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|  | **All District Health Boards** | |
| **ASIAN MIGRANT AND REFUGEE SERVICES –**  **REFUGEE MENTAL HEALTH AND ADDICTION SERVICE**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER THREE**  **SERVICE SPECIFICATION** | | |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | | **NON-MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | June 2010 |
| **Amended:** clarified reporting requirements | | February 2013 |
| **Amended:** added MHR95S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | | April 2017 |
| **Amended:** updatedservice users definition | | February 2019 |
| Consideration for next Service Specification Review | | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**ASIAN, MIGRANT AND REFUGEE SERVICE -**

**REFUGEE MENTAL HEALTH AND ADDICTION SERVICE**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHR95A, MHR95B, MHR95C, MHR95D, MHR95E, MHR95F, MHR95S**

This tier three service specification for the Refugee Mental Health and Addiction Service, Mental Health and Addiction Service (the Service) must be used in conjunction with the tier one Mental Health and Addiction Services and tier two Asian, Migrant and Refugee Mental Health Services service specifications. In addition, it is linked to other tier three Asian, Migrant and Refugee Mental Health service specifications.

This service specification defines the Services and their objectives in the delivery of the services, with particular emphasis on the unique effects and psychological consequences of trauma, torture, terror, loss of family and exile on mental health.

Resettlement and family reunification issues are pertinent as are the provision of appropriate treatment methodologies and the provision of appropriate cultural consultation and liaison services.

**1. Service Definition**

The Service will be a mental health and addiction service specifically for people of refugee backgrounds and will include but not be limited to:

* specialist assessment and diagnosis
* consultation
* ongoing monitoring of symptoms and regular review of progress and treatment at specified intervals
* provision of access to culturally safe services in accordance with needs of Service User
* attention to matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of good mental health
* provision of consultation and liaison services to primary care providers and other relevant health or social services agencies
* refugee concepts of mental health and health will be taken into consideration
* intervention and support including advocacy; review process; discharge.

The Service will be fully integrated with other mental health and addiction services.

The aim of the Service will be to:

* enhance the capacity of specialist clinical services to deliver culturally appropriate needs assessment and interventions for refugee people in mainstream settings
* ensure a consultation and liaison function is accessible
* deliver clinical and cultural support to identified individuals aligned with plan
* collaborate with other health and social care agencies to improve access to services for refugee people
* opportunities for refugee communities to contribute to and participate in service planning and development.

**2. Service Objectives**

**2.1 General**

The objective of the Service is to provide a specialised cultural service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment.

**2.2 Māori Health**

Refer to the tier one Mental Health and Addiction Services service specification.

**3. Service Users**

The Service Users are refugees as defined in the tier two Asian, Migrant and Refugee Services service specification.

**4. Access**

Refer to the tier two Asian, Migrant and Refugee Services service specification.

**5. Service Components**

**5.1 Processes**

Refer to the tier two Asian, Migrant and Refugee Services service specification.

**5.2 Settings**

The Service is provided in community and home based settings.

**5.3 Key Inputs**

Refer to the tier two Asian, Migrant and Refugee Services service specification.

The key input for Services is the community clinical and cultural support workforce with specific attention to the needs of refugee people.

Staff will ideally be familiar with working with refugee communities.

**5.4. Pacific Health**

Refer to tier one Mental Health and Addiction Services service specification.

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Refugee communities  Non-Government Organisation (NGO) Provider | Consultation  Liaison  Communication  Networking | The service will develop and maintain active links with refugee communities and relevant NGOs. In particular these links will be used to enhance service access and collect formal feedback on service provision from these communities and NGO services |

**7.** **Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to the Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHR95A | Refugee Mental Health and Addiction Service – Senior medical staff | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by senior medical staff. | FTE |
| MHR95B | Refugee Mental Health and Addiction Service – Junior medical staff | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by junior medical staff. | FTE |
| MHR95C | Refugee Mental Health and Addiction Service – Nurses & allied health | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by nurses and allied health staff. | FTE |
| MHR95D | Refugee Mental Health and Addiction Service – Non-clinical staff | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by non-clinical staff. | FTE |
| MHR95E | Refugee Mental Health and Addiction Service – Cultural staff | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by cultural staff. | FTE |
| MHR95F | Refugee Mental Health and Addiction Service – Peer support | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. The service is provided by peer support staff. | FTE |
| MHR95S | Refugee Mental Health and Addiction Service | Mental health and addiction service for refugee people living in the community that increases their access to mental health and addiction assessment and treatment. | Service |

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| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 Reporting**

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)