

Oranga Hinengaro

System and Service Framework

Mihimihi

“Ēhara tāku toa i toa takitahi,
engari he toa takitini”

My success is not that of individuality,
but by virtue of collective effort

E ngā iwi, e ngā mana, e ngā
Upokorite o Hawaiki, huri noa o
Aotearoa nei, tēnā koutou, tēnā
koutou, tēnā koutou katoa!

Kei te rere taiāwhiowhio tonu
te mihi aroha ki ō tātou tini
aituā; rātou ki a rātou o te tai
awatea, ā, ko tātou ki a tātou
kei te whaimuri i te tai ahiahi.

Nā reira, tēnā anō tātou katoa!

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1

KUPU WHAKATAKI

Introduction



1 KUPU WHAKATAKI

Introduction

It is with gratitude and thanks that we acknowledge all those that have provided feedback, insight and guidance to allow for genuine transformation of the health system in line with the aspirations of the 2022 health reforms and the vision of pae ora – healthy futures for all New Zealanders. This document has been developed in collaboration across Manatū Hauora (the Ministry of Health), Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority.

Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora would especially like to acknowledge the contribution of each individual, group, and organisation in sharing their knowledge and experience, and to acknowledge the energy and commitment of all those working within the health system across Aotearoa to ensure tāngata (people) receive high-quality care and support when they need it.

Transformational change must recognise the voice of tāngata whaiora (people with lived experience) and elevate the voice of Māori. These are essential components of upholding rangatiratanga and enabling the mana motuhake of tāngata whaiora and whānau (individuals, hapū, iwi and communities). With that at the forefront of change, along with an absolute commitment to equity and whānau-centred, locally developed, centrally driven innovative solutions, we can meet the aspirations of tāngata whaiora and whānau.

At the same time, genuine change will only be achievable if all parts of and participants in the system work together. Alongside the voices of tāngata whaiora and Māori, health professionals and kaimahi (workers) who have worked tirelessly through recent challenges and longstanding systemic barriers bring a wealth of experience. This expertise includes insights about things that are working well that should be built on and how the system can better support tāngata seeking help. Transformation of the system will be stronger by bringing all of these perspectives together.



Ensuring that the voices of whānau Māori and lived experience are captured in the new Oranga Hinengaro System and Service Framework (SSF) has been and will need to continue to be an integral part of system transformation, through its implementation and ongoing evolution.

For the purposes of the SSF, we are using the term oranga hinengaro to cover all aspects of mental health, mental wellbeing, whānau wellbeing and flourishing; as well as distress, mental illness and diagnosable mental health conditions, alcohol and other drug use, addiction, gambling harm and substance-related harm. This approach aims to be as inclusive as possible across the continuum of needs and aspirations to which this kaupapa relates.

To set the scene with this document, we have used a waka as the common concept to illustrate and connect the organisations, lived experience and all worldviews with the aspirations of everyone involved to shape this SSF.

HE KAUPAPA WAKA

Using the waka as an approach

He moana pukepuke e ekengia e te waka

A choppy sea can be navigated by a waka

► Waka



As an island nation we have a vast history of waka use with pūrākau (Māori stories) telling of ocean voyaging, journeys, and wayfinding of our ancestors. For example, Maui fishing up the North Island from his waka, which now represents the South Island, the Toi expedition, the Great Waka Migration from Hawaiki, Te Waka O Rangi and the waka in relation to the star constellation Matariki, and colonial immigration. The waka used in these voyages by Māori, Pasifika, and others were diverse vessels. For non-Māori these vessels have been different types of ships and boats whilst Pasifika used variations of waka or vaka. For Māori these traditional vessels have been waka hourua and even the legendary whale, Paikea.

From a health system perspective, especially oranga hinengaro, the waka represents resilience, inclusiveness, and strength. Just as the whakataukī, 'he moana pukepuke e ekengia e te waka', refers to the strength of a waka in navigating choppy or uncertain waters. For tāngata whaiora, whānau and the workforces supporting oranga hinengaro needs and aspirations, this means learning to navigate an often-choppy health system and mental health and addiction services with uncertainty, drawing on individual and collective resilience and strength. The symbolism of waka in Aotearoa brings together cultures, people, aspirations, and systems. Dr Hinemoa Elder describes waka in te ao Māori as:

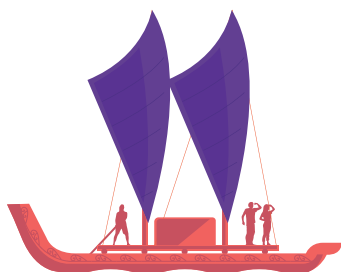
...symbols of many things – the family, our language, our whakapapa. Pulling up the anchor also happens at a particular stage, when a period of being settled at anchor is over and the waka is beginning a new journey. So, a person who enables the timely departure of a waka is to be relied upon. These words are powerful encouragement are truly empowering. Many times, people in our lives who are the ones who continue to pull up the anchor – the strong, responsible, reliable ones – get little rewards. They do not necessarily have an obvious status within whānau, but they are vital to our lives' journeys (Elder, 2022 p.60–61).

As per Dr Elder's words, what does an anchor look like or mean for a health system, mental health and addiction providers, iwi, hapū, tāngata whaiora, whānau, our wider communities and individuals? With the establishment of Te Aka Whai Ora as part of the health reforms we have seen the utilisation of waka hourua to visually represent culturally responsive aspirations for better outcomes for Māori.

E kore au e ngaro, he kākano ahau i ruia mai i Rangiātea

I can never be lost, I am a seed sown from Rangiātea

► Waka Hourua



The waka hourua is a double hulled sailing vessel. Waka hourua were used by Māori ancestors when navigating and voyaging the vast Moana-nui-a-Kiwa (Pacific Ocean). The whakataukī, 'e kore au e ngaro, he kākano ahau i ruia mai i Rangiātea', describes the concept of belonging, but Rangiātea is also the ancient homeland for Māori and where many of the waka left to come to Aotearoa. Our Pacific Ocean voyagers were known for their exceptional natural navigational skills. This meant having a strong knowledge base and the ability to interpret astronomy, tides, weather, marine life, bird life and patterns of the natural environment. Therefore, what does this mean for tāngata whaiora, whānau, hapū iwi and communities if they are navigating the mental health and addiction system seeking options to assist or improve mental wellbeing for themselves or others?

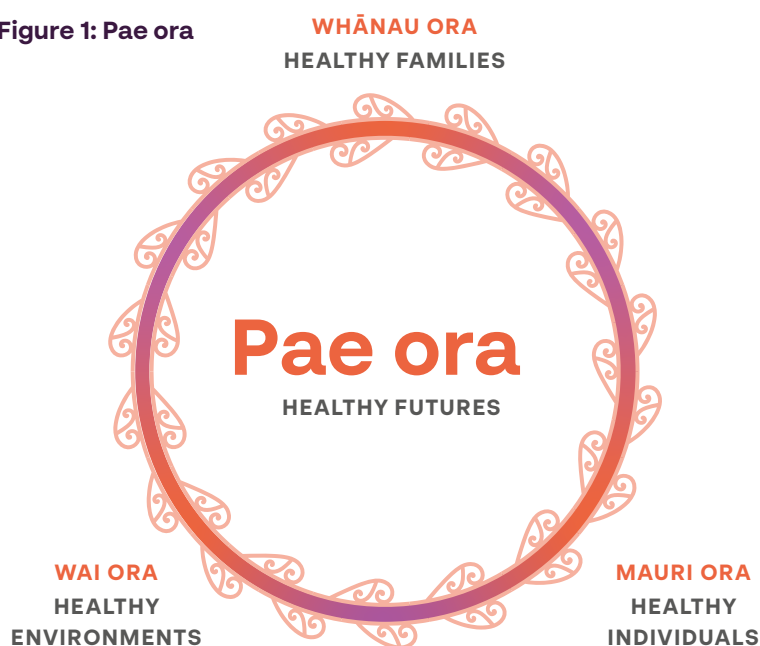
Waka hourua has been drawn on in recent times, especially in academia and business, as a visual representation for health theory, practice models and frameworks. These have predominately utilised the structure of a double hulled waka hourua to depict the two hulls, or worldviews (e.g. te ao Māori and te ao Pakeha), joined together to represent unity when sailing or wayfinding on a pre-determined charted journey, towards a destination led by one navigator. What happens if people do not start at the same point, have different needs along the journey and wish to set a different charter or journey to arrive at the same destination of mental wellbeing?

The SSF proposes a fleet of waka hourua to represent individuals, tāngata whaiora, whānau, hapū, iwi, and communities in charting their own journey; a fleet that is flexible to adjust to different needs. The waka hourua fleet metaphor acknowledges each different journey in a way that speaks to tino rangatiratanga, mana motuhake, manaakitanga, kaitiakitanga, and kotahitanga of individual, whānau, and communities' oranga hinengaro needs. Everyone has their own waka that can join and leave the fleet at different times, when needed, with adequate resourcing and a full understanding of what's available and where, along the way to continued or better oranga hinengaro outcomes and pae ora.

Pae ora aims to create the opportunity for everyone to live with good health and wellbeing in an environment that supports flourishing and thriving individuals, whānau, and communities. This outcome is based on the holistic concept that includes three interconnected elements: **mauri ora** (healthy individuals), **whānau ora** (healthy families), **wai ora** (healthy environments). Pae ora is the vision set out in *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui)*, which sets the strategic direction for the broad whole-of-government approach to mental wellbeing, including the health system. Pae ora is also one of the foundations for the reformed health system.

Through the use of the whakataukī stated above, the SSF seeks to utilise the waka hourua analogy to collectivise and represent the diversity of Aotearoa communities in achieving mental wellbeing through the partnership of Manatū Hauora, Te Aka Whai Ora, Te Whatu Ora, the Public Health Agency, health service providers and tāngata whaiora and whānau.

Figure 1: Pae ora



NGĀ WHEAKOTANGA O NGĀ MŌREHU

Lived Experience Perspectives

We know and understand that our pathfinding ancestors never undertook vast and challenging journeys in isolation or independently without planning for, knowing and understanding the challenges, obstacles and solutions as well as the skills and attributes of each kaumoana (whānau member).

As such, we recognise the knowledge and wisdom that comes from the impacts of experiencing challenges, despite what we think we might know. The most valuable insight into what solutions whānau need come from experiencing, addressing, and surviving challenges or distress.

It is important to understand that lived experience is built on different personal experiences, perspectives and world views. The waka hourua metaphor acknowledges each individual journey in a way that speaks to the mana of individuals and whānau, recognises the need for support that understands their perspective, and journeys with them in ways that meets their needs.

The metaphor highlights the significance of the resurgence and revival of waka hourua as a trusted form of transport and a resurgence and revival of our whānau, food, plants, tools, and knowledge that can be tailored in a way that provides necessary and appropriate solutions.

Maintaining those factors at the forefront of our minds and thinking, we know of and are prepared for the many possibilities, challenges and outcomes, as those before us who have encountered the same. It is through the survival and knowledge garnered from (lived and living) experience that we learn from and become better equipped and prepared to respond to and navigate through those challenges in a better way. This ensures the outcomes we are seeking are achieved sooner, in a more informed way, or in a manner that makes sure we and those around us survive. But our aim is not just survival – it is about flourishing, evolving, innovation, ingenuity, being solutions-focussed, and resolving.



2

TE KAUPAPA

Overview and commitments



2

TE KAUPAPA

Overview and commitments

► **KŌRERO WHAKATAKI – HE AHA TE TIKANGA O TE POU TARĀWAHO MŌ TE PŪNAHA ME NGĀ RATONGA ORANGA HINENGARO?**

What is the purpose of the Oranga Hinengaro System and Service Framework?

The SSF charts the navigation course for the health system over the next 10 years, describing what is needed to make meaningful progress towards the vision in *Kia Manawanui* of pae ora and an equitable and thriving Aotearoa where mental wellbeing is promoted and protected.

It sets out the **core principles** identified by Māori and people with lived experience that should underpin the system and services, as well as the **critical shifts** required to move towards a future system that supports pae ora. It also identifies the **core components** of a contemporary oranga hinengaro focused system, the **services** that should be accessible and available to individuals, whānau and communities, and the **system enablers** needed to operationalise the framework.

The SSF provides navigation points for the journey we are on and acknowledges the role of all in the fleet to bring us to our next anchoring place. It builds on the holistic mental wellbeing approach set out in *Kia Manawanui*, which recognises that a broad range of systems and sectors (such as housing, social services, employment and education) have a role to play in achieving pae ora. The SSF focuses on the role of the health system, covering all activities and services: from promotion and prevention to early intervention through community-led solutions and primary-level supports, and on to specialist mental health and addiction services for those with complex oranga hinengaro needs. It also discusses how the health system should interact with other systems and sectors that contribute to positive oranga hinengaro outcomes.

The SSF has a range of purposes and audiences.

- › First and foremost, it is important for tāngata whaiora and whānau to see the system as one that understands and meets their needs. The SSF clarifies what people should expect from the future system and services, and how services work together to meet people's needs.
- › For Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora, the SSF provides information to guide the development of policy, investment decisions and accountability mechanisms. It also provides guidance for change in system-wide planning and to inform nationally consistent access to services, equitable funding and monitoring.

- › For commissioners, the SSF sets expectations of the spectrum of services that should be available to individuals, whānau and communities.
- › For service providers, the SSF sets out expectations and guidance for how services work with Māori, tāngata whaiora and their whānau, the local community, and other services.
- › For the workforce, the SSF provides guidance to identify and amplify good practice and supports ongoing efforts to increase consistency of service across the motu.

The SSF is not intended to provide a detailed description of all services and options that should be available, as these will be led by the needs of communities. However, it does describe the principles that clarify what people should expect when they reach out for support.



Implementing the SSF will see changes to the health system and to the services that support oranga hinengaro over the next 10 years. These changes will be progressed through the actions in successive New Zealand Health Plans, starting with Te Pae Tata, the interim New Zealand Health Plan. The SSF signals further work to be done to support its implementation, including further investment analysis and the development of equitable funding allocations. It will take collective and sustained efforts and additional resource to fully achieve the future state described in the SSF.

The SSF itself is also not static and will need to adapt as necessary to meet the changing needs of individuals, whānau and communities. It will evolve to incorporate better information about the existing service landscape, successful innovations, and new technology and evidence and will need to respond to changing circumstances. As the health system reforms are implemented, there may also be changes to the future roles of the health entities that will require a refresh of the SSF. In order to continuously improve, develop and adapt, the SSF should be reviewed every three years to align with the timeframes for other key health documents set out in the Pae Ora (Healthy Futures) Act 2022, including the Government Policy Statement and the interim New Zealand Health Plan.

HE MANA TŌ TE KUPU

Words are important

Language is important. The terms used throughout the SSF relate to broad concepts that are widely used and understood, however, words mean different things to different population groups, cultures and individuals. It is important to be able to hold these multiple perspectives and to understand the many perspectives that have informed the journey towards pae ora.

It is acknowledged that the words used in the SSF are imperfect and lacking, but these words attempt to provide a common understanding and language. Navigating towards the future system may present opportunities to adopt new and emerging language that better reflects people's journeys and experiences. Some key concepts are explained below, and the glossary at the end of the document defines key terms used in the SSF.

Oranga hinengaro

For the purposes of the SSF, 'oranga hinengaro' is used to encompass the full range of people's needs and aspirations related to mental health and wellbeing. It includes the full spectrum of needs and experiences related to mental health, mental wellbeing, whānau wellbeing and flourishing; as well as distress, diagnosable mental health conditions, alcohol and other drug use, addiction, gambling harm and substance-related harm.

In addition, the concept of mental wellbeing is used throughout the SSF. In this document, the term 'mental wellbeing' is used to describe the positive experience within oranga hinengaro of being resilient, enjoying positive relationships and having meaning and purpose in life. Everyone can enjoy good mental wellbeing, regardless of the presence or absence of a diagnosable mental health condition or addiction.



Tāngata whaiora and whānau

'Tāngata whaiora' translated means people with wellness. It can refer to people from all ethnic backgrounds who experience mental distress or gambling or substance-related harm who have or are seeking wellness or recovery. It recognises that even if a person is receiving support there can still be wellness within them. It is also intended to speak to the potential of Māori.

