



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

Oranga Ngākau

**Getting the most out
of mental health and
addiction services**

**A recovery resource for
service users**

Published by
Health & Disability Commissioner

Level 11

Technology One House

86 Victoria Street

PO Box 11934

Wellington 6142

New Zealand.

Phone: 04 494 7900

Fax: 04 494 7901

E-mail: hdc@hdc.org.nz

© Health & Disability Commissioner, 2014

First published 2003, Updated June 2014



Oranga Ngākau

The title of this book – Oranga Ngākau – embraces the notion of recovery, and reclaiming physical, social, spiritual, mental and emotional wellbeing.

Oranga Ngākau is about taking charge of our own health and wellbeing, by seeking what we need to be content with who we are, so we can embrace our full potential.

Oranga (n.) ¹

Survivor, food, livelihood, welfare, health, living.

Ngākau (n.) Ibid

Heart, seat of affections or feelings, mind, inclination, desire, spirit.

Source of emotions.

¹ *Maori Dictionary* - www.maoridictionary.co.nz

Contents

Foreword _____	5
What do we mean by a mental health or addiction issue? _____	6
What is recovery? _____	7
Online therapies _____	9
How do I access mental health and addiction services? _____	11
What types of mental health and addiction services could I use? _____	14
What types of mental health workers could I meet? _____	19
How do staff find out what is going on for me? _____	23
What treatments could I be offered? _____	26
What support could I be offered? _____	30
What are my rights as a health consumer? _____	34
What happens if I am under compulsory treatment? _____	42
How can I get discharged from mental health and addiction services? _____	46
What happens after I am discharged from mental health and addiction services? _____	47
Contacts _____	49

Foreword

This booklet is for people who use or may need to use mental health and addiction services. It has been written with input from service users who have experienced mental health or addiction issues.

It can feel daunting when you start using mental health and addiction services. This booklet gives general information about services so that you can find your way around them more easily.

The references section at the end of the booklet also provides contact details of a number of organisations and support groups and some websites and resources that you may find helpful.



Lynne Lane

**Mental Health
Commissioner**

Acknowledgements

Thank you to all the people who have shared their experiences as service users, family, whānau members and practitioners within the mental health and addiction sector. Your contributions have been invaluable to the development of this publication.

What do we mean by a mental health or addiction issue?

Mental health is “a level of psychological wellbeing” and may include “an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience”.²

Based on this definition, when a person is unable to maintain this balance necessary for enjoying life, they may be said to be having a ‘mental health issue’.

Addiction is “the continued repetition of a behaviour despite adverse consequences, or a neurological impairment leading to such behaviours”.

An addiction may also have an adverse effect on a person’s psychological

wellbeing and his or her ability to create balance in life.

Thus, Oranga Ngākau – taking charge of our own recovery to reclaim physical, social, spiritual, mental and emotional wellbeing - is important for people with a mental health issue and/ or an addiction.

While we acknowledge that all mental health services may not provide addiction services (and vice versa), for ease of reference, throughout this booklet, the services are referred to as ‘mental health and addiction services’. The users of the services are, however, referred to as people with ‘mental health or addiction issues’.

² Wikipedia – http://en.wikipedia.org/wiki/Mental_health

What is recovery?

“In mental health, recovery does not always refer to the process of complete recovery from a mental health issue in the way that we may recover from a physical health issue.”³

Recovery means living well and staying in control of your life in the presence or absence of your mental health or addiction issues. It is more than just managing your mental health or addiction issue. Recovery also means getting back to doing the things you may not have done while you were unwell, such as spending time with your friends, working, or pursuing a hobby. You are in charge of your own recovery; other people such as your family/whānau, friends and mental health workers can assist you with it, but they cannot do it for you. You need to take an

“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.”

active role in putting your life back together again.

At times 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. Their role in your recovery is also about helping to build your resilience and not just treating or managing your symptoms.

³ Mental Health Foundation – UK: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/R/recovery/>

Mental health workers are there to help you in your recovery journey, and to:

- 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
- Work with you to develop a recovery plan
- Support you to manage your own mental health or addiction issue.

