

Statement of Performance Expectations 2025/26



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

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Board Responsibility

This document is the 2025/26 Statement of Performance Expectations for Te Hiringa Mahara – Mental Health and Wellbeing Commission, as required under the Crown Entities Act 2004.

This Statement of Performance Expectations (SPE) sets out our work programme for the period 1 July 2025 – 30 June 2026 and details how we will give effect to the Mental Health and Wellbeing Commission Act 2020.

The SPE provides a one-year view of what we will deliver and how our performance will be assessed and should be read alongside our 2025-2029 Statement of Intent (SOI).

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Performance Expectations for the Commission.

The prospective financial statements have been prepared in accordance with the New Zealand generally accepted accounting practice (NZ GAAP), 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 2025



Kevin Hague
Deputy Board Chair

19 June 2025



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, and broader outcomes and system performance.

Our legislative mandate is broad and our work to date has reflected this breadth. 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. 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.

In the year ahead, we will continue to operate in a changing environment and at a time when clear leadership and focus will be needed. It is also a year of opportunity with the development of a mental health and wellbeing strategy to guide the system over the following eight years.

We will bring a stronger cross-government focus to areas where we can have the greatest impact. We will also maintain delivery on our statutory obligations in a fiscally responsible manner; maximise impact and value add. Collaboration with other entities will continue to promote alignment and support improvement.

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.

Our objective

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

Our functions

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

When performing our functions under the Act, 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.

Review of the Commission

The Minister is required to undertake a review of the operation and effectiveness of the Commission five years after the commencement of the Act. The review is required to commence as soon as practicable after February 2026 with a report presented to the House of Representatives.

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.



Our commitments

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

Te Tauāki ki te Tiriti o Waitangi (Te Tauāki) acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and was developed to articulate our commitment to Te Tiriti o Waitangi.

It provides a framework for Te Hīringa Mahara to ensure our work gives effect to our obligations to Te Tiriti o Waitangi and aligns with our strategic goals. It is an expression of mana, a living taonga and of significant importance to Māori, 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 underpins 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, whānau and all people in Aotearoa New Zealand.

Te Tauāki is reflected through who we engage with and how, and underpins the work we deliver.

[Download te Tauāki](#)

Our commitment to people with Lived Experience

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

We maintain and nurture our relationships with people with lived and living experience of mental distress, substance harm, gambling harm and/or addiction, and their families, whānau and supporters. We proactively build relationships and work with people and groups whose lived experiences highlight the major issues across our current system and the possibilities for transformation. The Lived Experience position statement articulates how we privilege the experiences and aspirations of tāngata whaiora² and tāngata mātau-ā-wheako Māori through our work.

[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 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.



The environment we are working in

This SPE is the first under our new [2025-2029 Statement of Intent](#), which outlines in greater detail the environment we are operating in. The key areas of focus and the Minister's expectations for our 2025/26 SPE are highlighted below.

The health system has been undergoing significant transformation, including ongoing changes in leadership across the Ministry of Health (the Ministry) and Te Whatu Ora – Health New Zealand (Health NZ). The Commission will continue to prioritise our efforts alongside these key agencies as they respond to their changing roles in achieving our collective goals for a healthier and more resilient society.

Priorities for mental health

The Minister for Mental Health has confirmed key priorities for mental health and addiction, 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.³

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

³ Mental Health Portfolio Priorities (SOU-24-MIN-0054)

works alongside Kia Manawanui Aotearoa – Long Term Pathway to Mental Wellbeing (Ministry of Health, 2021) (Kia Manawanui).

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.⁴ We are working with 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. The Suicide Prevention Action Plan 2025-2029 will be published in the near future. We will work with the Ministry as the plan is implemented to coordinate monitoring activities. From 2025/26 we will include suicide related measures in our ongoing monitoring at a system level.

The Minister for Mental Health's Letter of Expectations 2025/26

The Minister acknowledges the Commission's unique statutory cross-government role with a mandate to monitor contributions to mental health and wellbeing across sectors and agencies, beyond the agencies in the health sector. We support the Minister's stated intent to work across portfolios – and recognise the importance of areas including education, corrections, social development and housing.

