

<b>Title</b>	<b>Support a mental health consumer/tangata whai ora in their management of alcohol and/or other drugs</b>		
<b>Level</b>	<b>6</b>	<b>Credits</b>	<b>12</b>

<b>Purpose</b>	People credited with this unit standard are able to: respond to a situation associated with the problematic use of alcohol and/or other drugs; and support a mental health consumer/tangata whai ora to manage their use of alcohol and/or other drugs.
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<b>Classification</b>	Health, Disability, and Aged Support > Mental Health and Addiction Support
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<b>Available grade</b>	Achieved
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**Guidance Information**

1 Glossary

*Alcohol and/or other drugs* is the chosen term for this unit standard. Alcohol is a drug, but it is specified for two reasons. First, reference to drugs may or may not be interpreted to include alcohol. Secondly, specifying alcohol is an aid to people searching the NZQA website for unit standards related to the use or management of alcohol.

*Consumer/tangata whai ora* is used as a generic term to denote people who are users of mental health services. They may be referred to by various descriptive terms in the range of mental health settings.

*Characteristics and needs of the consumer/tangata whai ora* may be physical, spiritual, or mental. Characteristics and needs include – age and stage of development, culture, disability, gender, health status, language, sexual orientation, and needs for physical comfort, safety, and privacy.

*Harm minimisation* involves a range of approaches to reduce harm related to the use of alcohol and/or other drugs. It is a comprehensive approach that uses realistic strategies to take into account three interacting components – the people involved; their social, physical, cultural and economic environments; and the alcohol and/or other drugs themselves. Strategies will vary for different people in different circumstances, but they share the aim of minimising the impact of the use of alcohol and/or other drugs on individual people and their community. Abstinence based interventions can have a place within a harm minimisation framework.

*Health/hauora* – ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. Health connotes emotional, physical, mental, and spiritual well-being, within the cultural context of the person. In terms of te ao Māori, *hauora* is based on the cornerstones of taha tinana, taha hinengaro, taha wairua, and taha

whānau. Holistic models of health from Pacific nations may also be used in the context of this unit standard.

*Mental health support worker* refers to the person seeking award of credit for this unit standard.

*Other drugs* refers to both prescribed and non-prescribed drugs, and includes anticholinergics, cannabis, benzodiazepines, inhalants, hallucinogens, opiates, and nicotine and other stimulants.

*Service provider guidelines* means the guidelines of the service provider where the assessment against this unit standard is taking place.

*Situation associated with the problematic use of alcohol and/or other drugs* – examples may include but are not limited to – a consumer/tangata whai ora being abusive, aggressive, and smelling of alcohol; intoxication; a consumer/tangata whai ora suddenly becoming unmotivated and apathetic, or unwell; suicidal behaviour; visitors bringing alcohol or other drugs into a service provider setting; the support worker visiting a consumer/tangata whai ora at home and finding a caregiver/flatmate abusive, aggressive and smelling of alcohol; drug use or drug dealing on a service provider's premises; a consumer/tangata whai ora engaging in risky or illegal behaviour to raise funds to purchase alcohol or drugs; use of alcohol and/or other drugs to self-medicate; breach of house rules in relation to use of alcohol and/or other drugs on the premises.

## 2 Assessment notes

This unit standard may be assessed on the basis of evidence of demonstrated performance in the workplace, or through the use of simulated situations that closely approximate the performance required in workplace settings.

Support to the consumer/tangata whai ora is in accordance with a framework for mental health support work that is based on the recovery approach or other holistic or cultural approach to recovery.

People awarded credit for this unit standard demonstrate knowledge of the service provider's standards and legislative requirements for safe practice in dealing with needles and body fluids.

