

Mental Health and Addictions

**Infant, Child, Adolescent
and Youth Mental Health
Alcohol and or other
Drugs 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

Mandatory- 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
Published on NSFL	June 2009
Amended: Removal of unapproved Purchase Units MHIK40, MHIK44A, B C and D, MHIK48 A,B,C,D and E, MHIK51C and D. Minor editing changes for consistency.	February 2011
Amended: clarified reporting requirements, completed PU table, edited for consistency	March 2013
Amended: added purchase units MHI "S" series	April 2017
Amended: added purchase unit codes for the tier three Early Intervention for People with First-Time Psychosis	January 2018
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 Infant, Child, Adolescent and Youth Mental Health Alcohol and or other Drugs Services (the Service) is the overarching document for a range of mental health, alcohol and/or other drugs (addiction) tier three service specifications for infants, children, adolescents and youth. It defines the services and their objectives in the delivery of a range of secondary and tertiary services for infants, children, adolescents and youth, in the mental health and addiction sector.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services specification. Tier three Infant, Child, Adolescent and Youth Mental Health Alcohol and or other Drugs Services service specifications are listed in section 12 below. Local District service specifications may also be included under this service specification as appropriate.

It is recognised that within this age group the service title of 'alcohol and other drugs' is helpful because Service Users do not identify their alcohol or substance misuse as an addiction

Strategies for specialist mental health, alcohol and other drug services for this age group are acknowledged in *Te Tāhuhu – Improving Mental Health 2005–2015* (Ministry of Health 2005) and priorities for development articulated in *Te Raukura: Mental health and alcohol and other drugs: Improving outcomes for children and youth* (Ministry of Health 2007). Service approaches need to be evidence based, integrated and connected, and cross the traditional service boundaries (Mental Health Commission 2007).

Building strengths and resilience for infants, children, adolescents and youth is about first recognising the context of significant adversity in their lives. Second, acknowledging the important wider adaptive systems, such as family, friends and community, that can be harnessed to support individuals within this context. Third, identifying and strengthening protective factors that build resilience. Building resilience in this way may reduce the need or frequency of accessing specialist services.

4. Service Definition

The Infant, Child, Adolescent and Youth Services are specifically developed for and applicable to those up to the twentieth birthday. Adult services are available from age 18 years allowing an overlap that is managed according to the clinical and developmental needs of the individual. Some flexibility will be allowed to manage the transition between child, adolescent and youth services, and adult services through to 25 years (as defined in the individual contract agreement) to best meet the needs of the young person. Services need to establish a mechanism to maintain a developmental focus.

Services are specifically for the following:

- infants, children, adolescents and youth with, or suspected of, having a mental health and / or alcohol and other drug disorder
- infants, children, adolescents and youth with psychological disorders, including severe emotional and behavioural disturbances
- family members / whānau and / or other significant people identified by the child, adolescent or youth (the Service User). These people will ordinarily be involved in

processes concerning that Service User, and will be able to access services as set out in these service specifications unless good reason exists for them not to be involved

- people seeking information about mental ill health, its treatment and prevention, support of people with mental illness, or recognition of problems of mental health and what action to take
- infants, children, adolescents and youth who are affected by a significant other's (parents or carers) mental health and / or addiction problems.

The needs of infants, children, adolescents and youth differ from adults. Therefore age-appropriate services, settings and facilities for this age group are required. An identified service or sub-service may be offered to adolescents and youth by a dedicated team or sub-team with expertise in the treatment of adolescents and youth. A similar approach may be offered to other age groupings.

However, because not all services that infants, children, adolescents and youth receive are from dedicated child mental health, alcohol and/or other drug teams, it is important this service specification is read in conjunction with the tier one Mental Health and Addiction Services and tier three Adult Mental Health Services specifications, for example, Crisis Response Services and First Episode Psychosis Services. Where services for infants, children, adolescents and youth are provided from an adult service, the provider will ensure that the needs of this population are met in an-age appropriate manner.

5. Service objectives

5.1 General

- To support families, whānau and carers in maximising the individual developmental potential and mental health of infants, children, adolescents and youth between the ages of 0–19 years up to their twentieth birthday.
- To establish a strong foundation for ongoing mental health and wellbeing.

5.2 Māori Health

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

5.3 To be Infant, Child, Adolescent and Youth Centred

- Early, effective, evidence-based age and developmentally appropriate interventions will be provided.
- Treatment will enhance protective factors to promote building resilience and include active management of risk factors.
- The infant, child, adolescent or youth will be treated in a way that acknowledges their needs and given the opportunity to develop their competence in responsible, beneficial and pro-social ways.
- The rights of the infant, child, adolescent or youth will be considered from a developmental perspective and balanced with the rights and responsibilities of family/whānau/carers.

