

# Statement of Performance Expectations 2026–27



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

Published in July 2026 by Te Hiringa Mahara–Mental Health and Wellbeing Commission.

DX Box SP22502, Wellington, New Zealand



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## Board Responsibility

This document is the 2026–27 Statement of Performance Expectations for Te Hīringa Mahara – Mental Health and Wellbeing Commission, as required under the Crown Entities Act 2004.

This Statement of Performance Expectations (SPE) outlines our work programme for the period 1 July 2026 to 30 June 2027 and explains 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 we will measure our performance and should be read alongside our 2025–2029 Statement of Intent (SOI).

By signing this statement, we acknowledge that we are responsible for the information contained in this Statement.

We have prepared the prospective financial statements in accordance with the New Zealand generally accepted accounting practice (NZ GAAP) and the Crown Entities Act 2004. These statements also reflect the Minister for Mental Health’s expectations of the Commission.

Signed on behalf of the Board:



Hayden Wano QSO

Board Chair

30 June 2026



Dr Barbara Disley ONZM

Deputy Board Chair

30 June 2026



## Foreword

We are one year into our 2025–2029 strategy. We continue to focus on people who experience mental distress or addiction, the services and supports they need, and broader outcomes and system performance.

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

Our work in 2025–26 has contributed to our three key shifts. We have strengthened our focus on people with lived experience of mental distress or addiction.

We use knowledge and insights to promote alignment, guide the system and influence positive change across the mental health and addiction system. We also take a system leadership role by holding the system to account and influencing the public narrative.

We have a legislative mandate to promote alignment, collaboration, and communication across government and health system entities, and build relationships with a range of key stakeholders including Māori, people with lived experience of mental distress and addiction, and the mental health and addiction sector.

We are uniquely positioned to work across government to improve equitable mental health and wellbeing outcomes. We will continue to build a stronger, more integrated view of the performance of the mental health and addiction system and services.

In the year ahead, we will continue to operate in a changing environment, where clear leadership and focus are essential. Rangatahi and youth mental health will continue to be a key focus. It is also a year of opportunity with the implementation of a mental health and wellbeing strategy to guide the system over the next eight years.

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

Ngā manaakitanga,



**Hayden Wano QSO**  
Board Chair

30 June 2026



**Karen Orsborn**  
Chief Executive

30 June 2026



## An overview of the Commission

We are an independent Crown entity established under the Mental Health and Wellbeing Commission Act 2020 (the Act). The Act was passed in June 2020, and the Commission was established on 9 February 2021.

### Our role

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

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

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

### Te Tiriti o Waitangi

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

You can find Te Tauākī ki te Tiriti o Waitangi [on our website here](#).

### Our commitment to people with Lived Experience<sup>1</sup>

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

You can find our Lived Experience position statement [on our website here](#).

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

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



## The environment we are working in

The health system has been undergoing significant change, including changes in leadership across the Ministry of Health (the Ministry) and Health New Zealand (Health NZ). These changes sit within broader Public Service reforms aimed at delivering better results and improved public services for New Zealanders, while operating within tight fiscal constraints.

We will continue to prioritise our efforts alongside these key agencies as they respond to their evolving roles in achieving shared 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, focused on:

- increasing access to mental health and addiction support
- growing the mental health and addiction workforce
- strengthening prevention and early intervention
- improving the effectiveness of mental health and addiction support.

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

We provide insights towards how the targets are being achieved through our service and system monitoring. We use a range of contributory and balancing measures to give a fuller picture of access and highlight variation, to provide context to support a broader performance story.

### Mental Health and Wellbeing Strategy

The Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Act 2024 requires the Minister of Health to prepare a Mental Health and Wellbeing Strategy. The strategy provides a framework to guide health entities to improve mental health and wellbeing outcomes over the long term. The legislation also requires the Minister to consider advice from the Commission when preparing the Strategy.<sup>2</sup>

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<sup>2</sup> Pae Ora (Healthy Futures) Act 2022, s46A(2)

## The Minister for Mental Health's Letter of Expectations 2026-27

The Letter of Expectations (LOE) for 2026-27, along with previous letters, outline the Minister for Mental Health's continued expectations of the Commission.

It also outlines expectations for how we assess the impact of cross-government contributions to mental health and wellbeing outcomes, including suicide prevention.

The Minister expects the Commission to demonstrate the impact and value add of our work and to manage our finances responsibly. The LOE also signals a five-year review of the operation and effectiveness of the Commission.

