Te Hiringa Mahara | Mental Health and Wellbeing Commission

E.105

Annual Report 2025–2026

For the year 1 July 2025 to 30 June 2026



New Zealand Government
Te Kāwanatanga o Aotearoa

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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www.mhwc.govt.nz

Te Hiringa Mahara - Mental Health and Wellbeing Commission 2025/26 Annual Report. Wellington: New Zealand. Published in November 2026.

Foreword

This is our first annual report on progress made during the term of our 2025-2029 Statement of Intent. It draws together our key performance and achievements over the past year, alongside our case studies that demonstrate the cumulative impact we have made over the last five years. For the first time, we have included our "impact at a glance", a section that brings together key headlines measures of our work.

2025/26 has been a substantial year for the Commission. We co-hosted Hauora Hinengaro, the first national mental health conference with TheMHS Learning Network, with more than 240 attendees. We saw the culmination of our crisis monitoring programme of work with the publication of a literature scan, monitoring report, and a webinar series with Health NZ and NZ Police. Crisis responses were a key focus of the Hauora Hinengaro conference where the Minister for Mental Health announced a $61.6 million funding boost over four years to strengthen mental health crisis responses in New Zealand. This included funding for peer-support workings in three hospitals and two additional crisis response cafes. We published our second system performance monitoring report.

We were pleased to see the result of our ongoing advocacy for stronger recognition of mental health and wellbeing in legislation with the much-anticipated launch of the Mental Health and Wellbeing Strategy. We provided ongoing advice to the Minister for Mental Health and Ministry of Health throughout the development of the strategy and were pleased to see this reflected.

We have continued to deliver on our strategic priorities, focused on mental health and addiction services for tāngata whaiora, outcomes for people with lived experience and improving the performance of the mental health and addiction system.

Our annual stakeholder survey told us our work is valued. Stakeholders continue to express confidence in us and told us our work has made a significant contribution to increasing knowledge and understanding of mental health and wellbeing. They considered that we had been effective in speaking up about 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. We remain committed to "… 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."



Board Chair
Dr Barbara Disley ONZ
28 October 2026



Chief Executive
Karen Orsborn
28 October 2026

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 are responsible 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 2026.

The Commission and these financial statements and statements of performance reflect activity from 1 July 2025 to 30 June 2026.

Signed on behalf of the Board:



Board Chair
Dr Barbara Disley ONZ
28 October 2026



Deputy Board Chair
Tuari Potiki
28 October 2026

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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.

This report outlines the work we have completed in 2025/26 and has the following sections:

- Section one overviews our objectives, functions, commitments, our strategic priorities and our role in the mental health and wellbeing system.
- Section two describes our strategic performance story and our priorities looking forward.
- Section three describes our performance story in terms of our implementation of the Government's priorities, assessment of operations and Statement of Service 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

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.

Our role

We provide independent leadership and oversight of the mental health and addiction system (MHA system) to hold the system and government to account.

We assess and report on population level mental health and wellbeing outcomes. We also monitor the MHA system and services, as these services are key contributors to overall system performance.

We promote alignment and collaboration across the system and advocate for the collective interests of people who experience mental distress or addiction (or both), and the people (including family and whānau) who support them.

Te Tiriti o Waitangi

Te Tauākī ki te Tiriti o Waitangi (Te Tauākī) articulates our commitment to Te Tiriti o Waitangi and provides a framework that guides our work to give effect to our obligations. Te Tauākī underpins our decisions, actions and deliverables. We expect it will help us contribute to improved and equitable mental health and wellbeing outcomes for Māori, whānau and all people in Aotearoa New Zealand.

You can find Te Tauākī ki te Tiriti o Waitangi on our website.

Our commitment to people with Lived Experience[1]

Our Lived Experience position statement sets out our commitment to people with lived and living experience of mental distress or addiction, their families, whānau and supporters.

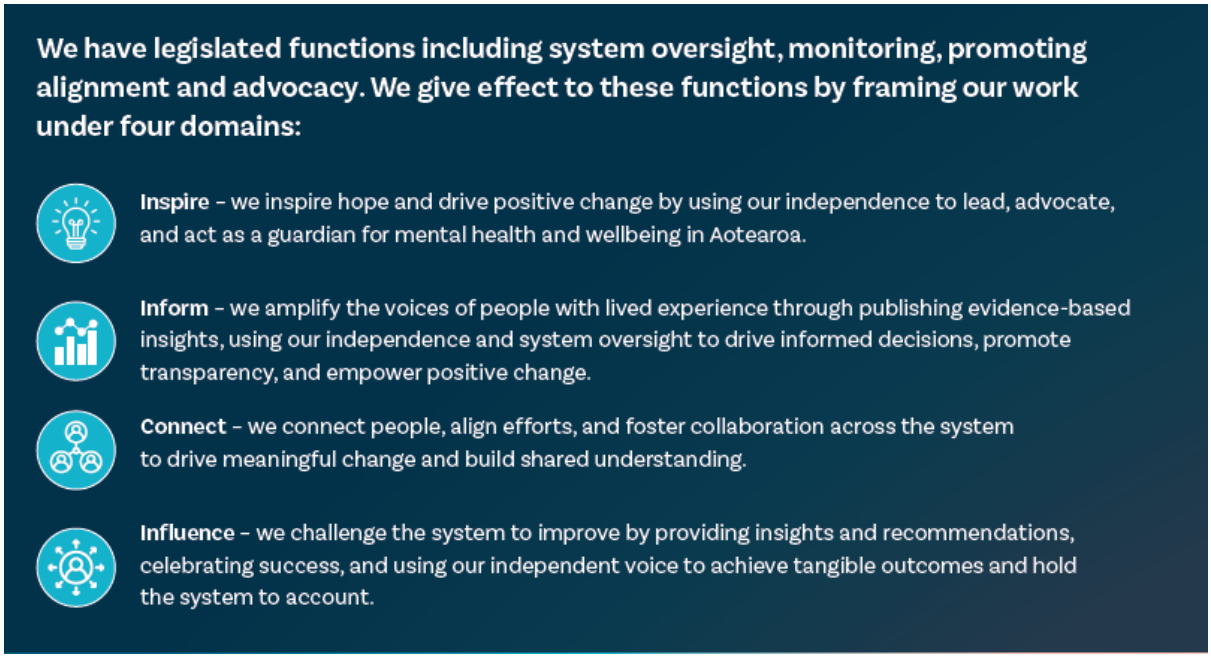
You can find our Lived Experience position statement on our website.

We support the Code of Expectations for health entities' engagement with consumers and whānau and encourage the mental health and addiction sector to do the same.

[1] Having personal experience of an issue or situation. It may be a person or a group that has this personal experience, and it can be current, recent, or in the past. For the Commission, 'lived experience' relates to personal experiences of distress/mental distress, substance harm, gambling harm, psychiatric diagnosis, addiction, using mental health or addiction supports or services, or experience of barriers to accessing these support and services when someone needs them. Lived experience relates to how people self-identify and share their identity with others.

Our strategic priorities





Our monitoring role

We assess and report on population level mental health and wellbeing outcomes, including the contribution of whole of government effort and action on addressing the determinants of mental health and wellbeing, including the contribution of the MHA system. We also monitor MHA services, as these services are key contributors to system performance. We have statutory powers to obtain information and make recommendations to enable us to carry out these functions

Our monitoring differs to that of Health New Zealand – Te Whatu Ora (Health NZ) and the Ministry of Health – Manatū Hauora (the Ministry) due to our independence, the breadth of our mandate and bringing diverse voices to our reporting. We continue to work with Health NZ and the Ministry to align our monitoring of MHA services.

The actions we have taken to progress our role during 2025/26 are reported in our assessment of operations.

Section two | Our achievements and looking forward

We are five years into our substantive work following our establishment in 2021. We have used our legislative mandate to contribute to better and equitable mental health and wellbeing outcomes for all people in Aotearoa.

This annual report is the first under our 2025-2029 Statement of Intent and 2025-2029 Strategy. We continue to focus on our three strategic priorities and three strategic shifts.

Highlights of our work

Shift One: From a broad, all of population focus on wellbeing to placing people with lived experience at the centre of our work to focus on tangible improvement for tāngata whaiora.

We continue to use our He Ara Oranga wellbeing outcomes framework to assess and report on population wellbeing. In 2026, we published analysis highlighting the association between a range of factors and the mental wellbeing of people who access mental health and addiction services in Aotearoa New Zealand.[2] As part our scoping for the national conversation about risk and mental health, we met with 17 key agencies and organisations.

Shift Two: From a focus on monitoring and reporting to being future orientated, promoting alignment and leveraging knowledge and insights to influence positive change.

