

Statement of Intent 2022–2026

Updated 2024



Presented to the House of Representatives pursuant to section 149 of the Crown Entities Act 2004.

Published in August 2024 by the Mental Health and Wellbeing Commission.

DX Box SP22502, Wellington, New Zealand



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Board responsibility

This document is the 2022-26 Statement of Intent (SOI) for Te Hiringa Mahara- the Mental Health and Wellbeing Commission as required under the Crown Entities Act 2004. This is the second edition, updated in 2024.

It sets out our strategic direction for the four years ending June 2026 and details how we give effect to the Mental Health and Wellbeing Commission Act 2020.

The SOI provides a four-year outlook on our strategic goals and how we deliver them. The SOI should be read alongside our Statement of Performance Expectations (SPE), which has a one-year view of what we will deliver and how our performance will be assessed.

This SOI has been prepared in accordance with section 149 of the Crown Entities Act 2004.

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent for Te Hiringa Mahara. This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister for Mental Health's expectations of Te Hiringa Mahara.

Signed on the behalf of the Board:



Hayden Wano
Chair
July 2024



Kevin Hague
Deputy Board Chair
July 2024

Updated Foreword from the Chair and Chief Executive, 2024

Two years on from the publication of this SOI, change has continued at pace. We have a new Government and have welcomed a first ever Minister for Mental Health. As a result, we are updating our current SOI to signal the alignment of our existing direction and priorities with those of the new Government, Minister of Health and Minister for Mental Health.

The Minister of Health's overarching vision is ensuring timely access to quality healthcare. He wants to achieve good outcomes for all the people of Aotearoa New Zealand, with a focus on greatest need. Critical enablers for improvement are workforce, targets, and infrastructure. The Minister of Health has established five health targets that will focus on improving how well the whole health system performs.

The Minister for Mental Health has closely related priorities for mental health and addiction. These include increased access, growing the mental health and addiction workforce, and a strengthened focus on prevention and early intervention. The Minister for Mental Health has set five targets for mental health.

The role and functions of Te Hiringa Mahara, and the direction and priorities outlined in this SOI will be strong contributors towards these priorities.

Our leadership, monitoring and advocacy builds understanding of different needs

and drivers for service access and use and actively seeks to support appropriate solutions for a future which can better meet mental health and wellbeing need. Our evidence-based recommendations support the workforce, services and the system to grow and improve.

Our work uniquely places us to look across government at other sectors' contributions to mental health and wellbeing, and to help ensure that the social, economic, cultural and environmental foundations for wellbeing are better understood and can be worked toward.

As we provide this update, we are undertaking a wide stakeholder engagement process to inform a refresh of our strategy that will underpin our next Statement of Intent 2025-29. This update therefore serves to demonstrate the alignment of our current work with the direction of government, in advance of our refreshed strategy and SOI which we expect to have in place by 1 July 2025.



Hayden Wano, Chair
July 2024



Karen Orsborn, Chief Executive
July 2024

An overview of Te Hiringa Mahara

We have been established to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa, through having oversight of the system, advocacy, and monitoring.

We are an independent Crown entity established by the Mental Health and Wellbeing Commission Act 2020 (the Act), as part of the Government's response to He Ara Oranga. The Act was passed in June 2020 and we began our work on 9 February 2021.

Objective of Te Hiringa Mahara

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

Functions of Te Hiringa Mahara

- Assess and report publicly on the mental health and wellbeing of people in Aotearoa
- Assess and report publicly on factors that affect people's mental health and wellbeing
- Assess and report publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- Make recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- Monitor mental health services and addiction services and advocate improvements to those services
- Promote alignment, collaboration, and communication between entities involved in mental health and wellbeing
- Advocate for the collective interests of people who experience mental distress or addiction (or both), and the people (including whānau) who support them

Te Tiriti o Waitangi

The Act makes clear that we must uphold Te Tiriti o Waitangi and that we must take deliberate action to achieve equitable mental health and wellbeing outcomes for Māori. We articulate our commitment to Te Tiriti o Waitangi through our Position Statement and supporting Whakamaua: the Māori Health Action Plan 2020-2025.

Te Tiriti o Waitangi position statement

As part of the strategic refresh, we are currently in the process of refreshing our Te Tiriti o Waitangi position statement. We will release our updated Te Tauāki ki Te Tiriti o Waitangi with our Statement of Intent 2025 – 29.



Te Tauāki ki Te Tiriti o Waitangi

We, Te Hīringa Mahara, recognise Te Tiriti o Waitangi as the legal instrument that allows Government to exercise kāwanatanga in Aotearoa New Zealand.

We acknowledge past failures to uphold Te Tiriti o Waitangi have had a harmful impact on the wellbeing of Māori as tangata whenua, and that alienation and racism have caused trauma. We commit to doing no further harm to Māori as tangata whenua and to being an organisation grounded in Te Tiriti o Waitangi. We support healing and the improvement of Māori mental health and wellbeing.

We will function as authentic partners with tangata whenua through all aspects of our work. We adopt Te Tiriti o Waitangi as the framework to use in regularly measuring and assessing our decisions, actions, and deliverables. Our goals and our way of working translate to each of the articles of Te Tiriti o Waitangi in the following ways.

Ko te Tuatahi - Article One Kāwanatanga

Mana Whakahaere –
Good Governance



We are established to monitor the mental health and wellbeing system of the kāwanatanga or government

We will actively monitor racism and discrimination across all mental health, addiction, and wellbeing services.

We will advocate for approaches and programmes across the system that address racism and discrimination in all its forms when it is identified.

Ko te Tuarua - Article Two Tino Rangatiratanga

Mana Motuhake - Te Iwi
Unique and indigenous



We embrace Mātauranga Māori as an evidence base. We actively support and advocate for more kaupapa Māori choices for whānau accessing mental health, addiction, and wellbeing services.

We support iwi approaches to mental health, addiction, and wellbeing service delivery based on their own mātauranga, pūkenga, and tikanga.

We will advocate for increasing access to rongoā and Māori healing methods across the mental health and wellbeing sector.

Ko te Tuatoru - Article Three Ōritetanga Mana Tangata

Fairness and Justice
Equity for Māori is a priority



We will be courageous in prioritising Māori through affirmative action.

We will challenge systems, structures, and services to address inequity and discrimination

Whakapuakitanga: Kupu Tauāki - Declaration - Ritenga Māori

Mana Māori - Cultural Identity and integrity



We will be explicit in our expectation that all mental health, addiction, and wellbeing services should be culturally competent, and we will actively monitor this. We acknowledge wairuatanga and spirituality as a key contributor to mental wellbeing and inclusiveness. We will advocate for access to traditional healing and treatment methods grounded in te ao Māori and celebrate inclusiveness.

