

Statement of Intent 2025–2029

Presented to the House of Representatives pursuant to section 149 of the Crown Entities Act 2004.

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DX Box SP22502, Wellington, New Zealand



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Table of contents

Board Responsibility	2
Foreword.....	3
An overview of the Commission	4
Kaitiaki of mental health and wellbeing.....	6
Our commitment to Te Tiriti o Waitangi	7
Our commitment to People with Lived Experience	9
About us	10
Mental Health and Wellbeing in Context	11
The environment we are working in.....	12
Who we work with	15
Strategic refresh.....	16
Our strategic framework.....	19
Our strategic priorities.....	20
Our functions and how we do our work.....	21
Strategic Priority 1: Mental health and addiction services meet the needs of tāngata whaiora and their whānau	22
Strategic Priority 2: Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction	24
Strategic Priority 3: Improved performance of the mental health and addiction system.....	26
Organisational health and capability	29
Glossary	33



Board Responsibility

This document is the Statement of Intent 2025 – 2029 for Te Hīringa Mahara – Mental Health and Wellbeing Commission as required under the Crown Entities Act 2004.

This Statement of Intent (SOI) sets out our strategic direction for the four years ending June 2029 and details how we will give effect to the Mental Health and Wellbeing Commission Act 2020.

The SOI provides a four-year outlook on our strategic goals and how we deliver them. The SOI should be read alongside our Statement of Performance Expectations (SPE), which has a one-year view of what we will deliver and how our performance will be assessed.

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent for the Commission. This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister for Mental Health's expectations of the Commission.

Signed on behalf of the Board:



Hayden Wano
Board Chair

19 June 2022



Kevin Hague
Deputy Board Chair

19 June 2022



Foreword

Our strategy for the next four years will bring a focus on people who experience mental distress or addiction, improving the services and supports people need, broader outcomes and system performance.

Our legislative mandate is broad and our work to date has reflected this breadth. We have built a strong knowledge base and our reports, and other work is highly valued by our key stakeholders.

In 2024 we undertook a refresh of our strategy and heard a strong message about what people want from the mental health and addiction system and the contribution of the Commission. Four themes emerged as future performance challenges; a clear focus in the legislation, working to improve a fragmented sector, raising the profile of the Commission, and preparing for demographic changes in the future.

Our strategy responded to these challenges and describes three key shifts; we will have a much clearer focus on people with lived experience of mental distress or addiction through our work. We will utilise knowledge and insights to promote alignment, guide the system and influence positive change across the mental health and addiction system. We will also step up into our system leadership role, holding the system to account and influencing the public narrative.

The Commission is uniquely positioned at the system level across government to contribute to better and equitable mental health and wellbeing outcomes. We will bring a new and stronger view of the performance of the mental health and addiction system.

We have laid strong foundations towards being a kaitiaki of mental health, addiction and wellbeing, leading improved mental health and wellbeing outcomes, towards all people in Aotearoa thriving together.

Ngā manaakitanga,



Hayden Wano

Board Chair

19 June 2025



Karen Orsborn

Chief Executive

19 June 2025

An overview of the Commission

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](#) (He Ara Oranga). The Act was passed in June 2020, and we were established on 9 February 2021.

Objective of the Commission

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

Functions of the Commission

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

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

Te Tiriti o Waitangi

The Act makes clear that we must ensure the Commission has the capability and capacity to uphold Te Tiriti o Waitangi and its principles and to engage with Māori to understand the experiences of, and outcomes for, Māori. We are an organisation committed to being grounded in Te Tiriti o Waitangi and improving mental health and wellbeing outcomes for Māori and whānau.

A review of all Treaty clauses in legislation, apart from Treaty settlements, was a part of New Zealand First's coalition agreement with the National Party.¹ This will include clauses in the Act.

¹ Conduct a comprehensive review of all legislation (except when it is related to, or substantive to, existing full and final Treaty settlements) that includes 'The Principles of the Treaty of Waitangi' and replace all such references with specific words relating to the relevance and application of the Treaty, or repeal the references.

Kaitiaki of mental health and wellbeing

Through a kaupapa Māori process, Kaitiakitanga was unanimously agreed to underpin the Commission's te reo name and brand in mid-2022. Kaitiakitanga resonated most with the kaupapa of the Commission as 'Kaitiaki' of Mental Health and Wellbeing for Aotearoa. The consensus was that Kaitiakitanga essentially means guardianship and protection. A kaitiaki is a person, group or being that acts as a carer, guardian, protector and conservator. There was a strong view from participants that the Commission has a role as an active steward and guardian to sustain people's mental health and wellbeing now and in the future.

Te Hiringa Mahara our te reo Māori ingoa

Te Hiringa Mahara signifies positive energy, thoughtfulness, encouragement, confidence and strength. It inspires and ignites our inquiring and inquisitive minds, illuminating and liberating the potential within.

Our Tohu



Manaia have been a symbol of guardianship to Māori for a very long time. The tohu is based on a traditional concept, presented in a more contemporary style. It reflects a strong presence and demonstrates Māia, being bold and brave. It may be interpreted as tika, upholding integrity and doing the right thing.

The tohu suggests elements of protection within all three realms - sky, sea and land. This manaia is compassionate and accepting. With this tohu, Te Hiringa Mahara has the responsibility of embodying all the aspects of a kaitiaki.

Our Pou Rama

The Pou Rama is the centre of our strategy - lighting our path and guiding our way. The kaupapa of **Pou Rama** is about creating a path of self-sustaining wellbeing for Aotearoa.

Pou: the structural pillar, which is the source of strength and nourishment in life.

Rama: the beacon of light.

The two manaia represent the connection from Te Hiringa Mahara to the organisations and people we connect with. The light that shines through is the voice of communities, the collective interests of people with lived experience of mental distress or addiction (or both), as well as the supporting voices of whānau and supporters.





