# He Ara Āwhina (Pathways to Support) framework

# About He Ara Āwhina

* He Ara Āwhina (Pathways to Support) is a framework that describes what an ideal mental health and addiction system looks like.
* He Ara Āwhina will set out how Te Hiringa Mahara (the Mental Health and Wellbeing Commission) assesses, monitors, and advocates for improvements to the mental health and addiction system.
* We have published two versions of the framework – 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.
* Our important next stage of mahi (work) will develop the methods and measures for **how** we will assess and monitor the mental health and addiction system.
* He Ara Āwhina links strongly to the vision for system transformation as described in He Ara Oranga, the 2018 inquiry into mental health and addiction:

“*We aspire to a flourishing New Zealand, where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the whole of our society, and people who experience mental distress have the resilience, tools and support they need to regain their wellbeing*.”[[1]](#footnote-2)

* 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.

# Scope

* We will use He Ara Āwhina to monitor services and whether the mental health and addiction system is functioning as needed to enable wellbeing, alongside the He Ara Oranga wellbeing outcomes framework which will be used more broadly to monitor wellbeing.
* He Ara Oranga wellbeing outcomes framework is a partner framework that we use to describe and assess wellbeing outcomes. This framework describes what ideal wellbeing looks like and will help us to measure how people’s wellbeing is changing over time.
* These partner frameworks are designed to work together.
* 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 wellbeing requires a collaborative approach, focusing on reducing the impact of the determinants, promoting wellbeing and services and supports when needed.

# Goal

* He Ara Āwhina has a goal of a whānau dynamic mental health and addiction system.
* Whānau dynamic means to realise the potential of whānau. It lends to the knowledge whānau hold collectively and extends the boundaries of whānau centred to be strengths based, positive, and inspiring.

# Two perspectives

* There are two perspectives in He Ara Āwhina that describe what an ideal mental health and addiction system looks like:
	+ Te Ao Māori perspective, which was developed by Māori, with Māori, for Māori
	+ Shared perspective, which is for everyone.
* These two perspectives work together, for instance the shared perspective also applies to Māori. They are not direct translations of each other, but weave together reflecting the role that Tangata Whenua and Tangata Tiriti have to play – working together to support improving the collective wellbeing of all.
* Te Ao Māori perspective for He Ara Āwhina has been developed by Māori, with Māori, for Māori. The Expert Advisory Group (EAG) of external contributors provided oversight and advice throughout the project. Similarly, Ngā Ringa Raupā, comprised of Te Hiringa Mahara Chief Advisor Māori and Māori staff, also provided oversight and collective expertise on Te Tiriti o Waitangi, Māori Equity, and improving Māori health outcomes. Ngā Ringa Raupā and the Māori members of the EAG both supported the separate Māori engagement and consultation process.

# System aspirations

* He Ara Āwhina has intentionally been written to amplify the most important voices – tāngata whaiora and whānau as leaders of their wellbeing and recovery, and the system responding to their needs and aspirations.
* Each perspective of He Ara Āwhina has six system aspirations that describe what good looks like for tāngata whaiora and whānau. These aspirations represent the important issues raised by communities during the mental health and addiction inquiry as well as our development and engagement processes.
* The system aspirations align with the six domains of health care quality – equitable, patient-centred, timely, safe, efficient, and effective. For each of the system aspirations we have more detailed descriptions of ‘what good looks like’ and changes that we would expect to see in a transforming system, bringing focus and priority to our monitoring.
* The system aspirations are not mutually exclusive. To avoid repetition, what we will monitor are in the system aspiration they most closely align with, however, they may also apply to other areas.

# Our process

* The Mental Health and Wellbeing Commission was established in response to one of the recommendations of He Ara Oranga. One of our functions is to monitor and report on mental health services and addiction services, and advocate for improvements to those services. This function was transferred to the Commission when it was established on 9 February 2021 by the Mental Health and Wellbeing Commission Act 2020.
* Work on He Ara Āwhina began with the Initial Mental Health and Wellbeing Commission (Initial Commission) in October 2020.

**Co-define phase October 2020 – February 2021**

* The Initial Commission sought 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 work.
* People told us:
	+ **Support starts and continues with people and communities, not services.** The former Mental Health Commissioner’s framework was viewed as being too narrow but was something that could be refined and built upon.
	+ **The voices of Māori and tāngata whaiora 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**

* An expert advisory group (EAG) was established for He Ara Āwhina and began its mahi in September 2021, sharing expertise and perspectives to develop the framework.
* The EAG includes a Māori EAG roopū which have supported the development of Te Ao Māori perspective for He Ara Āwhina.
* Advice from the EAG, lived experience focus groups (from Māori, youth, mental health, addiction, and gambling harm perspectives), targeted discussions, and hui with Māori helped us develop the draft version of He Ara Āwhina.
* The draft version of He Ara Āwhina went out for public consultation for six weeks from 8 March to 19 April 2022. We supported many ways for people to share feedback to ensure the framework and six-week consultation process was accessible to everyone, especially our priority population groups.
* During our public consultation process we received more than 260 submissions across all priority population groups.
* Overall, people told us that He Ara Āwhina resonates with them and they like the first-person narrative, structure, and concepts. The feedback has guided us to strengthen and clarify content that is important to people.
* Through a dedicated Māori engagement team, we gathered strong input by Māori, including tāngata whaiora, whānau, and Kaupapa Māori supports and services. This feedback has been supportive of He Ara Āwhina and helpfully identified concepts that could be strengthened or included across both perspectives.
* What people told us, and the changes made in response, will be summarised in ‘Voices’ documents showing feedback from Māori, people with Lived Experience, and the Shared perspective. By the end of July, we will also publish what we heard from people with lived experience of substance or gambling harm.
* The final version of He Ara Āwhina was published 30 June 2022.
* Te Hiringa Mahara released [Te Huringa: Change and Transformation. Mental Health Service and Addiction Service Monitoring Report 2022](https://www.mhwc.govt.nz/assets/Te-Huringa/Finals-1-April-2022/MHWC-Te-Huringa-Service-Monitoring-Report.pdf) in March 2022. Te Huringa was a transitional monitoring report that used an adapted version of the former Mental Health Commissioner’s framework, while we developed He Ara Āwhina as our framework for monitoring from March 2023.

# Methods and Measurement phase and future reporting

* The methods and measurement phase has started and will be guided by our monitoring strategy, strategic direction from our EAG and Ngā Ringa Raupā, technical direction from a new advisory group, and insights from our public consultation process about what people want to see measured and their expectations for how we monitor.
* He Ara Āwhina methods and measures will over time replace those used in Te Huringa. Some of the data needed to monitor under He Ara Āwhina will be available to be used for monitoring 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.

# About Te Hiringa Mahara

* We are Kaitiaki (the guardian) of mental health and wellbeing, working towards long-term transformation of the mental health, addiction and wellbeing systems in Aotearoa.
* We are the eyes and ears of the people, amplifying the voices of our communities and bringing focus to opportunities where meaningful, long-term transformation can take place.
* We are listening to and working alongsidepeople that we know are disproportionately experiencing inequity, including those with lived experience of mental distress or addiction, Māori, and other priority groups.
* We are independently monitoring the mental health, addiction and wellbeing systems in Aotearoa, sharing our findings and advocating for improvement.
* We are speaking up and bringing focus to areas that can have a significantpositive impacton people’s lives and wellbeing.
* We are guided by our values, grounding ourselves in Te Tiriti o Waitangi.
1. He Ara Oranga. Report of the Government Inquiry into Mental Health and Addiction. P82. [↑](#footnote-ref-2)