

TE RŪNANGA O
NGĀ WAIRIKI
NGĀTI APA



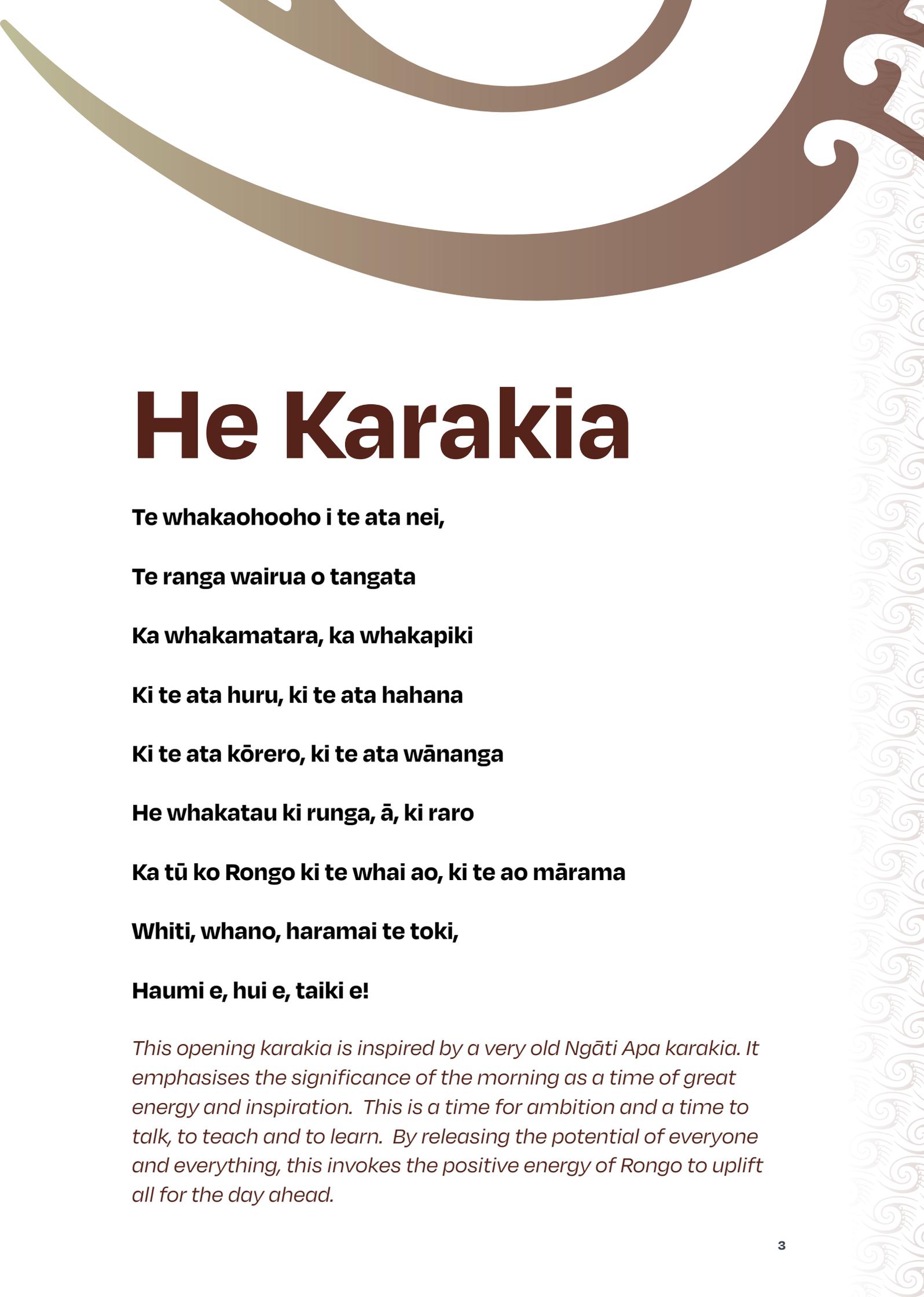
**A Report on the
Impacts of the
Lake Alice Psychiatric
Hospital on the Health
and Wellbeing of the
Whānau, Hapū and Iwi
of Ngā Wairiki and
Ngāti Apa**



Cover image background:

The carving on the front cover is called "Tutaeporoporo". Tutaeporoporo was the mokai of one of our ancestors named Tuariki. The carving depicts Tutaeporoporo at a time when he was considered a formidable taniwha and had extended revenge against people on the Whanganui River who had killed Tuariki. His victims can be seen in the carving with Tutaeporoporo. This carving hung in the secure unit at the Lake Alice Hospital until it was given to the iwi when the unit was closed down. This carving is an apt metaphor for Lake Alice itself, which for a period of time was like a Taniwha, containing and in many cases harming people who the institution was supposed to help.

This report has been completed by a team of iwi researchers for Te Runanga o Ngā Wairiki/Ngāti Apa including Grant Huwiler, David Armstrong, Chris Shenton, Leanne Hiroti, Cheryl Smith, Andre McLachlan.



He Karakia

Te whakaohoho i te ata nei,

Te ranga wairua o tangata

Ka whakamatara, ka whakapiki

Ki te ata huru, ki te ata hahana

Ki te ata kōrero, ki te ata wānanga

He whakatau ki runga, ā, ki raro

Ka tū ko Rongo ki te whai ao, ki te ao mārama

Whiti, whano, haramai te toki,

Haumi e, hui e, taiki e!

This opening karakia is inspired by a very old Ngāti Apa karakia. It emphasises the significance of the morning as a time of great energy and inspiration. This is a time for ambition and a time to talk, to teach and to learn. By releasing the potential of everyone and everything, this invokes the positive energy of Rongo to uplift all for the day ahead.



Distressing Content Warning

Some of the content in this report contains explicit descriptions of abuse and neglect and may evoke strong negative, emotional responses for readers. Although this response may be unpleasant and difficult to tolerate, it is also appropriate to feel upset. However, if you or someone in your close circle needs support, please contact your GP or healthcare provider.

Table of contents

He horopaki - Context	7
Introduction	8
Ngā Wairiki me Ngāti Apa.....	9
Lake Alice Psychiatric Hospital	11
Considering the nature of historic abuse	12
Research methodology and methods.....	14
Ko te whenua	19
Ngā Wairiki me Ngāti Apa connection to the land	20
Otakapou	21
The Otakapou Reserve	23
The Lake Alice Hospital site.....	26
History of transactions for this land	28
Iwi attempts to land bank the site.....	30
Ko te taiao	31
Formation of a unique landscape	32
Historical aspect of the whenua at Lake Alice.....	32
The altered landscape of Rotowhero (Lake Alice) and the Rangitīkei	34
The desirable landscape of the dune lakes.....	38
The formation of an effluent lake.....	39
An ancestral landscape that is unrecognisable	40
Ko te tāngata: The impact on tangata whaiora and whānau.....	41
Telling our own story	42
Theme 1: The trauma of transitioning from a tangata whaiora (person seeking wellbeing) to a patient of Lake Alice Psychiatric Hospital	43
Theme 2: Disempowering whānau: Lake Alice Psychiatric Hospital not engaging with whānau	64

Theme 3: Lake Alice Psychiatric Hospital as a footprint of colonisation in the rohe of the Southern Rangitīkei.....	71
Theme 4: The poisoning of the whenua.....	81
Theme 5: Pathways to healing.....	87
He whakakapinga me he tirohanga whakamua - Conclusion and recommendations.....	101
Underfunded māori mental health services	102
Lake Alice – a name and a place synonymous with trauma and pain.....	103
Rotowhero – Otakapou – once a place of gathering and abundance.....	104
Ongoing risk of pollution at Lake Hickson.....	105
Whānau access to files and information.....	105
Rūnanga statement to the Royal Australian and New Zealand College of Psychiatrists (RANZCP).....	106
Bibliography.....	107



He horopaki -

Context

He horopaki - Context

Introduction

The Lake Alice Psychiatric Hospital was built within the tribal domain of Ngā Wairiki and Ngāti Apa during a period when these Iwi institutions were almost completely oppressed and disempowered by colonisation. Lake Alice became a prominent feature on the landscape, visible from State Highway 3, from the time of its first construction in 1950 through to its closure in 1999. It is indisputable that children and youth, and some of our countries most vulnerable people became victims of heinous abuse whilst in the “care” of this institution. The Iwi wishes to acknowledge the trauma and pain that was inflicted on so many people and whānau, and acknowledges the stories of the survivors. Most recently, these stories were shared with the Commission at the Lake Alice hearings in 2021.

The purpose of this report is to provide an account of the particular impact that the Lake Alice Psychiatric Hospital had on the whānau, hapū and Iwi of Ngā Wairiki and Ngāti Apa.

It is important to Te Rūnanga o Ngā Wairiki – Ngāti Apa to emphasise that this report was commissioned and completed within very tight timeframes under an agreement between Te Rūnanga o Ngā Wairiki - Ngāti Apa and the Abuse in Care - Royal Commission of Inquiry. The reason that the Rūnanga agreed to undertake the work in this circumstance is that the opportunity was presented with great sincerity by representatives of the Royal Commission, and the Rūnanga representatives could see an opportunity to do something quite special to advance Iwi interests in Lake Alice, and tell an Iwi story. The timeframes have limited the ability of the Rūnanga to collect the stories of more Ngā Wairiki and Ngāti Apa survivors and whānau.

Ngā Wairiki me Ngāti Apa

Ngā Wairiki and Ngāti Apa are two inextricably linked iwi identities whose combined mana whenua extends from Omarupapako ki Motukaraka on the coast, and inland to Otairi. These Iwi and their hapū, marae and whānau are rapidly re-building, developing and strengthening themselves across a broad range of activity in pursuit of positive outcomes for Iwi membership, and communities living within their tribal domain.

The Ngā Wairiki and Ngāti Apa identities and people stem from two highly esteemed ancestors named Paerangi and Apa-Hapai-Taketake. Paerangi comes from the foot of Ruapehu. His descendants spread and carried his name across almost the entirety of the Whanganui, Mangawhero, Whangaehu and Turakina catchments. Those of his descendants who settled on river flats of the lower Mangawhero, the central and lower Whangaehu and Turakina Rivers, became known as the people of the small rivers, Ngā Wairiki.

Apa-Hapai-Taketake is from the Bay of Plenty. Over generations, his descendants spread south. Pockets of his descendants can be found along the migration path, from Murupara / Ngāti Manawa to Ngāti Hineuru and down to Ngāti Apa in the Rangitīkei district, and over Te Moana o Raukawa (Cook Strait) to Ngāti Apa ki te Ra To. The Ngāti Apa people occupied the Rangitīkei and through substantial intermarriage and a range of circumstances, the two peoples of Ngā Wairiki and Ngāti Apa became substantially inseparable.

Within both Iwi were a range of hapū who were distinct, having their own papakāinga, customs and traditions, occupying different parts of the overall tribal domain.

These people were impacted badly by colonisation with early land transactions accounting for the loss of the best land to European settlers earlier than what many other Iwi experienced. This led to the rapid change in lifestyle and dislocation, with associated loss of language and culture. Today only three historic hapū Marae remain and the great majority of Iwi members now reside outside the tribal domain.

The site of the Lake Alice Hospital was originally held under the custodianship of the Ngā Ariki division of Ngā Wairiki me Ngāti Apa, an association between iwi and whenua that preceded the arrival of settlers and one that remained in place through times of peace and conflict that Ngā Wairiki and Ngāti Apa ancestors endured over the past 200-300 years. An historical account of the impact that the Crown and successive governments and legislation have had on the predominantly landless descendants of Ngā Wairiki and Ngāti Apa is described succinctly in the Ngāti Apa

(North Island) Deed of Settlement (Oct 8, 2008). The process of land transactions in the 1840's, was swift and led to the promise of iwi reserves and mutually beneficial relationships between Ngā Wairiki me Ngāti Apa and settlers. But by the early 1870's the growing concerns of iwi leaders failed to be heard by the Crown as legislation including the Native Lands Act (1862), the establishment of the Native Land Court and the Native Reserves Act (1873) quickly led to increased alienation of Māori land and the loss of 99% of whenua once occupied by Ngā Wairiki me Ngāti Apa.

Lake Alice Psychiatric Hospital

Lake Alice Psychiatric Hospital was the only facility that provided psychiatric care in the Manawatū, Rangitīkei and Whanganui districts up until 1982 when Te Awhina was opened at Whanganui hospital. It was built in 1950 to run a regional service of psychiatric safe, medium, secure and long term care. In the 1960s Lake Alice ran the country's only maximum security care. The hospital had a number of long stay wards. Care was by psychiatric nurses. By 1965 the patients were overflowing.

Lake Alice was finally closed in 1999 but no data exists of Māori within Lake Alice that we are aware of, however observations by Māori staff that were interviewed said that in the 1990s - Māori health staffing was low, they were predominantly entry level only. One staff member noted that approximately 90% of the nurses were Pākehā but by the 1990s nearly 50% of patients were Māori (Staff interview). Another stated that the percentage of clinical Māori staff was about 5% (Staff interview). Within the National Secure Unit, Villa 14 or Waiohine as it later became known most of the tangata whaiora were Māori (Staff interview). It was a separate unit run by the Ministry of Health. The first Māori registered nurse in Lake Alice came from the iwi. When he was appointed he began from his clinical role to assist in increasing cultural expertise through kaumātua visits and cultural appointments. Prior to the end of the 1980s whānau were rarely included with treatment of tangata whaiora (Staff interview).

Considering the nature of historic abuse

As whānau, hapū and iwi, the Ngā Wairiki and Ngāti Apa people have collectively suffered intergenerational historic abuse right from the signing of Te Tiriti o Waitangi. Some of the key historical events and their traumatic consequences have been outlined in the Treaty settlement processes. By looking at crown records, the Iwi learnt that the lower Rangitīkei district was identified and targeted very early on by land speculators as prime pastoral land. The Rangitīkei Turakina Transaction occurred in the 1840s at the same time as the Wellington land sales. Land was very much a commodity in this early phase as land was bought and sold to incoming settlers, with the government realising significant margins that helped fund the colony during this early phase.

As with most iwi, the dispossession of whenua continues to be a gaping wound. Whānau can trace back ways that occupation of land, access to kai and cultural ways of living has diminished through multiple generations. Dispossession of land happened alongside of the removal of knowledge and language. Loss of land and language has taken a toll on the outcomes for the hapū that occupied these lands. From the beginning of colonisation we also suffered the abuse of racism as it has played out in the marginalising of the mana and status of our hapū and iwi over the 180 years since our tupuna signed Te Tiriti o Waitangi.

Like all iwi we have experienced intergenerational impoverishment of our people into the highest poverty statistics and the poorest health statistics. Those abuses have continued on through state policy that has seen thousands of our children and adults placed into institutional state care, prisons and into closed adoptions during successive decades. These institutions have all accumulated further stories of abuse that have impacted on the individuals and their whānau, hapū and iwi. Abuse of our people has included disconnection from identity, disconnection from intergenerational safety nets, verbal and physical violence including sexual abuse, spiritual violence and, in the case of Lake Alice, torture. Like other iwi our mental health statistics declined in the post war era.

Within our iwi rohe which is predominantly rural farmland we have had a range of state institutions built:



One might wonder how an iwi that has no significant town within its borders with a population over 5,500 could end up with these major national institutions and facilities within our tribal rohe.

1 Report of the Chief Ombudsman 4/9/18

Research methodology and methods

So how do we as an iwi approach this topic of historic abuse within the parameters of a psychiatric hospital that was built on lands where we are mana whenua? How do we account for the torture and suffering of the survivors that have testified to the Commission and to previous inquiries? To do that this report will take a whānau, hapū, iwi approach and we will examine three key areas of historic abuse:

1. Ko Te Whenua
2. Ko Te Taiao
3. Ko Te Tāngata

From there we will make specific recommendations on reconciliation, healing and restitution that we feel the Royal Commission needs to consider.

To compile this report we have searched historical and contemporary documents and we have spoken to a wide range of iwi participants:

1. Those who held official roles for the iwi and were dealing with mana whenua and taiao responsibilities for the iwi from the 1980s onwards.
2. We also spoke to tangata whaiora and whānau.
3. Whānau who worked in Lake Alice. As one of the biggest employers in our area many of our people worked in the kitchens, grounds, security etc.

It was the intent of the research team to capture the experiences of our people, in our context and to understand the ripple effects of Lake Alice hospital over time through a Ngā Wairiki and Ngāti Apa lens. None of those who were interviewed for this report have appeared before the Royal Commission of Inquiry.

Methodology

Kaupapa Māori research (KMR) processes have guided this research. In keeping with Ngā Wairiki and Ngāti Apa research practise, the research objectives have been aligned with iwi priorities and aspirations, and also expectations of researcher behaviour. The values underpinning this research have been documented and proposed by Ngā Wairiki and Ngāti Apa leaders, in the form of Ngā Paiaka Matua, the values that have been developed to guide Ngā Wairiki and Ngāti Apa decision making. There are nine Paiaka Matua. The first nine were introduced by Pahia Turia for the purpose of guiding Iwi organisational development. These were: Manaakitanga: Care, Respect; Rangatiratanga: Self- determination, Authority; Ukaipotanga: Sense of place, Recognition of origins; Whanaungatanga: Tika & Pono, Relationships; Kaitiakitanga: Guardianship, Management Right; Wairuatanga: Spirituality, Belief; Kotahitanga:

Unity, Harmony; and Whakapapa: Genealogy, connections. Kaupapa Māori research also ensures systemic colonial issues are explored and addressed in the academic research process, active research process, and data analysis and reporting (Moewaka-Barnes, 2000; Bishop, 1996; Smith, 1999; Walker, Eketone, & Gibbs, 2006).

Methods

Ko Te Whenua - Historian David Armstrong was commissioned to provide a piece of contextual work to look at historical sources and pull together the history of land where Lake Alice was located. He has worked for the Iwi off and on for over 20 years and was able to use his knowledge and experience of doing this kind of work to pull together a report that describes the history of the land. His work has been supplemented with input from Iwi researchers Grant Huwyler and Chris Shenton to provide the mana whenua information in support of David's work.

Ko Te Taiao – Leanne Hiroti, the current Taiao Iwi Liaison, was engaged to write a report on the environmental history of the Lake Alice location, supported by Taiao Manager, Chris Shenton. The purpose of this work was to look at the ecological history of flora and fauna in this location. Leanne is experienced in working in this rohe and has this context of her growing knowledge around the environment within this Iwi domain.

Ko Te Tāngata - Two senior academic researchers from Ngā Wairiki and Ngāti Apa, Dr Cherryl Smith (Ngāti Huru Te Ra, Ngāti Tauira) and Dr Andre McLachlan (Ngāti Kauae, Ngā Ariki) engaged in a series of interviews and personal communications with uri (descendants) of Ngā Wairiki and Ngāti Apa or former workers for the iwi. This was the most comprehensive part of the project with a lot of time and effort given to locating and engaging with Iwi members who had knowledge and experience of the Lake Alice Psychiatric Hospital.

This included two tangata whaiora that had been residents at the Lake Alice Psychiatric Hospital and nine whānau members who had whānau who were previously residents at the Lake Alice Psychiatric Hospital. It should also be noted that 2 of the previous Chairpersons/CE's of the Rūnanga and the current Chair and CE who were spoken to about this report have also had extended whānau within Lake Alice hospital.

Whānau members were the largest group who spoke to the interviewers. These whānau members gave voice to their whānau who were residents in the Lake Alice Psychiatric Hospital, some of whom have since passed away in harrowing circumstances. Whānau and staff participants often shared their perspectives of two or three whānau members who were residents of Lake Alice, including parents, siblings, uncles and cousins.

...my [Whānau] he's sort of unwell, broke down and was sent out there. And my grandmother, she had a breakdown and was sent out there. Another uncle that was sent out there. (Whānau).

Three of the interviewed whānau members had also worked at the Lake Alice Psychiatric Hospital. Some whānau members had three generations of whānau working at the hospital. It was noted that over time many of our people worked at the hospital in different roles.

And so, you know, I suppose a lot of the Māori community in Marton in the day were either on the railway or worked at Lake Alice. So that's my experience of Lake Alice, was through my family, was through my aunty; was one of the head cooks. And my cousin that used to cater there as well, and another cousin who was a nurse. (Whānau).

At times, participants spoke as whānau members and at other times as staff members. Within the results section, participant voices (quotes) are labelled as tangata whaiora, whānau and staff to represent the position they were speaking from.

Some iwi members who were approached did not participate in the interviews. For some this was due to the discomfort in discussing sensitive past issues and one noted that so much time has passed and key Lake Alice Psychiatric Hospital figures responsible for the direct abuse of our whānau were never held accountable.

Within interviews with whānau, 18 tangata whaiora of Ngā Wairiki Ngāti Apa were discussed.

There was also a particular case of a young man that had died by suicide following his time at Lake Alice. Former residents, staff and most whānau knew him, spoke fondly of him and were dismayed by his treatment and poor care which contributed to his death.

The inclusion of residents, staff and whānau members provided a broad perspective of the experience of the uri of Ngā Wairiki and Ngāti Apa within the Lake Alice Psychiatric Hospital, the impact of their time there, and the ongoing impact of the Lake Alice Psychiatric Hospital on the whenua, hapū and iwi of Ngā Wairiki and Ngāti Apa.

Participants

Eleven participants were selected for the present study, inclusion criteria included whakapapa (genealogy) to Ngā Wairiki and Ngāti Apa; a history of being either a patient of the Lake Alice Psychiatric Hospital, a whānau member of a patient or having worked at or with the Lake Alice Psychiatric hospital.

Recruitment started with purposeful sampling, where iwi members who had self-identified in the past as meeting criteria were approached. A snowballing approach followed this, where further suitable participants within the whānau or social network of the participant were approached by the participant for permission to connect them with the research team. Two participants were within the 45-55 year age group, eight within the 56-65 group and one of 66+. Eight participants identified as female and three participants identified as male.

Consent

Those interviewed completed a 'Whānau whakaae and information' form. This collected demographic data, discussed line of questioning and noted the following areas:

- › Participation is voluntary.
- › The interview will take approximately 90 minutes.
- › We hope to record the interview, with your permission.
- › You can leave the kōrero at any time.
- › You don't have to answer all the questions and you can ask us questions.
- › You can withdraw your information any time after the interview, and up to 3 weeks after receiving your transcript by email (if requested).
- › Recordings will be stored in a secure drive, in a locked cabinet.
- › All identifying information will be anonymised - unless you choose otherwise.
- › You can access and edit your personal information at any time.
- › The risk of harm in participating is minimal, however we recognise that some sensitive information might arise in relation to work done by you. Please feel free to only talk about what you feel comfortable describing. We have a support team who we will consult with to ensure cultural and ethical safety.

