Anorexia Nervosa

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This information is not intended to replace qualified medical or professional advice. For further information about a condition or the treatments mentioned, please consult your health care provider.

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Introduction

The Mental Health Foundation's mission is to improve the mental health of all people and communities in New Zealand. Mental health is a positive sense of emotional, psychological and spiritual wellbeing. We define mental health as being the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

People who have information can make informed choices. It is up to each person to decide what mental health is and what it means for them. We believe that providing accurate and helpful information is vital to the process of enabling people to gain control over and enhance their mental health and wellbeing. This includes considering factors that determine our mental health status such as age, gender, ethnicity, income, education, housing, sense of control over life circumstances and access to health services.

The aim of this Mental Health Information New Zealand (MHINZ) project is to provide people with a range of information that can be a starting point for ongoing learning and personal development. It is primarily designed to meet the needs of people working with the discovery that they or those close to them may have a mental health problem sufficiently distressing to warrant medical intervention. This may carry with it some of the stigma associated with mental illness and a loss of personal power in the face of medical labelling and control. So while for some, being given a diagnosis may be a relief, for others it may be upsetting.

We have developed this resource for a range of people including those who have been given a diagnosis, family, whanau, friends and others involved in support and treatment. The information provided is largely from a clinical perspective as it includes psychiatric diagnosis and information on current medical treatment options. We acknowledge that this is one perspective and that different cultures define mental health and wellbeing in a variety of different ways. We invite people to use the resources, references and contacts listed in these booklets to find further information.

Fact sheets summarising information from some of the booklets are available from the foundation's resource centre or may be downloaded from the foundation's website.

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Anorexia Nervosa

The name anorexia is short for anorexia nervosa - sometimes called the slimmer's disease. It is an eating disorder in which a person, most often a young woman, deliberately loses weight.

Anorexia often begins with worry about weight as a reaction to the changes in body shape and weight gain which normally occur at puberty. Excessive dieting then leads to a dramatic weight loss. The person loses so much weight that their health begins to be affected, although they may not feel unwell.

Despite the weight loss, they may feel extremely energetic and exercise for hours each day. They continue to diet because they do not think they are thin and feel that gaining weight is the worst thing that could happen. Family whanau and friends may tell them they have become much too thin, but people with anorexia often see themselves as fat when they look in the mirror, even though they are really extremely thin.

Anorexia seldom begins before puberty. About half of all cases start before the age of 19, and almost all before the age of 45. Ninety percent of people with anorexia are women, with about one woman in 100 developing the condition.

Outlook

Many people with anorexia recover after a few years although a significant number go on to have other problems such as depression, alcohol problems and anxiety disorders. A minority remain very underweight. Approximately one in 100 people with anorexia die each year, usually from the complications of starvation.

Signs of anorexia

Some early signs of anorexia include:

- increasing concern about weight and disgust with body shape
- wearing only baggy or concealing clothing
- exercising too much
- refusing to eat with others
- having rituals around eating, such as counting mouthfuls, eating from a particular plate only, or taking only tiny mouthfuls
- lying about eating ("I've already eaten")
- being moody or angry when asked about dieting.

As weight drops various changes occur in the body.

- Metabolism slows so as not to use up too much energy. Signs of this are slowing of the pulse, reduction in blood pressure and later, lowering of body temperature.
- For women with anorexia, their menstrual periods stop. This is due to reduction in oestrogen (the female sex hormone) production, which also causes the thinning and premature ageing of the bones known as osteoporosis.

- Fat and then muscle is burned up which leads to wasting of the body.
- Blood flow to the arms and legs reduces, making the fingers and toes blue and cold.
- Fine hair may grow on the back, arms and face.
- With further weight loss, vital organs such as the brain and heart may be affected.
- Starvation of the brain causes loss of concentration, difficulty in thinking clearly, depression and irritability.
- Starvation of the heart muscle leads to heart failure or disturbances in heart rhythm which can lead to sudden death.

The person may not be aware of these physical problems except for finding cold weather hard to bear. Often there is little sign of a major problem until the person suddenly collapses.

Risk factors for developing anorexia

People who are at particular risk for developing anorexia include:

- those whose career or sport requires them to be thin - dancers, gymnasts, models or body builders
- those who are overweight
- those with multiple problems including childhood sexual abuse or neglect, drug or alcohol problems and unstable relationships
- those who have diabetes.

Causes of anorexia

There is no known cause of anorexia. It is known that it develops in certain situations.

Social situations. Anorexia has mainly become a problem for the western world in the last few decades. It does not occur in countries in which food is scarce, nor in countries where woman are not encouraged to be thin. In the west, women have been given the message that they need to be thin to be considered beautiful. Since a thin shape is normal and healthy for only a very few women, others must either struggle with feelings of not being good, perfect or self-controlled enough or begin to diet.