In 2026-27 we will generate new insights, including through our rangatahi and youth deep dive to be published in late 2026, our ongoing wellbeing outcomes work, engagement with Lived Experience communities and across government.

Our 2027 Access Data Summary will provide deeper insights into access to mental health and addiction services.

In 2026-27 we will engage with other agencies and undertake scoping to understand the value for money of mental health and addiction investment, with a focus on all government expenditure.

This SPE outlines how we will give effect to our strategy and meet the Minister's expectations.

## Who we work with

As an independent Crown entity, we are part of the public sector with independent functions. We work with a range of 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.

Our objective is to help improve mental health and wellbeing outcomes for all people in Aotearoa New Zealand. We proactively engage with people with lived experience, Māori and priority populations. Strong relationships with our stakeholders help ensure 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 both a rangatira ki rangatira and operational level, as well as Māori system leaders, Kaupapa Māori providers, and Māori and whānau with lived experience. How we engage is articulated in Te Tauākī ki te Tiriti o Waitangi.

### People with lived experience of mental distress and addiction

We maintain and nurture our relationships with people who have lived and living experience of mental distress, or addiction (or both), including those who are seeking wellness but may not interact with or are currently using MHA services.

### Mental health and addiction sector

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

### Across government

We have a unique statutory cross-government role, with a mandate to monitor how different sectors and agencies contribute to mental health and wellbeing. We can monitor population-level outcomes because of this collective effort.

This work informs our advocacy across government to influence wider system performance improvement and cross-government action on determinants of mental health and wellbeing. We use our cross-government role to share insights and analysis and promote lived experience leadership to help agencies act on evidence and improve practice.



## Implementing our 2025–2029 Strategy

In 2024, we undertook a review and refresh of our initial strategy. This work focused on ensuring our Te Tiriti o Waitangi and Lived Experience Position Statements remain fit for purpose, undertaking a [Future Excellence Horizon](#), that informed our 2025–2029 Strategy.

The strategy responds to calls for stronger leadership, clearer advocacy and better outcomes for people with lived experience of mental health and addiction. It reflects our unique role, the current operating environment, and the expectations of the Government and other stakeholders.

We prioritise our work taking into consideration our legislative mandate, commitments and key shifts in our strategy and 2025–2029 Statement of Intent (SOI), the priorities of the Government, and our organisational capacity. Our work is also prioritised based on the evidence and insights from work to date, and feedback from Lived Experience communities, Māori and priority populations.

### Strategic shifts

Our strategy for the next three years sharpens our focus on people who experience mental distress or addiction and on improving services and support for tāngata whaiora and their whānau. Through the strategic refresh, we heard clear messages about what people want from the MHA system and our role within it.

Our approach will be guided by three key shifts: (i) placing people with lived experience at the centre of our work; (ii) being future oriented, using knowledge and insights to promote alignment and guide positive change across the system; and (iii) being a bolder public advocate and strengthening our system leadership role.

Our monitoring role generates the knowledge and evidence base about system performance and where improvement is needed. We will drive positive change by sharing insights, evidence-based solutions and positive stories of success. To do this, we work to inspire, inform, connect, and influence (see page 15). Our key shifts are delivered across all three strategic priorities (see page 14).

**Shift One: From a broad, all of population focus on wellbeing to placing people with lived experience at the centre of our work to focus on tangible improvement for tāngata whaiora<sup>3</sup>.**

In 2026–27 we will continue our advocacy for human rights-based practices and provide leadership to reduce the use of seclusion and Compulsory Community Treatment Orders (CCTOs) (strategic priority one). We will also provide leadership to support the implementation of the Mental Health Act and promote positive discussion about mental health and wellbeing (strategic priority one).

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<sup>3</sup> People of any age or ethnicity who are seeking wellbeing or support. A full definition is available in the glossary of this document.

We will use our insights to deliver a workshop on wellbeing outcomes in collaboration with people with lived experience, and bring together cross-government agencies (strategic priority two).

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

Our key areas of focus in 2026–27 will be sharing insights and evidence-based advice to improve access to and effectiveness of MHA services, drawing on our monitoring work (strategic priority one, two and three).

We will continue to proactively communicate insights from our crisis responses monitoring, sharing developments and stories of success to influence positive change. We will also undertake a deep dive into access to services for rangatahi and youth (strategic priority one).

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

In 2026–27, we will report on MHA system performance showing how activities within the system are contributing to overall mental health and wellbeing outcomes.