“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.”

Recovery Tips

To take an active role in your recovery

- Have support from your family/whānau and friends
- Seek support from support groups
- Find out about your mental health or addiction issue, treatments and rights
- Stand up for what you need
- Take back control of your life
- Follow your recovery plan
- Maintain a regular rest, recreation, diet and exercise routine



Online therapies

Online therapies are therapies that can be accessed via your computer or smartphone. Some people find these very helpful.

Common examples in New Zealand are:⁴

Beating the Blues [NZ]

Treats depression and anxiety by using Cognitive Behavioural Therapy (CBT). Talk to your doctor if you think Beating the Blues could be helpful for you, as this requires doctor referral.

The Lowdown [NZ]

An interactive website for young people featuring a self test, fact sheets, a moderated message board to enable peer support, and video clips from popular musicians and high profile young sports people talking about their experiences of depression. The site enables access to a team of counsellors who provide email, phone, webcam and text-based support services for young people.

⁴ <http://www.mentalhealth.org.nz/page/1135-apps-e-therapy-and-guided-self-help>

The National Depression Initiative [NZ]

The National Depression Initiative has an interactive website with a focus on self-management. It provides a self test and detailed information about depression and New Zealand options for management and treatment in the form of a “journey” led by Sir John Kirwan that people can take to get through depression.
www.ndi.org.nz

SPARX [NZ]

A self-help computer programme for young people with symptoms of depression. In order to actively engage young people, SPARX uses a 3D fantasy game environment and a custom-made soundtrack. The programme teaches skills to manage symptoms of depression, in a self-directed learning format.
www.sparx.org.nz

How do I access mental health and addiction services?

It can sometimes be difficult to know who you need to contact in mental health and addiction services, and how to do it. In the first instance, you could contact your General Practitioner (GP) for advice.

You may need to be referred to a mental health and addiction service by a health professional such as your GP or an Accident and Emergency clinician. Alternatively, you may ring up your local mental health crisis services or psychiatric emergency team who will decide whether or not you could benefit from using mental health and addiction services. Check your local phone book for their contact details.

Your mental health or addiction issue may be making you feel overwhelmed, despairing, confused or scared. Specialist mental health and addiction advice and support may be what you need. You may also feel ashamed that you need to use mental health and addiction services; or you may feel a bit scared because you don't know what to expect from them.

It is, however, important that you don't let such feelings stop you from using mental health and addiction services. Often people feel relief once they start to use services – at last someone may be able to understand and help you.

Remember that using mental health and addiction services is your choice. Only in certain legal situations may mental health and addiction services intervene without your consent. Whether you decide to use mental health and addiction services yourself or other people make that decision for you it is an important step in your recovery journey.

“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.”

Recovery Tips

- If you have difficulty accessing mental health and addiction services – keep trying. Ask your family/whānau, friends and your GP to support you and let the mental health and addiction service know how difficult things are for you.
- Once you have access to mental health and addiction services:
 - You and your family/whānau should be provided with information about services and your rights.
 - Don’t be afraid to ask questions about what is happening to you and what can be done for you.

- Most services you receive will be in the community (unless you need acute intensive care as an inpatient in a hospital-based unit).
- Tell staff if you have used online therapies and if they were helpful.
- All kinds of people can give you support – your family/whānau, friends, other service users and mental health workers.



What types of mental health and addiction services could I use?



Primary health services

Most primary health services are provided by GPs who often employ nurses and occasionally other professionals. Some primary health services offer access to subsidised psychological support so be sure to ask your GP if you can have this treatment. Primary care also includes clinical staff who work in private practice (e.g.

psychologists) who charge fees.

While most people with mental health or addiction issues can get their treatment and support from primary health services, those with more serious or complex issues may be referred by their GP to specialist mental health and addiction services.

Mental health and addiction services

There are many types of specialist mental health and addiction services. Virtually all of them are funded by the Government through your local District Health Board (DHB). They are either run by the DHB itself or by community based non-

government organisations (NGOs). Most mental health and addiction services are provided outside hospitals, in the community. Māori and Pasifika service users should be asked if they want to see a Māori or Pasifika worker when they first enter the service. If you would like something similar, you can ask as well.