The following applies to the performance of all elements of this unit standard. All activities must comply with -

- a service provider guidelines, protocols, staff manuals, strategic plans, kawa, tikanga;
- b Mental Health Commission. 2001. *Recovery competencies for New Zealand mental health workers*. Wellington: Mental Health Commission. (Available from the Mental Health Commission website: <https://www.mentalhealth.org.nz/assets/ResourceFinder/recovery-competencies-for-new-zealand-mental-health-workers-march-2001.pdf>);
- c relevant cultural, legislative, and regulatory requirements, which include but are not limited to -Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996; New Zealand Standard (NZS) 8134:2001 Health and Disability Sector Standards – Te Awarua o te Hauora; New Zealand Standard (NZS) 8143:2001 National Mental Health Sector Standard – He Whariki Oranga Hinengaro; Health and Disability Services (Safety) Act 2001; Health and Safety in Employment Act 1992; Human Rights Act 1993; Official Information Act 1982; Privacy Act 1993.

- 3 People awarded this unit standard demonstrate confidentiality in their relationship with the consumer/tangata whai ora. The limits of confidentiality are set according to criteria that include but are not limited to – legislation, codes of conduct, and service

provider guidelines. These may include but are not limited to – the Official Information Act 1982; Privacy Act 1993; and codes of practice issued by the Privacy Commissioner.

- 4 Resources may include but are not limited to:
- a Adams, John B.; Du Fresne, Stephanie; Silverstone, Trevor; Eds. 2002. *Drugs in psychiatry – An Ashburn Clinic manual*. 12th ed. Dunedin: Ashburn Clinic.
  - b Alcohol Advisory Council of New Zealand. October 2004. *Hui Whakakotahi 2004, 16-18 February 2004, Te Papa-i-ouru and Tunohopu Marae, Rotorua*. Wellington: Alcohol Advisory Council of New Zealand.
  - c American Psychiatric Association Task Force on DSM-IV. c1994. *Diagnostic and statistical manual of mental disorders – DSM-IV*. 4th Ed. Washington, DC: American Psychiatric Association.
  - d Huriwai, Terry; Sellman, J. Douglas; Sullivan, Patrick; Potiki, Tuari L. 2000. 'Optimal treatment for Māori with alcohol and drug-use-related problems: An investigation of cultural factors in treatment'. *Substance Use & Misuse*. 35(3):281-300.
  - e Hutt, Marten. 1999. *Te iwi Māori me te inu waipiro: He tuhituhingā hītori: Māori & alcohol: A history*. Wellington: Health Services Research Centre for Kaunihera Whakatupato Waipiro o Aotearoa/Alcohol Advisory Council of New Zealand.
  - f MacEwan, Ian; Ariell, Greg. 2000. *Drinking and your health: Helping problem drinkers*. Wellington: Alcohol Advisory Council of New Zealand.
  - g Ministry of Health. 2001. *A national strategic framework for alcohol and drug services*. Wellington: Ministry of Health. (Available from the Ministry of Health website: <https://www.health.govt.nz/system/files/documents/publications/strategicframework-alcoholdrugservices.pdf>).
  - h Rollnick, Stephen; Mason, Pip; Butler, Chris. 1999. *Health behavior change: A guide for practitioners*. Edinburgh: Churchill Livingstone.
  - i Todd, Fraser; Sellman, Doug; Robertson, Paul James. 1999. *The assessment and management of people with co-existing substance use and mental health disorders – A paper commissioned for the Alcohol Advisory Council of New Zealand; the Ministry of Health, New Zealand; and the Mental Health Commission*. Wellington: Alcohol Advisory Council of New Zealand.
  - j World Health Organisation. 1992. *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organisation.
  - k The Alcohol Advisory Council (ALAC) has a series of Pacific Reports from 1997 available on its website. The reports discuss the place of alcohol in the lives of people from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand. The internet address for ALAC is: <https://www.alcohol.org.nz/>. Note: the above editions were current at the time of registration of this unit standard. New editions of resources a, c, and j are published from time to time. It is recommended that assessors and candidates use the editions that are current when candidates are preparing for assessment against this unit standard.
- 5 Sources for the recovery approach include -
- a *Recovery competencies for New Zealand mental health workers* (op. cit.).

Note: this unit standard includes aspects of all of the recovery competencies. To locate further relevant sources, people should refer to the bibliographic references for each competency in Section C of this publication.