The decision to use tāngata 'whaiora' in the SSF instead of 'whai ora' has been guided by Māori lived experience and the whakapapa of this term. The joining of the word 'whaiora' recognises the strength that is innate within and the potential to self-determine solutions.

Historically, the term tāngata whaiora has been associated with people who have used specialist services, however for the purposes of this document, it is being used as an inclusive term for all people accessing support for their oranga hinengaro.

Whānau can be understood in a variety of ways.

- › For whānau Māori, this kupu recognises our connections and that we 'are' and 'of' whānau.
- › Whānau speaks to people connected to tāngata whaiora and to whom tāngata whaiora are connected.
- › Whānau relationships are diverse and can shift and change over time. It is not up to the system or services to decide who is whānau.
- › Whānau as described by tāngata whaiora encompasses the people they define as being significant to them. Who tāngata whaiora identify as whānau may change over time.
- › Whānau who are not identified by the tāngata whaiora may also need support, particularly as whānau relationships may change.
- › Tāngata whaiora are whānau and provide integral support and purpose to whānau around them.

System and services

Reference to 'services' relate to all publicly funded services and options that support and respond to New Zealanders' oranga hinengaro needs and aspirations. These range from mental wellbeing promotion, prevention and early intervention supports, as well as primary and specialist mental health and addiction services including services delivered by non-government organisations. The range of services aims to both address needs associated with substance-related or gambling harm and diagnosed mental health conditions, but also has a part to play in addressing the distress of this group of people and assisting them to flourish.

The 'system' on which this SSF focuses is the health system and its contribution to achieving pae ora and improving mental wellbeing. The system is the context within which the range of services operate – the health structures, strategies and policies, plans, workforce settings – which together make it possible to deliver the services set out in this document.



TE TIRITI O WAITANGI

Treaty of Waitangi

A central aspect of the SSF is the Crown’s obligation to uphold Te Tiriti o Waitangi (Te Tiriti). Meeting the collective obligations under Te Tiriti is necessary to achieve pae ora. The Crown has a responsibility to enable Māori to exercise authority over their health and wellbeing (under article 2 of Te Tiriti) and achieve equitable health outcomes for Māori (under article 3) in ways that enable Māori to live, thrive and flourish as Māori (Ritenga Māori declaration, commonly referred to as the ‘fourth article’).

Section 7 of the Pae Ora (Healthy Futures) Act 2022 outlines the principles that apply to the health sector and describes key outcomes and actions intended to meet our responsibilities under the Articles of Te Tiriti O Waitangi, as articulated by the courts and the Waitangi Tribunal. The Waitangi Tribunal’s *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (2019) recommends a series of principles applicable to the health system, which will therefore be key to implementing the SSF. Table 1 sets out how these principles will be applied.

Table 1.

Te Tiriti o Waitangi principles	Applying Te Tiriti principles through the SSF will involve:
Tino rangatiratanga	<p>Enabling and supporting Māori self-determination through authentic and meaningful engagement in the design, delivery, and monitoring of services and programmes to reflect their needs and aspirations.</p> <p>This will help to achieve mana motuhake by enabling the right for Māori to be Māori; to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.</p>
Equity	<p>Remaining committed to achieving equitable health outcomes for Māori. This means acknowledging different approaches and resources that are better aligned to achieving equitable access to all levels of services/programmes and hauora Māori outcomes.</p> <p>This will help to achieve mana tāngata and equity in outcomes for Māori, enhancing the mana of people across their life course and contributing to the overall health and wellbeing of Māori.</p>
Active protection	<p>Ensuring Māori are able to actively engage and participate in decision-making processes at all levels of the system to advance equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Māori partners under Te Tiriti, are well informed on the extent of efforts to achieve equitable health outcomes for Māori.</p> <p>This will help to achieve mana whakahaere – effective and appropriate kaitiakitanga and stewardship over the health and disability system and the exercise of control in accordance with tikanga, kaupapa and kawa Māori.</p>



Te Tiriti o Waitangi principles	Applying Te Tiriti principles through the SSF will involve:
<p>Options</p>	<p>Providing for and properly resourcing the development and delivery of services and programmes that reflect the needs and aspirations of Māori, including supporting te ao Māori knowledge, frameworks, methodologies and solutions that advance hauora Māori aspirations and utilise Mātauranga Māori approaches to achieve equitable health outcomes for Māori.</p> <p>Acknowledging that the Crown and its agents are obliged to ensure that all services and programmes are delivered in culturally safe and responsive ways that recognise and support hauora Māori models-of-care. This includes supporting the development of Māori kaimahi.</p> <p>Taking a 'for Māori, by Māori' approach, which recognises the notion of Māori meeting the needs of other Māori in a uniquely Māori way and the need to have more Māori leadership and learning systems that support the uptake of kaupapa Māori practices. This may include greater use of kaumātua and kuia, marae-based settings for wānanga, kōrero and waiata, and links with iwi and hapū.</p> <p>This will help to achieve mana Māori by enabling Ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).</p>
<p>Partnership</p>	<p>Te Aka Whai Ora and Te Whatu Ora work in partnership, informed by Māori need, Māori whānau hauora aspirations, and lived experiences of Māori to continuously evolve and improve services and programmes to achieve equitable outcomes for Māori.</p> <p>Te Aka Whai Ora and Te Whatu Ora working in partnership with Māori to protect, promote and improve Māori health and wellbeing.</p>

► **TE REO O NGĀ
TĀNGATA WHAI
WHEAKO – KO NGĀ
WAWATA O TE HAPORI
WHAI WHEAKO**

**Lived
Experience
Voice – What
the Lived
Experience
community
wants to see**

Lived experience means many different things. Within this document it refers to the knowledge and wisdom that comes about from the impacts of experiencing challenges to our oranga hinengaro. This lived experience wisdom provides the most valuable insight into what whānau need when experiencing mental distress, and it is the intention that system transformation be grounded in this knowledge.

This section has been written from the lived experience/tāngata whaiora perspective. When 'we' is used in this section, this means what has been heard from the lived experience/tāngata whaiora and their whānau perspectives. Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora recognise and support this vision as the direction that the system and services need to take, and many of the workforces and services that support positive oranga hinengaro outcomes are already on the journey.





Feedback from whaiora Māori and whānau has identified very clear aspirations and the need for a strategy to embed the voice of tāngata whaiora and whānau:



TINO RANGATIRATANGA

Elevate and enable lived experience leadership

“Our people are sick and tired of being consulted; we want to lead our own spaces”

PARTNERSHIPS

Establish relationships and processes for tāngata whaiora to influence and inform at all levels of the sector

“Lived Experience need to lead out, not tokenism ‘consultation’ engagement”

EQUITY

Inform data collection and analysis that is outcomes focussed

“What we need is data to justify to the people – so we can see it through our own eyes – we are here to ensure our whānau thrive”

OPTIONS

Develop and strengthen lived experience workforce development and service delivery

“We need to ensure that things are not the status quo of being clinically led with Māori and lived experience add-ons”

ACTIVE PROTECTION

Ensure accountability to honouring the voice of lived experience

“We’re not just part of the conversation – We are the conversation”



It is important to understand that lived experience is built upon the different personal experiences people have.

While we speak of whānau, as a collective identity, it is vital within a mental wellbeing space to acknowledge and name the difference in the perspectives of people experiencing distress, and that of the whānau around them. Both experiences require support that understands their perspective and journeys with them in ways that meets their needs.

Listening to experiences of the Lived Experience community as part of this process, we heard clearly that people with lived experience and their whānau want an oranga hinengaro system that ensures:



“Every pathway successfully connects us to a range of response options that we choose from to develop our lived experience wisdom, which enables us to navigate our journey and meet our needs, restoring us to greater mental wellbeing, as defined by us, now and into the future.”

This has created a vision of the SSF supporting tāngata whaiora and whānau on their journey through life, by supporting them as they build wisdom that can be gifted to future generations. It does this via:

- › **Access**
- › **Range**
- › **Response options**
- › **Choice**
- › **Meeting needs**
- › **Authority.**

Access

“Every pathway successfully connects us...”

We have varying needs and preferences around how access will work for us. For example, some of us prefer technology as a start point, where others want to connect in person. Every pathway will be one that we can trust to lead us to responses that are useful, which builds our confidence to ask for support. Pathways will have multiple forks enabling us to choose from multiple options that suit our needs. We are supported to make sense of the pathways and options, meaning none of us are left behind and we feel hopeful about our journey.

Range

“...to a range...”

We know our journey to sustained wellbeing is not found solely from health interventions and so the range of supports that are available include other options. Mātauranga Māori and lived experience informed practices including peer support and peer advocacy are the foundations of supports. Other culturally informed practices are available, including a variety of creative options.

Range also allows space for our diverse needs, including supporting us in aspirations that are vital for our mental wellbeing (for example, employment and educational needs).

We understand this range is wisely informed by the presence of lived experience roles at all levels of the structure of support, from commissioning to peer support.

Specialist services are reimagined as specialised support, which means we have options for specialised support that isn't just held in a clinical specialist service framework. Examples of specialised areas include supports for new parents (perinatal), or support for specific experiences and diagnosable mental health conditions.

The broadened range transforms the way we are partnered with during our most challenging times. New language emerges that holds a different story about these moments in our life journey. What is considered as a dangerous 'crisis' is now understood as opportunity for growth. We are partnered with to explore a range of response options that meet our specific cultural and experience needs.

Response options

“...of response options...”

An understanding of responses rather than treatments tells the world our experiences are understandable, human and that we will develop through them. The relationship between whānau, tāngata whaiora and provider is formed in response to a need, rather than a treatment for an illness. Positioning these responses as options gives us the control to determine what options enhance our mental wellbeing.

Our authority over our lives is upheld and the supports that work in partnership with us provide support to navigate the complexity of the sometimes-multiple systems we are involved within. This increases our trust and confidence in the world around us.

Choice

“...that we choose from to develop our lived experience wisdom, which enables to navigate our journey...”

Choice conveys the intention to whakamana us (uphold our mana) as the experts on our lives. Providers enter the relationship as partners with us, understanding we come with skills and wisdom that we used to journey to today, and through the relationship we will add to that knowledge as we continue on our journey. Our navigation wisdom is gained through connecting to a variety of resource response options, all of which support us to build upon our diverse skills and knowledge, as well as provide guidance on how to weather any difficult times ahead. We are pleased with the richness of our navigation skills, and that we gained support to develop them. We share our stories of these times with honour, particularly as we pass this hard-earned knowledge onto the next generation.

Meeting needs

“...and meet our needs, restoring us to greater mental wellbeing...”

We will be able to trust that at all times our needs are viewed through a holistic lens, that considers their relationship to one another and the environments we live within. Our mental wellbeing is understood as being supported when our needs are met. Threats to, or unmet human needs challenge our mental wellbeing. Our reactions to these challenges are understood as being human, and not as problems.

The responses oranga hinengaro providers offer simplify meeting these needs by being integrated and connected. For example, we will no longer need to go to one provider for health needs and another for employment and educational needs, and our substance-related harm needs will not be understood as being separate to our mental wellbeing needs. Our ability to meet needs no longer requires us to have multiple relationships with multiple providers, responsibility is taken by the systems to integrate, rather than expecting us to be the connector.

Authority

“...as defined by us, now and into the future.”

At all times we maintain authority over the pathways we choose along our life journey, and are the authors of our story, past, present and future. Our understanding of what has happened or is happening for us is the map that is used for us to determine supports. The pathway that connects us to response options upholds our mana by not assigning labels that limit our choices, options, and identity into the future. Our definition of what mental wellbeing means for us will inform how pae ora is understood and measured by the system. Our development and success remain ours, and do not become the property of providers, but the system learns from our recovery and feedback, and just as we are partnered to develop wisdom, we partner with our health partners to develop their navigation skills and wisdom. We are therefore always understood as a core contributing component to the development of dynamic pae ora for all.



MANA TAURITE

Equity

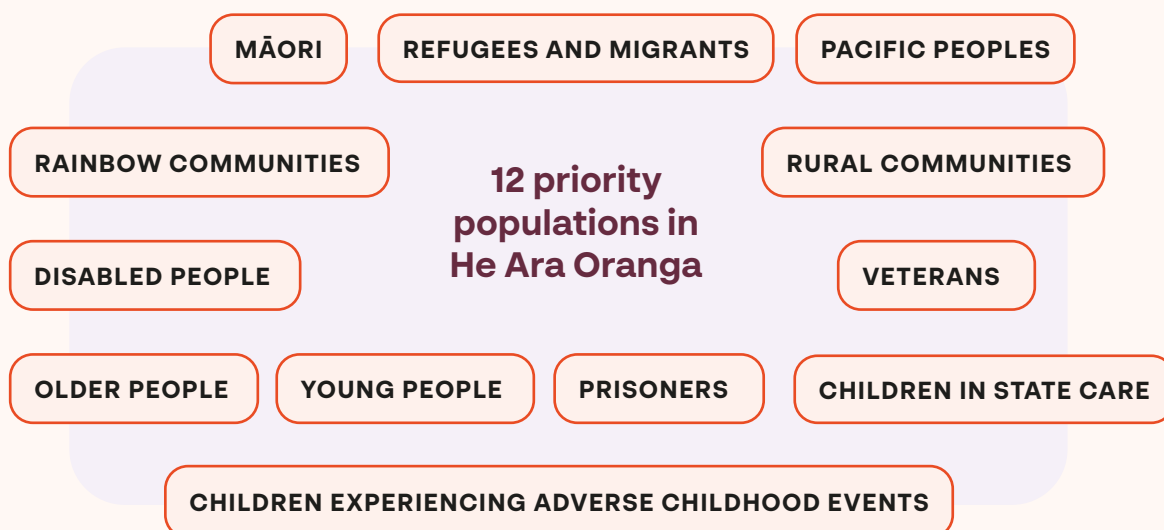
Equity is at the heart of the SSF. The health system works well for many people, but it has been underserving Māori, Pacific peoples and disabled people, including tāngata whaikaha Māori, for many years. This has resulted in significant inequities in outcomes. Many other communities also experience inequity on the basis of their condition, culture, ethnicity, gender, sexual orientation, where they live, and other factors.

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga) identifies 12 population groups with unique needs that require a particular focus, but we know there are others – for example, Asian communities, the deaf community, new mothers, people from lower socioeconomic backgrounds, the homeless population, people who have experienced trauma, and the families and whānau of people who have died by suicide.

As noted above, a central aspect of the SSF is the Crown's obligation to uphold Te Tiriti, which includes achieving equitable outcomes for Māori as tāngata whenua. All that we do must pursue equitable outcomes for Māori.

The SSF provides guidance to hold the system to account, prevent inequities and to take proactive steps to provide tailored supports for groups with specific cultures and needs. Equity can be achieved through meaningful and actionable relationships with partners, key stakeholders, whānau, hapū and communities. Engaging with and responding to the needs, strengths, aspirations and preferences of service users, whānau and communities is a powerful mechanism for improving services and systems. The future health system will be more responsive to diversity to address inequities in oranga hinengaro outcomes, while harnessing the strengths these groups already possess.

Figure 2: Priority Populations – He Ara Oranga





3

KUA AHU MAI TĀTOU I HEA,
KEI HEA TĀTOU INĀIANEI?

**Where have we
come from and
where are we now?**



3

KUA AHU MAI TĀTOU I HEA, KEI HEA TĀTOU INĀIANEI?

Where have we come from and where are we now?