The Minister expects to see a stronger cross-government focus by the Commission articulated in our priority areas. Key areas of focus include monitoring cross-sector and cross-government contribution to, investment in and resourcing for mental health and wellbeing outcomes.

Maintaining delivery on our statutory obligations and objectives in an effective, efficient and fiscally responsible manner continues to be critical. This elevates the importance of avoiding duplication and ensuring all activities add to the collective understanding of system performance.

The Minister has set clear expectations for the Ministry of Health and Health NZ and has asked the Commission to focus monitoring activities on complementary areas including deeper analysis of systemic issues. The Minister has also requested the Commission consider exploring areas such as productivity and value for money of current health and cross-government investment, improving information on the

⁴ Pae Ora (Healthy Futures) Act 2022, s46A(2)

experience of people in the mental health and addiction system, resourcing to meet population needs and deeper analysis of the interface between cross-sector systems.

We will continue to work with the Ministry and Health NZ to ensure our work contributes to the implementation of Government priorities and targets. We have a specific role in the development of the Mental Health and Wellbeing strategy. The Minister expects the Commission to monitor against the Suicide Prevention Action Plan 2025 to 2029.

Alongside new mental health legislation, there is a role for the Commission to provide leadership in supporting positive discourse about mental health and wellbeing in the public domain, in particular, leading a national conversation about safety, risk and mental health.



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 and other stakeholders. 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

The Commission has 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

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, the development of a [Future Excellence Horizon](#), and a review and refinement of our 2022-2026 Strategy.

The Future Excellence Horizon outlines the mental health and wellbeing outcomes the people of Aotearoa will expect in the future. 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.

Our new strategy, 2025-2029 Statement of Intent and this Statement of Performance Expectations 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.

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 refined our strategic priorities.

Our strategic priorities have been refreshed. The 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.

We have reviewed where our deliverables are placed against our strategic priorities.

We continue to have a focus on deliverables that reflect our core legislative mandate. (For example, monitoring mental health and addiction services, reporting on the mental health and wellbeing of people in Aotearoa, recommendations, and advocacy.)

Our deliverables reflect the key shifts outlined in the new strategy to have a greater focus at the system level and our system leadership role. (For example, promoting alignment and collaboration and improved system performance.)

Some of our 2024/25 deliverables are being transitioned to business as usual. (For example, reducing coercive practices and increase in investment in kaupapa Māori services.) We will continue to report on the performance of these deliverables. It is not intended for all priorities and outcomes to have an annual SPE deliverable.

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 addiction 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 next strategy, greater emphasis will be on all our functions, reflected in our key domains below. They outline how we will deliver our 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.

Inform – we **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 recognize 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 is important

To effectively meet the needs of tāngata whaiora and their whānau, there needs to be improved access to a range of services and responses that are informed by evidence, promote social inclusion, address health inequities, and support cross agency responses when needed.

What we have heard

We continue to hear from tāngata whaiora and whānau about the challenges they face to access the right support at the right time. Access rates to specialist services have been trending downwards over the last few years, particularly for young people. We found this decrease in specialist service use is largely due to changing needs and chronic workforce shortages rather than reduced need.

There have been positive developments with the Access and Choice programme increasing access and expanding options for people with mild to moderate mental health and addiction needs. There are some areas that need more focused attention including increasing reach, streamlining pathways to meet the needs of young people and rangatahi, and reducing unwarranted variation.

While many services are collecting experience and outcome data locally, there is currently no regional or national collation of this data. The fragmented approach to outcome measurement means that it is difficult to determine how effective services are and whether they are making a real difference for tāngata whaiora and their whānau.

What we will do in 2025/26

Deliverable one – inform and influence mental health and addiction service performance: through publishing data and insights, we will provide transparent information on how the needs of tāngata whaiora and their whānau are being met. We will publish updated data and use a broader set of measures to understand trends over time including balancing measures that provide deeper understanding of the access and wait times targets. We will highlight areas of success where needs are being met by mental health and addiction services as well as those that require more attention. This work contributes to the Minister's first priority for mental health, to increase access to mental health and addiction support.