5.4 To Ensure Family and Whānau Participation

- Wherever possible, the relationship between infant, child, adolescent, or youth and parents or guardians, or family and whānau should be maintained and strengthened.
- Full endeavours will be made to obtain the involvement of the parents, guardians or carers, or other significant persons, for provision of any services provided under this service specification.
- Lack of family and whānau involvement should not be a barrier to access for youth who request to access a service confidentially, however, in these cases encouraging family involvement should become a focus of the young person's treatment unless there are clear indications that this would be detrimental to the youth's ongoing wellbeing.
- Parents will be supported to gain the knowledge and skills required to sustain wellness and lead to improvements in quality of life.
- Evidence-based training will assist parents to be coaches, guides and mentors.
- Therapeutic family interventions will be provided when appropriate, and access to interventions will be facilitated.
- Parents will be supported to gain the knowledge and skills required to understand and manage the various stages of their infant, child, adolescent or youth's development.
- Access to support from other health or community services will be facilitated especially for those children of families and whānau at risk of adverse outcomes.

5.5 To Improve Access to Services

- Access to infant, child, adolescent and youth mental health services is generally by referral from primary practitioners, school counsellors, Child, Youth and Family (CYF) Services or professionals in other sectors, such as personal health, disability or education. However, self-referrals or referrals made by family and whānau of the infant, child or adolescent will also be made. It is expected that barriers to access will be identified and strategies put in place to improve access.
- Effective prioritisation processes and waiting list management will assist timely access to services.
- When an assessment identifies needs that cannot be met by the service criteria, the service will provide advice/referral to other services that are resourced to meet those needs.
- Engagement in services by adolescents and youth requires flexibility in venue, appointment timing and methods of service delivery, and that their privacy is respected, for example, in school clinics, Youth One Stop Shops, marae settings and CYF residences.

5.6 To Promote Inclusive Decision-Making

- The wishes of the infant, child, adolescent or youth, so far as those wishes can be reasonably ascertained, should be given such weight as is appropriate in the circumstances having regard to the age, ability, competence and culture of the infant, child, adolescent or youth.
- Wherever possible, the infant, child, adolescent or youth's parents, guardians or carers, or family and whānau should participate in the decision-making processes affecting the infant, child, adolescent or youth.
- Consideration must always be given to how a decision affecting an infant, child, adolescent or youth will affect the welfare of the infant, child, adolescent or youth and their stability.
- There is referral to CYF if there are any care and protection issues.

5.7 To Promote Inter-sector Collaboration

- Services will engage in inter-sector collaboration and co-ordination initiatives such as Strengthening Families, Youth Offending Teams (YOTs) and High and Complex Needs (HCN), where Service Users are receiving services from a range of agencies.
- Services will recognise the value of supporting children, adolescents and youth in maintaining their attendance at school and/or employment where possible, and will collaborate and liaise with education and employment personnel.
- Service providers will collaborate with the justice and social welfare sectors for maximum effectiveness, especially when Service Users are accommodated in CYF residences.
- Consultation and liaison across sectors and with other professionals, and provision of information about mental illness to community groups, will be a significant component of the work of mental health services for infants, children, adolescents and youth. For example, participation in Strengthening Families, HCN or Family Group Conferences (FGCs), Care and Protection Resource Panels, inter-agency case management processes or other similar fora is recognised as beneficial. This may include Primary Health Care Organisations (PHOs), school clinics, CYF, youth services and iwi providers.
- Where possible, services will be provided on site to children, adolescents and youth in CYF residences or Department of Corrections Youth Units.
- For people under 20 years of age with a mental health or substance abuse problem, and a history of offending, it is important that relationships are established with forensic, alcohol and / or other drugs services to ensure joint approaches to care that utilise the expertise of each specialist service. The provider primarily responsible for the care will be negotiated on each occasion.

5.8 To Promote Safe and Age-appropriate Settings and Facilities

- Service settings and facilities will be age appropriate and, where possible, separated from adult services in accordance with United Nations Committee on the Rights of the Child (UNCROC) recommendations.
- Residential services for infants, children, adolescents and youth will undergo an approval process that is consistent with the Approval Standards for Child and Family Support Services and Community Services, and relevant legislation.
- Agreements for, and consent to, out-of-home care for infants, children, adolescents and youth will be consistent with the requirements of the Children, Young Persons, and Their Families Act 1989 including any legislation that supersedes, substitutes or amends this legislation.

6. Service Users

The Service Users are eligible infants, children, adolescents and youth up to their 20th birthday.