Nōku te Hē - When we get it wrong



Being a Te Tiriti o Waitangi grounded organisation means knowing we will make mistakes, but being committed to learning from these, and making things right. We will collaborate with Māori partners to ensure we:

- correct our mistakes
- learn from our mistakes
- focus on moving forward to achieve shared goals in Māori mental health and wellbeing.



Our vision, mission, and values

Our strategic direction is provided through our vision, supported through our mission, and guided by our values.

Whāinga Tāhuhu (Our Vision) Tū tangata mauri ora – Thriving together

We are future-focused and driven toward real change and enduring improvements.

The head of our Pou Rama shines a light across the horizon. The light comes from the voices of our communities and the collective interests of people with lived experience of mental distress, and/or addiction, including the supportive voices of whānau and friends.

This shining light serves as a guide toward our commitment to the wellbeing of people, whānau and communities.

Whakatakanga (Our Mission) Whakawāteatia e tātou he ara oranga – Clearing pathways to wellbeing for all

We aim to support the pathways to mental health and wellbeing for people, whānau and communities.

Our 'leading from behind' style serves our people, whānau and communities by providing direction, recognising the importance of accessible, compassionate support that enables self-determination and upholds human rights.

We work with purpose and integrity, forging strong links through meaningful engagement, trusted relationships, partnership, and collaboration.

We listen, we advocate, and we make recommendations aimed at supporting people's own pathways to mental health and wellbeing.

At the heart of our Pou Rama, are people, the centre of our mission.

Ngā Uaratanga (Our Values)

The tikanga values of our Pou Rama define our five values as people, the culture of our organisation and how our people act and work:

- **Tūhonotanga:** We are inclusive, connected, and stronger for it.
- **Māia:** We are courageous and speak up about what is important to people.
- **Māramatanga:** We learn by listening, we seek knowledge and use it for good.
- **Tika:** We will be fair and respectful in supporting the pathways to wellbeing.
- **Aroha:** We work with compassion; we care about the work we do and the people of Aotearoa.

Te Hiringa Mahara

Te Hiringa Mahara is kaitiaki of mental health wellbeing in Aotearoa. Our name signifies positive energy, thoughtfulness, encouragement, confidence and strength.

Te Hiringa Mahara inspires and ignites our inquiring and inquisitive minds, illuminating and liberating the potential within.

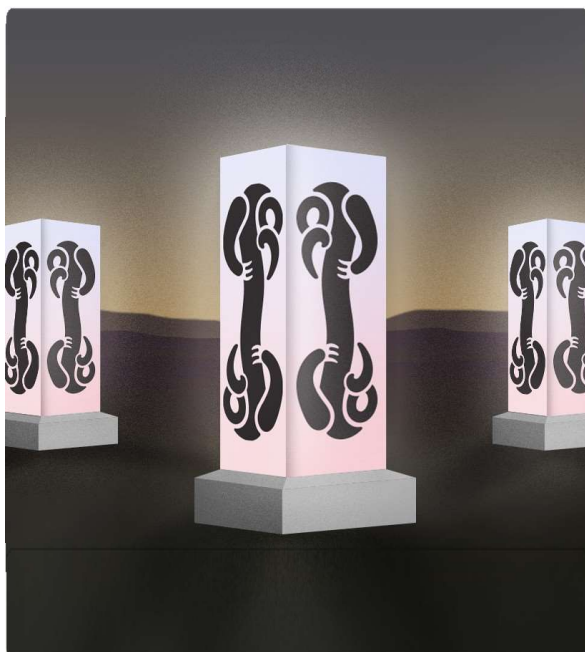
*Te Hiringa Mahara: Te hinengaro tūmata tōruna pai o te whakaaro nui
Igniting minds through positive energy and thoughtfulness*



Te Tohu

The tohu¹ resembles the shape of the Manaia. Like the essence of our name, the Manaia has been a symbol of kaitiakitanga/guardianship to Māori for a very long time.

He whakaaro Māori te Kaitiakitanga - me te mea, ka taea ki te whakauru atu etahi ake o ngā whakaaro ki roto i tēnei ahuatanga.



Te Pou Rama o Te Hiringa Mahara

This is the pou of Te Hiringa Mahara. It is a pou that ignites deep and meaningful thought.

This pou exudes courage, clarity, understanding, connectedness and inclusiveness.

The two manaia that wrap this pou, represent the connection from Te Hiringa Mahara to the people and organisations we connect with.

The permanency of this pou symbolises a stake in the whenua which will not waiver on its values as we go about our mahi as kaitiaki of mental health.

Pou Rama is our collective guide ... lighting the path and guiding the way.

¹ The artistic direction of the tohu was gifted by Tātou artist, Louis Mikaere and conceptualised into the current tohu by Tātou Designer, Eruwhiti Davies.

Whakamauā te pou
Ko te pou hihiri
Ko te pou whakaaro
Ko te pou rama
Ko te Pou Rama o Te Hiringa Mahara
Kia noho tūturu tēnei pou, kia māia, kia tika,
kia mārama, kia tuhono
Kia uwhia te korowai aroha ki runga
i Te Hiringa Mahara
Kia tu tangata mauri ora ngā tāngata katoa
o Aotearoa
Ko te mana o Te Tiriti o Waitangi ka
tiritirihia, ka pou pouā ki a Papatūānuku
Ka noho ōrite te mana o tā te iwi Māori me
ta Te Hiringa Mahara
Hei whakawātea i ngā ara oranga
Kia ea, kia ea, kia whakamauā kia
tīna..... tina!
Tihei Mauri Ora!



This pou will reflect fairness and respect
And envelop Te Hiringa Mahara with love
and compassion
So that the wellbeing of all peoples of
Aotearoa will thrive together
Te Tiriti o Waitangi will be solidly planted in
Papatūānuku
The mana of Iwi Māori and Te Hiringa
Mahara will reflect equity
Together they will clear the pathways to
wellbeing
So that the wellbeing for all peoples will be
achieved
May we be one and united in these
conscious orations
And honour the sneeze of life!

The environment we are working in

This SOI, first published in 2022, and updated in 2024, were both written during times of disruption, challenge, and change.

We operate within a complex and ever-changing environment. Our context includes the direction and requirements of governments, the changing health and disability sector, and mental health, addiction, and wellbeing sector. There are opportunities to embrace, as well as challenges to overcome.

