



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Taranua

MENTAL HEALTH & **ADDICTION SERVICES**



MidCentral District Health Board | Te Pae Hauora o Ruahine o Taranua

INFORMATION BOOKLET

ACUTE CARE TEAM (ACT) 0800 653 357 (24 hour Service)

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INTRODUCTION

This information booklet gives you general information about MidCentral Mental Health & Addiction Services and tells you how to find more information if you want to.

We are committed to working in partnership with you, while you support your family/whānau member on their journey to improved wellbeing.

We hope this information is useful to you. There are a range of Community Mental Health and Addiction Teams which provide a range of assessment and treatment services for people aged 0–65+ years who experience problematic mental health and/or addiction.

Going to Hospital

Acute mental distress may require a stay in hospital sometimes. Although the length of stay in hospital is hard to predict at admission, this is likely to be for a few days or weeks. MidCentral Mental Health & Addiction Service strives to place emphasis on treatment and recovery in the familiar surroundings of people's own community.

Your family/whānau member will be admitted to hospital only if they are severely troubled by symptoms and require hospital care for a while. As stated above, if it is at all possible we strive to treat your family/whānau member in their community.

VOLUNTARY OR INVOLUNTARY ADMISSION

If the psychiatrist or other treating professional recommends that your family/whānau member needs hospital treatment, and they agree to be admitted, this is called a voluntary admission.

If your family/whānau member, a friend or a relative think they need to go into hospital, then don't hesitate to ask for help from the Community Mental Health and/or Alcohol & Other Drug Team. It will help if you can give concrete reasons why you think the person needs hospital treatment, with examples of things they have been thinking or doing which support this.

If the treatment team does not think that hospital treatment is necessary, or if the hospital is unable to admit them, then the team in partnership with you and your family/whānau member will try to make sure they get maximum support from community and Mental Health & Addiction Services that are available in your area.



COMPULSORY OR INVOLUNTARY ADMISSION

If the psychiatrist or other treating professional recommends that your family/whānau member needs hospital treatment and your family/whānau member does not agree, it is possible for them to be admitted without their consent under certain circumstances. The exact circumstances vary from person to person, but in general a person is admitted for their own wellness or safety, or for the protection of others. This must be due to the severity of the symptoms, which cannot be treated in the community.

MAKING IT EASIER

It may help if your family/whānau member takes some of their own things with them, such as nightwear, books and other personal possessions (not too valuable, in case they are lost). Keeping up personal contact with family, whānau and friends may also help to make it easier. Ask relatives or friends to visit your family/whānau member or stay in touch with them by telephone. When your family/whānau member leaves hospital, the Acute Inpatient Unit have a duty to link them (and you) in with the most relevant Community Mental Health and/or Addiction Team and help with practical matters such as accommodation, income and other support.

WHAT IS RECOVERY

The word 'Recovery' is now widely referred to in mental health and addiction. However the meaning is not always understood. When you 'recover' stolen property you get back what you lost and 'recovery' from a broken leg is generally full restoration of your ability to walk. When you hear mental health professionals speak of recovery you may assume that your family/whānau member will get better and be cured. However, recovery is not about arriving at a 'recovered' place. It's about a process of a journey that is unique to the person who is going through it.

Recovery involves people having a personal vision of the life they want to live, seeing and changing patterns, discovering that symptoms can be managed and how to manage them, finding new ways and reasons for doing it, doing more of what works and less of what doesn't. Recovery is reclaiming the roles of a healthy person i.e. worker, lover, parent, friend, tenant, homeowner rather than living life as a 'sick' person and recovery is about the process of getting there. Some people have said it's about 'having a life worth living' moving beyond perceptions of disability which can perpetuate self-limitations.



KEY CONCEPTS OF RECOVERY

Hope: Belief that change and a better life are not only possible, but also attainable.

Personal Responsibility: Not counting on others to solve one's personal life problems or cure the disorder.

Self Determination: Re-establishing control over one's personal life, rights and responsibilities.

Education: Learning about the disorder, one's self, what can be done and what help is available.

Support: Assistance from peers, friends, family/whānau and professional health/mental health and addiction workers.

Meaning, Purpose and Direction: Having and making choices about one's life, be it vocational, social, spiritual or personal. Having a reason to get up in the morning, knowing one has a valued place in the community. Cultivating and maintaining healthy and loving relationships.



