

# Feedback to the Ministry of Health on the Mental Health and Wellbeing Strategy 2026-2036

## Introducing Mana Mokopuna – Children's Commissioner

Mana Mokopuna – Children's Commissioner is the independent Crown entity with the statutory responsibility to advocate for the rights, interests, participation and well-being of all mokopuna<sup>1</sup> (children and young people) under 18 years old in Aotearoa New Zealand and, including young persons aged over 18 but under 25 years of age if they are, or have been, in care or custody. The Children's Commissioner is Dr Claire Achmad.

We independently advocate for and with mokopuna within the context of their whānau, hapū, iwi and communities, based on evidence, data and research, including the perspectives of mokopuna.

Our work is grounded in the United Nations Convention on the Rights of the Child (the Children's Convention), Te Tiriti o Waitangi and other international human rights instruments. We are a National Preventative Mechanism under the Optional Protocol to the Convention Against Torture, meaning we monitor places where mokopuna are deprived of their liberty, including in the care and protection, youth justice, youth mental health and intellectual disability facilities.

We have a statutory mandate to promote the Children's Convention and monitor the Government's implementation of its duties under the Convention, and to work in ways that uphold the rights of mokopuna Māori including under Te Tiriti o Waitangi. We place a focus on advocating for and with mokopuna who are experiencing disadvantage, and we recognise and celebrate the diversity of mokopuna in all its forms.

Our moemoeā (vision) is Kia kuru pounamu te rongo – All mokopuna live their best lives, which we see as a collective vision and challenge for Aotearoa New Zealand.

When it comes to the rights of mokopuna, we focus advocacy on four strategic areas:

- A strong start in life (first 2000 days)
- Growing up safe and well (free of all forms of child maltreatment in all circumstances; thriving mental health and wellbeing)
- Thriving families and whānau (living free of poverty, with resources needed to support mokopuna to thrive), and
- Participating in what matters to me (mokopuna have told us, for example, about the importance of participating in their education, culture and identity, sport and recreation, and caring for the natural environment).

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<sup>1</sup> At Mana Mokopuna we have adopted the term 'mokopuna' to describe all children and young people in Aotearoa New Zealand. 'Mokopuna' brings together 'moko' (imprint or tattoo) and 'puna' (spring of water). Mokopuna describes that we are valued descendants and members of families. We acknowledge the special status held by mokopuna in their families, whānau, hapū and iwi and reflect that in all we do. Referring to children and young people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from, matters for their identity, belonging and well-being at every stage of their lives.



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## Summary of our position on the Strategy

Mokopuna have told us that mental health is very important to them.



*What matters most to me is children's mental health, ... So, increasing mental health programmes would help decrease mental health issues."*

(Mokopuna, 2024)<sup>2</sup>

This Mental Health and Wellbeing Strategy (Strategy) is a statutory document required under the Pae Ora (Healthy Futures) Act 2022, outlining how the Crown will improve mental health and wellbeing in Aotearoa New Zealand, over the next ten years. The Strategy needs to be implemented in ways that uphold the best interests of mokopuna.

Given the Strategy is a statutory document and that it acknowledges "Māori and Pacific peoples will make up a growing proportion of the population, with younger age profiles compared to the national average", Government obligations under the provisions of Te Tiriti o Waitangi must be referred to.

We strongly endorse the inclusion of *Priority 1: Prevention and early intervention* especially that children and young people are explicitly named priority cohorts of the population, and a key target for this priority area.

This is important because of the increasing youth mental distress as described in the strategy that is worsening for children and young people at a greater rate than other age groups. This priority is needed to alleviate the limited access to services in some parts of the continuum and particularly for children and young people. Access will be driven by the range of factors indicated across all the priorities of the strategy.

Early identification and response to mental health issues experienced by young children will provide a positive outcome for Aotearoa, through strengthening mokopuna wellbeing, and their future paths to lifelong resilience and positive mental health. It will also support families, communities and the whole of New Zealand's economy through concomitant benefits.

**In summary, we endorse this Mental Health and Wellbeing Strategy** with a caveat about it needing to refer to Te Tiriti o Waitangi, and we have some further suggestions to make the strategy stronger and the next phase more relevant to mokopuna.