New Government expectations present opportunities that support Te Hiringa Mahara to advance our priorities and fulfil our functions. We welcome the first ever Minister for Mental Health, and the continued influence of the Cross-Party Mental Health and Addictions Wellbeing Group. We embrace the *Code of expectations for health entities' engagement with consumers and whānau*, and expect it to assist the health and mental health and addiction sectors to prioritise lived experience, as we do.

Government's overarching wellbeing objectives

The Government's overarching goals for its term of office, and its wellbeing objectives, are to:

- Build a stronger, more productive economy that lifts real incomes and increases opportunities for New Zealanders.
- Deliver more efficient, effective, and responsive public services to all who need and use them - in particular, to restore law and order and improve health outcomes and educational achievement.
- Get the government's books back in order and restore discipline to public spending.

The Government sees these objectives as the most important contribution it can make to the long-term social, economic, environmental, and cultural wellbeing of New Zealanders. The work of Te Hiringa Mahara supports efficient, effective, and responsive mental health and addiction services for all those who use and need them, making an important contribution to these goals.

Minister for Mental Health a first for Aotearoa

Aotearoa now has its first ever Minister for Mental Health sitting in Cabinet. This dedicated role will bring a clear focus to mental health and addiction, and we are looking forward to tangible action and increased momentum over the coming term of government. The Minister for Mental Health has confirmed key priorities for mental health and addiction, focussed on:

- increase access to mental health and addiction support
- grow the mental health and addiction workforce
- strengthen the focus on prevention and early intervention
- improve the effectiveness of mental health and addiction support.

The Minister for Mental Health has set five targets for mental health:

- **Faster access to specialist mental health and addiction services** – 80% of people accessing specialist mental health and addiction services are seen within 3 weeks.
- **Faster access to primary mental health and addiction services** – 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.
- **Shorter mental health and addiction-related stays in emergency departments** – 95% of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within 6 hours.
- **Increased mental health and addiction workforce development** – train 500 mental health and addiction professionals each year.
- **Strengthened focus on prevention and early intervention** – 25% of mental health and addiction investment is allocated towards prevention and early intervention.

The role of Te Hiringa Mahara is to work where we can add the greatest value, providing an analysis and views on trends and patterns and how these relate to need, and investigating reasons behind these trends to support improvement.

The Minister for Mental Health has highlighted the role that Te Hiringa Mahara is taking within mental health and addictions, working collaboratively and collectively with other agencies and providing analysis and views on data trends and patterns. Te Hiringa Mahara will also continue to advocate for the importance of robust data and continuous improvement. As a part of this role, the Minister also expects Te Hiringa Mahara to provide independent, system-level monitoring of suicide prevention.

Cross-party interest in mental health and wellbeing

Cross-party political interest in mental health and wellbeing continues to be high as distress and addiction are experienced by many people in Aotearoa. The Cross-Party Mental Health and Addictions Wellbeing Group was established in August 2019. The group's remit is to raise awareness of the issues and challenges surrounding mental health in Aotearoa, make recommendations and hold the Government to account over policies around mental health. There is significant support from the Minister for Mental Health for cross-party collaboration.

Government policy expectations on health

While Health New Zealand – Te Whatu Ora (Health New Zealand) is primarily responsible for meeting the expectations set through the Government Policy Statement on Health 2024-2027 (GPS), Te Hiringa Mahara also has an objective, role and functions that align and supports the goals which are being set. The five priority areas for the health system are focussed on access, timeliness, quality, workforce and infrastructure:

- Every person, regardless of where they live in New Zealand, has equitable access to the health care services they need.
- People can access the health care and services they need, when they need it in a prompt and efficient way.
- The health care and services delivered in Aotearoa are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.

- Health workforce should be available and accessible, but also needs to ensure that they are responsive to the range and complexity of health needs, and that the workforce has the development opportunities that they require for productivity and delivering quality care across all populations.
- The health system has the digital and physical infrastructure it needs to meet people's needs now and into the future.

The GPS also identifies five health targets:

- **Faster cancer treatment** – 90% of patients to receive cancer management within 31 days of the decision to treat.
- **Improved immunisation for children** – 95% of children to be fully immunised at 24 months of age.
- **Shorter stays in emergency departments** – 95% of patients to be admitted, discharged, or transferred from an emergency department within six hours.
- **Shorter wait times for first specialist assessment** – 95% of patients to wait less than four months for a first specialist assessment.
- **Shorter wait times for treatment** – 95% of patients to wait less than four months for elective treatment.

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 the following expectations:

- Drive greater value from funding and public assets.
- A clear understanding and accountability for cost drivers and performance against key outcomes.
- Take a continuous improvement approach, incorporating strong evidence and evaluation practices and seeking to improve the efficiency and responsiveness of delivered services.

Kia Manawanui Aotearoa

Kia Manawanui Aotearoa – Long Term Pathway to Mental Wellbeing (Ministry of Health, 2021) (Kia Manawanui), sets out the Government's commitment to a whole-of-government approach to mental wellbeing and sets out a pathway to transform the Aotearoa approach to mental wellbeing. The role of Te Hiringa Mahara is to monitor the implementation of Kia Manawanui Aotearoa and its impact. In 2024, we released our first monitoring report, focusing on the critical enabler, leadership, highlighting progress and challenges

Through our He Ara Oranga wellbeing outcomes framework and He Ara Āwhina monitoring health services framework, we look across the mental health and wellbeing system and challenge it to perform better by building on the roles of existing organisations in the system.

We will continue to monitor mental health and wellbeing system transformation at a national level through Kia Manawanui or any associated new strategy or implementation plan that may result from the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) amendment bill.

WAI2575 – Health Services and Outcomes Kaupapa Inquiry

The Waitangi Tribunal is currently in Stage two (which consists of two parts) of the inquiry into historical claims relating to the health system, specific health services, outcomes, mental health (including suicide and self-harm), and alcohol, tobacco, and substance abuse. We are maintaining a watching brief on the WAI2575 Health Services and Outcomes Kaupapa Inquiry process. An update provided by the Crown Relations team at the Ministry of Health – Manatū Hauora (Ministry of Health) anticipates the Mental Health and Suicide Prevention hearings will begin in 2025.

Whakamaua: Māori Health Action Plan 2020–2025

Whakamaua sets the government’s direction for Māori health advancement. We will contribute to the suite of objectives and priority areas with tangible actions that can be implemented to achieve high-level outcomes that will contribute to Pae Ora (healthy futures) for Māori.

