**He Ara Āwhina Monitoring Framework Discussion Paper**

**Co-defining framework expectations and approach**

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# Seeking your views

The Initial Mental Health and Wellbeing Commission (Initial Commission) was established in November 2019 to maintain the momentum of *He Ara Oranga*[[1]](#footnote-1) while a permanent Mental Health and Wellbeing Commission is established.[[2]](#footnote-2)

Throughout 2020, the Initial Commission has been developing the *He Ara Oranga Wellbeing Outcomes Framework* to help the permanent Commission promote alignment and assess, report and advocate for improved wellbeing outcomes for Aotearoa.

We are now developing a separate but interconnected *He Ara Āwhina Service-Level Monitoring Framework* to support the permanent Commission’s function to “monitor mental health services and addiction services and to advocate improvements to those services” (s11(1)(e) Mental Health and Wellbeing Commission Act 2020 (the Act)). This function is transferred from the Health and Disability Commissioner Act 1994. We note that the permanent Commission will also assess, report and make recommendations in relation to approaches and factors that support mental health and wellbeing (not just mental health and addiction services) – these functions are out of scope of the *He Ara Āwhina Service-Level Monitoring Framework* and will be addressed by the Commission separately.

We are seeking your views on three foundational questions to shape expectations for and the approach to the *He Ara Āwhina Service-Level Monitoring Framework*:

1. **Why monitor services?** What do you see as the value and desired impact of the Commission’s function to monitor mental health services and addiction services and advocate for improvement to those services?
2. **Monitor what?** What should be included as a mental health service and addiction service for the purpose of the Commission’s s11(1)(e) function to monitor and advocate for service improvement?
3. **How to monitor?** Is the current [*Mental Health Commissioner’s Mental Health And Addiction Services Monitoring and Advocacy Framework*](https://www.hdc.org.nz/media/5437/mental-health-and-addiction-services-monitoring-and-advocacy-framework.pdf) ‘fit for purpose’ in light of the new Commission’s objective, functions and context? What other models, frameworks and approaches could inform the work?

We would like to hear back from you, either/and by:

1. emailing us to set up a time to discuss via Zoom or phone (email: [jane.carpenter@mhwc.govt.nz](mailto:jane.carpenter@mhwc.govt.nz);MOB: 021 391 719 Monday-Wednesday)
2. completing the separate submission form attached and email it to us at [kiaora@mhwc.govt.nz](mailto:kiaora@mhwc.govt.nz).
3. [take an oline survey](https://www.surveymonkey.com/r/R3ZJXB3) on the Initial Commission website – www.mhwc.govt.nz

**We request your response to this discussion paper by Wednesday 9 December 2020.**

## Key terms used in this paper

**Addiction** has been used in this paper to refer to a wide range of harm from the use and misuse of substances or from gambling harm.

**Hauora** is aMāori view of of healthunique to New Zealand, and covers the physical, Mental, social and spiritual needs that everyone has.

**Mental health services and addiction services** – we are seeking your feedback on how to define these services for the purpose of the Mental Health and Wellbeing Commission’s s11(1)(e) function to monitor mental health services and addiction services and advocate for their improvement.

**Tāngata whai ora** means people seeking wellness (tangata whai ora being a person that seeks wellness). It includes mental health and addiction service users and consumers of mental health and addiction services.

**Whānau** is not limited to blood ties andincludes people in the support network of tangata whai ora

# Context – Two separate but interconnected frameworks

1. The Initial Commission has been tasked with developing an outcomes and monitoring framework for mental health and wellbeing for the permanent Commission to consider adopting.[[3]](#footnote-3) This framework is being developed as two separate but interconnected frameworks.

## The *He Ara Oranga Wellbeing Outcomes Framework*

1. The *He Ara Oranga Wellbeing Outcomes Framework* sets a wellbeing vision for Aotearoa, and describes six domains of wellbeing for Māori as tangata whenua, and six connected domains of wellbeing for allpeople in Aotearoa.[[4]](#footnote-4) It provides a common frame for the permanent Commission, and the wider mental health and wellbeing sector, to anchor their performance measures to and identify areas for partnership and improvement across a collaborative network of mental health and addiction care. The conceptual framework has been developed and the project is now in a phase of identifying measures and indicators.

