

# APPENDIX 1

<p style="text-align: center;"><b>PEER SUPPORT SERVICE FOR ADULTS TIER THREE SERVICE SPECIFICATION MHC 36F</b></p>
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This tier three service specification for Peer Support Service for Adults (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Services providing consumer leadership service specifications.

## 1. Service Definition

The Service involves people with a lived experience of mental illness or addiction (peers) giving and receiving help based on key principles of respect, shared responsibility and mutual agreement regarding what is helpful for the Service user. The support is individualised to each person with the goals of engagement, modelling recovery and strengthening service user involvement in the wider community.

The Service provides a relationship that:

- is strong, supportive and equitable with a focus on the service user's needs
- enables the Service user to get a better understanding of their mental health or addiction problem
- supports the Service user in understanding, developing and implementing their own recovery
- supports and teaches coping mechanisms and strategies
- considers the Service user's mental, physical, spiritual and cultural needs
- promotes the Service user becoming an active member of their own community connecting/reconnecting with people and activities
- links the Service user with peer support networks
- provides information and assistance in accessing other mental health services education, employment, housing and any other government and non-government agencies.

## 2. Service Objectives

- To provide recovery-oriented peer support, tailored to individual service user needs.
- To enhance social supports and community involvement. This Service may be provided in a range of settings..

### 2.1 General

Formal and informal individual and group activities may be included as part of a programme

### 2.2 Māori Health

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

## 3. Service Users

The Service users are eligible adults

#### 4. Access

##### 4.1 Entry and Exit Criteria

Entry to the Service is by self-referral or any other source, including community support services.

#### 5. Service Components

##### 5.1 Processes

The processes that are apply but not limited to include: advocacy, peer support.

##### 5.2 Settings

This Service may be provided in a range of settings such as community or hospital based setting.

##### 5.3 Key Inputs

The Service is provided by: Peer support workers who will be assisted to access training relevant to their specific roles, which will include specific peer support qualifications/training.

Peer support workers should also have access to a range of supervision options, including peer supervision.

#### 6. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Stakeholders of the mental health and addiction sector	Communication and network mechanisms	Mechanisms are in place to strengthen relationships with other providers in the sector and support the referral of service users to other services provided within the continuum

#### 7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

#### 8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Measure	Reporting Requirements
MHC36F	Peer Support Service-Adults	FTE	PRIMHD

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

**After PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	Group sessions delivered
Monthly	Consultation/liaison training sessions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTEs
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)

**Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison training sessions
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)

**CONSUMER ADVOCACY SERVICE  
TIER THREE  
SERVICE SPECIFICATION  
MHC34F**

This tier three service specification for Consumer Advocacy Service (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Services providing consumer leadership service specifications.

### **1. Service Definition**

The Service is an advocacy service provided by current or former mental health and/or addiction Service users that provides:

- liaison between the person accessing services and the provider to facilitate the resolution of concerns or problems
- advocacy to enhance the Service user's empowerment
- advocacy to uphold the Service user's rights
- promotion of the Service user's needs and strengths
- when relevant, assistance in legal processes pertaining to the mental health legislation
- when relevant, assistance to people to access a range of social services
- information and access to other community resources and services
- information/explanation about the policies and protocols of services.

### **2. Service Objectives**

The Service objectives are:

- to provide goal- and solution-centred advocacy that is underpinned by a philosophy of working with people accessing services who are searching for solutions to concerns or problems relating to their mental health or addiction treatment or support
- to provide a peer-to-peer service, advocating and advising Service users from a lived experience perspective.

#### **2.1 Māori Health**

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

### 3. Service Users

The service users are eligible people of any age.

### 4. Access

#### 4.1 Entry and Exit Criteria

Entry to the Service is on referral, including self referral and community support services.

The Service should be actively promoted so that people are aware of and know how to access this Service.

### 5. Service Components

#### 5.1 Processes

The following processes apply but not limited to advocacy and support

#### 5.2 Settings

The Service is community based though service maybe delivered in a hospital setting

#### 5.3 Key Inputs

This Service is provided by former or current mental health and/or addiction service users. It is expected that consumer advocates will be supported to access training relevant to their specific roles, which will include specific advocacy training.

### 6. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Stakeholders of the mental health and addiction sector	Communication and network mechanisms Refer and liaise as appropriate	Mechanisms are in place to strengthen relationships with other providers in the sector and support the referral of service users to other services provided within the continuum

### 7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

### 8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Measure	Reporting Requirements
MHC34F	Consumer advocacy service	FTE	PRIMHD

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

**After PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	Group sessions delivered
Monthly	Consultation/liaison training sessions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTEs
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)

**Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison training sessions
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)

**CONSUMER RESOURCE AND INFORMATION SERVICE  
TIER THREE  
SERVICE SPECIFICATION  
MHC35F**

This tier three service specification for Consumer Resource and Information Service (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Services providing consumer leadership service specifications.

### **1. Service Definition**

The Service is provided by former or current users of mental health and/or addiction services and provides:

- up-to-date and accessible information, education and resources to service users and/or their family/whānau on recovery, harm reduction and how to get the best out of services
- support to people accessing services and their family/whānau
- development or maintenance of strong links with peer support networks
- information and support for access to health and social services, for example, primary health care, education, housing
- strong links with mental health services, addiction services and peer networks, and other community-based services
- active promotion of service-user inclusion and integration into the community
- education to service user groups and to community groups about mental health and addiction
- linkages to mental health and addiction workforce development programmes.

### **2. Service Objectives**

The Service provides accessible, recovery-oriented resources, information, education and networks.

#### **2.1 General**

Informal individual and group activities may be included as part of a community resource and information service.

#### **2.2 Māori Health**

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

### **3. Service Users**

The Service users may include other service users and other providers of mental health and addiction services who work with service users

### **4. Access**

#### **4.1 Entry and Exit Criteria**

Entry to the Service is by self-referral or any other referral source, including community support services.

The Service should be actively promoted to ensure people are aware of and able to access this resource.

## 5. Service Components

### 5.1 Processes

The processes that apply but not limited to include: advocacy, consultation and liaison.

### 5.2 Settings

Community based setting.

### 5.3 Key Inputs

The Service is provided by former or current mental health and/or addiction service users. People providing this Service should be supported to access training relevant to their specific roles.

## 6. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Stakeholders of the mental health and addiction sector	Communication and network mechanisms	Mechanisms are in place to strengthen relationships with other providers in the sector and support the referral of service users to other services provided within the continuum

## 7. Quality Requirements

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

## 8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	PU Measure	Reporting Requirements
MHC35F	Consumer resource and Information Service	FTE	PRIMHD

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

**After PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	Group sessions delivered
Monthly	Consultation/liaison training sessions
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTEs
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)

**Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	First face-to-face contact with individual/family
Monthly	Follow up face-to-face contact with individual/family
Monthly	Group sessions delivered
Monthly	Face-to-face contact group
Monthly	Consultation/liaison training sessions
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Senior medical FTEs
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTEs
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)