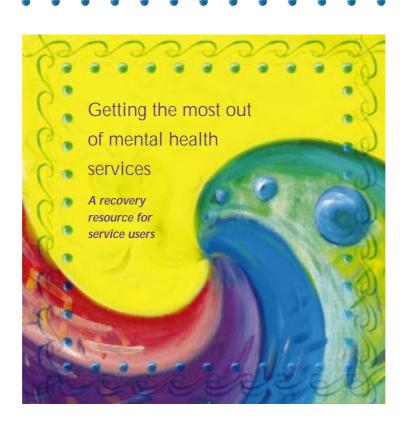
## Oranga Ngākau





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## Foreword

This booklet is for people who use mental health services. It has been written by service users who have recovered from their mental health problems.

We know how daunting it feels when you start using mental health services. This booklet gives general information about services so that you can find your way around them more easily.





'I discovered that I needed to

be actively involved in my

recovery if I was going to

regain a good life for myself.

There was much more that I

needed to do than just

passively taking pills.'

## What is recovery?

Recovery means living well in the presence or absence of your mental health problems. It is more than just managing your mental health problem. Recovery also means getting back the things you have lost because of your mental health problem, such as friends, your home or your job. You are in charge of your own recovery; other people, such as mental health workers, can assist you with it, but they cannot do it all for you. At the moment you may feel you will never recover, but most people do.

The most important key to recovery is hope. Even when you have lost hope, it helps if your family, friends and mental health workers continue to have hope for you. Another key to recovery is for you to take an active role in putting your life back together again.

Mental health workers are all required to use a recovery approach. This means they should:

- show that they have hope for you and your recovery
- listen to you and treat you with respect
- involve you in decisions about your treatment and care
- support you to manage your own mental health problem.





#### RECOVERY TIPS

- To take an active role in your recovery:
  - get support from your family if you want them involved
  - get support from support groups or other people you trust
  - find out about your mental health problem, treatments and rights
  - stand up for what you need
  - take back control of your life.

'I was terrified that I'd never use my abilities or have a good relationship or children, because of my mental illness. If I'd known, in my moments of despair, that I was going to be as fulfilled and successful in my life as I have been, I wouldn't have believed it. My fears back then turned out to be totally unfounded'.





'After a while I was lucky enough
to be around people who had
survived mental illness. I would
look at them and think 'Well,
you're OK, you're living your life,
you have a family', and that gave
me some hope. There wasn't a lot
of hope in the messages I got
through the hospital. The hope
came from friends and others
who had been through similar
experiences'.

#### FOR MORE INFORMATION ON RECOVERY

Read *Kia Mauri Tau: Narratives of Recovery from Disabling Mental Health Problems*, by Hilary Lapsley, Linda Waimarie Nikora and Rosanne Black. www.mhc.govt.nz/publications/2002

Read A Gift of Stories: Discovering how to deal with mental illness. Published by University of Otago Press with the Mental Health Commission, November 1999. \$39.95 from book shops or University of Otago Press.

Read Mental Health Commission recovery series www.mhc.govt.nz/publications/2000

Visit Mental Health Commission website www.mhc.govt.nz

Visit Mary Ellen Copeland's self-management website (USA) www.maryellencopeland.com

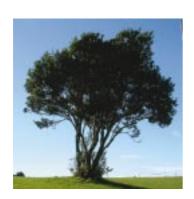
Visit Hearing Voices Network (UK) www.hearing-voices.org.uk

Visit Mental Health Consumers' Self-help Clearing House (USA) for service user information on recovery <a href="http://mhselfhelp.org">http://mhselfhelp.org</a>

Visit National Empowerment Center (USA) for service user information on recovery <a href="https://www.power2u.org">www.power2u.org</a>

Visit Mental Health Foundation (UK) Strategies for Living Project www.mentalhealth.org.uk





'When I had my first
breakdown there was
nothing in the
community. I knew
something was wrong
with me, but I didn't
know what was
wrong. I didn't know
what was happening.'

# How do I get into mental health services?

Mental health services can be very difficult to get into. There is a huge demand for services in some places and you may have to be in a really bad crisis before they are able to see you.

Usually you have to be referred by a health professional. Your general practitioner (family doctor) may refer you because you need more expert help than they can give. Or you may have been referred through an Accident and Emergency service, for instance, if you have harmed yourself. Some people are taken to mental health services by the Police. Occasionally the courts are involved. Or you may ring up your local mental health crisis services or psychiatric emergency team who will decide whether or not you could benefit from mental health services.

Most people feel really bad by the time they get into mental health services. Your mental health problems may be making you feel overwhelmed, despairing, confused or scared.



'I may be exaggerating a bit but sometimes I think the only way I can get into services is to pretend to be Jesus, run down the street naked or threaten to harm myself.'

On top of this you may feel ashamed that you have to use mental health services. Or you may feel some fear because you don't know what the services are going to do to you.

A lot of people decide themselves to use mental health services but sometimes other people make that decision for you. If that is the case you may also feel powerless or angry.

Some people feel relief when they start to use services – at last someone may be able to understand and help you.