Family whanau situations. Those who develop anorexia have a higher than normal chance of having a close family or whanau member who has an eating disorder, depression, obsessive-compulsive disorder or alcohol problems. This may mean that there is a genetic aspect to anorexia, or that these families and whanau have emotional or other problems which make them more vulnerable to social pressures, or both. There may also be an increased chance of broken family or whanau, or there may be abuse within the family or whanau.

The individual person's situation. A number of writers have described emotional difficulties which they believe are common among those who have anorexia. Some stress the struggle that people with anorexia have to feel in control of their lives. They turn to dieting as something they can feel completely in control of. Others have suggested that anorexia is a response to an overwhelming fear of sex and the stresses of growing up.

Living with Anorexia

A person with anorexia will often say they are fine and just want everyone to leave them alone. They may suggest that it is only the unwelcome concern of others that bothers them. In reality they do not enjoy anorexia and will usually be painfully aware of how miserable and isolated they are, and of how much the anorexia controls their life. They endure a constant struggle with negative thoughts about the self, endless thoughts about food and disgust at their body.

People with anorexia often believe they developed it because things have gone wrong in their lives - it could be abandonment, sexual or physical abuse, being in an unhappy family or not living up to people's expectations. Other people with anorexia may agree with the view that there is genetic or biological aspect to their condition. A lot of people believe it is a combination of these things. Sometimes people think their anorexia is a punishment for their moral or spiritual failure. It's important to remember that it is not the fault of the person with anorexia that they have a mental health problem.

The whole family whanau can become consumed with the problem. They worry about how stressful the next meal will be. Brothers and sisters may feel ignored by parents whose attention is entirely taken up by the person with anorexia. They may all worry that the person will die.

Families and whanau, especially parents, can worry that they caused their relative to develop anorexia. Sometimes they feel blamed by mental health professionals which can be very distressing for them. Most families and whanau want the best for their relative. It is important for them to understand what has contributed to their relative's problem and to be able to discuss their own feelings about this without feeling guilty or blamed.

Mothers, in particular, often feel guilty, responsible and angry with their child for being 'difficult'. Fathers often feel frustrated, closed out and unimportant. Frequently the parents cannot agree about the seriousness of the problem or what to do. Often one wants to be tougher while the other feels this will only make things worse.

Friends often try and talk about the problem but feel rejected when the person with anorexia gets angry or silent. Friends will eventually begin to avoid them, leaving them feeling more and more isolated.

People with anorexia who are in a sexual relationship often report that the relationship is not satisfactory. It is very important that the partner participates in dealing with the problem. This can be just as stressful for the partner who will need to make sure that they get plenty of support from family whanau and friends.

Despite the difficulties, family whanau and friends need to keep talking about the problem. Even though this may not be welcomed by the person with anorexia, the problem rarely gets better by itself. It is not made worse by talking about it.

Consumer views[1]

Living through anorexia can be overwhelming, frightening, and isolating. People experiencing anorexia often lose hope or the belief that they can recover and lead a

[1] A consumer is a person who experiences or has experienced mental illness, and who uses or has used mental health services. The term consumer can also refer to a service user, patient, resident or a client.

worthwhile life. But those of us who have come through episodes of mental illness are able to look back and see how fallible our loss of hope was. Everyone with mental illness or distress can lead a worthwhile life, even if it is not quite the life we had planned for ourselves.

Discrimination and stigma

Many people feel ashamed of their anorexia and can sense other people's fear, prejudice and low expectations for them. Workmates and friends don't understand and may turn their backs on a person they know who has an eating disorder. Even families, whanau and mental health workers can be over-anxious, controlling and pessimistic. None of this helps. Sometimes the discrimination feels worse than the problem itself.

Support and information

People with anorexia often do better if they seek support people who are caring, non judgemental and see their potential. Some get their best support from others who been through the same kind of experience. Other people find a counsellor or another type of mental health worker who is supportive. Their friends and family whanau may offer good support. People with anorexia can make more informed choices if they educate themselves about their condition and the types of treatment and support that are available. It's also useful to know about your rights.

Using specialist services

Many people with anorexia, sooner or later, go to see their GP or a counsellor or are referred to specialist services. If you fear you might harm or kill yourself it is vital that you seek help immediately. Sometimes it is hard for people with anorexia to seek help, either because they feel ashamed and want to hide their distress, or because they feel well and don't agree they have a problem. Acknowledging they have an eating problem and need help can be very scary. People with mental illness often say the best services are ones where they are listened to, treated as equals and are given support or treatment that works for them. Otherwise, the service is unlikely to meet their needs.

