

**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY
DISABILITY, DEAF AND MENTAL HEALTH INSTITUTION HEARING**

Under The Inquiries Act 2013

In the matter of The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions

Royal Commission: Judge Coral Shaw (Chair)
Paul Gibson
Julia Steenson

Counsel: Mr Simon Mount QC, Ms Kerryn Beaton QC, Ms Ruth Thomas, Ms Lucy Leadbetter, Mr Michael Thomas and Ms Kathy Basire for the Royal Commission
Mr Gregor Allan, Ms Sandra Moore and Mr Vaughan Dodd for the Crown

Venue: Level 2
Abuse in Care Royal Commission of Inquiry
414 Khyber Pass Road
AUCKLAND

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TRANSCRIPT OF PROCEEDINGS

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30

Adjournment from 10.46 am to 11.04 am31 **COMMISSIONER GIBSON:** Stand for karakia.32 **MIKE:** Ka rere atu a tātou pūmaumaharatanga ki te tini whetū e Matariki ana ō tātou nā tūpuna.

33 Kia whakahokia e tuku iho ki a tātou te whānau e noho tahi ana. Hei arahia, hei manaakitia,

34 hei tū pakari ai tātou e ō rātou mana. Nei te kaupapa kei waenganui, taumaha. Koinā te

1 waiū, te waiora, te wairua, mai i te pō hoki atu ki te ao e hoki mai ki te pō. Nā te aroha nui
 2 o te Atua ēnei taonga katoa i paiherehere. Kia kotahi ai ngā tūmanako, kia kotahi ai ngā
 3 tūmanako, ka kotahi ai ngā whakaaro. Ka kotahi ai ngā moemoeā kia kotahi ai tērā. Nō
 4 reira e te whānau haumi e hui e tāiki e.

5 **COMMISSIONER GIBSON:** Ms Spelman.

6 **MS SPELMAN:** Tēnā koe te Heamana, otirā tēnā koutou nga Kaikōmihana. E te Matua nāu i
 7 whakatuwhera tō tātou nohoanga o tēnei wāhanga o te rā. Nō reira e mihi ana ki a koe ka
 8 tika, mihi hoki ki te hunga mate nā rātou i haere ki tua i te arai e mihi ana.

9 Ki te matua i tēnei ata, nāna i whiu ngā kupu o ērā momo wheako, e mihi ana ki a
 10 ia, otirā ki te hunga i ēnei rangi kua tata nei kua takoha ngā wheako ki ngā Kaikōmihana e
 11 mihi ana, e mihi ana.

12 Ki te whānau Neilson, tēnā koutou. Tēnā koutou Ngāti Porou, tēnā koutou Ngā
 13 Puhī. Tēnā koutou i tō kaha, i tō māia kia tae mai i te rangi nei ki tēnei kōmihana, tēnā
 14 koutou. E kī ana te kōrero 'kia whakatōmuri te haere whakamua'. Nō reira i runga i tērā
 15 whakaaro ka huri au ki te whare tēnā koutou, tēnā koutou, tēnā tātou katoa.

16 Commissioners, I just wanted to begin this morning by acknowledging Matua Mike
 17 for opening our session with karakia, acknowledging those who are not able to be here
 18 today who have passed on, and the witness who spoke this morning and those who have
 19 been heard in the most recent days.

20 Also, to Sidney, Cherene and Mike for coming today, despite the heaviness of the
 21 journey it's taken to get here, I acknowledge you all and I thank you for taking the time and
 22 the courage that it takes to be with us.

23 The whakatauki I mentioned, walking backwards into the future with our eyes fixed
 24 firmly on the past, is a whakatauki of course with much relevance for Māori within Te Ao
 25 Māori, where we hold on to that idea that it is only by looking to the past, by understanding
 26 that, by thinking of the lessons brought from our tūpuna that we can walk into a future that
 27 will be better for ngā mokopuna ka haere ake nei.

28 I'm just going to pass now over to the whānau so that you can introduce yourselves,
 29 and following that we'll turn to the video, but I want to start first with making time for you
 30 to come into the room and acknowledge yourself.

31 **QUESTIONING BY MS SPELMAN:** So Sidney, first of all, tēnā koe, good to see you in here.

32 **SIDNEY:** Kia ora.

1 **MS SPELMAN:** Do you want to introduce yourself, Sidney, and I'll just ask Mike to move that
2 microphone closer to you, and if you just speak into it a little bit closer, you might need to
3 roll your chair in towards it a little bit more.

4 **SIDNEY:** Kia ora e hoa, my name is Sidney Neilson. I'm Ngāti Porou, Ngāpuhi. Mum and dad
5 were born in Ruatoria, dad was born in Auckland, Kaikohe, and -- yeah.

6 **MS SPELMAN:** Tēnā koe Sidney, e mihi ana.
7 Cherene, could I turn to you.

8 **CHERENE:** Tēnā koutou katoa, 'titiro whakamuri' *look to our past*, 'kia mataara ki aiane' *be*
9 *vigilant in our present* 'e ora ai ngā uri whakaheke' *so future generations can thrive* just as
10 Julia had mentioned in her whakataukī e pa nei ki tēnei kaupapa taumaha kei a tātou.

11 Tēnā koutou katoa te kāhui manaaki. Ko Hirini te mātāmua o tō mātou whānau. Ko
12 ahau te māngai mōna. Ko Shareen taku ingoa.

13 Ko Mataatua, ko Horotua ōku waka. Ko Whakataha, ko Hikurangi ōku maunga. Ko
14 Waitangi, Ko Waiapū ōku awa. Ko Tauwhara, Ko Te Auau ōku marae. Ko Ngāti Rēhia,
15 Ngāti Hine, Ngāti Hineira, Te Whiu ōku hapū. Ko Ngā Puhi nui tonu, Ko Ngāti Porou ōku
16 iwi. Ko Hone Rameka rāua ko Tekau Whero ōku tūpuna ki te taku, ki te tana [taha] o taku
17 pāpā. Ko Taipara Nukunuku rāua ko Pirihira Nepia ōku tūpuna ki te taha o tōku mā..., kōkā.
18 Ko Neville Neilson rāua ko Pirihira Nukunuku ōku mātua.

19 Ko tō mātou nei tino tūmanako moana. Our greatest hope for today is that Sidney
20 can speak his truth, te kōrero i tana pono, to find his peace, ki a kite te rangimārie, and to
21 restore his mana, whakahoki a tona mana. Nō reira, tēnā koutou, tēnā koutou, tēnā koutou
22 katoa.

23 **MS SPELMAN:** Tēnā koe whaea.

24 **MIKE:** Tēnā no tātou te whānau, he purapura ahau no te Tairāwhiti, he maha ōku maunga, he
25 maha awa runga ngā taha o rātou nā ngā tūpuna. My name is Mikaere Whānga, I hail from
26 the East Coast, from Kawakawa Mai Tawhiti, which is Te Araroa on the East Cape down to
27 Gisborne and down through to Wairarapa. Nō reira, e mihi ana ki a koutou katoa.

28 **MS SPELMAN:** Tēnā koe, tēnā koutou. I understand there's the affirmation to be taken, so
29 perhaps we could do that before the video plays.

30 **SIDNEY FRANK NEILSON AND CHERENE NEILSON-HORNBLOW (Affirmed)**

31 **MS SPELMAN:** And if we could now play the video please.

