

1 A competent mental health worker understands recovery principles and experiences in the Aotearoa/NZ and international contexts

1.1 They demonstrate ability to apply the Treaty of Waitangi to recovery. For example, they demonstrate:

- a) understanding of the articles of the Treaty in their everyday work towards recovery
- b) understanding of the impact of colonisation and Treaty non-compliance on Maori
- c) knowledge of the differing health and socio-economic status of Maori and non-Maori
- d) ability to enable Maori service users to rediscover their identity and to enrich their mana.

1.2 They understand the philosophical foundations of recovery in the mental health setting

For example, they demonstrate:

- a) understanding of autonomy as fundamental to the recovery of people with mental illness
- b) ability to accurately assess the parameters of autonomy, including the physical, social and psychological context, possible consequences and their duty as a health worker.
- c) ability to use moral reasoning and make informed judgements in their work, based on their understanding that health work is a moral endeavour.

1.3 They demonstrate knowledge of and empathy with service user recovery stories or experiences

For example, they demonstrate:

- a) awareness of recovery stories from different cultures and age groups
- b) ability to see people in the context of their whole selves and lives, not just their illness
- c) ability to adopt the story teller s frame of reference

1.4 They demonstrate understanding of the principles, processes and environments that support recovery

For example, they demonstrate:

- a) ability to articulate the common themes in the process of recovery
- b) understanding of the role of service users in their own recovery
- c) understanding of the wider societal values and responses that support recovery
- d) understanding of the service values and responses that support recovery
- e) understanding of the major barriers to recovery.

2 A competent mental health worker recognises and supports the personal resourcefulness of people with mental illness

2.1 They demonstrate knowledge of human resilience and strength and knowledge of how to facilitate it

For example, they demonstrate:

- a) familiarity with the concept of resilience and strength in contrast to deficits-based approaches
- b) understanding of adult education principles, coaching and mentoring.

2.2 They demonstrate the ability to support service users to deal constructively with trauma, crisis and keeping themselves well

For example, they demonstrate:

- (a) ability to support people to find positive meaning in their experience of mental illness
- (b) understanding of how to minimise the impact of trauma and negative life experience that predates mental illness
- (c) understanding of how to minimise the impact of trauma that arises out of mental illness
- (d) ability to support people with self-management of distressing aspects of mental illness, e.g. negative moods, hearing voices, unusual beliefs, self-harm and suicidal urges, and crises
- (e) ability to support people with self-monitoring of triggers and early warning signs
- (f) understanding of the importance of exercise, nutrition, sleep, spirituality, creative outlets and stress management
- (g) ability to support people with medication management
- (h) ability to inform people of the likely impact of alcohol, other recreational drugs and smoking.

2.3 They demonstrate the ability to support service users to experience positive self-image, hope and motivation

For example, they demonstrate:

- a) ability to support people to take control of their lives
- b) ability to support people self-advocate and know their rights
- c) ability to support people to develop hope and optimism
- d) ability to support people to cope and use problem solving skills

- e) ability to support people in deciding what they want out of life.

2.4 They demonstrate the ability to support service users live the lifestyle and the culture of their choice

For example, they demonstrate:

- a) ability to support people to find adequate housing, work and income
 - b) ability to support people to establish and/or maintain relationships, e.g. family of origin, partners, lovers, children, friends, peer support networks, cultural networks
 - c) ability to support people fulfil their social responsibilities, e.g. household management, parenting, work.
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3 A competent mental health worker understands and accommodates the diverse views on mental illness, treatments, services and recovery

3.1 They demonstrate knowledge of the major ways of understanding mental illness

For example, they demonstrate:

- a) knowledge of different explanations – spiritual/moral, psychological, sociological, biological
- b) understanding of the social model of disability
- c) knowledge of different cultural responses, e.g. Maori, European, Pacific Nations, Asian
- d) knowledge of the different ways mental illness impacts on service users, families and communities
- e) knowledge of Western historical responses, e.g. pre-asylum, asylum, community care
- f) knowledge of the rates of improvement of people with mental illness.

3.2 They demonstrate knowledge of major types of treatments and therapies and their contributions to recovery

For example, they demonstrate:

- a) knowledge of biological treatments
- b) knowledge of psychotherapeutic approaches
- c) knowledge of self-help approaches
- d) knowledge of Maori traditional healing
- e) knowledge of Pacific people's traditional healing
- f) knowledge of alternative and complementary treatments, e.g. homeopathy, acupuncture, herbal medicine, massage.

