

Advice for the development of the Mental Health and Wellbeing Strategy - May 2025

We welcome the opportunity to provide advice on the development of the first Mental Health and Wellbeing Strategy (the Strategy), as required under the amended Pae Ora (Healthy Futures) Act 2022. We advocated for the inclusion of such a strategy when the Pae Ora Act was first being developed. We believe that an overarching strategy will drive system improvement and transformation to achieve better mental health and wellbeing outcomes.

Importantly, the Strategy should inspire and galvanise those who work in the mental health and addiction sector and will be delivering change to better meet the needs of those who need it. It is key that we inspire hope for tāngata whaiora and people with lived or living experience of mental distress and harmful substance use.

To inspire and drive change, the Strategy needs to provide a hopeful vision and outcomes, shifts in system performance, and outline practical steps to be delivered through the implementation plans. Our following advice focuses on these needs: describing the outcomes that the Strategy aims to achieve; describing the mental health and addiction system shifts needed to get there; highlighting how health entities should draw on those outside the mental health and addiction system; and providing some advice on the practical steps that would deliver the outcomes sought.

Our advice draws on the 2018 He Ara Oranga Inquiry (Inquiry) recommendations, key cross-sector and cross-government documents, strategies and plans and our service, system, and outcome monitoring and advocacy work since the Commission's establishment. We expect this advice will help shape the Strategy for the better and will look to see our advice reflected in the Strategy as it is developed.

The Strategy should inspire hope and change, with leadership at every level

In our letter to the Minister of Mental Health on 12 May 2025, we stated we hope to see a Strategy that is ambitious, achievable, and which drives progress. The long-term nature of the Strategy means that it should be non-partisan and provide a stable view over its eight-year term. We would recommend it is deliberately designed to sit above political priorities, and that cross-party support for the Strategy be sought during its development. The implementation plans would then deliver the priorities of the government of the day within the changing environment, to achieve those long-term outcomes.

The Strategy will need a vision that is clear and achievable, and address determinants of mental health. This will provide longevity of impact and should provide assurance of both progress and overall delivery. The Strategy must make clear the change that it is

seeking to make in the system and promote alignment across the system towards this vision. Realising the vision of the Strategy will rely on leadership from across the mental health and addiction system. This will include lived experience leadership, clinical leadership, Māori leadership, and people within the system having ownership of the change needed. We want to see a system that invests in and gets the very best from its inputs and people.

The Strategy should drive implementation plans that are ambitious and make meaningful improvements. We will not meet the needs and improve outcomes for people if the Strategy is limited to already planned or expected work. Rather, the Strategy should take the successes, effort and investment of recent years, and build on them.

The future outlined in the Strategy needs concrete, measurable objectives

The challenge going into the future is to make transformation real and not just an aspiration. This means being clear about what needs to be done, not just at a high level but on the ground.

The He Ara Oranga wellbeing outcomes framework¹ (He Ara Oranga) describes what ideal wellbeing looks like for all people and whānau in Aotearoa New Zealand. The He Ara Āwhina mental health and addiction system and services framework² (He Ara Āwhina) describes what an ideal mental health and addiction system looks like. Together, they describe the meaningful outcomes we collectively want to achieve, and the pathways to achieving them. They were co-designed with people with lived and living experience of mental distress and addictions, guided by the Inquiry. We strongly suggest drawing from them to articulate the long-term outcomes we want to achieve.

Key examples of mental health and wellbeing outcomes to aim for are improved mental wellbeing and reduced mental distress; reduced harm from gambling, alcohol and other drugs; and reduced suicide rates. For those who experience mental distress or harm from substance use, we should see reduced rates of unmet need for mental health and addiction support; improved individual and whānau experience of services and improved outcomes from accessing services.

A shared view of what a good mental health and addiction system looks like will drive progress

Our most recent system performance report (not yet published, but shared with the Ministry and Minister in April to support the Strategy development) outlines recent performance of the mental health and addiction system. It shows that population

¹ <https://www.mhwc.govt.nz/our-work/wellbeing/he-ara-oranga-framework/>

² <https://www.mhwc.govt.nz/our-work/mental-health-and-addiction-system/he-ara-awhina-framework/>

mental wellbeing has decreased since 2018, and the mental health and addiction system is under immense pressure. While it is beginning to reorient in some areas, faster progress is needed to realise a transformed system that will achieve better mental health and wellbeing outcomes for people.

Six system shifts have been identified through our work that provide the change needed to transform the mental health and addiction system. The shifts are a shared view of what a good mental health and addictions system looks like as they reflect and draw from voices of people and communities heard through the Inquiry, and brings together our partner frameworks, insights from our monitoring and recommendations, Kia Manawanui, literature on system performance and other system and service performance frameworks. The shifts are strongly aligned with current Government priorities for mental health but also build on them for a longer-term view. The six shifts move us from the current state:

- **Shift 1: Towards a mental health and addiction system that realises the potential of lived and living experience.** This means:
 - o Partnering with lived experience at all levels including co-creation, delivery, evaluation of programmes, and training/education of clinical teams
 - o Investment in a lived experience workforce that includes, but is broader than peer support workers, where all roles are valued and elevated
 - o Equal prioritisation and integration of lived experience knowledge with clinical knowledge, including within credentials

- **Shift 2: Towards a mental health and addiction system that prioritises effective services for people with the highest need.** This means:
 - o Leadership and support by and for those experiencing the highest need within and throughout the mental health and addiction system
 - o Commissioning, services and settings that meet the needs of groups experiencing highest needs, including increased investment in Kaupapa Maori services
 - o Collecting data about what services are effective and using it to make prioritising decisions.