This was completed online for those interviewed over zoom and printed and signed for in person interviews.

Interviews

Interviews were conducted by a registered clinical psychologist of Ngā Wairiki and Ngāti Apa descent. Preparatory work was done with each former resident and whānau member that were interviewed, including planning responses to difficult emotions and memories that may arise during the interview. This was reviewed again at the end of the session. Participants were also followed up a week later by the interviewer to review.

Each interview was focused on supporting the interviewee to share whatever they wished to share with the Royal Commission on Historic Abuse and Iwi. Questions also explored how their experience had impacted upon the person, their whānau and community; what the Iwi could do to better support survivors of Lake Alice; and what our people need in relationship to healing ourselves and the whenua.

Data analysis

The thematic analysis steps undertaken in this study followed the generally accepted process of thematic analysis described by Braun and Clarke (2006) and facilitated within a wānanga process. The three broad stages of thematic analysis outlined by Saldana (2013) were utilised by the research team. This included 'organisation of the data' (structural and descriptive coding); 'data reduction' (Pattern coding); and interpretive coding in the development of broader themes' (Development of themes).



**Ko te
whenua**

Ko te whenua

Ngā Wairiki me Ngāti Apa connection to the Land

Ngā Wairiki me Ngāti Apa have very strong cultural, spiritual and physical associations with the Lake Alice Hospital site and the wider area. This is particularly the case for the Ngā Ariki hapū, from the Tini Waitara Marae, whose ancestors are documented to have lived in this area prior to the land sales and colonisation. Lake Alice was known as Rotowhero and formed part of an extensive area named Otakapou, containing waterways, a number of dune lakes and associated wetlands, cultivation areas, wāhi tapu, kāinga and a pā kai riri (palisaded pa). The lakes and wetland areas formed a highly valued source of mahinga kai, including eels and waterfowl.

Otakapou was within the large Rangitīkei Turakina block, transferred to the Crown by Ngā Wairiki and Ngāti Apa in May 1849. Ngā Ariki leaders attempted to reserve much (if not all) of the wider Otakapou area, but Crown purchase agent Donald McLean stubbornly limited their reserve to a c100-acre area a little to the west of Lake Alice/Rotowhero. This reserve remains in the ownership of Ngā Ariki descendants today.

McLean's approach reflected the Ngā Wairiki and Ngāti Apa belief that a focus of colonisation was to create a landed gentry resembling England. The Rangitīkei had flat land that was suitable for conversion to pasture. McLean was determined to remove Ngā Wairiki – Ngāti Apa from the land between the Turakina and Rangitīkei Rivers to make way for full scale settlement by immigrants. Whilst Māori were to be removed from the land, they were also considered useful for labour. Māori were regarded as the 'great auxiliary for the colony'. Gentry required servants, required labour. <https://nzetc.victoria.ac.nz/tm/scholarly/tei-CowDona-t1-body-d0-d10.html>

The balance of Otakapou came into the possession of settlers, and the landscape was extensively modified by their farming operations. The wetlands were drained and the lakes have been considerably reduced in size. In 1938 the Crown purchased 561 acres abutting on the northern shore of Lake Alice/Rotowhero, and in 1950 the Lake Alice Hospital was built on this site.

Otakapou

The area known to the Iwi as Otakapou includes a series of dune lakes extending from about 7kms north-west of Bulls towards Turakina, as shown on the map reproduced below. They include Lake Vipan, Lake Dudding, Lake Heaton, Lake Bernard, Lake Herbert, Lake William, Lake Hickson and Lake Alice/Rotowhero. The traditional names for these lakes (except for Lake Alice/Rotowhero) are not presently known.



The Otakapou dune lakes formed part of a heavily populated resource-rich area, including kāinga, a pā kai riri (palisaded pa), wāhi tapu, extensive cultivations, lakes and wetlands (Huwyler, 2005). The lakes and wetlands provided the Ngā Ariki people with a bounteous range of mahinga kai, including freshwater mussels, tuna and waterfowl. Ducks were taken in large numbers during the moulting season. Several lakes are still frequented by duck shooters, and Lake Vipan remains an important waterfowl breeding area (Fowles, 1982).

During the Himatangi title investigation, two witnesses spoke about an occasion where up to 800 people congregated at Otakapou in the pā kai riri whilst a large Ngāti Raukawa migration passed through the Rangitīkei District. By this period in the late 1820s, a leader named Paora Turangapito had risen to prominence as a military and defensive expert. He was a notable Ngā Ariki leader and was instrumental in influencing people to come together at Otakapou at that time. He then participated as a leader of a large body of Ngā Wairiki, Ngāti Apa, Rangitāne and Muaūpoko warriors that later confronted Ngāti Raukawa, culminating not in bloodshed, but in a famous peace-making instigated by the Ngāti Raukawa leader, Te Whatanui. Several years

later he commanded the defence of the Kohurupo pa where a large Whanganui war party was repelled.

The drainage of wetlands and environmental transformation has had a significant impact. Only the lakes now remain amid paddocks, farmland and the hospital site, and their size has significantly reduced. Lake Alice/Rotowhero, for example, was said to cover over 32ha (c80 acres) in 1921, but today is only around 12ha (c30 acres) (Wanganui Chronicle, August 3, 1921). Despite heavy pollution and eutrophication, tuna are still present in some of the lakes (Fowles, 1982).



'Otakapo' [sic], shown on a map from T. Downes. 'Early History of Rangitikei, and Notes on the Ngāti Apa Tribe'. Transactions of the New Zealand Institute. XLII. 1909. Facing page 96.

The Otakapou Reserve

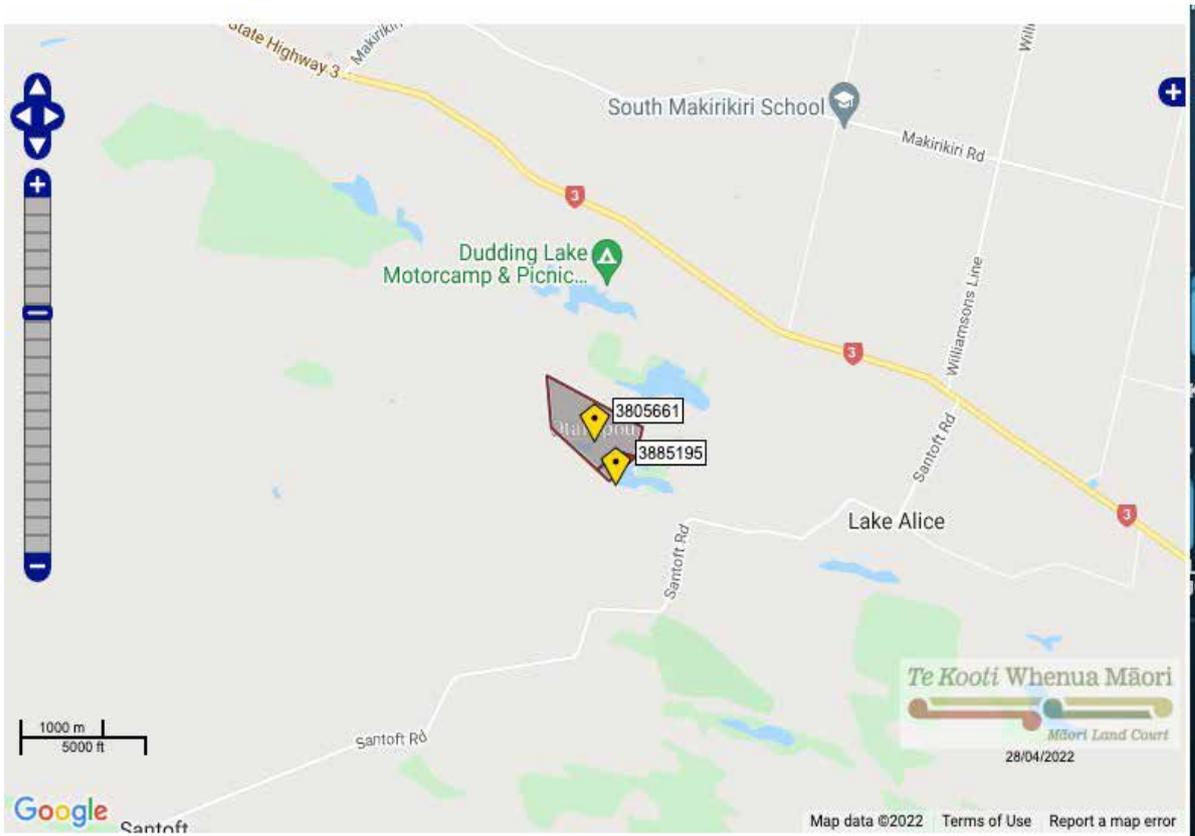
In May 1849 Ngā Wairiki and Ngāti Apa transferred most of their land between the Turakina and Rangitīkei Rivers to the Crown. The 100-acre Otakapou reserve, about 2kms west of Lake Alice/Rotowhero, and a little to the south of Lake Heaton, was among the areas reserved from this transaction. The reserve took in the western part of Lake Bernard and contained urupā, cultivations, pā tuna and an important fishing camp on the western shore of the lake.

Particular Ngā Wairiki and Ngāti Apa leaders sought to reserve a much larger area at Otakapou, possibly including all their cultivations, kāinga, occupation areas, lakes and wetlands in the vicinity, including Lake Alice/Rotowhero. Donald McLean, who represented the Crown in the 1849 transaction, was intent, however, on confining Ngā Wairiki and Ngāti Apa to their remaining lands north of the Turakina River and was extremely reluctant to agree to any reserve at Otakapou. After much debate he finally agreed to set aside a reserve of 50 acres (which was later found to contain 100 acres) (Armstrong, 2004). McLean and a surveyor named Park marked off the reserve with posts in June 1849. While they did so the Ngā Ariki people present sang a waiata. That night McLean and Park slept in the fishing camp near the lake. On the following morning McLean observed that a considerable number of potatoes were growing nearby (Armstrong, 2004).

Title to the reserve was individualised by the Native Land Court in 1894 (Whanganui MB #21, 354). Māori Land plan 3482 was before the Court. It is reproduced on following page.



Today a 39.9397ha part of the Otakapou reserve is administered by an Ahu Whenua Trust representing 140 Ngā Wairiki and Ngāti Apa individuals. A smaller area of 4.4214ha, taking in part of Lake Bernard, is a Māori reservation established in 1978 'for the purpose of a fishing ground and recreation ground for the common use and benefit of the owners and their kinsfolk' (New Zealand Gazette, January 26 1978). The two areas are shown on the map below, sourced from Māori Land Online. A following further detail from the Māori Land Online map shows the proximity of Otakapou reserve to Lake Alice/Rotowhero.



History of transactions for this Land

Pre

1840

The site of the Lake Alice Hospital was originally held under the custodianship of the Ngā Ariki division of Ngā Wairiki me Ngāti Apa, an association between iwi and whenua that preceded the arrival of settlers and one that remained in place through times of peace and conflict that Ngā Wairiki and Ngāti Apa ancestors endured over the past 200-300 years.

1840

William Rhodes arrives in Wellington and takes up residence in Te Aro on land he purchased off the NZ Land Company in Wellington. Pre-1840 land sales to Europeans were investigated by the Lands Commission investigation. Rhodes purchased land off divesting owners and lobbied the Land Claims Commission for compensation. <https://teara.govt.nz/en/biographies/1r7/rhodes-william-barnard>.

1849

Donald McLean completes the Rangitikei Turakina land purchase in 1849. Reserves were supposed to be held for the iwi. Reference is made to the importance of lakes as important sites to be held for iwi. (Wilson J.G. Early Rangitikei: 1914).

1850s

William Rhodes is the freehold owner of Heaton Park 30,000 acres by the 1850s. He lived his life on his Wellington estate and was an absentee landlord.

1866

R Wilson who had come from Scotland in 1840 is managing Heaton Park. [The Cyclopedia of New Zealand \[Wellington Provincial District\]: 1897.](#)

1878

William Rhodes dies Feb 11 and leaves estate to his second wife (Christchurch Star 31/3/31). A court case ensued from his daughter whose mother was Ngāti Ruanui and that continued for years. Daughter lived in his Wellington home and later relocated to England.

1880

Mary Ann Rhodes, the daughter of William Rhodes goes to court against Sarah Rhodes, his second wife saying the will was meant to include her. Mary Ann was the daughter of a Māori woman in Wellington.

- 1907** RK Simpson purchases the homestead block of Heaton Park Estate from the Rhodes family and five generations later the Simpsons are there and running Coastal meats. Simpson, Duncan, 1881-1935
- 1929** Negotiations begin with Alexander Stuart for the purchase of the land for Lake Alice. Negotiations begin for a block of 560 acres of land with Alexander Stuart (Rangitikei MP from 1931-35) but because of the Depression, the sale was delayed.
- 1937** The government purchases 541 acres for the purposes of erecting a new mental hospital from Mr Alexander Stuart former MP. He sells off part of the Heaton Park Estate. Minister in charge of mental hospitals was Hon P Fraser. Porirua mental hospital was becoming overcrowded and they wanted a new model based off Kingseat and Stoke in Nelson. (Manawatū Standard 22/12/37). It was originally planned as a 1000 bed hospital. (Baird B Page 3)
- 1950** Lake Alice opens.
- 1999** Lake Alice closes. By 1999 it is a site of 56 hectares or 140 acres. 401 acres has been disposed of.
- 2006** The buildings and 56-hectare (140-acre) grounds are sold in July 2006 by Auckland accountant and property developer group Lake Hicks Ltd.^[1] It is sold by the Crown Health Financing Agency chief executive <https://www.nzherald.co.nz/nz/former-psychiatric-hospital-lake-alice-sold/JAJOCFZ6UQ5BHJIENRC2UAKLKM/>
- 2008** The property is sold again in December 2008 to the current owner Jim McDonald. <http://www.stuff.co.nz/Manawatū-standard/2050487/New-vision-for-Lake-Alice>
- 2010 onwards** Iwi attempts to have the site land banked for consideration in Treaty settlement.

Iwi attempts to land bank the site

The iwi wanted the Lake Alice land back following the closure of the hospital. To those ends the Chief Executive of Te Rūnanga o Ngāti Apa Society Incorporated met with the Whanganui Health Board to progress the land banking of two empty sites, the Marton hospital which had been closed and Lake Alice which had closed. The Chief Executive told the Health Board that the iwi wanted the lands considered as part of the Treaty settlement. Whilst they gave verbal assurances that they would be doing everything they could to progress this line, when the Chief Executive met with the property manager about the properties, the Chief Executive felt there was internal opposition, and they were going to make sure the iwi would not have access to those sites.

“They would come and nod and say there was a possibility for the lands to be land banked.”

Whilst they gave verbal assurances to iwi, houses were then sold to buyers in Auckland behind the scenes. The Health Board continued to give verbal assurances to iwi that they were working with iwi. The assets were sold to Auckland buyers and were not made available to local buyers and were certainly never offered to iwi. What remained on both hospital sites were left to become dilapidated rather than let iwi have them.

The feeling was that the lands had been lost for a second time. A later Rūnanga Chairperson commented that:

I am still of the opinion today, that this land is an issue for the govt or the Crown to resolve and through this, they should never have been able to sell it. The history of it is such that, the people that were traumatised by it should have a say and our iwi needs to be part of that as well because it happened in our rohe, some pretty devastating and heinous things actually. I think there's some reconciliation that needs to be done including that land. How do you do that now, I don't know because you as you say it's in private ownership.

(Former Chair Te Rūnanga o Ngā Wairiki-Ngāti Apa)



**Ko te
taiao**

Ko te taiao

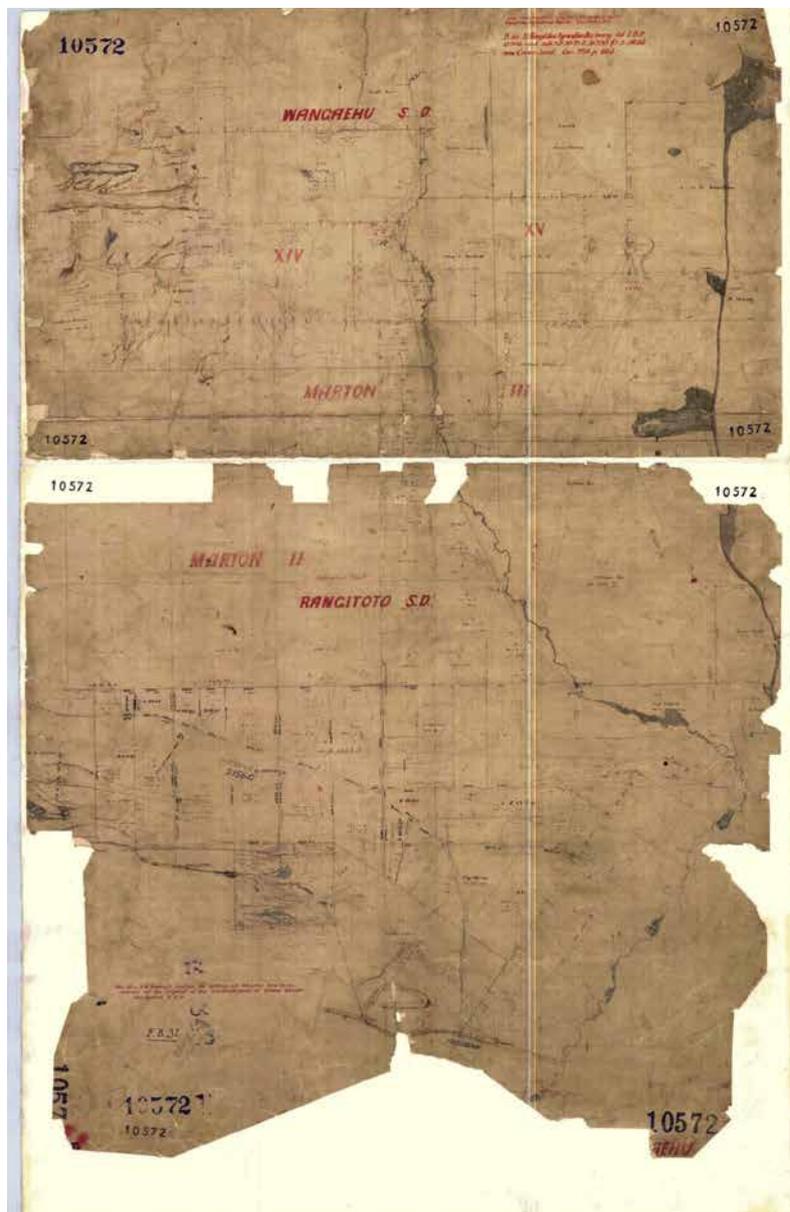
Formation of a unique landscape

Lake Alice/Rotowhero is the name of a dune lake nestled amongst the ancestral landscape of the Rangitīkei. It is one of numerous dune lakes found within the Rangitīkei - Manawatū region, unique landscapes that are close to the coastline and are present along the western coastline of the Ngāti Apa and Ngā Wairiki rohe. Over a period of thousands of years the predominantly westerly swells along this stretch of coastline deposited fine grains of sandy sediment from the Whanganui Basin that have shaped the moderately graded beaches. Further inland from the tidal area, larger fore dunes have formed as a result of the windswept sands moving inland (Clement et al, 2010). This movement of sand has then resulted in dunes forming in the valleys that carry wai (water) from the maunga (mountains) to the sea, blocking their path and forming swamps and small lakes between the fore dunes and inland whenua.

Historical aspect of the whenua at Lake Alice

Lake Hickson and Lake William are within 350m and 1.4km respectively of Lake Alice/Rotowhero; two other dune lakes that make up an ancestral landscape that connect freshwater to the sea. It is not known what the hapū and whānau of Ngāti Apa and Ngā Wairiki called Lakes Hickson and William, as that knowledge has been lost. Several generations have passed since the early land sales and ownership rights passed to settlers who drained and cleared the lands for predominantly agricultural use (Wilson, 1914). There are significant gaps in knowledge of the historical iwi place names for this area, but Rotowhero has consistently been referred to by settlers and owners of the lake known as Lake Alice. Historical maps have identified the site known as Pukepoto, a significant site referred to in the Mana Whenua Reports collated by Grant Huwyler as a boundary marker. Figure 1 shows these ancestral sites and refers to the transfer of whenua designated as agricultural reserve land to crown lands.

Prior to habitation, the Rangitīkei region was dominated by lowland-montane conifer broadleaf forest and *Nothofagus* dominant forest at higher altitudes (McClone, 1989). By the time of the migration of Māori to Aotearoa, great tracts of forest covered the landscape and when large numbers of European settlers began arriving between 1840-1860, surveys showed the Rangitīkei landscape was predominantly in native forest, with coastal strips growing fern, scrub, swamp and grasslands. Wilson (1914) referenced this country as rough, access being difficult with numerous swamps and stream crossings supporting McClone's writings. However, these coastal strips, including the dune lake areas, were bountiful with toe toe, harakeke, raupō, birds such as kaka, pukeko, ducks and tui, and tuna. Large numbers of kowhai and karaka groves were a common sight, along with larger tōtara and rimu stands of forest holding the banks of the Rangitīkei River in place.



Map of Rangitīkei Agricultural Reserve.

The altered landscape of Rotowhero (Lake Alice) and the Rangitīkei

The land sales, notably the Rangitīkei - Turakina transaction in 1849, enabled settlers to establish themselves within the Rangitīkei and on the ancestral whenua of Ngāti Apa and Ngā Wairiki. This early period of settlement impacted on the landscape and the uri of Ngāti Apa and Ngā Wairiki. Sites of significance were lost, names and iwi history was lost, access rights to traditional areas of gathering kai and the ancestral landscape was lost. From the mid-1800s, converting the land for agricultural use was the primary goal of many settlers who came to the Rangitīkei. Due to the inherent nature of the region, large tracts of land had to be drained and cleared to convert into grasslands for grazing stock. The large forests were seen as a resource to be plundered, with the banks of the Rangitīkei River cleared of tōtara for timber. The devastating environmental impact of this was the instability of the land alongside the river, increased erosion and flooding events.

