

Title	Analyse discrimination and implement an individual advocacy strategy in mental health support work		
Level	6	Credits	9

Purpose	<p>This unit standard for mental health support workers is focussed on the competency of responding to discrimination at an individual level with consumers/tangata whai ora and their families or whānau, rather than engaging in community or social change.</p> <p>People credited with this unit standard are able to: analyse stigma, discrimination, and social exclusion in relation to consumers/tangata whai ora; analyse discrimination in relation to consumers/tangata whai ora by the health workforce; plan and implement an individual advocacy strategy to reduce discrimination in relation to a consumer/tangata whai ora; and evaluate the individual advocacy strategy.</p>
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Classification	Health, Disability, and Aged Support > Mental Health and Addiction Support
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Available grade	Achieved
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Guidance Information

1 Glossary

Characteristics and needs 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.

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.

Culture may include but is not limited to a culture based upon – age; class; ethnicity (including Māori and Tauīwi cultures); gender; sexual orientation; and may include identification with a culture through birth, adoption, genealogy or 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 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.

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. (all Recovery Competencies). 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.
- 3 People awarded this unit standard demonstrate confidentiality in their relationship with the consumer/tangata whai ora and their 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. Relevant additional legislation will be determined according to the context of assessment, and must include but is not limited to the Human Rights Act 1993.
- 4 Resources may include but are not limited to -
- a Caltaux, D. 2003. 'Internalised stigma: A barrier to employment for people with mental illness'. International Journal of Therapy and Rehabilitation 10(12):539-544.
 - b Heron, Madeleine. 2003. *The service user experience: Implications for the National Certificate in Mental Health (Mental Health Support Work)*. Wellington: Mental Health Support Worker Advisory Group. Copies of this paper are available from the Community Support Services Industry Training Organisation, PO Box 25-255, Christchurch.
 - c Mental Health Commission. 1998. *Blueprint for mental health services in New Zealand: How things need to be*. Wellington: Mental Health Commission.
 - d Mental Health Commission. 1997. *Discrimination against people with experiences of mental illness*. Wellington: Mental Health Commission.
 - e Mental Health Commission. 2004. *Journeys towards equality: Taking stock of New Zealand's efforts to reduce discrimination against people with experience of mental illness*. Wellington: Mental Health Commission.
 - f Recovery competencies for New Zealand mental health workers (op. cit.).
 - g Mental Health Commission. 2001. *Pacific mental health services and workforce: Moving on the Blueprint*. Wellington: Mental Health Commission. Resources c – g are available on the Mental Health Commission's website: <https://www.health.govt.nz/>.
 - h Mental Health Foundation. 2004. *Respect costs nothing: A survey of discrimination faced by people with experience of mental illness in Aotearoa New Zealand*. Auckland: Mental Health Foundation. Available on the Mental Health Foundation website:

- <https://www.health.govt.nz/>.
- i Ministry of Health. 2001. Building on strengths: A guide for action – A new approach to promoting mental health in New Zealand/Aotearoa. Wellington: Ministry of Health.
 - j Ministry of Health. 1998. Whāia te whanaungatanga: Oranga whānau: The wellbeing of whānau: The public health issues. Wellington: Ministry of Health.
 - k Ministry of Health. Nov 2002. He korowai oranga: Māori health strategy. Wellington: Ministry of Health.
 - l Ministry of Health. 2001. Like minds, like mine: National plan 2001-2003: Project to counter stigma and discrimination associated with mental illness – Whakaitia te whakawhiu i te tangata. Wellington: Ministry of Health.
 - m Ministry of Health. 2003. Like minds, like mine: National plan 2003-2005: Project to counter stigma and discrimination associated with mental illness – Whakaitia te whakawhiu i te tangata. Wellington: Ministry of Health.
 - n Ministry of Health. November 2002. Whakatātaka: Māori health action plan 2002- 2005. Wellington: Ministry of Health.
Resources i – n are available on the Ministry of Health’s website:
<https://www.health.govt.nz/>.
 - o For additional resources refer to pages 53-58 of resource 4f.

