membership to be heard and reflected in our submission. These requests, escalated to the Director General, were denied.

The proposal was/ is to limit the prescribing of puberty blockers to young people seeking gender related healthcare on the basis that there is no benefit or safety profile that has been established for them. The consultation did not appear to consider that there may be a risk of harm in ceasing to offer them.

The terms of consultation excluded consideration to the prescribing of those medicines for 'precocious (early onset) puberty' which we countered as a logical fallacy - if the medicines are not considered safe for those with gender identity concerns, they must also be considered unsafe for those needing them for other clinical conditions. Our response pressed for the development of high quality psychosocial care such as psychotherapists provide (where any developmental, traumatic or other possible influences may be considered), along with options for prescribing as is the current situation in responding to the needs of youth with gender identity concerns. We strongly challenged the inherent prejudice implicit in foreclosing access to those medicines.

Treaty Principles Bill

The government invited responses to the proposed Treaty Principles Bill. John O'Connor and Rick Williment made a submission on behalf of APANZ, strongly challenging the draft Bill.

Minister for Mental Health

The Minister wrote to APANZ asking for our ideas and involvement in advancing the government's priorities for improving access to mental health services and increasing the workforce. We took the opportunity to advise on the need for government to think about poverty as a key driver of mental

health problems and not only service responses. We advised on the development of prevention initiatives; the establishment of a scheme in which private psychotherapy could be accessed through funded referral from primary or secondary mental health services (along the lines of the Australian scheme); we proposed against the single year 'Psychology Associate' training (although subsequently we see that this is now being funded and rolled out); we advocated for establishment of one or two additional academically based psychotherapy training programmes.

Changes mooted to regulation of Health professionals

During April, 2025, the government undertook a process of 'consultation' on a document titled 'Putting Patients First'. Some of the key tenets of this document and proposed change is the perception that regulatory bodies currently:

- Are too numerous and therefore inefficient. Amalgamation of some bodies is suggested, which would in all likelihood impact the regulation of psychotherapy;
- Are too 'stacked' with health professionals who have a vested interest in maintaining the status quo, preventing the establishment of new disciplines (such as Psychology Associates who will have one year of clinical training). It is suggested that the bodies should include more government appointed officials;
- Have too much autonomy over decisions such as whether a health professional from another jurisdiction, applying for registration, has adequate clinical training, experience and skill to practice here. The suggestion is that government officials should have significant bearing on these decisions.

The 'consultation' process also took aim at cultural competencies and framed these as separate to clinical competencies, in what we regard as a false dichotomy.

Some discussion of the above is included in the following:

Current environment

The government continues to make decisions on mental health issues at quite a rapid rate. The sense is that we are having to react to their initiatives through consultation processes that are in large part pre-determined. The quality of consultation is frankly biased in a number of instances, with leading questions and framing that is anything but impartial or seeking genuine influence externally.

In this environment, it is clear that the government intends to reduce the number of regulatory bodies and at the same time increase the government's representation on the Boards that remain. *There seems to be a likelihood that PBANZ will be merged with the Psychologists' Board, which raises a very important issue for APANZ regarding regulation.* The government appears to be open to self regulation, and this represents an option for careful consideration.

Given the tranche of changes the government is imposing, it was recommended to APANZ Council to try to form stronger strategic alliances with our psychology and counselling colleagues.

If it is possible to form a collective voice on key issues, such as involvement in an advisory group to the Minister for mental health, this would be a dramatic improvement on a process of each profession responding reactively to the government's intentions.

In all likelihood the government will sooner or later propose the roll out of Artificial Intelligence 'interventions' nationally, and APANZ and our colleagues must have influence in the way any such developments are made.

Strategic partnerships may be forged by Council with support of the Public Issues committee, if required.

There are very many issues of interest and concern publicly, which the Committee could get involved with. A brief overview of some areas follows:

- The genocide (as determined by Amnesty International and the University Network on Human Rights) in Gaza¹ is deeply disturbing and traumatic to most observing. We must offer encouragement to the public to deal with their moral injury or outrage through writing an opinion piece or series on this.
- New Zealand recently received the lowest ranking of 36 countries in our youth mental wellbeing statistics². Whilst other agencies such as the Mental Health and Wellbeing Commission are writing about this publicly, our independence as psychotherapists gives us a platform to speak candidly about the causes and conditions underlying this.
- The lack of a second tertiary psychotherapy academic training could be addressed.
- There is a growing awareness of the deep, complex and systemic problems arising from modernity. These include ecological overshoot (including but not limited to climate change); geo-political aggression; declining availability of cheap energy, global financial instability, global population changes, and the resurgence of populist governments with agendas that further marginalise vulnerable communities at home and abroad. These problems portend a time of growing uncertainty and suffering, which psychotherapy as a discipline can help in our analysis and care which may be fortifying.

These varied possibilities for action were discussed with Council in early May. There was much encouragement and support offered for the Public Issues Committee to continue to respond to government initiatives and to take a proactive stance that promotes a psychotherapy view in the public.

Functioning of the Public Issues committee

The ways in which the Public Issues committee works needs some development. One issue is the committee taking a public stance on issues that are contentious in the membership. An example of this was responding to the Ministry's 'consultation' on reducing access to puberty blockers. The membership hold polarised views on the topic of that consultation and so it seemed useful to invite the membership to submit their views and to report them in our submission, thus reflecting the membership, whilst also taking a stance. This approach may be applied on a case by case basis, balancing this with the need to be responsive, nimble and at times to express a position that may not be liked or supported by everyone.

Summary of actions required:

1. That Council receive this report.

Rick Williment, Chair, Public Issues Committee

¹ [The UNHR report](#), released in mid-May, concludes: "Israel has committed genocidal acts, namely killing, seriously harming, and inflicting conditions of life calculated, and intended to, bring about the physical destruction of Palestinians in Gaza"

² <https://www.unicef.org.nz/media-releases/new-global-data-new-zealand-ranks-alarmingly-low-for-child-wellbeing>