Our commitment to Te Tiriti o Waitangi

The Mental Health and Wellbeing Commission Act 2020 (the Act) requires the Board to ensure Te Hiringa Mahara has the capability and capacity to uphold Te Tiriti o Waitangi and its principles, to engage with Māori and to understand the perspectives of Māori. Te Hiringa Mahara is also required to have particular regard to the experience of, and outcomes for, Māori when it performs its functions.

Māori experience a higher prevalence of mental distress, have high rates of suicide, poor access to services and high rates of coercive practices, and face systemic barriers that impact other social and economic determinants.

Te Tauāki ki te Tiriti o Waitangi (Te Tauāki) – Te Tiriti o Waitangi Position Statement

Te Tauāki was developed to articulate our commitment to Te Tiriti o Waitangi. It provides a framework for Te Hiringa Mahara to ensure our work gives effect to our obligations to Te Tiriti o Waitangi, as specified in the Act. It is an expression of mana, a living taonga and of significant importance to Māori (including Kaupapa Māori Providers), our relationships with iwi and our people. It demonstrates how we reflect and value the use of te reo Māori, Māori concepts, and mātauranga Māori. Te Tauāki informs our decisions, actions and deliverables, and our expectation is that it will support us to contribute to better and equitable mental health and wellbeing outcomes for Māori and their whānau.

Te Tauāki is reflected through who we engage with and how

Our Tauāki underpins our intentions in striving to have enduring and honourable relationships with Māori. Our current engagements and those we will continue to develop are with:

- Iwi Ahi Kā – at a rangatira ki rangatira level and at an operational level
- Māori system leaders
- Kaupapa Māori providers
- Māori and whānau with lived experience and other stakeholders.

Te Tauāki underpins the work we deliver

At a high level, Te Tauāki will influence how we prioritise equity for Māori by:

- Prioritising the voices of Māori and whānau in our work
- Monitoring mental health and addiction services and wellbeing using the He Ara Āwhina and He Ara Oranga frameworks (frameworks with Te Ao Māori and Shared Perspectives co-designed with Māori and people with lived experience)

- Advocating for equity of investment in kaupapa Māori services that improve outcomes and experiences of tāngata whaiora and their whānau
- Monitoring and advocating for improved earlier intervention and prevention approaches for rangatahi
- Monitoring and reporting on the mental health and addiction system and advocating for a system that improves mental health and wellbeing outcomes for Māori.

[Download Te Tauāki](#)



Our commitment to People with Lived Experience

People with lived experience called for change through the Government Inquiry into Mental Health and Addiction and were reflected in the publications [He Ara Oranga](#) and [Oranga Tāngata, Oranga Whānau](#).

The Act directs us to advocate for the collective interests of people with experience of mental distress or addiction (or both) and the people, including family and whānau who support them.

Our commitment

We are committed to a ‘nothing about us, without us’ approach and to work together to improve wellbeing and transform the mental health and addiction system.

Our Lived Experience position statement is reflected in our engagement

- We maintain and nurture our relationships with people with lived and living experience of mental distress or addiction (or both), and their whānau.
- We proactively work with people and groups whose lived experiences highlight the major issues across our current system and possibilities for transformation.

Lived Experience underpins the work we deliver

- Privilege the experiences and aspirations of tāngata whaiora² and tāngata mātau-ā-wheako Māori.
- Monitoring mental health and addiction services using He Ara Oranga and He Ara Āwhina monitoring frameworks (frameworks co-designed with people with Lived Experience).
- Monitoring lived experience leadership and participation across the system and advocate for improvement.
- Advocating for expanding choice and reducing coercive practices.
- Monitoring and reporting on the mental health and wellbeing system and advocating for a system that improves mental health and wellbeing outcomes for those with lived experience.

[Download the position statement](#)

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

² Tāngata whaiora in this context refers to people that currently access mental health addiction services and support, but also people that may not currently access these services but have a need to.



About us

Ko mātou he Kaitiaki o te hauora me te oranga ā-hinengaro, e ārahi ana i ngā hua pai ake mō te hauora me te oranga ā-hinengaro kia tū tangata mauri ora ai ngā tāngata katoa i Aotearoa.

We are a Kaitiaki of mental health and wellbeing, leading improved mental health and wellbeing outcomes, towards all people in Aotearoa thriving together.³

Whāinga Tāhuhu | Our Vision

Tū tangata mauri ora | Thriving together

Whakatakanga | Our Mission

Te hautū i ngā putanga pai ake mō te hauora ā-hinengaro, mō te waranga, mō te oranga hoki |
Lead improved mental health, addiction and wellbeing outcomes

Tō Mātou Aronga | Our Purpose

Ko mātou he Kaitiaki o te hauora me te oranga ā-hinengaro | We are a Kaitiaki of mental health and wellbeing

Ngā Uaratanga | Our Values

Tūhonotanga	We are inclusive and connected
Māia	We are courageous and speak up
Māramatanga	We learn by listening and seek knowledge
Tika	We will be fair and respectful
Aroha	We care about the work we do and the people of Aotearoa

You can see our strategy and plans [on our website](#).⁴

³ Te Hīringa Mahara acknowledges the contribution of other agencies to improved mental health and wellbeing outcomes

