

Engagement essentials



Let's get real 

REAL SKILLS FOR PEOPLE WORKING IN MENTAL HEALTH & ADDICTION

**Te Pou o te
Whakaaro Nui**



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Engā iwi, e ngā waka, tēnā koutou katoa
Mā te hoe tīehu a tēnā, a tēnā e tere ai te waka pūhoi

Only through each paddler's contribution does
the mired canoe speed forward

Acknowledgements

Engagement Essentials updates and builds on *Let's get real* Principles of Engagement published by Te Pou o te Whakaaro Nui (Te Pou) in 2010. Developing positive engagement is integral to demonstrating the *Let's get real* Seven Real Skills.

This resource takes a holistic approach to wellbeing, incorporating the process of engaging for wellbeing. A co-design approach has been utilised, with a high level of engagement by people and workers in services.

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Introduction

Every day people working in services have enormous potential to make a positive difference in the lives of people accessing those services. Most of the time workers will never hear how useful, meaningful and recovery-enhancing their interactions have been. These experiences often stay with people long after they no longer need to access the service.

The point of difference in supporting those who access services towards the lives they want, is the ability to engage with a diverse range of people and build high trust relationships with them. These relationships will also include the person's friends, family members and whānau of choice.

The most healing thing we can do is to connect and be with people at a time in their lives when they are in great discomfort and distress.

The aim of this resource is to provide people working in mental health and addiction services with useful information about engaging with people effectively. It has been co-authored by people who experience mental health and addiction problems, and people who work in mental health and addiction services. We hope reading and reflecting on the importance of the way we interact with people in our work, offers fresh insights and discussion points that will inform and strengthen engagement skills.



What is engagement and why is it so important?

“Engagement to me means a person feels welcomed, respected, heard and hopeful...”

- Addiction practitioner

The reason mental health and addiction services exist is to support people who experience mental health and addiction problems towards recovery and wellbeing. People accessing services are most often experiencing an extremely difficult time in their life and are expected to talk about this with the worker. Often this includes sharing many private and confidential feelings and experiences. Quickly building and engaging in a relationship of trust and confidence will make this easier.

Engagement is about the relationships, connections and interactions between mental health and addiction workers, the services they offer and the

people who access them. These relationships are shaped by the person, their context, values and needs.

Mental health and addiction workers can work with people in many different settings including people's homes, social services, outpatient services, hospital clinics, inpatient units, respite and supported houses. Engagement starts from the very first contact. The ways of relating will be influenced by the person's level of comfort or distress, the setting, the worker's role and skills, and the purpose for meeting. Every interaction, formal or informal, can create a positive or negative impact and is an opportunity to engage mindfully and with compassion.

“I'm expected to share things about myself that I don't talk about with anyone. Things that make me feel horrible, shamed, scared, confused, exposed and overwhelmed. I want to feel safe about that. I want to know I'm still seen as a person at the end of it.”

- Person accessing services

Relationships

Relationships can be defined as falling into three categories: social, intimate or therapeutic (helping), (Varcarolis, 2005). The relationships that happen between people accessing and people working in services are known as therapeutic relationships or therapeutic alliances. In the peer work context these are known as mutual relationships (Te Pou o te Whakaaro Nui, 2014). These relationships have a start point, an end and a specific stated purpose.

Varcarolis (2005) describes the goals of a therapeutic relationship to include:

- » **Facilitating** communication of distressing thoughts and feelings.
- » **Assisting** with problem solving to help facilitate activities of daily living.
- » **Helping** examine unhelpful strategies and test alternatives.
- » **Promoting** self-care and independence.

How workers connect in the first stages of engaging with people has a significant impact on whether people continue to engage with services or not.

"If we don't engage them, they don't come back."

- Addiction practitioner

Research has identified the following actions as being valuable in fostering effective relationships:

- » Being respectful, inclusive and professional.
- » Providing reassurance.
- » Displaying compassion (Holdsworth, Bowen, Brown & Howat, 2014; Norcross & Wampold, 2011).
- » Communicating hope and confidence about treatment (Dixon, Holoshitz & Nossel, 2016; Thompson & McCabe, 2012).
- » Having a person-centred approach, including the use of shared decision-making.
- » Being recovery orientated (Dixon et al., 2016; Lees, Procter & Fassett, 2014; Thompson & McCabe, 2012).
- » Being flexible and responsive to information provided during sessions (Del Re, Flückiger, Horvath, Symonds & Wampold, 2012; Norcross & Wampold, 2011).

Understanding values, beliefs and attitudes, including your own, provides a platform for being able to work in these ways.



Getting the foundation right: Values informed practice

“People don't care how much you know, until they know how much you care.”

– Theodore Roosevelt

Exploring your own values and attitudes and the impact these have on the way you work, your relationships and the way you see the world is essential, as is understanding what these are for the people you are working with.

The *Let's get real* (Ministry of Health, 2008) framework includes six values that were identified by people who access services, their families and whānau, and people who work in services as important when working in mental health and addiction services. These are:

- » Respect
- » Human rights
- » Service
- » Recovery
- » Communities
- » Relationships

What do these values mean in your own world view, and what might they mean to other people and cultures? (Te Pou o te Whakaaro Nui, 2017).

