Aotearoa New Zealand Approach to Neurodiversity

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As an immigrant who recently moved to New Zealand two years ago, I have struggled to fit in at school during Year 11, feeling left behind academically. At my psychology class, I noticed one student who always express herself through outburst and rudeness, she's always gets picked on by our classmates, mimicking her outburst which I thought is insensitive knowing she has autism and clearly struggling to be heard, while my psychology teacher unable to firmly draw the line with her students. With her constant presence and outburst during psychology class, things become clearer to me. Her and I are similar, I find myself relating to her struggles not in a clinical way but in deeper aspects of how we are both similarly struggling to fit into the society, which is why this research feels special and important to me.

Through my perspective as a youth ambassador and regional correspondent representing New Zealand, I would like to express my gratitude to the Shared Ground Uganda Organization for this opportunity to be able to share my perspective.

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Introduction

New Zealand is known for one of its most unique destinations on Earth, where scenery of verdant landscapes to its pristine wilderness. With the extreme population of the sheep, this exceeded the human population estimate of 5,342,000 million (provisionally) by the end of December 2025, New Zealand's population grew by 34,300 or 0.6%. It is estimated that 15-20% of New Zealand's population is neurodivergent with the global estimate to roughly 750,000 to 1 million people. However the rise of suicide rates increased during the pandemic. New Zealand has one of the highest youth suicide rates in the OECD that indicates the ranks poorly for child well being with the high percentage of suicide rate across the youths 15 to 24 years old from 2025 data, as well as the increases of middle aged adults 45 to 64 years old. According to International evidence, autistic people experience poor educational incomes, high rates of unemployment and a large percentage experience suicidal thoughts and mental health difficulties. With the ongoing rising percentage of mental health issues around the world, many countries have taken action to spread awareness about mental health. In some countries, it may be seen as taboo, shameful, and a word created by new generations.

Objective

I. To investigate how Aotearoa New Zealand approaches neurodiversity, its weaknesses, and actions to navigate the vast increase of the neurodiverse population by providing a long term solution using online resources, recent studies, editorials, and medical journals.

What is mental health?

Mental Health is a state of mental well-being that enables people to cope with the stresses they come across from their life, realize their abilities, learn, and contribute to their community. This exists on a complex continuum, a diverse experience from each culture and community across the world. However most people may grow up resilient, individuals who are exposed to circumstances are at the higher risk of developing a mental health condition. These are:

I. Mental health disorders and psychosocial disabilities.
II. Mental states associated with significant distress.
III. Impairment in functioning or risk of self-harm.

Mental health risks and protective factors can be found at different scales. Local challenges can be affected and affect individuals, families and communities while global threats

such as economic downturns, disease outbreaks, humanitarian emergencies, forced displacement and climate change could impact the entire population.
According to Te Hiringa Mahara, in 2018/19 the percentage of adults experienced high or very high levels of psychological distress by 8.3% and during 2023/24 the percentage of adults (about 564,000) experienced high or very high levels of psychological distress increased 13.0% in four weeks prior to the survey. Throughout 2023/24, 22.9% of young adults' consistently experienced psychological distress than other age groups in four weeks prior to the survey.
Some may have accepted the existence of mental health, but there is still a number of individuals who refuse. With the help of our mental health specialists, psychologists, counselors, therapists, psychiatrists, and doctors spreading awareness and providing support, resources become easily accessible to individuals who are struggling with mental health. This becomes a great help for people to be heard.

What is neurodiversity/ neurodivergence?

As the concept of diversity applies to groups of people, the term 'neurodiversity' is used for groups of people and 'neurodivergent' for individuals. Studies suggest that approximately 15 to 20% of the population is neurodivergent which could impact individuals' everyday

lives. Neurodivergence falls into two categories, innate and acquired.

I. Innate neurodivergence is present from birth and generally experienced as an inseparable part of personhood (i.e., dyslexia, dyspraxia, autism and ADHD).

II. Acquired neurodivergence can be developed anytime as part of a health condition, injury, trauma or the side effects of medication. (I.e., mood disorders, anxiety disorders, schizophrenia and traumatic brain injury).

However mental health may have been accepted and normalized, neurodivergence still struggles to be heard. According to the available limited prevalence data on the whole neurodiverse population in the estimated 1.1 million disabled New Zealanders. The Neurodiversity in Education Coalition has estimated around one in 5 or 320,000 young people in New Zealand are neurodiverse. But unfortunately there is very little information available on Pacific neurodiverse experience, needs and outcomes. While the autism percentage estimated 1-2% of New Zealanders, approximately 50,000 to 100,000 people, the official data for ADHD may be limited, the estimated percentage suggests that ADHD in adults is 2-6% and 4-10% for children to adolescents.

