

Mental Health and Wellbeing Commission

Statement of Intent 2020 – 2024

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Foreword

The Mental Health and Wellbeing Commission (the Commission) is a new independent Crown entity, established under the Mental Health and Wellbeing Commission Act 2020 (the Act). This document comprises our first Statement of Intent.

Our establishment has been part of the Government's response to He Ara Oranga: The Report of the Government Inquiry into Mental Health and Addiction, 2018 (He Ara Oranga). He Ara Oranga proposed a transformational shift to a new mental health and wellbeing system with Te Tiriti o Waitangi, equity, wellbeing, and people and whānau at the heart.

Our goal is to keep the vision of system transformation outlined in He Ara Oranga and agreed to by the Government, in clear view. We were established as an independent Crown entity to ensure we can take a system-wide, long-range outlook.

We will provide independent advice to the Government and all parts of our mental health, wellbeing and addiction system and advocate for rapid change towards a better and equitable system.

Our strategic intentions are establishment and leadership, monitoring and reporting, engagement and advocacy.

Our establishment is our immediate strategic priority. We will cultivate our capability and develop a strategy and work programme for the future and grow a shared understanding of our approach to how we work.

While our principles, values, and strategy are being formally developed, our work will be underpinned by the vision of transformative change for wellbeing, mental health, and addiction sought in He Ara Oranga. Our behaviour and everything we do, will be guided by these principles drawn from He Ara Oranga, and / or embedded in our legislation:

- Our organisation is grounded in Te Tiriti o Waitangi through our enduring commitment to honour the articles and principles in meaningful partnership with Māori as tangata whenua.¹
- A commitment to consistently engage with and advocate for people with lived experience of mental distress or addiction (or both) and their support networks, families and whānau.
- A commitment to equity as an expressed priority for Māori as tangata whenua.
- A commitment to equity for Pacific peoples and for all groups and populations who experience relative disadvantage in wellbeing, mental health, and addiction outcomes.

¹ The Commission uses the full term, "Māori as tangata whenua" as an acknowledgement of the status of Māori as Te Tiriti o Waitangi partner.

- An approach that is holistic and takes a wider view of wellbeing.

We would like to acknowledge the work that has gone into supporting our establishment from:

- Individuals, groups and organisations who participated in public processes to develop the Act and, prior to that, in He Ara Oranga.
- The Ministry of Health, which ensured the Act progressed on time and, throughout the COVID-19 response and internal restructures and reviews, ensured our practical needs were met in time to officially open our doors on 9 February 2021.
- The Initial Mental Health and Wellbeing Commission (the Initial Commission), which laid the foundations for us and handed over a substantial body of work to support our ongoing functions and responsibilities.
- The outgoing Mental Health Commissioner at the Office of the Health and Disability Commissioner (HDC) who has worked with the Initial Commission and Ministry of Health throughout the establishment process to ensure continuity of the monitoring and reporting work programme.

Our success will be determined when improved mental health and wellbeing outcomes are evident for Māori as tangata whenua and all people in Aotearoa New Zealand.

We are honoured to take up this new role.



Hayden Wano

Chair

9 June 2021

Statement of Responsibility

This document constitutes the first Statement of Intent for the Commission, as required under the Crown Entities Act 2004.

Our role, functions and strategic priorities, described in this document, are consistent with the Mental Health and Wellbeing Commission Act 2020.

The Commission has published this document as soon as practicable following its establishment on 9 February 2021. The document covers the period between 9 February 2021 and 30 June 2024.

The Commission expects to amend this document prior to 2024 after the Commission has developed its strategy and work programme during 2021.



Hayden Wano

Chair

9 June 2021



Kevin Hague

Board member

9 June 2021

About the Mental Health and Wellbeing Commission

We are a new Commission established to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa New Zealand, through assessment, monitoring, reporting, advice and advocacy.

The Initial Mental Health and Wellbeing Commission (the Initial Commission) operated from late 2019 to 7 February 2021 to prepare the way for our establishment. A summary of our establishment timeline and the work of the Initial Commission is attached (Appendix A).

Objective and functions

Our objective is to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa. Our functions are:

- To assess and report publicly on:
 - the mental health and wellbeing of people in Aotearoa
 - factors that affect people’s mental health and wellbeing; and
 - the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing.
- To make recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing.
- To monitor mental health services and addiction services and to advocate for improvements to those services.
- To promote alignment, collaboration, and communication between entities involved in mental health and wellbeing.
- In our work we will advocate for the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them.

To help keep wellbeing in view as well as mental health and addiction services, the Initial Commission proposed a two-part outcomes and monitoring framework to lay the groundwork for managing the broad scope of our work:

- The draft “He Ara Oranga wellbeing outcomes framework” for mental health and wellbeing, which has a focus on wellbeing and measures of wellbeing.
- The draft “He Ara Āwhina service level monitoring framework for mental health and addiction services”, which has a focus on the quality of, and service processes for, mental health and addiction services.

