# Developing a Mental Health and Wellbeing Outcomes Framework
## Summary of what we heard through the co-define phase

## Purpose

This report provides a summary of what the Initial Mental Health and Wellbeing Commission (the Initial Commission) heard, during April and May 2020, from the co-define phase of the development of a mental health and wellbeing outcomes framework (outcomes framework).

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## Context

The Initial Commission was established in November 2019 to begin monitoring progress on the Government's transformation response to *He Ara Oranga*[1] and to enable the permanent Mental Health and Wellbeing Commission to make swift progress when it is established.[2]

One of our main tasks as the Initial Commission is to develop an outcomes framework that would be suitable for the permanent Commission to consider adopting. We are also to identify gaps in information required to monitor performance under the draft framework and make recommendations to the Minister of Health on how gaps could be filled and by whom.

We are working to develop the outcomes framework in four main phases:

1) *Co-define:* consider key terms and existing models and frameworks in discussion with selected stakeholders (April to May 2020).
2) *Conceptual design:* develop the conceptual framework, drawing on findings from the co-define phase and other sources. Testing and refining the conceptual framework with stakeholders (June to September)
3) *Data phase:* identify indicators, measures, data and information sources and gaps, with stakeholders (August to November)
4) *Refine and finalise:* Prepare draft for the consideration of the permanent Mental Health and Wellbeing Commission (December 2020 to January 2021).

## The co-define phase

For the co-define phase in April and May 2020, we circulated a consultation document to seek views on:

- defining mental health and wellbeing
- identifying existing models and frameworks that could inform the work
- a vision for an outcomes framework
- identifying the domains of wellbeing, and
- identifying what people need to see in an outcomes framework for it to be useful.

This report summarises the findings from this consultation. Alongside literature scanning and expert advice it will inform the next phase – conceptual design of the components of a mental health and wellbeing outcomes framework.

Alongside the individual responses, this summary report will be used to inform the development of the outcomes framework. The Board supports publishing this summary report to show how we are working, and what respondents said.

Consultation started during Alert Level 4 of the COVID-19 context, hence we decided a targeted consultation approach was most appropriate due to the lockdown restrictions and rapidly changing circumstances. The consultation document was sent to approximately 50 stakeholders. The distribution list intentionally included mainly consumer and lived experience, Māori and Pacific peoples advisory groups and networks, advocacy

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[1] Report of the Government Inquiry into Mental Health and Addiction, https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/
[2] The Mental Health and Wellbeing Commission Bill had its third reading in Parliament and royal assent in June 2020. This Bill specifies the Mental Health and Wellbeing Commission, an independent crown entity, will come into force by February 2021.

organisations, rainbow and disability groups and peak bodies. We are expected to undertake all our work in a manner consistent with Te Tiriti o Waitangi, and to ensure the perspectives of these groups, and any group with disproportionally poorer mental health and wellbeing outcomes, inform our work.

Going forward we aim to engage more widely as COVID-19 restrictions ease and opportunities to engage broaden. This is in both the conceptual design and data phases. Once we have a good draft of the conceptual framework, we will engage widely to test whether it includes the right concepts, or if refinements are necessary. In the data phase to determine indicators, measures, data sources and gaps, we will also have an engagement process on whether the framework includes appropriate measures and data sources.

## Who we heard from as part of the co-define phase

We received 40 responses to the consultation document. Responses were invited via the consultation document submission form, and/or via Zoom discussion[3]. The total number of responses received does not reflect the total number of people involved in providing a response (e.g. an advisory group response may have collated the views of over a dozen members).

We thank everyone who took the time to share their views and honest perspectives, especially during this time of COVID-19. Some responses were very detailed and collated views of many different individuals.

We did not hear back from everyone we contacted and acknowledge the timeframes and method of engagement may not have worked for some, especially those involved in the COVID-19 response. Hence this summary report does not reflect all diverse perspectives, such as from the disability or refugee communities.

A few respondents were forwarded the consultation document (i.e. we did not send it to them directly) and their responses have also been included.

The submission form asked respondents to self-identify which sectors their submission represented, with response options covering: Māori, Pacific, District Health Board, Non-governmental organisation, Advocacy, Addiction, Families and Whānau, Consumer, Government organisation, Commissioning Agency, Professional association, other service provider or other. Respondents could select all options that applied to them.

Of the respondents who answered this question about representation (about 30 of the 40 respondents):[4]

- 20 identified they represented consumers
- 11 said they represented families and whānau
- 7 said they represented addiction
- 11 identified they represented Māori perspectives
- 4 identified they represented Pacific perspectives

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[3] The format of the Zoom discussion varied for people and organisations who preferred this method rather than written submission. Some of the Zoom discussions were broader discussions on the outcomes framework, and mental health and wellbeing. Other Zoom discussions were specific to the consultation document, with verbal responses provided against each question.

[4] For people and organisations who provided their views via Zoom discussion rather than written submission, we did not record responses to this question, or recorded only indicative information.

Following is a list of respondents. The classifications have been developed by the Initial Commission to provide an overview of the diversity of organisations, advisory groups, agencies and who responded. Those who chose to submit as individuals are not named.

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| **Consumer organisations, advisory groups and networks:** Balance Aotearoa, National Association of Mental Health Services Consumer Advisors (two separate responses), Matua Ra<u>ki</u> Consumer Leadership Group, Health Quality and Safety Commission (Mental Health and Addiction's Consumer Advisory Group and Māori Advisory Group), Ngā Hau e Whā, Northland DHB Consumer and Family Leadership and Youth Consumer Advisors, Emerge Aotearoa Lived Experience Partners, Mind and Body consultants, Changing Minds, Thriving Madly, Te Kete Pounamu (13) |
| **Non-government organisations, regional groups and service providers:** Mental Health Foundation, Salvation Army, Ashburn Clinic, The Cause Collective, Ember Korowai Takitini, Health Action Trust, Family Works Presbyterian Support Otago, Psychological First Aid, Canterbury Regional Equally Well Group, Canterbury DHB Community & Public Health unit, Nelson Marlborough DHB (11) |
| **Peak bodies and think-tanks:** Platform Trust, Helen Clark Foundation (2) |
| **Workforce organisations:** Te Pou o te Whakaaro Nui (1) |
| **Other diverse or specific populations:** InsideOUT, Age Concern NZ, VOYCE Whakarongo Mai (3) |
| **Academics:** Two responses from University of Otago (2) |
| **Individuals:** Eight people (8) |

The following sections summarise common themes from what we heard against each of the areas we sought feedback on. The number of respondents who spoke about each topic varied. While there were several consistent and recurring themes identified within topics, this report does not quantify or weight themes by the number of respondents who spoke about them.

We quote directly from the response documents and interviews in order to provide a clear indication of what was said, and particularly to capture proposed definitions and proposed vision statements.

Quotes are de-identified, although any representation respondents self-identified is noted. Where there is a partial quote in the text, a footnote has been used to keep the text uncluttered.

# Building our understanding of key concepts and models

## Defining mental health

*Mental health and mental illness are related but different concepts. He Ara Oranga referred to the World Health Organisation definition of mental health:*

*Mental health is "a state … in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".*

*Do you/your organisation think this is a suitable definition of mental health? If not, please provide alternative definitions, or any comments.*

Most respondents that we heard from did not feel that the World Health Organisation (WHO) definition was a suitable definition of mental health. Three themes that came through most strongly were that it is too individualistic, does not reflect an indigenous view or set of concepts, and is overly focussed on what the person can do for society in a somewhat old-fashioned and capitalist view of "work".

**Individualistic:** The definition does not reflect the role of the social nature of people in mental health and wellbeing, it needs to reflect the concepts of whanaunatanga, belonging and connection.