3.3 They demonstrate the ability to facilitate service users to make informed choices for recovery

For example, they demonstrate:

- a) commitment to providing quality information on mental illness and treatments from various viewpoints
- b) ability to articulate the pros and cons of different treatments to service users
- c) ability to support service users to make the best use of treatments, minimise side-effects and withdraw from medication.

3.4 They demonstrate knowledge of innovative recovery-oriented service delivery approaches

For example, they demonstrate:

- a) knowledge of kaupapa Maori services
 - b) knowledge of service user run services
 - c) knowledge of a range of crisis and respite options
 - d) knowledge of range of education and employment supports and services
 - e) knowledge of a range of housing options and supports
 - f) knowledge of community development and community inclusion approaches.
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4 A competent mental health worker has the self-awareness and skills to communicate respectfully and develop good relationships with service users

4.1 They demonstrate self-awareness of their life experience and culture

For example, they demonstrate:

- a) understanding of own culture, values and life experience in the New Zealand context
- b) understanding of the impact of their culture, values and life experience on relationships with service users
- c) ability to use aspects of their own life experience to empathise with service users

4.2 They demonstrate communication styles that show respect for service users and their families/whanau

For example, they demonstrate:

- a) understanding of different cultural communication styles
- b) listening skills and ability to take people's experiences seriously
- c) ability to communicate respect and positive reinforcement to the service user
- d) ability to use communication styles that motivate and support people to change
- e) understanding of power dynamics
- f) ability and willingness to share information with service users
- g) use of non-technical, understandable written and oral language
- h) knowledge of how to use interpreters for non-English speaking people
- i) conflict resolution skills.

4.3 They manage relationships so they will facilitate recovery

For example, they demonstrate:

- a) ability to build trust with service users
 - b) ability to work in partnership and reciprocity with service users
 - c) ability to focus on strengths and to encourage purpose
 - d) ability to adapt levels of support to people's different and changing needs
 - e) ability to let service users think for themselves and make free decisions
 - f) ability to build respect and trust with families and whanau.
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5 A competent mental health worker understands and actively protects service users' rights

5.1 They demonstrate knowledge of human rights principles and issues

For example, they demonstrate:

- a) understanding of the principles of autonomy, self-determination, and privacy
- b) understanding of the right to treatment, right to refuse treatment, and informed consent
- c) understanding of the importance of minimising involuntary practices, e.g. seclusion, restraint and forced treatment
- d) understanding of the tensions between political, bureaucratic, professional and legal processes and service users' rights
- e) understanding of the tensions between the rights of service users and the rights of families and communities.

5.2 They demonstrate knowledge of service users' rights within mental health services and elsewhere

For example, they demonstrate:

- a) knowledge of compulsory assessment and treatment law, e.g. Mental Health Act, 1992, Alcohol and Drug Addiction Act 1966
- b) knowledge of discrimination law, e.g. Human Rights Act 1993, NZ Bill of Rights Act 1990
- c) knowledge of health consumers' rights, e.g. Health and Disability Commissioner's Code of Rights, Privacy Code
- d) knowledge of guardianship law, e.g. Protection of Personal & Property Rights Act 1988
- e) familiarity with international rights instruments, e.g. Universal Declaration of Human Rights, UN Standard Rules for the Equalisation of Persons with Disabilities
- f) knowledge of service user powers to determine what happens in a future crisis, e.g. advance directives,¹ psychiatric wills.

5.3 They demonstrate the ability to promote and fulfil service users' rights

For example, they demonstrate:

- a) ability to educate service users about their rights

¹ "Advance directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself.

- b) knowledge of the use of protocols, etc, that support service users' rights
 - c) knowledge of the use of complaints procedures and HDC advocates
 - d) ability to advocate on behalf of service users in other services and the wider community.
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6 A competent mental health worker understands discrimination and social exclusion, its impact on service users and how to reduce it

6.1 They demonstrate knowledge of discrimination and social exclusion issues

For example, they demonstrate:

- a) familiarity with the concepts of stigma, discrimination and social exclusion as they affect people with mental illness
- b) awareness of stories and research on discrimination against people with mental illness
- c) understanding of internalised stigma and its impact on service users.

6.2 They demonstrate an understanding of discrimination and exclusion by the wider community

For example, they demonstrate:

- a) understanding of discrimination in employment
- b) understanding of discrimination in education
- c) understanding of discrimination in housing
- d) understanding of discrimination in access to social networks
- e) understanding of discrimination in the provision of goods and services
- f) ability to articulate the role of the media in perpetrating discrimination.