These draft dual frameworks will be finalised and adopted to enable the Commission to consider wellbeing, without losing sight of the need for improvement in mental health and addiction services.

Te Tiriti o Waitangi

Commitment to the Treaty of Waitangi (Te Tiriti o Waitangi) is a fundamental part of our legislation.

The Board of the Commission must collectively have knowledge, understanding and experience of te ao Māori (Māori world view), tikanga Māori (Māori protocol and culture), and whānau-centred approaches to wellbeing.

The Commission must have systems and processes to ensure that, in carrying out all its functions, it has the capability and capacity to uphold Te Tiriti o Waitangi and its principles, and to engage with Māori and understand perspectives of Māori.

The Commission is required to have deliberate regard to the experience of, and outcomes for, tangata whenua when performing all the functions of the Commission.

In our strategic intentions outlined in this document, priority has been placed on the development of our organisation approach to be grounded in, and to honour the principles and articles of, Te Tiriti o Waitangi. While this approach is in development the Commission will reference the [Ministry of Health Te Tiriti o Waitangi Framework](#).

Equity

Our primary objective highlights and incorporates equity; this is about addressing differences in health and wellbeing outcomes for particular groups. The Ministry of Health has created a definition of equity for the Aotearoa context:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.²

The Commission is firmly committed to our objective for equity. We will work to identify and support the system changes and cultural shifts needed for equitable outcomes in mental health and wellbeing.

Collaboration is a key part of making equity real. Our legislation requires us to, and we will ensure that we have effective ways of seeking the views of those people who share a common identity, experience or life stage and who may experience, or have a greater risk of experiencing, inequity in mental health and wellbeing outcomes.

² Ministry of Health, <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity>, accessed 17 February 2021.

We will develop ways of engaging with Māori as tangata whenua and diverse groups to ensure their perspectives and needs are understood and kept in view. In all our work, we will endeavour to effectively seek the perspectives of those with lived experience, and those known to experience relatively greater challenges and relatively poorer outcomes, and groups who may have unique needs. A starting point is the people, groups and communities noted in the Mental Health and Wellbeing Commission Act (Schedule 1):

- Māori as tangata whenua
- Pacific peoples
- Rainbow communities
- Refugees and migrants
- Rural communities
- Disabled people
- Veterans
- Prisoners
- Young people
- Older people
- Children experiencing adverse childhood events
- Children in state care

Gender, life stage and experiences also shape risks and needs. Population groups and common experiences are not limited to those named in the Schedule, and it has been made clear in discussions around the Mental Health and Wellbeing Commission Act that we should not treat those named as an exhaustive list, and that groups may change over time.

Mission, Vision, Values and Principles

The Initial Commission developed a mission statement and vision that the Commission considers a suitable starting point until there is the opportunity for further review. These were created in tandem with the [He Ara Oranga wellbeing outcomes framework](#), and through a consultation process.³

The draft mission is: *Whakawāteatia e tātou he ara oranga, clearing the pathways to wellbeing for all.*

The draft vision is: *Tū tangata mauri ora, flourishing together.*

³ Initial Mental Health and Wellbeing Commission, <https://www.mhwc.govt.nz/the-initial-commission/outcomes-framework/>, accessed 18 March 2021

The Initial Commission gathered at a wānanga to reflect on their experience and their understanding of the Mental Health and Wellbeing Commission Act, and Te Tiriti o Waitangi approach. Drawing on these reflections, a set of draft operating values were drawn up for the future. We consider these values to align with our purpose and objectives, helping to shape our way of working and define our success and performance. We have adopted these values for further consideration and development during our establishment phase.

Pono ki te kaupapa	We commit to better and equitable mental health and wellbeing outcomes for people in Aotearoa.
Kanohi kitea	We are seen, visible and accessible to people, whānau and communities.
Tika	We search for the truth and report with accuracy.
Ngākaunui	We conduct our work with empathy and compassion.

We are taking time to develop some more general contextual principles to inform how we work and shape our organisation and capability. In the interim, He Ara Oranga has shaped our work programme and how we intend to work. Some of the key principles expressed in He Ara Oranga and the government response, and reflected in our legislation are:

- Our organisation is grounded in Te Tiriti o Waitangi through our enduring commitment to honour the articles and principles in meaningful partnership with Māori as tangata whenua.
- A commitment to consistently engage with and advocate for people with lived experience of mental distress or addiction (or both) and their support networks, families and whānau.
- A commitment to equity as an expressed priority for Māori as tangata whenua.
- A commitment to equity for Pacific peoples and for all groups and populations who experience relative disadvantage in wellbeing, mental health and addiction outcomes.
- An approach that is holistic and takes a wider view of wellbeing.

These form a starting point for how we work and will continue to be developed as we establish ourselves as a fully independent Crown entity.