32 **[Video played]**

- 1 **MS SPELMAN:** Kia ora anō. One last thing I know, Sidney and Cherene, that you've brought a
2 photo with you that's just sitting up on the tēpu there. I just wondered if you wanted to let
3 everyone know who's here in the room with us.
- 4 **SIDNEY:** That's my dad, that's my mother, me, and my three sisters.
- 5 **MS SPELMAN:** And Cherene's that little chubby baby at the front, is that right?
- 6 **SIDNEY:** Yeah.
- 7 **CHERENE:** Āe.
- 8 **SIDNEY:** Grumpy, too.
- 9 **MS SPELMAN:** So Sidney, that's a good place for us to start because we can see from that
10 picture that you are the mātāmua of the whānau, you were the first born son.
- 11 **SIDNEY:** Yeah.
- 12 **CHERENE:** Life before Porirua Hospital.
- 13 **MS SPELMAN:** Could you tell us, Sidney, a little bit what that was like growing up, so when you
14 were growing up as a child, how was that time for you?
- 15 **SIDNEY:** It was pretty awesome, had a good life, yeah. Was spoilt.
- 16 **MS SPELMAN:** I'll just ask you lean in a little bit closer to the microphone because we've got
17 someone here who's typing up everything, so just speak up a little bit louder if you can.
- 18 **SIDNEY:** Yeah, yeah.
- 19 **CHAIR:** And before we start, Jay Jay, would you like to put the photo up so everyone can see it,
20 see if we can prop it up there.
- 21 **CHERENE:** Thank you.
- 22 **MS SPELMAN:** So you were saying, Sidney, that when you were a youngster, growing up was
23 pretty awesome.
- 24 **SIDNEY:** Yeah, had a good life, had the best life, spunky number one in the universe. Yeah. No,
25 it's all good.
- 26 **MS SPELMAN:** And you were pretty busy as a kid, you did lots of sports and kapa haka; is that
27 right?
- 28 **SIDNEY:** Yeah, I played rugby for the bay, Tītahi Bay. I was the best player.
- 29 **MS SPELMAN:** What position did you play?
- 30 **SIDNEY:** I was top winger, had my old boots. And, yeah, kapa haka, I was brought up Ngāti
31 Pōneke Māori Club, I was the leader, top leader, won heaps of competitions, kapa haka,
32 concerts and all that, yeah.
- 33 **MS SPELMAN:** Did you travel with Ngāti Pōneke to perform at other places?

- 1 **SIDNEY:** Yeah, yeah toured around all around New Zealand, in the 50s, 60s, it was in our blood,
2 yeah.
- 3 **MS SPELMAN:** And is that -- because both of your mum and dad were both really involved with
4 that, weren't they?
- 5 **SIDNEY:** Yeah.
- 6 **MS SPELMAN:** So you had lots of sports and kapa haka.
- 7 **SIDNEY:** Rugby.
- 8 **MS SPELMAN:** How about school, what was school like for you when you were younger?
- 9 **SIDNEY:** Yeah, that was pretty good too, yeah. Going back in time eh.
- 10 **MS SPELMAN:** Yeah, it's going back a wee way.
- 11 **SIDNEY:** AD BC, yeah. No, it was all good, yeah. School, wasn't very brainy, but, yeah. Yeah,
12 and I didn't (inaudible) when I was a child until I was 12 (inaudible) Porirua.
- 13 **CHAIR:** I just think we better -- are you having trouble? Yes. See the lady over there,
14 she's -- we'll get the microphone sorted before we go on.
- 15 **MS SPELMAN:** And so that growing up you were telling us about, Sidney, that was when you
16 lived in Porirua; is that right?
- 17 **SIDNEY:** Yes, yes.
- 18 **MS SPELMAN:** But you've mentioned obviously you descend on your father's side Ngāpuhi, on
19 your mum's side Ngāti Porou?
- 20 **SIDNEY:** Yeah.
- 21 **MS SPELMAN:** What was your connection like with your whānau back home when you were
22 growing up in Porirua?
- 23 **SIDNEY:** Oh, it was good, had a good life, eh. Used to stay in Porirua Devon Place, units, me
24 and my family, mum and dad and that. And, yeah, had a good life there. When I was
25 resurrected in Porirua, AD BC, yeah. And I went to school there, went to school. Yeah,
26 been all around, been there done that, eh.
- 27 **MS SPELMAN:** Yeah. Cherene, could I just ask you about that time? Obviously you were the
28 younger one, so different memories. But for you, when your family was growing up in
29 Porirua, what were your links like still back home to the Coast and up north?
- 30 **CHERENE:** Both our parents were really strong in their tikanga and culture and took us back.
31 Every year we'd alternate and go back up to Tai Tokerau or Tairāwhiti, so we were really
32 connected, even though we were living in Pōneke, to whānau back in our papakāinga, so
33 we always had that connection. Memories before us back then was, you know, everything
34 was running, I guess, as they would. I mean given that both my parents were not used to

1 being in the urban environment, it was totally new for them, so going into urban was a
2 complete different lifestyle.

3 **MS SPELMAN:** And you've heard Sidney talk about, you know, how busy he was as a youngster
4 with sports and kapa haka and all of that. As his younger sister, what was your memory of
5 how he was when he was young?

6 **CHERENE:** Sidney was always, like, top of everything. So he was top at school, he was top
7 at -- I mean he led the kapa haka in Gisborne and actually won the trophy for the men's.
8 Sidney was really articulate, very creative, and we always looked up to Sidney because he
9 seemed to have a grasp of everything that was going on, whether it was school, whether it
10 was --

11 **SIDNEY:** Sport, rugby.

12 **CHERENE:** -- sport, he had his -- he was like -- really I think he was at the top of his -- where he
13 should be, you know, at his age group, prior to going into the hospital. So Sidney was at
14 his best back then. And that photo reminds me of what Sidney was like prior to hospital.

15 **MS SPELMAN:** Sidney and Cherene, I want to turn now to ask you about your teenage years, so
16 the period before you went into Porirua Hospital. Sidney, I'll start with you, what's your
17 memory of those times when you were a teenager before you went into the hospital? How
18 was that period of your life?

19 **SIDNEY:** Oh it was a good life, yeah, had the best eh. But everyone was good, yeah, my life
20 when I was young. Yeah, I was top of everything, yeah. Been there done that.

21 **MS SPELMAN:** Yeah. And Cherene, there's some mention in the statement about there being
22 quite a lot of expectation on Sidney given his role in the whānau, could you tell us a bit
23 about that?

24 **CHERENE:** Yeah, because Sidney is the tuakana of our whānau I felt that there was a lot more
25 pressure put on Sidney being the eldest and also first urban born, there was the pressure of
26 society life that was happening at that time. If you think about sort of early 50s or mid 50s
27 to 60s, there was a rush on for Māori to be working, because both my parents weren't
28 qualified, they came from an unqualified background where they had to work three or four
29 jobs in order to make ends meet.

30 So I guess as us growing up, we didn't have much material stuff, but we had a lot of
31 the things in between that don't include material stuff, which was aroha and manaakitanga
32 and whakawhanaungatanga. So we had all of that with us, which was really important.

1 **MS SPELMAN:** So could you tell us a little bit -- either or both of you, doing a good job as a tag
2 team -- about those first signs, Sidney, when you were starting to become unwell. Could
3 you tell us a bit about that, either or both of you?

4 **SIDNEY:** I knew myself when I was unwell, yeah. But the wrong thing that did was when they
5 put me in Porirua Hospital. Wasn't right eh. I always looked after myself, kept myself
6 clean.

7 **CHAIR:** Sorry, Ms Spelman, do you mind if Jay-Jay just goes and pulls the mic a bit closer.

8 **MS SPELMAN:** Sure. Almost touching but not quite. Do you want to just say that part again?

9 **CHERENE:** He's not normally that soft at speaking.

10 **COMMISSIONER STEENSON:** And what you're saying is so important, we need it nice and
11 clear, thank you.

12 **SIDNEY:** Yeah, kia ora.

13 **MS SPELMAN:** So you were just mentioning, Sidney, about you would know when you were
14 unwell at that time.

15 **SIDNEY:** Yeah.

16 **MS SPELMAN:** But what happened to you being put into the hospital you thought wasn't the
17 right thing?

18 **SIDNEY:** Wasn't the right thing, yeah. It's where they made a mistake and they will suffer for it.