We will provide further advice on the Mental Health and Wellbeing Strategy. We will advocate for improvements for rangatahi and youth (including online safety) and access to MHA services (including crisis responses) (strategic priority three).

The Hauora Hinengaro Hui Taumata | Mental Health Conference 2026 will focus on rangatahi and youth, and our ongoing crisis responses work. We will use the conference, webinars and publications to promote alignment and share key findings.

We will also assess progress against our recommendations through our service and system performance monitoring reports (strategic priority three).

## Our impact

To demonstrate our value and measure the impact of our strategic outputs through all of our activities, we have developed a set of headline impacts and measures. We will undertake impact reporting in our 2025–26 Annual Report.

Key impacts we want to see are:

- service and system changes (for example, improved access to services, reduction in coercive practices, more service options)
- increased investment in effective and early intervention and prevention approaches for youth and rangatahi
- demonstrated improvement on key measures of MHA system performance
- greater alignment and collaboration across the MHA system
- maintenance of a high public profile of mental health and wellbeing with a

positive shift in the public narrative.

Pages 29-29 outline our approach to measuring our impact annually.

## Review of the Commission

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

The review may have an impact on our Statement of Intent, strategy and work programme. We will consider this following the outcome of the review.

## Financial sustainability

Within our appropriation, we will continue to provide stewardship of the Commission and our resources, deliver on our legislative mandate and contribute to improved mental health and wellbeing outcomes for people in Aotearoa New Zealand.

We are under pressure due to ongoing inflation related cost increases, reduced interest income and flat funding. This pressure is more acute given our small size and level of funding (\$5.3m per annum).

We are placing greater focus on using the insights generated from our monitoring work and are reducing the frequency of reporting, especially large reports.

We have three levers to support our approach to sustainability. These are: (i) ensuring our work programme is the right size; (ii) continuous improvement focused on how we manage our time and work, including opportunities such as AI; (iii) reducing costs where possible and appropriate.

The five-year review of the Commission is due to be undertaken in 2026. To enable the review to be completed prior to making significant changes we are taking a planned approach to managing our resources over the next two years. In 2026–27, we will use funding carried forward from previous years. From 2027–28, we will reduce our targeted equity level from \$1.5m to \$1.0m.

Based on the appropriation and inflation assumptions, we expect to make substantial changes to our operating model and allocation of resources in the 2028–29 financial year.

# 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 credible evidence based 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.



## How we do our work

We have legislated functions including system oversight, monitoring, promoting alignment and advocacy. We give effect to these functions by framing our work under four domains.

### 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 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.

## Our monitoring role

We assess and report on population level mental health and wellbeing outcomes, including the contribution of whole of government effort and action on addressing the determinants of mental health and wellbeing. This includes the contribution of the MHA system. We also monitor MHA services, as these services are key contributors to system performance.

We have statutory powers to obtain information and make recommendations to enable it to carry out these functions

Our monitoring differs to that of Health NZ and the Ministry due to our independence, the breadth of our mandate and bringing diverse voices to our reporting. We continue to work with Health NZ and the Ministry to align our monitoring of MHA services.



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

### Why this is important

Since our establishment, we have advocated for an MHA system that places people and whānau at the centre. 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 designed with people with lived experience, meet the needs of people and are informed by evidence.

Services need to uphold human rights and support tāngata whaiora and their whānau to make decisions about their care and treatment. There is persistent ethnic inequity in the use of coercive practices such as seclusion (solitary confinement).

### What we have heard

More people were supported for their mental health and/or substance use overall and average wait times improved in 2024–25. More people are being seen through the Access and Choice programme, but fewer than expected (88,678 less than the aim). However, for all age groups, declined referrals increased.

For 19–24-year-olds access rates to specialist MHA services have continued to decrease over the last five years. The 2024–25 NZ Health survey findings show increased levels of psychological distress for young people. Through our monitoring of the Access and Choice programme, we reported that youth services had a higher average number of sessions, and this was due to complex needs as well as difficulties accessing specialist services.

Our 2025 monitoring of crisis responses found that while fewer people have a recorded crisis activity, a higher proportion of crisis calls are urgent, particularly for Māori and young people. Current crisis services are hard to navigate, fragmented and patchy, and many people do not get the help they need. Trends in relation to use of ‘seclusion’ and CCTOs are concerning and progress towards reducing rates appears to have stalled. People need a real choice of safe and welcoming options for both mental health and substance use crises, and they must be culturally safe, trauma-informed and uphold human rights.

