ATAMIRA PLATFORM

Mental Health and Wellbeing Draft Strategy 2026-2036

Submission by Platform Trust

Platform Charitable Trust
Salmond House
57 Vivian Street
Te Aro
Wellington, 6011

admin@platform.org.nz
www.platform.org.nz

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Tēnā koutou,

Thank you for the opportunity to comment on the Draft Mental Health and Wellbeing Strategy 2026-2036 (the Strategy). This submission reflects the views of the MH&A NGO and community sector, including kaupapa Māori providers. We support the submissions of Changing Minds and Yellow Brick Road, which centre lived-experience and whānau perspectives, and encourage the Ministry of Health to consider their feedback alongside this submission. While lived-experience voices informed our workshops, this submission reflects overall sector themes and does not necessarily represent those perspectives in full.

Introduction

This submission is informed by three workshops convened by Platform with mental health and addiction (MH&A) NGO and community leaders from across the motu, including one workshop for leaders from Kaupapa Māori providers. Participants broadly supported the intent and direction of the Strategy and recognised many familiar and well-established priorities. However, there was strong and consistent scepticism that, without clearer commitments to implementation, funding, commissioning reform, and accountability, the Strategy risks repeating the patterns of previous strategies that articulated the right goals but failed to deliver material change on the ground.

This submission focuses on the structural conditions required for the Strategy to succeed in improving outcomes in its four priority areas. The submission is structured based on the key themes highlighted by MH&A NGO and community leaders during our 3 workshops about key system barriers and enablers, and how the Strategy could be strengthened to improve outcomes for tāngata whai ora, and the performance and effectiveness of the MH&A system. Broadly, participants highlighted that for the desired outcomes in each of the 4 priority areas to be effectively achieved:

1. The Strategy needs clearer direction on implementation, funding and accountability
2. The NGO and community sector must be treated as system shapers rather than just as service providers
3. Equity and Te Tiriti o Waitangi must form a foundation of the Strategy
4. The Strategy's approach to prevention and early-intervention must be broader
5. The Strategy should more clearly address how to reduce system fragmentation and service gaps
6. Success should be measured against outcomes, rather than outputs.

Platform's intention is to support a Strategy that is not only aspirational, but also realistic, has practical application and relevance, accountable, and is capable of delivering sustained improvements in mental health and wellbeing over the next decade.

We are also concerned that framing the Strategy and its four priorities around the Government's MH&A targets limits its ability to take a broader view of mental health and wellbeing, including addressing social determinants, and risks incentivising behaviours focused on meeting targets rather than achieving sustainable improvements in outcomes.

1. The Strategy lacks sufficient direction on implementation, funding and accountability

Platform's central concern is that the Strategy does not contain the direction required to ensure practical change and delivery on the ground. Without clearer commitments and clarity around how the Strategy's ambitions and actions will be delivered, resourced, or sustained over time, it risks becoming another well-intentioned document that fails to translate into sustained improvement for people, whānau, and communities. Given the long history of MH&A strategies falling short at the implementation stage, addressing this gap is critical to the Strategy's credibility and effectiveness.

Platform supports the intent and direction of the Strategy and recognises that many of its priorities reflect long-standing and widely supported goals for the mental health and addiction system. However, a ten-year Strategy must do more than signal intent. It must clearly set out the structural commitments and non-negotiables required to translate ambition into action. Currently, too many critical decisions are deferred to implementation plans, including:

- how priorities will be sequenced
- what will be funded (and sustained), and
- who is responsible for service delivery,

This concern was echoed by participants in Platform's workshops who repeatedly noted that the Strategy's priorities are familiar, having featured in multiple strategies over the past 10–15 years (refer to Appendix 3 of the Strategy), without outcomes materially improving. They expressed that strategies often fail not because of weak intent, but because of unclear implementation pathways, diffused accountability, and a lack of follow-through when acute system pressures re-emerge and when there is a change in Government.

