

INDEX

DONNA PHILLIPS – video	386
SARAH (SUNNY) WEBSTER	
Questioning by Ms Basire	406
Questioning by Commissioners	438
OPENING STATEMENT BY KO TAKU REO	442
MR EX	
Questioning by Ms Kuklinski	446
Questioning by Commissioners	465

Hearing opens with waiata Ka Waiata and karakia by Ngāti Whātua Ōrākei

[10.06 am]

CHAIR: Tēnā koutou, tēnā koutou, tēnā koutou katoa. Welcome, everybody, to the final day this week of our hearing Ūhia te Māramatanga, the Disability, Deaf and Mental Health Hearing. We have an interesting day today when we move into hearing from our Deaf community. We're looking forward very much to that.

Welcome to everybody and welcome to Mr Thomas for our first witness.

MR THOMAS: Mōrena, Madam Chair and Commissioners. The next witness is Donna Phillips and her evidence is pre-recorded. It's 48 minutes long. Donna's evidence relates to the 30 years she's spent in the mental health system, including sexual abuse she suffered at an inpatient unit at a New Zealand hospital. She talks about over-medication and the impact of that on her and what it's like to be a patient in the New Zealand mental health system.

She also expresses her views on what she would like to change about that system.

Thank you, Madam Chair.

CHAIR: Thank you, Mr Thomas. And I know that Donna is listening carefully to this evidence. Welcome to you, Donna, and we thank you very much for the evidence that you are about to give us and I hope that you stay well during the recording. Thank you.

DONNA PHILLIPS

[Video played]

"(Narrator) Donna Phillips is of Pākehā and Fijian descent. She has been in the mental health system for over 30 years, 1990 to present, and has spent time in Kingseat, a hospital mental health unit and community mental health settings. Donna is sitting in a chair against a white wall. She wears a bright orange scarf, a pink and white t-shirt and has short curly brown hair pushed away from her face. An interviewer is off screen asking Donna questions."

QUESTIONING BY MR THOMAS: "Just before I start in with the questions about your experience, I'll just get you to take the affirmation. So do you solemnly, sincerely and truly declare and affirm that the evidence you will give before the Royal Commission will be the truth?"

A. Yes.

Q. Great, thank you.

(Early life.)

A. My childhood like for me, or my life began in Fiji in Suva.

Q. Yes.

1 A. And I was born in 1963, so my dad was the son of a plantation owner, a banana plantation
 2 owner in Fiji and my mum was the daughter of another plantation owner and he, -- that was
 3 my grandpa who was stationed in Fiji as a soldier during World War II. Mum's mum was
 4 the high chief's daughter of Narata, it's a Fijian village, and so they were married in Suva
 5 and I had an older brother who was born before me and I was very young when we left Fiji,
 6 I was only less than a year old. We came to New Zealand to look for a better life.

7 (Life in New Zealand.)

8 Well, it was kind of like very much a -- it worked well we found if we kind of, like
 9 we're a working unit as a family and just having like my brothers and sisters around me, my
 10 siblings and other kind of extended family, like my half aunts and uncles, and cousins
 11 eventually, that kind of like helped to stabilise us in the community and in society.

12 So the first few growing-up years were really good, dad was working just in
 13 different jobs, carpentry, building houses, a chook farm, looking after chooks where he
 14 could and at a dairy factory."

15

16 **CHAIR:** We seem to have hit a roadblock here.

17 **MR THOMAS:** Yes, Madam Chair, perhaps we'll need a short break.

18 **CHAIR:** Just to let Donna know that the film has stopped, we don't know why, so we're going to
 19 take a short break until it gets fixed and then we'll come back when it's ready.

20 **MR THOMAS:** Thank you, Madam Chair.

21

Adjournment from 10.11 am to 10.29 am

22 **CHAIR:** We're back. All sorted now, Mr Thomas?

23 **MR THOMAS:** Yes, thank you, Madam Chair, it was just an unexpected technical issue with the
 24 video file which is now sorted.

25 **CHAIR:** Very glad to hear it, we can continue to listen to Donna.

26 **MR THOMAS:** Okay, thank you.

27

[Video played]

28 (How did your dad come to be involved in the mental health system?)

29 A. "It remains kind of a mystery to me, because I didn't actually have a lot of information from
 30 dad himself --

31 **Q.** Yes.

