

Witness Name: Bruce Gibson

Statement No.: WITN0483001

Exhibits: WITN0483002- WITN0483014

Dated:

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

FIRST WITNESS STATEMENT OF Bruce Gibson

I, **Bruce Gibson**, will say as follows: -

1. I am a member of The Citizens Commission on Human Rights New Zealand ("CCHR").
2. The Citizens Commission on Human Rights International was established in 1969 by the Church of Scientology and Professor of Psychiatry Thomas Szasz to investigate and expose psychiatric violations of human rights.
3. The New Zealand branch was established in 1975 and incorporated in 1976. I oversaw its establishment in my role as the Public Affairs Officer of the Church of Scientology, New Zealand.
4. Once the group was established, one of our first actions was to see for ourselves the conditions of some of New Zealand's psychiatric hospitals. We sought permission to conduct tours of some of them. The first three we toured in 1976 were; Lake Alice, Tokonui and Kingseat.
5. In this statement I have used "Electric Shock Treatment" and "Electro Convulsive Treatment" in several places instead of the abbreviation "ECT". This is because "ECT" acts as a euphemism and disguises how the procedure is the passing of an electric current through the brain with two electrodes placed on the patient's head. This voltage, as high as 460 volts, creates an electric field inside the patient's skull. This electric field puts a force on the electrons inside the brain, causing them to move. This movement of electrons is a current flow of up to 900 milliamperes. By contrast, brain

cells normally operate with less than one-half of a volt and a fraction of one milliamperere. This shock to the brain causes a seizure and causes the patient to convulse.

6. In the 1970s Electro Convulsive Treatment was usually administered with anaesthetic and muscle relaxant which hides the gross movements of the convulsion. But in the Lake Alice Child and Adolescent Unit it was being given unmodified without anaesthetic or muscle relaxant. Also unknown to us initially was the shocks with the ECT machine were also being given to the children on various parts their bodies, often to the legs, shoulders and even on their genitals.

Lake Alice Hospital Tour, January 1976

7. I was part of the team from CCHR who conducted the tour of Lake Alice Hospital on 21 January 1976. We did not know what to expect.
8. Lake Alice stood in the Countryside on 70 acres halfway between Whanganui and Palmerston North. Opened in 1950, the hospital was divided into 2 main sections housing 56 people:
 - a) A 350-bed psychiatric hospital and;
 - b) A maximum-security unit for patients who were too violent or dangerous or too difficult to manage anywhere else.
9. There were five members from CCHR who were part of the tour of Lake Alice and there was a journalist present from the Wanganui Chronicle.
10. We met with the Superintendent, Dr Pugmire, and he appeared wary of us and a bit defensive. Initially, it seemed he was uncertain whether he would allow us in. He was having second thoughts. Dr Pugmire fiddled with the change in his pocket, with a far-off stare, undecided (which reminded me of a scene from "Mutiny on the Bounty", where Charles Laughton's Captain Bligh was faced by Marlon Brando's Fletcher Christian championing the crew, as Bligh fiddled with objects in his pocket).
11. Finally, he gave into reason and allowed the tour to proceed. We walked into the hospital area.
12. The physical setting, I remember, seemed grey and gloomy. It was very bare, lacking in cosiness or comfort; very institutional, impersonal, a bleak world. I felt there was an overriding atmosphere of helplessness in this place.

13. We were taken to the Children's Unit. Initially, there was a wariness from the child patients toward us. They did not know who we were or what we were doing there.
14. As the tour progressed, the word got around that we were there to help the patients and that we were not part of the psychiatric or Social Welfare system. What emerged then was a desperate tone of here was a chance; that someone outside the system might be interested in them, someone on their side. I think us being there offered some hope.
15. On more than one occasion, CCHR members were pulled to one side by a child patient and spoken to in private. This was how we received unsolicited complaints of abuse.
16. A boy told one member that if they misbehaved, they were sometimes locked in a room on their own. One boy said he was locked up for some days.
17. Another child complained he was being given injections as punishment. More than one of them said they hated the injections, as they were painful and it made their legs so sore, they could hardly walk.

