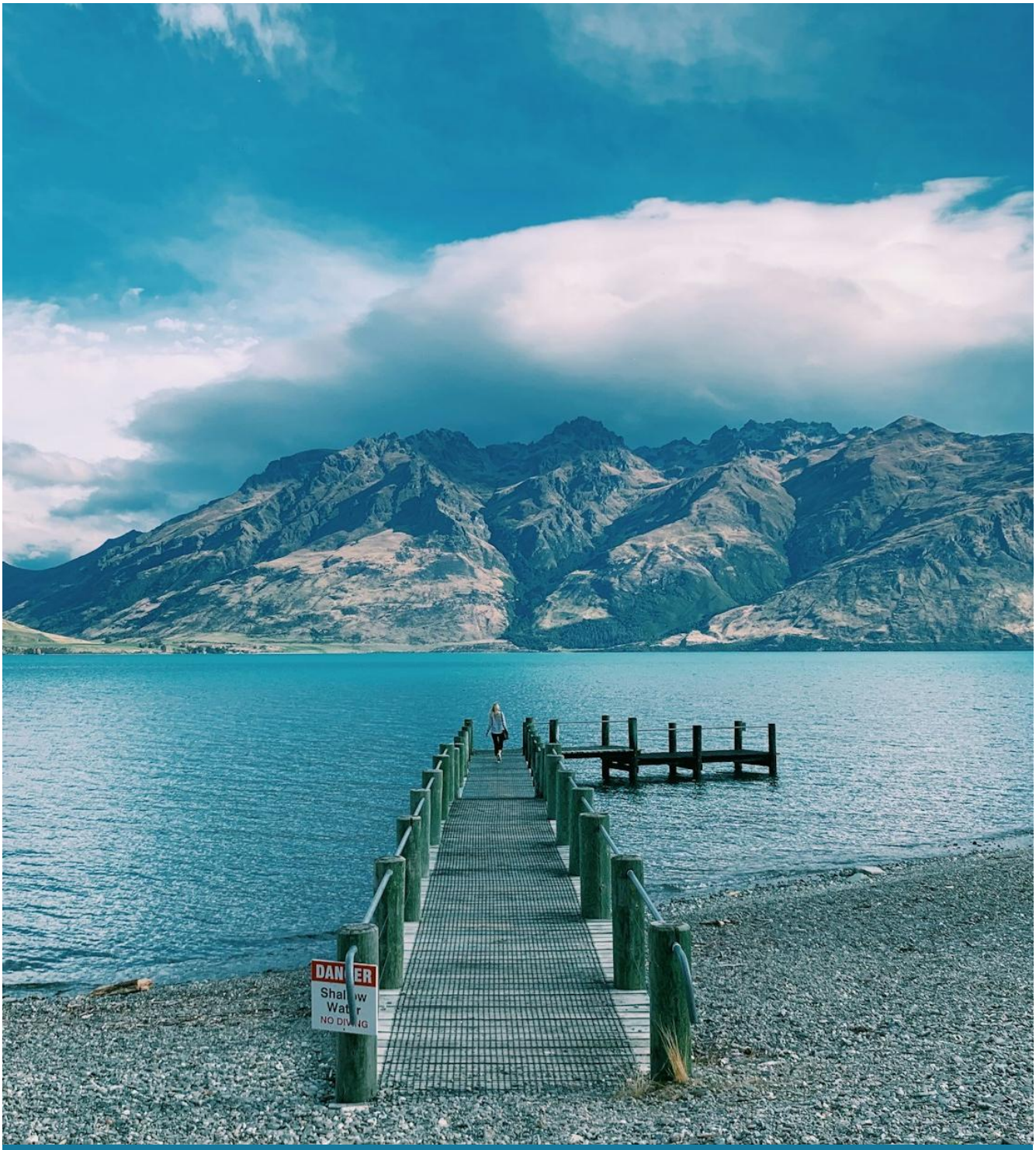
ATAMIRA PLATFORM

TE POU




# Scoping the feasibility of implementing outcome measurement in mental health and addiction NGOs: Literature review

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# Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) guides all sector mahi and recognises health and wellbeing as a taonga to be protected. Actively embedding Te Tiriti into all aspects of the health system, including outcome measurement, is foundational to achieving Māori health aspirations and equity.

Outcomes measurement involves the collection and use of information from rangatahi, taiohi, tāngata whai ora and whānau to understand and support their hauora. Te Tiriti affirms Māori rights to tino rangatiratanga, including data and mātauranga relating to Māori. Māori data sovereignty requires that Māori retain authority and control over how Māori data are collected, governed, analysed, interpreted and used. It is essential that outcomes measurement embeds Māori data sovereignty principles in line with organisational policies and procedures.

Māori draw upon deep cultural resilience and collective capability to support wellbeing, despite being exposed to systemic risk factors for addiction and mental health challenges. These inequities reflect the ongoing impacts of colonisation, land loss, criminalisation, discrimination, systemic racism, and intergenerational trauma. Te Tiriti underscores the importance of the workforce being equipped to deliver culturally safe and effective support, and that outcomes are monitored in ways that genuinely reflect progress toward equity for Māori.

Outcome measurement in mental health and addiction services must be undertaken in a strengths-based, mana-enhancing, and culturally safe manner to avoid harm. Cultural safety requires kaimahi to be aware of how their own culture and biases influence their practice, to engage in ongoing critical reflection, and to identify and act on areas for improvement, including recognition and elimination of interpersonal and institutional racism.

# Executive summary

Outcome measurement is essential for knowing whether services are making a difference in people's lives, particularly those self-reported by tāngata whai ora and whānau. Outcome measurement involves the planned and ongoing use of tools and processes (Barr et al., 2021). The act of measuring outcomes and the use of outcomes data in service delivery, planning, and improvement have multiple benefits for tāngata whai ora and whānau, including enhanced wellbeing and strengthened therapeutic relationships. For Māori, measuring outcomes also helps to track progress towards achieving Māori health aspirations and equity.

Many non-government organisation (NGO) services have well-embedded systems for collecting outcomes data, including but not limited to, those delivering alcohol and other drug (AOD) services in community settings. There are opportunities to strengthen outcomes data collection in other services. There are also gaps in our national-level understanding of how NGOs support tāngata whai ora and whānau wellbeing. It is important that NGOs are supported to measure, collect, and demonstrate outcomes to better enhance tāngata whai ora and whānau wellbeing; particularly in the current environment where there is a strong government focus on outcomes.

This literature review aims to better understand outcome measurement to inform future NGO sector engagement about outcomes measurement. This report reflects first steps to providing background information for the project. Key objectives are to summarise background evidence and information to identify:

- priority wellbeing and outcome domains for tāngata whai ora and whānau
- standardised outcome measurement tools available for use in NGOs
- enablers and barriers to implementing outcome measurement in NGOs.

A review of research literature and key documents about outcome measurement in Aotearoa New Zealand, as well as international research where relevant, informs this report. The review includes literature until October 2025.

## Summary of key findings

Outcome measures should be prioritised that are meaningful and relevant to the wellbeing of tāngata whai ora, whānau, and communities, and align with NGOs' organisational kaupapa, goals, and strategic frameworks. This is particularly important when measuring equity outcomes for Māori, as measuring outcomes that are not relevant or meaningful may further widen inequities.

Wellbeing is often considered a holistic and multidimensional concept. Wellbeing can include mental health, physical health, whānau wellbeing, cultural and spiritual wellbeing, social connection, and socioeconomic factors that contribute to a person's overall quality of life. For many people, wellbeing is also linked with that of whānau and their collective.

Many local NGOs already use a range of relevant tools that show promise for understanding people's outcomes, including validity, reliability, and sensitivity to change. While there is no comprehensive and national-level understanding of the measures used by NGOs in Aotearoa, available information indicates some more commonly used tools include the Alcohol and Drug Outcome Measure (ADOM), Hua Oranga, and WHOQOL-BREF. These tools vary in their focus on clinical or holistic wellbeing, design input from lived experience and cultural voices, and local psychometric testing.

When implementing outcome measurement in services, key enablers include having a clear purpose and vision, strong leadership, relevant and sound tools, data infrastructure and systems, workforce training and development, and robust implementation processes. Some key barriers in the literature include, but are not limited to, resource and capacity constraints, the system's focus on outputs rather than outcomes, misalignment with predetermined outcome measures, NGO involvement and organisational buy-in. There may be opportunities to explore the use of existing systems such as PRIMHD and RecordBase to enhance consistency across NGOs and better demonstrate impacts through national datasets.

## Next steps

Actions that can be taken in scoping the feasibility of implementing outcomes measurement in NGOs are outlined below.

**Measure a range of outcomes that matter to people**

- Consult with NGOs to identify what wellbeing outcome domains they aim to improve and what tools they use (or want to use) to capture those.
- Consult with lived experience and whānau networks to identify priority wellbeing domains.
- Explore the utility of developing a compendium of standardised outcome tools addressing different key wellbeing outcome domains.

**Align outcome measurement practices with people's goals and service kaupapa**

- Consult with NGOs and CPSLE and whānau networks to identify barriers and enablers for measuring outcomes aligned with tāngata whai ora and whānau priorities and service kaupapa.
- Consult with NGOs to understand current readiness, capacity, and capabilities to adopt a person and whānau-centred approach to outcome measurement.

**Utilise existing systems to strengthen NGO outcome measurement**

- Gauge NGOs' interest and preferred approaches for a nationally consistent data collection, such as a data commons or benchmarking forums.