Recovery

Sometimes people with anorexia are given quite pessimistic predictions about their lives by mental health professionals. But even if you continue to have episodes of eating distress you can still experience recovery and live a happy and worthwhile life. One person describes recovery like this:

> *"Recovery is not just about getting rid of symptoms. It is about getting back any lost rights, roles, responsibilities, potential, decisions and support.*
>
> *"The process of recovering is about beginning to hope or rekindling the hope you once had for a productive present and a rewarding future - and believing that you deserve it! It involves having your own vision of the life you want to lead, seeing and changing old patterns and discovering that symptoms can be managed. It means doing more of what works and less of what doesn't.*
>
> *"Recovery is about reclaiming your roles as a healthy person, rather than living your life as a sick one. Recovery is about what you want in your life, how to get there and how others can support you in that journey."*

Important strategies for recovery

People with anorexia have found the following strategies to be useful and important.

- Learn about anorexia nervosa and the treatment options. Get information to help make sense of what has happened, and so you can learn what to expect.
- Take an active part, as far as possible, in decisions about your treatment and support.
- Get treatment and support from people you trust, who expect the best for you but are able to accept how you are at any time.
- Have the continuing support of family, whanau and friends, who know about the condition and understand what they can do to support your recovery. Involve whanau, friends or other important people (e.g. kaumatua or church minister) in your treatment team if you wish.
- Have the opportunity to receive support from culturally appropriate support groups or organisations who can help you to recover and stay well.
- Avoid or really cut down the use of alcohol and illegal drugs, as these may worsen the condition and increase the chances of relapse.
- Talk to your health professionals if you are considering stopping treatment. Work with them to find some compromise that will ensure continuing wellness but address your concerns about the treatment.

Family and whanau views

Families and whanau often experience real grief, isolation, powerlessness and fear as they witness their loved one struggling with anorexia. They may find that they cannot understand the person's feelings or behaviour. They may find their relative secretive, withdrawn or hard to be around. Their feelings for their relative can swing from compassion for their pain, to grief at the loss of the person they once knew, to hostility towards their relative for disrupting their lives. Families and whanau often worry that their relative will never get better and may have to revise their expectations for that person.

Families and whanau often live through all this without support from their community or from mental health services.

Discrimination and stigma

Families and whanau may feel shame or embarrassment at their relative's eating habits or weight loss. They may shut themselves off from their friends and neighbours or feel that these people are avoiding them. Families and whanau hurt when they see their relative being discriminated against or treated unfairly. Families and whanau can also feel discriminated against themselves, especially by some health professionals who exclude them or appear to blame them for their relative's problems.

Support and information

Families and whanau often feel drained and stressed and need support to look after themselves as well as their relative with mental health problems. Their other family and whanau relationships can get neglected when the needs of the person with mental health problems have to take priority. There are several ways families and whanau can get

support. They can get in touch with other families and whanau who have had similar experiences. Some mental health services provide good support options for families and whanau. Families and whanau need information on the person's condition, their options for treatment and their rights

Recovery

Most, if not all, families and whanau want to help their relative recover. Unfortunately, sometimes the person with mental illness blames their family or whanau and does not want them to be involved in their care. If families and whanau can share information, skills and support with their relative and the professionals who look after them, the likelihood of recovery is much greater.

Experiences with services

Families and whanau frequently find that services do not listen to their views about their relative. Professionals may not always give them any information about their relative, particularly if they are an adult and don't want their family or whanau to know the information. Ideally, open communication between professionals, families, whanau and the person with anorexia means that families and whanau, and their relatives are more likely to get the services they need. Families and whanau may also need some professional help to mend any rifts in their relationship with their relative.

Important strategies to support recovery

Family, whanau and close friends have found the following strategies to be useful and important.

- Learn about the disorder, its treatment, and what you can do to assist recovery.
- Understand the symptoms for what they are. Try not take them personally or see the person as being 'difficult'.
- Encourage the person to continue treatment, and to avoid alcohol and drug abuse.
- Find ways to get time out for yourself and to feel okay about this. Caring for a family member with anorexia can be stressful. It is important to maintain your own wellbeing.

Treatment of Anorexia

Summary of treatment options

At present there is no one best treatment for anorexia. Overall, anyone treating a person with anorexia will be helping them to restore a normal state of nutrition as well as helping them to tackle any psychological or alcohol and drug problems. Treatment may include a number of the following components:

Psychosocial treatments

These are non-medical treatments that address the person's thinking, behaviour, relationships and environment, including their culture. Psycho-logical therapies (often called therapy or psychotherapy) involve a trained professional who uses clinically

researched techniques, usually talking therapies, to assess and help people understand what has happened to them and to make positive changes in their lives. They may involve the use of specific therapies such as family therapy or individual therapies including cognitive-behavioural therapy (CBT), psychodynamic therapy, interpersonal therapy (IPT) or narrative therapy. Some therapists use feminist theories to encourage the person to become more aware of the importance of social pressures on her to be thin. More research is needed before one type of psychological therapy is necessarily preferred over another.

