



Te Hiringa Mahara
Mental Health and Wellbeing Commission

Leadership as a mental wellbeing system enabler:

*Insights on progress
toward Kia Manawanui*

June 2024



Leadership as a mental wellbeing system enabler: Insights on progress toward Kia Manawanui

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Te Hiringa Mahara – Mental Health and Wellbeing Commission – was set up in February 2021 and works under the Mental Health and Wellbeing Commission Act 2020. Our purpose is to contribute to better and equitable mental health and wellbeing outcomes for people in Aotearoa New Zealand.

For more information, please visit our website: www.mhwc.govt.nz

The mission statement in our Strategy is “whakawāteatia e tatou he ara oranga / clearing pathways to wellbeing for all.” Te Hiringa Mahara acknowledges the inequities present in how different communities in Aotearoa experience wellbeing and that we must create the space to welcome change and transformation of the systems that support mental health and wellbeing. Transforming the ways people experience wellbeing can only be realised when the voices of those poorly served communities, including Māori and people with lived experience of distress and addiction, substance harm, or gambling harm, are prioritised.

Foreword

I am pleased to present this report, a timely assessment and contribution to the paradigm shift of our mental health and wellbeing systems in Aotearoa.

It has been six years since *He Ara Oranga, Report of the Government Inquiry into Mental Health and Addiction* laid out a vision for transformed mental health and wellbeing systems in Aotearoa. The Inquiry showed how some communities in Aotearoa face greater challenges and barriers to mental health and wellbeing and made it clear that to see improved outcomes for tāngata whaiora and whānau more flexible, ground-up models of decision-making is needed.

Kia Manawanui is the long-term pathway to mental wellbeing which guides and drives transformation and improvement at a system level. Kia Manawanui built on the agenda set by the He Ara Oranga Inquiry report. Kia Manawanui has now moved from its short term to medium term actions. Also Parliament is currently considering a Bill which will, if passed, require that the current and future governments develop a Mental Health and Wellbeing Strategy.

It is therefore timely to look at the progress made since 2021 and ensure that the right foundations are in place for the future.

Many changes are required to deliver the paradigm shift needed, with leadership being a fundamental foundation. That is why we have focused on the Leadership actions of Kia Manawanui, and in particular, its recognition that leadership of the system needs to move outwards.

Leadership is vital, and through this report, we can see the strengths of the changes already made, and where ongoing effort is required.

As this report shows, investment is needed to better support the people who ultimately must guide, lead, and deliver the mental health and wellbeing systems of Aotearoa. Government agencies and organisations need to better recognise the value and importance of leadership from our lived experience and tāngata whaiora Māori communities; and our systems need to support positive change and drive improved outcomes.

We will continue to monitor mental health and wellbeing system performance against any future strategies or plans that are developed. We strongly urge the system to work together, embrace lived experience and Māori leadership, and keep sight of the vision of He Ara Oranga.

Hayden Wano

Board chair Te Hiringa Mahara | Mental Health and Wellbeing Commission



Acknowledgements

Te Hiringa Mahara has developed this report based on the experiences and wisdom shared with us by the participants and leaders in our interviews. We are deeply grateful for their time and the trust they put in us in sharing their perspectives, and we thank them here.

We particularly wish to thank Kerri Butler, Take Notice Ltd for her expert guidance and peer review of this report.

Summary of key findings

Kia Manawanui Aotearoa 2021 (Kia Manawanui) is the all-of-government 'long-term pathway' to transform Aotearoa's approach to mental health and wellbeing. The pathway outlines short-, medium-, and long-term actions to enable change the mental health and wellbeing systems in Aotearoa. These actions are presented under six system enablers of Leadership, Policy, Investment, Information, Technology, and Workforce.

Recognising the importance of system-level leadership, this report focuses on the short-term actions that sit under the leadership enabler. Drawing on interviews with 33 leaders from across the mental health and wellbeing systems, this is the first independent report with insights on progress toward Kia Manawanui. Key findings include:

Progress toward short term actions for system leadership is mixed

Lived experience system leadership is showing promise in terms of influence in decision making, but greater independence and resourcing is needed to enable self-determination. Actions toward supporting Māori lived experience at a system level are less visible, with uncertainty following the disestablishment of Te Aka Whai Ora.

Authentic partnership and investment in Kaupapa Māori organisations are effective means of Government stewardship

A focus on equity is paramount to ensure tāngata whaiora Māori are included in decisions for service design and delivery. Kaupapa Māori organisations are instrumental in enabling and developing sustainable leadership pathways for Māori lived experience leaders.

There are good pockets of collaborative system leadership

The Housing First initiative shows how collaborative approaches can make a powerful impact on the lives of tāngata whaiora, if supported by the right system settings. High trust models of support from government agencies are critical to ensuring that Housing First providers can support tāngata whaiora. Greater effort from government is required to dismantle the barriers that drive agencies and services to plan, fund, and work in isolation.

Continued investment in lived experience leadership capability building

Investment in lived experience leaders is needed, including pathways for development and career progression, so they can move from 'informing' to 'leading' across the mental health and wellbeing systems.

Mātauranga Māori to underpin solutions to improve outcomes for Māori

By Māori for Māori approaches are needed to ensure that Māori outcomes are achieved and are not restricted by dominant clinical paradigms. Government agencies need to act in partnership with Māori to improve outcomes for tāngata whaiora Māori in health and housing.

A systemic approach to collaboration is required

Collaboration is needed between government agencies, services, and communities. Taking a whole of system approach will lead to benefits such as flexible commissioning and a holistic approach that puts people and their wellbeing at the centre.

Calls to action

As Kia Manawanui shifts into its third year and medium-term set of actions, the health system structural changes settle, and the government considers developing its first Mental Health and Wellbeing Strategy, this report demonstrates that government must maintain and strengthen lived experience leadership in the system and drive cross-government leadership to address mental health and wellbeing.

There is immediate need to:

1. Ensure Māori lived experience leaders are prioritised in the changes to health system structures following the disestablishment of Te Aka Whai Ora.
2. Resource and support an independent lived experience infrastructure, co-designed with the lived experience community.
3. Update Kia Manawanui or any new strategy or implementation plan with clear and measurable mechanisms to drive cross-government collaboration on the determinants of mental wellbeing prioritising people with high and unmet needs.