'I remember walking into the mental health service for the first time, thinking "now I'm one of them", a nutter, a loony. It was horrible. But I found a lot of the people in there were just like me.'

#### RECOVERY TIPS

- If you have difficulty getting into mental health services keep trying. Get family or friends to support you and let the mental health service know how bad things are for you.
- Once you get into mental health services:
  - Don't be afraid to ask questions about what is happening to you
  - Inpatient units are not all like 'One Flew Over the Cuckoo's Nest'
  - All kinds of people can give you support your family, friends, other service users and mental health workers.





'My first episode was quite a public episode. People who I thought were my friends were no longer there for me and the doors were slammed in my face. I felt very ashamed, given what had gone on. I couldn't cope with one day being a good parent, happy, active, popular, involved in the community, and then suddenly losing all of that and feeling like I was at the bottom of a pit'.

#### MORE INFORMATION

You should be given an information pack about the services and your rights when you enter the service. If you haven't been given any information, ask your mental health worker for it.



# What types of mental health services could I use?

'In the Pacific Islands service they
were people who knew me and
understood my background. Pacific
Islanders have more of a family
approach to things, so I felt more
like a part of a family, rather than
just a name on a file'.

'When I first went into mental health services I was bewildered by all the different services I was meant to use. I didn't know my way around until I asked to have it explained to me'.

#### **Primary Health Services**

Most primary health services are provided by general practitioners (family doctors), who often employ nurses and occasionally other professionals. Some primary health services are provided by counsellors and psychotherapists who usually work in their own private practice and charge a fee. Most people with mental health problems get their treatment and support from primary health services, but people with more serious or complex mental health problems are often referred by their general practitioner to specialist mental health services.

#### Mental Health Services

There are many types of specialist mental health services. Virtually all of them are funded by the government through your local District Health Board. They are either run by the Board itself or by non-government organisations. Most mental health services are provided outside hospitals, in the community.

Māori and Pacific service users should be asked if they want to see a Māori or Pacific worker when they first enter the mental health service.





#### Clinical services

Your first contact will be with a clinical service where mental health workers will assess and treat your mental health problem.

The main types of clinical services are:

 Crisis services – sometimes called psychiatric emergency services or crisis assessment and treatment teams. These provide around the clock assessment service for people who are in a crisis. The crisis team will usually visit you to assess you and refer you to other clinical services for treatment, if necessary.

#### · Community mental health centres

- where you visit psychiatrists, nurses, psychologists or other professionals. Sometimes these professionals may visit you in your own home.
- Inpatient units where you are admitted into a hospital setting with other people with mental health problems during a crisis.
   Some centres also run longer-term inpatient rehabilitation units.
- Crisis respite services mental health workers will support you during a crisis, either in your own home, or in a non-hospital setting.

#### Support services

- Supported accommodation a house where you live with other people with mental health problems and are supported by in-house or on-call staff.
- Support or rehabilitation services
   to support you to problem solve,
   set goals, learn skills, get and keep
   jobs, find housing and so on. The
   service may be provided to you in
   your own home or in a service or
   community setting.

'There are more services now. It used to be just the hospital but now there's quite a few support services in the community. In that sense things have got better'.



#### Services for different population groups

- Services for people of different ages many large towns and cities have services for mothers and babies, children and young people and for older people, as well as the usual services for adults.
- Services for Māori in many communities, kaupapa Māori services, or services for Māori by Māori are available. These services offer a whānaubased service run according to traditional Māori values in a community or hospital setting.
- Services for Pacific People some larger towns and cities also have services run by and for Pacific people according to their cultural values.

#### Specialist services for people with specific problems

- Alcohol and other drug services for people with addictions. Some mental
  health services run 'dual-diagnosis' services for people with a mental
  health problem and addiction.
- Eating disorders services are usually provided in major centres.

#### Forensic services

These are inpatient or community based services for people who have committed a crime and the court decides they need treatment for their mental health problem rather than punishment. People who develop serious mental health problems in prison sometimes use forensic services as well.

#### FOR MORE INFORMATION ON SERVICES

Visit Ministry of Health website for District Health Board information www.moh.govt.nz/moh.nsf/wpg\_Index/Links-Index

Visit New Zealand Health and Disability Community Organisations and Support Groups website for information on community groups and organisations www.everybody.co.nz/health.html

#### RECOVERY TIPS

- Get information on the services available, look around in waiting rooms, ask your mental health worker or ring your local Citizen's Advice Bureau or District Health Board.
- If you think you need another service that you're not getting, talk to your mental health worker.

'In the hospital other young Māori people like myself were helpful. We were just drawn to each other. We sat at the same table, we ate our kai together, just acknowledging each other day to day, and talking together. They were extended whānau for me.'



# What types of mental health workers could I come across?



'I found the person who had the best influence on me and helped me the most in getting better was a nurse. I just felt comfortable being able to sit down and talk.

