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|  | All District Health Boards |
| **PERINATAL MENTAL HEALTH SERVICES -** **PERINATAL RESPITE SERVICE****MENTAL HEALTH AND ADDICTION SERVICES****TIER THREE****SERVICE SPECIFICATION** |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | **NON-MANDATORY** |
| **Review History** | **Date** |
| Published on NSFL | **June 2010** |
| **Amended**: clarified reporting requirements | **February 2013** |
| **Amended**: added MHM93S purchase unit code, removed standard provider monitoring reporting tables. | **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/>

**PERINATAL MENTAL HEALTH SERVICES – PERINATAL RESPITE SERVICE**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHM93, MHM93C, MHM93D, MHM93E, MHM93F, MHM93S**

This tier three service specification for the Perinatal Respite Service (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Perinatal Mental Health Services service specifications. In addition, it is linked to a range of tier three Perinatal Mental Health Services service specifications.

This service specification defines perinatal mental health respite service and its objectives in the delivery of services.

**1. Service Definition**

The Service will include a range of short term crisis or planned respite options developed and maintained for mothers in crisis who are pregnant or who are in the first year postpartum, and who require an alternative to an acute inpatient setting.

Options will include, but not be limited to the provision of staff who will monitor and support the mother and infant in crisis in:

their own home or elsewhere

supervised accommodation

a specifically dedicated respite facility.

Cultural expertise is to be available in these situations to ensure satisfactory options are considered and to assist with the crisis resolution holistically.

Assessment, treatment, therapy and support will be provided in collaboration with the Specialist Clinical Team, as required during the period of respite care with the aim of quickly resolving the need for the crisis service.

Respite providers will work in partnership with other Specialist Clinical Teams.

**2. Service Objectives**

**2.1 General**

The objective of the Service is to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service.

Respite usage will be for as short a period as possible, consistent with the goals of the episode of respite care, whether it be a crisis or a planned event.

**2.2 Māori Health**

Refer to the tier two Perinatal Mental Health Services service specification.

**3. Service Users**

Refer the tier two Perinatal Mental Health Services service specification.

**4. Access**

Refer to the tier two Perinatal Mental Health Services service specification.

Access will be via a referral from the Community Mental Health team or mental health acute inpatient unit.

**5. Service Components**

**5.1 Processes**

Refer to the tier two Perinatal Mental Health Services service specification.

**5.2 Settings**

The Service is provided in community and home based settings.

The setting chosen will require measures in place to ensure the safety of mothers and infants.

**5.3 Facility**

A separate facility away from other services such as adolescent or adult mental health services is recommended.

**5.4 Key Inputs**

Refer to the tier two Perinatal Mental Health Services service specification.

**5.5. Pacific Health**

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

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Perinatal Mental Health Clinical Service Provider  | Shared Care | Work with the clinical service in partnership to meet health needs of mother and infant |
| Other providers of Mental Health and addiction services and general health services including: Lead Maternity Carer, Well Child Providers, General Practitioner, Nurse Practitioner, Infant Child and Adolescent Mental Health Service | Referral, liaison, consultation | Work with other relevant professionals and agencies in the care of the Service User |
| Social agencies such as Work and Income NZ, Ministry of Social development, Housing NZ | Access to entitlements and child protection | Broker access to other agencies to ensure that mother and infant are able to access other requirements that impact their mental well being  |

**7. Purchase Units and Reporting Requirements**

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

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure**  |
| --- | --- | --- | --- |
| MHM93 | Perinatal Mental Health Respite Service | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. | Client |
| MHM93C | Perinatal Mental Health Respite Service – Nurses & allied health | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. The service is provided by nurses and allied health staff | FTE |
| MHM93D | Perinatal Mental Health Respite Service – Non-clinical staff | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. The service is provided non-clinical staff. | FTE |
| MHM93E | Perinatal Mental Health Respite Service – Cultural staff | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. The service is provided by cultural staff.  | FTE |
| MHM93F | Perinatal Mental Health Respite Service – Peer support staff | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. The service is provided by peer support staff. | FTE  |
| MHM93S | Perinatal Mental Health Respite Service | Service to provide a home-based or accommodation based respite care service as an option for mothers and infants who would otherwise require an admission to an acute inpatient mental health service. | Service  |

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| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| Client  | Number of clients managed by the service in the reporting period (period is annual 1st July - 30th June) i.e. caseload at the beginning of the period plus all new cases in the period. 'Client' and 'Service User' are interchangeable |
| 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.nzThe 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)