While investing in the future to:

4. Make destigmatisation training and education on the role and value of lived experience widely available for the health workforce and other agencies.
5. Invest in tāngata whaiora Māori to decide, design and deliver solutions and develop pathways to grow the lived experience workforce.
6. Increase resourcing of kaupapa Māori organisations and approaches. Prioritise community partnerships to design and deliver projects which address the intersection of housing and health needs.
7. Develop and publish mental health and wellbeing system performance measures which are designed in partnership with lived experience communities, informed by the voices of lived experience leaders in this report, and aligned to He Ara Oranga.

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Introduction

The 2018 *He Ara Oranga, Report of the Government Inquiry into Mental Health and Addiction* (the Inquiry) ⁽¹⁾ outlined a vision of a people-centered approach to mental health and wellbeing that tackles inequities; shifts towards mental health promotion, prevention and early intervention; and addresses underlying social and determinants needs through a whole-of-government approach. To work towards this vision, the Inquiry laid out 40 recommendations for the government to respond to.

Te Hiringa Mahara (Mental Health and Wellbeing Commission) was established in 2021 following one of those the recommendations, with a role to monitor system performance toward achieving better and equitable mental health and wellbeing outcomes for people in Aotearoa. In our work we seek views from tāngata whaiora which ensures we elevate the people, voices and experiences as part of our mandated role.

Building on the findings of the Inquiry, *Kia Manawanui Aotearoa*, was published in 2021 to articulate the all-of-government plan to transform our approach to mental health and wellbeing ⁽³⁾. *Kia Manawanui* sets out a cross-government 10-year pathway to transformation by laying out a broad range of short, medium, and long-term actions, against each of six key system enablers: Leadership, Policy, Investment, Information, Technology, and Workforce.

In 2023, Manatū Hauora released an update report on implementation of *Kia Manawanui*, providing a snapshot of progress on the short-term actions (2021-2023), across all six system enablers. *Kia Manawanui* has now moved into the medium-term set of actions (2023-2027).

It is timely, therefore, for us to consider if the right foundations have been put in place to deliver the medium- and long-term changes to achieve the desired improvements to mental health and wellbeing outcomes. Leadership is critical to driving the other change goals set out in *Kia Manawanui*. Without shifts in system leadership, other changes in policy, workforce, and investment are unlikely to be sustained over the long term.

At the time of writing of this report, a Bill is before Parliament that is likely to see the inclusion of a Mental Health and Wellbeing Strategy as a legislated government strategy. Such a strategy will provide a framework that guides health entities for long-term improvement of mental health and addiction outcomes. Insights into the current state of mental health and wellbeing systems leadership creates accountability for lived experience leadership to remain prominent in future strategies and frameworks.

Purpose and scope

The purpose of this report is to provide an assessment and insights of progress made on actions toward system leadership in Kia Manawanui at the end of the short-term commitments under the plan (2021-2023). This is the first independent assessment of progress and insights on Kia Manawanui. The report is structured around the three key actions that sit under the leadership enabler of Kia Manawanui:

- ▶ First, we consider what progress is being made on the commitment to uphold Te Tiriti o Waitangi, and support equity of mental wellbeing outcomes for Māori. Our focus area is on the experiences and perspectives of Māori lived experience leaders, including people working inside government agencies, service providers, and NGOs.
- ▶ Second, we assess progress on the commitment to amplifying the voices and leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs. To do this we spoke to people working in lived experience leadership roles inside government agencies, including but not limited to health, as well as service providers and community organisations.
- ▶ Third, we consider what progress had been made to strengthen national, regional and local leadership for mental wellbeing. We use Housing First¹ as a case study, through interviews with Housing First providers across the country as well as government officials who support, oversee, and fund those projects.

Detailed monitoring of every Kia Manawanui Leadership sub-action is out of scope for this first report, as is quantitative measurement of implementation, impact, or system outcomes.

¹ Housing First is an approach to helping people get support for complex issues by prioritising stable housing. It is one of many programmes within the 2019 Mental Health and Wellbeing Package.

What we did

This report provides qualitative insights about progress of the leadership enabler as described in Kia Manawanui. We focussed on short-term actions for lived experience leadership from both a Māori and shared perspective, and cross-sector collaborative leadership using Housing First as a case study. We selected Housing First as a good example of a collaborative effort to address a critical determinant of wellbeing that is targeted to people with high and unmet needs.

- ▶ We focused on one system enabler area – Leadership
- ▶ We used qualitative methods to collect and analyse the data
- ▶ We monitored across a subset of the three action areas under the leadership enabler
- ▶ We used Te Tiriti o Waitangi articles to analyse qualitative data relating to Māori leadership.

We heard from

33

key stakeholders in leadership roles

We interviewed:

8

Māori lived experience
leaders

13

lived experience
leaders

12

Housing
First stakeholders

Key research questions:

- ▶ Have government agencies and entities done what they committed to do in the short term to transform mental wellbeing leadership, and if so, how well?
- ▶ Have government agencies laid solid foundations (in processes, relationships, and strategy) in order to achieve what they said they would do in the medium and long term?
- ▶ What have people's experiences been of the changes so far?
- ▶ Are there exemplars of good practice that can be learnt from or scaled up?
- ▶ What are the barriers to the implementation, speed or scale of required change?

Action: Uphold Te Tiriti o Waitangi and support equity of mental wellbeing outcomes for Māori

Māori Lived Experience Leadership

The first action under the leadership enabler is to “uphold Te Tiriti o Waitangi and support equity of mental wellbeing outcomes for Māori”². Within the short term, this commitment includes fostering Crown-Māori partnerships, supporting the development of the Māori Health Authority (Te Aka Whai Ora), and proactively supporting Māori leadership in service delivery and design.

To understand what progress has been made on these commitments we initially set out to speak to people within Te Aka Whai Ora, given the importance of that organisation to Māori leadership. Following the confirmation of its disestablishment, we shifted our focus to understanding the experience of Māori lived experience leaders across the mental health and wellbeing system. Participants in our interviews had experience across the mental health and addiction system, including Te Aka Whai Ora, other health agencies, and from within the NGO and service provider sector. As stated in Kia Manawanui:

“New Zealand’s future approach to mental wellbeing, as described in Kia Manawanui, will be grounded in Te Tiriti o Waitangi; otherwise, we will fail to achieve improved and equitable mental wellbeing outcomes for and with Māori as tangata whenua.”

As Kia Manawanui explicitly expresses the Crown’s commitment to Te Tiriti o Waitangi, the key findings from our Māori lived experience leadership interviews are structured under the three articles and declaration of Te Tiriti o Waitangi as described in our Te Tiriti o Waitangi position statement ⁽⁴⁾. As an Independent Crown Entity, we recognise Te Tiriti o Waitangi as the founding document of this nation and our work is grounded in it. Table 1. sets out descriptions of how Te Hiringa Mahara will give effect to our position statement and its articles and declaration. We then use these to support and position the voices of Māori leaders.