19 **MS SPELMAN:** So I'm going to come, Sidney, to ask you a bit about your time in the hospital,
20 but just before that, Cherene, I wonder if you could tell us a bit about from the whānau
21 perspective how it was it was that Sidney came go to Porirua Hospital?

22 **CHERENE:** Sure. So I would have been probably about 10, most of my, I guess, what I observed
23 from my mother and my father was a lot of stress and a lot of things going on for Sidney.
24 And I think what we noticed, well what I noticed was my mother's emotional stress and
25 how she was trying to find ways in order to find solutions for Sidney. Because back then in
26 the 70s I guess mental health wasn't really well known for Māori whānau back then, and let
27 alone having a mental health related issue, so it was all totally foreign for us. We had no
28 idea back then what sort of system Sidney was going to end up in and how we, as a
29 whānau, became affected by his admission into the hospital.

30 **MS SPELMAN:** So Sidney was about 17 or 18 when he started becoming unwell?

31 **CHERENE:** Yeah.

32 **MS SPELMAN:** Is it right the whānau tried a few other things before it got to the point where --

33 **SIDNEY:** But I knew I was always well, you know.

34 **MS SPELMAN:** Yeah.

1 **CHERENE:** Sidney was about, roughly about 17, 18. My mother, who was a strong believer of
2 rongoā wai rākau, tohunga and she, at one stage, had both my father's side from Ngāpuhi
3 and Ngāti Porou tohunga come into the house and try to whakawātea that space and
4 whakapiripiri us. What happened was we had probably about two years of them trying to
5 find their own solutions, Māori related solutions. But I guess as time went by, Sidney
6 progressively become acute.

7 **MS SPELMAN:** And there was an incident with a car, the neighbour's car.

8 **CHERENE:** Yeah.

9 **MS SPELMAN:** What happened with that?

10 **SIDNEY:** Oh, I put some petrol in and blew it up, yeah.

11 **MS SPELMAN:** And that was the point when the Police got involved and then you went to the
12 hospital.

13 **SIDNEY:** Yeah.

14 **MS SPELMAN:** And you've mentioned, Cherene, something about when Sidney first went to the
15 hospital the whānau not really understanding what that would mean --

16 **SIDNEY:** No.

17 **MS SPELMAN:** -- in terms of how long he would ultimately be there.

18 **CHERENE:** Yeah, so when Sidney was first placed into Porirua Hospital, like even looking at
19 those photos that you showed at the beginning, just really felt creepy, you know, looking at
20 those photos, because it sort of like took me back into when he was admitted into those sort
21 of -- into that institution, so even just looking at those photos was horrible.

22 But for Sidney, he -- we had no understanding what was going on for him, we had
23 no -- it felt like no-one explained anything, that we were basically left to the mercy of the
24 psychiatrists and the nurses and whoever else was there, but we didn't seem to have
25 answers and Sidney was in a terrible state when we visited.

26 **MS SPELMAN:** Sidney, I'll come back to that, Cherene. Sidney, for you when you first went to
27 Porirua Hospital, I know we're going back quite a few years.

28 **SIDNEY:** Yeah.

29 **MS SPELMAN:** But can you share with us what that was like for you being there?

30 **SIDNEY:** It was horrible. Used to wake me up in the morning in bed and put my pyjamas on,
31 they put me into a single room and we used to have a cup of tea and toast in a room.
32 Would be about four or five of us, and we'd walk out and go sleep on the beds, there was
33 about six to eight beds. Then the doctors would come around, the psych doctors and
34 nurses, come around and they told me to lay on the bed and they gave me treatment, shock

1 treatment. I died four times, five times. I was trying to fight it, you know. I did fight it,
2 yeah. It was horrible eh, it was hell. Worse than prison.

3 **MS SPELMAN:** That ECT shock treatment you're talking about, did they give you any injections
4 or anything before you had that?

5 **SIDNEY:** Yeah, they gave me injection in the bottom every day, every two hours. The injection,
6 they gave me medication, and I used to thing -- go into the thing, into the kitchen, into the
7 thing, dining room, and all the patients would be in there, oh next minute they're all
8 fighting, killing each other, stabbing each other. This fulla had a knife, pulled his eye out,
9 all the patients got him but the staff couldn't do anything about it, so they just let them
10 fight. The Police couldn't do anything about it, the nurses, psych nurses, yeah. It was
11 horrible.

12 **MS SPELMAN:** Sounds like it was a lot of violence in there, Sidney.

13 **SIDNEY:** Yeah, yeah, killing each other.

14 **MS SPELMAN:** And Cherene, just from the whānau point of view when you would go to visit
15 Sidney, and obviously with your mother and father, what was that like when you first went
16 to see Sidney and saw what was happening there?

17 **CHERENE:** Yeah, can I just clarify for Sidney, back to the ECT question.

18 **MS SPELMAN:** Sure.

19 **CHERENE:** Sidney never had an anaesthetic while he was there. The injection he's talking about
20 is Modecate, which was a medication that they gave to treat the illness, on top of receiving
21 ECT without anything to -- a sedative or anything. So he had full -on ECT with nothing
22 included at the beginning.

23 **MS SPELMAN:** And that was every day that you had that ECT treatment?

24 **SIDNEY:** Yes, but not schizophrenia.

25 **CHERENE:** And in terms of being whānau, what we saw was Sidney was just drooling,-- we
26 couldn't even engage with Sidney. Sidney was not even in this planet, he was in another
27 planet. Every time we'd go and see him he was just dressed in pyjamas, he looked really
28 dishevelled and.

29 **SIDNEY:** Stressed out eh.

30 **CHERENE:** He even had bruises all over him, which when my mother asked why he was
31 bruised, she would never get an answer, we would never get answers to how he would look.
32 And the way he looked was different to how he was before going in. He was -- it was
33 quite -- yeah, it was horrific for us.

34 **CHAIR:** Ms Spelman, do you mind if I ask just a couple of questions there of Cherene.

1 You might not know the answer, but I understand from your evidence that your
2 parents signed some committal papers to let him -- to have Sidney go into the hospital, and
3 you say they would never have signed if they'd known how awful it would be to get out.
4 Do you know if they were ever asked to sign any consents, or if Sidney was ever asked for
5 his consent to the shock treatment?

6 **CHERENE:** I doubt very much if he was -- if my parents knew that he was even getting ECT.

7 Because I remember my mother asking the doctors, because Sidney would sort of like try to
8 explain what was going on but didn't actually know how to be able to explain the ECT
9 process.

10 **CHAIR:** Yes.

11 **CHERENE:** And I doubt very much if actually Sidney gave consent for that, because when my
12 mother found out he was getting ECT, she absolutely hit the roof and spoke to the doctors
13 and the nurses there, which of course we got no response.

14 **CHAIR:** Did the ECT continue after your mother spoke to them do you know?

15 **CHERENE:** I'm pretty sure it did still continue, but it wasn't as intense as what he was getting at
16 the beginning. Yeah, it was more sporadic, they put it out, sort of like spread it out a bit
17 more. But I understand that that ECT was only given to make him behave. It was for no
18 other reason other than to calm Sidney down, or to try to get Sidney to listen to what was
19 going on with the staff.

20 **CHAIR:** Are you saying that it was for punishment or just to keep him under --

21 **CHERENE:** Absolutely.

22 **CHAIR:** You think it was for punishment?

23 **CHERENE:** Absolutely punishment why he was getting it. I mean I cannot find any reason why
24 he would be prescribed that on a continuous basis and also afterwards, for what reason. If
25 we weren't given a reason, then why were they giving it to him? Absolutely it was for
26 punishment.

27 **CHAIR:** Thank you for that.

28 **MS SPELMAN:** Sidney, just on the topic of punishment, I just want to ask you about other things
29 that would be done by the staff to punish or control the patients that were at the hospital,
30 because I know you mentioned one thing about Manuka A and B and how people who were
31 behaving a certain way would get sent there. Could you tell us a bit about that?