► **TE ARONGA RAUTAKI
NĀ HE ARA ORANGA
ME KIA MANAWANUI I
WHAKAKOTAHI**

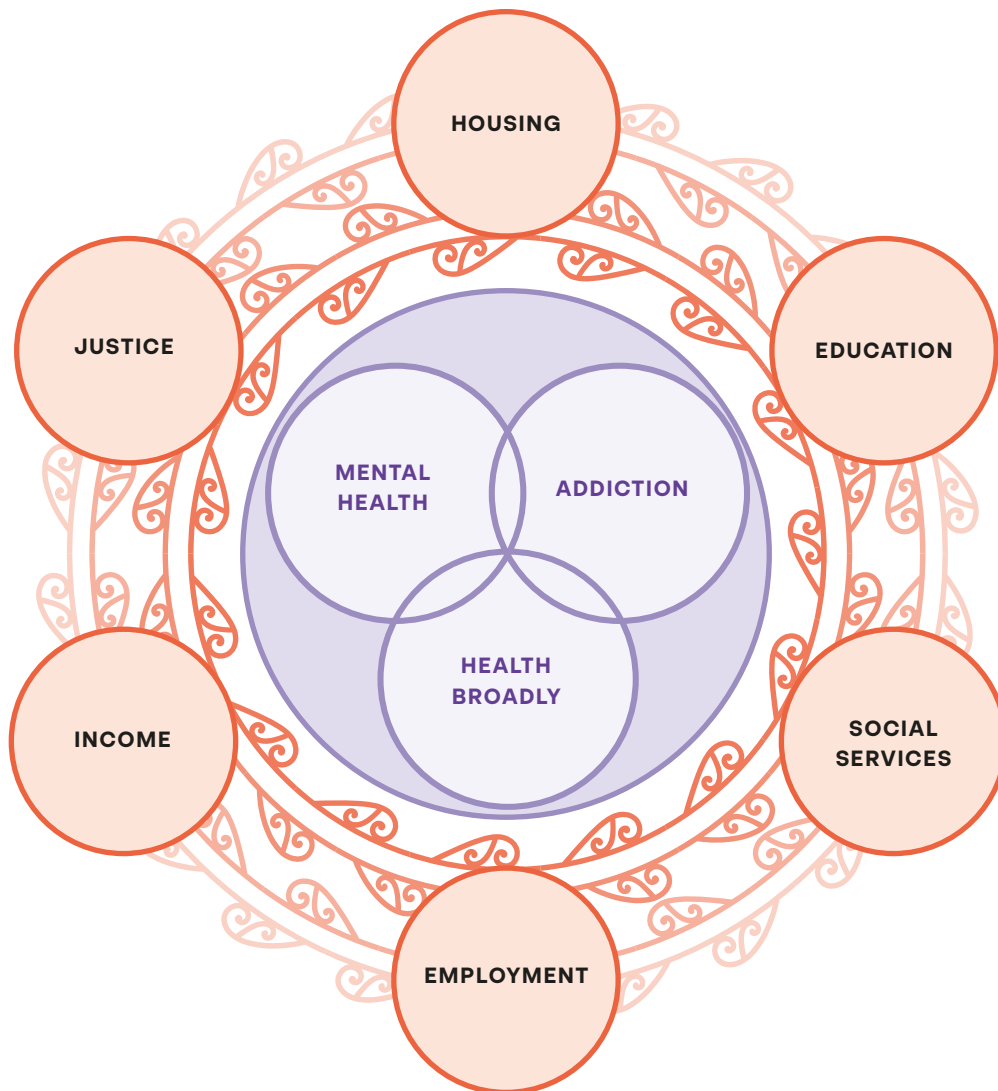
**Strategic
direction set
by He Ara
Oranga and
Kia Manawanui**

The case for system reform to support mental wellbeing for all was clearly established in *He Ara Oranga*. *He Ara Oranga* and the Government's response to it set out a vision of a people-centred, holistic approach that tackles inequities and the wider determinants of mental wellbeing; upholds the principles of Te Tiriti o Waitangi; orients the system towards mental health promotion, prevention and early intervention; and strengthens services across an integrated continuum of need.

Kia Manawanui takes forward the Government's response to *He Ara Oranga* as a whole-of-government strategy and action plan for transforming Aotearoa's approach to mental wellbeing. *Kia Manawanui* is centred on the vision of pae ora and embeds a population approach that seeks both to improve mental wellbeing outcomes for the whole population and to address inequities. *Kia Manawanui* recognises the intricate, important and interdependent relationships that exist between people, their whānau, and their wider social contexts and makes clear that mental wellbeing is not the sole responsibility of the health system; rather broader systems and sectors (such as housing, social services, employment and education) need to take account of their responsibilities to promote mental wellbeing and prevent mental distress.

The health system, and mental health and addiction services within the system, need to work collaboratively with other sectors to address social determinants and impacts. Figure 3 below shows the contributing landscape needed to achieve mental wellbeing.

Figure 3: Contributing landscape for mental wellbeing



The strategic direction and suite of actions in *Kia Manawanui* apply across government agencies and sectors. One of the actions it contains specifically for the health sector is the development of this SSF. The SSF builds on the mental wellbeing framework in *Kia Manawanui* and focuses on guidance for the health system, including mental health and addiction services, as part of enhancing mental wellbeing and addressing mental health conditions, gambling and substance-related harm.

TE HOROPAKI
O NĀIANEI ME
NGĀ WERO AUAU

Current state and persistent challenges

The current services **are** the people in the workforce, whose purpose is to support people's oranga hinengaro needs and aspirations and to address gambling or substance-related harm and distressing effects of diagnosed mental health conditions. These workforces have worked tirelessly despite system barriers, resource constraints and global challenges to provide support to tāngata whaiora and whānau, when and where they need it.

We are moving from a mental health and addiction sector that has been constrained by resources and increasing demand. Change has begun and positive progress has been made. There are wonderful pockets of new and better services around the motu, but these are not widely available. Investment in mental health and addiction services has not kept pace with growing demand, and workforce shortages are an ongoing challenge. Evidence and data, and hearing directly from communities, clearly shows the range of reasons why transforming the health system and the way it supports positive oranga hinengaro outcomes is needed.

Mental health conditions, gambling and substance-related harms, and distress are growing, start early and are inequitable.

- › The understanding of current prevalence of mental health and addiction issues is limited, but self-reported levels of distress are increasing.
- › Mental health issues and substance-related harm start early in the life course and have lasting impacts.
- › As noted above, there are disproportionate impacts for Māori, Pacific peoples, and other groups.
- › The COVID-19 pandemic has likely increased mental distress and may continue to do so. In addition to the impact of COVID-19, demand will likely continue to grow, even though access to services is increasing.

Investment in services has increased but remains low and variable.

- › When compared to other countries in the OECD, investment in New Zealand is low and has been heavily weighted towards specialist services.
- › Although investment in oranga hinengaro services for Māori is growing, investment remains low for children and young people's specialist mental health services for Māori in three out of four regions.
- › There has been variable investment in services for other groups experiencing inequities.
- › Investment in early intervention and whānau wellbeing is also variable and does not reflect the evidence about its benefits.
- › Investment in alcohol and other drug services is relatively low at 12% of investment in oranga hinengaro services.
- › Peer services and Lived Experience leadership investment remains low and inconsistent nationally.

There is considerable variation in service levels and models of care around Aotearoa, which further exacerbates the 'post code lottery' and inequities for tāngata whaiora and whānau. System and service design challenges have not enabled transformation.

- › System and service settings do not acknowledge tāngata whenua.
- › There is a lack of national guidance, which has resulted in inconsistency.
- › Service siloes and service-centric design prevent joined-up and people-centred care.
- › Cross-sector complexity limits holistic mental wellbeing support.
- › Commissioning approaches drive competitive rather than collaborative behaviour.
- › The mental health and addiction workforce is under increasing pressure, including from factors such as change fatigue, the COVID-19 response, and negative media portrayal of the sector, all of which impacts on workforce wellbeing and recruitment. The workforce requires coordinated support.

► NGĀ WHAKAHOUTANGA PŪNAHA HAUORA

Health system reforms

The 2022 health system reforms fundamentally change the way we structure and deliver health services to ensure all New Zealanders get the services they need, in ways that uphold Te Tiriti, are inclusive and empowering and underpinned by pae ora. The reforms call for a health system that has a strong focus on equity, takes a population-based approach, and shifts services and supports closer to communities. It anticipates services that are locally driven and shaped by Iwi Māori and tāngata whaiora, with national support and structures to enable consistency and connections.

The health system reforms provide an opportunity to change course, to address the inequities discussed above and to learn from each other and expand the range of services valued by those who use them. The reforms mean we are in a better position to achieve the vision of *Kia Manawanui*. The objectives and shifts sought through the reforms are critical to ensure the health system plays its part in the transformation of Aotearoa New Zealand's approach to mental wellbeing.

The new commissioning entities established as part of the health system reforms – Te Aka Whai Ora and Te Whatu Ora – will play key leadership roles in implementing the SSF, with Manatū Hauora and Te Aka Whai Ora also using the SSF to inform policy and monitor transformation. The waka hourua concept will see all entities working together to drive transformational change and better outcomes for individuals, whānau and communities.

The health system reforms introduced a range of guiding documents for the health system that will guide implementation of the SSF and change within the system's responses to oranga



hinengaro needs. These include the Pae Ora (Healthy Futures) Act 2022, which sets out the principles and expectations of the health system and the roles of responsibilities of the health entities; the Government Policy Statement, which sets priorities for the publicly funded health sector; and Te Pae Tata, the interim New Zealand Health Plan, which describes how the health entities will deliver on the priorities set.

The SSF is not an action plan, but rather sits alongside the interim New Zealand Health Plan for 2022/23 – 2023/24, which contains actions that begin to give effect to the SSF and move the system towards the future state described. The SSF will be operationalised through the actions identified in future New Zealand Health Plans.

Kia Manawanui and the SSF will also sit alongside and enhance the range of health strategies in place, including *He Korowai Oranga: Māori Health Strategy*, *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*, the *New Zealand Disability Strategy 2016–2026* and *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029*. As well as those strategies being developed under the Pae Ora (Healthy Futures) Act 2022.

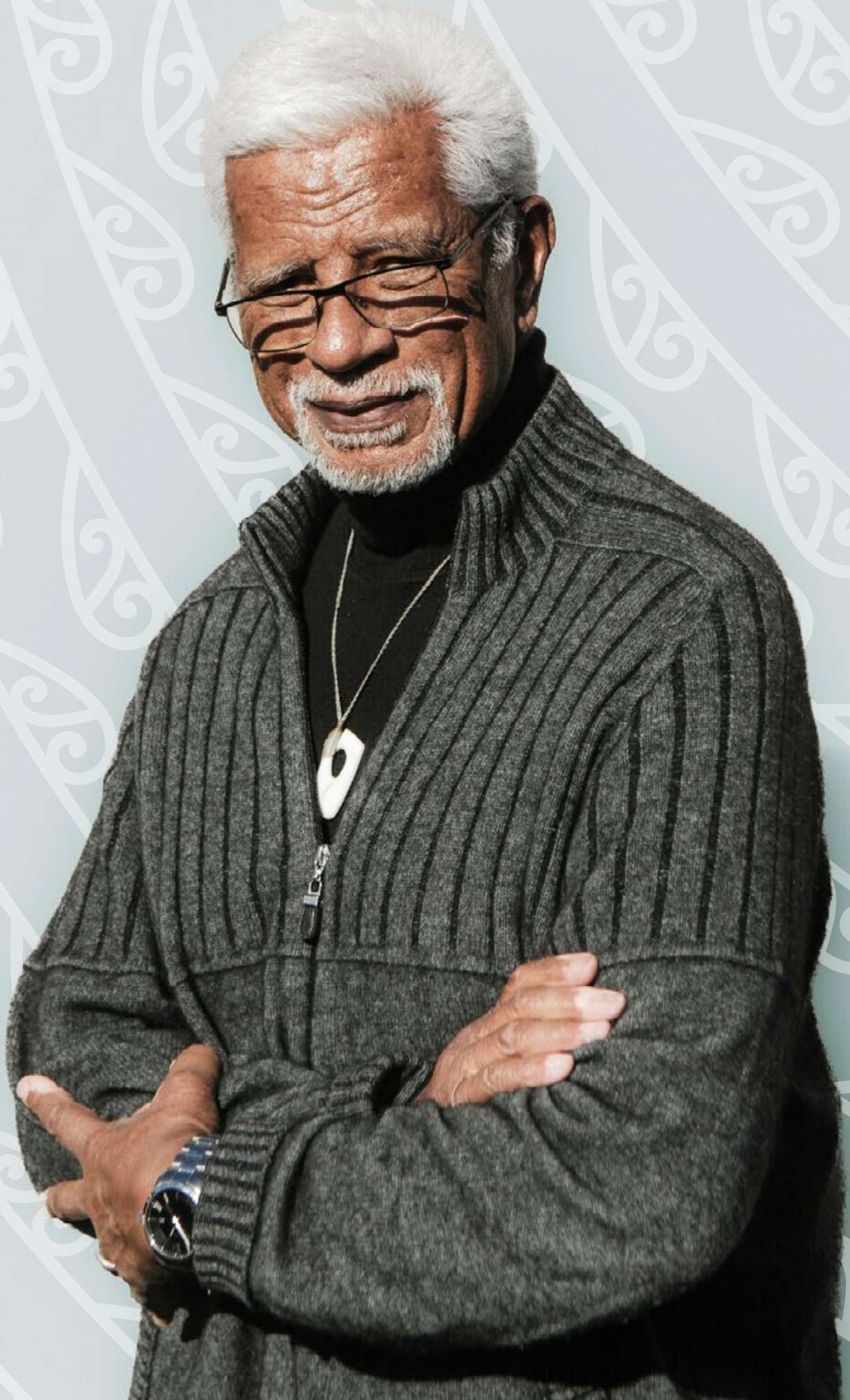
► KUA TĪMATA TE PANONI

Change is underway

The foundations for change have been put in place. Good progress has been made since the Government's response to *He Ara Oranga*, the development of *Kia Manawanui* and commencement of the health system reforms. This includes strengthened leadership through entities such as the Mental Health and Wellbeing Commission / Te Hiringa Mahara and the Suicide Prevention Office; reformed regulatory environments through changes to mental health legislation; the expansion of service access and options for people across the continuum, which has begun to fill longstanding gaps in the mental health and addiction system; and enhanced community-led and cross-sector ways of working.

There is still more to be done and further challenges ahead, but shifts have started and provide a platform for further change. The mental health and addiction system plays a key role in this transformation and must continue to lead, while also addressing a number of long-standing and systemic challenges.





4

ME AHA TĀTOU?

**What do we need
to do?**



Te Tiriti o Waitangi (guiding star)





Service Principles
(guide)



System Principles
(guide)

Pae ora





4 ME AHA TĀTOU?

What do we need to do?

► NGĀ MĀTĀPONO Principles

The future experience of the health system’s response to oranga hinengaro needs and aspirations will be underpinned by the system and practice principles described below. Describing the future experience when connecting with oranga hinengaro supports, including mental health and addiction services, brings to life the outcomes sought in *Kia Manawanui* from the perspective of the people they serve. The SSF continues the holistic, population-based approach to supporting mental wellbeing set out in *Kia Manawanui* and incorporates a whānau perspective over the life course, with a focus on addressing inequities that lead to disparities in mental wellbeing outcomes for specific population groups.

Principles that reflect the views of communities are critically important to designing the new system. Te Tiriti principles of tino rangatiratanga, equity, active protection, options, and partnership underpin the system and service principles for oranga hinengaro outlined below. The principles below also build on the values-based set of operating principles in *Kia Manawanui* for cross-government mental wellbeing systems and the health sector principles set out in the Pae Ora (Healthy Futures) Act 2022.

System principles	Service principles
<p>Shaping decisions about the health system’s oranga hinengaro responses:</p> <ul style="list-style-type: none"> › Person- and whānau-centred › Human rights › Holistic › Equity-driven › Accessible › Community-focussed › Social inclusion and anti-discriminatory › Collaboration and innovation 	<p>The foundation for decisions and approaches when delivering services for oranga hinengaro needs:</p> <ul style="list-style-type: none"> › Self-determined recovery › Harm reduction › Preventing suicide and targeted supports › Trauma-informed and healing/restorative centred care › Strengths-based

Many of these principles are in use across services today. This is part of the effort to identify and amplify good practice, helping to ensure consistency of service across the motu.

System principles

■ Person- and whānau-centred:

People- and whānau-centred refers to the idea that service design and delivery must meet the needs of people and whānau first and foremost, with service responses informed by them and progress/transformation measured against their aspirations. People and their whānau are at the centre of care which means they can easily access a comprehensive range of community-based services and supports, with timely, respectful culturally safe and helpful responses. This involves multi-dimensional supports that respect and value personal, whānau, community, spiritual and cultural beliefs, and ways of being.

Design and delivery of supports and services are undertaken in partnership with people and whānau, to ensure there are no system-focussed policies such as unnecessary age restrictions or geographical boundaries. If decisions for care need to be made on behalf of people and/or whānau then there will be options available and their involvement in shared decision-making prioritised.

