MINISTRY OF HEALTH
MANATŪ HAUORA

DHBNZ
On behalf of all DHBs

ADULT MENTAL HEALTH SERVICES
TIER LEVEL TWO
SERVICE SPECIFICATION

STATUS:

Approved for recommended use for nationwide non-mandatory description of services to be provided.

RECOMMENDED ☑

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	June 2009
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Consideration for next Service Specification Review	Within three years

Note: Contact the Service Specification Programme Manager, Sector Accountability and Funding, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address of the Nationwide Service Framework Library: http://www.nsfl.health.govt.nz/.

ADULT MENTAL HEALTH
SERVICE SPECIFICATION
TIER LEVEL TWO

This tier two service specification for Adult Mental Health is the overarching document for mental health services for adults linked to tier one Mental Health and Addiction service specification and a range of tier three Adult Mental Health service specifications.

The service specification defines mental health services and their objectives in the delivery of a range of secondary and tertiary services for adults. This service specification will be used in conjunction with the tier one Mental Health and Addiction Specialist Services Specification as well as the appropriate tier three service descriptions. Tier two descriptors of other adult services such as Eating Disorders and Consumer-led Services can be accessed within the Nationwide Service Framework.

1. Service Definition

Mental health and addiction services are to be provided to:

- people with an identifiable or suspected mental health disorder (as defined in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, DSM IV or other generally recognised diagnostic classifications), including those with associated co-existing issues not necessarily diagnosed
- people seeking information about mental illness and its treatment and prevention.

There is recognition of the importance of an integrated continuum of care across these services and the application of a recovery approach.

It is unlikely any single provider will supply the full range of services described, therefore service providers must work collaboratively, co-operatively and in partnership to ensure the full range of services are provided in an effective and complementary manner and are responsive and focus on service user needs.

2. Service Objectives

- To ensure the adult service user is central and is recognised within the context of their family/whānau and wider community.

Engagement with the family/whānau including dependents in the assessment and treatment, will assist the service user to gain/maintain/regain functional relationships with their family/whanau and community of choice.

- To be recovery focused.

The Service will focus on recovery and respond to individual adult service user needs. There will be an orientation toward building strengths and resilience, and promoting optimal health of the person. Recovery services will be provided in the most appropriate setting. This may be in a hospital based setting, outpatient setting or a community based setting. Within the community, services maybe provided in the Service user's home, whether that is in independent housing or part of a service with an accommodation or housing component.

- To be responsive to cultural needs.

The Service will be responsive to people from other cultures. The cultural needs of the individual service user and their family/whanau will be assessed and appropriate interventions offered.

- To promote access to services for adult service users.

Barriers to access will be better understood and strategies put in place to promote access. This may include more flexible service hours to support improved access for the adult service user who may be engaged in employment and/ or education. The adult Service user may also have family commitments such as dependents that affect their access to services. Flexible services and family/whanau friendly environments may also support improved access.

- To promote collaborative connected service delivery with services working in partnership.

To achieve better mental health outcomes for individuals, families and communities, it is essential that the different parts of the Mental Health System and other social services work well together, in order to provide continuity of care. While it is unlikely that any single provider would provide the full range of Mental Health Services, service providers must use their best endeavours to work collaboratively and co-operatively together. Relationships between services should be developed and maintained to ensure that joint strategies are developed to prevent and/or resolve problems as they arise.

2.1 General

It is recognised that the adult mental health service user presents to services as a unique individual with their own life perspectives formed through environmental factors and life experiences. They have had connections with family and friends, and have made their own choices and decisions independently. Mental health issues may have affected their level of independence but with interventions and supports increased independence and recovery may be achieved.

The Service user may, in addition to mental health issues, experience addiction issues. This is evidenced in New Zealand and international literature. Mental health services are expected to respond to these multiple issues. A response might include screening, assessment and then providing a range of responses, which may include interventions, co-working or referral for the most severe, complex issues.

