Reducing coercive practices

Te Hiringa Mahara
Mental Health and Wellbeing Commission

Te Hiringa Mahara (the Mental Health and Wellbeing Commission) advocates for changes in practice and legislation that respects people's rights to make decisions about their care and treatment and supports their capacity to do so.

This infographic contains data about the use of selected coercive practices.[1] We report this data as part of our monitoring of mental health and addiction services (using the He Ara Āwhina framework). It includes key findings about compulsory treatment and 'seclusion' of people under the Mental Health Act 1992 and detainment for treatment under the Substance Addiction Act 2017. In most cases it covers data to June 2023.

We acknowledge the Ministry of Health | Manatū Hauora is drafting new mental health legislation that 'protects and respects human rights, implements the principles of Te Tiriti o Waitangi and improves equity'.[2]

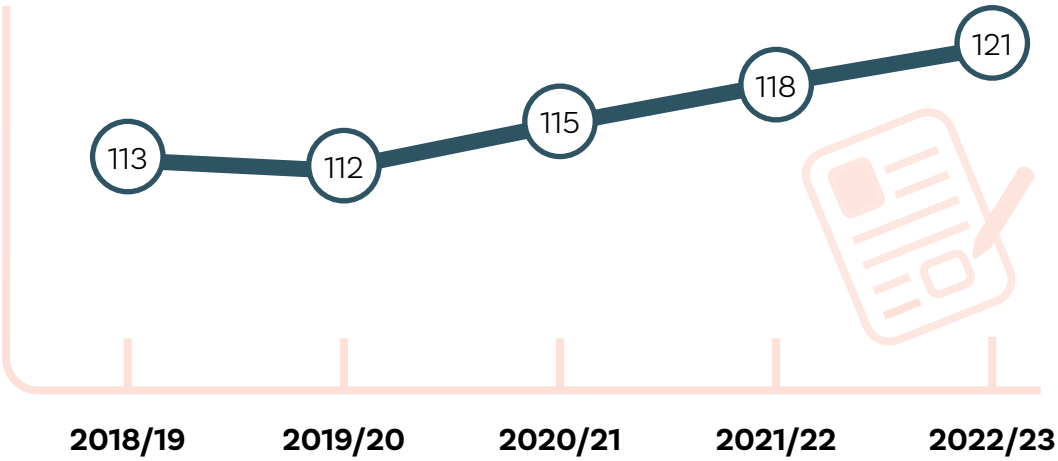
Use of compulsory treatment orders

Compulsory treatment orders (CTOs) are made under the Mental Health Act. CTOs allow clinicians to compel people to be treated, typically with medication, without their consent, in the community and hospital inpatient settings.

Further information about the Mental Health Act compulsory assessment and treatment process that can lead to compulsory orders can be found in our 2023 lived experiences of Compulsory Community Treatment Orders report.

The number and rate of applications made for CTOs is increasing

The number of applications[3] has steadily increased over the past five years, with the rate per 100,000 of population increasing over the last four years.



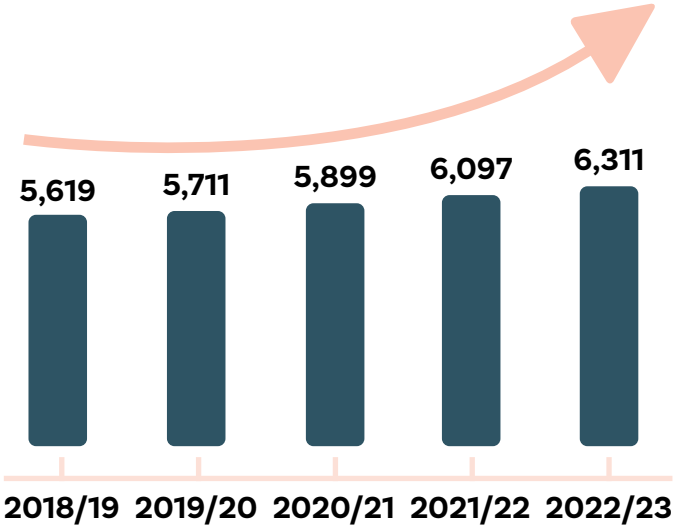
Rate of CTO applications per 100,000 population

Over the last five years, the courts have consistently granted 88–89 per cent of the total applications clinicians made for compulsory treatment (which covers orders and extended orders for inpatient and community treatment). That is, most clinicians' applications progress to CTOs.