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 6 in Section C of this publication.
- b <https://www.mentalhealth.org.nz/assets/ResourceFinder/recovery-competencies-for-new-zealand-mental-health-workers-march-2001.pdf>
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.).

Outcomes and performance criteria

Outcome 1

Analyse stigma, discrimination, and social exclusion in relation to consumers/tangata whai ora.

Performance criteria

- 1.1 The concepts of stigma, discrimination, and social exclusion are analysed in terms of how they affect people with mental illness.
- 1.2 The concept of internalised stigma is analysed in terms of its impact on consumers/tangata whai ora.
- 1.3 The impacts on consumers/tangata whai ora of discrimination and exclusion by the wider community are analysed.

Range discrimination and exclusion – education, employment, housing, access to social networks, provision of goods and services.

- 1.4 The role of the media in perpetuating stigma, discrimination, and social exclusion is analysed.

Outcome 2

Analyse discrimination in relation to consumers/tangata whai ora by the health workforce.

Performance criteria

- 2.1 Discrimination in relation to consumers/tangata whai ora is analysed in terms of legislation, public policy, and funding.
- Range evidence is required of analysis of one example of discrimination for each.
- 2.2 Discrimination in relation to consumers/tangata whai ora is analysed in terms of management of services.
- Range management of services – evidence is required of two examples.
- 2.3 Discrimination in relation to consumers/tangata whai ora is analysed in terms of one-to-one discrimination.
- Range one-to-one discrimination includes but is not limited to – derogatory language, controlling behaviour, stereotyping, paternalistic attitudes, low expectations, neglect, abuse, fear, horizontal violence.
- 2.4 Discrimination is analysed in terms of discrimination against consumers/tangata whai ora working in mental health services.
- Range discrimination against consumers/tangata whai ora working in mental health services may include but is not limited to – low expectations; low pay rates; lack of 'safety' to identify as a consumer/tangata whai ora; conditions in employment contracts; evidence is required of three forms of discrimination against consumers/tangata whai ora working in mental health services.
- 2.5 Discrimination against consumers/tangata whai ora is analysed in terms of other kinds of discrimination and how they interact with discrimination on the grounds of mental illness.
- Range other kinds of discrimination include but are not limited to – agism, homophobia, racism, religious intolerance, sexism; evidence is required of three other forms of discrimination, and two examples of the impact of multiple discrimination on consumers/tangata whai ora.

Outcome 3

Plan and implement an individual advocacy strategy to reduce discrimination in relation to a consumer/tangata whai ora.

Range evidence is required of one individual advocacy strategy.

Performance criteria

3.1 Planning is based on collaboration with the consumer/tangata whai ora, family or whānau, and others involved in the strategy.

3.2 Planning acknowledges and incorporates essential aspects for the advocacy strategy.

Range essential aspects may include but are not limited to – gives voice to the consumer/tangata whai ora and their family or whānau; characteristics and needs of the people involved; safety of the people involved; desired outcome of advocacy; stated positions and motivations of agencies, other organisations, and people holding power or resources; nature of available support or opposition; alliances with supportive agencies, organisations, or people; resources that may help achieve the desired outcome; timeframe; methods of evaluating progress; evidence is required of three.

3.3 Planning identifies a strategy to be implemented to achieve the desired outcome in accordance with analysis of the discrimination.

Range strategies may include but are not limited to – individual advocacy, self-advocacy, lobbying, negotiation, private meetings, letters, petitions, submissions, use of news media.

3.4 Implementation of the strategy is in accordance with the mental health support worker's role and function in the plan and service provider guidelines.

Outcome 4

Evaluate the implementation of the individual advocacy strategy.

Performance criteria

4.1 Implementation of the strategy is evaluated in consultation with the consumer/tangata whai ora.

4.2 Implementation of the strategy is evaluated using methods that measure actual outcomes against the desired outcomes.

4.3 Any revisions to the strategy are in accordance with the outcomes of the evaluation and are made in collaboration with the consumer/tangata whai ora.

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	25 June 2007	31 December 2021
Rollover and Revision	2	18 May 2012	31 December 2021
Review	3	28 May 2020	31 December 2021

Consent and Moderation Requirements (CMR) reference

0024

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