The Place of Family/Whānau in Recovery

So where do families/whānau fit into this process of recovery? For most people having a life worth living involves quality, mutually satisfying time spent with family, whānau and friends. As family/whānau, it is most important to remember that you are there in the person's life because you care. That ongoing commitment to, knowledge of and concern for this person experiencing mental distress belongs in the domain of family, whānau and friends. Boundaries and geographical locations will generally never get in the way of that commitment.

It is also important for family/whānau to realize that as much as they would like to they are not able to make their loved one recover. It is true that recovery is a unique process or journey that resides within the person. Support to recover is often vital, but it is not something you can do for someone else. However the environment created by those who live and interact with that person can significantly impact on that person's recovery in all sorts of ways.



Helpful Skills for Family/Whānau

Listening Skills – being able to tune in empathetically to the other person.

Self Awareness – being aware of your own needs and feelings.

Assertive skills – being able to communicate our feelings, thoughts and beliefs in an open, honest manner without violating the rights of others.

Problem Solving Skills – being able to identify a problem and come up with possible ways to solve it

“We do remember that even when we had given up, there were those who loved us and did not give up. They did not abandon us, they were powerless to change us and they could not make us better. They could not climb this mountain for us, but they were willing to suffer with us. They did not overwhelm us with their optimistic plans for our futures, but they remained hopeful despite the odds. Their love for us was like a constant invitation, calling us forth to be something more than all of this self-pity and despair.”

Excerpt from “Recovery: The Lived Experience of Rehabilitation” by Patricia Deegan (1988) article from Psychological Rehabilitation Journal, 11(4), 11–19.

Understanding Compulsory Treatment

Why people are sometimes treated without their Consent?

Most people agree to receive treatment from our service. We always prefer to work together with a person, their family and whānau. It is only when there is no possible alternative that people are sometimes treated without their consent. All such compulsory treatment is very tightly regulated by a special Act of Parliament, the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Amendment 1999. People affected by this Act can be treated whether in the hospital or in the community.

This Act says that compulsory treatment should only occur when a person is suffering from an abnormal state of mind that must be characterized by delusions, or by disorders of mood, or the way a person experiences things, or motivation or thoughts, of such a degree that it either:

Poses a serious danger to the health or safety of that person or to others

OR

Seriously diminishes the capacity of that person to take care of themselves and there is no other way of preventing serious harm from occurring to themselves or to another person.

Who decides whether my Family/Whānau member should be treated without their Consent?

It is the role of psychiatrists and other treatment team members to consider all the information available, and to make the decision to treat someone without their consent. It is then the Family District Court Judge's role to confirm that this decision is fair and reasonable. A Judge's Hearing is not a criminal procedure. It is a review of your family/whānau member's condition by a Judge.

What is the role of Family/Whānau ?

Staff involved with the treatment and care of your family/whānau member may ask you for information about your family/whānau member, their illness and the impact this illness has on your family/whānau member and the people around them.

What Rights does my Family/Whānau member have?

The doctor or nurse admitting your family/whānau member must give them information explaining their rights and entitlements. You are welcome to ask for additional copies of this form from the treatment team (with your family/whānau members consent).

What Rights do Family/Whānau have?

The Family/Whānau has a number of rights in these circumstances.

Every Service User who is treated under the Mental Health Act is assigned a Responsible Clinician. This is a person who will be in charge of their treatment. Responsible Clinicians are usually Psychiatrists and they are obligated (where practicable) to consult with family whānau at all stages during the process of compulsory treatment. This includes things, such as being informed:

- ♦ When your relative is admitted without their consent.
- ♦ About the time, place and outcome of the Judge's hearing and the right to be present at the Hearing.

For further information please speak to a staff member, or contact the District Inspector. The District Inspector is a lawyer appointed by the Ministry of Health to ensure that Service User rights are upheld while they are receiving treatment under the Mental Health (Compulsory Assessment and Treatment) Act.



Can I get Independent Advice about Mental Health Act Processes?

When treatment is provided without a person's consent it is the Service's responsibility to be sensitive to the issues that this may raise for the person and their family/whānau.

If you have any questions, you can refer them to your family/whānau member's Nurse, Keyworker, Charge Nurse (Inpatient setting), Social Worker or Responsible Clinician (Psychiatrist).

Statement of Rights

As Family/Whānau of MidCentral Health Service Users you are entitled to the following:

- To be Treated with Respect
- To Support
- To Education
- To Information
- To Ask Questions
- To Effective Communication
- To Comment, Compliment and Complain



Medication



Taking medication is one positive thing your family/whānau member can do to fight back against the negative effects of mental illness. Understanding how it works, and making sure the family/whānau member's doctor understands how well it is working for them, helps get the best possible benefit from it. You should get full information about the medication at the time of prescribing.

