

Witness Name: Donna Phillips

Statement No.: WITN1022001

Dated:

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

WITNESS STATEMENT OF DONNA PHILLIPS

I, Donna Phillips, will say as follows:

1. Introduction

- 1.1. My name is Donna Phillips. I was born in 1963 in Fiji. I'm a quarter Fijian. My dad was not a native Fijian, but he was born and raised in Fiji. Mum was too. She was half-Fijian, also born in Fiji and raised there. We emigrated to New Zealand when I was less than a year old. We came to New Zealand thinking there would be better education and opportunities for us.

Early life

- 1.2. My early childhood years were safe and very happy. Dad was a born-again Christian. He brought us children up to think of others and encouraged us to be honest. I am the second oldest of five children.
- 1.3. It took a while to settle into a new country for Dad. He worked hard and built the family home. He worked night shifts in a dairy factory. I think working at night may have had something to do with him becoming unwell later on. He worked hard and so did Mum – they wanted to see us get good schooling and grades.
- 1.4. My spelling was average, but I enjoyed the work at school – I really enjoyed learning. But there were times when I felt I didn't entirely belong, especially when I said where I was from, and I found nobody could really relate to it. I struggled a little bit, it made me feel

different from the other children, but I mainly got on alright. I was happy at home, so it never really stuck.

- 1.5. In my pre-teen years of childhood that was how I thought all families were growing up. We had good family holidays, camping holidays, throughout the North Island. We did what we could to just be a family, work as a family together, enjoy our family home and our family life together.

Immigrant experience and the Dawn Raids

- 1.6. My dad's parents moved to Fiji from Australia or New Zealand before World War II. My mum's dad was a soldier from New Zealand, stationed in the islands.
- 1.7. My dad and his siblings all left Fiji, and when my grandma passed, my grandpa also left Fiji. My other grandpa also ran a plantation but left when his lease wasn't renewed. He lived in New Zealand with us and other relatives.
- 1.8. I didn't grow up with my Fijian side. Mum's half-sisters sometimes wrote to her in Fijian, and mum would write back in Fijian, but it wasn't a language that was spoken a lot in our household. She lost a lot of it, which she was secretly disturbed about – she felt she'd cut some important ties from losing the language. But she kept other cultural ties, like teaching traditional dancing at the local high school. That was her way of keeping in touch with her Fijian roots and sharing the handed down knowledge of her culture.
- 1.9. The Dawn Raids didn't impact me directly in that we felt we'd be dawn raided ourselves, but it made me feel fearful of being an Islander. I was just a child at the time, but I remember 'overstayers' being such a dirty word and asking my parents if we were overstayers. I didn't know if it was okay to tell people I was an Islander. It was a lot for a child to process. I don't remember it that well, except with dismay.

My dad's experiences in psychiatric care

- 1.10. My dad had a breakdown when I was 11. It happened quite suddenly. My youngest sibling had just been born. She was three weeks old at the time. I had previously had no direct encounter with mental health services. I'd had no need to, and I knew nothing about them. I hated my first exposure to mental health treatment through what happened to dad.
- 1.11. I knew nothing about mental health services, so I was like a blank canvas. I was told nothing concerning my dad's treatment – nothing was explained. I was just told my dad was dangerous. It was bewildering, overwhelming, and I grieved for Dad. I don't know what went wrong there to make things that drastic, but Dad is not around to answer those questions anymore, unfortunately.
- 1.12. At the time, I was just a child, and it turned my world upside down. While Dad was at Carrington for six months, we were on starvation rations, eating just rice and baked beans every day in order to keep the house. It took six months to qualify to receive the benefit so we didn't even have that support.
- 1.13. When Dad got home after the six months, I could not believe the state he was in. He was shockingly different, zombie-like from the Benzodiazepines, neuroleptics and shock

treatment. When he was released from Carrington, things like the household atmosphere started to improve. But he wasn't the same Dad. I was empty, hollow and blitzed to witness Dad like this. It was a pain I can rarely describe.

