

**Mental Health and Addictions
Services**

**Perinatal Mental Health
Services**

Tier 2 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

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
First Published on NSFL	June 2010
Amendments: Removal of unapproved Purchase Unit MHMK90C. Minor editing changes for consistency.	February 2011
Amendments: clarified reporting requirements	February 2013
Amendments: added purchase units MHM and MHIM 'S' series	April 2017
Amendments: corrected the tier one Mental Health and Addiction Services service specification in section 2.2	March 2020
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 two service specification for Perinatal¹ Mental Health Services (the Service) is the overarching document for a range of tier three Perinatal Mental Health service specifications. The service specification defines Perinatal Mental Health services and their objectives in the delivery of services.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services service specification and one of a range of tier three Perinatal Mental Health service specifications listed in section 10 below. Local DHB service specifications may also be included under this service specification as appropriate.

3.1 Background

The effect of perinatal mental illness has the potential for rapid deterioration and high associated risk on the mother's relationship to their infant. This suggests the need for an urgent/immediate response for mothers with a history of bi-polar affective disorder or a psychotic disorder. Mental health problems in either the parent or infant will often manifest in behavioural or relationship difficulties and therefore this could be the identifying issue.

Specialist services like Perinatal Mental Health may be delivered using a hub and spoke model. The 'hub and spoke' model has been adapted to health service provision to facilitate clinical support by specialist clinicians in large regional centres (hubs) to clinicians in generic secondary services in smaller provincial centres (spokes).

The model involves the establishment of formal and informal relationships between each hub and its associated spokes, with regular structured supervision and training combined with ad hoc consultation and liaison support on an as required basis.

The hub and spoke model is most effective when an individual in the spoke service has a dedicated coordination role, often in conjunction with a local 'virtual team' (including in some cases primary care clinicians).

4. Service Definition

The Service covers pregnancy and the first postnatal year. This focus allows for greater recognition of the profound effects that parental mental illness can have on the foetus, infant and toddler.

The Service will provide specialised perinatal mental health assessment, management and treatment that will include but is not limited to:

- engagement of the mother, infant and family recognising the importance of keeping the mother and infant(s) together
- specialist assessment (including risk assessment, and cultural assessment where appropriate), diagnosis, and intervention with specific attention to the mother infant relationship, and the parents and all the children in the family

¹ The term Perinatal services has international recognition as the accepted term for Services that provide for mothers of infants under one and women during pregnancy.

- assessment of the mental health of the infant and provision of interventions or referral needed to address any problems identified
- assessment of family functioning and the impact of this on the mother-infant relationship
- cultural supports as identified in the cultural assessment
- accessibility and appropriateness for people of all cultures including Maori and Pacific families, whānau and fono
- provision of specialist use of medication
- provision of other specialist treatments in accordance with comprehensive management plans
- ongoing monitoring of maternal mental health
- relapse prevention and promotion of good mental health
- identification and appropriate referral and treatment for alcohol and other drug issues. This includes treatment of mild to moderate alcohol and other drug issues in accordance with the Co-existing Disorders Guidelines.

It is unlikely any single provider will supply the full range of services required, therefore the Service providers must work collaboratively, co-operatively and in partnership to ensure there is access to services that meet Service User needs.

The Service will:

- acknowledge the presence of infants and their relationship with their mothers² is central to the Service
- be provided to the mother without separation from her infant, unless there are severe safety concerns
- ordinarily be provided in conjunction with primary practitioners, well child health services, infant, child and adolescent mental health services, obstetric and maternity services and other mental health and addiction services involved in the care of the mothers
- support breast feeding as appropriate according to the documented intervention plan
- provide a mix of direct Service provision and consultation / liaison for other professionals or services.

² Note: In this specification the term mother and woman is used, however the primary carer role may be undertaken long-term by others such as fathers, foster/adoptive parents, grandparents or other whānau.