# Background

It is increasingly important that NGOs demonstrate the impact they have on people's wellbeing. Following the release of *A Sound Investment: A Spotlight on the Impact and Value of Mental Health and Addiction NGO Services in New Zealand*,[2] Atamira Platform Trust members identified the need to explore outcome measurement tools for NGOs.

This report aims to better understand what supports outcome measurement to improve the wellbeing of tāngata whai ora and whānau accessing mental health and addiction NGOs in Aotearoa New Zealand. Findings are intended to inform future sector engagement to:

- explore NGOs' interest and expectations in the routine and consistent collection of outcomes data and key domains of interest
- identify two to three outcome measurement tools currently being used within the NGO sector that are reliable, valid, acceptable, and have utility for NGOs
- explore barriers and enablers to outcome data collection for NGOs and their needs for implementation.

## Outcome measurement enhances wellbeing

> "Outcome measures are tools that assess how services impact people's wellbeing over time. The main purpose of measuring outcomes is to enhance people's wellbeing by improving service quality and equity". (Smith, 2011)

Outcome measures are essential for knowing whether the support that services deliver are making a difference for tāngata whai ora and whānau. In recent years there has been a shift towards the use of person-reported outcome measures (PROMs), particularly in mental health services. Utilising people's views of their own wellbeing and progress to understand service effectiveness recognises that people and their whānau are often best placed to report on how their wellbeing is improving and what aspects of services drive improvements.[1] PROMs enable people to communicate what is important to them and assess elements of their own wellbeing, which can differ from what practitioners, service providers and funders think are important (Lasalvia et al., 2012; Williams et al., 2016).

For tāngata whai ora and whānau, outcome measurement has many benefits. Listed below are some examples of how the use of outcomes data and the act of measurement, in itself, can support people's wellbeing (Benson, 2025; McAleavey et al., 2024; McKay et al., 2012; Smith & Baxendine, 2015; Wittich et al., 2024).

[1] PROMs (also called patient-reported outcome measures) are tools that are often self-completed by tāngata whai ora and whānau about their own wellbeing and experiences. These are different from clinician-rated measures which are based on the practitioner's observations and clinical judgement.

- Enhancing person-centred support and decision-making.
- Enhancing communication and trust between people and those that support them.
- Strengthening knowledge and skills around looking after their own wellbeing.
- Enhancing service engagement.
- Highlighting progress and improvements over time.

## Wellbeing benefits are enabled by use of outcomes data at all levels

Outcomes data use across individual, team, service, and system levels supports positive outcomes and helps inform meaningful decisions to enable best support for people (Manatū Hauora Ministry of Health, 2023; McKay et al., 2012). Figure 1 outlines some key benefits of outcome measurement across different levels of the health system. Outcomes for people and whānau are the basis for team, service, and system level planning and decision-making. Each level is interconnected. Tāngata whai ora and whānau benefit when their data is meaningfully acted upon at broader levels. The collection of quality data in partnership with people is needed to support this.

Figure 1. Benefits of outcome measurement at individual and whānau, team, service, and system levels




Note. Adapted from McKay et al. (2012)

## Many initiatives have been undertaken to support outcome measurement

Table 1 provides a brief overview of initiatives and events that have supported and promoted the use of outcome measures in mental health, addiction, and broader health settings across Aotearoa New Zealand.

Table 1. Key initiatives

| YEAR | INITIATIVE |
|---|---|
| **2003** | Mental Health Workforce Development Programme launched as a partnership between DHB CEOs and Ministry of Health and administered by HRC<br>Publication of New Zealand Mental Health Classification and Outcomes Study: Final Report |
| **2004** | Mental Health Systems for Achieving, Recovery and Transformation (MH-SMART) established |
| **2005** | Tauawhitia te Wero published setting out priorities for mental health and addiction workforce and need to use data and information to enhance outcomes and services<br>Wise Group hosted outcome measurement, service development, and workforce development programmes and established Mental Health Programmes, now known as Te Pou |
| **2007** | Aotearoa New Zealand Mental Health and Addiction Key Performance Indicator (KPI) Programme established |
| **2008** | Programme for the Integration of Mental Health Data (PRIMHD) established<br>Health of the Nation Outcomes Scale (HoNOS) mandated |
| **2011** | Modern RecordBase developed |
| **2012** | HoNOS for People with Learning Disabilities (HoNOS-LD) and HoNOS for use in secure and forensic mental health services (HoNOS-secure) mandated |
| **2014** | NGO Benchmarking Club formed<br>Mārama Real Time Feedback consumer satisfaction survey developed and piloted |
| **2015** | Alcohol and Drug Outcome Measure (ADOM) mandated to be offered in community alcohol and other drug (AOD) services |
| **2016** | Publication of Commissioning Framework for Mental Health and Addiction: A New Zealand Guide and Whānau Ora Outcomes Framework |
| **2017** | National mechanism for collecting Mārama Real Time Feedback established |
| **2018** | He Ara Oranga: Government Inquiry into Mental Health and Addiction |
| **2019** | Discussion paper: An Indigenous Approach to the Living Standards Framework |
| **2020** | KPI Programme NGO benchmarking formalised<br>Publication of Whakamaua: Māori Health Action Plan 2020-2025 |

| | |
|---|---|
| **2021** | Publication of Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing and Living Standards Framework |
| **2022** | Pae Ora (Healthy Futures) Act 2022 took effect<br>Established Code of expectations for health entities' engagement with consumers and whānau<br>Published frameworks: He Ara Awhina (Pathways to Support) and He Ara Oranga wellbeing outcomes framework |
| **2023** | National-level collection of Mārama Real Time feedback discontinued<br>Published Commissioning for Pae Ora Healthy Futures 2022,<br>Oranga Hinengaro System and Service Framework and Pae Ora Strategies[2]<br>First Minister for Mental Health appointed |
| **2024** | Government Policy Statement on Health 2024-2027<br>Mental health and addiction targets established<br>Mental Health and Addiction Community Sector Innovation Fund began<br>HoNOS for Infants (HoNOSI) mandated |
| **2025** | Social Investment Fund opened<br>Atamira Platform Trust released A Sound Investment |
| **2026** | Mental Health and Wellbeing Strategy 2026-2036<br>Māori Health Strategy – Whiria Te Ora |

Much of Aotearoa New Zealand's foundations for mental health and addiction outcome measurement were established prior to 2020, including the MH-SMART initiative, establishment of Te Pou and PRIMHD. PRIMHD brought together activity and outcomes data based on the MH-SMART outcome domains.[3] In particular, ADOM was developed and mandated to be offered to address the addiction domain in community alcohol and other drug services. The HoNOS family of measures were also mandated to address the clinical symptoms domain primarily in Health New Zealand | Te Whatu Ora services.[4] The release of *A Sound Investment* (2025) highlights the benefits and gaps in outcome measurement in NGO services in demonstrating outcomes.

[2] Including the New Zealand Health Strategy, Pae Tū: Hauora Māori Strategy, Te Mana Ola: The Pacific Health Strategy, Heatlh of Disabled People Strategy, Women's Health Strategy, Rural Health Strategy, and Rare Disorders Strategy.

[3] The MH-SMART proposed five priority outcome domains: 1) clinical symptoms, 2) addiction, 3) functioning, 4) self-rated measures, and 5) Māori outcomes.

[4] Efforts to implement the other three domains include: the proposal to introduce the Personal and Social Performance Scale (PSP) to address functioning; the development of Tāku Reo, Tāku Mauri Ora to address self-rated outcomes; and the development of Hua Oranga to address Māori outcomes. The widespread implementation of PSP and Tāku Reo, Tāku Mauri Ora were not ultimately realised.

## National strategies highlight the ongoing need for outcome measurement

*He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* (2018) highlights the importance of incorporating lived experience voices, particularly those of tāngata whai ora and whānau, into service design and delivery to support wellbeing and enable meaningful system improvements. *Kia Manawanui Aotearoa* then established the system goal of achieving pae ora (healthy futures and mental wellbeing for all) (Ministry of Health, 2021). One of the key drivers to achieving this is the use of data and information to understand how well services support wellbeing and to inform continuous improvement, along with whānau and community-led solutions.

The Pae Ora (Healthy Futures) Act 2022 marked an important shift by setting out principled requirements of the system to enhance equity, decision-making, choice and access to quality services, and overall wellbeing. Pae Ora emphasises the expectation of services to engage with tāngata whai ora to reflect their needs and aspirations across the health system. Supporting strategies that currently guide the system to uphold Pae Ora include the *Oranga Hinengaro System and Services Framework, Commissioning for Pae Ora* framework, and the *Mental Health and Wellbeing Strategy 2026-2036* (Ministry of Health, 2023; Ministry of Health, 2023; Ministry of Health 2026). These highlight the key role outcome measurement has in monitoring priority health and wellbeing outcomes that are important to tāngata whai ora and whānau and using this information to improve the system. The *Mental Health and Wellbeing Strategy* places a strong emphasis on tracking outcomes and using clear measures that show how mental health and wellbeing are improving across the population. It is expected that new measures may be developed or introduced in order to effectively monitor and measure progress of outcomes.

## Strong government focus on measuring outcomes in the current environment

The current funding environment reinforces the importance of enabling services to demonstrate positive outcomes through data. In 2024, the Minister for Mental Health established five mental health and addiction targets intended to improve outcomes for tāngata whai ora and inform investment decisions (Minister of Health, 2024). The implementation plan for these targets emphasises the focus on improving data collection, quality, and completeness to support monitoring and reporting against targets (Health New Zealand | Te Whatu Ora, 2024). For example, the Mental Health and Addiction Community Sector Innovation Fund, available to NGOs, requires the inclusion of social return on investment (SROI) analyses to apply for the fund (Health New Zealand | Te Whatu Ora, 2025). The Social Investment Fund, established in 2025 to invest in early intervention and support to improve outcomes, also requires and supports providers to meet a range of criteria to receive funding. These include developing a theory of change and logic models, using outcomes data for service and practice improvement, and contributing data to

Statistics New Zealand's Integrated Data Infrastructure (IDI) (Social Investment Agency, 2025).

