

Annual Report 2024–2025

For the year 1 July 2024 to 30 June 2025

Presented to the House of Representatives pursuant to section 150 of the Crown Entities Act 2004.

DX Box SP22502, Wellington, New Zealand



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Te Hīringa Mahara – Mental Health and Wellbeing Commission Annual Report 2024/25. Wellington: New Zealand. Published in October 2025.

Foreword

We have made substantial progress during the term of our second Statement of Intent, which covered the period July 2022 to June 2026.

Our annual report highlights four case studies that demonstrate the impact we have made over the last four years. We continue to provide mental health, addiction and wellbeing system-level oversight and leadership. Our role remains firmly focused on “... keeping watch on what is happening in our mental health and addiction system, speaking up for and bringing focus to areas where meaningful, long-term transformation must take place.”

Central to our work is our commitment to making a positive difference through using the insights generated from our system monitoring. In June 2025 we published our first system performance monitoring report which outlined a shared view of what a good mental health and addiction system looks like, based on six key system shifts. The report shows that while there are pockets of positive change, there is a significant way to go to achieve the outcomes people expect. We are calling for an acceleration of collective efforts with the whole sector working towards a shared vision.

An amendment to the Pae Ora (Health Futures) Act in October 2024 ushered in the need for creation of a Mental Health and Wellbeing Strategy. This is a key opportunity to drive system improvement to achieve better mental health and wellbeing outcomes. We have drawn upon our knowledge base from our monitoring and insights to provide advice to the Minister for Mental Health.

In the past year, the Commission has refreshed our strategy. We sought input from key stakeholders to identify future priorities. To respond to the future challenges and build on our foundation we are focusing our efforts over the next three years through making three strategic shifts: placing people with lived experience at the centre of our work; being future orientated, promoting alignment and leveraging knowledge to influence positive change; and being a bold advocate.

Our vision ‘Thriving Together’ continues, and our work will be focused on three strategic priorities. Our first two priorities build upon our previous strategic priorities and are focused on mental health and addiction services for tāngata whaiora and outcomes for people with lived experience. Our third priority is new and focuses on improving the performance of the mental health and addiction system. This process is reflected in our 2025-2029 Statement of Intent.

Our annual stakeholder engagement survey told us there is an overall positive perception of the Commission, with stakeholders rating us highly on our engagement, reliability of advice, reports and information that we publish, and speaking up on important mental health, addiction and wellbeing issues.

We are excited to share our performance story and look forward to a future where people who experience mental distress or addiction, and their whānau, have the support they need, when they need it.



Board Chair

Hayden Wano

26 September 2025



Chief Executive

Karen Orsborn

26 September 2025

Statement of Responsibility

We are responsible for the preparation of Te Hiringa Mahara – Mental Health and Wellbeing Commission (the Commission) financial statements and statement of performance, and for the judgements made in them.

We are responsible for any end-of-year performance information provided by the Commission under section 19A of the Public Finance Act 1989.

We have the responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.

In our opinion, these financial statements and statement of performance fairly reflect the financial position and operations of the Commission for the period ended 30 June 2025.

The Commission and these financial statements and statements of performance reflect activity from 1 July 2024 to 30 June 2025.

Signed on behalf of the Board:

A blue ink signature of Hayden Wano, consisting of a stylized 'H' followed by a horizontal line and a small loop.

Board Chair

Hayden Wano

26 September 2025

A blue ink signature of Kevin Hague, featuring a cursive 'K' and 'H' followed by a horizontal line.

Deputy Board Chair

Kevin Hague

26 September 2025

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Introduction

Te Hiringa Mahara – Mental Health and Wellbeing Commission was established to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa New Zealand.

We are an independent Crown entity established by the Mental Health and Wellbeing Commission Act 2020 (the Act), as part of the Government’s response to [He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction, 2018](#).

The Act was passed in June 2020, and we were established on 9 February 2021.

This report outlines the work we have completed in 2024/25 and has the following sections:

- **Section one** overviews our objectives, functions, commitment to Te Tiriti o Waitangi and people with lived experience of mental distress, and role in the mental health and wellbeing system and our strategic priorities.
- **Section two** describes what we have achieved over the last four years as we conclude our 2022-2026 Statement of Intent.
- **Section three** describes our performance story, in terms of our implementation of the Government’s priorities, assessment of operations and Statement of Performance.
- **Section four** reflects our aim to be a high-performing agency and having the right people in the right roles.
- **Section five** overviews how we have managed our finances during the year in review and achieved maximum value from the resources available to us.

Section one | Who we are and what we do

As an independent Crown entity, we provide system-level oversight of mental health and wellbeing in Aotearoa New Zealand, monitoring system performance and advocating for improved mental health and wellbeing of people in Aotearoa.

Our objective

Our objective is to contribute to better and equitable mental health and wellbeing outcomes for all people in New Zealand.

Our functions

- to assess and report publicly on the mental health and wellbeing of people in New Zealand
- to assess and report publicly on factors that affect people's mental health and wellbeing
- to assess and report publicly on the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- to make recommendations to improve the effectiveness, efficiency, and adequacy of approaches to mental health and wellbeing
- to monitor mental health services and addiction services and to advocate for improvements to those services
- to promote alignment, collaboration, and communication between entities involved in mental health and wellbeing
- to advocate for the collective interests of people who experience mental distress or addiction (or both), and the people (including whānau) who support them.

When performing our functions under the Act, we must have particular regard to the experience of, and outcomes for Māori. We must also have regard to available evidence, factors that affect people's mental health and wellbeing, and actions to improve positive mental health and wellbeing, build resilience and prevent poor mental health and wellbeing, and identify and respond to people experiencing (and those who support them) poor mental health and wellbeing.

Our commitments

In 2024 we reviewed and refreshed our Te Tiriti o Waitangi and Lived Experience position statements. These were published in July 2025.

Te Tauākī ki te Tiriti o Waitangi – Te Tiriti o Waitangi Position Statement

We acknowledge Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand.

The Act makes it clear we must have the capability and capacity to uphold Te Tiriti o Waitangi and its principles, engage with Māori and understand the perspectives of

Māori. This supports our objective to achieve better and equitable mental health and wellbeing outcomes for Māori.

In Te Tauāki ki Te Tiriti o Waitangi (Tauāki) our commitment to Te Tiriti o Waitangi helps us form and strengthen relationships that set the platform for enduring partnerships and collaborative future endeavours. [You can find the English and te reo Māori versions of our Te Tiriti o Waitangi position statement on our website.](#)

Our commitment to people with Lived Experience

We are committed to a ‘nothing about us, without us’ approach and to work together to improve wellbeing and transform the mental health and addiction system. Our Lived Experience Position Statement outlines what we will do to uphold these commitments to lived experience communities.

We have developed a Lived Experience Position Statement. We promise that, in all our work, we will prioritise the voices and interests of people who experience mental distress, substance harm, gambling harm or addiction. [You can find our full Lived Experience Position Statement on our website.](#)

Code of expectations for health entities’ engagement with consumers and whānau

The Commission embraces the Code of Expectations for health entities’ engagement with consumers and whānau and expect the Code to assist the mental health and addiction sector to prioritise lived experience, as we do.

We continue to embed the principles of the Code into our mahi. These expectations provide the foundation for us to capture the valuable insights gained from the many lived experience focus groups that were held to inform our monitoring, reporting and advocacy activities. The principles, coupled with our Lived Experience Position Statement, emphasise our ongoing commitment to proactively building mutual relationships to promote transformative change. We do this by working with and for the many people and groups whose lived experiences elevate major issues across our current mental health and wellbeing system.

Our advocacy activities continue to highlight important issues as communicated to us by rangatahi and young people, including wellbeing, suicide prevention and access to mental health and addiction services. We took a collaborative approach to our submission on the Mental Health Bill, which amplified the voices of people with lived experience. Our Access and Choice Programme Monitoring series was developed through extensive engagement with community networks and providers. In 2025 we connected with kaupapa Māori, Pacific and Youth providers. Our System Performance monitoring report, published in June 2025, outlined six shifts to move system players towards an ideal mental health and addiction system, including prioritising lived experience.

Our strategic priorities

We have four enduring strategic priorities:

1. Advancing mental health and wellbeing outcomes for Māori and whānau
2. Achieving equity for priority populations
3. Advocating for a mental health and addiction system that has people and whānau at the centre
4. Addressing the wider determinants of mental health and wellbeing.



Like individual harakeke (flax leaves) woven together to form a whāriki (mat), our goals interconnect, overlap, and form a collective strength that is resilient and enduring.

Within each priority area, we have four key roles

- **System leader:** We leverage our independence to provide system leadership for mental health and wellbeing. Our role involves thought leadership based on sound research and our understanding of needs and system performance. We encourage collaboration within the system to respond to inequity. We take a system view, bringing deeper understanding to each part of the system and how it operates as a collective whole.
- **Advocacy:** We challenge the system through leadership and highlighting success, leading to tangible improvement. We undertake a variety of actions directed at decision-makers to influence policy, legislation, investment and other decisions. We support advocacy by other groups by publishing our insights and recommendations.
- **Monitoring:** We independently monitor wellbeing, mental health and addiction systems, and publish evidence-based insights to drive informed decision making.
- **Relationships:** We continue to connect and promote alignment and collaboration with a broad variety of stakeholders and entities, prioritising engagement with people with lived experience across the mental health, addiction and wellbeing systems.

The actions we have taken to progress our role during 2024/25 are reported in our assessment of operations.

Section two | Our achievements over the last four years

We are four years into our substantive work following establishment in 2021. We have been intentional in keeping the focus on the people we are here to make a difference for in all our work and have delivered a significant number of insights, advocacy and engagement. We have laid the foundations towards being a kaitiaki of mental health, addiction and wellbeing.

This annual report is the last under our 2022-2026 Statement of Intent. In 2024, we undertook a review and refresh of our initial strategy. The refresh focused on ensuring our Te Tiriti o Waitangi and Lived Experience Position Statements are fit for purpose and for the future, development of a [Future Excellence Horizon](#), and a review and refinement of our 2025-2029 Strategy.