Our ongoing commitment to lived experience

We are committed to being a genuine, courageous and effective advocate for communities with lived experience of mental distress and addiction. In 2022, we published our first ‘Lived experience position statement’¹.

We are currently engaging with stakeholders on updating this position statement as a part of our wider strategic refresh. We expect to publish a refreshed ‘Lived experience position statement’ in 2025.

Code of expectations for health entities’ engagement with consumers and whānau (the Code)

The code of expectations for health entities’ engagement with consumers and whānau (the code) sets the expectations for how health entities must work with consumers, whānau and communities in the planning, design, delivery and evaluation of health services. The Code was launched in late 2022 and is now being monitored by the Ministry of Health. While Te Hiringa Mahara is not legislatively required to follow the code, we recognise its importance for mental health and addiction services, and fully support its principles and intent.

COVID-19 and the after-effects

The COVID-19 pandemic was an extraordinary event that had a significant impact across our health system and society. The impact on people, and the mental health and wellbeing services that support them will be felt for years to come. We will be monitoring the impact of the pandemic and advocating for a system that supports our nation’s collective recovery in a kind, equitable, and inclusive manner.

Health and disability reforms and change

The health system has been undergoing significant reform. Legislation established new leadership entities within the health system, including Health New Zealand, Te Aka Whai Ora - Māori Health Authority (Māori Health Authority), Iwi Māori Partnership Boards and the new Ministry for disabled people. Government change has since seen the disestablishment of

¹ See: <https://www.mhwc.govt.nz/our-work/lived-experience/our-commitments/>

the Māori Health Authority and the wrapping of its roles and accountabilities into the Ministry of Health and Health New Zealand.

The disestablishment of the Māori Health Authority places a greater responsibility on Health New Zealand, the Ministry of Health and others to elevate achieving equitable outcomes for Māori, embedding Māori system and lived experience leadership, and ensuring whānau, hapū, iwi and hapori Māori voice in service design and delivery. Te Hiringa Mahara will continue to prioritise our efforts alongside these key agencies as they respond to their changing roles in achieving our collective goals for a healthier and more resilient society.

The Minister expects Te Hiringa Mahara to provide independent, system-level monitoring of suicide prevention. We are considering our future role in monitoring suicide prevention.

Who we work with

We collaborate with people, organisations and agencies across wellbeing, mental health and addiction, and health systems.

Māori – iwi, hapū and whānau

We are humbled in establishing a partnership based on Te Tiriti o Waitangi and a relationship with Te Atiawa and Ngāti Toa, mana whenua iwi of Te Whanganui ā Tara (Wellington area). Although we are early in our journey to grounding our work in Te Tiriti o Waitangi, we are determined to build authentic partnerships and relationships with Māori – iwi, hapū and whānau. A priority commitment to understanding the needs of Māori, to supporting Māori leadership in advocating for Māori equity, and to advancing improvements in Māori mental health and wellbeing outcomes.

Over the duration of this SOI, we have committed establishing relationships with other iwi.

Tāngata Whaiora

We collaborate with people with experience of mental distress, or addiction (or both) as well as with the people who support them and advocate on their behalf.

Priority populations

The relationships and partnering with priority groups who are most affected by inequity, are important to us. Our positions support them and are based on their voice.

Key groups are Māori as tangata whenua and people who share a common identity, experience or stage in life that increases the risk that they will experience poor mental health and wellbeing such as the groups identified in the Mental Health and

Wellbeing Commission Act 2020.

- Māori
- Pacific peoples
- rainbow communities
- disabled people
- refugees and migrants
- veterans
- prisoners
- young people
- older people
- children experiencing adverse childhood events
- children in state care
- rural communities.

Across government

Wellbeing includes the socio-economic and commercial determinants of health, like whānau connection, health, education, and housing. We work across government agencies in the social and economic sectors to understand work programmes, assess and report on wellbeing issues, and contribute to positive outcomes.

Mental health and addiction sector

We develop constructive relationships with providers in the mental health and addiction sector to support their transformation and to understand their strategies, work programmes, and service development and delivery.

Our core roles in the system

‘The role of independent oversight of the entire system by a powerful Commission is an important and missing piece of the puzzle.’²

System leader

We provide system leadership for mental health and wellbeing. Our role involves thought leadership based on sound research and our understanding of needs and system performance. We encourage collaboration within the system to respond to inequity. We develop positions on emerging issues and take a public stance on important issues.

Advocacy

The goal of our advocacy is to facilitate transformation of wellbeing, mental health and addiction systems by:

- raising awareness about critical issues.
- giving voice to those affected and particularly those adversely affected by the system.
- generating public conversation on important matters concerning mental health policy, services, and care.
- surfacing vital information or viewpoints that can broaden the public conversation.
- advocating for a fairer mental health, alcohol and other drugs, and gambling policy.
- producing new perspectives, information, and analysis to inform the public conversation.

Monitoring

Our legislation gives us an important role to independently monitor the wellbeing, mental health, and addiction systems.

We are refining our strategy for monitoring, using a two-part outcomes and monitoring framework.

- The He Ara Oranga wellbeing outcomes and monitoring framework for mental health and wellbeing has a focus on wellbeing and measures of wellbeing.
- The He Ara Āwhina monitoring framework for the mental health and addiction system has a focus on the quality of mental health and addiction services and approaches.

These frameworks enable us to consider wellbeing, without losing sight of the need for improvement in mental health and addiction services.

