Te Hiringa Mahara | Mental Health and Wellbeing Commission

Briefing

Meeting with Te Hiringa Mahara – Mental Health and Wellbeing Commission

Date due to MO:	28/04/2026	**Action required by:**	5/05/2026
Security level:	UNCLASSIFIED	**Briefing number:**	BN2026-008
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	[redacted]
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☐ See Minister's note ☐ Withdrawn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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Security level:	UNCLASSIFIED	**Date:**	28/04/2026
To:	Hon Matt Doocey, Minister for Mental Health		

Purpose

1. The purpose of this briefing 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 Tuesday 5 May 2026.

Summary

2. We propose the following items for discussion:

   I. Letter of expectations and 2026/27 Statement of Performance Expectations
   II. The review of the Commission
   III. Review of Te Tiriti o Waitangi clauses in legislation
   IV. Mental Health and Wellbeing Strategy
   V. 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**

[redacted]

Karen Orsborn
Chief Executive
Date: 28/04/2026

Hon Matt Doocey
Minister for Mental Health
Date:

Discussion points

Letter of expectations (LOE) and 2026/27 Statement of Performance Expectations (SPE)

1. The Commission notes your expectations outlined in the LOE dated 23 March 2026. We are committed to contributing to cross-government work on mental health and wellbeing through our wellbeing outcome assessment work, and to reduce duplication, particularly with the Ministry of Health and Health NZ.

2. We will provide a copy of our draft 2026/27 SPE to the Ministry of Health on 30 April to provide feedback on your behalf. Our draft work programme for 2026/27 includes five SPE deliverables. You will note we have reduced the frequency of our deliverables to focus on using our monitoring insights to engage sector and cross-agency stakeholders for collective impact.

3. We have removed delivery of a monitoring report against actions after the first year of the suicide prevention action plan from our work programme, to avoid duplication with Ministry of Health monitoring. We continue to report on population level measures of self-harm and suicide in our system performance monitoring.

4. We have an ongoing focus on a mental health and addiction system that upholds human rights-based practices including the reduction and elimination of seclusion. As part our scoping phase to inform our approach to facilitate a national conversation on safety, risk and mental health, we engaged with 17 key agencies and organisations in March. Analysis of this engagement will inform a paper to our Board in June 2026 to agree next steps.

5. We are keen to discuss your expectations around productivity, value for money and investment in mental health and addiction services.

The review of the Commission

6. We note the development of the Terms of Reference for the review of the Commission are underway, led by the Ministry of Health.

7. You have expressed your intent to visit Australian Commissions and have extended an invitation to the Commission to attend. We have confirmed our support of this approach and that we welcome the invitation to attend. We have advised that the Chief Executive, Australian National Mental Health Commission, has offered to facilitate other meetings with key leaders while you are in Australia.

Review of Te Tiriti o Waitangi clauses in legislation

8. We note the article published by Te Ao Māori News on 20 April on Treaty obligations in legislation. The article refers to ‘Treaty clause to be standardised’ with regard to Mental Health and Wellbeing Commission Act 2020. We are keen to understand what has been agreed and the next steps for this review.

Mental Health and Wellbeing Strategy

9. As the consultation on the draft Mental Health and Wellbeing Strategy is open, we have published our series of advice [refer BN2026-003]. We have shared our advice and the Ministry's consultation process with our networks. We expect to provide more detailed advice on the next iteration of the draft Strategy, after the public consultation has been completed.

Board appointments

10. The term for our Board Chair finishes in July 2026. We understand an appointment is being progressed.

For noting

Recent and upcoming publications

Review of effective early intervention and secondary prevention approaches for young people: Evidence Review and Brief

11. On 30 April 2026 we published a review and evidence brief on effective early intervention and secondary prevention approaches based on a commissioned research review of the effectiveness of approaches for rangatahi and young people experiencing early signs of distress [refer BN2026-006].

12. The review found a wide range of different types of secondary prevention and early intervention programmes show at least modest effectiveness for improving early signs of distress for young people. Effective service design enablers include accessibility and engagement. Co-design with young people is important for improving acceptability and engagement. More rigorous and consistent evaluation across programmes is needed, particularly for culturally grounded approaches for indigenous populations and rangatahi Māori.