**Figure 1. *He Ara Oranga Wellbeing Outcomes Framework* project timeline**

## The *He Ara Āwhina Service-Level Monitoring Framework*

1. The *He Ara Āwhina Service-Level Monitoring Framework* provides a structure for assessing the performance of mental health services and addiction services and their contribution towards delivering wellbeing outcomes for Māori as tangata whenua and for all people in Aotearoa. This framework is at the initial stage of development and will hand over to the permanent Commission in February 2021 for completion. Steps beyond February are indicative only and subject to the direction of the Commission.

**Figure 2. *He Ara Āwhina Service-Level Monitoring Framework* indicative project timeline**

1. The monitoring of wellbeing outcomes of tāngata whai ora and their whānau is shared between the two frameworks. This interconnection focuses the monitoring of services on their contribution to wellbeing outcomes. Alongside these frameworks, the Initial Commission will be making recommendations to address information gaps to monitor performance.

**Figure 3. *He Ara Oranga Wellbeing Outcomes Framework* connected to the *He Ara Āwhina Monitoring Framework***

Cascading of wellbeing outcomes from population-level

Mental health and

addiction

service-level

outcomes

*He Ara Oranga wellbeing outcomes framework*

Mental health and addiction service process and structure measures to monitor service quality

*He Ara Āwhina monitoring framework*

## Next steps

1. We request your response to this discussion paper by **Wednesday 9 December 2020**. Alongside your feedback, we will spend until the end of 2020 gathering and analysing views on how to best to approach the *He Ara Āwhina Service-Level Monitoring Framework* and reviewing literature, models and approaches to support the framework’s design.
2. In early 2021 we will report what we have learnt from this co-define stage to the permanent Commission Board and begin the design of the *Framework*, guided by an Expert Advisory Group bringing expertise from perspectives including Te Ao Māori, lived experience of mental distress and addiction and whānau, Pasifika and mental health and addiction service quality and improvement. At this stage, the plan is to complete the design and data/methodology phases in the first half of 2021 with the support of technical experts, and publish a monitoring report applying the framework in the second half of 2021. These dates are subject to the direction of the permanent Commission.
3. There will be future opportunities for you, your organisation and a wider group of people and organisations to review and provide feedback on the framework as it develops. We will communicate these opportunities as they arise.

# Co-defining expectations and approach to monitoring and advocating for service-improvement

## Co-define question 1: Why monitor services?

1. The purpose of this question is to ensure that the Commission’s function to monitor and advocate for improvement to mental health services and addiction services has the greatest impact. This function is currently carried out by the Mental Health Commissioner under the Health and Disability Commissioner Act 1994 and will be transferred to the permanent Commission. How the Commission best delivers on this function needs to be designed in-light-of the Commission’s objective, powers and functions, and the broader monitoring and advocacy landscape.
2. The Commission is an independent voice to champion and hold Government to account for delivering “better and equitable mental health and wellbeing outcomes for people in New Zealand” (s10 Mental Health and Wellbeing Commission Act 2020 (the Act)). The Commission has powers to report publicly and make recommendations; a duty to uphold Te Tiriti o Waitangi, engage with and understand the perspectives of Māori, and have particular regard to the experience of, and outcomes for Māori; and to advocate for the collective interests of people who experience mental distress or addiction and those who support them. These features create a unique lens to speak into the mental health and wellbeing system and support the transformation vision of *He Ara Oranga.*
3. We are mindful that monitoring can encompass a broad range of activities from the process of observing to being very active, and that many others that have a role in mental health service and addiction service monitoring and improvement (see Appendix 1). It is vital that the Commission makes best use of its powers and unique lens for greatest influence. We want to hear what you consider what will add the most value and is most important in relation to the Commission carrying out its monitoring and advocacy function.