Electric Shock Treatment and its use as punishment

18. Two boys called a member into a room, as they appeared not to want any of the staff to overhear them. They told her that some of the children were given shock treatment as a form of punishment to make them 'toe the line'. Two days a week, they said, were set aside for shock treatment. The children hated and dreaded receiving electric shock treatment.
19. Superintendent Pugmire did express to one CCHR member that electric shock treatment, used many times, did bring about brain damage, and use over a period of time can bring about permanent loss of memory. He also said that even one such treatment would damage the brain proportionally. He said he had curbed its use at Lake Alice.
20. The Superintendent told CCHR that the running of the Children's Villa was left to the Child Psychiatrist, Dr Selwyn Leeks, to do what he thought fit. It was here that Dr Pugmire absolved himself of any acts or treatments in the Children's Unit, distancing himself from them, it seemed.

21. From the information we were getting, it sounded like Lake Alice was a dumping ground for unwanted children, as we expressed publicly after the tour. Lake Alice was, in a way, assuming a function of Social Welfare with numerous children now housed at the Lake Alice Children's Unit.
22. A nurse said many patients expressed it was like "doing time" in prison.
23. At the end of the tour of Lake Alice, I experienced a heaviness. It was a miserable place to visit, unlike your usual hospital where there may be discomfort, pain even, but always an element of hope and positivity about it.
24. We knew at the time of that first visit, that what we were hearing was wrong. Although we did not know the full extent of what Dr Leeks and some of the staff were doing to the children in Lake Alice, it felt like we had stumbled upon a very serious issue—children being subjected to electric shocks and drugs as punishment.
25. We did also tour all of the Lake Alice Hospital facility, including the Maximum-Security Unit and the Geriatric Unit.
26. We conducted a tour of Tokonui and Kingseat Psychiatric Hospitals. That is set out in further detail in our Interim Report. ("Interim Report on tours of Kingseat, Tokonui and Lake Alice", CCHR, August 1976 [WITN0483002])
27. Our concerns were published in *Wanganui Chronicle* two days later.
28. Following the publishing of our Interim report there was further media coverage about children being given ECT at Lake Alice.
29. It was from these beginnings that the Lake Alice Child and Adolescent Unit was brought to the attention of the New Zealand public.
30. CCHR raised the issue of human rights abuse in Lake Alice Hospital, Kingseat and Tokonui, but we were also interested in what other abuses might be occurring in various psychiatric hospitals around the country, so we brought these issues into public eye to raise awareness and to hopefully bring about change.
31. The story of Lake Alice and abuse of children made headlines and this was when the Medical Reporter for the New Zealand Herald, Peter Trickett, took an interest and started writing articles.
32. Peter Trickett personally cared about and was energetic in the pursuit of the truth, extensively interviewing CCHR and senior Lake Alice Medical Staff. He visited Lake Alice and spoke with several children and reported his findings in a long

article. I spent an entire day with Peter. He interviewed me and worked on this article.

33. The result was the Article, "the abuse of the children at Lake Alice through Shock Treatment used as punishment ". This article exploded in the headlines, becoming national news and appearing in an article by P Trickett, in the NZ Herald.
34. By December 1976, the group, Auckland Committee on Race and Discrimination, ("ACORD"), under Oliver Sutherland, entered the scene with information about a 13-year-old Niuean boy who had been given ECT at the Lake Alice Children's Unit.
35. This led to a Magistrates Inquiry into the Case of the Niuean Boy in February 1977. Oliver Sutherland and Ross Galbreath of the Auckland Committee on Racism and Discrimination (ACORD) and I and Anthony Wilson of CCHR took part in the Magistrate's Enquiry. We were able to give evidence and cross examine the witnesses. ("The Magistrates Enquiry")