■ Human rights:

People and whānau who receive support for mental health, gambling and substance-related needs have their human rights and mana upheld and are treated with dignity and respect. The New Zealand Government has obligations through international conventions to promote and protect the human rights of people living in Aotearoa.

■ Holistic:

Mental health, gambling and substance-related needs occur within cultural, social, spiritual, environmental, and economic contexts. By recognising the social determinants that contribute to broader health and wellbeing, people are able to access holistic support for the continuum of their needs across health and social community organisations.

■ Equity-driven:

Manatū Hauora recognises that in Aotearoa, people experience differences in health outcomes that are not only avoidable but unfair and unjust. Health entities and services take intentional actions to achieve equity of outcomes and ensure equitable access to quality care for all. This also includes naming and addressing racism and other discrimination in all its forms.

■ Accessible:

There are easy, early, and timely access to services for tāngata whaiora and their whānau. There are pathways between local community supports and more specialised supports. Services are easy to exit when appropriate and offer ways to reconnect safely as and when needed.



■ **Community-focussed:**

Strong communities provide a foundation of support and connection, which is vital for mental wellbeing. Communities may be based around a particular locality (such as a suburb or town), a particular identity (such as ethnicity or sexual orientation) or common interests/purpose (such as a profession, sports club or school). The system acknowledges the importance of fostering community-led solutions and ensuring services support people's community connections. Community-led oranga hinengaro supports are inclusive and proactive to make sure that people feel enabled to lead their lives, whatever their life experience, culture, identity, and preferences.

■ **Social inclusion and anti-discrimination:**

People experience socially inclusive and affirming supports and services that also actively seek to eliminate prejudice and discrimination associated with diagnosed mental health conditions, and substance use. This includes addressing discrimination within and outside of the mental health and addiction system and recognising that access to some mental health and addiction treatment and supports can increase prejudice and discrimination from staff, communities, and whānau.

■ **Collaboration and innovation:**

People and whānau experience connected and joined up supports which are created by new and enhanced relationships across government agencies, localities, iwi, and community organisations. Strong, trusting relationships are at the heart of collaboration, and are required to support and encourage innovative and effective approaches to support mental wellbeing.

Service principles

■ **Self-determined recovery:**

People and whānau have their mana upheld and the right to build meaningful lives for themselves, including being valued in their communities and relationships and by society. A recovery approach encompasses ensuring the authority remains with the person and whānau to self-define experiences and control their personal narrative (with or without support), co-producing evidence that informs the support they receive, and holistic choices of supports including cultural, spiritual, economic, social and creativity based. Self-determined recovery promotes sustained long-term wellbeing outcomes for people, with a focus on people who have been marginalised, to empower them to participate and live well.

■ Harm reduction:

People and whānau will experience a harm reduction approach that seeks to prevent and reduce harms from behaviours and substance use. There is an acceptance and acknowledgement of the multi-faceted nature of harmful behaviours and substance use, and people and whānau are supported to address the conditions of substance use as well as substance use itself. It is acknowledged that some people will need to stop using substances and will need services for that. Others will not need to stop or cannot stop using substances, so services will be responsive to their needs as well.

■ Preventing suicide and targeted supports:

Both *Kia Manawanui* and *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029* acknowledge that collective efforts across sectors needed to prevent suicide. This includes ensuring people and whānau have the social, cultural, environmental, and economic foundations for mental wellbeing in place, as well as access to whānau and community supports. The health system contributes to these collective efforts by working across sectors and by ensuring that interactions are positive and proactive for people and whānau. The health system also promotes wellbeing supports that contribute to preventing suicide and provides targeted interventions for people with risk factors or currently thinking about suicide. Postvention support is available for whānau and communities impacted by suicide.

■ Trauma-responsive and restorative centred care:

People and whānau are understood and heard through a compassionate trauma-informed practice that acknowledges what has happened in their lives and journey, including an awareness of the impacts of adverse childhood experiences, significant events, and intergenerational trauma. The impact of trauma is influenced by our lived experiences and culture. People experience healing environments and have agency and meaning in their lives. It is acknowledged that, for some, mental health and addiction services and supports can be traumatising, particularly for people who experience compulsory treatment or restrictive practices.

■ Strengths-based:

People and whānau experience services and supports that are proactive, focus on the innate strengths of people, and honour their own expertise. Strengths-based means starting from a foundation of understanding tāngata whaiora, drawing from strengths to manage/overcome challenges they may be experiencing, doing the best they can with what they have learnt on their journey so far. It is about working with tāngata whaiora to identify and understand what has bought tāngata whaiora to ask for, or need, additional supports. People experience compassionate care from a well-resourced and resilient workforce that reflects their communities.

► NGĀ HŪNUKU MATUA E TIKA ANA

Critical shifts required

For the future experience to be realised, there are a number of critical shifts that need to occur across the health system to improve oranga hinengaro outcomes, including within mental health and addiction services, to make an enduring difference to individual, whānau and community mental wellbeing. These seven critical shifts do not sit in isolation from one another and reflect initial priorities among the widespread array of innovations and improvement initiatives already underway in many parts of the motu.

Making progress in these shifts will take sustained, collective effort and investment over the long-term. They will require strategic implementation and honest critical reflection to ensure true progress on the journey towards a transformed approach to mental wellbeing within Aotearoa New Zealand.

►► Critical shift 1: Actively deliver on Te Tiriti o Waitangi

What does this mean?

Actively delivering on Te Tiriti o Waitangi means that the health system and mental health and addiction services deliver equity of access and outcome for Māori. This means progressing beyond obligations and proactively enacting the principles of Te Tiriti which include tino rangatiratanga, equity, active protection, options, and partnership. Te Tiriti principles will underpin and be woven through all elements of commissioning and service provision.

What will change?

Across all levels of service, there will be more services designed by and for Māori, and Māori will play a central role in designing and delivering services for largely Māori populations or where the majority of people using services are Māori. As a result:

- › There will be more services and supports planned, designed, funded, and delivered for Māori, by Māori. These services will be grounded in te ao Māori, based in mātauranga and informed by pūrākau and by the knowledge systems of iwi, hapū and whānau.
- › All services that are predominantly accessed by Māori or serving a high Māori population will be radically re-designed (by and with Māori) to reflect te ao Māori values and practices and utilise mātauranga Māori and pūrākau to support oranga hinengaro while ensuring ongoing access to needed clinical services.

There will be service options that are informed by mātauranga Māori available at every part of the service landscape, with tāngata whaiora and whānau leadership to inform decision making.

- › All mental health and addictions services across the sector will be focused on achieving equity of access and outcome for Māori and supported to make the changes needed to this end.

To achieve this shift requires equitable resourcing and autonomy for Māori to ensure there are options for Māori, that tino rangatiratanga and Māori self-determination are supported, and that equity for Māori is achieved.

▶▶ Critical shift 2

Design out inequities

What does this mean?

Equity recognises that different people with different levels of advantage require different approaches and resources to get equitable health outcomes. Delivering on Te Tiriti will improve equity, however addressing equity of mental wellbeing for the whole population will require a proactive and sustained effort to design out inequity at every level. This means anchoring investment using responsive and inclusive planning approaches that support the diverse needs of communities and reduce persistent health inequalities. Designing out inequities also means not adding to them by how the system and services are structured and ensuring that system processes and pathways do not create further inequity in a person's life.

What will change?

Availability of mental health and addiction services will be equitable across the country, and services will be tailored for life-stages and population groups, with investment levels reflecting the local population's characteristics and needs, to increase equity. This will include:

- › Health promotion activities tailored to population groups with highest risk or need.
- › A broader range of population-specific mental health and addiction services in those areas with sufficient population size and need (e.g., for Pacific or Asian populations).
- › For groups experiencing inequities who do not have access to local population-specific services, there will be national consultation and advisory services to enhance and support delivery by other services (e.g., for Pacific and Asian populations, the rainbow and takatāpui community, those who are deaf and hearing impaired, migrants and refugees).
- › People who have high and complex mental health and/or addiction needs will also have ready access to effective general health services including comprehensive primary care teams and health coaching.
- › Information about equity of access and outcome will be routinely analysed and when inequity is uncovered, this will be acted on.

Designing out inequity at every level requires a focus on equity both in terms of how the system is structured and across services and supports from promotion and prevention through to specialist services. There will be a focus on building a diverse and representative oranga hinengaro workforce with deliberate investment in the areas above. In line with the whole-of-government approach set out in *Kia Manawanui*, there will also be stronger cross-sectoral working with interventions that purposefully redress social disparities and disadvantage, including outside of the health system (e.g., employment and housing supports).

▶▶ Critical shift 3

Build Lived Experience-led transformation

What does this mean?

People with lived experience and their whānau are the heart of the transformation of our future system of services. To keep services connected and embedded within the lived experience vision, the knowledge and practices developed from people's lived experiences of mental distress, gambling and substance-related harm will form the foundation for the future system of services.

This will require lived experience to inform and influence at all levels of the system encompassing all aspects of oranga hinengaro. Investment in lived experience-led structures to build these valuable knowledges and practices will ensure the transformational potential of these roles is realised. Entities and organisations within this system will prioritise the growth of the lived experience and peer workforce and the expansion of peer services that bring unique perspectives and understanding. This will mean different things for people accessing services across the continuum.

What will change?

- › Lived experience and peer leadership will be incorporated across the board – in management, planning, commissioning, delivery and monitoring of the mental health and addiction system and services. Insights will be valued as equal to other disciplines.
- › Peer Support will maintain the fidelity of the peer support values and epistemology, which reflects a relational way of being based within mutuality that is transformational when combined with a common experience.
- › There will be peer support practitioners working alongside specialist mental health and addiction services, with peer support leadership to ensure these roles remain true to peer support values.
- › There will be a greater range of lived experience led services, in particular peer support, across the service landscape, including acute services.
- › The expanding primary oranga hinengaro workforce will reflect the population they serve and will include people with common experiences of overcoming adversity.

Examples of excellent Lived Experience leadership and peer services exist currently and exploring the critical success factors of these examples will provide a template for moving forward. Embracing the incorporation of lived experience leadership and peer support into design, planning and service delivery can guide the system's pathways to transformation. Tāngata whaiora must be at the forefront of the transformation of the mental health and addiction system and services, and peer support is a critical component of a transformed system and service landscape.

▶▶ Critical shift 4

Get in early to support whānau wellbeing

What does this mean?

This critical shift is about promoting mental wellbeing, supporting whānau, and intervening early in the life course in a more flexible and whānau-centred approach. It will be understood that whānau wellbeing is essential to individual wellbeing and that whānau will be journeying with one another long after a relationship with services has ceased. Therefore, services will understand their role is to strengthen the expertise held within the whānau and will not create further strain on their relationships with one another.

What will change?

The future system will prioritise investment in the early years, with a whole-of-whānau approach. There will be an increased emphasis on:

- › The first two thousand days, with specialist infant and perinatal mental health services available for new parents (either as stand-alone services or with specialist expertise integrated into other services such as specialist child and youth mental health services).
- › More specialist services that intervene early and rapidly, to support children/tamariki and young people, with a strong focus on whānau ora when mental health, gambling and substance-related issues challenge their ability to engage fully in important developmental tasks such as education.
- › Services for the young adult age range will be developed in line with recent evidence about human development which recognises that adulthood does not begin until the late 20s, so youth will not be required to transition to adult services until their 25th birthday and will have the choice to do so from the age of 20. Age range eligibility criteria for all services must be flexible to respond to the strengths, preferences and needs of individuals and whānau at any stage of their life.

▶▶ Critical shift 5

Promoting wellbeing and responding early when distress arises

What does this mean?

Promoting mental wellbeing and intervening early – in mental distress, diagnosed mental health conditions and gambling and substance-related harm – will require the health system to continue to expand the historical singular focus on specialist treatment for individuals to include promotion and prevention. This builds the ability of individuals and whānau to flourish and maintain mental wellbeing, as well as efforts to prevent and reduce substance-related harm and gambling harm. Whānau will also be able to support one another, and there will be accessible options to respond early on to emerging need.



What will change?

This will mean increased focus on:

- › Mental wellbeing promotion as evidenced in *Kia Manawanui* – in schools, workplaces, and the community, and for the whole population following widespread traumatic events.
- › Increasing literacy in relation to mental health and substance-related harm and gambling harm so people know how to support each another.

There will be a much greater emphasis on early intervention when distress is first experienced including:

- › Telehealth and digital services that support self-management and provide widespread early access and information.
- › Integrating primary mental health and addiction services into all comprehensive primary care teams.
- › The availability of primary mental health and addiction services to address mental health distress, mental health conditions, gambling, and substance-related harms in a wide range of other settings, including services for Māori and for youth in all areas, for Pacific and/or Asian peoples where population size determines a greater need, and within schools and tertiary educational settings.
- › Early intervention focused specialist services will act early to prevent progression and to meet the recovery needs of those young people whose diagnosed mental health conditions, gambling, and substance-related harm, challenge their ability to fully engage in age-appropriate developmental tasks.
- › A strong continuum of community-based acute mental health and addiction responses in all parts of the country, including pathways into hospital-based services when needed.
- › An increased focus on creating a responsive workforce that is enabled to work to the top of their scope to promote wellbeing and intervene early.

There will be an increased focus on whānau, recognising that whānau wellbeing is essential to individual wellbeing. This will include:

- › Actively involving whānau with a focus on enhancing whānau wellbeing, acknowledging their strengths and enabling them to support one another when experiencing distress, gambling harm or substance-related harm.
- › When whānau first become concerned about their loved one's experience of distress, appropriate support for them to navigate their experience as whānau, even if the tāngata whaiora is not ready to ask for support.
- › Services ensuring that tāngata whaiora maintain involvement and contribution to their whānau when navigating specialist services.
- › Involving whānau in making informed choices, with both individuals and whānau seen as equal partners in their mental wellbeing support.

▶▶ Critical shift 6

Connect services to work better

What does this mean?

Services will be networked together across sectors so that people can access the support they need in a joined-up way from mental health and addiction services and other government agencies involved, if this is what they wish. This way the system will facilitate or navigate connections when this is needed or wanted by whānau, so people are not forced to be responsible for navigating a complex array of services to meet all of their needs. Services will call on their networks locally, regionally, and nationally to ensure the responses they collectively provide best meet people's needs.

What will change?

Locally networked services will meet needs across a person's lifespan in ways that reflect age and developmental needs and work well for local communities. Networked providers will be guided by locality plans, with shared accountability and seamless delivery. This will mean:

- › Every locality will have integrated primary mental health and addiction services as part of their comprehensive primary care services. These services will forge strong links with:
 - » cross-sector supports
 - » kaupapa Māori, youth and Pacific primary mental health and addiction services
 - » hospital and specialist mental health and addiction services.
- › Specialist mental health and alcohol and other drug services will work seamlessly together, forging strong links with cross-sector supports and providing rapid access to consultation and advice for comprehensive primary care teams.
- › Mental health and addiction services for older people will be available throughout Aotearoa closely networked with, or an integral part of, health services for older people.
- › Better connections with other health services to support people with dual physical and oranga hinengaro needs.
- › The future system will be digitally enabled, with virtual access to advice and specialised expertise that is not available locally.
- › Regionally delivered services will work together through national networks that support best practice.
- › National networks will also support quality improvement for specific types of multi-locality services.

▶▶ Critical shift 7

Be responsive to needs: Options and respected choices

What does this mean?

While the system and services aim to have more effort focussed on promotion and prevention, it is important to continue to prioritise those with the highest needs. For these tāngata whaiora, services will 'meet people where they are at' and be flexible and oriented to responding to people's needs. The workforce will be empowered to listen to people's feedback, tailor responses and provide options, so that people can exercise choice and self-determine what support they receive.

This will be particularly important for people diagnosed with mental health conditions or substance-related harm who have high and complex needs, as providing options and tailored responses will support them to live well in ways that matter most to them and based on what works for them.

What will change?