**Co-define question 1: Why monitor services?**

1. What qualities and attributes would you like to see in the Mental Health and Wellbeing Commission’s function to monitor and advocate for improvement to mental health services and addiction services?
2. How could the Commission add value and provide the greatest impact to improve wellbeing outcomes for people and whānau accessing those services?
3. How could the Commission provide greatest impact for equitable outcomes for Māori in its monitoring of and advocacy for service improvement?

## Co-define question 2: Monitor what?

1. The purpose of this co-define question is to define the scope of services that will be monitored as part of the *He Ara Āwhina Service-Level Monitoring Framework.* While there is no common definition of mental health services and addiction services, we note that services are a subset of approaches that support mental health and wellbeing, and of the factors and activities that affect mental health and wellbeing. These distinctions are set out in the Act with different functions associated with them (see Figure 4).

**Figure 4 – Terms and associated functions relating to mental health and wellbeing interventions**

Monitor and advocate for improvement

Assess, report and recommend improvements

Have regard to

Underpinning all functions is a duty to uphold Te Tiriti o Waitangi, engage with and understand the perspectives of Māori, and have particular regard to the experience of, and outcomes for Māori

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| Specialist mental health services and addiction services | Includes DHB-funded community-mental health and addiction support such as individual peer and key worker support, activity programmes, kaupapa Māori mental health and addiction services, clinical care such as individual, family and group therapy, crisis services, residential treatment services and inpatient care. |
| Mental health services and addiction services | Eg includes health care providers that respond to mental health and addiction need as part of their scope of practice (whether screening, brief-intervention, referral or treatment), such as in kaupapa Māori services, General Practice, midwifery and Tamariki Ora Well Child services and emergency medicine. Includes digital services such as helplines and e-therapy delivered to individuals. Includes non-Vote Health-funded mental health and addiction services delivered/contracted by Corrections, Education and Oranga Tamariki and ACC sensitive claims therapy. Includes non-clinical peer and community support services delivered specifically to respond to mental health and addiction need. |
| Approaches to mental health and wellbeing | Eg includes community and iwi development programmes, programmes to support ways of wellbeing and wellbeing support, self-help resources, health promotion and anti-stigma campaigns, mental health and addiction skill development for individuals, whānau and employers such as Mental Health and Addiction 101 training. Includes the structures, strategies and belief systems that underpin our approaches to mental health and wellbeing. |
| Factors and activities that affect people’s mental health and wellbeing | Eg includes education, training and employment support delivered to the population generally, income and income support. |

1. We would like your feedback on a draft definition of ‘mental health services and addiction services’ that we have built from a range of sources (see Appendix 2). Our draft definition is:

**Hauora services that are responsive to the wellbeing aspirations and mental health and/or addiction needs of tangata whai ora and/or their whānau**

1. The core components of this definition are set out below:

* Hauora services – is to be interpreted in line with the Health and Disability Commissioner Act 1994 definition of health services to include services to promote and protect health, prevent ill-health, and to treat, diagnose or rehabilitate regardless of who funds or delivers the service. Any person receiving the service would have the rights afforded to them under the Health and Disability Services Consumers’ Code of Rights, including the right to complain about that service.
* Aspirations and needs – focuses on what matters to tangata whai ora and/or their whānau rather than a particular service delivery model, and is designed to be flexible over time as aspirations, needs and expectations change.
* Tangata whai ora and/or their whānau – services that are delivered to individuals and whānau (including in group settings). Health promotion and community development is excluded from this definition but captured by approaches.

### Factors to take into account when applying the definition

1. Even with a definition of mental health services and addiction services there will be grey areas. To help navigate those grey areas, factors could be applied to differentiate whether a service is a ‘mental health service and addiction service’ as distinct from other health or wellbeing services. These factors could include whether:
   * + - the primary reason for accessing the service was for a mental health or addiction need
       - the service provided responded to a mental health or addiction need
       - mental health and addiction workforce training is required to deliver the service
       - the intention of the funder is for the delivery of mental health and addiction support
       - the service is provided to individuals (including whānau and group settings) as opposed to the public or populations.