- b <https://mentalhealthrecovery.com/>

Note: particular attention should be paid to publications by Mary Ellen Copeland and Charles Rapp that are either included on or referenced by this web page, or in the *Recovery competencies for New Zealand mental health support workers* (op. cit.).

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## Outcomes and performance criteria

### Outcome 1

Respond to a situation associated with the problematic use of alcohol and/or other drugs.

Range responses are in accordance with the limits of the role and job description of a mental health support worker in the context where assessment for this element is taking place.

### Performance criteria

1.1 The response demonstrates skills that match the nature of the situation and the personal and social contexts of the consumer/tangata whai ora.

Range personal and social contexts – physical and mental health; consumer/tangata whai ora characteristics and needs; medication; previous history of use of alcohol and/or other drugs; degree of intoxication; family or whānau issues; legal issues; skills may include but are not limited to – raising and discussing the issue; de-escalation; self-protection strategies; request for Police assistance; referral to mental health support worker's supervisor or the clinical team.

1.2 The response to the situation gives priority to the safety and well-being of the mental health support worker, the consumer/tangata whai ora, and others affected by the situation including family or whānau.

1.3 The situation is responded to according to the standards and resources of the service provider.

### Outcome 2

Support a mental health consumer/tangata whai ora to manage their use of alcohol and/or other drugs.

Range support is in accordance with the limits of the role and job description of a mental health support worker in the context where assessment for this element is taking place; manage may include abstinence or harm minimisation approaches.

**Performance criteria**

- 2.1 Support is provided in accordance with the characteristics and needs of the consumer/tangata whai ora.
- 2.2 Support demonstrates awareness and understanding of the change process involved in managing the use of alcohol and/or other drugs.
- Range evidence is required in relation to a recognised model of change, which may include but is not limited to the Stages of Change model included in the resource referenced at guidance information note 4f.
- 2.3 Support demonstrates awareness and understanding of factors relevant to the implementation of the change process.
- Range factors relevant to the implementation of the change process may include but are not limited to – rapport, agreed agenda of issues to be discussed, assessing importance of need for change, consumer/tangata whai ora confidence to achieve change, consumer/tangata whai ora readiness to begin change.
- 2.4 Support focuses on assisting the consumer/tangata whai ora towards decisions and actions about management of their use of alcohol and/or other drugs.
- Range support may include but is not limited to – raising the issue, encouragement, motivational interviewing, information giving, assisting the consumer/tangata whai ora to set and achieve goals, assisting the consumer/tangata whai ora to integrate the consequences of their decisions on the use of alcohol and/or other drugs into their life; evidence is required of two types of support.
- 2.5 Support recognises and reinforces signs of progress by the consumer/tangata whai ora.
- Range signs of progress may include but are not limited to – increased understanding of the impact of alcohol and/or other drugs on their mental health, stopping or reducing their consumption of alcohol and/or other drugs, better able to moderate their drinking in situations that would previously have led to heavy drinking, recognition of types of thinking and behaviour likely to result in unplanned use of alcohol and/or other drugs; improvements in health/hauora.
- 2.6 Support demonstrates skills for assisting the consumer/tangata whai ora to prevent or manage relapse.

Range skills for assisting the consumer/tangata whai ora to prevent or manage relapse may include but are not limited to – recognition of signs of relapse, assisting the consumer/tangata whai ora to recognise cues and danger points, assisting the consumer/tangata whai ora to devise strategies for dealing with risky situations, referral;  
evidence is required of two skills.

- 2.7 Where the decisions made by the consumer/tangata whai ora are no longer meeting their needs, the consumer/tangata whai ora is supported to reconsider their decisions.

**This unit standard is expiring. Assessment against the standard must take place by the last date for assessment set out below.**

#### Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	30 July 2001	31 December 2012
Revision	2	16 December 2002	31 December 2012
Revision	3	26 October 2005	31 December 2012
Review	4	25 June 2007	31 December 2021
Rollover and Revision	5	18 May 2012	31 December 2021
Review	6	28 May 2020	31 December 2021

<b>Consent and Moderation Requirements (CMR) reference</b>	0024
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This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.