32 **SIDNEY:** Patients up there, yeah, very abusive eh. Fighting each other in the wards, killing each
33 other. And I used to go to the funeral, tangis every day. They gave me treatment up there,
34 that's when I had a fight up there with the nurses, yeah. They put me in a little room and I

1 was in a small room and had no windows, windows were dark, and just one toilet. And
2 I heard them coming down the corridor, I knew something was going to happen. Yeah, six
3 male psych nurses, I knew they were coming down. So, I thought they're doing to kill me,
4 you know, they were. And I knew when they came down the corridors I wasted the whole
5 lot, about 10 or 12 of them. The door was about that thick, went boom, they all went down.
6 Then my [GRO-B] told me to come around, have a cup and tea and toast, settle
7 down. Yeah, and I wasted the whole lot, the whole 12 of them. And yeah, it was horrible
8 eh. No good.

9 **MS SPELMAN:** You mentioned, Sidney, there was quite a lot of other physical abuse from staff
10 towards patients.

11 **SIDNEY:** Yeah.

12 **MS SPELMAN:** Was that something that happened to you?

13 **SIDNEY:** Yeah, I used to get up in the morning, keep myself clean, have a shower and brush my
14 teeth and it was all good, yeah. But I just kept looking after myself, eh, wearing clean
15 clothes. I was the only doing that was doing that in the hospital. The rest of the patients,
16 you know, all smelled and (inaudible) and stink.

17 **CHERENE:** You didn't listen to the question that Julia's asking.

18 **SIDNEY:** Oh, yeah.

19 **MS SPELMAN:** Did you want to add something Cherene on that question?

20 **CHERENE:** Sorry, what was the question again? I just felt that he was going off track.

21 **SIDNEY:** Going off track.

22 **MS SPELMAN:** That's all right, you guys can have your sibling moment. So unfortunately
23 there's a lot of information in your experience, Sidney, about physical abuse, so I just
24 wanted to make sure if there was anything else that you wanted to share with the
25 Commission, you know, about different physical abuse that happened there, but you have
26 told us quite a bit already.

27 There is one aspect of it I would like to ask you a bit more about, which is that you
28 mention in the statement that a lot of the staff at Porirua Hospital were Pākehā and that
29 almost all of the patients were Māori or Pacific Island. How was it that the Pākehā staff
30 would treat, would treat you or treat the other Māori patients there?

31 **SIDNEY:** They'd treat us worse than the Pākehās, eh, yeah, most of the Māori were suffering out
32 there, yeah. I feel sorry for them too, yeah. And yeah, it's a hard life. I worked up there
33 for (inaudible) composting and I worked up there for about 10, 12 years, hard labour, slave
34 and all that.

1 **MS SPELMAN:** And so was that in terms of that -- the way they treated you, Sidney, was that
2 how they spoke to you?

3 **SIDNEY:** Yeah.

4 **MS SPELMAN:** And what they did to you?

5 **SIDNEY:** Yeah, I didn't take any notice of them, I just had to do it, yeah.

6 **MS SPELMAN:** And you did say that there were --

7 **SIDNEY:** Myself.

8 **MS SPELMAN:** -- that there were some Māori staff at the hospital, but that was not generally the
9 doctors and nurses, that was more the cleaners and the cooks and working in the laundry.

10 **SIDNEY:** Yeah, the Māori. There was a few Māori up there, yeah, I used to go to, was it Te
11 Whare Marie.

12 **MS SPELMAN:** Yeah, I'll come to that in a little bit. So one of the things, Sidney, is I'll just
13 remind us all, I won't mention any particular names of people as we're talking about who
14 was in the hospital.

15 But Cherene, you might want to add something here just on that, on Sidney's
16 experience of being obviously a young Māori man in Porirua Hospital with almost all of the
17 patients being similar, with Pākehā staff, except for those other Māori staff we've spoken
18 about; could you tell us a bit about that and your knowledge from your own whānau who
19 worked at the hospital?

20 **CHERENE:** So, as a whānau member, looking at Sidney's experience, we noticed that
21 Māori -- the Māori staff that were employed for Porirua Hospital were mainly cleaners,
22 cooks and staff that were behind the scenes. And actually they were the most helpful ones
23 out of that whole damn hospital, because I think the difference was, was that having
24 a -- having Pākehā staff try to work with our people, or work with Sidney, made it really
25 awkward, because they didn't understand how we behaved, what our thoughts are, what our
26 behaviours are like, didn't understand our culture, our language, just everything. I mean
27 you might as well have put Sidney in China, because that's the sort of help that he got,
28 which was totally not there, and it was just so dysfunctional.

29 When Sidney had Māori staff around him, he would act and be different. A lot
30 calmer, not so -- yeah, he just was -- you could tell that there was something, you know,
31 that it wasn't right. The systems weren't -- and the staff and the attitudes and behaviours
32 didn't actually match the majority of the Māori and Pacific people that were the patients
33 there.

34 **MS SPELMAN:** And what whānau members worked at the hospital at that time?

1 **CHERENE:** My father was the cook, my mother was the supervisor for laundry, and my brother-
2 in-law was also an assistant cook. And later I became interested, started in the kitchens and
3 then became a registered nurse in mental health.

4 **MS SPELMAN:** So for your parents, Cherene, what do you think it was like for them working at
5 the hospital when Sidney was there?

6 **CHERENE:** Devastated. I mean I just remember my parents having conversations at night. Of
7 course they'd never do that in front of us, but I could sense their devastation at not knowing
8 what was going on with Sidney's treatment, what was happening with just Sidney in
9 general. You know, you could sense that there was a lot of sadness and there was a lot of
10 arguments going on between both my parents, because of the stress of what was going on in
11 the hospital for Sidney, and us not having any clearer indication as to what was going on
12 for him whilst he was there.

13 **MS SPELMAN:** And at any point during Sidney's time in the hospital in those early years, did
14 they give an indication of how long he was going to stay there?

15 **CHERENE:** I remember my mother wanted to just get him out, my mother and father came to
16 some conclusion about trying to get him out because his state was just worsening, he wasn't
17 getting any better, and they felt that if they took him out and tried to do something, you
18 know, tried to care for him themselves it might be better for him, but I think at the end of
19 the day when my mother went in, well, unfortunately the Mental Health Act used to be
20 where once you were admitted you were in for life, you actually couldn't withdraw them
21 because he was under the old Mental Health Act. And then that changed in the 1990s, but
22 prior to that, we had a hell of a struggle trying to get him out.

23 **MS SPELMAN:** And Sidney, you mentioned just before Te Whare Marie, and that was obviously
24 something -- a big change when Te Whare Marie opened up. What can you remember
25 about that?

26 **SIDNEY:** Yeah, I used to do the pōwhiri, sit on the paepae and learn Māori te reo, a few action
27 songs and have a meeting. All the nurses that are Māori, Māori nurses. And after that have
28 a big feed, lunch and tea and that. It was pretty good Te Whare Marie.

29 **MS SPELMAN:** So that was a part of it that you actually enjoyed?

30 **SIDNEY:** Yeah, yeah, kapa haka.

31 **MS SPELMAN:** Cherene, how did Te Whare Marie come to be?

32 **CHERENE:** So it came about through, I guess, the cooks, the cleaners all getting together,
33 realising that the system at that stage was broken, nothing was happening, the Māori and
34 the Pacific Island clients looked totally out of their zone and spaced out, that the cooks and

1 cleaners took it upon themselves to start inviting people to a hall to give them -- familiarise
2 the Māori and the Pacific Island clients at that time in the early 90s and late 80s, to bring
3 them together to whanaungatanga with a boil--up.

4 As simple as it sounds, that boil-up, led to the bicultural services opening up
5 because it was through their actions of seeing the way that the Māori clients and the Pacific
6 Islanders all came together and united as one, I think it was a few years later after that that
7 the concept of Te Whare Marie came about, the bicultural service for Māori.

