

Kia Manawanui Aotearoa

Long-term pathway to mental
wellbeing

2021

The phrase 'kia manawanui' means to be resolute, steadfast, tolerant, dedicated, unwavering and committed. The use of 'kia manawanui' in the title of this pathway acknowledges the Ministry of Health's plan Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (2020), both in spirit and intent. That plan called for strength and endurance to prevail at a time our country needed it most. Kia Manawanui is a long-term pathway. In it, we once again encourage and call upon all in Aotearoa to remain resolute acknowledging the gains we have made and remaining committed to the kaupapa of keeping all New Zealanders safe.

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Foreword from the Minister of Health

Mental wellbeing is fundamental to the overall wellbeing of New Zealanders, and it should be attainable for all. In this current COVID-19 environment, now more than ever, we need a concerted focus on ensuring a seamless system that supports people to stay mentally well.

We are on a pathway to transforming New Zealand's approach to mental wellbeing, building on the agenda set by *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*. The changes underway require us to both build on the strengths of our existing systems and services and to create new and different approaches to supporting mental wellbeing.

This Government has taken significant steps to improve mental wellbeing in Aotearoa, supported by substantial investment. We have put in place the foundations for transformation, with the establishment of the Mental Health and Wellbeing Commission and the Suicide Prevention Office. We have expanded access to and choice of primary mental health and addiction supports (including kaupapa Māori, Pacific and youth services), boosted crisis services, developed initiatives to prevent suicide and support people bereaved by suicide, strengthened specialist alcohol and other drug services, and expanded and enhanced school-based health services.

These strengthened services are already making a difference to thousands of people who would otherwise not have had access to support. However, we recognise that mental wellbeing requires more than mental health and addiction services, and it is much wider than a health issue.

Mental wellbeing is founded on our early experiences, on our understanding of how to strengthen our wellbeing, and on the extent to which our basic needs are met. That means that people have social connections, food, a warm place to live, and meaningful activities, and that they live free from violence and discrimination. We are committed to building the social, cultural, environmental and economic foundations for mental wellbeing, as well as making sure individuals, whānau and communities are equipped to strengthen their own mental wellbeing and support the wellbeing of others.

Building on the progress already under way, *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui)* sets out the sequenced actions government will be taking over the next 10 years. This includes continued expansion of access to mental wellbeing support, ensuring our work is grounded in Te Tiriti o Waitangi and equity, and providing environments that support diverse population groups and communities which have for too long experienced inequitable outcomes.

Kia Manawanui provides our direction, but we will need to be flexible and adaptive, including evolving alongside the future health and disability system envisioned in the Government's response to the Health and Disability System Review.

We are on the right track, and momentum is continuing to build. But we are tackling systemic and long-standing challenges. The long-term pathway to transformation is going to take enduring commitment, sustained effort and investment over many years, with all of us working together.

The direction set in this long-term pathway follows dialogue and input from many people and organisations that care deeply about this mahi. I would like to thank all those who provided the valuable insights that have underpinned the development of this plan. These conversations and this collaboration will continue as we work together to support mental wellbeing for all.

Hon Andrew Little
Minister of Health

Foreword from the Director-General of Health

We have a once-in-a-generation opportunity to transform New Zealand's approach to mental wellbeing, and it is a journey that involves all of us.

Our response to people with mental health and addiction needs has changed significantly over the past several decades. We have shifted from institutions and a focus on treating illness to community-based supports and a focus on mental health. We are now building on those shifts towards a future that realises pae ora – healthy futures and mental wellbeing for all.

Kia Manawanui's framework will guide our actions towards pae ora. Its approach aligns with the directions of the health and disability system reforms, including the emphasis on equity; partnering with Māori; greater access to care in the community and early intervention services; person and whānau-centred care; and consistent, high-quality care everywhere.

Mental wellbeing is something we can all foster and improve, just as we do with our physical wellbeing. This starts with a shift in conversation and awareness about mental wellbeing. The Kiwi spirit of 'she'll be right' has evolved, and we now recognise 'it's okay to not be okay'. Things happen through all of our lives that are going to mean we will struggle at times – be it grief from loss of a loved one, natural disasters, job losses, illnesses, stress or anxiety.

This shift in conversation and awareness has also meant a greater demand for services and a call for our mental health and addiction system to change and adapt. Accessible, equitable, flexible and high-quality services that support recovery and mental wellbeing for those who need them are absolutely critical; but achieving the vision in He Ara Oranga of mental wellbeing for all is much wider than a health system response or a government approach.

Transforming our approach will require societal shifts and changes in attitudes and behaviours. The starting point is with strong and connected individuals, whānau and communities. It is about fostering strong relationships and connections, knowing how to strengthen and support our own mental wellbeing and that of our whānau, and understanding the role we can play in supporting others. Communities know what they need, and the government's role is to enable them to get on with doing what is needed for their people.

This long-term pathway outlines what government will do to support mental wellbeing in Aotearoa over the next 10 years. The actions in this plan are focused on national-level actions and system changes that the government can drive, and I will be working closely with my colleagues across government agencies to ensure we are doing all we can to support an equitable and thriving Aotearoa in which mental wellbeing is promoted and protected.

This pathway is also for everyone. It is for our workforce, for community leaders, for employers, educators and future governments. Everyone has a role to play in creating this change – whether in our homes or in our communities, including schools, marae, workplaces and places of recreation. Ensuring good mental wellbeing in Aotearoa for all requires all of us to act collectively to make improvements.

It will take time, and it will take effort. But I have confidence that together we can create an environment where people can thrive.

Dr Ashley Bloomfield
Director-General of Health

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Introduction

What is *Kia Manawanui*?

Kia Manawanui is the long-term pathway for transforming New Zealand's approach to mental wellbeing. By outlining sequenced actions over the next 10 years, *Kia Manawanui* sets out the direction of change needed to promote, protect and strengthen mental wellbeing in Aotearoa.

Kia Manawanui aims to ensure people and whānau have their basic needs met, know how to strengthen their own mental wellbeing, and live in communities with diverse, well-integrated avenues for support when and where it is needed.

The mandate for change in the Government's 2019 response to *He Ara Oranga* continues to provide the foundation for our future direction. *Kia Manawanui* builds on the themes and recommendations in *He Ara Oranga*, incorporating them into a national-level view of long-term priorities for system change and signalling how those priorities will develop over time.

While *Kia Manawanui* focuses on national-level actions that government agencies will lead, it recognises that everyone has a role to play in a transformed approach to mental wellbeing. Rather than attempting to prescribe actions for all, *Kia Manawanui* provides focus and direction to support national, regional and local planning, and a framework for individual organisations' contributions.

These contributions include those of central government (including the new structures of Health New Zealand and the Māori Health Authority), local government, general practices, workplaces, community organisations and educational institutions. *Kia Manawanui* also emphasises the important roles of whānau and individuals in supporting their own and others' wellbeing, and outlines the approach we are taking to achieve equitable and improved mental wellbeing for all.

The development of *Kia Manawanui* has been a collective effort, driven by the insights, experiences, advice and feedback of New Zealanders we have gathered over the past several years, including through the development of *He Ara Oranga; Whakamaaua: Māori Health Action Plan 2020–2025*; *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan (Kia Kaha)*; *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand (He Tapu te Oranga o ia Tangata)*; and the Initial Mental Health and Wellbeing Commission’s *Mā Te Rongo Ake/Through Listening and Hearing*.

The engagement we undertook to develop *Kia Manawanui*, and the preceding conversations, have strongly shaped the direction and priorities of this pathway, as outlined in the **feedback report**.

We have listened, and we have endeavoured to capture what we have heard in this long-term pathway.

Kia Manawanui recognises that developing the longer-term pathway for transformation will be a continuous process. COVID-19 has taught us that we need to be flexible and adaptive. Therefore, this pathway recognises that government needs to keep engaging, collaborating and learning at all levels. We will adjust our approach as necessary to meet the changing needs of individuals, whānau and communities and evolving evidence and circumstances.

There is more work to be done to give effect to this long-term pathway for transformation, in partnership with tangata whenua and communities. *Kia Manawanui* invites all who are involved in supporting mental wellbeing – individuals, whānau, communities and society as a whole – to consider their role in this transformation, as we collectively work towards an equitable future in which we all promote and protect mental wellbeing, and all people in Aotearoa can thrive.

What is mental wellbeing?

‘Mental wellbeing’ is one component of broader wellbeing. Positive mental wellbeing is most likely when people feel safe, connected, valued, worthy and accepted and have a sense of belonging, identity and hope for the future. Mental wellbeing means being able to adapt and cope with life and life’s challenges and feeling that your life has meaning, as well as experiencing feelings of contentment or general happiness.

Ideas about wellbeing differ among different populations, groups and individuals.

Te Whare Tapa Whā is a model developed by Sir Mason Durie that represents a holistic Māori view of wellbeing. It uses the symbol of the wharehau (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).

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.

'Mental health and addiction' services and supports help people gain and sustain mental wellbeing. The term 'addiction' refers to a wide range of harms arising from substance use or from gambling.

Part Three outlines the mental wellbeing framework for this long-term pathway.

Commitment to Te Tiriti o Waitangi

A central aspect of this long-term pathway is the Crown's obligation to uphold Te Tiriti o Waitangi and protect and promote Māori mental wellbeing and equity.

Kia Manawanui recognises that Māori experience unfair and avoidable inequities in terms of mental wellbeing and intends that this pathway will address equity through 'for Māori, by Māori' approaches. *Kia Manawanui* also recognises that some people experience inequities through multiple causes; for example, Māori who are both disabled and vulnerable to mental health challenges.

New Zealand's future approach to mental wellbeing, as described in *Kia Manawanui*, will be grounded in Te Tiriti o Waitangi; otherwise, we will fail to achieve improved and equitable mental wellbeing outcomes for and with Māori as tangata whenua.

Te Tiriti o Waitangi should drive everyone towards working inclusively. We have a responsibility under Te Tiriti to ensure that equity prevails in Aotearoa between Māori and Pākehā. Our work to this end will involve more holistic wellbeing approaches for all (incorporating mental, physical, spiritual, social and environmental wellbeing) and will aim to create more inclusive and equitable communities.

In responding to mental wellbeing needs, the Government expects its agencies to uphold the principles of Te Tiriti o Waitangi, as articulated by the courts and the Waitangi Tribunal. We aim to address these principles within policy development and implementation. Our approach aspires to meet the principles of Te Tiriti o Waitangi through:

- supporting tino rangatiratanga and recognising Māori self-determination
- improving equity for Māori and all people
- actively protecting Māori mātauranga
- providing options that are created by and for iwi, hapū and whānau
- working in partnership with Māori.

These principles underpin *Kia Manawanui*; we will apply them across all the action areas in this pathway. In doing so, we acknowledge that ensuring wellbeing for Māori provides a platform for the health and wellbeing of all.

In implementing this pathway, we will strengthen Māori determination of services by and for Māori, and we will help iwi, hapū, whānau and Māori communities to exercise their authority to improve their mental wellbeing. This will involve collaboration between government agencies and tangata whenua, to ensure we are fostering and embedding kaupapa Māori approaches and cultural values within service delivery, including through new service design, building skills and knowledge within existing services and protecting mātauranga Māori. It will also involve addressing systemic and societal racism and discrimination. The actions outlined in *Kia Manawanui* aim to actively address and counter the influence of implicit bias and systemic racism.

The directions in this pathway sit within in the context of the Ministry of Health's *Whakamaua: Māori Health Action Plan 2020–2025*, which provides clear direction on how system shifts address inequity. *Whakamaua* affirms holistic approaches and strongly supports Māori-led solutions and models of wellbeing through its vision of pae ora – healthy futures for Māori – which is also the vision of *Kia Manawanui*.

In the future landscape, a new Māori Health Authority will lead stewardship of services that respond to Māori health needs, including in relation to mental wellbeing. This Authority will partner with the Ministry of Health to advise Ministers on Māori health, will fund health services targeted at Māori and will work with Health New Zealand to plan and monitor the delivery of all health services.

