New Zealand House of Representatives
Te Whare Māngai o Aotearoa

Health Committee
Komiti Whiriwhiri Take Hauora

54th Parliament
September 2026

Petition of Jas Mcintosh: Make neurodiversity assessments available and affordable for all

Presented to the House of Representatives
by Sam Uffindell, Chairperson

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Petition of Jas Mcintosh

Recommendation

The Health Committee has considered the petition of Jas Mcintosh—Make neurodiversity assessments available and affordable for all—and recommends that the House take note of its report.

Request for accessible and affordable ADHD and ASD assessments

This petition was signed by 8,162 people. It was presented to the House by Hon Rachel Brooking on 26 January 2024 and transferred to us on 26 March 2026, and requests:

> That the House of Representatives make Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) assessments accessible and affordable for all entitled to healthcare in New Zealand.

Comments from the petitioner

Jas Mcintosh's petition seeks to make neurodiversity assessments accessible and affordable for people entitled to healthcare in New Zealand. She told us that neurodiversity encompasses a range of neurological differences, including ADHD, autism, dyslexia, dyspraxia, Tourette syndrome, and other learning differences. She believes recent changes allowing GPs to diagnose and treat ADHD are a significant and positive step.[1] However, they do not address all the barriers faced by neurodiverse people, particularly those seeking assessments for autism, or for learning differences like dyslexia.

Drawing on personal experience, Ms Mcintosh said delayed diagnosis can have serious effects. She described feeling different from a young age, becoming increasingly burnt out through school, and experiencing severe mental health challenges. We heard that she was diagnosed with ADHD and autism at age 21 after long waits and significant personal cost. She said receiving the correct diagnosis, treatment, and support was "life-changing and probably life-saving". Her mental health and university performance also significantly improved after diagnosis.

Addressing barriers to assessment and ongoing support

According to Ms Mcintosh, cost, waiting times, limited specialist availability, and uncertainty about how to navigate the system can prevent people from being assessed for ADHD and ASD. She supports the recent change that allows GPs to diagnose ADHD in New Zealand and to prescribe the appropriate medication. In saying that, she considers clear national guidelines, appropriate training, and access to specialist advice necessary. These resources

[1] From 1 February 2026, GPs and nurse practitioners have been able to diagnose ADHD and prescribe treatments. Ministry of Health–Manatū Hauora.

will help ensure that diagnosis and treatments are safe and consistent, and that GPs are able to respond to complex or co-occurring conditions, Ms Mcintosh said.

She also stressed that diagnosis alone is not enough. People need access to ongoing psychological, behavioural, educational, social, and workplace support. She considers that the early identification of neurodiversity, particularly during primary school, could significantly improve the lives of neurodivergent people. She emphasised that services should be able to recognise different presentations of neurodivergence. People may be less familiar with the ways females and adults, for example, present as neurodivergent.

Ms Mcintosh recommended:

- expanding publicly funded or subsidised assessment pathways
- improving GP training and support
- extending recent changes for GPs and nurse practitioners to diagnose ADHD and prescribe medication to include other learning differences
- investing in early intervention through schools and other services
- encouraging collaboration between health, education, and community organisations such as ADHD New Zealand, Autism New Zealand, and the Dyslexia Foundation of New Zealand.

Comments from the Ministry of Health

We invited the Ministry of Health—Manatū Hauora to make a submission on the petition. We were particularly interested in trends on neurodiversity diagnoses and receiving an update on the uptake of neurodiversity assessments since 2025. The ministry acknowledged that access to timely and affordable assessment for ADHD, autism, and related conditions is a concern for many people. It recognises that delays in diagnosis, treatment, and support can affect people's health and wellbeing, and their educational engagement and long-term outcomes.

Neurodiversity covers a broad range of neurodevelopmental, learning, behavioural, emotional, and cognitive conditions, the ministry said. It noted that people often experience overlapping conditions or traits, and that cultural background, gender, and age can influence how neurodiversity presents and is understood. Because people's needs can be complex, in-depth assessments are important.

Assessments in New Zealand

The ministry told us about the different pathways for children and adults when assessing neurodevelopmental and learning conditions. For children and young people, publicly funded assessment and diagnosis are generally provided through paediatric services and child and adolescent mental health services. The ministry said these specialised workforces are relatively small, support a wide range of clinical needs, and must balance competing priorities.