Doctors have a duty to prescribe the most effective medication and ensure any unwanted effects are kept to a minimum. They can only do this, though, if told as clearly as possible how well the current medication is working. This is an important contribution you as a family/whānau member can make to the effectiveness of their treatment.

It can be useful for the team to know if you have observed any adverse reactions to past psychiatric medications.

With some medication it can be a few weeks before it starts to fully take effect and reduce unwanted symptoms. Once the best medication for your family/whānau member has been established, effectiveness of the medication will be reviewed on a regular basis, as decided by the treatment team.

What happens if my Family/Whānau member does not take the prescribed Medication?

If your family/whānau member stops taking their prescribed medication, their symptoms may come back. Try to find out why they have stopped. If you have any concerns contact their doctor or keyworker.

Side Effects?



Medications can cause unwanted side-effects, especially at first. These show that the medication is being absorbed by the body. Side effects for different medications do vary, so it is important your family/whānau member know what to look for – do ask the doctor. If your family/ whānau member is worried in any way about the effects of their medication, please get them to tell their doctor straight away. There are special medications, which can be prescribed to help control side effects, as well as various practical steps (such as taking a medication that makes a person drowsy before they go to bed at night, instead of during the day).

Some family/whānau members and people who experience mental distress are concerned about the effectiveness and/or the side effects of psychiatric medication. However it is only one of a range of options offered by Mental Health & Addiction Services to help people manage their symptoms and recover.

Family & Whānau Meeting



The family/whānau meeting is an opportunity to meet with staff and for you to share your understandings, observations, to ask questions, to assist in treatment planning and to discuss what support might be required for your family/whānau member and yourselves. The word family/whānau is used here in the broader sense to include relative, friend, support person or caregiver.

Tips for a Meeting

- ◆ What level of disclosure do you have? (Permission from Service user to share information)
- ◆ It is important to clarify the purpose of the meeting with staff so that you can appropriately prepare.
- ◆ Clarify who will be attending.
- ◆ It is useful to have prepared questions before the meeting. What you have noticed.
- ◆ It may not be a good idea to rely on your memory or you may come away from the meeting with questions unanswered because at the time you forgot to ask.
- ◆ You may wish to have a support person with you when attending the meeting.
- ◆ Discuss any issues you may have around the confidentiality of the information.

Questions you may wish to Ask:

What Is Happening? (Initial Assessment)

- ◆ Things we have noticed.
- ◆ What we think has led to this episode.
- ◆ What does staff believe is happening?
- ◆ The concerns that you have and how these might be best addressed.
- ◆ What tests have been done and what further tests will be required?
- ◆ Will a diagnosis be made?
- ◆ What has lead to this diagnosis?
- ◆ Where can we get information about the illness?
- ◆ How do we get a second opinion if we want one?

Privacy of Information

To ensure all information about Services Users and their family/whānau is maintained based on the privacy principles established in the Privacy Act 1993.

Any information you may disclose will be in confidence.



What Do We Do Now? (Treatment & Care)

- ◆ What are the aims of treatment?
- ◆ Who will be involved in the treatment?
- ◆ Can we have input into the decisions around treatment options?
- ◆ What supports are available to assist the Service User during treatment?
- ◆ What are the treatment options?
- ◆ What can we do to help?
- ◆ How can we receive a copy of the treatment plan and if relevant, a crisis and relapse prevention plan?
- ◆ Who do we contact if we have any concerns?
- ◆ How do we contact the psychiatrist?
- ◆ Will medication be used and why?
- ◆ What are the side effects?
- ◆ How long will medication need to be taken?
- ◆ What will happen if the medication is stopped?
- ◆ What are the signs that the dosage may need changing?
- ◆ Will it cost anything?
- ◆ Can we have written information regarding the diagnosis and medication/s?

Discharge

- ◆ What follow up will there be after discharge?
- ◆ Can we re-access this service?
- ◆ How can we receive a copy of the discharge summary and crisis/relapse prevention plan?

Keeping in Contact

- ◆ The names and phone numbers of the key support persons and the best way for the treatment team to make contact.
- ◆ How often will there be meetings?
- ◆ Is there a key contact person we can speak to?
- ◆ Who do we contact in an emergency?