Our 2025 deep dive examined crisis responses to mental health and/or substance use and related activities. It focussed on what a good crisis response system could look like for Aotearoa New Zealand. This work included the final webinar of a three-part series on improving crisis responses. You can find more information in our case study on page 14.

We co-hosted the first national mental health and wellbeing conference with The Mental Health Services Learning Network (TheMHS Learning Network).

We updated our online He Ara Āwhina | Pathways to Support (HAĀ) dashboard with data to June 2025. We published a data summary that provides a visual overview of selected monitoring findings and mental health and addiction service performance across the domains of HAĀ. We also published an Access to Mental Health and Addiction Services data summary which includes the access mental health targets to tell a broader performance story.

[2] For these reports, and on the advice of lived experience groups we consulted, we have avoided the term 'determinants', instead talking about 'wellbeing factors', or 'factors associated with wellbeing'.

Shift Three: From building our foundations to being a bolder advocate, publicly holding the system to account and keeping the spotlight on mental health and wellbeing.

In 2026, we published our second system performance monitoring report. Our approach centres around six key system shifts that, taken together, would improve the mental health and addiction system and help realise the vision set out in the He Ara Oranga Report. We used these shifts to frame our advice on the Mental Health and Wellbeing Strategy. You can find more information in our case study on page 20.

We have made thirteen recommendations across our key monitoring reports from 2024 to 2026 to improve equitable mental health and wellbeing outcomes for people in New Zealand.

We published a Roadmap for mental health, addiction and wellbeing. The Roadmap shows what can be done at the policy level in Aotearoa New Zealand right now to begin to realise an ideal future in which everyone has access to an equitable mental health and addiction system.

Our priorities for 2026/27

Our strategy for the next three years sharpens our focus on people who experience mental distress or addiction and on improving services and support for tāngata whaiora and the people (including family and whānau) who support them.

Our approach will be guided by the three strategic shifts outlined above. We deliver our functions and strategic shifts across four domains: inspire, inform, connect, and influence. The three shifts apply across all three strategic priorities.

- Our monitoring generates knowledge and evidence about system performance and where improvement is needed. This includes deep dives on specific topics, access to services and summary-set infographics. Our online data explorer provides a full set of MHA service monitoring measures, supporting transparency and for decision-making.
- We make targeted recommendations to hold the Government and decision makers to account.
- We share insights, evidence-based solutions and positive stories of success through our system performance monitoring and wellbeing outcomes reporting. We influence change through our public advocacy role, including through media, communications and engagement.

Our 2026/27 Statement of Performance Expectations describes the impact we want to achieve through our work and how we will assess our progress.

Annual stakeholder voice survey

We have undertaken annual stakeholder surveys in 2023, 2025 and 2026. In 2026, we repeated our previous survey and added questions about our impact. We wanted to understand how stakeholders perceive us, the effectiveness of our communication and engagement, the relevance of the issues we focus on, our contribution to mental health and wellbeing outcomes, and the quality and relevance of our work.

Despite significant pressures across the wider mental health system, stakeholders continue to express confidence in us. Trust in the organisation, confidence in the quality of our advice and reports, and recognition of our communication and advocacy remain consistently strong. Stakeholders also consider that we communicate effectively and that the voices of people with lived experiences are visible in our work.

Participants said our work had made a significant contribution to increasing knowledge and understanding of mental health and wellbeing. They also considered that we had been effective in speaking up about important mental health, addiction, and wellbeing issues.

Stakeholders valued the work we are already doing and encouraged us to keep doing the mahi already underway. They also called for stronger accountability and greater equity in the MHA sector and wanted the Commission to play a stronger role in holding others to account. Participants identified opportunities to improve our communication and stakeholder engagement and to ensure we incorporate Māori perspectives and diverse voices into decision making.

Our recommendations and calls to action

To achieve better and equitable mental health and wellbeing outcomes for all people in Aotearoa New Zealand, we have legal functions and powers, including the power to make recommendations. We have committed to monitoring progress against our recommendations and reporting publicly on that progress. We did this for the first time in 2025.

Work is underway to assess progress on the three recommendations we made in **Access and Choice Programme: Monitoring report on progress and achievements at five years** (April 2025), and one recommendation in **Urupare Mōrearea: Crisis responses monitoring** (November 2025). These recommendations were directed to Health NZ. We also recommended that Health NZ complete three shorter-term actions by 30 June 2026.

Our progress assessments are available on our website.

Our impact at a glance (page 30) provides further detail on the recommendations we have made to date.

Section three | Assessment of operations and performance

Implementing the Government's priorities

The Minister for Mental Health confirmed four priorities for MHA. This section outlines the work we completed to contribute to these priorities.

Increase access to mental health and addiction support

We provide a system view of access through our routine monitoring, using a broad set of measures on access to MHA services, published through our He Ara Āwhina dashboard. We provided further insights into access through our Access and Choice monitoring report, our crisis responses monitoring report and the Hauora Hinengaro conference. We have covered access to services through our reporting and infographics.

Grow the mental health and addiction workforce

We consider workforce issues across our work, including our 2025/26 crisis responses work programme, system performance monitoring, and service monitoring. This includes the Access to Mental Health and Addiction Services Data and He Ara Āwhina Summary Set. We also provided advice on workforce issues to inform the Mental Health Wellbeing Strategy and Implementation Plan.

Strengthen the focus on prevention and early intervention

We assess mental health and wellbeing among people with lived experience of MHA to understand the factors associated with mental health and wellbeing. This year, we identified factors associated with improved mental wellbeing to support prevention efforts across government.

We have also increased our focus on what works for early intervention and prevention for young people already experiencing distress through the release of our evidence brief.

Our system performance monitoring report examined effective primary prevention and early intervention across the system. This work contributed to our advice on the implementation plan for the Mental Health and Wellbeing Strategy 2026-2036.

Improve the effectiveness of mental health and addiction support

Our 2024/25 system performance monitoring report identified six shifts that would move the MHA system towards an ideal system. Our 2026 report consolidates and further develops this monitoring approach.

The report includes population outcome reporting, including five measures relating to self-harm and suicide. This helps us draw a line of sight from factors associated with mental health and wellbeing, through to need, government outputs, and system and population outcomes.

Assessment of operations

In this section, we report on our progress against the commitments we made in our 2025/26 Statement of Performance Expectations.

Strategic priority one: Mental health and addiction services meet the needs of tāngata whaiora and their whānau

Crisis responses are an area of focus for the health system

Our previous monitoring work highlighted crisis responses as a significant systemic issue for the MHA system. In 2024/25 we undertook a deeper analysis into crisis responses, through defining what a good crisis response looks like and in-depth monitoring change over time.

In August 2025, we published **Crisis responses to mental health and/or substance use: What works? A literature scan for Te Hiringa Mahara | Mental Health and Wellbeing Commission**. In November 2025, we published our monitoring report, **Urupare mōrearea: Crisis responses monitoring report**. This was a significant milestone in our monitoring of crisis responses. Analysis of media coverage identified 23 articles across major outlets, with an estimated reach of 2.8m impressions.

We hosted a webinar following the report. This was the final webinar in a three-part series on improving crisis responses and focussed on what a good crisis response system could look like for Aotearoa New Zealand.

We also released an interactive pathways model, developed by Arkturus, showing the pathways of people entering mental health and addiction services in crisis. We hosted a guided tour of the model for data analysts. The model can help regions and districts understand how people move into and out of crisis services and identify where pathways can be improved.

We curate insights using He Ara Āwhina monitoring framework

As a key part of our monitoring role, we publicly report on a broad range of MHA service measures through **He Ara Āwhina | Pathways to Support monitoring framework.** He Ara Āwhina (HAĀ) framework describes what an ideal MHA system looks like for tāngata whaiora and whānau. The HAĀ dashboard presents 76 measures across the domains of the framework covering primary, community and specialist services, and is publicly available on our website. We use this framework to monitor MHA services and their contribution to system performance. In April 2026, the HAĀ dashboard was refreshed with the latest MHA service data.

We also published summaries on Access to Mental Health and Addiction Services Data (February 2026), and a 14-measure subset of HĀĀ measures providing a high-level overview of service performance (April 2026). The full HĀĀ measure set is available in the dashboard for those who want to explore the data in more detail.

This monitoring work makes information about MHA service performance publicly available and supports accountability across the system. Our findings on access to services generated significant public interest, with TV interviews, radio interviews and several online articles citing our work. We use these findings to inform our advocacy and support improvements in services.

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

Since our establishment, we have consistently advocated for the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992. This was a focus of our key case studies (page 20) of our 2024/25 Annual Report. The final reading of the Mental Health Bill on 4 July 2026 marked a significant step towards embedding a modern, human rights framework in our MHA system. A two-year transition period is planned to prepare the sector for the new Mental Health Act, which is expected to commence in July 2028.

