

**Mental Health and Addictions**

# **Pacific Mental Health and Addiction Services**

**Tier 2 Service Specification**

**September 2024**

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## 1. Status

**Approved to be used for mandatory nationwide description of services to be provided.**

**MANDATORY  RECOMMENDED**

Mandatory- it is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

## 2. Review History

Review History	Date
First Published on NSFL	January 2010
<b>Amended:</b> page 2 wording and Section 10 clarified to support use with any other tier three service specifications.	February 2012
<b>Amended:</b> clarified reporting requirements	March 2013
<b>Amended:</b> added purchase units MHA “S” series	April 2017
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	Within five years

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. [NSF@tewhatauora.govt.nz](mailto:NSF@tewhatauora.govt.nz)

Nationwide Service Framework Library web site [here](#)

### 3. Introduction

The tier two service specification for Pacific Mental Health and Addiction Services (the Service) is the overarching document for a range of tier three Pacific Mental Health and Addiction service specifications.

This service specification must be used in conjunction with the tier one Mental Health and Addiction service specification and tier three Pacific Mental Health and Addiction service specification(s) listed in section 10 below. Local District service specifications may also be included under this service specification as appropriate.

Mental Health and Addiction Services for Pacific are underpinned by the Ministry of Health strategic document *Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018*.

The purpose of the specification is to define the services and their objectives in the delivery of a range of secondary and tertiary services for Pacific people by Pacific people, in the mental health and addictions sector.

Responsiveness to Pacific people needs to accommodate Pacific people who have been born in their Island nation, or born in New Zealand or have a variation of both. This is because Pacific people living in New Zealand experience varying degrees of exposure and internalisation of Western frameworks, which in turn influences how they view the relevance of their cultural or ethnic identity. The way in which Pacific people are influenced by the factors mentioned above can influence the way Pacific people perceive, conceptualise and interact with others in their environment. What we have experienced working with Pacific people is that belief or faith in their cultural (contextual) environment is a significant contributor to their understanding of wellness and this maybe a barrier to them accessing contemporary scientific medicine mainstream/western treatment modalities. Therefore, mental health and addiction services need to become more sophisticated in addressing the issue of access through identifying and naming factors that determine how Pacific people conceptualise and pursue wellness.

### 4. Service Definition

Services that provide a holistic approach to mental health and addiction issues, from initial engagement, assessment, and treatment through to discharge; that recognise Pacific frameworks as necessary to increase the service access rates of Pacific people and engage them within a service for the duration of treatment. Services recognise the significance of the family for the wellbeing of Pacific people. Services will engage with families from the outset.

### 5. Service objectives

#### 5.1 General

The key values for Pacific people are acknowledged in the delivery of services: love, respect, humility, caring, reciprocity, spirituality, humour, unity and belief in the importance of family. The Pacific Service User and their family are central to all service delivery and are recognised as active partners in care. Partnership is evidenced by participation at every level.

The objectives of the Service are to:

- be culturally competent and culturally safe for Pacific people from point of engagement, for duration of treatment or support till discharge to the community and primary care providers. Cultural frameworks, models and tools will be implemented to establish and maintain cultural competence and safety; including appropriate cultural supporting mechanisms such as Matua positions that strengthen culturally, Service User to clinician engagement processes
- be family inclusive, focused and supportive, understanding the importance of families in Pacific cultures; (however, an individual would not be excluded if they wished to engage in services without their family)
- commit to improving health inequality, through identification of health and associated social needs and has strategies in place to respond to those needs
- address and be responsive to the complexities of the health needs of Pacific people
- strengthen inter-sectoral and inter-agency collaboration, partnerships and joint ways of working
- improve access for Pacific people to seamless connected pathways of care with a focus that “*no door will be the wrong door*”
- embrace diversity as services with value added
- participate in evaluation and review processes
- conduct services in environments and settings, that are accessible and acceptable to Pacific people.

Status and setting are important to help address engagement issues. Approaches such as home visits, face to face, and the identification of the key person in the family, who is recognised as the decision maker are critical.

The diversity of the Pacific community served is reflected in service leadership and at all other levels of the service. Attention is given to the workforce, in particular the recruitment of staff from Pacific backgrounds. Training is tailored to the specific needs of the Service Users, staff and organisation with an emphasis on cultural needs. Workforce programmes such as Seitapu are applied.

Affirmative behaviours – such as ethnic specific pathways and interventions are introduced.

There is recognition of appropriate complimentary approaches subjected to evaluation (linked to known research studies and evaluation).

## 6. Service Users

The Service Users will be Eligible People. The Service has been developed specifically for Pacific people but not exclusively for Pacific people.

## 7. Access

Entry and exit criteria specific to the service are described in the tier three service specification(s).

## 8. Service Components

### 8.1 Process

The processes include but are not limited to the following:

Health education; health promotion; engagement; assessment including cultural assessment; diagnosis; treatment; rehabilitation; case management; consultation, liaison; support; review process and discharge.

### 8.2 Settings

The Service may be provided in the community including church, home and hospital based settings.

### 8.3 Key Inputs

The key input for Pacific services is the workforce.

Services will be provided by a workforce of people who predominantly identify as Pacific. Refer to Seitapu: Pacific Mental Health and Addiction Cultural and Clinical Competencies Framework, Polutu-Endemann et al (2007) and Let's Get Real: Real Skills for Real People Working in Mental Health and Addictions, Ministry of Health (2007).

### 8.4 Pacific Health

The Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the Service must link service delivery to the improvement of Pacific health outcomes. Overall, the Service activity should contribute to reducing inequalities.

## 9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Pacific Providers	Facilitate service access and participation	<ul style="list-style-type: none"><li>• Liaise with local Pacific groups and communities to ensure cultural appropriateness and accessibility to services.</li><li>• Liaise with other Pacific providers to ensure access pathways to services are known.</li></ul>
Other service providers	Referral Liaison processes	<ul style="list-style-type: none"><li>• Establish relationships and referral pathways and liaison processes to promote timely access to services.</li></ul>

## 10. Exclusions

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

## 11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework<sup>1</sup> or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

## 12. Purchase Units and Reporting Requirements

### 12.1 Purchase units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary<sup>2</sup>. The following Purchase Units apply to this service:

Specific reporting requirements apply at tier three service specifications.

### Tier Three Service Specifications

To fund a comprehensive service or a specific role that sits within a mainstream setting<sup>3</sup>, Districts may select any other relevant tier two and their tier three service specification(s) to sit alongside the tier two and three service specifications for Pacific Mental Health and Addiction Services.

This range of tier three service specifications for Pacific Mental Health and Addiction services has been developed to meet varied service needs.

Title	Purchase Unit Codes
Pacific Community Based Clinical and Support Service	MHP63A, MHP63B, MHP63C MHP63D, MHP63E, MHP63F, MHP63S
Pacific Senior Cultural Advisory Service (Matua)	MHP64E, MHP64S
Pacific Cultural Navigator Service	MHP65E, MHP65S
Pacific Family Advisory Service	MHP66F, MHP66S

<sup>1</sup> <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

<sup>2</sup> [www.nsfl.health.govt.nz](http://www.nsfl.health.govt.nz)

<sup>3</sup> The decision to fund a comprehensive service or specific role within a mainstream setting is based on based on factors such as size of population to be served, geographical location, workforce and the alignment with current services.