

Mental Health and Addictions Services

Adult Crisis Respite

Tier 3 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY RECOMMENDED

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement].

2. Review History

Review History	Date
First Published on NSFL	June 2009
Amended: Removal of unapproved Purchase Units MHK03C, MHAK03. Minor editing changes for consistency.	February 2011
Amended: clarified reporting requirements	February 2013
Amended: added purchase unit code MHA03S, 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
Consideration for next Service Specification Review	Within five years

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

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

3. Introduction

This tier three service specification for Adult Mental Health Services - Adult Crisis Respite (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 a range of crisis respite options developed and maintained for adults in crisis requiring an alternative to an acute inpatient setting.

Options will include, but not be limited to:

- provision of staff with skills appropriate to the circumstances, who will monitor and support the person in crisis, whether in their own home or elsewhere
- short-term care in supervised accommodation
- short-term care in a specifically dedicated respite facility.

Respite usage will be for as short a period as possible during the crisis period.

Cultural expertise is to be available in these situations to ensure satisfactory options are considered and to assist with crisis resolution.

Assessment, treatment, therapy and support will be provided in collaboration with the District Health Board (DHB) Provider Arm Clinical Team as required during the period of respite care with the aim of quickly resolving the need for the crisis service.

Respite providers will work in partnership with other Specialist Clinical Teams.

5. Service objectives

5.1.1 General

To provide a home-based or residential service as an option for people who would otherwise require admission to acute inpatient mental health services.

5.1.2 Māori Health

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

6. Service Users

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

7. Access

Access to the Service will be via community mental health teams.

8. Service Components

8.1 Processes

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

8.2 Settings

The Service is provided in community based settings.

8.3 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.

Staff will require skills and experience in working with people in crisis.

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. Exclusions

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

11. Quality Requirements

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

12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure
MHA03	Adult crisis respite	A service that provides a home-based or residential service as an option for people who would otherwise require admission to acute inpatient mental health services.	Occupied bed day
MHA03C	Adult crisis respite – Nursing/allied health staff	A service that is provided by nurses and/or allied health staff, home-based or residential as an option for people who would otherwise require admission to acute inpatient mental health services.	FTE
MHA03D	Adult crisis respite – Non-clinical staff	A service that is provided by non-clinical support staff, home-based or residential as an option for people who would otherwise require admission to acute inpatient mental health services.	FTE
MHA03S	Adult crisis respite	A service that is home-based or residential as an option for people who would otherwise require admission to acute inpatient mental health services.	Service

Explanations of the units of measure (UOM) from the purchase unit table.

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.
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
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement

13. Reporting Requirements

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.

Unless otherwise specified in the agreement, the following reporting information will be emailed to The Performance Reporting Team at: 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.

14. Glossary

Not required

15. Appendices

Not required

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.nsfh.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services