Outcome data to monitor effectiveness at a national level is limited and we need a national approach to the collection of experience data. This fragmented approach makes it 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 2026–27

### Deliverable one: inform and influence mental health and addiction service performance

We will publish trends and insights on the performance of MHA services. We draw on a range of measures from our He Ara Āwhina | Pathways to Support framework and other sources to give deeper context to the access and wait time targets, use of seclusion and coercive practices, and to tell a broader performance story.

### Deliverable two: inform and inspire improvement to access to specialist services for rangatahi and youth

We will identify what good looks like for youth-specific responses and publish evidence-based insights on pathways and MHA service options available for rangatahi and youth. We will draw upon our Rangatahi and Youth Expert Advisory Group throughout this work and hear what is working and where improvements are needed. Using this evidence, we will advocate for investment and service development decisions that better meet the needs of young tāngata whaiora and their whānau.

### Connect and influence to expand choice and reduce coercive practices

We will continue our ongoing advocacy for human rights-based practices and reducing the use of seclusion and coercive practice. We will engage with local and international researchers and services to strengthen our thought leadership on implementation of a new Mental Health Act. Following our scoping in 2025–26, we will make decisions regarding our role in supporting positive discourse about risk, safety and mental health.

### Inspire and influence improvement to crisis responses

In 2026–27 we will share stories from rangatahi and young people about their experiences and what made a difference for them. We will host a webinar series where people share their lived experiences of accessing crisis cafes, peer support in emergency departments (ED) and co-response teams (where mental health workers respond alongside police or ambulance staff).

### Influence for improvement to collection of experience data

We will continue our advocacy work to improve how MHA services capture the experience of people using services. This includes advising on work with the Health Quality and Safety Commission – Te Tahū Hauora (HQSC) to develop and implement a survey on inpatient experiences.

## Outputs

Deliverable	Quantity measure	Quality measure
1. Monitor and report publicly data and insights on the performance of mental health and addiction services. <sup>4</sup>	We publish an updated summary set of He Ara Āwhina measures and an Access summary.	The summaries will be peer reviewed by Expert Advisory group members, reflecting the perspectives of lived experience, Māori, and the workforce.
2. Assess and report publicly on access to services for rangatahi and youth.	We publish a monitoring report and literature scan.	The publication will be peer reviewed by the Expert Advisory Group members to assess how well it reflects insights from rangatahi and youth with lived experience, Māori, Pacific, and the workforce.

## We will know our work is having an impact when

Deliverable	Direct impact	Metric
1. Monitor and report publicly data and insights on the performance of mental health and addiction services.	Our stakeholders report increased knowledge Our stakeholders have trust and confidence in our role and our work.	At least 60% of stakeholders report their knowledge and understanding increased based on work by the Commission. At least 70% of stakeholders* report high and very high levels of trust and confidence in the Commission.

<sup>4</sup> This deliverable 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.”

Deliverable	Direct impact	Metric
<p>2. Assess and report publicly on access to services for rangatahi and youth.</p>	<p>Our stakeholders report increased knowledge.</p> <p>Our recommendations are implemented.</p> <p>Our stakeholders have trust and confidence in our role and our work.</p>	<p>At least 60% of all stakeholders report their knowledge and understanding increased based on work by the Commission.</p> <p>Number of recommendations implemented by responsible agency in accordance with the timeframes in the recommendation.</p> <p>At least 70% of stakeholders* report high and very high levels of trust and confidence in the Commission.</p>

\*Data can be reported by Māori and Lived Experience stakeholders

## 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, more options, human rights-based practices and a measurable increase in the effectiveness of services. Progress towards this will be measured using the He Ara Āwhina | Pathways to Support 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, problematic substance use or addiction have disproportionately poorer mental health and wellbeing outcomes than the rest of the population.

Poorer mental health and wellbeing outcomes are especially pronounced for populations of highest need, including people who interact with MHA services, younger people, Māori, those with a disability, people with problematic substance use issues, LGBTQIA+ people, and Pacific peoples.

Improved mental health and wellbeing outcomes requires cross-government action and effort. To be effective, solutions must be co-designed with people with lived experience, prioritising the views and voices of tāngata whaiora.

### What we have heard

Our population wellbeing outcome monitoring work shows that cross-government action has not yet improved the social and economic conditions that support good mental health and wellbeing, including physical health, social connectedness and material wellbeing, for people who interact with MHA services.