8 **MS SPELMAN:** And so that was actually started by Māori who were looking around seeing that
9 nothing else was working in the hospital?

10 **CHERENE:** Yeah, it grew from the frustration of parents, cooks, cleaners, or -- because most of
11 the people that worked up there had whānau in there. And so they were all talking, you
12 know, amongst themselves, and realised that they had to do something, because nothing
13 was working up there for them.

14 **MS SPELMAN:** And once Te Whare Marie got opened and Sidney's talked about how he got
15 involved, Sidney you were sitting on the paepae.

16 **SIDNEY:** Yeah, I was top of there too, yeah, I was top leader up there too, yeah.

17 **MS SPELMAN:** And how you really enjoyed that.

18 **SIDNEY:** Yeah.

19 **MS SPELMAN:** Was that something, Cherene, that the rest of the whānau noticed changes in
20 Sidney after that time?

21 **CHERENE:** Yeah, I mean he just changed to how we knew him when he was growing up,
22 because he became involved on the paepae, there was a group of them that had their own
23 musical band; and so they became involved with tangihana, pōwhiri, anything that was
24 related to what they could identify with. He just changed and blossomed, we just saw him
25 blossom.

26 **MS SPELMAN:** And so that was around 1992, so, Sidney, you'd been in the hospital for almost
27 20 years at that point before Te Whare Marie got started?

28 **SIDNEY:** Yeah.

29 **MS SPELMAN:** And Sidney, is it fair to say that before Te Whare Marie, there wasn't much else
30 during those 20 years that was helpful to you?

31 **SIDNEY:** No.

32 **MS SPELMAN:** So that brings us really to talking about the change when the hospital started
33 changing and moving towards deinstitutionalisation and moving into the community. So
34 Sidney, I'll start with you again. If I could talk to you a little bit about what that was like

1 for you, changing from having lived at the hospital for a really long time to going back into
2 the community, what can you remember about that time?

3 **SIDNEY:** It's good up there, but yeah, I just still keep working, go home and just come back and
4 just a normal thing, what anybody else would do eh, you know, yeah.

5 **MS SPELMAN:** So is it right, Sidney, that first of all you went to -- from a ward at the hospital to
6 a halfway house as the first step?

7 **SIDNEY:** Hart House, yeah. Go up there had lunch every day, breakfast, lunch and tea. It was all
8 cooked there and all that, yeah.

9 **MS SPELMAN:** And it sounds you had --

10 **SIDNEY:** I was in paradise, eh.

11 **MS SPELMAN:** Yeah?

12 **SIDNEY:** Yeah.

13 **MS SPELMAN:** A lot more freedom than what you were used to?

14 **SIDNEY:** Yeah, yeah, a lot more freedom, yeah.

15 **MS SPELMAN:** What were the parts about it that you loved?

16 **SIDNEY:** Yeah. Oh, food, the mana, it was all good eh, quite liked it up there, Hart House.

17 **MS SPELMAN:** You could go to bed when you wanted to?

18 **SIDNEY:** Yeah.

19 **MS SPELMAN:** Choose what you wanted to do?

20 **SIDNEY:** Yeah. Used to get on the old whacky backy now and again. Yeah, I've been Mr Asia,
21 alcoholic.

22 **MS SPELMAN:** Was there support for you, Sidney, at that time? It's obviously a big change
23 coming out of the hospital, what sort of support was there for you?

24 **SIDNEY:** Oh, I feel better eh, all right, yeah. It's good, yeah. Best life eh.

25 **MS SPELMAN:** Having your freedom.

26 **SIDNEY:** Paradise.

27 **MS SPELMAN:** And Cherene, again, from the whānau perspective, this is -- not quite sure if at
28 this point you were a nurse already in the timing, but what's your memory of that transition
29 period for Sidney when he came out of hospital.

30 **CHERENE:** Yeah, so I was doing my training at that stage to become a student nurse, and there
31 was actually no support there for Sidney when he was discharged from the hospital.
32 I remember my mother asking, you know, what was going to happen, because even that
33 seemed a bit clouded at the time.

1 When deinstitutionalisation came through, we didn't even though what that meant
2 and how would that look. All we knew was we had a cut off date that Sidney had to go.
3 Sidney had no skills, cooking, cleaning, anything, budgeting. And so we were like how is
4 he going to survive, if he's got noone there? I mean they'd taken away all those skills from
5 him, how is he going to survive if he goes out in the community with none of those skills
6 there? Noone could tell us an answer, and we didn't know how he was going to survive
7 once he went out into the community.

8 They put him into Hart House as a way to soften the approach for him to go into the
9 community, and yeah, I mean he talks about having freedom of, you know, having food
10 because he never used to eat, you know, he just had slops in there. And when he went out
11 into the community he could eat when he wanted to, he could turn on TV when he wanted
12 to, he could go to bed when he wanted to and wake up when he wanted to, not be
13 regimented into getting up. So yeah, at that stage there was actually no, hardly any support
14 at the time when he was released out.

15 **MS SPELMAN:** And so again, your whānau had to step in to be there for Sidney?

16 **CHERENE:** Yeah, we stepped in in just about every part, every decade where Sidney has gone
17 through and advocated fiercely to try and prevent, I guess, prevent him from falling over,
18 and we still do it today. Yeah.

19 **MS SPELMAN:** And I know you've mentioned, Cherene, that even with all of that support,
20 obviously a family of very strong advocates, that it's still been challenging and that makes
21 you think of others who came out the same time as Sidney who may not have had that
22 support?

23 **CHERENE:** Oh absolutely. So Sidney is one of many that didn't have the support, and still didn't
24 have the support and didn't know where to go to, so yeah, absolutely.

25 **MS SPELMAN:** And so Sidney now that you're living in the community, living your good life, as
26 you said --

27 **SIDNEY:** Yeah, I've been about 20 years now, 22 years.

28 **MS SPELMAN:** Yeah.

29 **SIDNEY:** Been in my flat about 22 years, Porirua.

30 **MS SPELMAN:** Thinking back on your time at the hospital, and this is probably a question for
31 both of you again; what do you think are some of the impacts of Sidney, your experience in
32 the hospital for those years that you're still working through now?

33 **SIDNEY:** Supposed to take my medication eh, you know, keep well all the time. Always well,
34 better not complaining eh, yeah.

1 **MS SPELMAN:** And I wonder, yeah, if either Cherene or Mike you might have something to add
2 of what that -- it's a big question I know, what the long--term impacts are of an experience
3 like what Sidney had.

4 **MIKE:** Sidney still has a lot of trouble working with around conflict resolution, doesn't
5 understand what that is. And a lot of times it's around a reaction process, not a response
6 process. That's sort of a kōrero that we work as whānau, but with that Sidney doesn't
7 understand that. We see Sidney how he is.

8 Sidney, I find working with Sidney, he's a bit of an enigma because all these 20
9 years the memories are very sharp, but you have to mirimiri the process to get a response of
10 what happened back then. He can talk about something that happened 19 years ago and
11 suddenly the next thing he's talking about something that happened 10 years back, as a one
12 story line. Then you've got to pick out, like, time, dates as to understand the process of
13 what's happened to him.

14 Cherene is right around about his - he's a very clean man, but that came from
15 something that was probably -self-taught while he was in the institution, it's almost to a
16 type of -military type- upbringing about being clean, precise. But he just has no knowledge
17 of budgeting. Money comes, money goes, he's got no concept of what that may look like,
18 but at least -- let's say a green card or something like that.