- 1.14. He just went off life and didn't care about things anymore. He used to get up early in the morning and whistle while doing the dishes or washing his hands from being out in the garden. These were the things that made him 'Dad' to me, and then it just went.
- 1.15. Even Dad's appearance changed because he wasn't allowed razors, so he couldn't shave. He was left as a shell of himself and spent most of his time sleeping. I remember he kept wiggling his feet and I later found out this was tardive dyskinesia caused by medication.
- 1.16. Dad was on the equivalent of a compulsory treatment order. He had to keep in contact with psychiatrists. I think he had to go to the hospital for check-ups and things.
- 1.17. We visited him once when he was in Carrington, and once when he was in [GRO-C] Hospital. Carrington was a very brief visit. I remember Dad looked really happy to see us. When we visited him in [GRO-C hospital], he was in a room with only curtains for privacy. He looked very uncomfortable.
- 1.18. It was very hard on [GRO-B]. We didn't know what to do or where to go for help. We all felt powerless, relatives included.
- 1.19. I felt betrayed. We became a family that was growing apart, growing distant. It was the wrong coping mechanism, but we had lost direction as a family without our family head being there. It wasn't easy to admit to people outside the family that things weren't right.
- 1.20. The feeling of being different magnified immensely, for example, going to school knowing others had lunches that were not just Vegemite sandwiches. And they'd probably have tea that was decent, not rice and baked beans. It was hard on all of us, and it was hard trying to explain to the younger children that we were different to everybody else and they just had to make the best of it.
- 1.21. I like to think Dad, whatever state he was in in his mind, was recoverable. Given encouragement, given the right thoughts and directions and that kind of thing, it was recoverable. But opportunities for talking to us as a family about Dad just never happened. I don't blame Dad for this. He may have tried to pass messages to me, but it wasn't a priority for medical professionals or my family to pass these on.
- 1.22. The people looking after Dad were the authority and they were involved directly in my life, but they weren't involving me in what they were doing. I felt left out of all the decision-making processes, and I felt that amplified the bewilderment about what was going on.
- 1.23. I did think from time to time, why don't they, the mental health professionals, ever talk to us as a family? We are involved. We are affected by what they do or don't do. I used to hope it would happen for a while. When it didn't, I became disillusioned. We felt disempowered and our questions about Dad's medication were not satisfactorily answered. We didn't know if there was an alternative treatment option or not.

- 1.24. The pressure whenever Dad's condition came up was unrelenting on all of us. There seemed to be a force or subtle suggestion that we should all let ourselves be submissive to the rhetoric offered by the Mental Health people. I was distrustful.
- 1.25. When I realised that it was indeed a battle, I had no choice but to confront the situation and take my place in the battle where I could. I supported the idea that Dad should do whatever he needed to survive the ordeal. I wanted to help even if it was me alone.
- 1.26. I gave it my best effort at first to get on with life. Dad's predicament never really left me, it was just pushed to the background.
- 1.27. After Dad's time in psychiatric care, we took a family trip to Fiji. We visited Dad's old homestead and saw some of the nearby villagers. Dad looked like he was trying to talk to them, but they were very hostile towards him. There were some clear cultural differences. Some Fijians practice black magic, spells and curses which could have impacted Dad. I got the impression from this encounter that it wasn't easy for Dad growing up there.

Events leading up to admission in care

- 1.28. Dad was said to have died much later, when I was 24. Looking back, I always felt that the humiliation, the loneliness, the side effects of medication, the lack of freedom, support and compassion, and dismissal of his concerns, drove him to take his life. He also faced pressure to be normal that was based on fear of what would happen to him if he were found to be abnormal in any respect.
- 1.29. Just before he died, I was considering going to Whangārei to visit him. I was in Auckland. I was employed as a medical laboratory technician training in Auckland Public Hospital for three years.
- 1.30. At that time, I was trying to decide whether I wanted to continue with that as a career, or attend to my family responsibilities, looking after Dad, because I felt Dad was very on his own. I was living day to day. I didn't really know what I wanted to do with the rest of my life. I had a partner at the time as well.
- 1.31. When I got the phone call from Mum about Dad, it was really, really heart-breaking. It just really hit me. So, I went back home. I left my husband, because he wasn't really supportive of me seeing my dad at a time he really needed genuine support. I stayed at home with Mum.
- 1.32. I found it hard to get back into things, as I had once been able to do. My bounce back and resilience just wasn't there. That is what began leading to my own giving up, and the realisation that the battle had not been suspended just because Dad was dead. It was creepy, really creepy.
- 1.33. I know they would've said that Dad improved on the treatment, which he did temporarily. He spent 13 years under mental health treatment, but I always felt that he was a person that needed freedom and volition to make decisions about his life. He'd always been able to do things for himself – independent and hard-working. Although he tried, the stigma and the discrimination of being in psychiatric care, was too much.

- 1.34. At Dad's funeral I was just devastated. That began a real depression in me. Some people at the funeral seemed to know stuff they were hiding. I found this very hard.
- 1.35. I really wanted to talk about my feelings, but I didn't feel that confident about the right person being there to listen to how I felt. I just felt like there was nowhere really to turn, and I felt quite traumatised. I knew I needed help, but I didn't quite accept that the mental health treatment was going to help me. I tried seeing a psychiatrist. **GRO-B** noticed I was down, and she wanted me to see a psychiatrist, so for her sake I went along.
- 1.36. I went to see a doctor at **GRO-C** Hospital, and she didn't click with me. I didn't feel open to talking to her. We didn't relate well on that topic of psychiatry not helping my dad that much.
- 1.37. She was wrong for treating traumatised and vulnerable patients. She just wanted control over me, she never tried to understand me.
- 1.38. Later on, I was put under her care again, and she said I'd be on medication for life, which thoroughly scared me.

2. Abuse

GRO-C Hospital

- 2.1. By the time it was me in mental health treatment, my family had had enough to do with people in the family being under mental health treatment. Only my older **sibling** keeps in weekly contact with me out of all my siblings.

