

Service user / Tangata whaiora Participation

Protocol Responsibilities and Authorisation

Department Responsible for Protocol	Mental Health and Addictions
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Protocol Review History

Version	Updated by	Date Updated	Summary of Changes
05	Rachael Aitchison	25.11.15	Inclusion of freedom from discrimination, coercion, harassment, or other exploitation of consumers and recovery advisor positions
06	Nicola Livingston	6 May 2019	Changed from policy to protocol format

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Service user / Tangata whaiora Participation

1 Overview

1.1 Purpose

This document outlines principles and practices of service user / tangata whaiora participation at Waikato District Health Board (Waikato DHB) Mental Health & Addictions Service (MH&AS). These principles and practices will ensure employees work inclusively with service users / tangata whaiora and their whānau (see Whānau Participation Protocol) as active partners at all levels of the service, having input into the treatment and services they use.

Participation reflects cultural choices, partnership, empowerment and the following recovery principles:

- Hope
- Personal responsibility
- Personal meaning
- Self-advocacy/choice
- Support
- Education

This document has a direct relationship to the WDHB Consumer Engagement Framework. The Consumer Engagement Framework for Waikato DHB comprises a set of principles, models and requirements for successful engagement.

In the Health & Disability Services standards the term consumers is used. Consumer is defined as 'A person who uses / receives a health and disability service'. Instead of consumer, this protocol uses the term service user / tangata whaiora to reflect the language used in mental health & addictions services.

1.2 Scope

Service user / tangata whaiora engagement and partnership is inextricably linked to service

user / tangata whaiora experience and supports the delivery of person-centred care which is kind and compassionate. Service user / tangata whaiora engagement is essential to the development and delivery of mental health and addictions services through the active engagement of service user / tangata whaiora in the following:

- Person and whānau centred care
- Organisational responsiveness
- Policy and governance
- Shared decision making
- Service design and evaluation

1.3 Patient / client group

All MHAS Service users / tangata whaiora (community and inpatient) including children, young persons and/or vulnerable dependent adults.

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1.4 Exceptions / contraindications

Nil exclusions

1.5 Definitions

Service user Participation at an individual level	The process of engaging and involving mental health service users in decision-making about their own health care at an individual level. The individual is supported by the services to achieve the life they want
Recovery Advisor	Waikato DHB employs a Recovery Advisor who works within mental health and addiction services supporting executive management, operational and service delivery teams to ensure the voices and experiences of people who use those services create a greater awareness and understanding of the various levels of service user / tangata whaiora participation and influence. Along with a recovery advisor employed by WDHB, other consumer advisors employed by Non-government organisation (NGO) operate as independent contractors to MH&AS, to ensure the delivery of advice, education and specific workforce requirements.
Consumer Advocate	An advocate is an independent person from an external agency who can listen to service users / tangata whaiora concerns and then advocate on their behalf
Tangata whaiora	People with experience of mental illness, who are seeking wellness, or recovery of self. Literally translated as people seeking wellness.
Recovery	Recovery is defined as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience)
Partnership	Authentic two-way relationship that values the lived perspective alongside clinical, managerial and other perspectives
Co-Design	Co-Design is a process which involves 'doing it together' from the start to the finish, namely, engaging with consumers, providers and other stakeholders to capture their experiences of services. Tools are used to gather information to understand these experiences, then consumers, providers and other stakeholders work together in a process to improve services. (Health Quality and Safety Commission Accessed: 5 February 2020)

2 Clinical Management

2.1 Roles and Responsibilities

All Staff

All Mental Health and Addictions staff are required to:

- Respect service user / tangata whaiora experiences and acknowledge that these play a significant role in their recovery.
- Ensure that every service user / tangata whaiora has the right to be free from discrimination, coercion, harassment, sexual, financial or other exploitation while using Mental Health and Addictions services. Service users / tangata whaiora may be more

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vulnerable at times to discrimination, coercion or harassment because of varying levels of wellness.

- Provide an environment and culture free from discrimination, coercion, harassment, or exploitation from other service users / tangata whaiora or staff.