Let's get real (Ministry of Health, 2008) also identifies attitudes that sit beside the values: being compassionate and caring, genuine, honest, non-judgemental, open-minded, optimistic, patient, professional, resilient, supportive and understanding. These attitudes provide a safe and supportive space people need when accessing services.

Rogers, Gendlin, Kiesler and Truax (1967) identified three similar values or personal characteristics that are still valid today, as vital components for establishing effective relationships.

Genuineness or authenticity, meaning an ability to meet person-to-person.

Empathy meaning understanding the ideas expressed, as well as the feelings that are present for the person.

Positive regard meaning the ability to view all people as having strengths, value and potential.

“I was working with someone who I kept getting frustrated with. When I thought about it, it was always when I was overlaying (in my head) what I would do in her circumstances. It was such a light bulb moment for me, I had thought I was very patient and accepting. I had to accept her ways and contexts were different from mine, even when it may have helped her to try my ideas, it was always her choice. It was so much better after that. She really taught me a thing or two.”

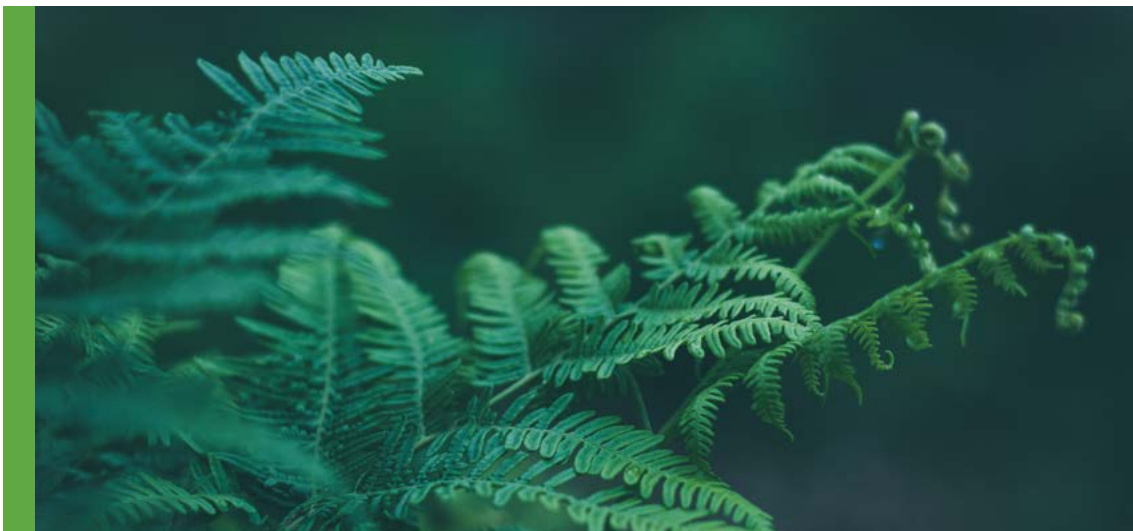
– Support person

Getting the foundation right: Respectful language

Language reflects our beliefs and the way we view people. We are often unaware of the impact that the words we choose can have on our own attitude, as well as on those around us. The resource Real Language, Real Hope describes how to understand and use recovery focussed language (Te Pou o te Whakaaro Nui, 2017).

“So much language in mental health care marginalises those of us with addiction problems. Words used to describe us such as ‘stoner’, ‘druggie’, ‘chronic’ make us feel like rubbish. God help you if you are brown and male. And we know staff think about us in this way because we hear the conversations in corridors — wherever we are every day.”

– Person accessing services



“Every time I heard someone's deep distress and sorrow written off as ‘just behavioural’ or described as attention seeking, it used to hit me hard and I always felt angry and demoralised. Through supervision I realised my colleagues were most likely struggling with their own discomfort in the face of someone's emotional distress. Among other things, I became aware of how much our language affects each of us workers — for better or worse.”

– Clinician

Characteristics of thoughtful engagement

There are some practices that can be applied which have been shown to significantly improve engagement and provide strong foundations to build trusting relationships on. The approaches may seem deceptively simple, however the application and integration of these into daily practice needs our constant attention.

Early contact should be personal, welcoming and communicate optimism about treatment (Ashton, 2004). If there is a delay between a person's initial contact (or referral) and the first appointment, this is disruptive to the fledgling state of early engagement. Ensure people are informed and have a contact point for any questions or concerns they may have while they are waiting for the first kanohi ki te kanohi (face-to-face) contact. (Ashton, 2004).

Being prepared

Some workers like to read people's notes, if available, before the first contact, others prefer to make their own conclusions about the person and their situation after meeting them, before reading the notes.

For people accessing services, having to tell their story over and over can be exhausting and traumatising. However, people who have accessed services also talk about feeling pre-judged and having past experiences recorded in notes from one person's view at that time can influence current perceptions of them. Having prior knowledge is useful, but there is a need to ensure keeping an open mind that doesn't pre-judge and accepts the person as they are today.

Taking time to understand any differences in cultural backgrounds is helpful as this will shape how you introduce yourself and organise your

time together. For some people this may mean including other people in the initial meeting. The focus at this stage is getting to know each other and creating the foundation for future work together.