² Kia Manawanui Aotearoa p40

Table 1. Table showing Te Tiriti o Waitangi articles in our position statement

Article	Te Hiringa Mahara actions
Kāwanatanga Mana Whakahaere - Good Governance	Under Article 1 we are established to monitor the mental health and wellbeing system of the kāwanatanga or government.
Tino Rangatiratanga Mana Motuhake - Te Iwi Unique and indigenous	Under Article 2 as an entity, 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.
Ōritetanga Mana Tangata – Fairness and Justice/Equity for Māori is a priority	Under Article 3, we will be courageous in prioritising Māori through affirmative action. We will challenge systems, structures, and services to address inequity and discrimination.
Ritenga Māori – Mana Māori-Cultural identity and integrity	Under the Declaration, 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.

What we heard

Article 1 (Kāwanatanga) - Effective stewardship of the Crown is demonstrated by authentic partnerships and through investment in Māori leadership and Kaupapa Māori organisations

Participants shared positive examples of partnership at the national and regional level. People acknowledged the positive influence and effect of the lived experience roles within Te Aka Whai Ora which have paved the way for other leadership roles and inclusion in policy advice, commissioning and service development and delivery.

I'd definitely say that the occurrence of more regular contact and the normalisation of Crown, Māori partnerships is definitely a positive. I think it's just working on the equitable power relations within those partnerships.

(Lived Experience advisor)

Participants expressed concerns about the disestablishment of Te Aka Whai Ora and the impact this may have on Māori leadership, as well as their ability to provide input through authentic engagement processes. They were concerned this would limit their ability to elevate the aspirations of Māori in their communities and diminish the value of their expertise in service design and delivery. Of significant concern was the ending of Te Aka Whai Ora's role in ensuring appropriate distribution of funding, and the role of Māori leadership in ensuring that agencies are accountable back to the community.

I suppose the evidence of that is what's happened to [government organisation...], how has the Crown supported that [government organisation...] is not to be dissolved. Because if it was a solid as relationship that would never have been in question.

(Lived Experience community leader)

But when I move into, say, the consumer space at [government organisation] I find it a very, very challenging and very frustrating space to be in because it's almost like they are ticking a box with us.

(Lived Experience advisor)

Then also to be in there to be advocates so that when they're not doing their job properly we are able to hold them to account. We are able to audit the services, for want of a better term, and evaluate them.

(Lived Experience Advisor)

Kaupapa Māori organisations are instrumental in enabling and developing sustainable leadership pathways for Māori lived experience leaders

Participants highlighted the integral role of Kaupapa Māori organisations in fostering leadership pathways for tāngata whaiora Māori. They acknowledged Māori leaders across all levels of the sector who have advocated alongside them and created leadership opportunities and career progression pathways. They in turn also facilitated a tuakana-teina³ approach, through succession planning and supporting emerging Māori lived experience leaders.

In that space I was able to be specifically Māori, of course, because I'm Māori, but I also learnt how to become a leader in that space as well and push for lived experience for Māori for changes for what works for us.

(Lived Experience Community Leader)

From day one I'm looking at a succession plan, looking at the person who is going to follow after me. My role is to do whatever I can to clear a space, to build the person behind me to step into my role, and then my role is to move out of that space to allow that person to step forward.

(Lived Experience Advisor)

Article 2 (Tino Rangatiratanga) - The role and function of tāngata whaiora Māori is underpinned by a collective vision and purpose to improve the wellbeing of Māori

Participants spoke about the strength they drew from their own journeys to advocate and influence within the system. The collective vision and purpose to protect and enhance the wellbeing of Māori is fostered in Kaupapa Māori organisations which enables tāngata whaiora Māori to feel supported in their roles within the system.

Not settling for status quo is what lived experience looks like. Communicating to influence, even if that means we do a bit of a haka then so be it.

(Lived Experience Advisor)

³ Tuakana-teina is a concept that refers to the relationship between an older (tuakana) and a younger (teina) person. Within teaching and learning contexts, this can take a variety of forms such as peer-to-peer, younger to older, older to younger, or able/expert to less able/expert (<https://www.teakawhaiora.nz/en-NZ/news/hauora-maori-partners-funded-to-deliver-tuakana-teina-programmes>).

Thinking deeply, doing your mahi with a purpose. I am very much what drives me. I'm very clear that the mahi that I'm doing here and now will either be beneficial to the next, my nephews, my nieces, my little ones and the next generation or not.

(Lived Experience Advisor)

Participants spoke of their commitment to ensuring they upheld their responsibility to advocate alongside tāngata whaiora to amplify their needs and aspirations. They felt at times that sector engagement with them was tokenistic, and their skills and expertise were undervalued. They expressed frustration at the limited opportunities to whakawhanaunga (network) with their peers and tāngata whaiora to collectively support one another to address concerns that restricted their mana motuhake.

Good that we have got Māori leaders that we bond together. That's the part - because we bond together we know what we want and we are really clear. That's the part that's for us. But, it could have been better. For the Crown perspective, nothing. They didn't do nothing. Still doing nothing.

(Lived Experience community leader)

Investment is needed to enable tāngata whaiora Māori to decide, design and deliver solutions across the system

Participants spoke of the need for tāngata whaiora Māori to have autonomy and agency to decide, design and deliver solutions alongside of their communities. This would ensure that efforts by government to engage with Māori communities are transformative rather than transactional.

So, again we can provide a voice but value, if it's not acted on or we're not part of that decision to roll it over it really is advisory which is a shame.

(Lived Experience Advisor)

You're consulting with people for what? What are you going to do with their feedback because we couldn't actually actively do anything with it.

(Lived Experience Advisor)

Article 3 (Oritetanga – Equity) - A focus on equity is paramount to ensure tāngata whaiora are included in decisions for service design and delivery

Participants described the positive benefits that have come from a focus on equity, whereby tāngata whaiora Māori are less likely to be excluded from conversations. They shared that despite this they often experienced environments where they had to ‘fight’ to be included, and that there was still work that needed to be done to ensure they can contribute. They attribute this exclusion to institutional bias that undermines the value and expertise of tāngata whaiora Māori.

I had to fight to be heard, be valued, be recognised. I wasn't going to go away.