**Indigenous:** For Aotearoa, we need a definition that reflects Te Tiriti o Waitangi, an indigenous view and, stated less formally, incorporates *"all the tangas"*[5]. This was a dominant theme we heard from many different types of respondents. Many respondents mentioned Te Whare Tapa Whā and we heard that Māori should be able to determine how mental health and wellbeing is defined on their own terms[6]. An alternative definition suggested from a te ao Māori (world-view) is:

> *"Oranga Hinengaro is a state where wairua (spiritual), tinana (physical) and hinatore (light, potential) are aligned that enables an individual to achieve essential quality of life, vitality of being and realisation of potential"*
> [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

**Work:** The WHO definition is rooted in "work" as a way of contributing by use of "productively" and "fruitfully". This kind of framing is unhelpful to those who may face barriers to work or feel distress from being unable to work.

> *"When it comes to wellbeing, meaning and purpose trump productivity and fruitful every time."* [NGO/Families and Whānau/Consumer]

> *"This statement could include acknowledgement of wellbeing that reflects a connection to identity and culture as enhancing mental wellbeing."* [Advisory/Māori/NGO/Families and Whānau/Consumer]

Some respondents questioned defining "mental health" noting it reflects reliance on a term that is associated with health in a medicalised view, rather than a more holistic view of wellbeing. "Mental health" also has negative connotations, a deficit model implying illness.

> *"'mentalism', a concept like racism, has deeply held ideas in society, and raises unconscious bias about people being 'crazy.'"* [Advisory/Addiction/Families and Whānau/Consumer]

> *"We don't use the term mental health."* [Advisory/Māori/NGO/Families and Whānau/Consumer]

Not only were different definitions proposed, but different framing. Others noted that self-definition is an important concept.

> *"[I think we need our] own interpretation of what success looks like – individuals to determine mental health and wellbeing. What it means to me is coming from chaos to order. Coming from darkness to light."* [Individual/Māori/Consumer].

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[5] Advisory/Māori/Families and Whānau/Consumer.
[6] NGO.

The distinction between mental health and mental illness was discussed by several respondents. Mental health is not the opposite of mental illness:

> "(…) sick of hearing people use the term mental health when mean mental illness." [Multidisciplinary Group]

> "mental health and "flourishing" can be in the presence or absence of a mental "illness" diagnosis." [NGO/Advocacy/Families and Whānau/Consumer]

This theme of the relationship between mental health, mental illness and wellbeing is discussed in the section 'Connection between mental health and wellbeing'.

An alternative term of "mental wellbeing"[7] was proposed or "wellbeing of the mind"[8].

Distinctions were mentioned as; wellbeing (about everyone), mental distress (common but not universal) and mental illness (smaller number of people)[9].

There were also many comments on specific terms and wording. Many noted the kupu (word) "their" to recognise non-binary genders instead of "his or her". Some mentioned that that "productively" and "fruitfully" duplicate each other. Others mentioned that "normal stresses" is very subjective, these change over time, are dynamic, are about transition, and can be development opportunities.

Respondents mentioned the absence of "addiction" and noted it should be visible in the outcomes framework.

> "It is important that people who it is about see themselves in the definition. The above definition and preceding sentence do not reflect the inclusion of addiction." [Advisory/Consumer/Addiction]

> "(…) we would like to see the addition of addiction more explicitly mentioned in... There is no mental health in the presence of addiction." [NGO]

It was noted that "mental health and addiction issues" should not be rolled together, they should be named distinctly, "mental health issues" and "addiction issues".

> "Combined terminology is inaccurate reflection that everything is combined." [Advisory/Consumer/Addiction]

Wording and framing should also recognise that mental health can be a changing state or fluid, it's something that we work towards, not a static end point, or a capacity.

Alternative definitions that were suggested include:

> "Oranga Hinengaro is a state where wairua (spiritual), tinana (physical) and hinatore (light, potential) are aligned that enables an individual to achieve essential quality of life, vitality of being and realisation of potential" [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer] [also noted in discussion above]

> "a state where individuals, families, communities and government agencies work collaboratively and holistically in a manner that all can realise their own potential to live

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[7] DHB/Consumer.
[8] Māori/NGO/Advocacy/Addiction/Consumer.
[9] Multidisciplinary Group.

*successful lives, contributing positively to the health and economy of their families, communities and country.” [Advisory/Māori/Families and Whānau/Consumer]*

*“(…) the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. This encompasses a positive sense of emotional, social, and spiritual wellbeing that respects the importance of culture, equity, social justice, personal dignity and diversity.” [NGO/Advocacy]*

*“a state where by a person is moving towards their potential and is building skills to cope with the stress of life, they are connected to a meaningful and purposeful activity and experience making a contribution to their community.” [People with lived experience of mental distress]*

*“a state of being where someone is able to live a meaningful and contributing life within a community of choice, with or without the presence of mental distress.” [DHB/Consumer* and *5/Māori/NGO/Advocacy/Addiction/Consumer]*

*“Mental wellbeing is achieved when every individual has equitable access to the resources and opportunities required to engage in a meaningful life, has a sense of connection and belonging in a his or her community and has access to responsive flexible health care.” [NGO/Families and Whānau/Consumer]*

## Defining wellbeing

*Wellbeing means different things to different people. It is usually considered a holistic and multi-faceted concept to describe the quality of people's lives. What does good wellbeing mean to you/your organisation?*

There was overlap between what respondents said about “wellbeing”, and what they said about the relationship between mental health and wellbeing. Overall the themes that we heard is that the definition of wellbeing, should:

- be strengths based
- incorporate a cultural-based definition
- incorporate community
- be holistic
- consider equity
- encompass access to support when needed
- not only about support, about developing “sturdiness” and the ability to meet challenges
- be about people having the opportunity to realise their potential
- not necessarily be a fixed goal or state, but aspirational.

Whilst mental health is largely seen as within the bio-medical context (e.g. illness, diagnosis, medication), wellbeing is seen as much broader and positive. Some noted that we need to be careful not to lose sight of those with mental illness and their needs if we focus on broader wellbeing.

The importance of who is involved in defining wellbeing also came up, with submissions noting the importance of the lived-experience view.

> *“We also provide a lived-experience view of wellbeing and prioritise this view in our work. For example, we strive for a society free of stigma and discrimination where*

*people are not judged, labelled or made to feel othered (which are proven barriers to maintaining wellbeing) and to support people to manage mental distress." [NGO]*

Some key areas are headlined and noted, alongside quotes from the submissions. There is some overlap between definitions and the framework discussion later in this document. There is some duplication because respondents talked about the definition of wellbeing in a way that relates to some frameworks.

### *Cultural models strengths-based*

[Te Whare Tapa Whā](#) was cited by many organisations from across the board, as a useful view of wellbeing. Te Whare Tapa Whā sets out four cornerstones of Māori health; Taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health).  Many respondents said they used the model, it was embedded, or should be embedded, and "*cultural models work well across all ethnicities[10]*. (refer also framework discussion later in this document).

A Māori strengths-based model is about developing potential, growth, realisation of potential:

> *"[We] have discussed the progression to wellbeing within a Māori framework. This commences with Te Kore (the void - realm of potential) the basis where we can harness potential, Te Po (darkness) where we can begin to focus and provide safety and security, Te Whaiao (development) the ability to mould one's emotions, Te Ao Marama (growth) to grow one's esteem to recognise actualisation, and finally Tihei Mauriora – (realisation) realisation of potential" [Advisory/Māori/Pacific/Advocacy/ Families and Whānau/Consumer]*

> *"People from western backgrounds talk about wellbeing as absence of mental distress. Māori give a much more holistic response." [Academic]*

> *"It is clear that Te Whare Tapa Whā encapulates the answer yet has been ignored for decades" [Individual/Advisory]*

> *"Wellbeing is not about mental health, but about the all the parts of the jigsaw puzzle that make us able to thrive physically, emotionally, spiritually and socially." [People with lived experience of mental distress]*

> *"Wellbeing is like wairua. It is the spirit that runs through everybody." [NGO]*

Many models are deficit based. The Commission "*should articulate a strengths-based model of wellbeing"*, to lead a discussion on outcomes[11].

