

Briefing

Meeting with Te Hīringa Mahara – Mental Health and Wellbeing Commission

Date due to MO:	19/06/2025	Action required by:	26/02/2026
Security level:	UNCLASSIFIED	Briefing number:	BN2026-002
To:	Hon Matt Doocey, Minister for Mental Health		
Copy to:	Stephanie Buick, Principal Advisor System Planning & Accountability, Ministry of Health – Manatū Hauora		

Contact for Telephone Discussion

Name	Position	Telephone
Karen Orsborn	Chief Executive	
Stuart Allan	Director Corporate Services	

Minister's Office to Complete

- | | | |
|--|------------------------------------|---|
| ☐ Approved | ☐ Decline | ☐ Noted |
| ☐ Needs change | ☐ Seen | ☐ Overtaken by event |
| ☐ See Minister's note | ☐ Withdrawn | |

Comment:

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To:	Hon Matt Doocey, Minister for Mental Health
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Purpose of report

1. The purpose of this paper is to provide a proposed agenda and key discussion points for a meeting with you, Hayden Wano, Board Chair and Karen Orsborn, Chief Executive of Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) on Thursday 26 February 2026.

Summary

2. We propose the following items for discussion:
 - I. Publication of access data summary
 - II. Advice on the Mental Health and Wellbeing Strategy
 - III. Planning and financial sustainability – key priorities for 2026/27
 - IV. Board appointments

Recommendations

We recommend you:

- | | | |
|----|--|----------|
| a) | Note the contents of this briefing. | Yes / No |
| b) | Note the Commission intends to proactively release this briefing as part of our proactive release policy. | Yes / No |

Karen Orsborn
Chief Executive
Date: 19/02/2026

Hon Matt Doocey
Minister for Mental Health
Date:

Discussion points

Publication of access data summary

1. On 25 February we published our access to services and NZ Health Survey data summaries [refer BN2026-001].
2. Good progress has been made. More people were supported for their mental health and/or substance use through specialist mental health and addiction specialist services in 2024/25. For 2024/25 the Government wait time target was met, with 80.9% of people seen within three weeks of referral. More people are being seen through Access and Choice services but less than expected (88,678 less than expected).
3. Support for rangatahi and young people still lags behind and is a cause of ongoing concern. In the 2024/25 year, access for young people reduced, they faced longer wait times, and had more referrals declined. The challenges for rangatahi and young people accessing services is particularly concerning as the 2024/25 NZ Health survey findings are showing increasing levels of high psychological distress for this group.
4. The data summary calls for focused action to improve access and reduce wait times for young people and those needing addiction services. It highlights the need for more people to be seen by Access and Choice services to reach full capacity.
5. Improving rangatahi and youth mental health and wellbeing is a key strategic priority for us and will be a focus in our upcoming publications. We will publish a deep dive into access to specialist services for rangatahi and youth supported by a literature scan. These publications will provide a deeper understanding of how access is changing over time and what specialist MHA services and transition supports are needed to meet the needs of young people in the future. Our literature scan on early intervention and prevention for rangatahi and youth will provide evidence on effective approaches for adolescents, young people and rangatahi Māori with lived experience of mental distress and addiction including approaches for suicide prevention.

Advice on the Mental Health and Wellbeing Strategy

6. The Ministry has sought our feedback on the updated draft Mental Health and Wellbeing Strategy, ahead of seeking Cabinet approval to consult publicly on it. We responded to the Ministry on 17 February and have provided a copy of that advice to you [refer BN2026-003]. We support the Strategy going out for public consultation.
7. We are pleased to see the updated Strategy strengthened, and that our proactive advice has been adopted. In our letter we have highlighted gaps that we believe will be addressed after consultation. There is good alignment with our System Performance Report and the system shifts
8. We have also indicated our intention to provide feedback on the next iteration of the Strategy post-public consultation, as previously agreed. We are planning to publish

our initial proactive submission and advice on the Strategy from May 2025 with an update on the current draft on our website in early March. We will be publishing our System Performance Framework monitoring report in late May 2026.