Who we work with

Wellbeing incorporates the social determinants of health, such as family and whānau, health and housing. We will work with government agencies in the social and economic

sector to understand work in progress, assess and report on wellbeing outcomes and issues, and to contribute to shape outcomes.

We will seek to develop constructive working relationships with the mental health and addiction sector about their strategies, work programmes, service development and delivery.

We must be able to seek and understand the perspective of people with experience of mental distress or addiction (or both) and the people who support them, and be an advocate. This will involve working closely with the non-government sector, and we will seek to work alongside, and in support of, those who are already in leadership and advocacy roles.

Our relationships and engagement with people and communities are also vital to our role. Key groups are:

- Māori as tangata whenua
- Priority groups and populations, being Pacific people, Rainbow communities, and other groups and populations identified in our legislation (refer Equity).

We expect to work closely with kaupapa Māori organisations, Pacific services and non-government organisations who speak for priority groups and populations.

The background to the establishment of the Commission

We have been created from a desire to improve mental health and wellbeing in Aotearoa and to increase public confidence in the wider mental health and wellbeing system. He Ara Oranga identified system-wide issues within the mental health and addiction sector, including a lack of focus on people's wider social needs and a lack of system leadership.

He Ara Oranga noted that serious mental illness costs about \$12 billion per year in Aotearoa, with some 50 to 80 percent of people experiencing mental distress or addiction challenges during their lives, and high suicide and attempted suicide rates. The wide-reaching impact of these issues sees poor mental wellbeing linked to many other negative outcomes, and borne unevenly, with entrenched inequities for some groups, including Māori, Pacific peoples and Rainbow communities.⁴ He Ara Oranga highlighted the relationship between mental wellbeing and social exclusion and trauma, housing, education, employment, income and healthcare.

The current context in Aotearoa continues to show concerning mental health and wellbeing outcomes and inequity. Some examples:

⁴ Ministry of Health, Regulatory Impact Statement, <https://www.health.govt.nz/system/files/documents/information-release/establishing-a-new-independent-mental-health-and-wellbeing-commission-ria-redacted.pdf>, p9, accessed 18 February 2021.

- Around one in five people will experience mental health and addiction challenges in any given year.⁵
- In 2018/19, 3.8 per cent (186,540) of Aotearoa’s general population accessed mental health and addiction services. In the same period, 6.4 per cent (53,140) of the Māori population accessed mental health and addiction services.⁶
- Mental health disorders in prison populations are disproportionate relative to the general population and especially for Māori. “Mental health disorders and illnesses are believed to be up to five times more prevalent among prisoners”.⁷ As at 30 June 2020, Maori represent 52.3 per cent of the prison population,⁸ despite only accounting for 16.8 per cent of the population.⁹ Eighty per cent of Māori in prison have had contact with mental health services at some point over the last 10 years. For those in prison aged 25 or under, around 90 per cent have had contact with mental health services at some point over their lifetime.¹⁰
- The 2018 review of Veteran Affairs noted that one in six New Zealand Defence Force veterans have long-term mental health and addiction challenges.¹¹
- Rainbow participants in the 2018 New Zealand Health Monitor were more likely to report moderate or severe anxiety, moderate or severe depression, high or very high levels of psychological distress, and having ever experienced mental illness. Fifty-six per cent of Rainbow participants had experienced mental illness in their lifetime compared to 30 per cent for other people.¹²

The Government Inquiry into Mental Health and Addiction was expected to propose the shape and form of a new commission and He Ara Oranga subsequently noted and recommended:

Strong and sustained national leadership is needed to achieve the vision set out in this report, and the system transformation required.

⁵ JD Schaefer, A Caspi, DW Belsky, H Harrington, R Houts, LJ Horwood, A Hussong, S Ramrakha, R Poulton and TE Moffitt. 2017. Enduring mental health: Prevalence and prediction. *Journal of Abnormal Psychology* 126(2): 212-224. DOI: 10.1037/abn0000232

⁶ Monitoring and Advocacy Report of the Mental Health Commissioner 2020, p129. Data sourced from PRIMHD and StatsNZ.

⁷ Ara Poutama Aotearoa Department of Corrections, Working With Offenders, Preventing Suicide and Self Harm. https://www.corrections.govt.nz/working_with_offenders/prison_sentences/managing_offenders/preventing_suicide_and_self_harm, accessed June 2020.

⁸ Ara Poutama Aotearoa Department of Corrections. Prison facts and statistics – June 2020.

⁹ Statistics New Zealand. Based on estimated resident population for 30 June 2019.

¹⁰ Ara Poutama Aotearoa Department of Corrections, Hōkai Rangi Ara Poutama Aotearoa Strategy 2019–2024, p10.