Services will be adaptable, working well for everyone who uses them. As a result:

- › There will be more service choices, including mātauranga Māori approaches, contemporary therapies such as open dialogue, talking therapies and other approaches that are demonstrably effective, complemented by more traditional options.
- › Services will put in place effective feedback and review processes, using this information to ensure the support they offer is relevant and useful for each person and every whānau they serve.
- › Services and workforces will be responsive to people with co-existing problems, including growing the capability and capacity in both the mental health and addiction workforces.
- › Services and workforces will have a good understanding of neurodiversity and how to best support different and diverse groups of people.
- › Support options within the community will be co-developed with people impacted by diagnosed mental health conditions, gambling, or substance-related harm.
- › Long-term inpatient mental health services for people with high needs will be replaced with individually tailored community-based and residential support services determined by the people themselves. For example, this may include personally determined use of funding.
- › Supporting and developing the whole workforce to work at top of their scope and to be adaptable in service delivery.



TE HORANUKU O NGĀ RATONGA

Service response landscape

Everyone, regardless of who they are, where they live, and the complexity of their needs, is entitled to access the services that will help each person to achieve positive wellbeing and minimise harm. At the start of this transformation journey, access to services was highly inequitable around the motu (see Appendix 1).

The critical shifts have implications for the way in which services are delivered, the types of services delivered and future funding priorities. Table 2 sets out examples of the services that will be available to meet the needs of different groups of people. While these responses may look different in different parts of the country, the SSF will enable commissioners to ensure, over time, that there are services to meet these needs throughout Aotearoa and that the amount of service available in each area equitably reflects local need.

These services are examples only, recognising that transformation, innovation, technology and improvement will result in new services and are likely to significantly change the detail of the service landscape over time, informed by new and effective ways of meeting needs.

The services of the future will be evidence-informed, based on mātauranga Māori, tāngata whaiora, whānau experience and clinical knowledge about what works well for people in Aotearoa.



Table 2. Examples of the services that will be available to meet people's needs

Who are the services for?

Everyone

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> Community-led wellbeing initiatives Suicide prevention initiatives National promotion and prevention Telehealth and digital tools 	<ul style="list-style-type: none"> Māori promotion and prevention and digital tools 	<ul style="list-style-type: none"> Targeted promotion and prevention initiatives for groups experiencing inequities

People at work or in education

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> Workplace and education-based mental wellbeing promotion – resilience and mental health literacy 	<ul style="list-style-type: none"> Targeted mental wellbeing promotion and prevention responses for Māori 	<ul style="list-style-type: none"> Targeted promotion and prevention initiatives for groups experiencing inequities

People at risk of distress or harm

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> Harm reduction services, including overdose prevention, drug checking and needle and syringe programmes Temporary targeted psychosocial response in areas affected by traumatic events 	<ul style="list-style-type: none"> Targeted psychosocial responses for Māori 	<ul style="list-style-type: none"> Targeted promotion/prevention initiatives for groups at higher risk of distress and harm including suicide



Who are the services for?

People experiencing distress for any reason

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
Primary mental health and addiction services within general practices, other primary care settings, schools, tertiary institutions, community centres and marae	Te ao Māori solutions, services or responses including Kaupapa Māori primary mental health and addiction services	Pacific primary mental health and addiction services Youth primary mental health and addiction services

People experiencing gambling-related harm

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
Promotion, prevention, and de-stigmatisation Clinical and support services New service innovations	Te ao Māori services and responses	Pacific services and responses Asian services and responses



People experiencing substance-related harm

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<p>Primary and specialist community alcohol and other drug responses tailored to life stage, including:</p> <ul style="list-style-type: none"> › Primary care liaison/advice › Pregnancy and parenting services › Short-term and longer stay residential treatment programmes › Medical addiction services and outpatient programmes › Continuing care › Co-existing disorders services › Youth alcohol and other drug services › Mutual aid and peer support › Whānau support › Managed withdrawal within inpatient and community settings › Residential treatment for people under compulsory treatment › Opioid substitution treatment › Court Services 	<p>Te ao Māori solutions, services, or responses</p>	<p>Where population size is sufficient:</p> <ul style="list-style-type: none"> › Services for Pacific peoples › Services for Asian peoples › Refugee community services › Mental health and intellectual disability community services <p>Where population size is not sufficient for local specific services, national virtual consultation and advisory services e.g., for:</p> <ul style="list-style-type: none"> › Pacific peoples › Asian peoples › Takatāpui and rainbow communities › Deaf and hearing impaired › Refugees and migrants › Neurodivergent communities

People diagnosed with mental health conditions

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<p>Specialist community mental health responses tailored to life stage including:</p> <ul style="list-style-type: none"> › Primary care liaison/ advice › Mobile intensive responses › Support for employment › Infant, Child and Adolescent Mental Health Services › Services for Older People › Co-existing disorders services › Peer support › Whānau support › Eating disorders services (community and inpatient/residential) › Early psychosis intervention › Maternal mental health (community and home-based supports) › Community services for people who have experienced complex trauma 	<p>Te ao Māori solutions, services, or responses</p> <p>Support services linked to Hauora Māori providers</p>	<p>Where population size is sufficient:</p> <ul style="list-style-type: none"> › Services for Pacific peoples › Services for Asian peoples › Refugee community services › Mental health and intellectual disability community services <p>Where population size is not sufficient for local specific services, national virtual consultation and advisory services e.g., for:</p> <ul style="list-style-type: none"> › Pacific peoples › Asian peoples › Takatāpui and rainbow communities › Deaf and hearing impaired › Refugees and migrants › Neurodivergent communities



Who are the services for?

People needing urgent assistance

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> Residential and home-based respite (including youth-specific respite) Peer-led community alternatives to inpatient Community-based response and treatment including home-based Acute inpatient services for adults Acute inpatient services for young people Police Liaison – Mental health services 	<ul style="list-style-type: none"> Options to connect to te ao Māori solutions and services Te ao Māori solutions, services, or responses Te ao Māori community alternatives to inpatient 	<ul style="list-style-type: none"> National and virtual telehealth and digital responses that meet needs of specific populations as required

People needing support to re-build their lives including people who have high and complex needs

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> Packages of support in the community Supported employment Supported housing Other residential supports tailored to life stage Wrap around services 	<ul style="list-style-type: none"> Te ao Māori solutions, services, or responses Mana-enhancing Options – Kete whaiora 	<ul style="list-style-type: none"> Pacific services and responses

People in hospitals, prisons, courts, or state care

Responses for the whole population	Responses for Māori	Responses for others experiencing inequities
<ul style="list-style-type: none"> General hospital liaison services 	<ul style="list-style-type: none"> Te ao Māori solutions, services or responses or options to connect with them 	<ul style="list-style-type: none"> Forensic services for adults and (separately) youth: Court liaison, prison liaison, community, residential and inpatient services.



Life course

Mental health and addiction services will aim to ensure people start well, live well and age well. To achieve this, services of all kinds will be tailored to the age and life stage of each person who uses them.

Where there are services for specific age groups, people will be able to choose the service that best meets their needs: services for infants will be available to people from 0–4, those for children from 4–14, for youth from 12–24 and for adults from the age of 20. Services for older people will be available to people 65 years and older and will also be accessible to younger people with similar needs.

There will be alignment in age ranges between primary and specialist services, and between alcohol and other drug and mental health services to support stronger connections between services.

► NGĀ ĀHUATANGA MATUA O TE HORANUKU O NGĀ RATONGA

Key features of the service response landscape

Service structure nationally, regionally, and locally

All future mental health and addiction services will be organised nationally, regionally, and locally, with national networks providing support for excellence in implementing the framework, its principles, and critical shifts. Over the first two years of the health reform there will be shared work to identify the services where national or regional delivery would likely improve them and the outcomes for those who use them, for example Regional Forensic Mental Health Services.

Locally networked mental health and addiction services may be delivered at a locality level or in many cases, across multiple localities. All parts of Aotearoa will be served by a comprehensive range of locally networked mental health and addiction services, shaped by locality planning and inclusive of both primary and specialist mental health and addiction services. Local services will foster new connections, expand the available options and together work seamlessly across the life course and the continuum of need, creating pathways for ease of movement between services.

Localities with larger populations will have separate services for children, youth, adults and older people, separate services to address mental health and alcohol and other drug issues, and services for people experiencing both issues. Smaller localities, including rural and remote localities, will tailor services, balancing local circumstances, workforce availability and the appropriateness of mixing people of different ages and needs. These smaller locality services may have multi-purpose teams and multi-skilled staff and will be able to readily access advice and support from multi-locality or regional services.



Local mental health and addiction services will also be networked with other local health services and will play their part in supporting communities to strengthen mental wellbeing and prevent harm. Together networked health services will work with local communities and authorities and across agencies to address the broader social determinants of health.

Regional services in the four health regions of Aotearoa include both services for which the level of demand is too low to justify a local service, and services that require technology or highly specialised knowledge and skills that would be difficult to source locally.

Some regional services require significant cross-agency involvement, so the provision of regional services simplifies the working relationships other agencies need to have with mental health and addiction services.

In some instances, regional services may be made available in multiple locations within a region, to be more accessible. In others, more local services may be networked together regionally to provide a wider range of options for people and enable greater choice, recognising different responses work for different people.

For each type of regional service and some more specialised local services, there will be **national networks** formed with participation from each of the four regions to guide planning and create opportunities for shared learning to support best practice, models of care and quality improvement.

National services will be provided either from a single location or by a single provider for people, regardless of where they live in Aotearoa. They include services for the whole population, like services promoting wellbeing or telehealth health services, virtual consultation and advisory support for other services to better serve specific populations experiencing inequity. This may also include nationwide services with a level of demand too low to justify a regional service.

What will the critical shifts mean for the service landscape?

Across all mental health and addiction services there will be a focus on innovating together, collaborative design and new evidence-informed service responses, expanding the range of options available, e.g., mātauranga Māori approaches, peer support, talking therapies and open dialogue, complemented by more traditional treatment options. New approaches will be evaluated and there will be opportunities for shared learning so that things that work well are made widely available. Service providers will actively work with the people who use them, seeking feedback to guide the responses they deliver and ensure that they are helpful.

Ongoing work will identify opportunities for digital technology to enhance services, create new response options, improve access, share information, and seek feedback and provide better experiences tailored to people's diverse needs and preferences. This will include finding ways to ensure there is equitable access to digital options for all people in need of healthcare.

Wellbeing promotion for all people

An increased range of activities and options to promote mental wellbeing and prevent distress and harm will enable whānau and communities to support positive mental wellbeing, respond to mental distress, and lead their own solutions. There will be collaborative design with groups whose wellbeing is most at risk, delivery of wellbeing promotion and harm prevention including grass roots peer support and mutual aid options right where people gather, for example on marae, in schools and workplaces and at event venues, with involvement of opinion leaders and community members in delivery.

Approaches to promote whānau Māori wellbeing will include te ao Māori solutions, informed by based in mātauranga and pūrakau and will be designed, and delivered by Māori.

For people experiencing distress for any reason

When needed, highly accessible locally based primary-level services will provide free support to cope with life's challenges, learn wellbeing tools or connect with other support services in the community, for anyone whose thoughts, feelings, actions or social circumstances are adversely affecting their wellbeing. These holistic services will support whānau wellbeing, require no referral and include kaupapa Māori, Pacific-led and youth services as well as services within general practice teams.

Ngai Māori Insights

Through hui Māori-ā-motu with over 700 participants in 2019, seven elements were identified to guide service development for kaupapa Māori innovation primary mental health and addiction services (Awa Associates. 2019). The seven elements required for kaupapa Māori primary mental health and addiction services include that services must be:

- 1 whānau-centred
- 2 delivering 'for Māori, by Māori'
- 3 kaupapa Māori principles and practices driven
- 4 strong in Te Reo Māori
- 5 skilled in tikanga
- 6 steeped in mātauranga Māori
- 7 experienced in rongoā.

These elements now underpin the access and choice kaupapa Māori primary mental health and addiction services operating throughout Aotearoa.



For people experiencing gambling-related harm, substance-related harm and diagnosed mental health conditions including those needing urgent assistance

For Māori, te ao Māori solutions must be developed to improve equity of access and outcomes. This involves new innovations in partnership with hauora partners and mainstream providers, and some services being radically redesigned (by and with Māori) to reflect te ao Māori values and practices and utilise mātauranga Māori and pūrakau to support oranga hinengaro. These services will be grounded in te ao Māori, based in mātauranga Māori and informed by pūrakau and by the knowledge systems of te ao Māori, iwi, hapū and whānau.

Innovation will also aim to enable the delivery of culturally appropriate services for other groups experiencing inequity, e.g., Pacific peoples, refugees, Asian people, Takatāpui and rainbow communities, deaf people, disabled people, people with dual intellectual disability and diagnosed mental health conditions, and neurodivergent people. Where there is no tailored local service to meet their needs, national consultation and advisory services will be established to support local services to deliver effective, culturally appropriate support, including offering virtual assessments and advice where appropriate.

Services will focus on both minimising harm and distress and supporting people to live well and flourish. Some people need to stop gambling or using substances to live well, others may not and still others find they are unable to do so. Some people diagnosed with mental health conditions need to be free of symptoms to live well, while others do not. Services will support people to live better lives within these parameters and support all their recovery journeys.

Living well includes playing their part as parents, siblings, and caregivers for aging parents, keeping work, or returning to work, progressing their education, and keeping or finding housing. These aspects of living well are often people's priority and a necessary foundation before taking steps to minimise harm and distress. Living well also involves supporting whānau impacted by the distress of a family member and engaging whānau so they can themselves provide support.

For people needing urgent assistance the priority will be ensuring rapid access to effective responses within the community for all ages, including alternatives to admission for adults and for youth and ensuring community response teams can access child and youth expertise when needed. Urgent response capability will include the ability to take rapid action to prevent housing or job loss, or return people to stable housing or work, including for people experiencing substance related harm. This will require strengthened cross-sector work with other agencies including housing, employment, and the police, as called for in *Kia Manawanui*.



Te ao Māori solutions for people needing urgent assistance will augment and strengthen services, as well as provide alternative te ao Māori options and solutions.

When people are not able to access community services (e.g., those admitted to general hospitals or detained in prisons or youth correctional facilities), they will still be able to access services to address oranga hinengaro needs that are well aligned and networked with the wider spectrum of services.

For people who have high and complex needs

Long-term inpatient mental health services for people with high needs will be replaced with individually tailored community-based and residential support for all people with high and complex needs. People using these services will take the lead in deciding what works best for them and have opportunities to lead funding decisions about the supports they access to enable good lives, re-connect with whānau and support wellbeing.

For people with co-existing problems

For those experiencing co-existing mental health, and substance-related problems, there will be specific services to address these combined needs and closely networked services to enable easy access to other specialist support as needed, so people can have their mental health, gambling and substance-related needs addressed at the same time. This will be reflected in growing the capacity of both the mental health and addiction workforces and services that are commissioned.



5

ME PĒHEA E TUTUKI AI?

**How are we going
to do it?**



5 ME PĒHEA E TUTUKI AI?

How are we going to do it?

For oranga hinengaro, the challenge is to translate the critical shifts set out in this document into real, on-the-ground change. Everyone has a part to play in this transformation, as whānau and communities, people with lived experience, Iwi Māori, the mental health and addiction workforce, people delivering services, policy-makers and service commissioners.

Implementing the changes will require concerted system-wide action across Manatū Hauora, Te Aka Whai Ora, Te Whatu Ora, localities and mental health and addiction service providers including hauora Māori partners, other non-government organisations and Primary Health Organisations.

- › Service providers will continuously review their service responses in light of the principles and critical shifts and make changes where needed.
- › Policy-makers in Manatū Hauora and Te Aka Whai Ora will be guided by the future state described in the SSF and will use their policy, planning and accountability roles to drive change in line with the critical shifts.
- › Commissioners in Te Aka Whai Ora and Te Whatu Ora will support the mental wellbeing aspirations of their local communities, hāpori and Iwi Māori, while also ensuring there is equitable access to core mental health and addiction services around the country. They will ensure the way they commission, and the services commissioned, reflect the principles and critical shifts.

HE KUPU ĀWHINA MĀ NGĀ KAIKŌMIHANA

Guidance for commissioners

Te Aka Whai Ora and Te Whatu Ora commissioning roles

Both Te Aka Whai Ora and Te Whatu Ora have direct and co-commissioning roles under the health system reforms. Te Aka Whai Ora has developed a Hauora Māori Outcomes Commissioning Framework. It is a key transformation lever in seeking enduring health outcomes for whānau. There are three domains:

- › **Direct commissioning** – commissioning of te ao Māori and Mātauranga Māori solutions to deliver Māori health outcomes.
- › **Co-commissioning** – the commissioning of equitable access and locally driven health outcomes with Te Whatu Ora.
- › **Partnered commissioning** – partnering with cross-sector agencies that share the desire and are key contributors to whānau outcomes.