The consistently high proportion of applications granted raises questions about the opportunities people have to meaningfully participate and lead in their decision-making about care and treatment.

Compulsory community treatment orders

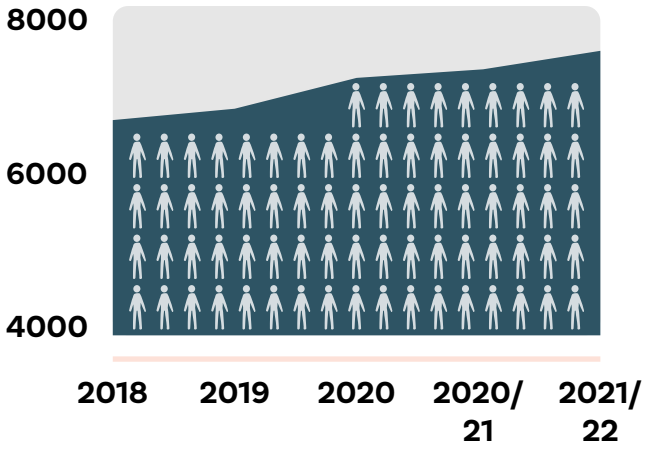
Most CTOs are compulsory community treatment orders (CCTOs), allowing clinicians to compel people who are living in the community to be treated.



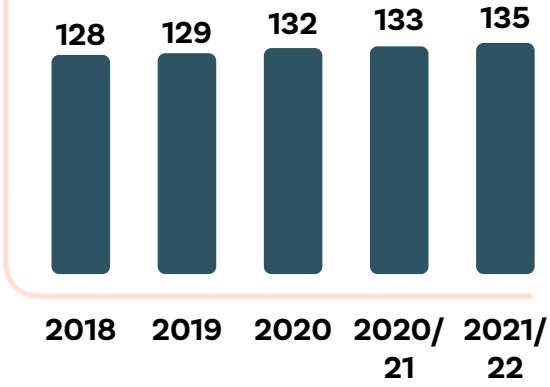
Number of CTO applications filed

The number and rate of people subject to CCTOs continues to increase

The number and rate of people subject to CCTOs has continued to increase over the last five years.[4]



Number of people subject to CCTOs



Rate of people subject to CCTOs per 100,000 population

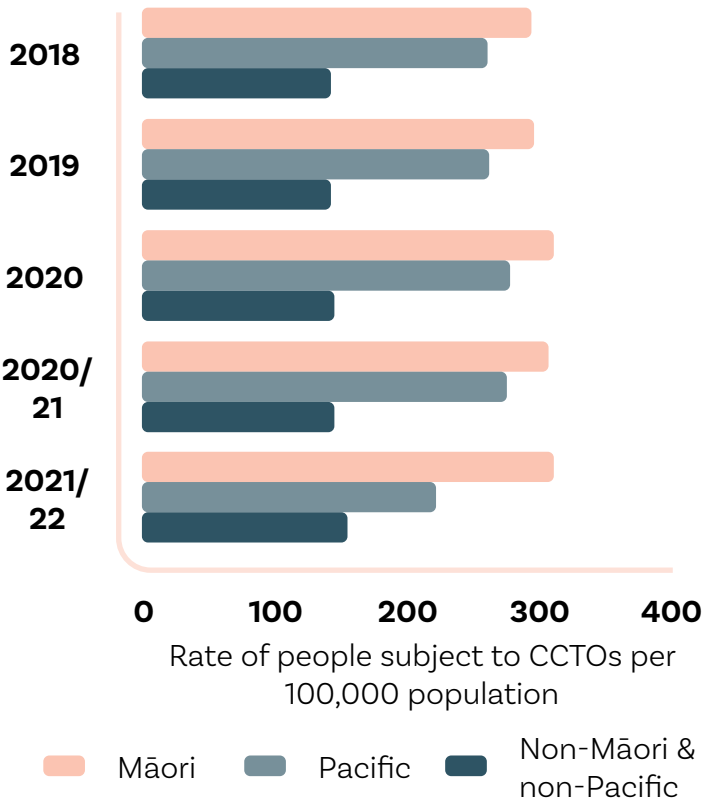
Data provided is for the calendar year prior to 2020/21. Data for the 2022/23 year was not available at the time of preparing this infographic due to the Ministry of Health manual data validation processes.