Psychoeducation

This a process whereby the person is given information about their eating disorder and the complications of anorexia. This can be extremely important to aid family whanau and friends to understand the person better and to help improvement of the disorder. Counselling may include some techniques used in psychological therapies, but is mainly based on supportive listening, practical problem solving and information giving. All types of therapy/counselling should be provided to people with anorexia and their family or whanau in a manner which is respectful of them, with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices.

Medication

There are no drug treatments which are of established benefit in the treatment of anorexia. There are a few which may help deal with some of its associated problems and are prescribed from time to time. These include antipsychotic and antidepressant medications. If you are prescribed medication you are entitled to know the names of the medicines; what symptoms they are supposed to treat; how long it will be before they take effect; how long you will have to take them for and what their side-effects (short and long-term) are. If you are pregnant or breast feeding no medication is entirely safe. Before making any decisions about taking medication at this time you should talk with your doctor about the potential benefits and problems associated with each particular type of medication in pregnancy.

Hospitalisation

Hospitalisation may be suggested where there is extreme weight loss and concerns about the person's physical health.

Complementary therapies

Complementary therapies that enhance the person's life may be used in addition to psychosocial treatments and prescription medicines.

Psychosocial treatments

Family therapy

In general, family therapy looks at the whole family whanau as a system and may see the anorexia as a symptom of something breaking down in that system. Family therapy ideas suggest that when one person in a family whanau has a major problem, such as an eating disorder, it will affect other family whanau members. Family therapy encourages family whanau members to look at their strengths. It can often be challenging because it highlights issues that other members of the family whanau may be having which may

be contributing to the anorexia.

A family therapist may want to work alone with the person with anorexia, to give them the opportunity to talk without the family whanau being present. There may also be regular sessions for the parents and other family whanau members.

There are several schools of family therapy, each with slightly different ideas on how family relationships can be helped to improve. Some family therapists work singly, some with a co-therapist and some use one-way mirrors with other therapists watching the session from an adjoining room in order to get a better appreciation of the family interactions.

Although many families and whanau find it helpful, family therapy has never been scientifically proven as to its overall effectiveness. However most experts agree that family therapy is extremely important for children and teenagers and there is evidence that it is the most effective treatment for those under 19.

Some community agencies such as specialist eating disorders units run by public hospital services offer family therapy free of charge. Family therapists in other agencies and in private practice often have a sliding scale of fees ranging from $60 to $200 per session.

The number of sessions required will depend on the family whanau's needs and ability to attend and to pay for therapy. Ten to fifty sessions over one or two years is typical in the treatment of anorexia.

Individual therapy

Individual or one-to one therapy is likely to be one of four main kinds:

Cognitive-behavioural therapy (CBT). In CBT the focus of the therapy is on changing eating patterns, correcting the person's unhelpful beliefs about food and raising their self-esteem. For example, they may learn to challenge the idea that you have to be thin to be considered worthwhile.

Psychodynamic therapy. Here the focus is on learning about and changing feelings and relationship patterns which arise from the past. Feelings and thoughts about the therapist are frequently discussed. The therapy usually lasts several years and requires a high level of commitment from the person seeking recovery from anorexia. There is no scientific evidence to show the overall effectiveness of psychodynamic therapy.

Interpersonal therapy (IPT). This form of therapy explores the person's current relationships. The person with anorexia identifies problem relationships and seeks to make changes to these by dealing with others in new and different ways as discussed with the therapist. While IPT has not been proven as to overall effectiveness there is evidence that it is an effective therapy for depression, a condition which often co-exists with anorexia.

Narrative therapy. In narrative therapy, the person with anorexia is encouraged to see anorexia as something which is outside of her real self. In this way she can learn to fight the negative messages that anorexia tells her. She learns to change her story about herself from one as a victim of social forces to one as a survivor of them. Narrative therapy is popular in New Zealand but there are no studies on its effectiveness.

Costs for individual therapy range from $60 to $200 per session although some agencies and therapists base have a sliding scale of fees based on your ability to pay.

Psychoeducation

Education about anorexia can be extremely important to help the person with anorexia, their family whanau and supporters to understand this disorder and help in their recovery. The health professional gives information about the disorder, suggests different ways to handle it, and discusses any complications which may happen.

Medications

Antipsychotics

Some psychiatrists prescribe antipsychotic medications, such as chlorpromazine (Largactil) or thioridazine (Aldazine & Melleril) to help reduce the anxiety that people with anorexia feel at meal times. Antipsychotics work by blocking the effect of a brain chemical messenger called dopamine which influences anxiety. It has recently been found that thioridazine is associated with a risk of heart rhythm abnormalities in some people. It is recommended that anyone taking thioridazine has an electrocardiogram (ECG) and blood tests to check this.

