Post –Traumatic Stress Disorder

Mental Health Foundation of New Zealand

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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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Post–Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a psychological reaction to experiencing or witnessing a significantly stressful, traumatic or shocking event. This might be a war, or a disaster like an earthquake, flood or fire. It might be a car crash, a rape or other physical or sexual abuse. Any situation where there was a risk of being killed or injured, seeing others killed or injured, or sometimes even hearing about such things, can result in PTSD. However it is important to note that these experiences do not always result in PTSD. 'Shellshock' – the distress experienced by many war veterans – was an earlier name for PTSD.
Some events are more likely than others to cause PTSD. Reactions to trauma deliberately caused by other people such as torture or rape, seem to be worse than those caused by accidents or natural disasters.

It is normal to react to extreme danger or disaster with feelings of fear, horror or helplessness. Usually these feelings fade and the person is able to get on with life, even though it may be changed forever.

Signs of Post –Traumatic Stress Disorder

Intrusive thoughts and images

With PTSD the unpleasant feelings associated with the trauma keep coming back along with images, memories and intrusive thoughts about the event. There may be nightmares or bad dreams. In the daytime the person may feel that it is all happening again or have brief but vivid memories or 'flashbacks'. These can happen without obvious cause or can be triggered by sights, smells or the look of something and can occur randomly much to the confusion of the individual. They are typically accompanied by intense feelings such as guilt, grief, fear or anger.

Avoidance

PTSD has an impact on the person's relationships. Individuals with PTSD may try and avoid any situations, people or events that remind them of the trauma. Families may be puzzled by the person's withdrawal into themselves. People with PTSD may be unable to feel emotions even for the people they love or care for. They may feel detached from others and may lose interest in things they once enjoyed. This can lead to misunderstanding, estrangement and further withdrawal. Avoidance can lead to alcohol or drug overuse, depression, and eating difficulties.

Hyperarousal

People with PTSD may be constantly watchful or jumpy. Their sleep is often disturbed and they may feel irritable and angry with themselves and others. Memory, concentration and decision-making are often affected.

Is it PTSD or a related condition?

The experiences outlined above are common in the first few weeks after a significant trauma. Some people may have PTSD symptoms that occur within a month of the traumatic event and resolve within four weeks. This is called acute stress disorder. If the symptoms persist beyond four weeks, cause the person intense distress and affect their everyday life, the diagnosis is changed to PTSD.

Sometimes there is a delay of months or even years between the event and the onset of PTSD.

Less severe reactions to disasters or non-life threatening stresses are called stress reactions or adjustment disorders. People with these reactions may have some of the symptoms of PTSD but they are milder and do not last as long.

Who can be affected by PTSD?

PTSD can affect people of any age, gender or culture. It is more common among soldiers and refugees who have endured major traumas. People who have experienced childhood sexual or physical abuse may also experience PTSD.

Children and PTSD

Children may be more vulnerable to PTSD than adults who have experienced the same stress or trauma. Their response to trauma may also be different. They will usually display disorganized or agitated behaviour. They may have nightmares, and they are likely to relive the trauma through repetitive play. This may be seen through artwork or in changes of behaviour towards other children, bullying, hitting etc. Physical symptoms may include stomachaches, headaches and bedwetting.

Risks associated with PTSD

- People with PTSD can become depressed and suicidal especially if PTSD is not recognized and treated
- Sometimes long-term distress and anxiety can lead to panic attacks
- By ‘self-medicating’ with alcohol or drugs, the person risks developing alcohol and drug abuse problems

- Some people may develop eating disorders

- People with a history of depression may be more vulnerable to experiencing PTSD

Personal and cultural beliefs

People's cultural and personal beliefs can influence the way in which stress and trauma affects them, the types of symptoms they feel under stress and the way they respond to it.

In some cultures people find it easier to cut themselves off from strong emotions when under stress. Others feel and express great emotion and share these with their family and friends. Some people suffering from PTSD have physical symptoms like headaches and stomach pains. Such physical effects of stress are more common in some cultures than others.

Emergency service staff like fire fighters, ambulance or police officers may protect themselves by seeing stress and trauma as part of their job, being able to joke about danger and enjoying the company of a close-knit group of colleagues.

