Mental Health and Addiction

Adult Acute Inpatient

Services

Tier 3

September 2024

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1. Status

MANDATORY ☑ RECOMMENDED ☑

These service specifications may be amended to meet local agreement needs.

2. Review History

Review History	Date
First Published on NSFL	June 2009
Amended: clarified reporting requirements	February 2013
Amended: removed standard provider monitoring reporting tables. Minor editing.	April 2017
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.
NSF@tewhatuora.govt.nz">NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site here

3. Introduction

ADULT MENTAL HEALTH- ADULT ACUTE INPATIENT SERVICES MENTAL HEALTH AND ADDICTION SERVICES TIER THREE SERVICE SPECIFICATION MHA01

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

4. Service Definition

The Service includes:

- delivery of Service in a mental health setting on a general hospital site
- integration with mental health intensive care, day services, and community mental health services, in forming part of a continuum of services
- a focus on ensuring recovery-focused intervention, crisis intervention and prevention of the escalation of the Service User's illness, prevention of disability, and support to minimise dependency
- awareness of the safety needs of patients and the broader community, including staff, reflecting that some Service Users may present a risk of suicide, self-harm or danger to others
- delivery of Services in accordance with a comprehensive system of risk management within which least restrictive evidence-based intervention strategies will be practiced
- engagement with family/whānau
- consideration of Service User's dependents and appropriate involvement.

A comprehensive range of hospital-based treatment and therapy options will be available including:

- pharmacotherapy and bio-medical investigations and interventions
- psychological treatments
- social treatments
- occupational therapy
- recreational activities
- social skills training
- budgeting
- domestic skills training
- assertiveness and self-esteem building

development of cultural links.

Individualised care plans are developed and implemented for each person admitted to the service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of inpatient care. Plans are developed in conjunction with the Service User concerned, their family/whānau or carers, where appropriate, and relevant community services are involved.

Special arrangements are developed to meet the needs of particular sub-groups, wherever possible. This could include inpatient treatment for eating disorders, or mothers and their babies in the post-partum period, where no other provision is available for these groups.

Acute inpatient services are expected to have a length of stay based on a clinical assessment and treatment plan. Average length of stay will be captured in the Key Performance Indicator Benchmarking project.

Accommodation and personal care services are provided at no cost to the Service User, including the provision of personal care items when such items are lacking on admission.

5. Service Objectives

5.1 General

To provide inpatient care for people in the acute stage of mental illness, who are in need of a period of close observation and/or intensive investigation, support and / or intervention, where this is unable to be safely provided within a community setting, or less acute inpatient service.

5.2 Māori Health

Refer to tier one Mental Health and Addiction Services service specifications.

5.3 Service Users

The Service Users are eligible adults as detailed in the tier two Adult Mental Health service specification

6. Access

6.1 Entry and Exit Criteria

Access is through acute assessment teams or community mental health teams (providing acute community-based care). Some referrals will be from other less acute inpatient services (for people experiencing acute exacerbation who are unable to be managed in a less acute setting) or from more secure settings (for people making transitions to less secure care). Service Users may also access via a hospital transfer.

7. Service Components

7.1 Processes

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

7.2 Settings

The Service is provided in a hospital setting.

7.3 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.

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8. 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.

9. Purchase Units and Reporting Requirements

9.1 Purchase Units

Purchase Unit (PU) Codes are defined in Health New Zealands' Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU	PU	PU Definition	Unit of
Code	Description		Measure
MHA01	Acute 24 hour clinical intervention (inpatient)	A service that provides inpatient care within a hospital setting for people in the acute stage of mental illness, who are in need of a period of close observation and/or intensive investigation, support and/or intervention, where this is unable to be safely provided within a community setting or less acute inpatient service. The service will be provided by a multidisciplinary team of people trained in mental health intervention, treatment and support.	Available bed day

Unit of Measure	Unit of Measure Definition
Available Day Bed	Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service.

9.2 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.

Email: performance_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications¹ may be used for performance monitoring if specified as agreed with the Funder.

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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 https://www.tewhatuora.govt.nz/health-services-and-programmes/nationwide-service-framework-library/about-nationwide-service-specifications/mental-health-and-addiction-service-specifications