Arrival in institution

- 2.2. At age 27, I attempted suicide and was hospitalised. I was first in A&E, and then when I regained consciousness after being in a coma for about a week, I was on a ventilator. It was touch and go for me. Then they put me straight into the psychiatric unit and kept me there for a year. I was an inpatient, under a compulsory treatment order.

Day-to-day life in care

- 2.3. **GRO-C** Hospital was very different. It was not like other hospital wards at all, and it was just basically taking your medication, sleeping and eating.
- 2.4. I had an attempt at grief counselling with a nurse, but the sessions were so few and far between. It was like a week between sessions and it was just not long enough or deep enough to begin the process of real recovery. Other than that, it was just relying on the pills and trying to get by with where I was, just trying to keep something alive in me that I'll get out, that I could get out into the world again and continue with life.
- 2.5. I didn't experience abuse in my first admission. However, there was a lack of quality care and equality. This neglect persists today.
- 2.6. I left because the psychiatrist said I should go into a psychiatric hostel, which I didn't want, but there was no other option. I felt like I didn't have a choice. I wanted out of the hospital, so I agreed to go, but I saw – and still see – psychiatric hostels as a ghettoisation.

- 2.7. They make you feel child-like, dependent on them for everything. That was not helpful. I felt I wasn't being heard. I was just left on my own, so I turned to pills again.
- 2.8. Eventually I overdosed, and when I was getting my stomach pumped, the nurse noticed I was conscious. She said, "that'll teach you a lesson." That made me feel very puzzled. I didn't know what it was supposed to teach me.
- 2.9. Physically, there was enough to eat and drink. Some people just lived for the food, because it was quiet during mealtimes, and you'd have a choice of either the meat or vegetarian option. Often that was the only choice you got to make.
- 2.10. We had a chaplain come to us – we didn't have the freedom to go to church ourselves. It was nice to be able to talk to the chaplain, but it also would've been nice to go somewhere that was a neutral territory.

Electric shock treatment

- 2.11. I saw evidence of electric shocks being administered at the GRO-C Hospital. I remember being terrified of the machine whenever I saw it, or a machine that looked like it. I've talked to my doctors and told them I really don't want it and am against it.
- 2.12. In particular, I'm worried about the memory loss electric shocks cause. The effect is significant even years later. I know of people who use diaries to note down their daily life and fill it with reminders. I already struggle with comprehension and information recall, just from the drugs. I think it would be worse if I had gotten shocks.
- 2.13. Electric shocks caused all kinds of behaviour on the ward. There was one woman who urinated where she stood, right through her clothes and on to the carpet. She didn't really understand what she was doing.
- 2.14. My neighbour today experiences long bouts of screaming in the night. She received ECT five decades ago.
- 2.15. I believe ECT and medication cause synapse deterioration.
- 2.16. Shock treatment had to be used with the patient's consent, or their family's consent if the patient was catatonic. What isn't investigated enough for me is whether the catatonic condition is brought on by medication.
- 2.17. I know someone who was a recent recipient of electric shocks. She became convinced that she was an evil person and was not able to move past it. When people spoke to her, she either didn't respond or would say she was the vilest person. I've since heard she is no longer catatonic and now she's happy. But I don't advocate for the use of electric shock at all, because the side effects aren't explained to people properly.

GRO-C Psychiatric **Hostel**

- 2.18. Around 1990, I was at the GRO-C Psychiatric Hostel for about two and a half years. I also spent some time in a flat away from there because being there just didn't click with me. Some people were very ill, and there was such a variation of wellness and illness there that I found it really hard to socialise.

- 2.19. I always believed that talking therapy was the best way, and I couldn't find other people of the same mind as me. Other people were quite happy to be medicated, to be told what to do, when to do it and how to do it, and I wasn't. I was the odd one out.
- 2.20. The hostel was the old workers' quarters, which had been constructed for Marsden Point. They were prefabricated buildings with light walls. They were not purpose built for mental health at all.
- 2.21. The staffing supervision in GRO-C the hostel was a married couple that lived on site. There were other staff during the day, but only the couple at night time.
- 2.22. GRO-C The hostel had mixed sex wings and problems arose with the lack of supervision. I recall one time where a male resident got into a female resident's room while she was out. He waited for her naked in her bed. When she returned it frightened her so much, and she was screaming at him to get out. She has not been able to recover since then. This problem around lack of supervision and lack of accountability measures to make patients, especially female patients, feel safe, persists today.
- 2.23. I had a neighbour who would play his radio in the middle of the night really loudly. I found it hard to go to the staff. If they had been more approachable that would've been easier on me. But I think they only wanted to hear the good news, the stuff that was going well.
- 2.24. It only became lively in the unit when it was medication time and your name got called out. That's when the nurses arrived, and there was activity, bustling around. Then it went back to being dull and boring, with nothing going on, except for chores that we had to do. You might as well have just slept. If you had a problem with that, it was bad news for you, you just had to accept it. They recommended you take up the rehabilitation programmes available to keep busy.