(Lived Experience Advisor)

I think they feel threatened. So threatened, ignorant, consciously not wanting to whakamana. Kind of like the sharing of power and money – no thank you. I see all of that. I see the blatant disregard to making a conscious effort, and not really going to share because don't really trust that a Māori person is capable of being intelligent enough to develop some really worthwhile things.

(Lived Experience Advisor)

By Māori for Māori approaches are needed to ensure the mana motuhake of Māori is not restricted by dominant clinical and western paradigms

The majority of feedback from participants described the challenge of upholding a by Māori for Māori approach when processes and systems privilege a biomedical model. They wanted wellbeing outcome measures for Māori determined by tāngata whaiora and whānau that reflect a te ao Māori worldview.

Well, there is no way it can be by Māori for Māori if it doesn't sit separately from tauwi and Pākehā mainstream processes, which all clinically power over all that sort of stuff. Māori don't sit there. So to bring us in there and say, “Okay, this is by Māori for Māori,” no it's not by Māori for Māori. It's provided by Māori to Māori, as long as you guys who are not Māori approve us to actually do that.

(Lived Experience Advisor)

What we know is services can have the utmost best intentions, but unless it's discussed with whānau and agreed with whānau that this is what their best life looks like, let them determine it, because at the end of the day control has gone on for too long.

(Lived Experience Community Leader)

Declaration (Ritenga Māori) - tāngata whaiora Māori felt safe, supported and connected working in Kaupapa Māori organisations

Participants felt their mātauranga (knowledge) and pūkenga (skills) were appreciated and valued in Kaupapa Māori organisations. They shared that working in an organisation that encompassed and reflected te ao Māori protected them from tokenistic engagement. Tokenistic engagement was described as occurring in some tangata Tiriti organisations where they were engaged to share their expertise, and instead were expected to provide cultural support.

Although you bring a level of either clinical or lived experience or design expertise sometimes you're often reduced to opening and closing in karakia, and organising the pōwhiri and stuff like that.

(Lived Experience Advisor)

When you have a connection to others who have had similar experiences to yourself or that we share a similar whakaaro it is just unspoken, and particularly being Māori - and I think that's where I kind of came into a space where I felt comfortable, really comfortable, nurtured, and having those down Māori principles there that weren't spoken - were acted.

(Lived Experience Advisor)

I love my te reo and tikanga and they're awesome tools that I have but sometimes when that's not your paid role but those are the functional aspects that get emphasised for you then you do kind of feel a bit jaded as to whether or not people are really elevating and valuing the other expertise that you bring.

(Lived Experience Advisor)

Action: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs



The next action under the leadership enabler we examine is “amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs”⁴. Within the short term, Kia Manawanui directs agencies to set expectations that funders, commissioners, and providers seek out the voices of these groups and establish mechanisms for their input. It also includes a commitment to review current practices, services and supports currently available to identify gaps and opportunities for improvement to better meet the needs of these population groups. As stated in Kia Manawanui:

Efforts to enhance the voices of people with lived experience, family and whānau under the enabler of ‘leadership’ will involve actions to implement the He Ara Oranga recommendations to place people at the centre.

To understand progress on this action, we focused specifically on the experiences of people working in named lived experience roles in government agencies, and in lived experience leadership roles in service providers and community organisations. We chose this as people in these roles could speak about their own experience of leadership and sharing their voices inside their organisations. In addition to this, lived experience roles are often the connecting point between the organisation and the wider community, giving them insight into what tāngata whaiora and whānau are sharing or communicating about their experiences. The section below is focused on collective voice of lived experience leaders, including insights from Māori.

⁴Te Hiringa Mahara considers populations with specific cultures and needs to be ‘priority populations’, as described in Schedule 1A of the Mental Health and Wellbeing Commission Act 2020.

Key findings

Collective lived experience leadership has already created positive shifts

Participants in our interviews acknowledged and celebrated the positive growth in lived experience leadership across the system. They felt that much of this growth and change has come through the collective efforts of lived experience leaders themselves, fighting to be heard. Strong relationships with key contacts inside agencies have built trust and enabled genuine engagement that leads to change. Lived experience leadership training opportunities that have been funded were appreciated by many participants.

Those who did feel positive about their roles said that they could grow their influence because other leaders actively made space and advocated for their inclusion at the decision-making table.

I really kind of feel that... there's a lot of stuff that we've had to do ourselves, and it's involved a lot of reaching out and perseverance by us.

(Lived Experience Community Leader)

I am so grateful for all the many, many generations of people whose hardships in their lives caused them to fight for positions like the one that I sit in now.

(Lived Experience Advisor)

Many leaders from the community sector and inside government agencies spoke about the growing influence of and support for lived experience perspectives. Some felt there was growth in the total number of roles, though this varies significantly between regions. Participants talked about feeling valued and supported, being able to participate at different levels, and the impact that support has on their work, and on experiences for tāngata whaiora more generally.

In [NGO] we're not considered less than, it's not like clinical over there, peer over there; it's really recognised and awarded, and it continues to grow.

(Lived experience community leader)

Initially I was a bit nervous because I thought, it's quite hard being the lone lived experience voice in [Senior Leadership Team]. People just go above and beyond, honestly. It's just amazing. It's a real transformation from even two years ago.

(Lived Experience Advisor)

Consultation was embedded at the beginning as opposed to the end
... that was actually a solid step in direction around leadership.
(Lived Experience Advisor)

Overall, there is a large spectrum of experiences across the workforce. Many participants noted and appreciated the resourcing and efforts of lived experience leaders inside Government agencies Manatū Hauora and Te Aka Whai Ora. There is a notable difference in how lived experience leadership is enabled inside agencies - where people still face barriers but have more resources - and in community and delivery organisations, where people are more likely to feel excluded from decision making and they experience limited opportunities to increase resources.

Action is needed to dismantle barriers to lived experience leadership

Almost all participants raised the significant and ongoing barriers to leadership that are created within government systems. People with lived experience of the justice system or incarceration are barred from leadership roles inside agencies. They discussed the ongoing stigma they have experienced, including assumptions about their capability, or fears expressed by clinical peers that they will become unwell. This stigma works to exclude them from leadership roles and limits their ability to influence decision-making.

Many participants discussed being pigeonholed and shut out, with limits placed on what decisions they were able to influence. Others shared a feeling that they were viewed by the system as being 'too close' to the work, and therefore less professional. They also spoke about the ways in which this stigma prevented the voices of tāngata whaiora, whānau and communities from having their voices heard.

We went to [government organisation]. They just said 'no, it's all right'. Going to do nothing...they like having us to be able to tick that box but when it comes down to who decided to lock that door, the community wasn't involved.

