

# He Ara Āwhina

## Pathways to Support framework

Summary of consultation for the Shared Perspective

July 2022

# Acknowledgements

E koekoe te tūi, e ketekete e kākā, e kūkū te kererū

(the tūi squawks, the kākā chatters, the kererū coos)

It has taken all kinds of people to bring together the He Ara Āwhina (Pathways to Support) framework. We honour and acknowledge those who have offered their advice, expertise, and lived experience to support and shape this mahi (work).

We are grateful to the members of our Expert Advisory Group - Ben Birks Ang, Dean Rangihuna, Hine Moeke-Murray, Ian Soosay, Julia Ioane, Kelly Feng, Leilani Maraku, MahMah Timoteo, Mary O'Hagan, Nina Scott, Peter Adams, Ross Phillips, and in particular Sharon Shea who chaired this group.

Tini whetū ki te rangi, he iti te pōkēao ka ngaro (a small cloud overhead will obscure the stars) – a small group can overcome the multitudes and overcome a myriad of difficulties. Thank you for your feedback, input, and views that shaped the content of the framework.

Most importantly, we want to thank the communities, whānau, tāngata whaiora, and people of Aotearoa New Zealand for whose voices we have tried to capture – particularly those whose voices are not heard, and whose needs are not met. Thank you for opening your hearts and giving your time and whakaaro (thoughts) towards this mahi.

## Contents

Acknowledgements.....	2
Our development journey.....	4
What we heard and how this changed the framework.....	6
How are we using the feedback?.....	20
What next? .....	21
References.....	23
Appendix 1.....	24
Appendix 2.....	25

# Our development journey

## He Ara Āwhina (Pathways to Support) framework

Te Hiringa Mahara (the Mental Health and Wellbeing Commission) was established as one of the recommendations of [He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) (Government Inquiry into Mental Health and Addiction, 2018). A core function of Te Hiringa Mahara is to monitor and report on mental health services and addiction services, and advocate for improvements to those services. This function was transferred from the former Mental Health Commissioner to Te Hiringa Mahara on 9 February 2021 by the [Mental Health and Wellbeing Commission Act 2020](#).

Mahi on [He Ara Āwhina](#) began with the Initial Mental Health and Wellbeing Commission working on the [co-define phase](#) in consultation with communities between October 2020 and February 2021. During the co-define phase we sought community feedback on why we should monitor mental health services and addiction services, what we should include in our monitoring approach, and how we should go about our monitoring mahi.

People told us:

- **Support starts and continues with people and communities, not services.** The former Mental Health Commissioner's framework was viewed as too narrow but was something we could refine and build on.
- **The voices of Māori and tāngata whaiora (people seeking wellness through the mental health system) are crucial** in assessing whether services, and approaches to wellbeing, are meeting the needs of people and communities.
- **There needs to be a shared view of what 'good' or transformative services and supports look like** so we can monitor and assess performance and contribute to wellbeing outcomes.

## Co-development phase March 2021 to June 2022

After the co-define phase, an [expert advisory group](#) (EAG) was established and began their mahi in September 2021, sharing expertise and perspectives to develop the framework.

Within the EAG, a Māori advisory roopū (group) was established to lead the development of the Te Ao Māori perspective for the framework.

Advice from the EAG, lived experience focus groups (from Māori, youth, mental health, addiction, and gambling harm perspectives), targeted discussion, and hui with Māori helped us develop the draft version of He Ara Āwhina.

This draft version of He Ara Āwhina went out to the public for consultation for a duration of six weeks (from 8 March to 19 April 2022). Te Hiringa Mahara provided many ways for people to provide feedback, supporting a consultation process that was accessible to everyone, ensuring our priority population groups (Māori, Pacific people, former refugees, migrants, rainbow communities, disabled people, rural communities, veterans, prisoners, older people, young people, children in state care, and children experiencing adverse events) as well as tāngata whaiora, whānau, and people who support them could have their say.

The consultation asked three main questions:

1. Does He Ara Āwhina reflect your hopes for a mental health and addiction system?
2. Is He Ara Āwhina missing anything that is important to you?
3. Is there anything else you want us to know about how we should monitor services and system transformation?