By the early 1900's, the Rangitīkei was a growing region with highly productive agricultural land. Many early settler families ensured their names were upheld in the towns and streets of the region, as well as the numerous dune lakes that were now in private ownership. Lake Alice, Lake Hickson and Lake William were once owned by Mr William Hickson, an acquaintance of Sir William Rhodes who was a large landowner in the Rangitīkei and neighbour of Mr Hickson. It could be assumed that Mr Hickson left a legacy in naming Lake William and Lake Hickson, but the origin of the naming of Lake Alice has been difficult to find. As shown in the aerial image from 1942, the landscape was cleared and ideal for agricultural use. However by 1948, aerial images show the scale of development on the site shortly before Lake Alice Hospital opened and by 1982 the secure unit can be seen adjacent to Lake Hickson and the effluent pond between Lake Hickson and Lake Alice is visible.

"But neither we nor our elders were troubled with Members of Parliament, or with Road Boards, County Councils, or anything at all of that kind, and our digestions were as good as moderate, open- air work and happy lives could make them". Quoted from Mr Alec McDonald in Wilson (1914). An apt quote that describes the Rangitīkei as a region that continued to develop without interference by local bodies and potentially little regulation or compliance on activities. As iwi, Ngāti Apa and Ngā Wairiki has just a few thousand registered descendants within a small rohe. However, this rohe hosts several large entities including; the Ohakea Air Base and the New Zealand Defence Force, the Bonny Glen Landfill and Waste Management Ltd, Kaitoke Prison and the Corrections Department, and the previous Lake Alice Hospital. A region that has good transport links to Wellington, Palmerston North, New Plymouth and the Central North

Island, the Rangitīkei is a treasured ancestral landscape of Ngāti Apa and Ngā Wairiki that is under constant pressure to develop.

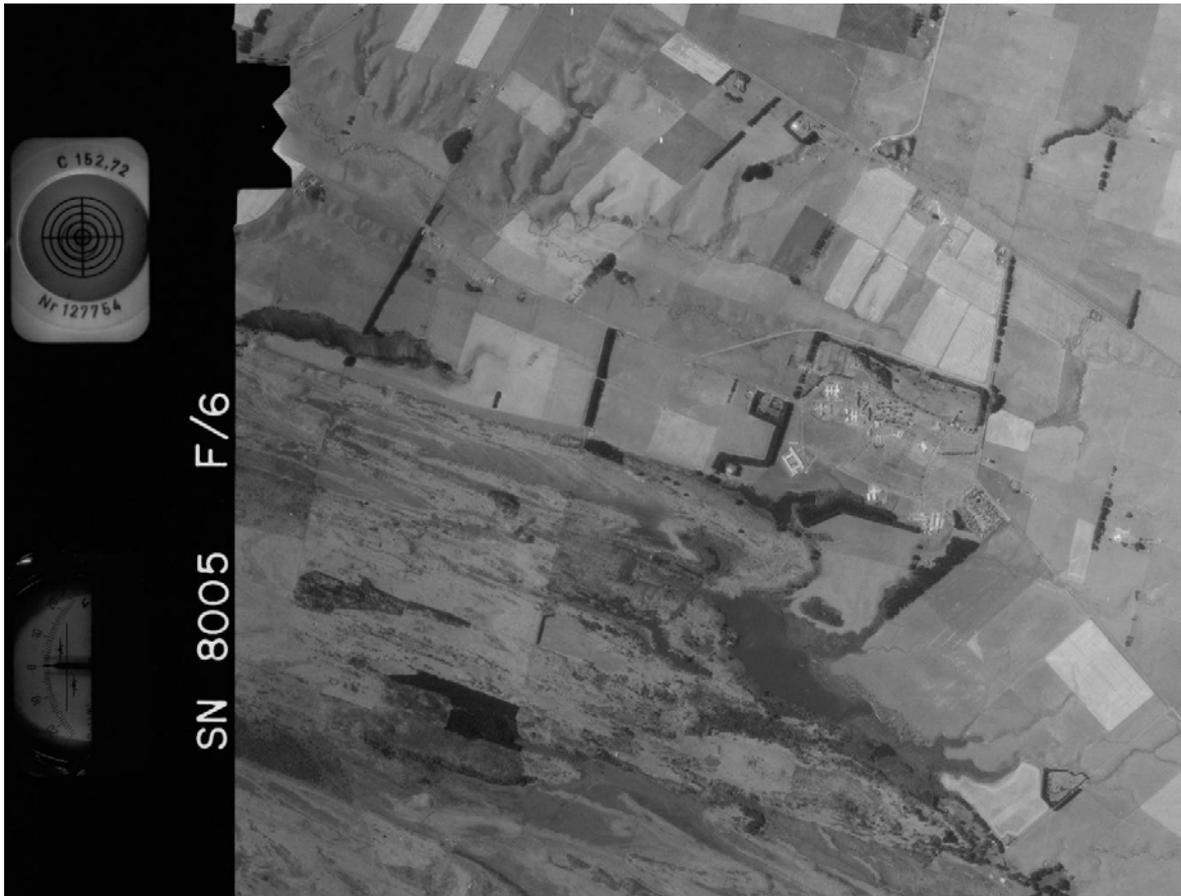


Aerial photograph of Rotowhero and Lake Hickson (Retrolens, 1942)



©Sourced from <http://retrolens.nz> and licensed by LINZ CC-BY 3.0

Aerial photo of Rotowhero, Lake Hickson and Lake Alice Hospital (Retrolens, 1949)



Aerial photograph of Rotowhero, Lake Hickson and Lake Alice Hospital (Retrolens, 1982)



Aerial photograph of Rotowhero and Lake Hickson (Google Earth Pro, January 2022)

The desirable landscape of the dune lakes

The Lake Alice Hospital site was situated on Lake Alice Road, 22 miles east of Whanganui and 5 miles south of Marton. The need for a mental health institute was identified in the 1920's but the site was not purchased until the late 1930's, with the Lake Alice site chosen for its desirable attributes of accessibility, isolation and productive land. The site was 560 acres, and the initial intention for the mental hospital was to house 1200 patients. Only part of Lake Alice/Rotowhero was included in the title, the entirety of Lake Hickson and part of Lake William. The advantages of the site were described as having an abundance of fresh air, easy access, and the high-class land and lakes.

The presence of the three dune lakes was desirable as a freshwater source for the hospital, with the initial intentions to draw water from Lake Alice/Rotowhero to supply the hospital. In 1913, Lake Alice/Rotowhero was mooted as a water supply for the township of Bulls, located 10 km to the east. At that time, Lake Alice was described as being 70-80 acres in size and fed by springs and large catchment area with palatable water but of shallow depth (Rangitīkei Advocate and Manawatū Argus, 3 February 1913). Discussions continued over a number of years regarding the suitability of Lake Alice/Rotowhero to supply the township, but this did not eventuate. When the planning began for Lake Alice Hospital, the suitability of both Lake Hickson and Lake Alice/Rotowhero as water sources were investigated but early in the planning stages the decision was made to source water from wells adjacent to the Rangitīkei River at Bulls and to pipe the water to a reservoir and water tower at the hospital site.

The building phase of the hospital began in 1944 and was affected by severe labour and material shortages that resulted in water being taken from Lake Hickson in the interim until the infrastructure was in place in 1950. During this time, a local newspaper article described Lake Alice/Rotowhero being 36 acres in water and having a sizeable fish population, being half the size described 30 years earlier. The remnants of pipework within Lake Hickson can still be seen today, and is assumed to be the infrastructure used to pump water to the hospital site during the development and establishment stages of Lake Alice Hospital.

The formation of an effluent lake

The Lake Alice Hospital site intended to house around 1200 patients and another 800 staff and families. This required an effective wastewater treatment plant to manage solid waste, treatment and dispersion of treated wastewater. The land slopes towards the dune lakes and this was identified as the main site for establishing a wastewater treatment plant. The plans included treating the waste within a purpose built facility adjacent to Lake Hickson, near the eastern boundary of the land block. Solid waste was removed and diverted to land, with the treated effluent piped past Lake Hickson and through an existing sand dune to an effluent pond. From there, due to the nature of the sandy country, the effluent would seep into the ground with little run-off to either Lake Hickson or Lake Alice/Rotowhero. It is not known when the wastewater treatment plant was fully completed and operational but when in full operation, the effluent pond that developed on the south western side of the site was of sizeable proportions.

In 1969, the Lands and Survey Department cut a drain from the effluent pond into Lake Alice/Rotowhero to improve drainage adjacent to the effluent pond, which was used for farming. The Medical Officer of Health was informed and the effects on Lake Alice/Rotowhero and its flow path to the Tutaenui stream were investigated. It was found that there was a negative impact on both the wildlife present in Lake Alice and there were health concerns for neighbouring landowners who drew their water sources from Lake Alice/Rotowhero. Although this was remedied shortly after, the presence of the hospital and the effectiveness of the wastewater treatment plant did have a negative impact on the surrounding whenua, the flora and fauna in the vicinity. Recommendations were put forward by the Medical Officer of Health to install an oxidation pond but this did not occur, instead the drain between the effluent pond and Lake Alice was filled in with no further changes to the wastewater treatment system. Inspections carried out after the drain was filled in referred to evidence of continued seepage from the effluent pond into Lake Alice/Rotowhero. The flow path of treated wastewater was carried from the Lake Alice Hospital site, past Lake Hickson, into Lake Alice/Rotowhero and through the tributaries and farming drains to the Tutaenui stream and then into the Rangitīkei River. The impact of waste was not contained onsite but flowed through the dune lake system and into the streams and rivers that sustained those living alongside the wai.

An ancestral landscape that is unrecognisable

The wildlife and diversity of both plants and animals within the dune lakes was relatively abundant in the early 1900's. Large tracts of land supporting wetland species of plants and birdlife were commonplace, and as mentioned earlier, Lake Alice/Rotowhero at this time was 70-80 acres in size. By the 1940's Lake Alice/Rotowhero had reduced in size by half and by the 1970's lake surveys of noxious weeds showed they were present throughout the lake. Recent research being undertaken as part of the Lakes380 project indicate that Lake Alice/Rotowhero is 30 acres in size. Ngā Wairiki and Ngāti Apa own title to Lake Hickson and Lake William, with restoration efforts currently involving pest weed control, fencing to protect waterways from stock and planting of eco-sourced native plants.

Colin Ogle, botanist has referred to Lake Alice/Rotowhero and the surrounding native bush as being a vestige of native flora for Dune Lake and coastal restoration. This emphasises how important and precious this site is. Ngā Wairiki and Ngāti Apa tupuna treasured these dune lakes and surrounding whenua as valuable sources of kai, sustaining the hapū and wider iwi with bountiful resources, before the impact of pastoral development took most of this away. What the Iwi has learnt through this study serves to heighten the interest of the Iwi in Lake Alice / Rotowhero, and how this site links with Lakes William and Hickson, and then with the Otakapou Reserve. The picture of a larger, coordinated effort to restore the flora and fauna of the entire Otakapou area that Ngā Wairiki and Ngāti Apa ancestors sought to reserve in the 1840s is beginning to emerge.



Ko te tāngata:

The impact on tangata
whaiora and whānau

Ko te tāngata: The impact on tangata whaiora and whānau

Telling our own story

The last thing for me is being able to be able to tell a story, to tell our story. Not for them to tell it but for us to tell our story because this is not their story and they've got no claims on this story; because the story is ours as a whānau, is ours as an iwi and as a hapū. It's not their story, so don't claim it to be yours but what you can claim is to acknowledge and say, yes, we understand, yes, we apologise. (Whānau).

Five overarching themes emerged from those who were interviewed. These interviews were with tangata whaiora at Lake Alice Hospital, their whānau members and former staff.

- 1. The trauma of transitioning from a tangata whaiora (person seeking wellbeing) to a patient of Lake Alice Psychiatric Hospital**

- 2. Disempowering whānau: Lake Alice Psychiatric Hospital not engaging with whānau**

- 3. Lake Alice Psychiatric Hospital as a footprint of colonisation in the rohe of the Southern Rangitīkei**

- 4. Poisoning of the whenua**

- 5. Pathways to healing**

Each theme and related subthemes will be briefly introduced and summarised, following this the voices of our people will be presented in direct quotes.

Theme 1: The trauma of transitioning from a tangata whaiora (person seeking wellbeing) to a patient of Lake Alice Psychiatric Hospital

This theme outlines that many of our people were sent to Lake Alice Psychiatric Hospital at a time when they were seeking or needing support, understanding, healing and coordination of care; however the engagement in the Lake Alice Psychiatric Hospital for many became a turning point for the worse. This included becoming more unwell through developing poorer mental health, co-existing physical health complications, addictions and for some continued institutionalisation and for others death.

Transitioning from a tangata whaiora, a person seeking wellbeing to becoming a patient

There are eight subthemes that address the transition from tangata whaiora to a patient. These include:

1. Tangata Whaiora: Ngā uri o Ngā Wairiki me Ngāti Apa.
2. Inhumane, unsafe and unhealthy.
3. A link in the chain of trauma.
4. The pathologizing of young people struggling with cognitive and developmental issues, familial conflict and racism.
5. Experiencing mental health concerns contributing to the vulnerability of tangata whaiora, often leading to further trauma.
6. Receiving treatment in an inadequate system: "Treatment was like an eight cylinder car running on four".
7. Treatment or trauma: Punishment as a mode of managing behaviour disguised as treatment.
8. Institutionalised: "I do not want anyone to control my life ever again".

Tangata Whaiora: Ngā uri o Ngā Wairiki me Ngāti Apa

It is important at the outset of this report to acknowledge the tangata whaiora who we spoke to and who their whānau spoke about. Some tangata whaiora were at the Lake Alice Psychiatric Hospital, including in the Lake Alice Child and Adolescent Unit in their early teens and others their early 20s. Some for a week, others for up to 10 years. Irrespective of this, they were valued and loved.

He was committed to Lake Alice [Child and Adolescent Unit] from we think from 13. He told me 11, but yeah it could be around 11, 13; very, very young. (Whānau).

I was put in there by my doctor when I was about 20; so that would be about 1972. I was in a state of depression, I had just broken up with my partner; and being gay, you know, it was all a bit too much for me. (Tangata Whaiora).

I was only there for about a week, but I probably was jabbed about three times over that period...it was the first time I'd ever been in a place where I was locked up... It was quite painful, I remember it being painful...the injection, and then the jab with the...well it was electric, it was electric..I was just a kid myself. (Tangata Whaiora).

I came into Lake Alice as an in-patient as they were phasing out and then shutting it down...I was a young man in my twenties.... Short stints, maybe a few weeks, a couple of months.... Three times over a space of a couple of years. Like I said, they were just on the phase of closing it all down. I had a presence during the mid-nineties there, but the hustle and bustle when it was in its full swing, a hub, I never saw that. (Tangata Whaiora).

Our youngest brother was actually quite a bright boy, that kind of brightness that tips you, and he had his major breakdown when he was 24. (Whānau).

He was in there for I think seven years... and when he came out he's never been back into the mental health system, will never go back into such an institution again. (Whānau).

There was, and there is still trauma that exists amongst different communities, family members, currently. I've got a first cousin that was put into Lake Alice because he was – these are his words – he was too brainy and he went into there, he was probably in there in the mid- sixties. He went in because in exams he was caught cheating (this was his kōrero), and he ended up going into where they were doing electric shock therapy. He went through that process because he was disruptive. (Staff).

Whānau clearly expressed the importance of the tangata whaiora in their lives, along with their admiration and love for them.

I know the whānau always treated him well. We loved [him]. He never did me any wrong and he never did my kids any wrong. He seemed to be just like one of the other kids growing up. But, for whatever reason, he became a difficulty and was sent to Lake Alice. (Whānau).

...he was so strong. My brother was just amazing. I think about his life and what he went through. (Whānau).

Hm. But my father what he used to do was he'd fill up our freezers. He'd go up to the farm and he'd kill, because that was part of the agreement, so he'd go up there. (Whānau).

Whānau, staff and tangata whaiora shared perspectives on why some people were sent to the Lake Alice Psychiatric hospital in the first place. It was evident that it was not always due to mental health concerns. Some were sent to the Lake Alice Psychiatric Hospital for less acute issues, such as low mood, and others noted that our whānau may have been more likely to be sent there because it was in our rohe (geographical area). It is possible that some whānau were sent there because its facilities were available to regionally based medical staff and police, whereas others who lived outside the rohe may have been less likely to be sent there.

... I think about the old days in terms of smart women in the Rangitīkei, whose husbands were farmers or captains or leaders of communities who were flighty, would be thrown in the bin. (Whānau).

The family doctor must have had some idea that that's what they were trialling at Lake Alice to help people with depression and mental illness; so that's where he sent me...Yeah, a brief period. But it's just not something I felt I needed to share. It was just an experience that I went through as far as I'm concerned and at the time the doctor thought that was, well he obviously thought unless he knew they were just experimenting out there and they can try it on you; and that would have been wrong of him. Yeah, that's just what it is to me just something that happened in my life that I went through. (Tangata Whaiora).

My mum's cousin was in Lake Alice. The only reason I remember this is that mum arranged for her to come and live with us. I remember mum saying I knew my cousin wasn't mentally unwell, that was not the problem. (Whānau).

I don't even know why he ended up in Lake Alice. Maybe that was just a place you went to at the time. (Whānau).

Tangata Whaiora and whānau talked about varying degrees of knowledge about the Lake Alice Psychiatric hospital. Some were sent there and knew very little about the place, whereas others noted that they had heard 'the stories' of torture and abuse.

No, nothing at all. It just comes as a shock; well, I didn't know anything about it. The doctor just sent me there. (Tangata Whaiora).

Well, it is daunting, eh, you go to a new place or we're going to a place where there had been a lot of stuff going on. (Tangata Whaiora).

This recognizes that for some vulnerable tangata whaiora and whānau, treatment, despite how limited and rudimentary it was, was a clear need.

I don't know whether it worked or not. It might have worked because I believed that that's what I was meant to be, you know, that I was there for to get better. So, it might have worked in that way. I do remember it was quite painful. (Tangata Whaiora).

I think he just picked up, you know, like, he did. He'd just pick from where he was and he'd go back to work. Or there were times when he didn't work at all. Because he was at the freezing works and he didn't work a hell of a lot. You know, like after he'd come out of Lake Alice there'd be times when he just stayed home. We knew he wasn't quite right, because he wouldn't be the same dad... And the thing was with my father when he'd come from Lake Alice, this whole yard became a vegetable garden. That's what he did when he came home was he'd do vegetable gardens...And then the whole of this yard became a māra. No kidding, it was vegetables all the way around... he maintained the vegetable garden right up until he passed away. (Whānau).

I wasn't doing the hustle and bustle back in the day of Lake Alice. I felt quite comfortable, me personally. I think I was okay..Yeah...Realised that it was a starting point [Lake Alice]. I didn't just actually get to this point overnight, it's taken me 34 years to get to this point. (Tangata Whaiora).

I think I've been a spiritual person all my life... The thing with me is the mental health, Lake Alice was having those daily programmes...leave me alone I just wanna sleep; you know, programmes. And that gave me a seed, there was something special for me in life. Nothing fantastic. A special feeling of overcoming my past. (Tangata Whaiora).

Inhumane, unsafe and unhealthy

Tangata Whaiora who had been residents at Lake Alice, even for a short time reported knowing that things were not safe there for everyone. They gave examples of knowing that young women were being sexually assaulted, violence and stand-over tactics were occurring from other residents and poor supervision from staff. This all reflected the inhumane environment and increased risk of further harm and distress for our tangata whaiora.

I did feel quite safe but I also knew that there was a couple of girls, they were probably about the same thing, you know. Wahine about the same age as me, you know, I thought that they would probably be messed around with; I just got that impression in there. (Tangata Whaiora).

The young Pākehā... she was the Pākehā girl that I was talking about. I think she was in there for depression too but, you know...staff were sexually abusing her, yeah. (Tangata Whaiora).

Tangata whaiora acknowledged how unhealthy the environment and boundaries were at the Lake Alice Psychiatric Hospital.

Yeah, I've heard a couple of stories but they're vague now...I'll be honest, you know, some of them would talk about the sex they had when they were patients, or get up to mischief...alcohol, drugs. (Tangata Whaiora).

Staff also noted that unhealthy behaviour was occurring on the units, such as tangata whaiora standing over other tangata whaiora and threatening or taking things away, and how this was often ignored and overlooked by staff.

When other tangata whaiora do stand-over tactics, and those in charge look away. Turn away. Yeah. The more weaker tangata whaiora getting bullied, 'cause smokes was the biggest thing. I think drugs were too but that was a certain area – smokes for a lot of them was the biggest thing, to have your smokes taken off you and you can't defend yourself; and you go and you tell on them or you nark on them, then you're gonna be in trouble. (Staff).

Staff who witnessed these behaviours reported feeling powerless, hoping someone in positions of authority would show attention and care to intervene.

I suppose in my time working there, at the time it didn't have that much of an impact probably because my hope and dream was that there were people that were more knowledgeable, or more caring that would do something about it. (Staff).

Probably, I buried my head in the sand but as a caterer, what could I do? I mean, I went to the person that I believed that could help me in the situation as for wairua, and got nowhere...Because I really don't think that they really had an understanding of what it was that I was asking, even though I only asked to do a blessing and they were doing that all the time. It could have been too, "Who is this to come and tell us what we need?". (Staff).

Some former staff gave examples of utilising their existing relationships and connection with tangata whaiora to intervene and manage difficult situations, even

though they were not clinical staff. It was noted that their approach 'resonated' with tangata whaiora.

*I was serving lunch and this was in one of the villas with an AOD tangata whaiora; and this big Māori fella, he comes in and he was just yelling and ranting. Someone had pissed him off, one of the nurses had pissed him off, and he comes in, and because all the other tangata whaiora sitting at their table having their kai and they're all quiet. He just comes in and he's really yelling to the top of his lungs, he goes, "F**k you, f**k this." And none of the nurses did anything...He comes in and he looks at me, on the bain-marie; he comes into the bain-marie and he bangs his fist down on the bain-marie and he goes, "I want f**ken steak and eggs." I looked at him, and usually we have a good rapport, we can joke and that; and I knew if I got smart to him he would have jumped over and gave me a dong. I just looked at him and he goes, "Didn't you f**ken hear me?", because he was going off. He says, "Didn't you f**ken hear me? I want steak and eggs." I just looked at him and I stepped back and I did the pūkana. Well, he cracked up laughing and he goes, "Oh gee aunty, did you have to do that?" I went, "Yes I did, now you're not getting steak and eggs. Here's your lunch." He goes, "Oh okay.", and he went to sit down. (Staff).*

The majority of the ones, everybody that was Māori out there was always a caterer, or a cleaner, or something like that. They resonated better with the tangata whaiora, sometimes better than the nurses. They would give them extra kai. (Whānau).