Being mindful of practical barriers to engagement

Whilst facing mental health and addiction issues people accessing services have the same responsibilities in their lives as most people, such as work, transport, childcare and finance. These demands can quickly become more difficult to manage. Checking for any barriers to meeting together such as childcare, transport and timing of sessions is respectful and useful (Myers, Browne, & Norman, 2015). Some people will appreciate text reminders of appointment times and this can be discussed with them. When people can't make an appointment, it is really important to make sure they are given another one as soon as possible.

"The crisis nurse wanted me to have a blood test before I started on a new med. I hadn't been for it when she rang the next day and she was cross with me. She never asked me why - I had no transport, it was very bad weather, and I didn't know where the testing centre was - the nurse put (in my notes) that I was difficult and avoiding medication. It still hurts to remember that."

- Person accessing services

Being person-centred

Working with people to facilitate wellbeing and a life that is meaningful to them is why the mental health and addiction workforce and services exist.

Most people enter into this work because this is what they are passionate about doing.

The skills below provide some ideas about getting the most out of the time you do spend together, and puts the person at the centre of your focus of care.

Listening and hearing

"I love the relief you see on people's faces when they know you've 'got it' - they have been heard and understood. You can almost see them unknot and breathe again. It's a powerful thing."

- Peer support worker

As in all relationships using active listening techniques such as good eye-contact (when culturally appropriate) and other verbal or non-verbal gestures, show people that you are really present for them and listening, and encourages them to continue talking. Non-verbal gestures such as nodding, smiling and verbal gestures of agreement such as saying, "yes" or "mmm" also encourage people to continue speaking.

Ensuring people know they have been heard and understood is as important as listening. Summarising what they have said shows you are genuinely interested and are trying to understand. When people are finding it difficult to talk or describe what is happening for them open-ended questions that begin with how, where, what and why can really help. Affirming and validating what you are hearing gives the person a message that their experiences and actions are understandable in the contexts that they occur, and that you are accepting and not judgemental of them (Linehan, 1993; Pederson, 2015).

Being collaborative

"At first I didn't know how to or want to make any treatment decisions, I'm not a clinician or an expert. I was waiting for something or someone to 'fix' me. Now I have learned more about me and what's important to me, and between us we work out how I might get there."

- Person accessing services

Getting to know someone and understanding their life context, values, strengths, goals and the things that are important to them sets up the alliance that will be of most benefit for the person. This provides the basis of treatment approaches, direction and planning. To be most effective, all treatment decisions are collaborative and include chosen friends, and whānau in the process.

People want and need clear information about proposed approaches and treatments. This includes what it is, why it has been suggested, what are the expected benefits and outcomes, and what are the potential challenges, problems and side effects. In collaborative decision making, all parties need to understand the whole picture before investing in and committing to it.

It is also important people accessing services know about their rights and what to do if they feel they haven't been met. The Code of Patient Rights is enshrined in the Health and Disability Commissioner Act 1994. All people working in mental health and addiction services should have robust knowledge of the Code of Health and Disability Services Consumers' Rights and how to support people in ensuring these rights are met (Health and Disability Commissioner, 2014).

Focusing on strengths, recovery and being hopeful

"I really thought I was weak, a continually breaking being, until someone (a nurse) said she admired how strong I was because when I fell, I kept getting up. Changed forever how I saw myself."

- Person accessing services

Believing people can recover and communicating this is an essential attitude and skill that fosters good engagement. Being intentionally compassionate in heart and mind will infuse our practice behaviour in this regard, and help us come across as truly authentic in this belief (Youngson, R. 2016).

Explaining exactly what sort of support or treatment you can offer people, how it could work for them and how it has helped others with similar goals, really helps people to believe recovery is

possible. These build hope and helps people understand the purpose and process of treatment. This is part of a robust informed consent process.

Identifying and exploring physical, social, cultural, spiritual and personal strengths can re-ignite some return of confidence people need in hard times, and thus they begin to build resilience. Supporting people to use their strengths during times they feel discouraged reinforces new found confidence.

Working with compassion means starting with self-compassion, something easy to forget in the business and urgency of work. Workers also need to reflect on their own strengths and skills. High workloads, stress and pressure while seeing and hearing so many people's hard stories can be demanding and exhausting. Consciously and intentionally seeing your own strengths and those of people around you is a great way to offset

negativity and loss of energy. Regular breaks and time out doing things you enjoy is very important. Staying empathetic and open is a skill that takes attention and balance. Regular supervision is an important way to build in formal periods for reflection on practice. (Te Pou o te Whakaaro Nui, 2017).

Regularly ask for feedback about the work you do together, if it has been helpful and if it needs any changes. You can use questionnaires (see resources section) or ask people how they found the previous time together. A lot of people may feel uncomfortable telling you anything they feel is a criticism and it may take time to build enough trust for this level of honesty. Being able to incorporate people's preferences and values in your work together indicates you are responsive and committed to their needs.



"I met a person who I had worked with in a secure unit who was actually quite shy and did not converse much or interact with others. Then many months later at a meeting to review his legal status, (I learned) he had been living in a community setting. I noted that he was very happy and seemed quite proud of himself. He had reconnected with his whānau and had begun to write songs, sing and play music. I saw his potential being revealed, I saw the real person. I think that the nature of the relationship we have with people whilst they are in an inpatient unit often differs to the relationship we may have with that person in their natural setting."

