

COMMUNITY BASED SERVICE FOR MENTAL HEALTH WITH INTELLECTUAL DISABILITY

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/>

**COMMUNITY BASED SERVICE FOR MENTAL HEALTH WITH
INTELLECTUAL DISABILITY
TIER THREE
SERVICE SPECIFICATION
MHA13A, MHA13B, MHA13C, MHA13D, MHA13E**

This tier three service specification for Service for Mental Health with Intellectual Disability (the Service) is linked to tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications.

1. Service Definition

The Service will include:

- assessment and treatment of mental illness in people with intellectual disabilities, where such a specialist service is required
- co-ordination of treatment and interventions to ensure joint care management between mental health and intellectual disability services
- family/whānau support
- Service user self-help/mutual support opportunities
- education, consultation and advice to other mental health and intellectual disability services to assist those services in the ongoing care of people under their care.

2. Service Objectives

To provide a recovery-oriented specialist service that provides interventions to assist (directly or indirectly) people with combined problems of mental illness and intellectual disability.

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 community or inpatient mental health services, or from intellectual disability service providers and may include NASC where required.

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 intellectual disability, 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 the Service users and who are not subjected to regulatory requirements under legislation or by any other means.

6. Service Linkages

Linkages are not limited to those described in tier one Mental Health and Addiction Specialist Services and tier two Adult Mental Health service specifications and include the table below.

Service Provider	Nature of Linkage	Accountabilities
Providers of Disability Services	Referral Liaison Advice	Work with the relevant professionals and agencies in the care and support of the Service user

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
MHA13A	Community based Mental health with intellectual disability - Senior medical staff	FTE	PRIMHD
MHA13B	Community based Mental health with intellectual disability - Junior medical staff	FTE	PRIMHD
MHA13C	Community based Mental health with intellectual disability - Nursing and/or allied staff	FTE	PRIMHD
MHA13D	Community based Mental health with intellectual disability - Non-clinical staff	FTE	PRIMHD
MHA13E	Community based Mental health with intellectual disability – Cultural staff	FTE	PRIMHD

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

After PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
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"> • Medical • Nursing • Psychology • Occupational Therapy • Social Work • Maori Mental Health • Other

Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
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"> • Medical • Nursing • Psychology • Occupational Therapy • Social Work • Maori Mental Health • Other