

Whānau Inclusive Practice

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Mental Health and Addictions Service
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Guideline Review History

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1 Overview

The purpose of this guideline is to guide staff within the Mental Health and Addictions Service on engagement with whānau throughout the provision of care within the Integrated Care Pathway. The Mental Health and Addictions Integrated Care Pathway (ICP) places whānau involvement / support as integral to the recovery approach ([Mental Health and Addictions Integrated Care Pathway](#) policy). The inclusion of whānau aligns to strategic imperative 3.2 'People Centred Services' of the Waikato DHB strategy.

One of the core elements of whānau inclusive practice is the engagement and experience of whānau throughout ‘their loved ones’ recovery journey. Tāngata whaiora are not unwell in isolation of their whānau, and so an approach that takes into consideration their needs as well as those of the tāngata whaiora, ensures a holistic psychosocial approach to delivery of care. Engagement of whānau should be considered a critical success factor to ongoing support and successful recovery long after the intervention provided by secondary mental health services has ended.

This guideline also aims to incorporate the holistic Māori Model of care, Te Whare Tapa Whā as created by Dr Mason Durie. The core elements of these models include: the health and wellness of the tāngata whaiora through the inclusion of whānau and the use of whakawhanaungatanga / connecting through genealogy / whakapapa and the chosen networks of people. It is also important to recognise Te Tiriti O Waitangi principles of Partnership, Participation and Protection to guide best practice of tāngata whaiora that identify as Māori.

Whānau inclusion assists with recovery by:

- Developing a positive identity, improving social inclusion, helping develop social roles, assists in advocacy, promotes wellbeing, provides support (Slade, 2009)
- Fewer relapses and hospitalisation
- Increased tāngata whaiora participation in vocational rehabilitation programs
- Improving whānau wellbeing
- Greater whānau knowledge of serious mental illness
- Fewer feelings of stress and isolation
- Reduced wellness/wellbeing and use of medical care of whānau.

When working with whānau it is important to acknowledge the potential impact of mental illness on whānau including:

- Worry and concern
- Distress due to whānau members wellbeing
- The emotional impact of care giving
- Relationship stress with unwell whānau member

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- Tension in carers life
- Depression and anxiety
- Frustration over apathy and lack of motivation

1.2 Scope

This guideline applies to all staff and areas within the Mental Health and Addictions service.

1.3 Patient / client group

This guideline is applicable to tāngata whaiora throughout the Mental Health and Addictions service.

1.4 Exceptions / contraindications

Nil exceptions / contraindications

1.5 Definitions

Other carer	Other carers, who may be whānau or close friends, have a major role in supporting people with mental health difficulties to recover or cope as best they can with the condition.
Participation	Acknowledging the strengths within whānau and working together with community support services rather than treating tāngata whaiora in isolation
Partnership	Encouraging and supporting whānau to participate in the recovery of tāngata whaiora and ensuring whānau (including the children) of tāngata whaiora have access to information, education and support
Protection	Ensuring that health services and delivery are appropriate, acceptable and respectful of culture, values and beliefs to tāngata whaiora and their whānau.
Whānau	The tāngata whaiora, whānau, extended family, partner, siblings, friends or other people that the tāngata whaiora has nominated as a carer (see other carer)

2 Clinical Management

Clinicians

All clinicians are to consider and engage the whānau as appropriate at all points of contact in the tāngata whaiora care journey to ensure that the tāngata whaiora's whānau are included in the recovery pathway when consent has been given.

Managers

The managers in coordination with the family facilitator are to review any whānau feedback. The managers are to initiate quality improvement initiatives.

2.2 Competency required

Staff need to complete the whānau inclusive practice workshop within 6 months of commencement with the mental health and addictions service.

2.3 Equipment

Clinical record

Consent documentation

2.4 Guideline

1. Action: Triage / Crisis Assessment

Gain consent of the tāngata whaiora for the involvement of whānau as designated by tāngata whaiora in their treatment and recovery process.

Our role should be to support whānau and understand the impact of illness on both whānau and the tāngata whaiora.

If a tāngata whaiora does not wish whānau to be involved in their treatment then staff need to fully explain to the tāngata whaiora the benefits of whānau involvement and support. Clearly document in the tāngata whaiora clinical file and review at regular intervals the members of whānau the tāngata whaiora consents to participate in their recovery plan. Clinicians to clearly inform whānau of the consent process and refer them to appropriate whānau facilitator and kaitakawaenga service for support until the tāngata whaiora give consent. Any information received from the whānau to be acknowledged and recorded.

Consider the part illness may play on tāngata whaiora attitudes towards whānau members.

If whānau are engaged in the referral process, then they should be provided with information about community support agencies that can help them whilst their whānau member is unwell. These community agencies include; Supporting Families Waikato, People Relying on People, Te Runanga o Kirikiriroa, Hauora Waikato or other NGO's available in their area.

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Information gathering will vary according to the needs of the whānau you are working with. The aim is to understand the current circumstances for the whānau and the tāngata whaiora

If the tāngata whaiora is a parent or is around children or vulnerable adults an important part of our responsibility includes making an assessment of the impact of current / recent mental state on the person's ability to prioritise needs of dependants.

