

18/12/2024

Committee Secretariat  
Health Committee  
Parliament Buildings  
Wellington 6160

## **Submission on: Mental Health Bill**

Tēnā koe

Age Concern New Zealand (ACNZ) welcomes the opportunity to provide input on the Mental Health Bill. We are pleased the Mental Health Bill is being updated and will be aligned with evidence-based best practice

Age Concern New Zealand **supports the Bill and the shift to a more rights-based and recovery approach, along with promoting supported decision-making.** To take control of someone's life and place them in compulsory care is an extremely serious step to take, we agree with compulsory care being the safety net of last resort.

Our comments are primarily related to the relevance of the Mental Health Bill for older New Zealanders.

There are a growing number of people aged 65 years and older in Aotearoa New Zealand. Within ten years the over 65 population is expected to reach 1.2 million, with the over 85 age group being the fastest growing. <sup>1</sup> Over 65s are also increasingly diverse with Māori, Pasifika and Asian older populations growing at a faster rate than European / Pakeha seniors.

Some older people may have lifelong mental health conditions, while some may have sudden onset psychiatric illness.

We are aware that 6.4% or approximately 11,000 kiwis, receive compulsory care at any one time in either a community or hospital setting. Unfortunately, we do not have information about the number of people 65 and over who are represented in that figure. We do know that these statistics represent people who deserve the very best care and support to be mentally well.

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<sup>1</sup> <https://officeforseniors.govt.nz/better-later-life-strategy/> po

## About Age Concern New Zealand

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Age Concern New Zealand is a trusted charity working in local communities throughout Aotearoa New Zealand to support older people, their friends and whānau. We have 29 local Age Concerns operating in 40 locations throughout the country and a national office based in Wellington.

Our strategic goal is:

*Every older person feels connected, has positive choices and can age well.*

Our values of Dignity. Wellbeing. Equity and Respect for older people are our guiding lights and underpin everything we do.

Our core services include advocacy and public awareness, social connection, health promotion, elder abuse and neglect prevention, and providing support through expert information, advice and referrals.

## Our comments and recommendations:

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1. **We strongly agree that the human rights of patients and their whānau should be protected** when they are receiving treatment or engaging with mental health services. This applies to those who find themselves in compulsory care as well as those using other mental health and addiction services.

We support a human rights and equity approach as fundamental for all people, including older people and people with disabilities. Regardless of decision-making support needs, all adults must be recognised in law and life as having human rights to make choices about their life.

2. We **agree** with the **compulsory care principles**: of a) serving a therapeutic purpose; b) the least restrictive application for the least required time and c) supporting and responsive application. These principles align with our vision of older people's needs being met appropriately.
3. We agree with the provisions to give effect to the principles of **Te Tiriti o Waitangi** to ensure that all people, including older people, can be respected for their cultural, ethnic, gender identity and beliefs pertinent to their life stage and life experience.
4. We **support embedding supported decision-making in the legislation**. We acknowledge that the **meaning of capacity to make decisions about mental health care** clarifies presumption of capacity and limits of "when a person cannot be considered

to lack capacity”. However, it is not currently clear how consideration needs to be given when a patient has diminished capacity, for example, in a similar way to how this is outlined in the Code of Consumer Rights for Health and Disability Services.

5. We are encouraged that Sub part 3 **Support networks** outlines a range of possible people or combinations of people who can be deemed as supporters and be involved in decision-making. Similarly with **Independent support person** or **Advocate** anyone who is in a support role needs to follow the “will and preference” of the patient as much as possible as agreed under the UN Declaration on the Rights of People with Disabilities that New Zealand has signed up to.
6. We **support** the way that **patients’ rights** (Part 2 Tāngata whaiora rights and support. Subpart 4 – rights of patients) are outlined to ensure that all people, including older people, receive the care they need, particularly when they are unable to advocate for themselves.
7. We support a focus in the Bill on **long term solutions, recovery and care plans**. It is vital for people to be supported through their transition back to the community or voluntary care. Wrap around ongoing support is essential for positive mental wellbeing.
8. We recognise there may be a limited need for **seclusion, however the limitations around its use need to be very clear**. Being isolated from others has well documented adverse effects. Work needs to be carried out to determine how human rights can be strengthened for those placed temporarily in seclusion.
9. The **complaints process** must be robust, transparent and simple to navigate to protect the rights of people in compulsory care and their whānau. Many people, including some older people, may need support to help them make a complaint. This support would need to respect the culture, values and experiences of the complainant.
10. We recommend that in situations **where an older person has complex physical and mental conditions**, some of which may be age-related, that all the conditions need to be managed alongside any urgent mental health interventions. This may require working across professional groups or services and include the provision of equipment such as mobility aids.

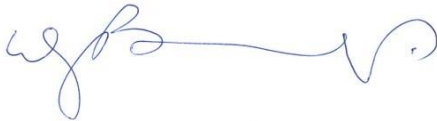
11. We would like to see the **mental health workforce and support roles** reflecting the ethnic and demographic diversity of our population, including those with lived experience and older people.

### Closing comment

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Thank you again for the opportunity to provide our feedback on the Mental Health Bill. This is an important piece of legislation, and we look forward to hearing the outcome of the consultation process.

Nāku Noa, nā,



Karen Billings-Jensen  
Chief Executive  
Age Concern New Zealand