² He Ara Oranga, page 199

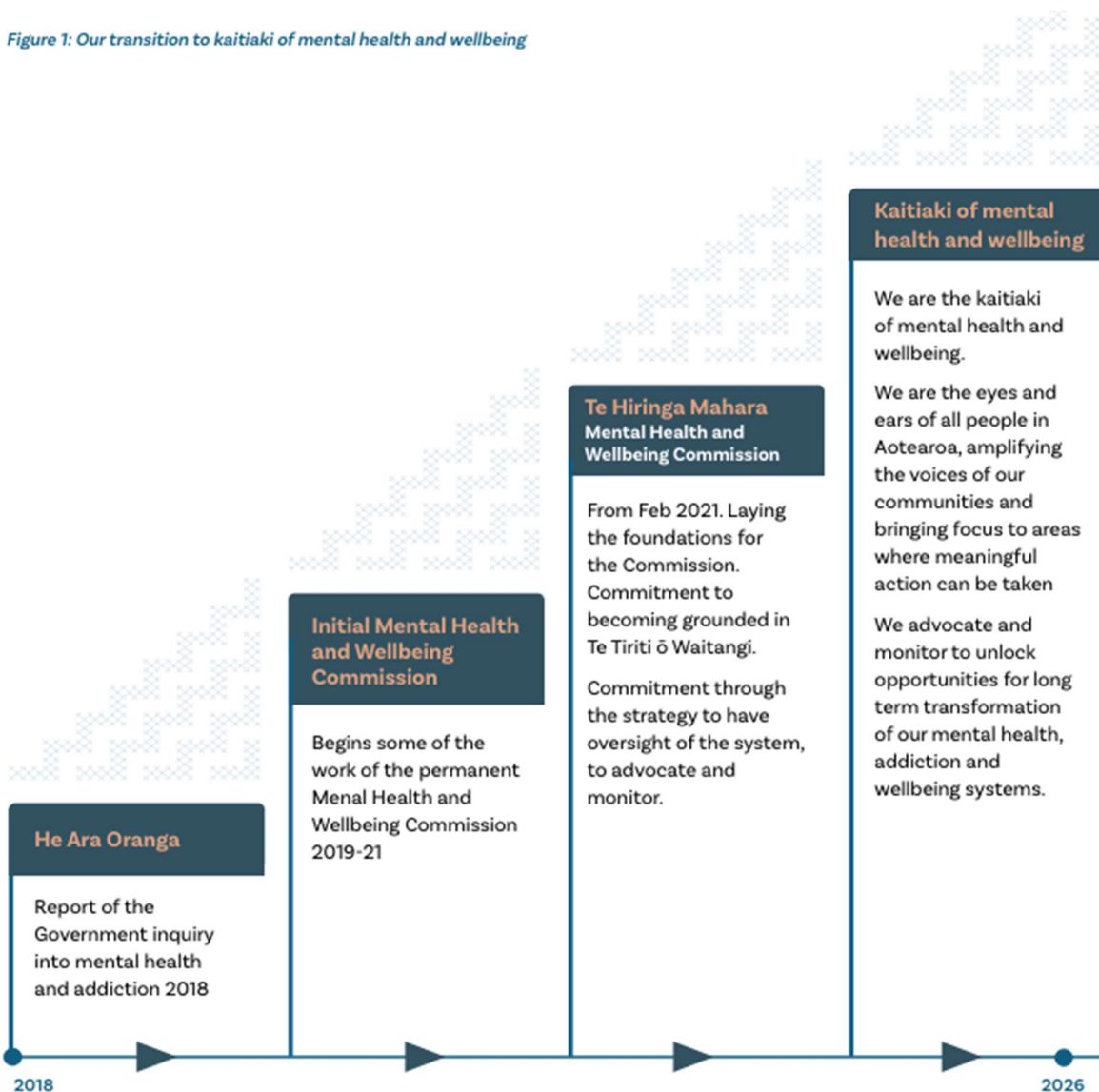
Our aspirations for the future

To effectively serve all people in Aotearoa, we need to be clear about who we are and who we aspire to be.

We want people to see us as kaitiaki of mental health and wellbeing, serving all people in Aotearoa. We are developing as a newly established entity. We must grow trust, relationships, and credibility across the system so that we can have a positive and enduring impact on people's lives and their wellbeing.

Established as a result of He Ara Oranga, we are well positioned to evolve into kaitiaki of mental health and wellbeing (Figure 1). Throughout this journey, we will continually strive for improved mental health and wellbeing for all.

