Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

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Te Tāhuhu o te Mātauranga | Ministry of Education
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Feedback on the draft Years 11-13 Health Education curriculum

Overall comments

Introduction

The Mental Health Foundation of New Zealand (the MHF) is grateful for the opportunity to provide feedback about the Health Education curriculum for phase five (Years 11-13). Our feedback is based on our position and expertise as a charity that promotes everyday actions that lift mental wellbeing, provides tools that support people through tough times, and advocates for a better mental health system and society. The MHF has more than a decade's worth of experience engaging extensively with teachers and schools in the design and delivery of school-based wellbeing promotion programmes, such as *Sparklers*, *Pause Breathe Smile* and a high school wellbeing pilot programme.

We acknowledge that mental health education and mental health promotion are overlapping but distinct disciplines, and our expertise is primarily in mental health promotion. We also note it is difficult to accurately compare the new draft content to the previous Health Education curriculum, because it is not yet clear what supplementary resources/guidance will accompany the new material. For these reasons, we have provided only high-level feedback on the draft Health Education content.

Mental health and wellbeing

The MHF is pleased to see that mental health and wellbeing is a foundational concept in the draft curriculum, having its own "strand" alongside the related social wellbeing and physical health strands. We support the definitions of mental health and wellbeing and related concepts provided in the draft, which acknowledge

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positive mental health, the holistic nature of mental health and wellbeing, health promotion concepts (e.g., social determinants), and Indigenous and socioecological perspectives alongside biomedical perspectives. We are also glad to see coverage of colonisation as a determinant of health, and inclusion/exclusion issues like ableism, sexuality discrimination and gender discrimination.

Māori and cultural diversity

We recommend that the new Health Education content is updated to incorporate te ao Māori and the worldviews of other cultures within Aotearoa New Zealand's student population. There are almost no references to te ao Māori in the draft curriculum, aside from a few allusions to hauora and Te Whare Tapa Whā. References to other cultures' perspectives on health and wellbeing (such as those of Pacific and Asian peoples, e.g., the Fonofale model) have also been removed, which is exclusionary and does not accurately reflect Aotearoa New Zealand's cultural diversity.

This is a disappointing and significant step backwards in comparison to previous curricula. The 2007 Health and Physical Education curriculum, for example, is explicitly grounded in hauora, and is supported by mental health education guidelines that address mātauranga Māori and te ao Māori in a comprehensive way (covering concepts like mana, whakapapa, and oranga mauri, and incorporating te reo Māori throughout) and acknowledge Asian and Pasifika worldviews. Hauora (as represented by Te Whare Tapa Whā) has been included in the curriculum since 1999, and is a well-known, culturally relevant model for teaching holistic health and wellbeing that also reflects and affirms Aotearoa New Zealand's unique constitutional and cultural identity.

In addition to being useful and culturally relevant for Aotearoa New Zealand students, reflecting mātauranga Māori and te ao Māori in the curriculum supports ākonga Māori (Māori students) to thrive in school. Research indicates that ākonga Māori do well when "being Māori" is affirmed; when te reo Māori, mātauranga Māori, and tikanga Māori are valued; and when teachers are guided to understand and support culturally sustaining attitudes, skills, and practices.[1] There are also strong links between a positive sense of one's own identity, feelings of connectedness to people and place, and mental wellbeing.[2]

There are several knowledge/practice areas within the draft Health Education curriculum where it would be useful to include mātauranga Māori, te ao Māori, and related concepts (as well as those of other cultures). For example, Te Pae

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Māhutonga (a model of Māori health promotion) could be cited alongside Te Whare Tapa Whā and the Ottawa Charter under approaches to health, and Te Tiriti o Waitangi could be mentioned as an example of a legal instrument with implications for health in relation to social justice and healthy communities, etc.

Relationships and sexuality

While we are pleased to see the draft curriculum explore the topics of gender- and sexuality-based discrimination, overall, it is lacking in inclusive information about relationship, gender, sex, and sexuality topics. Omitting this information fails to reflect and respect LGBTQIA+/rainbow young people, impacting their positive identity development and all young people's sexual and reproductive health. Ultimately, the exclusion of these topics is detrimental to a safe/inclusive school environment and denies young people the right to be informed/educated about key aspects of relationships and sexuality – topics they are likely to encounter and have questions about as they develop (either personally or in their communities).

The MHF supports Sexual Wellbeing Aotearoa's comments on these and other aspects of the draft Health Education curriculum, and we recommend the draft is amended to cover these topics adequately.