19 But that's always -- for the whānau that's always going to be a lifelong process to
20 help Sidney through that all the time. Working with Sidney, now to actually get the story
21 as to how we're speaking now, a couple of years back this wouldn't have been happening,
22 no way. It's like if we could imagine like reading, opening a local newspaper and looking
23 in the crossword section and we see a maze. So the kōrero around the maze is the process,
24 you're going to go down a path in terms of asking him questions, understanding his
25 institutionalisation in the hospital; you get to sort of like cut ends, dead ends, then you've
26 got to go back up that pathway and come down another pathway. So you've got to work
27 through these whole lot of layers, and each layer I need to be careful is to close the door
28 behind me if I enter a new one and the same process back out. A lot of the story he's told
29 you to a point, a lot of stories he's told me and it's like it's not worth, it's not even -- it's
30 disheartening. And then he says "I'm only going to tell you once and that's it, I'm going to
31 close that door."

32 So in supporting him it's around well Sidney, he's here in his space, I'm not going to
33 talk, you know, get him to talk about what he's told me. And that's sort of like hard to build
34 that up on trust, otherwise it wasn't going to happen.

1 And then understanding well, there is a way out, we're still working through that
2 way out of that maze. It may take a lot longer to be able to reach there. And that's only one
3 maze of many mazes in his life, being brought up there. Or living in that type of
4 environment.

5 We were talking, as you say, because he's easily led, so it's all good if you're asking
6 a certain question, I want an answer, but he says "oh no, it's all good girl, kei te pai", that's
7 Sidney. But it's actually looking at reading in between that. What we see, it's not what we
8 see, it's what's behind.

9 If we talk about this is a formal process, in Te Ao Māori understanding it's the
10 informal, the informal discussions, kōrero is the real formal for the way we see it. The
11 formalities is just, that's just a by -- that's just like a by-product or a pre and then get into
12 this. So if we're looking at the process of it, it's around understanding all what's informal
13 for Sidney.

14 **MS SPELMAN:** And that's ongoing mahi, those are ongoing kōrero.

15 **MIKE:** Yeah, that's always ongoing. The formal mahi's, "oh yeah, where do I sign, yeah, all good
16 girl, ka pai, sign." It was all good. But that's, you know, the formal door into what we get
17 into the informal, which is really the formal, the formality of why we're here.

18 **MS SPELMAN:** Kia ora. And Cherene, I'm not sure if you wanted to add anything there, I'm
19 conscious that, you know, an important part of what Matua Mike has just shared with us is
20 reminding everyone that these issues do carry on, this is not just a historical matter for
21 Sidney. But, you know, Sidney, I know that this can be upsetting for you to talk about,
22 which I suppose is a sign that you're still carrying a lot with you from those days.

23 **SIDNEY:** Yeah.

24 **MS SPELMAN:** Did you want to add anything on that?

25 **CHERENE:** I honestly forgot -- what was the question again?

26 **MS SPELMAN:** Sidney spoke I suppose about what happened he's been out of the hospital for
27 over 20 years now and Mike's just shared how there's a lot of work still going to deal with
28 those impacts, so I suppose from your perspective, as the little sister, what do you see as the
29 longer term impacts that Sidney is still experiencing?

30 **CHERENE:** Yeah, so like cousin Mike said, it's not what you can see, it's the underlying
31 and -- it's the things that are informal and the things that you can't see that is more effective
32 and more impactful for me, knowing Sidney. And I think also to add into that, was the
33 stereotyping and the stigmatisation that we endured as a whānau back in the 70s, 80s, and

1 then in the 90s, 20s, I didn't really give a damn what people thought because I thought,
2 well, if they can't understand it, then they weren't worth knowing.

3 So but it did impact me as a young girl because I remember getting teased all the
4 time, you know, at school, or by community or, you know, people that didn't understand
5 mental health, that yeah, it did affect -- it affected every one of us in our whānau, and it was
6 enduring and it's still continuing, the long--term effects of it. So yeah.

7 **MS SPELMAN:** And for you, Cherene, part of that looked like your career that you went on to do
8 and your study, could you tell us a bit about what pathway you took with your nursing and
9 your study?

10 **CHERENE:** Yeah, so I automatically became interested to become an advocate really for Māori
11 whānau or any whānau that were finding it difficult to navigate themselves through the
12 system, because I mean it was only yesterday that I had another whānau approach me with
13 the same issues that we dealt with 50 years ago, and I'm sitting there talking to a whānau
14 who had a 17-year-old going off the rails, and I'm like, oh gosh, you know, this is just too
15 much, the system is broken.

16 So, I mean, we're talking today, 2022, and I have a whānau come to me just the
17 other day saying how difficult it was for them to get their girl into mental health systems or
18 to try and even get some support. So nothing to me feels like it's changed.

19 **MS SPELMAN:** And you went on to do a master's dissertation on Sidney and his experience?

20 **CHERENE:** Yes, I wrote my dissertation on Sidney's experience 50 years being in the hospital
21 and what was going on socially, economically, tracing back the political times of life in the
22 70s right through to present day, and it gave me a sense of -- I'm just a really strong
23 advocate for any whānau that are experiencing not being able to navigate themselves
24 through systems and through staffing and -- because I know what it feels like when you
25 don't have -- it's just basic information, or knowledge of how to get through the system.

26 So yeah, Sidney inspired me to become who I am today and so today I'm working as
27 a private practitioner now in my own business. Yeah, and hopefully breaking all those
28 chains of what's been happening in the past.

29 **MS SPELMAN:** Kia ora whaea. The next section we were going to look at is the future and
30 changes. I'm just wondering if this might be a time for a short break, if you would like to
31 have a short break at all, Sidney, before we move on to the last section?

32 **SIDNEY:** Yeah, yeah.

33 **CHAIR:** That's a good idea.

34 **COMMISSIONER GIBSON:** Thank you, we'll break for five minutes?

1 **MS SPELMAN:** 10 perhaps?

2 **Adjournment from 12.07 pm to 12.26 pm**

3 **COMMISSIONER GIBSON:** Thank you, back to you Ms Spelman.

4 **MS SPELMAN:** Kia ora anō, Sidney. I just wanted to ask you briefly about redress, because
5 I know you've mentioned in your statement that you've never really spoken about your
6 experience at the hospital and you haven't sought redress or anything like that yet. But you
7 do have a dream I think that you're hoping to fulfil one day about a certain car. Could you
8 tell us a bit about that?

9 **SIDNEY:** Yes, my dream is to get a red Trans Am left-hand drive, big V8 Chevy motor, big tyres,
10 a red one, a spunky Trans Am, so that's my dream.

11 **MS SPELMAN:** Cherene and Mike, I know you've heard about this Trans Am a number of times
12 and it's representative of a bigger whakaaro behind it, I guess. What's your thoughts on
13 that?

14 **MIKE:** Kia ora whānau. In my time working with Sidney in terms of a tohu for wellness, so we
15 have a -- taking it in a metaphoric way, his dream was always to drive away in this Trans
16 Am from the hospital as his getaway. He's held that for many years and I thought okay, is
17 this fact or is this fiction? And part of it is fact, that one time prior even going into the -- at
18 some time going into Porirua Hospital, we visited the place where this red Trans Am at a
19 car dealers, so we went there and the car dealer said, "Bro, I sold that car many, many years
20 ago." And I didn't -- I wasn't with him, I was just sort of part way and then he came back to
21 me, he says, "Mike, they sold my Trans Am."

22 In terms of looking at the wellness, it's still there, it's just a part of a redress in terms
23 of his freedom, his independence, is owning one of these cars and just, you know, drive into
24 the sunset.

25 **MS SPELMAN:** Kia ora. Cherene, I wanted to ask you now about your thoughts about the
26 future, because I know in the statement you've put a lot of detail about changes and what
27 needs to be done in terms of at a system level. So I'm just looking from 8.1 in the statement
28 onwards. Could you tell us a bit about your thoughts for what the future should hold and
29 what needs to be done?

30 **CHERENE:** Yeah, I think that systemically if we are looking at systems, the systems are broken,
31 I mean, it's clear, it's evident, it happened back then and it's happening today. They need to
32 change drastically. It's not just about the systems, it's about the people that are in those
33 systems and the people that are actually working at a professional level to be providing
34 services for the people that need these services.