32 A. -- about what caused it all to happen.

33 **Q.** Yeah.

- 1 A. But I do know that something overwhelmed him when he first had the symptoms of a
2 break-down. I knew he was slowly going a little more isolated and growing a little more
3 just distant, I guess, from his usual operating self.
- 4 Q. Yes.
- 5 A. His normal operating characteristics, just kind of slowly kind of ebbed away.
- 6 Q. Yes.
- 7 A. That was kind of what I noticed happening around the time my younger sister was born.
8 (Dad was admitted to Carrington Hospital when I was 11 years old.)
9 (Visiting dad at Carrington Hospital.)
10 It was really hard to see him in that place.
- 11 Q. Yeah.
- 12 A. Like in the context of what was virtually a prison, yeah, the whole feel of the place was just
13 not welcoming or friendly.
- 14 Q. Yeah.
- 15 A. But dad himself, he was welcoming inside it, yeah, I really got that impression, because he
16 just looked so lit up and happy to see us come to visit him.
- 17 Q. Yeah.
- 18 A. Yeah, and he also looked pretty, like, humiliated and sad that we had to see him in that
19 place, which was understandable. But yeah, it was good to see him. As far as I was
20 concerned, it was just good to see him.
- 21 Q. Yeah."
- 22 **CHAIR:** "(Dad's return home after six months in Carrington Hospital)."
23 I think you're going to have to read them out.
- 24 A. "He changed, he was --like something had emptied out of him and it was all his happiness.
25 He used to sing, or hum and sing songs at the, you know, around the house, and when he
26 came in from working in the garden, he'd be singing at the kitchen tap, you know, washing
27 his hands and it was really lovely, you know, I used to really look forward to that knowing
28 dad was happy, was really key to my own happiness, so I just, you know, really missed that
29 when it was all gone, it was like, "When's that coming back dad?" You know, like just, you
30 know.
- 31 Q. Yeah.
- 32 A. I didn't like seeing the way he was, he was --he wasn't allowed a razor because of being in
33 Carrington, so he grew this like Osama Bin Laden beard and he didn't like it and I didn't
34 like it.

- 1 Q. Yeah, so his appearance was different and --
- 2 A. Yeah, shaggy and long hair and unkempt and just not looked after, you know, and that
3 wasn't good for dad.
- 4 Q. Yeah.
- 5 A. I just kind of thought, you know, what is that place?"
- 6 **MR THOMAS:** The next slide is "Donna's dad's death".
- 7 Q. "I understand from what you've told us before that he ended up taking his own life and
8 I wanted to ask about, you know, you were 24 years old, I think at the time?"
- 9 A. Yes.
- 10 Q. I just wanted to ask you about, you know, obviously it was a major event in your life, and
11 just, if you can, just tell us about the impact of that on your life and your family.
- 12 A. Yeah, it really impacted with a wallop, yeah, because I just remember getting a phone call
13 from mum one morning out of the blue and just, she said, yeah, 'Your dad's died.' So
14 I wasn't expecting that and I was- kind of just found it really hard- to accept that at first,
15 and yeah, so it was hard that --I was in a relationship at the time --
- 16 Q. Yes.
- 17 A. -- and my husband, who's now my ex--husband, just refused to drive me up to Whangārei
18 for the funeral and he'd made it an obstacle for me to visit my dad despite me repeatedly
19 asking to go and visit in the weekends prior to that.
- 20 Q. Yes.
- 21 A. So that really was not supportive at all.
- 22 Q. Yes.
- 23 A. And that was kind of like my bottom line.
- 24 Q. Yeah.
- 25 A. Like that's where that ended.
- 26 Q. Yes.
- 27 A. So I found the funeral itself was really hard to get through too.
- 28 Q. Yeah. I guess this affected your own mental health, is that --
- 29 A. Yeah, it did.
- 30 Q. -- accurate?
- 31 A. Because I felt really like, no -- I felt like I was living with a ghost of me, yeah, if that can
32 be explainable.
- 33 Q. Yeah.