Funding is another critical gap. The Strategy does not yet articulate how its ambitions will be resourced, nor how funding will be aligned with stated priorities over time. We are particularly sceptical that without explicit funding signals, areas such as prevention, early intervention, and community-based support will continue to be vulnerable to acute demand pressures elsewhere in the system. Accountability is also insufficiently anchored at the strategic level. While references are made to monitoring, there is limited clarity about who will be responsible or accountable for tracking progress, addressing blockages, and making course corrections where outcomes are not improving. Participants across workshops emphasised the need for clearer lines of accountability, regular public reporting, and designated leadership responsible for delivery, rather than reliance on diffuse system responsibility.

We recommend that the Strategy:

a. Include clear implementation commitments in the Strategy itself, rather than deferring critical decisions to future implementation plans

b. Set out a high-level funding approach that signals how Strategy priorities will be resourced and sustained over the 10-year timeframe.

c. Explicitly acknowledge and address past implementation failures including stalled reforms, disinvestment, and unmet commitments.

d. Establish clear accountability for delivery, including designated leadership responsible for monitoring progress and resolving blockages.

e. There is Bipartisan support for the Strategy

2. The Strategy will only achieve its objectives through better partnership with the NGO and community sector

We commend the Strategy for acknowledging the important role of the NGO and community sector in delivering MH&A support. We support strategic action 1(4) to *grow community-based supports and services.* However, we still find that overall, the Strategy remains too Health New Zealand-centric and lacks specificity in how the importance of the NGO and community sector will be involved in practice. We believe that many of the solutions to the challenges outlined in the Strategy lie within the NGO and community sector and leveraging them effectively is key to translating the Strategy's intent into real and sustained change. We would like to see a Strategy that:

- commits to the Crown working *in partnership* with the NGO and community sector
- articulates clearly how that partnership will look like and how it will be enabled through implementation choices, investment, and commissioning settings.

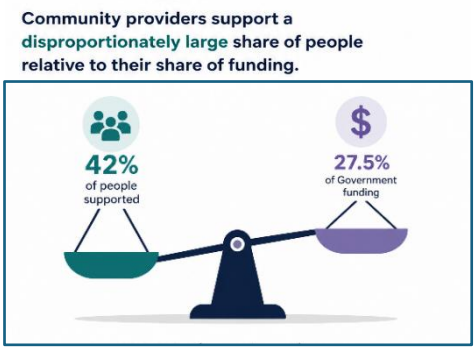
NGO and community providers are a core MH&A system infrastructure

The NGO and community sector is foundational to the MH&A system, not a supplementary component. NGO and community providers deliver just under half of MH&A support across Aotearoa[1], and are often the first point of contact for people seeking support while remaining engaged well beyond acute episodes of care. While the Strategy acknowledges the important role of NGOs, it continues to frame the sector primarily as a delivery arm rather than as an equal partner in system design, commissioning, and evaluation. This framing underestimates both the scale of the sector's contribution and its potential to shape more effective, equitable, and person and whānau-centred responses.

Workshop participants consistently described a system that is increasingly reliant on NGO and community providers to respond to unmet need, complexity, and access barriers, while excluding those same providers from upstream decisions about priorities, service models, and investment. This disconnect limits system learning and constrains the ability to build on approaches that are already working well in communities.

Partnership requires clear implementation signals and sustained investment

While expectations placed on NGO and community providers have continued to grow, funding settings have not kept pace with inflation, population growth, or the real costs of delivering flexible, relational, and culturally grounded care. Without deliberate investment decisions that match responsibility and contribution, the Strategy's objectives will remain aspirational.



Workshop participants noted that NGOs are frequently expected to absorb demand overflow, manage risk, and provide continuity where other services disengage, often without funding or pricing that reflects this role. Continued under-investment in the community sector undermines

[1] Platform Trust. (2021). A sound investment: NGO capability, impact and value. https://www.platform.org.nz/what-we-do/ngo-capability-impact-and-value

workforce stability, service quality, and long-term outcomes, and ultimately increases pressure elsewhere in the system.[2]

Commissioning and procurement must enable partnership, not competition

The Strategy recognises that commissioning and procurement reform will be one of the most critical enablers of the Strategy's success. We have been consistently hearing from community providers that current contracting models, characterised by short-term agreements, competitive tendering, and output-focused reporting, actively undermine collaboration, integration, and system learning. Collective approaches are essential for effective and person and whānau-centred supports and care. Current commissioning practices also place disproportionate administrative and financial burden on NGO and kaupapa Māori providers. During our workshops, there were strong calls for longer-term contracts that:

