PURPOSE

Mental Health & Addiction Services (MH&AS) recognises the need for a good understanding of the impact of mental illness, distress and addiction on the whānau / family, acknowledging whānau / family issues and assisting the whānau to build resilience to support the tangata whai ora and whānau recovery. The services will also ensure that family / whānau of tāngata whai ora / service users are involved in the planning, implementation and review of MH&AS.

OBJECTIVE

- To ensure family / whānau perspectives and experience is valued and incorporated in the planning, implementation, and evaluation of the service
- To ensure the information, education and support needs of family / whānau are acknowledged and met by the service or referred to other appropriate services.
- To ensure family / whānau involvement in the treatment process of tāngata whai ora / service users where consent has been given.
- To ensure compliance with Health & Disability Services Standards

STANDARDS TO BE MET

1. Organisational Partnership

1.1. MH&AS works with Non-Government Organisations (NGOs) to provide family / whānau perspectives to mental health management and staff.

1.2. MH&AS works collaboratively with NGOs contracted to provide services to family / whānau of tāngata whai ora / service users.

1.3. MH&AS involves family / whānau NGOs in the development of policy, service delivery and monitoring.

   a) Mental health management and staff and family / whānau NGO's co-ordinate the provision of family input into planning groups, with emphasis on the impact of developing services and / or service responsiveness for family / whānau.

   b) Family / whānau NGO's co-ordinate effective links with family and community groups providing feedback to MH&AS management and staff thus ensuring appropriate input is gained from families.

1.4. MH&AS provides education and information to support family / whānau.

   a) MH&AS maintains current relevant, culturally appropriate information sheets and pamphlets for family / whānau on service provision and interventions including information regarding support services.

   b) Service information is offered to tāngata whai ora / service users and family / whānau entering the MH&AS by the consumer's designated nurse / case manager / key worker.

   c) Family / whānau information packs are offered to families of tāngata whai ora / service users being admitted to inpatient services by the tāngata whai ora / service users designated nurse / case manager / key worker.

1.5. MH&AS provides education and information to service staff that is based on family/ whānau perspectives.

   a) Family / whānau perspectives / inclusion is a regular topic in mental health in-service training ensuring that staff understand the importance of family / whānau inclusion.

b) Family / whānau NGOs promote family / whanāu perspectives on service delivery, informing management of any new training or information available on family / whānau inclusion and involvement.

1.6. MH&AS ensures that complaints or issues raised by families with the service are recorded, responded to promptly, fully investigated and service improvements implemented where appropriate.

2. Participation

2.1 Family / whānau will be consulted when a patient or proposed patient is being assessed for treatment subject to the Mental Health (Compulsory Assessment & Treatment) Act 1992 & amendments.

a) The health practitioner or responsible clinician should obtain consent from the patient or proposed patient to consult family or whānau. However, consent is not always required, such as when a patient is acutely unwell or lacks capacity to consent. The requirement to consult does not mean a patient or proposed patient gives up their right to confidential care and treatment. The rights of patients and proposed patients, and the protection of those rights, continue to be paramount and a major philosophical tenet of the Act.

b) When a health practitioner or responsible clinician is establishing whether consultation with family or whānau is in the best interests of the patient or proposed patient, they must first consult the patient or proposed patient. A health practitioner or responsible clinician must apply the relevant parts of these guidelines when deciding:

i when and how to engage with a family or whānau or the patient or proposed patient
ii whether consultation with family or whānau is reasonably practicable
iii whether consultation with family or whānau is in the best interests of the patient or proposed patient.

c) Consultation may require the health practitioner or responsible clinician to disclose personal and health information about a patient or proposed patient to their family or whānau. They need to do so particularly when developing a treatment, discharge or recovery plan in which family or whānau will be involved in maintaining a person's wellness in the community

d) The disclosure of information for the purposes of consultation under section 7A **is not** a breach of the Privacy Act 2020 or Health Information Privacy Code 1994.[1] However, it is desirable to discuss the consultation process with the patient or proposed patient in advance, so they understand the purpose of consultation and the extent to which information will be shared.

e) There are multiple ways in which a patient or proposed patient may have expressed their wishes as to who to consult when they become unable to make decisions, what treatment they do or do not want in such situations, or who can make decisions on their behalf in certain circumstances. These ways include:

i crisis or treatment plans (see Standard 3.5 of the Health and Disability Services (Core) Standards – Continuum of service delivery; NZS 8134.1.3:2008)
ii advance directives (see Right 7(5) of the Code of Rights)
iii appointment of an enduring power of attorney (see Part 9 of the Protection of Personal and Property Rights Act 1988)

---

[1] See sections 7 and 53 of the Privacy Act 2020

    iv personal orders under the Protection of Personal and Property Rights Act 1988, including an order to appoint a welfare guardian.
f) In cases of doubt or dispute, the DAMHS is responsible for deciding:
    i whether the patient or proposed patient is sufficiently competent to determine who is their family or whānau
    ii who is the family or whānau of the patient or proposed patient for the purposes of section 7A.
g) The DAMHS will make this decision based on advice from the responsible clinician or another staff member who knows the patient or proposed patient. Other parties who could offer advice may include the patient's or proposed patient's principal caregiver, welfare guardian, general practitioner, key worker, kaumātua, Māori health worker, cultural support staff, consumer advisors, non-governmental organisations or a district inspector.
h) In urgent circumstances, the health practitioner completing sections 10 and 11 of the Act is responsible for making this decision for the purposes of the Act.
i) Even if the circumstances are urgent, a practitioner should still consult with the patient or proposed patient to seek their views about the consultation. However, given the urgency the practitioner may decide it is not in the best interests of the patient or proposed patient, or is not reasonably practicable to consult family or whānau at that time. This does not prevent the practitioner from communicating with the family or whānau at the earliest opportunity after a decision has been made and before further action is taken.

