

Title	Implement a strategy to respond to discrimination against consumers/tangata whai ora		
Level	6	Credits	15

Purpose	<p>This unit standard for mental health support workers is focussed on community or social change rather than on support work with individual consumers/tangata whai ora.</p> <p>People credited with this unit standard are able to: analyse the community in which the mental health support work service provider is located; analyse different approaches to responding to discrimination against consumers/tangata whai ora; analyse a situation of discrimination against consumers/tangata whai ora; and plan, implement, and evaluate the implementation of a strategy to respond to the identified situation of discrimination against consumers/tangata whai ora.</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

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.

Community includes but is not limited to – a community of interest, a community of locality, a cultural community, a kin group. Community may also mean a community the consumer/tangata whai ora wishes to join or feels excluded from. People awarded credit for this unit standard demonstrate competence in one context.

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

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.
 - d Ministry of Health. 1994. *Standards for needs assessment for people with disabilities*. Wellington: Ministry of Health.
 - e Other legislation relevant to this unit standard includes but is not limited to – Health and Disability Commissioner Act 1994, Mental Health (Compulsory Assessment and Treatment) Act 1992, New Zealand Public Health and Disability Act 2000.
- 3 People awarded this unit standard demonstrate confidentiality in their relationship with consumers/tangata whai ora and their families/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 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 competencies 5, 6, and 8 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.).
- 5 Resources may include but are not limited to -
- a Mental Health Commission. 1998. *Blueprint for mental health services in New Zealand – How things need to be*. Wellington: Mental Health Commission. (*Blueprint*)
 - b Mental Health Commission. 1997. *Discrimination against people with experiences of mental illness*. Wellington: Mental Health Commission.
 - c Mental Health Commission. 2004. *Journeys towards equality: Taking stock of New Zealand's efforts to reduce discrimination against people with experiences of mental illness*. Wellington: Mental Health Commission.
 - d *Recovery competencies for New Zealand mental health support workers* (op. cit.).
 - e Mental Health Commission. 2001. *Pacific mental health services and workforce: Moving on the Blueprint*. Wellington: Mental Health Commission.
Resources a – e are available on the Mental Health Commission's website:

- <https://www.health.govt.nz/>.
- f 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. This resource can be downloaded from the Mental Health Foundation website:
<https://www.mentalhealth.org.nz/assets/ResourceFinder/respect-costs-nothing.pdf>.
- g 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.
- h Ministry of Health. 1998. *Whāia te whanaungatanga: Oranga whānau: The wellbeing of whānau: The public health issues*. Wellington: Ministry of Health.
- i Ministry of Health. Nov 2002. *He korowai oranga: Māori health strategy*. Wellington: Ministry of Health.
- j 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.
- k 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.
- l Ministry of Health. November 2002. *Whakatātaka: Māori health action plan 2002- 2005*. Wellington: Ministry of Health.
- Documents g – l are available on the Ministry of Health’s website:
<https://www.health.govt.nz/>.

- 6 Resources related to health promotion -
- a Durie, M. 1999. Te pae mahutonga: A model for Māori health promotion. *Health Promotion Forum of New Zealand Newsletter* 49: 2-5.
- b Health Promotion Forum of New Zealand – Rūnanga Whakapiki ake i te Hauora o Aotearoa. 2002. *TUHA-NZ: A Treaty understanding of hauora in Aotearoa – New Zealand*. Auckland: Health Promotion Forum of New Zealand – Rūnanga Whakapiki ake i te Hauora o Aotearoa.
This resource is available from the following website:
<https://hauora.co.nz/tuhanz-treaty-understanding-of-hauora-in-aotearoa-new-zealand/>.
- c *He korowai oranga: Māori health strategy* (op. cit.).
- d Ministry of Health. February 2002. *The Pacific health and disability action plan*. Wellington: Ministry of Health.
Ministry of Health publications are available on the Ministry of Health website:
<https://www.health.govt.nz/>.
- e New Zealand. National Advisory Committee on Health and Disability. June 1998. *The social, cultural and economic determinants of health in New Zealand: Action to improve health – A report from the National Advisory Committee on Health and Disability (National Health Committee)*. Wellington: National Advisory Committee on Health and Disability.
This resource is available on the following website:
<https://www.health.govt.nz/publication/social-cultural-and-economic-determinants-health-new-zealand>.
- f World Health Organisation. 1986. *Ottawa charter for health promotion*. Ottawa: Canada.

The Charter is included in the *Child health strategy* (available on the Ministry of Health website: <https://www.health.govt.nz/>), and is also available on the following websites:

<https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.

- g The United Nations *Declaration on the Rights of the Child* and the *Convention on the Rights of the Child*, which may be found at the following web site: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

Outcomes and performance criteria

Outcome 1

Analyse the community in which the mental health support work service provider is located.