There were quite a few from Ratana Pā who worked in the kitchen. My aunty who was a nurse there, I struggle to accept that she would have been involved in anything. She was vocal and stood up for people's rights. There had to be people there that knew what was going on. (Whānau).

Growing up, we were always out at Lake Alice, and we never ever scared of the patients or any of the tangata whaiora. We got to know them by name and we knew our nannies and our aunties, knew them very, very well; and they used to feed them, those extra biscuits and stuff like that, that actually changed that manaakitanga, that care that is instilled in our culture to make sure that make them feel like a home away from home. (Whānau).

The lack of supervision from staff also incorporated a lack of basic principles of care for our tangata whaiora, who reported being treated as 'sheep'.

You sort of treat them like animals, eh. No compassion because you're being with staff that probably worked there for years and years and years. No

compassion for people anymore. You see with [whānau], talking about her brother; couldn't even cut his toenails. (Whānau).

Well I was going in and out of hospital, I just think we're people, we're not sheep, we're not a car, we're not a truck; we're just people...Probably to the point of acknowledging that even though I'm unwell I still get hurt. Realising that, yeah, I got treated as somebody. (Tangata Whaiora).

And I used to think some of the staff were just... clock in, clock out. They go home. They're very stand-backish. (Tangata Whaiora).

Whānau spoke about the poor treatment their loved ones experienced at Lake Alice, this included their whānau deteriorating physically. They noted that their tangata whaiora developed significant weight problems, diabetes and skin conditions. These physical comorbidities often lead to early death. Whānau spoke of seeing this and becoming upset and getting no real interest or response from staff when they raised these concerns.

Then for him to get cancer at a very young age, you know, because he's only young, three years younger than me, and die from that; for me it was like, you know, I'm not surprised with all the trauma that he'd received. His body just would not have been able to cope with everything that was going on, and all the drugs that were in his system as well. (Whānau).

Right up until he passed away, and he was 51 when he passed. He had a massive heart attack...he'd drunk a whole bottle of whiskey the day before.. he was Type 2 Diabetic. (Whānau).

And then when we finally did get into the library where he was. When I saw him I was really disgusted with the care that they hadn't done with him. His feet were black. It was black all up here. He was swollen. And I said to them, "What the friggin' heck happened here {Tangata Whaiora name}?" And he goes, "Oh, I don't know," and he's scratching away there...Yeah, they were swollen [legs], and they were black...His diabetes, I don't know what it was. They were blackish, and I said to the fellas, "What are you's doing?" His toenails were bloody long. I said, "Where's cream and that for his skin?" Because his skin was dry and it was cracked. Yeah, they just left it. He just looked a mess...his whole body was all dried and crack. I said to the guys that were in the room with us, "Have you got any cream for him? Look at him." And they just sort of went, "No." didn't have anything. So when I went and rang my sister she gave them the what for. (Whānau).

And why does he have to have about 20 pills? What is the function of the pills?" ...It was outrageous. I mean coming through [tangata whaiora] thing, and then they would do the whole business on his weight, and he's lazy, and he's this and he's that, and I'd go, "But all those pills will be dealing to his body and his ability to lose any weight. Each one of these functioning pills are now counteracting, how can they even talk like this?" So I know my own growing dislike of the mental health actually became even more so after Lake Alice it's safe to say, but the journey through his whole mental health period post the Lake Alice experience just taught me that these professionals hide behind a cloak of professionalism that I could not stand. (Whānau).

The poor physical health outcomes of our people were also reflected in the poor state of the facilities over time. Uri who worked at Lake Alice during 1990–1995 and also had whānau there, noted that the facilities at Lake Alice went through a process of closure for many years and that the facilities were no longer being maintained. One participant noted that the facilities were not fit to live in. The Waiohine unit (the National Forensic Unit) was noted to smell of urine and faeces, and that tangata whaiora only had buckets as toilets in their rooms, which often overflowed.

I don't know, at its peak there must have been quite a few but when I worked out there it had dwindled down and you knew that they were pretty much just biding their time until it closed down because there was no maintenance on the place. Paint was falling off...Yeah, it was in a state. I don't think the electricians were that great there, it was very dark, very dingy, it smelt. (Whānau).

They sort of like moved the group here, moved the group there, smoke breaks in-between. It was very, you know, like, it was very common, you know, no nice furniture we could relax or any nice rooms. But, you know, quite sad you know. Half the place was shutting down when I was going through there. (Tangata Whaiora).

...down the Maximum Security Unit [1985 riot]...because the DHB had contracted someone to come in and start looking at a strategic plan to downsize Lake Alice, to close it actually, and what that would look like. One of the things was, they were changing the menu – the tangata whaiora's menu – and it wasn't as good as what it used to be. I think that's what had happened. And because down there the cooks would do the cooking in the maximum security unit, but one of the changes was that the cooking was going to be done outside the unit and just transport it to the maximum security unit. That could have been one of the issues too. I think it was the type of meals they were getting, they weren't happy with. The tangata whaiora weren't happy. Basically ratshit, they were calling it. (Whānau).

...one morning and unlock and then get them into the showers, you know. Big community shower...Just an open bucket, or it might have been one of those sort of papery type ones. The thing that mimi'd in was just like the hospital one...Yeah, and you go in and access them and by the morning some of them are overflowing. So you have mimi in the rooms as well, hence probably why it smelt so much in the mornings. So everyone's bringing everything out to tip them into the wharepaku and then go into the shower. (Whānau).

My observation of the place it wasn't fit for human beings. It wasn't fit to leave your dog in there. But people still lived there. (Whānau).

And that's what it looked like, you know, paint coming off the walls, grotty, lighting very poor. (Whānau).

A link in the chain of trauma

For many of our whānau, the experience at Lake Alice Psychiatric Hospital including the Child and Adolescent Unit was a trauma occurring in a chain of traumatic experiences. Many shared stories of abuse, loss and hardship that contributed to them being sent to the Lake Alice Psychiatric Hospital. Others noted that trauma had been an intergenerational occurrence.

Because a lot of my history of illness goes back to traumatic upbringing and all that, so I went through my own traumas. (Tangata Whaiora).

Both him and [another tangata whaiora], their stories were never ever positive; it was always negative. [he] had been put in the system as a child [14 years of age], you know, he's close to 60-years old now... He would have gone from the adolescent part and all the way through. Probably could imagine how much abuse that he would have had as a kid growing up there [at the Lake Alice Child and Adolescent Unit], and he already would have endured abuse at home. (Whānau).

...he held a knife to my Nan, to my kui, so he wanted to kill her because he was sick of the beatings so he got committed for that. He was committed to Lake Alice [Child and Adolescent Unit] from we think from 13. He told me 11, but yeah it could be around 11, 13; very, very young. (Whānau).

They were young, like teens, on reflection in life now, and crashed, drunk driving. He was in the accident and [his brother] died... he didn't cope with that very well; so he kind of went into himself, it started then. And smoking dope, drinking. I guess that was his coping mechanism. (Whānau).

Look what he ended up doing to himself. And he was in there as a kid. Like, I was 20 but he was nearly 13, 14...Child, hm. And if he came out and was naughty again, which is probably why the parents sent him back there, probably because of some of the stuff that was happening to him in there. (Tangata Whaiora).

But he'd been using a lot of drugs, like he'd gotten into the scene in Wellington. His wahine that he was with at that time she was living here with us, and they'd had a baby. Then he became unwell. They ended up putting him out at Lake Alice. (Whānau).

Yeah, weren't taught about the birds and the bees, physical assaults at home, verbal abuse outside of home. So a lot of my mamae it's hurt that...Why were these people doing what they were doing; and I felt it was wrong...This wasn't a kid thing. And I hated mum and dad, so we were their kids ... And I done a lot of things put on in my mental illness. (Tangata Whaiora).

I knew I was a recidivist going in and out of hospital. But I also knew that, don't worry about it, you know; you were born with a handicap anyway. All that pain, all that hurt, grief... just don't worry about it that time, find your mojo, you're it...(Tangata Whaiora).

One participant noted that irrespective of what was happening in the life of the tangata whaiora, and how difficult they may have been to manage, the hospital was charged with caring for them.

So, even though there was what the family dynamics might have been, and family's families good and bad, that institution was charged with looking after people. I'm just thinking he needed some love and some acceptance. (Whānau).

Experiencing mental health concerns was also noted to increase the vulnerability of tangata whaiora, often leading to further trauma. Many whānau experienced abuse and being taken advantage of prior to, within the Lake Alice Psychiatric Hospital and following their time there. This further exacerbated the chain of trauma experiences.

At that point in her time she had met a Māori guy who had introduced her to drugs, treated her like a princess, and then beat her up basically. He separated her from us. You know the kind of story. The Police broke into her flat in town and then took her there – took her away from the flat. (Whānau).

Well, back in those days I was very unwell, I was very unwell there. There was no job ...; I was going in and out of hospital two times a year. But it's been a journey because I spent 34 years as a psych patient. (Tangata Whaiora).

I have been on a 34-year journey. I wasn't taught anything as a kid about the B, C, D, birds and the bees and all that sort of stuff. I wasn't taught anything as a kid. Going through the mental illness really when I was going through my mental illness I sort of sensed that I was going through something. I was a mess at the time. (Tangata Whaiora).

No, they didn't treat him any differently because the thing with my father was like when he got his land money come in there'd be taxis and cigarettes, and then the next day it'd be butts and buses. That's how he looked at it. So when he got his land money come in he'd have every Tom, Dick and Harry coming around to visit and help him spend his money. And then you wouldn't see them when he had nothing. (Whānau).

Well, when he became unwell there was a part there when he... when he escaped from Lake Alice he came to see mum and he said to mum he wanted some money. At that time, mum went to the lawyers and got him five thousand, and then he lost his share in the farm. He lost his share in the lands, because he didn't pay any of it back. But he was mentally unwell at the time and he was in and out of Lake Alice at that time... Yeah, well that's what she did have is a life interest in it. So now my brother has been disinherited and... The lawyers sort of diddled it a bit. (Whānau).

The pathologizing of young people struggling with cognitive and developmental issues, familial conflict and racism

Many who were sent to the Lake Alice Child and Adolescent Unit were quite young and were noted to display a range of difficult to understand or manage behaviours. However, these were not necessarily symptoms reflective of an acute mental illness requiring hospitalisation. These reflected issues such as speech problems, developmental problems and trauma oriented coping styles (acting out).

He was a very kind kid to me. He was tall and he had an afro haircut and he was black... he was a dark-dark Māori boy. I don't know what was wrong with his cognitive status, but he appeared from my point of view to have a problem at school. He never quite fitted in. He could have been anything. (Whānau).

My brother had a speech impediment as well and we think that was when he was dropped on his head from a very young age. (Whānau).

He was different from the beginning. I don't know what it was. It could have just been a simple thing like we cope today with kids that have...ADHD, Asperger's, Autism. (Whānau).

You're just about entering manhood and you know the way you've been treated. Your cognitive... notwithstanding he might have had Asperger's but his ability to process things would be a lot more mature. It could just as easily be, "Well, 'F' you all. You've not treated me well," and that became too hard for anyone to manage, and the solution was to put him in an institution as a punishment and containment. (Whānau).

He would often be excluded from school. I don't think they called it exclusion then but it was known as trouble. And so, in that kind of time as opposed to today, where there's more an acceptance and understanding and normalization. (Whānau).

Yeah. He is. I mean he can revert to that sometimes but he's intelligent too. But when you're on that kind of like, not autistic journey, what's the word? They had so many words for him. He had schizophrenia they would tell us, he had bi-polar, he had multiple personalities, all that kind of jazz they would say, and I would say, "Can't they make up their damn mind Mum?". (Whānau).

Receiving treatment in an inadequate system: "Treatment was like a eight cylinder car running on four"

So we can't do it without acknowledging that people actually did get better; it was a reprieve, but the treatment was like a eight cylinder car running on four. It was never going to run true. (Staff).

Former staff interviewed also identified that the Waiohine riot [1985] was influenced by the lack of cultural content and care at the Lake Alice Psychiatric Hospital including the Child and Adolescent Unit, and that this led onto the development of several cultural positions that were staffed by iwi members. This had an influence in the reshaping of care within mental health within the hospital and following its closure.

Te Piringa Whānau, that was the name of the Māori Mental Health Unit that came in not long after the riots, the two were put in place from Bunny McLean and Josephine Takarangī-Firmin. Then we had Robyn Firmin, and there were others there too; but became the manager of Te Piringa Whānau, for Māori Mental Health, was a big change in the system that enabled

them to give our tangata whaiora voice, support, from a Māori perspective, incorporating the four cornerstones of Māori Mental Health. (Staff).

... nanny Noti, or Josephine Takarangi was the first Māori health worker after the riots that happened, that actually changed the system – which was in that unit. Once they had a bit of a riot, the riot was around the tangata whaiora wanting to have Māori and their culture and identity included in their care. That was the two. We came in after – their names were Josephine Takarangi-Firmin, and Bunny McLean. They were the two first Māori mental health workers, then after them came – well we had a whole unit. There was a whole lot of already connected workers that were in there. (Whānau).

That was back in the nineties, there was a clause that came into the Mental Health Act, and the Justice Act, called Section 5, 6 and 65, I think it's called. That was a right to your cultural identity. Those things, I think that was some of the changes that came through after that riot around how did they provide for Māori spirituality; how did they provide for cultural activities, and how did they provide for connection back to tangata whaiora to their families, to their hapū. Part of the role coming in, the Māori mental health worker was similar to the social worker, but on steroids from a Māori perspective. That created a bit of a change, and a changing of challenging care plans. How do you challenge a care plan that is, and I remember in my time in the different cross agencies, and cross worker nursing meetings? We were challenging the medical model at that time utilising the whare tapa whā of Mason Durie's, as a model that could have a different conversation. And the different conversation was around, not just thinking about hinengaro, and focusing that it's all around the medication, the seclusion, the methods of intervention were wider and encompassing of that holistic approach. That's where we came in strong as Māori mental health, was at that time. (Whānau).

Our role at that time just for that unit, because that was the only operating unit as I mentioned; but it was national. We did a lot of travelling of taking tangata whaiora back into their own rohe, and trying to reconnect; because the majority of them were incarcerated – and I say incarcerated under two acts: (1) The Mental Health Act, and (2) The Criminal Justice Act. There were two pieces of legislation that were actually like double jeopardy. (Whānau).

I ended up becoming a duly authorised officer, quite a few of my colleagues. We had a cultural perspective, an ability to work with the Act, and then being able to walk families through the Act, and then actually being able to use the Act to provide an avenue for people to have an assessment. There was another area where that transpired by the cultural input into the care and treatments of our tangata whaiora at the time. (Whānau).

Yeah. I think I came in, in the more – get the work done, the breaking of the ice was the nannies. Our Nanny Josephine Firmin, Takarangī-Firmin; and Bunny McLean, who were the very first because they had to navigate the space, and then put measures in place that Māori have a voice next to the psychiatrist. Māori have a voice next to the psychologist, next to the physiotherapist, all these different disciplines that sat at the table, we're very staunch around their registration and the standards and expectations per their discipline; and then you have Māori come in there and it becomes like, "What are they doing in here when they don't have a registration?", or "They don't have...", and so it becomes a conversation that they broke through. When we came in the majority of us were trained as social workers, or enrolled nurses that were at the time, and actual nurses as well. That switched over to being a Māori health worker, because it was a wider approach to the care for our people. (Whānau).

Its closed down but there was a process that was demanded of, because of these Māori, mental health workers that were put in through changing of a system and policies, and rules, that enabled Māori to have voice; and then into iwi had voice. So when they set up the Māori units, Te Piringa Whānau, which started out at Lake Alice and then moved into the Whanganui Hospital, they become the voice for Māori especially around things like the decommissioning of things, the opening of buildings on the site. I opened so many buildings in there with other kaumātua, as I was following around after them, on DHB grounds; because, we were no longer going to have the cutting of the ribbon. (Staff).

It was in the kitchen. I was in the unit that they had the kitchen in, my nannies were there and aunties, at that time. Basically, they overtook the kitchen. What I can remember, the reasons why they were doing that was because the culture wasn't being incorporated into their care, and some simple as a kapahaka and just those things at that time, was non-existent. Our role at that time was to go into there and make sure that those things were put in place, which raised eyebrows in the community, I had two tangata whaiora that were coming from the National Secure Unit to Whanganui, to what was called Manaakitia Carving Course Trust. Those are those activities that were never ever entertained because it was the medical model, and the medical [39.20] model only, our people in there the majority were Māori and they had enough. They wanted to sing their songs, they wanted to talk to nannies; and that's why Nanny Josephine, she was one of the big hits with all the tangata whaiora because she acted like a nanny to them, and a mum to them. She cooked them rewana bread and we cooked them boilups, just the manaaki,

the simple things of manaaki that made its life bearable for them, along living with a mental disorder. (Staff).

That was a game changer in the mental health system from what I remember, and we quoted it quite a bit when I first was working as a social worker and a Māori mental health worker, around the impetus to have change for Māori. I mean, we weren't perfect-perfect, our unit, but we were there. We were at hearings and we were at the courts, and we had tangi inside... I remember, that was about the last couple of years; we had a tangi inside a unit because one of the ones took his life, but [41.52] just bring him back, he wants to come back, so we had him in there alongside the other tangata whaiora who had a fear of death in that as well. But, they needed to understand that in death there is a dealing with grief that you need to go through by being there and having that worked through in a tikanga Māori way, and so we guided them through that process by having his body brought back. I can tell you right now it was a bit of a fight. (Staff).

Treatment or trauma: Punishment as a mode of managing behaviour disguised as treatment

Whānau identified that some tangata whaiora developed more severe symptoms when in Lake Alice Psychiatric Hospital. This included some tangata whaiora being punished while in the hospital which resulted in being transferred to more secure units, and other tangata whaiora significantly changing in their ahua and personality, such as becoming very sedated and non-communicative.

There was a type of prison culture there. You had pecking orders among the tangata whaiora but as you got to know them, they opened up to Māori staff more, more trust there because of whanaungatanga. We were able to advocate in a humane way, we learnt our roles when discussing care. Decisions were made in those multidisciplinary meetings. Drs were looking at the medications, discharge orders etc. Psychiatrists and their key nurses made the calls – nurses could be overridden, the psychiatrists held sway. (Staff).

There was a strong usage of seclusion that a lot of our whānau were experiencing and of restraints both physical and medical restraint. Physical restraint was being used and then they were moved into areas of isolation. What were the decisions leading to that? Our role was to report what whānau were saying but what they said could instigate a reaction from the psychiatrist that would start an investigation that would lead to a review of medication. An example was a person who said "I had a dream that my mother came back to me and I felt that everything was going to be ok."

But when that went through out multidisciplinary team meeting that was assessed as delusionary. Most of the nurses and Drs were British. (Staff).

He went in [forensic unit] because he was unwell, and then I think he started to play up while he was in there... I know when he was out at Lake Alice he was quite violent. I remember he escaped from Lake Alice. (Whānau).

Well in the end that may have been, because he got electric shock treatment quite a lot, because of his behaviour...by the time I got to the hospital he was just this person that was a puppy. He was quite a gentle sort of person but he was quite sedated too. Yeah, very sedated. (Whānau).

Whānau and former staff reported that tangata whaiora at times received a range of different forms of punishment for different behaviours, not only behaviour that occurred on the ward, but also for running away. These included receiving injections of paraldehyde and Electroconvulsive Therapy (ECT) even when there were no recognizable mental health concerns present.

That's how I got to know about Lake Alice. It was always a negative thing - being locked up and people being hurt...ugly punishments and things...Yeah. Being locked up and being segregated. There was all sorts of stories, but how true they were. But, then you read articles and some of it was obviously true. (Whānau).

He talked about the electric shock treatments, the injections, the abuse from the staff. Everything was a punishment, you couldn't do anything wrong. He ran away lots of times, of course; the police would always take him back. They always took him back so of course the staff, you know, of course the punishment for running away was whatever they decided on that day, whether it be the electric shock treatment, whether it be the injections; all of those kinds of punishments for misbehaviour, and beating him up. (Whānau).

I knew that he was receiving controlled ECT, as a punishment. I did know that, and I did know that he was on uncontrollable in the eyes of the institution, and all those who were there...And so, at that time I wasn't going to ask him around whether it was for a punishment. He surrendered that. He said, "Oh nah yah get it if they don't like you". (Whānau).

ECT..It was badly... It was used like improper and not a safe for the child getting electrocuted. (Tangata Whaiora).

...he just says that he got shock treatment a lot of the time, you know, and it's still in his thoughts today about his treatment at Lake Alice. (Whānau).

Just abuse, just physical abuse... Beatings... There was kōrero about getting injected under the fingernails. (Whānau).

[tangata whaiora] always talked about the shock treatment. I had another whaiora who was a [whānau name] as well from up the river, Raetihi way. He talked about his shock treatment, talked about his abuse. It was never, ever... I think the whaiora that I've met their experience of Lake Alice was never, ever positive. (Whānau).

I remember having a conversation with an uncle who was in Lake Alice. He said they were cruel. He was incredibly traumatised by it all and it's clearly impacted on him and he had issues. But to go through what he went through, I'd have issues too. (Whānau).

Tangata Whaiora were also often threatened to have meals or cigarettes taken off them as a form of punishment and control.

We all have our views on this but what is prominent is punishment for upsetting the routine and potential to cause more disruption within the wider group..taking away of privileges earned, no meals, no spending money, no trips..Most important one is taking away tangata whaiora smokes. For the more confrontational disruptions ...well..then we get to the more invasive treatment. Cruelty. (Staff).

Some tangata whaiora received compensation for the abuse they suffered at Lake Alice, however due to their disconnection from whānau and hapū, vulnerability, lack of life skills from years spent at the Lake Alice Psychiatric Hospital and instability, this compensation did not benefit the tangata whaiora, and at times fed unhealthy coping mechanisms, such as alcohol and other drugs.

In 2004 he applied for compensation; I think it was through ACC back then. My cousin helped him with it, he got 30K. He got ripped off from his druggie mates. I remember him saying he bought this flash car but he said, "Oh, nah, I just gave it away because it was too flash for me." Because he never had a vehicle, you know, he was on the street, on a bike. Him and his guitar and his bike. He didn't want the money because he just said that it was rubbish money. He said that they're just bastards and it was never gonna take away the trauma getting the money. So he just wasted it, he just threw it away really like it was, you know. He enjoyed some of it by drugs because that was his relief, but the rest of it he didn't care, you know, all that. (Whānau).