2.2 Clinicians who undertake the role of Responsible Clinician for patients subject to the Mental Health (Compulsory Assessment and Treatment) Act 1992 are required to document in detail their consultation with the patient's family and whanau and if not consulted, why it is considered not reasonably practical to do so or not in the patient's best interest.

2.3 'Family and whānau' means a set of relationships a patient or proposed patient recognises as their closest connections, whether those connections are with a collective or an individual. The relationships are not limited to those based on blood ties and may include any of the following:
a) the spouse or partner of the patient or proposed patient
b) relatives of the patient or proposed patient
c) a mixture of relatives, friends and others in a support network
d) only non-relatives of the patient or proposed patient.[2]

2.4 Where a patient's or proposed patient's definition of family and whānau differs from the above suggestions, their definition must be accepted if they are competent to decide who their family or whānau is, or if they have nominated family or whānau in an advance directive.

2.5 Family / whānau will be consulted when a tāngata whai ora / service user is unable to give consent and where family / whānau hold legal authority to represent the person's interests.

2.6 Families / whānau are entitled to be able to access MH&AS staff who can provide them with the appropriate information on their potential role in care, assessment and treatment of their family / whānau members.

2.7 Families / whānau are encouraged to provide information to MH&AS, regarding any concerns or changes in behaviour which may affect the tāngata whai ora / service

---

[2] RANZCP. 2000. *Involving Families: Guidance notes: Guidance for involving families and whānau of mental health consumers/tangata whai ora in care, assessment and treatment processes*. Wellington: Ministry of Health.

user's wellbeing. The family / whānau does not need the permission of the tāngata whai ora / service user to *give* unsolicited information to MH&AS staff. This information must be respected and the confidentiality of the source maintained as appropriate.

2.8 MH&AS staff may only provide information to families regarding a tāngata whai ora / service user's treatment when consent has been given. The most common exceptions to this are:

a) It is necessary to prevent or lessen a serious and imminent threat to public health or safety, or the life or health of any individual, including the patient (rule 11(d)) e.g. AWOL.
b) The information is disclosed to an individual's principal care giver of the individuals release or imminent release from compulsory status under the Mental Health (CAT) Act 1992.
c) The information is disclosed to an individual's enduring power of attorney (EPoA)
d) For further guidance please see Bay of Plenty District Health Board policy 2.5.2 P2 Health Information Privacy & Information Sharing

2.9 Section 7A places the requirement to consult directly on the health practitioner or responsible clinician. However, other staff (such as a DAO, care manager, cultural worker, kaiārahi, whānau ora navigators and peer support workers) may, because of a pre-existing relationship with the patient or proposed patient and family or whānau, have important roles in facilitating the consultation.

2.10 It is also the responsible clinician's responsibility to ensure that consultation is ongoing, responsive to the needs of the patient or proposed patient, and responsive to cultural values.

2.11 Family / whānau are able to consult and work collaboratively with the tāngata whai ora / service user and mental health staff, during care, assessment and treatment processes. This may include: treatment planning, risk assessment, crisis planning, relapse prevention and transition planning.

2.12 Tāngata whai ora / service users are presumed to be competent to give informed consent to involve family / whānau in their treatment process. It is possible that tāngata whai ora / service user's may decide not to involve family / whanāu this must be respected. However, in cases of this occurring, the family / whānau are still entitled to be given support and education. It is also important to periodically ask tāngata whai ora / service users if they would like the option of family / whānau involvement at a later stage.

2.13 Involving families / whānau - guidance notes (2000) provides a practical guide which offers principles, guidance and suggestions to assist mental health staff to work alongside families / whānau - working with, not for them. These guidance notes have been prepared to assist mental health staff to work effectively with families / whānau, to establish and maintain working relationship with MH&AS and staff

REFERENCES

- The Mental Health (Compulsory Assessment and Treatment) Act 1992
- Privacy Act 2020
- Code of Family Rights - SFNZ, 1999
- Health and Disability Code of Consumer Rights- Health and Disability Commission, 1994
- Ngā paerewa Health & Disability Service Standards NZS 8134:2021
- Involving Families - Guidance Notes, Ministry of Health, November 2000
- RANZCP. 2000. Involving Families: Guidance notes: Guidance for involving families and whānau of mental health consumers/tangata whai ora in care, assessment and treatment processes. Wellington: Ministry of Health

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.3.1 Complaints Management
- Bay of Plenty District Health Board policy 1.3.1 protocol 0 Complaints Management Standard
- Bay of Plenty District Health Board policy 1.3.1 protocol 1 Complaints Management Process
- Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy
- Bay of Plenty District Health Board policy 2.5.1 P2 Health Information Privacy & Information Sharing
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.13 Consumer Participation (Urunga Kiritaki)