“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.”

Clinical services

Your first contact may be with a clinical service where mental health workers will assess and treat your mental health or addiction issue.

The main types of clinical services are:

- **Crisis services**
these provide a round the clock assessment service for people who are in a crisis. The crisis team will usually visit you at home to assess you and refer you to other clinical services for treatment, if necessary.
- **Community mental health centers**
are where you visit psychiatrists, nurses, psychologists or other

professionals. Sometimes these professionals may visit you in your own home.

- **Crisis respite services** are where mental health workers and peer support workers support you during a crisis, either in your own home, or in a community respite house.
- **Inpatient units** are where you are admitted into a hospital setting with other people who have mental health or addiction issues during a crisis. Some DHB's have longer-term residential rehabilitation units.

Support services

- **Supported accommodation** is a house where people who have mental health or addiction issues live (together) and are supported by in-house or on-call staff.

- **Support or rehabilitation services** help you to problem solve, set goals, learn skills, get and keep jobs, find housing and so on. They may be provided to you in your own home or in a service or community setting.

Services for different population groups

- **Services for people of different ages** are provided in many large towns and cities. They cater for mothers and babies, children, young people and older people alongside the usual services for adults.
- **Services for Māori** or kaupapa Māori services, for Māori by Māori are available in many communities. They offer a whānau based service run according to

traditional Māori values in a community or hospital setting.

- **Services for Pasifika People and other ethnic communities**

are available in some larger towns and cities run by and for Pasifika people as well as by and for people from different ethnic communities according to their cultural values.



“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.”

Specialist services for people with specific issues can include:

- **Alcohol and other drug services**
cater for people with addiction issues though some mental health and addiction services also run integrated or ‘co-existing’ services specifically for people with addiction issues and mental health issues.
- **First Episode Psychosis Services**
are early intervention services for young people experiencing psychosis.
- **Eating disorders services**
are usually provided in major centres.
- **Gambling helplines**
provide information and support for people with gambling-related issues.

Forensic services

These are inpatient or community-based services for people who have committed a crime but the court decides that they need treatment for their mental health issue rather than imprisonment. People who develop serious mental health issues in prison sometimes need treatment from forensic services as well.

“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.”

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.
- Make sure that whatever service you use, that you have a recovery plan worked out by you and your mental health worker.
- If you think you need another service that you’re not getting, talk to your mental health worker.

What types of mental health workers could I meet?

Workers in primary health services

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

- **General Practitioners (GPs)**

are doctors who diagnose and treat common mild to moderate or minor physical and mental illnesses. They refer people with more serious mental health or addiction issues to specialist mental health and addiction services.

- **Private Practitioners**

such as counsellors, psychotherapists, clinical psychologists and psychiatrists. They provide more specialised services than GPs, for a fee.

Workers in community mental health and addiction services

There are various types of mental health workers who receive different training to meet different needs for treatment and support. In practice, their roles often overlap, however, they are all required to have the essential knowledge, skills and attitudes to deliver effective mental health

and addiction services. Most mental health and addiction services are based in the community with some inpatient beds in each region.

You will meet one or more of these people in community 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 doctors who are training to be psychiatrists.

- **Peer support workers**

use their own experience of recovery to walk alongside others with experience of mental health issues.

- **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, and returning to work.

- **Clinical psychologists**

assess psychological issues 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 other Māori staff to offer support to you and your family/whānau.
- **Pasifika cultural workers**
help mainstream services provide culturally respectful services for Pasifika service users.
- **Occupational therapists**
provide activities to help you regain lost abilities and develop new living skills.
- **Consumer advisors and Family advisors**
give advice on the management of mental health services from the perspective of people who use services

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 to develop your goals and strategy for recovery. They are often an experienced mental health nurse or a social worker.

“My peer support worker was the first person to ever listen to me, to my issues. I actually felt like someone cared.”