Findings

Weakness

To be able to help and advocate, empathy, patience, and compassion are necessary and crucial requirements to become a mental health specialist. It's not an easy task, but it's rewarding to advocate the importance of mental health, spread awareness, and provide help for individuals struggling with mental health conditions and neurodivergence. However, in recent years, New Zealand has found itself in a critical situation in mental health delivery; a significant and growing shortage of psychiatrists has become a profound challenge in its mental health system.

I. In early 2026, the demand for specialist mental health care increased even higher, but because the workforce required to meet this need was stretched thin. The statistics surrounding New Zealand's psychiatry workforce show that the recent data from Health New Zealand Te Whatu Ora indicates that psychiatrists and senior medical practitioners are currently facing the highest vacancy rates in the mental health sector, with approximately 20% nationwide. The aftermath of the global pandemic and the rising socioeconomic pressures led to a surge in presentations to specialist services.

A recent study was published in the New Zealand Medical Journal (July 11, 2025; Vol. 138, No. 1618) titled "Why

Psychiatrists Choose to Leave Public Mental Health Services."

II. They found that 23% of psychiatrists working in the public system intend to resign within approximately a year. It is cited in the recent study that the common reasons included burnout, responsibility without authority, and a lack of non-clinical time for research and professional development. One editorial also noted that the international migration of health professionals has been an ongoing issue with the medical workforce in Aotearoa, New Zealand; the government funding of medical schools in New Zealand has been inconsistent; and many doctors are choosing to move overseas to practice.

Across Aotearoa, a recent study conducted by Autism NZ and Te Heranga Waka–Victoria University of Wellington and funded by Australia's Autism CRC demonstrated the systematic failings in autism support.

III. This highlights the urgent need to address the many inconsistencies and barriers to autism support as well as services in Aotearoa. With 1,042 participants, including autistic individuals, family members and professionals, the report shows the significant barriers to support across almost all areas of life. In the report, access for diagnosis and support for adults was rated as extremely poor, with or without a public pathway to diagnosis for

autistic adults in New Zealand, indicating a complete absence of appropriate mental health support and access for housing, causing catastrophic outcomes. Furthermore, both family/whanau and professionals noticed a lack of training and access to diagnosis for children.

Some neurodiverse groups are known to experience barriers in accessing assessments, services, medication, and support and report poorer outcomes, as well as delays in diagnosis. Additionally, Immigration New Zealand has denied a 5-year-old Aidhan Nithin a pathway to live in New Zealand after finding that he is likely to impose significant costs or demands on health and education services, which could face deportation.

IV. Immigrating to New Zealand as autistic is likely difficult or impossible, as New Zealand's immigration laws are known to be very strict around areas like health and disability. Even with a basic outline of the medical waiver process, it is entirely complex to navigate, so they recommended getting advice from a lawyer or someone else familiar with the immigration process.

The data for the whole neurodiverse population in New Zealand is limited and therefore under representation which limits the government to be able to create a long term solution and findings.

Approach

Even with hindrances neurodivergent people faced, with lack of resources, shortage of mental health specialists, and not enough government funding, many mental health organization never given up to provide resources, free counselling, free support from schools and universities and spreading awareness daily especially during Autism Acceptance Month happening every April (April 2nd-April 8th). As well as events during Neurodiversity Awareness Week (March 18th-24th) to celebrate, aiming to give schools, universities and organisations the opportunity to recognize the many talents and advantages of being neurodivergent. Autism NZ is committed to ensure that their research work leads to effective outcomes for the Autistic community, advocating for systematic changes and strategic planning for the community going forward. It is also worth noting that Autism NZ started the #hoodsupvolumedown campaign, parliamentary breakfast, and the upcoming early identification training for over 600 education and health professionals in Wellington. New Zealand is slowly shifting towards an affirming approach towards neurodiversity, particularly within education and workplaces. This is increasingly encouraged, emphasizing that educators should accommodate diverse learning styles and provide more flexible support for neurodiverse children and young people. While in the workplace, employers are

encouraged to adopt neuroinclusive practices by creating sensory-friendly environments, providing flexible work arrangements, and training managers to focus on skills and perspectives.

Conclusion

These approaches emphasize and reduce stigma, aligning with the principles of human rights. Supporting neurodivergent individuals is a crucial aspect of creating a welcoming environment and exclusive education system in Aotearoa New Zealand. Neurodivergent possess strengths such as critical thinking and analytical thinking, adaptive problem-solving, pattern recognition and creativity. Developing agency within neurodivergent individuals is essential in helping them to feel heard and sense of ownership over their learning.

However, without the government recognizing the need and meeting the appropriate funding, autistic people unable to get help and achieve their full potential, as well as the bullying neurodiverse groups will not stop. Because there is a general lack of systematic data collection on neurodiverse conditions across many contexts such as health, without the prevalence, health assessment needs, and outcomes data, its difficult to measure and predict the level of need within neurodiverse communities. With limited support and funding from the government, it's not enough to sustain the needs of neurodiverse communities

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