We will use the evidence base from our monitoring work to influence actions that key stakeholders can take to better meet the needs of tāngata whaiora and their whānau.

We will do this in our system leadership role by bringing together key stakeholders in the mental health and addiction sector, to support alignment and collaboration towards positive change. We will work with the Ministry of Health and Health NZ to avoid duplication in service monitoring. We bring a broader system perspective and the voices of people with lived experience, ensuring that information about performance is transparent, and providing complementary insights on system performance.

We will continue to monitor access to specialist and primary mental health and addiction services through our regular monitoring and reporting. Our future work, including in 2025/26, will continue to monitor use of Access and Choice programme services, alongside access to other mental health and addiction services such as telehealth, online platforms, and specialist services.

Deliverable two: inform and inspire improvement to crisis responses: we will publish evidence-based insights on responses to people experiencing crisis and define what a good crisis response system could look like for Aotearoa. Through this future oriented approach, we will seek to inspire and drive positive change through working with lived experience and the wider sector to define what a good crisis response could look like (at a systems level) for Aotearoa. This complements the work of the Ministry, Health NZ and Police, along with other agencies.

This work will include monitoring mental health and addiction services that respond to people experiencing a crisis and emergency responses that are mental health or substance-related. The work contributes to the Minister's priorities to increase access and to improve the effectiveness of mental health and addiction support. We will publish evidence on what works for crisis models and approaches in Aotearoa New Zealand. We will remain connected to the sector throughout this work and hear what is working and where improvements are needed. Through our system leadership role, we will use the monitoring findings to work with key stakeholders to promote alignment and collaboration and improve the crisis response system.

Connect and influence to expand choice and reduce coercive practices: we will engage with local and international researchers and services to strengthen our thought leadership on implementation of a new Mental Health Act. We will leverage knowledge to inform practice improvement and the changes that will make a positive difference for tāngata whaiora and their whānau. We will consider our contribution to a positive discourse about mental health and wellbeing in the public domain. Our advocacy activities will seek to highlight common ground, promote alignment, collaboration, and communication across the sector.

Outputs

Deliverable	Quantity measure	Quality measure
1. Monitor and report publicly data and insights on the performance of mental health and addiction services. ⁵	We publish an updated He Ara Āwhina measure set, and monitoring report on the performance of mental health and addiction services.	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.
2. Assess and publicly report on responses to mental health and addiction crisis.	We publish a monitoring report and literature scan that provide insights into mental health and addiction crisis responses.	The publications provide insights into 'what a good crisis response looks like' and highlight gaps and areas to improve current responses.

We will know our work is having an impact when:

This table articulates our strategic impacts over a four-year period. Not all impacts directly relate to a deliverable in 2025/26. Some work towards these impacts will begin in 2025/26 and may become deliverables in future years. (For example, measuring experience of service experience.)

Outcome	Impact of our work	Measure
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.
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.

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."

Outcome	Impact of our work	Measure
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.

Outcomes

We will know our work is making a difference when tāngata whaiora and their whānau have access to a range of services and responses when they need them, that meet their needs. We will see key system changes including improved access to services and an increase in the effectiveness of services. Progress towards this will be measured using the He Ara Āwhina framework.



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

Why this is important

People with lived experience of mental distress or addiction experience disproportionately poorer health and social outcomes,⁶ including lower life expectancy by 15 years than the rest of the population. Inequitable mental health and wellbeing outcomes are especially pronounced for certain populations such as those who are younger, Māori, those with a disability and Pacific peoples. As a Commission, we have a role to ensure we have effective means for seeking the views of people or groups who are at increased risk of poor mental health and wellbeing across our work.

What we have heard

We know from our recent monitoring that people who use any mental health or addiction service report having poorer wellbeing outcomes on a range of measures. These include lower mental wellbeing, life satisfaction, family wellbeing, self-reported health, loneliness and discrimination, fewer social connections, less income, and lower material wellbeing overall.