¹¹ Veterans Affairs, The Paterson Report, <https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-programmes/the-paterson-report/>, 2018

¹² Health Promotion Agency, Wellbeing and Mental Health among Rainbow New Zealanders, June 2019

There is a lack of confidence in the leadership of the mental health and addiction sector, which stretches back over many years. There are also key gaps in leadership of the system – particularly around independent and cross-sectoral oversight and support for implementation.

A new Mental Health and Wellbeing Commission should be established to provide system leadership for mental health and addiction, implementation support for system transformation, and independent monitoring and oversight.¹³

The recommendations related to this were accepted (or accepted in principle) by the Government. The overarching vision was to create an organisation with an enduring role to take a whole of system view and maintain long-term pressure on governments and other decision-makers for better and equitable mental health and wellbeing outcomes for people in Aotearoa.

Our objectives and functions are based on an understanding that without a new agency to maintain oversight and pressure, issues may not be kept in focus and addressed, and gaps in leadership and lack of public confidence could persist.

The World Health Organisation identifies advocacy as an important means of raising awareness on mental health issues and ensuring that mental health is on government national agendas. Advocacy can lead to improvements in policy, legislation and service development,¹⁴ which leads to improved mental health and wellbeing. The experience of the first Mental Health Commission, mental health commissions in Australia, Canada and other countries, and the experience of other Commissions in Aotearoa also informed our establishment.

¹³ He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction, 2018, p.197

¹⁴ World Health Organisation, Mental Health Policy and Service Guidance Package, Advocacy for Mental Health, https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf, accessed 30 March 2021.

Operating Context

Our work will be led by our objectives and functions and shaped by our operating context. Some key aspects are described here. Te Tiriti o Waitangi and equity (previously discussed) are both part of our function and part of our context.

Enduring Letter of Expectations

All statutory Crown entities have expectations set through the [Enduring Letter of Expectations](#) from the Minister of Finance and Minister for the Public Service. These outline expectations for workplaces to be safe, diverse and inclusive, make progress to close ethnic or gender pay gaps, and ensure employees have a voice in their workplace, including relationships with relevant unions.

The letter also sets clear expectations for engaging appropriately and often with tangata whenua, pursuing opportunities for partnership, addressing racism, building cultural capability, including knowledge of tikanga Māori, te ao Māori, and New Zealand history, and supporting the revitalisation of te reo Māori.

The enduring letter of expectations has a focus on wellbeing that sits well with the Commission's objectives. All Crown entities are expected to take a whole of government approach, look at intergenerational outcomes, and take a view of success and impacts across a broader set of areas.

Letter of Expectations

The Letter of Expectations is provided from the responsible Minister to the Crown entity to set the direction for the next financial year. The Minister expects us to have an immediate focus on developing and confirming our strategic intentions. We have been asked to be mindful of the Government's wellbeing priority areas of reducing child poverty, tackling climate change, and addressing housing.

He Ara Oranga

He Ara Oranga sets a baseline on issues identified for wellbeing and the mental health and addiction system in Aotearoa and outlines a way forward. He Ara Oranga and the Government response to He Ara Oranga (via the response to the recommendations and Budget 2019 commitment of funding for a programme of work), will inform and shape our work.

Key reports that were developed alongside He Ara Oranga are:

- Oranga Tāngata, Oranga Whānau: A Kaupapa Māori Analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction
- the Mental Health Inquiry Pacific Report: New Visions: Collective Solutions.

Wai 2575

We will closely follow the findings and recommendations of the Waitangi Tribunal Claim Wai 2575 – in particular, Stage two: Mental Health (including suicide and self-harm), tāngata whaikaha (Māori with disabilities), and Alcohol, Tobacco, and Substance Abuse – with the intent of advocating for Government’s uptake and activity on the Tribunal’s recommendations toward increased equity for Māori as tangata whenua.

Whakamaua: Māori Health Action Plan 2020-2025

Our work will be guided by He Korowai Oranga Māori Health Strategy 2014 and by the newly developed Whakamaua, the Ministry of Health’s Māori Health Action Plan 2020-2025.

COVID-19

COVID-19 has increased the urgency to maintain the momentum of He Ara Oranga. It has also shown how rapid, radical, cross-sector collaboration is possible when working for the greater public good. The COVID-19 environment highlighted what we can do when we work together in partnership towards a common vision. This is encouraging as we set out to support transformation of the wellbeing and mental health and addiction system.

Government priorities for wellbeing

The government is committed to lifting living standards for all people in Aotearoa and uses the [Treasury's Living Standards Framework \(LSF\)](#) to support its wellbeing approach, including in the delivery of the first Wellbeing Budget in 2019, and the 2020 Wellbeing Budget. The LSF is a framework using wellbeing data and evidence to inform the Government's policy decisions. It recognises the need for broader framing around what it means to progress as a country and to understand the impacts of current or potential policies.

The Commission has a function to assess and report publicly on wellbeing and will operate within the context of Government wellbeing initiatives, seeking to work collaboratively to avoid overlap and duplication in monitoring functions between agencies. The Commission will look to align with the LSF where possible and respond to reviews and amendment of the LSF.