⁴ <https://www.mhwc.govt.nz/about-us/who-we-are/>

Mental Health and Wellbeing in Context

Mental wellbeing has declined at a population level since 2018	
74% of adults aged 15+ reported good mental wellbeing in 2023, compared to 78% in 2018	72% of Māori aged 15+ reported good mental wellbeing in 2023
In 2021, 74% of 15-24 year olds reported good mental wellbeing	Some groups experience considerably poorer mental health and wellbeing, including people who interact with MHA services, Pacific peoples, LGBTQIA+ and disabled people.
Mental distress has significantly increased over the last decade	
564,000 adults (13% of population) are estimated to experience high or very high psychological distress in the past 4 weeks (2023/24). Distress has doubled, over a decade, from 6.2% in 2013/14.	Suicide rates have remained steady over the past 10 years 11.2 people per 100,000 population in 23/24. Māori are disproportionately impacted with 16.3 per 100,000.
Prevalence of mental distress was higher for young people (23%), Māori (20%), Pacific peoples (20%), disabled people (33%), and people living in areas with higher socio-economic deprivation (17% among people in the most deprived areas).	Hazardous drinking has decreased over time. 718,000 adults (17%) had hazardous drinking in 2023/24, down from 20% in 2016/17.
Increasing investment has improved access to primary and community MHA services	
207,606 people accessed the new primary and community MHA services in 2023/24. Including 55,681 Māori, 22, 727 Pacific people and 41,919 young people.	Investment in MHA services has increased by more than 50% from \$1.69b in 2019/20 to \$2.57b in 2023/24. Investment in MHA services is 9.7% of the total health appropriation an increase from 8% in 2021/22.
Kaupapa Māori services received funding of \$215m in 2023/24 a 42% increase from \$151m in 2018/19.	NGOs received funding of \$653m in 2023/24 a 47% increase from \$445m in 2018/19.
Access to specialist MHA services has decreased	
176,261 (3.8% of pop/n) people accessed specialist MHA services in 2023/24, a reduction of 16,000 from 192,463 (3.3% of pop/n) in 2020/21. The biggest decrease (10,000) is people under 25 years.	There were 15,534 FTE staff across MHA services in 2022/23.
There was a declining percentage of people seen within three weeks (79.6% in 2023/24, down from 82.7% in 2019/20).	
More service options, upholding human-rights based practices are needed	
The rate of people subjected to CCTOs has increased from 128 per 100,000 population in 2018 to 135 per 100,000 population in 2021/22.	CCTO rates for Māori continue to be disproportionately high.



The environment we are working in

We operate within a complex and ever-changing environment. We continue to navigate the ongoing impacts of Covid-19, changes to the health system and economic changes, and the broader environmental factors impacting wellbeing, including severe weather events and cost of living challenges. The impact on people, and the mental health and addiction services that support them continues to be felt.

We have embraced new opportunities including welcoming the first Minister for Mental Health. Government expectations present opportunities that support improvements to the mental health and wellbeing system and improve outcomes for people. Our monitoring has demonstrated that despite investment in mental health and wellbeing services, population mental wellbeing has been declining over the last eight years.

Government's overarching targets and focus areas

The Government has a specific focus on lifting economic growth, implementing a social investment approach, fiscal responsibility and sustainable infrastructure investments. The Government has nine targets focusing on the public sector for achieving improved results in health, education, law and order, work, housing and the environment.

Enduring Letter of Expectations

All statutory Crown entities have expectations set through the Enduring Letter of Expectations from the Minister of Finance and Minister for the Public Service. These outline the following expectations:

- Drive greater value from funding and public assets.
- A full understanding and accountability for cost drivers and performance against key outcomes.
- Take a continuous improvement approach, incorporating strong evidence and evaluation practices and seeking to improve the efficiency and responsiveness of delivered services.

Government policy expectations on health

While Health New Zealand (Health NZ) is primarily responsible for meeting the expectations set through the Government Policy Statement on Health 2024- 2027 (GPS), the Commission also has an objective, role and functions that align and supports the goals which are being set.

The GPS articulates the Government's five priorities to improve health outcomes and experiences for all New Zealanders and support ongoing system stewardship. The three health services priority areas are access, timeliness, and quality. The two

enabling priority areas are workforce and infrastructure. The GPS outlines the five overarching health targets – faster cancer treatment, improved immunisation for children, shorter stays in emergency departments, shorter wait times for first specialist assessment, and shorter wait times for treatment.

Priorities for mental health

The Minister for Mental Health has confirmed key priorities for mental health focussed on:

- increase access to mental health and addiction support
- grow the mental health and addiction workforce
- strengthen the focus on prevention and early intervention
- improve the effectiveness of mental health and addiction support.

The Government Policy Statement on Health 2024-2027 (GPS) outlines five targets for mental health – faster access to specialist mental health and addiction services, faster access to primary mental health and addiction services, shorter mental health and addiction-related stays in emergency departments, increased mental health and addiction workforce development, and strengthened focus on prevention and early intervention.

Implementing the mental health priorities and targets will help ensure a stronger focus on mental health and addiction within the wider health system, as well as across government agencies, and will be an important contributor to better results in other portfolio areas.⁵

Mental Health and Wellbeing Strategy

In October 2024, the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 came into force. The amendment requires the Minister of Health to prepare and determine a Mental Health and Wellbeing Strategy. The purpose of the strategy is to provide a framework to guide health entities for the long-term improvement of mental health and addiction outcomes. Determination of the new strategy takes effect 12 months after the date of assent.

The new strategy builds on previous cross-government strategies such as Kia Manawanui Aotearoa – Long Term Pathway to Mental Wellbeing (Ministry of Health, 2021) (Kia Manawanui). Kia Manawanui is a 10-year strategy and plan with actions sequenced across the short, medium and long term. In 2024, the Commission released our first system monitoring report focussed on Kia Manawanui, focusing on the critical enabler, leadership, highlighting progress and challenges.

⁵ Mental Health Portfolio Priorities (SOU-24-MIN-0054)

The Commission advocated for a Mental Health and Wellbeing Strategy in 2021/22. The legislation explicitly states that the Minister must have regard to any advice from the Mental Health and Wellbeing Commission when preparing the Mental Health and Wellbeing Strategy.⁶ We are working with the Ministry of Health (the Ministry) to contribute to the development of the Strategy. We expect to provide advice on the draft strategy and following public consultation based on our system performance framework and past papers and reports.

Suicide Prevention Action Plan 2025 to 2029

The Government is focused on improving access to suicide prevention and postvention support and grow a workforce that can support those at risk of or affected by suicide. We will work with the Ministry as the plan is implemented to coordinate monitoring activities.

