



The Royal
Australian &
New Zealand
College of
Psychiatrists



Health Committee

Aged care support services for neurological cognitive disorders

August 2024

Improving the Mental Health Outcomes of our communities

Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness, and advises governments on mental health care. As the peak body representing psychiatrists in Aotearoa New Zealand and Australia, the RANZCP has strong ties with associations in the Asia-Pacific region and is guided on policy matters by a range of expert committees including the Tu Te Akaaka Roa, the New Zealand National Committee, and several sub-committees, including the Faculty of Psychiatry of Old Age.

Introduction

The RANZCP welcomes the opportunity to make a submission on the inquiry into the aged care sector's current and future capacity to provide support services for people experiencing neurological cognitive disorders (NCD). This submission addresses the critical need for increased attention to this vulnerable population. As the prevalence of conditions such as dementia rises with an aging population, it is imperative to assess current capabilities and plan for future needs to ensure quality care and support.

Recommendations

The RANZCP recommends the Government:

- Provides tailored care by improving home and community resources with a person-centred approach; as well as ensuring that residential and palliative care facilities are well-equipped for specialised support.
- Continues to advance resources for young onset and complex neurocognitive disorder patients within the aged care sector as well as incorporating culturally appropriate practices.
- Prioritises mental healthcare for older people, with a distinct focus within health services; rather than these being integrated into broader adult mental health services.
- Implements flexible funding models and improves clarity of care guidelines in existing services to appropriately meet diverse needs and minimise patient transferral.
- Facilitates specialised training and increase staffing in aged care support services.

Services Across the Care Continuum

Foremost, it is crucial to ensure appropriate services across a wide variety of care settings to help meet the needs of older age patients suffering with NCDs. This includes:

- **Home and Community Care:** These services must be tailored to support individuals within their homes in a way that emphasizes a person-centered approach. To maximise autonomy, services should be designed in a way that respects and facilitates individual preferences and independence.
- **Residential Care:** Facilities that provide residential care must offer specialised support. This may range from assistance with accommodation services, personal care, or complex care services. The key principles of residential care should be to uphold patient dignity and enhance quality of life for residents with NCDs.
- **Palliative Care:** Palliative services should address the unique challenges faced by individuals with NCDs and ensure their comfort and dignity throughout their end-of-life care. Different support levels

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may be required as care needs evolve, and the aged sector should be effectively resourced to account for this.

High Care Patients

There is a distinct lack of specialised facilities that cater to NCD patients with more complex needs or that require the highest levels of care in the aged care sector. This may include those with comorbidities, those that exhibit aggressive behaviours, or those that are more physically robust than typical aged care patients (e.g., individuals with early-onset dementia). These patients may have difficulties fitting into existing support structures appropriately or not having necessary care in their local health services resulting in transferal between facilities, which is disruptive to both patient and carer's well-being. For remote and regional locations this is particularly pertinent as insufficient staffing can negatively impact care standards and cause worse outcomes for patients. Māori are particularly affected, given the high incidence of young onset dementia is in Māori compared to non-Māori [1], reflecting the need for such services to integrate culturally appropriate approaches to dementia prevention and intervention.

To address the needs of all patients, aged care support services must increase staffing and develop improved specialised training to ensure the safety of both tāngata whai ora and clinician and improve service distribution across Aotearoa New Zealand. Health services should additionally look to adopting a more flexible funding model that supports personalised care within existing facilities and home services for those that have higher care needs. We recommend that health services adopt a flexible approach by using projected inpatient funding to provide targeted care based on the specific needs of whānau whai ora. Additionally, we recommend establishing clearer guidelines on available resources at different care levels to enhance facilities' ability to address diverse needs effectively.

Further detail on the importance of sustained initiatives to increase the training and skills of the psychiatry workforce can be found at [Specialist old age psychiatry workforce and training | RANZCP](#).

Funding Models and Amounts

To maximise benefit from the funding of neurological cognitive support services, it is crucial to evaluate existing models and draw from international best practices. Services funded by the government should integrate seamlessly into clients' clinical care plans and build off existing facilities including cognitive support centres already established in Aotearoa New Zealand. This uniformity should be extended into diagnosis protocols that must be standardised to ensure accurate funding allocation and effective treatment planning for individuals with NCDs.

The RANZCP supports a person-centred model of care in line with the Aotearoa New Zealand's Healthy Ageing Strategy [2]. Whilst this is a well-founded, evidence-based approach, the implementation of such a model requires a transformation of current services, around which there is a distinct lack of clarity about how such a development will be implemented and funded. This is highlighted in the current issues surrounding resource allocation and the continued significant gaps in service provision for specific groups of older adults [3]. Evidence from Aotearoa New Zealand has revealed a lack of care provision for older adults with intellectual disability, early-onset dementia, and addiction, with recent studies indicating that no clear advancements have been made regarding services for these high-need older people [3].

Mental healthcare for older people must be prioritised with a distinct focus within health services; rather than being integrated into broader adult mental health services.

Resources and Health System Support

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Availability of resources and robust health system support are foundational to meeting the increasing demands of NCD care. Anticipating future needs is key to ensuring preparedness and capacity building for which building a skilled old age psychiatry workforce is essential.

This requires expansions of training for aged psychiatry within undergraduate medical education and as a core component of general practice and geriatric medicine curricula. Currently there is insufficient emphasis placed on the development of a specialist medical workforce that targets the needs of older people, particularly those suffering from cognitive conditions [4].

Greater detail on the RANZCP's position regarding the importance of a holistic, age and culturally appropriate approach to addressing mental illness in older people can be found at [Psychiatry services for older people | RANZCP](#).

Within the aged care sector, there is a significant shortage in consultation-liaison psychiatry (CLP) services for older people. Such teams are crucial to care quality and patient flow after discharge by guiding patients to community services and enabling continuity of care through communication with hospitals and other specialists a patient may be seeing [5]. Research in the United Kingdom has demonstrated that investment in consultation liaison services yields approximately a fourfold return on investment. A significant portion of the health benefits and financial savings associated with CLP services can be attributed to improvements in older people [5]. Support for 'aging in place' should be prioritised, ensuring individuals can remain in their communities with adequate support as their care needs evolve.

Furthermore, there is currently inadequate attention on the mental health needs of older Māori with continued experiences of facing barriers in accessing health services at all ages. Further attention also needs to be given to understanding the specific needs of these older adults, in order that service provision is better tailored to their needs [6]. For example, older Māori may not wish to be placed in residential care and are more likely to prefer to be cared for by family or whānau [7]. Issues around service access and appropriateness need to be acknowledged and addressed in government policy in Aotearoa New Zealand. A key aspect of ensuring culturally appropriate and supportive care is the involvement of Māori in the planning of services and in the older age health workforce.

Conclusion

In conclusion enhancing the capacity of Aotearoa New Zealand's aged care sector to be able to effectively support individuals with neurological cognitive disorders will require strategic planning, improved resource allocation, and the alignment of policy implementation across all health sectors. By improving the aged care sector's capacity and upholding these recommendations, Aotearoa New Zealand will be better equipped to provide effective, dignified, and equitable care for all individuals affected by NCDs.

The RANZCP commends the Health Committee for undertaking this critical inquiry into the capacity of the aged care sector's support services for those with NCDs. Addressing the needs of this vulnerable population has the potential to significantly improve individual's quality of life.

If you have any queries regarding this submission, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via nicola.wright@ranzcp.org or on (03) 9236 9103.

References

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