There is persistent ethnic inequity with higher use of CCTOs for Pacific people and particularly for Māori

CCTO rates remain considerably higher for Māori and to a lesser extent Pacific people compared to non-Māori and non-Pacific people.

The equity gap between Māori and non-Māori has persisted at a roughly similar level over the last 5 years.

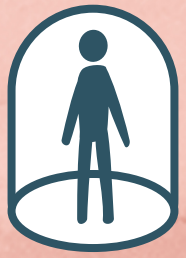
The ratio of Māori to non-Māori and non-Pacific people is about 2.5-2.8 times over the last 5 years (with a slight drop for Pacific people in the last year).



Ethnicity data is total response. People are able to select more than one ethnicity.

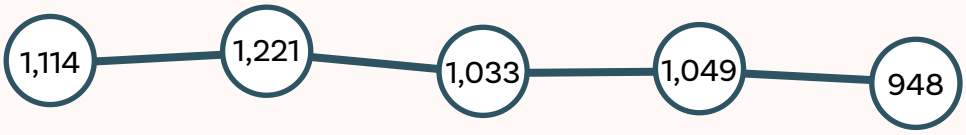
Use of 'seclusion' [11]

'Seclusion' is *'a type of restraint where a person is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit'.*[5] While not the intended impact, this is often a traumatising experience. There have been focused quality improvement efforts within the sector to reduce 'seclusion', however, these practices still remain.

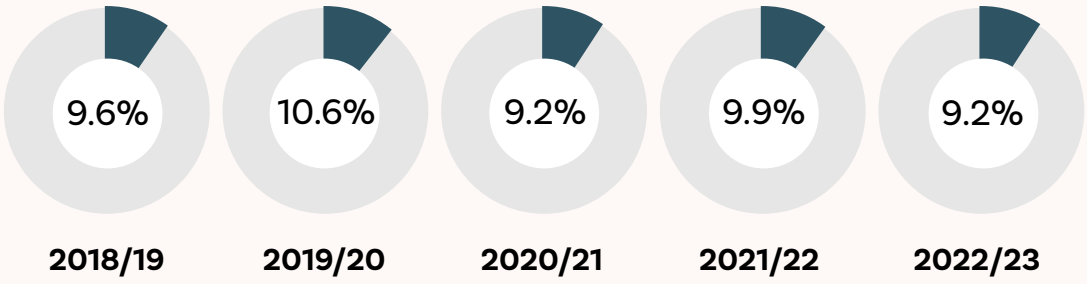


The number of people in inpatient units subject to 'seclusion' has decreased over the last few years

Reflecting the ongoing work to reduce 'seclusion', overall, the number and proportion of people in inpatient units subject to 'seclusion' decreased over the last four years to 2022/23.[6]



Number people admitted to inpatient units who are 'secluded'



