

## CO-EXISTING DISORDERS – MENTAL HEALTH AND ADDICTION

### TIER LEVEL THREE

### 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
Published on NSFL	June 2009
Working Party Review	April 2009
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 Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**CO-EXISTING DISORDERS- MENTAL HEALTH AND ADDICTION  
TIER THREE  
SERVICE SPECIFICATION  
MHAD14A, MHAD14B, MHAD14C, MHAD14D, MHAD14E, MHAD14F, MHADK14C,  
MHADK14D**

This tier three service specification for Co-existing Disorders – Mental Health and Addiction (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health and tier two Addiction service specifications.

## **1. Service Definition**

The Service will include:

- screening and early identification for mental health and alcohol and/or other drug problems
- assessment, treatment, therapy and support for people with substance abuse disorders and mental illness
- co-ordination of treatment to ensure joint care management between mental health and addiction services
- family/whānau engagement and support
- service user self-help/mutual support opportunities
- liaison and consultation with other services involved in providing addiction services or mental health services, including non-government mental health and addiction services.

Recovery plans are developed in conjunction with the service user and relevant carers, and with other health and social agencies and community mental health services actually or potentially involved in a comprehensive approach to meeting the identified needs.

## **2. Service Objectives**

To provide a specialised recovery-oriented service that provides interventions for people with co-existing problems of mental illness and alcohol and/or other drug misuse. These services are for people who have a mental health problem that is exacerbated by the misuse of substances and those who have a significant substance abuse issue when there is also a co-existing mental health issue.

### **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 adults as detailed in the tier two Adult Mental Health service specification.

### **4. Access**

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

Referral to the Service is from addiction or mental health services.

### **5. Service Components**

#### **5.1 Processes**

The following processes apply but are not limited to: assessment, treatment, intervention and support, review process and discharge.

#### **5.2 Settings**

The Service is community based.

#### **5.3 Key Inputs**

The Service is provided by:

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

- health professionals regulated by the Health Practitioners Competence Assurance 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.

### **6. Service Linkages**

Linkages include, but are not limited to the following described in tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

### **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	Unit of Measure	Reporting Requirements
MHAD14A	Co-existing disorders (mental health & addiction) – Senior medical staff	FTE	PRIMHD
MHAD14B	Co-existing disorders (mental health & addiction) - Junior medical staff	FTE	PRIMHD
MHAD14C	Co-existing disorders (mental health & addiction) - Nursing and/or allied staff	FTE	PRIMHD
MHAD14D	Co-existing disorders (mental health & addiction) - Non-clinical staff	FTE	PRIMHD
MHAD14E	Co-existing disorders (mental health & addiction) - Cultural staff	FTE	PRIMHD
MHAD14F	Co-existing disorders (mental health & addiction) - Peer support staff	FTE	PRIMHD
MHADK14C	Co-existing disorders (mental health & addiction) - Kaupapa Māori Nursing and/or allied staff	FTE	PRIMHD
MHADK14D	Co-existing disorders (mental health & addiction) - Kaupapa Māori Non-clinical staff	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 FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Number of suicides of current clients
Quarterly	Number of "day places" available
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number. of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>

**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 contact
Monthly	Consultation/liaison training sessions
Monthly	Number completed support needs assessments
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 FTE
Quarterly	Junior medical FTE
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTE
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Quarterly	Number of "day places" available
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>