1 I think the way forward for it would be to provide services that would be Māori for
2 Māori, both in the way in which it's provided, the system, and also I think the way in which
3 we work with each other. I mean, a good example of that is working with Māori on Māori,
4 we totally get the whole cultural tikanga, the whole well-being thing, and where we come
5 from, and most of it is based around trauma, intergenerational trauma as well.

6 So I think there needs to be a whole reboot on systems, the people that are working
7 in those systems, the way in which we provide those services. I mean, I don't even like to
8 say "services" because even that's conditioned, that's got conditions on it. I think the way
9 forward would be around healing, would be healing for the people.

10 **CHAIR:** Could I just ask a question about this?

11 Chere, thank you for those important observations. Could I just drill down a bit
12 more on -- and I hear what you're saying about the change of systems. But you also say
13 about the people and the change of the people in there, and I wonder, so we really
14 understand what you're getting at here, what is it about the current people, and you're not to
15 name people, obviously, but what are you observing about the behaviour of people in these
16 systems that you believe should be changed?

17 **CHERENE:** It's racist, it's a place that as a professional I don't even feel safe working in. It's
18 tiered to disadvantage Māori professionals.

19 **CHAIR:** So the hierarchies are racist as well, is that what you're saying?

20 **CHERENE:** It has to start somewhere and it starts from the top down. If you got someone, if
21 you've got a system that's running well, who's leading that system? It has to start from the
22 top and come downwards, it's not starting at the bottom, it's starting at the top.

23 I've worked in those systems for 28 years and I can't even stomach those systems
24 anymore, I've had enough of it because it's just too traumatising to engage with the
25 dysfunction.

26 **CHAIR:** Is that traumatising as a Māori practitioner, for you as a Māori practitioner you find that
27 traumatising, is that right?

28 **CHERENE:** I find it traumatising working with our people who are coming in with relatively
29 easy solutions and actually they're getting compounded and complex diagnosis, medication,
30 the run-around, they're just getting a whole heap of things that they can't even relate to.

31 **CHAIR:** We've heard the term "overmedicalisation" quite a bit over the last few days, is that what
32 you're talking about?

33 **CHERENE:** Overmedicalisation, overprescribed, over -- current theories or models don't even
34 suit our people. They're just totally on a different planet.

1 **CHAIR:** Thank you for that.

2 **MS SPELMAN:** Cherene, thank you. That is coming close to the end of the questions that I was
3 going to ask you, and I know that obviously you're happy to have questions after that from
4 Commissioners, if there are any further questions, so both Cherene and Mike are happy to
5 take questions from Commissioners.

6 But Sidney, just before I finish up this part, I just wanted to give you a chance if you
7 had any final words or anything else that you wanted to say?

8 **SIDNEY:** First is yeah, you have to look after yourself, want to be independent, God bless. All
9 right?

10 **MS SPELMAN:** Tēnā koe. I want to thank you again, Sidney, for coming today.

11 **SIDNEY:** That's all right.

12 **MS SPELMAN:** E te tokatūmoana ahakoa ngā ngaru e piki ana, e heke ana, kei konei koe e tū,
13 otirā ki a kōrua ngā pou o te whānau i tō tautoko ki a ia.

14 So I just wanted to acknowledge you, how you've stood strong through the year,
15 Sidney, despite all the things that you've been through and of course to your wonderful
16 whānau who are here supporting you today.

17 **SIDNEY:** Not a problem.

18 **MS SPELMAN:** I will pass over to our Commissioners who may have some further questions for
19 Mike and Cherene, tēnā koutou.

20 **COMMISSIONER GIBSON:** Kia ora, Ms Spelman, we're going to ask some questions and if
21 you're not feeling up to it, Sidney, you're not obliged to answer anything or anything like
22 that.

23 Commissioner Steenson, do you have any questions?

24 **COMMISSIONER STEENSON:** I just have one question, tēnā koutou, ngā mihi nui i tō kōrero.
25 Cherene, I just wanted to clarify, so your views on changes, the current changes to
26 the health system are -- won't do the job, or what are your views on it?

27 **CHERENE:** Bearing in mind that those changes have only just commenced, I haven't actually
28 seen anything that's going to be happening at the moment, so my views on it is that we
29 desperately need help out there for Māori and Pacific. I can't comment on what's
30 happening with the Māori Health Authority because, as you know, that's just newly
31 commissioned, a newly established service. So yeah, I'm waiting to see what it is, what
32 solutions are going to come as a result of setting up a separate service.

1 **COMMISSIONER STEENSON:** I'm just trying to get, understand a bit clearer for me if we're
2 talking about the same people and your issue is around some of the people and whether
3 that's been addressed through those changes. But I take your point, it remains to be seen.

4 **CHERENE:** Mmm.

5 **COMMISSIONER STEENSON:** Thank you. Tēnā koe.

6 **CHERENE:** Kia ora.

7 **COMMISSIONER GIBSON:** Commissioner Shaw, any questions?

8 **CHAIR:** Yes, just building a little on what I've already asked you. I think, you know, we can
9 pussy foot around some these things but I think we need to name them and put them out
10 there so there's no misunderstanding what you're talking about. One of the things that's
11 stated in the statement, Sidney's statement and yours as well, there needs to be Māori equity
12 and equality in leadership and job positions and that, I think you talked about, by Māori for
13 Māori approach.

14 In your view, and in your current experience, is there Māori equity and equality in
15 leadership and job positions in the mental health system at this time?

16 **CHERENE:** No, there isn't any equity and there is no equality. When Māori staff apply to go into
17 leadership positions, the positions are always by condition and when you do get to those
18 positions then those positions become just like every other mainstream position. So it's
19 really hard to actually practise in a way that's going to be culturally safe, and also culturally
20 productive for the whānau or for whoever's coming through the system.

21 **CHAIR:** Because the systems are still inherently Pākehā?

22 **CHERENE:** Absolutely, yeah.

23 **CHAIR:** So even if you put brown faces in there --

24 **CHERENE:** Yeah.

25 **CHAIR:** -- it's not going to -- that of itself is not going to change: Is that what you're saying?

26 **CHERENE:** Pretty much, because the systems are built on the policies, the legislation, all of
27 those systems are built on Pākehā knowledge. What I'm saying is that those systems need
28 to be more mātauranga. And the way in which we address looking at mental health, we
29 need to include rongoā Māori, taonga pūoro, mirimiri, romiromi, therapy that our tūpuna,
30 ngā taonga tuku iho o ngā tūpuna, used many years ago before colonisation.

31 So we were doing all this prior to that, and that is the sort of stuff that works for us,
32 that's what I've got here for us, in order to bring us back down into this, to be able to
33 address what's going on. Because I think that if we use our own medicines, or if we use our
34 own source of well-being that's going to make us feel better, then we can't go wrong.

1 **CHAIR:** To what extent is there a spiritual dimension in what you're talking about?

2 **CHERENE:** For me as a practitioner, 100%. Because if I don't have that communication with my
3 tūpuna, then it's a waste of time.

4 **CHAIR:** And in the use -- and in the treatment of Māori who have mental illness, spiritual aspect?

5 **CHERENE:** Amazing responses, like just unexplained, it's not medicalised, just beautiful
6 responses to working with other Māori whānau or people. They're just out of it, some
7 beautiful responses.

8 **CHAIR:** Because there are no hard lines, are there, between the spiritual and the physical and the
9 emotional?

10 **CHERENE:** No, because they all combine, the spiritual, the physical, mental, that combines into
11 joining the heart, the mind, the body, so it's treated as one, there's no judgment, there's no
12 condition, it's them just sitting there telling me their story, and then working through the
13 connection between above, with them, and where they need to go forward, mmm, it's
14 stunning.

15 **CHAIR:** Yeah. And so vital.