One in five young people in Aotearoa are experiencing higher rates psychological distress in comparison to other age groups. Every year, around 125 people under the age of 25 die by suicide in Aotearoa. These outcomes are especially true for young people who are disabled, Māori and LGBTQIA+ who continue to face additional ongoing barriers to accessing supports when they need it.

Inequities in mental health and wellbeing outcomes are strongly linked to wider social, economic, commercial, cultural factors. We know for example that there are long-standing inequities in material wellbeing for households with rangatahi Māori and disabled young people, which in turn impacts on their capacity to be mentally well. Advancing mental health and wellbeing outcomes for people with lived experience of mental distress or addiction and especially those who are further marginalised by the mental wellbeing system requires a preventative, policy, cross-government, and system level response.

What we will do in 2025/26

Deliverable three: inform better decisions to influence improved mental health wellbeing outcomes for people with lived experience: we will continue our outcomes monitoring with a focus on those with lived experience of mental distress and addiction and the highest need. We also want to strengthen system

⁶ Mental Health Portfolio Priorities (SOU-24-MIN-0054)

understanding of specific determinants of mental health (for example, employment, housing, education and the economy) and wellbeing outcomes for people with lived experience, and provide analysis of the link between the two.

Insights and analysis on drivers of mental health and wellbeing for people with lived experience of mental distress or addiction will go on to inform our advice on policies and service provision. It also contributes to the Minister's third priority for mental health, to strengthen the focus on prevention.

Deliverable four: inform decisions on what works to improve mental health and wellbeing outcomes for young people with lived experience of mental distress and addiction: we will publish evidence on effective prevention and early intervention approaches for young people and rangatahi with lived experience of mental distress or addiction, including suicide prevention. We will use this information to advise on investment, policies and strategies for young people with lived experience. We will also use it to inform future monitoring of investment in early intervention and prevention approaches. This work contributes to the Minister's third priority for mental health, to strengthen the focus on prevention and early intervention.

Connect agencies to promote system alignment and collaboration: we will continue to engage people with lived experience of mental distress or addiction and who have highest need to ensure that their views and voice is prioritised in our work. We will bring agencies who can support and drive change on improving outcomes and determinants of mental wellbeing together to raise awareness of the issues for people with lived experience of mental distress or addiction and identify opportunities for system change.

Outputs

Deliverable	Quantity measure	Quality measure
3. 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.	We publish a report assessing wellbeing outcomes using the He Ara Oranga Outcomes Framework by 30 June 2026.	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.

Deliverable	Quantity measure	Quality measure
4. Provide evidence on effective prevention and early intervention approaches to improve mental health and wellbeing of young people and rangatahi with lived experience of mental distress and addiction including approaches for suicide prevention.	Publish a literature review and synthesis of evaluations report by 30 June 2026 that brings together published evidence	<p>The report includes national and international research and evaluation on effective mainstream and indigenous (e.g. Mātauranga Māori) approaches.</p> <p>The report represents views and perspectives from young people and rangatahi Māori.</p>

We will know our work is having an impact when:

This table articulates our strategic impacts over a four-year period. Not all impacts directly relate to a deliverable in 2025/26. Some work towards these impacts will begin in 2025/26 and may become deliverables in future years. (For example, reduced harm from alcohol and substance use.)

Outcome	Impact of our work	Measure
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.	<p>Routine reporting on mental health and wellbeing outcomes using He Ara Oranga.</p> <p>Annual assessment of the adoption of our advice and recommendations.</p>
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.
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.

Outcomes

We will know we are making progress when we see positive change for people with lived experience across the mental wellbeing systems. We will see this through increased influence, government agencies demonstrating action to improving mental health and wellbeing outcomes for people with lived experience in their strategies, policies and plans. We will see increased investment in effective and early intervention approaches for youth and rangatahi - including suicide prevention.



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

Why this is important

Improving the performance of Aotearoa New Zealand's mental health and addiction system (the MHA system) that contributes to mental health and wellbeing is a new strategic priority for the Commission.