Highlights of our work

During our establishment, the main focus has been monitoring, reporting and implementing our advocacy agendas. We have developed the He Ara Oranga Wellbeing Outcomes Framework and the He Ara Āwhina Service Monitoring Framework. These frameworks guide our monitoring work through being broad and aspirational descriptions for the future mental health and wellbeing system.

We have published more than 17 Reports and Infographics covering broad monitoring of mental health and addiction services, the Access and Choice programme, Access to services for Youth, Kaupapa Māori services, Peer Support Workforce, the Budget19 Investment, Acute Options for mental health care and use of compulsory community treatment orders. We have an online dashboard with a broad set of measures of mental health and addiction service performance updated at least annually.

We have assessed and reported on wellbeing with more than 14 reports and Infographics, including broad monitoring of wellbeing, a series of eight Covid papers, Pacific Peoples wellbeing, Rangatahi and Youth Wellbeing and access to services.

We have advocated through legislative and policy processes with nine submissions to legislation and 27 submissions and advice to Government agency consultations. Our submissions have had an impact, most notably our calls for the Mental Health and Wellbeing strategy in the Pae Ora Act (see case study, page 24).

We have advocated across the four years for human rights-based practices, action to improve Rangatahi and Youth wellbeing and we continue to advocate for increased investment in kaupapa Māori services. A positive start of 20 percent ringfenced funding to Kaupapa Māori services within the Access and Choice programme has contributed to improvement of mental health outcomes for Māori.

The Commission has unique functions and powers. We have a broad remit which reaches beyond the mental health and addiction system and includes the contribution of other government agencies. We have used our powers to obtain information across government including for reports such as the B19 investment paper.

We have built a strong knowledge base and our reports are highly valued by our key stakeholders. Transparency of how the mental health and addiction system is performing is critical for trust and confidence in the system and is used widely by stakeholders. However, we have heard through the Future Excellence Horizon that our stakeholders want us to focus on making a difference for people with lived experience and to guide the sector more, using our insights to influence improvement.

Annual stakeholder voice survey

We undertook an annual stakeholder survey in July 2025 to measure how we are performing with our external stakeholders. This was the second stakeholder survey that we have conducted as an organisation. Our first survey in 2023 focused on priority population engagement. In 2025, we refined our survey to get a view from a wider group of stakeholders, as well as our priority populations.

We wanted to know more about how we are perceived as an organisation, our communication and engagement, the relevancy of the issues we focus on, our contribution to mental health wellbeing outcomes, and the quality and relevance of our work.

We received positive feedback from a very wide range of stakeholder groups. There is an overall positive perception of the Commission. Māori, iwi and Lived Experience stakeholders report having positive engagement with the Commission and that the voices of people with lived experience are visible in our work.

Stakeholders rated us highly on our engagement with them, reliability of advice, reports and information that we publish, and speaking up on important mental health, addiction and wellbeing issues. There are areas of focus going forward that we will consider. We plan to publish results from this survey on our website in October 2025.

Our recommendations and calls to action

Under the Mental Health and Wellbeing Commission Act 2020, we have the power to make recommendations. We have made eight formal recommendations that support us to hold the system accountable for change. We made our first five formal recommendations to Health NZ and the Government in early 2024 to improve access to mental health and addiction services, with further three recommendations in 2025 to improve the implementation of the Access and Choice programme.

We are monitoring the impact of our recommendations, and this will be published on our website. Of the five recommendations in early 2024, three have been completed by Health NZ and the Government. There has been some progress made towards the other two recommendations although they have not been met at this stage. Overall, substantial change has been initiated across the system to support access to mental health and addiction services in response to our recommendations.

Section three | Assessment of operations and performance

Implementing the Government's priorities

The Minister for Mental Health confirmed **four priorities** for mental health and addiction, focussed on increasing access to mental health and addiction support, growing the mental health and addiction workforce, strengthening the focus on prevention and early intervention, and improving the effectiveness of mental health and addiction support. The Government Policy Statement on Health 2024-2027 (GPS) outlines **five targets for mental health** – faster access to specialist mental health and addiction services, faster access to primary mental health and addiction services, shorter mental health and addiction-related stays in emergency departments, increased mental health and addiction workforce development, and strengthened focus on prevention and early intervention.

Increase access to mental health and addiction support

We bring a system view of targets through our routine monitoring using a broad set of measures about access to mental health and addiction services, published through our He Ara Āwhina dashboard. We have covered access to services through our reporting and infographics and have called for improved access via our Access and Choice programme monitoring recommendations. We continue to advocate for greater access to Kaupapa Māori services.

Grow the mental health and addiction workforce

We bring a focus on workforce through our routine monitoring and deep dives on specific topics, including the 2024/25 Access and Choice Programme Monitoring report. The development of a Workforce Plan is a recommendation from Kua Tīmata Te Haerenga | the Journey Has Begun, our 2023/24 Access and Choice monitoring report. Growing the lived experience, peer, youth, Māori and Pacific workforces is a priority. This will not only help address the workforce shortages, but better support access to support by some underserved communities.

Strengthen the focus on prevention and early intervention

We assess wellbeing and the impact of broader determinants of mental health, to strengthen the focus on prevention within and outside the health sector. We monitor rangatahi and youth wellbeing and access to services and advocate for improvement.

Improve the effectiveness of mental health and addiction support

Our 2024/25 system performance monitoring report outlined six shifts that will move us towards an ideal mental health and addiction system. Our monitoring and reporting draws a line of sight from Government outputs to service and system outcomes, to population outcomes.

Assessment of operations

In this section, we report on our progress against the commitments we made in our 2024/25 Statement of Performance Expectations.

Priority one: Advancing mental health and wellbeing outcomes for Māori and whānau

Priority one reflects our commitment to Te Tiriti o Waitangi. It affirms our responsibility towards contributing to better and equitable mental health and wellbeing outcomes for Māori. This priority does not stand alone – it underpins and is advanced through the work of our other three strategic priorities.

Our Tauākī guided our thinking, behaviour and decision-making to advance mental health and wellbeing outcomes for Māori and whānau. Our work in 2024/25 contributed towards advancing Māori mental health and outcomes in the following ways:

We have deepened our relationships with Iwi Ahī ka, Māori system leaders and Kaupapa Māori providers across the motu (country)

Engaging and building authentic relationships with Iwi Ahikā Te Ātiawa Taranaki Whānui and Ngāti Toa Rangatira remains an important ongoing commitment. We ensured our relationships with Māori were genuine and reciprocal and were a key focus of our engagements throughout the year.

We engaged with nine rūpū consisting of over 16 Māori health providers throughout the motu (country) as part of our Kaupapa Māori service delivery workstream of the Access and Choice programme monitoring report. These engagements led to a follow up hui with those engaged and others within the sector in June 2025. We co-hosted the Youth Leadership Symposium, **Mana Rangatahi Hui Taumata**, in October 2024 with Whāraurau, Mana Mokopuna and Ngāti Toa Rangatira. The hui was the first collaborative event we have held with mana whenua, Ngāti Toa Rangatira.

We have strengthened our monitoring of kaupapa Māori service provision and shared insights with system leaders and providers to improve future approaches

Our monitoring disaggregates performance data for Māori where possible, which draws attention to the systemic inequities faced by tāngata whaiora Māori, and the system responses needed to address these.

Our advocacy efforts resulted in increased awareness and investment in services designed by and for Māori

Our outputs promoted visibility of Māori data and perspectives across system performance, helping to drive change and influence policy and funding decisions.

We have continued to advocate for the expansion and growth of Kaupapa Māori services, te ao Māori and mātauranga Māori approaches, through our advocacy activities outlined on page 22, stakeholder engagement and in interviews with Māori media.

Case study: Improving mental health and wellbeing outcomes for rangatahi and young people

Rangatahi and young people across Aotearoa New Zealand are experiencing increasing rates of psychological distress, while navigating a mental health and addiction system that needs to improve to meet their needs. Due to the wide determinants of mental health and wellbeing, some young people experience much worse outcomes than others. Rangatahi Māori experience higher suicide rates than older age groups, while disabled, Pacific, and LGBTQIA+ young people face increased risk of poor mental health outcomes. Despite the increasing need, access to appropriate mental health services remains challenging. Rangatahi are less likely than other groups to receive timely help, enduring the longest wait times for specialist care while overall access to specialist mental health and addiction services continues to decline. This is an urgent challenge that demands both long-term commitment and immediate action.

Our work has focused on elevating the voices of young people and rangatahi in all our work. Through direct engagement with young people, we identified key drivers and barriers of wellbeing including racism, discrimination, online safety, whānau relationships, and future uncertainty. We have published insights and calls to action shaped by young people and rangatahi themselves, alongside assessments and monitoring highlighting key wellbeing and care access insights. These messages have reached wide audiences through conferences, media, and stakeholder reports, informing the basis of a comprehensive advocacy programme.

At the same time, we have prepared targeted submissions on issues that matter to young people and rangatahi, including education, Oranga Tamariki system, suicide prevention, Māori wellbeing and online safety. We consider it essential to ensure youth perspectives feature prominently in policy conversations where they might otherwise be absent.

One significant gap we identified was the lack of prevalence data on youth mental health and wellbeing. We have called for a national survey starting with children and young people, including our monitoring recommendations and through direct advice to the Minister for Mental Health. This evidence is vital to understanding where support is most needed and how to fund services that make a difference.

There are encouraging signs of our impact on the above activities. Through the expansion of the Youth Access and Choice Programme, more rangatahi Māori and young people are accessing free support for mild to moderate mental health and addiction needs. We have also seen investment in the first Child and Youth Mental Health and Addiction survey as a result and have been invited to be part of the Expert Advisory Group as part of the development of the study.

Despite these gains, some challenges remain. While our insights have been taken up by some agencies, focused action on the broader drivers of youth wellbeing remains limited. We will continue to advocate for systemic change in this area, because we know that improving outcomes for rangatahi requires addressing the environments and conditions that shape their lives, not just the services they access when they are in distress.

