

## Briefing

### Meeting with Te Hiringa Mahara – Mental Health and Wellbeing Commission

|                 |                                                                                                 |                     |            |
|-----------------|-------------------------------------------------------------------------------------------------|---------------------|------------|
| Date due to MO: | 5/08/2026                                                                                       | Action required by: | 13/08/2026 |
| Security level: | UNCLASSIFIED                                                                                    | Briefing number:    | BN2026-012 |
| To:             | Hon Matt Doocey, Minister for Mental Health                                                     |                     |            |
| Copy to:        | Marty de Boer, Senior Advisor, System and Entity Monitoring, 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

- |                                              |                                    |                                             |
|----------------------------------------------|------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Approved            | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted              |
| <input type="checkbox"/> Needs change        | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by event |
| <input type="checkbox"/> See Minister's note | <input type="checkbox"/> Withdrawn |                                             |

Comment:

# Meeting with Te Hiringa Mahara – Mental Health and Wellbeing Commission

|                 |                                             |       |           |
|-----------------|---------------------------------------------|-------|-----------|
| Security level: | UNCLASSIFIED                                | Date: | 5/08/2026 |
| 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, Dr Barbara Disley, Board Chair and Karen Orsborn, Chief Executive of Te Hiringa Mahara - Mental Health and Wellbeing Commission (the Commission) on Thursday 13 August 2026.

## Summary

2. We propose the following items for discussion:
  - I. Mental Health and Wellbeing Strategy and Implementation Plan
  - II. The review of the Commission

## Recommendations

We recommend you:

- |    |                                                                                                                  |              |
|----|------------------------------------------------------------------------------------------------------------------|--------------|
| a) | <b>Note</b> the contents of this briefing.                                                                       | <b>Noted</b> |
| b) | <b>Note</b> the Commission intends to proactively release this briefing as part of our proactive release policy. | <b>Noted</b> |

Karen Orsborn  
Chief Executive  
Date: 5/08/2026

Hon Matt Doocey  
Minister for Mental Health  
Date:

## Discussion points

### Mental Health and Wellbeing Strategy and Implementation Plan

1. We provided written advice on the draft Strategy to you and to the Ministry of Health on 9 July, along with feedback on the draft Implementation Plan [refer BN2026-014]. We appreciate the ongoing engagement as the Strategy has been developed and recognise the improvements that have been made with each iteration. As in our advice, and echoed strongly through the public consultation, the test for the Strategy will be in its implementation and the tangible changes it drives.
2. We look forward to attending the Launch of the Mental Health and Wellbeing Strategy and Implementation Plan on 6 August. We are keen to discuss the Implementation Plan, and in particular the development of the Youth Mental Health and Addiction Action Plan. The Ministry have indicated they will engage with us on development of the Youth Mental Health and Addiction Plan. We would like to understand your expectations for the Youth Mental Health and Addiction Action Plan, including timing, scope, direction and outcomes sought, as well as how we can support this work.
3. We are planning proactive media activity during the launch of the Mental Health and Wellbeing Strategy with a focus on our advice and to celebrate the significant milestone achieved with the Strategy. We have an ongoing role in monitoring the mental health system, as well as wider work to support mental health and wellbeing. We will be monitoring implementation of the Strategy and its impacts through our work.

### Review of the Commission

4. We note the development of the Terms of Reference for the review of the Commission are underway, led by the Ministry of Health. We would like to discuss the Terms of Reference, timeframes and review panel.
5. As noted in our 2026/27 Statement of Performance Expectations, the review may have a on impact on our Statement of Intent, strategy and work programme. To enable the review to be completed prior to making significant changes we are taking a planned approach to managing our resources over the next two years.



## For noting

### Roadmap launch and next steps

6. We have published a roadmap for mental health, addiction and wellbeing [refer BN2026-013]. This roadmap brings together a select number of clear and connected priorities to help focus effort where it can make the greatest difference. Together, these priorities would support a system that is more responsive, more equitable, and more effective.
7. This roadmap is designed to help decision-makers focus effort and investment where it can make the greatest difference, so people and whānau can get support earlier, closer to home, and in ways that work for them.
8. The roadmap deliberately focuses on a small number of high-priority areas: (i) rangatahi and young people, (ii) crisis response and access, (iii) tangata whaiora and whānau. Our aim is to build visibility of what we consider the most significant issues are, and momentum for people to work in unison towards achieving improvements.
9. Following the breakfast launch, we held an interactive, online session to introduce the roadmap to our wider stakeholders on 7 July.

### Work programme

#### 2026 Hauora Hinengaro Hui Taumata: Mental Health Conference

10. We have confirmed most of the speakers for Hauora Hinengaro Hui Taumata | Mental Health Conference 2026 on 11 November in Auckland. Initial 'save the date' communications have been sent and the programme will be available in the next month.
11. In 2026 we will continue the theme of improving crisis responses from 2025 and introduce a second stream with presentations and workshops focused on youth mental health in 2026. We have two keynotes this year and a range of Australian and Aotearoa New Zealand based examples of innovations in crisis, youth services, and digital options.