7. Access

Entry and exit criteria specific to the Service are described in tier three service specifications.

8. Service Components

8.1 Process

The processes are as described in the relevant tier three Mental Health and Addiction range of service specifications.

8.2 Settings

Service settings and facilities will be age appropriate and, where possible, separated from adult services in accordance with UNCROC recommendations.

8.3 Key Inputs

The key input for the Service is the workforce.

8.4 Pacific Health

The Service must take account of key strategic frameworks, principles and be relevant to Pacific health needs and identified concerns. For regions that have significant Pacific populations, the service must link service delivery to the improvement of Pacific health outcomes. Overall, the service activity should contribute to reducing inequalities.

9. Service Linkages

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

Service Provider	Nature of Linkage	Accountabilities
Infant, Child, Adolescent and Youth District providers, primary care providers and other agencies	Referral, liaison, consultation	Work with other relevant professionals and agencies in the care of the Service User

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 Framework¹ or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

12. Purchase Units and Reporting Requirements

12.1 Purchase units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary². The following Purchase Units apply to this service:

Specific reporting requirements apply at tier three service specifications.

12.2 Tier Three Service Specifications

The following service specifications for infant, child, adolescent and youth are grouped in tier three service specifications under three categories:

- Acute and inpatient services
- Community based clinical treatment and therapy services
- Services to promote resilience, recovery and connectedness.

¹ <http://nsfl.health.govt.nz/accountability/operational-policy-framework-0>

² www.nsfl.health.govt.nz

12.2.1 Acute and Inpatient Services

Title	Purchase Unit Codes
Child, Adolescent and Youth Acute Inpatient Beds	MHI38
Infant, Child, Adolescent and Youth Acute Home based Treatment	MHI39A, MHI39B, MHI39C, MHI39D, MHI39S
Infant, Child, Adolescents and Youth Acute Package of Care	MHI40, MHI40A, MHI40B, MHI40C, MHI40D, MHI40E, MHI40S
Acute Crisis Intervention Service	MHI41A, MHI41B, MHI41C, MHI41S
Infant, Child, Adolescent and Youth Crisis Respite	MHI42, MHI42C, MHI42D, MHI42E, MHI42F, MHI42S

12.2.2 Community based clinical treatment and therapy services

Title	Purchase Unit Codes
Infant, Child, Adolescent and Youth Community Mental Health Services	MHI44A, MHI44B, MHI44C, MHI44D, MHI44E, MHI44F, MHI44S
Infant, Child, Adolescent and Youth Day Treatment Services	MHI45A, MHI45B, MHI45C, MHI45D, MHI45E, MHI45F, MHI45S
Child, Adolescent and Youth Intensive Clinical Support Service	MHI46A, MHI46B, MHI46C, MHI46D, MHI46S
Child, Adolescent and Youth Mental Health Community Care with Accommodation Component	MHI47, MHI47C, MHI47D, MHI47S
Child, Adolescent and Youth Alcohol and Other Drug Community Services	MHDI48A, MHDI48B, MHDI48C, MHDI48D, MHDI48E, MHDI48S
Child, Adolescent and Youth Community Alcohol and Drug Services with Accommodation Component	MHDI49, MHDI49C, MHDI49D, MHDI49E, MHDI49S
Community Based Child, Adolescent and Youth Co-Existing Problems of Mental Health And Alcohol and / or Drug Use	MHDI50A, MHDI50B, MHDI50C, MHDI50D, MHDI50E, MHDI50S
Early Intervention for People with First-Time Psychosis	MHI10A, MHI10B, MHI10C, MHI10D, MHI10E, MHI10S
Infant, Child, Adolescent and Youth Services- Needs Assessment And Coordination	MHI51A, MHI51B, MHI51C, MHI51D, MHI51S
Child, Adolescent and Youth Planned Respite	MHDI52, MHDI52C, MHDI52D, MHDI52E, MHDI52S
Mental Health and Alcohol and Other Drugs / Co Existing Disorders	MHI52, MHI52C, MHI52D, MHI52E, MHI52S

12.2.3 Services to promote resilience, recovery and connectedness

Title	Purchase Unit Codes
Child, Adolescent and Youth Community Based Day Activity Service	MHI54C, MHI54D, MHI54E, MHI54S
Infant, Child, Adolescent and Youth Community Support Service	MHI55D, MHI55E, MHI55F, MHI55S
Child, Adolescent and Youth Package Of Care	MHI56, MHI56C, MHI56D, MHI56E, MHI56S
Services for Children, Adolescents and Youth of Parents with a Mental Health Disorder or Addiction	MHI57C, MHI57D, MHI57E, MHI57F, MHI57S