AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

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28 February 2020

[redacted]

Re Official Information Request – Fraser McDonald mental health unit for the elderly

I refer to your official information request dated 11 February 2020 requesting the following information:

This is a request under the Official Information Act for information about the Fraser McDonald mental health inpatient unit for the elderly.

I thought that it would be useful to provide some context prior to answering the specific questions. Many of your questions relate to people with dementia versus 'non-dementia patients'. However, in practice, many people we see throughout mental health services for the elderly, including in Fraser McDonald Unit (FMU), suffer from both mental health issues and dementia.

People with longstanding mental health problems, especially severe low prevalence disorders such as schizophrenia, often develop cognitive impairment in later years. People with dementia often have mental health problems as part of their illness, for example episodes of anxiety, depression, or even symptoms such as hallucinations or delusions.

The patient group we see also may have physical health comorbidities, and this is true of both dementia and non-dementia patient groups.

The clinical staff in Fraser MacDonald Unit, which includes nurses, psychogeriatricians, psychology staff, physiotherapy and Occupational Therapy staff all have special expertise in working with elderly patients, including mental health problems, physical comorbidities and frailty, and cognitive

impairment. Whether a patient needs this kind of specialist care is what determines whether they are admitted to Fraser Macdonald Unit.

Please provide the following:

1. **The number of people with dementia who have been admitted to the unit in 2018, 2019 and 2020 (to date)**

Please note that in gathering data for the response to Questions 1 and 2, we have counted all patients admitted to FMU during these years. We have then counted a subset who have a diagnosis of either Dementia or Alzheimers (question 1). The remainder of these have not received a diagnosis of either Dementia or Alzheimers, and this data is reported at question 2. Please be aware, as described above, that there is also a patient group who have Dementia or Alzheimers and who also have a mental health diagnosis.

Year of admission to unit	Total
2018	55
2019	65
2020*	1

*admissions for year till 10/2/20

2. **The number of non-dementia patients who have been admitted during that time.**

Year of admission to unit	Total
2018	131
2019	117
2020*	18

*admissions for year till 10/2/20

3. **The average length of stay of patients (LOS)**

	Average LOS
2018	23.6 days
2019	22.8 days
2020	N/A (small volumes)

4. **An explanation of how treatment differs for those with dementia and those with general mental health issues**

   This question is very broad. Treatment between these two groups varies in a large number of ways.

Within the category of people with "general mental health issues" and people with "dementia" there is significant variation in treatment approach. As explained above, many patients will have both cognitive impairment and mental health issues, so may not fit neatly into one category.

However, in broad terms people with dementia receive both pharmacological and non-pharmacological treatments. Pharmacological treatments typically consist of cognitive enhancers and medications used to treat behavioural/psychological complications of dementia. The latter group of medications include benzodiazepines, mood stabilisers, analgesics, antidepressants and antipsychotics, with medication choice tailored to individual needs and treatment response.

Non-pharmacological treatments include psychology, activity groups and caregiver education.

People with "general mental health issues" would have treatment according to the mental disorder that they are being treated for at the time, which would include appropriate medication and input from the multidisciplinary team including social work, occupational therapy, psychology etc. according to their particular needs.

The treatment in either case will be tailored to the individual patient and their diagnosis.

5. **An explanation of whether dementia and non-dementia patients are separated or mixed together in the unit**

   Generally they are mixed.

   There is a High Dependency Unit (HDU) on the ward. Patients in the HDU receive constant nursing observation – this means that there is a nurse with each patient at all times. The HDU is designed to be a quiet, safe, low-stimulus area for people who need this environment. This can be used if a particular patient needs to be separated from other patients for a period of time.

   Most patients with dementia do not require care in the HDU (and some non-dementia patients do require care here) and they would only be there for as long as needed, moving to a general bed in the rest of the ward when they were settled enough to make this safe.

   It is worth noting again that many patients have both dementia and a mental illness, or a long term mental illness which has caused cognitive impairment, so separating our patients into these two groups is not always possible.

6. **An explanation of whether unit management view the needs of these two groups as different, similar, or the same? ***

   There are similarities and differences.

   Older people with general mental health issues can also have cognitive and functional impairment, similar to people with dementia. They may need increased support with self-care and general assistance from staff. However, people with dementia, by definition, have more cognitive impairment.

There are other symptoms that can occur in both patient groups, such as anxiety, agitation, aggression, psychosis and depression. Each requires a different treatment approach.

People with the same underlying psychiatric condition can present in quite diverse ways. Not uncommonly, patients can present with a combination of both dementia and other psychiatric conditions.

The best approach is to tailor treatment to an individual's symptoms and needs, and not strictly according to the patient's underlying diagnosis.

7. **An explanation as to whether elderly people suffering a mental health crisis which needs hospitalisation are best served in a unit that is also catering to people with a degenerative brain disease?**

   This question asks ADHB to form an opinion, which falls outside the scope of the Official Information Act.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

Ailsa Claire, OBE
Chief Executive