The Case of the Niuean Boy – The Magistrates Inquiry 1977

36. CCHR was concerned with two major matters the Magistrates Enquiry was charged with investigating:
 - (a) *The authority by which ECT was administered to the boy by Medical Authorities at Lake Alice Hospital.*
 - (b) *Any assorted matters that may be thought relevant to the general objects of the inquiry.*
37. CCHR was not happy that the Magistrates Inquiry was conducted in secrecy with the direction from Magistrate, William Mitchell, prohibiting the disclosure of any information about the inquiry to any other person. I refer to pages 4 and 32 of the Magistrates Enquiry report ("Report of the Commission of Inquiry into the Case of a Niuean Boy", Judge W. J. Mitchell, 18 March 1977 [ACD0003056]).
38. There was a preliminary meeting on the 14th February 1977. Its purpose was to receive written submissions from persons claiming an interest in the inquiry, and to determine their standing under section 4A) Commissions of Inquiry Act 1908 which states:
 - (a) *4A. Persons interested to be heard at inquiry – any person interested in the inquiry shall if he satisfies the Commission that he has an interest*

in the inquiry apart from any interest in common with the public, be entitled to appear and be heard at the inquiry as if he had been cited as a party to the inquiry. I refer to page 4 of the Niuean Boy Inquiry ([ACD0003056]).

39. The Magistrate would not include the issue of Electric Shock Treatment being used as a form of punishment and behavioural control of the children, given the narrow boundaries he set for the Inquiry. This meant the alleged perpetrators were never taken to task on these allegations. In his findings, the Magistrate stated;

(a) These groups [the New Zealand Psychological Society and CCHR] were interested in a wider consideration of electro-convulsive therapy than the present terms of reference required. I accepted that they may have a useful contribution to make on the question whether this treatment should have been given in the circumstances of this case, but I declined to consider electro-convulsive therapy in general, with a view to reporting on it as a form of treatment, and suggesting whether any further safeguards ought to be established in relation to it. In recognising the standing of the two groups concerned I accepted that the terms of reference required me to consider whether the treatment given to this boy fell within the ambit of accepted medical practice in psychiatric hospitals in New Zealand. That seemed a legitimate factor in assessing the authority for his treatment. I refer to page 5 of the Niuean Boy Inquiry report ([ACD0003056])

40. Members of CCHR who were present at the proceedings took extensive notes and some of the following information is based on those notes as well as the published Inquiry report. We understand the original transcripts of the Inquiry cannot be found.

41. Part of our submission to the Inquiry included the fact that a number of children had spoken to members of CCHR when they toured the Unit disclosing to us:

(a) During the tour of the Children's Section the group spoke freely with the boys who were around the ages of 10 to 15 years. Upon my assurance that I was there to help them and to improve their conditions, they overcame their initial suspicions and hostility. Upon me

agreeing not to identify them with their statements, for they were fearful of punishment, this is what was said:

- (i) That Electro-Convulsive Therapy (Shock Treatment) was used as a threatened punishment and given for unruly behaviour and disobedience.*
- (ii) That ECT was given to quieten them.*
- (iii) That they had an intense fear of ECT.*
- (iv) One boy stated he had been given 4 days solitary confinement for running away and this was verified by the other boys.*
- (v) Those who had been given drug injections as punishment they stated the injections were very painful. - Mr A.J.R. Wilson CCHR NZ*

I refer to page 20 of Report of the Commission of Inquiry into The Case of a Niuean Boy ([ACD0003056])

- 42.** In summary, CCHR's point of view was that Electric Shock Treatment was barbaric and should never be given without consent to anyone, least of all children, and especially children who were in care of the State who had all their rights removed.
- 43.** The Magistrate made sure the subject of Electric Shock Treatment was outside the scope of the Inquiry as we and others had made it known that we wanted a wide-ranging inquiry into the treatment. (see page 24 of the Niuean Boy Inquiry [ACD0003056])
- 44.** Instead, the Magistrate considered that Electric Shock Treatment was warranted when he made the following statement, which I do not think he was qualified to make:
- (a) There can be no doubt that the boy's condition when he entered Lake Alice Hospital in November 1975 called for ECT. I refer to page 24 of the Niuean Boy Inquiry ([ACD0003056]).*
- 45.** It was our understanding that the use of Electric Shock Treatment in an unmodified form on children was not an accepted medical practice at this time and in order to somehow justify this, the Magistrate went on record with the following remarkable statement:
- (a) Concern was expressed about the application of ECT in an unmodified form and without anaesthetic. As I understand it, treatment in the*

unmodified form means that no muscle relaxant is used. In the case of children, the muscle relaxant does not have the advantages that it has with older people. The purpose of the relaxant is to cut down the severity of the muscular convulsion and minimise the risk of fractures. With children there is less risk of fractures, because their bones are more flexible and their muscles are not developed to the same extent as with adults.