6.3 They demonstrate an understanding of discrimination by the health workforce

For example, they demonstrate:

- a) understanding of discrimination in legislation, public policy and funding, e.g. institutionally-based services, historic under-funding of mental health service
- b) understanding of discrimination in the management of services, e.g. weak consumer participation, lack of complaints procedures

- c) understanding of one to one discrimination, e.g. derogatory or incomprehensible language, controlling behaviour, paternalistic attitudes, low expectations, neglect, abuse
- d) understanding of discrimination against service users working in mental health services, e.g. low expectations, low rates of pay, lack of safety to ‘come out’ about mental illness
- e) understanding of discrimination against the mental health workforce by other health/social services workforces.

6.4 They demonstrate an understanding or other kinds of discrimination and how they interact with discrimination on the grounds of mental illness

For example, they demonstrate:

- a) understanding of discrimination on the grounds of ethnicity, gender, sexual orientation, religious beliefs, and other disabilities as a contributor to mental illness
- b) understanding of the impact of multiple discrimination on service users – on the grounds of ethnicity, gender, sexual orientation, religious beliefs or other disabilities – as well as mental illness.

6.5 They demonstrate familiarity with different approaches to reducing discrimination

For example, they demonstrate:

- a) knowledge of legislation, e.g. anti-discrimination law
 - b) knowledge of public policy to reduce discrimination
 - c) knowledge of mass media campaigns to reduce discrimination
 - d) knowledge of community development approaches for the wider community
 - e) knowledge of service development and educational approaches for the health workforce
 - f) knowledge of current projects to counter discrimination
 - g) ability to educate other service sectors and the wider community on discrimination issues.
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7 A competent mental health worker acknowledges the different cultures of Aotearoa/New Zealand and knows how to provide a service in partnership with them

7.1 They demonstrate an awareness of cultural diversity

For example, they demonstrate:

- a) knowledge of the cultural make up of Aotearoa/New Zealand
- b) understanding of the dominance of European-derived cultures in New Zealand
- c) understanding of the experience of dispossession or minority cultural status
- d) understanding of new immigrant and refugee adjustment issues
- e) knowledge of non-ethnic 'cultures', e.g. deaf culture, gay/lesbian culture.

7.2 They demonstrate knowledge of Maori protocols and models of care

For example, they demonstrate:

- a) ability to articulate Maori cultural traditions and follow protocols in the work context
- b) ability to articulate Maori views on health, e.g. Whare Tapa Wha
- c) knowledge of Maori treatments, e.g. rongoa Maori
- d) correct pronunciation and usage of te reo
- e) knowledge of kaupapa Maori services and ability to work with them
- f) ability to involve whanau, hapu and iwi in mainstream services
- g) ability to involve Maori service users in mainstream and kaupapa Maori services.

7.3 They demonstrate knowledge of European-derived cultures

For example, they demonstrate:

- a) knowledge of diversity within European cultures
- b) knowledge of European cultural traditions, e.g. colonisation, individualism, human rights
- c) understanding of European privilege in the New Zealand context
- d) understanding of Western explanations and attitudes to mental illness.

7.4 They demonstrate knowledge of Pacific Islands cultures

For example, they demonstrate:

- a) knowledge of diversity within the different Pacific cultures
- b) knowledge of Pacific people's culture, e.g. role of family, religious traditions, respect for authority
- c) ability to articulate Pacific people's traditional views on health
- d) knowledge of traditional Pacific people's treatments
- e) knowledge of Pacific people's services and the ability to work with them

- f) ability to involve Pacific people's families, communities and service users in services.

7.5 They demonstrate knowledge of Asian cultures

For example, they demonstrate:

- a) knowledge of diversity within Asian cultures
 - b) knowledge of Asian culture, e.g. importance of family, religious traditions, duty, respect for authority, honour, shame and harmony
 - c) ability to articulate Asian views on health
 - d) knowledge of traditional Asian treatments, e.g. acupuncture
 - e) ability to involve Asian families, communities and service users in services.
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8 A competent mental health worker has comprehensive knowledge of community services and resources and actively supports service users to use them

8.1 They demonstrate ability to facilitate access to and good use of mental health services

For example, they demonstrate:

- a) knowledge of mental health sector policy and standards
- b) knowledge of the roles of the different types of services and occupational groups and ability to work with them
- c) knowledge of local mental health services, e.g. roles, eligibility and referrals
- d) knowledge of local and national mental health advocacy organisations, e.g. service user, family, provider, rights, Maori, Pacific nations
- e) ability to develop links with other local mental health services and mental health organisations
- f) ability to assist the service user get the most out of services, e.g. when to access them, choosing service options, information to give and questions to ask, building effective relationships with professionals, making complaints, when to leave them.