### *Addressing socio-economic issues and physical health disparity*

Some respondents mentioned socio-economic issues are important parts of wellbeing.

> *"no wellbeing without warm housing." [Individual/Advisory/Consumer]*

> *"Good wellbeing is also being free from those socio-economic issues that most impact one's wellbeing, such as hunger, homelessness, discrimination, poor access to education, lack of employment or volunteering opportunities." [Advisory/Māori/ Families and Whānau/Consumer]*

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[10] Advisory/Māori/Families and Whānau/Consumer.
[11] Individual/Advisory/Consumer.

A group of respondents also noted how those with a mental health diagnosis have poorer physical health outcomes, and for too many people this is resulting in significantly reduced life expectancy – and that this equity is important.

> *"People living with mental health and addiction issues face a complex array of psychosocial and socioeconomic difficulties which increase their vulnerability to poor physical health. This is then perpetuated by the physical health impacts of psychotropic medications combined with longstanding systemic and workforce issues that affect the nature and delivery of healthcare services to people in this group. People with [mental health and addiction issues] are already significantly disadvantaged with their health care. This disadvantage is increased within the above-named groups of people. It is incredibly important that equity issues are addressed and actioned to remove this disparity."* [Multidisciplinary Group]

### Community, environment and whenua connection

Wellbeing is also shaped by social connection, and participation.

> *"we need to encourage this change of discourse from individual to population wellbeing."* [NGO/Families and Whānau/Consumer]

> *"Sense of meaning, Tiranga waewae and to know where I belong."* [NGO/Advocacy/Families and Whānau/Consumer]

This distinction on individual compared to relational wellbeing is discussed further in the section 'Existing models and frameworks that could inform this work'.

Some respondents noted the connection to land (whenua) as important, and phenomena of eco-anxiety was raised as a new issue.

### Access to support

Several respondents noted access to support as important, and not only access, but access to support that is flexible and can meet different and changing needs.

> *"Safety is also a key part of wellbeing - which entails safety to access resources, choice, safe spaces, and be provided support. Equity is a large part of this - as we theoretically all have equal opportunities for these things, but the reality is that many people are deterred from accessing the help they need because of a combination of negative past experiences in attempting to access them, and oppressive structures in place which make this access more difficult. Decolonisation is key in this process to allow people to engage in cultural practices that enhance wellbeing, as well as acknowledging openly the history of these practices being suppressed. This is essential for everyone in Aotearoa, not just small groups of people."* [NGO/Advocacy]

> *"People/tāngata and their whānau/families living their own authentic/real lives, being able to achieve their best, having access to supports that are flexible to their changing needs and having connections with others and their community. The shape of what wellbeing is, and the components of it have been around for a very long time. We (NZ) need a paradigm shift in the systems in which we live and interact with. There also is required a shift in the power relationships inherent in those systems."* [NGO]

### Being able to meet challenges

Personal sturdiness and the ability to face challenges was also a theme (although connected to being able to access support when needed). Others spoke of wellbeing having a component of being able to function when things are tough. Some noted a more aspirational component of it being about being able to reach potential:

> "People have the resources and support to build and maintain social, personal and community capital." [Advisory/Consumer/Addiction]

> "Realising my potential and helping others realise theirs." [Individual/Māori/ Addiction/Families and Whānau/Consumer]

> "For older people, the balance of physical, social, emotional, spiritual and psychological facets may vary at different times. "Wellbeing" does not mean an absence of difficult life events, but the capacity to withstand life's challenges." [NGO]

> "The ability to function to the best of one's ability within any constraints of ongoing health issues which may come and go." [Māori/NGO/Advocacy/Addiction/ Consumer]

> "It means being able to function even when things are difficult." [DHB/Māori/Consumer]

> "Wellbeing is about resilience" [NGO/Advocacy]

## Connection between mental health and wellbeing

> This will be an outcomes framework for mental health _and_ wellbeing. How do you/your organisation see the connection between mental health and wellbeing?

### Mental health and wellbeing distinctions

Most respondents agreed mental health and wellbeing are intimately connected and linked. When asked about the connection between mental health and wellbeing, respondents tended to provide one of two responses:

1. Mental health and wellbeing are one and the same thing
2. Mental health is a component of overall health and wellbeing

For respondents who viewed mental health and wellbeing as one and the same thing, many suggested to only talk about "wellbeing", defined broadly, and to develop a "wellbeing outcomes framework" (rather than a "mental health and wellbeing outcomes framework"). This theme came through from a range of different perspectives.

> "They are intrinsically linked, no wellbeing or health without mental health and vice versa. If it's scoped from a strengths-based, holistic perspective, then wellbeing and mental health mean the same thing." [DHB/Consumer]

> "This should be a 'wellbeing outcomes framework'. Much more empowering to talk about wellbeing. When say mental health, automatically think about mental illness." [NGO]

Others noted value in both "mental health" and "wellbeing" as important without trying to distinguish or separate them too much, and the risk of losing sight of those with the most

serious need in a shift to a wellbeing focus. This discussion overlapped with points made about definitions and frameworks.

> *"Wellbeing is an overarching term that acknowledges that it is more than just mental health but takes into consideration other aspects. Mental health in this context separates it as a 'part of wellbeing' rather than acknowledging and recognising the overlapping and connectivity between all aspects that make up wellbeing e.g. if wairua is diminished then that impacts on mental health, if mental health is negatively impacted then that impacts on physical health etc."* [Advisory/Māori/NGO/Families and Whānau/Consumer]

### Social determinants and community wellbeing

The social determinants of wellbeing were also considered important. Some reiterated the broader determinants of wellbeing and community wellbeing as a part of individual wellbeing. Examples:

> *"Wellbeing is a whole of person, and a whole of community approach. In our work (…) we tend to use or overuse te whare tapa whā as an example. However it is one way of looking at things that most people recognise and understand. All things in this sense are holistic and connected. Mental health is an aspect, a facet, of wellbeing."* [DHB/Māori/Consumer]

> *"There needs to be a synergy across government as other agencies have a direct impact on the social determinants of the mental health and wellbeing kaupapa, as well as being directly influenced by our mental health and wellbeing eg housing, employment, relationships."* [NGO]

> *"there is no health without mental health; and mental wellbeing is also intimately related to wider welfare and social issues."* [DHB/Consumer]

> *"Mental health and wellbeing are one and the same. Connectedness and security to our communities and structures help us maintain our wellbeing and mental health, and if those community supports are compromised, this impacts the mental health of all people within the community."* [NGO/Advocacy]

> *"For so long, we have separated everything out. Now we can recognise poverty, housing, etc that it is all part of the same picture."* [NGO/Families and Whānau/Consumer]

One respondent provided an example of the individual and community connection using COVID-19:

> *"Wellbeing has many layers, and we are fundamentally an interconnected system - for example, despite not all people in Aotearoa having been sick with COVID-19, it impacts the wellbeing of everyone in the country whether or not they have been unwell - it's a traumatising world event that impacts everyone. The ability of community systems to support individuals within that community ultimately influences mental health and wellbeing of everyone."* [NGO/Advocacy].

