

Title	Contribute to the safety and wellbeing of; people accessing mental health and addiction services, support workers, and others		
Level	4	Credits	5

Purpose	People credited with this unit standard are able to: describe risks for people accessing mental health and addiction services, support workers, and others; describe strategies for contributing to the safety of people accessing mental health and addiction services, support workers, and others; and implement strategies to contribute to the safety of people accessing mental health and addiction service, support workers, and others.
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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 Legislation relevant to this unit standard includes:

- Oranga Tamariki Act 1989 (Children's and Young People's Well-being Act 1989);
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017;
- Criminal Procedure Act 2011;
- 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;
- Protection of Personal and Property Rights Act 1988.

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*.

All standards are available from <https://www.standards.co.nz>.

3 References:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington DC: American Psychiatric Association. Available at: <https://www.psychiatry.org/psychiatrists/practice/dsm>
- Mental Health Commission – Te Kaitātaki Oranga; 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. Available at: [https://www.moh.govt.nz/notebook/nbbooks.nsf/0/2FE380C25ED2F1B34C25668600741EBA/\\$file/mentalra.pdf](https://www.moh.govt.nz/notebook/nbbooks.nsf/0/2FE380C25ED2F1B34C25668600741EBA/$file/mentalra.pdf)
- Te Pou o te Whakaaro Nui & Ministry of Health. (2018). *Let's get real: Real Skills for people and whānau with mental health and addiction needs*. Auckland: Te Pou o te Whakaaro Nui. Available at: <https://www.tepou.co.nz/initiatives/lets-get-real/107>
- The Werry Centre. (2014). *Real Skills Plus ICAMH/AOD, 2014. A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*. Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development. Available at: <https://www.werryworkforce.org/sites/default/files/pdfs/Real%20Skills%20Plus%20Dec%202014%20170315.pdf>

4 Support aims are to: maintain, improve, or restore a person's independence and/or interdependence; enhance 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 learners 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 The learner's 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 Definitions:

Addiction – termed '*substance use disorder*' in DSM-5 since 2013, recognises disorders that can result from the usage of ten separate classes of drugs (alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, stimulants, tobacco, and unknown substances). DSM-5 combined the previous DSM-IV separation of substance abuse and substance dependence into a single category – substance use disorder – to create 11 diagnostic criteria.

Environment refers to the physical, social, cultural, and emotional environment.

Natural supports refer 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 learner and include ethical codes, standards, and other organisational requirements.

Others refers to any people who have relationships or interactions with a person accessing mental health and addiction service, such as family/whānau, friends, peers, co-workers, and community volunteers.

Promoting safety refers to actions taken by a mental health and addiction support worker, taking into account the needs and wishes of the person accessing mental health and addiction services, and contributing to the safety of the person accessing mental health and addiction services.

Risk refers to the potential for pain, distress, harm, or loss as a result of the outcome(s) of a particular course of action, activity/inactivity or event. In the context of this unit standard the *principal* categories of risk are broadly: the risk of progression of illness – risk to health of the individual; the risk of deliberate self-harm, including suicidal behaviour; the risk of unintentional harm to self, exploitation; and; the risk of violence, or intimidation of others. Particular risk may also be posed to people accessing mental health and addiction services by systems and by the treatment itself. These *particular* risks include but are not limited to – the side-effects and long-term effects of medication, ineffective care, institutionalisation, and stigma and stigmatisation.

Wellbeing support plan in the context of this unit standard is a generic term used to cover the individual plans that are developed by service providers with people accessing mental health and addiction services and their supports for service delivery. Service providers may use different terms, for example 'recovery plan'. A wellbeing support plan is interpreted and implemented in accordance with its stated aims and objectives, and recognises the mental health and addiction service user as the central focus.

A wellness support plan may specify interventions such as relapse prevention, activity scheduling, actions following early warning signs, rehabilitation activities, attending support groups and community activities, and maintaining safety in the mental health and addiction service user's current environment. The mental health and addiction service user's choices and rights, and how these factors determine the mental health and addiction service user's independence, recovery and/or resiliency, and support are paramount to the implementation of a wellness support plan. The wellness support plan will also provide an outline of the tasks to be carried out by the support worker with the mental health and addiction service user in a residential, community, or vocational setting.

Outcomes and evidence requirements

Outcome 1

Describe risks for mental health and addiction service users, support workers, and others.

Range evidence is required for two risks from the principal or particular categories of risk for each evidence requirement.

Performance criteria

- 1.1 Risks for mental health and addiction service users are described in terms of their potential effects on mental health and addiction service users.
- 1.2 Risks for support workers are described in terms of their potential effects on support workers.
- 1.3 Risks to others and from others are described in terms of their potential effects on another person or other people, and mental health and addiction service users.

Outcome 2

Describe strategies for contributing to the safety of mental health and addiction service users, support workers, and others.

Performance criteria

- 2.1 Strategies are described in terms of their contribution to the safety of mental health and addiction service users, support workers, and others.

Range strategies include – observation, reporting to a responsible health professional, consultation with mental health and addiction service user(s), increasing support, managing risk to and from others; strategies may include – contribution to the development and/or review of a risk management plan.

Outcome 3

Implement strategies for contributing to the safety of mental health and addiction service users, support workers, and others.

Performance criteria

- 3.1 Implementation of strategies supports the safety of mental health and addiction service users in accordance with the aims and objectives of their wellbeing support plan.

Range implementation includes – assessment of risk; Implementation may include – development with the person of a risk management plan, review of a risk management plan; evidence is required for one strategy.

3.2 Implementation of strategies supports the safety of support workers and others in accordance with the organisation’s policies and procedures.

Range implementation includes – assessment of risk;
Implementation may include – development of a risk management plan, review of a risk management plan;
evidence is required for two strategies, one for support workers and one for others.

Planned review date	31 December 2024
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	18 March 2011	31 December 2021
Review	2	MM 2020	N/A

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

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.