Title | Describe and implement strategies for engaging with mental health and addiction service users and their natural supports
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Level | 4
Credits | 6

Purpose
People credited with this unit standard are able to describe strategies for engaging with mental health and addiction service users and their natural supports, and choose and implement strategies for engaging with mental health and addiction service users and their natural supports.

Classification
Health, Disability, and Aged Support > Mental Health and Addiction Support

Available grade
Achieved

Explanatory notes

1 Legislation relevant to this unit standard includes:
Alcoholism and Drug Addiction Act 1966;
Children, Young Persons, and Their Families Act 1989;
Criminal Justice Act 1985;
Criminal Procedure (Mentally Impaired Persons) Act 2003;
Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996;
Health Practitioners Competence Assurance Act 2003;
Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003;
Mental Health (Compulsory Assessment and Treatment) Act 1992;
Misuse of Drugs Act 1975;
Privacy Act 1993;

2 New Zealand Standards relevant to this unit standard include:
NZS 8134.0:2008 Health and disability services Standards – Health and disability services (general) Standard;
NZS 8134.1:2008 Health and disability services Standards – Health and disability services (core) Standards;
NZS 8134.2:2008 Health and disability services Standards – Health and disability services (restraint minimisation and safe practice) Standards;
NZS 8134.3:2008 Health and disability services Standards – Health and disability services (infection prevention and control) Standards.
New Zealand Standards are available from http://www.standards.co.nz.
3 References
Mental Health Commission – Te Kaitātaki Oranga; [http://www.mhc.govt.nz](http://www.mhc.govt.nz);
Ministry of Health. (1998). *Guidelines for clinical risk assessment and management in mental health services*. Wellington: Ministry of Health in partnership with the Health Funding Authority;

4 Support should aim to: maintain, improve, or restore a person’s independence and/or interdependence; utilise the person’s existing strengths; and – where possible – utilise the resources of the local community.

5 This unit standard cannot be assessed against in a simulated environment. It is required that people seeking credit for this unit standard demonstrate competence and are assessed in the workplace: through paid or unpaid employment, or in placements in a service provider workplace negotiated by an education provider.

6 Support provided for mental health and addiction service users may include natural supports, which refers to any assistance, relationships, or interactions provided by family/whānau, friends, peers, co-workers, or community volunteers.

7 Candidates’ practice must reflect appropriate values, processes, and protocols in relation to working with Māori and Pacific peoples and/or people from other cultures, in a range of settings and environments.

8 The assessor will evaluate the strategies that are implemented over the period of support in terms of their applicability and effectiveness in promoting the wellness of mental health and addiction service users.

9 Definitions
*Addiction* refers to a ‘maladaptive pattern of substance use or problem gambling that leads to a clinically significant impairment or distress. Substance use disorders and pathological gambling disorder are characterised by dyscontrol, [increased] tolerance, withdrawal, and salience [conspicuous behaviour], and they are considered chronic relapsing conditions’ (*Let’s get real*, ‘Glossary’, p. 25).

‘Maladaptive’ in the context of this definition refers to any pattern of substance use or problem gambling that is unconstructive or disruptive, and which does not assist or promote the ability of a person to adjust the addictive behaviour which he or she is exhibiting.

*Barriers* refers to attitudes or behaviour that prevent or reduce the likelihood or level of effective engagement.

*Candidate* refers to the person seeking credit for this unit standard.
Co-existing problems refers to the presence of both mental health and addiction issues. Co-existing problems can also be referred to as 'co-morbidity', 'dual diagnosis', or 'co-occurring disorders'.

Contrasting mental health and addiction service users are mental health and addiction service users who have different reasons for accessing an organisation that provides mental health and addiction services. Contrasting mental health and addiction service users may include but are not limited to – one mental health and addiction service user who only requires mental health or addiction services, and another who has co-existing problems.

Engaging with mental health and addiction service users may include a support worker working under direct supervision, or assisting a health professional(s).

Natural supports refers to any assistance, relationships, or interactions provided to a mental health and addiction service user by family/whānau, friends, peers, co-workers, or community volunteers. In a specifically Māori context, natural supports may include but are not limited to: kaumātua, kuia, tohunga, whānau, iwi, and hapū.

Organisation's policies and procedures are the policies and procedures of the employing organisation of the candidate and include ethical codes, standards, and other organisational requirements.

Practice models include but are not limited to – strengths-based and recovery-based models, Te Whare Tapa Whā, Te Wheke, Whānau Ora, Fonofale.

Wellness is a dynamic process whereby a person becomes aware of, and makes conscious choices towards achieving, a balanced and healthy lifestyle. This process includes learning new life skills that address both the positive and negative aspects of human existence.

Outcomes and evidence requirements

Outcome 1

Describe strategies for engaging with mental health and addiction service users and their natural supports.

Range evidence is required for two contrasting mental health and addiction service users; strategies must include – identifying the complexity and dynamics of relationships, focusing on service users’ strengths; working with barriers.

Evidence requirements

1.1 Strategies for engagement are described in terms of the underpinning practice model(s) adopted by the candidate’s service organisation.

1.2 Strategies for engagement are described in terms of promoting the wellness of mental health and addiction service users.

1.3 Strategies for engagement are described in terms of promoting positive relationships between mental health and addiction service users and their natural supports.
Outcome 2

Choose and implement strategies for engaging with mental health and addiction service users and their natural supports.

Range evidence is required for two contrasting mental health and addiction service users; choice and implementation of strategies must be in accordance with the organisation’s policies and procedures.

Evidence requirements

2.1 Strategies for engagement are chosen and implemented in terms of their application to the service user’s current situation and outlook.

Range working with mental health and addiction service users’ strengths, working to overcome barriers.

2.2 Strategies for engagement are chosen and implemented in terms of promoting the wellness of mental health and addiction service users.

2.3 Strategies for engagement are chosen and implemented in terms of promoting constructive and supportive relationships between mental health and addiction service users and their natural supports.

Planned review date

31 December 2016

Status information and last date for assessment for superseded versions

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Consent and Moderation Requirements (CMR) reference

0024

This CMR can be accessed at http://www.nzqa.govt.nz/framework/search/index.do.

Please note

Providers must be granted consent to assess against standards (accredited) by NZQA, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be granted consent to assess against standards by NZQA before they can register credits from assessment against unit standards.

Providers and Industry Training Organisations, which have been granted consent and which are assessing against unit standards must engage with the moderation system that applies to those standards.
Requirements for consent to assess and an outline of the moderation system that applies to this standard are outlined in the Consent and Moderation Requirements (CMR). The CMR also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

Comments on this unit standard

Please contact the Community Support Services ITO Limited info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.