## Summary of our recommendations

1. State the role of the Crown to uphold Te Tiriti o Waitangi through the Mental Health and Wellbeing Strategy, including through partnership, and shared accountability mechanisms.
2. Include 'assessments' among the strategic actions under Priority 1, action #5 to ensure early identification remains a priority and enables connection to joined-up services.
3. Ensure the implementation plan is co-designed by mokopuna with lived experience of mental health and wellbeing concerns, including mokopuna Māori as tangata whenua and their whānau, hapū and iwi, Pacific mokopuna, and diverse mokopuna who identify as rainbow, whaikaha and care experienced.

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<sup>2</sup> Mana Mokopuna November 2024 ["You need to get in early, as soon as you see people struggling": Understanding the life-course journey](#)

## The Strategy will help to improve mental health in Aotearoa New Zealand

We acknowledge the extent to which the Strategy has listened to the voices of mokopuna, their parents and whānau, and communities – particularly those with lived experience, tangata whaiora (people seeking health), and hāpori Māori. The strategy has also taken on board concerns of professionals in this field, visible through the strategic priorities and various actions described for each priority area.

It is clear this strategy has many components that are essential for the current and future mental health and wellbeing of New Zealanders.

We strongly endorse a focus on mokopuna, especially in the first 2000 days, when key developmental milestones can be supported in holistic ways, avoiding preventable mental distress. We support a focus on the perinatal period also when forming attachments are so important. An early-life focus can address mental health concerns before they become worse, or entrenched in childhood brain development, for example. An early life focus can make the most of developmental plasticity where opportunities to learn about hope, emotions and resilience can give children the tools they need to navigate life into latter years around relationships and mental health and wellbeing.

The strategy prioritises “Prevention and early intervention” (Priority 1) with services for children and young people tailored to their age and stage of development. We endorse this approach, particularly noting it is good for everyone if there are service improvements for mokopuna. This approach upholds children’s rights to the “enjoyment of the highest attainable standard of health,” including treatments (Article 24, Children’s Convention). Prevention and early intervention approaches are also likely to be more cost-effective for the system, enabling more positive outcomes. This approach enhances the overall mental wellbeing of the population through lower-cost services that are likely to enable greater outreach overall.

## The strategy must refer to Te Tiriti o Waitangi

The Pae Ora (Healthy Futures) Act 2022 set out the requirement for the Minister to develop a Mental Health and Wellbeing Strategy, which has been developed well. However, as a statutory document required under the legislation, and a Crown instrument, it must acknowledge Te Tiriti o Waitangi and include how it is upholding Te Tiriti.

Avoiding including Te Tiriti o Waitangi in the strategy risks positioning Māori wellbeing as a population consideration rather than recognising tangata whenua as Te Tiriti partners with inherent rights, authority, and interests in the governance, design, and delivery of mental health and wellbeing systems.

For mokopuna Māori, mental wellbeing is inseparable from whakapapa, identity, language, culture, belonging, and connection to whānau, hapū, iwi and community. A strategy that seeks to improve wellbeing outcomes should therefore explicitly recognise the Crown’s obligations under Te Tiriti o Waitangi as part of creating environments where mokopuna can thrive.

As it is, there is much in the Strategy that could be described as ‘giving effect to Te Tiriti o Waitangi’.

A brief analysis below demonstrates some examples.

1. Article One – Kāwanatanga – mokopuna and their whānau have rights to good governance of their mental health service provision by the State. This article provides for a

strategic direction that recognises the needs of whānau Māori and centres holistic services that are culturally relevant. The Strategy includes provision for such services, under several priorities and actions. The outcomes of the Strategy will be dependent on its implementation plan. This must be created in partnership with tangata whenua as Te Tiriti partners to ensure good ongoing governance. Implementation should also include shared accountability mechanisms with Māori, including how success measures are defined, monitored and reported over time, and explicitly provided for through adequate resourcing.