### Measuring and reporting outcomes is a matter of survival for NGOs

The *Oranga Hinengaro System and Services Framework* (Ministry of Health, 2023) requires services to meet the needs of tāngata whai ora and whānau by using their aspirations and perspectives to inform service design, delivery, and responses.

Recent reports, including *A Sound Investment* (2025) and *State of the Sector* (2024), reflect government expectations for the NGO sector to demonstrate effectiveness and return on the dollar amount invested in services (Atamira Platform Trust, 2025a; Community Networks Aotearoa, 2024). Many NGOs have government contracts; these are commonly outcomes-based, meaning service funding and sustainability rely on the measurement and reporting of outcomes data (Community Networks Aotearoa, 2024).[5] Although, some NGOs experience difficulties in meeting government expectations due to the misalignment between contract-based outcomes and organisational kaupapa, the greater emphasis on outputs (rather than impacts), and capacity limitations (Community Networks Aotearoa, 2024).

### Recent initiatives strengthen national outcome measurement

Some recent initiatives focus on outcome measurement. Examples include the *Home and Community Support Services (HCSS) Programme* which aims to promote nationally consistent data collection to improve wellbeing outcomes and service quality, and the *Social Investment Fund* which aims to invest in interventions and services that focus on priority outcomes.[6] These reflect a sector-wide focus on improving outcomes data collection, benchmarking, and reporting particularly in social and community-based services. "The Social Investment Agency is working with other agencies to ensure that across government there is a strong focus on understanding where money is being invested and what impact that investment is having" (SIA, 2025). SIA funded initiatives need to provide strong evidence for the underpinning theory of change. This can include connecting activities to measurable outcomes in administrative or IDI data.

## NGOs provide valued wellbeing support

NGOs provide one-third of all government health-funded mental health and addiction services nationally (Atamira Platform Trust, 2025a). NGOs, including Kaupapa Māori, Pacific cultural services, and CPSLE-led organisations, play a significant role in providing support for people, whānau, communities, and the wider mental health, addiction, and health sectors (Government Inquiry into Mental Health and Addiction, 2018). Tāngata whai ora value NGOs

[5] Many NGOs are funded by multiple sources including government (eg Health New Zealand | Te Whatu Ora, Ara Poutama), Whānau Ora, charitable trusts, and other sources.
[6] More information about the Social Investment Fund can be found at https://www.sia.govt.nz/social-investment-fund/

for enabling access to peer support and providing accessible, outcomes-focused, and innovative services (Government Inquiry into Mental Health and Addiction, 2018).

## Some information on outcomes in community AOD services is available

Currently, the most comprehensive data available on NGO outcomes is of community alcohol and other drug (AOD) services which are mandated to offer the ADOM to tāngata whai ora. ADOM data is collected into PRIMHD, reported regularly at the national level, and is accessible through an online dashboard.[7] ADOM provides important information about the use and impacts of different substances on the wellbeing and recovery of tāngata whai ora accessing community AOD services. When collected at different stages throughout treatment, ADOM helps understand what outcomes are being achieved for tāngata whai ora. An increasing number of NGOs are collecting the ADOM. In 2025, about 2 in 5 episodes of care in community AOD services have an ADOM collection (at a rate slightly higher than Health New Zealand districts).[8]

## Some outcomes information is available for other NGO services

There are some NGO initiatives which demonstrate strong outcome and impact evaluations. For example, *A Sound Investment* profiles Piri Pono: Peer-led acute mental health service – Ember services who use Hua Oranga to assess tāngata whai ora progress. Ka Puta Ka Ora | Emerge Aotearoa also use Hua Oranga with youth accessing their community-based support and found over 80 percent of rangatahi experienced improvements in their mental and physical health, spiritual wellbeing, and whānau relationships.

With support of the SIA, Ka Puta Ka Ora | Emerge Aotearoa also conducted an SROI analysis of their residential services. This demonstrated positive outcomes of their services including increased life satisfaction, self-agency, attendance at mental health appointments; and reduced hospital readmissions. Another example is the Wise Group's impact analysis of the integrated Housing First and Individual Placement and Support (IPS) model to address homelessness and employment. The impact report demonstrates a $3.15 return on each dollar invested in the model, based on measurable outcomes including improved mental health, living conditions, health service use, and community participation; as well as reduced justice system costs and welfare payments.[9]

[7] https://www.tepou.co.nz/initiatives/alcohol-and-drug-outcome-measure/adom-dashboard-aotearoa
[8] ADOM report 20 https://www.tepou.co.nz/resources/adom-report-20
[9] Economic evaluation was conducted using the Treasury's cost-benefit analysis tool (CBAx) and only included direct measurable outcomes. The analysis estimates a $5.56 return for each dollar invested if non-public system impacts are included. https://www.wisegroup.co.nz/creating-change/integrated-housing-first-and-ips-employment-support-a-model-of-impact/

### There are gaps in our understanding of national-level NGO outcomes

While many local NGOs use a range of outcome measures, presently, there is no standardised approach to outcome measurement across NGOs delivering mental health support, nor a single source that provides a complete picture of NGO outcomes.

Besides ADOM, there remains a gap in our understanding at a national level of the outcomes NGOs achieve for tāngata whai ora and whānau, particularly those providing mental health and broader wellbeing support at a national level (as NGOs are not required to collect HoNOS). NGOs are underrepresented in national datasets compared to Health New Zealand services due to a range of factors such as limited capacity, support, and historically fewer requirements to collect outcomes data (Smith & Baxendine, 2015).

## Aim and objectives

Outcome measurement is central to ensuring service effectiveness and improvement is driven by the needs and wellbeing of tāngata whai ora and whānau. It is increasingly important for NGOs to demonstrate their achievements and positive outcomes, particularly their impact for tāngata whai ora and wider communities (Allen & Clarke, 2025). It is therefore critical to understand how outcome measurement in NGOs can be strengthened.

This literature review aims to better understand outcome measurement in mental health and addiction NGO services based on published information.

Key objectives are to:

- identify priority wellbeing and outcome domains for tāngata whai ora and whānau
- identify standardised outcome measurement tools available for use in NGOs
- identify enablers and barriers to implementing outcome measurement in NGOs, drawing from learnings from past initiatives.

## Method

This report draws on literature and key documents about outcome measurement in Aotearoa New Zealand, including those published by Atamira Platform Trust, Health New Zealand | Te Whatu Ora, and Te Pou. Additional literature searches were conducted using EBSCO, Google Scholar, and Google. Searches prioritised information about local NGOs and community-based providers of mental health and addiction services, extending to broader health and social services where needed.

Key search terms included:

- outcome measures, patient-reported outcome measures (PROMs), clinical/wellbeing/health outcome measures, tools, assessments, instruments
- implementation, enablers, facilitators, supporting factors, barriers

- mental health, addiction, substance use, wellbeing, clinical, Māori, Pacific, whānau/family.

AI tools (eg Copilot) were used to enhance research coverage and efficiency. All AI generated outputs were critically peer reviewed to ensure accuracy and the validity of information.

Though the focus of this report is on outcome measures, information around experience and quality measures are included where relevant. People's experiences and perceptions of service quality (eg feeling heard, shared decision making, whānau involvement) can be outcomes in themselves for people accessing mental health and addiction services (Gleeson et al., 2016; Kumah et al., 2017; Liu et al., 2018; Migchels et al., 2023).

# Key findings

This section presents key findings of the literature review in three parts.

- Priority wellbeing and recovery outcome domains.
- Outcome measures available for NGOs.
- Barriers and enablers to implementation of outcomes measures.

## Part one: Priority wellbeing outcome domains

Wellbeing means different things to different people, whānau, communities, and cultural groups. It is often considered a holistic and multidimensional concept where many interconnected domains make up a person's overall quality of life (Mental Health and Wellbeing Commission, 2020). Overall, wellbeing relies on a balance of different factors that are important to people.

Identifying key wellbeing outcome domains can be challenging as different things will be important for different people's personal and collective sense of wellbeing. Ideally, wellbeing is self-defined within people's own context. Table 2 outlines some domains identified through key wellbeing models, frameworks, and across the literature.[10]

[10] Te Whare Tapa Whā (Durie, 1994), Fonofale model (Pulotu-Endemann, 2001), He Ara Oranga wellbeing outcomes framework (Mental Health and Wellbeing Commission, 2022), Living Standards Framework (The Treasury, 2021), Whānau Ora Outcomes Framework (Te Puni Kōkiri, 2016)

Table 2. Domains from key wellbeing models and frameworks

| | | | |
|---|---|---|---|
| Mental health | Physical health | Whānau and family wellbeing | Cultural wellbeing, identity, and language |
| Spiritual wellbeing | Sense of identity | Tino rangatiratanga (self-determination) | Resilience, healing, growth |
| Connection to whakapapa and whenua | Social, community, cultural connection and participation | Sense of purpose, hope, meaning | Quality of life, general satisfaction |
| Safety | Housing, physical environment | Employment, education | Material resources |

NGOs work in complex social environments where tāngata whai ora and whānau often require support from a range of people and places. Evidence further highlights the range of outcome domains that NGOs may help support and improve for tāngata whai ora (Atamira Platform Trust, 2025a; Te Pou, 2025). These can include:

- mental, physical, whānau, and spiritual wellbeing
- reduced substance use
- employment
- financial stability
- community integration
- access to other supports and services.

