

<b>Title</b>	<b>Provide support to families/whānau in mental health support work</b>		
<b>Level</b>	<b>6</b>	<b>Credits</b>	<b>15</b>

<b>Purpose</b>	<p>This unit standard is for mental health support workers who provide support to families/whānau of consumers/tangata whai ora in mental health support work.</p> <p>People credited with this unit standard are able to: clarify the relationship of the mental health support worker with the family/whānau of a consumer/tangata whai ora; provide the family/whānau with information, education, and support; and plan for and implement an ongoing supportive relationship with the family/whānau in recovery and review processes.</p>
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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

*Family and whānau* – there is no single authoritative definition for *family/whānau* in mental health, so this unit standard will adopt the definitions from the most authoritative sources – the National Mental Health Standard (NZS 8143:2001), the resource cited at guidance information note 4c (*Involving Families Guidelines*), and the resource cited at special note 4m (*Whāia te whanaungatanga: Oranga whānau: The wellbeing of whānau: The public health issues*).

The National Mental Health Standard interprets ‘*family, whānau*’ (the term used in the Standard) as follows: ‘*The term "family, whānau" includes the extended family, partner, friends or others nominated by the person who receives the service. This term also includes "carers" as identified by the person receiving the service.*’ NZS 8143:2001, p. 9.

*Family* – the *Involving Families Guidelines* defines family as follows: ‘*A family is a set of relationships that is defined as family by the (consumer/tangata whai ora). Family is not limited to relationships based on blood ties, and may include: relatives of the tangata whai ora (including a spouse or partner); a mixture of relatives, friends and others in a support network; only non-relatives of the tangata whai ora. (...)*

*Examples of families (may include) a whānau, hapū and/or iwi; a nuclear or extended Pakeha family; a family from a Pacific people (eg aiga, koputangata, magafaoa); a family from another culture (eg refugees and other migrants); a family from a particular community (eg gender-based, gay or lesbian, or deaf communities); a family made up of people such as a support group for a tangata whai ora. Each of these family styles requires its own recognition and cultural safety as they participate in care, assessment, and treatment processes.*’ (p vii).

Providers can interpret *family* to mean any kind of family as defined above. *Family of Pacific origin* refers to families from the main Pacific Island groups represented in Aotearoa New Zealand; namely – Samoa, Tonga, Cook Islands, Niue, Tokelau, Fiji, Tuvalu, Solomon Islands, and Kiribati.

*Whānau* – the definition of whānau in the *Involving Families Guidelines* is now out of date because of changes to the resources it quoted (earlier editions of the National Mental Health Standard and *Whāia te whanaungatanga: Oranga whānau: The wellbeing of whānau: The public health issues* (see special note 4m). The following definition is therefore adopted from the current edition of the latter resource:

*‘Today Māori society has recognised and adapted to organising itself around two particular concepts of family, the nuclear family of mother, father and child/children, and the extended family of three generations or more’ (whānau) (Taiapa 1994). (...)*

*‘Whānau – Durie (1994a) defined whānau as more than simply an extended family network. A whānau is a diffuse unit, based on a common whakapapa (descent from a shared ancestor) and within which certain responsibilities and obligations are maintained. However, the term ‘whānau’ has been broadened in more recent times to include a number of non-traditional situations where Māori with similar interests (but not direct blood relationships) form a cohesive group’.*

*‘Metge (1995) argued that the term whānau has various definitions, and reflected the diverse range of relationships which exist in different circumstances and included: a set of siblings; all the descendants of a relatively recent ancestor but not their spouses and whāngai; all the descendants of a relatively recent ancestor and their spouses and whāngai; all the descendants of a recent ancestor and their spouses and whāngai who interact together on an ongoing basis; descent groups also known as hapū and iwi; a nuclear family; a group of unrelated Māori who interact on an ongoing basis; a group of people gathered for the purpose of supporting an individual or individuals; a large group of people gathered for a common purpose’.*

*‘Essentially, these definitions present similar aspects and unique differences which reflect the range of traditional and contemporary configurations that comprise ‘whānau’ in New Zealand society.’ (pp. 2, 3)*

*Cultural* refers to considerations that have their origins in a culture that may be based upon: age, class, ethnicity, gender, or sexual orientation; and may include identification with a culture through birth, adoption, or genealogy/whakapapa.