So he got a pay-out too; his whānau spent it. So he didn't really get to see much of that at all. But he had no comprehension of what that money meant. He just knew that people were ripping him off. (Whānau).

Staff who had worked at Lake Alice spoke of instances of violence, where residents were clearly frightened of staff, and the deadly silence that followed restraint processes and how this impacted upon the rest of the residents on a unit.

*...sitting down having a cup of tea in the kitchen at morning tea time, and you can hear all this commotion going, oh the next minute everybody's rushed upstairs and you could hear this yelling and screaming, tangata whaiora, "Leave me alone, don't f**ken touch me, te mea, te mea, te mea." All of a sudden its eerily silent, it's just silent-as...I likened it to watching, or being part of a war movie where you see the prisoners getting beaten up or tortured, and there's just that silence after that...then the whole villa went absolutely quiet. Everybody was just walking around on egg shells, watching what they say and do because the heat of the moment was there... yeah. (Staff).*

Former staff also noted how some staff had used tangata whaiora for their own amusement.

... Villa 10, that was our kaumātua group of people. They used to be called the wombles. The phone company dug a drain up so that they could lay the phone line system. They dug the drain up and the next day they were coming back to lay the lines or whatever – this nurse, at night time, he took the wombles out about 10 of them, gave them some shovels to fill the dirt back in [laughs]...I know, I shouldn't laugh because that's cruel, because you're getting kaumātuas out at night time, but you could imagine when the people from the phone company came the next day and it was all filled in. And that's a lot of line. Things like that. (Staff).

Institutionalised: "I do not want anyone to control my life ever again"

Whānau identified that for many tangata whaiora, their time at Lake Alice was noted to be a turning point for the worse. Some young men never returned to their whānau, many had developed alcohol and other drug problems, lacked the support to develop basic life skills, and many went to live on the streets in different cities near and far from their whānau. This institutionalisation was noted to strip the mana and very essence of our people. It was noted that this institutionalisation increased the vulnerability of tangata whaiora, and for many increased the risk they would become part of the criminal justice system and for others to take their lives.

When he did leave, he went to Epuni Boys Home; he lived on the streets, he was a bit of a free spirit. He said to me, "I do not want anyone to control my life ever again." So that's why he lived on the streets, he did what he wanted to do. He gave everything to street people. He would busk and he would not worry about himself, feed himself, he had to feed everyone else. He was quite hard into the drugs though because that was the only thing obviously that would numb all the pain. (Whānau).

They took away his rights to be a normal human being really, Māori man. They took away everything, they stripped him of everything so all he knew was trauma, he didn't know anything else. So, obviously fear, there was so much fear about; what does that real world look like? He didn't know what a real world was because he'd been abused from such a young age and he's committed and then institutionalised, and it's like he doesn't know what a real world is; he doesn't know what settling down and having a family, and having a house, you know, all of those; he didn't know about comforts because it was only immaterial, he wasn't even interested in anything material at all. All he was interested in was surviving and how he could survive and what was the best way for him to survive. (Whānau).

*And he was never right there either. He was visiting us because we were there and he had to, but he wasn't really engaging, he was like a zombie... I just think it f**ked him up even more, I don't think it was of any help at all. Like I said, he was like a zombie, just there doing his time, serving his time. It was like a prison. (Whānau).*

In the end he had done a little bit of time and he's been put into Pāremoremo, Mt Eden, a number of the prisons and stuff...[he] used to be quite violent when he got unwell, quite uncontrollable, and I think that was the episode that he must have had. (Whānau).

It was a turning point for him. That would have been his ruination. (Whānau).

He was often unwell, and of course by the time we became young adults, preadolescence even, it became obvious to me, as I got older, that he was just self-medicating, because he drank heavily, and big binges, he'd have his punch ups. (Whānau).

My brother, of course, all of those affects affected him mentally. He lived on the street when he did get out of there. (Whānau).

Like I said, he never, ever wanted to live actually in a house by himself. If he did, he always moved in with my cousin. You know, he wouldn't stay for long,

he couldn't kind of like, you know, and even in prison he was in and out, in and out all the time. So he only could take small doses of things, of being institutionalized. (Whānau).

Majority of his life, yeah. The majority, and he's been to Lake Alice, he's been to Tokaanui. He's probably been up to Henry Bennett and everywhere else, and he'd come back to Stanford House. (Whānau).

And so [tangata whaiora] he ended up getting unwell in his early adulthood and spent the majority of his time in mental health services, spent time at Lake Alice as well. (Whānau).

Still in the system, sadly will die in the system, [tangata whaiora] is locked up, you know. We had got him out for a long period of time and then for some reason... I think as he got a bit older a lot of stuff started to resurface. (Whānau).

Part of the cycle of institutionalisation was prison and entering forensic mental health services following ineffective and limited care and treatment. Whānau discussed several examples of tangata whaiora engaging in various levels of crime leading to further re-incarceration. However, some noted that for some prison was easier than Lake Alice Psychiatric Hospital.

Because obviously he was institutionalised quite young, part of him still needed to be institutionalised. But the prison wasn't as cruel to him as it was at Lake Alice. He knew the system, he knew what he could do, he had it going good and plus he was on drugs so he probably could get his stash through there a bit easier. (Whānau).

He came out and he got himself into trouble with the law. He just didn't fit in and yet he was such a neat kid or guy. He ended up in the prisons in Auckland. (Whānau).

No, he wasn't, and that was one thing he was never hospitalised, that Lake Alice was the only place he had gone. Everything else was he was institutionalised through the prison system. Like he said, you know, funny the way he talked and he goes, "Yeah, I got to get like free feed, you know, free food." It was happy, you know, things like that. It was funny, he treated it like it was normal and it was okay; it wasn't a big drama to him. It was like, "Yeah, I know what I'm doing. I'm gonna be like the system so it works for me." (Whānau).

*I still think there are gaps in the mental health service but in fairness to the mental health service it's like that through health overall...I think that the staff, step one, have to actually give a f**k and if you don't get another job....Māori or not, if you care the rest comes with it because your caring opens you up to be willing to learn the rest of the stuff you need. (Whānau).*

Whānau discussed two cases where tangata whaiora had died by suicide either within Lake Alice or not long after leaving. One of these examples involved a lack of care in transitioning to prison, and a lack of mental health care in prison which led to the tangata whaiora taking his life within Prison.

...he should not have been in D-block, he should not have been in Pāremoremo. He should have been in a secure psychiatric institution, and also, there is no doubt that his behaviour in his adolescence and in his early adulthood would have been profoundly affected [by his time in the Lake Alice Child and Adolescent Unit] [tangata whaiora name]...So that would have been a response or a reaction to being in there, because everybody knew [He]; [He] was a beautiful person, and then he could be unwell, but actually for him to be in the block [Maximum security for New Zealand] is a big call... So what happened, and his seems like a perfect storm for someone who absolutely slipped through everything. (Whānau).

Theme 2: Disempowering whānau: Lake Alice Psychiatric Hospital not engaging with whānau

This theme reflects the experiences of whānau in supporting their loved ones, engaging with the Lake Alice Psychiatric Hospital and the impact on whānau. This theme is reflected in three sub-themes.

1. The stigma of mental illness.
2. Disconnection from tangata whaiora and whānau.
3. Whānau advocacy and support: "They better not bloody touch her!"

The stigma of mental illness

Whānau talked about the stigma of mental illness, how it was often misunderstood by whānau and in turn not talked about. Whānau reported how this at times was disempowering, and at other times this lack of knowledge and stigma led to criticism of the whānau or the tangata whaiora.

My father, when things happened that impacted on him, he just would go into a deep depression. Like he'd be in bed. I remember quite a few times seeing my father in the bed like this and I'm going, "What's wrong with dad?" And mum's going, "Just get out of the room." And closing the door on us. And then the next minute we'd see the doctor coming in, like he did home visits. And then the next minute dad would be taken away and we'd be saying to mum, "What's happened, what's wrong with dad?" And she'll be telling us to be quiet. (Whānau).

The very first time she had psychosis it was in this house. We didn't know what was going on. My oldest son, the builder boy, and his cousin, physically held her down up in the front room. I rang the doctor and nobody would listen to us. We rang the Ratana minister. Because we didn't know what it was. He came down and his daughter came with him. He said prayers and all the rest of it, and he said "That's because you don't go to church." The daughter pulled me aside and said, "You ring the hospital again. That girl has got drug induced psychosis." I didn't know what that was, but I knew that it was serious. (Whānau).

...mental health wasn't the thing that you really talked about. My father was actually afraid of it. We went on a journey with my brother but when he ended up in Lake Alice - oh wow. Now that in itself was a journey for all of us, and although I wasn't living at home Mum would discuss it with us all 'cause she

felt that we needed to understand mental health. Not the nonsense that everybody said, "You're a bit cray cray," you know? That was the 60s, 70s, and even the 80s. You know.... If you had anything different. I thought, what the hell was normal anyway?. (Whānau).

No, can never, ever remember. When it first started happening for my father and mum would come down to Lake Alice, we'd have to go to aunties and that. We didn't have any people come to the house to talk to us about mental health. It was a hidden, it was a bad thing back then to have someone that had mental illness. Well we didn't understand what it was anyway. We just knew that dad was sick. And then when my brother... yeah, there was no support and no help around my brother. Then we started treating him the way everyone, society treats him, because we didn't understand. (Whānau).

It was a humungous stigma attached to having someone in the mental health area anyway, being in lockup. And so Lake Alice is always seen as that place out the back of beyond that they put all the loony tunes in. Then your own brother has to end up in there and your own language has to change. "He's not a loony tune, he's our brother." But that's how we were brought up to hear about Lake Alice. "They're put out there in the back of beyond 'cause they're all crazy, they've all lost the plot, they're all potential killers or murderers," or stuff like that, such rubbish. (Whānau).

...anyone from that and all the way back, people would go, if they went to prison then they were going to the hospital. It was suggested they were just mauiui, and our women with child they went somewhere, went away. So it was all in that, so there was never really conversation. (Whānau).

One whānau spoke about how their loved ones were viewed as sick or 'ratbags' due to them regularly getting into trouble. They didn't necessarily consider that their whānau or community stigmatised them for having been in the Lake Alice Psychiatric Hospital.

So they were just all a bunch of ratbags and that's how people saw them. And nobody really cared if you went to Lake Alice [Child and Adolescent Unit] or not, nobody treated you different because you went to Lake Alice. They were all little shits his mates, his age group. They were naughty boys, they just got into trouble, drank and drugs. (Whānau).

Disconnection from tangata whaiora and whānau

The majority of whānau spoke about being disconnected from their loved ones when they were sent to Lake Alice Psychiatric Hospital. Children of residents at Lake Alice spoke about having to sit in the whānau car, often with several other siblings while their parent visited their whānau member. Children and siblings noted that they could not visit their whanaunga and often did not understand what was happening for their whānau.

I remember as kids - because we had this van - we used to call the Tijuana Taxi. And we'd all jump in the back of it and we'd go out to Lake Alice and spend time with dad out at Lake Alice. We didn't get to see him, so we'd sit in the car, because mum didn't really have a babysitter so we'd sit in the van... Yeah, no I don't know what the reason was, we just had to stay out in the van... There would have been about six of us. And the guys from Lake Alice would sort of just walk around the van, you know, so we'd be in the van and we'd be getting smart. (Whānau).

Well, it's just somebody's where. To us it was just a place. There was nothing scary about it because we were sitting in the van. We're sitting in the van, we're playing cards, or fighting. (Whānau).

They didn't believe in us as whānau being able to go in there. So I recall going out to Lake Alice but not going in. Couldn't see our brother. I'm not sure about [brother] 'cause he was fairly tight with Mum and Dad. Dad wouldn't go to visit. He wouldn't go at all. (Whānau).

Whānau who were able to visit talked about the discomfort of going to a locked facility. They reported the experience being cold, sterile, like a prison, even in units (villas) that were not for forensic tangata whaiora.

All the keys being pulled out and opened. And then there was a bloody great big form going across half the sill, and I'm going, "What the heck?" You know, they made me stand behind the bar and wait. They'd come out and then they'd go, "Yep, you're alright to come." And I'm thinking, "What the friggin' heck?". (Whānau).

So they would know and I wouldn't expect they were like that but I don't remember there's no staff member there that made me feel like it was a nice place, or that my brother/uncle was being cared for. I never left there feeling okay, like he's gonna be okay. It was always a sense of apprehension. (Whānau).

Nothing like you get treated now. It was just like, come in this way, he's in this room, here's your seats. There was no consideration. I don't ever remember being properly engaged with... I'm not speaking for myself because to them I'm a kid, I'm not the adult that was going to visit. But even the way I witnessed them treating my mum or dad, it wasn't polite. It was just, follow me, here's the room, we'll bring him in...regimental.. that's how it felt, and that's how it looked, like a prison. (Whānau).

Whānau also discussed how they moved closer to the Lake Alice Psychiatric Hospital in order to be closer to psychiatric services and to be able to visit their whānau members.

Over time mum would come down to Lake Alice to see dad; then he eventually got let out. We moved to Wanganui here because my father couldn't take care of the farm. And then over the years, my father would get mentally unwell and then he'd end up spending time in Lake Alice... (Whānau).

Whānau advocacy and support: "They better not bloody touch her!"

Many whānau members fought hard to protect their loved ones. Whānau reported being aware of what happened inside Lake Alice Psychiatric Hospital, so they would request that their whānau did not receive treatments such as the ECT treatments. One whānau member recalls her mother yelling at the clinical staff that the tangata whaiora was their whānau and not the hospital's patient.

So, when [she] went in I was terrified to be honest. When [she] went in I thought, 'They better not bloody touch her!' I spoke to the nurse. I wasn't allowed to talk to a doctor. I remember speaking to the nurse and just saying to them that my daughter was suffering from psychosis – drug induced psychosis when she went in. I was a bit of a wreck to be honest. I wasn't very nice at all. I just kind of fell apart. I just was so-so protective of her. At that stage my husband had always been there as her protector as well, but he was a very gentle and quiet man who didn't push buttons. So, that became my role. I was the one that did the speaking. I just said, "I need an assurance that she's not going to be put on a table with electric shock treatment. I'm not sure that I'm trusting what's going on in there." This nurse, and I can't remember her name, but she said to me, "I can assure you she will be here for a rest and rest only, and she will be cared for properly." (Whānau).

They tried to give him the shock treatment, my mother just went into battle mode. Well actually she went into battle mode before that, she didn't want him going into Lake Alice, but he had become much more risingly ill... "No bastard," was her language, "No bastard is going to harm my baby." They

didn't want him to be well. So she gave them what for. "You touch a hair on the head of my son and I will deal to you." And they, in their whatever, decided to take my mother on and say, "Oh you can't do that Mrs [whānau]. He has rights. He has rights and if we feel that shock treatment or anything else like that is going to help him, that's what we're going to do." She said, "Oh no you will not touch a hair on his body. Even think that and you will think that hell and damnation was a better place to be than taking me on." And she fought every inch of the way with them. Yes they had been afraid, but she was a mother, so she taught us. (Whānau).

Mum worked hard to get him out of there with all that she could muster, and you have to remember, you know Tari was running around in that era and Mum was doing some writing and things like that for her to do with Te Oranganui. That using all the parts of the mental health that she could, and everybody that she knew in it to keep him away from the shock treatment stuff, and as far as I know and speaking to [brother] about it and Mum, I don't believe he ever did get the shock treatment that she was afraid of him getting. (Whānau).

As noted earlier, many staff members who worked at Lake Alice Psychiatric Hospital also had whānau members come through. One staff member shared about the difficulty of having her father there for assessment for a week. She noted that he was treated well most likely due to her being there.

I suppose if anything had of happened I would have jumped up and down, didn't do that for anyone else. (Staff).

Yes I did. And that was one of the saddest things. I wasn't brought up with my real parents, I was whāngai'd out. My whāngai dad he ended up getting Alzheimer's, and dementia, and he became violent. One day he picked up a pot of hot water on the stove and threw it at mum, missed her, but threw it at her; and he'd been progressively getting worse and worse, and it got to the point where the mokos were scared to be around him because he'd just lash out. The doctors were involved and they sent him to Lake Alice to have an assessment done on what stage he's at. He was put in Lake Alice and he was in the villa where I was looking after. I told them that they need to remove me because I know what goes on in that place, I was hoping that they weren't gonna do it and they says, "Oh better that if you're here anyway because then you can see that he's not being mistreated." I went, "Oh yeah."...One day I had to walk out, because it's a locked villa; and I had to walk out and go and get some fruit at one of the other villas, and he followed me. He goes, "Come on [name], take me home. I wanna go home now. Take me home." I just looked at him and I says, "Dad, you can't, you have to stay here." He goes, "Why? I

wanna go home, mum's waiting for me." I went, "No dad." The nurse came down to save me, she goes, "Come on, Mr [whānau name], let's go; we're gonna have cup of tea now." He goes, "Oh no, but my daughter's taking me home." She goes, "Go and have a cup of tea first and then we'll talk to her." That was the hardest thing having to walk out of there and lock the door. (Staff).

Other whānau, including siblings and cousins of tangata whaiora have reported repeated attempts to gain information from Lake Alice while their whānau were residents, but being turned away. This left them feeling frustrated, helpless and upset.

I couldn't go and visit because she was too unwell you see. That's what they said. (Whānau).

She was in agony going to visit him [at the Lake Alice Child and Adolescent Unit] and of course he didn't want to be in there. She could see the trauma and the change and just everything about his demeanour. She felt helpless, she was saying to me, "I just felt so helpless, I couldn't get him out. I tried. (Whānau).

She wanted to take him out [of the Lake Alice Child and Adolescent Unit], eh, like I told you. She felt like she had no rights. The staff didn't wanna know (Cousin), they didn't, you know, they would not acknowledge her as the cousin. She was saying they were quite rude to her because she was trying to find out and they were saying, well it's actually got nothing to do with you, it's none of your business, you don't have a right. (Whānau).

He's been committed by law and you actually aren't on this so we don't actually have to tell you anything. So that was what it was like every time she went there. She cried and cried because she felt so helpless to get him out, and having to leave there, you know, having to actually leave and leave him in there. (Whānau).

From whānau to tangata whaiora: The impact of mental illness upon whānau

Whānau reported a range of impacts on their own health from caring for their tangata whaiora while their tangata whaiora were unwell. This had led several whānau to seek support and therapy for themselves during these periods. For some, their own mental health was affected later in life – transitioning from being a whānau member to a tangata whaiora themselves.

... it had left us traumatised in a way. When the second time happened in Lake Alice I can remember going to a counsellor fella about myself and about my

daughter. I said, "Please could you help me to help my daughter. I don't know what to do." He listened to me and he said, "That's her journey. What do you want for yourself?" I didn't hear him, because I'm focussing on my daughter. He must have just listened and said, "What do you want for yourself?" It clicked. It's like the dripping tap and broken record thing. I heard it and I burst into tears. I said, "I don't know what I want for myself." He said, "You've got lots of time. You think about it because you need to decide what you're going to do for yourself. You can't do anything for your girl. You've done everything you can. It's her journey." (Whānau).

It did, yeah, it started when we were young. I think the first time I ever remember my father being taken away was when he tried to kill himself; my sister had to take the gun off him...I must have been about six, going on six... We didn't know. I remember standing out on our front veranda and jumping up and down screaming, you know, like he had the gun, and we could see it. And my sister trying to talk him down. I think my sister was only 14 at the time. She was our big sister; she's the third to oldest of our family. There's 12 of us; well there was 13. (Whānau).

...we all stigmatised him. That was the thing. My mum would go and visit him but he would be quite nasty to her so she stopped visiting him. (Whānau).

In-between, yeah. And I think he was starting to become unwell then. When he started hitting me like an adult, punching me and kicking me, and he had his hobnailed boots on it sort of it tipped me over... I ran away from here [aged 12]. (Whānau).

It disrupted our whole family, you know, that shift from the farm to here; and my father getting unwell and us seeing it. I'm at the moment processing that with a counsellor because a lot of that stuff has, over the years, I thought I'd pushed it aside, you know, and just suppressed it. (Whānau).

Theme 3: Lake Alice Psychiatric Hospital as a footprint of colonisation in the rohe of the Southern Rangitīkei

This theme overviews the role of the Lake Alice Psychiatric Hospital as an aspect of a western colonisation process. This theme is reflected within four subthemes:

1. The dark ages: The Lake Alice Psychiatric Hospital in the context of western psychiatry.
2. Protecting our own: Fear of 'the bin' reducing whānau seeking help from the western medical or mental health services.
3. Whakapapa: Understanding the over representation of some whānau in the mental health system.
4. Crown systems blocking self-determination for Ngā Wairiki and Ngāti Apa.

This theme includes discussion of psychiatry being based on archaic western systems which individualised and pathologized our people, without acknowledging or addressing Māori perspectives of health, knowledge or experiences. This impact of colonisation was further discussed by whānau in regards to the impact of mental health concerns in whakapapa. Finally the footprint of colonisation was further evident in the experience of Ngā Wairiki and Ngāti Apa leadership who attempted to land- bank and seek ownership for the whenua at Lake Alice.

The dark ages: The Lake Alice Psychiatric Hospital in the context of western psychiatry

Whānau of Ngā Wairiki and Ngāti Apa identified that the Lake Alice Psychiatric Hospital including the Child and Adolescent Unit was a component of colonisation in the rohe of the southern Rangitīkei. Whānau and staff noted that psychiatry itself was still in the 'dark ages', from a western perspective which was pathologizing and individualistic.

I think one of those things around what was happening in the seventies was it would have been like in Britain and Europe before the abolition of slavery... I still regard it as the dark ages, and there were a number of things. There wasn't the development of the kind of antipsychotic drugs that presented themselves later that you couldn't die by overdosing. The science was still relatively archaic in my view...(Staff).

I think it was probably part of the colonisation process when I think about it, because in the end, if you think of Royalty and how they locked people away. You need people to have a stigma, to believe that it's wrong to be unwell; and then you leave the power to somebody else to do something about it. I honestly think that we're only at the infancy of understanding about mental health. (Whānau).

I think I have to say that. I think when I look at the English history and how colonisation has imparted that in us. I often think about my mokopuna. I say, "When you get married you keep your name. Don't you become Mrs Barry so-and-so." Like me. I became a [whānau name] and I was an [whānau name]. The 'why not' man... in our colonial history, we moved from the property of our father to the property of our husband. In colonial history, if you were raped or assaulted by a man nothing would be done on your behalf, but your husband could go to court and claim damage to goods. (Whānau).