During our public consultation process we received more than 260 submissions across all priority population groups. Through a dedicated Māori engagement team, we achieved strong input by Māori, including tāngata whaiora, whānau, and Kaupapa Māori supports and services.

Te Hiringa Mahara published the final version of He Ara Āwhina on 30 June 2022. The next step is to continue mahi on the methods and measures to assess and monitor progress.

This document summarises what we heard from everyone - tāngata whaiora, whānau, and their supports, people providing mental health or addiction supports and services, and policy makers or commissioners of services. There are three other summary reports that include what we heard from Māori, people with lived experience, and people who work in, support whānau with, or personally experience alcohol or other drug harm, gambling harm or addiction.

# What we heard and how this changed the framework

## General comments about He Ara Āwhina

We received a substantial amount of feedback during the six-week consultation process. From more than 260 submissions, most people felt hopeful when engaging with the framework.

Whānau and tāngata whaiora were appreciative of the first-person narrative, feeling that they saw themselves within He Ara Āwhina.

I like how the statements are worded in the 1st person which brings it to life for me – it's more genuine. (Consumer advisor network)

We also received positive feedback on the two perspectives, particularly in our prioritisation for Te Ao Māori.

So ambitious – love it. Never before in the history of Aotearoa has this happened [seeing Te Ao Māori and shared perspectives for the monitoring approach]. (Consumer advisor network)

Having a dual-layered aspect of the framework is important because it upholds Te Tiriti o Waitangi and its principles and ensures an ongoing commitment to cultural responsiveness and equity for Māori. (Charitable trust)

Although appreciative of the two perspectives, we received feedback on the structure of the framework, asking for a clearer distinction between the Te Ao Māori perspective and Shared perspective. People also asked that critical principles or definitions are not confined to a footnote at the bottom of the framework and favoured the use of plain language. Adding visual elements, having concise statements, and a summarised version was suggested.

...A glossary of terms and supporting graphic design elements could help to build a clear and consistent vocabulary that is easy to use and understand... (Non-government organisation)

In response to this feedback, Te Hiringa Mahara have created a [summary version of He Ara Āwhina](#) and included a visual element for this document. There is also a [Guide to language in He Ara Āwhina](#) to assist with language and terminology. These sit alongside the full version of [He Ara Āwhina \(Pathways to Support\) framework](#).

## Scope of framework

People endorsed the wide scope of the framework, however, there were recommendations to have more explicit mention of mental wellbeing promotion and prevention, resources, mental health and addiction services, timeliness, whānau and community authority, and varied models of support. Further details of how we incorporated this feedback into the framework can be found below.

People raised concerns about the challenges of measuring wider social, economic, environmental, and cultural determinants, that sit outside of the mental health and addictions sector, particularly those within justice, education, and the wider health system.

In He Ara Āwhina, under the 'Effectiveness' domain, we have linked the [He Ara Oranga wellbeing outcomes framework \(He Ara Oranga\)](#). This framework was developed by the Initial Mental Health and Wellbeing Commission and describes what ideal wellbeing looks like for all people and whānau in Aotearoa and measures many of the social determinants of health. He Ara Oranga and He Ara Āwhina are partner frameworks and designed to work together. As a result of the feedback received through the public consultation, we have developed a document that explains [how the two frameworks work together](#).

## The goal for He Ara Āwhina

People liked the use of 'whānau dynamic' but believed it needed to be explained further. Our challenge was to balance this need for further explanation with other peoples' desire for 'less words' in the framework. In response, we have published a [Guide to language in He Ara Āwhina](#) to accompany He Ara Āwhina to provide further clarity around what is meant by 'whānau dynamic' and explain some of the other terms in the framework.

Also, feedback raised during engagement with Māori was that in the goal, it needed to be clear that whānau lead their own wellbeing and recovery journey. The second line of the goal was reframed to bring the aspirational 'we lead our wellbeing and recovery' to the fore.

## Visibility of population groups

We received feedback from whānau, tāngata whaiora, and representatives from a variety of different organisations and communities who thought a more targeted approach was needed to meet the needs of the priority population groups mentioned in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (Government Inquiry into Mental Health and Addiction, 2018). Most commonly people wanted more visibility within the framework to support those who have been disadvantaged by the system due to systemic racism, discrimination, and other

barriers. Visibility was also about the experiences of those who have previously not been seen because of the way monitoring has been done in the past.

