

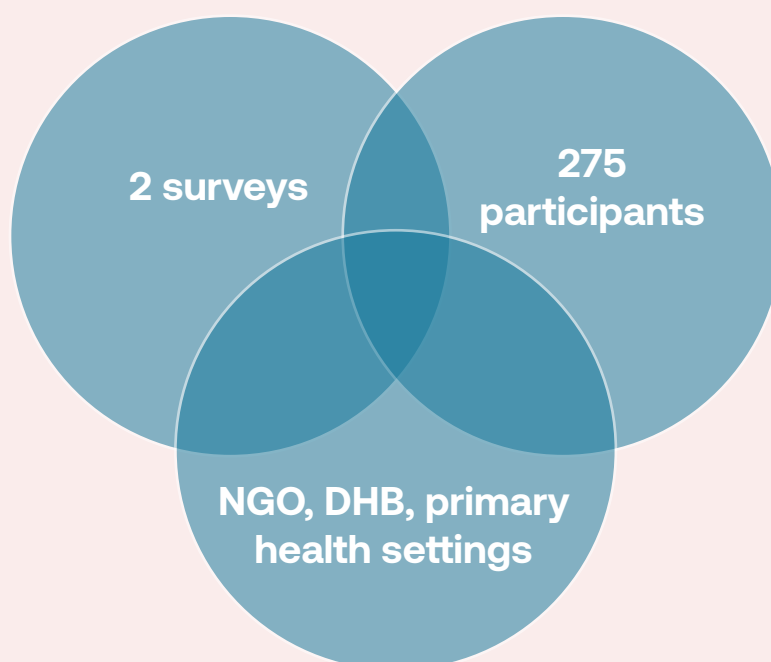
# Learning and development needs for the revised Guidelines to the Mental Health Act: Survey findings



Summary, October 2021

## Background: the Mental Health Act and the Guidelines

- ▶ The *Mental Health (Compulsory Assessment and Treatment) Act 1992* (the Act) provides a legal framework for compulsory psychiatric assessment and treatment. [He Ara Oranga](#) highlights that the current Act embeds archaic and risk-averse attitudes resulting in loss of human rights.
- ▶ The revised *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992* (the Guidelines), published in September 2020, aim to support the effective and lawful use of the Act, and clarify the responsibilities of services and clinicians in applying the Act in a way that best promotes people's rights.



The purpose of the surveys was to gather information from the district health board (DHB), non-government organisation (NGO) and primary health workforces to inform Te Pou and the Ministry of Health when developing new workforce initiatives related to the Act and the Guidelines. People provided feedback on:

- ▶ current training related to the Mental Health Act and the Guidelines
- ▶ what they want to see in future learning and development initiatives
- ▶ resources for people and whānau.

## Current training

- ▶ Some good learning and development opportunities exist.
- ▶ There are some gaps in training and understanding of the Act and the Guidelines.
- ▶ Training is often informal, particularly related to the Guidelines.

## Future initiatives for the workforce

- ▶ There is a need for more formal training related to the Act and the Guidelines.
- ▶ Future initiatives require some tailoring by role (roles administering the Act vs roles supporting people under the Act<sup>1</sup>) and setting (DHB, NGO and primary health).
- ▶ Future training needs to be consistent and standardised within role groups.
- ▶ Workshops and e-learning are the most popular choices for delivery.
- ▶ Training needs to be frequent and easily accessible, with follow up supports that support implementation of new knowledge and skills into practice.

Roles administering the Act	Roles supporting people under the Act	Primary health workforce
Previous training is more common in these roles, though training on the Guidelines is lower than expected.	Previous training is lower in these roles, particularly for NGOs.	Lower perceived need for training, and low levels of previous training.
Content needed on human rights, Te Tiriti o Waitangi, Act processes, and roles and responsibilities.	Simplified content needed focussed on working with people, human rights, Te Tiriti o Waitangi, and roles and responsibilities.	Content needed on Te Tiriti o Waitangi, working with people, human rights, and roles and responsibilities.
Case studies are important for this group.	Practical content needed such as therapeutic relationships and supported decision making.	Important that training is tailored to the primary health context.
Regular training and resources are needed for implementation.	Values based approaches for NGOs.	Case studies and extra reading are needed for implementation.
Need information in advance of changes to the Act to enable preparation.	Regular training and simple resources are needed for implementation.	E-learning, workshops, videos, and workplace champions preferred for delivery.
Workshops and e-learning preferred for delivery, and one-to-one mentoring for administrators.	Workshops and e-learning preferred for delivery along with videos, and workplace champions for NGOs.	

1. Roles administering the Mental Health Act include duly authorised officers, responsible clinicians, and Mental Health Act Administrators. Roles supporting people under the Mental Health Act include nurses, allied health, consumer, peer support and lived experience roles, cultural and whānau advisors.

The consumer, peer support and lived experience workforce, Māori advisors, other cultural advisors and whānau advisors should be involved in the design, delivery and implementation of future training and resources.

Emphasis on less 'control and power'... More empathy and understanding that all tāngata whai ora are individuals and deserve to be treated as such.

A cultural component particularly including the perspective of whānau Māori when it comes to the Mental Health Act application and process.

Simplification - the Mental Health Act is way too complicated for staff on the ground delivering services - also way too many sections - we just need some basic clarity.

There appears to be great inconsistency in how the Mental Health Act is used within DHBs with 'local interpretations'. There needs to be a way to ensure there is consistency across the country to ensure everyone is treated the same.

## Resources for people and whānau

- ▶ The workforce think people need simplified, step-by-step information in different formats and languages.
- ▶ Conversations with people and whānau alongside resources are important.
- ▶ Resources should be available in community settings as well as specialist services.

There needs to be a wider community understanding of what the Mental Health Act is and does. People have expectations of the Act that is just not possible. Communities/families also need this information. Often this information is given to people at times of high distress so one doesn't always understand or retain the information.

I think keeping the information simple is super important. Followed up with a supportive conversation is vital.

Pamphlets in a variety of languages for people with different communication needs that we can access easily online and are used nationwide ie not locally developed ones. Simple, easy to understand language.