- Mental health nurse

When things aren't going so well

It's important to be aware of how you are being perceived. Appearing distant, aloof or distracted hinders relationship development. Similarly, appearing uncertain and tense has been found to be unhelpful (Ackerman & Hilsenroth, 2001). While this may seem obvious, it is useful to be reminded that how we are perceived can be different to what is intended. For example, being pre-occupied with a disagreement you had at home that morning could appear as disinterest to the person you are with.

Being honest and transparent about awkward or confronting things can be highly useful but needs to be approached with sensitivity and awareness of who you are working with. If the relationship has been founded on finding shared values and clearly understanding each other's contexts, then this becomes easier.

The quality of relationships between people accessing and those providing mental health and addiction services can, like any relationship, vary over time. Sometimes there are misunderstandings or disagreements, and this can create tension and strain the connection between you.

If the relationship isn't feeling quite right here are some things you can try:

- » Sharing what you are sensing or feeling can be helpful and models that it is safe to share thoughts and feelings.
- » Checking about what you are doing together and why.
- » Checking if identified tasks or goals are what the person still wants.
- » Check for and clarify any misunderstandings.
- » Gently exploring changes in your relationship by talking them through.

"I knew something wasn't right, but I couldn't figure out what or why. Finally, they said that whenever they talked about church I got a funny look on my face. Church was a very big part of their life. I didn't know I was doing that. I apologised and said that I genuinely admired the faith they had and the support their church gave them, which I really did. I don't have a strong spiritual belief and it must have showed."

- Psychiatrist

Sometimes you will know that there has been a relationship breakdown when people simply stop attending appointments. People can be encouraged to re-engage in treatment by personal contact, most effectively, over the phone (Ashton, 2004). Engagement is many things to different people, some like to sit and talk, some prefer a call, some a text to stay connected.



"I was so embarrassed when we talked about my weight gain, I had a heap of shame about that. Then he (the staff member) told me lots of people experienced this and asked how I felt about it. It was a relief to talk about how much I hated it and I felt like he really cared about how it felt for me. I was scared they would want me to go to the gym or something and eat lettuce. But it wasn't like that. They got me water walking and swimming which I love."

- Person accessing services

Working with friends and whānau

“Sometimes just talking about addiction and why their family or whānau member is unable to stop despite saying they will, helps the family or whānau to stop feeling let down by them and blaming the person.”

- Addiction practitioner

In the past, treatment approaches most often involved only the person. Increasingly the importance of including and involving friends and whānau is being recognised. No-one exists in a vacuum and these are the people who will be alongside the person long after they stop accessing services.

Talking with the person you are working with, about who they would like from their family, whānau or friends to be involved and how, is very important. Sometimes people will not want to include their biological family for various reasons and identify close friends as the people they want supporting them.

For many cultures such as Māori and Pasifika, the inclusion of whānau is essential. Service and treatment decisions and goals may need to be understood, discussed and agreed by the collective group and time needs to be allowed for these processes.

Working with whānau members should include a family meeting or home visit, and whānau members may be involved in subsequent meetings, if the person wants this. You may need to be flexible in scheduling appointment times to allow everyone to attend.

For Māori whānau, you will need to be prepared to acknowledge their tikanga Māori through participating in the cultural norms of their home (for example, karakia, mihi whakatau and kai). Seek guidance and support through your local cultural advisors for health services if you do not have the knowledge and skills in this area.

Working out what will work well for friends and whānau when meeting together will include providing information about mental health and/or addiction and the services and treatment options. This is an opportunity to ask if there are any existing family networks or people they can talk to, and offering the details of whānau support services if not. Letting them know what to do and who to contact if they are worried or have questions can be helpful too.

Prior to involving anyone else, it's really important to discuss with the person you are working with what they are happy to discuss openly and what they would prefer to remain private. Best practice is to work in an open and transparent way with people and their friends and whānau, but there will be times when there is a need to be aware of what the person does not want discussed (Cree et al., 2015).

An important element of working with whānau includes recognising and supporting people when they are parents or caring for others. This will involve asking about children and/or dependants and supporting people in their parenting, as appropriate to their needs and your role. Guidelines for supporting people who are parents are available in the resources section.



“The doctor talked to my husband and told him, ‘she can't help what's happening to her, it's not her fault or anything she has done wrong’. That made so much of a difference.”

