

Mental Health and Addictions

**Asian, Migrant and
Refugee 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	June 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.	February 2013
Amended: added purchase units MHR “S” series	April 2017
Amended: updated refugee categories wording.	February 2019
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@tewhatuora.govt.nz

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

3. Introduction

This tier two service specification for Asian, Migrant and Refugee Service Mental Health and Addiction Services (the Services) is the overarching document for a range of tier three Asian, Migrant and Refugee Mental Health and Addiction Services service specifications. This service specification defines Asian, Migrant and Refugee Services and their objectives in the delivery of services.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services specification and tier three service specifications listed in section 12 below. Local District service specifications may also be included under this service specification as appropriate.

3.1 Background

Responsiveness to Asian, Migrant and Refugee people needs to accommodate people who have been born in their own country, as well as the ethnic communities and second generation migrants born in New Zealand (NZ). It must also take into consideration their cultural affiliations, the acculturation level, their knowledge of the mental health and addiction system, their understanding of the recovery concept and their proficiency in written and spoken English.

Cultural affiliations in Asian, Migrant and Refugee people living in NZ are diverse. This group of people 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 as well as how they perceive, conceptualise and interact with others in their environment.

Religious and cultural beliefs of Asian, Migrant and Refugee people are significant contributors to their understanding of wellness and this may be a barrier or a facilitator to them accessing contemporary scientific medicine mainstream/western treatment modalities. Gender and class are also important factors that may influence service access. People may prefer their own cultural mechanisms for resolving health problems or those of a more dominant culture or a mix. Religious mechanisms may be preferred such as religious forms of healing treatments.

Mental health and addiction services need to become more flexible in their approaches when responding to health issues that Asian, Migrant and Refugee people conceptualise and pursue wellness and address the best possible way to facilitate the recovery process based on the cultural context.

Practitioners should also be aware that within each group, individuals will differ in their levels of acculturation to NZ society. For example, some Asian people hold very traditional beliefs whereas others hold NZ beliefs and practices, many will have (a sometimes conflicting) mix of both. It is important that practitioners do not assume every Asian/refugee/migrant person holds traditional views. The interpretation of symptoms, need for cultural support and treatment recommendations should consider to what degree this person is acculturated (holds NZ views versus traditional views).

Cultural competency is defined by professional registration bodies and is incorporated in scopes of practice: refer to the specific professional registration bodies scopes of practice. Cultural competence means that a practitioner is able to work respectfully and effectively with people of other ethnicities. This involves practice and development leading to the achievement of different levels of awareness, knowledge, skills, attitude and respect.

4. Service Definition

The Service provides a holistic approach to mental health and addiction issues, from initial engagement, assessment, and treatment through to discharge. It recognises cultural frameworks as necessary to improve the access to services for Asian, Migrant and Refugee people and to support them within a service for the duration of treatment and facilitate the recovery process. Additionally, the Service recognises the significance of the family for the wellbeing of Asian, Migrant and Refugee people, engaging families from the outset.

Asian, Migrant and Refugee people are defined as:

Asian: People originating in the Asian continent, east of and including Afghanistan and south of and including China¹. This definition is commonly used within the health sector and is the basis of the Statistics NZ Asian ethnicity categories.

Migrant: Migrants or 'immigrants' are people that were born overseas who come to settle in New Zealand.

Refugee: People from a refugee background arrive in NZ under one of three categories: the NZ Refugee Quota Programme, enter with family reunification migration status, or enter as asylum seekers.

The term "ethnic" is used to mean that a group of people whose ethnic heritage distinguishes them from the majority of other people in NZ, including Maori and Pacific people (*Office of Ethnic Affairs, 2002*).

Within each population group there is a wide range of range of languages, cultures, religions, backgrounds, employment skills, social norms and settlement needs. Services considering each population group will be responsive to their mental health and addiction needs and broker access for other health and social needs.

5. Service objectives

5.1 General

The objectives of the Service are to provide a culturally competent and culturally safe mental health and addiction service for Asian, Migrant and Refugee people. The Service will respond to their cultural and linguistic needs 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 Asian cultural positions, and interpreters that strengthen engagement processes.

All Service Users consent to participation in this Service.

The Service will:

- be family inclusive, focused and supportive, understanding the importance of families in Asian, Migrant and Refugee cultures; (however, an individual would not be excluded if they wished to engage in services without their family)

¹ Rasanathan, K., Craig, D., & Perkins, R. (2006). The novel use of "Asian" as an ethnic category in the New Zealand health sector. *Ethnicity and Health*, 11, 211–27.

