# Whānau Participation

## Protocol Responsibilities and Authorisation

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| **Target Audience** | Staff, service users and whānau |
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## Protocol Review History

| Version | Updated by | Date Updated | Summary of Changes |
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| 06 | G O'Brien | 01 05 19 | Change from policy to protocol document. Inclusion of current practices in involvement of whānau in service delivery development.. Inclusion of whānau support, care and learning development. |

# 1 Overview

## 1.1 Purpose

This document outlines principles and practices of whānau participation at Waikato District Health Board (DHB) Mental Health & Addictions (MHAS). These principles and practices will ensure employees involve whānau in service and organisational processes and support the needs of service users, including parents who are service users, their children and young persons.

## 1.2 Scope

Legislation, professional standards, cultural practices and national policy require MH&AS to have whānau participation processes at an individual and systemic level.

In an environment where health services are expected to use their resources effectively, strengthening the natural supports that people already have is an effective and sustainable approach to support recovery and wellbeing.

Working with the whānau of service users, including children and young persons, is recognised as a core skill for all staff working in the Waikato DHB Mental Health & Addictions Services (MHAS).

Waikato DHB Mental Health & Addictions Services employs a strengths-based approach which protects and strengthens parenting capability and builds the resilience of children and young persons.

Service users coming from a Māori, Pacific, Asian, migrant and refugee perspective will often come from a collectivist paradigm where whānau and culture are essential contributors to the health and wellbeing of a person.

New Zealand government policy and research has highlighted the wellbeing needs of children/ and young people who have a parent or whānau member with mental health and/or addiction problems.

## 1.3 Patient / client group

All MHAS service users (community and inpatient) including children, young persons and/or vulnerable dependent adult/s who have a service user as parent or caregiver.

## 1.4 Exceptions / contraindications

There are no exceptions to this protocol.

### 1.5 Definitions

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| **Whānau** | Family/whānau is not limited to relationships based on blood ties. Family/whānau can include a person's extended family/whānau, their partners, friends, advocates, guardians, or other representatives. In the area of mental health and addiction, the person who is unwell decides who his other family/whānau is.<br>Ref: When someone you care about has a mental health or addiction Issue. HDC 2014<br>The service user's own definition of whānau guides this choice and may include:<br>• Relatives of the proposed service user (including spouse or partner)<br>• Mixture of relatives, friends and others in a support network<br>• Only non-relatives |
| **Child/young person** | • People 0 - 13 years<br>• Young person of or over the age of 14 years but under 19 years |
| **Service user** | The person who is receiving care and treatment from MHAS |
| **Vulnerable adult** | A person unable by reason of incapacitation (e.g. detention), age, sickness, mental impairment or any other cause, to withdraw from and/or relinquish the care or charge of another person |
| **Parent** | A broad definition of parent needs to be used which refers to:<br>• Fathers, mothers and any other family or non-family members who play a significant caregiving role for one or more dependent children.<br>• The identified parental figure/s as deemed by the service user, who acknowledges/accepts the significant role of caregiving and the responsibility of care for the identified dependent children. |

## 2 Clinical Management

Roles and Responsibilities. At first, and subsequent contact, negotiate with service user and whānau, ways in which whānau can participate in service user recovery process through assessment, recovery support and planning.

Establish connection and rapport with whānau in such a way that they feel understood, listened to, informed and supported.

If a service user does not give consent, whānau are still entitled to receive access to support and appropriate information.

Provide whānau with access to relevant information they need to support their whānau member's recovery and maintain their own wellbeing including access to cultural supports.

Find out whether service users are parents and facilitate access to parenting support if required along with access to appropriate supports for children and young persons.

Address abuse or neglect concerns for children, young persons and vulnerable adults (which can include service user) with appropriate services.

It is intended that whānau participation processes are in place for service planning, service delivery and evaluation in MHAS. The Whānau Advisor will provide leadership to assist Waikato DHB in these processes.

### 2.1 Competency required

All staff working in the MHAS are responsible for ensuring their practice is up to date with appropriate learning about the inclusion of whānau and attend regular whānau education forums.

### 2.2 Equipment

IT electronic devices access as we are a paperless service.

### 2.3 Protocol

Whānau Advisor/s will have input to serious incident review process and support senior leadership with whānau liaison processes after serious incidents and complaints.

Whānau feedback mechanisms including surveys, focus groups and telephone interviews will be in place. Recommendations from feedback will be added to quality plans and service improvement activities. Summary of feedback is visible to the public.

MHAS staff will have access to training, education and resources on working with and supporting whānau.