(Lived experience community leader)

But, what I've noticed is, the closer I get to my own experience the less I'm invited to input to it. The further away I am from my individual experience, I've had far more opportunity to input into designing and developing things.

(Lived Experience Advisor)

A consistent theme in our interviews was that lived experience leaders still feel like the system still considers them as lower in a hierarchy of knowledge and expertise, with clinical perspectives still seen as more valid. Some participants saw pockets of great practice in addressing this. But others talked about their frustrations at the effort they have to make to for their voices to be heard.

We're not here to have a psychologist explain to us things that a lot of us already know. We want the lived experience lead person leading it because it's a lived experience webinar.

(Lived Experience Advisor)

We talk about nothing about us without us, but we've got planning and funding that sits in a different office that make contracts that have an enormous amount of influence about what people experience on the ground. They don't talk to us.

(Lived experience community leader)

Lived experience leaders spoke about having to educate some of their clinical or planning counterparts on relevant strategies, standards and legislation relating to lived experience. They felt this as an additional burden on them that needs to be addressed through a wider cultural shift to support their contribution to mental wellbeing leadership, backed up by education for those who need it.

I had to ask why aren't they getting what lived experience is? Where did the training come from? Who trained our GMs, CDs, ABC, clinical heads? Who trained them about lived experience? Did that happen? I didn't see that happen.

(Lived Experience Advisor)

I would ideally like to see my team working side-by-side ...with our clinical, but as an equal and seeing the value in what this space can bring. Instead of having to always put a case out there.

(Lived experience community leader)

More of a hegemonic control where we weren't seen or valued or acknowledged as having the skillset of someone with lived experience.

(Lived experience community leader)

Government needs to invest in lived experience leaders and create pathways for development and career progression, so they can move from 'informing' to 'leading' across the system

A strong theme throughout our interviews was the importance of investment in development and career progression opportunities for lived experience leaders. Some identified a need for additional investment and career progression to enable participation in strategic decision-making. However other participants discussed being 'pigeonholed' as a person with lived experience, despite having many other professional skillsets relevant to their work, such as commissioning or policy development. Others noted that greater support – for example with governance skills – would help support system transformation because lived experience leaders bring unique perspectives and approaches.

What I really feel like I need as a leader in what I'm doing is I need the training to do the budgets, I need the training to be able to do the strategic plan, I need the training to do the yearly planning, I need the training to do the lived experience framework.

(Lived Experience Advisor)

I think people in lived experience roles are, and I'm a bit biased but quite a special breed really, because we have these other skills and then we have the experiential knowledge as well, that informs us.

(Lived Experience Advisor)

Participants also discussed the need for a more strategic and coordinated approach to growing and developing the lived experience workforce. They wanted to see greater investment in qualifications and mentoring so that people working in peer support could progress in their career and move towards lived experience leadership roles. Many stressed that this development, and oversight of it, needs to be lived experience-led and sufficiently resourced to be effective. Greater effort needs to be made to support and sustain the next generation of lived experience leaders - an issue also raised in engagement on our Peer support workforce paper in 2023 ⁽⁵⁾.

In Pae Ora, and Kia Manawanui; it's in there multiple times around lived experience leadership and all that, but there's no baseline as to that ... in our specific world of lived experience we don't really know what we're working towards.

(Lived experience community leader)

Paths for them and spaces for them, so when succession comes in there are spaces there already that they can be joined, they can be part of a collective.

(Lived experience community leader)

Lived experience leadership needs to be valued and recognised

Participants wanted to be able to connect with tāngata whaiora, whānau and communities to reflect their diverse experiences and ideas for change back to decision-makers. Many community leaders felt that too often they were prevented from doing so by short time frames or token consultation processes, dictated by agency needs not people's needs.

Leaders emphasised that their role was as an amplifier of the voices and needs of a diverse community but felt that they were used to give the lived experience 'tick' to a policy or service. Others acknowledged the efforts by some agencies to shift their ways of working and make space and time for 'living' as well as 'lived' experience.

[Leaders] are not individuals talking to the thing that upset them in their experience; they are talking to a collective and they understand that to be coming from a lived experience perspective means to be coming from a point of shared power.

(Lived experience community leader)

I would like us... to be approached and say, hey, we're thinking about doing this service or this kaupapa, we really would like some input from your guys' space, what do you think? As opposed to going, oh, that's right, we haven't had any feedback from consumers, I'll just go and get [name] and she can talk for the whole of [region].

(Lived experience community leader)

A related theme was the strong desire for authentic and collaborative engagement with government and service providers. People wanted to be consulted at the beginning of a project or process, and invited to help define the problem, not just be consulted on the draft solution.

Lived experience advisors in agencies acknowledged that the system was improving in its ability to ask about peoples' experiences but missed the opportunity to collaborate on the action. Participants wanted to see and understand how their experiences and expertise were shaping decisions that were made.

I'm hearing lots and seeing lots of, yes, we want you involved, yes, we're hearing your voice, thank you, yes, that is influencing that. But I'm not seeing the outcome at the other end, it's not so visible in tangible way.

(Lived experience community leader)

Setting up an advisory group is really convenient. Setting up a knowledge exchange is a very different piece of work and that takes time.

(Lived Experience Advisor)

Within the community of lived experience, many people identified that tāngata whaiora who face additional barriers are not being supported enough to lead.

So it's time for our voices – Māori voices, Pacific voices, LGBT, our disabled. It's our turn. Our voices. Louder and stronger than clinical. And, sadly that's not coming through.

(Lived Experience Advisor)

We know how difficult it is for Pacific people with lived experience coming into this sector. There's so little support for us, so little understanding.

(Lived experience community leader)

Participants noted that leadership for mental wellbeing needed more resourcing and efforts from agencies beyond the health system. This is a developing area, and community leaders feel they had to work harder to be able to influence decisions made outside of health agencies, with those organisations still developing their understanding of what lived experience means and how to incorporate it into their work.

[There's] a gap in terms of how lived experience leadership is able to reach into the other areas of wellbeing, and how lived experience leadership is understood in those areas, and how well it can be represented.

(Lived experience community leader)

The challenge is maintaining investment in lived experience workforce and trusting that that is the right thing to do and doing it across Government. Just not only relying on Te Whatu Ora funding.

(Lived experience community leader)

Lived experience leadership needs to be self-determining

Almost every participant in our interviews thought that the lived experience perspective needed an independent home outside of government agencies and service delivery organisations. They described how this would enable genuine lived experience leadership, giving effect to 'nothing about us, without us' and reducing the fear of professional consequences for speaking up.