- 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 Asian, Migrant and Refugee people, mindful of gender, culture and religious preference
- strengthen inter-sectoral and inter-agency collaboration, partnerships and joint ways of working
- improve quality access for Asian, migrant and refugee people to seamless connected pathways of care with a focus that “*every door is the right door*”
- embrace diversity
- facilitate recovery process in the context of Asian, Migrants and refugee people
- be aware of and consider the cultural presentations of mental illness which may be influenced by pre-migration experiences, the processes of settlement, pre-existing health conditions or disability and the stressors of living in an alien culture. These are potential sources of stress and conflict that may contribute to mental illness (Multi-cultural Mental Health, Australia, 2002.)

Members of all three groups, Asian, Migrant and Refugee, face challenges to mental wellbeing, healthcare access and settlement in NZ. These challenges can result from limited healthcare system knowledge, English language difficulties, under- or un-employment and disrupted family and social networks².

Refer to Refugee Health Care: A Handbook for Health Professionals³ for further details on the different experiences of refugee and migrant groups.

5.2 Māori Health

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

6. Service Users

The Service Users will be Asian, migrant or refugee people of all ages.

² Further details on these barriers are listed on pages 72-73 of the Refugee and Migrant Mental Health and Addiction Research Agenda for New Zealand 2008-2012 (Te Pou, 2008).

³ Ministry of Health. (2001). Refugee health care: A handbook for health professionals.

Wellington: Ministry of Health.

7. Access

People must not be excluded from this Service if current clients of secondary mental health and addiction services.

Reasons of referral may include but not limited to the following - when Mental Health Providers face challenges while working with Services users who:

- have cultural issues related to mental illness/health
- experience barriers to accessing mental health services due to cultural understanding.
- require culturally appropriate clinical and psycho-social input interventions to meet with their high and complex mental health needs.
- duration and level of involvement from the consultation team depends on the complexity of the cases and the management plan.

7.1 Entry and Exit Criteria

- Service Users present with cultural issues related to mental illness/health and /or experience barriers accessing a community mental health centre services due to cultural understanding, and /or for whom there are not adequate family or community supports.
- Factors which may indicate a Service user may benefit from clinical input from the service for a period of time include but are not limited to:
 - the manner in which the client arrived in NZ (voluntary or involuntary)
 - history of trauma, in particular war, forced relocation from country of origin, torture
 - language barrier
 - lack of cultural or family connection with others
 - clinical, psychological and social intervention.

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; recovery workshop, rehabilitation; case management; consultation, liaison; support; review process; and discharge.

8.2 Settings

The Service is provided in settings described in the relevant tier three service specifications.

8.3 Key Inputs

The key input for the Services is the workforce.

Training and tools for the development of mental health practitioner cultural competencies will be accessible. There is an expectation that practitioners working in this service will complete competency training. Clinical and cultural supervision is also required.

There is an expectation that interpreter services will be available and able to be accessed.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Other providers of Mental Health and addiction services and general health, and primary care.	Referral, liaison, consultation.	Work with other relevant professionals and agencies in the care of the Service User.
Other agencies providing services to people that are Asian, Migrant and refugees.	Collaboration Networking.	Work with other health and social agencies that provide services to these communities. Seek to work collaboratively strengthened by networking. Other collaboration regionally and cross regional.
Providers of cultural competency support and training.	Engagement. Collaboration	Districts may elect to purchase specific cultural competency support and training.

10. Exclusions

Refer to the 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 Framework⁴ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

⁴ <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

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 Dictionary⁵. 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 setting⁶, 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 Asian, Migrant and Refugee Service Mental Health and Addiction Services.

The range of tier three service specifications for Asian, Migrant and Refugee Mental Health and Addiction Services below has been developed to meet varied service needs.

Title	Purchase Unit Codes
Asian, Migrant and Refugee Mental Health and Addiction Specialist Services	MHR94A, MHR94B, MHR94C, MHR94D, MHR94E, MHR94F, MHR95S
Asian, Migrant and Refugee Service - Refugee Mental Health and Addiction Services	MHR95A, MHR95B, MHR95C, MHR95D, MHR95E, MHR95F, MHR95S
Asian, Migrant and Refugee Mental Health and Addiction - Cultural Community Support Work Service	MHR96C, MHR96D, MHR95S
Asian, Migrant and Refugee Cultural Support Coordination Service	MHR97C, MHR97D, MHR97E, MHR95S

⁵ www.nsf.health.govt.nz

⁶ 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.