The Commission will also be mindful of the enduring wellbeing objectives.¹⁵

- Just Transition – Supporting people in Aotearoa in the transition to a climate-resilient, sustainable, and low-emissions economy

¹⁵ Budget 2020, <https://www.treasury.govt.nz/publications/budget-policy-statement/budget-policy-statement-2020-html>, accessed 16 March 2021, and Budget 2021, <https://www.treasury.govt.nz/sites/default/files/2021-05/b21-wellbeing-budget.pdf>, accessed 8 June 2021.

- Future of Work – Enabling all people in Aotearoa to benefit from new technologies and lift productivity through innovation
- Māori and Pacific peoples – Lifting Māori and Pacific incomes, skills and opportunities
- Child Wellbeing – Reducing child poverty and improving child wellbeing
- Physical and Mental Wellbeing – Supporting improved health outcomes for all people in Aotearoa.

Health sector priorities

There are multiple health sector priorities including Whakamaua (refer above), COVID-19 response, mental health and addiction and improving mental wellbeing (including the establishment of the Commission and wider He Ara Oranga response), District Health Board (especially hospital) performance, Smokefree Aotearoa 2025, the PHARMAC review, abortion legislation changes, the End of Life Choice Act 2019, and capital projects.

Health and Disability System Review

The Health and Disability System Review (the Review) made recommendations for a system that is sustainable, well-placed to respond to future needs, and shifts the balance from treatment of illness towards health and wellbeing. In response, changes are being considered by the Government.

The Review called for urgent improvements in making a positive difference in hauora Māori through progressive thinking that addresses systemic racism and discrimination. The advice from the Review aligns closely with the vision, shared values, and priorities of He Ara Oranga. A stronger, systemic focus on Māori health and an increased focus on equity will assist in responding to urgent needs.

Ola Manuia Pacific Health and Wellbeing Action Plan

Ola Manuia objectives in common with the Commission are: achieving equitable health and wellbeing outcomes for Pacific peoples through a collaborative approach that recognises the role of socioeconomic circumstances in health outcomes. Ola Manuia also considers a whole of government approach as important. The priorities of Ola Manuia are:

- strengthening health knowledge and skills of Pacific peoples to support informed choices about their health and wellbeing
- changing the health and disability system to deliver more responsive, more accessible and high-quality services for Pacific peoples' aiga (families)
- strengthening actions with government and across sectors to create an environment that improves health equity for Pacific peoples.

The Commission's Strategic Framework

Mission

Whakawāteatia e tātou he ara oranga, Clearing the pathways to wellbeing for all

Vision

Tū tangata mauri ora, Flourishing together

Outcome 1

Improved mental health and wellbeing outcomes.

Outcome 2

Improved equity for Māori as tangata whenua.
Improved equity for Pacific peoples, other populations who are disproportionately impacted.

Outcome 3

Increased public confidence in mental health and wellbeing systems from additional monitoring and accountability.

Impact 1

Government and non-government decision-makers develop effective policies that contribute to improved mental health and wellbeing.

Impact 2

Service funders and providers design and provide culturally appropriate services and support.

Impact 3

Improved evidence base relating to mental health and wellbeing.

Impact 4

People and businesses in Aotearoa take action to improve their own mental health and wellbeing and that of family, whānau, employees, clients and the wider community.

Strategic Intention 1

Establishment and leadership

Strategic Intention 2

Monitoring and reporting

Strategic Intention 3

Advocacy and engagement

Output Group 1

Establish the Mental Health and Wellbeing Commission. Contribute to the leadership of the cross-government wellbeing system and mental health and addiction sector.

Output Group 2

Adopt and implement a framework to assess and report on wellbeing. Develop, adopt and implement a framework to assess and report on mental health and addiction services. Develop a strategy to give effect to the Commission's assessment, monitoring and reporting roles.

Output Group 3

Develop partnerships with Māori as tangata whenua. Develop relationships and advocate for the interests of priority groups and people with lived experience. Develop strategy to give effect to the Commission's engagement and advocacy role.

The Commission's strategic priorities

We have identified three strategic priorities that will shape our outputs and work programme.

Priority 1: Establishment and leadership

We have an immediate focus on establishment, including staffing the organisation, developing structures, policies and practices, and engagement strategies. We have identified an 18-month establishment phase that takes in the part-year 2020 /21 and our first full financial year of operation 2021 /22. The part year will see more tangible deliverables and outputs. The longer period through the first full financial year, will allow time for us to develop some of our strategy and ways of working with time for staff input and collaboration and consultation with other groups.

Work will begin in the first part of 2021 to develop an organisation strategy, incorporating our values and principles, and developing our strategic priorities and how we will be effective. This work should be completed by the end of the calendar year 2021. It will also address the Commission's priority to ground the Commission in Te Tiriti o Waitangi and partner with Māori as tangata whenua.