Sexual assault

- 2.25. In 1993, I was admitted into the mental health unit at GRO-C Hospital while staying at GRO-C the hostel. I was in the secure unit, when a newly admitted patient ambushed me out of the blue. He came up to me and saw no nurses were around. He had his hand in a fist with his middle finger up, and he pushed suddenly and hard upwards into my crotch area. I was totally freaked.
- 2.26. I heard later he was a gang president GRO-C. I told a nurse within half an hour, and I thought some safety measures would be taken, like moving me to the informal unit next door, or a Police complaint made. But nothing happened. I was left locked in with the perpetrator for two weeks in the secure unit. I couldn't get out.
- 2.27. We had to eat in the same area, share the same recreation space. There was nowhere private apart from my room, where I could lock the door. At night the nurses would do room checks, and sometimes they left the door unlocked.
- 2.28. I told the nurse I was afraid, especially when they left my door unlocked at night. Afterwards, they made a point of locking my door after the checks, which made me quite happy. There is a brief mention of this in my medical notes.

- 2.29. At his compulsory treatment order hearing two weeks later, he was released, despite what he was up to. In a way, it was good for me because he didn't return to the unit, but it was also bad because he felt encouraged. He could do whatever he wanted, illegal or not.
- 2.30. I found being locked up with the perpetrator to be very punishing. It was stressful and humiliating, and it was difficult to not have easy access to justice. The impact of that sits with me now, and I continue to get claustrophobic indoors – I have to go outside because my breathing is affected. If I've had a stressful day and I'm not sleeping well, I just have to go outside.

Kingseat Hospital

- 2.31. Around 1993, I was put in Kingseat for a month. The staff would leave me on my own with the other patients and not explain anything. I just had to take my medication. It was really, really institutionalised. I was treated as a mental health statistic, not a person. It was very impersonalised.
- 2.32. Staff watched me in the shower, because I wanted a razor blade to shave my legs. I didn't expect that lack of privacy. I think they surreptitiously decided to put in my notes that I needed watching in the shower, without my knowledge. I was in the shower, and suddenly, the curtain was open and there was a nurse there. It was a female nurse, but it was all done without my prior knowledge or anything. I really felt violated by that. It was horrible.
- 2.33. It happened for the first week. I was so tired of it happening regularly that I watched for when the nurses were busy writing up notes or in the office, and that's when I had my shower from then on.
- 2.34. At my Mental Health Tribunal review, the judge took pity on me because I was a mess. He just let me go back home. Being at Kingseat wasn't helpful for me, and he must've known that. I needed familiar ground again, so he sent me back home, and I was happy with that.

Overmedicalisation

- 2.35. Being on Haloperidol gave me awful, drug-induced nightmares. For example, I used to have a recurring nightmare about a helicopter crashing and bursting into flames. The nightmares always had an unreal edge to them. You had to force yourself awake because they got worse and worse. They were gruesome and destructive. They would get worse just before my next haloperidol injection was due. I never had any dreams like this before the medication. When I was withdrawing from haloperidol, I would also have many nightmares. It was several long months of hell. I know other people who have been through mental health care have experienced the same things. Anecdotally, I know that losing control over your dreams drove some patients to suicide.
- 2.36. I also experienced dyskinesia while on Haloperidol. The withdrawal effects made me bicycle. If I was lying in bed, my legs wouldn't relax – the message from my head couldn't reach my legs. In the end, my legs would be bicycling in the air. I worried about what the long-term effects could be, considering how much I was already struggling. Nurses weren't understanding – they tried to tell me it was my medication that would make me well.

- 2.37. I've found there's a lack of tolerance for people like me, who don't believe in medication. When I've questioned a prescription or treatment, or asked about the side effects, I've been called an obstruction to the process. It's taken as a sign of trouble.
- 2.38. I know of someone who overdosed in the 1990s on lithium. She had tried to seek help from the A+E, who told her to go home as soon as they heard she was a psychiatric patient. I had seen her that day, and she was clearly unwell. She was blue in the face and lips, indicating serious lack of oxygen. Later, I found out her psychiatrist had been trying to contact her due to high lithium levels in her blood, but they hadn't been able to get to her. She passed away later that night.