Priority two: Achieving equity for priority populations

As a Commission we have a mandated role to seek the views of priority populations in our work and have means to gather their views and voices. Priority populations represent a very large proportion of people with lived experience of mental distress and addiction and are critical to the work we do. Understanding their needs and ensuring we reflect their voices in our submissions, strategic direction, and our work has been a continued focus for the Commission.

We engaged extensively across all our mandated priority populations. We have focused on building strong relationships and trust with communities who experience disadvantage across mental health, addiction and wellbeing systems. We uphold the perspectives of priority populations in all our work.

Advocacy for rangatahi and young people with lived experience of distress and addiction

Rangatahi and young people are some of the groups that bear a higher burden of distress and have less access to help than others. This group continues to be a priority for the Commission. You can find more detail on our **advocacy for young people and rangatahi** in our case study on page 17.

Activities have focused on connecting directly with rangatahi and young people, partnering with other organisations, and speaking up about important issues relating to wellbeing, suicide prevention, and access to mental health and addiction services.

Our advocacy activities for 2024/25 include delivery of presentations at Evolve's 20th anniversary and the Youth One Stop Shop (YOSS) national networking hui and hosted a rangatahi and youth leadership symposium, **Mana Rangatahi Hui Taumata**, with Whāraurau, Mana Mokopuna and Ngāti Toa Rangatira. We submitted on the Oversight of Oranga Tamariki Cabinet paper and Section 127 of the Education and Training Act. We published a fact sheet on **access to specialist services for young people**. Our blog about suicide prevention on our website was shared widely with stakeholders.

Our advocacy aspires to long-term change. We recognise that to achieve improved mental health and wellbeing for rangatahi and young people, we must first establish ourselves as a trusted and credible advocate. Through these combined activities, we are increasing our presence as a credible advocate for rangatahi and youth mental health and wellbeing and ensuring that mental health and wellbeing are a priority across Government strategies, policies and funding decisions.

Advocacy through submissions

As part of our broader advocacy role, we seek to support equity of outcomes by influencing policy and legislation. In 2024/25 we provided advice on a range of subjects and formal submissions, outlined in our Statement of Performance on page 24. You can find more detail on the **development of the Mental Health and Wellbeing Strategy** in our case study on page 26.

Through these submissions, we sought to highlight the concerns of people with lived experience and those who support them and ensure the views of and impacts on priority populations were considered in the development of policy and legislation. Our submissions reflected our research what we have heard from people with lived experience. This includes a focus on connection to culture and whānau, upholding the rights of all people, and by ensuring people are supported to stay well through addressing the factors that impact their mental health and wellbeing.

We have seen varying degrees of influence and impact from our activities. Specific recommendations we made for the Oranga Tamariki Bill and Suicide Prevention Action Plan were reflected, while our larger concerns were not. Importantly, our advocacy supports long-term influence and impact: our engagement in the Pae Ora amendment bill, which led to the Mental Health and Wellbeing Strategy, means we now have a legislated and ongoing role to influence how that document shapes the future of the mental health and addiction system in Aotearoa. You can find more detail on our **submission on the Mental Health Bill** in our case study on page 20.

Case Study: Submission on the Mental Health Bill

Since our establishment, we have advocated for a mental health and addiction system that places people and whānau at the centre. Central to this priority has been our support for the Government's work to repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Our position has remained clear: Aotearoa New Zealand's high and increasing use of the Mental Health Act, coupled with persistent inequities for Māori and Pacific populations, are inconsistent with both a Te Tiriti o Waitangi and human rights-based approach, as well as a recovery-orientated mental health philosophy. In our view, the repeal and replacement of the Act presents a transformative opportunity to reshape the mental health and addiction system for tāngata whaiora and their whānau.

The goal of our advocacy has been to support legislative and practice changes that uphold people's rights to make informed decisions about their care and treatment, while strengthening their capacity to exercise these rights. Our activities have involved targeted sector engagement on the Mental Health Bill and public reporting on the use of the current Mental Health Act.

Our advocacy work has included several key milestones: our 2021 submission on the Ministry of Health's Transforming our mental health law consultation; a 2023 services monitoring report examining lived experiences of community treatment orders; presentations on coercive practices at the 2023 TheMHS conference in Adelaide; publication of a coercive practices infographic in 2024; and collaborative workshops with advocacy organisations including Changing Minds, Te Kete Pounamu and the Mental Health Foundation. We have also delivered comprehensive written and oral submissions on the Mental Health Bill to the Health Select Committee, supported by ongoing public commentary.

By amplifying the voices of people with lived experience alongside those of their families and whānau, we have presented compelling narratives about the Act's negative impacts. The release of our report on lived experiences of community treatment orders and accompanying communications generated significant national media interest and public debate.

Our impact is demonstrated through public engagement with our materials which has grown consistently since the publication, with increasing website traffic to our report, coercive practices infographic submissions, and opinion pieces. Our submission on the Bill was referred to by members in their comments accompanying the Health Select Committee's final report. Aligned with our advocacy position, the Bill updates rights and introduces new roles and arrangements to enable modern supported decision making in specialist mental health care, however our specific recommendation for a sunset clause to end the use of seclusion practices was not adopted. We remain committed to advocating for zero seclusion in practice.

Priority three: Advocating for a mental health and addiction system that has people and whānau at the centre

This priority reflects our commitment to advocating for a system that people and whānau can trust, that treats them with respect and dignity and enables self-determination. Using He Ara Āwhina monitoring framework, our reports allow people, whānau and stakeholders to track the changes being made to improve the system. We amplify voices of lived experience to bring data to life, telling a fuller story, and providing insights into what needs to change.

Monitoring and reporting using He Ara Āwhina monitoring framework

We published our **final monitoring report for the Access and Choice programme** in April 2025. This report follows on from our 2021 and 2022 reports and completes the standalone monitoring of the programme's five-year rollout period. You can find more detail about our monitoring access and equity in our case study on page 23.

Our 2025 report details how the programme was implemented and how this compares with what was intended to be delivered. The report highlights the programme's successes as well as areas for improvement. We made three recommendations covering increase to programme reach, streamline the pathways and reduce unwarranted variation across the country.

We have seen support for this work from the Minister for Mental Health, stakeholder engagement and feedback. Our stakeholders reported (through an engagement survey) that they found the report relevant or very relevant (81 percent) and that they will use or have used the report in their work.

In April 2025, we hosted a webinar that highlighted key findings from the report and infographics. 161 people attended and there were a further 140 views of the recording.

Update to the online He Ara Āwhina service monitoring dashboard and two supplementary infographics

As a key part of our monitoring role, we publicly report a breadth of mental health and addiction service measures through our online He Ara Āwhina dashboard. In June 2025, the dashboard was updated and refreshed with the most recent mental health and addiction service data. We also published two supplementary infographics to tell a visual story of selected monitoring findings using data included in the He Ara Āwhina dashboard. The infographics focused on access to mental health and addiction services and addiction specialist services, and both included the mental health and addiction targets and broader measures.

This monitoring work makes measures of mental health and addiction service performance transparent, to hold the government, system, and service to account. There was significant public interest in our findings on access to services, with TV interviews, radio interviews and several online articles citing our work. Our monitoring findings inform our advocacy work to drive improvement.

Advocacy activities towards increasing investment in Kaupapa Māori services

In 2024/25 we published two infographics, focused on Kaupapa Māori mental health and addiction services and Kaupapa Māori primary mental health and addiction services. We have seen significant engagement with the infographics, with over 230 downloads from our website since publication.

In June 2025, we hosted over 35 Kaupapa Māori service and system leaders from across the motu (country) to share insights from the Access and Choice Monitoring report, with a focus on Kaupapa Māori delivery workstream. Our activities have resulted in increased awareness and understanding of Kaupapa Māori services and the positive benefits they are having. We engaged in five interviews with Māori media, providing a valuable platform to share progress and insights into Māori mental health and wellbeing with Māori and the wider public.

Advocating for a system that respects people's rights to make decisions about their care

We focused our advocacy activity on Government policy towards repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992. You can find more detail on our submission on the mental health bill in our case study on page 20.

In July 2024, we released our **reducing coercive practices infographic** that showed the rate of people under compulsory community treatment orders has increased over the past four years.

Overall, the impact of our activities has resulted in an increase in publicly available resources that advocate for collective interests of people who experience mental distress or addiction (or both), and their supporters.

Crisis response is an area of focus for the health system

Our previous monitoring work highlighted that crisis responses are a significant systemic issue. In 2024/25 we began deeper analysis into crisis responses, through defining what a good crisis response looks like and monitoring change over time in more depth. We will publish a monitoring report in November 2025.

We support the shift to a strengthened health response for people experiencing a mental health crisis. With Police stepping back from their existing role and the health sector stepping up, we have called to keep the focus on the needs of tāngata whaiora. This is something we will closely monitor as changes continue to be introduced.

We hosted our first webinar in this work programme focused on “Improving crisis responses” with a panel of experts to discuss the NZ Police and Health NZ change programme. The webinar generated significant interest, with 383 attendees and 167 views of the recording.

Case Study: Monitoring the Access and Choice programme

In 2019, in response to the report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga), the Government invested over \$1.9 billion into mental health and wellbeing as part of the landmark 2019 Wellbeing Budget. Of the total investment package on mental health and wellbeing, 57 per cent went to Health, which includes key initiatives such as the \$455.1 million Access and Choice programme. The remainder of the funding was allocated across social and justice sectors. The launch of the Access and Choice Programme represented a major investment in mental health and addiction support for people with mild to moderate needs. This programme has increased access to publicly funded talk therapies and culturally grounded care and changed the landscape of mental health and addition.

Over the past four years, the Commission has fulfilled a critical monitoring role, ensuring transparency and accountability throughout the programme's implementation. Between 2021 and 2025, we released a series of reports tracking service development, culminating in a five-year monitoring report released in April 2025. These reports provided comprehensive analysis of successes, shortcomings, and necessary improvements, while webinars and hui have ensured our findings reached local communities.