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

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

## 2 Assessment notes

Support to the consumer/tangata whai ora and their family/whānau 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. Support to the family/whānau is consistent with the kawa and tikanga that is appropriate to the family/whānau in terms of their living context.

This unit standard may be assessed on the basis of evidence of demonstrated performance in the workplace, and/or through the use of simulated workplace situations that closely approximate the performance required in workplace settings. Workplace settings can include field education placements.

Evidence is required in relation to a supportive relationship with one family/whānau. The following applies to the performance of all outcomes 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. (in particular, Recovery Competency 10). (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 Standards (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.
  - d Other legislation relevant to this unit standard includes but is not limited to – Children, Young Persons, and Their Families Act 1989, Mental Health (Compulsory Assessment and Treatment) Act 1992.
- 3 People awarded this unit standard demonstrate confidentiality in their relationship with the consumer/tangata whai ora and family/whānau. 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 Ballard, Keith. Ed. 1994. *Disability, family, whanau and society*. Palmerston North: Dunmore Press.
  - b Bradley, John. 1995. 'Before you tango with our whanau, you better know what makes us tick'. *Social Work Review: Te Komako* VII (1): 27-29.
  - c Community Liaison Committee of the Royal Australian and New Zealand College of Psychiatrists. 2000. *Involving families – Guidance notes: Guidance for involving families and whanau of mental health consumers/tangata whai ora in care, assessment and treatment processes*. Wellington: Ministry of Health on behalf of the Royal Australian and New Zealand College of Psychiatrists, the Health Funding Authority and the Ministry of Health.  
This publication is available from the Ministry of Health website: <https://www.health.govt.nz/>.
  - d Durie, Mason. 2001. *Mauri ora: the dynamics of Māori health*. Auckland: Oxford University Press.
  - e Falloon, Ian R.H.; Fadden, Grainne. 1995. *Integrated mental health care*. Cambridge: Cambridge University Press.
  - f Fenton, Liz; Te Koutua, Te Wera. March 2000. *Four Maori korero about their experience of mental illness: Mental Health Commission Recovery Series: One*. Wellington: Mental Health Commission. (Please note: the correct spelling of the name of the second author is Te Kotua, Te Wera – however, the publication carries a misspelling of his name, so the book may be catalogued under the incorrect spelling.)
  - g Lui, David. Dec 2003. *Occasional Paper No. 4: Family – A Samoan perspective: Keynote presentation to the SF National Conference, Christchurch*

Convention Centre 13-14th September 2003. Wellington: Mental Health Commission.

- h Malo, Vito. Apr 2000. *Pacific People in New Zealand talk about their experiences with mental illness: Mental Health Commission Recovery Series: Three*. Wellington: Mental Health Commission.
- i Mental Health Commission. 2000. *Four families of people with mental illness talk about their experiences: Mental Health Commission Recovery Series: Four*. Wellington: Mental Health Commission.
- j Mental Health Commission. 2001. *Recovery competencies for New Zealand mental health workers*. Wellington: Mental Health Commission.
- k Mental Health Commission. 2001. *Pacific mental health services and workforce: Moving on the Blueprint*. Wellington: Mental Health Commission.
- l Mental Health Commission. 2002. *Review of the implementation of the Privacy Act 1993 and the Health Information Privacy Code 1994 by District Health Boards' Mental Health Services*. Wellington: Mental Health Commission.  
Resources f – l can be downloaded from the Mental Health Commission's website:  
<https://www.health.govt.nz/our-work/mental-health-and-addictions>.
- m Ministry of Health. 1998. *Whāia te whanaungatanga: Oranga whānau: The wellbeing of whānau: The public health issues*. Wellington: Ministry of Health.
- n Ministry of Health. November 2002. *He korowai oranga: Māori health strategy*. Wellington: Ministry of Health.
- o Ministry of Health. November 2002. *Whakatātaka: Māori health action plan 2002- 2005*. Wellington: Ministry of Health.  
Documents m – o are available on the Ministry of Health's website:  
<https://www.health.govt.nz/>.  
Documents n and o are also on the Māori Health website:  
<https://www.health.govt.nz/our-work/populations/maori-health>.
- p Mulitalo-Lautā, Pa'u Tafaogalupe III Mano'o Tilive'a. 2000. *Fa'asamoa and social work within the New Zealand context*. Palmerston North: Dunmore Press.
- q Privacy Commissioner. July 2000. 2nd Ed. *On the record: A practical guide to health information privacy*. Auckland: Office of the Privacy Commissioner.
- r Schizophrenia Fellowship N.Z. Inc. *Code of Family Rights and Families as partners in care* information leaflets.
- s Whiteside, Richard G.; Steinberg, Frances E. 2003. *Creating partnerships: A New Zealand guide to including families in mental health assessment and treatment*. Peka Peka, N.Z.: Phac Publications.