While people in lived experience roles inside agencies agreed they were making a positive difference for tāngata whaiora, they noted that those roles were vulnerable to restructure or shifts in sector leadership. These concerns were echoed by others who discussed the disestablishment and removal of funding from preexisting lived experience networks.

It doesn't seem to be lived experience leadership if you hire someone into a lived experience role, have them reporting to someone that doesn't have lived experience and give them an agenda. That's not really leading. That's taking passionate individuals and giving them a job that you dictate and a direction that you dictate.

(Lived Experience Advisor)

I think that independence of that would allow for a different frame for amplification... it would create a distinction between peer led organisations that are now service providers who are speaking on behalf of current people journeying with services.

(Lived Experience Advisor)

Resourcing for this independent voice was another strong recurrent theme. Community organisations who represent lived experience voice are under resourced but repeatedly asked for feedback without compensation for their time. Participants strongly believed that a well-resourced community network or networks would make a significant impact on strengthening lived experience leadership in the long term.

If they value the voice they should fund a framework to capture that voice effectively rather than relying on one person.
(Lived Experience Advisor)

The other thing that frustrates me is the amount of feedback that's sought from lived experience communities, without the structural resourcing.
(Lived experience community leader)

They can hire a consumer adviser in [region], but that person only represents that person's lived experience. Whereas if they resource a lived experience network, there are so many diverse uses and it's a cohesive voice. It's a voice of everyone, not just one employee that is working inside the system.
(Lived Experience Advisor)

People also acknowledged the importance of regular networking to enable mutual support and share information. Space for connection and debrief was critical to discuss and improve on ways of doing things and bringing new ideas and energy back into different spaces. Participants believed this was critical to ensuring the voices of communities and tāngata whaiora fed back into the strategies and priorities of NGOs and government agencies. While some strong networks already exist, many felt that overall, there was not enough time or financial support provided by organisations to make regular attendance possible.

I've kind of found my own supports... and I wouldn't say that the system helped me find them because it didn't, I found them because I recognised a need that I can't do this alone.
(Lived experience community leader)

I don't think they have been allowed time to process and connect and bring everyone in. I think that again is a systemic failure.
(Lived experience community leader)

I think that the joining of the dots is a really important piece. I see that as being a key role of the Ministry [of Health]...with Kia Manawanui.
(Lived Experience Advisor)

Action: Strengthen national, regional, and local leadership and collaboration for mental wellbeing: the case of Housing First



The final action in this report under leadership for Kia Manawanui is “strengthen national, regional and local leadership and collaboration for mental wellbeing”. In the short term, this commitment involves cross-government coordination on mental wellbeing, as well as collaboration with national networks and organisations. The strategy also requires national networking between leaders to share their experiences, and investment into capability and capacity. As stated in Kia Manawanui:

Kia Manawanui aims to ensure people and whānau have their basic needs met, know how to strengthen their own mental wellbeing, and live in communities with diverse, well-integrated avenues for support when and where it is needed.

As a well-evidenced social determinant of mental health and wellbeing, housing responds to one of the aims of Kia Manawanui which is to ensure that people and whānau have their basic needs met as well as have support when needed. To provide insights into progress made in this area, we examined the experiences of organisations, providers and agencies working on Housing First initiatives across the country. Housing First is an approach to helping people get support for complex issues by prioritizing stable housing before offering support to deal with underlying issues, including mental health, substance use or addiction. Housing First projects in Aotearoa are based on the international model, which began in the United States in the 1990s, and have been adapted by providers through 12 place-based initiatives across the country ⁽⁶⁾.

We chose this initiative as a case study as it is a relevant example of an approach which sits outside the mental health and addictions system, but which provides services to cohort of people who have high and unmet needs, including in mental health and addiction ⁽⁷⁾. We recognise that there are many other examples of cross-agency collaborations focused on housing, including the Rapua Te Āhuru Mōwai – Homelessness Transition Pilot, the Homelessness Action Plan which provides funding opportunities to other government agencies including Te Whatu Ora and He Ara Hiki Mauri – Kaupapa Māori responses to homelessness.

Housing First identifies that it is very difficult to experience wellbeing without stable housing, reflecting Kia Manawanui’s goal of building the social, cultural, environmental and economic foundations for mental wellbeing. Housing First interventions rely on effective collaboration between multiple government agencies and community providers at the local, regional and national levels. Our interviews included people from all these levels, across Government and NGOs.

Key findings

Housing First approaches can make a powerful impact on the lives of tāngata whaiora

As a collaborative effort between NGOs, service providers and government, the Housing First approach has made a demonstrable impact for people and communities. Individuals and whānau who previously had no home have been able to access stable housing, and kaimahi have the flexibility to try different approaches to keep them housed. Tāngata whaiora supported by Housing First projects have more help to access supports and services, navigate government systems, and build social and community connections.⁽⁸⁾ A collaborative research project assessing the People's Project Housing First programme in Hamilton found that the average number of bed-nights in mental health facilities for the cohort more than halved in year one of the study. Over the five-year period of the project, hospitalisations decreased by 44 per cent and criminal charges decreased by 43 per cent⁽⁹⁾.

I guess as far as collaboration goes, the people's project is a great example of how government services and NGO's can collaborate to make a real difference. We've housed well over 2000 people.

(Housing First provider)

Participants talked about some of the systemic changes that have come about from the work of Housing First. While many faced challenges with implementing the vision, they felt strongly that their ability to work with people and whānau to help them find a safe home was life-changing for many. NGOs discussed how vital the 'no door is the wrong door' approach and integration of peer work is for people who have had multiple touchpoints with the system and low levels of trust in government agencies. They discussed the ways that some agencies have changed their approach to working with people and whānau as a result of the collaboration.

There were big changes. Mental Health for example decided that they would never knowingly discharge someone to homelessness - so big changes. They haven't managed to stick to that I will just say, but they did have the right intention.

(Housing First provider)

But here, [government organisation] I think they have done a lot of listening, a lot of learning, as have we, and I think it has impacted their service delivery ... the amount that they were prepared to listen and the risks they were prepared to take to house people that were blacklisted, seen as un-housable, or unable to sustain a tenancy have been life-changing.

(Housing First provider)

Peer support is really valuable in our service when it comes to connecting with our kaewa; people with lived experience have a different way of connecting with these guys...so that's proven to be a value for us.