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.

The MHA system is large, complex and fragmented. Many of the solutions to challenges in one part of the system sit outside of the system. When the system performs well, it can provide early intervention and appropriate treatment, reducing the severity and duration of mental health and addiction issues.

Taken together, knowledge of system performance that reflects the voices of people with lived experience and a strong evidence base will lead to improved system performance resulting in better access and more equitable outcomes for people and therefore greater trust and confidence in the system.

What we heard

In our first 2024 system performance insights report we called for action for greater resourcing of lived experience leadership in the system; an increase in partnerships with communities to design and deliver services; and an updated strategy with clear and measurable mechanisms to drive cross-government collaboration to addressing determinants of mental wellbeing. We see progress being made with development of a Mental Health and Wellbeing strategy set for publication in 2025.

In our 2025 system performance monitoring report, we found that the mental health and addiction system is under immense pressure. The system is beginning to reorient in some areas, such as progress toward lived experience leadership and increased access to services with peer support. However, faster progress is needed to deliver on improved mental health and wellbeing outcomes for people with lived experience of mental distress or addiction overall.

What we will do in 2025/26

Deliverable five – inform and influence decisions through our monitoring and reporting on MHA system performance: we will continue to monitor and report on MHA system performance against identified system shifts with a focus on progress

toward realising lived experience potential in the system. We will contribute to the Minister's fourth priority for mental health, improving the effectiveness of mental health and addiction support, by building the evidence base on international best practices for system performance and publish insights on what works to improve it.

Deliverable six – inform and influence the Mental Health and Wellbeing strategy and other legislation and policies: we provide independent advice on the new Mental Health and Wellbeing strategy using our previous work and system performance monitoring insights. We will contribute to the Minister's fourth priority for mental health, improving the effectiveness of mental health and addiction support, by making submissions and provide advice on key policies and legislation, informed by our monitoring, reporting and views of populations with the highest need (including advice on reducing coercive practices).

Deliverable seven – inspire and connect the sector by providing a shared system view: we will provide a shared system view on system performance presenting a national view using a prioritised set of measures for mental health and addiction services, system shifts and people outcomes using our partner frameworks He Ara Āwhina and He Ara Oranga. This work delivers across all four of the Minister's priorities for mental health.

Connect sector organisations through hosting forums: we will engage national and international organisations through hosting a mental health sector conference on key system issues such as mental health crisis response. We will also host a range of other collaborations and forums to promote better system alignment and collaboration to effect change.

Outputs

Deliverable	Quantity measure	Quality measure
5. Monitor and report publicly on the performance of the Mental Health and Addiction system. ⁷	We develop and publish a monitoring report by 30 June 2026 with a vital set of measures from service, system, and outcomes.	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.
6. Make submissions and provide advice on policies and legislation that will improve the mental health and	We provide evidence-based advice on 5 or more relevant policies and legislation.	Our advice is directly linked to evidence that supports improved outcomes and reflects the concerns and views

⁷ This measure contributes to our draft 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."

Deliverable	Quantity measure	Quality measure
addiction system, and have a meaningful impact to the mental health and wellbeing of people with lived experience of mental health and addiction.		of people with lived experience we engage with.
7. 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.	We host and/or co-host at least five events, including one national conference by 30 June 2026.	Feedback from key national and international event attendees demonstrates improved alignment and collaboration.

We will know our work is having an impact when:

Outcome	Impact of our work	Measure
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.
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.
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.

Outcomes

We will know we are making progress when we take a lead in a shared system view on aspirations for system performance and areas for improvement through insights, evidence on what works, and advice on key policies and strategies.

We will see mental health and wellbeing maintaining a high public profile with a positive shift in the public narrative, and greater alignment and collaboration across organisations in the mental health system and sector.



Organisational health and capability

Governance

The Board is the governing body responsible for ensuring Te Hiringa Mahara meets its legislative objective, performs its legislative functions, and making decisions relating to its operation.⁸

[The Board currently has seven members.](#) In 2024/25, four members terms were completed, and the appointments process is underway.