We are in our fifth year of wellbeing outcome monitoring. We have yet to see the system transformation required to achieve improved and equitable outcomes for populations with highest need, and specifically people with lived experience of mental distress and addiction and younger people.

Our insights have shown that early intervention and prevention approaches work to reduce early signs of mental distress for young people. Approaches work best when they are co-designed with young people, offer a range of options, are digital or online and accessible, and are culturally appropriate.

Data has shown an increase in population-level use across all common illicit drugs along with a significant increase in hazardous drinking among Māori.<sup>5</sup> Accidental overdose deaths in Aotearoa New Zealand have increased 88% between 2016 and 2023 more broadly, driven largely by increases in deaths related to alcohol, opioids, and benzodiazepines.<sup>6</sup>

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<sup>5</sup> Te Hiringa Mahara. 2025. *Key mental health and substance use findings: NZ Health Survey 2023/2024*. Wellington.

<sup>6</sup> Te Hiringa Mahara. 2025. *Monitoring mental health and addiction system performance in Aotearoa New Zealand: Our approach and initial findings*. Wellington.

## What we will do in 2026–27

### Deliverable three: connect cross-government agencies

We will host a forum to promote cross-government action and contribution to drivers of mental health and wellbeing for people with lived experience of mental distress. The purpose of this forum is to increase cross-government action on addressing factors that impact mental health and wellbeing, by disseminating our population wellbeing monitoring insights and providing a platform for lived experience expertise. The outcome we want to achieve is to generate cross-government action on key drivers of mental wellbeing for people with lived experience of mental distress.

### Influence decisions on effective early intervention and prevention approaches for young people

We will advocate for prevention and early intervention of mental distress for young people. Using our 2025–26 effectiveness review of what works for early intervention and secondary prevention approaches for young people, we will host a webinar with a panel of experts and young people, publish articles and opinion pieces, and advice into policies, strategies and plans. We are also providing new insights on assessment of wellbeing for young people who are interacting with mental health and addiction services.

### Inform and advise on reducing harm from alcohol and other drugs

We will publish a literature review that synthesises evidence for what works to reduce alcohol and other drug harm, with a focus on relevance to Aotearoa New Zealand. Based on current evidence which centres lived experience of alcohol and other drug use we will develop our policy position on harm reduction from alcohol and drugs to shape our future advice and advocacy work.

## Outputs

Deliverable	Quantity measure	Quality measure
3. Forum to promote cross-government action and contribution to drivers of mental health and wellbeing for people with lived experience of mental distress.	We co-host a cross-government forum to exchange knowledge with lived experience organisations, and publish a summary document from the forum	Planning and design of the forum is co-designed with lived experience expertise. This will provide expert input and peer review into the process.

## We will know our work is having an impact when

Deliverable	Direct impact	Metric
<p>3. Forum to promote cross-government action and contribution to drivers of mental health and wellbeing for people with lived experience of mental distress.</p>	<p>Our stakeholders report increased knowledge</p> <p>Engagement strengthens collaboration and knowledge exchange across sector and agencies</p> <p>Our stakeholders have trust and confidence in our role and our work</p>	<p>At least 60% of cross agency/sector stakeholders report their knowledge and understanding increased following forum attendance.</p> <p>At least 60% of stakeholders report collaboration has contributed to influencing positive cross government/sector change.</p> <p>At least 70% of cross agency/sector stakeholders report high and very high levels of trust and confidence in the Commission.</p>

## Outcomes

We will know we are making progress when wellbeing issues for people with living and lived experience of mental distress are a priority at a national level. We will see this through increased influence, awareness, knowledge exchange and alignment on cross-government priorities for people with lived experience of mental distress.

We will see action toward improving outcomes for people in key strategies, policies and plans. We will see increased knowledge of effective and early intervention approaches for youth and rangatahi Māori across government as well as increased investment in these approaches.



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

### Why this is important

Improving the performance of Aotearoa New Zealand's MHA system that contributes to mental health and wellbeing is a strategic priority for us. We monitor performance of the MHA system in the context of other drivers for people including access to 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. We expect this to result in better access and more equitable outcomes for people and therefore greater trust and confidence in the system.

### What we have heard

We are two years into our MHA system performance monitoring. We are not seeing improved outcomes for people interacting with the MHA system. While there are some positive early signs like increased access to services largely due to increases in workforce, and increased investment in MHA services, the MHA system overall continues to be under immense pressure.

Specific and ongoing data gaps continue to limit our ability to effectively measure system performance and outcomes for people who use services, and to track improvement over time.