...the lack of routine monitoring data mean that rainbow populations are not currently recognised in regular monitoring reports. This under-recognition contributes to a cycle of under-prioritisation of rainbow mental health, low levels of funding and a lack of specific requirements for rainbow competency, leading to service provision that does not meet rainbow needs. (Organisation)

...In terms of participation, how would you ensure there is participation and representation by rangatahi and tamariki?  
(Organisation)

Asian and ethnic minority population in the monitoring framework and ensure their mental health, substance abuse, and gambling harm data is collected and included in the He Ara Āwhina framework and consequently reported annually. (Support service)

Pasifika perspective or the frameworks response to the unique needs of Pasifika in Aotearoa NZ, yes there is a shared perspective however Pasifika will more than likely be significantly disadvantaged without a targeted purposeful planned response to Pasifika mental wellbeing needs. (Non-government organisation)

We also heard from tāngata whaiora that their diagnoses or experiences of distress, or both, have been used to disadvantage them. Views from whānau and a few agencies also spoke about this issue.

If people are diagnosed with mental distress or disorders, what they say about other experiences or circumstances, may not be believed (common for whānau) – everything else is attributed to the diagnosis. How could this be monitored within the framework?  
(Non-government organisation)

...equity for people who are placed in the too hard basket and when diagnosis is used as a rationale for either coercive treatment or no treatment. And whether we could sort of look at the ways in which we divide people up into different categories within our service and see whether we have equity of outcomes across the board in that way. (Organisation)

In response to this feedback, we strengthened the importance of having equity for everyone, no matter what someone's diagnosis, ethnicity, age, identity, or disability is under the 'Equity' domain of He Ara Āwhina. This concept was added:



We are valued for who we are. We are not disadvantaged by our diagnosis, ethnicity, age, identity, or disabilities.

## Equity of access

### Timeliness

The framework was commended on its language around meaningful choice and having access to different types of support. However, people / submitters highlighted that there are still serious issues around receiving this support when whānau and tāngata whaiora need it most.

...Having a multitude of well-designed options and the technical ability to access them, but not when you need them, would still be a failure to provide the necessary supports for individuals and whānau... The inclusion of resourcing, timeliness, access to information, and access to expertise would strengthen what is there and provide levers for any monitoring body to ensure that individuals are able to receive what is needed. (Not-for-profit organisation)

Issues regarding the timeliness of mental health and addiction services came through as a strong theme.

People who are in mental distress need help right away, not to get stuck on a waitlist for weeks or months. (Tangata whaiora)

...What is not spoken to in the framework is the responsiveness or timeliness of service provision, currently an issue of longstanding and now urgent concern. (Umbrella organisation)

While timeliness can present current barriers to access, some respondents understood the demand of services but still wanted to know what their options were while waiting for care.

We all know that the waiting list sometimes is very long, people need to wait for months and months, sometimes maybe year. So I think we need to know our options while we wait to be taken care of professionally. (Lived experience group)

As this was highlighted as a serious barrier, we included language throughout He Ara Āwhina to ensure that the timeliness issue is something we can monitor, by emphasising that services and supports are easily accessible when we need it and without barriers.

Feedback from tāngata whaiora and whānau highlighted the stress that comes from trying to make complaints and have them resolved when care doesn't go right. They

highlighted that He Ara Āwhina needed to explicitly mention timely resolutions of complaints.

It should also have more focus on protections and accessible complaints processes to ensure abuse, bullying and neglect within the system/services is investigated and actioned immediately to avoid harm and trauma being caused by MH&A services. (Tangata whaiora)

Parents and carers are unable to follow up with complaints – there’s such complexity. (Not-for-profit organisation)

In He Ara Āwhina under ‘safety and rights’ we purposefully added the statement, **we have access to advocacy support when we need it and timely resolutions of complaints**, to support what we heard from tāngata whaiora and whānau.

### Location of services

Whānau and tāngata whaiora who live in rural communities, smaller cities, or at a distance from a city centre, experience limited access to services and supports or informed us that the services and supports they needed were not available to them.