There were some responses noting that "mental health" is strongly associated with a medicalised approach, and reliance on medication to treat only the mind in mental health.

> *"Mental health is an old-fashioned word that fits in health paradigm. Wellbeing has possibility of a much more holistic concept. Recommend not to make distinction between two words(...)."* [Individual/Consumer]

### Wellbeing in presence of mental illness

Although most respondents noted they are linked, distinctions were also noted. One theme we heard was that there can be wellbeing even with mental illness or distress.

> "Wellbeing is also separate to mental health. A person can experience mental illness but still achieve a strong sense of wellbeing." [NGO]

Some respondents mentioned a model that helps to understand the relationship between mental health and wellbeing as described as two different and intersecting continua – referred to as the 'dual continua model of mental health'.[12] This model has two related but separate continua or axes:

- Optimal mental wellbeing to minimal mental wellbeing, and
- Maximum mental illness to minimum mental illness.

Placing the two continua together provides examples where people can have a mental illness diagnosis and high wellbeing, or a diagnosis and poor wellbeing. The model illustrates and reinforces points made in several responses about wellbeing; e.g. that it can be in the presence or absence of mental illness or in the absence or presence of distress.

## Existing models and frameworks that could inform the work

*What existing models or frameworks for mental health, addiction and/or wellbeing do you/your organisation suggest as relevant for this outcomes framework to draw from?*

*We are aware of many, but we would like to know of models or frameworks that really impress you as being useful and relevant.*

Respondents told us about many frameworks that they see as relevant and useful, and emphasised that many frameworks may have aspects to draw on. Others said they tailor their work for each person, not to a framework.

> "It is important at the outset to state there is no one model or framework that has provided the answer of how to move towards or sustain our wellbeing. Rather we have found our journey paved with a mosaic of cobble stones comprised from wisdom across many cultures contained within a variety of models, frameworks and ideologies." [People with lived experience of mental distress]

> "we would feel [no models or frameworks] are completely suitable and as stated we prefer working with people as individuals to shape our approaches." [NGO/Consumer]

### Te Whare Tapa Whā

Out of all the frameworks and models mentioned, there was one that was mentioned by nearly everyone - Te Whare Tapa Whā.

This framework (noted earlier in this report), developed by Professor Sir Mason Durie, is well-established and well-known as an existing model of health and wellbeing. Respondents

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[12] https://ideas.repec.org/a/exl/22evid/v2020y2020i1p1-45.html

said Te Whare Tapa Whā was applicable to Māori and non-Māori alike. Some respondents expressed frustration that Te Whare Tapa Whā is under-utilised.

> "Te Whare Tapa Whā is a model that is widely recognised, accepted, and utilised. Whilst it is simple in its context, there is much more to its four cornerstones e.g. whenua is just as important as the whare as it acknowledges concepts of mana whenua and links through whakapapa (connections) as we see depicted inside our whare (pou whakairo). Whenua is the foundation and needs to be strong for our whare to stand." [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

> "This model for us has provided both an understanding of what has led to our experiences, but also, through growth, practice and reflection provided us with a tool for considering our way through difficult times." [People with lived experience of mental distress].

> "Te Whare Tapa Whā. Is a well-recognised, utilised, respected, longstanding bicultural model that incorporates mental health into a holistic approach and needs to at the heart of the framework." [NGO/Families and Whānau/Consumer]

> "[We] use the Māori model of mental health and wellbeing Te Whare Tapa Whā. Within Te Whare Tapa Whā it is not possible to separate mental wellbeing from social, physical, spiritual and cultural wellbeing, nor is it possible to think of the whare as isolated from the whenua it sits on. In other words, the whole person is always the consideration, and the whole person is always considered within their environment and context. The causes of mental languishing or flourishing may be found in physical, social, cultural and/or spiritual conditions, and vice versa, and an imbalance in one pou causes imbalance in all." [NGO]

***Other models or frameworks mentioned***

Whilst Te Whare Tapa Whā was overwhelmingly the most referenced framework, respondents identified other indigenous models or frameworks developed in the Aotearoa including:

- Fonofale model, a Pacific model created by Fuimaono Karl Pulotu-Endemann for use in NZ context
- Pae Ora: Mauri Ora; Whanau Ora; Wai Ora
- Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems 2010
- The Wellbeing Manifesto 2018
- Te Pae Māhutonga (also referred to as the Matariki model) a symbolic chart for mapping the dimensions of health promotion developed by Professor Sir Mason Durie
- Whānau ora outcomes framework, Te Pou Matakana
- Mental Health Foundation 5 Ways to Wellbeing
- The Whānau Rangatiratanga Measurement Framework
- He Tangata (2016 Ministry of Health outcomes framework) – draft and unpublished
- Korimana bi-cultural peer support principles – unpublished, training offered by Balance Aotearoa
- Meihana model
- Te Wheke model (the octopus model)
- Wellink outcomes matrix – no longer available online

- Tūmata Kōkiritia – a framework developed by Māori with lived experience
- Ara Taiohi's developmental framework Mana Taiohi
- Ngā Pou Mana o Io (the four sacred pillars of Io)
- Mahi a Atua – used in Tairāwhiti
- Nga vaka o Kaiga Tapu Pacific conceptual framework
- Living Standards Framework, Treasury
- Māori Ora, Mauri Ora - a Māori values-based model from Hāpai Te Hauora
- Eight models of mental health care for Pacific Peoples (Suaalii-Sauni et al, 2009)

Alongside frameworks developed in Aotearoa, there was mention of international frameworks, including:

- CHIME – a framework of personal recovery including the five recovery processes comprising: connectedness, hope and optimism about the future; identity; meaning in life, and empowerment (giving the acronym CHIME)
- Australian national framework for recovery-oriented mental health services
- Maslow's hierarchy of needs
- Bronfenbrenner's Ecological Systems Model
- Convention on the Rights of People with Disabilities 2006
- The Ottawa Charter for Health Promotion
- Perth Charter for the Promotion of Mental Health and Wellbeing (which complements the principles of the Ottawa Charter)
- Intentional peer support
- Boston Rehabilitation Model
- The Art of Facilitating Self Determination – principles of a personal and professional development workshop
- Recovery Models and Key Concepts of Recovery (such as the Wellness Recovery Action Plan - WRAP)
- Human Givens Framework
- The Power Threat Meaning Framework
- Dr Daniel Amen's framework
- Recovery capital
- Capabilities approach (the Living Standards Framework was informed by this)

Other models suggested include psychotherapeutic interventions, recovery models, flourishing models, feedback informed by treatment and trauma and violence informed models.

Concern was raised about how some international frameworks and models do not include cultural or indigenous perspectives. The example was given on the Treasury's Living Standards Framework, largely based on an OECD framework.[13] Respondents emphasised that a mental health and wellbeing outcomes framework needs to be based on te ao Māori (world-view) and Māori wisdom.

Some respondents told us about specific measurement tools, surveys and data reports. This is collated in Appendix 1 for reference at the data stage of developing this mental health and wellbeing outcomes framework.

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[13] Catherine Savage, Paul Dalziel and Caroline Saunders wrote paper for Treasury on why culture should be embedded in the Living Standards Framework.

***Emphasis on non-medicalised models and frameworks***

Overall, non-medicalised models and frameworks were a reoccurring theme. Respondents spoke about how models of wellbeing provided a holistic and broader understanding than medicalised models of mental health and mental illness (for further detail see definitions of mental health and wellbeing above).