We are also continuing to see a picture of disparity for Māori and for young people across several areas including access to specialist services for younger people and higher rates of CCTOs and seclusion. Our system performance monitoring shows Māori continue to have high unmet need for effective MHA services.

### What we will do in 2026-27

#### Deliverable four: inform key audiences on progress toward system shifts and performance to influence change

We will report publicly on MHA system performance, covering the six system shifts (the key changes the system needs to make), population wellbeing, distress indicators and service performance. This annual reporting includes measures of suicide and self-harm. Our insights and system oversight will spotlight where the

system needs to improve. We will publish a new Mental Health and Wellbeing Dashboard.

#### Deliverable five: connect sector organisations through hosting forums

We will engage widely through co-hosting our annual Hauora Hinengaro Hui Taumata 2026 | Mental Health conference. In 2026, the conference will focus on rangatahi and youth mental health and continue the crisis responses work. We will also host a range of other opportunities for collaboration and forums to promote better system alignment and collaboration to effect change.

#### Influence through holding the system to account

We will continue to hold the system and key decision makers accountable through the assessment of progress with our recommendations.

#### Inform and influence key legislation and policies

We will provide targeted advice based on our monitoring and insights on key areas including online safety for rangatahi and youth and the Mental Health and Wellbeing Strategy.

### Outputs

Deliverable	Quantity measure	Quality measure
4. Report publicly on the performance of the Mental Health and Addiction system.	We publish an infographic on key indicators of system performance.	The publication will be peer reviewed by lived experience expertise, Māori health and sector experts.
5. Promote alignment and collaboration across the system through co-hosting a national conference and lead a series of other events.	We host and/or co-host at least five events, including one national conference.	Feedback from key national and international event attendees demonstrates improved alignment and collaboration.

## We will know our work is having an impact when

Deliverable	Direct impact	Metric
4. Report publicly on the performance of the Mental Health and Addiction system.	<p>Our stakeholders report increased knowledge.</p> <p>Our stakeholders have trust and confidence in our role and our work.</p>	<p>At least 60% of all stakeholders report their knowledge and understanding increased based on work by the Commission.</p> <p>At least 70% of stakeholders<sup>7</sup> report high and very high levels of trust and confidence in the Commission.</p>
5. Promote alignment and collaboration across the system through co-hosting a national conference and lead a series of other events.	<p>Our stakeholders report increased knowledge.</p> <p>NZ and international engagement or partnerships strengthen collaboration and knowledge exchange across sector.</p> <p>Our work influences the media narrative.</p>	<p>At least 60% of stakeholders report their knowledge increased based on work by the Commission.</p> <p>At least 60% of partners report collaboration has contributed to influencing positive sector change.</p> <p>Increase in the volume of mental health coverage in the media linked to Commission outputs.</p> <p>Positive trends in social media analytics (reach, engagement, sentiment).</p>

## Outcomes

We will know we are making progress when there is action toward the six system shifts<sup>8</sup> for an improved MHA system. We will know we have been effective when the evidence and advice from our monitoring is used to improve 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.

<sup>7</sup> Data can be reported by Māori and Lived Experience stakeholders

<sup>8</sup> See [Monitoring mental health and addiction system performance in Aotearoa New Zealand: Our approach and initial findings](#), June 2025 for further detail on the six system shifts.



## 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.<sup>9</sup>

[The Board currently has seven members](#) and is supported by the Finance, Audit and Risk sub-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.

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

We have developed *Te Tauākī ki Te Tiriti o Waitangi Strategy and Action Plan (2026-2029)* to guide how we give practical effect to our Te Tiriti o Waitangi commitments.

It sets out how these commitments are applied into everyday practice, decision-making and organisational culture to support better and equitable mental health and wellbeing outcomes for Māori.

This document builds on existing Māori capability initiatives, including the *Ka Māia Ka Taea Māori Capability Development Strategy and Action Plan (2026-2029)*, the *Mental Health and Wellbeing Commission Competency Framework* and *Te Māhere Reo Māori/Māori Language Plan*.

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<sup>9</sup> Crown Entities Act 2004, s25

It sets expectations across governance, leadership and operations, aligned to the Preamble and Articles of Te Tiriti as outlined in Te Tauākī and identifies capability areas for development. The action plan focuses on ensuring systems are in place to support implementation and capability activities aligned to Whāinga Amorangi, ensuring a coordinated approach to Māori capability development across the organisation.