Equity is important. People’s experience highlights it’s all about equitable access no matter where we live. For example, in Oamaru respite doesn’t exist. It doesn’t seem fair that people living here do not have the same access to services which can support early and prevent things escalating. Being in hospital is traumatic and creates a longer time for recovery. There is a postcode lottery depending where you live. (Tangata whaiora)

This feedback has been reflected in the framework with the additional wording emphasising more investments in supports and services to help improve equity of access and outcomes.

### Prevention and promotion

An area that was missing from the framework, but important for tāngata whaiora, whānau, and various agencies to see included, was more dedicated efforts towards both prevention and promotion strategies.

One, a plea to highlight mental health promotion, to bring it to the front of the priorities, to think upstream / top of the cliff. There has been a notable movement in recent policy and strategies towards prevention and health promotion rhetoric, but sadly neither funding nor practice has followed yet... (Tangata whaiora)

It will be a fundamental flaw if He Ara Āwhina does not make mental wellbeing promotion more visible given that it is a core component of He Ara Oranga. If the framework does not sufficiently measure wellbeing promotion and prevention the Commission will not be honouring their role to ensure that He Ara Oranga is implemented, and the Commission will not be contributing to transforming our response to mental health, in fact it will be reinforcing some of the status quo biases. (Charity)

Now more than ever we must look at how promotional and preventative measures can support people in the early stages of illness and reduce the prevalence of more severe distress and addiction that we currently see across the motū. (Umbrella organisation)

Following this feedback, under the 'Equity' domain of He Ara Āwhina it explicitly says, **promotion and prevention strategies support equity**. With this addition, we can measure and see if there are positive changes in this area.

### Addressing racism and discrimination

Throughout the feedback, the need for more emphasis on addressing the effects of colonisation, discrimination, racism, prejudice, and biases came through strongly.

The institutional racism and lack of trauma informed care has created a level of desensitisation on the frontline... (Crown entity)

All the institutions currently reek of institutional racism - this framework obliterates that but the key component of this whole kaupapa is holding institutions, DHBs, MOH and other government agency to account first and foremost and then the community organisations who are funded by government. (Whānau member)

... I would like to see rainbow populations and needs recognised more explicitly (for example, naming transphobia alongside racism, recognising that whānau is broader than a person's birth family and that whānau rejection is a particular determinant of distress for rainbow people, recognising the importance of linking people with gender-affirming healthcare as a particular example of "health, social, and justice system supports that benefit us", etc). (Tangata whaiora)

Feedback around this topic emphasised the importance of our system being truly grounded in Te Tiriti o Waitangi, and the need to decolonise practices. Because of this feedback we strengthened this language in the framework.

... if: government, the health system and other systems / services related to social determinants of health are truly demonstrating commitment to te Tiriti o Waitangi, then we should begin to see a change in the statistics which highlight health and mental health inequities experienced by Māori. (District Health Board)

Beyond simply understanding the 'effect of colonisation' our system needs to take active steps to de-colonise and requires that we dismantle current structures and attitudes that maintain the status quo. (Non-government group)

[Our organisation] supports the development of a mental health and addiction system that reduces mental health inequality and co-creates services that address Māori mental health problems caused by the multigenerational impacts of colonisation, structural and institutional racism, and discrimination... (Not-for-profit organisation)

This feedback emphasised the importance of having a mental health and addiction system that is respectful and values diversity. This includes understanding the history of Aotearoa and acknowledging the impacts of colonisation and intergenerational trauma for tāngata whenua.

### **Culturally responsive services and support**

Whānau and tāngata whaiora were strongly supportive of keeping the text about meaningful choice for peer-led, family based, and trauma-informed supports. However, many respondents asked for more emphasis on cultural responsiveness and connection to holistic wellbeing approaches.

Most mainstream mental health providers have a limited understanding of the refugee experience and are not trained to provide cross cultural, trauma informed assessments and interventions. Given that all refugees experience trauma, but are not all traumatised, it is essential that trauma informed care underpins all mental health approaches for this population. There needs to be wider recognition and understanding that people from refugee backgrounds come from a range of different ethnic, cultural and religious backgrounds, so an understanding of working cross culturally is essential for all people working in the area of mental health. (Charity)

We took this feedback and added text to the framework to ensure that all supports and services are trauma-informed; culturally responsive; and support our wairua, values, and strengths.