Our 2026 system performance monitoring report highlighted concerns about the system's capacity to uphold human rights. The number of people subject to 'seclusion'[3] remains too high, and significant inequities persist. Māori continue to experience compulsory community treatment orders and seclusion at significantly higher rates than non-Māori. Our system performance monitoring report made three recommendations, including that Health NZ publish a national seclusion plan by June 2027 setting out a pathway to eliminate seclusion.

Through the new Mental Health Act and changes in practice, we expect to see a reduction in the use of coercive practices. Our advocacy has focused on what is needed to achieve this, including increased investment in kaupapa Māori and cultural approaches, more community-based alternatives to acute care, greater involvement of tāngata whaiora, and cultural and whānau support in decisions about treatment under the Mental Health Act. Our most recent recommendation to Health NZ is to develop a plan to eliminate seclusion.

He Ara Oranga (2018) recommended a repeal and replace of the Mental Health Act 1992, including a "national discussion to reconsider beliefs, evidence and attitudes about mental health and risk" (recommendation 35). In his 2025/26 Letter of Expectations, the Minister for Mental Health identified a "role for the Commission to provide leadership in supporting positive discourse about mental health and wellbeing … in particular [leading] a national conversation and about risk and mental health." In 2025/26, we engaged with 17 key agencies and organisations in February and March 2026. Our next step is to publish a summary of this engagement.

[3] We use the term 'seclusion' as it relates to terminology used in the Mental Health Act. We use quote marks around the term to indicate this is not our preferred language informed by lived experience. In our other work, we use the term 'solitary confinement' in place of or alongside 'seclusion' to recognise people's lived experience of this practice.

Case study one: Crisis responses

Crisis responses are a critical part of the MHA system, providing urgent support to people in crisis. We have previously reported on crisis responses in other reports, including **Kua Tīmata Te Haerenga – the Journey Has Begun** and **Acute options for mental health care insights** paper. **Urupare mōrearea: Crisis responses monitoring report** (the report) was our first standalone report on crisis responses.

Our crisis monitoring programme of work included a literature scan, the monitoring report, and a webinar series with Health NZ and NZ Police. Crisis responses were also a key focus of the 2025 conference **Hauora Hinengaro: Waenga mōrearea: He ara oranga: Amidst crisis and distress there are pathways to wellbeing** (Hauora Hinengaro 2025).

The literature scan reviewed international and Aotearoa evidence on crisis responses to identify what works best for people experiencing a mental health crisis. International evidence points to the importance of cohesive, nationally coordinated crisis response systems that provide support 24 hours a day, seven days aa week. These systems can reduce the use of emergency departments, reduce trauma, and improve outcomes for tāngata whaiora.

The report examined crisis responses over a five-year period, from January 2020 to December 2024, drawing on information about people with lived experience and whānau. It included a particular focus on the experiences of Māori, rangatahi, and young people.

The report made two recommendations. First, it recommended that Health NZ develop a nationally cohesive, networked crisis response system by 30 June 2027. Second, it recommended that Health NZ progress shorter-term actions by 30 June 2026 to support nationwide access to 24/7 phone-based crisis support, develop clear, consistent pathways to crisis services from primary care, and evaluate the outcomes and impact of peer support in emergency departments and crisis cafés.

The final session of Hauora Hinengaro 2025 gave participants an opportunity to consider where crisis responses need to go next. The discussion has been documented in a short synthesis report: **He Tirohanga o Te Ara Tūroa Bold Directions for the future of Aotearoa's Mental Health System**.

Feedback regarding Hauora Hinengaro 2025 was positive, particularly following the Minister for Mental Health's announcement of a $61.6 million funding boost over four years to strengthen mental health crisis responses in New Zealand.

Stakeholder survey feedback showed that the report and literature scan have helped strengthen discussion about mental health and addiction. Stakeholders also reported using them to inform strategic planning and increase awareness of crisis response issues. Both publications received high ratings for quality, and participants were likely to recommend them to others. This suggests the content was well-received and considered reliable, and the reports were seen as valuable resources for understanding crisis responses.

Our work on crisis responses demonstrates the value of taking a sustained approach that combines research, monitoring, engagement and advocacy. It has enabled us to build understanding of the issues, bring people together to discuss what needs to change and identify practical actions for improvement.

Strategic priority two: Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction

Placing people with lived experience at the centre of our work

In May 2026, we published an **Assessment of wellbeing outcomes** report and **What matters for wellbeing** report. This was our second report focused on wellbeing outcomes for people with lived experience. The 2026 Assessment of wellbeing outcomes report found no improvement across the selected indicators for people who interacted with specialist mental health and addiction services between 2018 and 2023.

The **What matters for wellbeing report** found that self-reported health, social and whānau connection, and material wellbeing are strongly associated with overall mental wellbeing among people who interact with MHA services.

We will use this monitoring to advise on how the MHA system can work with the wider health and social sectors to support people's physical health, social and whānau connection and material wellbeing. We are also bringing together government agencies and lived experience leaders to explore these important areas further and identify how they can support ongoing wellbeing.

Insights and advocacy for rangatahi Māori and young people with lived experience of distress and addiction

Our outcome monitoring shows that, compared with older age groups, young people experience poorer outcomes across a range of factors associated with wellbeing, such as material wellbeing, income, discrimination, loneliness and social connection. This group continues to be a priority for the Commission. More detail on our **work to improve mental health and wellbeing outcomes for young people and rangatahi Māori** is provided in our case study on page 17.

Our February 2026 **Access data summary** showed that, in 2024/25, access to specialist mental health services for young people declined. They also experienced longer wait times and had the highest rate of declined referrals of any age groups.

We continue to be a strong public advocate for better outcomes for rangatahi Māori and young people. Our work has included connecting directly with rangatahi Māori and young people, partnering with other organisations, and speaking up about issues relating to wellbeing, suicide prevention, and access to MHA services. In 2025/26, this included hosting a webinar with rangatahi Māori and young people on co-design, supporting Youthline's Mental Health Summit, working with key stakeholders across the MHA sector and government, and making public comments about improving mental health and wellbeing for rangatahi Māori and young people.

In April 2026, we published a research review on the **effectiveness of youth and rangatahi Māori mental health early intervention and secondary prevention approaches** (effectiveness review) and evidence brief. The review found that a wide range of supports show at least modest effectiveness in supporting mental health

outcomes and wider wellbeing outcomes for young people experiencing distress. It also found evidence that light touch supports can be effective and are highly scalable. Co-design with young people was a key factor associated with effective services.

Following publication, we hosted a webinar **The Power of Co-design for Rangatahi Māori and Youth Mental Health**, delivered during Youth Week (May 2026). The webinar elevated rangatahi Māori voices, strengthened our relationship with youth-led organisations and reinforced the importance of co-design in mental health and addiction service design.

Suicide and self-harm indicators

Following the Minister for Mental Health's letter of expectations, we committed in our 2024/25 Statement of Performance Expectations to consider a small set of suicide and self-harm measures as part of our ongoing monitoring and reporting.

In October 2025, we published a **working paper on suicide and self-harm indicators** to support their inclusion in our monitoring and reporting. We initially selected five 'high level outcome' indicators. These provide a small set of indicators at the highest level of suicide and self-harm surveillance that can be added to our existing monitoring measures.

In June 2026, we published the latest data for the five high level outcome indicators in our System Performance Monitoring Report. We worked with sector and academic experts to ensure that our reporting was accurate and appropriate.

We continue to engage with the Ministry on an aligned approach to monitoring the Suicide Prevention Action Plan.

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

In 2025/26, we continued to prioritise rangatahi Māori and young people experiencing mental distress and harm from alcohol and other substances through our published insights, submissions and advocacy. Our work highlights that the MHA system is not currently meeting the needs of rangatahi Māori and young people.

In February 2026, we published findings from the NZ Health Survey showing that 22.9% of young people experienced high or very high levels of psychological distress in 2024/25.

Our **Access to Mental Health and Addiction Data Summary** showed a continued reduction in the number of young people accessing specialist services. Fewer young people were seen by specialist services in the most recent year.

Our 2025 monitoring of crisis responses found that, while fewer people have a recorded crisis activity compared to the last five years, a higher proportion of crisis calls were urgent, particularly for Māori, rangatahi Māori and young people.

We advocate for better wellbeing outcomes for rangatahi Māori and young people and improved access to MHA services. We have made submissions on several key issues and pieces of legislation that specifically affect young people, including the Education and Workforce Select Committee's inquiry into online harm and changes to the Education and Training Act.