Recovery Tips

- Ask your mental health worker about their role and how they can help you, including what supports they can offer you.
- Tell them what you need.
- Tell them that you want to be fully involved in decisions about your treatment and care.
- Ask to have an interpreter present, if you need one.
- Bring your family/whānau or friends to your appointments.
- Ask your mental health worker to explain your mental health issues to family/whānau and friends who don't understand.
- Ask to see the manager of the service if you have any concerns about your mental health worker.



How do staff find out what is going on for me?



When you first go to mental health and addiction services you will be assessed by trained staff to find out what your issues and needs are and also what your strengths are. This involves a lot of questions but the information ensures they can offer you the best treatment and support utilising your current strengths and resources. Some assessments look at your whole life but others will focus on your current clinical

condition and needs. They will also consider any other information they have about you, such as a referral letter or your family/ whānau's views. Service users from Māori, Pasifika and other ethnic communities should be offered access to cultural support.

Your psychiatrist may give you a diagnosis. A diagnosis is medical language to describe your symptoms. While not everyone agrees with the diagnosis they are given and may feel put down and labeled by it, a diagnosis can be helpful, particularly in working out what treatment may be best.

“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?”

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

- **Psychotic disorders**
such as schizophrenia, where a person’s thinking or behaviour becomes confused. 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 only depression, while others experience manic (or high) moods as well.

- **Anxiety disorders**
such as panic attacks, agoraphobia, obsessive compulsive disorder and post-traumatic stress disorder.
- **Personality disorders**
where people experience pervasive and enduring issues with their perceptions of self and others, their moods, their relationships and control over their impulses.
- **Eating disorders**
such as anorexia nervosa where people severely restrict their food intake due to a distorted self image, and bulimia where people binge eat and purge themselves by vomiting and or using laxatives.



- **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 usage**

affect many people with mental health issues.

- **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

- It’s really important for you to be honest with mental health workers about what is going on for you – otherwise they may not understand your mental health issues properly.
- If you are also using online therapy let your mental health worker know this.
- 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.
- Remember the diagnosis is just to describe your mental health or addiction issue - it is not who you are.

What treatments could I be offered?

To some extent the diagnosis you are given will determine what kind of treatment you are offered. Your treatment should be part of an overall recovery plan; the treatments you receive may help your recovery but they are only a part of the answer. Mental health and addiction services will involve you (and your family/whānau if you prefer), in creating your treatment and recovery plan.

Medication

Most people who use mental health and addiction services will be offered medication. The most common types of medications:

- **Anti-psychotics**
treat people with schizophrenia, 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 agitated
- **Anti-anxiety drugs**
relieve anxiety, panic and insomnia.

Medications work differently on different people and your psychiatrist may have to try more than one before you find one that is helpful. Also you may be on more than one medication at one time, and it is important that you are given information to make an informed decision about what you

“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!”

have been prescribed. While medications can be helpful they may have side effects. Some people choose not to take the medications because they find the side effects too difficult; and in some cases people choose not to take them as the side effects outweigh the benefits.

It is, however, important that you consult with your GP or psychiatrist if you decide not to take any medication prescribed for you.

Psychological (talking) therapies and counselling

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

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 publically funded mental health and addiction services. Some people pay for alternative therapies.



Recovery Tips

- When you are being offered medication, ask about:
 - other options for treating your condition
 - how likely it is to work and what the research shows
 - the benefits of taking the medication
 - what the side-effects are
 - how long it will take for the medication to work
 - how long you may need to be on the medication.
- Tell your doctor if you are taking any other treatments or remedies as some of these may not interact well with psychiatric medications.

- If you need support to talk to your doctor about a medication change, you can seek help from your family/whānau, friend, peer support or advocacy.
- There are many things you can do to support your recovery.
Such as:
 - following your recovery plan
 - regular exercise and a healthy diet
 - relaxation, meditation and getting enough sleep
 - limiting or stopping alcohol tobacco and other recreational drugs
 - finding information on your condition and treatments

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



What support could I be offered?



As well as treatment, mental health and addiction services also provide support and rehabilitation in the community. Most services that provide support are run by community-based organisations (also called ‘NGOs’):

- **Psycho-education**
giving you full information about your condition, your treatments and how to deal with it.