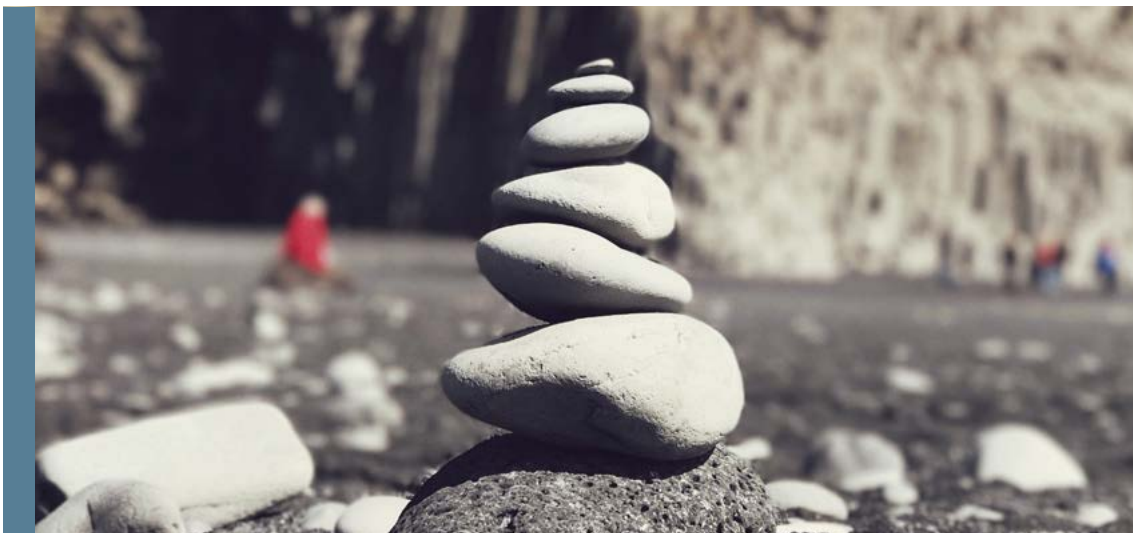
- Person accessing services

Working across cultures

It can be more challenging to develop relationships when working with people from a different culture than your own. It is important for you to gather as much information about the person's cultural background as possible, prior to the first meeting. Feeling that workers acknowledge and understand their culture increases likelihood of participation, while the reverse increases the likelihood of drop out (Aggarwal et al., 2016). The resources section provides a number of resources for working with different cultural groups.

Taking time to discuss the person's ethnicity from their own perspective (Bennett, 2009) and the cultural differences that exist between you (Aggarwal et al., 2016) can increase participation

in treatment. Being clear about confidentiality is also helpful to reduce the person's concerns related to the stigma of accessing mental health and addiction services (Aggarwal et al., 2016). When planning your work together, being able to describe it in terms of the individual's view of the things that bother them, which may include a cultural component, also helps increase participation. In cases where English is not the person's first language, consider using an interpreter (Te Pou o te Whakaaro Nui, 2010b) and simplifying your language to be more easily understood, including not using jargon (Aggarwal et al., 2016).



"The psychiatrist was from across the world and wasn't used to how feisty women could be here in New Zealand. He ended up with a water jug poured over his head during an appointment. Rude man never looked me in the eyes once, just looked at his computer screen was the response. Culture clash on both sides I reckon."

- Person accessing services

Working with Māori people

He kōrero te kai a te rangatira **- Communication is paramount.**

Manaakitanga is the way in which service providers can genuinely give and show respect, kindness, caring and hospitality to the people who access their services. Using a manaakitanga approach in your work with Māori people includes ensuring they feel welcomed, valued and safe.

Preparation for your first meeting together will include ensuring you are able to pronounce the person's name correctly and finding out their preferences for using things like karakia (prayers) for opening and closing sessions, ensuring they are offered a drink on arrival and offering the option of having whānau members with them. You may also like to seek the advice or attendance of a Māori cultural advisor or supervisor.

In the first meeting it is important to take time for whakawhanaungatanga or getting to know one another and identifying the connections between you. This may include sharing information about your own family's origin and finding out from the

person where their home marae is and where their whānau is from, as well as anything else about their iwi. Be mindful that many younger Māori may not have this knowledge, and will generally say so. There may be a sense of sadness that becomes apparent. You may choose at this point to discuss cultural differences between you and how it will be to work together. It is important that these conversations come before any clinically orientated discussions (Bennett, 2009).

Acknowledging the importance of whānau is an important aspect of engaging Māori people and you can do this by offering to include whānau members if the person presents alone (Bennett, 2009) and asking about the person's whānau each time you meet (Te Pou o te Whakaaro Nui, 2010a).

There are ways of engaging with Māori people that should form part of every worker's cultural competency. It is important for all people working in the mental health and addiction sector to undertake cultural competency training and keep this updated.

Working with Pasifika peoples

Preparation for your initial appointment with a Pasifika person will involve finding out as much as you can about their cultural background. Which island or country their family is from and whether they were born there or in New Zealand are important for you to know. This knowledge enables you to learn the appropriate greeting in the person's language and ensure correct pronunciation of their name to convey your respect and caring. You may also like to seek the advice or attendance of a cultural advisor if available in your organisation (Te Pou o te Whakaaro Nui, 2010c).

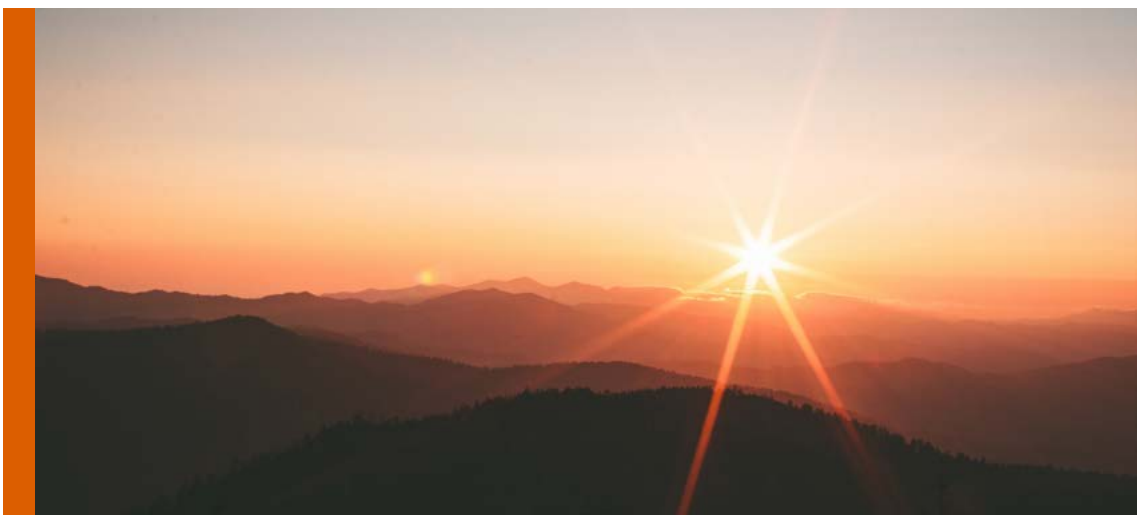
Home visits are generally preferred for the initial appointment, unless otherwise requested, and this also gives the person's family the opportunity to be involved. Family and community involvement is an important aspect of working with Pasifika people because of the collective nature of Pasifika communities (Te Pou o te Whakaaro Nui, 2010c; Tiatia-Seath, 2014).

