

**Adult Mental Health  
Adult Acute Package of  
Care  
Mental Health and  
Addiction Services  
Tier 3  
Service Specification  
September 2024**

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## 1. Status

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

MANDATORY  RECOMMENDED

## 2. Review History

Review History	Date
First Published on NSFL	June 2009
<b>Amended:</b> clarified reporting requirements	March 2013
<b>Amended:</b> added MHA06S purchase unit code, removed standard provider monitoring reporting tables. Minor editing.	April 2017
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](mailto:NSF@tewhatuora.govt.nz)

Nationwide Service Framework Library web site [here](#)

### 3. Introduction

**ADULT MENTAL HEALTH-  
ADULT ACUTE PACKAGE OF CARE  
MENTAL HEALTH AND ADDICTION SERVICES  
TIER THREE SERVICE SPECIFICATION  
MHA06, MHA06C, MHA06D, MHA06S**

This tier three service specification for Adult Acute Package of Care (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 will include acute packages of care that are:

- well integrated with other specialist adult mental health services
- focused to ensure active treatment, crisis intervention and prevention of the escalation of development of the Service User's illness, prevention of disability, and the prevention of the development of dependency
- conscious of the safety needs of the Service User and the community, including staff, reflecting that some Service Users may present a risk of suicide, self-harm or danger to others
- delivered in accordance with a comprehensive system of risk management within which least restrictive intervention strategies will be determined.

Individualised treatment plans and relapse prevention plans are developed for each person using the Service. These plans are comprehensive, based on assessed needs, and include identified goals for the period of treatment/care. Plans are developed in conjunction with the Service User and their family/whānau, and carers, and with relevant community service involvement.

The provider will be responsible for:

- the development and funding of individualised packages of treatment/care aimed at meeting the specific needs of each Service User and their family/whānau
- reviewing and monitoring the safety and appropriateness of each acute care package, modifying according to need, and the assessment of ongoing requirements
- ensuring an emphasis is placed on the provision of treatment and support in an environment and context that is safe and familiar for the Service User
- ensuring that acute care packages are culturally appropriate and safe for each individual and their family/whānau
- ensuring that criteria and guidelines are in place to manage entry to and exit from the service, including criteria for prioritisation of referrals
- ensuring that acute care funding is not used to duplicate existing services, but it is used to provide supports in addition to those provided by existing health, welfare and

support agencies and to those services provided by other specialist mental health services

- management of the acute package of care funding (including flexi-fund budgets) within the annual budget and ensuring that the available funding is used efficiently and effectively.

The provider may enter into subcontracting arrangements with other organisations for the delivery of components of the package but will be accountable for the total package deliverables.

Acute packages of care are expected to have a duration of less than four weeks at any one time. Any extension to this timeframe will be rare and expected to comply with locally agreed protocols.

## 5. Service objectives

### 5.1.1 General

To provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.

### 5.1.2 Māori Health

Refer tier one Mental Health and Addiction Services service specification.

### 5.1.3 Pacific Health

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

## 6. Service Users

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

## 7. Access

### 7.1.1 Entry and Exit Criteria

Access to the Services will be via the community mental health service.

## 8. Service Components

### 8.1.1 Settings and Facilities

The Service is provided in a community based setting.

### 8.1.2 Processes

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

- (a) Health education and health promotion**
- (b) Assessment, diagnosis and treatment**
- (c) Rehabilitation**
- (d) Discharge planning or onward referral**
- (e) Liaison and consultation**
- (f) Case management**

### 8.1.3 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.

## 9. 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.

## 10. Purchase Units and Reporting Requirements

### 10.1 Purchase units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary.

<b>PU Code</b>	<b>PU Description</b>	<b>PU Definition</b>	<b>PU Measure</b>
MHA06	Acute package of care	A service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.	Occupied bed day
MHA06C	Acute package of care – Nursing/allied health staff	A service by nurses and/or allied health staff to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.	FTE

PU Code	PU Description	PU Definition	PU Measure
MHA06D	Acute package of care – Non-clinical staff	A service by non-clinical support staff to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.	FTE
MHA06S	Acute package of care	A service to provide individually tailored packages of care/treatment for adults who are experiencing an acute episode of a serious mental illness/mental health problem.	Service

Unit of Measure	Unit of Measure Definition
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.
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

## 10.2 Reporting Requirements

### 10.2.1 To national collections

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:

Email: [performance\\_reporting@health.govt.nz](mailto:performance_reporting@health.govt.nz)

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications<sup>1</sup> may be used for performance monitoring if specified as agreed with the Funder.

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<sup>1</sup> 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.nsfh.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services](http://www.nsfh.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services)