16 **CHERENE:** Absolutely.

17 **CHAIR:** Just on that line, thank you very much for providing us with a copy of your 2004
18 master's dissertation. I read it with great interest and it's grounded in Sidney's experience,
19 but also in mātauranga Māori and you've give us a very good example of how that Māori
20 lens is so vital to the way Māori are treated in the mental health system. So thank you very
21 much for that.

22 **CHERENE:** Kia ora.

23 **CHAIR:** And its lovely illustrations, it's a lovely thing to have read. I think that's the only
24 questions, those are the only questions I have, I'll put you back to Paul. Thank you.

25 **COMMISSIONER GIBSON:** A couple of questions from me. Building on the mātauranga
26 Māori aspects, I'm aware there's been some attempts to collaborate in various places,
27 tohunga, matakite, a range of practices have been used in the -- within the traditional setting
28 and it's -- and generally from what I've heard, those from a Pākehā world view have been
29 sceptical but won over by the results of what they've been -- of what they have seen.

30 Is our new system, our new change structures, and I know it's only just coming into
31 fruition, ready to accept a broader range and support a broader range and do what's
32 necessary to ensure the growth, the uptake of a range of mātauranga practices? Is there
33 anything else that needs to change, funding or otherwise, to make that range of practices
34 blossom more in a new system?

1 **CHERENE:** Yeah, I'd like to see, you know, the Government come to the party, Ardern and her
 2 Health Minister Andrew Little, Peni Henare, I'd like to see them actually them come to the
 3 coal face of where people are practising healing, so that they can get a sense of where and
 4 how we're doing things, because actually it's a different place to a clinical setting, and
 5 cousin Mike also does it with Māori male, but yeah, it's a whole different place and
 6 mātauranga Māori is the way forward for Māori, but I also have a lot of requests from
 7 Pākehā who don't want to go into mainstream systems because they want to try something
 8 different, or they're already on that alternative pathway. And the response equally has been
 9 just absolutely beautiful working with Pākehā clients as well.

10 **COMMISSIONER GIBSON:** Thank you.

11 Sidney, when you talked about getting out of Porirua you had mana, that seemed to
 12 be a big part of -- that was your healing. Do you think other people who have experienced
 13 things like you can have that same sense of mana?

14 **MIKE:** Kia ora matua. I understand the question but Sidney understands the question in a
 15 different language, in a different metaphor. He's talked about the mana, the mana is also
 16 around, cousin, around that independence, his own -- gaining his own mana back and
 17 wanting that mana for also, you know, to the ones, his mum and dad, the mana of about
 18 being here, even though in spirit, but being here seeing the result, the outcome.

19 The mana of all those, he talks about a lot of his friends who have gone through
 20 Porirua Hospital that he's never going to see again, their mana that was never returned to
 21 them. And the mana now is around, as you talked about before, my independence, I'm
 22 going to leave here in a red Trans Am, I'm going to drive away from this courtroom in my
 23 mind, in my wairua, which is my, in a way, that is my mana, that red Trans Am is only but
 24 one symbol of what they may look like.

25 He has many other mana as you're talking about and it's around my own voice, my
 26 own voice has been missing for all this time, no-one's listened to me, and losing that is, he
 27 talked about so soul -destroying and being here, as I say, this is like a -- we call it Taumata,
 28 Taumata is you come up to certain levels to that peak that I can be able to talk to you all
 29 whānau sitting here and you can hear me. I'm only going to get that once in life. But
 30 I want you to carry on for when I go home back into my own whare, and begin and start
 31 that from there again.

32 Our sister talks about the help in the community. Yes, there is a big -- it's a huge
 33 gap in support for mental health, in terms of what is needed. In my sort of position I've
 34 transitioned in way, I was clinical at one time and then I'm looking towards what's

1 therapeutical, in there so I try and sit myself in his head space and what we can work, me
2 get out and him carrying on, to understand what's going on.

3 We have what we call murua. Murua is to forgive the past, not so much around
4 who or what they done to me, but what I've lived through, and how can I change that for the
5 future.

6 The mamae of this is also that, you know, our brother here, he probably could never
7 ever have a relationship with a woman, he can never have a family, and there's a lot of
8 mana in that that's been taken away. He has no, he has no children, he has no future in
9 terms of carrying Sidney. And for him, you know, we talk about this, but he can't talk it.
10 That's -- the mana is: Give me back my mana, I still haven't got that back, I'm struggling
11 with it, help me.

12 And the support networks is around then how do we as practitioners actually get
13 engaged and be in there. You know, not go through a system of referrals which are three
14 months down the track before he even gets there. It's too late.

15 But that's not only us for Māori, but it's for us all as practitioners within the health
16 structure and health systems. I don't know what that's going to look like. But at least we
17 can sort of start from a point and say that we can always work up again.

18 **COMMISSIONER GIBSON:** Kia ora, thank you, matua Mike, thank you. It's up to me to
19 finally thank you. It was a privilege when I first heard your kōrero a couple of years ago,
20 Sidney, Cherene, and it's a privilege to learn some more. Can I acknowledge all the people
21 that stand behind you, that support you here today and from the past and past lives. Those
22 people who are at Porirua which -- who died there and remain there, your own tūpuna.

23 Can I acknowledge where you come from, Ngāpuhi, the kaitiaki, the guardians of
24 Te Tiriti, the founding document of Aotearoa and the document which underpins our
25 Inquiry and how you've built on top of that. And can I acknowledge the staunchness in
26 your Te Ao Māori, your mātauranga, the unmovingsness of Hikurangi which you bring here
27 today. We welcome the uncompromisingness and the way you see going forward to be
28 Te Ao Māori by Māori for Māori led.

29 I also want to acknowledge the Trans Am, the way out to speed away from what has
30 happened in the past and I hope that there will be that Trans Am in whatever form it takes,
31 that new kind of waka to take to us a different tomorrow. We are learning from the past
32 and we hope to take what you have said and create a new tomorrow from it.

33 Thank you, again, for the wisdom that you've shared with us, all three of you,
34 kia ora. Thank you. And if you'd like to close with a karakia, waiata Matua Mike?

1 **MIKE:** Āe. Tēnā tātou anō te whānau. Tēnā te kāhui o te manaakitanga, hei tautoko i tēnei
 2 kaupapa i tēnei wā. Te whānau i noho tahi, ngā kaititiro, ngā mātāwaka, nō ngā waka
 3 rererangi, ahakoa nō hea, ahakoa nō wai, te mea nui, kei runga ahau ināianeī, te
 4 mamaetanga o tēnei kaupapa, te mamae o rātou mā, ko wehe atu ki te po. Ahakoa kāore e
 5 rātou e konei i rātou katoa i te tinana, ka rongō ahau te mamaetanga i te wairua. Mō ngā wā
 6 roa, tēnei taumahatanga o nehe i ō tātou nei whare tūroro ahakoa he whare, nō reira E te
 7 Atua noho mai ki a mātou taha, wātea mai, wātea mai, whakahuaki te kaupapa, whakahaere
 8 atu te mamaetanga, te pōuri, taiparinui te hauora, te whakaaro hau, te whakaaro aroha, hei
 9 manaakitia ā tātou nei, reanga mō āpōpō arā ko ngā a tātou nei tamariki, ko te mea nui
 10 rawa. Me tīmata tātou ināianeī tonu, nō reira e te Atua, haumi e, hui e, tāiki e.

11 **[Waiata Maku Ra Pea]**

12 Tēnā koutou, tēnā koutou, tēnā koutou katoa, kia ora.

13 **MS SPELMAN:** Commissioner, I understand the next session will be starting at 2 o'clock so
 14 we're a little early for the lunch break.

15 **CHAIR:** That's fine.

16 **COMMISSIONER GIBSON:** Kia ora, thank you, we'll break for lunch.

17 **Lunch adjournment from 12.55 pm to 2.04 pm**