WAI2575 – Health Services and Outcomes Kaupapa Inquiry

The Waitangi Tribunal is currently in Stage two (which consists of two parts) of the inquiry into historical claims relating to the health system, specific health services, outcomes, mental health (including suicide and self-harm), and alcohol, tobacco, and substance abuse. We understand from the Ministry, these claims remain on track to be provided a hearing date in 2026. In the meantime, we are maintaining a watching brief on the WAI2575 process.

Cross-party interest in mental health and wellbeing

Cross-party political interest in mental health and wellbeing continues to be high as mental distress and addiction are experienced by many people in Aotearoa. The Cross-Party Mental Health and Addictions Wellbeing Group was established in August 2019. The group's remit is to raise awareness of the issues and challenges surrounding mental health in Aotearoa, make recommendations and hold the Government to account over policies around mental health. There is significant support from the Minister for Mental Health for cross-party collaboration.

⁶ Pae Ora (Healthy Futures) Act 2022, s46A(2)



Who we work with

As an independent crown entity, the Commission is part of the public sector with independent functions. We have many stakeholders. At a system level we work with, monitor and influence other public sector agencies across government, cross-sector system leaders and mental health and addiction sector leaders.

The objective of our work is to contribute to improved mental health and wellbeing outcomes for all people in Aotearoa and we proactively engage with people with lived experience, Māori and priority populations. The close relationship with our stakeholders is crucial to ensuring our advice and recommendations have the greatest impact to improve system performance and the delivery of better and equitable mental health and wellbeing outcomes.

Māori

We engage with Iwi Ahi Kā – at a rangatira ki rangatira and operational level, Māori system leaders, Kaupapa Māori providers, and Māori and whānau with lived experience. How we engage is articulated in Te Tauāki ki te Tiriti o Waitangi.

People with lived experience of mental distress and addiction

We maintain and nurture our relationships with people with lived and living experience of mental distress, or addiction (or both) who are seeking wellness but who may not interact with mental health and addiction services. This is a wider group of people than those using services.

Mental health and addiction sector

We develop and strengthen our relationships with sector leaders, providers, planners and funders across the mental health and addiction sector to support transformation of the system and to understand their strategies, work programmes, service development and delivery.

Across government

We have a unique statutory cross-government role, with a mandate to monitor contributions to mental health and wellbeing across sectors and agencies. As such, the Commission works across government to inform and influence system performance improvement and cross-government action on determinants of mental health and wellbeing. We foster strong relationships across government to support targeted insights and analysis, for example focusing on youth and rangatahi wellbeing.



Strategic refresh

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

Highlights of our work to date

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

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

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

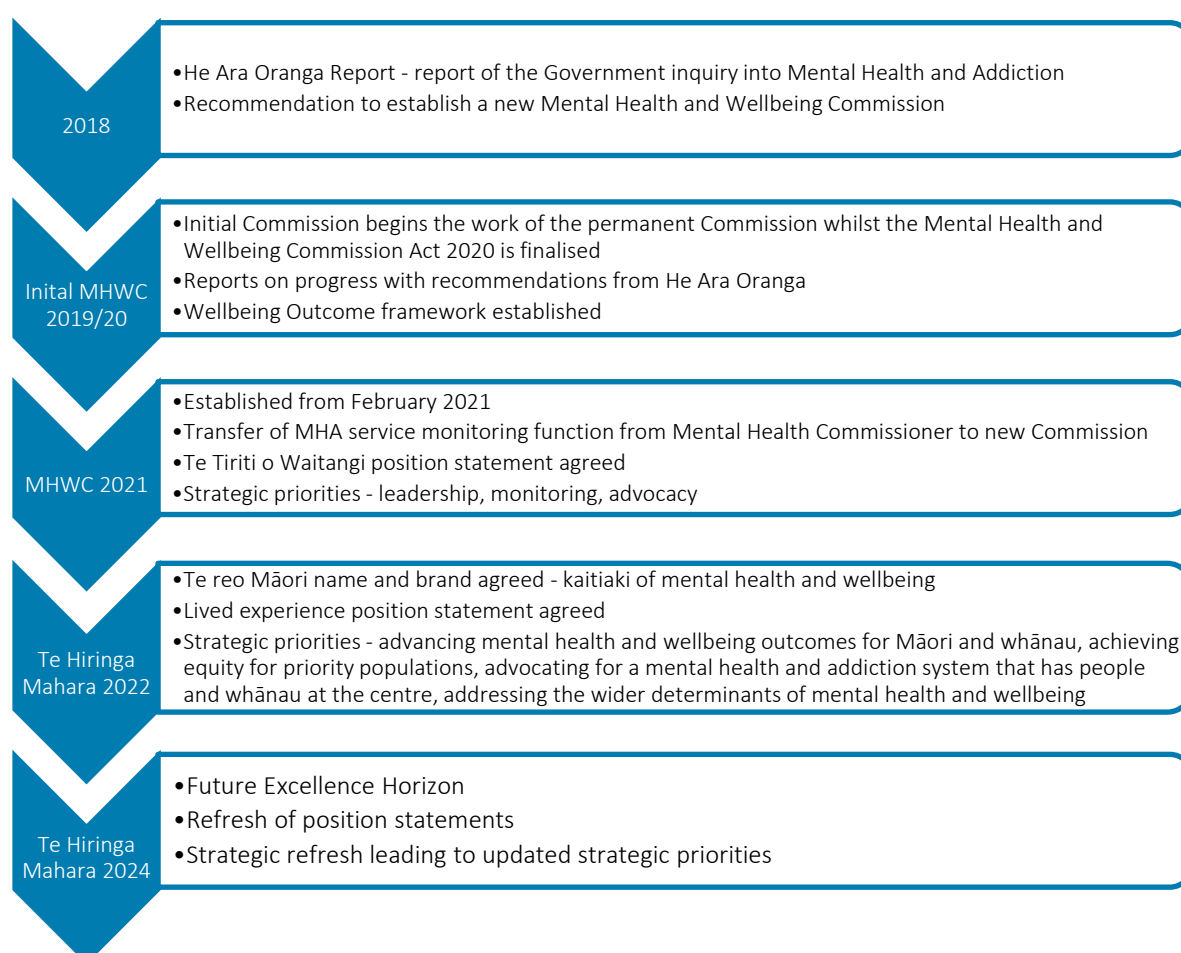
We have advocated through legislative and policy processes with nine submissions to legislation and 27 submissions and advice to Government agency consultations. Our submissions have had an impact, most notably our calls for the Mental Health and Wellbeing strategy in the Pae Ora Act.