We are expected to look at how different system players are carrying out their roles and encourage collaboration and functioning as an integrated system. In this context, we are expected to provide leadership. This will take time to develop.

Over time, we also expect to develop positions on emerging issues and take a public stance where our system oversight role positions us to contribute.

The Ministry of Health has published its approach to developing a strategy for mental health and wellbeing, following on from **Kia Kaha Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan**. The Commission welcomes the development of a plan and the opportunity to contribute.

Priority 1: Establishment and leadership

Outcomes (what we intend to achieve) – we aim to:

- Ensure Māori as tangata whenua are a true partner in the mental health, wellbeing, and addiction system.
- Establish the Commission with all the capabilities to be a system leader, thought leader, and advocate.
- Establish the Commission as an organisation grounded in Te Tiriti o Waitangi.
- Improve collaboration and communication between entities in the mental health and wellbeing system, and between people and entities.

Impact (what success looks like) – we will see:

- The advice of the Commission is considered by tangata whenua to be developed in partnership with tangata whenua.
- The advice of the Commission is valued, trusted, and acted on by leading organisations in mental health, addiction, and wellbeing.
- The Commission is grounded in values of Te Tiriti o Waitangi, equity, the inclusion of lived experience, and taking a holistic view and is perceived as an organisation that walks the talk.

Output (what we will do to achieve this) – we will:

- Develop and implement an approach to grounding our organisation in Te Tiriti o Waitangi.
- Develop an operating model and appoint staff and advisory groups with the right skills and capabilities to meet our objectives and strategic priorities.
- Develop corporate structures, policies and practices to meet statutory Crown entity responsibilities, and enable the Commission to be a values-driven organisation with an organisational culture that aligns with our objectives, functions, and strategic intentions.
- Develop a communications approach to ensure our monitoring, reporting, engagement, and advocacy functions have reach and are accessible to diverse audiences.
- Develop effective relationships with decision-makers and organisations engaged in service delivery in government and non-governmental organisations, and with our responsible Minister and Associate Ministers.
- Actively participate in consultation processes on mental health and wellbeing topics.

Priority 2: Monitoring and reporting

The Initial Commission developed a draft He Ara Oranga wellbeing outcomes framework, comprised of a conceptual framework, an initial set of measures and data gap analysis, as well as work on the He Ara Āwhina service level monitoring framework. The Commission will develop a strategy on assessment, monitoring and reporting using the frameworks, as well as the monitoring work transitioned from the former Mental Health Commissioner.

Priority 2: Monitoring and reporting

Outcomes (what we intend to achieve) – we aim to:

- Ensure te ao Māori perspectives are integral to assessment, monitoring and reporting on the mental health and wellbeing system.
- Effectively assess and report on equity in mental health and wellbeing outcomes for all people in Aotearoa New Zealand.
- Effectively assess and report on mental health and wellbeing outcomes for those who experience mental distress or addictions (or both), and the people including family and whānau who support them.
- Improve public confidence that the mental health and wellbeing system is being monitored and is improving.
- Generate effective thought leadership on improving approaches to mental health, addiction, and wellbeing.

Impact (what success looks like) – we will see:

- Government and non-government decision-makers develop effective strategies and policies that contribute to improved mental health and wellbeing for all with explicit focus on equity for Māori as tangata whenua.
- Service funders and providers designing and providing culturally-appropriate services in partnership with Māori as tangata whenua and priority populations and groups.
- Increased understanding of mental health, addiction, and wellbeing, with people and businesses taking action to improve their own mental health and wellbeing, and that of family, whānau, employees, clients, and the wider community.

Output (what we will do to achieve this) – we will:

- Develop and implement a strategy to give effect to the Commission’s assessment and reporting functions.
- Develop frameworks for assessing wellbeing and for monitoring mental health and addiction services.
- Develop and implement plans for developing a baseline, and ongoing reports in line with the strategy and frameworks.
- Maintain a consistent approach to advocacy for more kaupapa Māori service options for Māori as tangata whenua.

Priority 3: Advocacy and engagement

Advocacy and engagement are deliberately paired. Engagement is a pre-requisite for advocacy – we need to engage effectively with, and understand the perspectives of, those who bear a disproportionate burden of poorer mental health and wellbeing outcomes. We need to bring their voices into decision-making processes and advocate for them; including: Māori as tangata whenua, priority groups and populations, and the collective interests of people who experience mental distress or addiction (or both), and the persons (including family and whānau) who support them.

Priority 3: Advocacy and Engagement

Outcomes (what we intend to achieve) – we aim to:

- Contribute to equity for Māori as tangata whenua.
- Contribute to equity for priority groups and populations.
- Contribute to improved mental health and addiction services and support, and improved outcomes for people with lived experience of mental distress or addiction (or both) and the people including family and whānau who support them.
- Ensure that the people and communities we advocate for feel heard, supported and, in the long term, consider they have an effective advocate.