5 Sources for the recovery approach include:

- a *Recovery competencies for New Zealand mental health workers (op. cit.)*.  
Note: to locate further relevant sources, people should refer to the bibliographic references for competency 10 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

Clarify the relationship of the mental health support worker with the family/whānau of a consumer/tangata whai ora.

#### Performance criteria

- 1.1 The family/whānau of the consumer/tangata whai ora is defined according to the views of the consumer/tangata whai ora.
- 1.2 A partnership of equality is established with the family/whānau, and the role of the mental health support worker with the consumer/tangata whai ora and the family/whānau is clarified.
- 1.3 Responsiveness to the family/whānau is demonstrated in terms of identifying and acknowledging the needs of the family/whānau.
- Range needs may include but are not limited to – cultural, emotional, learning, physical, social, spiritual, housing, financial, employment, relationships, transport; evidence is required of responsiveness to three family/whānau needs, one of which is cultural.
- 1.4 The kawa and tikanga for the supportive relationship is clarified and agreed with the family/whānau.
- 1.5 Safety considerations for the relationship of the mental health support worker with the family/whānau are clarified with all parties.
- Range safety considerations may include but are not limited to – cultural, emotional, physical, spiritual; evidence is required of clarification of safety considerations for the consumer/tangata whai ora, the family/whānau, and the mental health support worker.
- 1.6 Ethical and privacy considerations are clarified in collaboration with, and agreement of, the consumer/tangata whai ora and family/whānau, and in accordance with criteria established by relevant legislation, codes of conduct, and service provider guidelines.

### Outcome 2

Provide the family/whānau with information, education, and support.

#### Performance criteria

- 2.1 Information, education, and support is provided in accordance with the agreed kawa and tikanga.

- 2.2 Methods and resources for supporting the family/whānau are identified and analysed for their value in terms of immediate, short term, and long term support and empowerment.
- Range methods and resources may include but are not limited to – information and education; support from mental health support workers; family and whānau support organisations; peer to peer arrangements; family/whānau support groups; resources within mental health services; resources outside mental health services.
- 2.3 The family/whānau is informed about the mental health services and resources that are available to them from the service provider, the mental health support worker, and from outside sources.
- 2.4 Family/whānau needs for information, education, and support are identified in collaboration with the family/whānau.
- 2.5 Information, education, and support are provided through ways that meet the needs of the family/whānau.
- Range ways may include but are not limited to – listening; support; conflict resolution; problem solving; non-blaming; building on family strengths; promotion of interdependence and sense of empowerment; referral to family support organisations; peer to peer arrangements; family/whānau support groups; the needs of the family/whānau may include but are not limited to – relevance; accessibility; timeliness; family/whānau self-care, usefulness; evidence is required of two family/whānau needs and two matching ways.

### Outcome 3

Plan for and implement an ongoing supportive relationship with the family/whānau in the recovery and review processes.

#### Performance criteria

- 3.1 Planning and implementation of the ongoing supportive relationship is in accordance with the agreed kawa and tikanga.
- 3.2 Ways in which the family/whānau can participate in recovery are planned in collaboration with the consumer/tangata whai ora and the family/whānau.
- 3.3 The family/whānau is supported in their involvement in the recovery of the consumer/tangata in accordance with the plan.
- 3.4 Ways in which the family/whānau can participate in review processes are planned in collaboration with the consumer/tangata whai ora and the family/whānau.

- 3.5 The family/whānau is supported in their involvement in review processes, according to negotiations with the consumer/tangata whai ora and the family/whānau.

<b>Replacement information</b>	This unit standard replaced unit standard 13425.
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**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	18 December 2002	31 December 2012
Revision	2	26 October 2005	31 December 2012
Review	3	25 June 2007	31 December 2021
Rollover and Revision	4	18 May 2012	31 December 2021
Review	5	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>.