Figure 1: Our transition to kaitiaki of mental health and wellbeing

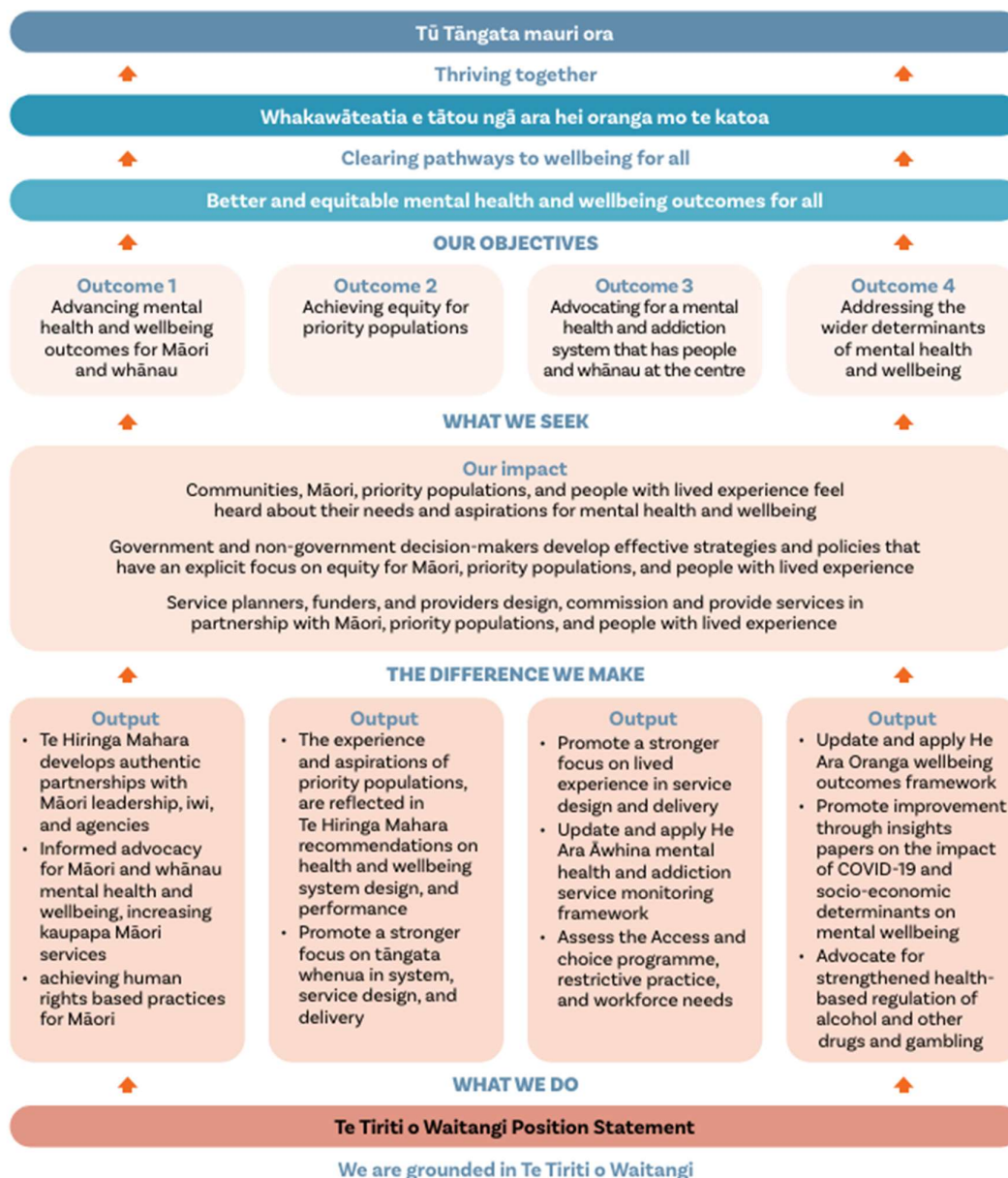


How our actions deliver on our vision

We translate our enduring priorities into action via our strategic framework, which guides how we develop, deliver, and monitor our work programme.

Our strategic framework aligns well with the Government’s overall vision for health in Aotearoa, supporting ‘timely access to quality health care’ within mental health and addiction services.

Our strategic framework reflects Government’s health priorities for Māori and for mental health and addiction – increasing timely access to mental health and addiction services, growing the mental health and addiction workforce, and strengthening the system’s focus on prevention and early intervention.



Enduring priorities will guide us

We have four enduring priorities. They provide us with the longer-term view to keep us focused and pushing boundaries in our work and action. Everything on our work plan will connect to one or more of these enduring priorities.

Figure 2: The Commission's enduring priorities



Our enduring priorities are connected. Together they represent a collective whole, so that the whole is greater than the sum of each part. Like individual harakeke (flax leaves) woven together to form a whāriki, our goals interconnect, overlap, and form a collective strength that is resilient and enduring.

Advancing mental health and wellbeing outcomes for Māori and whānau

Our first enduring priority is to focus the system on **“advancing mental health and wellbeing outcomes for Māori and whānau.”**

This priority is important because the entrenched systemic inequities Māori experience, have impacted on their mental health and wellbeing outcomes. We are committed to improving intergenerational wellbeing of our whānau by working in close partnerships with Māori. He Ara Oranga identified the need for a commitment to equity as an expressed priority for Māori.

Colonisation, racism, and discrimination have negatively impacted Māori for generations. A significant and sustained focus is needed to improve outcomes.

We are reinforcing the contribution of our work to uphold Te Tiriti and the alignment with He Korowai Oranga and Whakamaua – Māori Health Action Plan.

The establishment of Iwi Māori Partnership Boards provides an opportunity to improve service access, design, and delivery for Māori. We look forward to collaborating and partnering with the IMPBs on improving health and wellbeing outcomes for Māori and whānau.

Framework for action

We have developed a three-year work plan to improve relationships with, and strengthen the influence of Māori leaders and agencies, iwi, hapū, and whānau. As part of that plan, we monitor and advocate for the expansion of kaupapa Māori services.

The difference we make (Impact)

- The voices of Māori, iwi, hapū and whānau will be heard
- Government and non-government decision-makers reflect the Māori worldviews in mental health and wellbeing approaches (including system learning and learning from those with lived experience) to drive change.
- Service funders and providers design, commission, and provide services in partnership with Māori.

What we do (Outputs)

- We develop authentic partnerships with Māori leadership, iwi, hapū and whānau Māori.
- We deliver informed advocacy for Māori and whānau mental health and wellbeing, including advocacy for:
 - » increasing kaupapa Māori services
 - » focusing on restrictive practices and achieving human rights-based practices for Māori.

How we know (Measures)

- We monitor outcomes using te ao Māori layer of the He Ara Oranga outcomes framework.
- Regular assessments identify how service commissioners and providers are taking up Māori worldviews of mental health and wellbeing.
- Research and published reports provide insight on identified issues impacting on Māori wellbeing, cultural safety, and service responses.

What we will see (Outcomes)

We will know we are making progress when we see positive change for Māori across the mental health and wellbeing system, including the following:

- Legal, human, cultural, and other rights of whānau are protected, privileged, and actioned.
- Rights are in line with Te Tiriti o Waitangi and te ao Māori, which includes application of tikanga tuku iho. Māori exercise authority and make decisions about how to flourish. Tino rangatiratanga is expressed in many self-determined ways.
- Whānau are culturally strong and proud – whānau flourish through the practical expression of ritenga Māori, tikanga Māori, and mātauranga Māori.
- Whānau flourish in environments of arohatanga and manaakitanga.
- Whānau needs are met, and unfair and unjust differences are eliminated.

Achieving equity for priority populations

Our second enduring priority is to focus the system on

“Achieving equity for priority populations”.

This priority is important because some populations have shared experiences of persistent disadvantage and poorer wellbeing outcomes. These populations need our attention and focus.

Within these populations sit the collective interests of people with lived experience, and the people including whānau who support them.

- Māori
- Pacific peoples
- Refugees and migrants
- Rainbow communities
- Rural communities
- Disabled people
- Veterans
- Prisoners
- Young people
- Older people
- Children experience adverse childhood events, and
- Children in State care.

Existing services do not meet the needs of these populations well because of the way services are designed and delivered. The needs of priority populations must be at the centre of services that support them. We need to identify the underlying factors that lead to poorer wellbeing outcomes for our priority populations.

The Ministry of Health’s definition of equity will guide us in our work. In Aotearoa, 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.

Framework for action

We have developed a three-year work plan that will enhance relationships with priority populations and reflect their voices in our knowledge of system design and response. This work will include developing priority population insight reports.

The difference we make (Impact)

- Priority populations and their whānau are actively involved in system design and service delivery design.
- Government and non-governmental decision-makers develop effective strategies and policies that have an explicit focus on equity for priority populations.
- Physical health improves for people with lived experience.

What we do (Outputs)

- We engage with priority populations to inform reviews, insights, and submissions on legislation and policy.
- Our recommendations on the design and performance of the health and wellbeing system reflect the experience and aspirations of priority populations.
- We partner with people who experience mental distress, substance, and gambling harm, and engage with supporters, including whanau, to support our advocacy approach.

How we know (Measures)

- We monitor outcomes using He Ara Oranga and He Ara Āwhina frameworks.
- Regular assessments identify how service commissioners and providers are reflecting the aspirations and needs of priority populations.
- Research and published reports provide insights on the perspectives of priority populations and inform our recommendations.

