

# **Mental Health and Addictions Services**

## **Mental Health Infant, Child, Adolescent and Youth 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
<b>Amendments-</b> clarified reporting requirements, completed PU table. Corrected title, edited for consistency	March 2013
<b>Amendments:</b> added MHI42S 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
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](mailto:NSF@tewhatuora.govt.nz)

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

### 3. Introduction

This tier three service specification for Mental Health Infant, Child, Adolescent and Youth - Crisis Respite (the Service) ) must be used in conjunction with tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth service specifications.

### 4. Service Definition

The Service will include a range of crisis respite options developed and maintained for infant, children, adolescents and youth in crisis requiring an alternative to an acute inpatient setting.

The crisis respite options aim to provide a place of safety for the Service User and their family/whānau, provide stability and achieve crisis resolution. These will be implemented in accordance with the particular requirements of the Service User and their family/whānau or carers.

Options will include, but not be limited to:

- provision of staff with skills and experience appropriate to the circumstances to supervise the person in crisis whether in their own home or elsewhere
- short-term care in supervised accommodation
- short-term care in a specifically dedicated safe respite facility
- age-appropriate environments.

The use of respite services 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.

Treatment will be provided as required during the period of respite care with the aim of quickly resolving the need for the crisis service.

There will be co-ordination and liaison with the DHB Provider Arm and CAMHS services.

It is expected that there will be resolution of the crisis period without the individual requiring an inpatient admission. The infant, child, adolescent or youth is linked with appropriate ongoing supports.

### 5. Service objectives

#### 5.1.1 General

To provide a home-based service or a service with accommodation as an option for Service Users 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 infants, children, adolescents and youth.

## **7. Access**

### **7.1.1 Entry and Exit Criteria**

Referrals received from community child and adolescent mental health services or crisis services.

## **8. Service Components**

### **Processes**

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

### **8.1 Settings**

The Service is provided in a community based setting.

### **8.2 Key Inputs**

The Service is provided by:

- 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 with suitable child and youth training and expertise in crisis and the ability to recognise underlying mental health and developmental issues.

## **9. Service Linkages**

Linkages include but are not limited to the following described in tier one Mental Health and Addiction Services and tier two Infant, Child, Adolescent and Youth 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
MHI42	Infant, child, adolescent and youth crisis respite	A home-based crisis respite service with accommodation for infants, children adolescents and youth who would otherwise require admission to acute inpatient mental health services. The crisis respite option aims to provide a place of safety for the patient and their family/whanau, provide stability and achieve crisis resolution.	Occupied bed day
MHI42C	Infant, child, adolescent and youth crisis respite – Nursing and/ or allied health staff	A home-based crisis respite service with accommodation for infants, children adolescents and youth who would otherwise require admission to acute inpatient mental health services. The crisis respite option aims to provide a place of safety for the patient and their family/whanau, provide stability and achieve crisis resolution. The service to be delivered by nurses and/or allied health staff regulated by health or social professional body.	FTE
MHI42D	Infant, child, adolescent and youth crisis respite - Non-clinical staff	A home-based crisis respite service with accommodation for infants, children adolescents and youth who would otherwise require admission to acute inpatient mental health services. The crisis respite option aims to provide a place of safety for the patient and their family/whanau, provide stability and achieve crisis resolution. The service to be delivered by non-clinical support staff regulated by health or social professional body.	FTE
MHI42E	Infant, child, adolescent and youth crisis respite - Cultural staff	A home-based crisis respite service with accommodation for infants, children adolescents and youth who would otherwise require admission to acute inpatient mental health services. The crisis respite option aims to provide a place of safety for the patient and their family/whanau, provide stability and achieve crisis resolution. The service to be delivered by cultural support staff regulated by health or social professional body within the appropriate cultural setting.	FTE
MHI42F	Infant, child, adolescent and youth crisis respite - Peer support staff	A home-based crisis respite service with accommodation for infants, children adolescents and youth who would otherwise require admission to acute inpatient mental health services. The crisis respite option aims to provide a place of safety for the patient and their family/whanau, provide stability and achieve crisis resolution. The service to be delivered by peer support groups regulated by health or social professional body.	FTE

Explanations of the units of measure (UOM) from the above table are here:

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](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.

## 14. Glossary

Not required

## 15. Appendices

Not required

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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.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services](http://www.nsf.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services)