A wide range of commissioned oranga hinengaro service responses will be designed and delivered for Māori. In most cases, the lead commissioner will be Te Aka Whai Ora where these are delivered by hauora Māori partners and Te Whatu Ora where they are delivered by non-Māori organisations. In either case, these services will be co-commissioned, drawing on mātauranga Māori, lived experience, clinical knowledge, and cross-agency connections.

Commissioning functions within Te Whatu Ora will sit at both national and regional levels and be partnered with Te Aka Whai Ora and Iwi Māori Partnership Boards.

Commissioning services to respond to oranga hinengaro needs and aspirations

This section sets out the way in which commissioners in Te Aka Whai Ora and Te Whatu Ora can support the needed change so all people can strengthen their wellbeing and when needed, people can connect to their choice from among a range of service response options that deliver equitable outcomes for Māori, enhance lived experience wisdom, and enable people to navigate their journey and meet their needs, restoring their wellbeing.

As the health reforms continue to evolve, so too will the way in which the various planning and commissioning functions are carried out. Examples of changes we are likely to see include:

- › new funding pathways, innovation and implementation supports
- › localities-based planning shaping local networked services and responses
- › funding mechanisms that support collaboration, innovation, and collective accountability
- › more cross-agency commissioning
- › capability-building approaches
- › focus on wellbeing, promotion and prevention.

Within oranga hinengaro, a core commitment for future commissioning is that Te Aka Whai Ora and Te Whatu Ora work in partnership to guide the transformation needed through:

- › local design that tailors services to local populations
- › regional commissioning to address inequities and implement locally designed services
- › investing more in responses that demonstrably work well for people and less in those that don't
- › continuing to develop this SSF to update population entitlement to core services, equitable funding expectations and ways to identify existing inequities and gaps
- › establishing a national innovation hub to support shared innovation, learning and implementation, and provide skills and expertise to support locality planning for mental wellbeing.

An overarching intent at all levels is to bring together mātauranga Māori, lived experience, clinical knowledge, and cross-agency connections to transform the system and ensure it delivers improved wellbeing and equitable outcomes.

This framework guides commissioners to balance the need for:

- › National consistency to address the historical “post code lottery” and ensure people can access the services they need wherever they live
- › Equity of access to services relative to people's their needs
- › Local relevance so service responses resonate with, and work for, local communities (locality-based planning by communities and Iwi Māori Partnership Boards)
- › Experience-informed service responses that resonate with, and work for, the people who use them (whose voices may not always be present in locality planning structures).

National commissioning

National commissioners in Te Aka Whai Ora and Te Whatu Ora will work with together with regional commissioners to further refine:

- › Frameworks that set out population entitlement to core service responses, reflecting the critical shifts in this document
- › Equitable funding expectations to guide decision-making about investment across the different regions and districts and between population groups
- › Nationally consistent data and analysis to identify existing inequities and gaps
- › Initial priorities for application of new funding to move to greater equity
- › Nationally consistent equitable pricing for like services across providers
- › Core information sets for regional commissioners and locality planners, to inform their work.

► NGĀ HĪKOITANGA TUATAHI

First steps

Although the SSF has a 10 year horizon, transforming the service landscape will be a continuous task, informed by what works best. The first two years of the health system reforms provides an opportunity to put in place the building blocks needed for subsequent transformation. The following actions should be prioritised by commissioners in Te Whatu Ora and Te Aka Whai Ora for the first two years of implementing the SSF:

- › Gathering good **information about what services exist** and how equitably they are funded for different groups and areas and different provider types (building on the work set out in Appendix 1).
- › Developing **funding models** that reflect a more equitable approach based on population size, demography and need and then to size the gaps. Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora collectively share responsibility for ensuring an equitable allocation of funding, enabling each to play its part in delivering against this framework. An early action for the three entities will be to agree the methodology for determining the end point equitable funding allocation between the Te Aka Whai Ora and Te Whatu Ora and for services specifically for Māori, whether commissioned by Te Aka Whai Ora or co-commissioned between the two agencies.
- › Establishing a **national innovation, shared learning, and transformation hub** with regional 'spokes' involving people who bring te ao Māori, lived experience and scientific perspectives. This hub will evaluate and source information about approaches that are working well for people with different needs, share insights with locality planners, existing services, and commissioners, and facilitate co-design. It will also provide support for the rollout of successful service innovations and of mechanisms that ensure feedback informs the supports and treatments delivered. An early task for the innovation hub will be to support the establishment and operation of national networks for shared learning and continuous improvement.
- › Drawing on information about existing services and working collaboratively with partners (lived experience and whānau and service partners including hauora Māori partners) to confirm which services will initially be made available **nationally, regionally, and locally**.
- › Developing a **transformation plan for sequential future investment** in services to better meet needs around the motu, and ensuring this plan addresses the inequities that currently exist. Having this clear pathway for future investment in services will enable subsequent workforce planning to ensure workforce shortages do not impede progress.

ME PĒHEA TE PŪNAHA E WHAKAKAHA MAI AI?

How will the system enable us?

Implementing the changes signalled in the SSF and continuing to evolve and improve services based on new knowledge and innovation, requires strong and effective system enablers that together support delivery of high-quality, accessible, effective services.

System enablers work together to build the environment in which services can operate smoothly. *Kia Manawanui* identifies the key system enablers – leadership, investment, workforce, information, policy, and technology. While these are described in *Kia Manawanui*, there are considerations specific to the health system and its response to oranga hinengaro needs and for mental health and addiction services.

Leadership

Kia Manawanui sets out the pathway to a future where national, regional, and local leadership upholds Te Tiriti, supports equity, collaborates effectively, and recognises and amplifies the voices and leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs. The changes set out in the SSF will be achieved through collaborative, well-informed leaders sharing governance and accountability, with strong Māori and lived experience leadership and expertise across local and national networks and communities.

Investment

Investment over recent years has provided a solid basis for expanding and enhancing mental health and addiction services. However, additional investment will be needed to fully implement the SSF. *Kia Manawanui* sets out the pathway to a future where investment is broad and joined-up, expanding access and choice of recovery-based supports, prioritising kaupapa Māori and whānau-centred approaches, addressing equity, and increasing mental wellbeing promotion. The changes set out in the SSF will be achieved through increasing and prioritising investment particularly in the critical shifts and key system enablers, supported by a consistent framework, local plans and new commissioning approaches.

Workforce

Kia Manawanui sets out the pathway to a future where the mental health, addiction and mental wellbeing workforce is valued, retained and supported, able to respond to people's needs and intervene early. The changes set out in the SSF will be achieved through a coherent national workforce plan, expanded Māori and peer workforces, and active career promotion. Additionally, there will be effective support for the workforce to implement the SSF principles and participate in innovation and improvement.



Information

Kia Manawanui sets out the pathway to a future where mental wellbeing prevalence, needs and equity are better understood, solutions are easily shared, and feedback, particularly from Māori, people with lived experience, and other groups experiencing inequity, informs continuous service improvement. The changes set out in the SSF will be achieved through information derived from data, researched evidence, mātauranga Māori and lived experience. Data collection will be robust and consistent, to support regular, meaningful analysis and reporting.

Technology

Kia Manawanui sets out the pathway to a future where there is a digital ecosystem of support for individuals, whānau, communities and services. People are supported to use their preferred digital tools, and to change their choices if they wish. The changes set out in the SSF will be achieved through a range of technology-related enablers, including tools that support people to manage their own wellbeing and access their own health information, and tools for providers to enable seamless service delivery and simplified data capture.

Policy

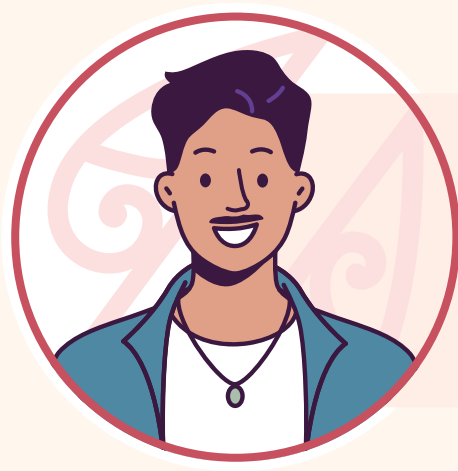
Government strategies, policies and laws guide on-the-ground responses to people's mental wellbeing needs. Therefore, *Kia Manawanui* promotes the need to strengthen the focus on mental wellbeing across government policies, and to embed a contemporary wellbeing approach that emphasises equity, human rights and mana enhancing practices. The changes set out in the SSF will be achieved through policy enablers such as improving mental health and addiction legislation, strengthening the public health approach to alcohol and other drugs, and increasing the focus on mental wellbeing, suicide prevention and equity across government.

Further detail about the system enablers is included in Appendix 2.

HE AHA NGĀ ĀHUATANGA O TĒNEI NĀ?

What does this look like?

These stories are all based on real life scenarios on what has happened, is happening and will happen in the future under the SSF and health reforms – demonstrating working together to improve outcomes for tāngata whaiora, whānau, the workforce and the wider community.



*“I see a system that isn’t a system.
It’s oranga – wellbeing.
It’s whānau, it’s hapū.
It’s hapori.
It’s our active Tino Rangatiratanga.”*

Māori Egan

If I was to wake up tomorrow and see a completely changed system of support for those who experience mental health and/or addictions, it would look vastly different to what I wake to now.

It would be a system that sees me and my whanau. BUT – that also extends outwards in ever increasing circles. Bit like a koru that curls and unfurls outwards. I would see a system that was focused on truly delivering all service provision at a tangata and whānau level, not the service level.

I would have ready access to Tohunga and rongoā as much as I am currently so readily prescribed pharmaceutical interventions. I would have ready access to te tai ao, learnings from the maramataka, waiata and kapa haka to expend excess energy or gain any energy left lacking. All those ways that

have sustained our people for centuries. I would have ready access to our ngahere, our awa, our moana. I would feel that draw that comes when exposed to that which resides within our very DNA.

People envelop you and your whānau during your time of need. Those who held you safe with something as simple as a kai, a karakia, a presence there with you through that path. Those who bring with them clinical skills and experience, which work in harmony with cultural skills and experience.

I see a system that isn’t a system.
It’s oranga – wellbeing.
It’s whānau, it’s hapū. It’s hapori.
It’s our active Tino Rangatiratanga.

It doesn’t need a name. It just is.
And we all have a place within it.

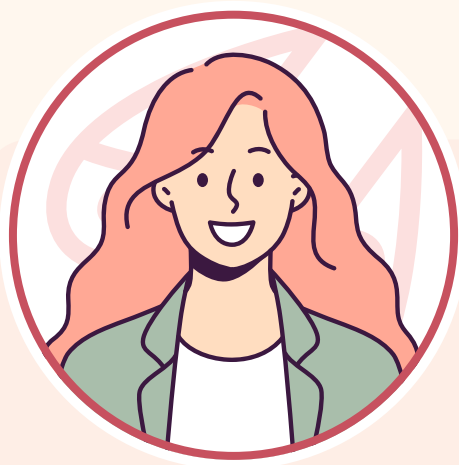
Alcohol and Other Drugs

John's story

Currently I'm living in social housing and have struggled with addiction issues since I was a young guy. Before I got referred to AOD services, I was drinking daily and getting into fights, and had a crap relationship with my whānau. After being admitted to hospital, I realised that it was time to seek help for my drinking and actually probably stop for good. I was referred to the community addiction team and was able to get an assessment and a full treatment plan quickly. After discussing options with the staff there, we came up with a treatment plan together, including managed withdrawal, timely access to residential care, and ongoing support options. After I spent time in a live-in treatment service, I was able to access stable accommodation and got connected with aftercare services and local supports. It hasn't been easy, and I've relapsed a few times but, with the help of my support networks, I was able to keep my new job and build new friends and connections. My relationship with family has improved and they are also connected to the aftercare clinician and Community Alcohol and other Drugs Service clinician and are aware they can attend whānau support groups.



“My relationship with family has improved and they are also connected to the aftercare clinician and Community Alcohol and other Drugs Service clinician and are aware they can attend whānau support groups.”

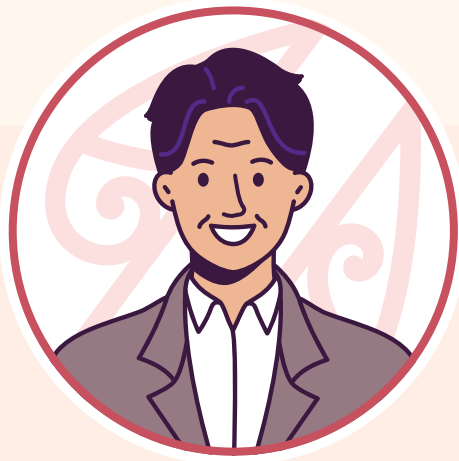


“It has made a real change for me connecting to a peer support service that understands my needs as an autistic person.”

Accessing Peer Services

Sapphire

It has made a real change for me connecting to a peer support service that understands my needs as an autistic person. They were adaptable and understood that my anxiety and substance use were all connected. I didn't have to go to one place for dealing with my anxiety and another for my alcohol, and when I found out about my autism diagnosis, the peer support worker came with me to the education session and we learnt together about what autism is. That really helped, cause as I was figuring out how to move through a world that felt really noisy to me, my peer support work was also learning about what it was like to be autistic and why that contributed to what was called anxiety, and about what worked for people. We felt like a real team.



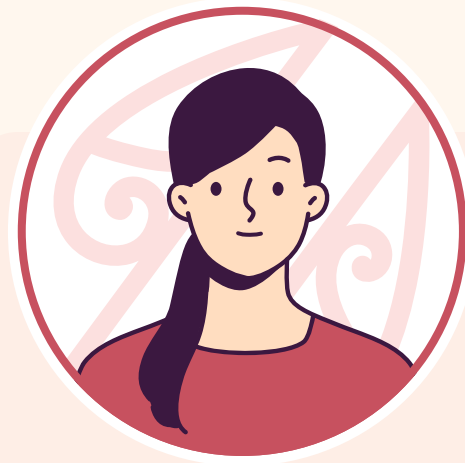
“I will always be grateful to the people who supported my whānau while they supported me.”

Whānau Liam

I am so grateful my whānau reached out for support when they were worried about me. The fact that they were able to get support and learn about my experiences, even when I wasn't ready to accept what was going on for me. I can't imagine what might have happened to our relationship if they had not got the support they did. I mean, there were times that I was probably really worrying for them. Eventually, when I was ready to ask for help, we were able to learn together and understand each other's realities. I will always be grateful to the people who supported my whānau while they supported me. Some of them I never met, but they are all part of our team.

Gambling Lin's story

I got myself in some difficulties in the last year as had started to gamble more frequently and was finding it hard to hide it from my family. At times, I was going to the casino five times a week while family were at school and work. Along with feeling embarrassed and ashamed at not being able to control the gambling, I was really worried and distressed by the amount of money I had lost and the impact on my family. Initially I didn't know where to go for help but knew I needed it. So, when I heard about gambling services advertised in Mandarin on the Chinese Radio Network, I called the helpline. It was great to get help from someone that understood me. I was given an appointment to see a gambling counsellor that week. I continued to see my counsellor weekly, and my husband attended couples counselling with me. After three months I have managed to reduce my gambling to twice a week. My husband understands things better and he supports me to manage the urge to go back to the casino. I am now working through the casino venue exclusion process so that I cannot return to gamble. I am then looking at group-based support which I feel less anxious about as there will others who have been through this and culturally understand.



“Initially I didn't know where to go for help but knew I needed it. So, when I heard about gambling services advertised in Mandarin on the Chinese Radio Network, I called the helpline.”

Specialist Services

Sylvia – a nurse’s story (workforce)

In future, I’ll be clear about my function and purpose and have the tools to do my work, like a laptop, phone, easy access to core and specialist training, and transportation. My working hours will be flexible, which makes them better suited to the needs of tāngata whaiora and whānau and of course helps me live the life that I want to lead. Workforce shortages will be a thing of the past and I’ll be working across a broader system with responsive multi-agency partners, collectively reducing the harms caused by the negative social determinants of health.