In groups or communities where there has been a trauma or tragedy people pull together and show great strength and bravery. They may feel stronger, more connected to other people, value life more or be more aware of spiritual values. Survivors of disasters often feel guilty that they survived when others died.

Living with Post-Traumatic Stress Disorder

It is perfectly natural to be distressed after a major trauma and you need not feel guilty about this, even if others seem to be coping better. It is common for the mind to protect itself by cutting off from emotions, leaving you feeling numb or empty. But it is also natural for the mind and heart to heal. Everyone who experiences a trauma will respond in a different way and recover at their own pace.

Some traumas cause your life to change in unavoidable ways. For example, if you are in a car crash that kills family members, clearly life is not going to return to what was normal before the crash. But even with this tragedy, your pain and distress should lessen with time – it may take months or years – for you to be able to sleep at night and concentrate on what you are doing in the daytime but you should eventually be able to see a future.

If you have already had PTSD for years, you might have come to believe that it will never end. It is important to seek help before accepting that you will never have a good life again. Treatment can speed recovery by assisting you to clarify your thoughts and actions and encouraging you to move forward with your life, leaving behind you some of the destructive strategies you may have used to support yourself.

Approximately half of those with PTSD recover within three months. Many others have persisting symptoms that come and go, sometimes re-activated by reminders or anniversaries of the traumatic event.

Consumer views

Living through PTSD can be an overwhelming, frightening, isolating and debilitating experience. People with PTSD may feel intense fear. They may feel that their world has fallen apart, that everything is black and that nothing makes sense. Worse still, they can often lose hope or the belief that they can recover and lead a worthwhile life. There is often confusion and shame around the period of time it appears to take to get over a traumatic episode that has left others seemingly unscathed. But those of us who have come through episodes of mental illness are able to look back and see how temporary our loss of hope was. Everyone with a mental illness 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 having PTSD and often try to hide it as they can sense other people's fear and prejudice. Media coverage can give the wrong impression that people with mental illness are likely to be violent. Workmates and friends may turn their backs on a person they know who has mental illness. Even families and whanau and mental health workers can be over-anxious or controlling about the lives of people with PTSD. None of this helps. Sometimes the discrimination feels worse than the illness itself.

Support and Information

People with PTSD often do better if they seek support people who are caring, non-judgmental and see their potential. Some get their best support from others who have been through the same kind of experience. Other people find a counsellor or another type of mental health worker who is supportive. Or their friends and family or whanau may offer good support. People with PTSD 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 services

Many people with PTSD go to see their GP or counsellor or are referred to mental health 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 PTSD to seek help because they feel ashamed and want to hide their distress. People with PTSD may not be aware that what they have is a mental illness that is treatable and from which they can recover. They can find asking for help scary and they may not even know what they are asking for help with. 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

Many of those with PTSD will make a complete recovery. But even if you continue to experience PTSD symptoms you can still 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

- Be with other people immediately after the traumatic event if you can and talk about it if you feel able to.

- If appropriate, do something positive to help other people caught up in the traumatic event. Simple practical help can stop you feeling helpless.

- Take care when driving or operating machinery as your concentration may be poor if you are feeling 'shaken up'.

- Take exercise to help 'burn up' tension.

- Avoid caffeine and other stimulants as they may make sleep difficult.

- Seek help if your symptoms endure for weeks or if you have not been able to return to a reasonably normal life within six months. ACC funds individual counselling for people with PTSD. Your general practitioner can advise as to whether you might need medication or referral to counselling.

- Have access to information to help you make sense of what has happened and know what to expect. Being involved in decisions is the best way to ensure you can make informed choices about what is best for you.

- Receive treatment and support from people you trust, who expect the best for you and are able to accept how you are at any time.

- Find ways of coping that work best for you. These are different for each person, but are a critical step towards helping overcome PTSD. Honour those ways of coping and don't give yourself a hard time.

- Have the continuing support of family or whanau and friends who know about the condition and what they can do to support you.

- Take the opportunity to recuperate – take time out to relax, but also feel encouraged to become more active as you are able.

- Do something enjoyable each day and try to focus on positive thoughts and memories. Try and make sure that your physical and spiritual needs are met.