- 1 A. But just the old me, I felt like I was going through this big break in between my current
2 day-to-day existence and my past existence of where I used to be and I think my career in
3 the medical laboratory as a medical laboratory technician, just seemed like light years
4 away --
- 5 Q. Yeah.
- 6 A. -- in a different universe to kind of going through life with just the bare existence of
7 meaning.
- 8 Q. Yeah, yeah. It sounded like a huge, obviously, event in your life and all those other things
9 going on at the same time in your life and a huge sort of change for you?
- 10 A. Yeah.
- 11 Q. You did seek out psychiatric help at that time?
- 12 A. Well, I did that for Mum's sake, because Mum wanted me to see a psychiatrist and she
13 wasn't really happy with the way I was not really moving anywhere positive as she saw it.
- 14 Q. Yes.
- 15 A. So she kind of, yeah, arranged that.
- 16 Q. Yeah.
- 17 A. And I just thought well, if it keeps her happy."
- 18 **MR THOMAS:** The next slide is "Donna's experience at a mental health unit in a hospital, her
19 first admission".
- 20 A. "I kind of, yeah, wanted to have a rest in a place of like --
- 21 Q. Yeah.
- 22 A. -- rest, like just to be separate from moving on with all life's day--to--day stuff, but I found
23 being in the psych unit was just another kind of form of stress, because there was just --the
24 day--to--day like life there was just boring.
- 25 Q. Yeah?
- 26 A. It was just so boring, there was no real meaningful recovery framework happening.
- 27 Q. Yeah.
- 28 A. And you were just lumped with everybody else in a one-size-fits-all treatment programme.
- 29 Q. Yeah.
- 30 A. A lot of people in there just come from a totally different background to me, like really,
31 really different.
- 32 Q. Yeah.
- 33 A. And I found it was really hard to cope with that.
- 34 Q. Yeah.

- 1 A. And the medication, it was always about medication.
- 2 Q. Yeah.
- 3 A. The only time they spoke to you many a day was just, you know, 'It's medication time', call
4 your name.
- 5 Q. Yeah.
- 6 A. Get your pills.
- 7 Q. Yeah.
- 8 A. So that was, like, the majority of the contact they had with us was there.
- 9 Q. Yeah.
- 10 A. Some of the patients got more privileges if they were, like, on board with their medication
11 they got more privileges, that became a real eye opener for me."
- 12 **MR THOMAS:** The next part's about the medication Donna was receiving and the effect on her.
- 13 A. "That first psychiatrist that I saw, she put me on the Haloperidol, she said it was necessary
14 for me to be on it, it was a drug of last resort, but it was the only thing that would help me,
15 and when I asked about side effects, you know --
- 16 Q. Yes.
- 17 A. -- because it was the first thing I asked her, she said, 'Oh well, it's nothing in comparison to
18 your illness, your condition, so it's going to help you, whether it has side effects or not ', and
19 she never wavered from one inch, you know, she was always adamant about that.
- 20 Q. Yeah.
- 21 A. And it did have really bad side effects and every time I found a new side effect, at first I
22 would, you know, let her know through a nurse or something.
- 23 Q. Yes.
- 24 A. But I got the fast impression that it was better not to say anything, just to deal with it,
25 because if I found it was a problem it was lack of insight --
- 26 Q. Okay.
- 27 A. -- which is a symptom of the condition.
- 28 Q. Yes.
- 29 A. Yeah, and if I got annoyed and frustrated that they weren't listening to me, that was
30 agitation --
- 31 Q. Yes.
- 32 A. -- which is a symptom of the condition.
- 33 Q. I see.
- 34 A. Or elevation, you know, that's another symptom of the condition.