Obligations to uphold Te Tiriti o Waitangi and to achieve equitable outcomes for Māori apply across government agencies. *Kia Manawanui's* commitment to the principles of Te Tiriti o Waitangi reflects a range of government strategies that seek to improve Māori wellbeing, such as *Ara Poutama's Hōkai Rangi Strategy 2019–2024* and the Ministry of Social Development's *Te Pae Tata – Māori Strategy and Action Plan*. Collectively, these strategies will address factors that adversely affect Māori health and wellbeing.

Where have we come from?

Shifts in our approach to mental health and addiction

Over time, and particularly over the last 50 years, the mental health and addiction system has changed significantly.

Between the 1970s and the early 1990s, there was a gradual reduction in large psychiatric hospitals and institutions dedicated to treating alcohol and other drug dependency, but relatively little investment in community services. This culminated in the *Mason Report* (1988), which highlighted the lack of national policy regarding community services and underinvestment in such services as bed numbers in institutions declined.

Following this direction, the first national mental health and addiction strategy, published in 1994, established community mental health teams and sought to address service gaps for children, young people and Māori.

The second *Mason Report* (1996) recommended substantial mental health investment, a public awareness campaign on discrimination and creation of a commission to provide leadership and oversight of the mental health and addiction sector.

This led to the first international anti-discrimination campaign for mental health, *Like Minds, Like Mine* (1997), and the development of *Blueprint for Mental Health Services in New Zealand: How things need to be* (1998) by the newly established Mental Health Commission. *Blueprint* outlined access targets for specialist mental health and addiction services and the supports that should be available to people across their life course, emphasising recovery and countering discrimination in services.

A follow-up, *Blueprint II* (2012), promoted people-centred approaches, and focused on collective action and good mental health and wellbeing for all.

The Ministry of Health subsequently released *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*, which focuses on improvement of outcomes, increasing access to support, integration across primary and specialist services, earlier intervention and shorter waiting times.

These changes represented progressive improvements, but still the system was not working for everyone.

He Ara Oranga set the agenda for transformation

In 2018, the Government launched an independent Inquiry into Mental Health and Addiction in Aotearoa. The Inquiry Panel heard from thousands of people around the country about their experiences and views of New Zealand's mental health and addiction system and what needed to change.

He Ara Oranga, the report of the Government Inquiry into Mental Health and Addiction, acknowledged that we have a solid foundation to build on, and that New Zealand's mental health and addiction system has valuable strengths, including a skilled and committed workforce.

However, *He Ara Oranga's* assessment of the current system outlined unmet needs, growing inequities and long-term, systemic barriers.

He Ara Oranga shone a light on a mental health and addiction system struggling to meet demand and to respond to people's needs. It highlighted parts of the system that were missing, such as access to and options of support for people with mild to moderate mental health and addiction needs to prevent them from reaching a crisis point.

He Ara Oranga provided a comprehensive view of systemic issues to be addressed and provided recommendations for how to proceed. It painted a vision of a people-centred approach that tackles inequities; orients the system towards mental health promotion, prevention and early intervention; and addresses underlying social and economic needs through a whole-of- government approach.

He Ara Oranga and the Government's response provide a platform from which to go forward, setting the basis on which this pathway has been developed.

The Government endorsed the direction set by *He Ara Oranga* and accepted, accepted in principle or agreed to further consideration of 38 of the 40 recommendations in *He Ara Oranga*. The Government's response was backed by investment of \$1.9 billion in Budget 2019 in a cross-government mental wellbeing package.

The starting point for transformation

He Ara Oranga made it clear that historic systemic issues and resource constraints needed to be addressed and that this will be a significant undertaking that will take many years. We have begun this journey from a baseline of high unmet need, with services stretched beyond capacity and a limited range of supports, through a limited range of access points. Addressing this involves expanding existing services, growing new types of services and supports, and developing a diverse and resilient workforce.

In particular, *He Ara Oranga* highlighted a gap in affordable and accessible supports for those with mild to moderate mental health and addiction needs. Inequities in mental wellbeing were evident for Māori, for Pacific peoples and certain other population groups who share a common identity, experience, or stage in life.¹ Many children and young people have experienced unacceptable levels of trauma that carries forward into adult life, and there have been insufficient fit-for-purpose responses for a range of population groups.

For a long time, the focus of the mental health and addiction system was on supporting those with the highest needs, yet *He Ara Oranga* found specialist services to be under pressure and unsustainable. The growth in demand for services has outpaced increases in resourcing, with little scope for improvements within a constrained environment. Particular concerns included high rates of compulsion (including community treatment orders and seclusion), limited support options at times of crisis, limited drug rehabilitation services, insufficient services for people in the criminal justice system, and persistently high numbers of people presenting with suicidal thoughts and behaviours.

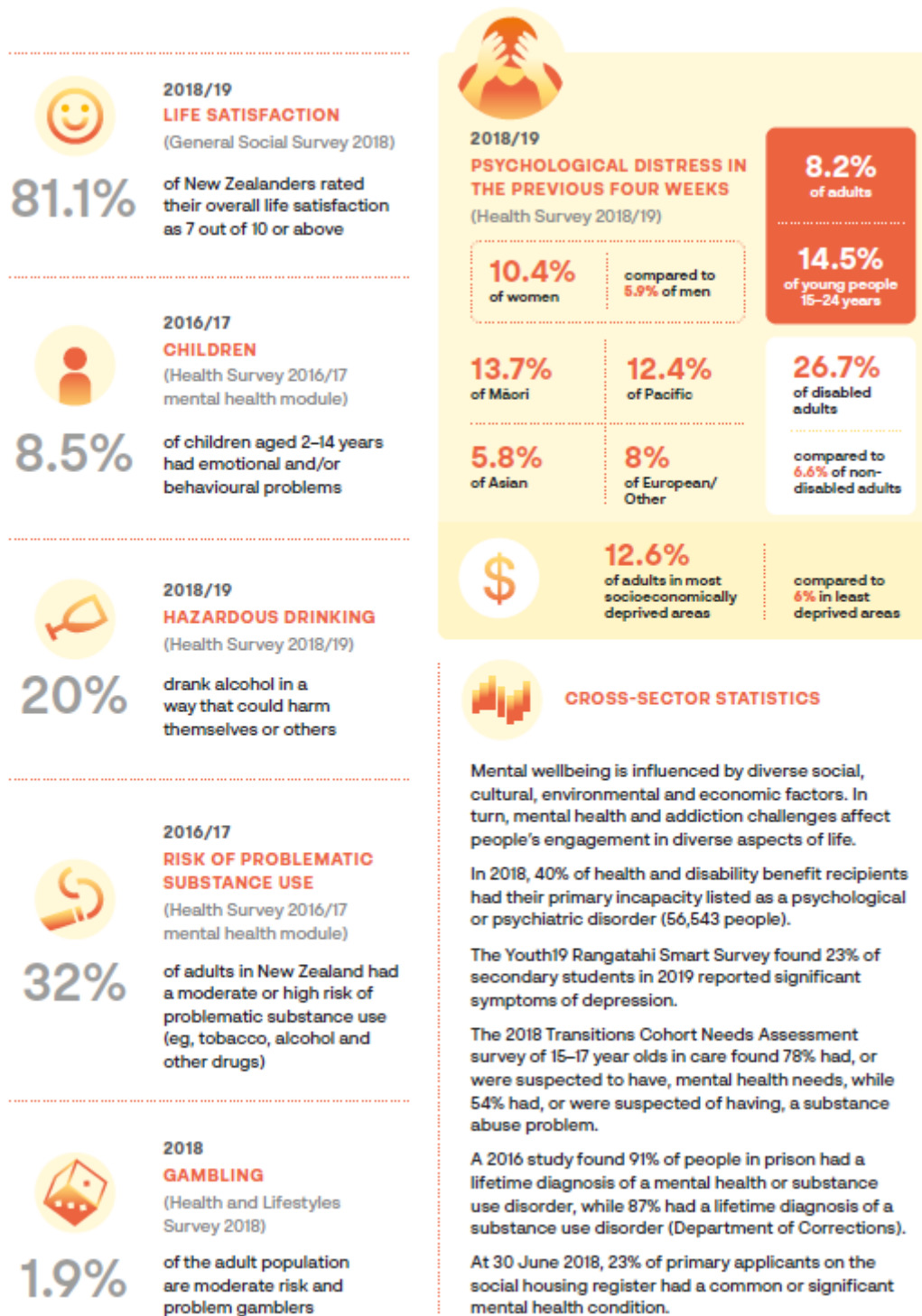
Many of our mental health and addiction facilities are not fit-for-purpose and require substantial upgrades and replacement. This will take many years and significant investment. Similarly, *He Ara Oranga* highlighted a critical need is to build workforce capacity and capability to meet current and future demand, with the ability to provide new and innovative support options.

We are starting with a system that has not holistically addressed people's multi-faceted mental health and addiction needs, and has not integrated these with responses to physical health and wider social, cultural and economic needs.

There is a societal shift in understanding and a desire to see change, as we increasingly recognise the mental distress that is all too prevalent in our whānau and communities. *He Ara Oranga* has provided a baseline account of the issues to be addressed, and change has begun.

¹ Specifically, Māori, Pacific peoples, refugees and migrants, Rainbow communities, rural communities, disabled people, veterans, prisoners, young people, older people, children experiencing adverse childhood events and children in state care were highlighted in *He Ara Oranga*.

With the 2018 *He Ara Oranga* report as the starting point for our transformed approach, this data is indicative of the state of mental wellbeing we are seeking to address.



Psychosocial response to COVID-19

The COVID-19 pandemic has affected all people in Aotearoa and has changed the environment in which we live. It has highlighted the importance of resilience in individuals, whānau and communities.

Because of the urgent need to support New Zealanders in responding to COVID-19, the Ministry of Health developed an initial plan that set the direction for 12–18 months – *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan*. *Kia Kaha* brought together the immediate psychosocial response to COVID-19, with the cross-government work underway to implement the response to *He Ara Oranga* and to support New Zealanders' mental wellbeing more broadly.

Kia Kaha gave us the focus we needed to put actions in place for the short term and represents the first chapter of this long-term pathway. *Kia Manawanui* extends this work, providing a long-term view of our collective priorities for mental wellbeing in Aotearoa.

Change is under way

The scale of change *He Ara Oranga* called for is significant and will be inter-generational. It entails shifts in societal attitudes and behaviours, and requires us to build a seamless system of support for people's mental wellbeing. We recognise that the mental health and addiction sector is under pressure, and some people are not currently able to access the support they need.

But we are not starting from scratch – there is momentum on which we can build.

We are putting the foundations for change in place; action is well underway. Our work so far has included establishing the Mental Health and Wellbeing Commission, to provide independent, system-level oversight of mental health and wellbeing in Aotearoa. The Suicide Prevention Office has also been set up, to strengthen leadership of suicide prevention through a strategy, action plan and coordination of actions to support suicide prevention.

We have initiated long-term programmes of work to transform New Zealand's approach to mental wellbeing. This includes work to repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992, to ensure our mental health legislation is fit-for-purpose and upholds human rights. We are reviewing the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and will review aspects of the Sale and Supply of Alcohol Act 2012.

Progressive investment is building the missing components of our mental health and addiction system, including through integrated mental wellbeing support in many general practices across the country. We have new kaupapa Māori services, and other population-focused supports, such as specific services for Pacific peoples, young people and Rainbow communities.

Mental wellbeing programmes in schools and tertiary institutions are expanding, as are services for parents. We are funding a range of community suicide prevention initiatives, and new addiction-focused services are in place.

The cross-government \$1.9 billion Budget 2019 mental wellbeing package is also supporting initiatives such as increasing the delivery of Housing First services and support for disabled people and people with health conditions, enabling these people to gain and retrain for employment. Our work to address the wider determinants of mental wellbeing is diverse, covering homelessness, financial hardship, care and protection and employment needs. We are also addressing mental wellbeing needs through implementing guidance for workplaces; programmes that encourage involvement in the outdoors, sport and arts; and a programme of work within the Corrections system.

We are exploring new ways of working. COVID-19 has stimulated innovation and flexibility, and highlighted the importance of mental wellbeing. This has led us to take initial steps towards building a digital ecosystem of support that ensures people have the knowledge and tools available to help look after their own mental wellbeing. Looking ahead, our digital transformation will encompass not only changes in the way people receive information, but also changes in the way we deliver care.