## Wellbeing extends beyond the individual

It is commonly understood that individual wellbeing is linked with that of whānau and the collective. While it is well-established that Indigenous and collectivist cultures (including Māori, Pacific and Asian cultures) view wellbeing as a relational concept, there is growing recognition of this interconnectedness in broader Western contexts (Australian Bureau of Statistics, 2025; Mental Health and Wellbeing Commission, 2020; Office for National Statistics, 2025). This moves away from traditional Western views that can be apparent in health services, such as the biopsychosocial approach, which frame wellbeing as the absence of negative symptoms, towards a more holistic view of wellbeing that considers people's strengths, relationships, and wider environments. The Whānau Ora approach to wellbeing for example focuses on whānau as a whole and addresses individual people's needs within their wider whānau and community context (Te Puni Kōkiri, 2016). This underscores the importance of not just focusing on individual outcomes but also considering outcomes for whānau, such as whānau relationships, wellbeing, and participation.

### Services should select and measure outcome domains that are meaningful and relevant to people

When selecting outcomes to measure, it is important services look at the domains that:

- are meaningful and relevant to the tāngata whai ora and the communities they support, including their understanding of wellbeing
- directly align with their kaupapa, cultural and philosophical approaches, key organisational goals, and strategic frameworks
- can be improved through the supports they offer.

The point is not for services to capture the whole range of wellbeing domains that people find important. Rather, services should selectively target outcomes and offer measures that are most beneficial and meaningful to tāngata whai ora and whānau (Allen & Clarke, 2024). This is important for scoping what measures and tools they could use with people's consent to capture and understand outcomes.

## Part two: Outcome measures relevant for NGOs

### NGOs use a range of measures to assess outcomes

Standardised and validated measures enable comparisons to be made for individual people over time; and for aggregated insights for teams and services to be compared and benchmarked against other similar services. To build a national level understanding of the impact of NGOs' support on the wellbeing of people and whānau, it is important to consider tools that are already being used within NGOs, and how they are embedded within existing data processes.

Table 3 summarises selected outcome tools that are widely used in Aotearoa based on available literature, which have either been mandated or validated for use in mental health and addiction settings (Atamira Platform Trust, 2025b). There is no single measure that is common across all NGOs. This reflects the range and variety of goals and outcomes NGOs support tāngata whai ora with (Atamira Platform Trust, 2025b).

The tools vary in their focus on clinical or holistic wellbeing, collection approaches (eg clinician-rated, collaborative or self-reported), design input from lived experience and cultural perspectives, and psychometric evaluation (such as the tool's reliability and validity). The Appendix provides a more detailed overview of the wider range of tools currently being used in NGOs. Aside from Hua Oranga, these are all Western-developed tools, which may have limitations and be less valid in capturing meaningful wellbeing outcomes for Māori (Sandham et al., 2025).

Table 3. Mandated or validated outcome tools used in local mental health and addiction settings

| Tool | Domain | Developed with lived experience | Comments |
|---|---|---|---|
| **ADOM** | Substance use<br>General wellbeing<br>Recovery | Yes | Mandated to be offered at community AOD services<br>ADOM data reported for NGOs |
| **GAD-7** | Anxiety symptoms | No | Widely used in mental health and broader health settings across NZ<br>Screening tool often used as an outcome tool |
| **HoNOS** | Symptom severity<br>Functioning | No | Mandated for use in specialist adult mental health services, including three NGOs<br>Clinical focus<br>HoNOSCA mandated for child and youth |
| **Hua Oranga** | Wellbeing | Yes | Accepted as good representation of Māori health aligned with Te Whare Tapa Whā<br>Earlier version validated in mental health settings and tāngata whai ora Māori and Pacific peoples<br>Whānau and practitioner versions encourage engagement and shared perspectives<br>Holistic focus applicable to people identifying with other ethnic groups<br>Included in IPMHA Access and Choice |
| **K10** | Psychological distress | Yes | Widely used in mental health and broader health settings across NZ<br>Designed as a screening tool but can be used to measure outcomes by repeating collections over time<br>Some validation in NZ |
| **PHQ-9** | Depression symptoms | No | Widely used in mental health and broader health settings across NZ |
| **SACS** | Substance use and functioning | Yes | Widely used in youth addiction settings<br>Developed in NZ |

| | | | |
|---|---|---|---|
| | | | Screening tool often used as an outcome tool |
| **SDQ** | Behaviour and emotions | Yes | Used for ages 2 to 17 in mental health and addiction services, broader health and social services, and in population studies such as Growing Up in New Zealand.<br><br>Screening tool often used as an outcome tool |
| **WHOQOL-BREF** | Quality of life | Yes | Widely used in mental health and broader health settings across NZ<br><br>Validated for use in NZ; NZ version developed (NZ WHOQOL-BREF) |

*Note*. K10 = Kessler-10. PHQ-9 = Patient Health Questionnaire (9-item). GAD-7: Generalized Anxiety Disorder (7-item). SACS = Substances and Choices Scale. SDQ = Strengths and Difficulties Questionnaire. WHOQOL-BREF: World Health Organization Quality of Life – Brief version.

### *There are gaps in our understanding for some outcomes and perspectives*

Mapping commonly used tools and their domains highlights gaps in our understanding of certain outcomes and perspectives. Currently, ADOM and the HoNOS family of measures are the only tools mandated to be offered or collected in local services. Data from these tools are collected in PRIMHD and reported, enabling regional and national level understanding of people's addiction and recovery outcomes in community AOD settings (drawn from ADOM); and clinical outcomes in Health New Zealand | Te Whatu Ora mental health and addiction services and a small number of NGOs (drawn from HoNOS family measures). However, considering current outcome measurement requirements, along with the broader range of wellbeing domains and outcomes that are important to tāngata whai ora and whānau, there are clear gaps in our understanding of the impact of NGOs' support people's for hauora and wellbeing outcomes.

### *Qualitative data can provide additional insights*

Using both quantitative and qualitative measures can help better understand NGOs' impact (Atamira Platform Trust, 2025b). Standardised tools may not fully capture the impact of NGOs on people and whānau. *A Sound Investment: Addendum* demonstrates that NGOs may currently use multiple approaches like interviews and feedback forms to capture outcomes and impacts in addition to standardised measurement tools (Atamira Platform Trust, 2025b). This aligns with the suggestion to collect qualitative data before and potentially after using standardised tools, "as understanding comes before measurement" (Allen & Clarke, 2025). This may be particularly important for Māori and a range of diverse cultures whose outcomes may not be well captured within Western-developed tools.

In addition to quantitative tools, qualitative feedback provides opportunities for tāngata whai ora and whānau to raise issues that are important to them and ensure their voices are heard

by the services they access. The nature of some NGOs' work and impact is also largely qualitative in that intended outcomes, like community participation and whānau wellbeing, can be difficult to quantify and can often take years to manifest for people. Additionally, NGOs' goals can change over time in response to community needs (Community Networks Aotearoa, 2024).

## Part three: Barriers and enablers of meaningful outcome measurement

This section looks at some key barriers and enablers to implementing person-centered outcome measurement in mental health and addiction settings. Information is drawn from available literature, service and evaluation reports, and learnings from past outcome measurement initiatives in Aotearoa.

When used well, outcome measures can help shape services and systems to align with what matters to tāngata whai ora and whānau. However, there can be a tendency to use outcome measures primarily to achieve pre-determined targets and inform service activities rather than maintaining a person-centered approach (Allen & Clarke, 2024; Smith, 2011). This stems from many systemic, infrastructural, and organisational barriers. Key barriers listed below can affect the meaningful use of outcome measurement to enhance tāngata whai ora and whānau wellbeing.

Table 4. Key barriers to the implementation of outcome measurement

| System | |
|---|---|
| **Focus on outputs rather than outcomes**<br><br>Government and funder-set directives can shift approaches to outcome measurement and data collection towards compliance activities rather than as a means to improve wellbeing. For example, wait time targets risk a greater focus on efficiency to meet quota rather than improve factors that are more closely related to quality of care, such as continuity and transitional support (Allen & Clarke, 2024). | **Misalignment between pre-determined outcomes and those that matter to people**<br><br>NGOs need to fulfil contractual obligations to ensure service funding and sustainability. However, NGOs report that contract-based outcomes don't always align with their kaupapa or the goals and priorities of the people they support (Community Networks Aotearoa, 2024). Therefore, measurement remains less focused on outcomes that are important to tāngata whai ora and whānau.<br><br>Past efforts aimed to find 'one' tool to suit all NGOs, whereas we're now seeing that a suite of tools encompassing a range of priority wellbeing domains might be more suitable. |
| **NGO visibility and involvement** | **Competitive funding environment** |