Impact (what success looks like) – we will see:

- Deliberate priority and inclusion of Māori as tangata whenua through all Commission outputs.
- Inclusion of people with lived experience, and the people who support them, and priority groups and populations, in service design, development and delivery.
- Inclusion is evidenced in service design, development and delivery (e.g. more culturally appropriate services, and better support for culturally-appropriate services, services reflect the inclusion of lived experience and serve people better).

Output (what we will do to achieve this) – we will:

- Develop and implement a strategy to give effect to the Commission's engagement and advocacy function with effective ways of engaging with:
 - Māori as tangata whenua
 - priority groups and populations
 - people who have experienced mental distress or addiction (or both) and their support networks, families and whānau.
- Integrate advocacy into the reports and actions of the Commission.

How the Commission manages its organisational health and capability

The Commission will develop more of its approach to organisational health and capability as part of establishment work. Detail will be reflected in Statement of Performance Expectations documents, in position descriptions, in employment contracts, as well as in policies, procedures, and training programmes offered to all staff.

Te Tiriti o Waitangi capability

We are developing and embedding ways of working to deliver on our commitment to partner with Māori as tangata whenua. These will be underpinned by the involvement of iwi and whānau and Māori community leaders in our work.

Lead Māori role/s will work alongside the Chief Executive, the Board and all staff, to ensure that the Commission develops effective ways of working with Māori as tangata whenua and embed Te Tiriti o Waitangi and equity for Māori as tangata whenua as central to our work.

Our interim framework is the Ministry of Health's Treaty Framework.

Governance

Our Board has a duty to ensure that we meet our Te Tiriti o Waitangi obligations and our objectives and functions in a way that is effective and efficient. This will be carried out in a spirit of public service and collaboration with other public entities, while ensuring prudent financial management.

Our Board is comprised of six members with diverse cultural and demographic backgrounds and work experience. Members have different levels of knowledge, understanding and experience of te ao Māori, tikanga Māori, mātauranga Māori (Māori knowledge) and whānau-centred approaches to wellbeing – for some it is in-depth, based on cultural identity and / or work experience in a te ao Māori setting, others have emerging knowledge based on study and learning.

As a group, the Board have knowledge, experience and understanding that is based on lived experience and experience of addiction, leadership and governance in health sector services, community and academic organisations, government and non-government organisations, medical qualifications and experience, and peer support experience.

Our people

Our people bring skills in leadership and governance, data and policy analysis, communications and engagement, finance, human resources, and office management.

Senior specialist roles support Māori capability and lived experience capability, and this capability, knowledge and experience is considered across staff recruitment and development.

We are developing a good employer approach under the Crown Entities Act 2004 and offer flexible working arrangements, strong learning and development opportunities, and an environment that values and embraces diversity. Flexible working arrangements are about location of work with all staff equipped to work from home, and consideration of part-time work hours, and work hours that fit around family, whānau, and learning commitments.

Our environmental impact

We will develop detailed policy and practice on how to minimise our environmental impact. This will cover our energy, waste in our offices, and travel, including working from home opportunities. This will see a proportion of Board and team meetings held remotely so that travel is used effectively.

Financial management

The Commission is committed to work within our allocated funding while delivering on our legislated functions. Detailed annual funding and expenditure information is provided in our Statements of Performance Expectations. We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020, the Public Finance Act 1989 and applicable Crown entity legislation. A Finance, Audit and Risk Committee has been established and will keep oversight of financial management under the authority of the Board.

Risk management

We are developing a risk management framework to actively manage strategic and capability risks. A risk matrix has been developed and business risks identified. The Finance, Audit and Risk Committee will keep oversight of risks and report to the Board.

At the outset, these following areas are the key risks:

Strategic risk

The Commission has multiple functions and will need to be strategic to direct resources and attention to achieve the greatest impact possible on better and equitable mental health and wellbeing in New Zealand.

In the time it takes to develop a strategy and ways of prioritising, there is a risk of being reactive in directing our focus and missing opportunities to make a difference, or in making a misstep due to not having thought through approaches.

Not having a position statement on Te Tiriti o Waitangi may also lead to missteps in developing relationships with Māori as tangata whenua, including iwi, hapū, whānau, kaupapa Māori providers, people and communities.

Execution risk

This is a high-level risk for any new organisation. It is about whether the new organisation will be able to deliver on its plans, and incorporates immediate risks around:

- recruitment: the ability to fully staff the new organisation
- capability: whether there are resources to deliver on plans and programmes
- start-up: the ability to deliver, while establishing management, governance and administrative systems, and
- expectations: the ability to deliver fast enough to meet expectations.

Profile and priority for mental health and wellbeing

He Ara Oranga and the Government response have provided a high priority for mental health and wellbeing. It may be a challenge to sustain alongside priorities in public health around the COVID-19 threat and response and change under the Health and Disability Review.