Individuals, whānau and communities are creating change.

Within communities, there is an increasing expression of the need to connect, look after each other and support those in distress. Groups continue to seek tailored supports for populations with specific cultures and needs, recognising that a one-size-fits-all approach does not work. Māori and Pacific perspectives on health, wellness and wellbeing are influencing a wider appreciation that people's needs are holistic across physical, spiritual, mental and relational dimensions.

Year-on-year, the numbers of people involved in events like Mental Health Awareness Week and the Addiction Recovery Walk (He Hikoi Mātūtū) are increasing, showing that people are increasingly looking out for their own mental wellbeing and that of those around them.

This increasing public conversation and strong sense of community ownership, combined with the mandate for change *He Ara Oranga* provides, and the enduring government commitment to support mental wellbeing, means that there is no better time to set out our long-term vision for change.

From *He Ara Oranga* through to *Kia Kaha, Kia Manawanui* and the next steps of further implementing the changes we need – together we are on a journey that will make a significant difference to the lives of many New Zealanders.

While the Government has taken strong steps to prioritise mental wellbeing, individuals, whānau and communities are driving change from the front. People have an increased awareness, an increased desire to strengthen and maintain mental wellbeing, and an expectation that government will enable this to happen.

Where are we heading?

Pae ora – healthy futures for Māori and all New Zealanders

Kia Manawanui is centred around the vision of pae ora (healthy futures), drawing on *Whakamaua: Māori Health Action Plan 2020–2025*. 'Pae ora' covers mental wellbeing broadly, taking into account the way people live, grow and develop as individuals and as members of families, whānau, communities and their wider environments.

The concept of pae ora acknowledges the interrelated aspects of mental wellbeing and encourages us to think beyond narrow definitions of health and services. It also acknowledges the fundamental roles of individuals, whānau, iwi, hapū and communities, and provides a way to think about collective action.

While the concept of pae ora was developed principally as a vision for Māori wellbeing, *Kia Manawanui* acknowledges that ensuring wellbeing for Māori provides a platform for all people in Aotearoa New Zealand to live with good health and wellbeing.

Mauri ora – healthy individuals:

Achieving mauri ora will mean that individuals have good mental wellbeing and that the system works to ensure that the way it delivers supports across the continuum, from promotion to prevention to treatment, is appropriate for Māori and for all New Zealanders at all ages.

Wai ora – healthy environments:

Achieving wai ora will mean that the environment in which Māori and all New Zealanders live, work and play is safe. Wai ora also entails a focus on ensuring Māori and all New Zealanders have appropriate access to quality housing, employment, education, safe drinking water and air, natural environments and healthy food, and that we are prepared for emergency events – for example, pandemics and natural hazards such as earthquakes. Dealing with the impact of climate change on mental wellbeing is also a focus for wai ora.

Whānau ora – healthy families: Whānau ora is driven by a focus on whānau being self-managing, living healthy lifestyles and confidently participating in te ao Māori and in society. Each whānau is different and has a unique set of aspirations. To achieve whānau ora, the system will work in a way that acknowledges these aspirations and the central role that whānau play for many Māori and other New Zealanders, as a principal source of strength, support, security and identity.



A framework for mental wellbeing

The mental wellbeing framework that underpins *Kia Manawanui* builds on the framework set out in *Kia Kaha* and provides the basis for shifting our approach to supporting mental wellbeing in Aotearoa towards pae ora. The framework sets out:

- our vision of pae ora (healthy futures) – an equitable and thriving Aotearoa in which mental wellbeing is promoted and protected
- five interconnected focus areas and associated outcomes that depict a continuum of mental wellbeing across the whole population of communities, whānau and individuals
- seven guiding principles that should underpin everything we do
- the system enablers we need to support new ways of working.

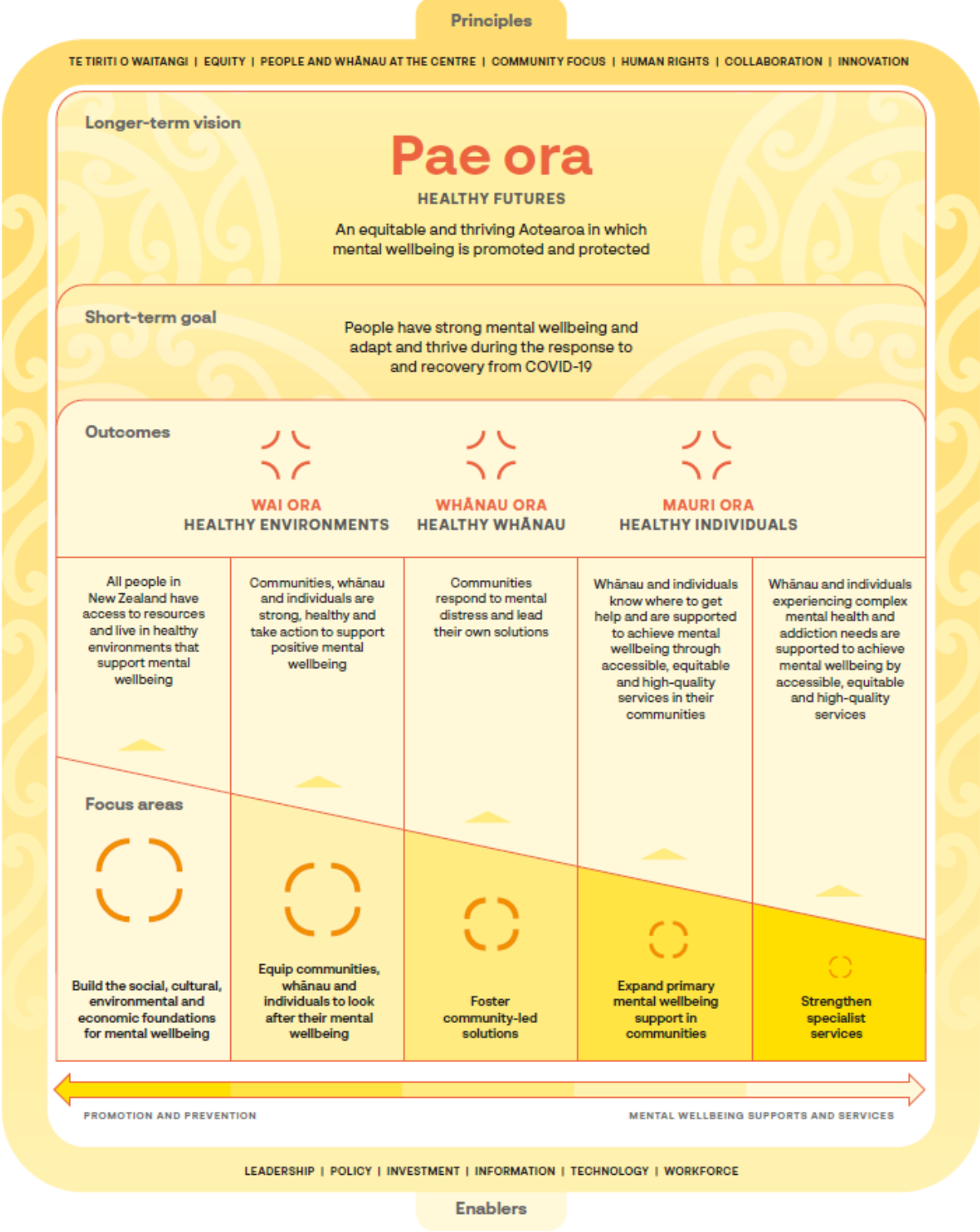
It is important to note that the focus areas in the mental wellbeing framework are not mutually exclusive – they represent mental wellbeing needs across the population, communities, whānau and individuals. Many people will see themselves and their needs in all focus areas, while some people may see them in only one or two. The focus areas are more encompassing and holistic than a categorisation of needs focused on levels of severity of symptoms (for instance, a spectrum from mild to severe mental illness).

Just as the focus areas are interconnected, the actions and interventions we need to carry out to achieve the outcomes for each focus area must be coordinated, and we cannot consider them in isolation – for example, education, employment and housing are determinants of mental wellbeing, but may also be elements of a recovery-focused response for people needing specialist mental health and addiction services.

Kia Manawanui is more than a conceptual framework. We can use it to guide investment, system planning or programme development at local, regional and national levels.

See **Appendix A** for more information about the specific components of the framework.

Mental wellbeing framework



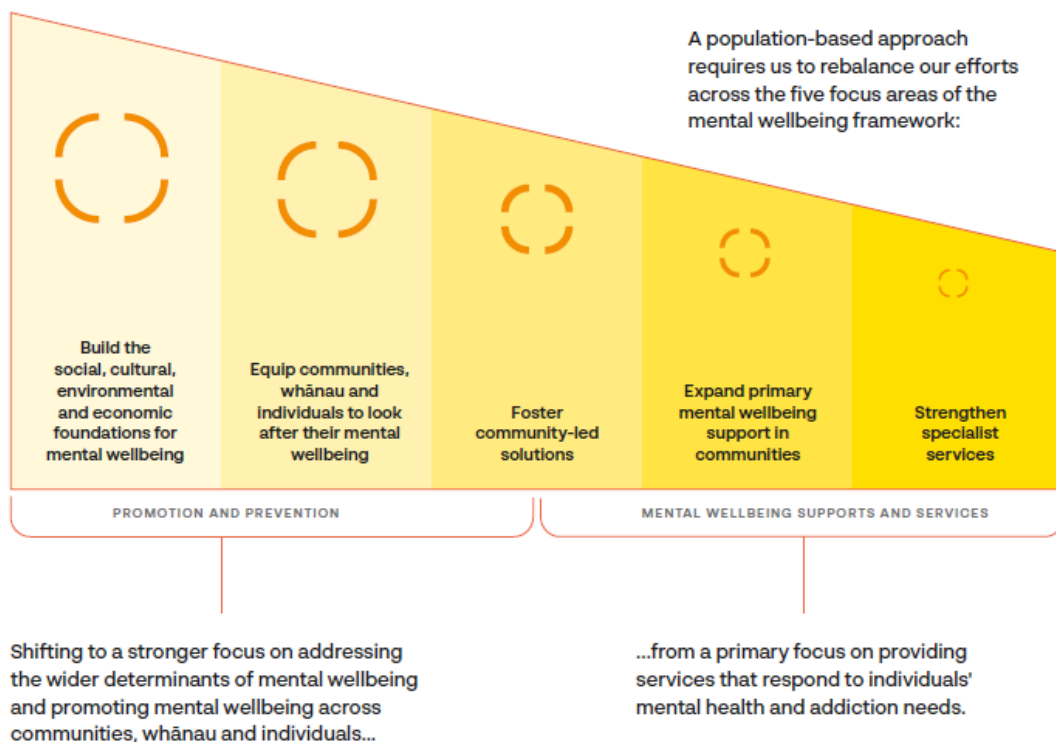
A population-based approach to improving mental wellbeing

The mental wellbeing framework takes a holistic, population-based approach to supporting mental wellbeing that incorporates a life-course perspective.

At its core, a population-based approach seeks both to improve mental wellbeing outcomes for the whole population and to address inequities that lead to disparities in mental wellbeing outcomes for specific population groups.

He Ara Oranga emphasised that improving the existing mental health and addiction system and making services more accessible and responsive are important, but that more of the same will not be enough. If we use existing service delivery models and focus on one person at a time, there will never be enough capacity in the mental health and addiction system to meet all New Zealanders' needs.

We must think more broadly about how to support the whole population to stay well, while addressing inequities and ensuring appropriate and tailored support is available to those who need it. This will involve drawing on the collective knowledge, strengths and efforts from a wide range of contributors to mental wellbeing – including communities; whānau, hapū and iwi; and individuals themselves – and providing multiple and scalable avenues of information and support to make sure we reach the whole population.



Increasing our efforts in the top three focus areas does not mean decreasing our efforts to deliver supports and services for those who need them within primary and specialist settings. We will strengthen our focus on addressing and promoting the wider determinants of mental wellbeing in addition to our ongoing focus on expanding and strengthening mental wellbeing supports and specialist mental health and addiction services.