46. The Magistrate did not question the opinions of the two psychiatrists—Dr Leeks and Professor Werry—who gave evidence regarding Electric Shock Treatment and the very dubious merits of unmodified Electric Shock Treatment put forward by Dr Leeks, claiming it rendered the patient immediately unconscious where they had no memory of it. Our information informed us differently, based on the accounts we heard from the children who said they were in terror of the treatment and the excruciating pain it caused. I refer to page 24 of the Magistrates Inquiry ([**ACD0003056**]).

47. It appeared that the Magistrate was unwilling to really question Dr Leeks' justification for using unmodified Electric Shock Treatment. He wrote:

*It is clear also that on some occasions when Dr Leeks has to administer this treatment, the anaesthetist is not available. I thought that the discussion on whether anaesthetic should always be used, or whether there are circumstances in which it need not be used, took me out of my depth. I was not persuaded that the treatment was administered in such a way as to cause unnecessary suffering, mental or physical, but if ever an Inquiry is set up to consider ECT in general this matter would obviously be considered. I am certain that ECT was not used at Lake Alice Hospital as a punishment. (see page 25 of the Magistrate's Inquiry [**ACD0003056**]).*

48. As one person reasoned to me at the time: *Remove the label, observe the action, and any right-minded person would conclude that they were witnessing children being tortured.*

49. Consent (or the lack of) was a major issue because it was very apparent that none was truly sought for the treatment, either from the boy or his parents. Dr Becroft, Senior Medical Officer, had placed him in Lake Alice and the

Superintendent of the Hospital, Dr Pugmire, wanted the boy to be in Social Welfare care.

50. Both Dr Pugmire and Dr Leeks considered that if the boy was a Ward of the State, that they could treat him without any further consent. I refer to page 11 of the Niuean Boy Inquiry ([ACD0003056]).

(a) [Dr Leeks] understood that the boy was a State ward, and that the Department of Social Welfare cleared the way for admission and treatment. I refer to page 15 of the Niuean Boy Inquiry ([ACD0003056]).

51. But this in fact did not make the incarceration and treatment of the boy in a psychiatric hospital legal as the boy was not under the Mental Health Act.

52. So the issue of consent was navigated around by Judge Mitchell with the result that no one would be accountable for the boy's false incarceration and illegal treatment, which might otherwise be seen as assault. The judge then made a series of assumptions in his report that essentially dismissed consent as an issue:

(a) There was some evidence that the father and Mr Skuse [of Social Welfare] signed papers about this time, which might have constituted consent to admission or to treatment. Nothing of this nature could be found and on the evidence; it is improbable that anything was signed consenting to admission or treatment. Lake Alice does not use written consent forms, on the basis that people will often say later that they did not understand what they signed. I refer to page 14 of the Magistrate's Inquiry ([ACD0003056]).

(b) The problem is whether there was authority for the administration of ECT. Certainly no one discussed this with the family before the boy was admitted, or during this period in the hospital in November and December, as there is no express authority from a parent or guardian. It is clear also that no one discussed ECT with officers of the Social Welfare Department. I refer to page 15 of the Niuean Boy Inquiry ([ACD0003056]).

(c) In [Dr Becroft's] sincere professional judgment she arranged the boy's admission to Lake Alice Hospital for treatment without discussing the treatment in detail either with the Social Welfare officers or with the

family. It is not my function to pass judgment on her conduct in doing that. I refer to page 36 of the Niuean Boy Inquiry ([ACD0003056]).