Planning and financial sustainability – key priorities for 2026/27

9. Our priorities for 2026/27 take into consideration our legislative mandate, commitments in our strategy and 2025-2029 Statement of Intent, the priorities of the Government, and our organisational capacity.
10. We will be placing greater emphasis on how we use the insights we generate, therefore increasing the focus on activities related to using the insights we have generated and reducing the number of monitoring and other reports we publish.
11. The Commission will need to make some changes from the 2026/27 financial year and onwards to continue to deliver its mandate within the resources available. We are developing a plan to ensure we operate in a fiscally responsible way that manages our current financial pressures. We have shared the plan with the Ministry of Health and will continue to work with them. Further information will be provided in the 2026/27 Statement of Performance Expectations.
12. Our key areas of focus in 2026/27 will be continued MHA system and service monitoring, keeping momentum with crisis responses, the deep dive into access to services for rangatahi and youth, and promoting alignment through the Hauora Hinengaro 2026 forum, webinars and dissemination of our key findings. We will also undertake an assessment of progress with implementing the Suicide Prevention Action Plan.
13. We have two key areas of focus in our public advocacy – access to mental health and addiction services, including our ongoing crisis responses work; and rangatahi and youth, specifically drawing on our findings regarding access to services and online safety.

Board appointments

14. The term for our Board Chair finishes in July 2026. The Ministry is reviewing the timing of appointments process in light of the upcoming election.

For noting

Upcoming publications

Publication	Month
Access summary and health survey data summary	25 February 2026
Insights paper – primary mental health think tank	24 March 2026
He Ara Āwhina – updated dashboard and summary set measures	31 March 2026
Early intervention and prevention for rangatahi and youth report	30 April 2026
Wellbeing monitoring report	30 April 2026
System performance report	Late May 2026

Rangatahi and young people – online safety and 2026 Youth Mental Health Summit

Online safety

3. Online harm and safety for young people is a global issue with New Zealand currently developing policy options to respond.
4. Emerging evidence shows that there are both harms and benefits to online spaces, internet use and social media for young people. For example, young people rely on online spaces for social support and connection as well as support during crises. However, there is also harmful content online that can exacerbate a young person's mental state if they are already experiencing distress.
5. Our position is to take a harm reduction, preventative and multipronged approach to addressing online harms. That is, empowering participation from young people into decisions about online harm and safety and listening to them about their experience; ensuring education is available for young people, parents and caregivers, and promoting stronger regulation of online platforms and harmful content.
6. We are planning to publish an editorial into mainstream media in late February/early March communicating our position on the issue.

Youth Mental Health Summit 2026

7. We are a member of the organising committee for the Youth Mental Health Summit in Parliament on 4 March 2026. The event is led by Youthline with support from multiple organisations including University of Auckland, Victoria University, Otago University, Ember Innovations, and the Royal Australian and NZ College of Psychiatrists.
8. We have contributed to shaping the programme and, Commission Board member, Josiah Tualamali'i, will be speaking at the closing of the event. Our closing remarks will include reflections from the day and will outline our youth focused work that we have

planned during the 2026 calendar year, such as the deep dive report on youth services, and the 2026 Hauora Hinengaro conference in November.

Crisis responses 2026

9. In our **Urupare mōrearea: Crisis responses monitoring report** we recommended Health NZ develop a nationally consistent plan to enable access to a range of options, including 24/7 phone-based crisis support in every district, virtual options, crisis community teams, crisis cafés, crisis respite, acute alternatives, as well as inpatient services when needed. We will focus on our recommendations in stakeholder and media activity.
10. We will maintain momentum through actions planned for 2026 including hosting sessions to follow up on the collective aspirations identified at the Hauora Hinengaro: Te Ara Turoa conference in November 2025. We will also share vignettes from rangatahi and young people about their experiences and what made a difference for them and host a webinar series where people share their lived experiences of accessing crisis cafes, peer support in ED and co-response teams.

National conversation on safety and risk

11. We have begun our scoping work and engagement to facilitate a national conversation about safety, risk and mental health.
12. This work responds to a recommendation in He Ara Oranga to increase understanding about mental health and risk, and how mental health review processes, reporting, and clinical decision-making can contribute to a positive discourse about mental health and wellbeing in the public domain.
13. We are taking a phased approach, beginning with scoping and targeted engagement with key agencies and organisations identified in He Ara Oranga to understand the issues and what needs to change (informed by evidence). We are aiming to understand perspectives, capacity, and alignment with existing work. The insights gathered, together with our scan of available evidence on the topics, will inform a scoping paper for Te Hiringa Mahara Board.

Next Steps

14. We will continue to keep you abreast of our work programme and strategic direction through briefings and regular meetings.

ENDS