While we have a focus on lifting outcomes for the whole population, our population-based approach means that it is also critical for us to address inequities for particular groups. Aotearoa is diverse, comprising many different population groups and communities, each with specific needs. Importantly, we need to prioritise kaupapa Māori and whānau-centred responses across all aspects of our approach.

A life-course perspective is also critical, recognising that differences in experiences at sensitive times in a person's life course are major causes of inequities between groups. For example, some population groups are much more likely to experience adverse childhood experiences than others, and this fact can put these groups on different mental wellbeing trajectories. These experiences often compound over time, increasing inequities. The time in a person's life at which they undergo a significant positive or negative experience matters, because experiences are more formative at certain times – for example, in utero, in infancy, in childhood and adolescence and during the transition to adulthood.

We need tailored responses that are appropriate for different population groups, communities, geographic circumstances and life stages; this will be a core part of our transformed approach to achieve pae ora.

Addressing the wider determinants of mental wellbeing

A range of factors influence mental wellbeing, including social inclusion, freedom from violence and discrimination, physical health and nutrition, cultural identity, spiritual wellbeing and positive environments, as well as access to meaningful employment, adequate income, affordable and safe housing and education. These factors form the foundations for mental wellbeing identified in the mental wellbeing framework.

While there are many ways in which these determinants can affect mental wellbeing, a single underlying factor is exclusion. In Aotearoa, exclusion can be the result of factors such as colonisation, racism and discrimination, monoculturalism, social isolation, poverty, trauma, adverse childhood experiences, disabilities, stigma associated with mental health challenges or the potential legal consequences of some substance use. Exclusion can also result from factors like rural isolation or inability to access and use digital technology.

It is difficult to measure the relative impacts of the wider determinants of mental wellbeing – they are complex, interactive and cumulative. However, there is strong evidence and wide acknowledgement that these wider determinants are key drivers of mental wellbeing outcomes and inequities – including suicide risk.

Determinants of mental wellbeing have different impacts at different stages of the life course. For example, early childhood is a crucial period of development. At this time, protective factors such as maternal wellbeing, strong whānau relationships and access to high-quality early learning are key contributors to positive mental wellbeing later in life.

Some of the most powerful steps that can be taken to improve mental wellbeing and address inequities lie outside of the mental health and addiction system.

Our future approach will have a broader focus on addressing the wider determinants of mental wellbeing and supporting people through key life transitions and critical development stages, alongside our response to mental health and addiction needs. Our focus on addressing the underlying determinants of mental wellbeing will contribute directly to our suicide prevention efforts, as well as our efforts to improve mental wellbeing outcomes and equity. For instance, work on the Healthy Homes Initiative, Housing First, the Homelessness Action Plan and the Ara Poutama housing and reintegration initiative, will bring important benefits for physical and mental wellbeing.

A wide range of other government strategies and action plans are also relevant to addressing the wider determinants of mental wellbeing; for example, the *Child and Youth Wellbeing Strategy*, the family violence and sexual violence work programme and work on a national plan of action against racism. Collaboration between agencies nationally is important, to ensure strategies strengthen and inform each other. Coordination can take place through mechanisms such as the government agency chief executives' Social Wellbeing Board.

The future approach will entail accountabilities across agencies and mechanisms to encourage coordination. There will be a joined-up approach at regional and local levels, to allow people to access holistic support for their mental wellbeing easily and without barriers between sectors.

Promoting mental wellbeing across communities, whānau and individuals

Historically, our approach to supporting mental wellbeing has mostly focused on continuing to improve mental health and addiction services, but this has put pressure on a dedicated yet stretched mental health and addiction workforce.

Achieving pae ora and mental wellbeing for all is going to take everyone working together.

Individuals play a core role in their own mental wellbeing. Our future approach will include a strong focus on mental wellbeing promotion and prevention, including education, campaigns, digital tools and tailored resources to help people understand what they can do to keep themselves mentally well (for example, by making positive lifestyle and behaviour choices in terms of nutrition, exercise and sleep), as well as tools and resources to support their resilience. Our approach will spread awareness of concepts like the [Five Ways to Wellbeing](#): connect, take notice, give, keep learning, be active.

When people start to feel distressed or to struggle with their mental wellbeing, whānau, friends and colleagues are often their first line of support. Our future approach will support people to recognise when they or those around them need some extra support, and to feel confident reaching out. Ways of connecting differ across population groups, but an ability to notice changes in the people we care about, to listen well and be there for them is fundamental.

Mental wellbeing is fostered in our homes, our schools, our workplaces and communities. In our homes, parental wellbeing is strongly associated with their children's wellbeing; the effect of this continues through to a person's later life. Our future approach will ensure that our promotion and prevention work reaches those in parenting roles (which can include, for example, other whānau members and caregivers).

Communities are best positioned to understand and develop supports that meet their own members' mental wellbeing needs, and may need support to realise this potential. Our future approach will acknowledge and leverage communities' particular strengths, support community development and enable communities to lead their own solutions. This is not just about mental health and addiction services but about wider community responses that enable participation; a sense of belonging; creativity; social bonds; advocacy; and changes to social, cultural, environmental and economic conditions.

Our future approach will make better use of diverse sectors and settings – for example, marae, community centres, sports clubs, workplaces, educational institutions, outdoor spaces, Work and Income offices, general practices, faith-based institutions, housing services and justice settings – to promote mental wellbeing and connect people with the support they need. This will require increasing mental health, addiction and suicide prevention literacy, and supporting cross- sector and community workforces to identify and respond to the mental wellbeing needs of people they interact with.

This approach widens the historic focus on diagnosis and biomedical interventions, enabling us to see people’s needs holistically – in the context of their whānau, communities, cultural identities and socioeconomic circumstances – and provide a more nuanced range of responses.

These efforts will be complemented by a continued focus on de-stigmatising mental health and addiction, raising awareness and understanding, and reducing discrimination.

Providing supports and services to those who need them

While a stronger focus on mental wellbeing promotion and prevention will have long-term benefits, *He Ara Oranga* emphasised that we must continue to prioritise those people with the highest needs for mental health and addiction support.

There will always be a need for strong mental health and addiction services and appropriate and tailored supports for those that need them.

To this end, it is critical that we take two particular steps:

- increase opportunities for early intervention for potential mental health and addiction issues, to prevent needs from escalating. ‘Early’ intervention can mean both early in the life course and early in the course of mental distress. Our continued focus must be on expanding access to and choice of primary and community supports. Such supports must be wide-reaching and easily accessible in a range of settings, and offer tailored support to groups and individuals with specific needs
- provide support through accessible, equitable and high-quality specialist services, including mental health, addiction, crisis response and forensic services. We need to design, resource and support our specialist services adequately, so that they can effectively contribute to the pae ora of those with the highest needs.

It will be critical to develop an approach that focuses on wellbeing and recovery and acknowledges that mental wellbeing is attainable for all, including for people experiencing mental distress or illness. We need to ensure that services, supports and our workforce are able to deliver trauma-informed care – care that is strengths-based, that attends to safety and that fosters people’s control over their own lives.

People’s needs can be multi-layered and may require integrated responses from multiple services and agencies. We need to ensure strong, seamless integration between mental health and addiction services; other health and disability support services; and education, employment, housing, justice and emergency response services.

We will need to make use of wide-reaching and scalable options for support, including through a strong focus on growing the peer workforce and peer-led services that bring unique perspectives and understanding. To this end, we will need to harness digital solutions and prioritise community- based options.

Our future approach will enable free and immediate access to a range of support options and services across the continuum and the life course, designed with communities and tailored to their needs, and entailing seamless transitions between wide-ranging support options that are centred around people’s aspirations for their own mental wellbeing.

How will we get there?

The multiple systems that contribute to mental wellbeing – including the mental health and addiction system; the wider health and disability system; and the social, education and justice systems – are complex and multi-faceted. The issues we must address are systemic and have existed for generations.

The shifts we need to make to achieve a population-based approach are not new concepts; various agencies have attempted to make these changes before, with different levels of success. However, at this point in time, certain key factors will help us ensure a successful transformation:

- a strong government mandate and commitment to transformation
- a commitment to a collective approach and joint effort towards a shared vision
- guiding principles that underpin how we will work, including a strong focus on achieving equity.

Government commitment

The Government's response to *He Ara Oranga* set the direction for long-term change, backed by substantial and ongoing investment through Budget 2019.

The Government's response acknowledged the need for sustained effort to achieve our long-term goals. The multi-year investment is accompanied by a strong whole-of-government commitment to improving the mental wellbeing of all New Zealanders.

Beyond investment, the Government's role in achieving transformation involves setting direction (for example, through *Kia Kaha, He Tapu te Oranga o ia Tangata* (our national suicide prevention strategy and action plan) and now *Kia Manawanui*) to ensure the system is set up to support new ways of working. The actions in *Kia Manawanui* focus on the national-level system changes that only government can make to improve the way our system operates.

However, the transformation we are seeking cannot be achieved by government alone – change begins in our homes and communities.

Collective approach and a shared vision

A key difference for this phase of transformation is the shift to the broad concept of a 'mental wellbeing system' – a system that brings together the roles of individuals, whānau, iwi, hapū and communities; non-government organisations and community groups; marae, workplaces and educational institutions; social services, faith-based institutions, housing and health service providers; and agencies across government.

We are all participants in a system that aims to achieve pae ora. *Kia Manawanui* invites the many national, regional and local organisations that support mental wellbeing, as well as individuals, whānau and communities, to consider how they contribute to pae ora – we all have a role to play.

Transforming New Zealand's approach to mental wellbeing will require everyone, as well as organisations and structures within the system, to be part of the change. It will involve new behaviours, and reframing structures' and organisations' approaches, to support change and innovation.

Guiding principles to underpin all actions

While *Kia Manawanui* focuses on national-level actions, the mental wellbeing framework is applicable to national, regional and local levels. The guiding principles provide consistent cornerstones for all who are involved in supporting mental wellbeing.

The principles, as articulated in *Kia Kaha* and **Appendix A**, are Te Tiriti o Waitangi, equity, people and whānau at the centre, community focus, human rights, collaboration and innovation.

Addressing equity

Differences in mental wellbeing outcomes across different population groups are not only avoidable but also unfair and unjust. The equity principle recognises that different people with different levels of advantage require different approaches and resources to achieve equitable outcomes. This principle includes recognition of historical and inter-generational inequities and the multiple factors of disadvantage that some people experience.

First and foremost, all our actions must uphold the articles in, and principles of, Te Tiriti o Waitangi. Equity for Māori is a key outcome within the mental wellbeing framework and is an obligation under Te Tiriti o Waitangi.

All that we do must pursue equitable outcomes for Māori and address inequities faced by other populations.

In addition to being a guiding principle, equity is fundamental to our vision of pae ora and a thriving Aotearoa in which we all promote and protect mental wellbeing.

Groups highlighted in He Ara Oranga

- Māori
- Pacific peoples
- Refugees and migrants
- Rainbow communities
- Rural communities
- Disabled people
- Veterans
- Prisoners
- Young people
- Older people
- Children experiencing adverse childhood events
- Children in state care

Certain population groups in Aotearoa have specific needs we need to address, while harnessing the particular strengths these groups already possess. For instance, the government has obligations to support improved and equitable mental wellbeing outcomes for Pacific peoples. Pacific peoples experience higher levels of psychological distress than New Zealand Europeans, are more likely to live in neighbourhoods with higher deprivation and have poorer health outcomes – but they also generally have strong family and faith connections, and live by cultural values that can inform appropriate responses to their needs. In promoting tailored responses for Pacific peoples, *Kia Manawanui* reinforces the principles and aims set out in *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*.

Another example is disabled people, who experience relatively poor outcomes in relation to the social and economic determinants of mental wellbeing, and are more likely to experience stigma, prejudice and abuse.

He Ara Oranga identifies 12 population groups that require a particular focus, but we know there are others – for example, Asian communities, 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.

We must all ensure we are listening and working towards improved and equitable outcomes. We must include diverse voices, engage the expertise of population-focused agencies and organisations and ensure our work enhances relevant strategies and action plans, such as the *Child and Youth Wellbeing Strategy*, the *New Zealand Disability Strategy 2016–2026*, *Better Later Life – He Oranga Kaumātua 2019 to 2034* and the *Youth Plan 2020–2022*.