We have made targeted recommendations in our mental health and addiction monitoring service reports[4] to improve the provision of MHA services for young people. We assess progress against our recommendations to support public accountability.

We are members of the Expert Advisory Group for the child and youth mental health study convened by Ministry of Health. We have also advised the Ministry of Education on online policy development for rangatahi Māori and young people and the Ministry of Social Development on the child and youth strategy.

We take a long-term approach to advocacy by building strong relationships with key stakeholders, rangatahi and young people. We engage regularly with rangatahi Māori and young people and work closely with our Rangatahi and Youth Expert Advisory Group to identify opportunities to make a difference.

In 2025/26 we took a position on online safety for rangatahi Māori and young people, informed by work we have undertaken over the past three years. We support a harm reduction approach to online harms that empowers rangatahi Māori and young people to participate in designing solutions; ensures education is available for young people, parents, teachers and mental health and addiction practitioners; and promotes stronger regulation of online platforms and harmful content. Our media advocacy included an opinion piece on online safety for young people alongside media releases on effectively addressing rising distress among rangatahi Māori and young people and the mental health system continuing to fall short for young people and Māori.

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[4] Kua Tīmata Te Haerenga | The Journey Has Begun: Mental health and addiction monitoring report (2024) and Access and Choice Programme: Monitoring report on progress and achievements at five years (2025)

Strategic priority three: Improved performance of the mental health and addiction system

System performance monitoring and our roadmap for mental health, addiction and wellbeing

In June 2026, we published our second mental health and addiction **System Performance Monitoring Report**. We used findings from our 2025 report to inform our advice on the draft Mental Health and Wellbeing Strategy.

In 2026, we consolidated our monitoring approach and reported against 30 population and performance measures. The findings show some signs of progress, but this is uneven and some areas are going backwards. Improvements across the MHA system are too slow for some people, with the rising needs of young people and Māori continuing to go unmet. We also found variation in how services respond, with some overall improvement in access to services but not for young people.

Our 2026 report includes two new recommendations and one renewed recommendation for action by June 2027. These focus on seclusion, improving data and information, and improving the responsiveness of specialist service for Māori. We also made calls to action focused on cross-agency commitment to addressing factors associated with mental wellbeing and primary prevention, strengthening the role of lived experience in the system, responding to higher levels of need among Māori, improving access, experiences and outcomes for young people, and upholding human-rights in practice.

In late June 2026, we published a **Roadmap for mental health, addiction and wellbeing**. The Roadmap shows what can be done at the policy level in Aotearoa now to begin to realise our vision of an equitable mental health and addiction system that meets the needs of everyone in Aotearoa.

The Roadmap draws on our work over the five years since our establishment, including our monitoring and insights, recommendations, and engagement. We launched the Roadmap at a breakfast event at Parliament in June 2026, hosted by the Cross-Party Mental Health and Addictions Wellbeing Group. The launch was attended by MPs from across the parties, as well as the Minister for Mental Health.

We will continue to use the Roadmap and our “what good looks like” approach to raise the profile of mental health and wellbeing, build trusted relationships with the media, contribute to public debate and strengthen our authority and reach.

Advocacy through submissions

As part of our advocacy role, we use submissions to influence policy and legislation and support more equitable outcomes. Through this work, we highlight the experiences and concerns of people with lived experience and those who support them, and seek to ensure that the views and potential impacts on priority populations are considered when policy and legislation are developed. Our submissions draw on our monitoring, evidence and engagement with people with lived experience. They also identify changes

that could improve the conditions that contribute to distress, mental health, and wellbeing.

In 2025/26, we provided advice and made formal submissions on a range of subjects, as outlined in our Statement of Service Performance on page 22. These included social media policy and the proposed social media ban, online harm and safety for young people, the sale and supply of alcohol, and the 'good Samaritans' Bill on protection for people who assist with drug overdoses. We also engaged directly with agencies when developing government strategies for eating issues and eating disorders, the New Zealand Disability Strategy, the Delivering for Pacific Communities Strategy, and the Mental Health and Wellbeing Strategy. You can find more detail on the **development of the Mental Health and Wellbeing Strategy** in our case study on page 20.

Alignment and collaboration through events

In 2025/26, we co-hosted Hauora Hinengaro, the first national mental health conference with TheMHS Learning Network. More than 240 people attended the conference. We plan to co-host the event annually with TheMHS Learning Network, with planning well underway for the 2026 event. Our 'Impact at a Glance' on page 30 shares some of the feedback we received following the event.

We also led a series of other events based on our analysis of trends and insights on the performance of the MHA system. These included webinars on improving crisis responses and wellbeing outcomes.

In August 2025, we hosted a 'Think Tank' workshop on the future of primary responses to mental health and harmful substance use needs. The workshop followed the release of our final Access and Choice monitoring report, published in April 2025, and brought together senior system leaders from a range of organisations. In March 2026, we published the **Primary Mental Health think tank paper**. We shared the paper with the Public Health Advisory Committee (PHAC) and were invited to review its paper 'Shaping Primary Care to 2026' for the Minister of Health.

Case study three: Shaping the mental health and wellbeing system

Our work to influence system change commenced in 2021 with the introduction of the Pae Ora (Healthy Futures) Bill. At the time, we advocated for stronger recognition of mental health and wellbeing in the legislation, including a dedicated Mental Health and Wellbeing Strategy.

Our recommendations were incorporated into a member's bill. We continued to provide advice and advocate for change as the bill was developed, and it ultimately became the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024.

Following the passage of the legislation, which includes a requirement that the responsible Minister 'have regard' to the Commission's advice in developing the Mental Health and Wellbeing Strategy, we agreed a series of key inputs to the Strategy's development. We provided advice to the Ministry and Minister for Mental Health throughout the multi-year development process, advocating for improvements in several areas. Our advice highlighted the need for a shared understanding of what a good MHA system looks like to drive progress.

We published our advice before public consultation on the draft Strategy and shared our views with stakeholders. Other stakeholders reflected key elements of our advice in their consultation submissions, strengthening support for the changes we were advocating for and increasing our influence across the sector. We drew on our first system performance monitoring report and its six shifts, including highlighting the need for greater investment in kaupapa Māori services and Māori leadership, and action to address the disproportionate level of need experienced by Māori.

The final Strategy reflects several changes we recommended, including action on lived experience workforce development and leadership, recognition of factors associated with mental health, and a focus on system effectiveness through collecting adult prevalence data and outcomes data for people who use services. Taken together, these improvements should contribute to better mental health and wellbeing outcomes for people.

We will continue to monitor system performance to build a shared understanding of what good looks like and support improvement and change. We will also continue our advocacy for better data and measurement. This will help us understand where system changes are improving mental health and wellbeing outcomes and where successful approaches could be expanded.

Case study four: Monitoring the Access and Choice programme

Our 2024/25 Annual Report provided a detailed case study on our role in monitoring implementation of the Access and Choice programme. Between 2021 and 2025, we released a series of reports tracking the development of services, culminating in a five-year monitoring report in April 2025.

The report made three recommendations to Health NZ. By 30 June 2026, we recommended that Health NZ: increase programme reach to provide services to 325,000 people each year; develop a plan to streamline pathways and ensure Access and Choice Youth services and Infant, Child and Adolescent Mental Health Services work together to meet the needs of young people across the continuum of care; and develop a plan to reduce unwarranted variation across the country in relation to fidelity.

Our 2025 report included a demographic breakdown of Asian populations accessing services. We found that the Access and Choice programme did not appear to be reaching the fast-growing Asian population as effectively as other groups. We noted that this was not entirely unexpected because Asian communities were not identified as a priority population when the programme was designed. We concluded the further investigation was needed to assess whether coverage was sufficient for particular population groups, including Asian populations.

The Minister for Mental Health endorsed our 2025 recommendations. Health NZ's Access and Choice Action plan sets out how its planned actions align with and address these recommendations. We will assess progress against the recommendations following the 30 June 2026 deadline.

The Integrated Primary Mental Health and Addiction programme now includes Asian Family Support Services as a contracted provider. We have engaged closely with Asian Family Services to share our findings and supported its summits in Auckland and at Parliament. We also provided closing remarks at the Parliament Summit, which focused on **Elevating Unheard Voices of Asian Youth: A Call to Action.**

We will continue to monitor the Access and Choice programme through our regular monitoring and online He Ara Āwhina dashboard. Our February 2026 **Access to Mental Health and Addiction Services Data Summary** found that more people are being seen through Access and Choice services but numbers remain less than expected. In 2024/25, 236,322 people were seen, 88,678 fewer than the target of 325,000.