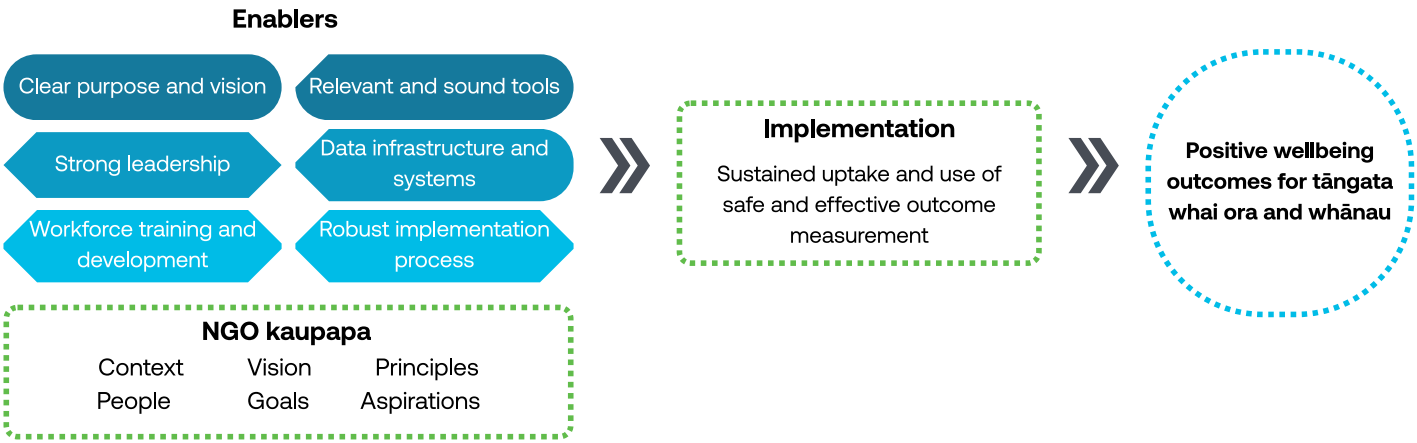
| | |
|---|---|
| Initiatives that lack adequate stakeholder involvement (eg NGOs including Kaupapa Māori NGOs, practitioners) and a planned engagement approach. | The way NGOs are organised and funded can create a competitive environment, rather than one that encourages collaboration and shared learning (Community Networks Aotearoa, 2024).<br><br>Due to different funding models, there may be unique barriers for Kaupapa Māori NGOs compared to non-Kaupapa Māori NGOs. |
| **Infrastructure** | |
| **Data infrastructure is needed to enable measurement and reporting**<br><br>Systems that are not accessible for services to measure, report, and use data well. | **Outcome measurement requires specific workforce capabilities**<br><br>It's unrealistic to expect services and their staff to 'just start' outcome measurement. It requires specific approaches, knowledge, and skills about what it is, its benefits, how it works, how it aligns with their theory of change, how to administer tools, how to handle and manage data, and how to use it to benefit people and whānau. |
| **A system of training, resources, and ongoing support is needed**<br><br>Implementation support is needed as services may not have prior experience with outcome measurement so it can be difficult to start and do it well.<br><br>There is a need for platforms and communication channels to enable services to share and learn from each other.<br><br>Leadership, oversight, and coordination are important. | **Reach and impact of resources**<br><br>Many resources and guides have been developed over the past two decades that aim to enhance use of data and outcome measures in NGOs but they have not fully realised their desired impact.<br><br>Resources may need to be tailored to different contexts, such as specific resources for outcome measurement in Kaupapa Māori NGOs. |
| **Organisation** | |
| **Articulating key goals and outcomes**<br><br>A core driver of good use of outcome measures is an established theory of change; that is, a clear understanding of what a service aims to achieve and how they plan to achieve that. This can be difficult for services to articulate while being immersed | **Organisational buy-in**<br><br>Perceptions of outcomes measures' usefulness, relevance, and benefits.<br><br>Concerns around impacts on workload, relationships with tāngata whai ora and community, and criticisms of practice. |

| | |
|---|---|
| in the complex environments of their day-to-day mahi. | Resistance to change from usual practice. |
| **Resource and capacity constraints**<br><br>Access to certain tools and technologies, including tools that are relevant to their services (eg Māori developed tools for Kaupapa Māori services)<br><br>Approaches to collecting data not seen as practical or safe, such as iPads.<br><br>Resources to provide training and ongoing support.<br><br>Overloaded with work. | **Increasingly complex needs among tāngata whai ora and whānau**<br><br>Available and standardised outcome tools might not capture relevant wellbeing needs and progress (Bailey et al., 2016). It can be difficult to quantify outcomes within complex social environments that involve multiple intersecting factors (Community Networks Aotearoa, 2024; Reid, 2025). |

## Implementing outcome measurement relies on many factors

Figure 2 shows a range of enabling factors grounded in the unique kaupapa of NGOs are key to successful implementation, maintaining a strong focus on the goal of improving tāngata whai ora and whānau wellbeing.

Figure 2. Enablers for implementing outcome measurement in NGOs




There is no single best way to implement outcome measurement as barriers and enabling factors differ across services. Instead, successful implementation relies on robust and flexible processes that leverage a range of enablers to support the kaupapa of NGOs and address their specific barriers and needs (Bailey et al., 2016; McKegg et al., 2016).

Key enabling factors identified in the literature and through past initiatives are described in more detail below. Importantly, the enablers discussed in this section are applicable across the system and individual organisations. For example, having a clear purpose and vision for how services impact on and benefit tāngata whai ora and the benefits of outcome

measurement are needed to ensure shared understanding and consistent approaches across services, as well as within teams.

It is important to note that while many of these enablers can be leveraged at the organisational level, many factors impacting services' capacity for outcome measurement may lie outside of their control. In particular, these include the availability of, and access to, data infrastructures, systems and funding structures (Bailey et al., 2016; Community Networks Aotearoa, 2024). Therefore, the following information highlights a range of system and organisation-level enablers that can strengthen meaningful collection and use of outcomes where possible.

### *A clear purpose and vision for measuring outcomes guides implementation*

The primary purpose of outcome measurement is to enhance the wellbeing of tāngata whai ora and whānau (Smith, 2011). At both system and organisational levels there needs to be a shared understanding of why outcome measurement is needed, how it will enable benefits, and support organisational goals (Bailey et al., 2016).

| **Clear purpose and vision for implementing outcome measures** | |
|---|---|
| **Must...** | **To support...** |
| • align with organisational kaupapa, goals, and aspirations<br>• reflect benefits and value for tāngata whai ora, practice, and service | • positive outcomes for tāngata whai ora and whānau<br>• sustained improvements in practice<br>• outcomes-focused culture<br>• effective and meaningful use of data<br>• buy-in and commitment |

It is important to align the implementation of outcome measurement with organisational goals, values, and practice to enhance organisational buy-in and commitment. Establishing a clear purpose and vision for outcome measurement should guide services towards what matters to the people and communities they support. It is therefore an important precursor to the task of selecting a tool, or suite of tools, that best reflect the outcomes achieved for people's wellbeing.

A shared understanding of, and commitment to, outcome measurement underpins effective implementation. However, some services may not have access to funding or resources, or have the capacity and prior experience to measure and use outcomes data. Outcome measurement may also be a lower priority for some where it is not seen as relevant or helpful to providing the best care for people (Flynn et al., 2024; Smith & Baxendine, 2015).

### *Select outcomes that align with what matters to people and whānau*

Lived experience is vital for improving service design and delivery to enhance wellbeing and recovery outcomes (Government Inquiry into Mental Health and Addiction, 2018).

It is important to be realistic about what outcomes a service aims to achieve for people's wellbeing. Services must have a robust theory of change, which is a clear description of how and why a specific outcome is expected to happen within a particular context. Selected outcomes should be something the service can achieve through the support they offer and sphere of control, rather than outcomes that depend on too many external factors. This ensures that:

- the outcomes data they collect from tāngata whai ora are useful and meaningful (ie avoids collecting data from people that does not need to be collected)
- services can meaningfully demonstrate the difference they are making in people's lives in ways that are transparent and accountable.

### *Outcome measures must be psychometrically sound*

To ensure outcome measures accurately capture people's experiences, they must be tested and be psychometrically sound. These ensure the tool captures meaningful data that can be used to further improve wellbeing outcomes (Aaronson et al., 2002; Sekhon et al., 2017).

| **Acceptability** | **Reliability** |
|---|---|
| How well a tool is received by tāngata whai ora and kaimahi administering or completing it. Encompasses ease of use (eg brief, minimal cost/training), cultural appropriateness, relevance, and perceived usefulness. | Consistency in producing similar results across different populations and settings. |
| **Validity** | **Sensitivity to change** |
| Measures the concept it intends to measure, such as quality of life and distress. | Ability to detect changes that occur over time. |

What hasn't worked in the past is the effort to find one outcome tool that suits everyone. Based on the section above and wider literature, a selection of robust tools that address specific domains may be more useful for NGOs, to gain a varied but meaningful picture of the outcomes achieved.

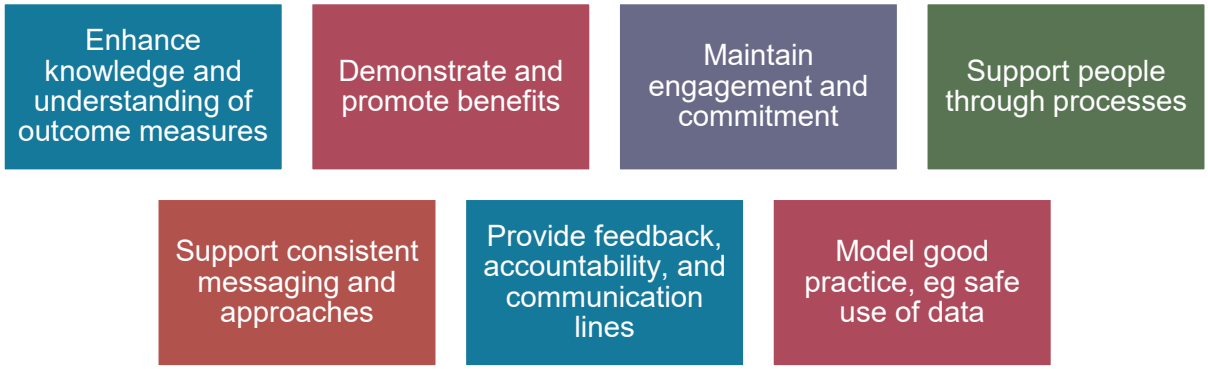
### *Strong leadership at all levels*

Strong leadership is key to driving the deliberate and collaborative process of implementing outcome measurement into practice. Leadership can be demonstrated by people across all levels of the sector, from executives and managers to lived experience representatives,

team leaders, site coordinators, and practitioners (Luckman et al., 2022; Smith & Baxendine, 2015).