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

- the Finance, Audit and Risk Committee
- the Appointments and Remuneration Committee.

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.

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, outlined in our 2025-2029 SOI.

⁸ Crown Entities Act 2004, s25



Our financial framework

Prospective financial information

These prospective financial statements have been prepared in accordance with the New Zealand generally accepted accounting practice (NZ GAAP) for public benefit entities. Their purpose is to help Parliament to consider the planned performance of the Commission. The use of the information in these statements for other purposes may not be appropriate.

Please note that actual results are likely to vary from the information presented and that the variation may be material.

Statement of underlying assumptions

The following assumptions have been used in preparing these prospective financial statements.

- Our statutory functions will not change.
- Our revenue of \$5,359,000 from the Crown will be available for the 2025/26 year.
- The Board has determined that \$250,000 of prior years' surpluses carried forward is used in 2025/26. This will be used to fund specialist fixed-term resource to deliver specific elements of our 2025/26 work program.
- Equity of approximately \$1.5m is required to manage large unforeseen one-off events and contractual liabilities if the Commission is disestablished.
- To achieve the target equity number of \$1.5m, the Commission will run a deficit in the 2026/27 year of \$254,000. The additional expenditure will be used to fund specialist fixed-term resources to deliver specific elements of our 2026/27 work program.
- No unexpected external events (such as a natural disaster) will occur that will require significant operating or capital expenditure.

Prospective statement of comprehensive revenue and expense for the period ended 30 June

	Forecast 2025 \$000s	Budget 2026 \$000s	Forecast 2027 \$000s	Forecast 2028 \$000s
Funding from the Crown (baseline)	5,359	5,359*	5,359*	5,359*
Other Income	-	-	-	-
Interest income	130	116	80	60
Total revenue	5,489	5,475	5,439	5,419
Permanent and fixed-term staff	3,488	3,597	3,669	3,743
Other personnel costs	296	78	79	81
Total personnel costs	3,784	3,675	3,748	3,823
Board costs	246	262	267	272
Building costs	230	229	235	243
Consultants	225	145	135	125
Program costs	667	880	490	386
Other costs	571	675	644	570
Total expenditure	5,723	5,866	5,519	5,419
Surplus / (deficit)	(234)	(391)	(80)	-
Total comprehensive revenue and expenditure	(234)	(391)	(80)	-

*This assumes current funding levels.

Prospective statement of financial position as at 30 June

	Forecast 2025 \$000s	Budget 2026 \$000s	Forecast 2027 \$000s	Forecast 2028 \$000s
Cash or cash equivalents	588	568	566	574
Term deposits	1,600	1,250	1,200	1,200
Other current assets	43	43	14	14
Total current assets	2,231	1,861	1,780	1,788
Property, plant, and equipment	34	48	50	52
Total assets	2,265	1,909	1,830	1,840
Creditors and payables	70	65	75	85
Other creditors	95	124	75	75
Employee liabilities	129	140	180	180
Total current liabilities	294	329	330	340
Net assets	1,971	1,580	1,500	1,500
Contributed capital	1,250	1,250	1,250	1,250
Accumulated surplus/deficit	721	330	250	250
Total equity	1,971	1,580	1,500	1,500

Prospective statement of changes in equity for the period ended 30 June

	Forecast 2025 \$000s	Budget 2026 \$000s	Forecast 2027 \$000s	Forecast 2028 \$000s
Opening balance	2,205	1,971	1,580	1,500
Total comprehensive revenue and expense	(234)	(391)	(80)	-
Closing balance	1,971	1,580	1,500	1,500

Prospective statement of cashflows for the period ended 30 June

	Forecast 2025 \$000s	Budget 2026 \$000s	Forecast 2027 \$000s	Forecast 2028 \$000s
Receipts from the Crown	5,359	5,359	5,359	5,359
Interest received	130	116	80	60
Employees, suppliers, and other	(5,863)	(5,828)	(5,451)	(5,371)
Net GST	(7)	33	10	10
Net operating cashflows	(381)	(320)	(2)	58
Property, plant, and equipment purchased	(50)	(50)	(50)	(50)
Net investing cashflows	(50)	(50)	(50)	(50)
Net change in cash position	(431)	(370)	(52)	8
Opening cash balance	2,619	2,188	1,818	1,766
Closing cash balance	2,188	1,818	1,766	1,774