They also identified that the Lake Alice Psychiatric Hospital was operating within a government system, a system that allowed the trauma that occurred at the Lake Alice Psychiatric Hospital to happen.

... it's a hospital; its government, they just move on in. They wouldn't have done their research on what Māori thought it was, they would have just recreated a whole community. It was centralised and centred around a European/English way of psychiatry. It was set up to exclude, and put them out to pasture, in places out of public eye. (Staff).

It'll be good for the Commission to understand it needs part of a healing kind of a process, and it needs to be simple but also quite sophisticated at the same time. A sophisticated understanding about the whakamā that people felt, about why it's a no-go conversation, and the fact that a set of institutional values were overlaid under the guise of protection, but actually they were overlaid under the guise of a nineteenth century western psychiatry. (Whānau).

I think the interesting thing too is that Lake Alice rightly so has been held to account for the way they treated people, but there's a system that makes it more likely that they will go to a place like that and be treated in a particular way. Lake Alice doesn't operate in isolation. There's a whole institution that feeds them through. So, if the school is not looking after him and giving him the best opportunities, then he's going to at fifteen... any kid is going to rebel at fifteen. (Whānau).

Despite the acknowledged harm that was occurring at Lake Alice Psychiatric Hospital, many of our whānau followed the advice of previously trusted general practitioners or mental health staff. Believing they were doing what was best for their whānau member. Acquiescing to the advice of the 'professionals'.

So he will forever be a user of the mental health system, it just matters how whānau are allowed in to deal with that, and they wouldn't allow it. That's what Mum used to say to him. You could hear her on the telephone, you know if she was talking to them and she wanted to talk to him she said, "He is my son." She would repeat that all the time. "He is my son he's not your..." What is it, not subject, it's the mental health word for inmate type stuff? She would repeat that to them and, "You didn't give birth to him, I did." "But Mrs [whānau name], you were a part of the responsibility of putting him in here." She says, "He was unwell, and I was trying to use the system," I believe she used to say, "To make him well, and you convinced us that this was a place that would make him well." (Whānau).

But you know something when this all started it was [Mental health advocate] ringing up and being involved at Lake Alice, I started to wonder if, you know, you shit Dr [name] sending me in there...As I say, it was a part of my life, it happened; and it doesn't matter what I do or say it won't change. But, yeah, I did wonder. As you asked, did I think all of the doctors were doing that for people at the time and I think they must have been. Because I don't know if he was evil he was a good doctor, the whānau doctor, and he was probably thinking that was gonna help me; so that's where he sent me. (Tangata Whaiora).

Whānau and staff also spoke about how mental health perspectives and care at Lake Alice did not incorporate Māori perspectives on spiritual beliefs. An aspect that tangata whaiora, whānau and staff identified was important to wellbeing and healing.

All I knew was that it was a good place where I'm gonna settle my debt and come out at the other end...to Ihowa, God...it wasn't a sense where I owed him a debt. Was sort of like me telling myself I want to change. I want to change, I want to have a crystal clear connection with Io. Yeah, having that connection. I think I've been a spiritual person all my life. (Tangata Whaiora).

We were able to make it happen because there were people that were Māori in the right place that understood the importance for people to say goodbye and go through a grieving process. Actually, some of the reason why they re-enter into those spaces is because grief and trauma hasn't been walked through in a way that has a systematic process to it, that has guided, not left by yourself to do that and figure that out in four walls, or four walls of your mind. (Staff).

The lack of knowledge of and inclusion of taha wairua in mental health treatment at the Lake Alice Psychiatric Hospital led to whānau being over-medicated, labelled evil and sick, and further punished. For some whānau this meant they were at Lake Alice longer than intended or that they needed to be. One whānau of matakite noted how their whānau member stopped talking to his medical team about what he saw and experienced at the hospital as it only led to further punishment. This was to the point he labelled himself 'evil and crazy'. This was another example of western perspectives being internalized by Māori. This internalisation could also be seen in the perspectives of whānau and community members who started viewing Lake Alice as 'the looney bin', which increased the isolation of tangata whaiora, and judgment upon them and their whānau.

He went through every possible church that he could go to 'cause he believed that he must be evil because they used to use that term on him too if I recall, from what my brother used to say. I said, "So why do you say you're evil?" "Oh, 'cause I am. I'm evil. I'm evil and I'm crazy". (Whānau).

He would actually use the words cray cray himself. "You know everybody's crazy. You know I'm crazy eh? I'm crazy. Crazy!": I said, "No, you're just sick bro." "No I'm crazy. They said I'm crazy so I must be crazy, but guess what sis, it's really ugly in there." He wasn't talking about the people either, he could see things and to him they were pretty ugly. He didn't use the word demons, but he could see these ugly things running around in Lake Alice. "They peek out," he goes, "They tell me I'm crazy though. I'm crazy. You know I'm crazy eh? You know I'm crazy? Only crazy people see these crazy things." And I thought, "Well, I better not go anywhere near these people 'cause I could see them too." You know?. (Whānau).

Well the matakite thing is definitely something he had, 'cause he would always be looking anyway, just as a child. Looking and darting his head all over the place. Matakite for him 'cause that's the only one that I could think of that he used to talk about, seeing the ugly things inside Lake Alice. 'Cause I like to be a clarifier, "What do you mean by ugly things bro?" "Oh you know," he would just get a bit, "Well they're pretty scary!" "Oh you mean people?" And he goes, "No, 'cause they don't look like people, but they do look like people, but they don't look like people." "Oh okay." So he'd describe some as shapeless, some as demonish I guess, and if he was talking like that to the psychiatrists, yeah they won't have liked that at all. (Whānau).

Tangata Whaiora who had been into Lake Alice in the early 1970's noted that there were very few Māori working at the Lake Alice Psychiatric Hospital.

I don't actually remember any Māori staff in there. Not working around where I was, in the area that I was, I don't remember any. (Tangata Whaiora).

Tangata Whaiora, staff and whānau noted that those Māori that were working in the hospital tended to be in caretaking, catering and laundry, and often as psychiatric assistants – or there 'for the muscle'. There were not many in clinical positions or in other positions of authority.

There were quite a few Māori staff, especially men, and some nurses. A lot of high ranking English staff. There were quite a few Māori staff there. The saddest thing about that, in hindsight, is that a lot of those Māori staff members that were employed there were local; I think employed there mainly for their muscle really. Yes they got some training later on, psych nurse training. A lot of them just stayed like assistants, and just to be the muscle really – to back up those little skinny English nurses [laughs]. (Whānau).

I was in my twenties when I was working out there; might have been mid-twenties...Psych Assistant. And so we were sort of there to restrain really...I remember when I started I never got trained it was just like, you're in... Yeah, you start tomorrow. (Whānau).

Former staff did note the inclusion of Māori advisors at Lake Alice Psychiatric Hospital from approximately 1985, including Buddy Mikaere, Bunny McLean and Jo Takarangi Firmin.

Protecting our own: Fear of 'the bin' reducing whānau seeking help from the western medical or mental health services

Whānau and former staff also noted that the stories of what had and was occurring at the Lake Alice Psychiatric Hospital would have potentially discouraged others from seeking support that might have resulted in a stay Lake Alice Psychiatric Hospital.

When asked if this may have occurred, whānau reported:

I believe so. I honestly do believe. I also think there was a huge stigma. Mental health was a no-no issue for us as Māori. I honestly believe that. (Whānau).

He used to just say it was a place for slightly queer people. (Whānau).

The usual one. I knew there were those that were related to us, and they used to always refer to them as 'the bin', as in the loony bin. And so, the bin, and I don't think that term went away...And so, we'd stop there, and I'd hear some of the staff there talking about 'the bin'. When I was a teenager you'd get

all sorts of names, like instead of Lake Alice, LA international carpark, was the one I kind of thought that was slightly clever. We had names that were derogatory because it was a psychiatric institution, it was a place where crazies went. (Whānau).

And it makes sense that our people didn't go there, and it made sense that our people were whakamā because we took care of ourselves outside of that. And so, becoming a ward of the state, and the Director General who becomes the person in charge of you; the lawyer that works for the Director General who becomes the agent, or the person drafting sheep, the person who's a social worker like me, whose got a warrant, and you know, all of those moving parts, and you know, there was so many reasons for people not to have a meaningful engagement... (Whānau).

The closure of Lake Alice and the emergence of Māori mental health services in the rohe

In 1989 Te Korimako Services were consulted about a mental health plan for the region. It was clear that Te Korimako were annoyed at the failure to follow appropriate protocol with Māori. They noted the lack of appropriate consultation saying that Māori committee members tended to have to serve the committee rather than provide wider Māori input into planning:

"We have told the Board many times what Māori people need, we want to see some action, not just being asked again; when is this gathering of information going to cease?"

(Member of Te Korimako). (Mental Health Services: A Plan. 7:1989)

What was clear is that Māori experiences at Lake Alice and the experiences of whānau there gave impetus to Māori to run mental health services under an iwi umbrella. A combined iwi approach through Te Oranganui saw Niko Tangaroa, the Chair push for Te Oranganui to approach senior Māori psychiatric nurse, Robin Firmin to help establish what would become Hinengaro Hauora.

Iwi Rūnanga started employing a mental health workforce from the 1990s.

Whakapapa: Understanding the over representation of some whānau in the mental health system

Interviewing tangata whaiora, staff and whānau allowed a view of Lake Alice over time. It was identified that between the 1970's and 1990's there were noticeable increases in tangata whaiora Māori entering the Lake Alice Psychiatric Hospital, including the secure forensic ward.

Well in Lake Alice they had their own ward for Māori and that was Kāinga Ora, was the name of the unit, and they're busy. That's what I noticed, a lot of the clients over the years was just filling up with Māoris, you know, Māori kids. (Tangata Whaiora).

Waiohine was a national secure unit so that was the last place to close down at Lake Alice; it's pretty much Lake Alice's prison... villa 14 that the national security. The majority of our people and the majority of the clients out there were predominantly Māori, in Waiohine. (Whānau).

Several participants noted that mental health concerns had become prevalent within some whānau in the rohe, with whānau struggling to understand what mental illness was, and how best to address it. Some whānau could see intergenerational patterns but were unsure of how to explain this. Many whānau interviewed noted that they wanted to explore their different whakapapa lines to identify possible causes, and others noted that the strengths that tangata whaiora displayed were also part of their whakapapa. Others directly linked mental health concerns and trauma with issues such as colonisation and racism.

Well I mean it's hit us too if you think about it. That's our grandmother and then Dad had some peculiar ways about him too so he would have, we all have been on the spectrum of it, but what we've noticed is in our own whānau, if it's gone like that, going from generation to generation then my son [name] had to have been this generation in my family of it going down a line. 'Cause if it hit my grandmother, somewhere up a line, there's some mystery around [tupuna name]. I don't even know where he's buried, but it feels like it's coming down a line. I mean, in the [name] whānau there is supposed to be something that's happened back in the history and I'm not sure what that is exactly. But if that's the case it's going to be spread across all of the [whānau name], and so if there's an interesting case of interconnecting that's going on with the whakapapa in the [another interrelated whānau name], you cannot tell me, and we've never looked at the rest of them, in at least one of the other lines there's mental health issues in there too, and I'm talking the [another interrelated whānau name] side in

amongst the [another interrelated whānau name], in there. So I think there's a connecting the dots going on there, but I didn't realise so many of our whānau were in Lake Alice until the blessing came. (Whānau).

Our father was still afraid of mental health things, and why was that so? Because it was in his whānau. My grandmother gave birth to our father at Kākahī, then the child was taken away from her, and we think that she may have had post-partum depression. She was not fit to look after the child... They did try to look after her, but they put her in Porirua. We never ever saw her, she died in there. So that's where the issue for my father came from. He never saw his mother, ever. (Whānau).

So mental health issues have been there anyway, and [name of whānau member] just happens to be the one who got the brunt end of it and then ended up in Lake Alice [Child and Adolescent Unit]. And he spent about four or five [years], I might be wrong about how long. I know it was a shortish time in terms of being incarcerated... (Whānau).

[They] were very abusive to each other and then that anger, or that abuse, and there's probably a long history coming from our tupuna line, but I don't really know what that is because I haven't been able to trace back to my Koro's side. (Whānau).

He had a strong part in him which I'm really proud of, and I think it runs in our family too, that we have a survivor gene, we are survivors of trauma. (Whānau).

Whānau noted that they were aware that whānau in their community, including tauiwi also had intergenerational mental health issues, where the whānau just didn't seem to be able to get ahead in life.

They're from here, a local boy from here always in trouble, ended up getting sent to Lake Alice [Child and Adolescent Unit]. Her brothers had that treatment done to them, they still to this day having a very-very hard time, still in care in different places; but still having a hard time coping. And because of that, that's filtered down into their own children, their own families, there's a lot of disconnection, a lot of [worry]. They're not doing well in their whānau life...Yeah. One of the younger brothers is still here. Though he seems like he's normal, he tries to be like he's normal but he has his moments. He was never diagnosed with that, with mental unwellness but you can see it within – it runs right throughout his children and grandchildren, that huge

disconnection, they just can't seem to get ahead...There's always something that's just stopping them and then they end up doing bad things. (Whānau).

One participant noted that one of her whānau had experienced a range of challenges within western schooling, and likely had a developmental problem. She noted that his concerns were magnified by the racist treatment that occurred within the schooling system at the time. She then noted that this was likely further intensified behind the locked doors of the Lake Alice Psychiatric Hospital.

But, the fact that he was so dark and he looked like a Negro boy. He doesn't look like a Māori. He was tall and thin and he had afro hair. I believe that he would have been treated quite badly at school [and at the Lake Alice Child and Adolescent unit]. (Whānau).

I just think if the education system, as I believe, treated him with institutional racism or overt/covert whatever, then it would have been 150 percent worse in [the] Lake Alice [Child and Adolescent Unit] because the doors are shut there. (Whānau).

The intergenerational nature of mental health concerns were reflected in examples of some whānau losing a significant pou (stable force) from within their whānau, such as a parent. This would lead to loss of regular stability, income and support for some whānau. This intensified the distress of the whānau at home. During these periods, whānau noted that they had no support or information from Lake Alice Psychiatric Hospital. Some whānau moved even closer to Lake Alice to be nearer to their loved ones. However this led to further isolation from whenua (moving into Whanganui city) and whānau support systems. This was noted to contribute to other whānau members, including the partners and children of those who had been sent to Lake Alice Psychiatric Hospital developing problems with alcohol or mental health concerns themselves. Therefore continuing the cycle of intergenerational trauma.

... we'd gone from a six bedroom home to a little three bedroom place, and there was hardly any room... But for my mum I think the place was too little. When we moved here we weren't allowed to go out on the street. We'd go to school, we'd have to come home. I think the shift from the farm to here it tipped my brothers over the edge and my brothers ended up... I think they were frightened that we'd get lost or something would happen to us; we were only new to Wanganui. The farm, we had lots of places to roam and so we weren't used to living in this sort of situation. (Whānau).

Both brothers. I've only got three brothers but my two older brothers they went off the tracks, you know, and they started drinking. They were at intermediate and high school, or Boys' College at that time. I remember my father, like if we went anywhere mum and dad would come and find us, get us, because he had a razor strop; and we'd get the razor strop, and back into the van and home. (Whānau).

I've got a brother one year older than me, when he passed away [at age 5 years] that's when mum took up drinking... And so I was the next one down. I remember my mum when we moved into this house, yeah, she was quite depressed as well...Well, see we had the supports back there. We had all my aunties and uncles, you know, a lot of the [our] whānau lived in [place]. So we had a whole lot of whānau that mum would farm us out to when she needed time out. (Whānau).

From this side, she just stayed her with her own family and her husband. And so she wasn't a fluent speaker of reo, and she wasn't allowed to speak her reo down here with her husband as well...Because he couldn't speak the reo, dad. (Whānau).

I wanted to try and fix him and I couldn't. I tried to get my mother but she wouldn't. She was stuck and there was no way in hell she was gonna move. And she died drunk as; she had a bloody aneurysm of all things; but she died drunk. So for me it was like, you tried, you died happy mama. (Whānau).

Crown systems blocking self-determination for Ngā Wairiki and Ngāti Apa

Whānau and staff noted that the crown had continued to model colonialist attitudes and behaviour, even after the Lake Alice Psychiatric Hospital was closed down. These attitudes and behaviours were evident within the crowns selling of the Lake Alice psychiatric Hospital whenua while the iwi were advancing their Treaty of Waitangi claims.

At a time when our hapū and iwi were gaining recognition of the losses and broken promises from the crown, and engaged in negotiation and a process of building trust with the crown, the Lake Alice Psychiatric Hospital site was sold by the government to a private entity, again reinforcing the nature of what happens behind closed doors, with little thoughts of the needs or aspirations of hapū or iwi of Ngā Wairiki and Ngāti Apa. (Whānau).

Theme 4: Poisoning of the whenua

Tangata Whaiora, Whānau and Staff spoke about the unhealthy wairua of the buildings at Lake Alice Psychiatric Hospital, describing it as dark, as being filled with unhealthy energy and spirits. Whānau members also recalled stories from their own loved ones who were residents there.

Oh, the ahua of the place, you knew that this place was, well dark, I suppose. Spiritual heebie- jeebies, you know. The child atrocities that happened there. (Tangata Whaiora).

Mm. And when I went there I could feel that, that spiritual mamac what kids went through and I could feel there was something in Lake Alice... just something that I could pick up. (Tangata Whaiora).

But I was only outside it, cousin, in the bloody car waiting for Mum. And it's quite sickening now that I'm recalling. It was a revulsion really. It was an absolute vibration of revulsion. And I wasn't actually very strong on that front of expelling something. Not right now, I can walk in the dark of something and I'm just not afraid. Fear doesn't even enter my head 'cause the moment it does is the moment something happens to you. (Tangata Whaiora).

...when I was going to visit with my mum or my dad, my grandfather, I didn't like it. I didn't like it because it felt like a haunted place, like there were evil spirits there. (Whānau).

Those who worked there also reported heavy spiritual experiences associated with the whenua and buildings. One example was a staff member who was in one of the units when it was being refurbished. This experience contributed to a sense of fear and unease associated with the spirits attached to the unit.

When we downsized, before we downsized there were some renovations going on just to upgrade the kitchens that could handle more villas; and one of them was the main kitchen, villa 11. As a worker I was doing 30 preps and I had to start at six, go into this villa, collect the keys; well, there's nobody in there. I went in this particular day, went to grab the keys and my whole body just went cold; and all I could hear, these voices were saying, "Where is everybody? What's happening? Where's everybody gone?" I just said a little prayer and I says, "It's alright, they're coming back. We're just fixing the kitchen up." And then, I just shot out of there...My colleague that was starting a half an hour later, he Pākehā; and I says to her, "Mrs H, did you notice anything when you went to pick your keys up this morning in villa 11?" She

goes, "Ah, no." I went, "Oh, okay." And it still played on my mind so I went to our Māori liaison advisor and I says, "Something happened to me this morning, and it's okay I'm fine. Nothing's wrong. But, I just think that that villa needs to have a bit of a blessing." She knew that Mrs H had started after me, so she went and asked Mrs H and because Mrs H didn't feel anything, nothing was done about it. (Staff).

It was like when they closed some of the smaller villas and they moved the tangata whaiora out into different areas, into different areas of the motu; and when those villas closed that place became pouri, became heavy. It was like, when people were in there the place was alive; it was okay, but when there wasn't anybody in there it just went, whatever was left there or times that have gone – whatever was left behind was still there. I suppose they didn't mind that there were people living in there but when nobody was there it just gave me that sense of... I don't know, what's the word? Everything's gone. There was no more. (Staff).

Tangata Whaiora and Whānau reported being aware of unmarked graves at Lake Alice Psychiatric Hospital, and having significant concern that the current owners were grazing cattle across the site. In essence, kai is being produced on whenua where much trauma has taken place, trauma that occurred over many years, to many people from a range of rohe that were sent to Lake Alice Psychiatric Hospital.

Well I just wonder how the whānau can... just treat the place like it's just a normal place. There's apparently bodies buried on there; that's what the saying is. (Tangata Whaiora).

And you'd have to have several to cleanse that place, because yes the bodies. Had I been there on the day of the, 'cause if I'd been at home I would have been the caller on the day, and it would have been interesting to walk that 'cause I have to say that when I've got near there, being the type of person that I am, just sitting in the car outside Lake Alice I felt sick. (Whānau).

Yeah. The type of cleansing that has to be done on that place is just... So when it came up for discussion, we all want to have a plan. That could have been land banked for us, but its tragic history is imprinted in the land now. So you take down the buildings, the land will still have the ugly shit on it and that has to be sorted, probably even down to the bodies that are there. Having done clearances of homes myself, and some pretty dark stuff too, that there would be just wow, overwhelming. 'Cause I think [whānau member] got overwhelmed on the day. She was the caller, she'd rung me the night before,

I can't stand it when these girls ring me the night before. You're dealing with something extremely... And that's no light thing and night thing to do, and she's a healer in their own rights but she worked in there, you know that eh? (Whānau).

Whānau and former staff members of Lake Alice reported that the water tower at Lake Alice is a tohu (symbol) of the Lake Alice Psychiatric Hospital. A tohu that holds the site to the former function of the site and also of the trauma that took place there. One whānau member of several residents and also a former staff member recalled stories of tangata whaiora committing suicide off of the water tower, and also others throwing animals off the water tower.

I thought about that just the other day when I was talking to somebody. I said, "There's always a reminder for all of us that go pass Lake Alice with that water tower; there's always a reminder that that's Lake Alice." You take that away and people might eventually forget, and that's where the hospital needs to be ...my [Whānau] he's sort of unwell, broke down and was sent out there. And my grandmother, she had a breakdown and was sent out there. Another uncle that was sent out there. (Whānau).

That tower. Yeah, it's still there. And you can pinpoint where Lake Alice is from that tower. It's a landmark, eh. You know, that's just over from there is... well that was part of Lake Alice. Just over there is the beginning of the villas...Take it off the land...that's what I think, all of those buildings, the whole lot. Flatten the whole lot. I don't know if some of those buildings are still there... Yeah, it's also in that as well. You know, like there must be something stuck to it...I think some people jumped off that tower actually during their time. (Whānau).

You know, even somebody buying the water tower and potentially making it into some type of accommodation, you know; imagine the poor people, I wouldn't want to spend a night there. (Whānau).