#### Workers in primary health services

Before or after you use specialist mental health services you may see primary care workers to help you with your mental health problems:

- General Practitioners (GPs) are doctors who diagnose and treat common or minor physical and mental illnesses. They often refer people with more serious mental health problems to specialist mental health services.
- **Private Practitioners** such as counsellors, psychotherapists, clinical psychologists and psychiatrists in private practice. They provide more specialised services than GPs, for a fee.





'I see the psychiatrist as a tradesman that gives me tools. They're like hairdressers, everyone gives you a different style, and if you've got a good one you're lucky. I've got an excellent psychiatrist now. He did what I asked, he gave me the medication that I was requiring. I had found a person within the system that actually respected my point of view. That was a breakthrough'.

#### Workers in mental health services

There are various types of mental health workers who have all had different training to meet different needs for treatment and support. In practice however, their roles can overlap quite a lot. You will meet one or more of these people in mental health services.

- Mental health nurses give care and support for your clinical and other needs in both community and inpatient services.
- Psychiatrists are doctors specialising in mental illness who diagnose, prescribe medication and oversee your clinical care. Some can also provide psychotherapy. Psychiatric registrars are trainee psychiatrists.
- Support workers support you to take an active role in your recovery and offer a listening ear, advice and practical assistance. They are usually based in community services.
- Social workers look after your social and practical needs such as family assistance, welfare benefits, housing, jobs and so on.
- Clinical psychologists assess psychological problems and help people

- develop personal strategies to assist recovery.
- Māori cultural workers with titles such as Whai Manaaki or Kaiawhina.
   Kaumatua and Kuia also provide advice and guidance to services.
   There are often other Māori staff to offer support to you and your whānau.
- Pacific cultural workers help mainstream services provide culturally respectful services for Pacific service users.
- Occupational therapists provide activities for you to help regain lost abilities and develop new living skills.
- Consumer advisors give advice to the management of mental health services from the perspective of service users.

You may be given a **key worker** or **case manager** who will co-ordinate your care and be your main contact point. They should also support you develop your goals and strategy for recovery. They are often a mental health nurse or a social worker.

#### RECOVERY TIPS

- Ask your mental health worker about their role and how they can help you.
- Tell them what you need.
- Tell them that you want to be fully involved in decisions about your treatment and care.
- Bring your family or friends to your appointments if you think they will help.
- Ask your mental health worker to explain your mental health problems to family and friends who don't understand.
- Ask to see another mental health worker if you don't get on with your present one.

FOR MORE INFORMATION ON MENTAL HEALTH WORKERS

Ask your mental health worker.

Visit Mental Health Foundation (NZ) website www.mentalhealth.org.nz/glossary.asp

'My nurse is the most
marvellous person. If I won a
million dollars in Lotto I'd give
her one hundred thousand.
She was always there. Nothing
was ever too much for her. She
was understanding. She's the
pick of the bunch'.

'My counsellor was the first
person to ever listen to me, to
my problems. I actually felt like
someone cared. We talked about
my problems and fears, and
ways to overcome them.
I could be myself, I didn't
have to put on an act.'





'It's not the illness I need to know about, it's my illness. That's what I need to know, not just what it says in the textbook or what someone else tells me. What is my version like? How does it affect me?'

# How do they figure out what my problem is?

When you first go into mental health services you will be assessed by trained staff to find out what your problems and needs are. This involves a lot of questions but the information is needed so they can offer you the best treatment and support. Some assessments look at the whole of your life but others will focus on your clinical condition and needs. Māori and Pacific service users should be offered a cultural assessment carried out by cultural workers as well.

A mental health worker will ask you about your problems and what has been going on with you. They will also consider any other information they have about you, such as a referral letter or your family's views.

Your psychiatrist may give you a diagnosis. A diagnosis can be helpful but sometimes service users feel put down and labelled by them. Not everyone agrees with the diagnosis they are given.





The most common types of diagnosis in mental health services are:

- Psychotic disorders such as schizophrenia, where a person's thinking or behaviour becomes disorganised. They may also develop unusual beliefs and hear things that no-one else can hear.
- Mood disorders such as bipolar affective disorder or depression, where people experience extreme mood states; some people experience just depression while others experience elated or manic moods as well.
- Anxiety disorders such as panic attacks, agoraphobia, obsessivecompulsive disorder and posttraumatic stress disorder.
- Personality disorders where people experience pervasive and enduring problems with their perceptions of self and others, their moods, their relationships and control over their impulses.
- Eating disorders such as anorexia where people starve themselves and bulimia where people binge eat.

- Childhood disorders that usually start in childhood but can continue into adulthood, such as attention deficit disorder, conduct disorder and autistic spectrum disorders.
- Alcohol and other drug addictions affect many people with mental health problems.
- Māori illnesses that are recognised in Māori culture, such as mate Māori or mate wairua.



'The way my experience was viewed by my whānau was very, very different to the way it was viewed by the psychiatrists and the nurses.

What people call mental illness is what we call wairangi or pōrangi, which means existing in another worldly way. A psychiatrist will believe I'm hearing voices and have schizophrenic tendencies, but to a Māori I'm hearing my tupuna talk to me'.