**Co-define question 2: Monitor what?**

*Definition of a mental health service and addiction service*

1. What are your views on the draft definition of mental health services and addiction services? How could it be improved?
2. Are you aware of any other definitions of mental health and/or addiction services that can be drawn on?

*Factors to help apply the definition in practice*

1. Are factors needed to further define mental health services and addiction services in practice?
2. What are your views of the listed factors? Are any missing? Are some more important than others?

## Co-define question 3: How to Monitor?

1. The purpose of this question is to test whether the existing Mental Health Commissioner’s framework for monitoring mental health and addiction services is ‘fit for purpose’ for the permanent Commission and what other models, frameworks and approaches we could consider.

*The current monitoring and advocacy framework*

1. The Mental Health Commissioner currently assesses mental health and addiction service performance using a framework developed in consultation with tāngata whai ora and whānau, and mental health and addiction sector representatives in 2017. This framework has supported two monitoring and advocacy reports with recommendations for improvement, and one indicator update.[[5]](#footnote-5)
2. The Mental Health Commissioner draws on four information streams to support his monitoring and advocacy: complaints to the Health and Disability Commissioner about mental health and addiction services; consumer and whānau feedback; sector engagement; and service performance information. From these information streams a set of annual quantitative measures track trends over time. At the heart of the framework are six monitoring questions:

* Can I get help for my needs?
* Am I helped to be well?
* Am I a partner in my care?
* Am I safe in services?
* Do services work well together for me?
* Do services work well together for everyone?

1. These questions consider service performance from the perspective of tāngata whai ora (and can be read inclusively of whānau) with reference to internationally regarded dimensions of healthcare quality – access, safety, patient experience, equity, effectiveness, and efficiency – adopted in New Zealand by the Health Quality & Safety Commission. In addition, a context section addresses the sector landscape, including strategic settings, funding arrangements and workforce. The monitoring questions are not defined, however, the supporting narrative, insights from engagement, and measures selected for trend data establish the focus of each question. The trend measures predominantly relate to specialist DHB and NGO mental health services and addiction services because the quality of data collection is more robust than for primary care. Many of these measures were broken down by ethnicity, age and service type. See Appendix 3 for an outline of these questions and how they relate to the Health Quality and Safety Commission health quality measures.
2. We want to hear from you whether you consider the Mental Health Commissioner’s framework is fit for purpose for the Commission to use for monitoring mental health services and addiction services, and what other frameworks, models and approaches we could consider. We are aware of many, but we would like to know of models, frameworks or approaches that really impress you as being useful and relevant.
3. We also want to hear from you about what a Te Tiriti o Waitangi partnership approach could look like in relation to the Commission’s function to monitor mental health services and addiction services and advocate for improvement and if you have any examples of organisations or projects where Te Tiriri partnership approaches have been highly successful.

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| **Co-define question 3: How to Monitor?**  *Mental Health Commissioner’s Monitoring and Advocacy Framework*   1. What are your views on the Mental Health Commissioner’s framework for monitoring mental health services and addiction services and advocating for improvements? Do the monitoring questions resonate with you? 2. Would you change any of the monitoring questions? How? 3. Are any monitoring questions missing?   *Other models, approaches and frameworks*   1. What other models, approaches and frameworks could we consider for the Mental Health and Wellbeing Commission’s framework?   *Te Tiriti o Waitangi*   1. What could a Te Tiriti o Waitangi partnership approach look like in relation to the Commission’s function to monitor mental health services and addiction services and advocate for improvement?Can you provide examples of successful Te Tiriti partnership approaches for the Commission to consider? |

# Appendices

### Agencies that have overview/monitoring and quality improvement roles in relation to mental health services and addiction services

### Sources for developing a draft definition of mental health services and addiction services

### Performance monitoring questions of the Mental Health Commissioner

**Appendix 1**

**Agencies that have overview/monitoring and quality improvement roles in relation to mental health services and addiction services.**