There were always that row of trees that would block that out but you always could see the water tower, no matter what. And then you come from Palmerston North, you can still see it as well; so you can see it from both directions. It's a reminder that that's Lake Alice. I think that all the buildings, if there's any buildings, any foundations they need to be uplifted; that whole place needs to be levelled. We have to wātea that whole land, and I think that there needs to be something put up there as a reminder. (Whānau).

Former staff at Lake Alice involved in cultural facilitation and support at Lake Alice spoke about the lengths they went to ensure items of cultural significance such as the pou of Tutaeporoporo was blessed and transitioned to mana whenua at Ngā Wairiki and Ngāti Apa.

When it was set to decommission Waiohine and the site, we made plans to shift Tutaeporoporo to Parewānui...I think it was in one of the halls. When all the villas, like 13, 14, and them all closed down they went and got Tutaeporoporo and brought Tutaeporoporo over to the common room in Waiohine, and then put him up on the wall there, and we had him there all the time that I was there – the years that I was there...Yeah. There was a whole process between us – Whanganui, Ngāti Apa – because it became property of the Whanganui District Health Board. It becomes an asset. My manager at the time was Robin Firmin, he was the manager in charge of decommissioning the site. Him and I were working together on an items register, everything had to be itemised as to where it was shifting, and its ownership. Tutaeporoporo was one of those things that were in the simple terms of non-Māori who saw it as a resource and an asset, we're just going to shift it to Standford House as the other place for it to be held, or onto the Whanganui Hospital, without even entering into a discussion with the two iwi involved in that.

Uncle Pati was the kaumātua, and Nanny Josephine, Bunny McLean had left by then. Then, when Pati Haami came on, and myself – we started at the same time – he helped us, and Nanny Noti; we took it to the kaumātua kaunihera in Whanganui, who are kaumātua for Ngāti Apa, Ngā Rauru, all over the place. We sat it there as an item to have a discussion. The discussion was, "No, Tutaeporoporo should not come over the Whangaehu River. Tutaeporoporo should stay from Whangaehu, down to the Rangitīkei." Because, Tutaeporoporo was kaitiaki for Ngāti Apa, and a taniwhā for Whanganui. To stay in line with the narrative, it should be gifted to Ngāti Apa to do what Ngāti Apa wished to do with that. So the other kaumātua that was involved with that was Uncle Bill Maremare; and so Uncle Bill Maremare, Uncle Pati Haami, myself, unknown carver in Whanganui at that time, who learnt that at the building of Whangaehu was Dean Flavell. Dean Flavell was there with myself, Grant was in and out, Uncle Bill would bring Grant and then Uncle Pati would bring myself as well because I was already based out there, to be the ones – the runabouts. We were the kaitohutohu that run around for these old fellas. That's when I first started getting to know Grant... We had made a decision, Uncle Bill Maremare sorted out that end with Grant and whoever else, for it to be held at the church at Parewānui. We did a ceremony at Lake Alice, and then a welcoming at Parewānui on the

same day. We did a ritual to clear Tutaeporoporo and everything else that was on site. The mauri would go with Tutaeporoporo, and rest at the church. We did a series of karakia before we took it off the wall. We did a mauri transfer, so at that time we had a rau and put it up where it was hanging and sellotaped it to the wall. That's why I said it had encompassed all the other artefacts that were on site and everything else, when it was cleared; everything was cleared out. A rau was put up there so it would dry out, we did a mauri, karakia, and by moving it – once the rau of the punga tree, or the mamaku, had dried up, then that was a signal [32.39] all the artefacts that Tutaeporoporo, the carving, and every carvings had gone. There wasn't anything being left behind. It was cleared. (Staff).

The debates we had around the narrative of Tuariki and Tutaeporoporo, Aokehu and the kaumātua kaunihera there was this discussion that happened, this conversation around the narrative as these kaumātua group up knowing the difference between something being a taniwhā, and something being a kaitiaki, and where it should be kept – just that debate there. It was an awesome moment to be a part of to be quite honest. (Staff).

That was a discussion around, as I interpreted it, that we utilize nature, is the other thing about the instruments that we use. We use nature; we use karakia; and we use the agreeance of the people, to have the intentions walk alongside what nature indicates to us, that once that rau was dry and had dried up, it was an indication that [Māori 33.31]. It was clear, kua wātea. Those were the rituals that were done there and then. (Staff).

Staff and Leaders of Ngā Wairiki and Ngāti Apa have attempted to support former residents of Lake Alice and their whānau to heal through the process of holding a blessing at Lake Alice in March 2022. However, as the land where the Lake Alice Psychiatric Hospital was located is now privately owned, they were only able to conduct a blessing 'for' the whenua from the side of the road. They were not allowed to fully engage with the whenua to contribute to healing for both the people and the whenua. Another example of separation, not only from the whenua, but also the ability to engage in traditional healing practices.

But, not to be able to actually stand on part of it, just stand on it. It was sad actually, it was really-really sad. The whenua looks absolutely beautiful now that all those buildings are down, but for someone who was there and you knew those buildings used to be there – it was really peaceful. I can understand why it would be sad for them not to be able to just put your feet on the land. (Whānau).

And how can you wātea a piece of land if you can't trample it? You know, if you can't get access; you can do it from a distance...he whenua needs to feel us, eh, to takitaki a house, to trample a house you have to trample it. To trample the land you gotta walk it. We can't virtually walk it...At the moment we can't get through the gate. How can we do any of that when we can't get through the gate? You could do it from a distance ... (Whānau).

Despite not being able to engage purposefully with the land, whānau recalled some tangata whaiora reporting the blessing as a positive experience. However, it was noted that there were very few Māori there, and even less of our own.

I was going down there to do a mahi, to support Mike to do a mahi on the blessing of the land and for tangata whaiora who wanted to come just to let it go. What I noticed that there were not many Māori, there was about 50 all up, and you probably could count three Māori tangata whaiora, not including us from the iwi. In my kōrero I've got there too – one of the most poignant kōrero that I heard was, he looked like a bikie actually. He stood up and he had a few words to say, he thanked the iwi for being present so that they could do this process, do the ceremony. He said, "But, I need to tell you fellas something. It's not the whenua that was the problem, it's got nothing to do with the land. It was the people who were working and walking on the land at my time, that was the problem. And unfortunately, all the raru raru that happened has – the buildings have gone but the land is still there, and to have this blessing, for him it was taking all that raru raru away. I went, "Oh gee." He was a Pākehā and I was going, "Churr, alright." (Whānau).

Theme 5: Pathways to healing

This theme reflects the thoughts of Tangata Whaiora, Whānau and staff of Ngā Wairiki and Ngāti Apa regarding our pathway forward in healing ourselves and the whenua. This theme reflects the complex nature of healing and addresses the role of the crown and our own roles, responsibilities and objectives. This theme is represented by four sub-themes:

- › Acknowledgement and accountability from the crown for systemic abuse.
- › Healing of the whenua.
- › Our own healing.
- › Learning from the past to address mental health concerns in the present and contribute to whakapuāwai (flourishing) for our people in the future.

Acknowledgement and accountability from the crown for systemic abuse

Tangata whaiora, whānau and staff identified that the ongoing impacts of intergenerational trauma through the experiences at the Lake Alice Psychiatric Hospital was exacerbated through ineffective, individualistic and harmful treatments, however addressing this with the crown was about more than just compensation in monetary terms.

People get paid money...compensation. Yeah, but I don't think that's the answer. I don't honestly think it's about money. I actually think it's stemmed in addressing the colonisation process. (Whānau).

I suppose the bigger thing for me with the Royal Commission Report is accountability, taking some accountability for the actions that they did that were wrong, and to be acknowledging that what they did was wrong, taking responsibility. (Whānau).

And for me many of those people have probably died, are not around, but the government or the ministries, have to like iwi when we do our claims, there has to be an apology. There has to be a New Zealand wide apology to say, hey, yeah, we stuffed up, we did things we should not have done. We put people in there that we thought, you know, if they did think that, it was gonna be beneficial for the people that were committed; and we know damn well that that's not what happened. (Whānau).

Well, this is the perfect example of an opportunity for the Commission to kinda, you know, it's all happening, but that in unison with being really brave.

Being really brave, and going, "Some are saying this is what happened, this is what it looked like." And our people only really come to town, and the transmission of Pākehā era centric processes which were the model for the world anyway, but it didn't accommodate us as well. And so, we need to get that space of acknowledging that, and also acknowledging that it was also quite unsophisticated. (Whānau).

So, the responsibility for the Crown is to get a good balance of what you do for those ones who don't want to enter into it, that you give tuku koha, whatever that is; and then you give space for voice to happen for those ones who need that to happen for resolution. That's the biggest kind of question and the hardest thing to answer as well. (Staff).

One former staff member reported that any constructive journey through this work with the crown, needs to look beyond the here and now issues of healing for our people, there needs to be a more strategic way forward.

This is not about making copious amounts of money available to people; what this is about is, here is a problem; here is a number of people that fit into the problem that are of different iwi, let those iwi know; work out and have a co-design with iwi, a plan going forward to first acknowledge that there is a problem. Because they're walking through their lives and probably through the iwis thinking they are the problem, or actually, was it really? No, there was a problem that's happened, and so when iwi get a chance to actually know who they are then come up with a co-design plan with the Crown to say, "How do we work together with this?"...It's not going to end there but you are able to call it out. Then by calling it out, then we have, what is its link back into whānau navigators? You don't just have a shindig kind of like a lovely event, without the fact that you're going to have some wrap around system that is available for then going forward; because it's about the tomorrow and it's about acknowledging the past. (Staff).

Healing of the whenua

Tangata whaiora, whānau and staff reported the importance of addressing the impact of what occurred at Lake Alice Psychiatric hospital on the whenua. One of the most prevalent concerns was that iwi had been prevented from walking on, healing and blessing the whenua. We had been prevented from facilitating tikanga relevant to this process.

I'm just trying to recollect what the old people used to talk about. Part of it was farming the land, like crops and that – to give them something to do as well as being able to feed the people. You had Ratana, it was huge, and

Kauangaroa was feeding them veggies. I don't know. I suppose it all depends on the land, what it will allow you to do, too...We can say what we think it should be but ultimately, at the end of the day – if its gonna let you in, allow you to do that. (Whānau).

I think it needs to be trod properly, properly, blessed properly. Because he wouldn't let us in there, we had to stand outside the gate on the road....No, the farmer wouldn't let any of us in there. We could see where it used to be over there but we weren't allowed in. So what they did was put some bows and that on the fence. But I think the whole place needs to be properly covered and thanked and blessed. (Tangata Whaiora).

It needs to have a big wātea. I don't know. They need to do something to lift the hara off the whenua...The iwi coming in and, I don't know, it might take a few branches to come in, like Whanganui, Ngāti Apa, Ngāti Hauiti, Mōkai Pātea; to come in. I don't know because it's not just us, it's not just our hara that's there its other iwi as well...And that's the same with up the line there. Because I'd say there must be some bodies out there...And not necessarily be Ngāti Apa people. (Whānau).

... bless it...Yeah, take away the bad wairua...Have a pōwhiri for the manuhiri, for the people coming to do that. (Tangata Whaiora).

I suppose at the time when I would have been working at Waiohine it was just doing a job. Now there's a responsibility as being from Ngāti Apa and Ngā Wairiki; what can you do with that piece of land? Because I still believe there's a whole lot of mamae still sitting on that bit of land. There's a whole lot of mamae just in the memories of what people associate to that whenua, and I suppose as the tangata whenua from there we have a responsibility back to the land too; to try and make it right, or to try and heal it... (Whānau).

I think a lot of patients who have been through that would feel a sense of... what's the word I'm looking for... resolve or a sense of it's over. I think a lot patients if they had the opportunity... they'd come to something like that. I think a lot of them would come to, other supports supporting the kaupapa would get into those groups. (Tangata Whaiora).

Some whānau and former staff noted that there was an opportunity to bring people back to the whenua, to look at both healing and also celebration around wellbeing of the people.

Well, doesn't that depend on the owner? If we were given the opportunity, probably to have some type of festival, music happy festival – something like that, would be nice if we were able to, just to have one-off. (Whānau).

What I felt back then I'm feeling right now, in a sense that, well maybe a blessing or a cultural day at Lake Alice...and a lot of people just have closure or just to be amongst other mental health patients that have been to it. (Tangata Whaiora).

Bringing people together was also proposed by whānau to be an opportunity for whānau to speak about what happened, to hear from others who can share more about what happened at the Lake Alice Psychiatric hospital, to tangi (grieve) and to develop a more collective understanding of the impact on whānau, hapū and iwi.

I think there is a place to use this process of what the Commission can do, to be able to create a place and a time and a space to be able to have constructive important kōrero amongst families to be able to piece together... but in reality it's easier to just not have that conversation for our families, and I think there's a place to be able to support families, to be able to begin to have some of those in that place of healing, and the place of healing doesn't have to mean about understanding the details of the practice of punishment under the guise of the lack of control for people who lived with a disorder, an illness, or didn't. But there's a place to have those conversations for our families to be able to be there with fellow family members, and everyone that belongs to the hapū and the iwi, be able to have those comfortable conversations around, "Well actually this is also what it looked like." (Whānau).

That's what kind of needs that, and not an apology because it's bigger than that, that's just a bonus, but in reality because that's not what it's about. It's about truly understanding so that our people can combine our processes of tangi. I look forward to us being able to have a tangi at hapū level, because I think it'll be too hard to have it at a family level, but if we have a hapū tangihanga for those who have died unnecessarily in institutions, or who were diagnosed unfairly, or incorrectly; so we collectively [39.53] curved by the fact it's a hapū event. (Whānau).

Whānau members identified that if Ngā Wairiki and Ngāti Apa were able to have the whenua returned to them, they would be able to have more direction on its use and healing, in effect repurposing the whenua.

I think maybe as long as it's in iwi hands we can control what happens on that piece of whenua...You can control the... well there'd be no farming on this land, there'd be no cattle anywhere on this land. Even building anything on that land with all that bad wairua still there potentially. (Whānau).

I think if the iwi had an opportunity to get back that whenua, to clear the land, to be able to put something up there in memory of the hurt that was done there. It gives an opportunity for us to be able to bring people back there... And let's heal some of that mamae. And that's not just let's bring our people back there; let's just bring Ngāti Apa and Ngā Wairiki people back there. Let's bring everyone that wants to be there to be part of that and leave what they still carry there; and then we can deal with that. Or we can disperse that ... (Whānau).

Whānau and former staff of Lake Alice Psychiatric Hospital reported that the impact of the Lake Alice Psychiatric hospital and what occurred there is compounded by the fact that people from all around the country, both Māori and non-Māori have been harmed at this location. The fact that Māori and non-Māori from around the country had experienced harm in the location raised concerns for participants about the difficulties inherent in healing the whenua.

Something, I suppose in a way a positive or healing to be put onto the land... Well that could be where you could place a whatu or something. I think it's not an easy task...When we were at this wānanga they talked about the amount of tohunga that they took there to do the wātea on Tokaanui and then in the end they said that they couldn't uplift what was still there, it still remained. I think they had some powerful tohunga of Waikato and whoever else was there. And they still knew that there was still stuff in that land. You know, its one thing to try and heal the land but if you've got potential remains of people in there, eh, you know. One, you've gotta find where they are. (Whānau).

It's not just us, we had the whenua that they used to build on. But the clients that come from there were national, they were from all parts, ngā hau e whā were sent there. And our worst forensic clients were sent there...Yeah, and all of their demons, so embedded in there... Those that had been physically, sexually abused while they were at Lake Alice, so that people knew that. (Whānau).

Tangata whaiora and whānau spoke about the possibility of tūpāpaku and unmarked graves at the site which needed finding and addressing.

Well they need to be found. If that is true they need to be found and, you know, some kind of, I don't know. (Tangata Whaiora).

I think that can be, and is a concern. The thing is, you've got the hard task mate of trying to validate where this is happening; where they lay and where is there some historical account of these grave sites. (Staff).

The water tower at the Lake Alice Psychiatric hospital was identified as a tohu (symbol) of the hospital on the whenua. Whānau and staff that worked there identified that the water tower needed to be removed.

I thought about that just the other day when I was talking to somebody. I said, "There's always a reminder for all of us that go pass Lake Alice with that water tower; there's always a reminder that that's Lake Alice." You take that away and people might eventually forget, and that's where the hospital needs to be...my [Whānau] he's sort of unwell, broke down and was sent out there. And my grandmother, she had a breakdown and was sent out there. Another uncle that was sent out there. (Whānau).

That tower. Yeah, it's still there. And you can pinpoint where Lake Alice is from that tower. It's a landmark, eh. You know, that's just over from there is... well that was part of Lake Alice. Just over there is the beginning of the villas...Take it off the land...that's what I think, all of those buildings, the whole lot. Flatten the whole lot. I don't know if some of those buildings are still there... Yeah, it's also in that as well. You know, like there must be something stuck to it...I think some people jumped off that tower actually during their time. (Whānau).

I don't know whose ownership it's under any more, but I think as an iwi we need to get it back, we need to actually dismantle the whole place, dismantle that. Take away the physical reminder that that is Lake Alice. Because that water tower sticks out. And there were always pine trees, or there were always trees on the other side that you couldn't, unless you looked really good you might see some buildings in there. (Whānau).

One staff member who worked within cultural roles at the Lake Alice Psychiatric Hospital and continues to do so in the rohe, spoke about the different aspects of our healing practices when lifting mamae from the whenua.

A lot of our stuff that we do with, and our regional Ngāti Apa, Whanganui; and even into the Rangitikei area, we do a lot of clearings and a lot of – we call tongi tāngaengae...So, the tāngaengae is your umbilical cord... Tohi, is to

tohi – to recite, to dedicate. Tāngaengae, that's their metaphor, the analogy that talks about a connection. So there's a connection to land; there's a connection to place, connection to space through your umbilical cord – which is your tatai whakapapa. You call upon those essence to help you clear and prepare place and space for normal activity. (Staff).

There's tapuwae, there's rotu, different intentions by which you facilitate and coordinate a clearing. You tap into the taiao, you tap into wairua, so the difference between a rotu and a tapuwae, is a rotu talks about the settling of the ways; a tapuwae talks about the bow of the canoe, and clearing in front of that. A wakamoeau is the settling of the winds. So there's different categories by which we do a wakawatec; it's not just around, let's go and do a karakia and think that that's going to do that. There's use of our taiaha, there's use of mere, there's use of the different – in one hand it could be a weapon, and another hand can be a representation and a descendant of that atua, like Tāne, Tangaroa – and then you utilise those: tūpuna, taiaha, tūpuna, mere, whatever else to go in there with you. It's like that force. (Staff).

Staff and whānau described the importance of coming together as an Iwi to bind a strong intention to heal the whenua, and to access and facilitate traditional practices that bind this intention with the whenua. Others spoke about the importance of consulting with other Iwi who may wish to participate in a process to contribute to the healing of their people who were impacted by the Lake Alice Psychiatric Hospital, whilst maintaining the leading role and tikanga of Ngā Wairiki and Ngāti Apa.

I think that we have the power to transform land space, and place, for our use, if you have the right intention of the people to do so. It's the power and passion, and unity of people that can clear a space; but if you go there by yourself and find struggle with it, then maybe it's a collective that needs to do that with the right instruments and tools and levers, that actually do that and they do that in a consensus – there's gotta be consensus...And its gotta be one mind, and that's driving the purpose of what you're trying to achieve. Karakia is affirmation. It affirms the intention of the people for a certain purpose. We can do that. (Staff).

The key thing for us, like anything else – it will require that we do involve where they come from. It may not be in the actual ritual of the karakia, but it will be definitely – I mean, you would invite other iwi to come in and assist you if they wish to, but that's not a definite thing. But, you do include them because there is an end place that those tūpāpaku need to end up. So you would clear the fact, as long as their loved ones are in the ground, then that becomes a cordoned off area that you can't use in such a way that needs to

be used. The clearing of it might mean that they need to go back to the area from which they came from, but that requires a wānanga. (Staff).

On your question about – can those things be cleared? Sure they can be cleared. We had waka that were hearses, one minute they were a hearse, next minute they were a grocery carrier. They can be. It's the purpose of the people to transform its use. We have the means by which we do that, but you've just gotta sit down and figure that out on what the – because we do have the means by which to do that, we do have the instruments to do that. It's just making sure that when you go into that, it's a consensus on this is what we're going to do and we all chuck our energy into that – the passion and the energy. That's just my learnings around that.

I think for us, the issue that we have around this is that there are steps by which we should do that...I'm only sharing with you my ideas, is that first and foremost Ngāti Apa need to be front and centre to have their internal discussions on this; and then from that mana, that mandate, that definite consensus of the iwi and the hapū related to those lands – because that's where the power is...The idea is making sure that the people are on board, that their intentions of the hapū are on board, the iwi's on board – then you shift out and say, "Right, this is what we want to do. The next step is: who do we need to include in here, and are, and is, the iwi and the hapū comfortable with that?"..Yeah, because what you don't want to do, is you open the doors to other iwi who come in with all good will, but actually encroach on the mana of Ngāti Apa and the hapū there.

Our own healing

Our own healing is a sub-theme that reminds us that we are the best people to define wellbeing and decide and guide the process of not only healing the past, but addressing present and future concerns. One whānau member acknowledged the importance of acknowledging and addressing those affected by the Lake Alice Psychiatric hospital, including the past and present and that this was best done by our own people.

We create another waka, and the waka has that place of those who have gone, and those who are still with us, and those who are family members and those who belong to the hapū and iwi, to be on-board that waka as we acknowledge what happened, and then that provides a platform to how best, because I think we are quite well equipped at the iwi and hapū level to support our families who live with an illness. (Whānau).

A strong subtheme of 'our own healing' was learning more about what happened to whānau within the Lake Alice Psychiatric hospital. Many whānau noted that they had

gaps in knowledge around what their whānau went through. These gaps exacerbated the worry and grief of whānau members. Whānau members identified that they would need advocacy from the iwi in order to work through the bureaucracy and red tape involved.

The biggest thing for me, and I've written this stuff down, is like getting those archives, getting the records, because under the Official Information Act I know we can do that. Any records that they have on [name] we want to get that. I did that for myself for Social Welfare many years ago. I think I might have been... how old would I have been? I might have been 24 I think when I got my files. A lot of things were blacked out, totally fricken' Social Welfare blacked all out all this crap, but I tried everything to get out because they left some stuff in, and I was like, oh, you idiots. (Whānau).