What we will see (Outcomes)

We will know we are making progress when we see positive change for priority populations across the mental health, wellbeing, and addiction systems, including the following:

- All people are valued for who they are and are free to express their unique identities.
- People can fully participate in their communities and broader society, and live free from all forms of racism, stigma, and discrimination.
- There is increased awareness of the need to improve the physical health of people with lived experience, as well as more action to meet this need.

Advocating for a mental health and addiction system that has people and whānau at the centre

Our third enduring priority is focusing the system on **“advocating for a mental health and addiction system that has whānau at the centre”**.

This priority is important to support a mental health and addiction system that is more responsive to those who experience mental distress, substance harm or addictions. He Ara Oranga, the Government Inquiry into Mental Health and Addiction, included a range of recommendations to transform the system, many of which are yet to be implemented. We continue

to monitor progress on implementation of He Ara Oranga recommendations and

advocate for and provide leadership to support the transformation.

He Ara Āwhina monitoring framework

We have legislative functions to assess approaches to mental health and wellbeing; and to monitor mental health and addiction services, advocating for improvement. He Ara Āwhina (Pathways to support) monitoring framework builds a shared language about the transformation we want to see in the mental health and addiction system, including services. These are supported by methods and measures for assessing performance. He Ara Āwhina will help us understand how well our mental health and addiction system is responding to the experiences, needs and aspirations of tāngata whaiora and whānau.

Privileging the voices of tāngata whaiora and whānau who experience mental distress or addiction (or both)

We give priority to the voices of tāngata whaiora and whānau. We reflect their experiences in our work to influence legislative changes such as repealing the Mental Health Act, and to monitor and report on services. We also assess and report on the lived experience workforce in order to determine whether any progress towards He Ara Oranga recommendations to “Place people the centre” is happening.

Progress report on the implementation of the Access and Choice programme

We monitor progress on the implementation of the Access and Choice programme, with a particular focus on the progress for kaupapa Māori, Pacific, and youth services. We assess progress on the workforce and report on the workforce development investment.

Framework for action

We have developed a three-year work plan in which we will use He Ara Āwhina (pathways to support) framework for monitoring the mental health and addiction system and services, which we will continue to improve. We work to ensure that services fully uphold rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments, and that we identify and address issues of racism and discrimination.

The difference we make (Impact)

- The voices of tāngata whaiora and whānau are heard.
- Tāngata whaiora and whānau are actively involved in system design and service delivery.
- A shared goal for system and service transformation supports collaboration and collective action.

What we do (Outputs)

- Apply and improve He Ara Āwhina mental health and addiction service monitoring framework.
- Promote a stronger focus on lived experience in service design and delivery.
- Assess and report on:
 - » access to and choice of services and supports
 - » coercive and restrictive practice
 - » workforce needs.

How we know (Measures)

- Outcomes are monitored using He Ara Āwhina framework.
- Assessments identify progress with how service commissioners and providers are involving people with lived experience in service design and delivery.
- Published reports provide insight on, and recommendations for, key mental health and addiction services and enablers.

What we will see (Outcomes)

We will know we are making progress when we see positive change for tāngata whaiora and whānau, and a commitment to Te Tiriti o Waitangi that upholds equity. This will happen across the mental health and wellbeing system, including the following:

- People have the support and resources needed to maintain their health across their life course, and experience equity of health.
- People feel safe and secure and are free from harm and trauma.
- All people have their rights fully realised and are treated with dignity.
- Mental health and addiction services fully uphold rights framed by Te Tiriti o Waitangi, other New Zealand law, and international commitments.
- Human rights-based practice replaces compulsory assessment and treatment.

Addressing the wider determinants of mental health and wellbeing

Our fourth enduring priority is to focus the system on **“addressing the wider determinants of mental health and wellbeing”** .

This priority is important because many factors contribute to good mental health and wellbeing including social, economic and commercial context, education, community links and cultural connections. Improving these wider determinants must be a focus if we are to achieve a significant and sustained lift in mental health and wellbeing.

The relationships between determinants and how they impact people’s lives are complex. For this reason, they need our dedicated attention, and people, organisations, and communities need to

collaborate to gather insights and advocate for change. From policy design to frontline delivery, mental health and wellbeing are everyone’s business. We make use of information, resources, opportunities, and connections to prompt cross-government action and enable communities to advocate for the changes they need.

Framework for action

We have developed a three-year work plan to improve cross-agency relationships, so that a wide range of sectors and agencies are using He Ara Oranga wellbeing outcomes framework to influence and improve the determinants of wellbeing.

The difference we make (Impact)

- The voices of communities will be heard.
- Government decision-makers develop effective strategies and policies that have an explicit focus on addressing the broader view of social, economic and commercial determinants of mental health and wellbeing.

What we do (Outputs)

- Promote improvements through insights reports on:
 - » how outcomes are applied using He Ara Oranga wellbeing outcomes framework
 - » the impact of COVID-19 and both the socio-economic and commercial determinants on mental wellbeing
 - » the relationship between employment and mental health.
- Advocate for strengthened health-based regulation of alcohol and other drugs and gambling.

How we know (Measures)

- We monitor outcomes using He Ara Oranga Outcomes Framework.
- Assessments identify progress with how government organisations are reflecting on the broader socio-economic and commercial determinants of mental health and wellbeing in policies, strategies, and funding decisions.
- Published reports provide insight on, and recommendations for, improving the determinants of mental health and wellbeing.

What we will see (Outcomes)

We will know we are making progress when we see positive change for the determinants of mental health and wellbeing, including the following:

- Whānau and communities have the resources they need to flourish. This includes (among other things) having enough money, financial security, access to healthy food, healthy and stable homes, safe physical activity, lifelong

learning, creative outlets, and time for leisure, including play for children.

- Whānau live in, learn in, work in, play in and visit safe and inclusive places.
- Whānau and communities have a sense of purpose and are hopeful about the future.
- Whānau are connected to communities in ways that feel purposeful and respectful.
- Whānau are meaningfully connected to their culture, language, beliefs, and religion and/or spirituality, and can express important cultural values and norms.

Capacity and corporate functions

We continually improve the systems, processes, connections, and people to deliver on our core role and functions and achieve our goals

Our people

We ensure our people have the skills, abilities, and values they need to carry out the role and functions of Te Hiringa Mahara as this SOI outlines. We work to ensure our team is capable, diverse, inclusive, and representative of the communities we serve. Our workplace is fair and equitable with a commitment to help employees close gender, Māori, Pacific, and ethnic pay gaps, creating a fairer workplace for all. We have identified critical capabilities that we must establish throughout the organisation.

