

Te Hiringa Mahara annual engagement survey summary report

Background

In June 2023, we surveyed a group of our key stakeholders inclusive of Māori, tāngata whaiora (people with lived experience of distress or addiction), whānau, family, supporters, and priority populations, to get feedback on how effectively we engage, and how we can improve.

This is a summary report of what we heard. We are publishing this to be transparent about our engagement, and what we will do to improve.

As outlined in the [Mental Health and Wellbeing Commission Act](#), we must ensure that we have effective means of seeking the views of:

- Māori
- people who share a common identity, experience, or stage in life that increases the risk that they will experience poor mental health and wellbeing, for example, the groups identified in [He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction \(Schedule 1A of the Act\)](#). We refer to these people as ‘priority populations.’
- people who have experienced mental distress or addiction, and the persons (including family and whānau) who support them.

As well as using the survey to monitor whether we have effective means of engaging with stakeholders above, we will also use the engagement survey to monitor how we uphold our [Lived Experience Position Statement](#). This is a guiding document that describes our commitments to people with personal experience of mental distress or addiction (or both).

This is the first time we are asking people about our engagement, and we will repeat the survey every year to monitor whether we are improving or not.

This report provides a baseline understanding of how the groups above experience engaging with us.

Methodology

The survey was developed by Te Hiringa Mahara, tested with ten external stakeholders who identify as Māori, tāngata whaiora or priority populations and refined to incorporate their feedback. The survey has a total of four questions, taking approximately 5 minutes to complete and was administered online using Survey Monkey.

On 20 June 2023, the survey was sent to 89 external stakeholders, a targeted group of tāngata whāiora Māori, whānau, family and supporters, people with lived experience of distress or addiction, and priority populations. A total of 49 people responded to the survey.

Who participated in the survey

The following table shows percentage of participants who responded.

Table 1. Survey participant response.

Participant	Response rate (%)
Tāngata whāiora / someone who is experiencing or has experienced distress	63
Whānau, family or supporter of someone who experiences distress	48
Māori	34
Tāngata whāiora / someone who is experiencing or has experienced addiction	31
Whānau, family or supporter of someone who experiences addiction	30
Someone who lives rurally	25
Older person	23
Other	21
Rainbow (LGBTQIA+)	19
Disabled	19
Young person	13
Migrant	10
Pacific peoples	4
Veteran	3
Prisoner	3
None of the above	3
Former refugee	2

Key Findings

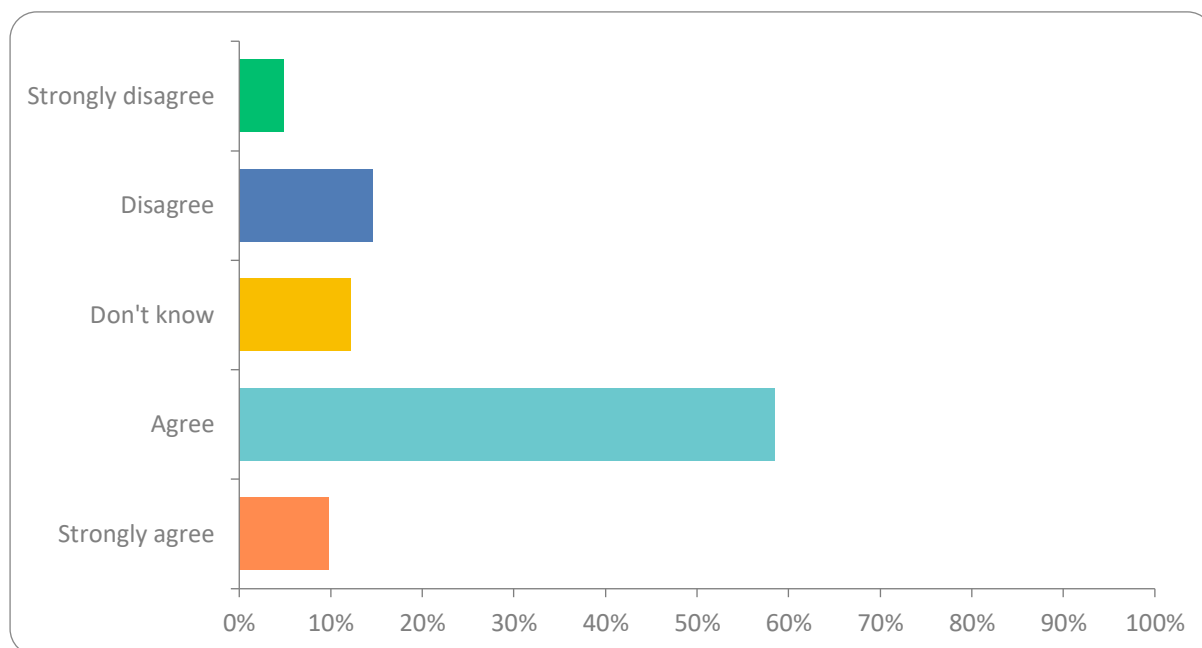
Part One

Te Hiringa Mahara is seen as being courageous and speaking up about important mental health, addiction and wellbeing issues

We asked people to rate our commitment to being courageous and speaking up about important mental health, addiction and wellbeing issues, from strongly agree to strongly disagree.