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| **Agency** | **Monitoring / oversight role** |
| Children’s Commissioner | Takes special interest in services for children and youth. Part of the National Preventative Mechanism under the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (National Preventative Mechanism against Torture). |
| Director of Mental Health and Addiction | The Director of Mental Health and Addiction independently monitors the exercise of powers under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Substance Addiction (Compulsory Assessment and Treatment) Act 2017, including through district inspectors, and issues guidelines in relation to the implementation of these Acts. |
| Health and Disability Commissioner | Promotes and protects the rights of consumers under the Code of Health and Disability Services Consumers’ Rights and considers complaints about services. The current function to monitor mental health and addiction services and advocate improvements to those services will be transferred to the Mental Health and Wellbeing Commission when it comes into being. |
| Human Rights Commission | Monitors and reports on compliance with New Zealand law and international human rights instruments, including the rights of people with disabilities. Part of the Independent Monitoring Mechanism (IMM) that monitors the implementation of the UN Convention on the Rights of Persons with Disabilities. Coordinates the National Preventative Mechanism Against Torture. |
| Ministry of Health | Monitor health sector Crown entity performance, including of District Health Boards, on behalf of the Minister of Health. |
| Office of the Auditor General | Oversees the effective use of public funds for delivering services. Has powers to initiate inquiries into the performance of public sector mental health and addiction services. |
| Office of the Ombudsman | Independently monitors and oversees state care facilities and places of detention, including mental health and addiction in-patient facilities as part of the National Preventative Mechanism Against Torture. The Ombudsman is also part of the IMM. |
| Privacy Commission | Investigates complaints about breaches of privacy. |
|  | **Quality improvement role** |
| Health Quality and Safety Commission | A five-year quality improvement programme to ensure people that experience mental health and addiction issues receive high-quality care and support. The programme is being delivered by DHBs, NGOs and primary health care organisations across the mental health and addiction sector. |
| Key Performance Indicator Programme | A provider-led initiative designed to bring about quality and performance improvement across the mental health and addictions sector through ready access to, and use of, comparative service performance information.  The initiative promotes the sharing of information, ideas and learning to drive service improvement and is supported by provider governance, national coordination and the formation of peer groupings based on issues of mutual interest and benefit. |
| Knowledge Network | The Knowledge Network is a Te Tiriti-based and sector owned initiative that aims to improve the mental health and wellbeing of New Zealanders and achieve equity for Māori by: bringing together diverse mental health and addiction leaders; sharing assorted perspectives and experiences; learning about how to implement innovations and transformation; focusing on learning about Māori models of health and wellbeing, and approaches that address equity for Māori. Te Pou has been awarded the contract to establish and host the Network for the next 12 months. |