Our critical capabilities

Knowledge of **Te Tiriti o Waitangi** and the impacts of colonisation; capability in te Reo and tikanga.

The ability **to authentically engage** with people who hold diverse perspectives, develop high trust relationships and seek alignment.

Expert knowledge of lived experience frameworks and how they relate to recovery and wellbeing.

The ability to **communicate** our **actions**, findings and recommendations

– **supporting communities to advocate for their own needs.**

The ability to **access and combine information** from a wide range of sources, interpret this information from a strategic perspective, and draw conclusions.

Capability **to influence the mental health and wellbeing agenda** is based on robust knowledge, credibility and relationships.

Expert knowledge of the impact of racism and discrimination, wider determinants, and mental health and addiction services.

Maintaining our **independence** by being neutral and acting with **integrity and objectivity.**

Our capability to engage

We develop the capability to build meaningful and authentic relationships with diverse groups of people across communities and government agencies.

We are developing the skills to engage with iwi, hapū and whānau. A priority is for all Te Hiringa Mahara staff to develop individual capabilities as defined in

Te Arawhiti Māori Crown Relations Capability Framework.

We continually improve the connections and capacity to maintain and nurture our partnership with people with lived experience of mental distress or substance harm or gambling harm (or a combination of these experiences) to allow us to be an effective and credible advocate. We are strengthening our capacity to engage with diverse communities of interest, including our priority populations, and with a range of government agencies and institutions.

Systems and processes

We work to continue to develop and strengthen the systems and processes to maintain the professionalism required of an independent Crown entity with a role of monitoring and reporting on the performance of government services.

Support systems operate efficiently. We use technology effectively and outsource some corporate support services, such as legal, human resources and information services.

Measuring

We develop monitoring and measurement frameworks that will be meaningful for tāngata whaiora, priority populations whose voices we amplify, government agencies, and providers we seek to influence including the communities we serve. Our measures track:

- progress towards equity and improvement.
- our own performance in delivering on our role and commitments.

Finances

We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020, the Public Finance Act 1989, and the Crown entity legislation that applies to us.

We prioritise our activities and apply resources to match programme activity.

Compliance

Through our governance, operational, and business rules, we meet our good employer requirements and obligations under the Public Finance Act 1989, the Public Records Act 2005, the Public Service Act 2020, the Health, and Safety at Work Act 2015, the Crown Entities Act 2004 and other Crown entity legislation that applies to us.

We continue to comply with all legislative requirements. Wherever possible, we act proactively by putting processes in place to address any issues that arise.

We maintain appropriate governance structures and systems to meet our sustainability and environmental impact obligations.

Risk management

We maintain a formal, mature risk management process. These processes ensure risk management has a positive impact on everything we represent and do. Risks are continuously identified, assessed and responded to such that the resultant information becomes a key part in all our operational, strategic and financial decision making. Risk management is used as an underlying component in all our activities, helping ensure we remain efficient and strongly effective. All staff are aware of the process for identifying and managing risk. The Board, Chief Executive, and senior management, identify strategic and operational risks in consultation with their teams. Risk management is a standing agenda item at each Board meeting.

Governance

The Governor-General appoints Board members of Te Hīringa Mahara following recommendations made by the Minister of Health. The Board provides guidance and stewardship to Te Hīringa Mahara on its strategy and delivery of its work programme.

Two sub-committees have been created to support the Board's work:

- the Finance, Audit and Risk Committee, and
- the Appointments and Remuneration Committee.

Our Finance, Audit and Risk Committee provides independent assurance and assistance to the Board on our financial statements and the adequacy of systems of internal controls.

Our Appointments and Remuneration Committee provides advice on senior management appointments and remuneration policy and strategy, recruitment appointment and remuneration of the Chief Executive.

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Glossary

Kupu Māori	Meaning
Kāwanatanga	The term 'kāwanatanga' comes from the English word 'governor'. In modern times, it is taken to mean government.
Mana Motuhake	Māori self-determination, or tribal governance, more simply, autonomy over one's own affairs and destiny.
Mana Whakahaere	The authority, mandate, and power to exercise rights and responsibilities over themselves as people, or things to which they have a connection - For example, water, the environment.
Mana Māori	Enabling ritenga Māori which are framed by te ao Māori, enacted through tikanga Māori and contained within mātauranga Māori.
Mana tangata	Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
Māori as tangata whenua	Normally used to emphasise that Māori are not just New Zealanders but indigenous and Te Tiriti o Waitangi partners.
Mātauranga Māori	Māori knowledge. It encompasses traditional concepts of knowledge and knowing passed down from Māori ancestors through all sort of means - e.g., storytelling, song, carving, tāmoko, etc. However, all knowledge grows and develops. Hence, Mātauranga Māori also refers to the application of traditional knowledge to new contexts.
Nōku te hē	A common phrase in te reo Māori today, which is a translation of the phrase, 'That's my bad!'
Ōritetanga	Equality and equal opportunity for Māori.
Pou tikanga	In this sense 'pou' means 'post' or 'pillar', and is used metaphorically to describe the tikanga arm of the Iwi Leaders Group's organisation.
Pūkenga	Skills, knowledge, expertise within a field.
Ritenga Māori	As it appears in Te Tiriti o Waitangi (Māori version), customary practice. More recently, it also means religious and spiritual practices.
Rongoā	Traditional Māori medicines, treatment, remedies, and healing methods.
Tāngata Whaiora	One who is seeking wellness. Referring to people who have lived experiences of mental illness and are seeking wellness or one's recovery.
Te ao Māori	The Māori world or the Māori worldview. It encompasses everything from tikanga Māori, to wairuatanga, from traditional forms of mātauranga Māori to more modern concepts.
Te Tiriti o Waitangi	In English, The Treaty of Waitangi. There are two versions of this document - one in English and the other in te reo Māori. When you talk about Te Tiriti o Waitangi, you are referencing the Māori version.
Tikanga Māori	Customs, process, habits, lore, and traditional values within a Māori context.
Tino rangatiratanga	Appears in Te Tiriti o Waitangi article 2 (Māori version). Often used to refer to absolute sovereignty for Māori.
Wairuatanga	Spirituality, or the act of expressing one's spirituality. Wairua refers to the spirit or soul of a person that exists beyond death.



**Te Hīringa
Mahara**

Mental Health and
Wellbeing Commission

Te Kāwanatanga o Aotearoa
New Zealand Government