Performance criteria

- 1.1 The characteristics of the local catchment area are analysed in terms of environment, resources, and facilities.
- Range characteristics of the local catchment area may include but are not limited to – location; boundaries; type of community; environmental features; churches; cultural centres; education facilities; employment; emergency services; housing; marae; health services; recreational facilities for whānau and families; transportation resources; evidence is required of four characteristics.
- 1.2 The population demographics of the local catchment area are analysed.
- Range population demographics of the local catchment area – hapū and iwi; ethnic groups; age and gender distribution and significant patterns of change; socio-economic statistics; evidence is required of two.
- 1.3 Health facts in the local catchment area are analysed.
- Range health facts may include but are not limited to – committal rates and ethnicity; mental health service providers; mental health education and promotion; mental health service and resource availability for whānau and families; evidence is required of three.
- 1.4 The history of mental health services is analysed and the impacts of that history on local mental health services are explained.
- Range history includes both national and local history, and may include but is not limited to – *Blueprint*; political environment related to mental health services; changes in mental health service provision.

- 1.5 Analysis of the relationship between the mental health workforce and other health and social service workforces identifies potential examples of discrimination against the mental health workforce.

Range evidence is required of two examples.

Outcome 2

Analyse different approaches to responding to discrimination against consumers/tangata whai ora.

Performance criteria

- 2.1 The use of legislation is analysed in terms of its value as a response to discrimination against consumers/tangata whai ora.

Range legislation may include but is not limited to – Health and Disability Commissioner Act 1994, Human Rights Act 1993, Mental Health (Compulsory Assessment and Treatment) Act 1992, New Zealand Public Health and Disability Act 2000; evidence is required of one.

- 2.2 The use of public policy is analysed in terms of its value as a response to discrimination against consumers/tangata whai ora.

Range evidence is required of one public policy and an example of its use as a response to discrimination against consumers/tangata whai ora.

- 2.3 Mass media campaigns are analysed in terms of their value as a response to discrimination against consumers/tangata whai ora.

Range evidence is required of one mass media campaign and an example of its use as a response to discrimination against consumers/tangata whai ora.

- 2.4 Models of community development are analysed in terms of their value as a response to discrimination against consumers/tangata whai ora.

Range evidence is required of one model of community development and an example of its use as a response to discrimination against consumers/tangata whai ora.

- 2.5 Models of health promotion are analysed in terms of their value as a response to discrimination against consumers/tangata whai ora.

Range evidence is required of explanation of one model of health promotion and an example of its use as a response to discrimination against consumers/tangata whai ora.

- 2.6 Service development and educational measures within the health workforce are analysed in terms of their value as a response to discrimination against consumers/tangata whai ora.

Range evidence is required of one current example and an example of its use as a response to discrimination against consumers/tangata whai ora.

Outcome 3

Analyse a situation of discrimination against consumers/tangata whai ora.

Range evidence is required in relation to one situation, which can be either national, local, or within a service provider setting.

Performance criteria

- 3.1 All relevant aspects of the situation are identified and clarified according to analysis of information gathered on the discrimination.

Range information may include but is not limited to – oral accounts, written sources, personal interviews.

- 3.2 The discrimination is assessed for its impact on consumers/tangata whai ora and their families or whānau.

- 3.3 People, service providers, and organisations are identified in terms of their interest in the situation.

Range people, service providers, and organisations may include but are not limited to – individuals, groups, communities; organisations and people holding power or resources in the situation; others who support or are otherwise affected by the situation.

- 3.4 The desired outcome of the strategy is clarified and confirmed in consultation with consumers/tangata whai ora.

Outcome 4

Plan and implement a strategy to respond to the identified situation of discrimination against consumers/tangata whai ora.

Range a strategy may include but is not limited to – a community development project; a health promotion project; education; information; management strategy; service development.

Evidence is required of a strategy for community or social change rather than a response to discrimination against an individual consumer/tangata whai ora.

Performance criteria

- 4.1 Planning is conducted using methods that acknowledge the nature of the people concerned and the mental health support worker's role.

4.2 Planning acknowledges and incorporates essential aspects for the strategy.

Range essential aspects may include but are not limited to – characteristics and needs of the people concerned; gives voice to consumers/tangata whai ora and their families or whānau; safety of the people involved; desired outcome; 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; responsibilities and accountabilities of people who will implement the plan; contingencies and procedures to be followed in relation to contingencies; methods of evaluating progress; evidence is required of three.

4.3 Planning identifies the strategy to be adopted to achieve the desired outcome.

Range strategies may include but are not limited to – health promotion strategies, lobbying, negotiation, public meetings, public demonstrations, letters, petitions, submissions, use of news media, public events, presentations.

4.4 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 5

Evaluate the implementation of the strategy to respond to the identified situation of discrimination against consumers/tangata whai ora.

Performance criteria

5.1 Implementation of the strategy is evaluated in consultation with consumers/tangata whai ora.

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

5.3 Any revisions to the strategy are in accordance with the outcomes of the evaluation and are made in collaboration with consumers/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>.