Our team will be clear about our individual and collective roles and responsibilities. We’ll make a difference in people’s lives by actively partnering with whaiora and whānau. We’ll be able to offer a suite of interventions based on their preferences, working on their goals and aspirations at a time and in a way that suits them. Whilst we may have standardised assessment tools and clinical interventions, our kete will be full of a suite of interventions which we are skilled in and confident to use. The system will be designed to work for the people/tāngata whaiora using it, but will also support the workforce to excel, which means more time face to face with whaiora and whānau to make effective and lasting change.



“Workforce shortages will be a thing of the past and I’ll be working across a broader system with responsive multi-agency partners, collectively reducing the harms caused by the negative social determinants of health.”



“The best thing is that we can focus on what we are here to do as NGOs as part of a strong community-based mental health and addiction system.”

NGO

NGO MH&A provider perspective

The best thing is that we can focus on what we are here to do as NGOs as part of a strong community-based mental health and addiction system – supporting tāngata whaiora and whānau on their journeys to wellness, wherever they are at on the oranga hingengaro continuum.

As an NGO, we would be resourced to provide innovative community-led support for people when and how they need it, including face-to-face and online supports, so people have access to help 24/7.

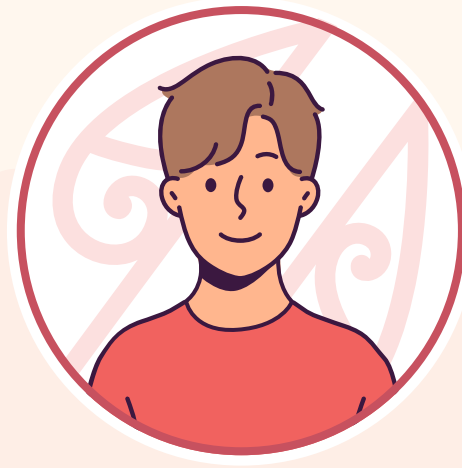
But the best change would see that the NGO workforce are valued and respected as an important part of the mental health and addiction system, and are paid fairly for their mahi. We are able to offer diverse, nimble, and specialised support, particularly through peer-led services, and we can work seamlessly across both clinical and community services as tāngata whaiora and whānau move through the system.

Primary Care

From a young person's perspective

I went to my mum's GP because she was worried about a mole on my arm. I had met her a couple of times when I was supporting my mum with some health stuff. She seemed to be actually interested in my mum. While I was there the doctor asked how my new job was going and I lost it, like actually started crying. I don't know why. It was just the first time someone had really asked me. I admitted that I had been fired and I told her how I was just hanging in my room feeling bad, not sleeping, feeling down. She told me there was someone who could help and was right there in the same hub as the doctor's practice. AND, it wouldn't cost anything. I could meet them and decide if they felt right for me. I am so pleased I did. I was surprised: they were really down to earth and not bossy. The guy who I met talked with me and I was able to understand what was going on for me, and I began to be able to think about what I wanted to do different, which we could then make into a plan. He said I could call anytime to check in and make another catch up. I liked that, cause I didn't feel pressured.

Things were all good for a while, so I didn't go back until about six months later when my mum's boyfriend was giving me a hard time and I thought maybe this guy I had seen could be good to talk with. I just dropped by and only had to wait ten minutes. I was right! When I talked with him with him I realised how much I was missing my dad and whānau on his side. He introduced me by phone to someone who worked at another service which is at a local community centre. I have been there several times and it feels like coming home. They have this youth vibe going on and they are helping me sort things out. So yeah, it seems like there is like something for everyone. It is awesome to know that if something is bringing me down, I don't have to figure it all out on my own – there are people out there who can help me.



“She told me there was someone who could help and was right there in the same hub as the doctor's practice. AND, it wouldn't cost anything. I could meet them and decide if they felt right for me. I am so pleased I did.”





6

KEI A WAI TE HAEPAPA, Ā,
ME PĒHEA TĀTOU E MŌHIO
AI KEI TE ARA TIKA?

**Who's responsible
and how will we
know we're on
track?**

6

KEI A WAI TE HAEPAPA, Ā, ME PĒHEA TĀTOU E MŌHIO AI KEI TE ARA TIKA?

Who's responsible and how will we know we're on track?

This document has been developed to set expectations for what sorts of services will be available, who they will serve, how they will be organised, and the critical shifts required to make progress over the coming ten years. It also provides guidance for change in system-wide planning and commissioning to inform nationally consistent service availability and monitoring.

In addition to establishing new entities, the 2022 health system reforms have enhanced monitoring mechanisms within the health system, including strengthened roles for Manatū Hauora and Te Aka Whai Ora to monitor system-level performance and for Te Whatu Ora to monitor service delivery. Transparency of progress and actions to implement the SSF will be critical.

A priority for the first two years of implementing the SSF will be for Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora to work together to establish appropriate organisational, cultural and clinical governance arrangements and monitoring and accountability frameworks. This work will consider population oranga hinengaro outcomes; system performance and investment; and service delivery, access and coverage. There will be clear markers of progress towards the future state described in the SSF and milestones to track the actions taken.



Outside of government, Te Hiringa Mahara | the Mental Health and Wellbeing Commission will provide an important independent perspective of progress and outcomes through its functions to assess, monitor and report on the mental health and wellbeing of people in Aotearoa, as well as the factors that affect mental wellbeing. To support this function, Te Hiringa Mahara has developed two monitoring frameworks:

- › *He Ara Oranga te tarāwaho putanga toiora/He Ara Oranga wellbeing outcomes framework*, which articulates what broad wellbeing looks with an aspirational vision across twelve wellbeing outcomes. Te Hiringa Mahara uses this framework to measure the population's wellbeing, and to see how this is changing over time.
- › *He Ara Āwhina*, which describes what an ideal mental health and addiction system looks like from the perspective of tāngata whaiora and whānau experiences. Te Hiringa Mahara uses this framework to monitor, assess and advocate for improvements to mental health and addiction services.

Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora will work together to ensure that the mental health and addiction sector is kept informed and engaged and is able to collaboratively input into the development of monitoring and accountability frameworks.

ĀPITIHANGA 1: TE AROTAKENGA O TE PAEREWĀ TUATAHI

Appendix 1: Initial baseline analysis

This Appendix illustrates a high level of variability in 2019/20 service investment between regions and inequity in investment for different population groups. However, these figures are indicative only and cannot be relied upon to reflect the current situation. A detailed stocktake to provide more current information on services and investment will be required to gain a more accurate picture that can be used to inform future investment planning to improve equity. Limitations to the data used to inform this analysis are provided at the end of this appendix. Based on these limitations, the tables below are unlikely to be an accurate reflection of the current level of investment in services for different needs and groups and should not be relied upon for planning purposes.

Breakdown of expenditure on promotion, prevention and primary level services

The promotion, prevention and primary level services in Table A are intended to meet whole of population need and are not specific to mental health, gambling harm or addiction.

Table A: Promotion, prevention and primary level services in 2019/20

Needs group	Services	\$ Million (2019/20)	% of Total Expenditure
Everyone, including people at work or in education, people at risk of distress or harm	National promotion, prevention, suicide prevention, telehealth and digital Community wellbeing and suicide prevention initiatives	18.4	1%
People experiencing distress for any reason	Primary Oranga Hinengaro: general, Māori, youth, Pacific	68.6	4%
All other groups	All other services		95%

Over recent years there has been significant additional investment in primary mental health and addiction, and as a result, by 2023/24 the investment in services for people experiencing distress for any reason will increase from 4% to approximately 11% of the total investment.

Breakdown of expenditure on specialist services

Table B sets out the breakdown of the remaining 95% of expenditure on mental health, addiction and gambling harm services.

Table B: Breakdown of expenditure on services specifically to address mental health, addiction and gambling harm needs

Needs group	Services	\$ Million (2019/20)	% of Total ¹
People experiencing gambling-related harm ²	All services	15.3	1%
People in hospitals, prisons, courts or state care	Forensic services ³	155.2	10%
	General hospital liaison services	14.6	1%
People needing support to re-build their lives including people who have high and complex needs	Residential support and non-acute inpatient services ⁴	143.7	9%
People diagnosed with mental health conditions	Services for older people ⁵	55.0	4%
	Services for people needing urgent assistance	272.2	18%
	All other mental health services	707.1	46%
People experiencing substance-related harm	All services	181.8	12%
Total \$ millions		1,544.9	

Expenditure on specialist mental health services and alcohol and other drug services has been analysed below to compare the four regions. Comparison between the 20 former district health boards that were responsible for funding mental health and addiction services in 2019/20, though not included, shows an even greater level of variation than that seen at a regional level.

1. Sums to 101% because of rounding.
2. Funded by a Gambling Industry levy, with its own three-year strategy commencing 1 July 2022 in accordance with the requirements of the Gambling Act 2003.
3. Drivers of demand are different from the general population (e.g., general hospital bed numbers, prison beds, court activities).
4. These services are uniquely for a subset of the population and the driver of demand is the number of people with high needs in a region. Funding for residential rehab was transferred from MSD in the 1990s.
5. Funded within the ringfence in only two regions therefore this sum significantly underestimates the total value of services.

Table C: per capita regional expenditure comparisons⁶

	Central	Te Manawa Taki	Northern	Te Wai Pounamu	Average	\$ Million (2019/20)
Mental health specialist	\$ 177.20	\$ 192.01	\$ 196.08	\$ 195.21	\$ 191.49	974.3
Alcohol and other drug specialist	\$ 35.11	\$ 39.38	\$ 34.76	\$ 34.75	\$ 35.73	181.8
% population who are Māori or Pacific	24.5%	29.7%	26.3%	12.8%		

Regional mental health and addiction services in Table C include as 'Mental health specialist services' all services for people diagnosed with mental health conditions listed above excluding services for older people (\$55 million) which are only available for two of the four regions and national services (\$5 million) which cannot be allocated to a region. Alcohol and other drug specialist services include all services for people experiencing substance-related harm.

The estimated percentage of each region's population who are Māori or Pacific peoples is included as an indicator of population need, given the higher prevalence of many conditions in these populations. Equitable funding would see higher per capita spending in regions with higher levels of need.

Tables D, E, F and G show the per capita expenditure on community-based specialist services. Mental health service per capita expenditure is shown in tables D and E and alcohol and other drug service per capita expenditure is shown in tables F and G.

Table D: Per capita regional expenditure on community-based mental health and crisis services

Service focus	Central	Te Manawa Taki	Northern	Te Wai Pounamu	National Average	\$ Million (2019/20)
Adult Services (excl. crisis) (20+)	\$ 130.85	\$ 137.16	\$ 152.98	\$ 136.39	\$ 141.76	\$ 538.7
Child & Youth (0-19)	\$ 105.37	\$ 124.76	\$ 89.66	\$ 142.55	\$ 111.41	\$ 143.4
All ages (crisis services)						\$ 66.3
Total						\$ 748.4

Table E shows per capita expenditure on community-based specialist mental health and crisis services for different age groups served, separately identifying per capita expenditure on services with a specific ethnic population focus and whole of population services.

6. Per capita calculations were based on June 2020 population projections from the District Health Boards Ethnic Group Population Projections, 2020 Update produced by Statistics New Zealand according to assumptions specified by the Ministry of Health (based on Census 2013)

Table E: Per capita regional expenditure on community-based mental health and crisis services

Service focus	Central	Te Manawa Taki	Northern	Te Wai Pounamu	National Average	\$ Million (2019/20)
Adult Services (excl. crisis) (20+)						
Māori	\$ 140.80	\$ 125.87	\$ 175.74	\$ 97.13	\$ 141.08	72.2
Pacific	\$ 39.79	\$ 6.87	\$ 70.45	\$ 3.44	\$ 55.60	12.1
Asian	\$ 1.71	\$ 1.90	\$ 3.80	\$ 1.21	\$ 2.99	1.9
Whole population	\$ 107.15	\$ 108.88	\$ 124.36	\$128.37	\$ 119.06	452.5
Child & Youth (0–19)						
Māori	\$ 5.31	\$ 90.29	\$ 21.26	\$ 8.86	\$ 38.24	13.0
Pacific	\$ 9.94	\$ 13.39	\$ 3.75	\$ -	\$ 5.03	0.6
Whole population	\$ 103.02	\$ 87.30	\$ 84.42	\$140.99	\$ 100.85	129.8
All Ages (Crisis Services)						
Māori	\$ 10.73	\$ 8.66	\$ 1.52	\$ 0.17	\$ 5.59	4.8
Whole population	\$ 13.43	\$ 10.17	\$ 16.51	\$ 5.39	\$ 12.09	61.5
Total						\$ 748.4

This summary excludes acute inpatient services to a value of \$225.8 million per annum.

The inpatient share of separately identified mental health acute continuum funding ranges from 68% to 89% suggesting there are very different models of acute care operating in different regions.

Table F: Per capita regional expenditure on community-based alcohol and other drug services

Service focus	Central	Te Manawa Taki	Northern	Te Wai Pounamu	Average	\$ Million (2019/20)
Adult (20+)	\$ 39.33	\$ 42.84	\$ 38.63	\$ 37.60	\$ 39.32	149.5
Youth (10–19)	\$ 44.42	\$ 56.78	\$ 35.72	\$ 41.50	\$ 43.00	25.1
Total						\$ 174.6

Note that the eligibility age ranges for alcohol and other drug services are inconsistent. To approximate a per capita spend on youth services, an assumption of approximately a 10-year age range for these services has been made. If the age range for youth services is generally less than a 10-year span, then per capita expenditure on youth services would increase.

Adult services are commonly available for people aged 18 and over, which would lower the per capita expenditure on adult services.

Table G shows per capita expenditure on community-based specialist alcohol and other drug services for different age groups served, separately identifying per capita expenditure on services with a specific ethnic population focus and whole of population services.

Table G: Per capita regional expenditure on community-based alcohol and other drug services

	Central	Te Manawa Taki	Northern	Te Wai Pounamu	Average	\$ Million (2019/20)
Adult (20+)						
Māori	\$ 54.09	\$ 71.73	\$ 85.73	\$ 134.81	\$ 81.44	41.7
Pacific	\$ 16.46	\$ -	\$ -	\$ -	\$ 2.57	0.6
Whole population	\$ 30.24	\$ 26.90	\$ 28.79	\$ 26.72	\$ 28.21	107.2
Child & Youth (10–19)						
Māori	\$ 46.30	\$ 63.09	\$ 16.14	\$ 6.80	\$ 36.33	5.5
Whole population	\$ 31.00	\$ 31.27	\$ 32.25	\$ 40.34	\$ 33.61	19.6
Total						\$ 174.6

This summary excludes inpatient services to a value of \$7.2 million per annum.

Peer Support

Separately specified peer support FTE make up on average 2.6% of mental health local expenditure (range 2.1% to 3.1%) and whānau support 1%. For alcohol and other drug services, separately specified peer support FTE make up on average 0.5% of investment in all services with no separately specified whānau support. Note that this analysis is based on purchase unit codes and may not reflect all funded peer support roles.

Data limitations

- › The expenditure figures used in this analysis are for the 2019/20 financial year and exclude much of the Budget 2019 and all of the Budget 2022 investment.
- › Service coding is not used uniformly around the country limiting the reliability of the analysis.
- › Population projections for June 2020 used to calculate per capita investment were based on Census 2013 projections and may not accurately reflect the actual population numbers in 2020.

ĀPITIHANGA 2: NGĀ WHAKAKAHA

Appendix 2: Enablers

Leadership

Kia Manawanui set out the pathway to a future where:

- › leadership upholds Te Tiriti and supports equity of mental wellbeing outcomes for Māori
- › there is strong national, regional and local leadership and collaboration for mental wellbeing
- › the voices and leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs are amplified.