Figure 3 outlines key objectives of leadership in supporting outcome measurement implementation (Australian Mental Health Outcomes and Classification & Network and Community Mental Health Australia, 2015; Flynn et al., 2024; Luckman et al., 2022; Smith & Baxendine, 2015). These highlight the role of leadership in creating a collaborative environment where knowledge, engagement, and good practice are supported to ensure the safe and sustained use of outcome measurement.

Figure 3. Leadership objectives in outcome measurement implementation




### *Data infrastructure and systems underpin outcome measurement and reporting*

Robust infrastructures are required to safely collect, handle, analyse, and use people's outcomes data. This includes clear expectations and protocols for measuring and reporting data, and the use of tools and technologies.

At the system level, robust data infrastructures can enable a range of benefits including:

- the use of individual outcomes data to improve wellbeing, practice, service delivery, planning, and policy decisions
- feedback loops so that people and whānau know that their feedback is making a difference
- regional and national benchmarking across services to enable improvements
- information sharing and collaborative learning across services
- demonstrating NGO outcomes.

Individual organisations have different experiences with using data infrastructures and technologies, as well as varying levels of access to them. Services with limited access may be able to adopt or join existing systems rather than develop new ones. This can reduce the

time and resources needed to implement outcome measurement while enabling opportunities for shared learning and supporting national consistency in data collection and reporting (Luckman et al., 2022; Smith & Baxendine, 2015).

Table 5 outlines considerations for outcome measurement data infrastructures (Damman et al., 2020; data.govt.nz, 2022; Flynn et al., 2024; Luckman et al., 2022; Smith & Baxendine, 2015; Te Pou, 2020).

Table 5. Considerations for outcome measurement data infrastructures

| Data infrastructure | Considerations |
|---|---|
| **Data governance and oversight** | Establish who has decision-making rights over use of data.<br>Integrate data sovereignty principles.<br>Ensure data is used in an agreed and consistent manner. |
| **Collection and storage** | Identify available systems and tools or if one needs to be introduced.<br>Identify and ensure collection of only necessary data.<br>Establish clear protocols to support accurate and safe collection. |
| **Analysis and interpretation** | Provide tools and resources to support kaimahi, tāngata whai ora and whānau to understand outcomes data. These could include:<br>• dashboards, apps, or other programs that aggregate and analyse data to enable quick feedback<br>• graph builders and visualisation tools.<br>Consult experts to support learning, such as champions or external teams. |
| **Summary and reporting** | Establish how outcomes information will be shared back with people and whānau, and consider multiple methods to enhance accessibility, for example discussions and printed resources.<br>Determine what information to report or publish.<br>Consider data visualisation tools like graph builders that can easily be shared back with people and whānau and used to inform practice. |

### *Māori data sovereignty should underpin the collection and use of Māori outcomes data*

Robust data infrastructures must embed Māori data sovereignty principles and Māori leadership to support Māori authority and control over how Māori data is collected, governed, analysed, interpret and used, including when planning and implementing infrastructure to support outcome measurements in NGOs. (Te Mana Raraunga, 2018; Walsh, 2023.

Key Māori data sovereignty principles are:

- rangatiratanga/authority
- whakapapa/relationships
- whanaungatanga/obligations
- kotahitanga/collective benefit
- manaakitanga/reciprocity
- kaitiakitanga/guardianship (Te Mana Raraunga, 2018).

### *Workforce development and training supports collection and use of data*

Implementation of outcome measurement must incorporate workforce development and training opportunities to ensure kaimahi involved with collecting, using, and reporting outcomes data have the right skills to do so in a safe and beneficial way for tāngata whai ora.

Figure 4 outlines some key capabilities needed for effective outcome measurement (Australian Mental Health Outcomes and Classification & Network and Community Mental Health Australia, 2015; Damman et al., 2020; Flynn et al., 2024; Te Pou, 2009).

Figure 4. Key workforce capabilities for outcome measurement




Effective workforce development and training is underpinned by several key factors (Damman et al., 2020; Te Pou, 2017, 2024b; Valdiviezo-Oña et al., 2024):

- commitment from all levels of the system including funders, service providers, and other organisations
- consistent messaging around the capabilities expected of staff
- ongoing reviews of staff capabilities to identify training needs
- ongoing access to relevant training and learning opportunities.

### *Robust implementation processes are required*

Sustained and effective use of outcome measurement involves a complex interaction of multiple factors, processes, and people over time. A robust implementation plan requires protected time and capacity for outcome measurement. An implementation plan should cover key enabling factors that guide the process, as illustrated in Table 6 (Australian Mental Health Outcomes and Classification & Network and Community Mental Health Australia, 2015; Flynn et al., 2024; Luckman et al., 2022; Ministry of Health, 2023; Smith & Baxendine, 2015; Te Pou, 2024a; Valdiviezo-Oña et al., 2024).

Table 6. Key components of robust implementation processes

| Component | Aim | Considerations |
|---|---|---|
| **Key rationale** | To underpin and guide the implementation process<br>To maintain shared vision and approach<br>To support organisational buy-in and engagement<br>To support tāngata whai ora and whānau buy-in and understanding | Align benefits and value of outcome measurement with service kaupapa |
| **Structured, phased timeline plan** | To maintain consistency, motivation, and engagement<br>To establish short, medium, and long-term goals | Allow enough time to build buy-in and engagement and avoid overwhelming people<br>Include a theory of change to establish a coherent link between activities and intended outcomes |
| **Evaluation and monitoring** | To establish goals and markers of achievement<br>To guide evaluation approach<br>To provide mechanisms for accountability | Design and implement a monitoring framework |
| **Communications plan** | To build shared understanding and approach<br>To set clear expectations of activities and outcomes | Inform all people (tāngata whai ora, whānau, teams, and executives) about what is changing, why, when, how, and what it means for people<br>Use different methods of communication for different people and stages (eg emails, newsletters, in-person meetings) |

| | | |
|---|---|---|
| **Appropriate outcome measure tools** | To capture intended outcomes and changes | Use acceptable and psychometrically sound tools<br><br>Use short, easy to use, and self-reported tools to minimise effort and time required of people and staff |
| **Data collection, analysis, and reporting protocols** | To set clear guidelines for how outcome measurement will be done | Include protocols around:<br>• what data to collect (eg personal and clinical information)<br>• when data is collected in people's service journeys<br>• who it will be offered to (eg all or certain tāngata whai ora and whānau)<br>• collection, analysis, and reporting methods |
| **Roles of people involved** | To establish responsibilities across the system or organisation | Canvas the whole range of people who may be involved or able to support, including:<br>• leaders and champions to drive implementation and monitoring<br>• staff to conduct measures and analyse and report data<br>• workforce development and training providers |
| **Data infrastructure and systems** | To ensure safe and robust protocols | Identify available infrastructures, systems, and technologies to use or whether a new one is to be introduced<br><br>Systems must be safe and secure |
| **Workforce training and development** | To ensure adequate skills to support safe and effective outcome measurement | Ongoing reviews and training opportunities required |

# Discussion

This literature review is the first step of a range of steps that need to occur to understand outcome measurement in the NGO sector. It is important that the next steps of this project include consultation with the sector to determine priority actions. This includes strong Māori leadership to ensure Te Tiriti principles are embedded and uplifted in all actions going forward.

This review explores meaningful and effective use of outcome measurement to support the wellbeing of tāngata whai ora and whānau who access mental health and addiction NGOs in Aotearoa New Zealand. Insights are drawn from exploring what wellbeing means to people, what outcome measurement tools NGOs currently use, and key barriers and enablers of implementing outcome measurement in practice. This final section poses potential approaches to ensuring outcome measurement is rooted in and driven by what matters to people to inform future engagement with the NGO sector.

## Measure a range of outcomes that matter to people

Local NGOs already use a range of tools that show promising validity, feasibility, and relevance for understanding people's outcomes. Notable tools that are widely used and developed with lived experience input include the Māori-developed Hua Oranga tool, and the World Health Organization (WHO) WHOQOL-BREF tool.

Currently, mandated and validated tools that are widely recommended for use cover a narrow range of wellbeing domains. Promoting a selection of acceptable, relevant, and psychometrically sound tools may better support NGOs to demonstrate the positive outcomes they support communities to achieve.

**Actions that can be taken next**

- Consult with NGOs to identify what wellbeing outcome domains they aim to improve and what tools they use (or want to use) to capture those.
- Consult with CPSLE and whānau networks to identify priority wellbeing domains.
- Explore the utility of developing a compendium of standardised outcome tools addressing different priority wellbeing outcome domains.

## Align outcome measurement practices with people's goals and service kaupapa

It is increasingly important that NGOs demonstrate the positive outcomes they achieve when working in partnership with tāngata whai ora and whānau. NGOs are aware of the wellbeing and recovery outcomes that are important to people, such as community participation and access to local supports (Community Networks Aotearoa, 2024).

**Actions that can be taken next**

- Consult with NGOs and CPSLE and whānau networks to identify barriers and enablers for measuring outcomes aligned with tāngata whai ora and whānau priorities and service kaupapa.
- Consult with NGOs to understand current readiness, capacity, and capabilities to adopt a person and whānau-centred approach to outcome measurement.

