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|  | All District Health Boards |
| PACIFIC MENTAL HEALTH-PACIFIC COMMUNITY BASED CLINICAL AND SUPPORT SERVICEMENTAL 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 | January 2010 |
| **Amended**: clarified reporting requirements | March 2013 |
| **Amended:** added MHP63S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | April 2017 |
| 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/>

**PACIFIC MENTAL HEALTH-**

**PACIFIC Community based clinical and support Service**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHP63A, MHP63B, MHP63C, MHP63D, MHP63E, MHP63F, MHP63S**

The tier three service specification for Pacific Community Based Clinical and Support Service (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Pacific Mental Health and Addiction service specifications.

1. **Service Definition**

The Service will be fully integrated with other mental health and addiction services and provide Pacific support into mainstream mental health services.

The Service may include, but will not be limited to:

* specialist assessment and diagnosis
* provision of medication (including such new agents as are approved for use, in accordance with funding and safety protocols) and other treatment in accordance with a documented comprehensive management plan with identified desired outcomes
* ongoing monitoring of symptoms and regular review of progress and treatment at specified intervals
* provision of access to cultural services in accordance with the needs of Service Users
* 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.

The Service will develop and maintain active links with Pacific communities.

Service provision will take into account the Pacific people’s concept of health and mental health and ensure that all Service Users are treated in a culturally safe environment.

Where possible, care will be provided in conjunction with primary health services. At the least, there will be documented clear communication with any primary health providers regarding the treatment plan and progress, and its completion. Training, advice and supervision will be provided to primary health workers to support the assessment/treatment/management of Service Users in community settings.

Care will be co-ordinated by a specified person (key worker/case manager), with a number of staff of varying cultural, clinical and support backgrounds being available to contribute to care in accordance with identified needs.

1. **Service Objectives**

To provide a community based clinical and cultural assessment and treatment service for Pacific people.

To provide consultation, liaison and advice to services regarding Pacific people accessing mainstream services

**3. Service Users**

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

**4. Access**

**4.1 Entry Criteria**

Access may be from any source, including by people directly, or upon referral from primary and secondary health services, family, carers, and community members.

DHBs will determine local entry criteria and this will be reflected in local protocols.

**5. Service Components**

**5.1 Processes**

The processes include but are not limited to the following: engagement; assessment including cultural assessment; diagnosis; treatment; rehabilitation; case management; consultation, liaison; support; review process and discharge.

**5.2 Settings**

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

**5.3 Key Inputs**

A multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support, made up of:

* health professionals regulated by the Heath Practitioners Competency Act 2003
* people regulated by a health or social service professional body
* people who interact with Service Users and who are not subjected to regulatory requirements under legislation or by any other means.

The team will predominantly identify as Pacific people. 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).

**5.4. 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.

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| DHB Specialist services | Internal referral and liaison | Working closely together to improve responsiveness to Pacific people. |

**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 this Service.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHP63A | Pacific community clinical & and support service - senior medical  | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services. It will be provided by senior medical staff to all eligible people. | FTE  |
| MHP63B | Pacific community clinical & and support service - junior medical  | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by junior medical staff to all eligible people. | FTE  |
| MHP63C | Pacific community clinical & and support service - nursing & and allied health | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by nursing and/or allied health staff to all eligible people. | FTE  |
| MHP63D | Pacific community clinical and support service - non-clinical | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by non-clinical staff to all eligible people. | FTE  |
| MHP63E | Pacific community clinical and support service - cultural | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by cultural staff to all eligible people. | FTE  |
| MHP63F | Pacific community clinical and support service - non-clinical- peer support | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by cultural staff to all eligible people. | FTE  |
| MHP63S | Pacific community clinical and support service | Service to provide community based clinical assessment and treatment for Pacific people. The service is fully integrated with other mental health services, and will be provided by non-clinical staff to all eligible people. | 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

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)