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|  | **All District Health Boards** | |
| ADULT MENTAL HEALTH SERVICES –COMMUNITY CLINICAL MENTAL HEALTH SERVICE **MENTAL HEALTH AND ADDICTION SERVICES -** Tier THREEService Specification | | |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | | **NON-MANDATORY** |
| Review History | | Date |
| First Published on NSFL | | June 2009 |
| **Correction:** number of day attendances added to reporting prior to PRIMHD | | July 2010 |
| **Amended**: removal of unapproved Purchase units MHAK09A, MHAK09C, MHAK09D. Minor editing changes for consistency. | | February 2011 |
| **Amended**: clarified reporting requirements | | February 2013 |
| **Amended:** added MHA09S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | | 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>

**ADULT MENTAL HEALTH SERVICES –**

**COMMUNITY CLINICAL MENTAL HEALTH SERVICE**

**MENTAL HEALTH AND ADDICTION SERVICES -**

**TIER THREE SERVICE SPECIFICATION**

**MHA09A, MHA09B, MHA09C, MHA09D, MHA09E, MHA09F, MHA09S**

This tier three service specification for Adult Mental Health Services - Community Clinical Mental Health Service (the Service) is linked to tier one Mental Health and Addiction Service and tier two Adult Mental Health service specifications.

**1. Service Definition**

These services will be fully integrated with other mental health services and will engage the Service User and their family and whānau and carers. They will include but will not be limited to:

* specialist assessment and use of diagnosis classification systems
* provision of medication (including such new agents as are approved for use, in accordance with funding and safety protocols) and other treatment in accordance with a documented comprehensive recovery plan with identified desired outcomes
* ongoing monitoring of symptoms and social situations that may trigger an episode and regular review of progress and treatment at specified intervals
* provision of evidence-based talking therapies
* provision of psychotherapeutic interventions
* provision of evidence-based risk assessment / formulation / management plans
* provision of access to cultural services in accordance with Service Users’ needs;
* attention to matters in relation to early intervention, maintenance of health, relapse prevention, problem prevention and promotion of good mental health
* provision of consultation and liaison services, including telephone consultation, to primary care providers and other relevant health or social services agencies involved in the care of Service Users with mental health problems
* co-ordination of care across primary and secondary services in shared care arrangements.

Specialised assessments and intervention for particular sub-groups will occur with referrals to appropriate agencies if required:

* people with eating disorders
* women during the antenatal or post-partum period (up to nine months after birth)
* people with combined problems of mental illness plus drug and alcohol use, or intellectual disability, or brain injuries
* migrants and refugees
* people with profound deafness
* people with personality disorders.

Recovery plans and relapse prevention plans are developed in conjunction with, and led by, 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.

Where possible, care will be provided in conjunction with primary health services. At the least, there will be documented clear communication with primary health providers regarding the treatment plan and progress, and its completion, in accordance with health privacy legislation and regulations.

Training, advice and support will be provided to workers in primary health services to support the assessment / treatment / management of Service Users of specialist services in community settings. Care will be co-ordinated by a specified person (key worker/case manager), with several staff of varying backgrounds being available to contribute to care in accordance with identified needs.

**2. Service Objectives**

**2.1 General**

To provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders.

**2.2 Māori Health**

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

**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**

Access may be from any source, including directly, or upon referral from primary health services, family and whānau, carers and community members or inpatient 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 provided in community based settings.

**5.3 Key Inputs**

The Service is provided by a multi-disciplinary team of people with skills and experience in mental health 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 those described in tier one Mental Health and Addiction Services and tier two Adult Mental Health service specifications.

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service:

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| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| MHA09A | Community clinical mental health service - Senior medical staff | A service by senior medical staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09B | Community clinical mental health service – Junior medical staff | A service by senior medical staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09C | Community clinical mental health service – Nursing/allied health staff | A service by nurses and/or allied staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09D | Community clinical mental health service – Non-clinical staff | A service by non-clinical support staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09E | Community clinical mental health service – Cultural staff | A service by cultural support staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09F | Community clinical mental health service – Peer support staff | A service by peer support staff to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | FTE |
| MHA09S | Community Clinical Mental Health Service | A service to provide a recovery-oriented community-based assessment, treatment and therapy service for people with severe mental health problems/disorders including DSM4 Axis 2 Personality Disorders. | Service |

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| **Unit of Measure** | **Unit of Measure Definition** |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 Reporting**

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

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email [performance\_reporting@moh.govt.nz](mailto:performance_reporting@moh.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)