We have kept a close watch on the performance of Kaupapa Māori, youth and Pacific services, identifying early that these areas were progressing more slowly in both funding and workforce development. In response to our findings, we saw greater investment and targeted action, including the addition of seven new Kaupapa Māori providers following our 2021 progress monitoring report.

A central feature of our approach has been authentic engagement. Each report has drawn extensively on feedback and insights, community networks and providers. In preparing the 2025 report, we connected directly with Kaupapa Māori, Pacific and youth providers. We heard from providers about the transformative potential of culturally grounded care. As one Kaupapa Māori service provider shared, “A couple of tangata whaiora have told me [about] the change in their whole wairua when they engage with the whenua—so therapeutic, which you don’t find in traditional mental health services outside of Kaupapa Māori.”

Our first report recommended an increased focus on the rollout of Kaupapa Māori service and youth services and subsequent reports showed a marked increase in availability of these services. Data quality has improved, and National Health Index-level reporting is being collected for most services. Visibility of services was an issue we highlighted in earlier reports but now improved through the launch of the Wellbeing Support website.

The Minister of Mental Health has directed Health NZ to develop an action plan to address our final monitoring report's three recommendations: increased programme reach to meet the intended 325,000 people; a plan to streamline pathways between Access and Choice Youth services and Infant, Child and Adolescent Mental Health Services and a plan to reduce unwarranted variation. Stakeholder feedback confirms the report's relevance and utility, with 82% of surveyed respondents indicating it is relevant to them, and 51% actively using or planning to use it in their work.

Priority four: Addressing the wider determinants of mental health and wellbeing

Our function to report on wellbeing outcomes for the population and especially the population of people with lived experience of mental distress and addiction gives the system a clear steer on the population outcomes that are being achieved as a result of decisions made about policies, strategies, plans and investment. We continue to monitor the highest-level outcomes to provide a longer-term view of both determinants of mental health and wellbeing outcomes for people. We also want to understand how the system is contributing to achieving these outcomes through our system performance monitoring work. Combined with service monitoring, our system and population outcome monitoring offer a complete 'line of sight' to what government inputs are contributing to system performance and to achieving mental health and wellbeing outcomes.

He Ara Oranga wellbeing outcomes framework

In June 2025, we published an **analysis of wellbeing outcomes for people who interact with mental health and addiction services and supports**. This infographic used the He Ara Oranga Wellbeing Outcomes Framework to understand the status of wellbeing and the distribution of determinants of wellbeing among this population, as an approximation of people with lived experience of mental distress and addiction.

This infographic was informed by lived experience perspectives and was the first published use of the Integrated Data Infrastructure to look at wellbeing outcomes using national social surveys for mental health and addiction service users.

This work builds our evidence base for future advocacy for focus and investment on what works to support the wellbeing of people with lived experience of mental distress and addiction.

System performance monitoring report

In June 2025, we published our first mental health and addiction **System Performance Monitoring report** building on our previous system and service monitoring reports. The report outlines our approach to monitoring system performance with a framework that brings together a shared view of system goals. As system leaders with responsibility for independent oversight we wanted to set the direction for what a good mental health and addiction system looks like. The report identified and reports against six system shifts that will move system players towards an ideal mental health and addiction system. The six shifts were developed through analysis and synthesis of current government mental health priorities, He Ara Oranga recommendations, our own recommendations and calls to action, Kia Manawanui, our monitoring reports, and other key plans and strategies calling for change in the mental health and wellbeing system.

The six shifts includes prioritising lived experience, effective services for people experiencing highest need, early intervention and prevention approaches, upholding human rights, ensuring equitable outcomes through effective service provision, and improving the capacity and capability of the mental health and addiction workforce.

Our findings informed our mandated advice on the development of the Mental Health and Wellbeing Strategy. This ensures our advice is grounded in Lived Experience and is informed by a deep understanding of approaches to system performance. The development of 20 measures of system performance has enabled us to give a quantitative overview of the mental health and addiction system and will act as a baseline for future monitoring of progress towards the six shifts.

Case Study: Shaping the mental health and wellbeing systems

People with lived experience of mental distress and addiction experience significantly poorer mental health and wellbeing outcomes than the rest of the population. Our mandate encompasses monitoring performance of how the mental health and addiction system is working for people with lived experience while influencing its improvement to better meet their needs. We have worked to keep a focus on mental health and wellbeing issues for national policy and system settings, focusing strategically on shaping legislation, strategies, and governance structures to improve outcomes and address long-standing inequities.

Our work to impact system change commenced in 2021 with the introduction of the Pae Ora (Healthy Futures) Bill, which established new health system structures and defining strategies. From the outset, we have advocated for stronger recognition of mental health and wellbeing within the legislation. Our evidence-based advice made the case for a dedicated Mental Health and Wellbeing Strategy anchored in research and shaped by the voices of people with lived experience.

Our advocacy gained significant momentum when our recommendations were incorporated into a member's bill, ultimately becoming the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024. Throughout the legislative process, we provided targeted advice on issues such as the importance of workforce in delivering mental health outcomes, and on safeguarding the independence of the Commission. These contributions were reflected in both the final legislation and the Select Committee's report.

With the amendment Act now in force, the Ministry of Health has initiated work on the first national Mental Health and Wellbeing Strategy. We have continued to support this work through our legislated advisory role, providing strategic advice to both the Minister for Mental Health and Ministry officials. Our advice draws on our system performance monitoring, service and outcome monitoring as well as engagement insights and is grounded in our understanding of what works and what still needs to change.

Being included early in the strategy development process has enabled us to provide input through formal, influential channels. This approach has ensured the strategy draws on system-wide insights, evidence-based recommendations, and experiences of those most affected by mental distress and addiction.

Our impact is already evident across multiple domains. The content of our original submission on the Pae Ora Bill resonates throughout both the member's bill and the final Amendment Act. Our engagement has been acknowledged and actively sought, with the Minister for Mental Health supporting our ongoing involvement. This reflects the trust placed in the Commission's independent voice and affirms the value of our sustained monitoring, analysis, and advice in shaping a more equitable mental health and wellbeing system for Aotearoa.

Statement of Service Performance

In this section, we report on our progress with the commitments we made in our 2024/25 Statement of Performance Expectations and report the service performance as required by PBE FRS 48 Service Performance Reporting. Our deliverables are grouped under our four strategic priorities that contribute to achieving our legislative objective – to contribute to better and equitable mental health and wellbeing outcomes for all people in New Zealand.

Our deliverables

Strategic Priority 1: Advancing mental health and wellbeing outcomes for Māori and whānau

Enduring priority one underpins the other priorities and outputs. Specific deliverables under the other strategic priorities contribute to advancing health and wellbeing outcomes for Māori and whānau. For example, the Access and Choice monitoring report will include the delivery and impact that the programme has made for Māori and whānau.

Strategic Priority 2: Achieving equity for priority populations

Outputs	Measure/s	Result	Commentary
SPE1: We advocate to reduce inequities in mental health and wellbeing outcomes experienced by rangatahi and young people with lived experience of distress and addiction.	Quantity: We undertake (at least 10) advocacy activities (proactive and reactive) with a specific focus on equity issues that impact mental health and wellbeing of rangatahi and young people with lived experience of distress, addiction, and poorer wellbeing outcomes. ¹	Achieved.	1. Keynote speech at Evolve's 20th anniversary to talk about youth mental health and the value of Youth One Stop Shops 2. Presentation at national Youth One Stop Shop workshop about advocating for impact within the current environment 3. Participation as member of expert panel at refugee youth forum focussing on mental health 4. Presentation on youth mental health at the Youth Peer Network 5. Submission on Oversight of Oranga Tamariki System Legislation Amendment Bill Cabinet Paper 6. Submission on Amendment to section 127 of the Education and Training Act 2020 (Ministry of Education) 7. Co-hosted a Youth Leadership Symposium with Whāraurau, Mana Mokopuna and Ngāti Toa Rangatira 8. Published fact sheet on access to specialist services, including media 9. Contribute to Youth Parliament topics of focus 10. Publish and share blog about preventing youth suicide
	Quality: Advocacy is informed by cross-sector engagement, and collaboration, the experience and voice of rangatahi and young people, and evidence of what works to promote mental health and prevent mental distress.	Achieved.	Our advocacy is built on insights and monitoring data that we have collected, either through data sources or rangatahi and young people directly. We have collaborated across the mental health and addiction sector and government through advocacy actions.

¹ Advocacy activities may include publishing papers, presentations and/or public statements, written and oral submissions, promoting insights, and engagement with decision-makers.

SPE2: We provide advice through the submissions process and advocacy on key policies to address barriers to equitable access, experience, and outcomes for tāngata whaiora and people with lived experience of distress or addiction and poorer wellbeing outcomes.	Quantity: We undertake (at least 5) submissions on proposed policies and items of new and changed legislation or advocacy activities on specific policies that directly impacts on equity issues for tāngata whaiora and people with lived experience.	Achieved.	1. Repeal of Section 7AA Amendment Bill (Oranga Tamariki) 2. Review of the Code of Health and Disability Services Consumers' Rights and Disability Commissioner Act (Health and Disability Commissioner) 3. The Principles of the Treaty of Waitangi Bill (Justice Select Committee) 4. Draft Strategy to Prevent and Minimise Gambling Harm 2025/26 (Ministry of Health) 5. Draft Suicide Prevention Action Plan (Ministry of Health)
	Quality: Advice and advocacy is evidence-informed and submissions reflect a range of sources including voices of Māori, whānau and people impacted and research insights.	Achieved.	Our submissions were informed by analysis of relevant policy and mental health law reform, government agencies and publicly available reporting (including the findings of the Waitangi Tribunal), our past engagement with communities, and views of the lived experience knowledge network.