(Housing First provider)

High trust models of support from government are critical to ensuring that Housing First providers can support tangata whaiora

A number of participants talked about their positive collaborative relationships with government agencies and the ways in which the overall model of funding and trust laid foundations for better outcomes for people they work with. People talked about how the comparative freedom and flexibility in their contract reduced stress and frustration for kaimahi and tāngata whaiora. Others acknowledged that the variation in funding and support arrangements across different regions allowed providers to respond to the specifics of their community's needs.

[Government organisation] I think need to be acknowledged for the freedom they give us in to be able to respond, that they don't put a whole lot of confines on us, that they allow us to use our judgement around how we respond. I think that's quite unusual.

(Housing First provider)

We keep the scope so broad and... we want each provider to work differently so that people have a choice in whom they work with in those areas.

(Government official)

I think the government has invested heavily in something they don't quite understand, except they know it works, so good on them. I tell everyone I think the government is incredibly brave for investing in a no-graduation service.

(Housing First provider)

Participants from NGOs described a wide range of experiences of collaboration and coordination of services with government agencies, with significant variation across the different locations. A consistent theme was the impact of sustained collaborative approaches, when agencies and Housing First providers were able to work together to discuss the barriers and establish a long-term solution. Others felt that their best collaboration was at the responsive end, working together with agencies like Police in response to people experiencing crisis.

The co-operation we feel, collaboration, is with the Police and not much else. That's where we would feel the strongest collaboration and that's partly because they're sending us the referrals and then when we get into difficulty they come and help.

(Housing First provider)

We have a guy working in our office from [government organisation] every Tuesday, amazing, I know, without that that would be a nightmare, but that works through relationships and at the start that collaboration at the table.

(Housing First provider)

Collaborative leadership for better mental wellbeing outcomes requires greater effort from government agencies to dismantle barriers

Participants in our interviews identified that greater government collaboration at the strategic level is necessary to meaningfully improve outcomes for the people that Housing First supports.

It's great to see a recognition in documents like Kia Manawanui saying that housing is a human right and it's an essential health and wellbeing tool. That is a huge step forward. We still have some work to do with our government agencies to recognise that housing is a human right. If we think about Maslow's Hierarchy of Needs, its shelter is right there on the bottom.

(Housing First provider)

I think that is a problem across all the government agencies and the Crown, is that they expect everybody else to collaborate, and they don't, and that's where the issue is.

(Housing First provider)

I think at the local level Housing First is a great collaborative effort, and it's how the local, the regional, and the central link together much less good frankly.

(Government official)

Many participants spoke about the challenges of working with the different boundaries and criteria for support from different agencies. They felt that their ability to support people was challenged by inflexible government structures and boundaries which were difficult to negotiate. People felt that critical services for tāngata whaiora were inaccessible because the system was unable to adapt to their needs or their situation. This was particularly frustrating in situations where kaimahi had built trust and stability with someone who had been considered 'hard to reach' over a long period of time.

The DHB boundary stuff still holds firm. It's like, "What are you doing moving these people into our territory?". These people are entitled to move... not much point in having continuity [of] services if you haven't got a house. That actually comes first.

(Housing First provider)

I think that there is something that the policy settings don't allow for either. So, [government organization] you go to one town for that, and then you go to one town for health, because all the boundaries are different.

(Housing First provider)

Everything I've ever seen is multiple touch points are a nightmare for people in crisis, and that's what we give them, because we can't get out of money silos.

(Government official)

NGO participants talked about the vital role of their relationship with one or two individuals inside an agency in terms of enabling collaboration and getting better outcomes. When people moved roles, or when the relationship was lost, getting support and finding a collaborative approach to meeting the needs of tangata whaiora could be very difficult.

It comes down to the individual or a group of people in that particular region, and that can be the make or break of a lot of good work.

(Housing First)

I think for us, in that space, it's more people we know who are the people we go to, it's not the organisation and we try and get results through that. Whenever we've need to go to them through an 0800 number, through just some random; don't bother, ridiculous, which is sad.

(Housing First provider)

I mean, we had a great relationship with the police in terms of that part of it, because they got us, but the cross-government stuff just wasn't, unless you knew somebody.

(Housing First provider)

A strong theme was the need for greater effort from agencies to work with communities to address the overlapping determinants of homelessness, mental distress and addiction – not just respond to the consequences. Participants wanted to see more collaboration from agencies to reduce or remove the barriers that whānau frequently faced when trying to find stable housing, supports or services – including barriers erected by government itself. They felt that NGOs were stuck in between the competing priorities of government agencies, none of whom had primary responsibility for preventing homelessness.

We decided to start a champions group, and it was about all people who were heads of a government department... It's not going anymore, because ... our issues were too big to actually have one person sit in there and actually try and make that change, and the change was needed over the whole of the organisation rather than just here in [region].

(Housing First provider)

Getting people to recognise that people who use [our] service have experienced major trauma, and have actually been victims of the very government agencies that are sitting around our table. And, that they deserved, and had earned and needed the opportunity to access the services that were there actually for them.

(Housing first provider)

A systemic approach to collaboration between health agencies, including service providers, and Housing First communities would help to support better outcomes for tāngata whaiora

Almost every participant in our interviews raised the need for a more systemic and supported relationship between Housing First providers and the health system, particularly around mental distress, substance use and addiction. Some had established good working relationships with leaders in their locality, or service providers. But overall people felt keenly the absence of collaboration and coordination between national agencies, Housing First providers and the wider community.

We have cases where we have providers who deliver across services. That's beneficial. But, [government organisation] we really need those professionals in the space with us.

(Government official)

I think on a contractual level we should be aligned with Health somewhere. I don't know what it looks like, but I think they have a role in this space, as well as Housing. I think it should almost be a Housing, Health support programme.

(Housing first provider)

Participants recognised the significant constraints on the health system and in particular the challenges to access services and supports for mental distress and addiction. They expressed frustration that critical opportunities to meet the health and wellbeing needs of tāngata whaiora were missed, because supports were not available or sufficiently flexible, or no systemic relationship existed between housing and health providers. People talked about how many of those same people who weren't getting support had cycled in and out of other systems, including prison or mental health inpatient units, but there was a lack of coordinated effort to support their journey to wellbeing.

[Government organization] is pretty closed isn't it ...there's no agency to agency easiness. We really struggle with them.

Housing First provider)

The people that come through [Housing First] a lot of them have a lot of trauma and a lot of mental health. They come systematically. They're known to everyone. They're repeatedly going through the wards and things like that. There's no follow-up.

(Government official)

[Government organisation] yeah, just let us down, and I think they continue to not only just let us down here in [region], but around the country in terms of mental health services, drug and addictions. A lot of that probably is just because they don't have the capacity to do that.