#### RECOVERY TIPS

- Be honest to mental health workers about what is going on with you.
- You have a right to know your diagnosis if you have one.
- If your diagnosis troubles you, talk about it with your mental health worker.
- You don't have to agree with your diagnosis it's your experience that matters most.

#### FOR MORE INFORMATION ON DIAGNOSIS:

Ask your mental health worker.

Visit Mental Health Foundation (NZ) website www.mentalhealth.org.nz/conditions

Visit Internet Mental Health website www.mentalhealth.com

Visit Mental Health Net website www.mentalhelp.net





# 'The first time I took medication I didn't know what was happening to me. My mind was thinking clearly but my body couldn't do what I wanted it to do. Do you realise how hard it is to move at a certain pace but you simply can't because it's as if someone has attached a big sleeping giant to your legs.'

# What treatments could I be offered?

To some extent the diagnosis you are given will determine what kind of treatment you are offered. Many of the treatments offered by mental health services are medical. Your treatment should be part of an overall recovery plan; the treatments you receive may help your recovery but they are only part of the answer.

#### Medication

Most people who use mental health services will be offered medication. The most common types of medications come in the following categories:

- Anti-psychotics treat people with schizophrenia, who are manic or who are in other psychotic states
- Mood stabilisers treat people with mood disorders, especially bipolar disorder where people experience severe mood swings
- Anti-depressants treat people with depression but they are used with caution on people who get manic
- Anti-anxiety drugs relieve anxiety, panic and insomnia.

People often find medication helpful but they all have side-effects. Medications work differently on different people and your psychiatrist may have to try a few before you find one that is helpful. You may be on more than one medication at one time. Some people choose not to take the medications because they find the side-effects outweigh the benefits.



'I know that if I don't take medication, it eventually gets out of control and society can't handle me and I can't handle society. So if I want to stay having a relationship with anybody then I have to be medicated. The medication I take suppresses my illness or keeps it under control but it also suppresses the creativity. So when I'm on medication I write very little'.

'Talking treatments have made a major contribution to taking control of my life and knowing what I want.'

#### Psychotherapy and counselling

This involves regularly talking to a mental health worker about your problems and developing strategies for dealing with them. Psychotherapy and intensive counselling are not available to everyone in mental health services. Some people pay for private psychotherapy and counselling.

#### Electro-convulsive therapy (ECT)

This is occasionally used to treat people with severe depression who have not responded to drugs. People are given an anaesthetic and an electric shock is passed through their brain. ECT can be effective in the short-term but people often complain of memory loss and other distressing side effects. Opinions about the safety and effectiveness of ECT are very polarised.

#### Māori therapeutic interventions

These include traditional healing, rongoa Māori, mirimiri, and karakia.

#### Alternative or complementary therapies

Treatments such as homeopathy, Chinese medicine and herbal medicine are not provided by mental health services. Some people pay for alternative therapies.





#### RECOVERY TIPS

- When you are being offered psychiatric medication ask about:
  - other options for treating your conditions
  - how likely it is to work and what the research shows
  - how long it will it take for the medication to work
  - how long you may need to be on the medication
  - what the side-effects are.
- Tell your doctor if you are taking any other treatments or remedies as some of these may interact badly with psychiatric medications.
- There are many things you can do to give the treatment a better chance of working well:
  - regular exercise
  - a healthy diet
  - relaxation and meditation
  - limiting or stopping alcohol and other recreational drugs
  - finding information on your condition and treatments.

'The medication they've put me on made a big difference. It was like a miracle – it's really healed me. I take my medication now. When I was on other medications, I used to flush them down the toilet. But this one I don't mind taking!'

## FOR MORE INFORMATION ON TREATMENTS:

Ask your nurse, psychiatrist or a pharmacist.

Visit NZ Medicines and Medical Devices Safety Authority website www.medsafe.govt.nz for information on drugs available in New Zealand.

Visit Mental Health Foundation website

#### www.mentalhealth.org.nz/conditions

Read Complementary and Alternative Therapies and Mental Health, available from the Mental Health Foundation for \$12.00.

Mental Health Foundation, 81 New North Road, Glen Terrace, Auckland.

Visit Internet Mental Health website www.mentalhealth.com

Visit Mental Health Net website www.mentalhelp.net





# What support could I be offered?

'The employment service helped me get a job in a market garden. But they didn't just leave me in the lurch. They helped me negotiate my work conditions with my boss and stay in touch with me in case I need their help again.'

Mental health services do not just provide treatment – they also provide support and rehabilitation either in an inpatient setting or in the community. Many services that provide support are run by non-government organisations:

- **Psycho-education** to give you full information about your condition, your treatments and how to deal with it.
- Support groups for people with similar problems that are run by mental health workers or by service users, who meet either in person or sometimes on the internet as 'chat rooms'.
- Support in your own home any assistance such as cooking, child minding or sitting with you in your own home, especially if you are at risk of having a crisis.
- Māori and Pacific cultural support services for Māori and for Pacific people that help connect you to your cultural roots and community.
- Employment support employment skills training, consumer run businesses and employment support to get and keep paid work.
- Housing support supported accommodation and assistance to find and keep independent housing.
- Creative activities various forms of creative expression such as painting, sculpture, writing, dance and music.
- Recreational and social activities such as drop-ins, organised outings, holidays and social events.