- enable and incentivise collaboration across providers rather than competitive service delivery
- provide greater flexibility to respond to complexity, local need, and changing demand
- reduce tender churn
- recognise and fund the full cost of service delivery in NGO and community-based settings, including workforce, infrastructure, and compliance requirements

We recommend that the Strategy:

a. Explicitly recognise the NGO and community sector as core foundational system infrastructure, not solely as a service delivery mechanism.

b. Commit the Crown to working in genuine partnership with the NGO and community sector, including involvement in priority-setting, service design, commissioning decisions, and evaluation.

c. Clearly signal how the NGO and community sector will be resourced to fulfil its system role, including sustained and adequate funding that:
   i. Is aligned to scale of contribution, population growth, and complexity of need.
   ii. Recognises the full cost of community-based service delivery

d. Set out when and how the NGO and community sector will be leveraged to support or carry out relevant Strategic actions under each Priority area in the Strategy

e. Bind funders to commissioning and procurement practices that:
   i. enable and incentivise collaboration rather than competition
   ii. provide flexibility to respond to local need and complexity
   iii. reduce tender churn and short-term contracting
   iv. support stability, innovation, and kaupapa Māori delivery models

[2] Government Inquiry into Mental Health and Addiction (2018). *He ara oranga: Report of the government inquiry into mental health and addiction* (Chapter 6: Non-governmental organisation sector). https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/

3. Improving outcomes requires equity and Te Tiriti o Waitangi to be foundational, not aspirational

A consistent message across all three of our workshops, was the desire to see Te Tiriti o Waitangi embedded as a foundational basis for the Strategy. At present, the Strategy does not adopt a Tiriti-based approach, and Māori are largely absent from its core vision and priorities. This absence is striking given the scale and persistence of inequities in MH&A outcomes.[3]

Improved outcomes for Māori, and for the system overall, will not be achieved without explicitly grounding the Strategy in Te Tiriti obligations. Where Tiriti commitments are not clearly articulated, strategies risk defaulting to Crown-centric approaches that prioritise uniformity over equity and treat Māori needs as an adjunct rather than a foundation for system design.[4]

The Strategy must clearly recognise Māori as rights-holders, not solely as a priority population. Workshop participants emphasised that Māori often experience delayed access to care and ongoing issues of trust and lack of cultural safety within the system. These experiences reflect historical and intergenerational impacts of colonisation and exclusion, which must be acknowledged in the Strategy. The Strategy must also enable Māori to design, deliver, and determine services for Māori, consistent with rangatiratanga. A dedicated section below sets out in more detail what success would look like for Māori, drawing directly from our Kaupapa Māori-led NGO workshop.

What would success look like for Māori?

During our workshop with Kaupapa Māori-led community providers, we asked participants what success looks like for Māori. We heard that a successful Strategy would result in a MH&As system in which:

- Kaupapa Māori approaches are normalised, properly resourced, and trusted as part of the core system, not treated as add-ons or exceptions.
- There are fewer Māori reaching crisis points, reduced pressure on acute and emergency services, and more effective early and whānau-centred support.
- Māori are enabled to design, deliver, and determine services for Māori, leading to stronger engagement and better outcomes.
- Services feel culturally safe, relational, and non-punitive, with reduced delays in access and fewer barriers at key transition points.
- Māori providers have a sustainable workforce with fair pay, supervision, leadership pathways, and resourcing that reflects the real costs of whānau-centred care.

We recommend that the Strategy:

a. Explicitly adopt Te Tiriti o Waitangi as a foundational basis for the Strategy
b. Recognise Māori as tangata whenua and rights-holders, not just a priority population
c. Commit to enabling Māori to design, deliver and determine services for Māori
d. Include a sustainable Māori workforce as an explicit objective under priority 3

[3] Waitangi Tribunal (2019). *Hauora: Hauora: Report on stage one of the health services and outcomes kaupapa inquiry (Wai 2575).*
[4] Came et al. (2020). *The Waitangi Tribunal's WAI 2575 report: Implications for decolonising health systems.* Health and Human Rights Journal, 22(1), 209-220. https://pmc.ncbi.nlm.nih.gov/articles/PMC7348423/