Strategic Priority 3: Advocating for a mental health and addiction system that has people and whānau at the centre

SPE3: He Ara Āwhina monitoring framework underpins the publication of data and insights on mental health and addiction services	Quantity: We maintain and update He Ara Āwhina dashboard with current data on mental health and addiction services. We publish supplementary infographics	Achieved.	1. Access to mental health and addiction services, May 2025 2. Addiction specialist services – access, workforce, investment, and outcomes, May 2025 3. Updated data published online to He Ara Āwhina dashboard 11 June 2025
	Quality: Data and insights reflect important information for Māori, whānau, and people with lived experience, and this information informs our advocacy activities	Achieved.	Positive feedback received from key stakeholders and media interest in our findings from both mainstream and Māori media.
SPE4: We monitor progress implementing the Access and Choice Programme	Quantity: We publish a monitoring report on the Access and Choice programme. ²	Achieved.	Access and Choice Programme: Monitoring report on progress and achievements at five years, April 2025.
	Quality: The report reflects diverse perspectives (including Māori and whānau, people with lived experience, and the sector).	Achieved.	We gathered insights from over 25 providers of Kaupapa Māori, Pacific, and Youth. We also gathered feedback from Integrated Primary Mental Health and Addiction providers as well as from General Practice NZ and Te Tumu Waiora. We engaged a reference group with sector and lived experience expertise.
SPE5: We advocate for an increase in investment in Kaupapa Māori services	Quantity: We undertake (at least 3) advocacy activities with a specific focus on an increase in investment in Kaupapa Māori services. ³	Achieved.	1. Publication of infographic on investment in and access to Kaupapa Māori services. 2. Infographic on Kaupapa Māori primary mental health and addiction services funded through the Access and Choice programme and Māori use of Access and Choice services. 3. Webinar on Access and Choice programme report in which Kaupapa Māori services, including the investment of, was covered. 4. In June 2025, we hosted over 35 Kaupapa Māori service and system leaders from across the motu to share insights from the Access and Choice Monitoring report.

² This deliverable aligns to Vote Health Estimates Assessment of Performance 'He Ara Āwhina monitoring framework has been applied to a published report on mental health and addiction services (which includes the access and choice programme)'

³ Advocacy activities may include publishing papers, presentations and/or public statements, submissions, promoting insights, and intentional engagement with decision-makers.

Strategic Priority 3: Advocating for a mental health and addiction system that has people and whānau at the centre

	Quality: Advocacy is informed by the voices of Māori, whānau, people with lived experience and the people who support them, gathered through our engagement and monitoring	Achieved.	Our advocacy is built on insights and monitoring data that we have collected, either through data sources or through engagement with Kaupapa Māori service and system leaders.
SPE6: We advocate for changes in practice and legislation that respects people's rights to make decisions about their care and treatment and supports their capacity to do so	Quantity: We undertake (at least 5) advocacy activities. ⁴	Achieved.	1. Publication of an infographic presenting data on coercive practices 2. Workshop on the implications of the Mental Health Bill with lived experience and Māori advocacy organisations 3. Written and oral submission on Mental Health Bill (Health Select Committee) 4. Article published in Horizon digital magazine 'what does the mental health bill mean for you?' 5. Article published in Horizon magazine ...'mental health bill are we there yet'
	Quality: Advocacy is informed by the voices of Māori, whānau, people with lived experience, and the people who support them, gathered through our engagement and monitoring.	Achieved.	Our advocacy is informed through collaboration with lived experience advocacy groups including Mental Health Foundation and Changing Minds, our wider lived experience engagement, and through our monitoring and reporting.

⁴ Advocacy activities may include publishing papers, presentations and/or public statements, submissions, promoting insights, and intentional engagement with decision-makers.

Strategic Priority 4: Addressing the wider determinants of mental health and wellbeing

SPE7: We monitor the status of population mental health and wellbeing outcomes from both a Māori and shared perspective using the He Ara Oranga Outcomes Framework.	Quantity: We will develop and publish a mental health and wellbeing infographic using our He Ara Oranga Wellbeing Outcome Framework and indicators to support long-term monitoring of our dual-framed mental health and wellbeing ⁵	Achieved.	Assessment of wellbeing for people who interact with mental health and addiction services, June 2025
	Quality: The He Ara Oranga infographic contains a refined vital set of wellbeing measures developed with Māori expertise and wider sector engagement.	Achieved.	We engaged with lived experience leaders and a range of academics and government agencies including Māori expertise.
SPE8: We continue to monitor progress on system performance against Kia Manawanui or any new strategy, implementation, or action plan.	Quantity: We will publish a monitoring report on progress against system transformation including policies and strategies that address determinants of mental health and wellbeing.	Achieved.	Monitoring mental health and addiction system performance in Aotearoa New Zealand: Our approach and initial findings, June 2025
	Quality: The published report uses both He Ara Āwhina and He Ara Oranga frameworks to measure services, system, and interim population wellbeing outcomes and represents diverse perspectives and information.	Achieved.	Our system performance monitoring report connects our frameworks from services through to system through to outcomes in the logic model that forms its basis. We measure performance of services and systems through 20 system performance metrics and report on interim population wellbeing outcomes in the body of the same report. We drew on diverse perspectives including government, clinical, academic and lived experience perspectives in the development of our system performance approach, the measures selection and the data sense-making through targeted interviews and two external expert advisory groups.

⁵ Publication of a dashboard has been deferred to 2025/26 to enable to development of an integrated dashboard incorporating the He Ara Oranga and He Ara Āwhina frameworks. The quality and quantity measures for SPE7 for 2024/25 have subsequently been replaced with the development of an infographic.

Standard for service performance reporting

The External Reporting Board (XRB) released **PBE FRS 48 Service Performance Reporting** (the standard) in 2017. The standard applies to reporting periods beginning on or after 1 January 2022 and is part of generally accepted accounting practices (GAAP).

The standard sets requirements and expectations for:

- identifying and selecting appropriate and meaningful performance information
- disclosing judgements made in selecting, aggregating and presenting performance information
- providing comparative performance information
- ensuring consistency of reporting.

The standard establishes requirements for the reporting of service performance information so that it meets the needs of users from an accountability and decision-making perspective. The standard provides high-level principles to recognise that service performance reporting continues to evolve and that flexibility enables entities to report performance in the most appropriate and meaningful way.

Significant judgements

Application of the standard

The performance measures framework for the Commission was developed in conjunction with the Statement of Intent 2022 to 2026. The standard has been applied in the development of this annual report. As this is the last annual report under our current Statement of Intent, our performance measures framework has been reviewed and updated from 2025/26 onwards.

Selection of measures

Performance measures were selected to cover a variety of quality and quantity measures aligned with the functions of the Commission set out in the Act.

We reviewed the appropriateness of performance measures as part of developing the 2024/25 Statement of Performance Expectations. Each measure was reviewed to confirm it accurately reflected the performance of the Commission, was meaningful and was able to be measured. We also consider that the overall suite of performance measures selected provides a materially complete picture of the Commission's performance over the reporting period.

Comparative information is not presented as the Commission's deliverables change annually.

Section four | Organisational health and capability

Governance

The Governor-General appoints Board members of the Commission following recommendations by the Associate Minister of Health. The Board (made up of seven members) provides guidance and stewardship to the Commission on its strategy and delivery of its work programme. The terms of three Board members concluded in February 2025, these members have continued as Board members whilst appointments are being made.

The table below outlines Board member annual remuneration in 2024/25 and previous years.

Member	Actual 2024/25 \$000	Actual 2023/24 \$000	Actual 2022/23 \$000
Hayden Wano (Chair)	47	84	82
Kevin Hague (Deputy Chair)	39	42	30
Alex El Amanni	23	21	23
Jemaima Seath (to June 2023)	-	-	7
Sunny Collings*	13	12	12
Taimi Allan (to December 2023)	-	6	13
Tuari Potiki	15	18	14
Barbara Disley (from July 2023)	17	20	-
Wayne Langford (from September 2024)	9	-	-
Total Board member remuneration	163	205	181

* This Board member's remuneration includes membership of the Finance, Audit and Risk Committee.

We have professional indemnity and directors' and officers' liability insurance for Board members.

No Board members received compensation or other benefits in relation to cessation.

There have been payments made to independent committee members appointed by the Board during the year.

Permission to act despite being interested in a matter

Section 68(6) of the Crown Entities Act 2004 requires the Board to disclose any interests to which a permission to act has been granted despite a member being interested in a matter. No such permissions to act were granted for the year ended 30 June 2025.

Finance, Audit and Risk Committee

The Finance, Audit and Risk Committee provides independent assurance and assistance to the Board on our financial statements and the adequacy of systems of internal controls and legislative compliance. This committee comprises two independent members and one Board member. It met four times in 2024/25.

Appointments and Remuneration Committee

The Appointment and Remuneration Committee provides advice on senior management appointments and remuneration policy and strategy and on the remuneration of the Chief Executive. This committee comprises three board members. It meets on an ad hoc basis as required.

Our people

Our people are passionate about their work and invest time and energy to make a difference by improving the mental health and wellbeing of the people they engage with and through their work within our organisation. We have focused on ensuring our organisation has the capacity and capability to deliver on our legislative mandate and strategy.

Supporting and developing our people

We recognise the importance of staff wellbeing and have focused on planning, implementing, and monitoring initiatives that promote the wellbeing of all our staff.

During the year, we continued to implement our competency and performance development frameworks, and all staff now have development plans in place.

We provide equal employment opportunities and ensure our policies, practices and processes are fair and equitable for all job applicants and employees.

Team pulse

We distributed our annual organisational 'pulse' survey to all staff to understand what is working well, where we can improve, and what our leaders can do to improve and support staff development and career progression.

96% of our kaimahi participated in the survey. We saw improvement from 2024 to 2025 on our overall score which increased from 65% to 67%. The overall public sector benchmark for 2025 is 62%.

Staff wellness

We are committed to supporting staff, encouraging work-life balance, and offering flexible working arrangements so our people can carry out their work and still have time for their whānau and out-of-work interests as well as being supported to maintain their wellbeing.