Online safety/digital wellbeing

We are pleased to see the inclusion of content on the digital world and being online in the draft curriculum. However, this might be better framed neutrally (e.g., "digital/online wellbeing" rather than "staying safe online") to emphasise that when equipped with the right tools, knowledge and practices, young people can gain from online/digital experiences as well as avoid harm/risk. Blanket statements like "social media use has a negative impact on mental health," for example, are arguably more conclusive than current evidence can sustain, and do not invite critical analysis or empower young people to manage risks and maximise the benefits of participating in the digital world (as is necessary for modern living).

We would suggest consulting with young people, parents and caregivers, and online safety experts on this content.

Embedding a whole-school approach to mental health education

It is unclear if the new Health Education curriculum for Years 11-13 will be embedded in a whole-school approach to mental health education (supported by school-wide practices and policies to promote mental wellbeing, safety and inclusivity), which is considered best practice by entities such as UNICEF, UNESCO

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and the WHO, and is evidenced to lead to higher student wellbeing levels.[3] As the 2022 mental health education guide provides guidance to support schools and teachers to implement a whole-school approach, we recommend this guide is retained or adapted when the new curriculum is in place.

Thank you for the opportunity to comment.

Mauri tū, mauri ora,

Shaun Robinson
Chief Executive

References

[1] Bishop, R., Berryman, M., Tiakiwai, S., & Richardson, C. (2003). *Te Kōtahitanga: The experiences of year 9 and 10 Māori students in mainstream classrooms*. Māori Education Research Institute, University of Waikato. https://www.educationcounts.govt.nz/__data/assets/pdf_file/0017/7532/te-kotahitanga.pdf.

Tuuta, M., Bradnam, L., Hynds, A., Higgins, J., and Broughton, R. (2004). *Evaluation of the Te Kauhau Māori Mainstream Pilot Project: Report to the Ministry of Education*. Ministry of Education. https:// www.educationcounts.govt.nz/__data/assets/pdf_file/0011/6968/te-kauhua.pdf.

Webber, M. (2015). "Optimizing Māori student success with the other three Rs: Racial-ethnic identity, resilience and responsiveness." In *Routledge international handbook of social psychology of the classroom*, ed. C. Rubie-Davies, J. Stephens, and P. Watson, pp. 102–111. Routledge.

Webber, M., & Macfarlane, A. (2018). "The transformative role of iwi knowledge and genealogy in Māori student success." In *Handbook of Indigenous Education*, ed. E. A. McKinley and L. T. Smith, pp. 1–25. Singapore: Springer. https://doi.org/10.1007/978-981-10-1839-8_63-1.

Webber, M., & Macfarlane, A. (2020). "Mana tangata: The five optimal cultural conditions for Māori student success." *Journal of American Indian Education, 59*, (1), 26–49. http://doi.org/10.5749/jamerindieduc.59.1.0026.

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Riwai-Couch, M. (2022). *Niho Taniwha: Improving teaching and learning for ākonga Māori*. Huia.

Ratima, M. T., Smith, J. P., Macfarlane, A. H., & Macfarlane, S. (2020). The Hikairo Schema for Primary: Culturally responsive teaching and learning. NZCER Press.

Karaka-Clarke, T. H., Smith, J. P., Rātima, M. T., Macfarlane, A. H., Macfarlane, S., et al. (2021). The Hikairo Schema for Secondary: Culturally responsive teaching and learning. NZCER Press.

[2] Jose, J. S. P. E. (2014). "The protective influence of family connectedness, ethnic identity, and ethnic engagement for New Zealand Māori adolescents." *Developmental Psychology*, *50*(6), 1817–1826; Jose, P. E., and Pryor, J. (2010). "New Zealand youth benefit from being connected to their family, school, peer group and community." *Youth Studies Australia, 29*(4), 30–37.

[3] Lawes, E., & Boyd, S. (2018). *Making a difference to student wellbeing—a data exploration.* NZCER. https://www.nzcer.org.nz/sites/default/files/downloads/Making%20a%20difference%20to%20student%20wellbeing%E2%80%94a%20data%20exploration.pdf.

Goldberg, J.M., Sklad, M., Elfrink, T.R., Schreurs, K.M.G., Bohlmeijer, E.T., & Clarke, A.M. (2019). Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis. *Eur J Psychol Educ 34*, 755–782. https://doi.org/10.1007/s10212-018-0406-9.

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