Assessment of wellbeing outcomes and what matters for mental wellbeing

13. On 14 May, we will publish "Assessment of wellbeing for people who interact with mental health and addiction services" and "What matters for mental wellbeing: analysis of factors related to mental wellbeing" reports. We will provide you with a detailed briefing by 4 May prior to publication.

14. We are uniquely positioned to assess and report on wellbeing outcomes for people who are interacting with mental health and addiction services (MHA) and the wider population. No other agency undertakes this type of assessment of wellbeing status for people who interact with MHA services. This is a critical value add to understand broader cross-government contribution to mental health and wellbeing at a population level.

15. Our assessment has shown there has been no improvement in any of the 22 measures we looked at, for people who interact with MHA services, between 2018 and 2023. We can see from our assessment of wellbeing indicators that people who interact with specialist mental health and addiction services continue to fare less well, in comparison to those who do not interact with services. They were less likely to have access to the income that meets their needs, the material things they need to support good wellbeing, and are less likely to be able to afford the basics. They were less likely to have social connections that support them in their times of need.

16. Our additional analysis on factors strongly associated with mental wellbeing showed that self-reported health, social connection and material wellbeing are strongly associated with better mental wellbeing for people interacting with MHA services. In particular, connection and whānau wellbeing are critical protective factors to support Māori mental health and wellbeing and should be prioritised in system solutions. Plans are underway for a cross-government forum to discuss these findings with lived experience leaders.

2026 System Performance Report

17. On 16 June 2026, we will publish our second system performance monitoring report [refer BN2025-009 for detail on the 2025 report]. We will provide you with a detailed briefing by 4 June prior to publication. Our report monitors progress toward six system shifts using 20 measures of system performance. We also report on 10 population outcomes including measures of self-harm and suicide.

18. For the 2024/25 year we found progress has been made but inequity for young people and Māori requires urgent attention. At an overall population level, we are seeing increased access to primary mental health services and to specialist services with peer support. Workforce vacancy rates and diversity are improving, along with more people entering training. However, there is higher unmet need and longer average wait times for young people. Access to specialist services has decreased for 19-24 years olds, with higher rates of declined referrals than older age groups. The number of young people admitted to adult inpatient units has increased. For tāngata whaiora Māori there are continued disparities in unmet need, coercive practice, higher rates of homelessness and lower rates of employment, education, or training. We are also seeing a stalling of progress on reducing the practice of seclusion in the latest (2024/25) data.

Recommendations for system improvement

19. We intend to make two recommendations in the report. Firstly, the development and publication of a plan to eliminate seclusion. Secondly, the development and publication of a mental health data plan collect data relating to outcomes and experiences for people in contact with the mental health and addiction system. We are engaging with Health NZ and the Ministry on these recommendations and have received support for them.

20. We are also renewing an open recommendation from our 2024 service monitoring report, Kua Tīmata Te Haerenga – the journey has begun, for an action plan to meet the needs of Māori and whānau accessing specialist mental health and addiction services. This will highlight that the needs of Māori have already featured in our previous recommendations and have not been effectively actioned and provide a pathway through which work already done by government can be leveraged to begin to address current inequities.

Crisis responses

21. We are following through on our Crisis Responses actions, including a session to present the crisis responses interactive pathways model to system and service leaders and business analysts. The model can help regions and districts better understand flows into and out of crisis services and identify where pathways can be improved.

Online safety

22. Our previous briefing outlined our position in taking a harm reduction approach to addressing online harms for young people [refer BN2026-002]. We provided an opinion piece on our position on online safety to be about regulation, education and including young people in any future solutions. This was published by The Post / The Press / Waikato Times on 5 March. A version of the editorial will be published in Horizon online magazine.

Meetings

23. Following the Youth Mental Health Summit, we are meeting with Minister Meager on 29 April [refer BN2026-007].

24. The Board Chair met with Ingrid Leary on 16 March.

25. We had our annual review briefing with the Health Select Committee on 22 April.

Next Steps

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

ENDS