#### RECOVERY TIPS

- Ask your mental health worker if mental health services in your area provide any of these kinds of support services.
- You may be able to get some support services through other community agencies, if they are not provided by mental health services. Ask your mental health worker or your local Citizen's Advice Bureau about this.
- To support your own recovery it may be helpful to:
  - keep motivated and stick to a daily routine
  - take one day at a time
  - live within your capabilities
  - learn your early warning signs of relapse
  - find support groups and services run by and for people with mental health problems.

'The whānau better understood what was happening for me than 1 knew myself, and they guided me through a process of kaupapa Māori healing. Mostly, reconnecting me with my whenua, my moana, my maunga and my marae, and guiding me through tikanga and matters of wairuatanga. Because it was lost to me... 1 was totally out of balance in terms of who 1 am, and by returning to my whānau 1 learned what it is to be Māori'.



'After my baby was born I went a bit high and wasn't getting enough sleep. The maternal mental health team sent in a carer to look after the baby from 8 pm to 8 am for the first two weeks. It was a brilliant service – much better than just being offered an extra pill.'

'The support group I went to was great. I realised that other people had problems like mine and that I could help the others as much as they could help me. It was good for my confidence and I didn't feel so alone.'

'I've been linked up with all sorts of different support services – mental health consumer organisations and a Clubhouse. It was through the Clubhouse that I came across the Pacific Islands mental health service, and this service has shown me other organisations.'

#### FOR MORE INFORMATION ON SUPPORT OPTIONS

Visit Ministry of Health website for District Health Boards information www.moh.govt.nz/moh.nsf/wpg\_Index/Links-Index

Visit New Zealand Health and Disability Community
Organisations and Support Groups website for information on
community groups and organisations
www.everybody.co.nz/health.html

Visit Platform website www.platform.org.nz. Platform gives a voice to the non-government organisations (NGOs) that provide health and disability services in communities throughout New Zealand.

Visit peer support site **www.peersupport.org**, for people with mental illness, relatives and friends.

Visit a self-harm site <a href="http://groups.msn.com/selfharmhaven">http://groups.msn.com/selfharmhaven</a>

Visit Alcoholics Anonymous – www.alcoholics-anonymous.org.nz

Visit Balance, a support network in New Zealand for people with bipolar disorder <a href="https://www.balance.org.nz">www.balance.org.nz</a>

Visit Grow, a 12 step programme for people with mental health problems <a href="http://www.growint.org.au/">http://www.growint.org.au/</a> (there is a New Zealand office e-mail <a href="mailto:national@grow.org.nz">national@grow.org.nz</a>)

Visit consumer chat site about bipolar disorder <a href="http://bipolar.about.com/">http://bipolar.about.com/</a>





'When I went into the service
last time they gave me a
leaflet about my rights and
explained them to me.
I couldn't take much in, but
some time later I read the
leaflet and thought – this is
good stuff, how come
no-one has ever told me
about it before?'

# What are my rights as a health consumer?

The Code of Health and Disability Services Consumers' Rights

All users of health services, including mental health services, have rights under the Code of Health and Disability Services Consumers' Rights 1996. These include the right to:

- respect
- fair treatment
- dignity and independence
- proper standards of care
- effective communication
- information
- · decide about treatment and care
- a support person of your choice
- decide about involvement in health teaching and research
- make complaints.





#### Informed consent

The Code of Health and Disability Services Consumers' Rights states that all health providers must inform you of the benefits and side effects of the treatments they offer you and tell you of other possible treatments. Once they have given you this information, they need to get your consent *before* they treat you. The only exception to this is if you are subject to assessment or compulsory treatment under the Mental Health Act where you lose the right to consent, but retain the right to be informed.

In mental health services, informed consent involves more than just passively agreeing to treatment. Your psychiatrist and other mental health workers should actively involve you as an equal in all decisions about your treatment. This includes:

- Sharing your clinical notes with you and enabling you to correct or add to them
- Jointly developing a plan for your treatment including what should happen if you have a crisis

- Letting you decide which family members, if any, you want to be involved
- Setting your own goals for recovery.

#### **Advance Directives**

The Code of Health and Disability Services Consumers' Rights states that health consumers may use advance directives.

This is a statement signed by you setting out in advance the treatment you do or don't want if you are considered unable to give consent in a future crisis. Advance directives can be verbal but written ones are better. You can make an advance directive on your own or with your psychiatrist. Under the Code, health providers must take your advance directive seriously if they believe you had enough information and were competent at the time you made the directive. However, your advance directive can be overridden if you are subject to compulsory assessment or treatment under the Mental Health Act.

'I was really overwhelmed by all the laws and rules and stuff, it was a bit much for me to get my head around. But you know, once I had a little understanding of them it was amazing how much more sense everything else around me made.'

'I didn't know I had any rights.