In May 2025, we contracted Umbrella Wellbeing to conduct a Wellbeing Assessment for staff. This assessment established a baseline measure on wellbeing and to assessed work-related and non-work factors that may be hindering or promoting people's experiences at work.

The assessment found that we demonstrate a solid commitment to employee wellbeing, with strong organisational support and a generally supportive culture that fosters resilience and job satisfaction. However, key work challenges were identified, such as workload and lack of role clarity, along with several non-work challenges. We continue to work collectively to use these findings to support the wellbeing of all staff.

Health, safety and wellbeing

Health, safety and wellbeing are important to us. Our Health, Safety and Wellbeing Committee helps us promote and encourage safe and healthy work practices. Health and safety are standing items and discussed at each Board meeting. Representatives on the Health, Safety and Wellness Committee have management support and are offered training to carry out their health and safety duties.

Building Te Ao Māori capability

We recognise the importance of building staff capability in Te Ao Māori as part our commitment to Te Tiriti o Waitangi and equity for Māori.

Supporting our Māori staff and ensuring their voices are heard

Many Māori who work in the public service also bring their whānau, hapū, iwi and marae knowledge and experiences whilst undertaking their duties as public servants. This collective contribution within Te Hiringa Mahara is through the voices of Māori staff as members of Ngā Ringa Raupā. Ngā Ringa Raupā embraces whanaungatanga (relationships) across the organisation and provides invaluable advice, and support to the Director Māori Health and her team.

Building confidence within Te Hiringa Mahara whānau in te Reo Māori and te ao Māori

In 2024/25, we continued to implement our Ka Māia Ka Taea Capability Plan based on Te Arawhiti Whaingā Amorangi framework. Promotion of te Reo Māori opportunities continued through the provision of Level 1 and Level 2 te Reo Māori lessons.

Annual wānanga continue to provide a time to plan, to refresh, reflect and review specific areas of cultural importance in the work we do.

Te Tūrama survey is an annual survey that aligns with building Māori cultural capability. 72% of our kaimahi participated in the survey. We saw improvement from 2024 to 2025 on our overall score which increased from 76% to 77%. The overall public sector benchmark for 2025 is 62%.

In 2024/25 opportunities for staff to undertake Te Reo Māori lessons at level two was provided. A key finding showed that the highest score related to staff confidence in pronouncing te reo as well as describing and participating in Māori concepts and rituals.

Gender, ethnicity and age profile of our people

Our gender profile across the five tier 1 and 2 management level (leadership team) roles is **80 per cent** female, **20 per cent** male as at 30 June 2025.⁶ We continue to drive organisational initiatives that positively impact on gender balance. Our people reflect the communities we serve.

A breakdown of our workforce by ethnicity is New Zealand European – 67 per cent, Māori – 29 per cent, and Pacific people – 4 per cent.

As at 30 June 2025, our employee demographics were as follows.

Number of our people

Total number of our people (FTE)	Number
Fixed term	1
Permanent	21.2
Total	22.2

⁶ We do not have a tier 3 management level.

Age profile

Age group (years)	Headcount
20-29	0
30-39	8
40-49	7
50-59	6
60-69	3
Total	24

Remuneration and key management information - employee remuneration

The table below shows the total remuneration, that is or exceeds \$100,000, paid or payable to employees for the year.

No employees received compensation or other benefits in relation to cessation in 2024/25 or since our establishment in 2021.

Total remuneration paid or payable that is or exceeds \$100,000

Remuneration range	Actual 2024/25	Actual 2023/24	Actual 2022/23
\$100,000-109,999	2	-	-
\$110,000-119,999	2	1	1
\$120,000-129,999	1	-	1
\$130,000-139,999	3	4	3
\$140,000-149,999	1	2	-
\$150,000-159,999	1	1	-
\$210,000-219,999	-	-	2
\$220,000-229,999	1	1	-
\$230,000-239,999	2	1	-
\$240,000-250,999	-	1	-
\$250,000-260,999	1	1	-
\$270,000-279,999	-	-	1
\$310,000-319,999	-	-	1
\$320,000-329,999	-	1	-
\$330,000-\$339,999	1	-	-

Eliminating gender pay gaps

Under Kia Toipoto – Māhere Mahi Āputa Utu Ratonga Tūmatanui 2021–2024, the Public Service Pay Gaps Action Plan 2021–2024 (Kia Toipoto), we developed an action plan, published in April 2023. While Kia Toipoto has come to an end, we remain committed to ensuring the Commission is free from gender-based inequalities through eliminating gender pay gaps.

Our system-wide responsibilities

Service critical assets

Te Hiringa Mahara has identified no service critical assets in line with the reporting requirements in **CO (23) 9: Investment Management and Asset Performance in Departments and Other Entities**.

Environmental sustainability

The Climate Change Response (Zero Carbon) Amendment Act 2019 sets a clear requirement for the public sector to be net carbon neutral by 2025.

Our total carbon emissions were 42,349.86 kg CO₂-e emissions for 2024/25. The composition of these emissions is set out in the table following.

Carbon emission category	2024/25 (kgCO ₂)	2023/24 (kgCO ₂)	2022/23 (kgCO ₂)
Air travel	38,786.98	25,600.00	10,273.00
Hotel stays	1874.5	2,839.00	3,190.00
Taxis	415.68	699.28	805.00
Electricity	1272.70	1,316.00	1,604.00
Total	42,349.86	30,455.00	15,872.00

Independent Audit Report

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INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE MENTAL HEALTH AND WELLBEING COMMISSION'S ANNUAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

The Auditor-General is the auditor of the Mental Health and Wellbeing Commission ('Te Hiringa Mahara'). The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the financial statements and the performance information of Te Hiringa Mahara on his behalf.

Opinion

We have audited:

- the financial statements of Te Hiringa Mahara in section 5 of the annual report, that comprise the statement of financial position as at 30 June 2025, the statement of comprehensive revenue and expenses, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements including the statement of accounting policies; and
- the performance information of Te Hiringa Mahara in section 3 of the annual report.

In our opinion:

- the financial statements:
 - present fairly, in all material respects:
 - its financial position as at 30 June 2025; and
 - its financial performance and cash flows for the year then ended;
 - the actual expenses incurred compared with the appropriated or forecast expenses; and
 - comply with generally accepted accounting practice in New Zealand in accordance with the Public Benefit Entity Reporting Standards (Reduced Disclosure Regime); and
- the performance information:
 - presents fairly, in all material respects, Te Hiringa Mahara's performance for the year ended 30 June 2025, including:
 - for each class of reportable outputs:
 - its standards of delivery performance achieved as compared with outcomes included in the statement of performance expectations for the financial year; and
 - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year;

- what has been achieved with the appropriations; and
- complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 2 October 2025. This is the date at which our opinion is expressed.

The basis for our opinion is explained below. In addition, we outline the responsibilities of Te Hiringa Mahara's Board, our responsibilities relating to the financial statements and the performance information, we comment on other information, and we explain our independence.

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Te Hiringa Mahara's Board for the financial statements and the performance information

The Board is responsible on behalf of Te Hiringa Mahara for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. The Board is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Board is responsible for assessing Te Hiringa Mahara's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of Te Hiringa Mahara, or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Crown Entities Act 2004 and the Public Finance Act 1989.

Responsibilities of the auditor for the audit of the financial statements and the performance information

Our objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements, our procedures were limited to checking that the information agreed to Te Hiringa Mahara's statement of performance expectations.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Te Hiringa Mahara's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Te Hiringa Mahara's Board.
- We evaluate the appropriateness of the reported performance information within Te Hiringa Mahara's framework for reporting its performance.
- We conclude on the appropriateness of the use of the going concern basis of accounting by Te Hiringa Mahara's Board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on Te Hiringa Mahara's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements and the performance information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause Te Hiringa Mahara to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.
- We obtain sufficient appropriate audit evidence regarding the financial statements and the performance information of the entities or business activities within Te Hiringa Mahara to express an opinion on the consolidated financial statements and the consolidated performance information. We are responsible for the direction, supervision and performance of Te Hiringa Mahara audit. We remain solely responsible for our audit opinion.
- We communicate with Te Hiringa Mahara's Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Other information

Te Hiringa Mahara's Board is responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and the performance information, and our auditor's report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independence

We are independent of Te Hiringa Mahara in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: *International Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with or interests in Te Hiringa Mahara.



Chrissie Murray
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

Section five | Managing our finances

Our output and funding

We report to the Minister for Mental Health. The Ministry of Health monitors our performance on behalf of the Minister for Mental Health, with advice from the Social Investment Agency (formerly the Social Wellbeing Agency).

We have a statutory mandate and, in 2024/25, had Crown funding of \$5.359 million. We have not received any additional funding for significant new initiatives since our establishment in 2021.

We receive funding through an appropriation in Vote Health⁷ (\$5.359million) and interest income (\$0.127million). Actual revenue and expenditure against forecast is detailed in the table below.

Revenue and expenditure for the 2024/25 year

	2024/25 revenue (\$000)			2024/25 expenditure (\$000)		
	Actual	Budget	Variance	Actual	Budget	Variance
Total	5,486	5,462	24	5,556	5,762	206

We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020, the Public Finance Act 1989 and the Crown Entities Act 2004. The annual audit from Baker Tilly Staples Rodway Audit Limited on behalf of the Auditor General provides useful recommendations on areas for improvement. We will implement these recommendations, with oversight from our Finance, Audit and Risk Committee.

⁷ Our funding is through the Monitoring and Protecting Health and Disability Consumer Interests non-department output expense appropriation in [Vote Health](#). The Commission has a single output class, *He Ara Āwhina monitoring framework has been applied to a publish report on mental health and addiction services (which includes the access and choice programme)* by 30 June.