- **Shift 3: Towards a mental health and addiction system that provides effective primary prevention and early interventions.** This means:
 - o Increased proportion of investment allocated to primary prevention and early intervention, including community-based options

- Tailored mental health and wellbeing prevention and promotion activities designed and delivered in partnership with priority populations (especially young people and rangatahi)
 - Faster access to primary mental health and addiction services
 - Strategies to support families seeking help before reaching crisis point
 - More alternatives to support self-management (e.g. digital and telehealth).
 - System contributes to addressing the determinants of mental health and wellbeing for people who interact with services.
- **Shift 4: Towards a mental health and addiction system that provides equitable access to services and supports that improve outcomes for people.** This means:.
- Mental health and addiction services and supports are available at times and in places where people need them, for the people that need them.
 - Provision of services is sufficient, timely, culturally safe, affirming, effective, and welcoming, supported by a co-ordinated, joined-up system.
 - Support for Kaupapa Māori services, and the wider NGO sector, to provide a diversity of delivery models/levels
- **Shift 5: Towards a mental health and addiction system that upholds human rights-based practices.** This means:.
- Policy and practice within the system upholds human rights and indigenous rights, along with the agency of tāngata whaiora
 - Legislation to reduce/end coercive practices in care, with clear pathways for safe and rights-based alternatives.
- **Shift 6: Towards a mental health and addiction system supported by a workforce with the capability, competencies, and capacity to meet needs now and in the future.** This means:.
- There is effective planning and investment in workforce resilience and capability.
 - The workforce is reflective of and responsive to the needs of the diverse communities it serves
 - There is investment in ongoing training and professional development for the workforce
 - The workforce is well-resourced to ensure sufficient staffing levels across the diversity of roles, and levels of need now and in the future.

We believe that all six shifts should be visible and delivered through the Strategy and its implementation plans with cross-sector and cross-government action. Through these six shifts, we will see the improvement to services, system and outcomes envisioned by the Strategy. By prioritising the shifts, we expect the Strategy to relieve the pressure experienced in the system and provide effective services that make a difference for people through better, more accessible, and more people-centred support.

Aiming to improve performance of the mental health and addictions system is critical, however, this one system alone cannot deliver the required change. We need a truly cross-sectoral, cross-government approach to address ongoing inequities in mental health and wellbeing outcomes. This means investing in other non-health entities to drive change on the determinants of mental health.

Cross-government and preventative actions to improve mental health and wellbeing

While there is a role for the mental health and addiction system to provide a range of effective, accessible services when they need them, reducing the burden of stress and distress will require action to reduce the demand for such services by investing in the broader determinants of mental health and wellbeing of people. The factors that affect mental health and wellbeing outcomes are many and complex, but at the least, the Strategy should deliver action to ensure that people who experience distress and addiction have the best possible opportunity to become and stay well.

We know from our 2025 assessment of the status of mental health and wellbeing, that in comparison to the rest of the population, people who interact with mental health and addiction services face greater barriers to mental health including reporting lower mental wellbeing, life satisfaction, family wellbeing and physical health.

People who interact with services have less income, experience more loneliness and social connection, are less trusting and experience more discrimination. Gambling, alcohol and other drug use also affect a range of mental health and wellbeing outcomes. These well-established drivers of mental wellbeing need addressing in a Mental Health and Wellbeing Strategy. This is especially the case for people who called for this work: those who experience mental distress and addiction and their whānau and families. We would like to see action in the Strategy to ensure that our future monitoring of these outcomes are going in the right direction for people who access services and the system.

A more coordinated approach to bring together government strategies and plans that address mental health

The Strategy could purposely take a social investment approach, to identify the key risk and protective factors and investing or intervening earlier to achieve desired outcomes and reduce the demands on the mental health and addiction system.

The Strategy could outline how health entities, particularly the Ministry of Health, will lead and drive better cross-government performance. To do this, the Strategy may need to direct or be an overarching Strategy to tie together existing strategies and plans (such as those for gambling harm, suicide prevention and eating disorders etc) under its outcomes. Further, a range of important mental health and addiction-related services are provided across government, under Corrections, Education, Social Development and other portfolios. A clear understanding of where resources currently go, and what the impact of them is, will be needed to guide the implementation plans that will follow.

The Commission's involvement

The development of the Strategy provides a key opportunity to shape and drive better mental health and wellbeing for people in New Zealand. We will continue to engage with the Ministry and the Minister for Mental Health as the Strategy is developed, and will provide our formal advice and feedback – including this document – available to the public. We look forward to reviewing the draft Strategy and supporting its ongoing development.

As part of this, and to support the long-term delivery of the Strategy, as noted above, we will provide ongoing advice on how it could be monitored, including the identification of measures such as those outlined to deliver the six key shifts that to transform the mental health and addiction system. If appropriate, we could also play a role in supporting cross-party adoption of the Strategy, in order to provide the ongoing, stable vision and transformation needed to lift outcomes.

We have a role in monitoring service and system performance and mental health and wellbeing outcomes as part of our core monitoring work. We will work with the Ministry of Health to identify how best we can provide independent leadership and oversight, monitor the impacts and outcomes of the Strategy, and ensure the Strategy plays an enduring role in improving mental health and wellbeing outcomes for New Zealand.