## **Implementing our Lived Experience position statement**

We have developed a *Lived Experience Framework and Lived Experience Implementation Plan 2026–2029* (LEIP) to support and guide how we uphold our commitments in the position statement.

The Lived Experience Framework sets out an enduring vision of what good looks like – how we will work and behave when we fully uphold our commitments to people with lived experience, as described in our Lived Experience Position Statement.

The LEIP focuses on the activities required to lift organisation-wide lived experience capability and our ability to respond to lived experience communities.

## Measuring our impact

Our 2025-2029 Statement of Intent (SOI) outlines our four year strategic framework. The SOI articulates our strategic outcomes, the impact of our work and how we will measure the impact at a high level.

As we have begun to deliver our SOI, we have developed an impact framework to apply on an annual basis to our deliverables. This uses the consistent application of five headline measures that enable us to understand the direct impact of our work and can be replicated annually.

Direct impacts are impacts that are directly attributable to our outputs and that we have accountability for in the shorter term (one to three years).

Our headline measures are a sub-set drawn from our SOI. These present a high-level view of the direct system impacts of our work that we will focus on measuring over the four years of our strategy. The headline measures theme the rolled-up measures from across our three strategic priorities. The metrics used can be applied across a range of strategic priorities and deliverables to enable consistent and practical analysis of our impact.

	Headline measure	Direct system impacts	Metric
1.	<b>Commission's knowledge and advice uptake</b>	<p>Our advice is adopted by sector stakeholders.</p> <p>Our advice is adopted by cross-agency stakeholders.</p> <p>Our advice about system performance is adopted</p> <p>Our stakeholders report increased knowledge.</p>	<p>Number or percentage of sector stakeholders adopt advice.</p> <p>Number of cross-sector strategies that integrated advice and insights.</p> <p>Number or percentage of all stakeholders reporting their knowledge and understanding increased, based on reports, work or events by the Commission.</p>
2.	<b>Commission's recommendation and accountability adoption uptake</b>	<p>Our recommendations are implemented.</p> <p>Accountability for mental health and addiction system performance is strengthened.</p>	<p>Number or percentage of recommendations implemented by responsible agency.</p> <p>Number or percentage of changes in adopted accountability within an area recommended by us (for example, crisis responses).</p>
3.	<b>Stakeholder, Māori and Lived Experience trust and confidence score</b>	<p>Our stakeholders have trust and confidence in our role and our work.</p>	<p>Number or percentage of stakeholders<sup>10</sup> report high and very high levels of trust and confidence in the Commission.</p>

<sup>10</sup> Data can be reported by Māori and Lived Experience stakeholders.

	Headline measure	Direct system impacts	Metric
4.	<b>Public advocacy and sentiment</b>	Our work influences the media narrative. Our work influences the public narrative.	Increase in the volume of mental health coverage in the media linked to Commission outputs. Positive trends in social media analytics (reach, engagement and sentiment). Number of times the Commission is mentioned in the media. Percentage of mental health media stories citing or reflecting the Commission's perspectives, advice or recommendations.
5.	<b>Sector and system Alignment and collaboration</b>	NZ and international engagement or partnerships strengthen collaboration and knowledge exchange across sector. NZ engagement strengthens knowledge exchange and collaboration across agencies.	Number or percentage of partners report collaboration has contributed to influencing positive sector change. Number or percentage of partners report collaboration has contributed to influencing positive cross government change.

We will measure the direct impact of our work through a range of mechanisms, including:

- seeking feedback
- surveying key stakeholders and audiences
- measurement of uptake of our work
- assessing progress with implementation of our recommendations
- tangible activity as a result of our work.

We measure the quality and quantity of our deliverables using key performance indicators. These indicators track how many outputs met our quantity and quality standards for that deliverable, and whether they included explicit Lived Experience and Māori engagement.