## Utilise existing systems to strengthen NGO outcome measurement

Many NGOs already use systems such as PRIMHD and RecordBase to collect and report outcomes data. These may offer potential solutions for further strengthening outcome measurement across the NGO sector by providing established mechanisms for using outcomes data and sharing information back to tāngata whai ora and whānau.

Utilising existing systems can enhance consistency across NGOs and better demonstrate their impacts through national datasets. Contributing to shared systems can reduce some time and effort needed to implement outcome measurement, and promote shared information and learning across the sector.

**Actions that can be taken next**

- Gauge NGOs' interest and preferred approaches to nationally consistent data collection, such as a data commons or benchmarking forums.

# Appendix

## Outcome and experience tools used in local NGOs

Below is a rapid scan on outcome and experience tools used locally. It includes a rapid scan for psychometric testing. Further, more in-depth analysis is recommended if two to three potential suitable tools are identified for the NGO sector.

Table 7. Detailed overview of outcome and experience tools used in local mental health and addiction NGOs

| Measure | Domain | # items | Approx time to use | Administered by | Extent of use | Psychometrics tested | NZ adapted / validated | Data repository | Training available | Cost / Licence |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | **Outcome measures** | | | | | |
| **Hua Oranga** | Wellbeing | 12 | 5 minutes | Self, whānau, staff | Wide, including IPMHA | Yes for earlier version | Developed by Māori | Yes (not actively used) | Freely available manual | Free |
| **Kaupapa Outcomes Rating Scale** | Wellbeing | 4 | 1 minute | Self | Not wide | Yes | Adapted for NZ | | | Free |
| **Outcome Rating Scale** | Wellbeing | 4 | 1 minute | Self | Not wide | Yes | Yes – Kaupapa Outcomes Rating Scale | No | | Free for individual use<br>Licence needed for group practice use |

| Measure | Domain | # items | Approx time to use | Administered by | Extent of use | Psychometrics tested | NZ adapted / validated | Data repository | Training available | Cost / Licence |
|---|---|---|---|---|---|---|---|---|---|---|
| **Kessler Psychological Distress Scale (K10)** | Psychological distress | 10 | 2 minutes | Self, staff | Wide[11] | Yes | No | No | Freely available resources | Free[12] |
| **Tāku Reo, Tāku Mauri Ora** | Recovery | 65-79 | 15-20 minutes | Self | Not wide | Preliminary testing | NZ developed | No | No | Free |
| **ADOM** | Substance use<br>Wellbeing<br>Recovery | 20 | 10 minutes | Self and staff | Mandated | Yes | NZ developed | Yes – PRIMHD | ADOM training<br>Clinician guide | Free |
| **WHO Quality of Life NZ (WHOQoL BREF)** | Quality of life | 26 | 3-4 minutes | Self | Wide | Yes | Validated for use in NZ | No | Freely available guides | Free for non-commercial use[13] |

[11] For example, NZ Health Survey (Ministry of Health, 2025), NGOs (Platform Trust, 2025)
[12] Requires citation of (Kessler et al., 2003) and World Health Organization (WHO) copyright. See https://www.mcgill.ca/mappro/information-hub/measures-library/patients/diagnosis-screening/k-10
[13] $500 fee charged for use in a single study where users obtained funding from a pharmaceutical company or other commercial organisation. See https://cpcr.aut.ac.nz/new-zealand-whoqol/terms-and-conditions-of-use-of-the-whoqol-tools

| Measure | Domain | # items | Approx time to use | Administered by | Extent of use | Psychometrics tested | NZ adapted / validated | Data repository | Training available | Cost / Licence |
|---|---|---|---|---|---|---|---|---|---|---|
| **Health of the Nation Outcomes Scale (HoNOS)** | Mental health symptoms<br>Social functioning | 12 | 2-3 minutes | Clinician | Mandated in some MH&A services | Yes | Yes | Yes – PRIMHD | Yes – HoNOS training<br>Clinician guide | Free |
| **Strengths and Difficulties Questionnaire** | Mental health | 25 | 3-5 minutes | Self, staff, parent, teacher | IPMHA | Yes | Yes* | | Yes | Free |
| **Patient Health Questionnaire (PHQ-9)** | Depression symptoms | 9 | 2-5 minutes | Self | Wide | Yes | Yes | | Freely available resources | Free |
| **Generalised Anxiety Disorder (GAD-7)**[14] | Anxiety symptoms | 7 | 2-5 minutes | Self | Wide | Yes | No but widely recommended for clinical use | | Freely available resources | Free |
| **Duke Health Profile** | Health and dysfunction | 17 | 5 minutes | Self | IPMHA | Yes | No | | | |

[14] (Andrews et al., 2018; Best Practice Advocacy Centre New Zealand, 2024; Ministry of Health, 2024)

| Experience measures | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Mārama Real Time Feedback** | MH&A service experiences | 8 (base version) | 3-5 minutes | Self, whānau | Previously wide | Some | NZ developed | Historical (2017 to 2023) | |
| **Adult primary care experience survey** | Primary care experiences | 65 | 10-15 minutes | Self | Te Tāhū Hauora HQSC | Yes | Yes | Yes | No |
| **Home and community support services experience survey** | Service experiences | | 10-15 minutes | Self | Te Tāhū Hauora HQSC | | | Yes | No |

# References


Aaronson, N., Alonso, J., Burnam, A., Lohr, K. N., Patrick, D. L., Perrin, E., & Stein, R. E. (2002). Assessing health status and quality-of-life instruments: Attributes and review criteria. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation*, *11*(3), 193–205. https://doi.org/10.1023/a:1015291021312

Allen & Clarke. (2024). *Mastering measurement: What to measure, how, and why*. https://www.allenandclarke.co.nz/wp-content/uploads/2024/07/Allen-Clarke_Mastering-Measurement-Resource.pdf

Allen & Clarke. (2025). *Mastering measurement: What to measure, how, and why*. https://www.allenandclarke.co.nz/wp-content/uploads/2024/07/Allen-Clarke_Mastering-Measurement-Resource.pdf?utm_source=webinar&utm_medium=email&utm_campaign=NZ-Webinar-PlatformEmerge-Oct-FY25

Andrews, G., Bell, C., Boyce, P., Gale, C., Lampe, L., Marwat, O., Rapee, R., & Wilkins, G. (2018). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. *Australian & New Zealand Journal of Psychiatry*, *52*(12), 1109–1172. https://doi.org/10.1177/0004867418799453

Atamira Platform Trust. (2025a). *A Sound Investment: A spotlight on the impact and value of mental health and addiction NGO services in New Zealand*. https://www.platform.org.nz/assets/CampaignPageDownloads/A-Sound-Investment-Main-Report-Main-DIGITAL-FINALv-v3.pdf

Atamira Platform Trust. (2025b). *A Sound Investment addendum | Practice examples*. https://www.platform.org.nz/assets/CampaignPageDownloads/A-Sound-Investment-Addendum-Report-DIGITAL-FINALv.pdf

Australian Bureau of Statistics. (2025, September 15). *Measuring what matters*. https://www.abs.gov.au/statistics/measuring-what-matters

Australian Mental Health Outcomes and Classification & Network and Community Mental Health Australia. (2015). *Implementing routine outcome measurement in community managed organisations*. https://www.amhocn.org/__data/assets/pdf_file/0010/697249/implementing_routine_outcome_measurement_in_cmos.pdf

Bailey, R., McKegg, K., Wehipeihana, N., & Moss, M. (2016). *Successful NGO evaluation cultures: Literature scan*. https://thehub.sia.govt.nz/assets/documents/Successful-NGO-evaluation-cultures.pdf

Barr, J., Paulson, S. S., Kamdar, B., Ervin, J. N., Lane-Fall, M., Liu, V., & Kleinpell, R. (2021). The coming of age of implementation science and research in critical care medicine. *Critical Care Medicine*, *49*(8), 1254–1275. https://doi.org/10.1097/CCM.0000000000005131

Benson, T. (2025). *Patient-Reported Outcomes and Experience: Generic PROMs and PREMs* (2nd ed.). Springer International Publishing. https://doi.org/10.1007/978-3-030-97071-0

Best Practice Advocacy Centre New Zealand. (2024). *Generalised anxiety disorder in adults*. https://bpac.org.nz/2024/docs/anxiety.pdf

Community Networks Aotearoa. (2024). *2024 state of the sector report*. https://irp.cdn-website.com/96a27c73/files/uploaded/State_of_The_Sector_Report_2024_09.10.24_Master_Export.pdf

Damman, O. C., Jani, A., de Jong, B. A., Becker, A., Metz, M. J., de Bruijne, M. C., Timmermans, D. R., Cornel, M. C., Ubbink, D. T., van der Steen, M., Gray, M., & van El, C. (2020). The use of PROMs and shared decision-making in medical encounters with patients: An opportunity to deliver value-based health care to patients. *Journal of Evaluation in Clinical Practice*, *26*(2), 524–540. https://doi.org/10.1111/jep.13321

data.govt.nz. (2022). *Traditional data governance*. https://www.data.govt.nz/toolkit/data-governance/traditional-data-governance

Durie, M. (1994). Whai ora: Māori Health Development. Oxford University Press. https://www.wheelers.co.nz/books/9780195584035-whai ora-maori-health-development/

Flynn, S., Lakkshme Sundaresan, S., & Caffrey, L. (2024). Putting outcomes into practice: The implementation of a framework of outcome measures within a child and family service. *The British Journal of Social Work*, *54*(6), 2378–2395. https://doi.org/10.1093/bjsw/bcae037

Gleeson, H., Calderon, A., Swami, V., Deighton, J., Wolpert, M., & Edbrooke-Childs, J. (2016). Systematic review of approaches to using patient experience data for quality improvement in healthcare settings. *BMJ Open*, *6*(8), e011907. https://doi.org/10.1136/bmjopen-2016-011907

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/assets/Summary-reports/He-Ara-Oranga.pdf

Health New Zealand | Te Whatu Ora. (2024). *Achieving the mental health and addiction targets: High level implementation plans*. https://www.tewhatuora.govt.nz/assets/Publications/Health-targets/Mental-Health-and-Addiction-Targets-Implementation-Plans.pdf

Health New Zealand | Te Whatu Ora. (2025). *Mental Health and Addiction Community Sector Innovation Fund: Frequently asked questions*. https://www.tewhatuora.govt.nz/assets/Health-services-and-programmes/Mental-health-and-addiction/Mental-Health-Addiction-Community-Sector-Innovation-Fund-Frequently-Asked-Questions.pdf

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.-L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M.