> *"Non-medicalised models and frameworks, we need more than the ICD9 or the K10. We need more than just a prescription and an appointment for a month's time. Treat people as people, part of a community with the choice of the support that they need, easy to access and easy to leave and tailored to our individual needs, reviewed regularly and owned by us." [Advisory/Māori/Families and Whānau/Consumer]*

***Individual vs relational models and frameworks of wellbeing***

Respondents identified that frameworks and models broadly fall into two categories:

1. Individual – concepts are highly focused on individuals. We heard that these frameworks do not emphasise how people fit within the context, resources and broader relationships, and that these frameworks often mix up mental distress and wellbeing as being opposite ends of the same spectrum.

2. Relational – wellbeing is seen as multi-dimensional and people viewed as connected to what they intrinsically value. We heard these frameworks address physical health and mental health together, rather than as distinct things, and these frameworks are a lot less service focused, focussing on how people live their lives. Te Whare Tapa Whā is a relational model of wellbeing.

> *"Which ever model is used, [the framework] needs to have a stronger focus on relationally centred care rather than purely person centred care as the evidence supports us in that for a great many people the outcomes they achieve to own wellbeing journey has a strong relationships rather than personal goal plans." [NGO/Advocacy]*

> *"[This framework] will need to include concepts of whanaungatanga, belonging, and connection. People are social beings: we evolved to live communally, and our brains are wired to respond to social isolation as an existential threat. The notion that people rely on strong, meaningful social connections for our mental health and wellbeing is widely supported by evidence as well as common experience." [NGO]*

## Domains of wellbeing

There were two ways we asked about what domains of wellbeing this framework should consider:

a) The application of the Child & Youth Wellbeing outcomes framework domains for adults and older people

b) What else should be included for a wellbeing framework for all ages
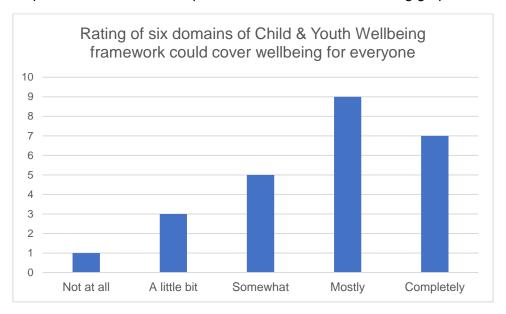
*A recent example of an outcomes framework is New Zealand's Child and Youth Wellbeing Strategy outcomes framework which was tested and refined through engagement with 10,000 New Zealanders, including 6,000 children and young people on what they thought was most important for child and youth wellbeing. It also draws on cultural models of wellbeing such as Te Whare Tapa Whā and the Whānau Ora outcomes framework.*

*The Child & Youth Wellbeing framework identified six areas of wellbeing. These are: Children and young people ….*

### Child & Youth Wellbeing framework

There were a range of views on how well the six areas of the Child and Youth framework could cover wellbeing for everyone (including adults and older people). Some respondents felt it 'completely' covered what wellbeing is for adults and older people, whilst others felt 'not at all', or only 'a little bit'. Not everyone answered this question.[14] For respondents who did answer the question, the count of responses are shown in the following graph.



Rating of six domains of Child & Youth Wellbeing framework could cover wellbeing for everyone

Some respondents liked the Child and Youth framework because it *"is about people"* and mentioned it was a good framework for tamariki of New Zealand.

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[14] People could respond via written submission and/or Zoom discussion. It was mainly only people who provided a written submission who answered this question.

*"[This is a] really good framework. If you look deeper in the framework, then it is all there." [NGO].*

Whilst respondents said there are some domains of wellbeing universal across the life-course, there are some aspects that change as you get older, such as:

*"Overall [the Child and Youth framework] does resonate for children, but missing some things for adults. There is a natural order of needs from children through to adults. Needs change as you get older. When you get older it is more about passing down knowledge, but for younger people it is learning. Having purpose and meaning to kids is not as important. But that is fundamental to an adult. Māori concept to have self-determination. Being a provider and a protector is important for adults." [Māori/Pacific]*

*"An adult concept, not in this framework, is about making a contribution." [Individual/Consumer]*

*"We also suggest a seventh area of wellbeing is added; 'have support in dealing with life challenges'." [NGO]*

*"We'd also like to see an additional bullet-point regarding discrimination and being able to live free from it. Adding onto "have what they need", it would also be good to explicitly include something along the lines of "have access to having their emotional needs supported", as well as a specific point that all folks should have power of self-determination, autonomy, and identity." [NGO/Advocacy]*

*"We need something along the lines of this for tangata whaiora for "acceptance, safe nurturing environments for recovery and the ability to form meaningful social connections and meaningful occupation". This is something we hear repeatedly from tangata whaiora, particularly in the early stages of their recovery journey." [DHB/Consumer]*

Respondents also questioned whether the Child and Youth Wellbeing framework reflects different cultural perspectives of wellbeing.

*"We broadly support the outcomes identified by the Child and Youth Wellbeing framework although we would urge the Commission to consider how this framework is viewed by other ethnic groups and reflects their concepts of mental health and wellbeing. For example, an outcome based on 'wairuatanga' (an indigenous principle of consciousness) can be the foundation to good mental health and wellbeing for Māori and is supported by using tikanga (cultural practices), te reo (language) and kawa (traditional customs & rituals)." [NGO]*

There were also some respondents who did not view the Child and Youth wellbeing framework as appropriate for wellbeing of adults and older people. These comments include that it is an outside view of wellbeing, some domains are problematic, and a list of things children need rather than a framework:

*"[The Child and Youth framework] makes assumptions from an outside view. I.e. who defines "involved and empowered". If I don't want to be involved am I not empowered not to be?" [Individual/Advisory]*

*"On reflection of the identified six areas we found the inclusion of "happy" to be particularly problematic. We do not see 'happy' as a measure of mental health and*

*wellbeing, rather it is a transient state, that may at times be brought into being as a consequence of mental health and wellbeing. In fact a consistent state of happiness can become distressing, or distress those around us." [People with lived experience of mental distress]*

*"If you have you a list of problems, you can't see the link between problems, and can't see new things as they emerge… Need to be able to look upstream, to see the causes." [Academic]*

### *Areas to consider for wellbeing for all ages*

Respondents mentioned many areas that need to be considered to conceptualise wellbeing across all ages. These include:[15]

*Human rights upheld, free from discrimination and justice*
- Free from structural racism
- Equity and freedom from inequity
- Aware of and ability to exercise human rights
- Justice and fairness within community
- Ability to be free from discrimination
- Sense of security and safety
- Free from homophobia, biphobia and transphobia[16]

*Belonging, accepted, valued*
- Belonging and feeling accepted
- Knowing who you are
- Are valued

*Treated with dignity, kindness, love, etc*
- Kindness, tolerance, forgiveness, acceptance, manaakitanga, aroha
- Are encouraged creatively
- Dignity (especially for older adults)

*Self-determination*
- Self-determination
- Rangatiratanga
- Ownership and control over life / autonomy

*Spiritual and cultural needs*
- Opportunity to practice religion, spirituality or belief without prejudice
- Psychological and spiritual needs are met
- Acknowledging and celebrating cultural identity and diversity
- Connection to culture

*Have purpose, meaning and can contribute*
- A sense of meaning and purpose

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[15] These areas have been grouped together by the author of this paper for ease of reading, not by the people who responded. The categorisation will need further discussion and refinement if this is used as a basis for the conceptual framework.

[16] Note this group who responded said that it is not adequate to fit unique issues for rainbow communities under a vague word such as 'discrimination'. They said rainbow communities need to explicitly mentioned and represented.