- Take the opportunity to get help from a culturally appropriate self-help group or therapy programme. Sharing with others who experience PTSD can be a great relief, especially if you have been keeping your problems to yourself. People who have had similar experiences can often understand you in a way that family and whanau can't.

Family and whanau views

Families and whanau often experience real grief, isolation, powerlessness and fear as they witness their loved one struggling with PTSD. During a crisis they may find that they can't understand the person's feelings or behaviour. Ever after a crisis they may find their relative withdrawn or hard to be around. Their feeling 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 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 about their relative. 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 problem.

Support and Information

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

Experiences with services

Families and whanau frequently find that services do not listen to their views about their relative. Professionals may not always give families and whanau any information about their relative, particularly if they are an adult and don't want their family of whanau to know the information. Ideally families and whanau who are involved in caring for someone with PTSD need to be able to communicate freely with professionals about their relative. They may also need some professional help to mend any rifts in their relationship with their relative. Open communications between professionals, families and whanau and the person with mental illness means that families and whanau and their relatives are more likely to get the services they need.

Recovery

Most 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.

Important strategies to support recovery

Family, whanau and close friends of someone with PTSD have found the following strategies important and useful.

- In the early days after the trauma give the person time and space to be alone if needed. As time goes by encourage them to get back into life again, but never force them. Try and make sure that they get the help they need.

- Learn what you can about PTSD, its treatment and what you can do to assist recovery. Sometimes the person with PTSD finds it difficult to explain to others how hard it is for them, or they may have trouble understanding what is happening to them and their behaviour.

- Do not blame the person for having PTSD. Understand the symptoms for what they are rather than taking them personally or seeing the person as being difficult.

- Help the person to recognize stress and find ways of coping with it. This may include helping to solve problems that are worrying them.

- Find ways of getting time out for yourself and feeling okay about this. It is critical to do what is needed to maintain your own wellbeing.

- Don't overlook any situation or suggestion from the person experiencing PTSD that they are suicidal and wanting to end their life. Get support for this immediately.

Treatment of Post-Traumatic Stress Disorder

Summary of treatment options

In traumatic situations e.g. fire, earthquake, violent incident, where PTSD could develop, it is common for a type of post-traumatic counselling known as Acute Incident Debriefing to be carried out.

If PTSD has been going on for several weeks, or is very severe, more specialist help is needed. This help is usually psychological treatment, but may include the use of medications, most commonly benzodiazepines (tranquillisers) and antidepressants. At present there are no evidence-based guidelines for the treatment of PTSD although there is ongoing research into which treatments are most helpful. It is important when seeking help for PTSD to see a GP or therapist who is experienced in assessing and treating this condition. It is also important that any treatment recommended is seen as a strategy to resolving the symptoms and will not necessarily led to long term use of medication.

Psychosocial treatments

These are non-medical treatments that address the person's thinking, behaviour, relationships and environment, including their culture. Such treatments may include psychological therapies (often referred to as therapy or psychotherapy), which 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. Counselling may include some techniques used in psychological therapies, but is mainly based on supportive listening, practical problem solving and information giving.

Eye movement desensitisation and reprocessing (EMDR) is a fairly recent psychological technique that is undergoing research and being used in the treatment of PTSD with some claimed success.

All types of therapy/counselling should be provided to people and their families and whanau in a manner that is respectful of them and with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices. If trained interpreters are necessary for assessment and therapy, they are to keep whatever they hear at interviews or counselling sessions strictly confidential.

Acute Incident Debriefing

This type of counselling aims to prevent PTSD from developing by allowing people who have been through a stressful experience to be given the chance to talk about what happened and to express their feelings as soon as possible after the incident. This makes it less likely that they will 'block off' their feelings. Having the support of family and

whanau, friends and workmates at this time is important. People need to feel that life is continuing.

After some traumas it is also helpful to have a public ceremony to allow many people to come together and remember what has happened. For example, a religious service after a disaster in which people have died.

Psychological therapies

Psychological therapies may be useful in treating PTSD, especially if it has been going on for a long time. Therapists or counsellors involved in the treatment of PTSD practice two main strategies – one which deals with the memories and feelings about the trauma and the other which offers relaxation training to lessen anxiety and fear.