Statement of Service Performance

In this section, we report on our progress with the specific deliverables in our 2025/26 Statement of Performance Expectations. Our deliverables are grouped under our three 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.

The Commission's deliverables do not allow for direct comparison of outputs from year to year. We have noted where we have similar outputs in 2024/25 and 2025/26. We use measures from our impact framework to demonstrate the comparable impact of our work annually. Information on the impact of our deliverables can be found in the 'Impact at a Glance' section that follows, the case studies in this Annual Report and the progress outlined in the Assessment of Operations.

Comparative outputs

The following outputs were delivered in 2024/25 and discontinued for 2025/26:

Activity	2024/25 Result	Commentary
Advocacy activities for rangatahi Māori and young people, increased investment in kaupapa Māori services and changes in practice and legislation that respects people's rights to make decisions about their care and treatment	Achieved	Advocacy has transitioned to core business as usual.

Non-financial performance measure

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: a publication on the performance of mental health and addiction services and systems is provided by 30 June.

Two of our SPE deliverables contribute directly to this non-financial measure:

- SPE1: Monitor and report publicly data and insights on the performance of mental health and addiction services.
- SPE5: Monitor and report publicly on the performance of the Mental Health and Addiction system.

Our deliverables

Strategic priority one: Mental health and addiction services meet the needs of tāngata whaiora and their whānau

Measure/s	Result	Commentary
SPE1: Monitor and report publicly data and insights on the performance of mental health and addiction services.[5]		
Quantity: We publish an updated He Ara Āwhina measure set, and monitoring report on the performance of mental health and addiction services.	2024/25: Achieved 2025/26: Achieved	Updated He Ara Āwhina set was published in the *Summary set, April 2026* and *updated online dashboard*, April 2026 Our monitoring report on the performance of mental health and addiction services was published in the *Access to Mental Health and Addiction Services Data Summary*, February 2026
Quality: The publication is on key He Ara Āwhina measures and reflect the perspectives of lived experience, Māori, and the workforce - highlighting areas of success as well as those that require more attention.	2024/25: Achieved 2025/26: Achieved	The indicator selection for the summary set was informed by consultation with our System Performance Expert Advisory Group (EAG), which includes lived experience, Māori and Pacific and clinical and sector expertise. The draft content for both the Summary Set and the Access Data Summary was also tested with the EAG and with contracted[6] and in-house lived experience, Māori, data and clinical experts. Data quality was informed by discussions with Health NZ and included caveats where needed. This work supports our monitoring role by making information about service performance publicly available, supporting informed decision-making and promoting transparency.
SPE2: Assess and publicly report on responses to mental health and addiction crisis.		
Quantity: We publish a monitoring report and literature scan that provide insights into mental health and addiction crisis responses.	2024/25: Achieved 2025/26: Achieved	Crisis response literature scan, August 2025. Urupare mōrearea: Crisis responses monitoring report, November 2025.

[5] This measure contributes to our Vote Health non-financial estimate measure of "a publication on the performance of mental health and addiction services and systems is provided by 30 June."
[6] Subject matter expertise contracted by the Commission for the purpose of providing peer review.

Quality: The publications provide insights into 'what a good crisis response looks like' and highlight gaps and areas to improve current responses.	2024/25: Achieved 2025/26: Achieved	The literature scan provided insights into what a good crisis response system could look like that. Together with our monitoring findings, it informed our recommendations. Based on the identified gaps and models of good practice, the report made two recommendations to improve crisis responses in New Zealand and support positive change.

Strategic priority two: Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction

Measure/s	Result	Commentary
SPE3: Monitor and report on wellbeing outcomes for people with lived experience of mental distress and addiction. Assessment includes analysis of the link between determinants of mental health and wellbeing outcomes.		
Quantity: We publish a report assessing wellbeing outcomes using the He Ara Oranga Outcomes Framework by 30 June 2026.	2024/25: Achieved 2025/26: Achieved	'Assessment of wellbeing outcomes' report, May 2026. 'What matters for wellbeing' report, May 2026.
Quality: Data analysis and reporting of outcomes is informed by engagement with people with lived experience of mental distress and Māori. The report presents information about populations with highest need.	2024/25: Achieved 2025/26: Achieved	The indicator (measures) selection for the monitoring report was informed by a lived experience data reference group established in 2024. The group was re-established in 2025 to advise on the factor analysis and contributed to our understanding of the emerging findings in November 2025 and February 2026. The reports underwent external subject matter peer review (including expertise in physical health, quantitative methodology and lived experience of mental distress).
SPE4: Provide evidence on effective prevention and early intervention approaches to improve mental health and wellbeing of young people and rangatahi Māori with lived experience of mental distress and addiction including approaches for suicide prevention.		
Quantity: Publish a literature review and synthesis of evaluations report by 30 June 2026 that brings together published evidence.	2024/25: N/A 2025/26: Achieved	Research review on the effectiveness of youth and rangatahi Māori mental health early intervention and secondary prevention approaches (effectiveness review) and evidence brief, April 2026.
Quality: The report includes national and international research and evaluation on effective mainstream and indigenous (e.g. Mātauranga Māori) approaches. The report represents views and perspectives from young people and rangatahi Māori.	2024/25: N/A 2025/26: Achieved	The review employed a structured, multi-pronged literature search and synthesis approach, designed to identify and assess New Zealand and international evidence on early intervention and secondary prevention mental health supports for young people aged 12–24 years. We consulted our Rangatahi Māori and Youth Expert Advisory Group (EAG) on this work. The external EAG comprises members with expertise in youth and rangatahi Māori mental health, wellbeing and lived experience.

Strategic priority three: Addressing the wider determinants of mental health and wellbeing		
Measure/s	Result	Commentary
SPE5: Monitor and report publicly on the performance of the Mental Health and Addiction system.[7]		
Quantity: We develop and publish a monitoring report by 30 June 2026 with a vital set of measures from service, system, and outcomes.	2024/25: Achieved 2025/26: Achieved	Monitoring mental health and addiction system performance in Aotearoa New Zealand report, June 2026.
Quality: The monitoring report will include a suite of indicators measuring service and system performance and outcomes for people using Ara Āwhina and He Ara Oranga monitoring frameworks.	2024/25: Achieved 2025/26: Achieved	Our system performance monitoring report connects our service, system and population outcome frameworks through the logic model that underpins the report. We measure service and system performance through 20 system performance metrics and report on interim population wellbeing outcomes in the same report. The report was developed with input from our Expert Advisory Groups (Youth and System Performance), representing sector, clinical, Māori, Lived experience and youth perspectives. It also underwent external subject matter peer review.
SPE6: Make submissions and provide advice on policies and legislation that will improve the mental health and addiction system, and have a meaningful impact to the mental health and wellbeing of people with lived experience of mental health and addiction.		
Quantity: We provide evidence-based advice on 5 or more relevant policies and legislation.	2024/25: Achieved 2025/26: Achieved	• Healthy Futures (Pae Ora) Amendment Bill, August 2025 • Inquiry into the harm young New Zealanders encounter online, Education and Workforce Select Committee, July 2025 (written and oral submissions) • Eating Issues, Eating Disorders and Ngā Mauiui Kai Strategy, Ministry of Health, August 2025 • New Zealand Disability Strategy, Whaikaha, September 2025 • Delivering for Pacific Communities Strategy, Ministry for Pacific Peoples, October 2025 • Advice to the Minister for Mental Health and Ministry of Health on the draft Mental Health and Wellbeing Strategy, February 2026

[7] This measure contributes to our Vote Health non-financial estimate measure of "a publication on the performance of mental health and addiction services and systems is provided by 30 June."

		• Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill, June 2026 • Drug Overdose (Assistance Protection) Legislation Bill, June 2026
Quality: Our advice is directly linked to evidence that supports improved outcomes and reflects the concerns and views of people with lived experience we engage with.	2024/25: Achieved 2025/26: Achieved	Our submissions draw on evidence from our monitoring and insights, analysis of relevant policy and mental health law reform, information government agencies and publicly available reporting (including findings of the Waitangi Tribunal), and our engagement with communities.
SPE7: Promote alignment and collaboration across the system through co-hosting a national conference and lead a series of other events based on our analysis of trends and insights on the performance of the mental health and addiction system.		
Quantity: We host and/or co-host at least five events, including one national conference by 30 June 2026.	2024/25: N/A 2025/26: Achieved	• The Power of Co-design for rangatahi Māori and youth mental health webinar, May 2026 • National conference, Hauora Hinengaro: Te Ara Tūroa forum, November 2025 • Improving crisis responses across Aotearoa New Zealand webinar, December 2025 • Mental Health in Primary Care Think Tank, August 2025 • Crisis response literature review webinar, September 2025 • Wellbeing outcomes webinar, July 2025
Quality: Feedback from key national and international event attendees demonstrates improved alignment and collaboration.	2024/25: N/A 2025/26: Achieved	The follow up survey from Hauora Hinengaro: Te Ara Tūroa found that 81% of respondents agreed or strongly agreed that the conference supported meaningful connections and/or new opportunities for connection. A further 86% agreed or strongly agreed that they gained new knowledge and insights.[8] We also gathered feedback from registrants and attendees to understand the value and effectiveness of the power of co-design webinar and improving crisis responses webinar.[9]

[8] The post-conference survey was administered by TheMHS Learning Network, who also undertook the survey analysis.
[9] Survey feedback was sought from registrants and webinar attendees using Zoom.

