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|  | All District Health Boards |
| **INFANT, CHILD, ADOLESCENT AND YOUTH -****mental health ACUTE crisis intervention 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** |
| First Published on NSFL | June 2009 |
| **Amendments**: clarified reporting requirements, edited for consistency. | March 2013 |
| **Amendments:** added MHI41S 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/>

**INFANT, CHILD, ADOLESCENT AND YOUTH**

**mental health ACUTE crisis intervention service**

**MENTAL HEALTH AND ADDICTION SERVICES**

**tier THREE SERVICE SPECFICATION**

**MHI41A, MHI41B, MHI41C, MHI41S**

This tier three service specification for Infant, Child, Adolescent and Youth Mental Health Acute Crisis Intervention Service (the Service) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

Note: District Health Boards (DHBs) may elect to provide a crisis team covering all ages with staff appropriately trained and supported via supervision, training and clinical leadership from CAMHS rather than an age-specific service as described in this service specification. The benefits of face-to-face assessment and treatment by personnel with expertise specific to this age group are recognised.

**1. Service Definition**

This Service includes: immediate urgent response to a mental health crisis including assessment, monitoring, co-ordination of services, treatment and support/advice to family/whānau or carers.

Crisis intervention includes:

* assessment (see tier one Mental Health and Addiction Services Specification)
* development of immediate treatment and recovery plan in conjunction with family/whānau, where appropriate
* performance of all tasks necessary in relation to processes required under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (including tasks of Duly Authorised Officer, assessing psychiatrist and responsible clinician)
* implementation of treatment and recovery plans, including referral to other services for ongoing treatment
* age and developmentally appropriate responses
* provision of advice, information and support to other carers and family/whānau as appropriate
* liaison with other health professionals involved in the individual’s care and treatment in hours and out of hours particularly when an existing mental health Service User.

The Service will be mobile and able to be provided at the location of the crisis. Where necessary, the Service will arrange for, or provide, transport of the person to the nearest acute treatment facility.

There is effective liaison with police, general medical practitioners, residential and housing providers and ambulance services, with formal protocols agreed to by relevant parties about when each will be involved and to what extent, where this is appropriate. Access to crisis respite services is facilitated through the crisis intervention service or agreed local alternative mechanisms.

Where appropriate, arrangements are made to ensure two clinicians attend a call out.

It is expected that this service will provide community-based interventions, and link in infants, children and youth to appropriate services, hence reducing inpatient admissions.

**2. Service Objectives**

**2.1 General**

To provide rapid assessment and intervention for infants, children, adolescents and youth experiencing a mental health crisis. The Services are highly mobile and available in the setting and at the time when the crisis is occurring.

**2.2 Māori Health**

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

**3. Service Users**

The Service Users are eligible infants, children, adolescents and youth.

**4. Access**

**4.1 Entry and Exit Criteria**

Access may be from any source, including by directly or upon referral from primary practitioners, family/whānau, carers and community members.

**4.2 Time**

Interventions will be appropriate to the age and development of the individual concerned, and will be no more restrictive than necessary in each situation. Crisis intervention is fully available 24-hours, seven days a week.

**5. Service Components**

**5.1 Processes**

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

**5.2 Settings**

The Service is provided in community based settings.

**5.3 Key Inputs**

The Service is provided by:

* a 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
* staff with training, skills and expertise in mental health intervention, treatment and support, for infants, children, adolescents and youth
* staff with the ability to recognise underlying mental health and developmental issues.

**6. Service Linkages**

Linkages include, but are not limited to the following as described in the Mental Health and Addiction Services tier one and Infant, Child, Adolescent and Youth tier two 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.

| **PU Code** | **PU Description** | **PU Definition** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHI41A | Infant, child, adolescent and youth crisis intervention service - Senior medical staff  | Rapid assessment and intervention service for infants, children, adolescents and youth experiencing a mental health crisis, delivered by senior medical staff trained in mental health intervention, treatment and support. The services are highly mobile and are available in the setting and at the time when the crisis is occurring. | FTE |
| MHI41B | Infant, child, adolescent and youth crisis intervention service - Junior medical staff  | Rapid assessment and intervention service for infants, children, adolescents and youth experiencing a mental health crisis, delivered by junior medical staff trained in mental health intervention, treatment and support. The services are highly mobile and are available in the setting and at the time when the crisis is occurring. | FTE |
| MHI41C | Infant, child, adolescent and youth crisis intervention service – Nursing/allied health staff | Rapid assessment and intervention service for infants, children, adolescents and youth experiencing a mental health crisis, delivered by nurses and/or other allied health staff trained in mental health intervention, treatment and support. The services are highly mobile and are available in the setting and at the time when the crisis is occurring. | FTE  |
| MHI41S | Infant, child, adolescent and youth crisis intervention service | Rapid assessment and intervention service for infants, children, adolescents and youth experiencing a mental health crisis. The services are highly mobile and are available in the setting and at the time when the crisis is occurring. | 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

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)