The first strategy aims to gradually bringing the memories back into the person's mind, so they are not 'blocked off' any longer and can be come to terms with. Over time they will become less distressing. This type of therapy can be emotionally painful as it involves feeling and talking about the trauma, but for many people it can allow them to move on in their lives. There may however be some people for whom this sort of therapy is more upsetting that helpful. Not everyone finds it easy to talk about his or her feelings.

Hypnosis is sometimes used to bring back memories that have been 'blocked off'. This should not be done without first getting advice from your doctor and other people you trust who can support you through the process. Hypnosis can potentially be distressing. It can also be that you change things as you remember them under hypnosis and this could be very confusing. There is no research evidence to show that hypnosis is effective in treating PTSD.

Eye Movement Desensitisation and Reprocessing (EMDR)

This technique is being increasingly used in the treatment of PTSD, as it is less emotionally devastating to the individual. It is a strange technique to describe but its intention is to help the person become less anxious and upset by unpleasant memories.
In EMDR you are asked to bring to mind one of the upsetting memories then move your eyes rapidly, for example, from side to side. The theory is that this distracts you in such a way as to make the image or memory less terrifying. A growing number of therapists in New Zealand are trained in this technique, and although the research on it is still limited, existing research is promising. It is most important to ensure that anyone using EMDR is experienced in assessing and treating people with PTSD.

Relaxation Techniques

Relaxation techniques are useful to combat anxiety and sleep disturbance caused by stress. They may be enough to help a person cope while their mind heals. Relaxation techniques are commonly used as part of PTSD therapy but can also be done alone. There are many techniques, like listening to music, systematically tensing and relaxing

the muscles and meditation or visualization of pleasant or inspiring things. Breathing exercises and yoga suit some people.

Group Therapy

Some people find group therapy helpful, particularly when there are a number of people who have endured a similar trauma e.g. combat or rape. In some instances the leader may be someone who has recovered from a past trauma. Some groups may offer support and a number of social activities.

Medication

Benzodiazepines (tranquillisers)

The common tranquillisers are called benzodiazepines (the valium type of medications). They are used to treat anxiety symptoms. They increase the activity of a chemical in the brain called GABA (gamma amino butyric acid) which regulates alertness. This lessens anxiety, induces sleepiness, and makes the muscles relax.

Benzodiazepines work almost immediately and have few side effects. The main side effect of drowsiness or fatigue may be useful during the acute phase of distress. This usually wears off.

There are two ways of taking benzodiazepines. One is for very short periods to relieve great distress or allow you to cope with some important event you cannot avoid. The other, less common way, is to take them regularly for weeks or months to reduce anxiety. Because they are known to be addictive they are usually only prescribed for short periods (up to two weeks at a time). Stopping them needs to be done gradually.
Sudden stopping may produce withdrawal symptoms such as anxiety, insomnia, headaches, nausea and dizziness, and occasionally, may induce epileptic seizures. People with epilepsy must be careful as withdrawal can also make seizures more likely. If you have trouble with addictions they are best avoided.

Benzodiazepines are not advised in pregnancy especially near birth, as they can affect the baby and some of them get into breast milk.

Benzodiazepines are safe with almost all other medicines. They magnify the effects of alcohol, so this should be avoided.

Benzodiazepines are a prescription only medication and should be treated with the utmost respect. As with all medication, you should NOT under any circumstances take these medications without the authority of a GP, not even if a friend has PTSD and is taking this medication.

Side effects of benzodiazepines

Generic name *Trade name*	*Common side effects of benzodiazepines*
Diazepam ..... Valium “ ..... ProPam Tab “ .....Stesolid Rectal Tube “ ..... Diazemuls injection Clonazepam.....Rivotril Lorazepam..... Ativan “ .....Lorapam Alprazolam.....Xanax	**Drowsiness** is particularly dangerous for people who operate machinery or while driving vehicles. **Muscle relaxation** can be a risk for older people whose muscles may be weak and thereby increase their risk of falling. **Confusion**, particularly with older people. **Breathing difficulties**. Benzodiazepines can reduce breathing a little. Those people with severe breathing problems need to be careful. **Dependency** and withdrawal problems - see discussion on previous page.