Coercion is an act by a person or persons against the will or without the permission of another human being with respect to that which is his own (his own person or property).

Discrimination occurs when a person is treated differently from another person in the same or similar circumstances based on past, present, associated or assumed characteristics.

Clinicians

All clinicians are required to work in partnership with service users / tangata whaiora to make informed choices in the planning, implementation and review of their treatment. This is inclusive of any relevant documentation.

At first contact, clinicians negotiate with the service user / tangata whaiora ways in which they can participate in their recovery process through assessment, recovery support, planning, implementation and review. At all subsequent contacts the clinician must ensure service users / tangata whaiora are able to participate in their recovery process.

All clinicians are expected to:

- Establish connection and rapport with the service user / tangata whaiora in such a way that they feel understood, listened to, supported and included in their care and treatment
- Ensure service users / tangata whaiora are enabled / encouraged to include their whānau and/or other supports at all times in their recovery
- Ensure access to cultural support
- Find out whether service users / tangata whaiora are parents and facilitate access to parenting support if required along with appropriate supports for children and young persons
- Address abuse or neglect concerns for children, young persons and vulnerable adults with appropriate services

Managers and Clinical Leaders

All management and clinical leaders are expected to support, resource, champion and role model consumer engagement within the service.

Recovery Advisor

A recovery advisor is available to all Mental Health Staff. Recovery advisor roles are responsible for ensuring service users / tangata whaiora are involved at all levels of the

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organisation, fostering an environment of partnership which reflects recovery principles. A recovery advisor is involved in facilitating education and staff development / training to support person-centred, culturally responsive, recovery focussed whānau inclusive practice. Recovery advisors also provide advocacy and support to service users / tangata whaiora.

2.2 Competency required

All staff working in the MHAS are responsible for ensuring their practice is up to date with appropriate learning about working in partnership with service users / tangata whaiora. This includes, but is not limited to, attendance at regular education forums.

2.3 Equipment

IT electronic devices including, but not limited to, ipads used in Real Time Feedback.

2.4 Protocol

All Mental Health and Addictions service users / tangata whaiora can expect to:

- Be listened to
- Treated with dignity and respect
- Have their rights upheld by all employees of the MH&A service
- Receive information relating to their illness, treatment and rights
- Be given opportunities to make decisions regarding their healthcare.
- Have access to information to enable their participation in their treatment.
- Be given opportunities to provide feedback about the service they receive

Service users / tangata whaiora will be supported / enabled to develop an advance directive and either be directly supported by clinicians or be referred to a recovery advisor to support them in this process.

Service users / tangata whaiora are able to provide feedback on their experience of MH & AS through consumer feedback mechanisms, including Real Time Feedback, focus groups, post-seclusion debriefs and the compliments / complaint process. Recommendations from feedback will be given directly to teams / service areas and / or added to quality plans and service improvement activities.

MH&AS staff will have access to training, education and resources on working with and supporting service users / tangata whaiora and their whānau and can access the recovery advisor for support and advice.

Service users / tangata whaiora will participate in the development, planning, implementation, monitoring and review of service delivery, initiatives and change processes via the recovery advisor's involvement in the following:

- Providing strategic advice to executive management

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- Development and monitoring of specific service user procedures and protocols around participation, service planning and service development
- Recommending innovations and contributing to quality improvement initiatives that will enhance service user experience
- Building relationships and connections with people across the organisation and externally
- Membership of key groups such as clinical governance, serious & sentinel events reviews, seclusion elimination, recovery planning where service user / tangata whaiora experiences and service delivery are the focus
- Development, monitoring, evaluation and feedback on service provision via mechanisms such as, but not limited to, Real Time Feedback, compliments and complaints and quality improvement reviews
- Ensuring co-design of service delivery initiatives occurs in line with co-design methodology

3 Patient information

Clinicians ensure the service user / tangata whaiora and whānau are informed of their rights under the Code of Health and Disability Services Consumers Rights. In the community and inpatient services people are provided with verbal and written explanations of their rights in accordance with the Privacy Code 1993 and the Health Information Privacy Code 1994 and the Code of Health and Disability Services Consumer Rights. Limits to confidentiality based on risk of harm to self and others must also be outlined along with the consent process.