## Workforce

### Capability and capacity

We received a substantial amount of feedback concerning the workforce who are delivering services within the mental health and addiction system. This feedback highlighted issues around workforce development and resourcing to effectively address shortages, capability building, and leadership.

We believe that the proposed framework is not considerate of how the workforce is being developed, trained and educated, or opting for a generalised approach to workforce development, devoid of an equity response. We believe that monitoring how the workforce is being developed and resourced is as important as monitoring the performance of the workforce and the services within the mental health and addiction system. (Public health department)

Many agencies, tāngata whaiora, and whānau shared their concerns about workforce cultural capability and hope to see more investment in this area, particularly around attracting and retaining more people who identify with ethnic minority groups to the workforce. People discussed this as one way to help address some of the key issues mentioned above about systemic discrimination and racism in the system. Aotearoa is a diverse country and needs a workforce that is reflective of this diversity to better support tāngata whaiora and whānau.

Gaps in cultural literacy for the wider sector and clinicians must be addressed to enable the health workforce to effectively deliver on the principles within the framework. (Not-for-profit organisation)

...if the service is not resourced with the appropriate staff that reflects the population group the cultural aspects or cultural consideration of the care will take a back seat. Staff are competing with time, clinical issues to think about the service users' cultural needs. (Non-government organisation)

...While we note the "Equity" aspect of the framework highlights the need to support an improved workforce cultural capability, we think there is value in emphasising that investing in such a workforce can help address key issues such as systemic discrimination and racism... (Government organisation)

The draft framework already contained language that highlighted that equitable support for all tāngata whaiora and whānau requires the increase of a diverse workforce. After hearing feedback through consultation, we included additional wording to the framework to recommend services take action to be more culturally

responsive; apply an intersectional lens; address institutional racism; and emphasised having a workforce who are skilled, empowered, and fully culturally competent.

## Support and acknowledgement

While feedback was supportive of the inclusion of workforce development and capacity, there were people who wanted more accountability to ensure the current workforce are kept safe, supported, and have what they need to do their jobs effectively.

...We recommend that measuring safety for the workforce includes an explicit reference to ensuring safe staffing levels... (Charitable trust)

What struck me while working in mental health was the low morale of the staff, burn out, cynicism. In some teams, the high levels of stress, high caseloads and lack of safety that staff have to endure daily and staff shortages... (Tāngata whaiora)

Within the context of the mental health and addiction system, the wellbeing of those working within that system needs to also be a high priority. Staff who are overworked and overwhelmed are unable to effectively meet the needs of their clients. (Organisation)

I think if we get it right for staff, we're also getting it right for everyone else. Several of us I know, have worked in mental health services and different roles and we know it hasn't got a great track record. There's a [lot] of bullying, a lot of burnout, a lot of real toxic workplaces. How can you do good work, caring for other people, if that's the environment you are going into? (Organisation)

The quality of life for service users is greatly impacted by quality of the work for the mental health and addictions workforce, and the ability of the workforce to have a voice... a well-trained, well paid and stable mental health and addictions workforce is essential for delivering quality care. (Union)

Safety for the workforce was explicitly mentioned in the framework under the 'safety and rights' domain.

**Our workforces are safe, cared for and well-resourced to support us and our whānau.**

Tāngata whaiora also saw the need for a restorative system.

I want our mental health system to feel cared for and understood and loved, because if it's not, then it won't be able to love us when we journey through it. (Community service)

There also needs to be a focus on humanising the mistakes that are made rather than creating a conflictual situation. We need to see restorative approaches when things are not right for someone.  
(Lived experience group)

This feedback helped us to improve the framework by including language to ensure processes are in place to restore relationships when harm occurs, enabling transparency, learning, and improvement.

Processes are in place to restore relationships when harm occurs, enabling transparency, learning and improvement.

## More options and support

### Employment, education, and parenting support

It was also important to tāngata whaiora and whānau to have some security and support around their employment, education, and other roles they play in society.

Having employment is one way of being able to lead our wellbeing and recovery. Recovery can come to a halt when people do not have Access to the finances needed to lead their recovery in ways that work for them... (District health board)

...Integrating health and employment support services ensures employment support is provided much earlier in a person's recovery, is coordinated with healthcare, and clinical treatment is tailored to support the person's working life...

