



## **PADA – Perinatal Anxiety & Depression Aotearoa**

Facebook Post: 01 August 2025

Yesterday morning at 7am, PADA hosted our Parliamentary Breakfast: A National Call to Action for Maternal Mental Health, proudly supported by the Minister for Mental Health, Hon Matt [Doocey](#). At the event, the Minister announced a \$4.9 million boost to maternal mental health services — targeted at four regions where investment has historically been lower. This is a meaningful step toward greater equity in access and support across Aotearoa. But our message was clear: this cannot be where the expansion ends.

Too many parents — fathers, partners, adoptive parents, whāngai caregivers, LGBTQIA+ whānau, and those grieving loss — still fall outside the scope of current services. True progress means reaching every whānau, in all their forms, with culturally safe, compassionate, and timely [care](#). At yesterday's breakfast, alongside providers, advocates, and those with lived experience, we called for the creation of a regular, cross-party working group dedicated to perinatal mental health — meeting quarterly,

committed to action, and grounded in community voice, equity, and evidence.

This is not a one-day conversation. It is a kaupapa that requires sustained leadership, shared accountability, and ongoing partnership. PADA remains resolute in our commitment to building a system that meets the needs of all who walk the perinatal journey. #PADA #PerinatalMentalHealth #CallToAction #EquityForWhanau #NoOneLeftBehind #MaternalMentalHealthNZ #HonMattDoocey #SystemChangeStartsNow #LivedExperienceLeads

## Mums4Mums Comment to PADA Post

At Mums4Mums, we stand alongside PADA in celebrating the much-needed \$4.9 million boost to maternal mental health services announced by Minister Hon Matt Doocey. Investment in underserved regions is an essential step toward equity — and a long-awaited recognition of the urgency surrounding perinatal distress in New Zealand. We also wholeheartedly support the call for a dedicated, cross-party working group on perinatal mental health. This kind of sustained, collaborative leadership is vital if we are to see real, enduring change. As an organisation grounded in lived experience, community care, and a deep belief in compassionate service, we affirm the importance of culturally safe and timely care that reaches all whānau who walk the perinatal journey — including fathers, partners, adoptive and whāngai caregivers, and those grieving loss. However, we must also name a critical [concern](#). In our shared efforts to expand inclusion and equity, we cannot afford to erase the very group that maternal mental health was designed to protect: women. We are seeing an increasing trend toward gender-neutral language in scopes of practice and advocacy that sidesteps or removes the word *mother*, *woman*, or *female* altogether. This linguistic shift may be well-intentioned — aimed at

being more inclusive — but it risks undermining the specificity of the maternal experience and the unique vulnerabilities women face during pregnancy, birth, and postpartum. We believe we can care for everyone in the perinatal space without erasing anyone. We can name and meet the needs of diverse whānau while still protecting the language and reality of biological motherhood — and the policies and research that rely on sex-based data. A maternal mental health system that does not name women cannot fully serve them. Let us build a system that truly includes "all" — not by flattening difference, but by honouring it. Inclusion must never come at the cost of clarity, nor at the erasure of the group most at risk in the perinatal period. We remain committed to working with all who care deeply about perinatal mental health — and to ensuring that maternal feminism, with its emphasis on both inclusion and woman-honouring language, has a seat at the table