The first appointment should begin with the process known as talanoa which refers to more general conversation to build rapport, rather than immediately addressing clinical issues (Tiatia-Seath, 2014). It is important to take time over this

step in the engagement process and you should allow extra time so that it is not rushed.

Pasifika cultural views of mental health problems can include spiritual causes, such as possession by spirits, breaches of tapu and intergenerational curses; and these views can impact on your work together. Stigma and shame can also present a barrier to engagement in services for Pasifika people. Workers can use reassurance about confidentiality, communicating optimism and providing education focussed on destigmatising mental health and addiction problems to help mitigate this (Te Pou o te Whakaaro Nui, 2010c).

Working with Pasifika people will also require you to use some specific engagement skills and there are some parallels with engagement approaches for Māori people. Cultural competence in working with Pasifika people is important for the engagement process and will be enhanced with appropriate training (Te Pou o te Whakaaro Nui, 2010c). See also Le Va's Engaging Pasifika cultural competency training programme in the resources section.



Engaging people with cognitive impairment

People experiencing mental health or addiction problems may also be dealing with other significant challenges such as cognitive impairment.

Cognitive impairment may be present for a variety of reasons, including traumatic brain injury, long term substance use and learning disabilities. Cognitive impairment can include a number of things that can make it more difficult for people to engage in treatment. These might include keeping up with the pace of sessions, remembering what has been discussed, coming up with ideas for solving problems, different ways of behaving and conversing and lack of self-awareness. It is very important that through getting to understand the context of the person, you also find the most effective ways of sharing information and engaging.

Useful strategies for engaging people with cognitive impairment include:

- » Choose a time of day preferable to the person when they feel alert but relaxed, if possible.

- » Where culturally appropriate, obtain eye contact and/or the person's attention before beginning the conversation.
- » Begin the conversation with information that orientates the person to the situation in ways that work for them.
- » As with all people, identify yourself and call the person by their name.
- » Use familiar language. Avoid the use of jargon or technical terms.
- » Match language and conceptual difficulty to the person's level of understanding.
- » Discover if it helps to repeat important points or write them down.
- » Ask people to repeat or paraphrase important points to ensure they are encoded into memory.

(Matua Raki, 2015, p.76)

Engaging with people who identify as lesbian, gay, bisexual, transgender, queer, intersex plus (LGBTQI+)

People who identify as sexually diverse, gender diverse, or LGBTQI+ have been reported to have at least 1.5 times the rates of depression, suicidality and elevated rates of other mental health problems than heterosexual (straight) or non-transgender (cisgender) people. Research suggests that this may be due to stress and trauma associated with being a minority in a heteronormative society. As a result people who identify as LGBTQI+ may encounter directly or indirectly, stigma and discrimination for their

identity (Chiang, Fleming, Lucassen, Fenaughty, Clark & Denny, 2016).

There has been a lot of work done by LGBTQI+ organisations who work with gender and sexually diverse people every day, and there are many resources available which are useful in supporting people working with gender diverse people respectfully, usefully and inclusively. See the resource list for a website link.

New technologies – engaging differently

We live in an amazing time where you can instantly access information from a huge number of sources and where we engage with each other very differently using social media, instant messaging and Skype. The technology environment is very fluid and changes quickly. The potential of how we might use this in mental health and addiction approaches is only just starting to be realised.

However, nothing beats the human connection and research into engagement with online treatments suggests that supporting people throughout their use of these programmes enhances engagement and makes ongoing participation more likely (Cavanagh, 2010).

Using a co-design approach with the people who will be using and directly benefit from the initiative works particularly well (Montague, Varcin & Parker, 2014). If your service suggests or offers online treatments, make sure regular support is provided throughout the programme. In particular, discussing options that people can choose from and clarifying any misconceptions about the programme are useful before programme initiation. Providing weekly support with brief contact via phone, email or face-to-face sessions enhances the likelihood that people complete online treatments. Studies have also found that

engagement and ongoing participation are higher when people use password protected, practitioner prescribed programmes rather than open-access programmes (Cavanagh, 2010).