We must hold ourselves to account, so that we are not inadvertently perpetuating inequities, and take proactive steps to provide tailored and targeted supports for groups with specific cultures and needs.

Pursuing all principles

If we wish to achieve effective change, we must commit to collaboration and to people-centred ways of working, involving shifts in relationship dynamics within the current system. We are focused on a future in which people are partners in their own care – where everyone is treated with dignity and able to obtain support easily and with greater choice. We must continue to support community-led solutions and continue to learn from and share innovative approaches to mental wellbeing.

What will we do to enable and drive transformation?

Transformation of our approach to mental wellbeing will be an evolution, not a revolution. It will require iterative and sustained shifts in attitudes, behaviours and actions, supported by fundamental changes to the system to support new ways of working. The changes we need to make to support a transformed approach will often be interdependent.

As noted above, *Kia Manawanui* focuses on the national-level actions central government will take to change the system. The actions in are organised across the six system enablers of:

- leadership
- policy
- investment
- information
- technology
- workforce.

These enablers are common across government; not just the health and disability system. However, the changes outlined in *Kia Manawanui* align strongly with the intentions set out in the Government's response to the Health and Disability System Review and represent an opportunity to make sure broader system change advance a transformed approach to mental wellbeing.

The actions in *Kia Manawanui* cover three timeframes, as follows.

- Short term (2021–2023) – We will build the foundations for a transformed approach, including prioritising equity; beginning to address gaps in our existing mental wellbeing system; setting expectations and creating mechanisms to support more collaborative ways of working; and reviewing and identifying opportunities for improvement.
- Medium term (2023–2027) – We will extend trials of new ways of working developed in the short term; disseminate information, guidance and best practice to improve performance; and continue to expand a wellbeing approach to wider populations and settings.
- Long term (2027–2031) – We will embed changes to give effect to a joined-up, cross-sector and people- and whānau-centred approach, with a strong focus on learning and adjusting activities as we build our understanding and evidence base, including mātauranga Māori.

While these actions are sequenced, and many will overlap, this plan is flexible, and not prescriptive. This is not an exhaustive view of the actions government will take. A range of cross-government strategies, programmes, initiatives and services is already under way. These will continue to be rolled out and expanded over the course of this long-term pathway but are not listed in detail, as the actions in *Kia Manawanui* are focused on the system setting changes needed to enable transformation.

The following sections set out an overview of actions we will take across the six system enablers.

Actions to implement the recommendations in *He Ara Oranga*

He Ara Oranga made 40 recommendations to begin transformation of New Zealand's approach to mental wellbeing. The recommendations in *He Ara Oranga* span nine overarching themes, discussed in depth in the Inquiry Panel's report. The Government:

- fully accepted 23 recommendations or components of recommendations
- accepted in principle 18 recommendations or components of recommendations (this means that the Government accepted the intent of the recommendation but not the mechanism proposed)
- agreed to further consideration of four recommendations or components of recommendations
- did not accept two of the recommendations in *He Ara Oranga*.

While the recommendations provide a starting place for transformation, in isolation they do not capture the broader changes *He Ara Oranga* called for. The Inquiry Panel emphasised that its approach was to focus on a few critical changes to shift the system. This aligns well with the approach in *Kia Manawanui*, which aims to give effect to the direction set by *He Ara Oranga* while also delivering on the components of the recommendations accepted in the Government's response.

The broader actions outlined in this long-term pathway reflect the intention of the recommendations in *He Ara Oranga*. For example, efforts to enhance the voices of people with lived experience, family and whānau under the enabler of 'leadership' will involve actions to implement the *He Ara Oranga* recommendations to place people at the centre. Similarly, changes to policy settings outlined in *Kia Manawanui* will involve implementation of the recommendations to repeal and replace New Zealand's mental health legislation.

The companion document to *Kia Manawanui* outlines each recommendation in *He Ara Oranga*, the Government's response, and next steps for implementing the recommendations through the long-term pathway.

Leadership

At the national level, leadership entails central government organisations (including Health New Zealand, the Māori Health Authority and the Mental Health and Wellbeing Commission) and national non-government organisations. Regionally, health structures sit alongside other forms of regional leadership, such as local authorities.

Locally, many kinds of organisations provide leadership, including marae, general practices, educational institutions, community organisations, faith-based institutions and businesses.

Iwi, hapū, whānau and leading Māori organisations provide leadership in determining services and supports by and for Māori. In addition to forming partnerships with Māori, government agencies will deepen collaborative leadership approaches to working with community partners and lived experience networks.

Action: Uphold Te Tiriti o Waitangi and support equity of mental wellbeing outcomes for Māori

Short	<ul style="list-style-type: none">• Foster Crown-Māori partnerships focused on mental wellbeing at the national, regional and local levels to ensure services and supports are responsive to Māori aspirations and priorities• Support a strong focus on mental wellbeing in the establishment of the Māori Health Authority• Proactively support Māori leadership in service design and delivery of Māori mental wellbeing services and supports
Medium	<ul style="list-style-type: none">• Support tino rangatiratanga in the sphere of service design and delivery focused on Māori mental wellbeing by seeking out opportunities to devolve leadership and decision-making to Māori• Support development of the Māori Health Authority and its integration into the collective of agencies working towards mental wellbeing
Long	<ul style="list-style-type: none">• Support wider organisations to be grounded in Te Tiriti o Waitangi through guidance and accountability settings• Adjust approaches as needed based on evaluation and experience, prioritising knowledge from mātauranga Māori

Action: Strengthen national, regional and local leadership and collaboration for mental wellbeing

Short	<ul style="list-style-type: none"> Strengthen national and local cross-government coordination of strategies and activities that contribute to mental wellbeing and raise awareness and understanding (eg, via the Regional Public Service Leads and web information about respective roles and responsibilities) Enable national networking between leaders to share experiences and evidence about promoting and improving mental wellbeing Strengthen government collaboration with national mental wellbeing bodies and networks Develop and invest in capacity and capability for regional/local collaborative design processes for integrated mental wellbeing supports
Medium	<ul style="list-style-type: none"> Move from cross-government coordination of strategies and activities to integrated cross-government development of strategies and activities that support mental wellbeing Strengthen community organisations' capacity to lead mental wellbeing promotion and responses to mental distress, including leadership development opportunities Develop and promote agreed understanding of best practice in collaborative design for mental wellbeing services and supports across government and sectors
Long	<ul style="list-style-type: none"> Support mental wellbeing as an enduring priority, including through monitoring and review of <i>Kia Manawanui</i> Continue to strengthen mental wellbeing-focused coordination and integration mechanisms at the national, regional and local levels

Action: Amplify the voices and strengthen the leadership of Māori, people with lived experience, whānau and populations with specific cultures and needs

Short	<ul style="list-style-type: none"> Set expectations that funders, commissioners and providers of mental wellbeing services and supports will proactively seek out the voices of these groups and establish mechanisms to obtain their input (eg, elevating consumer and whānau advisory roles and feedback loops) Review current practices, and the mental wellbeing services and supports currently available to Māori, whānau and key population groups, to identify gaps and opportunities for improvement
Medium	<ul style="list-style-type: none"> Develop guidance, build capability and embed mechanisms for partnering and participation in governance, planning, policy and service development Increase the transparency of collaborative ways of working through reporting and sharing of best practice
Long	<ul style="list-style-type: none"> Build collaborative ways of working into business as usual and accountability mechanisms at national, regional and local levels

Policy

Government strategies, policies and laws guide on-the-ground responses to people’s mental wellbeing needs. Collectively, policies in such areas as health, income, employment, housing and education have major influences on people’s mental wellbeing.

This action area seeks 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.

Action: Strengthen the focus on mental wellbeing, suicide prevention and equity across government strategies, policies and accountabilities

Short	<ul style="list-style-type: none">• Support consideration of mental wellbeing and equity in all policies across government through active promotion, resources and tools (including reference to He Tapu te Oranga o ia Tangata)
Medium	<ul style="list-style-type: none">• Embed mental wellbeing, suicide prevention and equity as focuses of all government strategies and work programmes• Integrate monitoring and accountability of strategies working towards related goals to drive collective accountability and impact
Long	<ul style="list-style-type: none">• Build joint monitoring and cross-sector accountability mechanisms into future policy development and system and service design

Action: Improve the legislative and regulatory environment to support healthy environments and a mental wellbeing approach

Short	<ul style="list-style-type: none"> • Review and reform current mental health and addiction legislation to better support human rights, mana-enhancing approaches and equity alongside efforts to improve regulatory and provider practice • Ensure other relevant legislation (eg, laws related to transgender identity and to hate-motivated activity) considers mental wellbeing • Strengthen a public health approach to regulation and enforcement in relation to alcohol and other drugs (eg, implementing the drug checking licensing scheme, reviewing the 2019 amendments to the Misuse of Drugs Act 1975, reviewing the Substance Addiction (Compulsory Assessment and Treatment) Act 2017) • Review the processes for investigating deaths by suicide and provide guidance to relevant organisations as needed
Medium	<ul style="list-style-type: none"> • Repeal and replace the Mental Health (Compulsory Assessment and Treatment) Act 1992 • Implement recommendations of review of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and any other amendments required following consultation on the Mental Health Act • Implement recommendations of review of amendments to the Misuse of Drugs Act 1975 and consider any wider reform • Review the Sale and Supply of Alcohol Act 2012 • Review the Gambling Act 2003, with particular reference to preventing and minimising harm from online gambling and electronic gaming machines • Implement change in the processes for investigating deaths by suicide
Long	<ul style="list-style-type: none"> • Support the implementation of new legislation with leadership for behaviour change, workforce training, monitoring and feedback loops and expanded service options

Action: Develop frameworks and guidance to steer contemporary approaches to mental wellbeing

Short	<ul style="list-style-type: none"> • Collaboratively develop a Mental Health and Addiction System and Service Framework to set guidance and expectations for the spectrum of mental health and addiction services to be available at national, regional and local levels (including service types and integration with other mental wellbeing supports) • Develop new frameworks and guidance to support mental wellbeing in diverse settings (for example, a Code of Practice for mentally healthy workplaces)
Medium	<ul style="list-style-type: none"> • Collaboratively design and monitor new services identified through the Mental Health and Addiction System and Service Framework and ensure effective pathways and transitions between supports across sectors • Facilitate mental wellbeing audits of workplaces
Long	<ul style="list-style-type: none"> • Evaluate and adjust the suite of mental health, addiction and mental wellbeing services and supports (including service design, funding and monitoring) and ensure seamless pathways and transitions between supports

Investment

The actions listed under 'investment' span all focus areas. This enabler relates to how we invest and what we invest in, including the balance of investment across focus areas. The investment approach begins with strengthening the focus on addressing the wider determinants of mental wellbeing, and on prevention, including through resources and campaigns targeting both the broad population and specific populations. It also seeks to build a more complete and equitable continuum of mental health and addiction services – primary, community and specialist services.

Across these actions, there will be a strong focus on expanding kaupapa Māori services and collaborative design of services and supports for other populations. Over time, the range of settings and types of supports and services for those with mild to moderate mental wellbeing needs will expand, alongside improved support for those with high and complex needs.