The changes set out in SSF will be enabled through:

- › shared governance accountable for implementation and quality, encompassing the responsible health entities and including clinical, cultural and lived experience leadership
- › strong, well-informed national health system leadership collaborating across government to enhance mental wellbeing and address mental health conditions and gambling and substance-related harm
- › Māori leadership and decision-making in relation to service design and delivery of kaupapa Māori services and in shaping other services accessed predominantly by Māori
- › Crown-Māori partnerships ensuring all services and supports are responsive to Māori aspirations and priorities
- › the voice of lived experience being strongly represented among leadership at all levels, leading local and community-driven change and holding the system to account
- › local networks with iwi, community, lived experience and whānau to shape and improve local services
- › national networks for specialty/regional services to ensure evidence-informed and high-quality services across the country.

Investment

Progress towards implementing the SSF has already begun with investment that begins to fill service gaps identified in *He Ara Oranga*, for example national expansion of primary mental health and addiction services, as well as investment to ease pressure on existing services. While there is much that can be done to support transformation in existing services, additional investment will be needed for full implementation of the SSF.

Kia Manawanui set out the pathway to a future where investment:

- › is implemented via commissioning, funding and contracting approaches that enable joined-up investment in a broad range of supports and services
- › expands access and choice of recovery-based supports, prioritising kaupapa Māori and whānau-centred approaches and addressing equity
- › increases mental wellbeing promotion.

Government, health entities, mental health and addiction planners, commissioners and providers will support implementation of the SSF through:

- › progressively increasing and prioritising investment in the system of services described in the SSF including the critical shifts
- › using a consistent funding framework to equitably allocate investment based on:
 - » Te Tiriti
 - » epidemiology / needs
 - » population characteristics
 - » existing services and investment
- › having local plans developed with communities and Iwi Māori Partnership Boards to close service gaps and promote equity in service access through investment and disinvestment, prioritising services reflecting the critical shifts

- › implementing new commissioning approaches:
 - » that foster collaboration, outcome achievement, people at the centre, flexibility to address emerging challenges, value for investment and accountability
 - » with appropriate and contemporary service descriptions
 - » using national prices applied fairly and equitably across providers
- › ongoing investment in enablers including leadership development, workforce development, information and technology.
- › effective support for the workforce to:
 - » play its part in promoting mental wellbeing and resilience
 - » put the principles for this framework into practice
 - » use feedback from people and their whānau to tailor supports provided to be more helpful
 - » participate in innovation and improvement
- › valuing and recognising the workforce's contribution to the mental wellbeing of New Zealanders, with all members supported to learn and progress in their chosen career

Workforce

Kia Manawanui set out the pathway to a future where:

- › the mental health, addiction and mental wellbeing workforce is able to respond to people's mental wellbeing needs and to intervene early
- › strong leadership across the mental health, addiction and mental wellbeing workforce is valued, retained and supported.

Health entities, mental health and addiction planners, commissioners and providers will ensure a workforce sufficient in numbers and capability to deliver the services described in SSF through:

- › a coherent national workforce plan that takes into account cross-sector workforce demands; is regularly updated in light of planned service changes; and builds a diversified workforce that includes new roles and qualifications that complement those that already exist
- › expanded Māori and peer workforces playing an essential role in transforming the oranga hinengaro system, with recognition and active support for their roles
- › active and ongoing promotion of careers in mental health and addiction with mechanisms to support people who wish to enter the mental health and addiction workforce

- › strong partnerships with unions to safely maintain service delivery and respond to workforce realities
- › growing the capability and capacity of co-existing problems across both the mental health and addiction workforces.
- › people working at the top of their scope.

Information

Kia Manawanui set out the pathway to a future where:

- › mental wellbeing prevalence, needs and equity are better understood
- › innovation allows whānau-centred and community-led solutions to be easily shared to encourage and enable change
- › feedback loops are created and used so the experiences of Māori, people with lived experience, whānau and populations with specific cultures and needs inform continuous service improvement.

Health entities, mental health and addiction planners, commissioners and providers will use information for accountability and to guide planning, investment decisions, service design and improvement, as called for in the SSF, through:

- › drawing together information derived from data, researched evidence, mātauranga Māori and lived experience
- › robust data collection and regular, meaningful reporting, including:

- » regularly generating a comprehensive suite of collaboratively designed reports that provide meaningful information about the services funded and delivered across the spectrum from primary and community through to hospital and specialist services
- » producing a specific set of reports to assess equity for Māori that is used by those funding and delivering services to inform improvements and by the Māori Health Authority to hold the system to account
- » providers regularly reporting comprehensive information about who uses what services from whom and to what effect
- › consistently coding information about funding applied and the nature of services it is applied to
- › ensuring people who use oranga hinengaro services, their whānau and communities are well-informed about how information is being used, what is being learned from the information and how services are being improved
- › ongoing investment in a "hub" to support innovation, improvement, shared learning and implementation of successful approaches and models of care
- › national networks using data to develop benchmarking reports used to drive continuous quality improvement and innovation.
- › a suite of digital tools to support wellbeing, assessed against the Digital Mental Health and Addiction Tool so people are aware of the tools' strengths and limitations
- › elimination of barriers to equitable digital access to prioritised tools that support mental wellbeing
- › options to access virtual service delivery online and via telehealth consultations
- › access to, and control over, health information for people using services so they can better manage their health and wellbeing
- › a digital health ecosystem that enables seamless service delivery across providers, eliminating the need to re-tell stories when people do not wish to
- › technology that simplifies data capture by providers, provision of feedback by people and whānau, and widespread access to reports generated from this data and feedback.

Technology

Kia Manawanui set out the pathway to a future where there is a digital ecosystem of support that includes support for individuals, whānau, communities and services. People are supported to use their preferred digital tools, and to change their choices if they wish.

Technology-related enablers that will support delivery of the future services described in SSF include:

- › a collaboratively developed Digital Mental Health tool and an Addiction Tool to guide funders, providers, developers and service users in selecting appropriate digital tools

Policy

Government strategies, policies and laws guide on-the-ground responses to people's mental wellbeing needs. Therefore, *Kia Manawanui* promoted the need to strengthen the focus on mental wellbeing across government policies, and to embed a contemporary wellbeing approach that emphasises equity, human rights and mana-enhancing practices.

Policy enablers particularly relevant to the health sector's response to oranga hinengaro include:

- › continued prioritisation of oranga hinengaro in key direction-setting and accountability documents, including future Government Policy Statements
- › improved legislative and regulatory environments for mental health and addiction, to better support human rights, mana-enhancing approaches and equity
- › strengthened public health approach to regulation and law enforcement in relation to alcohol and other drugs
- › strengthened focus on mental wellbeing, suicide prevention and equity across government strategies, policies and accountabilities.



HE PĀTAKA KUPU

Glossary of terms

Addiction	<p>Addiction refers to a wide range of harms arising from misuse of substances or from gambling.</p> <p>Addiction services refers to services which support people's recovery from harm caused by alcohol, other drugs or gambling.</p>
Communities	<p>Communities are groups of people based around common locality, identity or interests/purpose. Communities feature a variety of organisations through which collective action can be expressed – such as schools, churches, community organisations and local businesses.</p>
Community organisations	<p>This term is used for non-government organisations and not-for-profit organisations, national and local, including service providers and volunteer-based groups.</p>
Early intervention	<p>Early intervention is any activity which is aimed at engaging and providing support early on, when distress is first experienced or identifying and treating early symptoms of diagnosable mental health conditions and addiction. Early intervention can have significant positive impact on a person's wellbeing both present and future. Early intervention can prevent progression to more significant issues and can lead to better outcomes and more timely and targeted referrals to services such as specialist services.</p>
Equity	<p>In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises that different people with different levels of advantage require different approaches and resources to get equitable health outcomes.</p>
Gambling harm	<p>The Gambling Harm Act provides a broad definition of gambling harm that includes harm or distress of any kind arising from, or caused or exacerbated by, a person's gambling; including personal, social or economic harm suffered by the person; or by their spouse, partner, family, whānau, or wider community including in the workplace or by society at large. Harm may include damage to relationships, emotional and psychological distress, disruptions to work or study, loss of income, the financial cost of gambling, and fraud and related crimes. Gambling may also cause financial stress and anxiety and contribute to child neglect and family violence.</p>

Kaupapa Māori services	<p>Kaupapa Māori services provide health and social services for Māori within a Māori cultural context across a broad range of conditions and ailments and within a whānau-centred framework.</p> <p>Kaupapa Māori services provide health and social services that are:</p> <ul style="list-style-type: none"> › whānau centred › delivering services for Māori by Māori › supportive of kaupapa Māori principles and practices › strong in te reo Māori › skilled in tikanga Māori › steeped in mātauranga Māori › experienced in rongoā Māori. <p>This includes Māori health service providers, which are owned and governed by Māori and currently funded by Te Aka Whai Ora, Te Whatu Ora or PHOs for the provision of health services and deliver health and disability services primarily but not exclusively for Māori.</p>
Lived experience	<p>Having 'lived/and or living experience' specifically refers to people who have previous or current experience of mental distress or of mental health conditions and/or substance-related or gambling harm. Lived experience refers to the knowledge, insight and expertise gained through direct experience of a social issue(s), phenomena, or life event, 'Living' is utilised when the direct experience is ongoing.</p> <p>Lived/Living or Peer Movements are social justice movements or groups focused on changing environments via strategic action that is informed by their lived experience knowledge, insight and expertise.</p>
Lived experience roles	<p>Lived/Living Experience roles involve people utilising their lived experience knowledge, insight and expertise, informed by Lived/Living or Peer Movements values, to bring about system or organisation change or to provide personal support. Examples of these include Lived Experience Advice, Peer Advocacy or Peer Support.</p>
Mana Māori:	<p>Enable ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and held within mātauranga Māori (Māori knowledge).</p>
Mana motuhake	<p>Enable the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives; and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.</p>
Mana tangata	<p>Achieve equity in health and disability outcomes for Māori across the life course and contribute to Māori wellness.</p>
Mana whakahāere	<p>Provide effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.</p>
Mātauranga Māori	<p>Māori knowledge – the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices. Mātauranga Māori is multi-disciplinary, holistic and includes environmental and economic focus, with the purpose of preserving Māori culture and improving the quality of life of the Māori people over time.</p>

Mental distress	Mental distress involves thoughts, feelings, and behaviours that negatively affect day-to-day wellbeing.
Mental health	Mental health is a state of wellbeing in which people realise their own potential, can cope with the normal stresses of life and have meaning, connection and purpose in their life.
Mental health conditions	A mental health condition can be diagnosed by a doctor likely to be a psychiatrist or general practitioner, or a clinical psychologist, when an individual presents with symptoms that have lasted for a while and are impacting multiple aspects of life.
Mental wellbeing	<p>Mental wellbeing is one component of broader wellbeing. Ideas about wellbeing differ widely among different populations, groups, and individuals. They also change throughout our lives and as our circumstances change.</p> <p>Te Whare Tapa Whā is a model that represents a holistic Māori view of wellbeing. It uses the symbol of the whareniui (meeting house) to illustrate the four cornerstones of wellbeing: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health), and taha whānau (family health).</p> <p>For Pacific peoples, wellbeing encompasses mental, physical, spiritual, family, environmental, cultural and ancestral components, and includes cultural values that strengthen family and individual wellbeing, such as respect, reciprocity, collectivism and a focus on relationships.</p> <p>Positive mental wellbeing (or mental health) is most likely when we feel safe, connected, valued, worthy and accepted; and have a sense of belonging, identity, and hope for the future. For many of us this comes from growing up in loving whānau where we feel strongly connected and are nurtured and nourished; having positive school experiences; having strong cultural, social and, for some, spiritual connections; being fit and healthy; having friends and family, a job, a home and a safe neighbourhood; being creative and having fun; contributing to our communities; having control over our lives; and mattering to other people.</p>
Non-Government Organisations	Non-Government Organisations (NGOs) are New Zealand health and/or disability providers that receive Vote Health funding (i.e., funding from Health New Zealand, Te Whatu Ora, or the Māori Health Authority, Te Aka Whāi Ora). Many are not-for-profit. In this document the term NGO is not used to describe Primary Health Organisations.
Oranga hinengaro	Oranga hinengaro means 'pursuit of wellbeing of the mind'. For the purposes of the SSF, we are using the term oranga hinengaro to cover all aspects of mental health, mental wellbeing, whānau wellbeing and flourishing; as well as distress, mental illness and diagnosable conditions, alcohol and other drug use, addiction, gambling harm and substance-related harm. This approach aims to be as inclusive as possible across the continuum of needs and aspirations
Peer support	<p>Peer support within oranga hinengaro services involves a person with lived experience of challenges to their mental wellbeing providing support that is imbued with the values, skills and practices developed from lived experience movements.</p> <p>Peer support workers are trained in and use peer support practices.</p>

Primary care	Primary care relates to the professional health care provided in the community, through a general practitioner, practice nurse, nurse practitioner or pharmacist, and other directly accessible health professionals, for example within general practice, primary maternity care, and school-based health services. Primary care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.
Primary Health Organisations	Primary health organisations (PHOs) receive Vote Health funding (i.e., funding from Health New Zealand, Te Whatu Ora, or the Māori Health Authority, Te Aka Whai Ora,) to ensure the provision of essential primary health care services, mostly through general practices, to people who are enrolled with the PHO.
Primary mental health and addiction services	Mental health and addiction services for anyone of any age whose thoughts, feelings or actions are adversely affecting their health or wellbeing, including services embedded in general practices and community services for specific populations including Kaupapa Māori services, Pacific services and Youth services.
Pūrākau	Pūrākau, a traditional form of Māori narrative, contains philosophical thought, epistemological constructs, cultural codes, and worldviews that are fundamental to Māori identity. Pūrākau is used in a variety of ways, and is a fundamental methodology for distributing knowledge, values, protocols and worldviews. It is used here as a metaphor or analogy for the journey past, present and future.
Recovery	Recovery involves activities which help restore social support structures, enabling individuals and communities to seek further support through existing and new pathways, such as community-based health and social services. Recovery in the general mental health context means living well in the presence or absence of symptoms of mental ill-health.
Substance related harm	Harm that is caused by the use of alcohol and other drugs to an individual, impacted friends and whānau, wider community and society. This can cover social, health and legal harm. Harm may include damage to relationships, emotional and psychological distress, behaviour issues, physical health, disruptions to work or study, loss of income, the financial cost of substances, and involvement in the justice system. Substance-related harm also includes the negative impact on the person's family, whānau and community, such as causing financial stress and anxiety, and contribute to child neglect and violence to others.
Specialist mental health and addiction services	Specialist mental health and addiction services are services designed specifically for people with acute, complex and/or enduring diagnosed mental health conditions and/or addiction needs. These services include community and residential services delivered by NGOs and Te Whatu Ora, and services delivered in a hospital setting.

Tāngata whaiora	Literally translated, this means 'people seeking wellness'. In this document, it refers to people from all ethnic backgrounds who experience mental distress or gambling or substance-related harm and who are seeking wellness or recovery. It includes people who use primary or specialist services and both mental health and addiction and alcohol and other drug service users. The decision to use tāngata whaiora in the SSF instead of whai ora is based on kōrero from Lived Experience. When spelt like this it talking to the potential of Māori and the strength based in meaning. More broadly it reflects that wellbeing is innate within us which is strongly aligned to peer values too.
Tāngata whaikaha	Tāngata whaikaha means people who are determined to do well, or is certainly a goal that they reach for. It fits nicely with the goals and aims of people with disabilities who are determined in some way to do well and create opportunities for themselves as opposed to being labelled, as in the past. This language was created by people with disabilities to have a more enabling term and whaikaha is used by many in the community now.
Trauma-informed approach	Trauma-informed approaches use a strengths-based framework that: <ul style="list-style-type: none"> › is grounded in an understanding of and responsiveness to the results of trauma › emphasises physical, psychological, and emotional safety for both providers and survivors › creates opportunities for survivors to rebuild a sense of control and empowerment.
Whānau	Whānau is often translated as 'family', but its meaning is more complex. It includes physical, emotional and spiritual dimensions and is based on whakapapa. Whānau can be multi-layered, flexible and dynamic. Whānau is based on a Māori and an iwi world view. It is through the whānau that values, histories and traditions from the ancestors are adapted for the contemporary world.
Whānau Ora Model	Whānau Ora puts families and whānau in control of the services they need, to work together, build on their strengths and achieve their aspirations. It recognises the collective strength and capability of whānau to achieve better outcomes in areas such as health, as well as housing, employment, education and housing.

TE RĀRANGI PUNA KŌRERO

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