Antidepressants

Antidepressants may be helpful in reducing the symptoms of PTSD even if you are not depressed at the time. They are often used along with psychological therapy. Antidepressants have no immediate effect and all need to be taken regularly, once or twice a day. They take up to three weeks to work and there are a number of side effects. You may need to try different medications to see which one suits you. One drug would be tried for eight to 12 weeks to see if it was helpful.

Almost all are in tablet or in capsule form. They are not addictive, but there may be a small rebound effect of anxiety and insomnia if you suddenly stop taking them. The side effects vary from person to person.

There are two groups of antidepressants commonly used in treatment of PTSD - the older, tricyclic drugs (TCAs) and the newer Selective Serotonin Re-uptake Inhibitors (SSRIs).

Selective serotonin re-uptake inhibitors (SSRIs)

Over the past decade the Selective Serotonin Re-uptake Inhibitors (SSRI) antidepressants have become available. SSRIs have their effect specifically on serotonin. This type of antidepressant usually has fewer side effects than the tricyclics. Compared to tricyclics, SSRIs rarely cause drowsiness although nausea, headaches and sexual problems may be more common. With SSRIs there are fewer problems with other medications, alcohol, and other illnesses, except if you have severe liver or heart disease. They can affect some medicines, especially those taken for epilepsy.

The SSRIs available in New Zealand are fluoxetine (Prozac, Lovan, Plinzine & Fluox), paroxetine (Aropax) and citalopram (Cipramil).

Unfortunately it is hard to predict who will respond to which medication and who will have side effects. Side effects should be reported to your doctor and/or Pharmac or the drug company distributing the drug.

The TCAs also affect other neurotransmitter systems which in some people can cause unwanted side effects such as weight gain, dry mouth, constipation, drowsiness and dizziness. Nevertheless, TCAs can be very effective and are still useful for many people. Each TCA has a different pattern of side effects, so when one is not tolerated there is likely to be another that causes less of that side effect. Because of these side effects, it is necessary to start on a low dose and increase slowly over two weeks or more to reach the effective dose (usually about 150mg per day).

For more information on antidepressants refer to the medication section of the MHINZ booklet on Depression.

Medicine interactions

Most psychiatric medicines tend to react with each other when taken in combination. Your doctor will, where possible, limit the number of medications prescribed.
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 such as St Johns Wort) you are taking, as some taken together can be dangerous. You should not mix different types of antidepressants unless instructed by your doctor, as this could be very dangerous.

Complementary Therapies

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

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 a holistic approach. Complementary therapies often support a 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 or naturopath 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 Citizens 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.

Ministry of Health
133 Molesworth Street
PO Box 5013
WELLINGTON
Ph 04 496 2000 Fax 04 496 2340
Email EmailMOH@moh.govt.nz
Web www.moh.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

Mental Health Commission
PO Box 12479
Thorndon
WELLINGTON
Ph 04 474 8900 Fax 04 474 8901
Email info@mhc.govt.nz
Web www.mhc.govt.nz

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
Email office@sfnat.org.nz
Web www.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 (CYF). Look in your telephone directory under Government Agencies for contact details for your local CYF.

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

Refugee Services

AUCKLAND

Auckland Refugees as Survivors Centre	09 270 0870
Auckland Refugee and Migrant Service	09 276 6423

HAMILTON

Hamilton Refugee and Migrant Service	07 834 2052

WELLINGTON

Wellington Refugee and Migrant Service	04 384 6295
Wellington Refugees as Survivors Centre	04 384 7279

CHRISTCHURCH

Christchurch Refugee and Migrant Centre	03 372 9310
Christchurch Resettlement Support	03 377 0292

GROW

Mutual help mental health movement provides support to people with mental health problems. Friendship is the special key to mental health. Groups meet weekly and are open to all. Consumers run a 12 step programme of self- help / mutual help.

AUCKLAND
Ph 09 846 6869
Email national@grow.org.nz

CHRISTCHURCH
Ph 03 366 5890

DUNEDIN
Ph 03 477 2871
Email growdunedin@actrix.co.nz

Consumer movement and peer support

A growing number of people who have experienced a mental illness, and/or have used mental health services, are now part of the consumer movement. An important aspect of connecting to other people is the ability to draw hope from others' experiences. Having hope and a vision of wellness are recognised as key elements of recovery.