- 1 **Q.** Yeah.
- 2 **A.** So they had all these ways of , --and I only found that out later, that's what they were
3 writing down in the medical notes, you know, like that's how they, like, escape the whole,
4 like, it's their,-- it should be them being accountable for all that.
- 5 **Q.** Yeah.
- 6 **A.** As medical professionals, they should explain side effects.
- 7 **Q.** Yeah.
- 8 **A.** You know, they should work to alleviate them, where they are a problem to their patient,
9 but that was never kind of an obvious thing anywhere.
- 10 **Q.** Yeah.
- 11 **A.** It was only, like, for people that a lot of the time were happy to have medication. And a lot
12 of them were like drug addicts, yeah.
- 13 **Q.** And did you describe to her like the specific side effects that you were experiencing on
14 Haloperidol?
- 15 **A.** Yeah.
- 16 **Q.** Like you talk in your statement about the horrendous nightmares and the dyskinesia?
- 17 **A.** Yeah, and -the dyskinesia and the horrible nightmares, she was not very informative about
18 the nightmares, I found out just through experience that I always got the nightmares just
19 prior to the next injection, like the cycle of, -onemonthly- cycle of injections, so I'd always
20 get nightmares at the last end of the month before the next injection, yeah, so ...
- 21 **Q.** Can you describe the sort of nightmares a little bit to us, or give us an example, I guess, just
22 so, you know, we can understand what you were going through.
- 23 **A.** Okay. Well, there's kind of a hypersensitivity to noise and light and colours that goes on,
24 and then when you go to, like, into a sleep, it's like -it's- hard, it's harder to actually relax,
25 like it just doesn't happen naturally.
- 26 **Q.** Okay.
- 27 **A.** And then you know you're going to get a nightmare when that happens, because there's no
28 real sense of safety about going to sleep, and then suddenly it's like you're in this chemical
29 world of like, - it's just like you're in a -mindaltered- state and like I would see helicopters
30 crashing and flames going everywhere around me and just that would happen a lot, I'd get
31 that, yeah.
- 32 **Q.** Yeah?
- 33 **A.** That was how it would be to me in the nightmare. There were kind of others as well, I'd get
34 always kind of sense that the bad guy always got me, the monster, kind of thing, yeah --

- 1 Q. Yeah.
- 2 A. -- that got me, yeah."
- 3 **MR THOMAS:** "Donna's time in a psychiatric hostel."
- 4 A. "That came about through the direction of my psychiatrist, the female psychiatrist that
5 I talked about earlier and she was in charge of like everything pertaining to my recovery,
6 and I expressed to the staff at the psychiatric unit that I wanted to leave at some point soon,
7 so they say --at her suggestion said, 'Well, you can go to [GRO-C] hostel' and that was
8 like -- it was evident from the conversation they had with me about that, that they really
9 wanted that recommendation to be the only recommendation, like I go there or I don't leave
10 the ward.
- 11 Q. Yeah.
- 12 A. So I'd stay there for another, - however many months, you know, until they were happy with
13 my -so-called- progress.
- 14 Q. Okay.
- 15 A. So I felt it was, like, a forced decision, like that was just pushed on me that I had to go
16 to [GRO-C]-that I didn't want to just accept it straight away because I didn't think it was
17 going to be helpful in the long run or change anything.
- 18 Q. And can you tell us even just a little bit of what it was like at [GRO-C]?
- 19 A. It was very patronising and boring, and much of it was like just -the- routine was just a
20 roster of who was doing the mopping the floors and who was doing the cooking and who
21 was doing the, you know, all the various chores that we were allotted.
- 22 Q. Yeah.
- 23 A. And yeah, we were just kind of monitored all the time and even on our behaviour and on
24 our manners and --
- 25 Q. Okay.
- 26 A. -- you know, it just felt you were just reduced to a child's existence.
- 27 Q. Right."
- 28 **MR THOMAS:** The next slide is Donna's readmission to a hospital mental health unit.
- 29 A. "I know I did overdose at some stage earlier on again.
- 30 Q. Yes.
- 31 A. And I can't remember [GRO-C], --it probably was there, yeah, just can't really connect back
32 to that memory of where it was, but I know,-- I recall coming to in the hospital, or being in
33 the hospital, I think, Emergency Department or A&E.

- 1 Q. Yes.
- 2 A. And there was,-- I was getting my stomach pumped and a group of, like, medical people
3 were around me while that was happening and, yeah, I was kind of, like, regurgitating out
4 of the tube or something at that point. And a nurse said to me, "That will teach you not to
5 do it again", and she was just, yeah, really rude --
- 6 Q. Yeah.
- 7 A. -- to me, yeah."
- 8 **MR THOMAS:** The next slide is sexual abuse Donna experienced in this hospital mental health
9 unit.
- 10 Q. "I'm going to ask you about a sort of difficult thing that you then experienced when you
11 were back in GRO-C hospital. This was during your second admission there. You were
12 sexually assaulted by another patient?
- 13 A. **[Nods]**.
- 14 Q. You've told us about that in your statement, I guess I just wanted to ask you briefly what
15 happened there?
- 16 A. Well, I was,- like, while I was there- I was just, like, keeping to myself.
- 17 Q. Yeah.
- 18 A. And there were a lot male patients in the unit at the time and I was the only female there.
- 19 Q. Okay.
- 20 A. So I felt very out of place anyway.
- 21 Q. Yes.
- 22 A. And then I recall that they admitted a new patient in and he was really, like, an unkempt
23 Māori, tattoos, and just wasn't talking about -- he wasn't talking or anything, he was just
24 like put on this big attitude, like, a staunch attitude and he kind of marched up the, like,
25 through the lounge area, and he was -- I was just standing at the end of the lounge in his
26 path, but I kind of, yeah, didn't -- and I knew there was, like, you know, like a risk involved
27 in, like, being in his path, like, being in the secure unit, you don't know anything about the
28 strangers that you're in with.
- 29 Q. Yeah.
- 30 A. And yeah, I just,-- he just realised that, you know, he could,-- there weren't any nurses
31 around.
- 32 Q. Yeah.
- 33 A. There weren't any nurses --