Action: Strengthen investment in the foundations of mental wellbeing

Short	<ul style="list-style-type: none">• Implement cross-government initiatives that address the social, cultural, environmental and economic determinants of mental wellbeing (including by addressing homelessness; financial hardship; employment needs; care and protection; and safe workplaces, schools and learning environments)
Medium	<ul style="list-style-type: none">• Identify opportunities to expand and integrate initiatives to address the determinants of mental wellbeing and create sustainable solutions (eg, more permanent solutions for people experiencing homelessness; expansion of integrated employment and mental health and addiction supports)
Long	<ul style="list-style-type: none">• Ensure a sustainable investment approach is in place to maintain the foundations of mental wellbeing, including pivoting actions as needed in response to emerging evidence, new events and changing circumstances

Action: Strengthen investment in promoting mental wellbeing

Short	<ul style="list-style-type: none">• Promote societal-level awareness, behaviour change and reduced discrimination and stigma related to mental health and addiction issues and help-seeking (including through whole-population and tailored mental wellbeing promotion and prevention)• Expand work to ensure all schools, tertiary education institutes and workplaces promote mental wellbeing and take steps to prevent mental distress (eg, bullying prevention resources in schools; mental health education resources for teachers)• Promote mental wellbeing benefits and opportunities related to recreation, arts and cultural activities
Medium	<ul style="list-style-type: none">• Expand approaches to promoting mental wellbeing in diverse community settings including marae, schools, workplaces, sports clubs, places of worship, outdoor spaces and community centres
Long	<ul style="list-style-type: none">• Embed the community settings-based approach to mental health promotion and prevention, including by empowering marae, schools, workplaces, sports clubs, places of worship and community centres to respond to local challenges and lead solutions

Action: Expand access and choice of mental health and addiction supports and provide recovery-based care, prioritising kaupapa Māori and whānau-centred approaches and addressing equity

Short	<ul style="list-style-type: none"> • Prioritise investment in kaupapa Māori and whānau-centred mental wellbeing services and supports across the continuum of needs and settings (eg, in prisons) • Expand and evaluate primary and community mental health and addiction services, including peer support, digital tools, suicide prevention initiatives and tailored supports for Māori, Pacific peoples, children and young people and Rainbow communities • Expand mental wellbeing supports in settings such as schools (eg, through positive behaviour initiatives and intensive wrap-around services) and tertiary institutions, and through formal mechanisms (eg, alcohol and other drug treatment courts and trial of a young adult court) • Prioritise investment in community-based recovery-orientated services for people experiencing complex challenges, including those transitioning out of the Corrections system (eg, wrap-around support for people leaving acute mental health and addiction units who are at risk of homelessness)
Medium	<ul style="list-style-type: none"> • Enable tikanga Māori approaches alongside Māori clinical approaches in mental health and addiction services and supports • Support tailored and collaboratively designed responses for a wider range of populations with specific cultures and needs, led by those populations • Explore the potential for digital channels and tools to better engage target populations in delivery of mental wellbeing support • Continue to develop and implement appropriate mental wellbeing and therapeutic support in diverse settings such as prisons (eg, by improving physical environments) and Oranga Tamariki care and protection settings • Monitor and evaluate mental wellbeing services and supports to promote best practice, service expansion and integration
Long	<ul style="list-style-type: none"> • Continue to review the balance of investment and ensure an appropriate mix of services and supports in diverse settings • Align investment in the mental health and addiction system with the results of the evaluation of Mental Health and Addiction System and Service Framework

Action: Develop commissioning, funding and contracting approaches that enable joined-up investment in a broad range of supports and services

Short	<ul style="list-style-type: none">• Pilot innovative ways of commissioning and funding supports and services to improve equity, accessibility, participation and collaboration; for example, commissioning that supports kaupapa Māori
Medium	<ul style="list-style-type: none">• In collaboration with the sector, review commissioning, procurement, funding, contracting and monitoring mechanisms for mental wellbeing supports and services, and implement changes• Expand successful new commissioning, funding and contracting mechanisms for mental wellbeing supports and rationalise monitoring across services
Long	<ul style="list-style-type: none">• Ensure that commissioning, funding and contracting supports all mental wellbeing service types• Establish and use joint commissioning, funding and contracting mechanisms across sectors to streamline government engagements with community organisations

Information

Receiving, using and sharing timely, accurate and comprehensive data and information is crucial both to enabling people to look after their own mental wellbeing and to providing informed responses to people's wellbeing needs. Relevant information includes both population-level wellbeing data and tracking of progress with specific services.

The Mental Health and Wellbeing Commission and the Ministry of Health have leadership roles in terms of collecting information relevant to mental wellbeing. Individual agencies collect data in their spheres of influence; many on-the-ground organisations contribute to this.

The Social Wellbeing Agency, the Treasury and the Public Service Commission make important contributions to the creation of integrated, coordinated approaches to information and data across government.

The actions under this enabler seek to simplify reporting for those who contribute data. The actions encourage feedback loops, to ensure that we are hearing and responding to the experiences of Māori, people with lived experience, families and whānau, and populations with specific cultures and needs.

Action: Build our understanding of mental wellbeing prevalence, needs and equity

Short	<ul style="list-style-type: none"> • Bring together data and evidence from across sectors about the population prevalence of mental wellbeing, illness and addiction; need; service access; and equity, and identify gaps and overlaps • Refresh the mental health and addiction content in the Ministry of Health’s New Zealand Health Survey • Work collaboratively, including with the Mental Health and Wellbeing Commission, to consolidate key cross-government and sector metrics for measuring mental wellbeing • Expand our understanding of specific populations’ needs and services and how better to meet their needs (eg, research into experiences of tamariki in care, availability of maternal mental health services, review of refugee mental health service provision)
Medium	<ul style="list-style-type: none"> • Address gaps in data and evidence, including through existing sources, such as enhancing primary mental health and addiction data collection • Consider opportunities for additional data collection, such as scoping a comprehensive mental health and addiction survey • Undertake analysis of cross- sector data to improve understanding of the wider determinants of mental wellbeing and how they are inter-related • Improve capability to incorporate learning from mātauranga Māori and lived experience into our understanding of mental wellbeing, including from those who cannot always speak for themselves (eg, children and disabled people)
Long	<ul style="list-style-type: none"> • Ensure that a robust and evolving understanding of prevalence, and accurate forecasting and modelling of needs and equity, informs cross-sector planning, policy and investment decisions

Action: Enable innovation that allows us to easily share whānau-centred and community-led solutions, to encourage and enable change

Short	<ul style="list-style-type: none"> • Improve understanding of people’s pathways through services and supports • Identify opportunities for and barriers to the appropriate sharing of information about population mental wellbeing and equity, including across government and sectors • Improve the accessibility and usability of health information for consumers and providers (eg, via development of the National Health Information Platform)
Medium	<ul style="list-style-type: none"> • Address barriers to the safe sharing of information that supports enhanced mental wellbeing (eg, via development of the National Health Information Platform) • Work with whānau and communities to pilot technical solutions to enhance choice, timeliness and service quality through more effective information sharing • Work towards a fully interoperable digital health ecosystem, where information can be transferred within and between systems and services without special effort by the user
Long	<ul style="list-style-type: none"> • Ensure that appropriate information is contributed by and available to individuals, whānau and communities to enable people to look after their mental wellbeing and to inform community-led solutions

Action: Create and embed feedback loops so the experiences of Māori, people with lived experience, whānau and populations with specific cultures and needs inform continuous improvement

Short	<ul style="list-style-type: none"> • Work collaboratively to improve the collection of information from Māori, people with lived experience, whānau and population groups with specific cultures and needs, and use this to shape services and supports • Support the Mental Health and Wellbeing Commission’s development of a service monitoring framework for mental health and addiction services and approaches to mental wellbeing
Medium	<ul style="list-style-type: none"> • Improve the collection and use of data, including by embedding feedback loops to inform planning, policy, investment decisions and service design • Extend our technical capabilities to capture people’s self-reported outcome and experience measures and link them to the services and supports they received, to improve care experiences and planning • Support the implementation of the Mental Health and Wellbeing Commission’s service monitoring framework for mental health and addiction services and approaches to mental wellbeing
Long	<ul style="list-style-type: none"> • Embed processes and mechanisms to ensure that feedback from diverse groups and insights from the Mental Health and Wellbeing Commission’s service monitoring framework drive change

Technology

During the COVID-19 response, use of digital platforms to support mental wellbeing increased. Ongoing, we need to ensure digital mental wellbeing tools have wide reach and are clinically and culturally safe.

The actions in this area focus on improving the design and delivery of such supports, so that they effectively enable individuals and whānau to protect and enhance their own wellbeing. The actions also cover enabling access to technology and the importance of timely access to data.

Action: Engage with people using digital tools to understand what they use and prefer, including how choices change over time

Short	<ul style="list-style-type: none">Engage with Māori, people with lived experience and populations with specific cultures and needs to understand the strengths and limitations of digital tools and digital care, with a particular focus on equity and accessRun discovery processes with tangata whaiora (ie, people seeking wellness) to identify problem statements and guide investment in digital solutions
Medium	<ul style="list-style-type: none">Engage with and support providers to address challenges in regard to digital equity and access
Long	<ul style="list-style-type: none">Assess the benefits of digitally-enabled models of care

Action: Build a digital ecosystem of support across sectors

Short	<ul style="list-style-type: none">Test and release a prototype Digital Mental Health and Addiction Service Framework to guide funders, providers, developers and service users in selecting digital toolsSupport providers to embrace new virtual delivery mechanisms
Medium	<ul style="list-style-type: none">Refine the prototype Digital Mental Health and Addiction Service Framework with users and stakeholders and introduce it across government and sectorsProvide digital pathways and information to support service users and providers in choosing between physical face-to-face, telehealth and other digital mental wellbeing supports
Long	<ul style="list-style-type: none">Collaboratively design, implement and refine the Digital Mental Health and Addiction Service Framework with providersContinuously develop and adapt digital mental wellbeing solutions, in partnership with the communities they serve

Action: Facilitate access to digitally-enabled support for individuals, whānau, communities and services

Short	<ul style="list-style-type: none">• Make use of technology to connect people to and enhance services (eg, Zoom consultations and e-prescribing) and provide tailored information and advice on various digital platforms• Consider scoping requirements and levels of community assets (eg, rural accessibility) when identifying technological solutions
Medium	<ul style="list-style-type: none">• Transform processes and systems so that service providers and users can collect and use data on new primary mental health and addiction services in a 'close to real time' way
Long	<ul style="list-style-type: none">• Ensure that communities and services have access to the right technology and platforms for service delivery and data collection

Workforce

Growing and supporting a sustainable, diverse, competent and confident mental health and addiction workforce is essential to achieving the actions this pathway sets out. The future mental health and addiction workforce will uphold Te Tiriti o Waitangi and support equity of mental wellbeing outcomes for Māori. This workforce will need to expand and will include new staff with new qualifications and different career paths. The existing mental health and addiction workforce will need new skills and competencies.

While the mental health and addiction workforce will continue to be critical to supporting a transformed approach, we also need to broaden our understanding of who that workforce comprises.

We will support a diverse range of workforces, with a focus on the peer workforce as a core component of our transformed approach. We will also continue to promote mental health, addiction and suicide prevention literacy across sectors and communities.

Cross-sector collaboration will be crucial to our delivery of a wellbeing approach. This collaboration will include developing coordinated workforce development and career pathways across sectors (for example, within Ara Poutama's mental health and addiction services), as well providing upskilling for diverse occupational groups, including teachers, occupational therapists and social workers.