The following questions should be asked as part of this assessment process.

- Does the tāngata whaiora have a child or children in their care and if so what are their ages?
- Are there any safety issues for children or other whānau?
- If so, are there any contingency plans (i.e. Advanced Directive) in place for when the tāngata whaiora is in crisis?
- Is the tāngata whaiora concerned about their children in any way?
- What current support do they have available for their children?
- Are they aware of community supports available for children / whānau?
- Where are the children now?
- Have Oranga Tamariki (OT) had any recent or past involvement with tāngata whaiora's children? Are Oranga Tamariki currently involved?
- Are there any other adults living in the household? If yes, how many and what is their relationship to the tāngata whaiora?
- Are there any vulnerable /dependant adults living in the household? What supports are they in receipt of?

In the triage assessment phase prioritise assessment when there is evidence of potential risk to children, or when risk is not yet known. Assess the safety of the children as follows for acute situations:

Interaction, child responsibility, mental / emotional / physical / practical needs, environment, gathering and analysing information about the nature of the relationship between parent and child, the parent's ability to manage stress.

Assess the adequacy and effectiveness of the parent's current treatment and the likelihood they are able to provide 'good enough' parenting over the course of childhood.

If there are any concerns regarding the welfare or wellbeing of children under the age of 16 years, contact Child Protection Advisory Support Service (CPASS) to discuss concerns / notification. (Waikato DHB [Violence Intervention Programme – Child Protection](#) policy)

Clinicians have a 'duty of care' to liaise with Oranga Tamariki if any children involved under 16 years of age are known to Oranga Tamariki to ensure partnership and interagency

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collaboration. Follow the requirements of the Local Partnership and Communication Protocol between Oranga Tamariki and the Mental Health and Addictions Service.

- If child is 'not known' to Oranga Tamariki, clinician to identify any unmet needs of child (preventative management) by supporting the tāngata whaiora with 'practical supports' (to avoid crisis / when in crisis) via NGO and DHB package of care funding.

- Assessment and consideration of the level of distress and coping strategies of whānau members
- Consider options available for respite
- Provide advice on how to handle situations when the tāngata whaiora is avoiding or resisting support
- Provide information about mental illness and services available to carers through educational / support avenues and managing a crisis situation

If the triage screening assessment identifies safety concerns then: refer for urgent crisis assessment, whenever possible in home environment. A home visit will provide information and support engagement with the whānau.

In the Comprehensive Assessment assess the following:

- The need for support regarding daily living and current tasks the tāngata whaiora considers difficult
- The tangible requirements of the tāngata whaiora for caring for whānau
- Financial implications on the whānau and its effects
- Disruption of daily life and effects on the household routine e.g. practical support for children – meal preparation, personal care, and transport to school
- The historical perspective of current issues
- Achievement of developmental milestones for children
- Current involvement of whānau members and other support agencies
- Any safety issues and contingency plans
- The ability of the parent to provide for the basic needs of children / dependants now and into the future
- Whether parent can communicate with child about the mental illness (shared whānau understanding)
- Child knows that they are not to blame / are not responsible
- Child is able to build good social contacts in their community
- Child has access to a supportive adult
- The provision of educational resources

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- Assessment for whānau violence as per the requirements of the Waikato DHB Family violence intervention – Partner abuse policy (2202). Where care and protection issues are raised the information is to be provided by the clinician holding the concerns and is not to be provided second hand.
- Engagement with children and the impact of un-wellness on whānau time and quality of life
- Understanding and awareness of children and whānau mental un-wellness and its impact

Consider referral to Whānau Facilitator inpatient or community NGO support for advocacy and support.

Referral to Kaitakawaenga / cultural facilitator for cultural input as appropriate within the service.

Utilise interpreters as appropriate Waikato DHB [Interpreters](#) policy

3. Action: Recovery planning

During recovery planning ensure the following are completed and documented:

- Regularly review and seek permission for whānau engagement from tāngata whaiora
- Negotiate what information can be shared with whānau, if they are unable to consent when unwell
- Monitoring for symptoms of early warning signs
- Signpost whānau as appropriate for support by external agencies
- Ensure cultural input is being provided as per assessment requirements
- Ensure contingency planning for children / dependants and plan respite as appropriate
- Consider wrap around approaches to manage complex cases
- Tāngata whaiora are not unwell in isolation

4. Action: The Bio Psychosocial Intervention phase

- Ensure whānau are central to the recovery review meetings and contribute to the multidisciplinary team discussion
- Discussion with whānau the role they can play in treatment and recovery planning, relapse prevention, risk management, provision of information to support assessment, medication oversight and supporting follow up of the tāngata whaiora
- Provision of support as required for the whānau i.e. education, information to ensure whānau are well informed and aware of the community support
- Ensure early notification to whānau of meetings to allow whānau to attend
- Referral and liaison with appropriate community support systems for whānau

5. Action: Transfer of Care

Discuss ongoing support for whānau, relapse plan, seek advice and support form multidisciplinary team by sharing 'risk' and concerns.

