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|  | **All District Health Boards** |
| **PERINATAL MENTAL HEALTH -****SPECIALIST PERINATAL MENTAL HEALTH COMMUNITY SERVICE (WITH ACCOMMODATION)****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 |
| First Published on NSF Library | June 2010 |
| Amended: clarified reporting requirements | February 2013 |
| Amended: added MHM91S 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- SPECIALIST PERINATAL COMMUNITY MENTAL HEALTH SERVICE (WITH ACCOMMODATION)**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE SERVICE SPECIFICATION**

**MHM91, MHM91C, MHM91D, MHM91E, MHM91F, MHM91S**

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

The service specification defines perinatal mental health specialist community services and its objectives in the delivery of the Service.

1. **Service Definition**

The Service provides recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants. This is a 24-hour service and will include appropriate assessment, monitoring, treatment and support.

The Service may be used as an alternative to an acute admission or as a step down from specialist perinatal mental health inpatient care. It is likely that people will stay in this Service for a period of weeks.

The Service will be part of, or closely aligned with, a Specialist perinatal mental health service and hospital inpatient facilities, and will include:

* 24-hour accommodation in an age-appropriate home-like setting
* 24-hour staffing with on-call clinical staff
* supported and/or supervised mother and infant care
* treatment and relapse prevention planning
* close monitoring of physical and mental wellbeing
* transitional planning
* group and or individual based treatment and therapy involving family and whānau where appropriate as part of a day programme
* supportive education regarding mother and infant care.
1. **Service Objectives**
	1. **General**

The objective of this Service is to provide assessment, monitoring, treatment and support for mothers with mental health disorders and their infants, where an intensive level of support is required for the recovery and mental health wellbeing of mother and infant(s).

There is enhanced engagement with family and whānau and or natural supports in the care of mother and the infant.

**2.2 Māori Health**

Refer to tier one Mental Health and Addiction service specification.

**3. Service Users**

Refer to the tier two Perinatal Mental Health service specifications for the definition of mothers and infants that may access this Service.

**4. Access**

Refer to the tier two Perinatal Mental Health service specifications. In addition local policies and protocols are used to prioritise and direct referrals to access the Service.

**5. Service Components**

**5.1 Processes**

Refer to the tier two Perinatal Mental Health service specifications.

**5.2 Settings**

Refer to the tier two Perinatal Mental Health service specifications.

**5.3 Key Inputs**

Refer to the tier two Perinatal Mental Health service specifications.

**6. Service Linkages**

Linkages include, but are not limited to the following:

| **Service Provider** | **Nature of Linkage** | **Accountabilities** |
| --- | --- | --- |
| Perinatal Mental Health clinical team and specialist clinical services, Mothers and Babies unitInfant Child and Adolescent Mental Health service | Shared workingClinical input  | Participation in communications with specialist clinical servicesaccessing training and consultation and liaison functions. |
| Other mother and infant care providers  | Collaborative working in meeting the needs of the mother and infant  | Work collaboratively with other providers involved in the care of mother and infant. |

**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.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure**  |
| --- | --- | --- | --- |
| MHM91 | Perinatal Specialist Community Mental Health Service (with accommodation) | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided in a community home environment with assessment, monitoring, treatment and support. | Occupied bed day |
| MHM91C | Perinatal Specialist Community Mental Health Service (with accommodation) – Nurses & allied health  | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided by nurses and allied health in a community home environment with assessment, monitoring, treatment and support. | FTE |
| MHM91D | Perinatal Specialist Community Mental Health Service (with accommodation) – Non-clinical staff  | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided by non-clinical staff in a community home environment with assessment, monitoring, treatment and support. | FTE |
| MHM91E | Perinatal Specialist Community Mental Health Service (with accommodation) – Cultural staff  | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided by non-clinical staff in a community home environment with assessment, monitoring, treatment and support. | FTE |
| MHM91F | Perinatal Specialist Community Mental Health Service (with accommodation) – Peer support staff  | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided by peer support staff in a community home environment with assessment, monitoring, treatment and support. | FTE |
| MHM91S | Perinatal Specialist Community Mental Health Service (with accommodation) | 24-hour service to provide recovery-orientated accommodation and treatment for mothers with a mental health disorder and their infants, where the level of care does not require an acute inpatient admission. The service is provided in a community home environment with assessment, monitoring, treatment and support. | 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 |
| Occupied bed day | Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days. |

**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

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)