- Can contribute
- Opportunities to realise potential
- Education, employment or volunteering or a socially valuable role
- Meaningful occupation
- Identity
- Sense of hope

*Relationships and personal connections*
- Whakawhanaungatanga
- Belonging in family and social group
- Form intimate relationships and partnerships
- Reciprocal relationships and the importance of altruism in healing
- Being loved and nurtured
- Social inclusion

*Provider and teacher*
- To protect, provide for and nurture their families
- Passing down knowledge

*Skills*
- Resilience to cope with life stressors
- Being able to recover from emotional challenges
- Experience and management of a range of emotions
- Mindful of self and environment around
- Freedom from addiction
- Self-esteem
- Being connected to self, can give oneself time to reflect instead of react
- Activities of daily living – sleep well, eat well, showering, pride in appearance, tidy living space

*Supports*
- Opportunity to choose from a selection of easily accessible services and supports
- Have support in dealing with life challenges
- Have access to having emotional needs supported and have wellbeing enhanced
- Safe and nurturing environments for recovery

*Adequate material resources*
- Secure housing
- Enough money to live on
- Food
- Heating
- Addressing income disparity
- Including these needs being met for dependants

*Environment*
- The health of our environment, clean waterways, protected wildlife

*Physical health*
- Physical health
- Physical needs are met

A few notes from the author of this paper about the areas of wellbeing mentioned:

- The category indicatively termed 'adequate material resources' was only suggested by a few respondents. However, these areas dominate the domains of many wellbeing frameworks. One person we spoke to said money and other resources are not measures of wellbeing, but rather they are instruments to obtain other things that people value. This person defined wellbeing as what people intrinsically value, such as identity, meaning and belonging. Whilst this distinction was only explicitly referenced by one person, the sentiment came through from many others, as illustrated by the list above on areas to conceptualise wellbeing.

- Physical health was also only mentioned by a few respondents. This is an area that commonly appears in wellbeing frameworks, and health agencies often see themselves as one of the lead agencies of wellbeing. As one person we spoke to put it:

> *"Health sees itself at the centre of wellbeing, which is ironic. Remind the health system themselves that they a determinant of wellbeing, so put health back in its place." [Multidisciplinary Group]*

### Self-defining wellbeing is important

A strong theme that came through was that wellbeing needs to be self-defined. Whilst we can identify some universal areas (e.g. relationships, free from discrimination, etc), each person defines their wellbeing based on what they intrinsically value.

> *"People will self-define what good wellbeing means for them, so ask them and record what they say. How are things going for you? What is going well and where are you experiencing challenges? How are things for your whānau and your community? How is that impacting your wellbeing?" [Advisory/Māori/Families and Whānau/Consumer]*

- *"The outcomes framework would need to be ultimately defined in ways that reflect individual consumer needs/goals and incorporate specific outcomes for consumers that are meaningful…. Success should be individual and individually purposeful." [NGO/Māori/Pacific/Families and Whānau/Consumer]*

### Wellbeing is fluid

Respondents also spoke how wellbeing is a fluid and ever-evolving concept.

> *"A way of assessing wellbeing at a point in time, accepting that wellbeing is fluid dependant on life events and how one responds to those." [Advisory/Māori/Families and Whānau/Consumer]*

### Wellbeing needs are the same for people with mental distress as for everyone

Some respondents mentioned that needs for promoting wellbeing applies right across the spectrum of mental illness and distress.

> *"Measure what matters to people. What matters to people with significant mental distress, is what matters for everyone (eg. good relationships, secure housing, enough money to live on, etc)." [Individual/Consumer]*

*Include hindering factors*

Respondents recommended specific areas for the framework to include (e.g. loneliness (particularly for older people), reduction of trauma/adversity, freedom from human rights abuses and discrimination).

> *"Any outcomes framework that is aiming at an improvement in wellbeing needs to be trauma informed, and this will require consideration to outcomes that are focused on a reduction of trauma/adversity." [People with lived experience of mental distress]*

> *"We are very much aware that wellbeing cannot be experienced when Human Rights Act 1993 and NZ Bill of Rights 1990 are not maintained.  When a person's self-determination and autonomy over their body is removed, there is no wellbeing." [People with lived experience of mental distress]*

> *"While it is important that this vision of connection is defined and described positively – as the presence of something, not the absence of something – self-reported loneliness will provide a useful way to measure how well this positive vision is being achieved. This is because loneliness is tangible, universally experienced and therefore understood, and because we already have a well-established indicator of it in the Stats NZ wellbeing measures." [NGO]*

## Understanding the potential vision

> *A "vision" is one sentence that describes what we hope the future state of mental health and wellbeing will be in Aotearoa. The proposed vision for the Mental Health and Wellbeing Commission and the outcomes framework is:*
>
> *"An Aotearoa New Zealand where everyone has good mental health and wellbeing and can get the support we all need to live our best lives."*
>
> *What is your/your organisation view on this proposed vision?*

Only a small few respondents preferred this articulation of a vision without proposing changes. Most did not like it, and raised issues with specific terms, and/or proposed alternative vision statements. Following are a few of the common observations and we have listed the  alternatives proposed – most of the alternatives are grouped together at the end of the section, as they tend to address several points at once.

*Support, access to support, and support in times of challenge*

Respondents thought the term "support" tends to be deficit-based and about intervention, without encompassing the wider support people get from being part of a community, and the nature of that community. They also thought we should be able to choose the support we need.

> *"A lot of the things that enable us to have wellbeing are not about support, but rather things like social justice, equity, etc." [Individual/Consumer]*

> *"It implies there is a definition of 'good mental health' that is incumbent on receiving the right support through a 'system'.  The focus appears to be on the 'support' rather*

*than empowering and building healthy communities so people can live well lives."*
*[Advisory/Māori/NGO/Families and Whānau/Consumer]*

*"Another point made about support was that putting "support" and "we all need" together can imply that everyone will need some type of formal support at some stage, this can put pressure on actual services as people with reduced resilience come into the system looking for support. This respondent thought adding "may" or "might" would soften the statement." [DHB/Consumer]*

The following lived experience discussion and alternative vision stood out as relating to several of the comments made by other respondents as well. Terms "support" and "need" are still included but are put in a context of the experience of challenge, and the ability to discover and access what we need.

*"We found the above vision to be unrealistic and not grounded in our lived experience of what it means to have mental health and wellbeing.  It is important to us that the vision reflect reality – there will be times in [peoples'] lives where their mental health and wellbeing will be challenged, and in fact this is an important part of growing as a human. We believe this vision could convey what we believe is important by shifting to:*

*Aotearoa New Zealand, is an environment where it is possible for us all to experience mental health and wellbeing, and in times of challenge, supports us to discover and access what we need to live our best lives." [People with lived experience of mental distress].*

### A state of wellbeing is not a permanent state

Also mentioned was that "wellbeing" is not a final state you get to, and a priority for everyone to be "well" doesn't recognise changing states. Others said having "good mental health" consistently can't be achieved, so it's about having tools to enhance people's lives and for them to thrive when their mental health is poor and it's about getting help when it is required. This ties back to the "times of challenge" already noted.

### Addiction

The term "addiction" came up in proposed alternative visions and it's absence noted:

*It does not articulate the notion of addiction or more correctly 'freedom (self-defined) from addiction.'" [NGO]*

### General comments

Several respondents mentioned equity in their discussion and included it in alternative vision statements. An aspirational vision was also wanted, and another respondent mentioned how it should be realistic or how do we know if we are making progress.

*"(…) and also how would we do it. How do we achieve it and what do we do about getting there." [DHB/Māori/Consumer]*

A more detailed observation was that you don't need "good wellbeing", only "wellbeing" as wellbeing already implies or incorporates "good".