Antipsychotics would usually be prescribed for only a few days and at low dose since side-effects are more common in patients with anorexia. Low blood pressure, seizures, liver problems, low white cell count, drowsiness, muscle stiffness or spasms and shakiness may occur. They may also cause dry mouth, constipation, dizziness, and various sexual function problems. These settle quickly once the drug is stopped but because of concern about these side effects, along with lack of research evidence showing that they are effective, they are being used less and less. Antipsychotics are not addictive. While it is best not to take drugs during pregnancy, some antipsychotics are generally considered safe at this time. Antipsychotics can be taken in tablet or liquid form.

Antidepressants

Where a psychiatrist diagnoses depression along with anorexia he or she may prescribe an antidepressant. Antidepressants are usually given for three to six months. Almost all are tablets or capsules taken once a day. They are not addictive, but there may be a small rebound effect of anxiety and insomnia if you stop taking them very suddenly.

You should be told what effects you should notice from the medication, receive clear instructions about how you should take them and what precautions are necessary.

Selective serotonin reuptake inhibitors (SSRIs). Newer SSRI antidepressants such as fluoxetine (Prozac, Lovan. Plinzene & Fluox), paroxetine (Aropax) or citalopram (Cipramil) are now being frequently prescribed. Although these newer antidepressants have been shown to be effective for depression they have not yet been demonstrated to be effective in the treatment of anorexia. SSRIs have fewer troublesome side effects but are equal in effectiveness to the tricyclics. SSRIs have their effect only on the brain chemical serotonin, and can be started at an effective dose from day one. Side effects from SSRIs can include nausea; headache; trouble sleeping; agitated or jittery feeling; rash (not common, but means the drug should be stopped); sexual problems and weight loss.

Tricyclic antidepressants (tricyclics/TCAs). Research studies on the older tricyclic type of antidepressant have not shown them to be particularly effective in the presence of low weight. They are rarely prescribed for the treatment of anorexia. They tend to cause weight gain which makes them unattractive to people with anorexia. They are also

very dangerous in overdose. The tricyclic types of antidepressant include nortryptiline, amitriptyline, clomipramine, doxepin, dothiepan, imipramine and trimipramine.

Medicine interactions

Most psychiatric medicines tend to react with each other when taken in combination. Their sedative effect in particular may make you feel sleepy. Your doctor will, where possible, limit the number of medications prescribed. You should be told what effects you may notice from the medication and receive clear instructions about how you should take them and what precautions are necessary. You should not mix different types of antidepressants unless instructed by your doctor as this could be very dangerous.

The effects of alcohol and many illegal drugs will also be heightened, so they should be avoided. It is important the doctor knows all the medications (including any herbal medicines) you are taking, as some taken together can be dangerous.

Other medications

Appetite stimulants. In the past drugs which stimulate appetite such as cyproheptadine hydrochloride (Periactin) have been tried with people with anorexia. There is no evidence that these drugs help.

Hormone replacement therapy. Weight loss causes a reduction in oestrogen production which causes periods to stop and also leads to thinning of the bones (osteoporosis). Some doctors prescribe oestrogen tablets to try to prevent osteoporosis. Studies have shown that bone density is not reliably improved by treatment and it is too soon to know whether or not oestrogens should be given to people with anorexia.

Vitamins and minerals. Generally vitamin and mineral levels are not low in anorexia but occasionally iron or vitamin B12 levels do fall to levels which lead to anaemia. Iron levels can be restored with tablets and B12 by injection.

Hospitalisation

In most parts of the country, hospital is usually suggested only when weight loss is severe and there are major concerns about the health of the person with anorexia. If the starvation is severe and the person is refusing to eat, naso-gastric feeding may be necessary. This is where a tube is placed through the nose into the stomach and liquid food given down the tube. (Feeding a patient by a drip attached to a vein, called intravenous feeding, may be dangerous and is almost never used).

There are only a few places in the country which have a specialised hospital programme for anorexia. These units all aim to restore the person's weight to an acceptable level as well as to begin psychotherapy in the ward. Hospital stay tends to be between three and 12 months but this can vary a lot.

Eating Disorders Service, Princess Margaret Hospital, Christchurch is a public hospital programme so it is free to Christchurch patients. Patients from other areas are admitted if the patient's local hospital meets the costs. The unit promotes a largely cognitive-behavioural style of therapy and also works to engage families and whanau and individualise each person's treatment programme.

Ashburn Hall, Dunedin has considerable experience with the treatment of anorexia, and psychodynamic therapy is an important part of its work. The hospital is privately owned so there is a charge. However, funding may be provided by the person's hospital

in some instances. Ashburn Hall is happy to give information and advice about this.