...It will be important to name family and parenting Support more clearly in the framework. People are scared of losing their parenting rights substance use has been the number one reason for notification to OT [Oranga Tamariki]. (Consumer leadership group)

### Whānau, family, and supporters

We also received an overflow of feedback about how important it is to see enabled supports and services for whānau, family, parents, and friends of tāngata whaiora.

I also feel there could be more supports for the whanau supporting Tangata Whaiora by having Peer Supports for them that have lived experience of supporting Tangata Whaiora. (Tangata whaiora)

Parents too experience significant distress at not being able to Access services and Support for their young people. (Crown entity)

Really like this, but curious about services and supports available at the moment for friends and whānau, where these exist around the

country and what kind of Support family and friends can Access.  
(Tāngata whaiora)

Having access to supports that can assist with employment, education, and parenting roles as well as supports for whānau were important themes that came through, particularly from tāngata whaiora. Additions were included into He Ara Āwhina under 'access and options' to ensure that this can be measured.

## Choice-based models

We received recommendations to strengthen existing wording around appropriate and effective investment in the system. This included choice-based models of support and a variety of funding models. These were seen as key resources needed to support communities, whānau, volunteers and peer support workers in their response to distress and harm reduction.

I like the inclusion of individual and whanau funding models.  
(Consumer leadership group)

...The introduction of choice based models strengthens community and Iwi based services, supporting innovation that is lacking in hospital based services. (Tangata whaiora)

..b) Investing adequately to support people at all levels of drug use.  
c) Ensuring dedicated funding for harm reduction. d) Funding essential roles such as volunteers and peer support workers / people with lived experience. (Not-for-profit organisation)

He Ara Āwhina now reflects this hope for the future – to have funding models that recognise and value volunteers, whānau, peers, and community support groups. He Ara Āwhina also reflects the aspirational statement that the system increasingly provides individualised funding and whānau funding models.

## Respite and healing environments

We heard from whānau and tāngata whaiora that they want access to more respite options and supportive healing spaces in the community. Clinicians also felt that these spaces are an important part of the mental health and addiction system that should be named in the framework.

Hospital settings are no longer regarded as acceptable spaces for support and care of those experiencing mental distress.  
(Community service)

Under 'Access and options', there could be an acknowledgement of the need for healing environments, for example, 'We have access to



environments that provide respite, healing and comfort'. (Organisation)

We used the suggestion in the quote above and included this in He Ara Āwhina under the 'access and options' domain.

## Access to healthcare information

Tāngata whaiora shared their frustrations with information sharing. Tāngata whaiora want easier access to their patient information and care plans.

Information sharing and being open and transparent about how people can access their patient information... Hope for HNZ to have more single point of information so we can easily share information in the best interests of clients (such as primary care, pharmacies and other services). Being more connected would be helpful and improving the speed of connecting people and services. (Tāngata whaiora)

Some tāngata whaiora wanted more say in who can and cannot see their information. Others wanted there to be an easier way for their information to be shared between services so that they don't need to continuously retell their experiences of trauma and distress.

For young people who have had parents very involved in care, important to also know that they can choose to NOT have information shared. Whenever this happens, it should be a choice that people knowingly consent to. (Lived experience group)

The CDHB recommends that Connected Care include the statement: we are able to access information pertaining to our own support and treatment, and all the providers supporting us in our wellbeing and recovery, work together and have a clear, cohesive, and connected understanding of the relevant information. (District health board)

He Ara Āwhina incorporated this feedback under 'participation and leadership' to ensure that tāngata whaiora have easy access to their healthcare information.

We can easily access our healthcare information. There is education and support to self-advocate and make informed decisions.

## Active participation

Tāngata whaiora and whānau told us they want to be engaged in decision making and have opportunities to give feedback that will influence supports, services, workforce and training. Tāngata whaiora told us they wanted more opportunities where they

can define their needs, aspirations, and experiences, including what supports they need, what works for them, and what doesn't.

