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|  | **All District Health Boards** | |
| **PACIFIC MENTAL HEALTH AND ADDICTION SERVICES** **-**  **MENTAL HEALTH AND ADDICTION SERVICES**  **TIER TWO**  **SERVICE SPECIFICATION** | | |
| **STATUS:**  It is compulsory to use this nationwide service specification when purchasing this service. | | **MANDATORY** |
| **Review History** | | **Date** |
| First Published on NSFL | | January 2010 |
| **Amended:** page 2 wording and Section 10 clarified to support use with any other tier three service specifications. | | February 2012 |
| **Amended:** clarified reporting requirements | | March 2013 |
| **Amended:** added purchase units MHA “S” series | | 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/>

**MENTAL HEALTH AND ADDICTION SERVICES-**

**PACIFIC MENTAL HEALTH AND ADDICTION SERVICES**

**TIER TWO SERVICE SPECIFICATION**

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 DHB 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.

**1. 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.

1. **Service Objectives**

**2.1 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).

**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**

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

**5. Service Components**

**5.1 Processes**

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.

**5.2 Settings**

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

**5.3 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).

**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** |
| --- | --- | --- |
| Pacific Providers | Facilitate service access and participation | * Liaise with local Pacific groups and communities to ensure cultural appropriateness and accessibility to services. * Liaise with other Pacific providers to ensure access pathways to services are known. |
| Other service providers | Referral  Liaison processes | * Establish relationships and referral pathways and liaison processes to promote timely access to services. |

**7. Exclusions**

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

**8. Quality Requirements**

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[[1]](#footnote-1) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

**9. Purchase Units and Reporting Requirements**

Purchase Unit Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary.

Specific reporting requirements apply at tier three service specifications.

**10. Tier Three Service Specifications**

To fund a comprehensive service or a specific role that sits within a mainstream setting[[2]](#footnote-2), DHBs 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.

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| **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 |

1. http://nsfl.health.govt.nz/accountability/operational-policy-framework-0 [↑](#footnote-ref-1)
2. 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. [↑](#footnote-ref-2)