### Alternative vision statements

Alternative visions were put forward that either address a unique point and/or several points. All alternatives suggestions are listed, with explanatory notes where relevant:

*"An Aotearoa focussed on reducing disparity, that demonstrates kindness and equity in order to build an inclusive thriving connected resilient society."* [Advisory/Addiction/Families and Whānau/Consumer]

*"An Aotearoa New Zealand where everyone has good mental health and wellbeing and can reclaim all we need to live our best lives."* [DHB/Consumer]

*"An Aotearoa New Zealand where everyone has wellbeing of the mind and can get well and stay well to live a life worth living"* [Māori/NGO/Advocacy/Addiction/Consumer]

*"An Aotearoa New Zealand where communities live free from discrimination, are empowered to care for each other, and can access support that meets their unique needs."* [NGO/Advocacy]

*"Mauri ora, an Aotearoa New Zealand where everyone is valued and supported to achieve the mental health and wellbeing they desire."* [NGO]

*"An Aotearoa New Zealand where everyone has optimum mental health and wellbeing and can get the support we all need to live our best lives."* [NGO]

*"An Aotearoa New Zealand where everyone has good mental health and wellbeing and can get access to the support we choose" to live our best lives (to thrive/flourish?)."* [NGO/Advocacy/Families and Whānau/Consumer]

*"A society that has community, whānau and individual wellbeing as we can get the support we all need to live our best lives."* [Individual/DHB/Mental Health/Addiction]

*"An Aotearoa/New Zealand that builds flourishing communities by supporting it's people to achieve essential quality of life, vitality of being and realisation of potential."* [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

*"An Aotearoa New Zealand where everyone has good mental health and wellbeing and can reclaim all we need to live our best lives."* [Individual/Māori/DHB/Addiction/Consumer]

*"An Aotearoa New Zealand where mental health and wellbeing is valued and people can get the support we all need to live the life they choose."* [Advisory/Consumer/Addiction]

*"An Aotearoa where all people are supported to be who and what they want to be as society that better understand and responds to mental distress, addiction and intellectual disability."* [NGO/Consumer]

*"An Aotearoa NZ where resilient individuals and communities prioritise health literacy, have access to clear support pathways, and acknowledge the wellbeing of each of us affects the wellbeing of all of us."* [NGO]

*"Aotearoa New Zealand, is an environment where it is possible for us all to experience mental health and wellbeing, and in times of challenge, supports us to discover and access what we need to live our best lives."* [People with lived experience of mental distress] [also noted above, duplicated to complete the list of alternatives]

One response noted current consultation by the Ministry of Health:

*"Overall we like the vision set out on the Ministry of Health's [Psychosocial Mental Wellbeing Recovery Plan](#) of an "An equitable and thriving New Zealand in which mental wellbeing is promoted and protected, and high-quality mental health and*

*addiction support can be easily accessed" and our feedback to the Ministry is for the vision to also include reference to Māori."* [NGO]

## How to develop the framework and what it should include

*The intention is the final outcomes framework will be used by service providers, government agencies, and anyone interested in how mental health and wellbeing is changing over time. It seeks to provide a shared understanding of common outcomes that the whole mental health and wellbeing system is working towards. We also want to ensure that services will be able to apply the framework to their planning and service delivery.*

*What would this outcomes framework need to include to make it useful for you/your organisation?*

*Is there anything else you/your organisation wants to say to inform the early development of this outcomes framework?*

*People answered either or both these questions about how the outcomes framework should be developed, and what the final outcomes framework needs to include to be useful.*

The themes that emerged in response to these questions are:

### *How an outcomes framework should be developed*

### *Informed, used and meaningful for consumers, family and whānau*

Respondents told us that a framework must be informed by, and useful and meaningful for people and whānau with lived experience.

> *"There needs to be a high level of consumer, family and whānau involvement in all stages of the development, testing and finalising of the framework."* [Advisory/Māori/Families and Whānau/Consumer]

> *"One of risks is that the MHA service system will come in to dominate discussion [to inform development of this framework]"* [Individual/Consumer]

> *"We hope to see a framework that has an inclusive understanding of wellbeing, that is grounded into the experience and knowledge of those who have traversed the continuum of wellbeing, not just a framework based on 'evidence'."* [People with lived experience of mental distress]

> *"an outcome framework that enables people with the lived experience to access and understand the outcomes. Having [an] outcomes framework that excludes people with the lived experience is of no value unless they can use them in the recovery process."* [Individual/Advisory]

> *"Too often outcome measures are designed to meet the needs of the funders and the service providers, we need to do away with them."* [NGO/Families and Whānau/Consumer]

> *"At the centre of an outcomes framework is the person experiencing mental health and addiction challenges."* [Academic]

> *"Outcomes must be whānau led and whānau driven to acknowledge the diverse range yet unique circumstances and needs of each whānau."* [Individual/ Consumer]

### *Clearly define outcomes that actually improve people's wellbeing*

Respondents told us an outcomes framework needs to provide clarity on outcomes that actually improve peoples' lives and wellbeing and be regularly tested to ensure it is doing this.

> *"We need to have clarity on what is measured on wellbeing outcomes, not health outcomes. Need to measure outcomes, not outputs or processes. That needs to be translated into how services are funded and commissioned."* [Advisory/Māori/ Pacific/Advocacy/Families and Whānau/Consumer]

> *"Needs to be able to look at whether people's lives have been improved as a result of this new framework – if not, why do it?"* [NGO/Advocacy]

Respondents also said outcomes need to be measurable and separated into short, medium and long-term outcomes.

> *"For the framework to be of use to us it would need to identify not just ultimate end goal outcomes, rather what staged improvements might look like."* [People with lived experience of mental distress]

> *"The outcomes need to be clearly defined and measurable, and sensitive enough to reflect progress against identified need."* [NGO]

### *Be simple, practical but also flexible and adaptable to be enduring*

We heard how this framework needs to be flexible to changing priorities, and to be simple and practical.

> *"It must be much bigger than Government departments such Health, MSD. Everything changes especially with government priorities. An outcomes framework needs to have the flexibility to shift and change with priorities but also be adaptable by services."* [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

> *"There needs to be some flexibility within the framework, to be applicable for each community as each community has its own strengths and weaknesses."* [NGO]

> *"It has to be simple. He Tangata was bigger than Ben Hur."* [NGO]

> *"There needs to be a distinction between what the mental health system (services) focus on and can provide, versus an ideal world that we would all like to live in. Services and consumers cannot necessarily achieve 'happiness' or ensure the person is loved and nurtured. Some people are not loved or nurtured, having experienced abuse and a lifetime of trauma-related difficulties, and it is the service's role to support the person to find a way to cope and live with that experience, as well as provide space and time to nurture an alternative experience as an adult."* [NGO/Māori/Pacific/Families and Whānau/Consumer]

### *Supports need to be put in place for the implementation of an outcomes framework*

We heard how an outcomes framework is just the first step. The time and effort the implementation takes should not be under-estimated – respondents noted this was often a key reason why previous outcomes framework ended up not being widely used.

*"Clear expectations and examples of how the outcomes framework can be implemented, measured, and reported."* [Advisory/Consumer/Addiction]

*"The same amount of time in development [of the outcomes framework] needs to go into the environment – who is going to do it, how will it be done, who will be funded. The health system doesn't like doing things in a different way. It needs to be supported to put into place."* [NGO]

*"Actions and measurement tool (i.e. how can we evaluate our progress to these outcomes)"* [NGO/Advocacy/Families and Whānau/Consumer]

*"Maori, whanau and people with lived experienced involved in the rollout and implementation to ensure it is fit for purpose."* [Advisory/Māori/NGO/Families and Whānau/Consumer]

*"Having a common understanding and a framework across services will be useful but only if you guide the conversation to ensure buy in across the whole sector."* [NGO/Consumer]

### *What needs to be included to be useful*

### *Primary focus on equity and relevance for Māori*

An emphasis on equity and that a framework needs to be relevant for Māori came through strongly.