Influence risk

This is about whether we can exert influence across the entire system towards collaboration, identify and manage overlap and duplication of effort. The strategic risk is that we are not influential towards collaboration and improvement, and do not have an impact on equity and mental health and wellbeing outcomes in Aotearoa.

Measurement risk

A large part of our work is to influence. The Commission will need to develop a measurement framework that is able to consider influence and how to measure it.

Board members

On 18 December 2020, the Minister of Health announced the appointment of the Chair and five members to the Board of the Commission.



The Inaugural Board of the Mental Health and Wellbeing Commission.

Left to right: Dr Jemaima Tiatia-Seath, Professor Sunny Collings, Kevin Hague, Hayden Wano (Chair), Taimi Allan, and Alexander El Amanni.

Appendix A: Establishment timing and additional background

Establishment timeline

2017: The re-establishment of a Mental Health Commission is supported by the New Zealand Labour Party and New Zealand First, and forms part of the Coalition Agreement.

2018: The Government initiates the Government Inquiry into Mental Health and Addiction. The Inquiry is asked to report on the form and function of a re-established Mental Health Commission. The inquiry reports back in He Ara Oranga: Report of the Government Inquiry in Mental Health and Addiction, 4 December 2018 (He Ara Oranga).

He Ara Oranga recommends that the Government:

- establish an independent Commission to provide leadership and oversight of mental health and addiction in Aotearoa, and recommends the functions of the proposed new organisation
- establish a ministerial advisory committee to undertake priority work while the independent commission is established under legislation.

The Government agrees that both these proposals be a priority in their first response to He Ara Oranga in December 2018 and agrees the steps towards implementation.

2019: The Government provides a complete response to He Ara Oranga in which 38 of 40 of the He Ara Oranga recommendations are accepted, accepted in principle, or agreed to further consideration.

The Mental Health and Wellbeing Commission Bill is introduced in Parliament.

The Initial Mental Health and Wellbeing Commission (Initial Commission) is appointed as a Ministerial Advisory Committee with a five-member Board and a Secretariat based in the Ministry of Health.

2020: The Mental Health and Wellbeing Commission Act 2020 is passed in June 2020 to Commence on 9 February 2021. Board appointments are announced in December 2020.

2021: The Initial Commission role ends on 7 February 2021, and the new Commission is formally started on 9 February 2021.

Initial Mental Health and Wellbeing Commission September 2019 to February 2021

The Initial Commission was a Ministerial Advisory Committee established to begin some of the work of the proposed new Commission, during the time required to prepare, pass and commence the Mental Health and Wellbeing Commission Act 2020.

The Initial Commission was set up as quickly as possible following key Government decisions in response to He Ara Oranga. The first appointments were made in September 2019 and the Initial Commission operated until 7 February 2021, with five Board members, supported by a Secretariat in the Office of the Deputy Director-General, Ministry of Health.

Their work, conducted from late 2019 to February 2021, has provided:

- early reports on progress of the Government's response to He Ara Oranga, an [Interim Report – Upholding the Wero Laid in He Ara Oranga](#), published in June 2020, and [Mā Te Rongo Ake – Through Listening and Hearing](#)¹⁶
- a draft He Ara Oranga wellbeing outcomes and monitoring framework for mental health and wellbeing, with a focus on wellbeing and measuring wellbeing
- He Ara Āwhina, a draft service level monitoring framework for mental health and addiction services, with a focus on the quality of, and service processes for, mental health and addiction services
- a draft work programme and operating model, alongside draft values and an interim approach for a Te Tiriti o Waitangi framework.

The Initial Commission engaged and consulted with government and non-government agencies with a role in mental health and wellbeing to complete their work.

¹⁶ These and additional reports can be accessed online via the Commission website: <https://www.mhwc.govt.nz/the-initial-commission/>.

Office of the Health and Disability Commissioner 2012 to 2021

The position of Mental Health Commissioner was created at the Office of the Health and Disability Commissioner when the former Mental Health Commission was disestablished in 2012. This role is disestablished by the new Mental Health and Wellbeing Commission Act 2020, and the Health and Disability Commissioner's role monitoring mental health and addiction services is transferred to the new Commission.

The Office of the Health and Disability Commissioner will continue to safeguard the rights of individuals under the Code of Health and Disability Services Consumers' Rights. The new Commission and the Health and Disability Commission anticipate a close and collaborative working relationship, formalised through a Letter of Agreement.

Mental Health Commission 1998 to 2012

A New Zealand Mental Health Commission previously operated under the Mental Health Commission Act 1998. Its work included advocacy for the interests of people with mental illness, the promotion of understanding of mental illness and the reduction of stigma. The Commission also monitored a Mental Health Strategy that was revised and updated regularly and facilitated collaboration across the mental health sector. The Act was repealed in 2012 and the Mental Health Commission disestablished.