Community Mental Health & Addiction Team

A multi-disciplinary team works together to provide services to Service Users, their family, whānau and friends. Not all staff in the team will necessarily be involved with your family/whānau member, depending on each individual's needs. Your family/whānau member's keyworker is your main contact person with the Community Mental Health and/or Addiction Team. Other staff may provide you with ongoing information and support throughout your contact with us.

The clinical teams usually include doctors (psychiatrists and doctors training to be psychiatrists), community mental health nurses (CPN), social workers, occupational therapists and clinical psychologists. Some teams also include Alcohol & Other Drug clinicians and support workers. MidCentral District Health Board is a training organisation for health professionals, therefore your family/whānau member may be asked if students can participate in their care. They have the right to refuse this if they wish, without the risk of this affecting their care.



Keyworker

Most Service Users of a MidCentral Mental Health and/or Addiction Team will be allocated a Keyworker. This is a clinical staff member who is the main contact person for your family/whānau member and you, who has responsibility for co-ordinating your family/whānau member's care. The Keyworker will co-ordinate referrals to other services in the community, including mental health and addiction support services, and work with your family/whānau member to develop an Integrated Care Plan that identifies their needs and how best to meet them.





Acute Care Team (ACT)

The Acute Care team is part of the service and available 24 hours a day (for new referrals to the service). This team deals with mental health emergency situations and are skilled in emergency assessment and treatment, either in the client's home or an alternative setting, for example a mental health respite service. If a person needs to be admitted to hospital, the Acute Care Team will arrange this and stay with the person until they are admitted to hospital.

If it's necessary to protect the safety of the client or others, crisis nurses can function as a Duly Authorised Officer (DAO) under the Mental Health Act. Within the role, they have the legal authority to safeguard a client's legal rights and physical wellbeing as well as ensuring their mental health is assessed. Duly Authorised Officers are also required to give families/whānau advice about how the Mental Health Act works.

Acute Care Team staff work closely with other health professionals including GPs, agencies such as the Police and families/whānau to support Service Users to remain in their community wherever possible. If necessary, they can also arrange for a person to receive crisis respite. The ACT service is located in the community village and is fully staffed by experienced mental health clinicians.



What to do in a Crisis

For many people with mental distress and their families, whānau crisis situations occur occasionally and for some people and their families/whānau they occur more frequently. In a crisis it is often difficult to make decisions about who to contact and when.

Preparing for a Crisis that hasn't happened yet?

1. Be aware of and familiar with your family/whānau member's Integrated Treatment & Crisis/Relapse Prevention Plan.
2. Recognise early warning signs for your family/whānau member, these are different for each person. It is important that both you and your family/whānau member understand the early warning signs that may indicate a possible crisis. You need to watch for changes in daily routine, mood and behaviour. Pay attention if your family/whānau member is making too many changes at once
3. Take action as soon as you notice any worsening of your family/whānau member's illness. Contact your family/whānau member's keyworker or a member of the treatment team. They can help to plan for how the crisis may be managed, while minimizing the negative impact on everyone involved.

Looking After Yourself

The Impact of Caring

Whether it happens suddenly, or comes on over time, caring brings with it personal upheaval. In order for us to keep on caring, it is essential that we pay attention to our own needs, as well as those for whom we care. We need time to adjust and sometimes, just time out.

Sometimes slowly, sometimes suddenly, we discover we have become responsible for the primary care and support of someone we love. It is part of the relationship we have with that person, part of being a parent, wife, husband, child or friend. However, disability and illness can alter the nature of this relationship. Invariably, the stress generated by this change is in addition to the responsibilities we already have.

Caring has a major impact on our lives. It is important not to let it take away your freedom, put family/whānau relationships under strain or deprive you of your friends and social activity



Tips To Help You Cope

Looking after yourself is essential if you want to continue to provide care and support to someone else.

1. **Information** : Find out what you can about the illness and what to expect, be prepared and ask questions.
2. **Resources** : The amount and type of resources available to family/whānau is increasing. Staff can assist you to locate the resources that will be helpful to you and your family/whānau.
3. **Support Groups** : Join a support and information group so you can share your experience, build your knowledge and confidence at the same time.
4. **Speak Out** : Ask questions and don't stop until you think you have the answers you need. Be clear in telling others what you want from them. Be specific as you can when asking for help. Tell them what does and doesn't help.
5. **Feelings**: Expect to have powerful and mixed emotions. Try not to bottle them up. Find someone who understands and speak with them regularly.
6. **Look After Yourself**: Make sure you don't neglect your own physical and mental health. Eat healthy, a nutritious diet and get adequate rest.
Don't put off going to the doctor if you need to.