**Appendix 2**

**Sources for developing a draft definition of mental health services and addiction services**

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| **Source** | **Commentary** |
| The Mental Health and Wellbeing Commission Act 2020 | The Mental Health and Wellbeing Act 2020 does not define a mental health service or addiction service. It does distinguish, however, between “mental health services and addiction services”; “approaches to mental health and wellbeing”; and factors and activities that affect people’s mental health and wellbeing (see Figure 4 in the body of the paper). These distinctions indicate that mental health services and addiction services are intended to be a subset of approaches to mental health and wellbeing.  The Act’s objective is to “contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand”. As the Act came as a response to *He Ara Oranga,* we suggest the definition of mental health services and addiction services should reflect the transformational vision of *He Ara Oranga*, while also recognising that *He Ara Oranga* itself made a distinction between mental wellbeing approaches as being in scope and other wellbeing approaches and services as being out of scope of the Commission. The departmental report accompanying the second reading of the Bill notes that:  The Ministry considers that the Bill as drafted, along with the Explanatory Note, is sufficiently clear that the Commission’s focus is mental wellbeing. This is consistent with *He Ara Oranga*, which recommended establishing a social wellbeing agency, separate from the Mental Health and Wellbeing Commission, to “prevent the Commission being ‘swamped’ by having to address every domain of wellbeing and all social determinants and enable it to focus more directly on its core roles.” The Bill does provide the Commission with the mandate to consider the impact of other factors on mental wellbeing. These factors could include financial, social, spiritual or physical wellbeing. |
| Mental Health Commissioner | The Mental Health Commissioner defines mental health services and addiction services for the purpose of his monitoring function as “health services that respond to mental health or addiction need”. The definition of a ‘health service’ is taken from the Health and Disability Commissioner Act 1994 and includes services (regardless of funding source or provider) to promote and protect health, prevent ill-health, and to treat, diagnose or rehabilitate.  In practice, the monitoring and reporting focus of the Mental Health Commissioner has been on Vote Health services and Corrections Services. This focus reflects the concentration of complaints received by the Health and Disability Commissioner in relation to mental health and addiction services; the availability of information to undertake robust monitoring and advocacy; and the availability of resource to deliver on the monitoring and advocacy function. |
| Ministry of Health and Ministry endorsed definitions | Specialist mental health and addiction services are reasonably well defined in Ministry of Health documents, most recently in the *Kia Kaha COVID-19 Wellbeing Recovery Plan* [https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-recovery-plan] as:  services designed specifically for people with complex and/or enduring mental health and/or addiction needs. These services include NGO- and DHB-delivered community and residential services and services delivered in a hospital setting.  The expectations for specialist services are set out in the Ministry of Health’s [Mental Health and Addiction Service Specifications](https://nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-service). These service specifications note that:  The full continuum of publicly funded mental health and addiction care includes health promotion, prevention, primary, secondary and tertiary services. Mental Health and Addiction service specifications cover specialist mental health and addiction services targeted at those most severely affected by mental illness or addiction. However, it is recognised that a focus on early intervention and integration between specialist, primary and community services will lead to increased access for those who may be more at risk of developing mental health or addiction issues. |
| The continuum of publicly funded mental health and addiction care referenced in the service specifications above is reflected in the five focus areas of the *Kia Kaha Covid-19 Recovery Plan* which span promotion and prevention through to mental health and addiction support*.* A key consideration for the scope of services is whether all activity along the continuum of promotion and prevention and mental health and addiction support should be considered a ‘service’, or whether some activities should more appropriately be considered ‘approaches’ and accordingly out of scope of service-level monitoring. |
| The *Kia Kaha COVID-19 Wellbeing Recovery Plan* uses the term addiction to refer to “a wide range of harm from the misuse of substances or from gambling”. It then goes on to define addiction services as “services which support people’s recovery from alcohol and other drug or gambling harm”. |
| Best practice guidance for kaupapa Māori mental health and addiction services developed by Te Rau Matatini (now Te Rau Ora) and endorsed by the Ministry of Health defines these services as “an indigenous response to effectively meeting the mental health and/or addiction needs of tangata whaiora and their whānau” [Te Rau Matatini (2015). Kaupapa Māori Mental Health and Addiction Services Best Practice Framework. Wellington: Te Rau Matatini] |