Tāngata whaiora and whānau have advocated for self-determination through distress, substance use, or gambling harm to wellbeing and recovery for decades. Therefore, it is encouraged to see emphasis on the leadership of tāngata whaiora and whānau in co-creating and co-producing mental health, addiction, and wellbeing policies acknowledged. However, Asian Family Services also believe that this might create barriers when there are insufficient resources to support and encourage leadership and participation, especially for Asian and ethnic minority groups whose English is not their first language. (Organisation)

Additional wording was included in the section of the framework, 'participation and leadership', to reflect this feedback. **Tāngata whaiora and whānau lead and co-produce policies, supports and services, responses, models of care, research, and training.**

We also received feedback asking us to emphasise better infrastructure and resourcing to enable this participation, diverse leadership, and emerging leaders in communities. This was also given greater emphasis in the framework.

...I know people who have gone into roles and felt overwhelmed and under prepared as no support network to guide that. The support and development is key to making these leadership and participation opportunities work well for people taking them up. (Tāngata whaiora)

## Medication and physical health

We heard from tāngata whaiora and whānau that mental health distress and the use of medications, or other substances, can greatly impact physical health. Effective and connected services should / must provide information and support that enables equitable physical health for tāngata whaiora.

We recommend an explicit reference to effective connection between mental health and other primary and secondary health services to address the systematic barriers to physical health equity for tāngata whaiora. (Charity)

Addiction is often treated purely as a mental health diagnosis but substance use is also linked to important physical health impacts (both acute injury and chronic harm) which also require treatment. (Not-for-profit organisation)

Believe in Tapa Wha and similar models of inclusive and comprehensive / coordinated healthcare. Mental health as being treated in a fragmented and separate manner from physical health and welfare needs. Believe attributable to the emphasis on the medical model of healthcare which has tended to treat mental and physical as separate entities and alienated from social / spiritual aspects. (Tangata whaiora)

This addition was made to the framework: **Medication is prescribed safely, and we have support if we choose to come off psychiatric medication.** This can be found under the 'safety and rights' domain.

Feedback through consultation also contributed to the inclusion of excellent care from physical health services:

**We benefit from dedicated action across government to prevent suicide, distress, substance harm and gambling harm, and to eliminate the physical health, income, and wellbeing inequities we experience.**

**Physical health services provide us with excellent care, address access barriers, biases, and diagnostic overshadowing.**

Addressing diagnostic overshadowing was an important inclusion, this is where symptoms of a person's physical health issues are assumed to be part of their mental health or addiction experiences and go overlooked or untreated as a result. These additions can be found under 'effectiveness' in the framework.

## How are we using the feedback?

Feedback throughout the consultation process not only influenced the final He Ara Āwhina framework but also highlighted where there needed to be supporting resources and promotion of existing documents. We also received feedback that will be impactful in the methods and measurements phase of He Ara Āwhina.

### Common language

It was clear from the feedback that we need key terms explained to help people understand and interpret the framework. Some of these terms are below:

- mental health and addiction system
- mental health services
- addiction services
- distress
- mental health and addiction supports
- whānau
- tāngata whaiora
- coercive practises
- harm reduction.

These can all be found in our [Guide to language in He Ara Āwhina](#).

### Wellbeing outcomes

We noticed in the feedback that people either misunderstood the scope of the framework or wanted the incorporation of wellbeing outcomes, including other social determinants of health and wellbeing. This highlighted the need for engagement on the [He Ara Oranga wellbeing outcomes framework](#) that was developed by the Initial Mental Health and Wellbeing Commission and published June 2021. He Ara Oranga has been re-published alongside He Ara Āwhina, and includes material to demonstrate how the [two frameworks are designed to work together](#).

### High expectations of methods and measurements phase

Throughout the consultation, interests and concerns were raised about how the aspirational statements of He Ara Āwhina will be actioned, measured, and monitored. People were interested to know about data availability and the specific indicators that would be used to monitor progress. We have taken this feedback on board as we commence mahi in the measurement and monitoring phase of the project.

## What next?

Te Hiringa Mahara have redrafted and published two versions of He Ara Āwhina – a summary version that is focused on the system aspirations, and the full framework that includes detailed descriptions of what an ideal mental health and addiction system looks like.

We will use He Ara Āwhina to:

- monitor mental health and addiction services
- monitor changes as the mental health and addiction system transforms
- advocate for improvements to the mental health and addiction system and services.