Helping Parents & Children Deal with Mental Distress



It is important to let Mental Health & Addiction staff know if there are children in the family/whānau. They can help in giving information about the illness and providing support to the whole family/whānau.

How can children be affected by a Family/ Whānau member's Mental distress?

Some children cope well when their parent, brother or sister is experiencing mental distress, however, this may not always be the case. Children may have difficulty understanding what is happening when a member of the family/whānau experiences mental distress. The younger the child, the greater the chance that it will be hard for them to make sense of what is going on around them. Children may feel confused, frightened or somehow believe that what is happening is their fault.

If it is a child's parent who is unwell, it is especially important for other family/whānau members to check how a child is coping and how their needs are being met. Many parents with mental distress are able to meet their child's needs. However, in some situations children's needs may be overlooked. In some circumstances a child may be at risk of being physically or emotionally harmed.

How can you tell if a Child is affected?

Children show their distress in many different ways. Younger children become withdrawn or more naughty than usual. Their school work may be affected. Children may start behaving as though they were younger than their age. For example they might wet their bed after growing out of this some time ago. Other children may over achieve or take on an adult role. Older children and adolescents may spend more of their time away from home or increase their use of alcohol or other drugs.

What can be done to help?

Parents should ask for help. There is no reason to feel ashamed or embarrassed. Parents have told us the three main things that assist them are:

1. Support, understanding and acceptance from family/whānau, friends and health professionals.
2. Knowledge about the illness
3. Regular Medications

Children need to know that what is happening in the family is not their fault. They need to be given information that is appropriate to their age, to help them understand what is happening around them.

Child Care

It is important to plan for the care of children if the parent is unwell, needs respite care, or requires an inpatient admission. It is also important that the care is provided by people the children can trust and that there are not too many changes in caregivers.

Finding appropriate childcare can be difficult.

Who else can help?

It may be useful to let the child's school know. Teachers, public nurses and school counsellors may be able to offer additional support to the child.

Please talk with the treatment team if you require additional information and support options.



Privacy of Information

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Any information you may disclose will be in confidence.

Family & Whānau Advisor (MHAS)

MidCentral Mental Health & Addiction Services
Resource Team

Kauri Building (Community Village)

Palmerston North

(06) 350 8170

Email : joanne.henare@midcentraldhb.govt.nz

Manawatu Supporting Families

Palmerston North Office

160 Cuba Street

Palmerston North

(06) 355 8561

Levin Office

58 Bath Street

Levin

(06) 368 6116

Dannevirke Office

40 Denmark Street

Dannevirke

(06) 374 8797

Resources for Parents & Children

The Family Focus DVD: This DVD helps parents start conversations with their children about their mental distress. www.copmi.net.au

Piecing the Puzzle Together: Raising young people when mental distress is part of your life: This booklet contains helpful ideas about being the best parent you can when you are not as well as you would like to be. www.copmi.net.au

When your parent has a mental illness: A booklet for teenagers. It helps young people to better understand their parent's mental distress, answering common questions that they have. www.copmi.net.au

When someone in your family has a mental illness: Innovative support resource for 8–12 year olds, giving understanding, strategies to cope and ways to keep safe and ask for help. www.skylight.org.nz

How can I help my child? : This guide helps parents to reflect on mental distress and symptoms and offers practical tips on how to build child and family resilience. www.copmi.net.au

Resources for Parents & Children

The getting stronger game: A resilience building game for young people (8–14 years) who are facing tough times.

www.skylight.org.nz

Ruby's Dad This is a story for children 6–11 years whose parents or relative has a drinking problem. An honest encouraging story to help children and families talk about alcohol and how it can affect family life.

<http://order.hpa.org.nz/products/ruby-s-dad-parents>

Understanding and Managing Mental Illness: For dads with kids in mind: A resource for Dad's about understanding signs and symptoms, finding treatment, telling others, living with and recovering from Mental Illness.

www.copmi.net.au

The Best for Me and Baby: Managing mental distress during pregnancy and parenthood. www.copmi.net.au

When your grandchild has a parent with a mental illness:

Grandparents often step in to help care for their grandkids, or even become full time parents for the second time around. www.copmi.net.au