We are heartened that 70% of participants both strongly agree and agree that we are being courageous and speaking up about important mental health, addiction and wellbeing issues (see diagram 2 below). This feedback is important for us, as we take our role as kaitiaki (guardian) of mental health and wellbeing very seriously.

Diagram 1. Bar graph showing the overall ratings.



To elaborate on the previous question, we asked people to tell us what we could do better or provide examples of when we have been courageous and spoken up about important mental health, addiction and wellbeing issues.

We need to strengthen our advocacy in the system

Participants told us that our systemic advocacy needs to make a difference. They told us how important it is to be accountable to Māori lived experiences, whānau and peoples' expectations.

We heard that we could better integrate with and influence mental health and addiction leadership.

There were also concerns raised that we aren't advocating strongly enough, or for issues that are important to people.

We need to be more visible

People told us that we should grow our presence and understanding about who we are and what we do. This includes increased visibility in mainstream media, in the regions, and that we could visit mental health services around Aotearoa. People shared that a lack of visibility means they do not know who we are or what we are speaking up about, and that there is confusion about our role and other organisations.

We heard that some people are unaware of changes being made in the mental health, addiction and wellbeing system, or whether our recommendations are making a difference.

Extend engagement and representation of other priority populations

People told us that representation matters, and we could improve our engagement with, and representation of priority populations, such as people in the regions, Asians and whānau.

We also heard that our engagement with young people has felt genuine and the reports we have published felt true to young people.

One Māori participant told us that we have done well engaging Māori whānau and whānui, and have checked in to ensure we are listening, interpreting messages well, and checking in before public information is released.

Part Two

We asked participants to tell us what important mental health, addiction or wellbeing issues they would like to see us address.

There is more work to do to understand experiences of all our priority populations

People told us how important it is to focus on experiences of a range of priority populations, such as older people, disabled people, young people that we don't tend to reach, people in the regions (living rurally), men, and Asian people. People from these communities shared that they feel invisible and ignored despite experiencing high rates of distress or addiction.

Monitor equity of access to mental health and addiction supports and services

People told us that we could monitor funding, such as support for tāngata whaiora who cannot access funded supports and services, and counselling.

We heard that we could focus on eliminating coercive treatment and restrictive practices and processes, such as compulsory treatment and seclusion, and authoritative clinical professions.

We also heard that we could focus on strengthening and supporting the mental health and addiction workforce, including the peer support workforce.

People shared that we could focus on innovations, such as new drugs and research, helplines and assistance / support groups, overseas innovation and research, policies and procedures.

Take a wellbeing approach to community and whānau support

People told us how important it is to focus on community and whānau supports. We heard that there could be a focus on whole communities becoming trauma informed, and the importance of community services collaborating with other services, such as housing.

We also heard that people want to see positive attitudes, positive spaces for whaiora, treating others with integrity, and honouring whānau perspectives on what helps them support recovery.

Address determinants of wellbeing

People told us that we could focus on broader wellbeing issues, such as wealth inequality and financial security, rent control, benefit levels, inclusion and belonging, housing, and equity.

Impact of addiction challenges and services

People told us that we could focus more on substance abuse and the wider impacts on individuals, whānau and communities. We also heard that we could focus on access to addiction support in communities and localities, and whether this funding is equitable. One person suggested we focus on support for parents of children addicted to P (also known as methamphetamine).

Lived experience participation and leadership

We heard that we could focus on lived experience participation, knowledge, and leadership. People told that us that there is a culture of people with lived experience being told what to do. We heard that we could focus on addressing stigma and discrimination in the workforce for lived experience staff.

Be a gold standard Te Tiriti o Waitangi partner

One person told us that we do not represent the voice of Māori, we represent the Crown.

We also heard that we could advocate for and promote indigenous practices that can enhance and support wellbeing for Māori, as per our responsibility to Te Tiriti o Waitangi.

Medication

People told us that medication could be a focus, such as support to withdraw from medication, and advocating for faster medication reviews.

Part 3

Finally, we asked people how well we are engaging.