*"It needs to reflect the cultural diversity of Aotearoa and to address matters of equity in health."* [Advisory/Māori/Families and Whānau/Consumer]

*"Mana whenua need to say this framework works for them."* [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

*"Fully utilise Te Tiriti o Waitangi in its development"* [Māori/NGO/Advocacy/ Addiction/Consumer]

*"Wai2575 addresses everything. Need to apply those principles in Wai2575, eg. partnership, Te Tiriti, etc."* [Māori/Pacific]

*"Input from Kaumatua, Kuia and further input on the proposed model from Maori with lived experience."* [Advisory/Māori/NGO/Families and Whānau/Consumer]

### *Relevant for specific and diverse populations*

We heard an outcomes framework needs to be relevant and improve data collection for specific and diverse populations. This includes, but is not limited to, Māori, Pacific peoples, linguistically diverse populations, rainbow communities, older people, people with disabilities, people who use addiction services, forensic services, and people who have experienced trauma.

*"We would need specific and explicit mention of outcomes for rainbow communities (….) we would need to see further data collection on rainbow populations, particularly adult populations which has been neglected, to understand accurately our mental health needs and progress over time."* [NGO/Advocacy]

*"The Commission should consider whether the population level layer should separately identify the outcomes for different groups that are more likely to face*

*barriers to wellbeing, such as Māori, Pasifika, rainbow communities and people with disabilities. This would enable progress to be clearly measured and reported for these groups."* [NGO]

*"Including indicators specifically targeted at addiction"* [Advisory/Consumer/ Addiction]

*"For it to be useful, we would need the framework to encompass specific issues that are experienced by older people."* [NGO]

### Bring to life the vision of He Ara Oranga and guide and support the wellbeing paradigm shift

Respondents told us an outcomes framework needs to embody and bring to life the vision of He Ara Oranga and guide the transformational shift towards a holistic wellbeing approach.

*"Important for this framework to move away from the bio-medical model and honour the findings in Te Ara Oranga; Its ethos must be maintained."* [NGO/Advocacy]

*"Guard against clinical capture. The public of NZ begged for transformational change to MH systems and services. The Mental Health and Wellbeing Commission has been given deliberately broad Terms of Reference. MH&WC needs to champion a paradigm shift toward real wellbeing and away from the medical model on behalf of the NZ public."* [Advisory/Addiction/Families and Whānau/Consumer]

*"Wellbeing is so much more than just about mental health services. For instance, an understanding of the what the levels of bullying are in our schools, what is the level of homelessness."* [People with lived experience of mental distress]

And this framework needs to sit alongside other transformational change.

*"we think it is important to understand that the dominance of the medical model doesn't just challenge the move to a more wellbeing approach but if it remains as the primary way in which services are funded, delivered and measured then no wellbeing framework will make much difference."* [NGO/Consumer]

### Be relevant to all age groups and across the full system

Respondents said a framework needs to be applicable to a broad range of service types and across the life-span.

*"The framework needs to be broadly applicable to both primary and secondary care services, including marae based approaches and include e.g. counsellors and private therapeutic approaches."* [NGO/Advocacy]

*"It needs to consider wellbeing across the lifespan, from infant to older adult"* [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]

### A framework focussed on strengths

Historically in mental health services, measures have been deficit based. The Canterbury Wellbeing Index was given as an example as it largely avoided deficit measures, such as not including suicide rates as an indicator. Rather it is more focused on social determinants.

*"Clinicians and services I have worked with have often felt frustrated that outcomes are numerical and/or deficit based, ie symptoms lessened, rather than outcomes*

*being able to be determined by consumer, clinician.” [Individual/DHB/Mental Health/Addiction]*

*“Don't ask what is the matter to people, but what matters to people.” [Multidisciplinary Group]*

*“Wellbeing is solution focused, not deficit focused” [Individual/Advisory/Consumer]*

### Provide direction and guide integration and alignment across the system

Respondents spoke about how a framework needs to guide alignment and direction amongst many organisations that contribute to mental health, addiction and wellbeing.

*“one service is unlikely to be able to provide everything, that services need to understand that they are not a silo and need to collaborate.” [Advisory/Māori/Pacific/Advocacy/Families and Whānau/Consumer]*

*“don't forget about general practice and pharmacy. Both play a very important role for mental health, physical health and wellbeing.” [Multidisciplinary Group]*

*“it might be useful for the Commission to explicitly identify other groups [beyond government agencies and service providers] that will use the outcomes framework, for example, workplaces, school, whānau, hapū and iwi settings.” [NGO]*

### Only measure what is meaningful

*“Quantitative data cannot be really meaningful on its own: it requires also the collection of qualitative data using mixed methods/methodologies.” [NGO]*

*“This framework has a small amount to do with mental health, and a much bigger amount to do with wellbeing…. The system has moved on. The system to measure it hasn't.” [NGO]*

There was mention that effective measures are on a rating scale, rather than an absence of a feeling or behaviour.

*“Any measure (or measuring tool) will be most effective if clearly defined and has an associated statement/example to explain it, and the measure is not an absence of a feeling/behaviour but a state, degree, frequency, e.g. 0 = “not good”, 5 = “good enough for now/manageable”, 10 = “excellent”.” [NGO/Māori/Pacific/Families and Whānau/Consumer]*

*[End]*

## Appendix 1: What we heard about measurement tools, surveys and data reports

When asked about frameworks and models of mental health, addiction and/or wellbeing, some respondents told us about specific measurement tools, surveys and data reports. This is included here in an appendix, as technical detail will be considered at a later stage in developing this mental health and wellbeing outcomes framework.

### *Measurement tools*

Some respondents specifically mentioned existing measurement tools available, including:

- Hua Oranga – outcome measurement tool based on Te Whare Tapa Whā (Professor Te Kani Kingi and Professor Sir Mason Durie)
- Tāku Reo Tāku Mauri Ora Outcome measures
- Alcohol and drug outcome measure (ADOM)
- World Health Organisation Quality of Life (WHOQOL)
- Outcome and Session Rating (PCOMS – Partners for Change Outcome Management System)
- Measures of Coercion (e.g. Mental Health Act use)
- Premature Mortality Rates

The Health of the Nation Outcomes Scale (HoNOS) was mentioned as one of the outcome measures currently used, but criticised as is not based on lived experience or te ao Māori.

> *"HoNOS has failed Māori for decades. Need to consider Hua Oranga. This is a Māori health outcomes framework."* [Advisory/Māori/Families and Whānau/Consumer]

Another person spoke about how HoNOS was only one of the measures as part of a broader suite outlined in the 2003 NZ Mental Health Classification and Outcomes Study (NZ-CAOS).

### *Surveys and data reports*

There was also mention of a few specific surveys and reports that collect data and report on mental health and wellbeing including:

- Ngā Tūtohu Aotearoa: Indicators Aotearoa New Zealand, Statistics New Zealand
- NZ General Social Survey, Statistics New Zealand
- NZ Health Survey, Ministry of Health
- NZ Mental Health Monitor, Health Promotion Agency
- Kei a Tātou – It is us: State of the Nation, Salvation Army
- The Social Report, Ministry of Social Development
- Families and whānau status report, Superu
- Te Kupenga, Statistics New Zealand
- The Youth Health and Wellbeing Survey – 'WhatAboutMe?', Ministry of Social Development
- Wellbeing and equality for disabled people, their families and whānau, CSS Disability Action