4. The Strategy's approach to prevention and early intervention is too narrow and weakly enabled

Platform supports the strong emphasis the Strategy places on prevention and early intervention. We agree that shifting the system responses upstream is essential to improving long term mental health and wellbeing outcomes. However, the Strategy's current approach remains too narrowly framed and weakly enabled to deliver this shift in practice. Prevention is still largely centred on health service responses and access thresholds. As a result, support often intervenes too late, once people are already unwell or close to crisis, rather than being earlier, relational, and community based. What the system labels as prevention is often pre-crisis intervention, rather than genuine early support.[5]

The Strategy also gives limited attention to the wider social determinants that shape mental wellbeing, including housing, income security, education, justice involvement, and social connection.[6] During our workshops, participants emphasised that prevention efforts confined largely to the health system will have limited impact without stronger cross agency alignment. We understand that because the Strategy is tied to the Healthy Futures (Pae Ora) Amendment Bill, it can only be binding to health agencies. However, it could commit the Ministry of Health and Health New Zealand to engaging with other Crown agencies such as Kāinga Ora, MBIE, Oranga Tamariki, Police, Corrections, and Justice.

NGO and community providers already deliver much of the system's prevention and early intervention work through low threshold, and culturally grounded services. Enabling effective prevention requires sustained investment and commissioning settings that allow this work to start earlier and be sustained over time. Without explicit mechanisms to safeguard prevention from acute service pressures, there is a real risk that investment will continue to be drawn downstream when demand intensifies.

Finally, while the Strategy acknowledges the physical health gap of tāngata whai ora with mental health and addiction needs, it must go further and commit to reducing this gap, through actions such as promotion and enhanced monitoring to track progress towards health equity.[7]

We recommend that the Strategy:

a. Adopt a broader and clearer definition of prevention and early intervention that:
   i. Recognises prevention as community-based and occurring well before crisis or clinical thresholds.
   ii. Acknowledges the broader social determinants of mental health and wellbeing, including housing, income security, education, justice involvement, and social connection.

b. Commit the Ministry of Health and Health New Zealand to engage with other Crown agencies such as Kāinga Ora, MSD, MBIE, Oranga Tamariki, Police, Corrections, and Justice, to collaborate on prevention and early intervention.

c. Commit to sustained investment and commissioning settings for the NGO and community sector that enable prevention to start earlier and be sustained over time.

d. Commit to reducing the physical health gap for tāngata whai ora, including consideration of actions to promote and monitor progress toward equitable health outcomes.

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[5] Government Inquiry into Mental Health and Addiction (2018). *He ara oranga: Report of the government inquiry into mental health and addiction.* https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/

[6] Organisation for Economic Co-operation and Development. (2025). *Understanding and addressing inequalities in mental health*. OECD Publishing.

[7] Equally Well. (2025). Equally Well National Consensus Statement (Consumer and Community of Practice Action Plan 2025).

5. The Strategy should more clearly address how to reduce system fragmentation and service gaps

Fragmentation and service gaps were some of the most frequently cited barriers to improving MH&A outcomes during our discussions with community providers. While the Strategy acknowledges that care is often fragmented and difficult to navigate, it does not provide sufficient clarity on how fragmentation will be reduced in practice or how continuity of care will be strengthened across the system.

NGO providers told us that fragmentation is most visible at key pressure points, including:

- transitions between services, particularly from youth to adult services;
- people with co-existing mental health, addiction, disability, and physical health needs navigating siloed systems;
- rigid eligibility criteria, thresholds, and referral limits
- siloed funding streams across health, social services, justice, and housing;
- inconsistent service availability, visibility, and navigation support across regions, particularly in rural areas.

These gaps lead to delayed access, repeated assessments, disengagement from services, and increased reliance on crisis and acute care.[8] NGO and community providers are frequently expected to hold people across these gaps, supporting navigation and continuity despite having limited authority, resourcing, or system levers to resolve the underlying fragmentation.