Technology is also being used to support traditional approaches. Text messaging has been used successfully across a variety of settings and different groups of people, and is a strategy you can use to support people's engagement with your service. It has been shown to reduce isolation, enhance relationships (Berrouiguet, Baca-García, Brandt, Walter & Courtet, 2016) and to improve mental health outcomes (Watson, Simpson & Hughes, 2016). Text messaging has been used for reminders, to provide information and support, and as a way to increase self-monitoring of symptoms (Berrouiguet et al., 2016). Research shows that the use of text messages is generally accepted and valued by people accessing mental health and addiction services (Ben-Zeev, Kaiser & Krzos, 2014; Berry, Lobban, Emsley & Bucci, 2016).

For specific information on integrating technology with youth health services Young and Well in Australia have done some sound work. See the resources section.

"After a harrowing appointment when I was feeling really terrible, I got a text from the Medical Centre staff reminding me that I could call on them anytime if things felt overwhelming. Maybe these are just automatically generated but it made me feel better- warm and cared about."

- Person accessing services

Summary

People respond and engage when they feel seen, heard, understood and cared about. Valuing and caring about the context and meaning of someone's life is essential for building trusting and sustainable relationships.

Every day your interactions as a worker and service provider have a significant impact on people's lives. Whether they have a positive effect, no effect, or a negative effect depends on the connection, strength and resilience of the relationship you have created.

Awareness of your own and other's values and attitudes, being compassionate, and understanding when and how to use them, provides a platform for open and honest work together, that will make an enduring positive difference for people.

Including friends and whānau in your work together is important and how you do this will depend on the person's culture and whānau ties. Understanding how and working to overcome the practical barriers to whānau involvement and participation, while sensitively maintaining confidentiality, are important aspects of this work.

When working across cultures, careful preparation helps to maximise the chances of working in a culturally safe way. This includes being able to discuss culture and ethnicity openly, the impact

of this on the relationship and the ways of understanding and describing mental health or addiction problems.

Technological advances such as text messaging are successfully being used to support engagement in all treatment settings. Online treatments are most effective when people are also supported through phone, e-mail or face-to-face contact.

Engagement with services and treatment is significantly determined by the relationships and connections people have with those who work with them. This influences how willing and motivated someone is to engage and participate in achieving their goals for recovery, and their wellbeing.

He mana tō te kupu – words have great power. Language and how we say what we say is the window into our hearts and minds and does have the power to transform a moment. Working effectively alongside people at some of the hardest, most distressing, most overwhelming and confusing times of their lives is a true gift. Knowing that you, your skills, your attributes and hard work can and do make a difference needs to be acknowledged.

"We're all just walking each other home."

- Ram Dass

Resources

Active listening and validation

Active listening: Hearing what people are really saying. Video and description of active listening skills. <https://www.mindtools.com/CommSkill/ActiveListening.htm>

Active listening: Describes active listening skills <http://www.skillsyouneed.com/ips/active-listening.html>

Validation: Descriptions and examples of validation strategies. <http://www.dbtselfhelp.com/html/validation.html>

DBT validation principles and strategies: Online training skills in validation strategies. Available at http://behavioraltech.org/ol/details_validation.cfm

Motivational Interviewing: An M.I. Learning Resource (DVD): Introduces the underlying theory and practice of Motivational Interviewing including the skills of asking open ended questions, making affirmations, reflective listening and summaries. Available from <http://www.hma.co.nz/shop/> or free of charge to addiction services from administrator@matuaraki.org.nz

Cross-cultural training links and resources

Culturally and linguistically diverse (CALD) resources and training: Cultural Competency training and resources for health practitioners working with migrants and refugees.

www.ecald.com

National Cultural Competency Tool (NCCT) for Mental Health Services: Contains a set of Australian National Cultural Competency Standards and a range of practical aids and strategies, including an organisational self-assessment checklist, to support organisations in enhancing their cultural competency.

<http://servicedelivery.dss.gov.au/2012/03/05/national-cultural-competency-tool-ncct-for-mental-health-services/>

Feedback Tools

Outcome Rating Scale and Session Rating Scale for gaining formal feedback. Available from <http://www.scottdmiller.com/performance-metrics/>

Working with Asian people

Talking Therapies for Asian people: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Asian people.

<http://www.tepou.co.nz/uploads/files/resource-assets/Talking-Therapies-for-Asian-People.pdf>

Kai Xin Xing Dong website: The Mental Health Foundation has developed this website for the Chinese community. It contains links to culturally appropriate mental health resources for community members.

<https://www.mentalhealth.org.nz/home/our-work/category/14/kai-xin-xing-dong>

Sae Woom Tor website: The Mental Health Foundation has developed this website for the Korean community. It contains links to culturally appropriate mental health resources for community members.

<http://www.saewoomtor.org.nz/index.php>

Asian mental health training and development for Real Skills: Online learning modules covering three topics: self-reflection, Asian philosophy and clinical issues.

<https://mhsfaculty.auckland.ac.nz/amh/index.html>

Asian language alcohol information, recovery stories and screening resources have been developed by Matua Raki:

<https://www.matuaraki.org.nz/resources>

<http://www.matuaraki.org.nz/uploads/files/Asian-recovery-stories-13.pdf>

Working with families

Supporting Parents, Healthy Children: Guidelines for supporting parents with mental illness and/or addiction and their children.

<http://www.health.govt.nz/publication/supporting-parents-healthy-children>

Creating Spaces: Guidelines for fostering engagement with families: These guidelines produced by Kina Trust and Matua Rāki aim to promote best practices for alcohol and other drug workers to engage with families, to maximise wellbeing and the capacity for positive change.