Leaving the mental health system

- 2.39. In 1994, I had a brief stint as a student at NorthTec Polytechnic. I was a member of Northcare Trust, a mental health NGO, which genuinely tried to get us back to being functioning, recovered people. They had an agreement with WINZ and the Polytech so I could study. They organised this without me being involved in the financial arrangements.
- 2.40. I was at Polytech from February to April. I started falling behind in maths and it affected all my other grades. Everything I'd been good at before wasn't there anymore, and I regrettably decided to throw it in.
- 2.41. At the time, I was coming off Haloperidol injections. Because I was withdrawing from Haloperidol, I was getting drug-induced nightmares every night. Sometimes up to three a night. I moved to Mangakahia because I wanted to be in a quiet place without observation from other people. These nightmares lasted five or six months after I came off the medication.
- 2.42. I stayed with a farm worker in his cottage. He worked the farm and I did the housework, which was quite enough for me. We got into a relationship and I fell pregnant, but he didn't want to know. He was supportive of me trying life on my own, but the pregnancy was a deal-breaker.
- 2.43. I moved back to Whangārei and found my own flat. One day, I received a letter from WINZ claiming that I owed a vast amount of money to them, due to a financial error resulting in me receiving overpayments. My benefit was suddenly cut, and I only had \$25 a week for food. The mistake was caused by the financial arrangement made by Northcare Trust and WINZ.
- 2.44. When I went to WINZ I told them it wasn't my mistake, so I shouldn't be liable. They insisted I pay it back, so I asked if I could pay it back over a longer period. I explained that I was pregnant and would have to look after the baby on \$25 a week, but they still refused.
- 2.45. Babies need many nutrients and support that I couldn't provide with this income. For example, folate deficiency in pregnancy causes Spina Bifida. Iron deficiency causes pernicious anemia. Vitamin B12 deficiency can be fatal for a newborn. Healthy fat is also required for newborn's healthy bone marrow. I knew my baby's life was in the balance from the second trimester on, and that was stressful.

- 2.46. I survived my pregnancy on split pea soup and carrots. For a treat, I'd have a lamb chop. My family rarely visited, so I was really on my own during my whole pregnancy.
- 2.47. The day of the birth came, and everything was straightforward at first. **GRO-B** was born after two hours of labour, and I was in the maternity unit. My mum and sibling came to help me, and I was so happy. I felt quite weak, but I was really happy to finally be a mum.
- 2.48. I had trouble sleeping, so after the second night of not sleeping I asked the nurses to take my baby for the night and mind **GRO-B**. Everything seemed to be good **GRO-B** had been good up until that point, and they let me sleep soundly through the night.
- 2.49. But I woke up the next morning, and all the nurses and doctors were gathered around my bed. I knew that something was wrong. The doctor said my baby was sick and asked me to sign authorisation papers for tests. I was shocked, I had just seen the baby and **they** were good. They said **GRO-B** had cried all night and had a high fever.
- 2.50. They wouldn't bring **GRO-B** to me. I felt intimidated by the way the doctors and nurses gathered around my bed. **GRO-B** walked in to visit, and the doctors explained what was happening. They said I was not cooperating, so they asked **GRO-B** to sign the papers, which she did.
- 2.51. The doctors left me, and I was eventually allowed to see my **GRO-B while they were** getting a lumbar puncture to test for meningitis. It came back negative, but **they were** in the Special Care Baby Unit (SCBU) for a while. I don't know why they tested for meningitis because meningitis caused by unhygienic conditions would display a rash which **GRO-B** didn't have. The doctors ignored me.

Return to **GRO-C** Hospital

- 2.52. After birth, I was sent back to the mental health unit in **GRO-C** Hospital for postnatal depression. Three weeks after giving birth, I was sexually abused by a patient in the mental health unit. My baby was living in the community with my mum at the time.
- 2.53. I was reassured that safety measures had been taken at the unit, and I was allocated a nurse. I shared a room with two others, and I told them I wanted to lock the door at night because I had been abused in the past. One of the other occupants didn't like that, and would leave the door unlocked, which I hated.
- 2.54. One night, I was woken up by a feeling that something wasn't right. Suddenly, a man jumped on my bed and was ripping off my bedclothes, blankets and sheets. I tried to fight back, but he pinned my arms against the bed. I had been heavily sedated, so I felt disorientated. It felt like the fight to overpower him went on for a long time in the dark.
- 2.55. I managed to reach the nurse call button, which made a loud buzzing noise. He jumped off and tried to leave, but the night nurse came in. I told her what happened, and insisted she write an incident report. She took the man with her, and I later found out he was put in seclusion for about two days. The incident report was very brief and minimised his attack on me.

- 2.56. I did talk to the District Health Inspector about this sexual assault. My memory is not good, but I know I spoke to her. She just tried to be reassuring, telling me it wouldn't happen again. She said "it's safe now" which was later proved wrong by a third unrecorded sexual assault. I may have ignored her after the second time she tried to reassure me, thinking "what's the point?"
- 2.57. After he was let out of seclusion, the man was back in the general ward. I was in the voluntary unit, and he began stalking me. Since the nurses kept to the office, they weren't noticing my distress. I decided to try to deal with the problem myself. I approached two young men, explained what happened, and asked if I could hang out with them so that I would be protected from the other man. They agreed, to my relief, and I stuck to them like glue.
- 2.58. The two men were really nice. One of them was very understanding – when I'd leave the ward to visit my baby he would ask how she was doing. It was really nice to have someone who cared, a friend, and I really appreciated it. He later took his own life, and I was just a mess.
- 2.59. It was a horrible incident. After being suspected of possessing marijuana, my friend was taken into a room by two nurses. They threatened anyone with seclusion if they came to look in the room. I looked inside and saw them threatening to give him a body search after they searched his room. One of the nurses had a pair of surgical gloves on. My friend was pale and shaking. I never asked him if they carried out the search, but I always wondered because a week later he took his life.