- 53.** Judge Mitchell considered the boy was much happier than he was before he went to Lake Alice Hospital and that Dr Becroft had done the right thing for the boy (see page 36 of the Niuean Boy Inquiry [ACD0003056]) and it was this viewpoint that justified him in criticising our group, ACORD and the media for raising concerns about use of ECT on children without proper consent and for punishment.
- 54.** The Magistrate considered it significant that CCHR visited the hospital in January 1976 and how the children who talked to CCHR members gave them *some ammunition to fire at the hospital*. He did not accept the allegations that ECT was used as punishment for unruly behaviour and considered that the fear of it was exaggerated. Part of his reasoning was that the boy in question was more afraid of injections. (see page 21 of the Magistrate's Inquiry [[ACD0003056]).
- 55.** Anna Natusch, and the NZ Herald journalist, Peter Trickett both testified at the enquiry that they had spoken with some of the children at Lake Alice who told them that ECT was used as a form of punishment. These were recorded in notes made during the hearing. ("Inquiry Debrief", CCHR, 17 February 1977, p 12 [WITN0483003]).
- 56.** Anna Natusch was a teacher at Lake Alice. She was a credible witness and a vital one as she was not entrenched in the system, but rather more external to it, but she had knowledge of Lake Alice from working there. There were times when she appeared nervous as her revelations had an unintended whistle-blower effect.
- 57.** Anna Natusch's evidence included the fact that she saw the medical file of a girl in Lake Alice where it was indicated that medication was given as punishment.
- 58.** She also understood that if the children got six "D's" they got ECT. (see page 1 of Inquiry debrief [WITN0483003]).
- 59.** Anna Natusch gave evidence stating that she had been the Niuean boy's teacher for a year and how Dr Leeks had said the boy was given ECT because he was completely uncontrollable in class. Anna Natusch stated that this was not true because she had no difficulty whatsoever with the boy. (see page 2 of Inquiry debrief [WITN0483003])

60. This evidence substantiated what CCHR had been claiming. Ms Natusch was able to give names of people involved and she confirmed the use of solitary confinement for long periods of time.
61. Also omitted from the final report was part of Dr Leeks' own testimony about the treatment of the Niuean boy. In our notes of the hearing on 17 February 1977, Dr Leeks stated that the teacher over-mothered them (the children) and looked on the optimistic side more than was required. And that the Niuean boy responded to indulgence and over-mothering and that he kept his bad behaviour to other areas of his life. Dr Leeks did not answer the question regarding the boy responding better to gentler treatments. (see page 20, paragraph [44] of Inquiry debrief [WITN0483003])

Findings of the Magistrate

62. The Inquiry Magistrate dismissed all aspects of CCHR's and ACORD's concerns regarding the treatment of the Niuean boy.
63. In addition, Judge Mitchell, considered the tour of Lake Alice by CCHR in January 1976 and the subsequent media coverage was what triggered the Niuean boy to complain about the Electro Convulsive Treatment, and up until then, the boy did not have a problem with the treatment he was getting. It was with this viewpoint in mind that the Magistrate made no recommendations for change at the Lake Alice Children's Unit, but rather chose to point out:
- (a) The protests from people with no direct interest in the case about the administration of ECT without express authority from the family will no doubt make doctors hesitate in future, and people who would rather entrust these decisions to their doctors say find the doctors unwilling to take that responsibility. Whether that is progress, or a step backwards, is a matter on which there may be different opinions.*
64. As it turned out, the Magistrate was correct in his prediction, for after the media exposure on the subject of Electro Convulsive Treatment being used on children, the number of treatments used in New Zealand dropped dramatically from around 7027 in 1976 to 5169 in 1977 according to a New Zealand Listener survey. ("Electro Shock Treatment in New Zealand: A Special Report", NZ Listener, 6 May 1978, [WITN0483004]).