<http://www.matuaraki.org.nz/resources/creating-spaces-guidelines/382>

Working with LGBTQI+

Inside Out: Inside Out is a set of freely available video-based teaching resources which aim to decrease homophobic and transphobic attitudes.

<http://insideout.ry.org.nz/about/>

Rainbow liaison and training services at Affinity in Auckland: Affinity's Rainbow Liaison and training team offer education and consultation that will develop your skills and awareness about how to provide effective services to people of diverse sexes, genders and sexualities.

<http://www.affinityservices.co.nz/rainbow-community-liaison-and-training-team/>

Working with Māori people

He rongoā kei te kōrero Talking Therapies for Māori: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Māori people.

<http://www.tepou.co.nz/resources/talking-therapies-for-maori-he-rongoa-kei-te-korero/150>

Let's get real working with Māori learning module. These self-directed learning modules help people achieve the skills for working with Māori in a way that contributes to whānau ora. Working with Māori is a series of interactive cultural competency e-learning tools aimed to increase the cultural competency of the health workforce.

www.matuaraki.org.nz/initiatives/cultural-competency/144

The Takarangi Competency Framework: Outlines clear steps to understanding and integrating Māori values and beliefs into therapeutic practice. Training in the framework is available by contacting Moe Milne at moemilne@xtra.co.nz.

<https://www.matuaraki.org.nz/initiatives/takarangi-competency-framework/159>

Four Māori korero about their experience of mental illness: Māori people share experiences of what has helped and hindered their recovery.

[http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/recovery-series-one-\(march-2000\)---four-maori-korero-about-their-experience-of-mental-illness-](http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/recovery-series-one-(march-2000)---four-maori-korero-about-their-experience-of-mental-illness-)

Working with older adults

Talking Therapies for Older Adults: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with older adults.

<http://www.tepou.co.nz/resources/talking-therapies-for-older-adults/151>

Alcohol and Older People: Information for older people, family and whānau, friends and carers.

<http://www.alcohol.org.nz/resources/alcohol-and-older-people-o>

Working with Pasifika peoples

Talking Therapies for Pasifika Peoples: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with Pasifika peoples.

www.tepou.co.nz/resources/talking-therapies-for-pasifika-peoples/152

Pacific people in New Zealand talk about their experiences with mental illness: Pasifika people share experiences of what has helped and hindered their recovery as Pasifika peoples using New Zealand mental health services.

[http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/recovery-series-three-\(april-2000\)---pacific-](http://www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources/recovery-series-three-(april-2000)---pacific-)

[people-in-new-zealand-talk-about-their-experiences-with-mental-illness](#)

<https://www.leva.co.nz/training-education/engaging-pasifika>

Engaging Pasifika from Le Va is an evidence-informed programme that equips the workforce to connect culture and care. Participants learn the foundational attitudes, knowledge and skills to safely engage with, and effectively deliver quality services for Pasifika people and their families. Engaging Pasifika is designed for non-Pacific health services and is appropriate for people at all levels including frontline workers, administrators, clinicians, managers, and leaders. For Ministry of Health funded workers in a disability, public health, mental health or addiction services, EP is free of charge.

Working with refugees, asylum seekers and new migrants

Therapies for refugees, asylum seekers and new migrants: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with refugees, asylum seekers and new migrants.

<http://www.tepou.co.nz/resources/therapies-for-refugees-asylum-seekers-and-new-migrants/167>

Fate, spirits and curses: Mental health and traditional beliefs in some refugee communities: This book provides insight into the traditional beliefs about the nature, causes and management of mental health held by some refugee communities from the Middle East and Africa. Order from:

www.rasnz.co.nz

Refugee Health Care: A Handbook for Health Professionals: This book provides insights into the cultural and ethnic backgrounds of the main refugee groups in New Zealand as well as guidance to health professionals on conducting culturally sensitive consultations and effective use of interpreters. Download from:

<http://www.health.govt.nz/publication/refugee-health-care-handbook-health-professionals>

General Resources

Let's get real e-learning He Whakapāpā, he oranga: Engaging for wellbeing. This e-learning module provides an opportunity to learn and reflect on values, attitudes, knowledge and skills, and the role these have in practice – including in building relationships to achieve wellbeing.

<https://www.tepou.co.nz/initiatives/e-learning/188>

Real Language, Real Hope: Language reflects our beliefs and the way we view people. We are often unaware of the impact the words we choose have on our own attitude as well as those around us.

<https://www.tepou.co.nz/resources/real-language-real-hope/790>

Talking Therapies for people with problematic substance use: Part of Te Pou's talking therapies series that identifies processes of engagement and therapies that are particularly effective when working with people with problematic substance use.

<http://www.tepou.co.nz/resources/talking-therapies-for-people-with-problematic-substance-use/153>

Te Ariari o te Oranga: The assessment and management of people with co-existing mental health and substance use problems.

<http://www.health.govt.nz/publication/te-ariari-o-te-oranga-assessment-and-management-people-co-existing-mental-health-and-drug-problems>

Young and Well: Young and Well researches the role of technology to improve the mental health and wellbeing of young people.

<http://www.orygen.org.au/About/News-And-Events/Integrate-technology-youth-health-practice>

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