I remember signing a consent
form, but I couldn't even read the
damn thing, or understand what
the hell I was signing.
I wasn't told a damn thing.'

## The Privacy Act 1993

The Privacy Act is the law that sets out general rules about the protection of personal information. The Health Information Privacy Code is based on the Privacy Act and sets out additional rules for the collection, storage, use, disclosure and access to personal health information such as medical files. The Code requires every health service to develop its own privacy policy.

As a general rule, your health information, such as your diagnosis or anything else written in your file, should not be given to anyone else without your permission. But there are some exceptions to this, for instance when another agency or your family need your personal information to care for you, when you are considered unable to make a decision, or when there is a serious threat to safety if the information is not passed on.

You have a right to read and correct the information in your file.

However, there may be other people's personal information in your file that that person doesn't want shared with you, or your psychiatrist may think the information in your file could put your mental health at risk. In these cases you might not be able to see the information on your file.

## Making a complaint to mental health services

You have the right to make a complaint if you believe your rights or privacy have been breached. Every mental health service has its own complaints process. They must let you know what the process is. You should lodge your complaint with the service first. Some people are afraid to complain because they think the staff will punish them in some way for it. Mental health workers are not permitted to react in this way.

You could contact your local health advocate (see page 31) to support and advise you. If you are not happy with



#### RECOVERY TIPS

- Ask for written information or time to think, if the rights information given to you is hard to absorb.
- If you make your advance directive with your psychiatrist present, it may increase the likelihood that the mental health service acts in accordance with the directive.
- Be clear with your mental health worker about who you do or don't want to get your personal information.
- If you are given your file to read, make sure you have support, as most people don't like what they read about themselves.
- Making a complaint can be a long and stressful process so make sure you have plenty of support from trusted mental health workers, family members or an advocate.

the way the service has responded to your complaint you can approach the Health and Disability Commissioner's office or the Office of the Privacy Commissioner – if you believe your complaint comes under their jurisdictions. They will usually encourage you to take your complaint directly to the service first.

## People who provide advocacy or information on your rights

- Advocates contracted under the Health and Disability Commissioner Act give people information on their rights under the Health and Disability Code and support them to resolve their concerns and complaints. The service is free and independent.
- Peer advocates are people with a mental health service user background who provide advocacy for other service users. There are only a handful of peer advocacy services operating in this country.
- Privacy officers are employed in each District Health Board to ensure the Privacy Code is being followed, and to respond to complaints about breaches of the code.



#### FOR MORE INFORMATION ON YOUR RIGHTS AS A HEALTH CONSUMER

**Ask your mental health worker** for information on the Code of Rights and the health advocacy service.

#### For general information on rights:

- Contact your lawyer or community law centre

   (a list of centres is on the Legal Service Agency website www.lsa.govt.nz)
- Read Mental Health and the Law: A Legal Resource for People who Use Mental Health Services, by the Wellington Community Law Centre. Order at www.edresources.co.nz or write to Educational Resources, PO Box 19050, Wellington, Phone 04 801 7066. Cost is \$29.95 including GST.

#### For free information on the Code of Rights:

- Visit Health and Disability Commissioner's website at www.hdc.org.nz or phone 0800 11 22 33
- Contact your local health advocate 0800 555 050 (top half of North Island), 0800 423 638 (bottom half of North Island), or 0800 377 766 (South Island).

#### For information on advance directives:

- Download 'Advance Directives in Mental Health Care and Treatment: Information for Mental Health Service Users' from the Health and Disability Commissioner's website http://www.hdc.org.nz/publications/ informationbrochures.html
- Or order it free from the Mental Health Commission (info@mhc.govt.nz) or phone 04 474-8900.

#### For information on privacy:

- Visit the Privacy Commissioner's website at www.privacy.org.nz or phone them on 0800 803 909
- Contact your District Health Boards' privacy officer.

For information on making a complaint
Visit Mental Health Commission website
www.mhc.govt.nz

Contact the mental health services consumer advisor if you want to give your views to management.





# What happens if I am under compulsory treatment?

'How could I feel anything but angry? I didn't want to be here. I felt like they were taking away the only things that I had left to hold onto in my real world.'

## The Mental Health (Compulsory Assessment and Treatment) Act 1992

This legislation is often referred to as the Mental Health Act. It enables mental health services to compulsorily assess, treat or hospitalise people who the Act defines as having a 'mental disorder'. You must also be found to be a 'serious danger' to yourself or others, or to have a 'seriously diminished capacity' to take care of yourself.

Your psychiatrist can release you from compulsory status at any time during the process of compulsory assessment and treatment.

'I was forced to take antipsychotics in order to regain custody of my seven week old baby, who was taken away to foster care at just five days old.'

#### **Compulsory Assessment Orders**

Compulsory assessment can take place either in an inpatient unit or a community mental health service. As well as the initial assessment, you are reassessed within five days, then again within 14 days. During the assessment phase you will probably be given compulsory treatment. You have the right to ask a judge to review the psychiatrist's decision that you need compulsory assessment and treatment at any time during this period. During the 14 day period of assessment, a District Inspector, a lawyer appointed to safeguard your rights under the Mental Health Act, will come and see you if you are in hospital, or write to you if you are at home. You can also ask the District Inspector to visit you at any time during this period.





