Advice on draft Mental Health and Wellbeing Strategy, July 2026

Te Hiringa Mahara – Mental Health and Wellbeing Commission (the Commission) is mandated to provide advice on development of the Mental Health and Wellbeing Strategy (the Strategy).

The Commission has provided independent advice to the Minister for Mental Health and the Ministry of Health on the Strategy throughout the development process. Positive engagement with entities and inclusion of independent advice through this process has resulted in a stronger final draft Strategy. Public consultation has also been a key step in the finalisation process, and we recognise the views of people with lived experience of mental distress and addiction and of Māori that came through that process. We support these views and recommend the final Strategy meaningfully reflects the input these individuals and organisations provided.

The advice that follows draws on our recent independent monitoring work assessing the mental health and addiction system and the public consultation. This advice highlights a few improvements that could be made to the draft Strategy to support mental health and wellbeing outcomes.

The final draft Strategy has been strengthened overall with a focus on system effectiveness

The Strategy has been enhanced from inclusion of several changes we recommended in our previous advice, which also came through in the public consultation. Improvements include action on lived experience workforce development and leadership, recognition of the importance of determinants that affect mental health and wellbeing, a timeline for elimination of seclusion, a focus on system effectiveness with collection of adult prevalence data and experience and outcomes data for those who interact with the mental health and addiction system, which will drive productivity and improvement.

The Strategy could more actively address rising demand for mental health and addiction services rather than focus on responding to need

It is very good to see inclusion of action on determinants (new strategic action 1.7) through cross government, iwi and community collaboration, and promotion for improved wellbeing. Action 1.6 on integrated support and wraparound services from the mental health system to housing and employment is also critical and a good addition the Strategy. This is a welcome response to the consultation. The Implementation Plan will need to clearly detail how these actions will be delivered to effect change.

As part of this strategic priority on early intervention and prevention, we would like to see a commitment to ring fenced prevention and early intervention investment that reflects the population of people aged 25 years and under in the first instance with a view to funding which reflects actual need. Levels of investment across the continuum of prevention, from acute and specialist clinical services to community, youth and primary care early intervention to primary prevention e.g. school based and population level mental wellbeing efforts is required to assess whether enough strategic effort is going to earlier intervention and prevention to truly tackle the rising need of distress.

The Strategy is currently weighted toward specialist support. A clear expectation should be set within the Strategy for cross government accountability to address rising need among young people delivered through other government agency strategies and plans.

A focus on access to services for those who need it as a strategic priority is key

For people in distress and who need support, early access is vital. This is especially the case for young people, who are accessing services at a decreasing rate[1]. This is a priority in the Strategy, which we support. The Access and Choice programme and telehealth services are two ways the Strategy will deliver early intervention through primary care.

In 2025, we made a recommendation to enable nationwide access to 24/7 phone-based crisis support, and we called for the full implementation of the Access and Choice programme, especially the Kaupapa Māori, Pacific and Youth services. The Strategy could indicate these priorities more strongly with assurance of delivery in its implementation.

The Strategy must ensure that higher levels of need, and need for different approaches, are addressed for a range of populations, including Māori and young people

We support the inclusion of the Crown's obligations under the Treaty and recognition of Māori under the Treaty in the Strategy. The Strategy recognises the disproportionate need faced by Māori, as well as Pacific populations, disabled people and young people. Decisions about support that is tailored to different population need should be based on evidence of what works, for whom and in what circumstance.

We also support the Strategy recognising the special relationship between New Zealand and Pacific realm nations. The Strategy must more than 'acknowledge' these agreements and should outline how these will be upheld - particularly our agreement

[1] https://www.mhwc.govt.nz/our-work/mental-health-and-addiction-system/mental-health-and-addiction-service-monitoring/

that New Zealand "has duties towards New Zealand citizens residing in Niue, including for their ongoing access to services in New Zealand"[2]. Our past work on Pacific wellbeing[3] highlighted opportunities for supporting wellbeing, in line with our "international and national obligations to Pacific peoples", as did the He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction.Strategic action 2.5, delivering consistent care "while ensuring availability of tailored supports for populations with specific needs", appears insufficient to achieve "population groups with specific needs have equitable access to supports and services that work for them" sought by the Strategy. We recommend this Strategic action be strengthened to "expand access to a range of tailored and targeted culturally appropriate services, designed and delivered with the communities that they serve, including Kaupapa Māori services".

As reflected in the consultation feedback, clear action, accountability, and targets are needed. Targets for reducing levels of unmet need for mental health support for disabled people, Māori, Pacific people, and other groups identified in the Strategy should be included. The Implementation Plan should provide detail on the 'tailored' services for population groups facing the highest need or poorest outcomes.

Alcohol and other drug harm reduction is needed

The Pae Ora Act specifically requires the Strategy to guide improvement *including minimising the harm from addiction*. The Strategy includes drug checking as a measure of access to prevention and early intervention. This needs to be clearly actioned in the Strategy's implementation.

Further structural change is needed to support the Strategy's intent for lived experience leadership

We welcome the improvements which see the Strategy describe a future system where lived experience leadership is embedded across management, planning, commissioning, delivery and monitoring. The next stage of development should focus more on how lived experience and lived experience Māori expertise shape decisions, influence investment, and drive system change and outcomes. This is a key area where the Implementation Plan must align closely with the vision articulated in the Mental Health and Wellbeing Strategy - examples of mechanisms for this could be through improved lived experience governance, procurement and assurance.

To support the Strategy to deliver these roles, opportunities for strengthening the monitoring framework in the Strategy and Implementation Plan include the addition of measures relating to lived experience representation and capacity (including Māori

[2] https://www.mfat.govt.nz/assets/Countries-and-Regions/Pacific/Niue/New-Zealand-Niue-Political-Declaration-Signed-November-2025.pdf
[3] https://www.mhwc.govt.nz/our-work/wellbeing/achieving-equity-of-pacific-mental-health-and-wellbeing-outcomes/

lived experience leadership) across governance and leadership settings; and participation and influence of lived experience leaders.

Our ongoing monitoring role

We will continue to independently assess, and report on progress toward shared system goals and the contribution to improved mental health and wellbeing outcomes for people. The system performance monitoring report provides evidence on system performance, identifies opportunities for system improvement with a view to responding to population trends and international benchmarks. Our next system performance monitoring report is planned for publication in April 2028.