Each service will have processes to ensure whānau are included in partnering and have access to helpful information and education to support their whānau member's recovery and maintain their own wellbeing. (especially rural community mental health services)

Waikato DHB MHAS Whānau Caucus will be chaired by the Whānau Advisor who will organise regular educational forums for whānau in the Waikato DHB health area and facilitate whānau input into whānau information and participate in co-design of MHAS projects.

The Whānau Advisor will collaborate and consult with relevant regional and national groups to enhance whānau participation processes locally, regionally and nationally.

Children of parents with a mental illness and/or addiction issues face particular vulnerabilities. Supporting children and young persons is the responsibility of all services so that they are protected and develop resilience.

Supporting whānau resources are available within Waikato DHB MHAS, including but not limited to:

- Training through learning and development
- Resources for parents

- Resources for children
- Resources for young people
- NGO support
- Web-based information, e.g. http://supportingparentsnz.org/

### 2.4 After care

Evaluation of the whānau participation protocol is completed in partnership with the clinical team, service user, the whānau advisor and whānau representation to ensure the MHAS response to whānau inclusion in service decision making.

## 3 Patient information

Clinicians ensure the service user and whānau are informed of their rights – under the Code of Health and Disability services consumer's rights.

In the community and inpatient services people are provided with verbal 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 Consumers' Rights. Limits to confidentiality based on risk of harm to self and others must also be outlined.

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

- Code of Health and Disability Services Consumers' Rights
- Nationwide Health and Disability Advocacy Service
- Feedback, compliment and complaint processes
- Supporting Families Waikato Family

## 4 Audit

### 4.1 Indicators

- Bi monthly file audits will include reviewing the whānau involvement in service user decision making.
- Bi monthly audits on whānau involvement in MH&A service co-design programmes, projects and planning

## 5 Evidence base

### 5.1 Summary of Evidence, Review and Recommendations

Whānau of all ages and from different cultural backgrounds can struggle in the early stages of seeking help for a whānau member or friend who may be having mental health or addiction issues. Early access to reliable information, support and services can reduce the distress and long-term effects for all concerned.

Early access is particularly important for children and young people during their developmental years. In addition, we know that children of parents with a mental health **and/or addiction issues** are at greater risk than their peers of developing mental health **and/or addiction issues** themselves. However we also know that "risk does not equal destiny" and there are many ways that the risk can be reduced.

The wellbeing of the whānau is vital for them to be holders of hope. Knowledge and access to resources in the community are crucial steps in empowering whānau to help themselves and aid their own healing**.**

### 5.1 References

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- Health and Disability Service Standards 2008.
- Ministry of Health. 2012. Healthy Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand. Wellington: Ministry of Health.
- Community Liaison Committee of the Royal Australian and New Zealand College of Psychiatrists. {2000). Involving families - Guidance for involving families and whānau of mental health consumers/tangata whaiora in care, assessment and treatment processes. Wellington: Ministry of Health on behalf of the Royal College of Australian and New Zealand Psychiatrists, the Health Funding Authority, and the Ministry of Health; available at http:/ / www.health.govt. nz.
- Ministry of Health. 2008. Let's Get Real: Real Skills for people working in mental health and addiction. Wellington: Ministry of Health.
- Ministry of Health. 2018. Mental Health and Addiction Workforce Action Plan 2017-2021 (2nd edn). Wellington: Ministry of Health.
- Lumb, T. {2009). Participating in Partnership: Guidelines for Enabling Effective Family Whānau Participation in CAMH and AOD Services in New Zealand - 2nd Edition. Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.
- Ministry of Health. 2015. Supporting Parents, Healthy Children. Wellington: Ministry of Health
- Mental Health Commissioner. Health and Disability Commission (HDC) (2014). When someone you care about has a mental health and addiction issue

### 5.2 Legislation

- Code of Health & Disability Services Consumers Rights 1996
- Crimes Act 1961 (Amendments 2012)
- Health Information Privacy Code 1994
- Mental Health (Compulsory Assessment and Treatment) Act 1992 & Amendment Act, 1999
- Vulnerable Children's Act, 2014

### 5.3 Associated documents

- Child Abuse Neglect, Care & Protection
- Complaints Management
- Consumer Participation
- Family/ Whānau Consultation & Information Sharing Requirements
- Principal Caregiver
- Partner Abuse Intervention - Family Violence
- Reportable Events
- Tikanga Best Practice
- Visitors policy

## 6 Disclaimer

No policy can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Waikato DHB protocol to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual service user/patient falls outside of the boundaries of this protocol.