Child and Family Unit, Auckland Starship Children's Hospital is available to patients under the age of 18 who are still at school. It is a public hospital programme so it is free to Auckland patients. People from other areas are admitted if the patient's local hospital meets the costs.

Eating Disorders Service, Wellington has a residential programme.

Complementary Therapies

Health, healing and healing practices are varied and differ according to how people view illness. Any health-related practice that increases an individual's sense of wellbeing or wellness is likely to be of benefit. Talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

The term complementary therapy is generally used to indicate therapies and treatments which differ from conventional western medicine and which may be used to complement, support or sometimes replace it. There is an ever-growing awareness that it is vital to treat the whole person and assist them to find ways to address the causes of mental health problems rather than merely alleviating the symptoms. This is often referred to as an holistic approach. Complementary therapies often support an holistic approach and are seen as a way to address physical, nutritional, environmental, emotional, social, spiritual and lifestyle needs.

Many cultures have their own treatment and care practices which many people find helpful and which can often provide additional benefits to health and wellbeing. Rongoa Maori is the indigenous health and healing practice of New Zealand. Tohunga Puna Ora is a traditional healing practitioner. Traditional healing for many Pacific Islands' people involves massage, herbal remedies and spiritual healers.

In general, meditation, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress. Complementary therapies can include using a number of herbal and other medicinal preparations to treat particular conditions. It is recommended that care is taken as prescription medicines, herbal and medicinal preparations can interact with each other.

When considering taking any supplement, herbal or medicinal preparation we recommend that you consult a doctor to make sure it is safe and will not harm your health.

Women who may be pregnant or breastfeeding are advised to take extra care and to consult a doctor about any supplements, herbal or medicinal preparations they are considering using, to make sure they are safe and that they will not harm their own or their baby's health.

For more information see the MHINZ booklet *Complementary Therapies in Mental Health*.

Legislation

New Zealand has laws with specific implications for people who experience mental illness. The following information is a brief introduction to some of these Acts, and gives details on where to get specific information or assistance.

More information may be obtained from the local Community Law Centre or Citizen's Advice Bureau – look in a telephone directory for details. The local library is a useful place to obtain information or books and resources on the law. Copies of New Zealand legislation are available from government bookshops and can be seen at most public libraries, or on the internet at www.rangi.knowledge-basket.co.nz/gpacts/actlists.html

Recommended publication

Mental Health and the Law: A Legal Resource for People who Experience Mental Illness, Wellington Community Law Centre, 2002. Available from Wellington Community Law Centre, Ph 04 499 2928.

Government agencies can provide advice, information and publications in relation to mental health and the law.

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Thorndon
WELLINGTON

Ph 04 474 8900
Fax 04 474 8901
Email info@mhc.govt.nz
Web www.mhc.govt.nz

Department for Courts
PO Box 2750
WELLINGTON

Ph 04 918 8800
Fax 04 918 8820
Email family@courts.govt.nz
Web www.courts.govt.nz/family

More contact details for government agencies are listed in the following sections.

The Health and Disability Commissioner Act 1994

This Act governs all actions taken by the Health and Disability Commissioner, the office and advocacy services. It is the legal document which gives the authority to ensure the rights are delivered. The purpose of the Act is

> *"To promote and protect the rights of health consumers and disability services consumers, and, to that end, to facilitate the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights" (Section 6).*

The Act's objective is achieved through

- the implementation of a Code of Rights (see below)
- a complaints process to ensure enforcement of those rights, and
- ongoing education of providers and consumers.

Code of Health and Disability Services Consumers' Rights

There are ten rights set out in the code and these rights apply to all health and disability support services in New Zealand, both public and private services. The code gives rights to all people who use health and disability services and describes the obligations of all providers of health and disability services. The Health and Disability Commissioner contracts advocates in each region to ensure the code is upheld.

To make a complaint to the advocate in your region, contact the office of the Health and Disability Commissioner.

The Health and Disability Commissioner

Freephone 0800 11 22 33
E-mail hdc@hdc.org.nz
Web www.hdc.org.nz

AUCKLAND
Level 10, Tower Centre
45 Queen Street
PO Box 1791
Auckland

Ph 09 373 1060
Fax 09 373 1061

WELLINGTON
Level 13, Vogel Building
Aitken Street
PO Box 12 299
Wellington

Ph 04 494 7900
Fax 04 494 7901

The Human Rights Act 1993

Discrimination on the basis of disability is illegal under the Human Rights Act. If you feel you have been discriminated against you can make a complaint to the Human Rights Commission.

