Aged Care Association
NEW ZEALAND

Aged Care Association submission to Ministry of Health on the Mental Health Bill

December 2024

Contents

About the Aged Care Association

This submission is from the Aged Care Association (ACA), the peak body for the aged residential care (ARC) sector in New Zealand.

New Zealand has over 670 aged residential care facilities, with more than 40,000 beds and 35,000 residents. In comparison, Te Whatu Ora oversees 10,748 public hospital beds.

Our members provide rest home, hospital, dementia, psychogeriatric, respite, and palliative care and care for around 700 younger people with disabilities.

Sixty six percent of beds are run by religious institutions, charitable trusts, family-owned, not-for-profits, and privately owned facilities. Most of the remaining beds are operated by listed companies (34 percent), with less than 1 percent provided by Te Whatu Ora.

Residents may be

- very frail and clinically unstable,
- well but disabled and have very high care needs,
- cognitively impaired or with mental health issues, with some requiring a secure environment,
- receiving end of life care.

Funding for aged residential care is a mix of means-tested user-pays and government subsidy.

Aged residential care providers are contracted by Te Whatu Ora to provide care services at a rate that is set annually.

The ACA welcomes the opportunity to make a submission to the Ministry of Health on the Mental Health Bill.

Context

1. The ARC sector provides services across four care categories:
    - Rest home care: the resident is assessed as generally able to be independent (are mobile and can feed themselves) but needing assistance with personal care or supervision of activities of daily living. The residents are assessed as unable to safely live in their own homes (or other community settings) either due to their disability needs and/or lack of informal supports.
    - Hospital level care or continuing care: the resident is assessed as having significant disability, usually in combination with medical problems, which requires 24-hour supervision with registered nurse input for their care.
    - Dementia care: the resident is assessed as needing 24-hour supervision and care, in a secure environment due to risk of wandering or becoming lost due to memory loss or confusion.
    - Psychogeriatric care (also known as specialised hospital care): the resident is assessed as needing 24-hour supervision and care. This level of care is for people with major behavioural issues (including severe dementia or addictions). They need a high level of specialist nursing care.
2. For people with cognitive neurological disorders, ARC provides dementia (D3) and psychogeriatric (D6) care levels with a total of 5503 and 987 beds respectively. In comparison, Te Whatu Ora | Health NZ provides approximately 170 psychogeriatric beds and 20 dementia beds. ARC, therefore, is the largest provider of residential care for those with neurological cognitive disorders.

3. The average age of residents in ARC is 85 years, and they are entering with increasing frailty and multiple complex clinical needs. A significant majority of the residents also present some level of cognitive decline.

4. There is no data available on the share of residents with compulsory care orders in ARC. But it is not uncommon for ARC providers to admit people with compulsory care orders, including forensic patients.

Key recommendations

The Association welcomes the introduction of the Mental Health Bill and its emphasis on a rights-based, recovery-focused approach to mental health care. We recognise the Bill's goals to improve equity in mental health outcomes and eliminate care disparities, particularly for Māori.

We wish to highlight the following points for consideration:

1. When the Bill comes into legislation, the Ministry of Health must ensure that all training and communication also includes the aged residential care sector.

2. The Association welcomes the compulsory care directives introduced in the Bill. However, clear guidelines should be established for aged residential care facilities on how to implement and respect these directives, ensuring residents' wishes are upheld.

3. The Association also recommends setting up a higher rate of funding for patients under compulsory care orders and forensic patients admitted to ARC, in line with the level of care that would need to be delivered.

4. The Association is pleased to see the Bill recognise the importance of collaboration between various stakeholders. We have often heard from our members providing D3 and D6 levels of care, that there is a gap in information when residents requiring those levels of care are admitted into the facility. We highly recommend stronger partnerships between aged residential care facilities and mental health services to ensure smooth transitions for residents requiring compulsory mental health care.

5. When transferring people with compulsory care orders to ARC, including forensic patients, ARC providers must be made aware of any and all behavioural issues with the person being transferred. Our members have submitted that poor communication regarding behavioural issues have often led to safety and security concerns for the other residents in the facility, all of whom are vulnerable and frail. Proper communication regarding behavioural issues would be necessary for facilities to understand if they have the resources to provide adequate care at that level.

6. Mandating the availability of independent support persons and advocates for patients would be beneficial. However, clear guidelines must be shared with aged residential care facilities to put in place processes for facilitating resident access to these services, ensuring residents can exercise their rights and receive support when navigating the compulsory care process.

7. Section 107 (2) mandates monthly review of care plans for forensic patients. In ARC, care plans are reviewed either at a 3-monthly or 6-monthly basis, or when the clinical needs of the residents change. This setting has worked out well for residents' care in ARC and we would recommend that it remains the same.