The Strategy must take a more explicit and practical approach to addressing these issues. This should include clear expectations for joined-up system design and shared accountability across agencies, stronger emphasis on integrated and flexible pathways that follow people rather than contracts, improved information-sharing and navigation supports for people and whānau, and a focus on continuity across transitions and life stages as a core measure of system performance.

We recommend that the Strategy:

a. Include clearer expectations and greater accountability around how system fragmentation, including unequal access in some regions and rural areas, will be reduced in practice.

b. Commit to addressing the key barriers to continuity of care including:
   i. siloed funding streams across health, social services, justice and housing
   ii. gaps in transitions between services and across life stages
   iii. rigid eligibility criteria, thresholds and referral limits
   iv. inconsistent service availability and visibility across regions

c. Recognise continuity of care and tāngata whai ora reported experience as core measures of system performance

[8] Te Hiringa Mahara—Mental Health and Wellbeing Commission. (2024). *Kua tīmata te haerenga | The journey has begun*.

6. Success should be measured by outcomes rather than outputs

When asked about how success should be measured, we heard the same answers time and again; that success through the 5 MH&A targets, service volumes, throughput, and activity does not reflect whether the system is actually improving people's lives. This is indeed what evidence tells us; Outcomes are a more meaningful measure of success than outputs because they focus attention on impact and therefore provide a clearer test of whether the system is working as intended, rather than merely operating at pace.[9]

Providers signalled that effective outcomes-based indicators for success could include:

- **Whānau-defined outcomes.** Whether tāngata whaiora and whānau feel supported, heard, and believed, particularly when standard treatments are not working. These experiences provide critical insight into whether care is accessible, responsive, and culturally appropriate.
- **Continuity and safety of care.** Smoother transitions between services and life stages, fewer drop-offs in care, and services that remain engaged when needs are complex or long term.
- **Reduced system pressure points.** Fewer people cycling through crisis, emergency departments, acute mental health units, and forensic settings. This signals that earlier and more effective support is working upstream.
- **Workforce sustainability.** Improved workforce retention, wellbeing, and stability, including a reduced reliance on churn and short-term staffing, were seen as indicators of healthier services and better care.
- **Long-term population outcomes.** Participants emphasised the importance of sustained improvements over time, including downward shifts in youth suicide trajectories and improved wellbeing for future generations.

Lastly, it is important to acknowledge that for effective system design that responds accurately to need, a regular health survey / prevalence study is essential. This should be included alongside the quantitative measures outlined in Appendix 1.[10]

We recommend that the Strategy:

1) Commit to measuring and reporting success primarily through outcomes rather than outputs, including:
    i. whānau-defined outcomes
    ii. continuity of care
    iii. reduced crisis demand, and
    iv. long-term indicators such as reduced rates of youth suicide
2) Commit to carrying out regular prevalence studies to assess the mental health, addiction, physical health and wellbeing needs of tāngata whai ora and communities.

[9] OECD. (2021). *A new benchmark for mental health systems: Tackling the social and economic costs of mental ill-health*.
[10] Dizon, L., Sharma, V., Clark, T. C., Ball, J., Fleming, T., Isherwood, K., & Lockett, H. (2024). *Addressing data needs crucial for improving infant, child and youth mental health and substance-related harms in Aotearoa New Zealand: Key design and ethical considerations for future research.* New Zealand Medical Journal, 137(1606), 92–100.

Conclusion

Platform welcomes the clear intent of the Strategy and shares its ambition to improve mental health and wellbeing outcomes over the next decade. The Strategy articulates many of the right priorities, however its ability to succeed will depend on whether these ambitions are supported by clear commitments to implementation, partnership, equity, and accountability.

This submission draws on Platform's system-level perspective and the collective experience of NGO, community, and kaupapa Māori providers who work at the frontline of MH&A support. Their shared message is that outcomes improve when communities are trusted as partners, when prevention is enabled rather than deferred, when fragmentation is addressed deliberately, and when success is measured by impact rather than activity.

The recommendations set out in each section of this submission are intended to strengthen the Strategy by clarifying the direction including the conditions required for implementation, and to support a more holistic view of the MH&A system. Strengthening these areas would increase the likelihood of the Strategy delivering meaningful change in practice, and better position the system to deliver equitable, meaningful, and lasting improvements in mental health and wellbeing for all communities in Aotearoa.