Where applicable spend time with whānau to discuss and provide information on monitoring of symptoms, identifying early warning signs, risk management, medication oversight, ongoing rehabilitation, socialisation, regular telephone / face to face contacts, accommodation, joint activities, and ensure advance directives are in place.

Encourage whānau supporting their 'loved ones' to re-engage with treatment or inform staff as soon as possible when there are early warning signs of decompensation in mental health wellbeing.

Provide tāngata whaiora with resources for children and vulnerable adults e.g. respite, parenting, family works, link families with agencies that work with children / parents.

Age appropriate information for children around parental mental un-wellness – early warning signs, symptoms and who to contact for help/support.

Referral to carer support prior to transfer of care / discharge.

If the tāngata whaiora is under the Mental Health Act (please refer to guideline regarding sharing information on the Waikato DHB intranet).

3 Patient information

Provide whānau with the Mental Health and Addictions service 'Information for whānau / friends' information pack and document that this has been provided in the clinical record.

4 Audit

4.1 Indicators

- Adherence to this procedure will be evidenced through audit of clinical files, management of complaints involving whānau engagement. Monitoring of KPI's.
- Whānau (or support carer) who the tāngata whaiora agrees could be involved in their recovery care are identified at the initial point of service contact.

4.2 Tools

- Real Time feedback
- Service wide KPI monitoring
- Clinical audit of whānau engagement
 - All monitoring will include information related to Māori equity

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5 Evidence base

- How Families Fit On The Path To Recovery
www.mifa.org.au/sites/.../MIFNQ_HowFamiliesFitPathwayRecovery_P.ppt by Glenda Blackwell Waikato DHB Strategy 2016
- Marina Barnard, 27 April 2005.Ministry of Health. (2000). *Involving Families: Guidance notes*. Wellington: Ministry of Health
- Tikanga best Practice Guideline Waikato District Health Board
- Te Rau Hinengaro: The New Zealand Mental Health Survey Citation: Oakley Browne, M. A., Wells, J. E., & Scotts, K. M. (Eds). (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- Supporting Families with Parental Mental Illness Provincial Working Group.
- Werry Workforce Wharaurau *Supporting parents healthy Children For the ICAMH and AOD Workforce*.
- The white paper (for vulnerable children volume 1, May 11, 2011
- Felitti VJ, Anda RF, Nordenberg D et al: The relationship of adult health status to childhood abuse & household dysfunction. American Journal of Preventive Medicine 14(4):245-258, May 1998
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- Living with addiction: Exploring the issues for families. Helen Moriarty, Maria Stubbe, Sarah Bradford, Sophie Tapper, Blue Skies Report, September 2010
- Waikato DHB Whānau Participation Protocol. Reference No. 0896
- 100 ways to support recovery. A guide for mental health professionals. Rethink recovery series Vol. 1, Mike Slade 2009.
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- Creating Partnerships: A New Zealand Guide to Including Families in Mental Health Assessment and Treatment. Richard G.Whiteside and Frances E.Steinberg, 2003
- Queensland Health. (2012). Working with parents with mental illness-risk and protective factors. Queensland Government. Brisbane, Australia.
- Māori health models – Te Whare Tapa Whā.<http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

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- NZNO guidelines for nurses and other healthcare workers on the Section 195A amendment to the Crimes Act 1961-II.
- Privacy Act 1993 www.legislation.govt.nz
- Royal Australian and New Zealand College of Psychiatrists. (2000). *Involving Families: Guidance notes*. Wellington: Ministry of Health.
- The Assessment Framework Triangle Social work Now April 2011 DHB Policy and procedure (Health Care Act Safety of Subsequent Children) www.familiescommission.org.nz
- Treatment or neglect of child or vulnerable adult. Family Psycho education – An Evidenced Based Practice. U.S Department of Health and Human Services, SAMHSA.
- *Social Work Now: April, 2013* www.practicecentre

5.2 External Standards

Health and Disability Services Standards NZS 8134: 2008

5.3 Associated Waikato DHB Documents

- Local Partnership and Communication Protocol between Child Youth and Family and Mental Health and Addictions Service
- Mental Health and Addictions [Advanced Directive](#) procedure (Ref. 2181)
- Mental Health and Addictions [Integrated Care Pathway](#) policy (Ref. 1703)
- Mental Health and Addictions [Risk: the assessment and management of service users at risk of harm to self or others](#) procedure (Ref. 5241)
- Mental Health and Addictions [Recovery Planning](#) guideline (Ref. 5998)
- Mental Health and Addictions [Screening and Triage of Referrals to the Adult Mental Health and Addictions Service](#) procedure (Ref. 3243)
- Mental Health and [Addictions Whānau](#) Participation protocol (Ref. 0896)
- Waikato DHB [Health Information Privacy](#) policy (Ref. 1976)
- Waikato DHB [Interpreters and Translation](#) policy (Ref. 0137)
- Waikato DHB [Violence Intervention Programme – Child Protection](#) policy (Ref. 1809)
- Waikato DHB [Violence Intervention Programme – Intimate Partner Violence](#) policy (Ref. 2202)