Access to publicly funded assessment for adults is more limited. Psychiatrists and psychologists can assess for ADHD, autism, and related conditions. However, limitations in the capacity of this workforce mean that they do not routinely carry them out. Adult mental

health services make assessments where an adult meets eligibility criteria.[2] As a result, many adults seek private assessment, where cost can be a barrier, or alternatively may not be assessed at all.

The ministry said recent regulatory changes, which took effect on 1 February 2026, enable specialist GPs and nurse practitioners working within their scope of practice to prescribe stimulant medicines for adults with ADHD. Nurse practitioners working in paediatric and child and adolescent mental health services can also now prescribe stimulant treatment for children and young people. However, the ministry noted that these changes are limited to ADHD and that it will take time for GPs and nurse practitioners to develop the necessary skills and competence. There is no official data about the number of GPs or nurse practitioners who provide ADHD services since the changes, but the ministry said that it intends to analyse the effect of the changes.[3]

The ministry said there is also no official national data on the number of people assessed for or diagnosed with neurodevelopmental or learning conditions. However, it noted that waiting-list data shows rising demand for paediatric assessments. The New Zealand Health Survey 2024/25 indicates the prevalence of ADHD among children and young people has doubled over the past decade to 5.8 percent, while autism prevalence has more than tripled to 3.7 percent. There is no data from the Health Survey about the prevalence of ADHD and autism among adults.

Expanding access would require system-wide planning

The ministry explained that widening access to ADHD, autism, and related assessments would require consideration of workforce capacity and service sustainability. It said it would take a broad, needs-based approach rather than focusing on particular conditions.

According to the ministry, assessment and diagnosis are only the first step. High-quality care and meaningful outcomes following that first step typically involve broader, accessible support through health, disability, education, social, workplace, and community services. However, the ministry also noted that it is important to consider the impact that widening access to ADHD, autism, and related assessments would have on other parts of the system. In primary care, for example, clinicians already manage a wide range of health needs, and significant investment to increase capacity would be required.

Our response to the petition

We thank Ms Mcintosh for advocating for people with ADHD and autism, and for sharing her experience with us. We were concerned to hear that cost, waiting times, limited access to services, and uncertainty about assessment pathways are preventing some people from getting assessed. We note the ministry's view that access to timely and affordable assessment for ADHD, autism, and related conditions is a concern for many in the

[2] The ministry told us that an adult who is experiencing significant distress, severe functional impairment, or co-occurring mental health conditions such as depression or anxiety may be eligible for an assessment through publicly funded mental health services.

[3] Healthpoint, an online directory of health services, lists some primary care providers as offering ADHD assessments, diagnosis, and medication services for adults. The numbers are likely lower than the actual total because providers can self-indicate whether they offer those services.

community, and that delayed diagnosis and support can affect people's health, education, and long-term outcomes. We acknowledge the petitioner's comments that recent changes to ADHD diagnosis and prescribing are a positive step, but that further work is needed to make neurodiversity assessments and related support accessible and affordable across a wider range of conditions. It is important to take account of existing pressures on specialist services and primary care. We consider that any expansion of GP or nurse practitioner involvement in diagnosis, prescribing, and ongoing care would need to be carefully considered alongside workforce capacity, clinical safety, and service sustainability.

Neurodiversity can involve a broad range of conditions and support needs, which may co-occur. We agree that assessment pathways should be clinically appropriate, needs-based, and supported by clear guidance and practitioner training. We also agree with the ministry that diagnosis is only one part of the picture, and that supporting people after an initial assessment is important. Further work could explore a range of practical and sustainable options to improve access to an expanded range of neurodiversity assessments and related support.

Appendix

Committee procedure

The petition was signed by 8,162 people on the Parliament website. It was presented to the House by Hon Rachel Brooking on 26 January 2024 and transferred to us on 26 March 2026. We met between 1 April and 16 September 2026 to consider it. We received written submissions from the petitioner and the Ministry of Health and heard oral evidence from the petitioner.

Committee members

Sam Uffindell (Chairperson)
Dr Hamish Campbell
Dr Carlos Cheung
Ingrid Leary
Cameron Luxton
Hūhana Lyndon
Jenny Marcroft
Debbie Ngarewa-Packer
Hon Dr Ayesha Verrall

Kahurangi Carter and Hon Damien O'Connor participated in some of our consideration of this petition.

Related resources

The documents we received as evidence in relation to this petition are available on the Parliament website.

A recording of our hearing can be accessed online on the Parliament website.