Monitoring our performance

We provide the Ministry of Health with information to enable it to monitor our performance. This information includes:

- a quarterly statement of financial performance, financial position and statement of cashflows
- a quarterly report on progress against our performance measures
- this annual report, in accordance with the Crown Entities Act 2004.⁸

Compliance

We meet our good employer requirements and obligations under the Public Finance Act 1989, Public Records Act 2005, Crown Entities Act 2004, Mental Health and Wellbeing Commission Act 2020, and other applicable Crown entity legislation through our governance, operational and business rules.

Risk management

All our staff are aware of the process for risk identification and management. Our Board, Chief Executive, senior management team and programme leaders identify strategic and operational risks in consultation with their teams, as appropriate.

⁸ This report also complies with the Public Finance Act 1989 and its amendments under section 3 of the Public Finance Amendment Act 2004 (2004 No 44).

Te Hiringa Mahara – Mental Health and Wellbeing Commission 2024/25

Financial Statements

This section sets out our financial statements, notes to the financial statements and other explanatory information. These financial statements are for the period 1 July 2024 to 30 June 2025.

The accompanying notes form part of these financial statements. Explanations of major variances against budget are provided in Note 17.

Statement of comprehensive revenue and expenses for the period 1 July 2024 to 30 June 2025

	Note	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
REVENUE				
Funding from the Crown	2	5,359	5,359	5,359
Interest income	2	127	103	158
Other Income		-	-	18
Total revenue		5,486	5,462	5,535
EXPENSES				
Personnel costs	3	3,588	3,768	3,604
Other expenses	4	1,946	1,940	1,967
Depreciation expenses	8	22	54	51
Total expenses		5,556	5,762	5,622
Surplus/(deficit) and total comprehensive revenue and expense		(70)	(300)	(87)

Statement of financial position as at 30 June 2025

	Note	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
ASSETS				
Current assets				
Cash and cash equivalents	5	767	368	1,819
Investments	6	1,750	1,600	800
Receivables	7	162	25	98
Total current assets		2,679	1,993	2,717
Non-current assets				
Property, plant and equipment	8	41	41	15
Total non-current assets		41	41	15
Total assets		2,720	2,034	2,732
LIABILITIES				
Current liabilities				
Payables	9	344	135	325
Employee entitlements	10	241	139	202
Total current liabilities		585	274	527
Total liabilities		585	274	527
NET ASSETS		2,135	1,760	2,205

EQUITY

Contributed capital	13	1,250	1,250	1,250
Accumulated funds	13	885	510	955
TOTAL EQUITY		2,135	1,760	2,205

Statement of changes in equity for the period 1 July 2024 to 30 June 2025

	Note	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
BALANCE AT 1 JULY 2024		2,205	2,060	2,291
Total comprehensive revenue and expense for the period	13	(70)	(300)	(87)
BALANCE AT 30 JUNE 2025		2,135	1,760	2,205

Statement of cash flows for the period 1 July 2024 to 30 June 2025

	Note	Actual 2025 \$000	Budget 2025 \$000	Actual 2024 \$000
CASH FLOWS FROM OPERATING ACTIVITIES				
Receipts from the Crown		5,359	5,359	5,377
Interest received		127	103	158
Payments to employees and suppliers		(5,534)	(5,767)	(5,637)
Goods and services tax (net)		(5)	(1)	(5)
Net cash flow from operating activities		(53)	(304)	(107)
CASH FLOWS FROM INVESTING ACTIVITIES				
Net change in investments in term deposits		(950)	-	(800)
Purchase of property, plant and equipment	8	(49)	(73)	(7)
Net cash flows from investing activities		(999)	(73)	(807)
Net (decrease)/increase in cash and cash equivalents		(1,052)	(377)	(914)
CASH AND CASH EQUIVALENTS AT 30 JUNE 2024		1,819	2,345	2,733
CASH AND CASH EQUIVALENTS AT 30 JUNE 2025		767	1,968	1,819

Note 1: Statement of accounting policies

Reporting entity

Te Hīringa Mahara - Mental Health and Wellbeing Commission (the Commission) is an independent Crown entity as defined by the Crown Entities Act 2004. It was

established under the Mental Health and Wellbeing Commission Act 2020, and its parent is the Crown. The primary object of the Commission is to monitor, report and advocate. The organisation does not operate to make a financial return.

The Commission is a public benefit entity (PBE) for financial reporting purposes. The entity was created when the enabling legislation received Royal assent on 30 June 2020, with a Chair and Board appointed at that time. The 2024/25 financial statements for the Commission cover the period from 1 July 2024 to 30 June 2025 and were approved by the Board on 28 August 2025.

Basis of preparation

The financial statements have been prepared on a going-concern basis, and the accounting policies have been applied consistently throughout the period.

Statement of compliance

The financial statements have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirements to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with and comply with PBE standard Reduced Disclosure Regime (RDR). The Commission is eligible and has elected to apply the PBE Standards RDR because its expenses are less than \$33 million and it does not have public accountability as defined by XRB A1 application of the accounting standards framework.

Presentation currency

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars (\$000).

New or amended standards adopted

Disclosure of Fees for Audit Firms' Services (Amendments to PBE IPSAS 1) has been adopted in the preparation of these financial statements. The amendment changes the required disclosures for fees for services provided by the audit or review provider, including a requirement to disaggregate the fees into specified categories. This new disclosure is included in Note 4.

Summary of significant accounting policies

Significant accounting policies are included in the notes to which they relate. Significant accounting policies that do not relate to a specific note are outlined below.

Goods and services tax

All items in the financial statements are presented exclusive of goods and services tax (GST), except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax then it is recognised as part

of the related asset or expense. The net GST recoverable from, or payable to, Inland Revenue (IR) is included as part of receivables or payables in the Statement of Financial Position.

The net amount of GST paid to, or received from, IR, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the Statement of Cash Flows. Commitments and contingencies are disclosed exclusive of GST.

Income tax

The Commission is a public authority and consequently is exempt from income tax. Accordingly, no provision has been made for income tax.

Foreign currency transactions

Foreign currency transactions are translated into New Zealand dollars (the functional currency), using the spot exchange rates at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in the surplus or deficit.

Budget figures

The budget figures are as approved by the Board and published in the Statement of Performance Expectations. The budget figures have been prepared in accordance with NZ GAAP, using the accounting policies that are consistent with those adopted by the Board in preparing these financial statements.

Cost allocation

Direct costs are costs directly attributed to an output. Personnel costs are allocated to outputs based on time spent. The indirect costs of support groups and overhead costs are charged to outputs based on the proportion of direct costs of each output.

Critical accounting estimates and assumptions

In preparing these financial statements, the Commission has made estimates and assumptions concerning the future. These estimates and assumptions may differ from subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are the useful lives and residual values of property, plant and equipment – refer Note 8.

Management has exercised the critical judgement in applying accounting policies relating to the classification of the rental lease as an operating lease – refer note 4.

Note 2: Revenue

Accounting policy

Funding from the Crown

The Commission is primarily funded through revenue from the Crown. Revenue receipts from the Crown transactions are non-exchange transactions. The funding is restricted in its use for the purpose of the Commission meeting its objectives as specified in its founding legislation and the scope of the relevant government appropriations. Apart from these general restrictions, the Commission considers there are no conditions attached to the funding. Revenue from the funding is recognised in the financial period to which the appropriation relates. The fair value of the revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Interest revenue

Interest revenue is recognised by accruing on a time proportion basis the interest due for the investment.

Note 3: Personnel costs

Accounting policy

Salaries and wages

Salaries and wages costs are recognised as an expense as employees provide services.

Superannuation schemes

Defined contribution schemes

Employer contributions to KiwiSaver are accounted for as a defined contribution superannuation scheme and are expensed as they occur.

	Actual 2025 \$000	Actual 2024 \$000
Salaries and wages	3,404	3,277
Increase in employee entitlements	11	(11)
Defined contributions scheme employer contributions	100	102
Recruitment	4	112
Training	71	119
ACC	(2)	5
Total personnel costs	3,588	3,604

Note 4: Other expenses

Accounting policy

	Actual 2025 \$000	Actual 2024 \$000
Audit of the financial report	40	29
Board costs	204	262
Consultants and contractors	359	519
Technology expenses	211	232
Building costs	229	219
Travel and accommodation	61	43
Marketing and communications	86	49
Programme costs	591	474
Other expenses	165	140
Total other expenses	1,946	1,967

Audit of the financial report

The financial statements and service performance information for the year ended 30 June 2025 (the “financial report”) are audited by Baker Tilly Staples Rodway on behalf of the Auditor-General.

The audit fee disclosed for the financial report represents the fee for the annual statutory audit engagement carried out under the Auditor-General’s auditing standards, as described in the audit report on pages 36 to 39.

The auditor did not provide any other services to the organisation (2024 Nil).

Operating Leases

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are recognised as a reduction of rental expenses over the lease term.

Operating leases as lessee

The future aggregate minimum lease payments to be paid under non-cancellable operating leases are as follows:

	Actual 2025 \$000	Actual 2024 \$000
No later than one-year	194	197
Later than one year and no later than five years	405	1
Later than five years	-	-
Total non-cancellable operating leases	599	198

The non-cancellable lease expense relates to the lease of Level 5, Civic Chambers, 116 Lambton Quay, Wellington, and the lease of a Canon multi-function printer.

There are no restrictions placed on the Commission by any of the operating lease arrangements.

In May 2025, a deed of extension was signed for the building lease for the period 1 July 2025 to 30 June 2028.

Note 5: Cash and cash equivalents

Accounting policy

Cash and cash equivalents include bank balances, deposits held at call with banks, and other short term highly liquid investments with original maturities of 90 days or less, and bank overdrafts. The carrying amount of cash and cash equivalents represent fair value.

	Actual 2025 \$000	Actual 2024 \$000
Current account	46	1,279
Cash at call	721	540
Total cash and cash equivalents	767	1,819

Note 6: Investments

Accounting policy

Bank term deposits are initially measured at the amount invested. Interest is subsequently accrued and added to sundry debtors.

