

Person whose needs meet criteria for mental health & intellectual disability

What you would expect to see:

- Person has evidence of intellectual disability diagnosis and has been referred to and accepted by Ministry of Health funded disability Needs Assessment and Service Coordination service (NASC).
- Person has seen G.P. and been referred to either primary care mental health services eg: for brief intervention psychology sessions or has been referred and accepted by specialist mental health services funded by DHB.
- Coordination between Disability NASC and Mental Health.
- For some people who are eligible for specialist mental health and disability services, coordination may also include joint funded arrangements.

Contact Details

Complete for your area.

Disability NASC:

Office Hours:

Out of Hours:

Key Contact Name:

Mental Health NASC:

Office Hours:

Mental Health Crisis contact numbers:

Office hours:

Out of hours:

Key contact name:

Situations where presenting needs are a challenge for existing mental health or intellectual disability support services

A. Person is eligible for Ministry of Health funded disability services and there is concern for their mental health

Speak to Mental Health Referral contact for advice or refer to GP
Establish if primary care mental health services can meet the need.
Establish if eligible for DHB funded specialist mental health services.
NB: If in mental health crisis contact DHB mental health services.
If immediate safety risk call police.

B. Person is eligible for District Health Board Specialist Mental Health Services and there is concern about cognitive impairment.

Establish whether DHB Specialist Mental Health Service has psychologist who could report on level of cognitive functioning, adaptive behaviour and developmental history. Report should be written with reference to MoH *Operational Guideline for the Assessment of Intellectual Disability Support Services contracted for people with intellectual disability in New Zealand 2012*

If cognitive impairment is thought to be developmental in origin refer to local Disability NASC. Include all relevant diagnostic history.
To find your local Disability NASC go to <http://www.nznasca.co.nz/services/younger-peoples-nasc-services/>

If cognitive impairment is thought to be the result of neurological disorder eg: multiple sclerosis, stroke, benign brain tumour etc and does not have significant co-existing medical conditions, refer to local disability NASC

If cognitive impairment is thought to be due to a chronic health condition(s) and is resulting in very high needs requiring daily assistance with activities of daily living, refer to local DHB for consideration of eligibility under LTS-CHC.

If cognitive impairment is thought to have been caused by accident eg: head injury. Refer to ACC. Claims helpline number is 0800 101 996.

If cognitive impairment is thought to result from poorly controlled psychiatric disorder and/or treatment for the same or substance abuse, person remains with mental health & addictions services, though may become eligible for LTSCHC.

Where eligibility is demonstrated for more than one funding stream, develop joint package of care. This may include agreements as to sharing information eg: crisis contacts and coordinating existing supports available through services or developing a joint funded package. Consideration should be given to the combined impact of the dual diagnosis when allocating services.

Where questions as to eligibility remain and with consent, present to joint meeting of Mental Health and Disability NASC services. Meeting will review information received and provide advice as to what additional information may be required to demonstrate eligibility for either service and advise as to other referral routes appropriate to presenting needs.

Escalate any gaps in service or needs that are unable to be met within existing contracted services to DHB and NASC Managers.