Action: Develop workforces to promote mental wellbeing and increase mental wellbeing literacy

Short	<ul style="list-style-type: none"> Upskill existing mental health and addiction workforces in mental wellbeing promotion Promote access to mental health, addiction and suicide prevention literacy programmes to cross-sector workforces and communities Develop teacher wellbeing resources for schools and support for workplaces
Medium	<ul style="list-style-type: none"> Train health promoters to educate the population on subjects such as mental health literacy; harm from alcohol, other drugs and gambling; and suicide prevention Support community-led alliances to improve mental wellbeing and delivery of health literacy training
Long	<ul style="list-style-type: none"> Re-orient the workforce to focus on promotion and prevention approaches Raise mental health, addiction, suicide prevention and wellbeing literacy at the population level Promote safe, flexible and supportive schools and workplaces that enable mental wellbeing

Action: Expand the mental health, addiction and mental wellbeing workforce across sectors

Short	<ul style="list-style-type: none"> Define future workforce requirements across sectors and across levels of need Create cross-sector frameworks for mental health, addiction and wellbeing workforce development Promote roles in the health promotion, clinical, kaiāwhina (non-clinical) and cultural workforces Reduce barriers to entering a career in mental health, addiction and mental wellbeing, moving around the system and career progression Increase training places to specialise in mental health, addiction (including gambling harm), suicide prevention and mental wellbeing
Medium	<ul style="list-style-type: none"> Strengthen cross-sector coordination and oversight of workforce development Support workforces across sectors (eg, Ara Poutama, New Zealand Defence Force, the Ministries of Education and Social Development, Oranga Tamariki, Te Tūāpapa Kura Kāinga and the Police) to provide first-line support in regard to mental health, addiction, suicide prevention and mental wellbeing Grow the clinical, kaiāwhina and cultural workforces to meet demand across sectors and across levels of need Strengthen relationships across the Ministries of Health and Education and review health education curricula to ensure it reflects new models of support
Long	<ul style="list-style-type: none"> Monitor and evaluate workforce trends over time and target responsive strategies Minimise structural silos and grow shared workforces to address the wider determinants of mental wellbeing Encourage the workforce to use cross-sectoral approaches to respond to the wider determinants of mental wellbeing Grow strong collaborative workforces across the domains contributing to mental wellbeing (including education, housing and employment)

Action: Transform the mental health, addiction and mental wellbeing workforce to enable it to respond to people’s mental wellbeing needs and to intervene early

Short	<ul style="list-style-type: none"> • Prioritise the growth and development of Māori, Pacific, youth and cultural workforces and create new roles in primary and community settings • Prioritise the growth and development of peer workforces and enable opportunities for peer support roles to operate across focus areas • Define the skills and competencies we need across clinical and kaiāwhina workforces to support transformation, including a focus on promotion, prevention and early intervention across the continuum of need, as well as cultural competency, cultural safety and responsiveness to the needs of specific populations (eg, Rainbow communities) • Develop tools, resources and training to address institutional racism • Train workforces on harmful substance use, including competencies for coexisting problems • Support teachers to create supportive learning environments
Medium	<ul style="list-style-type: none"> • Support the use of Māori and Pacific approaches to health and mental wellbeing • Grow new peer workforces to support new service model development • Upskill workforces to work with whānau and carers • Promote and enable harm reduction and early intervention approaches for problematic alcohol and other drug use • Promote access to training in core skills, including talking therapies, trauma-informed responses and group interventions • Integrate a life-course approach to the training and education of the mental health, addiction and mental wellbeing workforce, focusing on critical developmental periods and life transitions • Create development opportunities for workforces to understand how to promote equity and deliver mana- enhancing models of care and intervention
Long	<ul style="list-style-type: none"> • Embed culture-specific approaches to mental wellbeing in training and development • Value the role of the peer workforce across the continuum of intervention settings, including in primary care and emergency contexts • Increase opportunities for Māori workforces to access learning in mātauranga Māori • Engage in sustained efforts to reduce racism and discrimination

Action: Value, retain and support strong leadership across the mental health, addiction and mental wellbeing workforce

Short	<ul style="list-style-type: none"> • Promote and recognise the mental health, addiction and wellbeing workforces • Identify exit patterns and develop strategies to retain people within the workforce; implement strategies to attract and retain the Māori workforce • Develop structured supports to upskill existing workforces quickly and implement new approaches • Coordinate quality improvement initiatives • Implement Māori and Pacific mental health and addiction leadership development programmes
Medium	<ul style="list-style-type: none"> • Expand models of clinical supervision, mentoring and preceptorship across workforces and settings • Support the Māori and Pacific mental health and addiction workforce into management and leadership positions • Support workforce wellbeing initiatives • Support the workforce to specialise to support people with complex mental health and addiction needs • Support the workforce by providing diverse career opportunities (including clinical, management and academic roles and competencies) • Remove barriers for people returning to practice • Maximise opportunities to accredit prior learning and support career progression
Long	<ul style="list-style-type: none"> • Support intentional career pathways for clinical and non-clinical workforces, including enhanced training and development opportunities to ensure people are supported to work to the top of their scope • Support the workforce to move across health and social sectors and different workplaces

How will we know we are on track?

The transformation called for in this pathway requires us to think deeply about what 'success' and 'progress' look like. These concepts will be developed collectively by all those working in and using the mental health, addiction and wider mental wellbeing system over the coming months and years. We intend that the actions set out in *Kia Manawanui* will expand our understanding of mental wellbeing and what 'good' looks like and will create a learning and adaptive system.

We expect that the pathway itself will evolve over time, influenced by social and economic changes, by environmental factors (eg, COVID-19) and by future government policy decisions in related areas (eg, the Government's response to the 2020 Health and Disability System Review, the Wai 2575 Health Services and Outcomes Kaupapa Inquiry and the Royal Commission of Inquiry into Abuse in Care).

What success will look like

Pae Ora: healthy futures – an equitable and thriving Aotearoa in which mental wellbeing is promoted and protected is a collective vision for everybody in Aotearoa, that no one system can achieve. The outcomes we are seeking, as outlined in the mental wellbeing framework, are:

- All people in New Zealand have access to resources and live in healthy environments that support mental wellbeing.
- Communities, whānau and individuals are strong, healthy and take action to support positive mental wellbeing.
- Communities respond to mental distress and lead their own solutions.
- Whānau and individuals know where to get help and are supported to achieve mental wellbeing through accessible, equitable and high-quality services in their communities.

Whānau and individuals experiencing complex mental health and addiction needs are supported to achieve mental wellbeing through accessible, equitable and high-quality services.

The actions proposed in this pathway will contribute to achieving these outcomes. The table below describes how individuals, whānau and communities will experience the future mental wellbeing system.

Enabler	How people will experience the future mental wellbeing system
Leadership	<ul style="list-style-type: none"> Communities will be empowered to support mental wellbeing and lead community-based solutions and will be able to plan and deliver services and supports more effectively Individual and whānau voices will matter and will be influential Clear and joined-up leadership will provide clarity and certainty about priorities, direction and responsibilities across sectors and to communities, whānau and individuals
Policy	<ul style="list-style-type: none"> People will experience interconnected, integrated and more people- and whānau-centred services and supports resulting from joined-up cross-government strategies and policies Individuals, whānau and communities will engage in the design of new system settings and services, and will have opportunities to influence their design and delivery Services will have clarity of expectations, which will ensure consistency of access to a range of supports for whānau and individuals, no matter where they live People's identities and rights will be recognised and protected in modern, fit-for-purpose legislation
Investment	<ul style="list-style-type: none"> There will be greater access to housing, income and employment, and appropriate educational and training experiences, and individuals and whānau will experience life where their material wellbeing is not a barrier to their mental wellbeing Our national understanding of and attitudes to mental wellbeing and mental distress will be more strongly informed by the evidence from science and mātauranga Māori about what influences mental wellbeing and distress Individuals will be able to access advice and support to protect and promote their own mental wellbeing in times, places and ways that work for them, as well as the mental wellbeing of their whānau All people will have access to a better range of integrated mental health and addiction services and supports that match their level of need, with greater cohesion and with services planned across the whole population to ensure the best distribution of care and equitable access in different regions
Information	<ul style="list-style-type: none"> Improved understanding of the prevalence of mental wellbeing, distress and illness and people's experiences will result in individuals and whānau having greater access to a range of suitable mental wellbeing services and supports A consistent approach to understanding what information is needed by whom, when and where, along with better information sharing, will mean that service and supports are more appropriate and effective for populations Individuals will benefit from services and supports that are better informed about their life course events and previous system interactions and will not have to repeat their stories unnecessarily
Technology	<ul style="list-style-type: none"> There will be simpler and more equitable access to digital services, as well as greater innovation People have better access to support, and more choice of service or support type

Enabler	How people will experience the future mental wellbeing system
Workforce	<ul style="list-style-type: none"> • People will have access to support from a skilled workforce that is representative of the population of Aotearoa, promotes recovery and wellbeing and reduces the risk of recurring ill health • Mātauranga Māori, whānau-centred models of care, and Pacific models of mental wellbeing will be advanced • Mental health, addiction and wellbeing careers will be promoted, valued, desirable and rewarding

Measuring progress

The aspirations described through our vision, outcomes and principles are ambitious and will require constant striving and vigilance. We need to ensure that we are collecting a wide range of information to understand system and service performance and people’s outcomes and experiences.

This requires more than looking at numbers. It means collecting the right data about things that can be measured, without focussing only on the easily measurable. It means getting better at how we think about what success means for different people and groups, and being aware of the cultural nature of and contributors to mental wellbeing. It means strengthening the voice of lived experience, including in our workforce, and making sure that we are listening to what these voices say.

Knowing whether we are achieving our goals will require us to bring together information from a range of sources to understand changes across number of areas including population outcomes, system performance, and service delivery.

Population outcomes

The Mental Health and Wellbeing Commission is responsible for assessing, monitoring and reporting on the mental wellbeing of people in Aotearoa, as well as the factors that affect mental wellbeing. To support this function, the Commission has developed **Tarāwaho putanga toiora o He Ara Oranga / He Ara Oranga wellbeing outcomes framework**, which shows how wellbeing will be achieved from both a te ao Māori perspective and a shared perspective.

The framework may change as we learn more and better data becomes available, but it articulates that wellbeing will be achieved when all people, their whānau and hāpori (communities) experience the following:

From a <i>tea o Māori</i> perspective	From a shared perspective
• Tino rangatiratanga me te mana motuhake	• Being safe and nurtured
• Whakaora, whakatipu kia manawaroa	• Having what is needed
• Whakapuāwaitanga me te pae ora	• Having one's rights and dignity fully realised
• Whanaungatanga me te arohatanga	• Healing, growth and being resilient
• Wairuatanga me te manawaroa	• Being connected and valued
• Tūmanako me te ngākaupai	• Having hope and purpose

System performance

Alongside monitoring progress towards mental wellbeing for all, we will see changes across the mental wellbeing system as we implement the actions in *Kia Manawanui*. Examples of system- focused indicators of change are outlined below.

We may not see changes in some of these indicators until the medium or longer-term, and we will need to establish mechanisms to track new information. We will build the approach to monitoring and reporting on a suite of indicators of system change as these mechanisms are put in place.

Enabler	Example indicators of change across the mental wellbeing system
Leadership	<ul style="list-style-type: none"> • Increased proportion of mental wellbeing investment being led by Māori for Māori, managed by kaupapa Māori organisations and iwi, hapū and whānau • Increased acknowledgement of collaborative design in procurement processes and accountability mechanisms • Greater national and local coordination between government agencies in responding to mental wellbeing • Increased capacity of community organisations to design local level initiatives
Policy	<ul style="list-style-type: none"> • Increased number of cross-government strategies that prioritise mental wellbeing • Enhanced alignment of mental health and addiction legislation with international conventions that protect human rights • Better guidance for best practice for mental wellbeing being disseminated and used
Investment	<ul style="list-style-type: none"> • Increased proportion of mental wellbeing investment allocated to promotion, prevention, early intervention and community-based options • Increased proportion of mental wellbeing investment targeted for Māori and population groups that experience inequitable outcomes • Increased number and investment value of procurement processes with cross-sector involvement • Wider range of organisations participating in procurement processes

Enabler	Example indicators of change across the mental wellbeing system
Information	<ul style="list-style-type: none"> • Increased understanding and analysis of mental wellbeing prevalence, needs and equity, including in relation to wider determinants of mental wellbeing • Consideration of mātauranga Māori will be a core approach to understanding and analysis • Increased number of mechanisms available and being used to gather feedback from Māori, people with lived experience, whānau and populations with specific cultures and needs
Technology	<ul style="list-style-type: none"> • Increased consistency in expectations for digital mental wellbeing tools procured across government • Increased access to timely and more granular data and information about primary mental health and addiction services and supports
Workforce	<ul style="list-style-type: none"> • Increased numbers within, and shifts in the composition of, the mental wellbeing workforce to enable new models of support • Cultural diversity in the mental wellbeing workforce that reflects the population of Aotearoa • Increased opportunities for Māori workforces to access learning in mātauranga Māori • Increased coordination and oversight of workforce development across sectors

Service delivery and approaches to mental wellbeing

The Mental Health and Wellbeing Commission is also responsible for assessing, monitoring and reporting on mental health and addiction services and approaches to mental wellbeing. To support this function, the Commission is developing the He Ara Āwhina Framework.

The Commission will work with government agencies, the mental health and addiction sector and communities as it further develops its approach to monitoring services and approaches to mental wellbeing.

Funders and commissioners, including Health New Zealand and across government, will also play an important role in monitoring services.