Statement of accounting policies

Reporting entity

Te Hīringa Mahara – Mental Health and Wellbeing Commission is an independent Crown entity under the Crown Entities Act 2004. It was established by the Mental Health and Wellbeing Commission Act 2020 and is domiciled in New Zealand.

The Mental Health and Wellbeing Commission Act 2020 sets out the functions and responsibilities of the Commission. The objective of the Commission is to contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand. It has designated itself as a public benefit entity for the purposes of the New Zealand generally accepted accounting practice (GAAP).

Measurement base and statement of compliance

We have prepared these prospective financial statements to comply with the requirements of the Crown Entities Act 2004. We prepared these financial statements on a historical cost basis for a going concern to comply with GAAP, which includes the Public Sector Benefit Entity (PBE) accounting standards that apply to a public sector PBE. The Commission authorised the financial statements for issue on 17 April 2025.

The prospective financial statements comply with PBE FRS 42 – **Prospective Financial Statements**. We are required to prepare an SPE, including prospective financial statements, at or before the start of each financial year to promote public accountability. The prospective financial statements may not be appropriate for any other purposes.

We have prepared the prospective financial statements based on best estimates and assumptions about future events that we expect to occur. As the financial statements are prospective, actual results will vary from the information presented. We will disclose and explain all material variations in the subsequent Annual Report.

Accounting policies

We have applied the following accounting policies, which significantly affect the measurement of financial performance and of financial position.

Revenue

The Commission is primarily funded through revenue received from the Crown, which is restricted in its use for the purpose of the Commission meeting its objectives as specified in this SPE. Revenue from the Crown is recognised as revenue when earned and is reported in the financial period to which it relates.

Goods and services tax (GST)

All items in the financial statements are stated as exclusive of GST, except for receivables and payables, which are stated as GST inclusive.

Taxation

The Commission is a public authority in terms of the Income Tax Act 2004. For this reason, it is exempt from income tax.

Property, plant, and equipment

- Property, plant, and equipment asset classes consist of computers, furniture and fittings, and office equipment.
- Property, plant, and equipment are shown at cost, less than any accumulated depreciation and impairment losses.
- The cost of an item of property, plant, and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to the Commission and the cost of the item can be measured reliably.
- Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the prospective statement of financial position.

Costs incurred after initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to the Commission, and the cost of the item can be measured reliably.

- The costs of day-to-day servicing of property, plant, and equipment are recognised in the prospective statement of financial performance as they are incurred.

Depreciation

Depreciation is provided using the straight-line (SL) basis at rates that will write off the cost (or valuation) of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

- computers – three years 33% SL
- office equipment – five years 20% SL
- furniture and fittings – five years 20% SL.

Operating leases

Leases that do not transfer all the risks and rewards incidental to ownership of an asset to the Commission are classified as operating leases. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the term of the lease in the prospective statement of financial position.

Financial instruments


The Commission is a party to financial instruments as part of its normal operations. These financial instruments include bank accounts, short-term deposits, accounts receivable, and accounts payable. All financial instruments are recognised in the prospective statement of financial position and all revenue and expenses in relation to financial instruments are recognised in the prospective statement of comprehensive income. All financial instruments are shown at their estimated fair value.

Accounts receivable

Accounts receivables are stated at their estimated realisable value after providing for expected credit losses.

Employee entitlements

Annual leave that is due to be settled within 12 months after the end of the year in which the employee renders the related service are measured based on accrued entitlements at current rates of pay.