Human Rights Commissioner
Freephone 0800 496 877
TTY (teletypewriter) access number 0800 150 111
Email infoline@hrc.co.nz
Web www.hrc.co.nz

AUCKLAND
4th Floor, Tower Centre
Corner Queen & Custom Streets
PO Box 6751, Wellesley Street
Auckland

Ph 09 309 0874
Fax 09 377 3593

WELLINGTON
Level 8, Vogel Building
8 Aitken Street
PO Box 12411, Thorndon
Wellington

Ph 04 473 9981
Fax 04 471 0858

CHRISTCHURCH
7th Floor, State Insurance Building
116 Worcester Street
PO Box 1578
Christchurch

Ph 03 379 2015
Fax 03 379 2019

The Privacy Act 1993

The Privacy Act sets out general rules about the protection of our personal information. Extra rules have been developed to protect health information. These rules are set out in the Health Information Privacy Code, which is contained within the Privacy Act.

The Health Information Privacy Code sets out 12 rules that agencies must follow when dealing with health information. These rules cover the collection, storage, use and disclosure of health information, and give you the right to access and correct your health information.

The code applies to you whether you are receiving health services voluntarily or under the Mental Health Act.

Under the code, health services can develop their own policies for dealing with health information. You are advised to ask for a copy of their policies. Health services must appoint a Privacy Officer, so find out who that person is in the service you are dealing with. You may request information from or make a complaint to the service's Privacy Officer.

The Privacy Commissioner.
Freephone 0800 803 909

Office of the Privacy Commissioner
PO Box 466
AUCKLAND

Ph 09 302 8655
Email privacy@iprolink.co.nz (Auckland)
privacy@actrix.gen.nz (Wellington)
Web www.privacy.org.nz

Further information

On the Record: A Practical Guide to Health Information Privacy, Office of the Privacy Commissioner, 2nd edition, July 2000.

Protecting Your Health Information: A Guide to Privacy Issues for Users of Mental Health Services. Mental Health Commission, 1999.

The Mental Health (Compulsory Assessment and Treatment) Act 1992

For a person to be compulsorily assessed and treated it must first be determined that they have a mental disorder. The definition of 'mental disorder' is described in the Act.

The Act sets out clear procedures that must be followed when a person is compulsorily assessed and treated. People under the Act lose their right to choose and consent to assessment and treatment. All other rights as described in the Health and Disability Commission's Code of Rights remain.

To ensure a person's rights are upheld and correct procedures are followed the Minister of Health appoints District Inspectors for each area. They are lawyers and you may request information from or make a complaint to them. You can find out who the District Inspector for your area is by contacting the Ministry of Health or your local community law centre. (Contact details are at the front of this section)

In general, the Act gives young people (16-19 years) the same rights as adults. For people under 16 there are additional protections.

The Ministry of Health publishes helpful user information guidelines on the Mental Health Act. Contact details for the Ministry are at the front of this section.

Further information

The Mental Health Act: Information for Families and Whanau, Schizophrenia Fellowship.

The Schizophrenia Fellowship (SF)
Freephone 0800 500 363

National Office
PO Box 593
Christchurch
Ph 03 366 1909
Fax 03 379 2322
Web www.sfnat.org.nz
Email office@sfnat.org.nz

Look in your telephone directory for the local Schizophrenia Fellowship.

The Children, Young Persons and Their Families Act 1989

This Act applies in two situations.

- When it is decided that children and young people are defined as needing care or protection and,
- where children or young people offend against the law.

This Act defines a child as someone under the age of 14, and a young person as someone who is 14 or over but under 17 years of age. If concerns have been raised about a child or young person's care or protection in the first instance, an informal meeting is usually called with the family and a social worker.

Formal options available through this Act are:

- family group conference
- application to the Family Court
- removal of the child or young person.

Care and protection issues may mean the involvement of The Child Youth and Family Service (CYFS). Look in your telephone directory under Government Agencies for contact details for your local CYFS.

For more information, it may be helpful to contact:

The Office of the Commissioner for Children
PO Box 5610
WELLINGTON

Ph 04 471 1410
Fax 04 471 1418
Email children@occ.org.nz
Web www.occ.org.nz

Youthlaw Tino Rangatiratanga Taitamariki
Provides free, confidential legal information and advocacy for young people under 25, anywhere in Aotearoa New Zealand.

PO Box 7657
Wellesley Street
AUCKLAND

Ph 09 309 6967
Fax 09 307 5243
Email youthlaw@ihug.co.nz
Web www.youthlaw.co.nz

The Criminal Justice Act 1985

This Act sets out rules that apply to people who have been charged with, or found guilty of committing some kind of criminal act.

One part of the Act applies to situations where a person is experiencing a mental illness AND has been charged with or found guilty of committing some kind of criminal act. A person in this situation can become a 'special patient' under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

The Protection of Personal Property Rights Act 1988

This Act describes what can happen legally when a person is unable to make all or some of their own decisions about their personal and property matters. This is called a lack of capacity. The Family Court decides if a person lacks capacity.