#### International benchmarking study

12. We participated in the Global Leadership Exchange and International Mental Health Benchmarking Report managed by the NHS Benchmarking Network. Eight countries participated in the report including Australia, Canada, England, Wales, Sweden, Scotland, NZ and Ireland. The 2026 report focuses on the structure and delivery of mental health and substance use services across the life span across participating countries.
13. We are in the process of finalising a short summary Aotearoa New Zealand specific report with the NHS team. We have worked with Te Pou, the Ministry of Health and



Health New Zealand on both reports. We will provide you with the summary report once finalised.

### Mental Health Bill and supporting a national conversation on safety and risk

14. We were pleased to see the passing of the Mental Health Act in early July. We acknowledge the substantial work that went into the reform of the Mental Health (Compulsory Assessment and Treatment) Act 1992. Through the new Mental Health Act and changes in practice, we expect to see a reduction in the use of coercive practices. We continue to advocate for a reduction in the use of seclusion.
15. In response to your Letter of Expectations, we engaged with 17 key agencies and organisations on risk and mental health in February and March 2026. A paper summarising what we heard will be published later this year. Influencing the narrative on safety and risk will be a key part of the wider programme of work to implement the new Act. Common perspectives of success change across our engagement included (i) a shared understanding and definitions about safety, risk and mental health; (ii) system changes including clearer accountability, less reliance on risk prediction models and greater recognition of inequities; and (iii) culture change in services including being deliberate, less coercive, fewer handoffs and blame shifting, more respectful of people. Since He Ara Oranga, the focus has shifted from a single national conversation, to multiple, complex conversations.

### Crisis responses publication and summary of initiatives

16. Following the successful publication of Urupare mōrearea: Crisis responses monitoring report we have developed a strategic approach to ongoing advocacy and engagement focussed on improving crisis responses. In May, we delivered a webinar sharing the crisis responses interactive pathways model (developed by Arkturus) that is now available on our website. We are also following up on the collective aspirations identified at the conference last year, publishing a map showing new initiatives rolled out and will be hosting a webinar early next year to share experiences of some of the new services, for example crisis cafes. Crisis responses will be a stream in Hauora Hinengaro Hui Taumata: Mental Health conference 2026.

### Rangatahi and youth work programme

17. Rangatahi and youth remain a focus area for us given that as a group, young people continue to experience significant barriers to improved mental health and wellbeing outcomes. We advocate for improvements to access and outcomes for rangatahi and youth (including online safety) and access to mental health and addiction services (including crisis responses).
18. Our April 2026 effectiveness review of approaches and interventions that support young people with early signs of distress identified the factors and approaches that are most effective in reducing distress and supporting wellbeing among young people aged 12-24 who experience mild to moderate distress (secondary prevention).



19. Our second Mental Health and Addiction System Performance Monitoring report (June 2026) found that rangatahi and youth are underserved by the mental health and addiction system.
20. We will publish a monitoring report in November 2026 focusing on a deeper understanding of what works for young people with more severe presenting MHA issues including the early stages of those issues. Our Hauora Hinengaro Hui Taumata | Mental Health conference 2026 will have a focus on rangatahi and youth and our ongoing crisis responses work.

## Planning and accountability

### Review of Treaty clauses

21. We previously noted the intent for Treaty clauses to be standardised regarding the Mental Health and Wellbeing Commission Act 2020. We welcome an update on progress and decisions.

### Planning and reporting

22. We have published our 2026/27 Statement of Performance Expectations (SPE) on our website. The SPE outlines our key strategic deliverables for 2026/27 and our approach to measuring our impact.
23. As we are in year two of our 2025-2029 Statement of Intent (SOI), we have developed an impact framework to apply on an annual basis to our deliverables. This uses the consistent application of five headline measures that enable us to understand the direct impact of our work and can be replicated annually. Our headline measures are a sub-set drawn from our SOI. These present a high-level view of the direct system impacts of our work that we will focus on measuring over the four years of our strategy.
24. Alongside our 2025/26 Annual Report, we will publish an impact report. The impact report will demonstrate our impact over our first five years and tell a strategic story about the value we add in the system. Additionally, it will establish our baseline annual impact for 2025/26, linking back to our impact framework.

## Upcoming publications

### Alcohol and other drug harm literature review and evidence brief

25. We will publish our literature review and evidence brief on alcohol and other drug harm reduction on 19 August [refer BN2026-015]. We previously planned to publish this work on 5 August, however, have amended the delivery date due to the launch of the Mental Health and Wellbeing Strategy on 6 August.
26. The review found the most effective harm reduction approaches include (i) a reduction in the availability, affordability, and promotion of alcohol, (ii) investment to address the social and economic determinants that impact on people experiencing harm from



substance use and gambling, and (iii) expansion of access and options in services designed to respond to harm from alcohol and other drug use and high-quality crisis respite and peer-led services.

27. The work will be used to develop a more detailed policy position on harm reduction, and to inform future monitoring and reporting, advice, and advocacy.

## Next Steps

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

## ENDS