We have advocated across the four years for human rights-based practices, action to improve rangatahi and youth wellbeing and access to services and an increase in kaupapa Māori services. Positively, the Access and Choice programme is delivering 20% of funding to Kaupapa Māori providers as intended.

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

The Commission has the power to make recommendations. We made our first formal recommendations to Health NZ in early 2024 to improve access to mental health and addiction services, with further recommendations in 2025 to improve the implementation of the Access and Choice programme.

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



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

Our new 2025-2029 Strategy and this Statement of Intent responds to the Future Excellence Horizon and charts the course for the Commission for the next four years. It takes into account our legislative mandate, external environment, operating context, Government expectations, and expectations of our stakeholders. Our new

strategy articulates the expected value of our work through the line of sight between the anticipated impact and outcomes of our deliverables, and how these will be measured.

Our aspirations for the future

The Future Excellence Horizon process asked key stakeholders in the system *If Te Hiringa Mahara is the best it could be in 3-5 years what would that look like?*

The Future Excellence Horizon outlines the mental health and wellbeing outcomes the people of Aotearoa will expect in the future, that are within the functions of the Commission. The six expected outcomes are choice in service provision, holistic wellbeing, leadership, empowerment, connection and system accountability.

To achieve these future outcomes, the key performance challenges the Commission is expected to respond to include a clear focus in the legislation, working to improve a fragmented sector, raising the profile of the Commission, and preparing for demographic changes in the future.

Key shifts

To respond to our unique performance challenges and build on our foundation we are focusing our efforts over the next three years through making the following strategic shifts:

- 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.
- From a focus on monitoring and reporting to being future orientated, promoting alignment and leveraging knowledge and insights to influence positive change.
- From building our foundations to being a bolder advocate, publicly holding the system to account and keeping the spotlight on mental health and wellbeing.

To support our strategic shifts, we have reviewed and refined our strategic priorities

We have three new strategic priorities, on page 20.

Our first two priorities build upon our previous strategic priorities and are focused on mental health and addiction services for tāngata whaiora and outcomes for people with lived experience.

Our third priority is new and focuses on improving the performance of the mental health and addiction system through leading on a shared view for mental health and addiction system performance and its improvement, promoting alignment and collaboration and providing insights and evidence on system improvement.

Our strategic framework

We translate our strategic priorities into action via our strategic framework.

2025-2029 Strategic Framework

Tū tangata mauri ora | Thriving together

Te hautū i ngā putanga pai ake mō te hauora ā-hinengaro, mō te waranga, mō te oranga hoki |
Lead improved mental health, addiction and wellbeing outcomes

Ko mātou he Kaitiaki o te hauora me te oranga ā-hinengaro |
We are a Kaitiaki of mental health and wellbeing

OUR STRATEGIC PRIORITIES

Mental health and addiction services that meet the needs of tāngata whaiora and whānau.

Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction

Improved performance of the mental health and addiction system.

THE DIFFERENCE WE WILL MAKE

The perspectives of people with lived experience and whānau are reflected in strategies, policies and plans.

The performance of the mental health and addiction system is more visible for decision makers to effect change with alignment on priorities for improvement.

Decision-makers use our advice and recommendations to develop more effective strategies, policies, and plans to improve system and service design and outcomes for people with lived experience

WHAT WE WILL DO

- Monitor and report publicly data and insights on the performance of mental health and addiction services.
- Advocate for services that improve outcomes and experience of tangata whaiora and whānau.
- Publish insights on specific topics to inform system and service design.

- Assess and report publicly on mental health and wellbeing outcomes for people with lived experience of mental distress and addiction.
- Monitor and advocate for improved early intervention and prevention approaches for rangatahi and youth.
- Advocate for reduced harm from alcohol and drug related harm.

- Assess and report publicly on mental health and wellbeing system outcomes and performance.
- Provide evidence-based advice, recommendations and advocate for system change that is grounded in the voices of people with lived experience.
- Promote system alignment and collaboration through leadership.

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

Lived Experience Position Statement

Our strategic priorities

Our strategic priorities outline where we will focus our efforts over the next four years. Each strategic priority includes three specific outcomes:



1. Mental health and addiction services meet the needs of tāngata whaiora and their whānau.
 - a) Tāngata whaiora and their whānau have improved access to mental health and addiction services when needed.
 - b) Tāngata whaiora and their whānau have improved experiences of services.
 - c) People who use mental health and addiction services have improved mental health and wellbeing as a result of accessing services.
2. Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction.
 - a) We contribute to addressing the determinants of inequitable mental health and wellbeing outcomes for people with lived experience.
 - b) Early intervention and prevention approaches are used to improve mental health and wellbeing outcomes for youth and rangatahi with lived experience.
 - c) People have reduced harm from alcohol and other substance use.
3. Improved performance of the mental health and addiction system.
 - a) There is a shared system view on aspirations for mental health and addictions system performance and areas for improvement.
 - b) We build a credible evidence base on trends, insights and international best practice for system performance and improvement that informs mental health and addiction policies and strategies.
 - c) We promote system alignment and collaboration through our oversight and leadership.