8.2 They demonstrate ability to facilitate access and good use of other government sectors

For example, they demonstrate:

- a) knowledge of current policies and practices which impact on people with mental illness
- b) familiarity with primary health services
- c) familiarity with education sector
- d) familiarity with income and employment
- e) familiarity with housing
- f) familiarity with police and justice
- g) ability to develop links with government and local government sectors for the benefit of service users
- h) ability to assist service users get the best use of these services
- i) ability to advocate with other service providers for access to services.

8.3 They demonstrate ability to facilitate access to and good use of community resources and services

For example, they demonstrate:

- a) knowledge of community development principles and practice
- b) knowledge of local community resources and supports and where to get information about them, e.g. voluntary welfare agencies, iwi, churches, employment agencies, private or subsidised counselling and psychotherapy, childcare, clubs, law centres and other legal services, internet, Citizen's Advice, community education
- c) ability to develop links with local community resources and services for the benefit of service users
- d) ability to assist service users get the most out of community supports and resources.

9 A competent mental health worker has knowledge of the service user movement and is able to support their participation in services

9.1 They demonstrate knowledge of the principles and activities of the service user movement

For example, they demonstrate:

- a) understanding of the principles of self-determination, human rights and social inclusion
- b) understanding of the similarities with other social movements, e.g. women's movement, civil rights, indigenous movements
- c) understanding of the meaning and scope of advocacy, e.g. individual, systems, political
- d) understanding of the meaning and scope of service user run self-help, e.g. support networks, peer counselling, service user run businesses.

9.2 They demonstrate knowledge of the range of service user participation and principles and policy behind it

For example, they demonstrate:

- a) knowledge of government policy on service user participation
- b) understanding of the levels of participation, e.g. one-to-one, management, funding, policy
- c) understanding of the phases of participation, e.g. planning, delivery, evaluation, improvements
- d) understanding of different service user roles in participation – as service recipients, in advisory roles or as service providers.

9.3 They demonstrate understanding of the different methods of service user participation

For example, they demonstrate:

- a) ability to work in partnership with individuals to support recovery, e.g. collaborative approaches to goal setting, treatment, crisis planning, recording notes and the provision of information
- b) ability to seek a representative view of what service users think, e.g. surveys, focus groups, consultation, representatives on committees and boards
- c) ability to use 'experts' with experience of mental illness, e.g. employing or contracting people to do work, appointing advisors or board members.
- d) ability to support service user-run independent initiatives while they are being established, e.g. 'umbrella-ing', joint ventures, technical assistance, financial assistance, and supervision.

9.4 They demonstrate the ability to apply knowledge of service user participation to different groups and settings

For example, they demonstrate:

- a) understanding of participation issues for different age groups
 - b) understanding of participation issues for different cultures, e.g. Maori, Pacific Nations, Pakeha
 - c) understanding of participation issues for different types of services, e.g. forensic service users, service users under compulsory treatment orders
 - d) understanding of participation issues for present and past service users, and of role strain in service users.
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10 A competent mental health worker has knowledge of family/whanau perspectives and is able to support their participation in services

10.1 They demonstrate knowledge of the range of family participation and the principles and policy behind it

For example, they demonstrate:

- a) knowledge of government policy on family participation
- b) knowledge of the different levels of participation, e.g. one-to-one, management, funding, policy
- c) knowledge of the different phases of participation, e.g. planning, delivery, evaluation
- d) understanding of the importance of family participation in Maori, Asian and Pacific People's cultures
- e) understanding of the importance of service user consent to family involvement.

10.2 They demonstrate knowledge of the methods of family participation

For example, they demonstrate:

- a) ability to work in partnership with families to support recovery of relative, e.g. support with own responses, information on mental illness, education of family to use a recovery approach, family involvement in goal setting, treatment, crisis planning
- b) ability to seeking a representative view of what families in a given service, network or population think, e.g. surveys, focus groups, consultation, representatives on committees and boards selected by families
- c) ability to use of experts among families, e.g. employing or contracting people to do work, appointing advisors or board members.

10.3 They demonstrate the ability to apply their knowledge of family participation to different groups and settings

For example, they demonstrate:

- a) understanding of family involvement with child and adolescent service users
- b) understanding of family involvement in Maori, Pacific Nations, Pakeha contexts
- c) understanding of family involvement when service users are compulsorily treated or detained
- d) knowing when families and service users interests differ and what to do about it.

10.4 They demonstrate awareness of the experiences of families and their potential to support recovery

For example, they demonstrate:

- a) understanding of the impact mental illness on family relationships
- b) understanding of the stresses and needs of families
- c) ability to facilitate families in their support role with their relative
- d) ability to determine what personal information they can or can't give to families
- e) knowledge of family support and advocacy groups and resources.