- **Psychological support**
to develop strategies for coping and managing your mental health or addiction issue.
- **Support groups**
catering for people with similar issues and run by mental health workers.
- **Peer support**
groups run for and by people with similar experiences.

“The support group I went to was great. I realised that other people had issues 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.”

- **Home support**

assistance with tasks such as cooking, child minding or simply sitting with you in your own home, especially if you are at risk of having a crisis.

- **Maori and Pasifika cultural support**

services to help connect you to your cultural roots and community.

“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 8pm to 8am for the first two weeks. It was a brilliant service – much better than just being offered an extra pill.”

- **Employment support**

offering help with volunteering, employment skills training, consumer-run businesses and support in getting and keeping paid work.

- **Housing support**

including supported accommodation and assistance to find and keep independent housing.

- **Creative activities**

ranging from painting, sculpture, writing, dance and music.

- **Recreational and social activities**

such as joining community activities and social events.

“The whānau better understood what was happening for me than I 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. I was totally out of balance in terms of who I am, and by returning to my whānau I learned what it is to be Māori.”

Recovery Tips

- **Remember, it is OK to ask for help.**
- Ask your mental health worker if mental health and addiction services in your area provide any of these kinds of support services.
- If these are not provided by mental health and addiction services you may be able to get them through other community agencies. Throughout New Zealand, there are community based non-government organisations and peer support groups that can offer you support. 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
 - learn your early warning signs of relapse
 - follow your recovery plan
 - have goals find support groups and services run by and for people who have experienced mental health or addiction issues.
- You may also find it helpful to read biographies by or about people who have experienced mental health or addiction issues. The librarian at your local public library might be able to help you find such resources.

“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.”

What are my rights as a health consumer?



The Code of Health and Disability Services Consumers' Rights, 1996 (The Code)

All users of health services, including mental health and addiction services, have ten rights under the Code. These include the right to:

1. Respect
2. Fair treatment

3. Dignity and independence
4. Proper standards of care
5. Effective communication
6. Information
7. Decide about treatment and care
8. A support person of your choice
9. Decide about involvement in health teaching and research
10. Make complaints.

Your information pack should contain information about the Code of Rights including your rights when you are receiving mental health and addiction services.

Informed consent

Giving informed consent in a health service setting means you give permission for a service or treatment only after you have been fully informed about what it is and how it will help and/or affect you.

The Code states that all health providers must inform you of the benefits and side effects or risks 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 keep the right to be informed.



“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?”

In mental health and addiction 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 usually includes:

- Sharing your clinical notes with you and enabling you to correct or add to them (unless disclosing such information would be likely to cause you harm)
- Jointly developing a recovery plan for your treatment including what should happen if you have a crisis
- Letting you decide which family/whānau members or support people, if any, you want to be involved
- Setting your own goals for recovery.

Advance Directives

The Code states that health consumers may use an advance directive.

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. You can also state what level of participation your family/whānau as a whole would have during assessment and treatment including who will serve what roles. Advance directives can be verbal but written ones are better and you can make them on your own or with support from your mental health worker. This information should also be recorded in your recovery plan and you and your support people should have a copy.

Will my advance directive always be followed?

Under the Code, health providers must take your advance directive seriously if you had enough information and were competent at the time you made the directive. However, your advance directive may not be followed if you are subject to compulsory assessment (see page 35) or treatment under the Mental Health Act (where you can be treated without your consent under certain circumstances).

Even when you are being treated under the Mental Health Act you still have the right to be given all relevant information about your care and treatment.

Enduring Power of Attorney (EPA)

Under the Protection of Personal and Property Rights Act 1988 (PPPR Act) a

competent person may grant to someone an enduring power of attorney (EPOA) to make health care decisions on their behalf, in the event they become incompetent to make their own health care choices. An enduring power of attorney can be activated when a person is no longer competent to make their own decisions, for example in the case of dementia. The person granted the EPOA will often have a close relationship with the person giving the EPOA which means they may be able to best reflect what that person would have wanted in a particular situation. For more information about EPOAs, see <http://www.hdc.org.nz/education/presentations/advance-directives,-living-wills-and-questions-of-competence>

If an EPOA is in place, everyone involved should have a copy of this document.