Ngā mihi nui,

Simon Katz

Policy Analyst

Memo Musa

Chief Executive

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Who are we?

Platform is a membership organisation and peak body representing the mental health and addiction NGO and community sector. Platform actively collaborates with a network of 6 Regional Navigate Groups covering mental health and addictions services in the community. Currently 103 NGOs are members of Platform that provide support to tāngata whaiora (people seeking wellness) including Māori and Pasifika providers, and whānau and peer-led services.

Collectively across 2023/24, approximately 73,000 people accessed mental health and addiction NGO services, making up approximately 42% of all people accessing specialist support for their mental health or addiction needs in Aotearoa. NGO and community providers also work alongside primary care teams to support over approximately 92,250 people who used Access and Choice programme, for mild to moderate mental health needs.

There is a large and diverse workforce across the broader mental health and addiction NGO and community sector with a range of staff working across different occupational groups which in 2022 consisted of about 5,820 staff fulltime equivalents.

END

Appendix A: Key themes identified by the MH&A NGO and community sector

Key themes

Draft Mental Health & Wellbeing Strategy 2026-2036 Workshops

Mental Health and Addiction NGO and community sector

This document summarises key areas highlighted by Mental Health and Addiction NGO leaders across Platform workshops on the Draft Mental Health & Wellbeing Strategy 2026-2036 (the Strategy). There were three workshops during the month of April:

Workshops	Dates	Attendees	Facilitator
2 NGO and community sector workshops	20 April 30 April	30 26	Memo Musa, Platform CE
1 Kaupapa Māori-led NGO workshop	23 April	21	Phyllis Tangitu, Platform board member

NGO and community sector workshop key themes

20, 30 April

1. The Strategy's success is dependent on its implementation

While participants expressed broad support for many of the aspirations in the strategy, feedback across all workshops consistently identified a significant risk to implementation. Participants noted that, in the absence of a clear, funded, and accountable implementation plan, there is a high likelihood that the Strategy's aspirations will not translate into meaningful change in practice or outcomes. Many noted previous strategies that stalled at implementation, resulting in little improvement in outcomes for tāngata whai ora, whānau and communities.

There was a strong call for the Strategy to clearly signal *how* change will be delivered, not just *what* change is desired. This needs to go into the strategy not just deferred to the implementation plans. This includes clearer actions, expectations on commissioning, sequencing of priorities, accountability, and how implementation plans will be used to drive real system re-orientation.

2. The Strategy acknowledges the important role of the Community sector but falls short of committing to sustainable funding and contracting.

There was strong consensus that the NGO and community sector is under-resourced relative to the scale, scope and complexity of expectations placed on it. Furthermore, current commissioning models actively undermine integration, collaboration and

innovation in the sector. Participants called for commissioning and procurement approaches that:

- enable and incentivise collaboration across providers rather than competitive service delivery
- provide greater flexibility to respond to complexity, local need, and changing demand
- recognise and fund the full cost of service delivery in NGO and community-based settings, including workforce, infrastructure, and compliance requirements

3. Te Tiriti o Waitangi must be clearly articulated in the Strategy

Participants consistently highlighted the need for Te Tiriti o Waitangi to be more clearly articulated as a foundational basis for the Draft Strategy. Participants emphasised that Te Tiriti obligations must be embedded at the level of vision, priorities, and system design, not deferred to implementation. Without explicit Tiriti grounding, the Strategy risks reinforcing Crown-centred approaches and failing to address persistent inequities. Recognising Māori as rights-holders, rather than solely a priority population, was seen as essential to delivering equitable and effective outcomes.

4. System fragmentation is still creating significant gaps in care.

Despite strong policy emphasis on access, participants consistently highlighted that the system does not join up in practice, resulting in people falling through the cracks. They recommend that the strategy address these gaps by:

- Better aligning and integrating funding settings, particularly to support people with co-occurring mental health, addiction, disability and social needs and to minimise eligibility gaps. Improving collaboration and coordination across agencies (including health, housing, justice and social services) will also support continuity of care and accountability for outcomes.
- Strengthening service and system pathway so there are no gaps and fewer services being underutilised.
- Increasing contractual flexibility so people can move more smoothly between services when needs are identified, including through more responsive eligibility thresholds.
- Revise eligibility thresholds so that they are more flexible and enable greater access to services.
- Improving system navigation and the visibility of available services so people and whānau can more easily understand what support exists and how to access it.
- Increase service availability and workforce capacity rural areas and regions with low access.