- 65.** Today that number averages around 3000 treatments a year which in 2017 constituted 265 people who received ECT. I refer to page 78 of the Mental Health and Addiction Services Annual Report 2017 ([WITN0483005]). With the commensurate population growth since 1977, that is a vast drop in use and even more reason to discontinue ECT and relegate it to the past along with the other barbaric treatments of deep sleep, lobotomies, insulin shock and ice baths.
- 66.** Magistrate Mitchell and his team ran the Inquiry with good control and quiet efficiency. The Magistrate was granting the right to be heard, in a fair-minded manner. All who participated respected this and responded similarly.
- 67.** Unfortunately, the vital aspects of treatment and punishment became confused in midst of psychiatric opinion and obfuscation. The serious issue of electric shock treatment being used as punishment, and not for treatment, was set aside. Along with this was the issue of serious pain inflicted on the children by the use of shocks and injections of painful drugs. There was enough information, even then, to confirm that treatments were being used as a painful means of persuasion to get into line.
- 68.** The injustice of this Inquiry was that there appeared enough information and evidence of a contentious nature to warrant further examination of the harmfulness and pain caused by Electric Shock Treatment complained of in this Inquiry. Furthermore, CCHR believed there should have been a recommendation for a wider investigation into Electric Shock Treatment use in New Zealand, especially where there were allegations of it used as punishment and without consent, on children.

Inquiry by the Ombudsman, Sir Guy Powles.

- 69.** In 1977, the Ombudsman Sir Guy Powles conducted his own Inquiry following a complaint from the parents of a child who had been admitted into Lake Alice ("Report on the Complaint of Mr and Mrs **GRO-B** Ombudsman, 5 April 1977 [CRL0099908]). His investigation went a lot further and looked into the issues of the detention and treatment of the boy and, once again, the lack of his and his parents' consent to treatment.
- 70.** Compared with the Magistrate's Inquiry, the Ombudsman was much more critical of the boy's detention and treatment with ECT. Sir Guy Powles clarified the issue

of consent, or lack of, and in his 5 April 1977 summary report, he observed how the boy was:

(a) ...in reality an informal patient. The Hospital had no legal authority to hold him there, against his or his parents' wishes. However, neither the parents nor the Department of Social Welfare were informed by the Hospital of the change of status with the consequence that the parents were not aware that they could take their son home if they wished."
(see 7 Ombudsman, Sir Guy Powles, 1977, page 4)

71. The Ombudsman pointed out how those who should have known about the boy's treatment at Lake Alice were not informed of it.

(a) Neither the Social Welfare officers responsible for the boy nor his parents were aware that he was receiving or had been receiving ECT treatment at the Hospital. Indeed, my enquiries revealed that the Social Welfare Officers did not know about the treatment the boy received until towards the end of the year. As far as the boy was concerned, I discovered from discussions and correspondence from his parents and from interviews conducted by my staff, that he was unhappy with the treatment he was receiving. He did not like being locked up in the seclusion room, nor the medication and it seems clear to me from all the evidence that he feared the ECT treatments which were administered against his will. (7 Ombudsman, Sir Guy Powles, 1977, page 5)

72. The Ombudsman also considered that consent was a fundamental legal right and that consent must be informed otherwise psychiatric treatment such as ECT would constitute an assault:

(a) It is a fundamental principal of our law that a person who is capable of consenting must have a reasonable opportunity to acquiesce to any extraneous application of force. Otherwise, the act would constitute an assault. In the context of medical and psychiatric treatment, it is well established that the consent and co-operational of the patient is, where possible, a condition and upon the administration of treatment. It is my view that the consent must be informed consent; that is to say, both the negative and the positive aspects of the proposed treatment and

procedure prior to performance ought to be explained in clear terms so that the patient can assess the risks, if any, involved. Special care needs to be taken with children and protected persons to ensure that they, or the parent or guardian responsible as the case may be, appreciate the circumstances and the nature of the proposed treatment and agree to its administration. (Powles, 1977, page 7) (7 Ombudsman's summary report 5.4.1977 pg 7)

73. The Ombudsman was critical of the use of electro shock treatment on children and adolescents and wrote in his report:

(a) I understand that there is a general consensus of opinion and the general practice is that ECT plays little or no part in the treatment of children. It appears to be used, if at all, only as a last resort where other treatments have been exhaustively tried. Unmodified ECT (that is without an anaesthetic and muscle relaxant) in most circumstances cannot be justified. (see 7 Ombudsman's summary report 5.4.1977 pg 8)