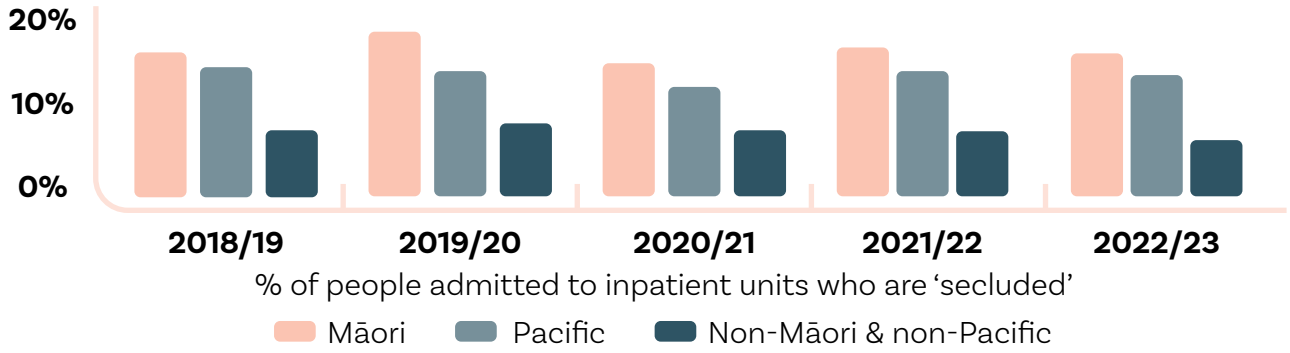
% of people admitted to inpatient units who are 'secluded'

However, the national picture obscures district success stories where some inpatient services have reduced 'seclusion' or, in some cases, eliminated it entirely for a sustained period.[7]

Ethnic inequities persist among people in inpatient units subject to 'seclusion'

The proportion of Māori and Pacific people in inpatient units subject to 'seclusion' has fluctuated over the past five years to 2022/23,[8] however, Māori and Pacific peoples are consistently more likely to be subject to 'seclusion'.

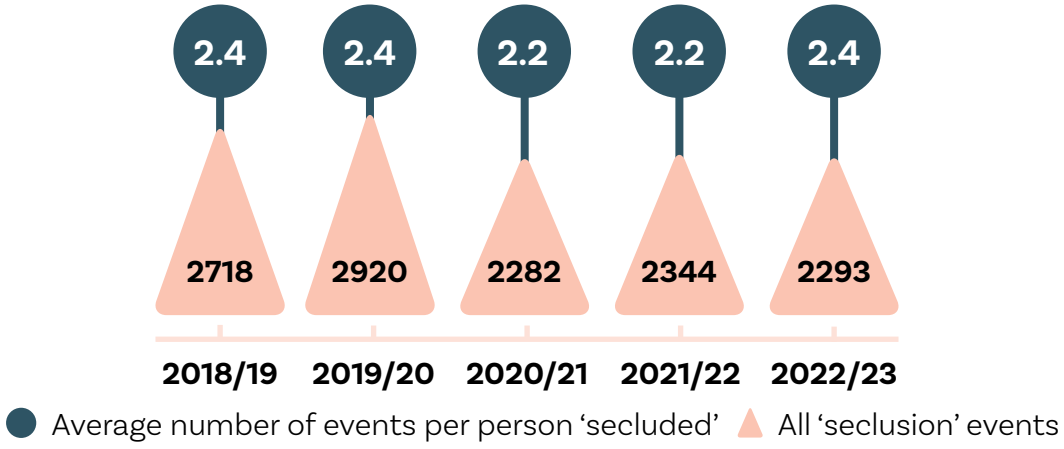
While the equity gap between Māori and Pacific peoples and non-Māori and non-Pacific peoples has also fluctuated over the past five years, it is slightly larger in 2022/23 than it was in 2018/19.



Ethnicity data is total response. People are able to select more than one ethnicity.

The average number of events of 'seclusion' per person 'secluded' has remained relatively stable

The number of 'seclusion' events has fluctuated over the last five years to 2022/23 but the average number of events of 'seclusion' per person 'secluded' has remained between 2.2 and 2.4.