- 1 Q. Yeah.
- 2 A. -- at the time there, they'd done with the admitting, so he was the re and the first thing he did
3 when he walked up to me, was he did abuse me like --
- 4 Q. Yeah.
- 5 A. -- I don't like to go into it.
- 6 Q. That's all right.
- 7 A. Yeah, but he was just really, it-- really shocked me and it was painful, and I, --emotionally
8 and physically and --
- 9 Q. Yeah.
- 10 A. -- I recall, like, he walked off down to the accommodation area sort of at the back.
- 11 Q. Yeah.
- 12 A. And I went to the lounge where there were other people around.
- 13 Q. Yeah.
- 14 A. And just didn't want to be anywhere close to him, and eventually I told a nurse in the
15 office --
- 16 Q. Yes.
- 17 A. -- which was screened off, what had happened.
- 18 Q. Yeah.
- 19 A. Or maybe my own nurse came by later that day, so I told her what had happened, and
20 I expected that I could talk to her about it and I kind of, like, during that time interval,
21 thought they would take me out of his way.
- 22 Q. Yeah.
- 23 A. You know, they would separate me away from him.
- 24 Q. Yes.
- 25 A. And put me into another, like, the other unit which was not a secure unit.
- 26 Q. I see, yes.
- 27 A. But they,-- so when I was explaining to my nurse, she just said, 'How are you feeling
28 now?' So it was very confusing to me how to answer that, because if you don't answer
29 'fine' at every opportunity, they think, you know, they've got to give you more meds and
30 Zopiclone and sleeping tablets that really bomb your brain out, so I just said I was fine and
31 I kind of thought there'd be a procedure, like, when an incident report is written up, you
32 know, that that was part of the protocol to do with abuse, sexual abuse in the unit, that they
33 would separate me from the -- from the --
- 34 Q. From the perpetrator?

- 1 A. Yeah, the perpetrator, yeah. So it was like -- like, I was expecting that to happen all that
2 evening, you know, somebody to come up to me and say, 'You can pack your things now
3 and go.'
- 4 Q. Yeah.
- 5 A. Because that was what I was thinking would happen and it never did, and so the first night
6 was just the horrible of them all night because, -- yeah, I didn't know what he was capable
7 of, I had to just put up with them not really, you know, able to connect with what I was
8 really needing.
- 9 Q. Yeah.
- 10 A. And then at dinner time that first night, it might have been a couple of meals afterwards,
11 I found out that he was like a gang president, yeah, he was the president of a gang and he
12 had other gang members in there to kind of, like, you know, be his stooges or whatever,
13 you know, that's what happened, and any time he needed cannabis or something they'd
14 shoot off on their leave because that was what they were there for, or be on their mobile
15 phones or something and arrange for it. So other gang members would bring it into the
16 corridor of the hospital just outside, and - so- that was kind of how things went for two
17 weeks.
- 18 Q. Yeah.
- 19 A. And I found it really hard, and just couldn't sleep very well.
- 20 Q. Yeah.
- 21 A. And didn't want to tell the nurses that because it would mean Zopiclone and just kind of
22 coped as best as I could.
- 23 Q. Yeah.
- 24 A. But...
- 25 Q. It was like an awful situation for you, wasn't it, because you were -- I think you've told us,
26 and it's in your statement that you felt like you were effectively locked in that secure unit
27 with the perpetrator of that offending against you and, you know, you were stuck there sort
28 of thing?
- 29 A. Yeah.
- 30 Q. With no protection from the staff?
- 31 A. Yeah, yeah.
- 32 Q. Is that how you felt?
- 33 A. Yeah, yeah. And I just, my trust for them really bottomed out badly, yeah.
- 34 Q. And you expected them to do something more to sort of make you feel safe?