Our functions and how we do our work

The Commission has legislated functions broadly described as system oversight, monitoring, promoting alignment and advocacy.

In our early years, the main focus has been monitoring and reporting and implementing our advocacy agendas. As the Commission continues to mature and implement our 2025-2029 Strategy, greater emphasis will be on all our functions, reflected in our key domains below. They outline how we will deliver our refreshed strategic priorities.

Inspire – we are future oriented and **inspire hope** and a belief in what can be achieved through being a **champion** for positive change. We leverage our **independence** to lead, advocate, and act as a guardian for mental health and wellbeing in Aotearoa New Zealand.

Inform – we independently monitor and **publish evidence-based insights** that reflect the voices of people with lived experience to **drive informed decision-making**. We provide **transparency** of information, using our unique **independence** and **system oversight** role to identify where improvements are needed and to **empower others**.

Connect – we are highly **connected**, **promote alignment** and **collaboration** across the system and with people with lived experience to effect change. We recognise differences in experiences and seek understanding and **common ground**.

Influence – we will challenge the system to improve through thought leadership, highlighting success, ensuring that our **insights and recommendations** lead to **tangible outcomes**. We actively use our **independent** public voice and **system oversight** role to speak with authority and to hold the system to account.



Strategic Priority 1: Mental health and addiction services meet the needs of tāngata whaiora and their whānau

Why this priority?

Many people with lived experience of mental distress or addiction feel they are not well-served by the mental health and addiction sector and continue to report difficulties in getting what they need to regain their wellbeing.⁷

Monitoring how services meet the needs of tāngata whaiora and their whānau is a core part of our legislated function s11(1)(e). The He Ara Āwhina system monitoring framework will be used to monitor how well publicly funded mental health and addiction services are meeting the needs and contributing to improved outcomes for tāngata whaiora and their whānau.

For mental health and addiction services to meet the needs of tāngata whaiora and their whānau, there needs to be a range of service responses available that are informed by evidence, promote social inclusion, address health inequities, and support cross-agency responses when needed.

The Commission's monitoring of mental health and addiction services adds to and complements the monitoring roles of the Ministry of Health and Health NZ. We bring a broader system perspective and the voices of people with lived experience, ensuring that information about performance is transparent. Our topic reports give deeper analysis on the performance of key parts of the mental health and addiction system and services, highlighting where improvements can be made.

What we will do (outputs)

We will deliver the following to achieve our outcomes:

- Monitor and report on mental health and addiction service performance using the He Ara Āwhina framework.
- Assess and recommend nationally consistent measures of experience that reflect evidence, insights and the voices of lived experience.
- Assess and recommend measures to consistently capture of meaningful services outcomes for tāngata whaiora.
- Publish deep dive analysis on key mental health and addiction issues eg access, crisis responses.
- Monitor and advise on key government strategies, policies and plans that impact tāngata whaiora and their whānau.

⁷ CAB-19-MIN-0182

- Showcase evidence-based approaches that work and examples of success to influence decision-makers.
- Promote alignment and collaboration through convening webinars and events.
- Collaborate with Lived Experience leaders and network and mental health and addiction sector leaders.

The difference we will make (impacts)

We will know we have made a difference when:

- Our advice is adopted and recommendations are implemented *leading to* key system changes e.g. improved access to services, reduction in coercive practices, more services options such as kaupapa Māori services
- There are nationally agreed, evidence-based experience measures, that are meaningful for tāngata whaiora *leading to* experience data being available and used for improvement.
- There are nationally agreed, evidence-based outcome measures that are meaningful for tāngata whaiora, *leading to* an increase in the effectiveness of services.

Outcome	Impact of our work	Measures
a) Tāngata whaiora and their whānau have improved access to mental health and addiction services when needed.	Our advice is adopted and recommendations are implemented.	Positive feedback on the quality and relevance of our MHA service monitoring from key stakeholders. Annual assessment of the impact of our recommendations.
b) Tāngata whaiora and their whānau have improved service experience.	There are nationally agreed, evidence-based experience measures that are meaningful for tāngata whaiora and available for use.	Set of service experience measures are available for use. An assessment of the uptake of measures by services completed.
c) People who use mental health and addiction services have improved mental health and wellbeing as a result of accessing services.	There are nationally agreed, evidence-based outcome measures that are meaningful for tāngata whaiora and available for use.	Set of outcome measures are available for use. An assessment of the uptake of measures by services completed.



Strategic Priority 2: Advancing mental health and wellbeing outcomes for people with lived experience of mental distress and addiction

Why this priority?

Some population groups face inequities in mental health and wellbeing outcomes. Inequitable and poor mental health outcomes are strongly linked to wider social, economic, commercial, cultural factors. Improvements in these areas will improve mental health and wellbeing outcomes. This requires a policy, multi-agency, and system level response.

We have learned from the broad approach taken in our previous SOI that we can have a greater impact when we undertake deeper and more nuanced analysis on a narrower range of key topics impacting mental health and wellbeing outcomes. We have also seen the importance and challenges associated with youth and rangatahi wellbeing, and the impact alcohol and other drugs have on outcomes for all people in Aotearoa, and people with lived experience in particular.

Over the next 3 to 4 years, we are shifting our focus to advancing mental health and wellbeing outcomes for people with lived experience of mental distress or addiction. We will do this through monitoring and reporting on mental health and wellbeing outcomes and their link to determinants.

We will provide insights and evidence on what works for prevention, early intervention, and promotion of wellbeing approaches for youth and rangatahi particularly around approaches for suicide prevention. We will provide insights and advocate for change to policies and legislation to reduce harm from alcohol and other substance use.

What we will do (outputs)

We will deliver the following to achieve our outcomes:

- Monitor and advise on key government strategies, policies and plans that impact or seek to improve mental health and wellbeing.
- Monitor cross-government action and leadership on addressing determinants of mental health and wellbeing.
- Publish insights to support decisions on effective approaches to suicide prevention for youth and rangatahi with lived experience.
- Advocate for promotion of wellbeing and oranga and to improve mental health and wellbeing outcomes.
- Publish insights on what works to reduce harm from alcohol and other substance use.