Te Hiringa Mahara have built a good foundation for engagement, but must keep going

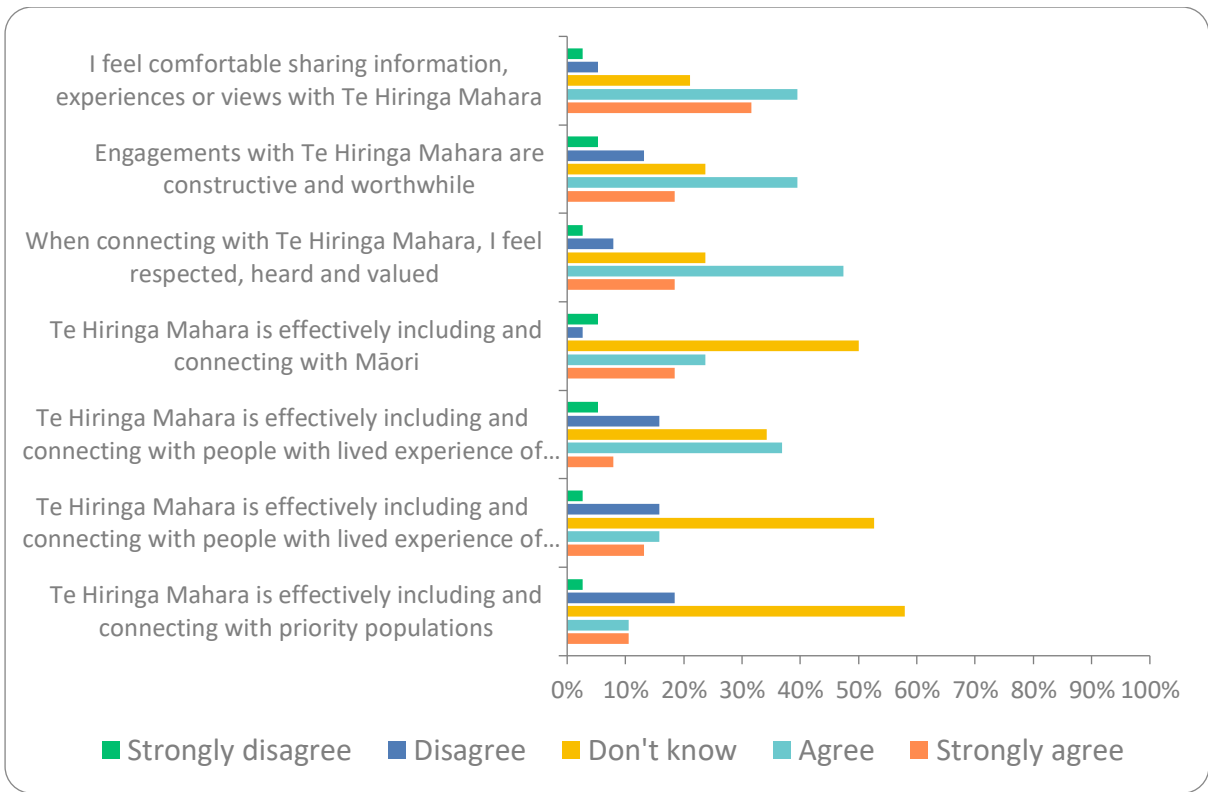
These overall results are mixed with those who we have engaged feeling that they have been heard and valued, while others had less visibility of our engagement with other priority populations. While the results are encouraging and demonstrate good relationships are being built with people we are engaging, we are mindful that we should not be complacent and need to build trust with more communities who represent our priority populations.

For this question, over 70% of participants strongly agree or agree that they feel comfortable sharing information, experiences, or views with Te Hiringa Mahara, and over half the participants strongly agree or agree that engagements with Te Hiringa Mahara are constructive and worthwhile.

One third of participants strongly agree or agree that when connecting with Te Hiringa Mahara, they feel respected, heard and valued.

There are also high rates of people who don't know whether we effectively engage with tāngata whaiora, Māori and priority populations. We could be more transparent and open about who we are engaging. Please see the following graph showing responses to the engagement question

Diagram 2. Distribution of responses to engagement questions



What we will do with this feedback

We are grateful for the feedback we have received about how we are engaging, and what we can do to improve. We are committed to honouring this feedback and embedding it into the way we engage, and the work we do.

We have an opportunity to grow our presence and deepen peoples’ understanding about who we are and what we do. We know that we can engage more, and we could strengthen our representation of lived experiences and priority populations. It will take time to build trust with communities. As we move forward, this will be a focus for us.

There is some work we are already doing to address the feedback we received, and we encourage you to keep up to date on our website about what we are doing.