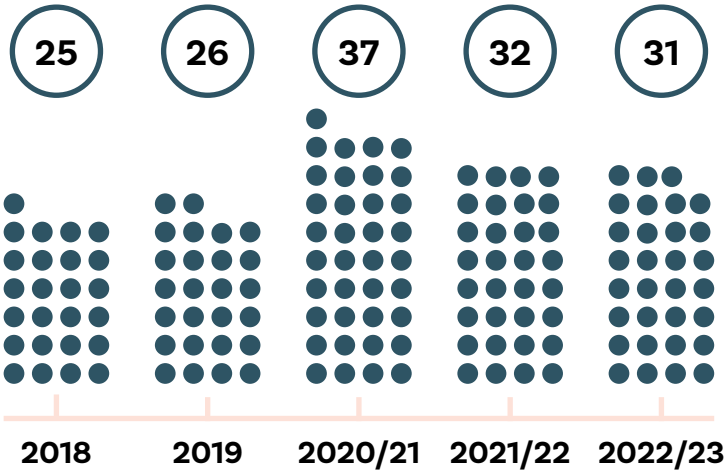


Other measures about 'seclusion', including 'seclusion' events lasting more than 24 hours, are available in our dashboard. The 'seclusion' data in our dashboard is supplied by the Ministry of Health. In this infographic, we have used the Te Tāhū Hauora (Health Quality & Safety Commission) data[9] because it is available by financial years and provides more recent data to June 2023.

Detention under the Substance Addiction Act

The Substance Addiction (Compulsory Assessment and Treatment) Act 2017 permits compulsory treatment of people with a severe substance addiction and with a severely impaired capacity to make decisions about treatment for that addiction.

The number of people detained[10] under the Substance Addiction Act remains small



The number of people detained under the **Substance Addiction Act** is small so we cannot make statements about trends over the last five years or disaggregate the data by ethnicity.

Data provided is for the calendar year for 2018 and 2019, and financial year from 2020/21 onwards.

Changes we want to see

Te Hiringa Mahara wants to see coercive practices reducing for all people, particularly for Māori and Pacific peoples who are overrepresented in the data. We also want to see the new mental health law based on supported decision making, and embedding Te Tiriti o Waitangi and a Te Ao Māori worldview.

Sources and notes

The findings reported here are sourced from:

- CTO applications: Supplied by Ministry of Justice
- CCTO data: Supplied by Ministry of Health
- 'Seclusion' data: Supplied by Te Tāhū Hauora | Health Quality & Safety Commission
- SACAT data: Supplied by Ministry of Health
- Population data: Stats NZ, Population projections for end of financial years (used to calculate rates per 100,000)

Notes contained in this report:

1. The coercive practices selected in this infographic are ones with data readily available. Other coercive or restrictive practices such as involuntary medication or physical restraint are not included due to lack of national data.
2. Ministry of Health (2021). Transforming our Mental Health Law: A public discussion document. Wellington: Ministry of Health.
3. The number of applications for S14 Compulsory Treatment and S34 Extension Compulsory Treatment Orders. This is a count of applications, not individuals, counted in the financial year they were filed.
4. The CTO data is the number of applications for compulsory treatment orders and the CCTO data is the number of people subject to community treatment orders. It is possible for the annual CCTO data to be larger than the CTO data.
5. Standards New Zealand (2021). Ngā Paerewa Health and Disability Services. Standard No. 8134.
6. This data shows the number of people who have experienced at least one 'seclusion' event in the year. If they have experienced multiple 'seclusion' events in a year they are only counted once.
7. Health Quality & Safety Commission (2022). A Window on Quality 2022 (Part 2) | Whakarāpopototanga Matua: He tirohanga kounga 2021 (Wāhanga 2). Wellington: Health Quality & Safety Commission.
8. Proportions are calculated across the year, not an average across months in the year.
9. Unlike data prepared by the Office of the Director of Mental Health and Addiction Services, it has not had manual corrections applied.
10. 'Detained' means an approved specialist has signed a compulsory treatment certificate. Not all those with a compulsory treatment certificate go on to have a compulsory treatment order.
11. In this infographic we use the term 'seclusion' as it relates to Mental Health Act data. We use quote marks around the term to indicate this is not our preferred language informed by lived experience. In our other work, we use the term 'solitary confinement' in place of or alongside 'seclusion' to recognise people's lived experience of this practice.