The Privacy Act 1993

The Privacy Act is legislation setting 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, sharing and access to personal health information such as medical files.

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.

There are some exceptions; for instance when another agency or your family/whānau need your personal information to care for you, when you are considered unable to make a decision, or when there is a threat to your or others' safety if the information is not passed on.



You have a right to read and correct the information in your file. However, in some cases you might not be able to see the information on your file. For instance, there may be other people's personal information in your file that they may not want shared with you, or your psychiatrist may think the information in your file could put your mental health at risk.

You may also request a copy of your medical record by contacting the mental health and addiction service.

“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.”



Making a complaint to mental health and addiction services

You have the right to make a complaint if you believe your rights or privacy have been breached. Every mental health and addiction 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 and disability advocate to support and advise you. You can also approach the Health and Disability Commissioner or the Privacy Commissioner.

They will usually encourage you to take your complaint directly to the service first.

People who provide advocacy or information on your rights

- **Independent Health and Disability Service Advocates**

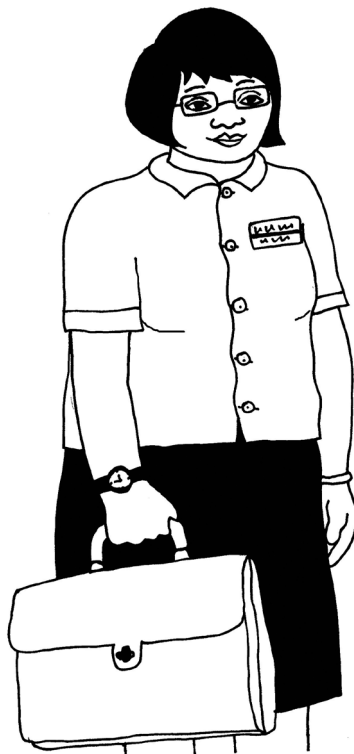
give people information on their rights under the Code and support them to resolve their concerns and complaints. The service is free, independent and confidential.

- **Peer advocates**

are people with a mental health and addiction service user background who provide advocacy for other service users. There are only a handful of peer advocacy services operating in this way.

- **Privacy officers**

are employed in each DHB and in community-based organisations to ensure the Health Information Privacy Code is being followed, and to respond to complaints about breaches of the Health Information Privacy Code.



Recovery Tips

- Ask for written information and time to think, if the information on your rights given to you is hard to absorb.
- 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/whānau members or an advocate.



What happens if I am under compulsory treatment?

The Mental Health (Compulsory Assessment and Treatment) Act 1992

Often referred to as the Mental Health Act, this legislation enables mental health and addiction services to compulsorily assess, treat or hospitalise people who the Act defines as having a ‘mental disorder’, of such a degree that it poses a serious danger to the health or safety of that person or of others; or seriously diminishes the capacity of that person to take care of himself or herself.

While under a compulsory treatment order you can only be isolated (put in seclusion) for your treatment or safety or to protect others, **not** as punishment.

The Mental Health Act requires mental health and addiction services to consult with your family/whānau during the compulsory assessment and treatment process unless it is not in your best interests, or it is not reasonably practicable.

Most people who use mental health and addiction services do not require compulsory treatment; and for those who do this should be used for the least time necessary.

Your psychiatrist can suggest a change to your ‘compulsory status’ at any time during the process of compulsory assessment and treatment following a review of your condition.

Compulsory Assessment Orders

Compulsory assessment can take place either in an inpatient unit or a community mental health and addiction service.

As well as the initial assessment, you are reassessed within five days, then again within 14 days.

You cannot refuse to undergo compulsory treatment but you do 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 the 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 including your family/whānau.

In general a compulsory treatment order gives the mental health and addiction services the legal authority to treat you without your 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 must obtain a second opinion (that the treatment is in your best interests) from an approved psychiatrist to be able to continue to compulsorily treat you.