Seclusion

- 2.60. I was in seclusion many times. It didn't really help me, and I've known people in seclusion who would yell for help while in seclusion, needing to use the toilet and calling for the nurse. I once asked a nurse why they didn't go to see to the person yelling, and they said it was because the patient had been naughty.
- 2.61. Seclusion was used as punishment. When I was put in there I didn't have any real understanding of what I did wrong. I don't think it justified me being put in there. You weren't told how long you would be in there for, or what behaviour was needed before you could be released. I would be in there for a couple days, on practically every admission to the secure unit.
- 2.62. The room was separated from the main ward, and there was a little window to see into the ward. There was an outside toilet, so you had to be outside the room to use it. There was a mattress on the floor, it was very bare. There were no external windows. This has been classed as torture by a special rapporteur on torture at the United Nations.
- 2.63. About four or five years ago, on my last admission to GRO-C Hospital, I was put in the seclusion unit for my safety. I had expressed concern about being sexually abused again, and the staff said there was someone on the general ward likely to offend. I was made to sign a form and I stayed there for a week.

- 2.64. For the first couple of days I was locked in, but then they said I could call for a nurse to go through the general ward when I wanted. I know some nurses were against the arrangement though, because it wasn't an ordinary situation.
- 2.65. Some staff were nice to me in the seclusion unit. They would bring my meals and chat to me. Some of the staff were good, but one or two bad staff is bad enough to upend you, because there's nowhere to go for downtime away from staff. There was no privacy or ability to stretch your legs.

Third sexual assault

- 2.66. I was sexually assaulted for a third time at [GRO-C] Hospital around 2005.
- 2.67. When a person is admitted to [GRO-C] Hospital, they are offered sedation. But when I refused to take the medication, they offered me a cup of tea. I knew I had taken a pill because I was starting to blackout and see spots in my vision, but I was surprised there was no nurse supervising me. I went into the accommodation area, as I needed to lie down, and I blacked out. When I came to I found I was being interfered with – someone had their finger up my bottom.
- 2.68. I was in pain and swore angrily at the person. After I reported it, I heard laughter coming from the office area. I don't know if the staff were laughing at me, but the assault was never recorded. I felt they were laughing at me, but I'm not sure.
- 2.69. The sexual assault wasn't even recorded in my notes or an incident report made, even though I went to the nursing station.
- 2.70. I didn't really feel supported to approach the Police or the Health and Disability Commissioner after this assault. The hospital staff said they could set up a meeting with the nurse, but that was about it.
- 2.71. Around the same time, I witnessed a nurse being interfered with by an elderly man in a room. Nurses normally carried a personal alarm on them, but when I saw it happening I decided to step in, just in case. She asked me to get help, which I did. The head nurse responded and all the nurses came out of the office to check on her, expressing concern and telling her to take the day off. What happened to her was terrible, but it was hard not to compare it to what had happened to me, and the complete lack of response from staff to my assault. The nurse left the profession after this. She had a choice. Mental health patients do not have this choice. This is a crisis of equality.

Staff training

- 2.72. I think staff are well trained to respond to violence in the unit, but they don't get a lot when it comes to other kinds of emergencies. It's a bit like Russian roulette – you're lucky if you get someone who knows what to do, but it's not guaranteed you'll get what you want or need. Training would bring sexual assault as an issue to the staff's attention. I think they underestimate how damaging it is.
- 2.73. Staff get taught that there are four pillars to wellbeing – emotional, mental, physical and spiritual, but I don't think this translates into action in the unit.

- 2.74. Things like phones are confiscated for punishment, but you don't know why. Other things aren't confiscated, and they don't explain it. One patient had a really loud sound machine, that could play things like police sirens, or crap music, but the staff wouldn't turn down the volume. They said he had a right to listen to it. A younger nurse would be more responsive, but an older nurse wouldn't want to be told what to do.
- 2.75. For me, being in the unit is a punishment. Having your freedom at the hands of a stranger, having to take pills, was a punishment. It's about power and control for the staff.
- 2.76. I didn't really get to talk to people about how I was feeling. I found they were always trying to analyse and diagnose me. For example, if I told staff I was having the same thought playing over and over in my head, it would be considered rumination, which is a symptom of a serious condition, rather than a side effect of being locked in a unit.
- 2.77. This constrained a lot of my communication, because as soon as I told them something, an assumption would be made. It stopped me from wanting to talk about things. To this day I have to psych myself into talking about medication issues or problems that I'm having. I feel forced into coping with things alone.
- 2.78. That's another area of mental health that's really not looked at – recovery. I once had a psychiatrist tell me his idea of recovery for me was living with a stable partner and a dog in a house that I own. But I could not manage all that. It floored me that that was how he perceived my recovery.

3. Impacts and current situation

- 3.1. I am still in the system today, in a psychiatric residence. It's very informal, and there is no supervision apart from when I'm on the medication run under a compulsory treatment order.
- 3.2. With Covid, I've only been able to contact counsellors and things by phone, about every six weeks. I don't have a self-isolation plan, but I know others have made a plan with their support people. I would have to get by on my own. I don't have anyone I would be able to count on for help with groceries and things.
- 3.3. Before Covid, staff were available for me to meet with. I would talk to them about gardening. I also get along well with my neighbour. We take care of our cats together. I like the homely touches like being able to care for our pets.