Auckland Regional Consumer Network
Consumer network for people living in the area from Kaitaia to the Bombay Hills.

762 Mt Eden Road
PO Box 10 256
AUCKLAND

Ph 09 623 1762
Fax 09 623 1762
Email networker@akconsumernet.org.nz
office@rcnet.co.nz

Madland Group
Midland Regional Consumer Network.

Current chairperson is Chris Hansen
29 Rimu Street
TAUPO

Ph 07 378 1172
Email itschris@reap.org.nz

Central Potential Inc
Consumer network of people living in Hawkes Bay, Wairarapa, Wellington, Porirua, Kapiti, Manawatu, Whanganui.

The Lighthouse
25 Clive Square
West Napier
HAWKES BAY

Ph 06 835 1604
Email onelight@xtra.co.nz

Southern Regional Consumer Network
Consumer network of people living in the South Island.

PO Box 13099
CHRISTCHURCH

Ph 03 365 4046
Fax 03 365 4047
Email scas@xtra.co.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 also contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.
www.mentalhealth.org.nz

The Australian Centre for Posttraumatic Mental Health
http://www.acpmh.unimelb.edu.au/about/default.html

The National Centre for Post Traumatic Stress Disorder
http://www.ncptsd.org/index.html
Includes PILOTS database

Post Traumatic Stress Alliance
http://www.ptsdalliance.org

Sidran Institute
http://www.sidran.org/

Trauma and Birth Stress
http://www.tabs.org.nz

The Post Natal Psychosis Support Group
http://www.pnpsupport.org.nz

Consumer support
http://www.rcnet.co.nz

Books

Children and trauma : a guide for parents and professionals by Cynthia Monahon. San Francisco, CA Jossey-Bass Publishers 1993
Teaches parents and professionals about the effects of trauma on children and offers a blueprint for restoring a child's sense of safety and balance. It also offers straightforward ways to help kids through tough times and describes warning signs in detail.

Coping with trauma : a guide to self-understanding by Jon G Allen. Washington, DC American Psychiatric Press 1995
An invaluable reference for trauma victim sand their families. All of the latest theories and research about trauma are summarized in an easy to read, stimulating, and unbiased manner for the lay reader.

I can't get over it : a handbook for trauma survivors by Aphrodite Matsakis. 2nd ed. Oakland, CA New Harbinger Publications 1996
This book directly addresses survivors of trauma. It explains the nature of PTSD and the healing process.

Post-traumatic stress disorders : concepts and therapy by William Yule, (ed.). Chichester, U.K. John Wiley & Sons 1999

Trauma and recovery by Judith Lewis Herman. New York BasicBooks 1997

A universally recognized classic in the field of psychology. This edition describes new research in the field.

Trauma and survival : post-traumatic and dissociative disorders in women by Elizabeth A. Waites. New York W.W.Norton 1993
This book integrates psychological, legal, sociological, and historical research findings, as well as the psychology of women that has evolved over the last 2 decades, and offers a new model of mental health that considers dissociation and post-traumatic syndromes as normal reactions to trauma and victimisation.

The trauma response : treatment for emotional injury by Diana Sullivan Everstine, and Louis Everstine. New York W.W. Norton 1993
The purpose of this book is to help clinicians identify, measure and treat emotional trauma. It is generally intended for professionals who work in the mental health field.

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
81 New North Road, Eden Terrace
AUCKLAND 1003
Ph: + 64 9 300 7010 Fax + 64 9 300 7020

Resource Centre Ph: + 64 9 300 7030
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
DelusionalDisorders
Dementia
Depression
Depression in Children and Young Adults
Obsessive-Compulsive Disorder
Panic Disorder
Personality Disorders
Phobias
Post-Traumatic Stress Disorder
Postnatal Depression & Psychosis
Problems with Tranquilliser Use
Schizophrenia
Separation Anxiety Disorder
Solvent and Inhalant Problems
Smoking and Mental Health
Tourette Disorder