The compulsory treatment order will last for up to six months. After three months the psychiatrist has to review your status. 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 extension 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.

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.
- **A 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

Part 6 of the Mental Health Act lists your rights when you are subject to compulsory treatment. These include:

- General rights to information.
- Respect for cultural identity, etc.
- Right to treatment.
- Right to be informed about treatment.
- Further rights in case of visual or audio recording.
- Right to independent psychiatric advice.
- Right to legal advice.
- Right to company.
- Right to receive visitors and make telephone calls.
- Right to receive and send letters and postal articles.
- Complaint of breach of rights.

How can I get discharged from mental health and addiction services?

If you take an active role in your recovery and are feeling better, then you may be discharged from mental health and addiction services to the care of your GP. It is about joint decision making so the service should do a discharge plan involving you and your family/whānau before you leave the service.

“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.”

Recovery Tips

- Tell your mental health worker if you think you can cope without mental health and addiction services and want to be discharged.
- You can leave services whenever you like if you’re not subject to a Compulsory Treatment Order.
- Don’t feel too bad if you have to use services again – see it as part of your recovery.

What happens after I am discharged from mental health and addiction services?



It is important that you follow your post-discharge recovery plan once you leave mental health and addiction services.

You can seek the support of your family/whānau in helping you follow the plan.

Ensure that there is ongoing communication and coordination between you, your family/whānau, the clinical team at the mental health and addiction service, and post-discharge services.

If possible, stay connected with peer support groups and other community organisations that offer support.

If your mental health worsens or you have another crisis, your GP may refer you to mental health and addiction services again.

This happens to many service users. It is important that your mental health remains good and stable for you to remain out of mental health and addiction services.

As mentioned at the beginning of this booklet, the most important thing to remember is that **‘you are in charge of your own recovery’** and **‘the most important key to recovery is hope’** – a hope that “I can recover and stay in control of my own life”.

“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.”

Contacts

Helplines

- Suicide Helpline: Call 0508 828 865
(24 hours a day, 7 days a week)
- Mental Health Crisis Line: Call 0800 611 116
- Alcohol Drug Helpline: Call 0800 787 797
(10am to 10pm, 7 days); or visit www.drughelp.org.nz
- Depression Helpline: Call 0800 111 757;
or visit www.depression.org.nz
- Gambling Helpline: Call 0800 654 655 (24 hours, 7 days);
or visit www.gamblinghelpline.co.nz
- Lifeline New Zealand: Call 0800 543 354 (24 hours, 7 days)
for telephone counselling and support service
(available in different languages)
- Netsafe (txt/cyber bullying): Call 0508 638 723;
or visit www.netsafe.org.nz
- Outline (gay, lesbian & transgender support):
Call 0800 688 5463; or visit www.outline.org.nz
- Youthline: Call 0800 376 633; Free txt 234;
or visit www.youthline.co.nz
- What's Up Helpline: Call 0800 942 8787
(5-18 year olds, 1pm-11pm); or visit www.whatsup.co.nz

Websites

- Beating the Blues: www.beatingtheblues.co.nz
- Community law centre website www.communitylaw.org.nz
- Consumer chat site about bipolar disorder
bipolar.about.com
- Engage NZ has a wide range of mental health tools & strategies aimed at people who experience mental health distress & their families, whānau and communities
www.engagenz.co.nz
- Headspace: A website for young people.
www.headspace.org.nz
- Health and Disability Commissioner. www.hdc.org.nz
or phone 0800 11 22 33
- Healthpoint website has a directory where you can search for specific mental health and addiction service providers within your region. www.healthpoint.co.nz
- Hearing Voices Network (UK) www.hearing-voices.org
- Internet Mental Health website www.mentalhealth.com
- ISPS-NZ (International Society for Psychological & Social Approaches to Psychosis – NZ) www.isps-nz.org.nz
- Mary Ellen Copeland's self-management website (USA)
www.mentalhealthrecovery.com
- Mental Health Consumers' Self-help Clearing House (USA)
for service user information on recovery
www.mhselfhelp.org