**Compulsory Treatment Orders** 

If, at the end of the assessment period, the psychiatrist believes compulsory treatment is still needed, they will apply to the court for a compulsory treatment order – either as an inpatient or in the community. You have a right to get a lawyer to represent you at the court hearing, and can apply for legal aid. A District Inspector will also contact you to talk about the court process, the possible outcomes, and things that you can do to prepare. Sometimes District Inspectors come to court hearings.

A judge will decide if you should be on a compulsory treatment order or not, after hearing from you, your psychiatrist, your lawyer, and perhaps others.

A compulsory treatment order gives the mental health services the legal authority to treat you without your

'You learn very fast what to say and what not to say. It's "Do what we say, comply with your pills, don't make a fuss, and you'll be able to get out of here". That's a kaupapa of total coercion.'

consent for a month from the date of the hearing. After that the service has to see if you will consent to the treatment. If you do not wish to consent, the service will be able to continue to compulsorily treat you only if they obtain a second opinion from an approved psychiatrist.

The compulsory treatment order will last for up to six months. The psychiatrist has to review your status after three months. Before the order expires, the psychiatrist can apply to the court again to get your compulsory treatment order extended for another six months.

After this you can be on a compulsory treatment order indefinitely but your psychiatrist must review your need to be on the order every six months. After the first review (that is three months after the Court makes the order), and after each subsequent six monthly review. You have the right to apply to the Mental Health Review Tribunal to take you off your compulsory status. A District Inspector or lawyer will be able to tell you how to apply to the Mental Health Review Tribunal.



Most people who use mental health services are not subject to compulsory treatment. And many people who are subject to compulsory treatment are released from it after some days or weeks.

#### Seclusion

Seclusion means being placed alone in a room in a hospital with the door locked. There are increasing calls for seclusion to be banned. You can only be secluded if you are subject to compulsory assessment or treatment. All services must follow guidelines and standards on the use of seclusion and report to the Ministry of Health about their seclusion practice. If you want to complain about being put in seclusion, contact a District Inspector.

#### Some important roles prescribed by the Mental Health Act

**Duly Authorised Officers** (DAOs) are health professionals with special responsibilities under the Mental Health Act to give advice on the Act and help with compulsory assessments.

**District Inspectors** are lawyers with responsibilities to safeguard the rights of people under the Mental Health Act through giving legal advice, investigating complaints and arranging for a lawyer to represent people under compulsory assessment or treatment.

**Responsible clinician** is usually a psychiatrist and is the person responsible for a person's treatment while they are under the Mental Health Act.



#### RECOVERY TIPS

- If you are under the Mental Health Act and don't think you need to be, learn about the Act and get help from a lawyer, District Inspector or a trusted mental health worker.
- You will probably get off the Act more quickly if you appear to be cooperating with the service.



#### FOR MORE INFORMATION ON THE MENTAL HEALTH ACT

Contact a District Inspector

- Ask your mental health worker for the District Inspectors' contact details. Their services are free.
- Or ring the Mental Health Directorate at the Ministry of Health on 04 496 2000 for a list of all the District Inspectors.

Contact a lawyer or a community law centre (a list of centres is on the Legal Service Agency website <a href="https://www.lsa.govt.nz">www.lsa.govt.nz</a>)

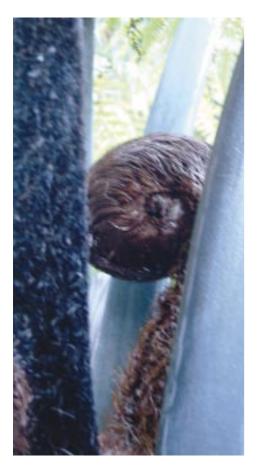
Read *Mental Health and the Law: A legal Resource for People Who Use Mental Health Services*, by the Wellington Community Law Centre. Order at **www.edresources.co.nz** or write to Educational Resources, PO Box 19050, Wellington, Phone 04 801 7066. The cost is \$29.95 including GST.

Contact the Mental Health Review Tribunal. The Tribunal may review and decide whether a person subject to the Act should have that status removed or continued. Contact the tribunal via the Mental Health Directorate of the Ministry of Health on 04 496 2299.

Visit Mental Health Commission's website www.mhc.govt.nz for step by step information on how to make a complaint regarding your compulsory status under the Mental Health Act.

'I remember sitting there looking at the walls [of the seclusion room], crying with this great hopelessness in my heart. I then started singing. 1 think 1 felt that if I could not escape the room, 1 was going to escape with my mind. I started to sing songs that I grew up with. Māori ones, the latest songs, even Christmas songs, it felt good. I did eventually get out of the room, and it was a start of a life that has been challenging and exciting. It is a life that I did not plan to have, but adversity has made me stronger'.