Note 7: Debtors and other receivables

	Actual 2025 \$000	Actual 2024 \$000
Accounts receivable	-	1
Prepayments	51	13
Other receivables	34	12
Taxes receivable (GST)	77	72
Total other receivables	162	98

Accounting policy

Short-term receivables are recorded at the amount due, less an allowance for credit losses. The Commission applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables. Short-term receivables are written off when there is no reasonable expectation of recovery. There were no receivable write-offs in the 2024/25 period.

Note 8: Property, plant and equipment

Accounting policy

Property, plant, and equipment consists of the following asset classes: information technology equipment, furniture and fixtures, and leasehold improvements. All items are measured at cost less accumulated depreciation and impairment losses. The capitalisation threshold is \$1,000.

Additions

An item of property, plant and equipment is recognised as an asset only when it is probable that the future economic benefits or service potential associated with the item will flow to the Commission beyond one year or more and the cost of the item can be measured reliably. Property, plant and equipment is initially recorded at its cost. Subsequent expenditure that extends the useful life or enhances the service potential of an existing item of property, plant and equipment is capitalised. All other costs incurred in maintaining the useful life or service potential of an existing item of

property, plant and equipment are expensed in the surplus or deficit as they are incurred. Work in progress is recognised at cost and is not depreciated.

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains or losses arising from the sale or disposal of an item of property, plant and equipment are recognised in the surplus or deficit in the period in which the item of property, plant and equipment is sold or disposed of.

Depreciation

Depreciation is provided on a straight-line basis on all asset components at rates that will write off the cost of the assets to their estimated residual values over their useful life. Leasehold improvements are depreciated over the unexpired period of the lease. Assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount might not be recoverable.

An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable service amount. The recoverable service amount is the higher of an asset's fair value, less costs to sell, and value in use. Any impairment losses are recognised in the surplus or deficit. At each balance date, the useful lives and residual values of the assets are reviewed.

The estimated useful lives of major asset classes are:

	Estimated life 2025 Years
Information technology equipment	3 years
Leasehold improvements	Lease term

The breakdown of property, plant and equipment is as follows:

	Information technology equipment \$000	Leasehold Improvements \$000	Total \$000
Cost or valuation			
Balance at 30 June 2022	130	-	130
Additions	14	43	57
Balance at 30 June 2023	144	43	187

Additions	7	-	7
Balance at 30 June 2024	151	43	194
Additions	49	-	49
Disposals	(55)	-	(55)
Balance at 30 June 2025	145	43	188
Accumulated depreciation			
Balance at 30 June 2022	42	-	42
Depreciation	46	40	86
Balance at 30 June 2023	88	40	128
Depreciation	48	3	51
Balance at 30 June 2024	136	43	179
Depreciation	22	-	22
Disposals	(54)	-	(54)
Balance at 30 June 2025	104	43	147
Carrying value			
At 30 June 2023	56	3	59
At 30 June 2024	15	-	15
At 30 June 2025	41	-	41

Capital commitments

There were no contractual commitments for the acquisition of property, plant and equipment at 30 June 2025 (2024 \$49,500).

Note 9: Payables

Accounting policy

Short-term payables are recorded at the amount of the payable.

	Actual 2025 \$000	Actual 2024 \$000
Breakdown of payables		
Payables under exchange transactions		
Accrued expenses	67	131
Creditors	277	194
Total payables	344	325

Note 10: Employee entitlements

Accounting policy

Short-term employee entitlements

Employee benefits that are due to be settled within 12 months after the end of the year in which the employee provides the related service are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date and annual leave earned but not yet taken at balance date.

Long-term employee entitlements

The Commission does not have long-term employee entitlements.

	Actual 2025 \$000	Actual 2024 \$000
Breakdown of employee entitlements		
Accrued leave	133	122
Accrued salaries and wages	108	80
Total employee entitlements	241	202

Note 11: Provisions

Accounting policy

A provision is recognised for future expenditure of an uncertain amount or timing when there is a present obligation (either legal or constructive), as a result of a past event, it is probable that expenditure will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The Commission has no provisions at 30 June 2025 (2024: nil).

Note 12: Contingencies

The Commission has no contingent liabilities and no contingent assets at 30 June 2025 (2024: nil).

Note 13: Equity

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated into the following components:

- contributed capital
- accumulated surplus.

Breakdown of equity	Actual 2025 \$000	Actual 2024 \$000
Contributed capital		
Balance at 1 July	1,250	1,250
Balance at 30 June	1,250	1,250
Accumulated surplus		
Balance at 1 July	955	1,041
Surplus/(Deficit) for the period	(70)	(87)
Balance at 30 June	885	955
Total equity	2,135	2,205

The Commission is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing guarantees and indemnities, and the use of derivatives. The Commission manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments and general financial

dealings to ensure we effectively achieve our objectives and purpose, while remaining a going concern.

Note 14: Financial instruments

Accounting policy

Categories of financial instruments

All financial assets and liabilities held by the Commission are recognised at amortised cost. The carrying amount of financial assets and liabilities in each category of the financial instruments are:

	Actual 2025 \$000	Actual 2024 \$000
Financial assets measured at amortised cost		
Cash and cash equivalents	767	1,819
Investments	1,750	800
Receivables	162	98
Total financial assets measured at amortised cost	2,679	2,717
Financial liabilities measured at amortised cost		
Payables	344	325
Employee benefits	241	202
Total financial liabilities measured at amortised cost	585	527

Note 15: Related-party transactions

The Commission is a wholly owned entity of the Crown. Related party disclosures have not been made for transactions with related parties that are within a normal supplier or client/recipient relationship on terms and conditions no more or less favourable than those that are reasonable to expect the Commission to have adopted in dealing with the party at arm's length in the same circumstances. Further, transactions with other government agencies (for example, government departments and Crown entities) are not disclosed as related party transactions when they are consistent with the normal operating arrangements between government agencies and undertaken on the normal terms and conditions for such transactions.

Key management personnel

Board members are appointed by the Governor General and are the Board for the purposes of the Crown Entities Act 2004. In addition to their role with the Commission, Board members have other interests and may serve in positions with other organisations, including organisations to which the Commission is related. Interests are declared in the interests register, and they are then assessed as to whether there are any actual or perceived conflicts of interest.

Key management personnel compensation	Actual 2025	Actual 2024
Board members	\$163,000	\$205,000
Full-time equivalents	0.54	0.66
Leadership team	\$1,294,000	\$1,207,000
Full-time equivalents	5.0	5.0
Total key management personnel remuneration	\$1,457,000	\$1,412,000
Total full-time equivalent personnel	5.5	5.7

Full-time equivalent values reflect the period worked in the period covered by these financial statements. No other related party transactions were entered into during the year with key management personnel.

Note 16: Events after balance date

There were no significant events after the balance date 30 June 2025 that require recognition or disclosure in the financial statements.

Note 17: Explanation of major variance against budget

The budget used in the financial statements is from the 2024/25 Statement of Performance Expectations.

The key variances to the approved 2024/25 Budget are detailed below.

Statement of comprehensive revenue and expenses

The key variances (over \$50,000) compared to budget are detailed below:

Personnel costs

Budget for personnel costs included a value for contractors whereas actual contractor costs are reported under other costs.

Board costs

Board fees are less than budget due to lower hours paid to the Chair. This was due to two absences.

Contractors and Consultants

Contractors and Consultants costs were higher than budget due to a contractor being engaged to update internal policies and procedures. The decision to engage the contractor was made after the budget had been set.

Travel and accommodation

Travel and accommodation costs were below budget due to holding meetings on-line where possible. All other travel is being booked as early as possible to confirm as low pricing as possible.

Program costs

Program costs were below budget due to the delay in the development of the new Mental Health and Wellbeing dashboard. We have decided that this will now occur in 2025/26 creating a positive variance to budget.

Statement of financial position

The key variances (over \$200k) to budget are detailed below:

Cash and cash equivalents

The higher than budgeted level of cash was created by the lower level of forecasted operating deficit in 2023/24 and lower than budgeted level of operating deficit in 2024/25.

Payables

The higher payables balance at year-end compared to budgeted was because there was a higher level of activity in the month of June compared to budget.

Accumulated funds

The positive variance to budget reflects the lower than forecast deficit in 2023/24 and the lower than budget deficit in 2024/25.

Statement of cashflows

The key variances (over \$200k) to budget are detailed below:

Payments to employees and suppliers

Reflects the lower than budgeted expenditure on personnel costs, other costs from the statement of financial performance and lower capital expenditure when compared to budget.

Net change in investments

Due to the timing of one term deposit maturing funds were reinvested in 2024/25 instead of 2023/24 as budgeted.

Net (decrease)/increase in cash and cash equivalents

Reflects the timing of the term deposit made in early 2024/25.

Cash and cash equivalents at 30 June 2025

Budget includes the value of term deposits whereas actual term deposits are reported separately and excluded from the value of cash and cash equivalents.

Opening cash balance

A Term deposit matured on 30 June so was sitting in the cash balance, budget assumed it would be reinvested into term deposits.

Key documents and reports

Founding documents and legislation

[Government Inquiry into Mental Health and Addiction. 2018. He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction. Wellington: Government Inquiry into Mental Health and Addiction](#)
[Mental Health and Wellbeing Commission Act 2020](#)

Position statements

[Te Tauākī ki Te Tiriti o Waitangi | Te Tiriti o Waitangi Position Statement](#)
[Lived Experience Position Statement](#)

Reports and infographics

[Reducing coercive practices, July 2024](#)
[Budget 2019 to Budget 2022 investment in mental health and addiction report](#)
[Acute Options for mental health care insights paper, August 2024](#)
[Access to specialist mental health and addiction services – 2023/24 factsheet, February 2025](#)
[Access and Choice programme – monitoring progress and achievements at five years, April 2025](#)
[Service monitoring data summaries, May 2025](#)
[System performance monitoring report, June 2025](#)
[Wellbeing assessment: people who interact with mental health and addiction services, June 2025](#)

Strategies and plans

[2025 – 2029 Strategy on a Page](#)
[Future Excellence Horizon](#)

Submissions

[You can find all our submissions here](#)