74. The Ombudsman further recommended that the Department of Health review the use of ECT:

(a) With regard to the reservations, I expressed about the way ECT was administered to the boy, I suggested that the Department of Health undertake a review of the administration of ECT in institutions under its responsibility in the light of the following observations:

- (a) The use of unmodified ECT as a mode of treatment for children and young persons detained in psychiatric hospitals under the Mental Health Act should be discontinued;*
- (b) The use of ECT treatment on children and young persons in psychiatric hospitals should be discouraged in all but exceptional circumstances and where the principles of consent have been met fully;*
- (c) Consideration should be given to instituting legislative charge to give effect to (a) and (b).*

75. These findings were heartening to us when they came out. CCHR saw the issue of ECT being given to children as something that needed to be looked into by a formal Inquiry, especially when given without any consent.

Protest outside Lake Alice Hospital - 16 April 1977

76. Two weeks after the release of the Ombudsman's report, CCHR staged a protest against the use of Electro Convulsive Treatment on children, outside Lake Alice Hospital. Among the people who took part, were members of the Auckland Committee on Racism and Discrimination and some people from the Values Party Women's Rights Group.
77. CCHR was calling for a Royal Commission on the use of ECT on children saying it was savage and cruel and that it should be banned. ("Protest at Hospital", Wanganui Herald, 18 April 1977 [WITN0483006]); "Call for an End to Shock Treatment", Wanganui Herald, 18 April 1977 [WITN0483007]).
78. After the protest, six of the people from CCHR, including Eileen Rottcher, were given a tour of the facility by one of the charge nurses and Dr Pugmire, the Superintendent of the hospital. They also talked to a young boy aged about 11 or 12 who said he had been given Electro Convulsive Treatment without anaesthetic on one occasion but it did not hurt. Dr Pugmire told the group that Palmerston North controlled the delivery of Electro Convulsive Treatment for children and he didn't believe many children were actually mentally ill and their problems were more caused by their environments and people in them. Despite this, he said these children might still get ECT. Eileen Rottcher wrote a report about this and I now refer to ("Debrief on Picket of Lake Alice Hospital", Eileen Rottcher, 17 April 1977, pages 8 and 9 [WITN0483008]).
79. Six days after the protest, Dr John Dobson, Chairman of the NZ Committee of the Australian and New Zealand College of Psychiatrists, wrote to Dr Janet Moore of the Values Party Women's Rights Group, with a warning not to get involved with CCHR because it is linked with the Scientology movement and attached two pages of derogatory statements about Scientology. (Letter from ANZCP to Dr Jane Moore, 22 April 1977 [WITN0483009]).
80. At no time did Dr Dobson or the College of Psychiatrists investigate Dr Leeks or ask for an investigation into Dr Leeks' practice and methods of treatment of the children at Lake Alice.

81. On 9 August 1977 Harry De Jong and Margaret Boyd of CCHR met with Dr SWP Mirams, the Director General of Mental Health to tell him that a full inquiry into Lake Alice was needed. It was CCHR's understanding that it was Dr Mirams who implemented consent forms at Lake Alice Hospital. (see Consent Form) and had order the Magistrate's Inquiry into the Case of the Niuean Boy. We believed Dr Mirams might be interested and able to order a full inquiry. There was a police investigation happening at the time and the two CCHR members presented Dr Mirams with some details about the case. Dr Mirams was not prepared to order an inquiry, but he did say there was going to be a conference of psychiatrists and the Lake Alice affair would be discussed there. He did say that unmodified would not be used any more (Notes taken of meeting between Margaret Boyd, Harry De Jong, and Dr S.W.P. Mirams, 9 August 1977 [WITN0483013]).

Conclusion

82. We had been campaigning that the practice of ECT being used on children and young people at Lake Alice (and in all psychiatric institutions) should stop. We did want a full investigation done of the use of ECT in New Zealand's psychiatric hospitals, but despite not getting this, we did make a considerable impact on this abusive form of psychiatric practice.