Measuring our impact

Our 2025-2029 Statement of Intent (SOI) sets out our four-year strategic framework. It defines our strategic outcomes, the impact we aim to achieve, and how we will measure that impact at a high level.

To support this, we developed an impact framework that we apply annually to our deliverables. The framework uses five headline measures to assess the impact of our work that is directly attributable to our outputs and within our influence over the short to medium term (one to three years).

We apply these measures across our strategic priorities and deliverables. This provides a consistent and practical way to assess our impact and allows us to report comparable information from year to year, even though our deliverables vary.

Headline measure	Direct system impacts	Metric
1. **Commission's knowledge and advice uptake**	Our advice is adopted by sector stakeholders. Our advice is adopted by cross-agency stakeholders. Our advice about system performance is adopted Our stakeholders report increased knowledge.	Number or percentage of sector stakeholders adopt advice. Number of cross-sector strategies that integrated advice and insights. Number or percentage of all stakeholders reporting their knowledge and understanding increased, based on reports, work or events by the Commission.
2. **Commission's recommendation and accountability adoption uptake**	Our recommendations are implemented. Accountability for mental health and addiction system performance is strengthened.	Number or percentage of recommendations implemented by responsible agency. Number or percentage of changes in adopted accountability within an area recommended by us (for example, crisis responses).
3. **Stakeholder, Māori and Lived Experience trust and confidence score**	Our stakeholders have trust and confidence in our role and our work.	Number or percentage of stakeholders[10] report high and very high levels of trust and confidence in the Commission.
4. **Public advocacy and sentiment**	Our work influences the media narrative. Our work influences the public narrative.	Increase in the volume of mental health coverage in the media linked to Commission outputs. Positive trends in social media analytics (reach, engagement and sentiment). Number of times the Commission is mentioned in the media. Percentage of mental health media stories citing or reflecting the

[10] Data can be reported by Māori and Lived Experience stakeholders.

Headline measure	Direct system impacts	Metric
		Commission's perspectives, advice or recommendations.
5. **Sector and system Alignment and collaboration**	NZ and international engagement or partnerships strengthen collaboration and knowledge exchange across sector. NZ engagement strengthens knowledge exchange and collaboration across agencies.	Number or percentage of partners report collaboration has contributed to influencing positive sector change. Number or percentage of partners report collaboration has contributed to influencing positive cross government change.

Impact at a glance

This section presents our 2025/26 results using our impact framework outlined on the previous pages. This is the first year we have measured our impact this way. In future years we will publish updated information tracking against our 2025–2029 Statement of Intent.

Headline measure: Commission's knowledge and advice uptake

64% of survey respondents have used our advice, reports and information to inform their decision making, advocacy or practice[i].

67% for Māori stakeholder groups.
61% for Lived Experience stakeholder groups.

70% of survey respondents say our work has contributed to increasing their knowledge and understanding of mental health and wellbeing[i].

74% for Māori stakeholder groups.
67% for Lived Experience stakeholder groups.

80% of survey respondents strongly agreed or agreed they were able to gain new knowledge and insights from the Hauora Hinengaro 2025 conference[ii].

We asked for feedback on our key publications for 2025/26. Across the three surveys, respondents told us[iii]:

70% increased their awareness.

70% improved their understanding.

60% rated relevant and very relevant.

53% rated the quality as very good and excellent.

Headline measure: Commission's recommendation and accountability adoption uptake

13 recommendations made:

5 on access to specialist MH&A services (June 2024)
3 on the Access and Choice Programme (April 2025)
2 on crisis responses (November 2025)
3 to improve system performance (June 2025)

Recommendations for completion in June 2025: 3/5 achieved

Recommendations for completion in June 2026: 4

Recommendations for completion in June 2027: 4

Headline measure: Public advocacy and sentiment.

Data extracted from 2025/26 Truescope media tracking.

75%

of survey respondents say we speak up about important mental health, addiction and wellbeing issues[i].

77% for Māori stakeholder groups.

75% for Lived Experience stakeholder groups.

Volume of mental health coverage in the media linked to Commission outputs:

601 items

Number of times the Commission is mentioned in the media:

262 items across **79 unique sources**

Positive trends in social media analytics (reach):

1,400,752

Positive trends in social media analytics (sentiment):

80.20%

Percentage of mental health media stories citing or reflecting the Commission's perspectives, advice or recommendations:

25.3%

Headline measure: Stakeholder, Māori and Lived Experience trust and confidence score[i]

75%

of survey respondents feel confident in the quality and reliability of our advice, reports and information.

79% for Māori stakeholder groups.

73% for Lived Experience stakeholder groups.

73%

of survey respondents have trust and confidence in Te Hiringa Mahara.

77% for Māori stakeholder groups.

68% for Lived Experience stakeholder groups.

73%

of survey respondents say the voices and perspectives of people with lived experience are visible in our work.

80% for Māori stakeholder groups.

70% for Lived Experience stakeholder groups.

Headline measure: Sector and system alignment and collaboration

67% of survey respondents say we collaborate effectively for positive sector change[1].

73% for Māori stakeholder groups.
65% for Lived Experience stakeholder groups.

80% of survey respondents strongly agreed or agreed the Hauora Hinengaro 2025 conference supported them to build meaningful connections and/or discover new opportunities for collaboration[ii].

[i] 2026 Stakeholder survey, n.123.

[ii] Survey feedback from Hauora Hinengaro 2025 conference, n. 43.

[iii] Post publication surveys from three key publications (list as below). n. 270. 270 is the combined number of participants across all three:
Urupare mōrearea: Crisis responses monitoring report (November 2025), n.113.
Monitoring mental health and addiction system performance in Aotearoa New Zealand (June 2026) n.64.
Access to mental health and addiction services data summary (February 2026), n.93.

Standard for service performance reporting

The External Reporting Board (XRB) released **PBE FRS 48 Service Performance Reporting** (the standard) in 2017. The standard sets requirements and expectations for (i) identifying and selecting appropriate and meaningful performance information, (ii) disclosing judgements made, (iii) providing comparative performance information, and (iv) ensuring consistency of reporting.

The standard establishes requirements for reporting service performance information to meet the needs of users for accountability and decision-making. It sets high-level principles that recognise service performance reporting will continue to evolve, and that flexibility enables entities to report performance in the most appropriate and meaningful way.

Significant judgements

Application of the standard

Our 2025-2029 Statement of Intent sets out our four-year strategic framework. It describes our strategic outcomes, the impact of our work and, at a high level, how we will measure that impact.

We use our impact framework (pp 28/29) to understand the direct impact of our work. Our headline measures can be replicated annually. Our 'Impact at a Glance' section establishes our baseline measures, enabling us to report on comparable measures annually.

We use this information to identify where our work is delivering value and where we can improve. The measures for 2025/26 presented in the 'Impact at a Glance' section draw on several sources: (i) post-publication surveys administered by the Commission (Access data summary, Crisis responses reporting, and System performance monitoring); (ii) post-event surveys administered by TheMHS Learning Network and the Commission (Hauora Hinengaro 2025, Crisis Responses webinar, and Power of Co-design webinar); (iii) our annual stakeholder survey, independently analysed and published in September 2026; (iv) media analysis retrieved from Truescope on 25 June 2026; and (v) our ongoing internal assessment of progress against recommendations.

Selection of measures

Performance measures were selected to cover a range 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 2025/26 Statement of Performance Expectations. Each measure was reviewed to confirm it accurately reflected the performance of the Commission, was meaningful and could be measured. We also consider that the overall suite of performance measures provides a materially complete picture of the Commission's performance over the reporting period.

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 our strategy and delivery of our work programme.

The table below outlines Board member annual remuneration in 2025/26 and previous years.