Medication

- 3.4. I don't agree with medication. I think there should be talking therapy instead.
- 3.5. My dad's experience in the mental health system is probably why I tried to search out alternatives later on for myself. As a patient, there was a strong element of just doing what the doctor says. They would ask questions like how my energy levels were, but I wouldn't have time to talk about the reasons behind how I was feeling. Mental health is so much more disempowering as a patient than in the medical wards.
- 3.6. Until recently I was withdrawing off medication on to daily essential nutrients, a product designed for people coming off psychiatric medication. My psychiatrist was semi-reluctant,

but he gave me permission to use it. In the past, my withdrawing off medication has led to me having relapses that require hospitalisation, so they were being very cautious.

- 3.7. Taking these vitamins and supplements was really helpful. It helped stabilise my mood and reduced aggression. It was the best I'd ever known coming off medication.
- 3.8. The overmedicalisation impacted me in other ways. When I was diagnosed with breast cancer, I was put on tamoxifen. The tamoxifen gave me similar side effects to Haloperidol. I'd wake up in the night and my chest would feel like it's squeezing. I'd have to rush to the toilet or I'd wet the bed.
- 3.9. It was so triggering, and I had to take tamoxifen for five years. I knew I'd get suicidal within weeks, so I stopped it within a month or two. Since then, my doctors have said I don't have to be on it for the full five years, thankfully. However, this disclosure has had implications for my other medications. My current psychiatrist cannot release me from pills.
- 3.10. When you're under a compulsory treatment order, a medication run occurs every night. People turn up every night to give you medication. If you are not home, they will knock on your neighbours' doors, or give them the medication.
- 3.11. Another side effect of the medication is that it is damaging to the dopamine and serotonin pathways in the brain, meaning I don't feel happy. Feeling naturally happy is unusual for me, and it's not because I'm not doing things that make me happy. I don't know if I will recover it eventually, but I'm hoping it will come back.

Stigma and associated issues

- 3.12. I haven't really had the opportunity to raise GRO-B. I did have custody GRO-B but I couldn't manage properly. I was going between Wellington and Whangārei, trying to pick up and carry on. I was put back into the mental health unit, on medication, and GRO-B. GRO-B was taken off me GRO-B was returned to GRO-B.
- 3.13. GRO-B and I had joint guardianship of my GRO-B so I was supposed to be kept in the loop GRO-B but it never happened. I couldn't tell GRO-B about the sexual abuse in the unit until much later. At the time, I wasn't sure if people would believe me; it was my word against theirs. I told her to explain some of my behaviour.
- 3.14. There has also long been a housing crisis for the mentally ill. It made looking for a flat difficult, because you would be turned down instantly if you had a mental illness. The only real option was the Housing Corporation houses. I did try over my 30-odd years in the mental health system to find housing.
- 3.15. Even when I did find a flat, I felt I had to disclose I was under mental health because the landlord lived on the premises in an adjoining house. I had to explain the presence of the medication run turning up. I felt I was being policed by the landlord, because he'd walk every evening by my bedroom window, walking around my flat.
- 3.16. One of the things that is really different in the unit from the outside world, is the jingling keys of staff. The staff always have a multitude of keys, and it gives them power. When

they're walking around, it's to show that they are superior to us. It's part of the conditioning process, and it really reinforces the feeling that you have to ask them for everything.

- 3.17. So the landlord walking about felt particularly intruding, because of my background. I had told them about my sexual abuse, even though it was hard, because I wanted them to know why I could be socially awkward as a tenant. But I've found over and over again that you won't know how people will react at all.
- 3.18. The stigma surrounding mental health also impacted my employment. I looked for jobs, but I just gave up in the end because it was so hard on the way you saw yourself; being rejected by people that didn't know you and didn't realise how desperate you were to move on in your life. They just saw you as the one thing they wanted to see, and that was it.
- 3.19. My recovery will be accelerated when I leave my current accommodation. It's good for managing my stress now, but it's not where I want to be long term.
- 3.20. Due to the abuse I suffered, my ability to trust people has been impacted, especially around men. My physical security also means a lot more to me than it used to.
- 3.21. I have to have my own volition returned to me as it has been denied to me so vehemently. My protests have been interpreted as agitated, elevated, lacking insight or worse.