(Housing First provider)

A recurring theme was the need for health providers and the wider system to shift their ways of working in recognition of the specific needs of people and whānau experiencing homelessness. Housing First providers have trialed employing mental health workers directly, but still found challenges in connecting with the wider system of supports and services. Some people had positive working relationships with particular mental health services, and others pointed to positive initiatives like the Rapua Te Āhuru Mōwai homelessness pilot in Auckland. However, there was a wider experience of a hierarchy where Housing First providers felt that clinical models took precedence in service delivery, to the exclusion of their knowledge and experience.

Mental Health services aren't able to cope with that movement. Often the people we are working with live quite chaotic lives, and so that's hard. They don't do appointments. They can't do appointments.

(Housing First provider)

Everybody seems to have these very rigid criteria and controls in place that don't meet the needs of people from Housing First.

(Housing First provider)

Unless you're massive and you've got GPs and mental health within you, they really just think you're a second dog's body kind of community NGO.

(Housing First provider)

Government agencies need to act in partnership with Māori to improve outcomes for tāngata whaiora Māori in health and housing

Māori make up a majority of the people who are being supported through Housing First projects – around 58% as of 2021⁽⁶⁾. However, iwi and Māori were excluded from the policy planning and implementation of Housing First at a systemic level. This meant some while Housing First pilots worked in collaboration with kaupapa Māori organisations or iwi and hapū Māori, many did not. Māori participants talked about the challenge of trying to establish collaborations through a partnership model when programs had already got underway.

It came in hot and quick. There was a need obviously. Homelessness was a huge pressing need. There was this model and then it was like, “Quick, let’s get it done.” Then obviously some of the consequences of that are now being felt a little bit.

(Government official)

That is why the tangata whenua led response to ending homelessness differs, because if we can take somebody, if we can start to connect them back to their whakapapa and their whānau then you’ll start to see a different outcome.

(Housing First provider)

Significant work to address Māori approaches to housing has got underway since then, notably Te Maihi o te Whare Māori (MAIHI, a framework and strategy to change the housing system so it delivers better solutions for Māori).⁵ However, participants felt that wider government settings for homelessness support are in contradiction to kaupapa Māori values and their commitment to people and whānau.

From a te ao Māori perspective it doesn’t matter how long you’ve been houseless for, you’re homeless, that’s it, so that was a big contention for us as a Māori provider.

(Housing First provider)

We work on the basis that if you go onto a marae and more people turn up you put more water in the stew. You can’t turn people away. You just can’t turn to people and say, “We’re full today”.

(Housing First provider)

⁵ <https://www.hud.govt.nz/our-focus/our-maihi-approach/>

Next steps on measurement and tracking progress

Kia Manawanui is large and ambitious, with commitments to change that touch nearly every aspect of the system. This report is a qualitative report on mental health and wellbeing systems leadership and focuses on peoples' experience from diverse leadership perspectives and from collaboration.

It is beyond the scope of this report to quantify the contribution of leadership actions and effort to population mental health and wellbeing outcomes – outcomes such as, as per He Ara Oranga wellbeing outcomes framework, 'being safe and nurtured', 'having what is needed', 'healing, growth and being resilient', though the positive examples we share here undoubtedly make a difference to those supported.

Fully realised monitoring, evaluation and learning seeks to assess outcomes across the entire intervention pathway from the measuring the quantity and quality of delivery of an action to understanding its impact on a service or system to assessing the contribution to improved population outcomes it is achieving – the 'line of sight' between the inputs and the outcomes.

We think 'line of sight' monitoring is critical to understand the contribution of actions in the system as described in Kia Manawanui, or any new strategy or implementation plan, to population mental health and wellbeing outcomes. This applies to all entities and government organisations involved in commissioning, design or delivery of initiatives and actions to improve mental health and wellbeing outcomes. We anticipate that the findings from this report will be used to develop indicators as part of this line of sight.

As we move into the medium-term timeframes of Kia Manawanui, and government develops new mental health and wellbeing strategies and approaches, we will be guided by these findings, our He Ara Oranga Wellbeing Outcomes Framework and our system performance monitoring framework He Ara Āwhina to undertake more comprehensive system performance monitoring in line with our statutory function.

As a Commission we are beginning work to develop a 'line of sight' that will bring together the He Ara Oranga wellbeing outcomes framework, He Ara Āwhina system performance framework, He Ara Oranga inquiry recommendations, and example indicators from Kia Manawanui, and other reports available to inform our ongoing system performance role.

Appendix - Method

We utilised a qualitative approach to assess the changes that have (or haven't) happened as a result of selected government programmes, activities or approaches that have sought to transform leadership for mental wellbeing transformation. We worked with Māori, with lived experience leaders and with non-government organisations across the mental health and wellbeing system to understand what delivery has looked like from their perspectives, and what has changed as a result.

Under these three focus areas, we narrowed our scope to look at specific aspects of the work that agencies are doing. Our initial plan to assess progress on Māori leadership and upholding Te Tiriti O Waitangi was to speak to people working within, and working in collaboration with, Te Aka Whai Ora. However, the confirmation that it would be disestablished partway through this project necessitated a shift in our approach. Given this change, we decided to analyse the Māori lived experience interviews under the action to assess “commitment to amplifying the voices of Māori, people with lived experience” using the organisational Te Tiriti o Waitangi statement and reported against the action demonstrating progress toward “commitment to uphold Te Tiriti o Waitangi and support equity of mental wellbeing outcomes for Māori”. The remaining interviews were reported under the action to “amplify the voices of lived experience leadership”.

We interviewed:

- 13 people in lived experience leadership roles inside government agencies (including but not limited to health agencies) and in community organisations, NGOs and service providers
- 8 Māori lived experience leaders inside government agencies, and in community organisations, NGOs and service providers
- 12 people from Housing First providers across five different regions and from government agencies who support or fund Housing First services

Our recruitment strategy for the interviews followed a snowball method, with initial contacts based on Te Hiringa Mahara's existing relationships across the three key focus areas.

We recruited additional participants through suggestions from our interviewees, and proactively identified any clear gaps where we needed more information. Interviews took place via Microsoft Teams and were recorded and transcribed for accuracy, with consent from interviewees.

Once our interviews were completed, we used thematic analysis to draw out key themes, following Braun and Clarke's ⁽¹⁰⁾ six-phase process as our method for analysing the data. We also utilised our Te Tiriti o Waitangi position statement to analyse data from Māori leaders.

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