- 1 A. Yeah.
- 2 Q. But they didn't?
- 3 A. Yeah, they never, they never did, so it was just kind of like --
- 4 Q. Yeah.
- 5 A. Just really didn't have anything solid to trust them or anything, no foundation, no solid
6 foundation to trust them on anymore.
- 7 Q. Yeah.
- 8 A. And I found I'd get claustrophobic at night from just, you know, waking up in the night and
9 checking my door was locked and, yeah, so it was really --
- 10 Q. And that's like an impact, do you think, from that event --
- 11 A. Yeah.
- 12 Q. -- being like this sense of feeling like you're sort of stuck in that situation?
- 13 A. Yeah, yeah, since then I've developed claustrophobia and that's, yeah what I put it down to.
14 I was always kind of hoping, you're looking forward to only getting out, you know, and that
15 was the only thing that would calm me down was I'm going to get out, I'm going to get out.
16 So it was really hard to be there.
- 17 Q. Yeah.
- 18 A. Yeah, so, I was kind of living for the moment when I was out the door.
- 19 Q. Yeah, so that sort of got you through that?
- 20 A. Yeah.
- 21 Q. The hope or belief that you would eventually get away from that situation?
- 22 A. Yeah.
- 23 Q. Yeah."
- 24 **MR THOMAS:** The next slide is "Kingseat Hospital".
- 25 A. "When I arrived, I didn't have anything explained to me about what was going to happen,
26 like in terms of assessment or routine or just nursing practice --
- 27 Q. Yeah.
- 28 A. -- for me being there as a patient, so.
- 29 Q. You were going into quite a sort of unknown situation?
- 30 A. Yeah, it was, it was very unknown, and I just had to, yeah, just pick up on what I thought
31 was the right thing to do. There weren't any guiding kind of what to do talks or anything
32 when I got there, no introductory talks about, you know, what to expect --
- 33 Q. Right.
- 34 A. -- from your stay there.

- 1 **Q.** Okay.
- 2 **A.** So in the morning it was just get out of bed and go down to the nursing office and sit in an
3 outside waiting area for your medication.
- 4 **Q.** Yeah.
- 5 **A.** And so I found out pretty – earlier on that they must have had some kind of information
6 about me that I didn't realise that pointed to -or- the fact that I'd been to the nursing office
7 and asked for a razor to shave my legs --
- 8 **Q.** I see.
- 9 **A.** -- of all things, just to try and like sort of stay normal, I think.
- 10 **Q.** Yeah.
- 11 **A.** But they considered that a potential danger. And I didn't realise, you know, just what that
12 entailed.
- 13 **Q.** Yes.
- 14 **A.** But what it meant was that, -this is what I'm presuming. I was in the shower just having
15 like I think the second or maybe the third shower of me being there, it might have been like
16 three days into my stay there, and then I heard the door of the bathroom open and then to
17 my surprise the shower curtain was pulled aside- and I was just like, you know, suddenly,
18 like, is this a patient or what, you know, just --
- 19 **Q.** Yeah.
- 20 **A.** -- what?
- 21 **Q.** Yeah.
- 22 **A.** And then it was the nurse and she was just watching me and she wasn't saying anything,
23 she just pulled the shower curtain open and she was watching me and I just felt so
24 uncomfortable about that happening, and so, I-- don't recall, like, any conversation I had,
25 I might have said, 'What are you doing,' but I don't know.
- 26 **Q.** Yeah.
- 27 **A.** I might have kind of held back from saying anything, because you just don't know what
28 you're going to do that could trigger off some kind of major hassle with them, so.
- 29 **Q.** Right, yeah.
- 30 **A.** I couldn't wait until she left, she didn't stay too long, she,-- but she didn't say anything, it
31 was just weird, it was really uncomfortable. And I just was kind of, like, I hope that's the
32 only time that happens, whatever it was about, and I think it must be, like, the razor that I'd
33 kind of asked for, and they might have thought that's a danger, you might be suicidal and