Monitoring and reporting on progress

Reflecting the enduring government commitment to transforming New Zealand's approach to mental wellbeing, progress will be overseen by:

- the Cabinet Priorities Committee and the Cabinet Social Wellbeing Committee, which provide Ministerial direction on strategic and policy matters that support an equal, inclusive and fair standard of living for all New Zealanders
- the Social Wellbeing Board, which is a group of government chief executives who oversee work to achieve social wellbeing outcomes that go beyond the remit of any one agency.

As above, the Mental Health and Wellbeing Commission has strong monitoring functions that span population-level mental wellbeing, the determinants of mental wellbeing and services and approaches to support mental wellbeing. The Commission's role also includes recommending improvements to approaches, promoting collaboration, and advocating for people experiencing mental distress or addiction. This is set out in the **Mental Health and Wellbeing Commission Act 2020**.

In accordance with the Commission's remit, government agencies will contribute information on their progress in supporting mental wellbeing to the Commission.

Other entities with oversight and monitoring roles include:

- the Health and Disability Commissioner promotes and protects the rights of health and disability services consumers, including by investigating complaints about mental health and addiction services
- the Health Quality and Safety Commission works with clinicians, providers and consumers to improve health and disability support services.

We will also transparently track our progress for the public, by providing regular updates on our activities and investment and showcasing good practice and achievements. To this end, we will publish relevant data as it becomes available.

What next?

A pathway to guide actions at all levels

The actions in this pathway are focused on changing the current systems and structures to support transformation. It is not intended to prescribe actions at all levels.

However, we need everyone to work together, at every level, to achieve the transformation we are striving for. Whatever your interest in mental wellbeing, or whatever organisation you are involved with, we encourage you to consider how you and your work can contribute to mental wellbeing in the years ahead, within the framework of this pathway.

Kia Manawanui is designed to provide guidance and confidence to everyone who is working within the sphere of mental wellbeing, to drive better outcomes for people. We can use it for thinking about and designing all components of the system, from mental wellbeing promotion to forensic mental health services, and across health, disability, social, educational and justice settings, to ensure our solutions meet the needs of communities, whānau and individuals.

For instance, if everyone considers their contribution through the lenses of the principles set out here, and we work collaboratively, we will end up with a mental wellbeing system that is quite different. Together, we can deliver the transformation set out in He Ara Oranga and achieve pae ora and mental wellbeing for all.

Undertaking this work alongside wider health and disability system reforms

Work within *Kia Manawanui* will continue at pace alongside the planned health and disability system reforms which entail significant changes to be made in operating structures and approaches over the next 18 months. *Kia Manawanui* is well aligned with these changes. Once established, Health New Zealand and the Māori Health Authority will play important roles, alongside the Ministry of Health, other government agencies and the Mental Health and Wellbeing Commission, in terms of future support for mental wellbeing.

In the short term, to maintain the momentum of the ongoing rollout of mental wellbeing services and supports, the Ministry of Health will work with the Department of the Prime Minister and Cabinet's Transition Unit, which is implementing the reforms.

Putting the pathway into practice through a national Mental Health and Addiction System and Service Framework

Once the long-term direction is set, our next step is to detail what that direction means for the mental health and addiction system. To this end, the Ministry of Health will lead the collaborative development a national Mental Health and Addiction System and Service Framework, which will identify the core components of a contemporary mental health and addiction system and set out our expectations of what will be delivered locally, regionally and nationally.

Kia Manawanui will guide the whole-of-government system-level changes we need to make to support population-level mental wellbeing, while the Mental Health and Addiction System and Service Framework will set expectations and provide guidance on the future configuration of the services across primary and secondary care that will support everyone in Aotearoa to be mentally well. It will follow the guidance set out in *Kia Manawanui* and specify what we expect, at a service level, from mental health and addiction services.

The Framework will be developed with tangata whaiora and the workforce, who know how systems should work to realise mental wellbeing and support people to achieve their best life. It will outline the expected model of care for general adult and child and youth services, with an emphasis on community services, investment and monitoring. The framework will inform providers and service commissioners of the changes we need to make, and will support system-wide planning to enhance how organisations plan and work together.

We have gained valuable insights; we want to keep the conversation going as we develop this framework for collective action.

Keeping the conversation going

Conversations with thousands of people over the past few years have guided development of *Kia Manawanui*. The viewpoints, experiences and insights we heard have provided us with direction and will help drive transformation.

To implement *Kia Manawanui*, we will need engagement and collaborative design at all levels of the system. We should build engagement into all aspects of our transformation, from strategy and policy development to procurement, service design and evaluation. Taking a different approach going forward, instead of one-way and one-off conversations, we will have:

- ongoing, national-level conversations representing continuous engagement on people's experiences and insights, making use of specific mechanisms to monitor our progress
- focused engagement on and input into specific pieces of work, such as repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1992
- local-level engagement on and collaborative design of tailored responses and integrated systems of supports
- information exchanges to share best practice and to adjust and improve our approach to supporting mental wellbeing.

In addition to calling for new services to address gaps, *He Ara Oranga* called for the system to be tailored for the people who use it, ensuring that it is joined up and seamless across health and social services. As we work on the Mental Health and Addiction System and Service Framework, we will be engaging again to collaboratively design the in-depth specifications of a contemporary, people/whānau-centred system.

While the government will establish further mechanisms for engagement, transformation will also rely on conversations at a local community level. *Kia Manawanui* sets out our long-term vision, outcomes and expectations for ways of working, but service providers will work collaboratively with communities at the local level to determine how these are implemented locally.

We must properly resource these activities. As an initial step, the Ministry of Health will invest funding to enable engagement on what system transformation will look like at a local level. The Ministry will work collaboratively with a range of organisations to design and implement seamless, integrated services for the local population.

As community-level initiatives and design progress, sharing our knowledge of what is working and why will become even more essential. Te Pou, on behalf of the Ministry of Health, has established Te Whāriki o te Ara Oranga (Whāriki), a national knowledge network, to allow members to share evidence and examples of innovation to transform approaches to mental wellbeing. The network is in an early phase, but will become a shared place to wānanga – to listen, contemplate and create solutions through the giving and receiving of strands of mātauranga. We know that great work is out there – Whāriki is a way to rapidly collaborate and showcase ideas that work.

Appendix A:

Components of the mental wellbeing framework

Principles

The seven principles underpinning this pathway provide common values to guide the actions of organisations seeking to enhance mental wellbeing.

Uphold Te Tiriti o Waitangi

It is the Crown's obligation to uphold Te Tiriti o Waitangi and protect and promote Māori health and equity. The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, underpin all actions in this pathway. The principles that apply to work across the health and disability system are tino rangatiratanga, equitable outcomes, active protection, options and partnership.

The pathway sits alongside the Ministry of Health's Whakamaua: Māori Health Action Plan 2020–2025, which sets the direction for Māori health advancement over the next five years and is underpinned by the Ministry of Health's Te Tiriti o Waitangi Framework. Whakamaua articulates the importance of ensuring equity of outcomes for Māori, and the ability of iwi, hapū, whānau and Māori communities to exercise their authority to improve their health and wellbeing.

Equity

All people in Aotearoa should experience the best support and care, regardless of where they live or who they are. The equity principle recognises that people have different levels of advantage and experience and require different approaches and resources to obtain equitable outcomes. A key driver of health inequity is differential access to power and decision-making, resources, and service access and quality on the basis of social identity (such as ethnicity, age, gender and disability).

People and whānau at the centre

This principle seeks to strengthen the capacity of people and whānau to lead their own pathways to wellbeing, while ensuring support is easily available and appropriate to their needs, across different ages, ethnicities, backgrounds and circumstances.

It involves responding to people early, with respect and empathy. It means seeing the whole person, recognising their aspirations, and taking a strengths-based approach. This includes ensuring that personal, whānau, community, spiritual and cultural values are respected and integrated into the design and delivery of support.

The principle involves prevention, by supporting resilience from a young age and addressing the underlying personal and societal factors that influence mental wellbeing. It means involving people and whānau in making informed choices and recognising whānau as a crucial part of the support network.

Community focus

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 community-focused principle seeks to build on the strengths and assets of communities so that they can best support whānau and individuals. It recognises the value of communities exercising a high degree of self-efficacy and self-determination in implementing solutions to identified needs.

Fostering communities' ability to support mental wellbeing may involve partnering approaches such as co-design, or community-led processes where grassroots decision-making is supported by information and resources from outside the community.

Human rights

Government and other agencies holding public power have a responsibility to uphold human rights; so too do organisations supporting individuals and whānau. Human rights entail values such as partnership, participation, protection, safety, dignity, decency, fairness, freedom, equality, respect, wellbeing, community and responsibility.

Collaboration

Strong, trusting relationships are at the heart of collaboration. Many organisations and people have roles to play in supporting mental wellbeing – including central government agencies; district health boards; local authorities; whānau, hapū and iwi; community organisations (from major non-profit service providers to volunteer groups); general practices; educational institutions; faith communities; businesses and lived experience networks.

Issues addressed by different organisations are often interlinked, and cannot be dealt with in isolation. Shared goals and outcomes – and the sharing of information, ideas and plans – can reduce gaps in provision and avoid duplication of effort. Clarity of roles, coordination and effective communication are important at national, regional and local levels.

Innovation

The principle of innovation is about continuing to encourage and support innovative and original approaches to supporting mental and social wellbeing. Such approaches may be actions and ideas originating from individuals, whānau or communities, or they may be government-led initiatives.

We can foster innovation by responding creatively to new challenges, sharing new ideas that work, and reflecting and learning as we progress. Innovation includes changing the way we deliver and design our services, to create more effective responses and more equitable outcomes.

Focus areas and outcomes

Build the social, cultural, environmental and economic foundations of wellbeing

Outcome: Whānau and communities have access to resources and live in healthy environments that support mental wellbeing

This area recognises the wider ecosystem of social, cultural, environmental and economic conditions that affect individual and whānau wellbeing. We aim for a future where all people have sufficient income and adequate housing, employment, education and the other core resources necessary for wellbeing. In this vision, the natural environment sustains wellbeing, and people live and work in supportive environments, including in terms of cultural connections and recreational opportunities.

Equip individuals and whānau to look after their mental wellbeing

Outcome: Whānau and individuals are strong and healthy, and take action to support positive mental wellbeing

This area relates to the availability of tools and resources to support people to build their mental resilience. Gaining knowledge empowers people to nurture and look after their own and each other's mental wellbeing. In our future vision, increased understanding of how to self-manage distress and support others results in greater life satisfaction and protects people from long-lasting or more severe mental distress. Widely accessible information also increases general awareness, which can reduce stigma and discrimination.

Foster community-led solutions

Outcome: Whānau and communities respond to mental distress and lead solutions

This area acknowledges the importance of communities having the capacity and connections to determine and lead mental wellbeing responses that are right for local circumstances. Many professions (for example, social workers, teachers and youth workers) need an understanding of mental wellbeing to respond effectively to needs within communities. Having a broad menu of community-based responses means many avenues of support or referral are available, such as marae, community centres, sports clubs, workplaces, schools, Work and Income offices, and general practices.

Expand primary mental wellbeing supports in communities

Outcome: Whānau and individuals know where to get help, and are supported to achieve mental wellbeing through accessible, equitable and high-quality services in their communities

Primary services, such as general practices and community mental health and addiction services, are crucial to this outcome. The emphasis is on enhancing accessibility and choice and improving innovation and quality. By focusing on early intervention and diversified and easily navigated services, we can reduce the extent and severity of mental distress. This will involve a new mix of workers and an expanded workforce. To ensure equitable access to care and treatment, we need supports tailored to different cultures, ages, backgrounds and circumstances; for example, kaupapa Māori services and appropriate services for Pacific peoples, youth, Rainbow communities and other populations.

Strengthen specialist services

Outcome: Whānau and individuals experiencing complex mental health and addiction needs are supported to achieve mental wellbeing through accessible, equitable and high-quality services

Specialist services support people with more complex needs. In the future, we want everyone who experiences mental illness or addictions to receive the right support at the right time and in a way that focuses on their strengths and their recovery. We want to ensure that people's human rights are respected and that we are addressing inequities. We want to link specialist services seamlessly with primary and community-based services, and with services that ensure basic needs are met.