5. Indicators of success should focus less on outputs and more on outcomes

Participants consistently argued that counting contacts, wait times, or service throughput was seen as insufficient to demonstrate effectiveness, particularly for people with complex or long-term needs. Success should be reflected in sustained wellbeing, continuity across service transitions, culturally safe care, and improved whānau experiences. Lived experience and whānau feedback were identified as critical indicators of whether the system is working, alongside system-level signals.

6. Prevention and Early Intervention Needs to Be Better Defined

Participants supported the Strategy's focus on prevention and early intervention but questioned how this is defined in practice. Many noted that current settings still require people to reach crisis before support is available, undermining preventive intent. Effective prevention was seen as starting much earlier, including in pregnancy, early childhood, and youth, and addressing wider determinants such as housing, education, income, and connection.

Kaupapa Māori Workshop key themes

23 April

1. The Strategy Lacks Te Tiriti and Kaupapa Māori Framing, and Equity-Informed Analysis

This absence was seen as signalling that Māori wellbeing is not being centred in system design. Participants stressed that the Strategy must explicitly recognise Māori as tāngata whenua and rights-holders, not just a priority population. Addressing Māori mental health and wellbeing also requires acknowledging the historical and intergenerational impacts of colonisation, trauma, and cultural disconnection, and supporting healing that is grounded in Māori definitions of wellbeing and whānau strength.

2. Māori Must Be Enabled to Design, Deliver, and Determine Services for Māori

A system is needed where kaupapa Māori approaches are normalised, adequately resourced, and trusted, rather than treated as add-ons or exceptions to mainstream models. Participants noted that kaupapa Māori services are effective because they are grounded in whānau, whenua, and relationships, and provide holistic, wrap-around support. Prevention and early intervention also look different for Māori, requiring whānau-centred, culturally grounded approaches that operate well before crisis and outside narrow clinical thresholds.

3. Reducing fragmentation and improving implementation will lead to better Māori Wellbeing outcomes

Despite repeated recognition of wider determinants of mental health and addiction, agencies continue to operate in silos, limiting coordinated action across health, housing, education, justice, and social services. Participants noted that Māori whānau are often most affected by this lack of cohesion, experiencing delayed or inconsistent support.

There was also strong emphasis on the need for a clear, accountable implementation approach that translates intent into coordinated action across agencies, rather than repeating commitments that are not delivered in practice.

4. Commissioning environment should be less competitive, longer-term and more flexible

Competitive, short-term contracting was seen as undermining collaboration between Māori providers, creating instability, and limiting the ability to respond flexibly to whānau needs. There was strong support for longer-term, less competitive commissioning that enables trust, continuity, and prevention-focused practice. Participants emphasised that funding and pricing must also reflect the true costs of kaupapa Māori delivery, including relational, travel, and whānau-centred work, if outcomes are to improve.

5. Workforce Sustainability Requires Equitable Investment

Under-investment in pay, supervision, and training was seen as driving burnout and turnover in Kaupapa Māori workforce. Participants emphasised the real costs of whānau-centred care, including time, travel, relational labour, and cultural capability, which are rarely reflected in funding models. Without equitable investment, kaupapa Māori providers will continue to struggle to retain and grow a skilled workforce needed to support Māori wellbeing. Participants suggested:

- Paying Kaupapa Māori community workers, particularly peer support workers, equally
- Increasing investment in Kaupapa Māori services to reflect the real costs of whānau-centred care

6. Current Measures Do Not Reflect Māori Definitions of Success

Over-reliance on activity-based and population-level metrics was seen as obscuring whānau experience and wellbeing. Outcomes should be defined with whānau and reflect flourishing, connection, and long-term wellbeing, rather than solely system performance. Kaupapa Māori participants stressed the importance of Māori data sovereignty, including Māori governance, interpretation, and use of data.

Simon Katz
Policy Analyst

6 May 2026

END