Service users / tangata whaiora will be given information outlining what they can expect from the MH&AS, including roles and responsibilities of clinicians / key workers, contact information and how to seek support, and how they can participate in service development via feedback mechanisms.

All clinical areas will have displayed and have written information easily accessible on the following:

- Code of Health and Disability Services Consumer Rights
- Nationwide Health and Disability Advocacy Service
- Feedback, compliment and complaint processes
- Advance Directives
- Supporting Families Waikato, PROP, service user groups, Peer led services such as Centre 401

4 Audit

4.1 Indicators

- Real Time Feedback surveys being completed
- Recovery plans audit

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5 Evidence base

5.1 References

- Health Quality and Safety Commission New Zealand Engaging with Consumers A guide for district health boards 2015
- New Zealand Guidelines Group 'Effective Voice and Participation for New Zealand' (2004).
- Ministry of Health's 'A Guide to effective Consumer Participation in Mental Health Services' (April 1995).
- Mental Health Commission. Blueprint for mental health services in New Zealand: How things need to be. Wellington: Mental Health Commission, 1998.
- Mental Health Commission. Our Lives in 2014 – A recovery vision from people with experience of mental illness for the second mental health plan and the development of the health and social sectors. Wellington: Mental Health Commission, 2004

5.2 External Standards

- Health and Disability Services (Core) Standards NZS 8134.1:2008

5.3 Legislation:

Waikato DHB must comply with the following legislation (this list is not exclusive):

- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Privacy Act 1993
- Employee Relations Act 2000
- Treaty of Waitangi Act 1975
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment Act 1999
- Code of Health and Disability Services Consumers' Rights Act 1994

5.4 Associated Waikato DHB Documents

- Waikato DHB MH&AS [Advanced Directive](#) procedure (2181)
- Waikato DHB MH&AS [Family / Whānau Participation](#) policy (0896)
- Waikato DHB [Consumer Feedback and Complaints](#) policy (0101)
- Waikato DHB [Incident Management](#) Policy (0104)
- Waikato DHB [Consumer Engagement Framework](#)

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Appendix A

Specific suite of services and scope for External Recovery Advisors

- Real Time feedback- Facilitate feedback opportunities for service users / tangata whaiora by using the electronic tablets for inpatient and community mental health
- Education facilitation - Recovery Educators from Progress to Health deliver recovery education to tangata whaiora in Puawai Forensic Service and the inpatient adult mental health services
- Puawai Midland Regional Forensic services facilitation at ward meeting and forensic clinical governance membership
- Provides systemic advocacy to improve outcomes for tangata whaiora to seek feedback from service user / tangata whaiora about the services they have received.
- Consumer Roles Advisory Board
- Ability to meet one off requests for policy review, service development etc.: under the direction on the Consumer Development Advisor

A peer support worker from a Non-Government Organisation (NGO), Centre 401, for past and present users of mental health services attends ward meetings on a Friday to promote the activities at their service.

Appendix B

Specialist Consumer Workforce Competencies Resource 2014

This resource has been funded and developed by Te Pou, Northern Regional Alliance and Midland HealthShare Ltd, in consultation with the wider consumer networks, the consumer/service user/peer workforce competencies is a guide for mental health and addiction services that employ people in identified lived experience roles. It is designed to be used in conjunction with the competencies for the mental health and addiction guide for managers / employers, and funding and planning. See links below.

<http://www.tepou.co.nz/uploads/files/resource-assets/peer-support-competencies-2014.pdf>

<http://www.tepou.co.nz/uploads/files/resource-assets/service-user-consumer-and-peer-workforce-guide-for-planners-and-funders.pdf>

<http://www.tepou.co.nz/uploads/files/resource-assets/service-user-consumer-and-peer-support-workforce-a-guide-for-managers-and-employers.pdf>

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