In some cases, the Family Court may appoint a welfare guardian for someone who is unable to make these decisions. A welfare guardian has the power to make a wide range of decisions, such as where a person lives and how they should be cared for. A welfare guardian can act and consent to treatment on that person's behalf.

Family Court contact details are listed at the front of this section.

Further Information

Groups and organisations

Eating Disorders Association, Auckland
Provides support for sufferers and families, library service, information packs, a school education field worker, telephone support, referral list
Ph 09 818 9561 (Secretary)
Fax 09 627 8493

Wellington Eating Disorder Services
Provides information, support, education, prevention and therapeutic services for people with eating disorders and their families / friends. Their community funded general service provides free or low cost services for people who do not or not yet meet DSM IV diagnostic criteria, and their government funded specialist provides specialist eating disorders services (including a six bed residential service) for the central region.
Ph 04 473 5900
Fax 04 472 0779
Email weds@xtra.co.nz

EDEN (Eating Difficulties Education Network)
Provides support, information, referral and library resources.
P O Box 78005
Grey Lynn
AUCKLAND
Ph 09 378 9039
Fax 09 378 9393
Email info@eden.org.nz

North Shore Women's Centre
Provides support groups for people living with or associated with eating disorders.
P O Box 40 106
Glenfield
AUCKLAND
Ph 09 444 4618
Fax 09 444 4626
Email women.ctr@ix.net.nz
Web www.womyn-ctr.co.nz

Eating Awareness Team
P O Box 4520
CHRISTCHURCH
Free phone 0800 690 233
Email eat@chch.planet.org.nz

Websites

The Mental Health Foundation's website has information about the mental health sector and mental health promotion, news of upcoming conferences both here and overseas, links to other sites of interest and the Foundation's on-line bookstore. It contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.
www.mentalhealth.org.nz

The Eating Disorders Association (UK)
www.edauk.com

Eating Disorders Foundation of Victoria
www.eatingdisorders.org.au

Something Fishy
www.something-fishy.org

Anorexia Nervosa and Related Eating Disorders
www.anred.com

Books

Anorexia Nervosa: a Guide to Recovery by Lindsey Hall & Monika Ostroff. Gurze Books.

Anorexia Nervosa: a Survival Guide for Families, Friends and Sufferers by Janet Treasure. Psychology Press, 1997.

Anorexia Nervosa: Let Me Be by A.H. Crisp. Psychology Press, 1995.

Dying to be Thin: Understanding and Defeating Anorexia Nervosa and Bulimia: a Practical, Lifesaving Guide by Ira Sacker and Marc Zimmer. Warner, 1987.

Healing the Hungry Self: the Diet-Free Solution to Lifelong Weight Management by Dierdre Price. Plume, 1998

The Golden Cage: the Enigma of Anorexia Nervosa by H. Bruch. Random House, 1979.

When Your Child Has an Eating Disorder: a Step-by-Step Workbook for Parents and other Caregivers by Abigail Natenshon. John Wiley, 1999.

Mental Health Foundation Resource & Information Centre

The Mental Health Foundation Resource and Information Centre is at the Foundation's Auckland offices and is open to the public. Information and resources are available in a range of formats including pamphlets, books, journals videos, research papers and directories. Anyone living in Auckland may borrow books and videos are lent throughout New Zealand. The extensive collection includes resources on

· Mental Health · · Mental Illness · · Mental Health Services ·
· Depression · · Discrimination · · Workplace Wellbeing ·
· Stress · · Maori Mental Health · · Support Groups ·
· Recovery · · Relaxation · · Self-Help ·
· Older People's Mental Health · · Young People's Mental Health ·

The centre is open Monday to Friday, 9am to 4.30pm.

Mental Health Foundation of New Zealand
PO Box 10051
Dominion Road
Auckland

81 New North Road
Eden Terrace
Auckland

Ph 0064 9 300 7010
Fax 0064 9 300 7020
Email resource@mentalhealth.org.nz
Web www.mentalhealth.org.nz

Titles in the MHINZ series of booklets

Attention Deficit / Hyperactivity Disorder
Alcohol Problems
Anorexia Nervosa
Attachment Disorder
Autism
Bipolar Affective Disorder
Brief Psychotic Disorder
Bulimia Nervosa
Cannabis Problems
Conduct Disorders
Complementary Therapies in Mental Health
Dementia
Depression
Depression in Children and Young Adults
Obsessive-Compulsive Disorder
Panic Disorder
Personality Disorders
Phobias
Postnatal Depression & Psychosis
Problems with Tranquilliser Use
Schizophrenia
Separation Anxiety Disorder
Solvent and Inhalant Problems

Delusional Disorders	*Tourette Disorder*