2. Article Two – Tino rangatiratanga – the autonomy and independence to participate in the design, delivery and access to mental health services. This is reflected in the way Māori and Māori communities are explicitly named in the strategy as priority cohorts. The strategy refers to partnerships and shared decision-making.
3. Article Three – Ngā tikanga katoa rite tahi – all children experiencing all their rights and privileges equally and having equitable outcomes. The problem definition in the strategy correctly identifies Māori as a population group that bears a greater burden of poor mental health, and there is much to do to heal this harm and improve equitable outcomes for mokopuna Māori and their whānau, hapū and hāpori. There are many components indicated in the strategy that would provide the foundations for reducing inequities for mokopuna Māori. The strategy acknowledges that mental wellbeing outcomes are shaped by broader social and structural determinants, including racism, inequity, disconnection from culture and identity, and barriers within public systems. This is reflected in the stated aim to work across agencies to reduce the drivers of poor mental wellbeing, as well as increase culturally appropriate services and workforce. This should also include the ongoing impacts of colonisation as a part of the problem definition.
4. Article Four (the unwritten promise) – Ngā whakapono katoa, te ritenga Māori tiakina – that ensure the rights to practice cultural traditions and faiths, providing they do not impair the rights of others. The strategy's approach to ensure tailored services for population groups including kaupapa Māori services supports this article.

Giving effect to these articles requires genuine partnership with whānau, hapū and iwi, and the integration of mātauranga Māori in service design and delivery. This includes recognising mātauranga Māori, kaupapa Māori approaches, and Māori models of wellbeing not simply as supplementary cultural components, but as legitimate knowledge systems that contribute to improved wellbeing outcomes particularly for mokopuna Māori. We can see the strategy has strengths in this area, but it is an unnecessary omission not to include direct reference to Te Tiriti o Waitangi, given it is a statutory document.

Co-design and co-development of the next phase - the implementation plan - also needs to be achieved through partnership with Māori, particularly Iwi Māori Partnership Boards and iwi Māori service providers. This will be an important next step to realise the benefits envisaged in the strategy.

Recommendation 1. State the role of the Crown to uphold Te Tiriti o Waitangi through the Mental Health and Wellbeing Strategy, including through partnership, and shared accountability mechanisms, and directly reference Te Tiriti.
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### Add 'assessments' to strategic action #5 under Priority 1.

The new strategy prioritises early intervention so people can get help early and during important stages in their lives, especially children and young people. The strategy promises timely, joined-up help available when people need it with a particular focus on young people. Priority 1, action 5 is about expanding access to a range of evidence-informed resources, supports and services for children and young people.

Currently there are key points in children's lives when universal assessments are important to identify mental health concerns. Mental health and wellbeing assessments, for example through Well-Child Tamariki Ora services, identify early any emerging mental health issues for young mokopuna, or developmental, attachment or parenting issues that would benefit from advice, information, referrals or treatments before they get worse and need more intensive interventions. However, assessments are not explicitly included in the Priority 1 strategic actions.

These assessments are an important component of the mental health system to help families be referred to joined-up services. Therefore, we recommend strengthening this approach under Priority One through the following highlighted edit to Action #5: *"Expand access to a range of evidence-informed **assessments**, resources, supports, and services for children and young people tailored to their age and developmental stage, with flexible age range eligibility criteria to enable them to engage fully in important developmental experiences."*

Recommendation 2. Include 'assessments' among the strategic actions under Priority 1, action #5 to ensure early identification remains a priority and enables connection to joined-up services.

### Engage with mokopuna to develop the implementation plan

We understand there was widespread engagement on developing the strategy, and we can see the voices of many communities reflected in it.

The consultation for the implementation plan mentioned on page 10 of the Strategy needs to explicitly include mokopuna, to ensure the Strategy delivery will uphold the rights of children and be effective. Mana Mokopuna is available to provide advice and support on engaging with mokopuna if needed.

Recommendation 3. Ensure the implementation plan is co-designed by mokopuna with lived experience of mental health and wellbeing concerns, including mokopuna Māori as tangata whenua and their whānau, hapū and iwi, and diverse mokopuna who identify as rainbow, whaikaha and care experienced.

## Conclusion

Overall, we support the Mental Health and Wellbeing Strategy 2026-2036. In particular, we support the focus on early prevention and intervention especially for mokopuna in the first 2000 days. We also support also how the Strategy reflects the voices of the public, tangata whaiora, and experts in mental health and wellbeing, including those who endorse mātauranga Māori approaches. Our recommendations for improvement are important to ensure the sustainability of the Strategy. All mokopuna have the right to grow up safe and well, and to do so it is essential that their mental health needs are met by having strong access to preventative mental health education and support through to crisis mental health support should they need it.