5. Service objectives

5.1 General

The objectives of the Service are:

- to provide a timely specialist mental health service to women who are pregnant or in the first year postpartum
AND
- who are most severely affected by a mental health disorder or have a history of or are suspected of serious mental health problems, risking disruption of the mother infant relationship
AND
- are a primary carer of the infant or are likely to become a primary carer of the infant.³
OR
- provide a consultation service to women with a major mental illness who are considering pregnancy.

5.2 Māori Health

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

In addition, the Services will reflect the concept of whanau ora - seeking to achieve maximum wellbeing for Māori.

6. Service Users

The Service Users will be women of any age who are pregnant or contemplating pregnancy or in the first year postpartum and their infant(s), who are most severely affected by a mental health disorder or have a history of or are suspected of a serious mental health disorder, risking disruption of the mother infant relationship.

Many Service Users will be transitioned back to their community mental health team and therefore shared care and joint planning is encouraged.

7. Access

DHBs will use a local prioritisation process to determine threshold to access the services that are provided.

7.1 Entry and Exit Criteria

A single point of entry with a triage process into the service is determined and described in local district policies and protocols.

If the infant dies in utero or after birth or is moved away from the parents, care will need to be humanely transitioned to another service and the woman not discharged precipitously.

8. Service Components

8.1 Processes

The key processes for this service in addition to those described in the tier one mental health and addiction service specification are education and support in managing the mother and infant relationship, liaison with and transitional planning to other mother and infant services, shared care and discharge.

8.2 Settings

The Service is provided in community and hospital based settings.

8.3 Key Inputs

The Service is provided by staff with skills and experience in perinatal mental health and infants, including intervention, treatment and support and knowledge of physical health care needs, including an appropriate balance of:

- health professional regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body
- people who support Service Users and are supervised by appropriately trained and regulated health professionals.

The team must have competence in:

- perinatal mental health, assessment, interventions and treatment
- engaging with families and building on the strengths of the family, and assessing risk the identification and referral of other potentially unmet need such as: intellectual disability, co existing disorders, other disabilities and physical health problems.

8.4 Pacific Health

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

8.5 Asian, Migrant and Refugee

Cultural beliefs about the role of the mother, family, childbirth and pregnancy must be considered when engaging people of other cultural backgrounds in assessment and treatments.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Other providers of Mental Health and addiction services and general health.	Referral, liaison, consultation.	Work with other relevant professionals and agencies in the care of the Service User.
Other service providers involved in care of mother and child: Lead Maternity Carers, Paediatricians, Well Child Providers, General Practitioners and Obstetricians.	Referral, liaison, consultation, shared care Group planning.	Work collaboratively with other providers involved in the care of mother and child.
Providers of Disability Support Services.	Referral Liaison Collaboration	Work collaboratively with intellectual and other disability support services and facilitate access to those services when needed.
NGO Providers.	Referral Liaison Collaboration.	Work with NGOs to support the Service User in functioning where required (eg housing, income support entitlements and infant/child care.

10. Exclusions

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

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework⁴ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

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.

13. Reporting Requirements

Specific reporting requirements apply at tier two service specifications.

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 Specifications⁵ may be used for performance monitoring if specified as agreed with the Funder.

⁴ <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

⁵ 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

14. Tier Three Service Specifications

The range of tier three perinatal service specifications reflect a hub and spoke approach and has been developed to meet varied service needs:

Title	Purchase Unit Codes
Perinatal Mental Health Infant Inpatient Service	MHM89
Perinatal Mental Health Specialist Community Service	MHM90A, MHM90B, MHM90C, MHM90D, MHM90E, MHM90F, MHM90S
Perinatal Specialist Mental Health Community Service (with accommodation)	MHM91, MHM91C, MHM91D, MHM91E, MHM91F, MHM91S
Perinatal Infant Mental Health	MHIM92A, MHIM92B, MHIM92C, MHIM92D, MHIM92E, MHIM92S
Perinatal Mental Health Respite Service	MHM93, MHM93C, MHM93D, MHM93E, MHM93F, MHM93S

15. Glossary

Not required

16. Appendices

Not required