(2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, *60*(2), 184–189. https://doi.org/10.1001/archpsyc.60.2.184

Kumah, E., Osei-Kesse, F., & Anaba, C. (2017). Understanding and using patient experience feedback to improve health care quality: Systematic review and framework development. *Journal of Patient-Centered Research and Reviews*, *4*(1), 24–31. https://doi.org/10.17294/2330-0698.1416

Lasalvia, A., Boggian, I., Bonetto, C., Saggioro, V., Piccione, G., Zanoni, C., Cristofalo, D., & Lamonaca, D. (2012). Multiple perspectives on mental health outcome: Needs for care and service satisfaction assessed by staff, patients and family members. *Social Psychiatry and Psychiatric Epidemiology*, *47*(7), 1035–1045. https://doi.org/10.1007/s00127-011-0418-0

Liu, P., Currie, S., & Adamyk-Simpson, J. (2018). What are the most important dimensions of quality for addiction and mental health services from the perspective of its users? *Patient Experience Journal*, *5*(1), 106–114. https://doi.org/10.35680/2372-0247.1244

Luckman, A., Clements, P., White, T., Jury, A., Lai, J., & Smith, M. (2022). Responding to the tangata whai ora voice: An Aotearoa New Zealand quality improvement solution. *The New Zealand Medical Journal (Online)*, *135*(1562), 95–103.

Manatū Hauora Ministry of Health. (2023). *Oranga Hinengaro System and Service Framework*. https://www.health.govt.nz/system/files/documents/publications/oranga-hinengaro-system-and-service-framework-apr23-v2.pdf

McAleavey, A. A., de Jong, K., Nissen-Lie, H. A., Boswell, J. F., Moltu, C., & Lutz, W. (2024). Routine outcome monitoring and clinical feedback in psychotherapy: Recent advances and future directions. *Administration and Policy in Mental Health*, *51*(3), 291–305. https://doi.org/10.1007/s10488-024-01351-9

McKay, R., Coombs, T., & Pirkis, J. (2012). A framework for exploring the potential of routine outcome measurement to improve mental health care. *Australasian Psychiatry*, *20*(2), 127–133. https://doi.org/10.1177/1039856212436621

McKegg, K., Wehipeihana, N., & Pipi, K. (2016). *The Evaluation Capacity Building Project: Developing an evaluation capacity assessment tool and process for New Zealand NGOs*. Superu. https://thehub.sia.govt.nz/assets/Uploads/Evaluation-Capacity-report2.pdf

Mental Health and Wellbeing Commission. (2020). *Developing a Mental Health and Wellbeing Outcomes Framework: Summary of what we heard through the co-define phase*. https://www.mhwc.govt.nz/assets/Consultations/HAO-framework/Co-define-Report-on-Responses_Online-Version.pdf

Mental Health and Wellbeing Commission. (2022). *He Ara Oranga wellbeing outcomes framework. https://www.mhwc.govt.nz/news-and-resources/our-wellbeing-outcomes-framework/*

Migchels, C., Zerrouk, A., Crunelle, C. L., Matthys, F., Gremeaux, L., Fernandez, K., Antoine, J., Van Den Brink, W., & Vanderplasschen, W. (2023). Patient Reported Outcome and Experience Measures (PROMs and PREMs) in substance use disorder treatment services: A scoping review. *Drug and Alcohol Dependence*, *253*, 111017. https://doi.org/10.1016/j.drugalcdep.2023.111017

Minister of Health. (2024). *Government policy statement on health 2024 – 2027*. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.govt.nz%2Fsystem%2Ffiles%2F2024-06%2Fgovernment-policy-statement-on-health-2024-2027-v4.docx&wdOrigin=BROWSELINK

Ministry of Health. (2021). *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*. https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/mental-health-addiction-and-suicide-prevention/mental-health-and-wellbeing/kia-manawanui-aotearoa

Ministry of Health. (2023). *Commissioning for Pae Ora Healthy Futures 2022*. https://www.health.govt.nz/publications/commissioning-for-pae-ora-healthy-futures-2022

Ministry of Health. (2024). *Mental health and problematic substance use: New Zealand Health Survey: 2016/17 and 2021–23*. https://www.health.govt.nz/system/files/2024-06/mental_health_and_problematic_substance_use_report_-_final.pdf

Ministry of Health. (2026). *Mental health and wellbeing strategy 2026-2036*. https://www.health.govt.nz/system/files/2026-08/Mental-Health-Wellbeing-Strategy-2026-2036.pdf

Office for National Statistics. (2025). *UK Measures of National Well-being user guide*. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/ukmeasuresofnationalwellbeinguserguide#framework-and-review-overview

Pulotu-Endemann, K. F. (2001). Fonofale model of health. https://hpfnz.org.nz/assets/Fonofalemodelexplanation.pdf

Reid, A. (2025). *What the Social Investment Fund's evaluation model asks of providers*. BERL. https://berl.co.nz/economic-insights/what-social-investment-funds-evaluation-model-asks-providers

Sandham, M., Roche, M., Carey, M., Siegert, R. J., & Jarden, R. J. (2025). Decolonising outcome measurement: A systematic review of health and wellbeing measures for Māori. *AlternNative: An International Journal of Indigenous Peoples, 21*(2), 350-363. https://doi.org/10.1177/11771801251334176

Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: An overview of reviews and development of a theoretical framework. *BMC Health Services Research*, *17*(1), 88. https://doi.org/10.1186/s12913-017-2031-8

Smith, M. (2011). Case study: Developing clinical utility for mental health outcome information: A New Zealand perspective. In A. Cashin & R. Cook (Eds.), *Evidence-Based Practice in Nursing Informatics: Concepts and Applications* (pp. 163–173). IGI Global Scientific Publishing.

Smith, M., & Baxendine, S. (2015). Outcome measurement in New Zealand. *International Review of Psychiatry*, *27*(4), 276–285. https://doi.org/10.3109/09540261.2015.1023783

Social Investment Agency. (2025). *Social Investment Fund*. https://www.sia.govt.nz/social-investment-fund

Te Mana Raraunga. (2018). *Principles of Māori data sovereignty*. Brief 1: October 2018. https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237cd89ee16e9/1541021836126/TMR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf

Te Pou. (2009). *MH-SMART suite of measures report*.

Te Pou. (2017). *Getting it right: Workforce planning guide*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Getting-it-right-WorkforcePlanningGuide-v8-Online-%C6%92.pdf

Te Pou. (2020). *Collecting feedback about people's health service experiences*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Collecting-feedback-about-health-service-experiences-IIMHL-literature-review.pdf

Te Pou. (2024a). *Lived experience measures: Measuring what is important to tāngata whai ora and whānau: Rapid review, May 2024*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/CPSLE-measures-rapid-literature-review.pdf

Te Pou. (2024b). *Strategic planning for workforce development: A guide to transformation activities*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Workforce-planning-development-guide-24.pdf

Te Pou. (2025). *Report 18: NGO and Te Whatu Ora ADOM collections, October 2021 to September 2024*. https://d2ew8vb2gktr0m.cloudfront.net/files/resources/Final-ADOM-report-NGO-Te-Whatu-Ora.pdf

Te Puni Kōkiri. (2016). *The Whānau Ora Outcomes Framework: Empowering whānau into the future*. https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf

The Treasury. (2021). *The living standards framework 2021*. https://www.treasury.govt.nz/sites/default/files/2021-10/tp-living-standards-framework-2021.pdf

Valdiviezo-Oña, J., Unda-López, A., Montesano, A., Evans, C., & Paz, C. (2024). Routine outcome monitoring from psychotherapists' perspectives: A framework analysis study of expected benefits and difficulties. *Administration and Policy in Mental Health and Mental Health Services Research, 52*(1), 194-209. https://doi.org/10.1007/s10488-024-01350-w

Walsh, E. (2023). *Operationalising Māori data sovereignty principles: A review of implementation within government agencies*. https://static1.squarespace.com/static/64c70499721ff3366b73f523/t/681ae78bd185a7758cca4128/1746593691371/Operationalising+Ma%CC%84ori+Data+Sovereignty+Principles+-+A+Review+of+Implementation+Within+Government+Agencies.pdf

Williams, K., Sansoni, J., Morris, D., Grootemaat, P., & Thompson, C. (2016). *Patient-reported outcome measures*. Australian Commission on Safety and Quality in Health Care. https://www.researchgate.net/publication/307985511_Patient-reported_outcome_measures_Literature_review

Wittich, L., Tsatsaronis, C., Kuklinski, D., Schöner, L., Steinbeck, V., Busse, R., & Rombey, T. (2024). Patient-Reported Outcome Measures as an intervention: A comprehensive overview of systematic reviews on the effects of feedback. *Value in Health*, *27*(10), 1436–1453. https://doi.org/10.1016/j.jval.2024.05.013