- 1 you need monitoring in the shower, but they never told me that. If they told me that
2 I wouldn't have bothered asking for one.
- 3 **Q.** So it was just completely unannounced --
- 4 **A.** Yeah.
- 5 **Q.** -- you know, and a complete sort of breach of your privacy?
- 6 **A.** Yeah. And it felt like an ambush, yeah, so when she did it again, the same nurse did it
7 again the next time I was in the shower, I kind of got the message, this is going to happen
8 every time I'm in the shower. So I started timing my showers for when she was in the
9 office busy writing up notes, yeah, then I'd zap upstairs and quickly in the shower and out.
- 10 **Q.** Yeah.
- 11 **A.** Yeah, so that was how I got through that one.
- 12 **Q.** Yeah. So that was sort of what you had to do just to get a bit of privacy in the shower --
- 13 **A.** Yeah.
- 14 **Q.** -- essentially?
- 15 **A.** Yeah.
- 16 **Q.** Thanks for sharing that."
- 17 **MR THOMAS:** The next slide is "Pregnancy".
- 18 **A.** "Yeah, anyway, I was in a relationship, didn't really eventuate into anything.
- 19 **Q.** Yeah.
- 20 **A.** But that was with my daughter's dad.
- 21 **Q.** Yes.
- 22 **A.** And, like, when he found out I was pregnant he didn't want anything to do with it --
- 23 **Q.** Okay.
- 24 **A.** -- whatsoever.
- 25 **Q.** Yeah.
- 26 **A.** From the start, so.
- 27 **Q.** Yeah.
- 28 **A.** Like he changed the lock on the door and had my things thrown out and so, yeah, so I,
29 yeah, really got the message that was it.
- 30 **Q.** Yeah.
- 31 **A.** So I got back into town, found a flat.
- 32 **Q.** Yeah.
- 33 **A.** And just decided that I was just going to, yeah, be on my own.
- 34 **Q.** Yeah.

- 1 A. And I was happy to be pregnant.
- 2 Q. Yeah.
- 3 A. I really didn't want to not keep [GRO-B]-- that wasn't an issue.
- 4 Q. Yes.
- 5 A. And I actually, you know, like, yeah, I really valued that, that I could be a mum, because
6 not many mental health patients are actually parents, yeah, so a lot of them are just like
7 singles for life, after being under mental health treatment.
- 8 Q. Yes.
- 9 A. So yeah, I was a flatmate at first, that was in the early stages, the first trimester. Things
10 were going well at first, I had enough money coming in to look after things for myself, my
11 bills, my food, etc, and so the first, like, three months almost were okay, and I wasn't
12 showing, so nobody was asking questions and I wanted it to be hidden, so I just kept it that
13 way, so there were no awkward questions, and then I moved out to a flat on my own from
14 there, and then I wasn't in there very long, just a matter of weeks, say, and then I got a letter
15 from WINZ [Work and Income New Zealand] and it's like you owe us a lot of money. I
16 was like -- I had no idea what that meant.
- 17 Q. Yeah.
- 18 A. And when I rang them up to ask what did the letter mean, was it really for me, they said, it's
19 to do with the polytech course you are taking.
- 20 Q. Right.
- 21 A. You got more money than you were supposed to, so you're in debt to WINZ and you have
22 to pay it back. So I said, okay, but did you know that I didn't actually make the financial
23 arrangements for that?
- 24 Q. Yeah.
- 25 A. That was somebody else on my behalf.
- 26 Q. Yeah.
- 27 A. They said it didn't make a difference, it was on my benefit, you know, that I had a debt so I
28 had to take accountability for it and pay up.
- 29 Q. Okay.
- 30 A. So I said, well, I'm pregnant, so can you just like make the payments over a longer time?
- 31 Q. Yeah, yeah.
- 32 A. So I'm not, because-- what they were asking for was for me to essentially after I'd done all
33 my budgeting have, like, \$20 to \$25 a week for food while I was pregnant, so I really kind
34 of really found that was tough.