Member	Actual 2025/26 $000	Actual 2024/25 $000	Actual 2023/24 $000
Hayden Wano (from February 2021, Chair to July 2026)	61	47	84
Kevin Hague (from February 2021, Deputy Chair to October 2025)	17	39	42
Alex El Amanni (to October 2025)	6	23	21
Sunny Collings* (from February 2021)	9	13	12
Taimi Allan (to December 2023)	-	-	6
Tuari Potiki * (from February 2022)	15	15	18
Barbara Disley* (Deputy Chair from October 2025, Chair from July 2026)	34	17	20
Wayne Langford (from October 2024)	12	9	-
Raewyn Lamb (from November 2025)	17	-	-
Josiah Tualamali'i (from November 2025)	15	-	-
Total Board member remuneration	186	163	205

* 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 2026.

Directions given by a Minister

Section 151(1)(f) of the Crown Entities Act requires information on any new direction given to the entity by a Minister in writing as well as other such directions that remain current. No such directions were given or remain current for the year ended 30 June 2026.

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. On completion of one independent member's term, the makeup of this Committee was amended in 2025/26. The Committee has one independent member as Chair and two Board members. It met four times in 2025/26.

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, both through their work within the Commission and in improving the mental health and wellbeing of the people they engage with. 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 support 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 better support staff development and career progression.

Ninety-one percent of our kaimahi participated in the survey. Our overall score was 65%, higher than the overall public sector benchmark of 63%.

Staff wellbeing

We are committed to supporting staff, encouraging work-life balance, and offering flexible working arrangements. This enables our people to carry out their work while having time for their whānau and interests outside work, and supports them to maintain their wellbeing.

An independent wellbeing assessment was completed in 2025, with results showing many positive results for our kaimahi. We will repeat the survey in 2026 to support the development of our organisational wellbeing strategy.

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 at each Board meeting. Representatives on the Committee have management support and are offered training to carry out their health and safety duties.

Delivering on Te Tauākī ki Te Tiriti o Waitangi – Te Tiriti o Waitangi position statement

Both Te Tauākī ki Te Tiriti o Waitangi Implementation Strategy and Action Plan were approved in 2025/26.

We continue to maintain and strengthen our connections and relationships with Iwi Ahi Kā, and Māori mental health and addiction providers, particularly Kaupapa Māori Service Leaders and their rangatahi Māori rōpū. We also continue to focus on our relationships with Māori Systems Leaders.

Delivering on our Lived Experience position statement

Work continues on a Lived Experience Implementation Plan to ensure that lived experience is embedded, incorporated, and centred throughout all aspects of the organisation. We have engaged an Expert Advisor Māori Lived Experience to finalise the plan, which is in the final stages of approval following external review by independent lived experience experts. Our work is guided by our two Expert Advisory Groups, which includes a strong lived experience voice, with more than one-third of members bringing lived experience expertise.

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 bring knowledge and experiences from their whānau, hapū, iwi and marae to their work as public servants. Within Te Hiringa Mahara, this collective contribution is reflected through the voices of Māori staff who are 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 in te Reo Māori and te ao Māori

Annual wānanga continue to provide an opportunity to plan, refresh, reflect and review areas of cultural importance in our work.

Ka Māia Ka Taea (KMKT) action plan builds on previous years, including the results of Te Tūrama. Te Tūrama is our annual staff capability survey, based on competencies in Whāinga Amorangi / the Māori Crown Relations Capability Framework. This framework helps us measure progress against our KMKT strategy and action plans.

Seventy-four percent of our kaimahi participated in the survey. We continued the improvement seen from 2024 to 2026, with our overall score increasing from 76% to 77%. The overall public sector benchmark for 2026 is 62%.

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 2026.[11]

26% of our permanent staff identify as Māori and 4% identify with Pacific origin.

As at 30 June 2026, our employee demographics were as follows.

Number of our people

Total number of our people (FTE)	Number
Fixed term	0.5
Permanent	20.2
Total	**20.7**

[11] We do not have a tier 3 management level.

Age profile

Age group (years)	Headcount
20-29	0
30-39	9
40-49	3
50-59	7
60-69	4
Total	**23**

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 2025/26 or since our establishment in 2021.

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

Remuneration range	Actual 2025/26	Actual 2024/25	Actual 2023/24
$100,000-109,999	2	2	-
$110,000-119,999	1	2	1
$120,000-129,999	1	1	-
$130,000-139,999	2	3	4
$140,000-149,999	3	1	2
$150,000-159,999	2	1	1
$210,000-219,999	-	-	-
$220,000-229,999	-	1	1
$230,000-239,999	2	2	1
$240,000-250,999	-	-	1
$250,000-260,999	2	1	1
$320,000-329,999	-	-	1
$330,000-$339,999	1	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.

Due to the small number of employees within the Commission, we are unable to report gender pay gap data without potentially identifying individuals' salaries. We remain committed to gender equity and inclusion and to maintaining a workplace free from gender-based inequalities through eliminating gender pay gaps.

Diversity and inclusion

During recruitment, the Commission actively encourages applications from underrepresented communities, including Māori, Pacific peoples, people with disabilities and rainbow communities. We recognise the value that diverse perspectives, experiences and lived expertise bring to our organisation.

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 requirement for the public sector to be net carbon neutral by 2025 has been extended to 2050. Our total carbon emissions were CO_2-e emissions for 2025/26. The composition of these emissions is set out in the table following.

Carbon emission category	2025/26 (kgCO2)	2024/25 (kgCO2)	2023/24 ($kgCO_2$)
Air travel	38,648	38,786.98	25,600.00
Hotel stays	1524	1874.5	2,839.00
Taxis	476.442	415.68	699.28
Electricity	1,631.52	1272.70	1,316.00
Total	**42,279.96**	**42,349.86**	**30,455.00**

In line with Treasury's expectations for reducing carbon emissions and supporting the Government's Net Zero Carbon goals, we measure and report on the emissions that are relevant and practical for our organisation to capture.

As a small organisation, there are some emissions sources that we are currently unable to measure however, this does not lessen our commitment to sustainability. We continue to integrate environmentally responsible practices into our day-to-day operations, including the responsible disposal and recycling of technology equipment through approved e-waste providers, comprehensive recycling initiatives, and prioritising online hui and meetings where face-to-face engagement is not required. These actions, while not always captured in our emissions reporting, reflect our ongoing commitment to reducing our environmental impact and supporting a more sustainable future.

Independent Audit Report

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bakertilly STAPLES RODWAY

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE MENTAL HEALTH AND WELLBEING COMMISSION'S ANNUAL REPORT FOR THE YEAR ENDED 30 JUNE 2026

The Auditor-General is the auditor of the Mental Health and Wellbeing Commission ('Te Hiringa Mahara'). The Auditor-General has appointed me, Zirus Zuber, 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 2026, the statement of comprehensive revenue and expenses, the statement of changes in equity and the 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 2026; 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 2026, 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 28 October 2026. 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, comment on other information, and explain our independence.

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities.

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 financial statements and the performance information. We are responsible for the direction, supervision and performance of Te Hiringa Mahara's 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.



Zirus Zuber
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 2025/26, had Crown funding of $5.359 million (2025 $5.359 million).

We receive funding through an appropriation in Vote Health[12] ($5.359million) and interest income ($0.065million). Actual revenue and expenditure against forecast are detailed in the table below.

Revenue and expenditure for the 2025/26 year

	2025/26 revenue ($000)			2025/26 expenditure ($000)		
	Actual	Budget	Variance	Actual	Budget	Variance
Total	5,424	5,475	(51)	5,784	5,866	82

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.

There were no significant Budget 2026 decisions affecting the Commission's operations. No transactions were undertaken that would require disclosure under section 20(3) of the Crown Entities Act 2004.

[12] 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: a publication on the performance of mental health and addiction services and systems is provided by 30 June.

Monitoring our performance

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

- a quarterly statement of financial performance, financial position and statement of cashflows on progress against our performance measures
- this annual report, in accordance with the Crown Entities Act 2004.[13]

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.

[13] 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 2025/26

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 2025 to 30 June 2026.