83. What did occur was:

- i) The Superintendent of Lake Alice Hospital, Dr Sydney Pugmire, removed the ECT machine from the Child and Adolescent Unit after consulting with S.W.P. Mirams, Director of the Department of Health Division of Mental Health. Dr Mirams wrote to us on 2 June 1977 informing us of this (Letter from S.W.P. Mirams to Miss Robyn Hilliam, 2 June 1977 [WITN0483010]). (see 11 Mirams to CCHR re shock machine 2.6.1977).
- ii) The New Zealand Law Journal published an article entitled, *Children: Consent to Medical Treatment* in their 4 October 1977 edition (Rodney J Hooker [WITN0483011]). The article was written by Rodney J Hooker, a solicitor with the Department of Social Welfare, in light of the recent controversy surrounding ECT given to children at Lake Alice. In it he stated:

(a) There can of course, be little doubt that medical treatment constitutes an assault upon the patient unless the patient consented to the treatment.

He concluded:

(b) It is the writer's conclusion that the consent necessary to condone medical treatment of a child must be given by the child if the child's consent is informed. If the child by reason of his immaturity is incapable of giving informed consent, then those persons specified in s 25 (3) of the Guardianship Act 1968 may consent. Where the child is capable of giving informed consent but refuses consent then the medical treatment may not be given unless the circumstances are such that s 61 of the Crimes Act 1961 applies. [Crimes Act Section 61 Surgical operations: Everyone is protected from criminal responsibility for performing with reasonable care and skill any surgical operation upon any person for his or her benefit, if the performance of the operation was reasonable, having regard to the patient's state at the time and to all the circumstances of the case.]

([WITN0483011]). It is noted that The 1977 Amendment to the Children's and Young Persons Act included a clause requiring consent before a child or young person can be given psychiatric treatment. I refer to the Children and Young Persons Amendment Act 1977 (**[WITN0483012]**).

- 84.** The use of ECT nationwide dropped by close to 2000 shocks given per year from 7027 in 1976 to 5169 in 1977.
- 85.** All of this occurred at the same time that mental health was being made a public issue by New Zealand's 1977 Telethon, with the proceeds going to the Mental Health Foundation.
- 86.** The Auckland Medico-Legal Society 1978 publication contained a speech given by its President, psychiatrist Dr R Culpan on the 2nd of May entitled *Human Rights in Psychiatry*. In it he discusses how psychiatry is under attack by the anti-psychiatry movement spearheaded by Thomas Szasz (co-founder of CCHR) and

...the “anti-psychiatry” movement had barely lapped the shores of New Zealand until a couple of teenage boys, who had undergone treatment in Lake Alice Hospital, were persuaded by certain protest groups to complain about the treatment they had received, even though the outcome of the therapy had been favourable. Many members of the public were horrified to learn of ECT being given to one of the boys without written consent and without consultation with relatives. Undoubtedly the various criticisms made about Lake Alice Hospital had some factual basis and the rights of psychiatric patients have been a sensitive issue in New Zealand ever since. (“Human Rights in Psychiatry”, Dr R. H. Culpan, The Journal of the Auckland Medico-Legal Society, 2 May 1978, page 2 [WITN0483014]).

- 87.** I believe Dr Culpan was seriously mistaken to consider the outcome of the Lake Alice treatment of two young people was favourable. In his lecture Dr Culpan did not want a comprehensive consent process concerning psychiatric treatment, especially Electro Convulsive Treatment, in New Zealand. I refer to Auckland Medico-Legal Society 1978.
- 88.** We knew that the issue of human rights in mental health and psychiatry had been firmly established through our actions and the actions of others concerning Lake Alice. The subject of abuse in the mental health system would not now go away.
- 89.** I had the honour of helping establish CCHR at this time. We all knew that this campaign to bring about human rights in mental health had only just begun. What we did not know was that CCHR would still be fighting for the victim survivors of Lake Alice for many years to come. Almost half a century later and still children (and others) have lacked adequate legal safeguards to protect them from serious abuse while in care. This must end, HERE and NOW!
- 90.** Thank you (Royal Commission) for what you are doing. Thank you for your attention and care. You have the power to create a safer future for some of the most vulnerable in our society.

Statement of Truth

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.



GRO-C

Signed Auckland _____

Bruce Gibson

Dated: 27 April 2021

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