So for me the files and I think the ACC and the diagnosis, you know, what was he actually diagnosed as having or, you know, to be committed in so surely you had to be diagnosed with something, you couldn't just go in there because you pulled a knife on someone, unless you were deemed insane. So, was there a diagnosis and I think only his records would be able to do that. Yeah, I just kind of need to help, I need some support on how I access that information from who holds that information, and is that information still available?. (Whānau).

I'm interested in what wasn't done in terms of what did the presentence report look like, what did the psychiatric report look like, and when the sentencing came was there something because I don't know. I presume it's the case. I think it was an assault... (Whānau).

A strong theme within the interviews, was whakapapa. Several whānau and staff identified mental health concerns can and had become intergenerational for many of our people, and that they wished to learn more about this, wānanga on this and better understand how mental health concerns become intergenerational.

Our iwi need to understand the whakapapa. To tell you the truth our [name] whānau have whole heaps of branches in our whakapapa, and my cousin [name], she ended up at Lake Alice. They called her mad, you know, and then I had another cousin called [name]. He ended up committing suicide but he'd been out at Lake Alice. There's whole branches within our family tree that have mental illness...So we need to, you know, like as people, as iwi, we need to map out our lines and see where it's coming through, you know, mental health and addictions. I always thought that I'd like to do a bit of a research on our whakapapa lines and find out where the root is of the mental illness. (Whānau).

Yeah, and I think back in those days that's what they did; everything was behind closed doors. I never really heard anything but for our generation there has definitely been a severance of whakapapa link. (Whānau).

The impact has been huge in regards to that whakapapa line, that Whanaungatanga, you know, returning home back to our marae. My Nanny and Koro grew up there. So I don't know, no-one really talks about any of the abuse stuff, nobody says anything. I've never, ever heard anything bad about my Nanny and Koro from [hapū]. Like I think, that was like whatever happened behind closed doors is our business, you know, but now, see now it's not; that's not how life is for us. (Whānau).

Whānau identified that whakapapa and engaging in Mātauranga Māori was also a key for strengthening connections and wellbeing for our people, however for some this can be challenging.

In te ao Māori there are the spiritual aspects, the wairua aspects, making sure that those are incorporated. When I look back I think there's a loss of that as well for our whānau, a big loss. Because for me it's not just about, well if we know whakapapa is a part of it but it's that connection to te ao Māori, that connection to our ancestors and their spirituality and the mauri they hold and the mana they hold, and all of those. (Whānau).

Yeah, that was probably the hīkoi I started with the cuzzies and bringing them back, so making sure they came back to whatever I could get them back to. They're still a little bit whakamā because they haven't been brought up in that world. Some of them still only kind of live amongst themselves but not amongst Māori, te ao Māori. So there's a bit of a loss really for my cousins. (Whānau).

In Māori, we're lucky now because we do have more Māori health providers and Māori mental health providers so we capture all of that. But not everyone of our whānau go to those, eh, because they are scared. They don't want to be because they don't understand what that is. (Whānau).

Learning from the past to address mental health concerns in the present and contribute to whakapuāwai (flourishing) for our people in the future

Tangata Whaiora, whānau and former staff identified that there are learnings that we can take from the impact of the Lake Alice Psychiatric Hospital on our people, and more broadly how systemic issues affecting our people, challenging behaviour, health and mental health concerns can be addressed.

I think there is a place for the iwi to kind of use what you're doing now, to translate that into a meaningful action, and allowing us to grieve for the actions that happened unnecessarily, but also, using the patience that we have. Our people have been so patient, you know, since 1769 particularly, and gracious. That we invite, and excite the opportunity for us to come together and lament the actions that happened, that led our people to a place where there were psychiatric, psychological, sociocultural, cultural impasses that had unfortunate consequences to our people, as well as a place of healing for them. (Whānau).

Whānau noted much more needed to be done to improve mental health services for our people.

I still think there's a huge amount of work that needs to be done about addressing our ability to manage mental health. (Whānau).

One tangata whaiora gave an example of this, when he identified that suicide was still a prevalent issue in the community, across a number of populations.

Well, especially over the last five to ten years there's been a big huge out there about youth suicide, man suicide, farmer suicide. Well, you know, and it's just like, you know, it's pretty much in our face. (Tangata Whaiora).

Whānau and staff noted that the iwi itself needed to reflect on its own structures and the impact of colonisation on how we are structured and operate.

I look at our iwi structures that we have developed and they are still colonised in my view. All we have got is shining bright clever Māori people running... What happens is we've become a colonised capitalistic business model. Is that being fair? I don't know that we can move completely away, because we're dealing with capitalistic kind of views aren't we. But, the actual structure and the systems of the organisation have got to be driven by a Māori kaupapa. (Whānau).

Whereas a former staff member noted that iwi need to be better informed by the crown about who needs support. This is through access to data. This will enable iwi to better participate in planning to meet the needs of our own people.

My honest opinion is: (1) Let the iwi know. Share the data. Share it, of course, with measures of confidentiality and privacy. How are iwi going to either come up with a plan if they don't know who they're planning for? We know that the sharing of information is contentious at the moment around what you share, how you share because of the privacy act. The second thing is, if you're going to want iwi to be a part of that then by all means resource it. (Staff).

A common theme arose which noted the importance of current and future services within mental health care being whānau focused. This incorporated ensuring whānau were more informed, supported and involved during acute stages of treatment and in aftercare.

Just I suppose, you know, it's all about policies these days, making sure that whānau are informed right from the start that they're part and parcel. And not just those that sign a document but the wider, especially those whānau that are supporting, eh, those support links. Because sometimes we aren't the ones that sign, you know, in regards to if you are committed but just ensuring that we're part of the process, that what we want and how we work as a whānau is also acknowledged and respected and valued because not all Māori are gonna, you know, our needs are all different. (Whānau).

And I think for them acknowledging that and having that as part and part of their policies, their rules, their whatever they however they design. You know, just to be a little bit more open with whānau too, and especially in diagnosis, when we're looking at diagnosis that it's broken down into layman's terms, not said this big huge word and then just leave it like that and expect us to bloody understand it. (Whānau).

The services need to be more responsive to our people. They need to have empathy and understanding about what makes us tick as people...For the whole lot. Because even whānau need information, they need help and support around working with our whaiora. So it needs to be a whole whānau approach to it. (Whānau).

I think they need support. I think they need the ability to talk through stuff. We're very good at minimising stuff aren't we? Is that fair? It becomes the norm. (Whānau).

An example of supporting whānau, was to support whānau to better understand and communicate with each other. This was proposed to strengthen the whānau unit to be able to learn, grow and respond to challenges.

I'm thinking, [her] and I are doing it ourselves. But, I have to be honest: I think part of the healing is that people have to be honest with one another. And do you know something – my understanding and history with our people is that quite often we avoid potential conflict. So, instead of facing it... so I won't tell you that you upset me and make me angry when you do te mea, te mea, te mea; because I don't want a bigger problem. My understanding of conflict is that basically it's a loss and grief...That's quite hard for our people to do that, or people that are associated with me it's really hard. We've become nasty about one another and things like that. I think part of it is about having the support to guide you through it. (Whānau).

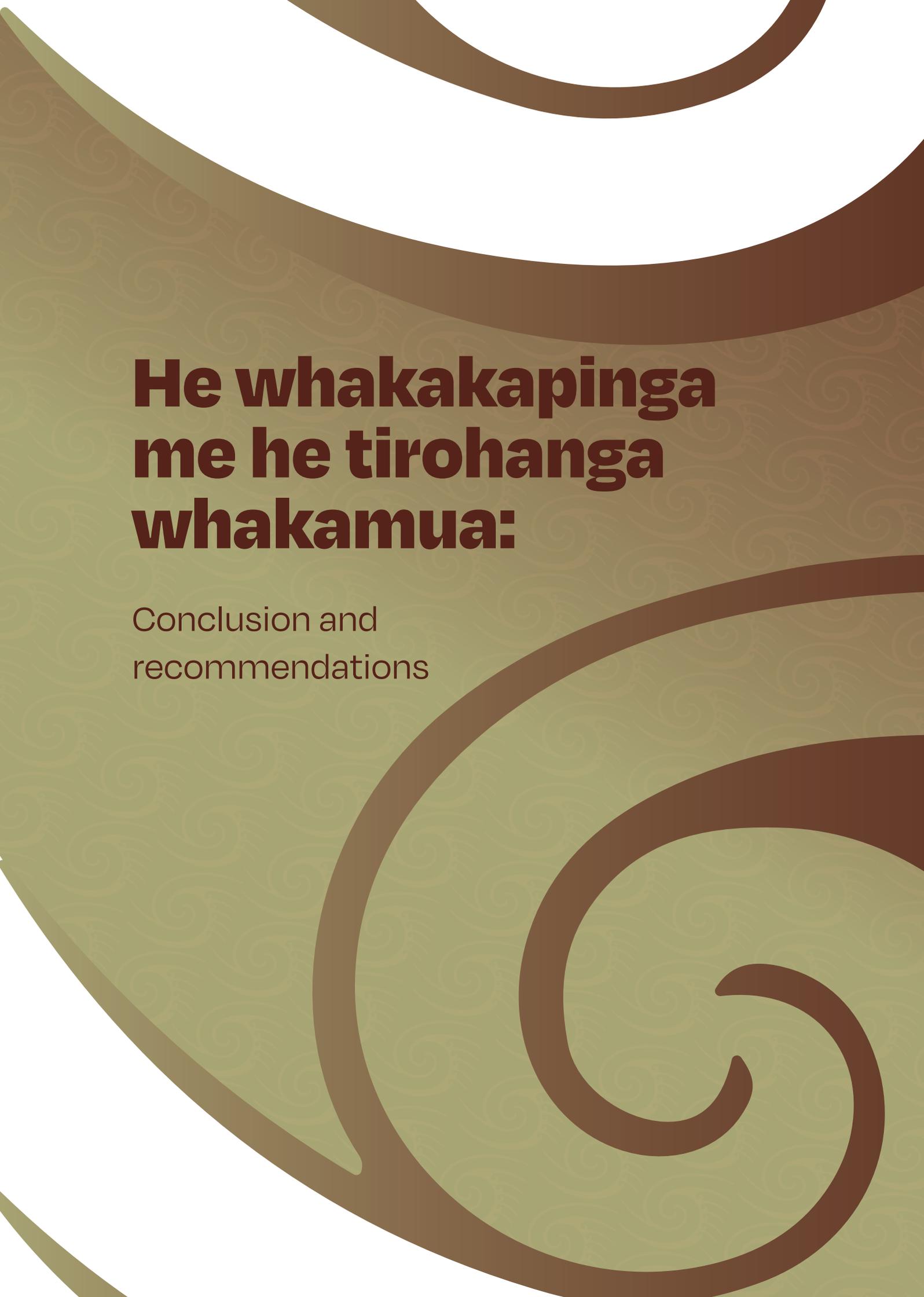
Whānau and tangata whaiora identified the importance of services for our people being focused on the Mana, Mauri and Tapu of our people. An example of this was the expression of aroha and Manaaki for our people by wahine who reflected the attributes of an aunty.

I think the key is whatever you do, as a Māori person it is absolutely essential that we at all times maintain the mana, mauri and tapu of each one of us... Because I think we've lost the ability to love one another. We've almost become so colonised that we're better doing things with Pākehā people in some cases...I'm talking and I'm generalising, and that's quite dangerous, but I think I can honestly say that what I'm talking about is a worry to me personally as an elder now. (Whānau).

Iwi, I've never been involved in any iwi... show that sort of support in the area. Been raised here. But really need to do something...Good old aunties, you know, how the aunties will come in and sit down. Just their presence would give you that sense where you could lay down and rest. That's how I was raised. More of that I would like. A lot of women involved in the care and help the kids and all that. (Tangata Whaiora).

Focusing on the Mana, Mauri and Tapu of our people requires staff that care, that are in the role for the right reasons, for our people.

*I still think there are gaps in the mental health service but in fairness to the mental health service it's like that through health overall...I think that the staff, step one, have to actually give a f**k and if you don't get another job....Māori or not, if you care the rest comes with it because your caring opens you up to be willing to learn the rest of the stuff you need...Yeah, and I just feel that if you don't, get the f**k out, go and work at the meat works. I don't care where you work but don't be here treating our whānau like that. And you know, now that I'm talking to you I can think being at Lake Alice helped me develop that attitude because I felt like no-one cared for him. They didn't even care for us. But if you can show care then you're open to the rest that you need, to develop the rest of the skills you need. If you're an asshole just getting a pay you're not gonna go to any PD to be better because you think you already are. (Whānau).*



He whakakapinga me he tirohanga whakamua:

Conclusion and
recommendations

He whakakapinga me he tirohanga whakamua - Conclusion and recommendations

Underfunded Māori mental health services

Lake Alice has left an enduring legacy for local mental health systems. With the closure of Lake Alice in 1999, it was observed that a number of tangata whaiora were placed in nearby communities including Marton. For decades since, neglected and underfunded Iwi mental health services have shouldered the responsibility to care for and support people in our communities with mental health problems, including survivors from Lake Alice. The inequitable funding of these Māori mental health services has created strain and undermined the quality of care and support for these tangata whaiora and their whānau. The funding of Māori mental health services remains an issue that the Government needs to address.

The children and the mokopuna of those coming out of Lake Alice – a generation, has grown up with the stigma and they didn't want anything to do with it. We have been given a legacy of systems, a system of care, which is determining contracts. We are having to undo the stigma and the systems and in an underpaid workforce. (Current iwi mental health worker)

Some didn't go home post release, they are still 28 years later under the umbrella of the mental health act and who are having compulsory treatment. A person I dealt with at 20 in Lake Alice I am still dealing with who is 48. (Current iwi mental health worker)

Recommendation 1:

That the Government should increase its investment in community Māori mental health services to increase the availability and quality of care for tangata whaiora in the community.

Lake Alice – A name and a place synonymous with trauma and pain

The name "Lake Alice" has become synonymous with child torture, abuse, trauma and pain for so many survivors and whānau. The mention of this name and the physical site itself continues to evoke painful reactions for people who survived abuse at this facility. Engagement with survivors, whānau and former staff by Ngā Wairiki and Ngāti Apa has found criticism of the Government's decision to sell this land when the issue of past trauma and pain had not yet been resolved, and this has prevented any adequate opportunity for ongoing reconciliation and healing of the people and the whenua.

This is an issue for the government or the crown to resolve, they should never have been able to sell it. It's now in private hands and should be bought back.

I am glad it's a Royal Commission as they will have wider powers. I hope that one of the recommendations is that they should never have sold that land and that they should re-purchase that land. (Whānau).

The history of it is such that, the people that were traumatised by it should have a say and our iwi needs to be part of that as well because it happened in our rohe.

Also, it is noted and remembered by Iwi leadership that as recently as the 1990s, Government representatives in the existing health authority at that time were so disingenuous and dismissive of Ngā Wairiki and Ngāti Apa. It is strongly suggested that the Government has options that it can exercise to mitigate this.

Recommendation 2:

That the Commission should recommend to the Geographic Board a change to the name of the lake from "Lake Alice" back to "Rotowhero".

Recommendation 3:

That the Government should endeavour to purchase the small block on which the historic water tower still stands, and demolish this structure and replace it with a permanent memorial for the survivors of Lake Alice. If at all possible, the Government should purchase the entire site back and facilitate a process of reconciliation and healing.

Rotowhero – Otakapou – Once a place of gathering and abundance

This research has highlighted that the location of Lake Alice was within a very significant area for the people of Ngā Wairiki and Ngāti Apa, and particularly the hapū of Ngā Ariki. This area is a watershed that falls west towards Turakina where the Ngā Ariki people were based, and falls to the east towards the Rangitīkei, interfacing with the hapū of Ngāti Tupua and Ngāti Tupataua and other divisions amongst the descendants of Tuariki. It was an area that supported large populations of people who cultivated on its lands, and fished in its lakes over generations. Iwi leaders in the 1840s sought to hold this land back from early land transactions but were largely unsuccessful leading to the people eventually being removed from this area. The Government has returned Lakes Hickson and William to the Iwi in Treaty settlements, giving Iwi a limited presence.

Recommendation 4:

That the Government funds the Iwi to work with other local land owners to plan and implement a specific programme to revegetate and otherwise improve the remaining lakes and streams in the significant Rotowhero and Otakapou area.

Ongoing risk of pollution at Lake Hickson

It is noted that there are still pipes running into Lake Hickson linking to infrastructure from the former Lake Alice hospital complex. It is unclear whether these pipes pose an ongoing risk to water quality in Lake Hickson, but the Iwi is concerned.

Recommendation 5:

That the Government funds an assessment of pipes and infrastructure from the former Lake Alice Mental Hospital to ascertain whether these are having a detrimental impact on water quality in Lake Hickson, and if they are, the Government funds a solution to remove the threat.

Whānau access to files and information

One theme has been about access to files and information for whānau concerning their whānau members who were tangata whaiora at Lake Alice. The Iwi is concerned that there are whānau who still want access to this information but are not aware how to go about it, and have never had access offered to them.

Recommendation 6:

That the Royal Commission recommends that measures are put in place to make it easier for whānau to access files and information about their whānau members regarding their time and treatment at Lake Alice.

Rūnanga statement to the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Te Rūnanga o Ngā Wairiki - Ngāti Apa call upon the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to acknowledge the abuse suffered by uri (descendants) of Ngā Wairiki and Ngāti Apa who were admitted to the Lake Alice Psychiatric Hospital. Our uri, who were tangata whaiora (people seeking wellness), their whānau, and our people who also worked there identified that the abuse and substandard care our uri received at the Lake Alice Psychiatric Hospital was under the responsibility of the psychiatry profession.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has to this point remained largely silent on these issues, reflecting a level of complicity in what had occurred at the Lake Alice Psychiatric Hospital. Continued silence has eroded the confidence of our people in the psychiatric profession, and more widely the mental health sector.

Te Rūnanga o Ngā Wairiki - Ngāti Apa call upon the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to:

- (a) Publicly acknowledge the abuse suffered by uri (descendants) of Ngā Wairiki and Ngāti Apa under the oversight of the psychiatry profession.
- (b) Publicly acknowledge that previous complaints about and to the psychiatry profession regarding the practice of psychiatrists at the Lake Alice psychiatric Hospital were not sufficiently acknowledged nor addressed.
- (c) Provide a clear, supported and expedited process for whānau to access records regarding their loved ones who were patients at the Lake Alice Psychiatric Hospital. This is particularly important for whānau of tangata whaiora who have since passed away.
- (d) Describe the strategy of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to address racism within psychiatry; the development of whānau centred practice; and the awareness of and intention to work alongside mātauranga Māori practitioners in the care of tangata whaiora and their whānau.
- (e) With the above systemic change, that the Royal Australian and New Zealand College of Psychiatrists (RANZCP) invest in scholarships and other initiatives to bring more Māori into the mental health professions. With a priority given to uri of Ngā Wairiki and Ngāti Apa.

Bibliography

- Adkin, G. *Māori Place-Names of New Zealand*. Vol. 8. MS-Papers-6061-09. ATL.
- Armstrong, D. (February, 2004) 'A Sure and Certain Possession': *The 1849 Rangitīkei/Manawatū Transaction and its Aftermath*.
- Baird, B. (ed). (1990). *Lake Alice Hospital: 40 Years*.
- Clement, A., Sloss, C. & Fuller, I. (2010). *Late Quaternary geomorphology of the Manawatū coastal plain, North Island, New Zealand*. *Quaternary International*. 221. 36-45. 10.1016/j.quaint.2009.07.005.
- Downes, T. (1909). 'Early History of Rangitīkei, and Notes on the Ngāti Apa Tribe'. *Transactions of the New Zealand Institute*. XLII.
- Fowles, C. (1982). *A Biological, Physical and Chemical Survey of 15 Coastal Lakes in the Rangitīkei- Wanganui Catchment Board Region*.
- Huwylar, G. (n.d.) *Ngāti Apa Manawhenua Report. Written in Support of Wai 265, the Ngāti Apa Claim to the Waitangi Tribunal*.
- Huwylar, G. (2005). *Ngāti Apa, Ngati Toa and Ngati Raukawa Cross Claims. Discussion Document*.
- Lake Alice Mental Hospital site plan. 1975. RDC 00256:1:44. Archives Central, Fielding.
- Manawatū Times. November 18, 1938: Rangitīkei Advocate and Manawatū Argus. December 22, 1937.
- McClone, M.S. (1989). *New Zealand Journal of Ecology*, 12, (Supplement). *The Polynesian settlement of New Zealand in relation to environmental and biotic changes*.
- Wilson, J.G. (1914). *Early Rangitīkei*. Whitcombe & Tombs: Christchurch.
- Wilson, R. (1963). *Bulls: A History of the Township*.
- Wanganui Area Health Board. (1989). *Mental Health: A Plan For Services*.

¹Whanganui MB #21. 354.

¹*New Zealand Gazette*. January 26, 1978. No. 4. 154.

¹*Wanganui Chronicle*. August 3, 1921, May 2, 1933: *Rangitīkei Advocate and Manawatū Argus*. December 1, 1919.

¹*New Zealand Times*. September 24, 1920: *Manawatū Standard*. May 1, 1933: *Wanganui Chronicle*. May 4, 1933: *Manawatū Times*. May 2, 6, 1933.

¹*Manawatū Times*. November 18, 1938: *Rangitīkei Advocate and Manawatū Argus*. December 22, 1937: Lake Alice Mental Hospital site plan. 1975. RDC 00256:1:44. Archives Central, Fielding.

“We have a few decades to go before we see the end of the impact of Lake Alice hospital because its intergenerational. So the impact on the next two generations will be clearly visible”.²

(Former Chairperson of Te Runanga o Ngā Wairiki/Ngāti Apa)



He Karakia

Haupū ngā kōrero o te tira whai oranga

Ka iria ngā kōrero ki runga ki te tuanui o Rangi e tū nei i te māramatanga o te ra,

Kua haruru te whenua i te tapuae o te tangata,

Warea, warea, te onepū toro mai i Otakapou,

Ka hora te marino ki ngā wai o Rotowhero,

Puritia kia ū, puritia kia mau,

Puritia kia tina,

Haumi e, hui e, taiki e!

This closing is inspired by a contemporary karakia that gives emphasis to the report and all of its contents. It elevates the contributions of survivors and the report findings so that they are suspended in the sky for all to see in the light of day. It then links the closing of this report to the visit made by survivors and Iwi to have karakia at the site, in an effort to release the ancestral whenua where Lake Alice was located from the weight of its legacy, and to calm the waters of Lake Rotowhero and the other nearby waterbodies.





TE RŪNANGA O
NGĀ WAIRIKI
NGĀTI APA