## 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 all financial years detailed in the prospective financial statements.
- The Board has determined that approximately \$250,000 of prior years' surpluses carried forward will be used in 2026-27. This will be used to fund specialist external resource to deliver specific elements of our 2026-27 work programme.
- The Board has determined targeted equity will be reduced from \$1.5m to \$1.0m in the 2027-28 financial year. This new level of equity will continue to provide funding to manage large unforeseen one-off events and contractual liabilities in the event of the Commission being disestablished.
- The financial statements are based on information currently available which is before the five-year review has been completed.
- To ensure expenditure is no more than our revenue from the Crown and targeted equity levels are maintained, in the 2028-29 financial year staffing costs will be reduced.
- 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 2026 \$000s	Budget 2027 \$000s	Forecast 2028 \$000s	Forecast 2029 \$000s
Funding from the Crown (baseline)	5,359	5,359*	5,359*	5,359*
Other Income	-	-	-	-
Interest income	81	48	25	15
<b>Total revenue</b>	<b>5,440</b>	<b>5,407</b>	<b>5,384</b>	<b>5,374</b>
Permanent and fixed-term staff	3,576	3,743	3,818	3,344
Other personnel costs	96	87	87	87
Total personnel costs	3,672	3,830	3,905	3,431
Board costs	265	241	245	250
Building costs	227	239	246	283
Consultants	238	241	200	200
Program costs	746	441	575	575
Other costs	682	659	674	668
<b>Total expenditure</b>	<b>5,830</b>	<b>5,651</b>	<b>5,845</b>	<b>5,407</b>
<b>Surplus / (deficit)</b>	<b>(390)</b>	<b>(244)</b>	<b>(461)</b>	<b>(33)</b>
<b>Total comprehensive revenue and expenditure</b>	<b>(390)</b>	<b>(244)</b>	<b>(461)</b>	<b>(33)</b>

\*This assumes current funding levels.

## Prospective statement of financial position as at 30 June

	Forecast 2026 \$000s	Budget 2027 \$000s	Forecast 2028 \$000s	Forecast 2029 \$000s
Cash or cash equivalents	552	733	723	698
Term deposits	1,500	1,000	600	600
Other current assets	86	86	13	14
<b>Total current assets</b>	<b>2,138</b>	<b>1,819</b>	<b>1,336</b>	<b>1312</b>
Property, plant and equipment	52	31	33	35
<b>Total assets</b>	<b>2,190</b>	<b>1,850</b>	<b>1,369</b>	<b>1,347</b>
Creditors and payables	159	101	75	85
Other creditors	144	97	75	75
Employee liabilities	143	152	180	180
<b>Total current liabilities</b>	<b>446</b>	<b>350</b>	<b>330</b>	<b>340</b>
<b>Net assets</b>	<b>1,744</b>	<b>1,500</b>	<b>1,039</b>	<b>1,007</b>
Contributed capital	1,250	1,250	1,250	1,250
Accumulated surplus/deficit	494	250	(211)	(243)
<b>Total equity</b>	<b>1,744</b>	<b>1,500</b>	<b>1,039</b>	<b>1,007</b>

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

	Forecast 2026 \$000s	Budget 2027 \$000s	Forecast 2028 \$000s	Forecast 2029 \$000s
Opening balance	2,134	1,744	1,500	1,039
Total comprehensive revenue and expense	(390)	(244)	(461)	(33)
<b>Closing balance</b>	<b>1,744</b>	<b>1,500</b>	<b>1,039</b>	<b>1,007</b>

## Prospective statement of cashflows for the period ended 30 June

	Forecast 2026 \$000s	Budget 2027 \$000s	Forecast 2028 \$000s	Forecast 2029 \$000s
Receipts from the Crown	5,359	5,359	5,359	5,359
Interest received	81	48	25	15
Employees, suppliers, and other	(5,884)	(5,662)	(5,754)	(5,359)
Net GST	26	(49)	10	10
<b>Net operating cashflows</b>	<b>(418)</b>	<b>(304)</b>	<b>(360)</b>	<b>25</b>
<b>Change in investment in term deposits</b>	<b>250</b>	<b>500</b>	<b>400</b>	<b>-</b>
Property, plant, and equipment purchased	(47)	(15)	(50)	(50)
<b>Net investing cashflows</b>	<b>203</b>	<b>485</b>	<b>350</b>	<b>(50)</b>
<b>Net change in cash position</b>	<b>(215)</b>	<b>181</b>	<b>(10)</b>	<b>(25)</b>
Opening cash balance	767	552	733	723
<b>Closing cash balance</b>	<b>552</b>	<b>733</b>	<b>723</b>	<b>698</b>



## 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. This Act 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 23 April 2026.

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, leasehold improvements, 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.
- Leasehold improvements – over remaining lease period – 2.66 years 37.5% 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

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.

### Selection of measures

Performance measures were selected to cover a variety of quality and quantity measures aligned with our functions 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 our performance, 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 our performance over 2026-27.

Our 2026-27 SPE is made up of five 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.

## 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 – for example, storytelling, song, carving or tāmoko. 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.