- Advocate for policy change for alcohol and other substance use harm reduction.
- Assess and report on mental health and wellbeing outcomes for people with lived experience using the He Ara Oranga wellbeing outcomes framework.

The difference we will make (impacts)

We will know we have made a difference when:

- Increased influence with system leaders, specific to determinants *leading to* government agencies demonstrating action to protect and improve mental health and wellbeing outcomes for people with lived experience in their strategies, policies and plans.
- Funding decisions and actions on prevention and early intervention approaches are based on insights of what works, for whom, and in what circumstance, including youth voice *leading to* increased investment in effective and early intervention and suicide prevention approaches for youth and rangatahi.
- Increased evidence, knowledge and insights *leading to* increased availability of evidence-informed solutions to problematic alcohol and other substance use.

Outcome	Impact of our work	Measures
a) We contribute to addressing determinants of inequitable mental health and wellbeing outcomes for people with lived experience.	Our advice on addressing determinants of mental health to system leaders is adopted.	Routine reporting on mental health and wellbeing outcomes using He Ara Oranga. Annual assessment of the adoption of our advice and recommendations.
b) Early intervention and prevention approaches are used to improve mental health and wellbeing outcomes for youth and rangatahi with lived experience.	Funding decisions and actions on prevention and early intervention approaches are based on insights of what works, for whom, and in what circumstance, including youth voice.	Routine reporting on rangatahi and youth mental health and wellbeing outcomes using He Ara Oranga.
c) People have reduced harm from alcohol and substance use.	Increased evidence, knowledge and insights for decision making on effective approaches to harm reduction from problematic alcohol and other substance use.	Uptake of our advice on alcohol and other drugs legislation, policies and plans.



Strategic Priority 3: Improved performance of the mental health and addiction system

Why this priority?

Improving the performance of Aotearoa New Zealand's mental health and addiction system (the MHA system) is a new strategic priority.

When the system performs well, it can provide early intervention and appropriate treatment, reducing the severity and duration of mental health and addiction issues. This not only benefits the individuals directly affected but also alleviates the burden on whānau and communities. Improved performance means better services and supports and ultimately, a more sustainable system that can better serve the population.

The MHA system is large, complex and fragmented. Changes in one part of the system have intended and unintended impacts on other parts of the system. Many of the solutions to challenges in one part of the system cannot be solved there – solutions lie elsewhere. Either a contribution from reducing the impact of the determinants of wellbeing, opportunities in prevention and early intervention, earlier in the life course or earlier in the course of a person's journey with mental distress or addiction.

Our view of the MHA system includes other sectors such as housing, employment and education that influence and contribute to improved mental health and wellbeing outcomes.

Together, knowledge of system performance that reflects the voices of people with lived experience and a strong evidence base will lead to improved performance and greater trust and confidence in the system.

We will continue to develop our monitoring of MHA system performance, including the contributions to mental health and wellbeing across sectors and agencies, beyond those entities of the health sector. This will contribute to alignment of activity and system improvement. We will include a focus on suicide prevention and delivery of the Government's related 2025-2029 Action Plan within our monitoring role.

What we will do (outputs)

We will deliver the following to achieve our outcomes:

- Hold Government and the system to account by making recommendations and providing insights and advice on system performance.
- Develop, implement and use, as the basis for reporting, a system performance framework that brings together the He Ara Oranga and He Ara Āwhina frameworks.

- Speak publicly on important mental health, addiction and wellbeing issues to keep these matters at the forefront in the public domain and leverage public accountability.
- Showcase evidence-based approaches that work and examples of success to influence key decision makers.
- Monitor and advise on key government strategies, policies and plans.
- Promote alignment and collaboration and reduce fragmentation through convening, leading and co-hosting national and topic-based conferences and other events to bring people together, share ideas, insights and examples of good practice.
- Collaborate with key partners, including international mental health and wellbeing agencies and leaders.

The difference we will make (impacts)

We will know we have made a difference when:

- There is an increase in knowledge of system performance and alignment on areas for improvement *leading to* demonstrated improvement on key measures of MHA system performance.
- Our work influences the public narrative on key topics *leading to* maintenance of a high public profile of mental health and wellbeing with a positive shift in the public narrative.
- Publications are received well and used by the MHA system and our work influences development of legislation, policies and strategies *leading to* MHA system and service approaches reflect uptake of evidence-based approaches.
- Increased knowledge and collaboration, shared understanding of issues and solutions and improved quality of work as a result of New Zealand and international engagement *leading to* greater alignment and collaboration across the MHA system on key issues.

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Outcome	Impact of our Work	Measure
a) There is a shared view on aspirations for MHA system performance and areas for improvement	There is an increase in knowledge of system performance and alignment on areas for improvement.	Assessment shows demonstrated alignment of MHA system priorities and measures with government priorities, strategies and plans.
b) We build a credible evidence base on trends, insights and international best practice for system performance and improvement that informs mental health and addiction policies and strategies.	Key policies, legislation and strategies reflect our recommendations and advice.	Review of final decisions on key policies, legislation and strategies shows adoption of our advice.
c) We promote system alignment and collaboration through our oversight and leadership.	Increased knowledge and collaboration on key issues.	Feedback from key stakeholders who attend and/or participate in Commission hosted events. Review of media stories and public narrative shows uptake.



Organisational health and capability

Governance

The Governor-General appoints Board members of the Commission following recommendations made by the Minister of Health (or delegate). The Board provides guidance and stewardship to the Commission on its strategic approach and delivery of its work programme. [The Board currently has seven members.](#)

Two sub-committees have been created to support the Board's work:

- 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) and
- the Appointments and Remuneration Committee (provides advice on senior management appointments and remuneration policy and strategy, recruitment appointment and remuneration of the Chief Executive).