He Ara Āwhina will be used alongside the He Ara Oranga wellbeing outcomes framework, which will be used more broadly to monitor wellbeing.

He Ara Āwhina is intended to be enduring, with a long lifespan. It will be ‘living’ and evolve over time so that content and measures are relevant and current.

Measurement under He Ara Āwhina will have a life course approach and apply to all ages including infants, young people, adults, and older adults.

Te Hiringa Mahara acknowledges the feedback we received through consultation that to achieve the goal of He Ara Āwhina, the framework needs to be extended to accountability of other sectors. Whānau and tāngata whaiora often have complex dynamics impacting their experiences of distress, substance harm and / or gambling harm and overall wellbeing that are related to other areas of their lives.

The mental health and addiction system has a critical role to contribute towards the wellbeing of tāngata whaiora and whānau. However, it cannot achieve wellbeing outcomes on its own. Wellbeing is broad with many determinants, and there are many other systems also contributing towards wellbeing. Achieving the aspirations in both He Ara Āwhina and He Ara Oranga requires a collaborative approach, so working with other sectors is an important part of the implementation process.

## Methods and measurement phase and future reporting

The methods and measurement phase has started and will be guided by Te Hiringa Mahara’s monitoring strategy, strategic direction from our EAG and Ngā Ringa Raupā (comprised of Te Hiringa Mahara Chief Advisor Māori and Māori staff), technical direction from a new advisory network, and insights from our public consultation process about what people want to see measured and their expectations for how we monitor.

People who have shared an interest in He Ara Āwhina will continue to be involved in this mahi and we will continue to share information to help people understand how we will monitor using the framework. This next phase will be given an appropriate process, timeframe, and capacity. Tāngata whenua must be involved in leading the development of Māori methods and measures. The Te Ao Māori perspective of the framework includes concepts that speak to this in 'Mana Whakahaere'.

He Ara Āwhina methods and measures once developed will over time replace those used in [Te Huringa: Change and Transformation – Mental health service and addiction service monitoring report 2022](#). Some of the data needed to monitor under He Ara Āwhina will be available from March 2023. Other methods and measures will need a longer timeframe for development as the data does not exist or is not easily available nationally.

## References

Government Inquiry into Mental Health and Addiction. 2018. **He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction**. New Zealand: Government Inquiry into Mental Health and Addiction.

Mental Health and Wellbeing Commission Act 2020.

# Appendix 1

## Methodology

We applied an intentional approach to ensure we received a diverse range of views to inform the He Ara Āwhina framework - shared perspective. Therefore, multiple options for participation in the consultation process were supported. This included:

- A proactive hui approach, involving invitations nationwide, encouraging participation at either a number of online hui being held, or
- 1:1 hui
- Phone calls
- Online survey
- Email submissions
- Post submissions.

Where permission was granted, hui were recorded and transcribed. All submissions were saved in a secure location that only a few people could access on a need-to-know basis.

Submissions were analysed and coded using NVivo. This involved identifying whether a submission was from a tangata whaiora or individual; whānau, family members, or supporter; or an organisation or group, and whether they identified as tāngata whaiora or had lived experience of distress or addiction (or both). Sections from every submission were coded to the most relevant domain, with some being coded to more than one. Themes were then drawn out of the data, which influenced the changes in the final He Ara Āwhina framework.



## Appendix 2

### Total number of submissions

	Whānau	Tangata whaiora	Organisation	Not specified	Total
Email	4	36	58	-	98
Hui	2	5	37	-	44
Online form	37	45	29	8	119
Social media	-	1	-	-	1
<b>Total</b>	<b>43</b>	<b>87</b>	<b>124</b>	<b>8</b>	<b>262</b>

### Priority population group statistics

Population group*	Total
Māori	78
Pacific peoples	35
Forced migrants and former refugees	20
Rainbow communities, including trans and people with variations of sex characteristics	33
Rural communities	27
Disabled people	53
Veterans	10
Prisoners	17
Young people	55
Older people	36
Children experiencing adverse childhood events	40
Children in state care	14
<b>Total**</b>	<b>418</b>

\* These are minimum numbers by population group as it was not compulsory to record the population group(s) participants represented.

\*\* Those who did record a population group may have identified with multiple groups so are counted multiple times in the Total.