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 2025 to 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
REVENUE				
Funding from the Crown	2	5,359	5,359	5,359
Interest income	2	65	116	127
Total revenue		**5,424**	**5,475**	**5,486**
EXPENSES				
Personnel costs	3	3,677	3,675	3,588
Other expenses	4	2,076	2,154	1,946
Depreciation expenses	8	31	37	22
Total expenses		**5,784**	**5,866**	**5,556**
Surplus/(deficit) and total comprehensive revenue and expense		**(360)**	**(391)**	**(70)**

Statement of financial position as at 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
ASSETS				
Current assets				
Cash and cash equivalents	5	703	568	767
Investments	6	1,500	1,250	1,750
Prepayments and Other receivables	7	133	43	162
Total current assets		**2,336**	**1,861**	**2,679**
Non-current assets				
Property, plant and equipment	8	52	48	41
Total non-current assets		52	48	41
Total assets		**2,388**	**1,909**	**2,720**
LIABILITIES				
Current liabilities				
Payables	9	328	189	344
Employee entitlements	10	285	140	241
Total current liabilities		613	329	585
Total liabilities		**613**	**329**	**585**
NET ASSETS		**1,775**	**1,580**	**2,135**

EQUITY				
Contributed capital	13	1,250	1,250	1,250
Accumulated funds	13	525	330	885
TOTAL EQUITY		**1,775**	**1,580**	**2,135**

Statement of changes in equity for the period 1 July 2025 to 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
BALANCE AT 1 JULY 2025		2,135	1,971	2,205
Total comprehensive revenue and expense for the period	13	(360)	(391)	(70)
BALANCE AT 30 JUNE 2026		**1,775**	**1,580**	**2,135**

Statement of cash flows for the period 1 July 2025 to 30 June 2026

	Note	Actual 2026 $000	Budget 2026 $000	Actual 2025 $000
CASH FLOWS FROM OPERATING ACTIVITIES				
Receipts from the Crown		5,359	5,359	5,359
Interest received		65	116	127
Payments to employees and suppliers		(5,711)	(5,828)	(5,534)
Goods and services tax (net)		15	33	(5)
Net cash flow from operating activities		**(272)**	**(320)**	**(53)**
CASH FLOWS FROM INVESTING ACTIVITIES				
Net change in investments in term deposits		250	-	(950)
Purchase of property, plant and equipment	8	(42)	(50)	(49)
Net cash flows from investing activities		**208**	**(50)**	**(999)**
Net (decrease)/increase in cash and cash equivalents		(64)	(370)	(1,052)
CASH AND CASH EQUIVALENTS AT 30 JUNE 2025		**767**	**2,188**	**1,819**
CASH AND CASH EQUIVALENTS AT 30 JUNE 2026		**703**	**1,818**	**767**

Note 1: Statement of accounting policies

Reporting entity

Te Hiringa 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 legislative function 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 2025/26 financial statements for the Commission cover the period from 1 July 2025 to 30 June 2026 and were approved by the Board.

Basis of preparation

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

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 Tier 2 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).

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 benefit entity 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 2026 $000	Actual 2025 $000
Salaries and wages	3,471	3,404
Increase in employee entitlements	31	11
Defined contributions scheme employer contributions	112	100
Recruitment	3	4
Training	55	71
ACC	5	(2)
Total personnel costs	**3,677**	**3,588**

Note 4: Other expenses

	Actual 2026 $000	Actual 2025 $000
Audit of the financial report	45	40
Board costs	237	204
Consultants and contractors	224	359
Technology expenses	221	211
Building costs	233	229
Travel and accommodation	72	61
Marketing and communications	77	86
Programme costs	744	591
Other expenses	223	165
Total other expenses	**2,076**	**1,946**

Accounting policy

Audit of the financial report

The financial statements and service performance information for the year ended 30 June 2026 (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 40-43.

The auditor did not provide any other services to the Commission (2025 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 2026 $000	Actual 2025 $000
No later than one-year	199	194
Later than one year and no later than five years	206	405
Later than five years	-	-
Total non-cancellable operating leases	**405**	**599**

The non-cancellable lease expense relates to the lease of Level 5, Civic Chambers, 116 Lambton Quay, Wellington.

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 2026 $000	Actual 2025 $000
Current account	50	46
Cash at call	653	721
Total cash and cash equivalents	**703**	**767**

Note 6: Investments

Accounting policy

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

Note 7: Prepayments and other receivables

	Actual 2026 $000	Actual 2025 $000
Accounts receivable	1	-
Prepayments	49	51
Other receivables	21	34
Taxes receivable (GST)	62	77
Total other receivables	**133**	**162**

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 2025/26 period (2024/25 nil).

Note 8: Property, plant and equipment

Accounting policy

Property, plant, and equipment consist of the following asset classes: information technology equipment 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 2026 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 2024	151	43	194
Additions	49	-	49
Disposals	(55)	-	(55)
Balance at 30 June 2025	145	43	188
Additions	4	38	42
Balance at 30 June 2026	**149**	**81**	**230**

Accumulated depreciation			
Balance at 30 June 2024	**136**	**43**	**179**
Depreciation	22	-	22
Disposals	(54)	-	(54)
Balance at 30 June 2025	**104**	**43**	**147**
Depreciation	22	9	31
Balance at 30 June 2026	**126**	**52**	**178**
Carrying value			
At 30 June 2025	**41**	**-**	**41**
At 30 June 2026	**23**	**29**	**52**

Capital commitments

There were no contractual commitments for the acquisition of property, plant and equipment at 30 June 2026 (2025 nil).

Note 9: Payables

Accounting policy

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

Breakdown of payables	Actual 2026 $000	Actual 2025 $000
Payables under exchange transactions		
Accrued expenses	75	67
Creditors	253	277
Total payables	**328**	**344**

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.

Breakdown of employee entitlements	Actual 2026 $000	Actual 2025 $000
Accrued leave	164	133
Accrued salaries and wages	121	108
Total employee entitlements	285	241

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 2026 (2025: nil).

Note 12: Contingencies

The Commission has no contingent liabilities and no contingent assets at 30 June 2026 (2025: 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 2026 $000	Actual 2025 $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	885	955
Surplus/(Deficit) for the period	(360)	(70)
Balance at 30 June	**525**	**885**
Total equity	**1,775**	**2,135**

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 2026 $000	Actual 2025 $000
Financial assets measured at amortised cost		
Cash and cash equivalents	703	767
Investments	1,500	1,750
Receivables	133	162
Total financial assets measured at amortised cost	**2,336**	**2,679**
Financial liabilities measured at amortised cost		
Payables	328	344
Employee benefits	285	241
Total financial liabilities measured at amortised cost	**613**	**585**

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 2026	Actual 2025
Board members	$185,800	$163,000
Full-time equivalents	0.59	0.54
Leadership team	$1,326,500	$1,294,000
Full-time equivalents	5.0	5.0
Total key management personnel remuneration	**$1,512,300**	**$1,457,000**
Total full-time equivalent personnel	**5.6**	**5.5**

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 2026 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 2025/26 Statement of Performance Expectations.

The key variances to the approved 2025/26 Budget are detailed below.

Statement of comprehensive revenue and expenses

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

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 once it was clear that the cost of developing the dashboard and

explorer would be substabtially less than was budgeted and the funds were re-prioritised.

Marketing and Communications

The budget included an allowance for the use of an external Communications agency. This arrangement came to an end early in the financial year and we employed a fixed term employee to cover this work.

Program costs - Insights

When the budget was established for the dashboard and explorer project the full project scope had not been developed. The actual coost of completing the project was substantially less than the value budgeted.

Statement of financial position

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

Investments

The budgeted level of investments reflected a higher deficit than was achieved for the 2024/25 year. The actual level of deficit for 2024/25 was $70k whereas the budgeted deficit was $300k. The difference in deficit translates directly to additional cash which was invested.

Statement of cashflows

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

Net change in investments

The Budget did not separately classify the movement in investments in the cashflow statement, so the movement in investments is included as part of operating cashflow. Therefore, there was no budgeted amount for this line item.

Net (decrease)/increase in cash and cash equivalents

The Budget did not separately classify the movement in investments in the cashflow statement, so the movement in investments is included as part of operating cashflow. Therefore, the budgeted amount for this line item excluded the movement in investments.

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.

Cash and cash equivalents at 30 June 2026

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

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

Roadmap for mental health, wellbeing and addiction, June 2026

Access to Mental Health and Addiction Services Data Summary, February 2026

He Ara Āwhina Summary set, April 2026

Crisis response literature scan, August 2025

Urupare mōrearea: Crisis responses monitoring report, November 2025

'Assessment of wellbeing outcomes' report, May 2026

'What matters for wellbeing' report, May 2026

Research review on the effectiveness of youth and rangatahi mental health early intervention and secondary prevention approaches (effectiveness review) and evidence brief, April 2026

Monitoring mental health and addiction system performance in Aotearoa New Zealand report, June 2026

Working paper: Review of suicide and self-harm monitoring indicators, October 2025

The future of primary and community responses to mental health and substance use needs, February 2026

Mental health and substance data summary: Key findings from the NZ health Survey 2024/2025, February 2026

Assessment of progress - implementation of Kua Tīmata Te Haerenga | The Journey Has Begun, November 2025

Strategies and plans

2025 – 2029 Strategy on a Page

Future Excellence Horizon

Submissions

You can find all our submissions on our website



Te Hiringa Mahara | Mental Health and Wellbeing Commission

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