- Mental Health Foundation (NZ) website
www.mentalhealth.org.nz
- Mental Health Foundation (UK) Strategies for Living Project
www.mentalhealth.org.uk
- Mental Help Net website *www.mentalhelp.net*
- 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 2000.
- Ministry of Health website for District Health Boards information *www.health.govt.nz*
- National Empowerment Center (USA) for service user information on recovery *www.power2u.org*
- NZ Medicines and Medical Devices Safety Authority website for information on drugs available in New Zealand.
www.medsafe.govt.nz
- Peer Support website
www.mentalhealthadvocacypeersupport.org
for people with mental illness, relatives and friends.
- Privacy Commissioner's website *www.privacy.org.nz*
or phone 0800 803 909
- Scottish Recovery Network website
www.scottishrecovery.net

- Your Rights Under The Mental Health Act
<http://www.lawaccess.govt.nz/Chapter/110-Mental-Health/92-Mental-Health---Compulsory-Assessment-and-Treatment/5-Your-Rights-under-the-Mental-Health-Act>
- SPARX: a computer program that helps young people learn skills to deal with feeling down, depressed or stressed.
www.sparx.org.nz
- SPINZ: website of Suicide Prevention Information New Zealand. *www.spinz.org.nz*
- The Lowdown: A website that helps Kiwis understand and deal with depression. *www.thelowdown.co.nz*
- Webhealth – health provider directory
www.linkage.co.nz/webhealth
- YOU'RE ON Common Ground a website for family whānau and friends. *www.commonground.org.nz*

Support Groups/ Organisations

- Alcoholics Anonymous website *www.aa.org.nz*
- Balance, a support network in New Zealand for people with bipolar disorder *www.balance.org.nz*
- Centre401 Trust. *www.centre401.co.nz*
- Changing Minds: An organisation that promotes self-determination. *www.changingminds.org.nz*
- Grow, a 12-step programme for people with mental health issues *www.grow.net.au* (they also have a New Zealand website *www.grow.org.nz*)

- Health and Disability Advocacy Service
<http://advocacy.hdc.org.nz> or phone 0800 555 050.
- Le Va - Organisation providing information and support for Pasifika people. *www.leva.co.nz*
- Local mental health and addiction services: Listed in the front of your phone book under ‘Hospitals and other health service providers’.
- Mental Health Directorate at the Ministry of Health on 04 496 2000 for a list of all the District Inspectors.
- Mental Health Foundation website provides a list of useful networks throughout New Zealand.
www.mentalhealth.org.nz/page/1051-consumer-networks
- New Zealand Health and Disability Community Organisations and Support Groups website for information on community groups and organisations
www.everybody.co.nz
- Platform website *www.platform.org.nz* Platform gives advice to the non-government organisations (NGOs) that provide health and disability services in communities throughout New Zealand
- Te Rau Matatini – Organisation providing information and support for Maori. *www.matatini.co.nz*

Books/ Brochures

- A Gift of Stories: Discovering how to deal with mental illness. Published by: 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 www.hdc.org.nz/publications/resources-to-order/leaflets
- Complementary and Alternative Therapies and Mental Health, available from the Mental Health Foundation, Auckland.
- Kia Mauri Tau: Narratives of Recovery from Disabling Mental Health Issues; by Hilary Lapsley, Linda Waimarie Nikora and Rosanne Black. www.hdc.org.nz/publications/other-publications-from-hdc/mental-health-resources
- Let's get real: Real Skills for people working in mental health and addiction, published by the Ministry of Health. Available for download from www.health.govt.nz
- Mental Health and the Law: A Legal Resource for People who Use Mental Health Services, by the Wellington Community Law Centre. Phone 04 801 7066
- Madness Made Me: A memoir, by Mary O'Hagan, Open Box, 2014.



Disclaimer

All the recommended reading resources, links to organisations and other websites provided in this booklet are for reader reference only and should not be treated as an endorsement by the Health and Disability Commissioner.



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

The Health and Disability Commissioner

PO BOX 1791, Auckland 1140

Free phone: 0800 11 22 33

Fax: 09 373 1061

Email: hdc@hdc.org.nz

Website: www.hdc.org.nz