**Appendix 3**

**Performance monitoring questions of the Mental Health Commissioner**

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| **Monitoring question** | **Supporting narrative excerpts, June 2020 Report** | **Assessment** |
| 1. **Can I get help for my needs?**   (Quality measure: access/timeliness, consumer experience) | Not everyone who experiences mental distress or addiction issues needs a health-service intervention. But when people do, it is fundamental that they can get the right support, in the right way, when they need it. A well-functioning mental health and addiction system responds appropriately to a diversity of needs across a continuum of care, from help to stay well in the community to intensive support when people are most unwell. Support should be person- and whānau-centred, and relevant to life stages and cultural and social context. | Assesses access to a range of healthcare supports for people experiencing mental distress and addiction issues, and progress made to address issues identified in previous reports. |
| 1. **Am I helped to be well?** (Quality measure: effectiveness, consumer experience) | Concepts of wellbeing and recovery are different for every person, and refer to living a satisfying, hopeful, and meaningful life, even where there are ongoing limitations and challenges caused by mental distress and addiction. A wellbeing system response to mental distress and addiction is centred on people and what matters to them. It recognises that mental wellbeing (taha hinengaro) is intimately connected with physical (taha tinana), spiritual (taha wairua), and social (taha whānau) wellbeing. | Assesses tāngata whaiora wellbeing in relation to housing, training and employment, physical health, self-rated progress towards recovery (addiction services) and clinical assessment of social function (mental health services). |
| 1. **Am I a partner in my care?** (Quality measure: consumer experience, effectiveness) | The greatest resource in supporting a person’s wellbeing and making change is the person themselves and their whānau. No two people are the same, and every wellbeing journey is unique. Services that work from a person’s strengths will increase that person’s capacity to manage and improve their own health and wellbeing. | Assesses indicators of partnership in relation to communication, respect, shared planning, and involvement of whānau, where appropriate, in a person’s care. Assesses the use of compulsory assessment and treatment. |
| 1. **Am I safe in services?** (Quality measure: safety, consumer experience) | The Code of Health and Disability Services Consumer Rights (the Code) includes a right to services being of an appropriate standard, including being delivered in a manner that minimises potential harm. For mental health and addiction services, minimising harm includes a balance of risk between keeping a person safe and supporting recovery in the least restrictive way possible. Being safe is not equivalent to being free from risk: positive risk-taking gives people freedom and supports their wellbeing and recovery. | Assesses incidences of harm in relation to HDC complaints, serious adverse events, and restrictive practices, with a particular focus on the experience of people in inpatient mental health services under the Mental Health Act, because of the vulnerability of this population. |

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| 1. **Do services work well together for me?** (Quality measure: consumer experience) | People-centred health care means delivering care that is seamless within and across services. Transitions in and out of different mental health and addiction services is a natural part of a tangata whaiora’s recovery journey. | Assesses complaints to HDC about coordination of care, and service transitions for people moving from an inpatient to a community setting. |
| 1. **Do services work well for everyone?** (Quality measure: equity, consumer experience) | A well-functioning mental health and addiction system should provide equity of care for all populations, particularly the most vulnerable. People accessing services should be able to expect the same quality of care, experience, and outcomes as others, regardless of who they are. Services should provide a culturally safe environment by respecting and acknowledging a person’s identity, values, and beliefs, including ties with family and whānau. As a Tiriti o Waitangi partner, publicly funded services have a particular responsibility to practice the principles of partnership, participation, and protection in the design and delivery of mental health and addiction care. | Assesses the responsiveness of services for Māori and other population groups with disparity in outcome and distinct needs. Focus areas have included Pacific peoples; mothers and infants; young people; people with problematic substance use; and people in prison. |

1. *He Ara Oranga*  The report of the Government Inquiry into Mental Health and Addiction ca be found here: <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/> [↑](#footnote-ref-1)
2. The Mental Health and Wellbeing Commission Act 2020 was passed in June and will come into force by February 2021. [↑](#footnote-ref-2)
3. See here for the Commission’s Terms of Reference: <https://www.mhwc.govt.nz/about-us/terms-of-reference/>. [↑](#footnote-ref-3)
4. See here for the draft conceptual framework for the *He Ara Oranga Wellbeing Outcomes Framework* <https://www.mhwc.govt.nz/assets/Outcomes-framework/Conceptual-framework-August-2020.pdf>. [↑](#footnote-ref-4)
5. The Mental Health Commissioner’s monitoring and advocacy framework can be found [here](https://www.hdc.org.nz/media/5437/mental-health-and-addiction-services-monitoring-and-advocacy-framework.pdf); the 2020 monitoring and advocacy report [here](https://www.hdc.org.nz/news-resources/search-resources/mental-health/monitoring-and-advocacy-report-of-the-mental-health-commissioner-2020/); the 2019 indicator update [here](https://www.hdc.org.nz/news-resources/search-resources/mental-health/mental-health-commissioners-monitoring-indicator-update-2019/); and the 2018 report [here](https://www.hdc.org.nz/news-resources/search-resources/mental-health/mental-health-commissioners-monitoring-and-advocacy-report-2018/). [↑](#footnote-ref-5)