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 will be eligible people from the age of 18 years.

4. Access

4.1 Entry and Exit Criteria

Entry and exit criteria specific to the service are described in tier three service specifications.

5. Service Components

5.1 Processes

The processes include but are not limited to the following:

Assessment; treatment, intervention and support; review process; discharge.

5.2 Settings

The Service is provided in community and hospital based settings.

5.3 Key Inputs

The key input for services is the workforce.

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
Other providers of Adult Mental Health services and general health	Referral, liaison, consultation	Work with other relevant professionals and agencies in the care of the service user

7. Exclusions

Refer to tier one Mental Health and Addictions Specialist Services.

8. 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.

9. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. Specific reporting requirements apply at tier one and tier three not at tier two service specifications.

10. Tier Three Service Specifications

The following service specifications for adult mental health are grouped in tier three under three categories:

- Acute and inpatient services
- Community based clinical treatment and therapy services
- Services to promote resilience, recovery and connectedness.

10.1 Acute and inpatient services

Title	PU Code
Adult Acute Inpatient Services	MHA01
Adult Intensive Care Inpatient Beds	MHA02
Adult Crisis Respite	MHA03, MHAK03, MHA03C, MHA03D, MHAK03C
Crisis Intervention Service	MHA04A, MHA04B, MHA04C, MHA04D
Adult Acute Home Based Treatment	MHA05A, MHA05B, MHA05C, MHA05D,
Adult Acute Package Of Care	MHA06, MHA06C, MHA06D
Sub-Acute/Extended Care Inpatient Beds	MHA07
General Hospital Liaison Service	MHA08A, MHA08B, MHA08C

10.2 Community based clinical treatment and therapy services

Title	PU Code
Community Clinical Mental Health Service	MHA09A, MHA09B, MHA09C, MHA09D, MHA09E, MHA09F, MHAK09A, MHAK09C, MHAK09D
Early Intervention For People With First-Time Psychosis	MHA10A, MHA10B, MHA10C, MHA10D, MHA10E, MHI10A, MHI10B, MHI10C, MHI10D, MHI10E, MHAK10C
Mobile Intensive Treatment Service	MHA11A, MHA11B, MHA11C, MHA11D, MHA11E
Service For Profoundly Hearing Impaired	MHA12A, MHA12B, MHA12C, MHA12D, MHA12E
Service For Mental Health And Intellectual Disability	MHA13A, MHA13B, MHA13C, MHA13D, MHA13E
Community Co-Existing Disorders-Mental Health And Addiction	MHAD14A, MHAD14B, MHAD14C, MHA14D, MHAD14E, MHAD14F, MHADK14C, MHADK14D
Community Co-Existing Disorders-Mental Health And Addiction And Accommodation	MHAD15, MHAD15C, MHAD15D
Community Day Programme	MHAD16A, MHA16B, MHA16C, MHA16D, MHA16E, MHA16F
Adult Planned Respite	MHA17, MHA17C, MHA17D, MHA17E

Community Mental Health Services- Needs Assessment And Service Coordination	MHA18A, MHA18B, MHA18C, MHA18D, MHA18E, MHAK18A, MHAK18C
Adult Package Of Care	MHA19, MHA19C, MHA19D

10.3 Services to promote resilience, recovery and connectedness

Title	PU Code
Adult Community Support Services	MHA20C, MHA20D, MHA20E, MHA20F, MHAK20D
Day Activity And Living Skills Service	MHA21C, MHA21D, MHA21E
Vocational Support Service	MHA22C, MHA22D, MHA22E, MHA22F, MHAK22F
Housing Coordination Service	MHA23C
Housing And Recovery Services –Day Time and Awake Night Support	MHA24, MHA24C, MHA24D, MHAK24
Housing And Recovery Services- Day Time and Responsive Night Support	MHA25, MHA25C, MHA25D, MHAK25
Supportive Landlord Service	MHA26