Appendix One: Standard for service performance reporting

Application of PBE FRS 48 Service Performance Reporting (the standard)

Our legislative obligations inform our work. This is reflected in our 2025-2029 Statement of Intent and our commitments in our 2025-2029 Strategy. Our annual planning takes into consideration our key functions and builds on previous year's deliverables, while also allowing for our wide mandate and undertaking specific reviews. We appreciate the current constrained financial environment, and in determining our deliverables, we are committed to operating within the resources available to us. The standard has been applied in the development of this SPE.

Significant judgements

Selection of measures

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

We reviewed the appropriateness of performance measures as part of developing this SPE. Each measure was reviewed to confirm it accurately reflected the performance of the Commission, was meaningful and was able to be measured. We also consider that the overall suite of performance measures selected provides a materially complete picture of the Commission's performance over 2025/26.

Our 2025/26 SPE is made up of seven deliverables. These cover the functions outlined in our legislation – system leadership, monitoring, promoting alignment, and advocacy. For each deliverable we describe what we will do, how we will measure the output and the quality of the output. We refine and develop our work programme to ensure we are monitoring the impact of our work, including our advocacy activities.

Measuring impact

Our system level role means we need to understand whether the choices we make in our programme of work has the impact we are seeking for the system, resulting in improved mental health and wellbeing outcomes for people.

Our intervention logic describes what we deliver, our quality and quantity measures, the impact of our work, the impact on the system and how this contributes to our strategic outcomes.

We will measure **the impact of our work** through a range of mechanisms, including seeking feedback, surveying key stakeholders and audiences, measurement of uptake of our work, and tangible activity as a result of our work.

We will measure **our impact on the system** through uptake of our advice, improvement and alignment of the system as reflected in our advice, using data, investment to demonstrate improvement to services, and monitoring systems level improvement to wellbeing outcomes measures.

Appendix Two: alignment of SPE and Minister's expectations

Minister's expectations	Reflected in SPE
Cross government focus	<p>We will report on the link between specific determinants of mental health and wellbeing outcomes for people with lived experience, see priority two, p20.</p> <p>We will provide evidence and insights into effective prevention and early intervention approaches for young people and rangatahi, see priority two, p20.</p> <p>We promote alignment and collaboration through co-hosting events and a national conference, see priority three, p24.</p>
Impact and value add	<p>We are strengthening how we demonstrate the impact of our work using measures and impacts (for example, through surveys, analysis of uptake of advice). The refreshed strategic framework has a clear line of sight from outputs to impacts and outcomes.</p> <p>We bring a unique and complementary qualitative lens to service and system performance, prioritising the voices of people with lived experience.</p>
Maintain delivery of statutory obligations and avoid duplication with other government entities	<p>Our broader independent monitoring informs where we undertake deeper analysis focused on systemic issues and challenges, for example crisis responses and development of a system performance framework.</p> <p>We promote transparency by providing information in an efficient way, for example the He Ara Āwhina dashboard and future integrated dashboard.</p>
Collaborate with the Ministry of Health and Health NZ	<p>We engage with other agencies including the Ministry of Health and Health NZ to minimise duplication.</p>
MHA system and service monitoring	<p>We reflect the mental health targets in our routine monitoring work and provide analysis and views on trends and patterns.</p> <p>He Ara Āwhina monitoring includes a high-level analysis of investment and access trends, see priority one, p16.</p> <p>Deep dive into crisis responses will provide insights into access to improve efficiency of the system including wider cross-government contributions (for example, interface with NZ Police), see priority one, p16.</p> <p>We will develop a system performance framework presenting a national view using a prioritised set of measures, see priority two, p20.</p>
MHW Strategy	<p>We are working with the Ministry to provide advice on the draft strategy based on our system performance framework and past papers and reports.</p>
Suicide prevention action plan	<p>We will work with the Ministry to coordinate monitoring of the Suicide Prevention Action Plan.</p> <p>From 2025/26 we will include suicide related measures in our ongoing monitoring at a system level, see p8 and priority two (p20) and three (p24).</p>
National conversation about risk and mental health	<p>We will consider key messages we can incorporate in conversations led at a national level about safety, risk and harm, see priority three, p24.</p>

Glossary

Kupu Māori	Meaning
Māori as tāngata 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.