Our people

Our people are passionate about their work and invest time and energy to make a difference by improving the mental health and wellbeing of the people they engage with and through their work within our organisation.

We continue to implement our competency and performance development frameworks. We provide equal employment opportunities and ensure our policies, practices and processes are fair and equitable for all job applicants and employees.

We ensure staff voices are heard through our Team Pulse survey. The surveys support us to understand staff views on the culture and approach of Te Hiringa Mahara, and to inform our organisational development plans.

Feedback received from staff has been used to identify key areas for improvement. A workforce development plan is in place and progress is being made on improving systems and processes.

In 2023/24, we began implementing our Ka Māia Ka Taea Capability Plan based on Te Arawhiti Whaingā Amorangi framework. We track our progress and identify areas for improvement through our annual Te Tūrama survey.

Our critical capabilities

We are focused on ensuring our organisation has the capacity and capability to deliver on our legislative mandate and strategy. We have identified critical capabilities aligned to our functions and domains that we must continue to develop throughout the organisation.

- Engage with people who hold diverse perspectives, develop high-trust relationships through demonstrating knowledge and credibility, and seek alignment - ability to maintain a balance between being an ally and a critic.
- Analyse information from a wide range of credible sources, interpret this information from a strategic perspective, and draw conclusions.
- Knowledge and understanding of Te Ao Māori and Mātauranga Māori, and commitment to ongoing development of this knowledge and its application to our work.
- Knowledge and understanding of Lived Experience approaches and frameworks, and commitment to ongoing development of this knowledge and its application to our work.
- Subject matter expertise in areas of focus for the Commission, able to collaborate with experts in the sector and hold knowledge in-house.
- Influence change through our actions, findings and recommendations.

Our capability to engage

We develop the capability to build meaningful and authentic relationships with diverse groups of people across communities and government agencies.

We continually improve the connections and capacity to maintain and nurture our relationships with people with lived experience of mental distress or substance harm or gambling harm (or a combination of these experiences) to allow us to be an effective and credible advocate. We also consider communities with high needs and ensure that our work takes an equity approach so we can involve and advocate for priority populations experiencing distress or addiction.

Workplace wellbeing

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

We are committed to supporting staff through encouraging work-life balance and offering flexible working arrangements. We encourage wellbeing through supporting staff to carry out their work and having time for their whānau and out-of-work interests.

Systems and processes

We work to continue to develop and strengthen the systems and processes to deliver on our core mandate to a high standard and in an efficient and fiscally responsible manner as required of an independent Crown entity. We use technology effectively and outsource some corporate support services, such as legal, human resources and information services.

Finances

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 entity legislation that applies to us. The Commission will operate in a fiscally responsible manner, ensuring spending remains within budget.

Compliance

Through our governance, operational, and business rules, we meet our good employer requirements and obligations under the Public Finance Act 1989, the Public Records Act 2005, the Public Service Act 2020, the Health and Safety at Work Act 2015, the Crown Entities Act 2004 and other Crown entity legislation that applies to us.

Risk management

We maintain a formal, mature risk management process. These processes ensure risk management has a positive impact on everything we represent and do. Risks are continuously identified, assessed and responded to such that the resultant information becomes a key part in all our operational, strategic and financial decision making.

Risk management is used as an underlying component in all our activities, helping ensure we remain efficient and strongly effective.

- All staff are aware of the process for identifying and managing risk.
- The Board, Chief Executive, and senior management, identify strategic and operational risks in consultation with their teams.
- The FAR Committee take an active role in risk identification, documentation and management.

We have identified three key strategic risks:

1. The Commission fails to deliver on its legislative or leadership mandate.
2. The Commission is not seen to be independent and speaking up on important issues.
3. The outputs of the Commission are seen to lack relevance or credibility.

These risks are actively managed through our risk management process.

Environmental sustainability statement

The Climate Change Response (Zero Carbon) Amendment Act 2019 sets a commitment for New Zealand to reach net-zero carbon emissions by 2050. We first reported on our carbon emissions in 2022/23.

While we are small, we will make our contribution through our all-of-government procurement, reducing our carbon dioxide (CO₂) emissions by striving to reduce our

travel (our primary driver of emissions), using virtual technology to meet and engage with people as a first option where we can, and promoting energy efficiency throughout our work.

We maintain appropriate governance structures and systems to meet our sustainability and environmental impact obligations.

Closing Gender, Māori, Pacific, and Ethnic Pay Gaps

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

Glossary

Kupu Māori	Meaning
Māori as tā ngata whenua	Māori as tāngata whenua is used normally to emphasise that Māori are not just New Zealanders but are indigenous and Treaty partners.
Mātauranga Māori	This means Māori knowledge. It encompasses traditional concepts of knowledge and knowing passed down from Māori ancestors through all sort of means – e.g., storytelling, song, carving, tāmoko, etc. However, all knowledge grows and develops. Hence, Mātauranga Māori also refers to the application of traditional knowledge to new contexts.
Tāngata Whaiora	People of any age or ethnicity who are seeking wellbeing or support, including people who have recent or current experience of distress, harm from substance use, or harm from gambling (or a combination of these). Tāngata whaiora include people who have accessed or are accessing supports and services. They also include people who want mental health or addiction support but are not accessing supports and services.
Te ao Māori	This refers to the Māori world, or the Māori worldview. It encompasses everything from tikanga, to wairuatanga from traditional forms of Mātauranga to more contemporary concepts.
Te Tiriti o Waitangi	Te Tiriti o Waitangi refers to the Treaty of Waitangi. Now there are two versions of the Treaty - an English and Māori version. When we talk about Te Tiriti o Waitangi, we are preferencing the Māori version.
Whānau	Whānau is commonly used to include people who have close relationships and/or who come together for a common purpose. Tāngata whaiora can determine who their whānau and/or kaupapa whānau are when they are seeking or receiving support.