'I'm happy. I'm a very different person to the one I was seven years ago. Everything is kei te pai. It has changed my life to an incredible degree, for the better. I never thought I would say that.'

# How do I get out of mental health services?

If you take an active role in your own recovery, and mental health services use a recovery approach, you may be able to get out of mental health services sooner rather than later.

After your crisis is over or your mental health has stabilised, the service may discharge you back to your general practitioner who will now support you with your treatment. The service should do a comprehensive discharge plan, with your involvement, before you leave the service.

If your mental health problems worsen or you have another crisis, your GP may refer you to mental health services again. This happens to many service users.

Experiencing mental health problems and using mental health services can be traumatic for people. But when most people look back on their experience they realise some good came from it as well.



#### Autobiography in five short chapters

#### Chapter One

I walk down the street.
There is a deep hole in the sidewalk.
I fall in
I am lost...I am helpless.
It isn't my fault
It takes forever to find a way out.

#### **Chapter Two**

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I'm in this same place.

But, it isn't my fault.

It still takes a long time to get out.

#### **Chapter Three**

I walk down the same street.

There is a deep hole in the sidewalk.

I see it is here.

I still fall in...it's a habit...but,

My eyes are open.

I know where I am.

It is my fault.

I get out immediately.

#### Chapter Four

I walk down the same street.

There is a deep hole in the sidewalk.

I walk around it.

#### **Chapter Five**

I walk down another street.

Portia Nelson

'Although I didn't see it at the time, my mental illness gave, as well as took away from me. It gave me compassion, empathy and deeper appreciation of wellness. It also taught me how to cope when the going gets really rough.'

#### RECOVERY TIPS

- Tell your mental health worker if you think you can cope without mental health services and want to be discharged.
- You can leave services whenever you like if you're not under the Mental Health Act.
- Don't be too demoralised if you have to use services again - see it as part of your recovery.



#### References

#### **BOOKS/BROCHURES**

A Gift of Stories: discovering how to deal with mental illness. Published by University of Otago Press with the Mental Health Commission, November 1999. \$39.95 from bookshops or University of Otago Press.

Advance Directives in Mental Health Care and Treatment: Information for Mental Health Service Users, available from the Health and Disability Commissioner's website http://www.hdc.org.nz/publications/ informationbrochures.html

Complementary and Alternative Therapies and Mental Health, can be purchased from the Mental Health Foundation for \$12.00. mentalhealth.org.nz, 81 New North Road, Glen Terrace, Auckland.

Kia Mauri Tau, Narratives of Recovery from Disabling Mental Health Problems, by Hilary Lapsley, Linda Waimarie Nikora and Rosanne Black. www.mhc.govt.nz

Mental Health and the Law: A Legal Resource for People who Use Mental Health Services, by the Wellington Community Law Centre. Order at www.edresources.co.nz or write to Educational Resources, PO Box 19050, Wellington, Phone 04 801 7066. Cost is \$29.95 including GST.

#### **WEBSITES**

Internet Mental Health website www.mentalhealth.com

Mental Health Commission website www.mhc.govt.nz

Mary Ellen Copeland's self-management website (USA) www.maryellencopeland.com

Hearing Voices Network (UK)

www.hearing-voices.org.uk

Mental Health Consumers' Self-help Clearing House (USA) for service user information on recovery http://mhselfhelp.org

National Empowerment Center (USA) www.power2u.org

Mental Health Foundation (UK) Strategies for Living Project www.mentalhealth.org.uk

Ministry of Health website for District Health Board information

www.moh.govt.nz/moh.nsf/wpg\_Index/Links-Index

NZ Medicines and Medical Devices Safety Authority website www.medsafe.govt.nz for information on medications available in New Zealand.

Legal Service Agency website for a list of Community Law Centres Isa.govt.nz

Health and Disability Commissioner's website at www.hdc.org.nz or phone 0800 11 22 33

Privacy Commissioner's website at www.privacy.org.nz or phone 0800 803 909.



#### SUPPORT GROUPS/ORGANISATIONS

Support network in New Zealand for people with bipolar disorder www.balance.org.nz

New Zealand Health and Disability Community Organisations and Support Groups website for information on community groups and organisations www.everybody.co.nz/health.html

Platform website www.platform.org.nz

Health advocate 0800 555 050 (top half of North Island), 0800 423 638 (bottom half of North Island), or 0800 377 766 (South Island).

Mental Health Directorate at the Ministry of Health on 04 496 2000 for a list of all the District Inspectors.

Mental Health Review Tribunal. The Tribunal may review and decide whether a person subject to the Act should have that status removed or continued. Contact the tribunal via the Mental Health Directorate of the Ministry of Health on 04 496 2299.

Peer support site www.peersupport.org

Alcoholics Anonymous www.alcoholics-anonymous.org.nz

Balance – support network in NZ for people with bipolar disorder www.balance.org.nz

GROW <a href="http://www.growint.org.au/">http://www.growint.org.au/</a> (there is a New Zealand office e-mail <a href="national@grow.org.nz">national@grow.org.nz</a>)

Consumer chat site about bipolar disorder http://bipolar.about.com/