Staff

- 3.22. I've found a lot of support from fellow patients, and the occasional staff member has been helpful. But most staff feel challenged by the medication issue, because it is seen as challenging the system and could result in them losing their reputation or job. So staff don't like getting drawn into the issue.
- 3.23. Once, a nurse asked me if I wanted to take my medications. When I said I did not want to take them, he told me that I didn't have to, and it was okay. He just asked that I didn't tell anybody about what he was doing. That really helped. I got withdrawals whenever he was rostered on, but it was a welcome break.
- 3.24. Younger nurses fresh from school are the good staff – they're the easiest to talk to and be with, because they don't have any preconceived ideas. I experienced this with a trainee psychiatrist. He left me his number for when I went on a walk in case I was hassled about why I was off the ward. This showed me he had insight and helped me to trust him.
- 3.25. The last time I was put into seclusion for my own protection, there was a trainee who was so easy to talk to. I was able to be in a relaxed state because I felt like there was finally someone acknowledging me, someone I could go to if I needed.

4. Redress

- 4.1. I tried suing the hospital for the sexual abuse I experienced. A patients' rights advocate encouraged me to go through the system as an option for justice. I had my misgivings to begin with, because it felt like such an obstacle and I am easily stressed.

- 4.2. Part of my motivation for suing was **GRO-B** and I was going through a lot of financial strain at the time – I felt pushed to do it. I wanted to be out of the mental health system, and in my own place independently. I approached a lawyer, who said she wasn't qualified to take on the complaint and referred me to a barrister.
- 4.3. He interviewed me when **GRO-B** was about two. It was made clear to me that they didn't take on many mental health clients, and that the court process would be very stressful. The barrister said he would set out my complaints to the hospital, which the hospital would deny, and I would go through the court procedure.
- 4.4. Even though I agreed to the process, I wasn't happy with it. My case came to a calamitous end, because the hospital hired a top lawyer who immediately said I was lying about the sexual abuse and was making me out to be a psychotic liar. I was told this wasn't just going to be said to my lawyer, but in court, in front of others. I couldn't handle it.
- 4.5. When the hospital lawyer denied what happened, I couldn't take it. I didn't think I could get through cross-examination in court. It was cruel, on top of what I had been through. It became increasingly unmanageable, and there were long periods of silence when I didn't hear from my lawyer because of issues with Legal Aid.
- 4.6. I had a breakdown. I felt I really needed a friend. I was going through a lot of hardship with my mother, and she wasn't being approachable at that time. I was left on my own. The pressure on me intensified, and I was having issues with my medication and nightmares. It didn't work out well at all, and I ended up stopping the case. It had probably taken six months.
- 4.7. My legal file was filled with correspondence with Legal Aid. I hate money arguments. I like to have just enough to live on and be happy, but it felt like I was asking for too much from Legal Aid.
- 4.8. I wanted justice, but it was inaccessible to me. There's no safe space to access justice, and the process just brings on more stress. I have never found District Inspectors to be helpful in this regard either.

GRO-C

5. Looking forward

- 5.1. I would describe the mental health system as 'kakopathea', which in Greek, means to suffer and endure. It is a system that takes, takes, takes and does not give. It's like a machine. It exploits people who are at their most vulnerable.
- 5.2. Speaking as a person with over 30 years' experience of being in the mental health system, it is important that you understand that I don't think you can change the mental health system as it is. I know that it doesn't help people that feel disempowered. The process of diagnosing is so vague and unscientific. How can you tell there is a chemical imbalance in the brain without a test? There is no diagnostic test for mental illness.
- 5.3. There's great variation in the way and level to which you're listened to as a patient. It really depends on the person who has authority over you; they have a great power. When you need to be listened to, it would make a great difference to have that built into the structure of psychiatry, so that it does happen.
- 5.4. Talking therapy would've been a game-changer for my whole life, had that been an option way back at the start. And even in Dad's life. Justice should not be at the back of the queue in psychiatry.
- 5.5. I only ever had one good judge before, Judge Peter Boshier. He's the only judge that listened to me, and I'd almost given up telling my complaint until he came along. He got me off a compulsory treatment order and restored my faith in human nature. It really did a lot for me and I've remembered him over all these years.
- 5.6. I think psychiatry is missing all the opportunities to really get inside where people's issues are and help them through them – they just do things like electric shocks and throwing pills at the problem. That takes away a lot of real comprehension of people's problems that they could be utilising instead of deciding what pills to use. I think it's a real waste of a whole field of medicine.
- 5.7. Instead, we should start with people dealing with people, and understanding that people are overwhelmed with traumas and their pasts. There is a wider movement now for peer-run respite houses which minimise or completely remove the use of medication and involvement of psychiatrists.
- 5.8. This provides a more humane environment for people going through a crisis, and there are people looking to fine tune this approach. It's not just about chemical imbalances and pills, you're looking at people. Getting to understand what is triggering them, what motivates them to get better. Medication use should only be short-term, and as needed. It should not be lifelong.
- 5.9. I think there should also be more attention paid to models being used overseas and how they can be applied here. In Sweden, patients are billeted out to live with families on farms. They're visited by a talking therapist every two weeks, and the family is supported too.
- 5.10. I think it works well because people are trusted, they can work out their own ways to get through their crisis, and their freedom isn't something they have to bargain for or work desperately to achieve. They're out in nature, in a family environment, as a sort of

surrogate family. It makes people feel accepted, which in their hearts, they're crying out for.

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.

Signed

GRO-A

Dated:

30 May 2022

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