Family Whānau Supports

Community Based

Aged Concern Manawatu	06 355 2832
Alcoholics Anonymous.....	0800 229 6757
Barnardos Family Support Service	06 358 4929
Best Care (Whakapai Hauora)	06 353 6385
Disabled Persons Assembly (DPA)	06 357 9877
Highbury Whānau Resource Centre	06 358 0504
Horowhenua Age Concern	06 367 2181
Manawatu Supporting Families	06 355 8561
Parentline Manawatu	0800 4 FAMILY
Pasifika Clinical Consult Liaison Service	06 350 9155
Problem Gambling Foundation of NZ	06 357 5959
Public Health Suicide Prevention Coordinator...	06 350 9110
Rangitane o Tamaki Nui a Rua	06 374 6860
Raukawa Whānau Ora Services.....	06 368 8678
Youth One Stop Shop (YOSS)	06 355 5906

Maori Iwi Supports

Best Care (Whakapai Hauora) Charitable Trust	06 353 6385
Highbury Whānau Resource Centre	06 358 0504
Kia Piki Te Kaha (Suicide Prevention/Postvention)	06 353 6385
Muaupoko Tribal Authority Inc.....	06 367 3311
Oranga Hinengaro Māori Mental Health	06 350 9155
Rangitane o Tamaki Nui a Rua.....	06 374 6860
Raukawa Whānau Ora Services.....	06 368 8678
Raukawa Māori Wardens	06 354 9107
Whaioro Trust	06 354 0670

Whānau Ora Services

Best Care (Whakapai Hauora) Charitable Trust	06 353 6385
Muaupoko Tribal Authority Inc	06 367 3311
Rangitane o Tamaki nui a Rua	06 374 6860
Raukawa Whānau Ora Services.....	0800 742 666
Te Tihi Whānau Ora	06 354 9107
Te Wakahuia Manawatu Trust.....	06 357 3400

Useful Websites

Mental Health

Health & Disabilities Commission..... www.hdc.org.nz

Manawatu Supporting Families..... www.manawatusf.org.nz

Mental Health Commission www.mhc.govt.nz

Mental Health Foundation www.mentalhealth.org.nz

Psychosis Website www.mindnz.co.nz

Addiction

Alcohol..... www.alcohol.org.nz

Health Promotion Agency..... www.hpa.org.nz

Matua Raki..... www.matuaraki.org.nz

Narcotics Anonymous..... www.nzna.org.nz

Youth/Rangatahi

Headspace..... www.headspace.org.nz

The Werry Centre..... www.werrycentre.org.nz

Youth One Stop Shop..... www.yoss.org.nz

Useful Websites

Māori

Te Rau Matatini..... www.teraumatatini.com

Te Tihi..... www.tetihi.org.nz

Whaioro Trust..... www.whaioro.org.nz

Pacifika

Le Va..... www.leva.co.nz

Pacific Health..... www.cphi.org.nz

Refugee & Migrant

Manawatu Multicultural Centre..... www.mmcnz.org.nz

Red Cross..... www.redcross.org.nz

Refugee Health..... www.refugeehealth.govt.nz

Others

MALGRA (Manawatu Lesbian & Gay Rights)...www.malgra.org.nz

Pflag (Parents & Friends of Lesbian & Gays). www.pflag.org.nz

Kina Trust..... www.kina.org.nz

CONTACTS

MHAS Family & Whānau Advisor	(06) 350 8170
Manawatu Supporting Families	(06) 355 8561
Actue Care Team	0800 653 357
Police	111
District Inspector (Mental Health Act)	0800 118 393
Ward 21	(06) 350 8160
Star 1 (Older Adult Mental Health)	(06 350 8492

Your Rights & Responsibilities

when receiving health and disability services from MidCentral Health

1



Respect

You should be treated with respect, including respect for your personal privacy, including your cultural, religious, social and ethnic needs, values and beliefs.

2

Fair Treatment

You should be free from discrimination and services should be delivered without coercion, harassment or any form of exploitation.

3

Dignity & Independence

Services should be provided in a way that respects your dignity and independence.



4

Proper Standards

You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.

5

Communication

You have the right to be listened to and information should be given in a form, language and manner which you can understand. When reasonably practicable, an interpreter should be available.

6

Information

You should always be given an explanation of your condition and your options – including the expected risks, side effects, benefits, costs and an estimate of when you will receive a service. You can also ask any questions to help you get all the information you need.

7

It's Your Decision

Anything to do with your health is up to you – you can say no or change your mind at any time. In circumstances where services have to be delivered without your consent, they should be in your best interest.



8

Support

You may have a support person or people of your choice with you, as long as it is safe and other consumers' rights are not unreasonably affected.



9

Teaching & Research

All of these rights apply when you are being asked about or taking part in teaching or research.

10

Complaints

It is OK to complain – your complaints help improve our service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.