- 1 Q. Of course, yeah.
- 2 A. Yeah, so when I sort of said that to them I was really surprised that they wouldn't allow
3 that, yeah, that really horrified me. So I didn't know what to do."
- 4 **MR THOMAS:** The next slide's about Donna giving birth and parental rights.
- 5 A. "So I asked, after the second day, for the nurses to take [**GRO-B**] to the nursery so that
6 I could get some sleep, thinking that it would help me to sleep.
- 7 Q. Yeah.
- 8 A. So they did and, yeah, I did get some sleep. But when I woke up the next morning, I was
9 just,-- I woke up to a lot of people around in the room, which was, like, not really what
10 I expected when I woke up.
- 11 Q. Yeah.
- 12 A. So I was curious but kind of like, 'Oh no'.
- 13 Q. Yeah, yeah.
- 14 A. Yeah, so one of them, probably the doctor I think, said it seems your daughter is very
15 seriously ill and we want you to sign this form and something like, I didn't hear much after
16 that because I was just stuck on 'your daughter is seriously ill', and she wasn't there, and I
17 was like 'What's going on? Where is she?' And yeah, apparently, he said something like
18 sign the form to authorise doing tests, you know, on her to determine what condition she's
19 got.
- 20 Q. Okay.
- 21 A. And I said, 'What did you say? Where is she?' I was really like just sort of waking up still
22 and kind of confused.
- 23 Q. Yeah.
- 24 A. And the nurses I think said, 'She's in the nursery, yeah, but we need you to listen to the
25 doctor', and he repeated it, what he was saying. Again, I was just like not taking it in and
26 eventually, like, after just, you know, this standoff situation they said that she had been
27 crying all night and cried herself -into- like- she had a fever.
- 28 Q. Yeah.
- 29 A. And so I didn't know, because I hadn't heard her crying.
- 30 Q. Yeah.
- 31 A. But I was like, well, if she was crying why didn't they wake me up? It was very confusing,
32 just kind of, yeah, getting my thoughts together around all that.
- 33 Q. Yeah.

- 1 A. But anyway [GRO-B]-- at some point during this whole stuff that was happening.
- 2 Q. Yeah.
- 3 A. I hadn't seen [GRO-B]-- I just kept saying, 'I want to see my baby, I want to see my baby.'
- 4 [GRO-B] walked in and they said, 'No, you've got to sign this form authorising us to take
- 5 the necessary tests.'
- 6 Q. Yeah.
- 7 A. So I said, 'I won't sign it until I've seen my baby.' 'No.' So yeah, so that was how that
- 8 began.
- 9 Q. Yes.
- 10 A. And then [GRO-B]-- and they said right, you know, 'If you don't [GRO-B] then she'll have
- 11 custody, so are you going to sign it now?' And I said, 'No, I want to see my baby', I just
- 12 thought, well, why not, you know, I'm just not going to stand for this, and then -- so they
- 13 said all right [GRO-B] not being very cooperative, so would you like to sign this form for
- 14 us and, you know, we can do the tests. So that was what happened [GRO-B] got the
- 15 custody, signed the form, they went off and they arranged for her to have a lumbar
- 16 puncture. And I didn't get to see [GRO-B] at all. Then they put me in the psych unit
- 17 virtually that evening.
- 18 Q. Yeah."
- 19 **MR THOMAS:** The next slide is about further sexual abuse Donna experienced in the hospital
- 20 mental health unit.
- 21 Q. "And then you were, you've told us in your statement you were sexually assaulted again
- 22 while you were in the psychiatric unit?
- 23 A. Yeah.
- 24 Q. And you've told us what happened there. What action was taken by staff after that incident,
- 25 or attack, if you like?
- 26 A. Well, I asked for an incident report to be written because based on my previous experiences
- 27 there's no incident report unless you ask for it sort of thing, so I did say to the night nurse,
- 28 'I would like an incident report written', and so she stomped off and what I found out later
- 29 was she'd written a very brief, like, two-sentence long incident report. I've since then
- 30 researched what incident reports should contain and it should be a lot more information
- 31 than what she wrote, a lot more.
- 32 Q. Yeah.
- 33 A. And so that was -then- they took the perpetrator.

- 1 Q. Yes.
- 2 A. And they put him into seclusion for 12 or 24 hours.
- 3 Q. Yeah.
- 4 A. Yeah, and then they let him out again, and he was just wandering around the ward freely
- 5 again.
- 6 Q. Yeah. I think there was a – correct me if I'm wrong – there was another occasion, a third
- 7 occasion when you were sexually assaulted in hospital?
- 8 A. Yeah.
- 9 Q. When you were sedated?
- 10 A. Yeah.
- 11 Q. You've told us about that, and I take it from what you've told us that that assault wasn't
- 12 recorded, if you like?
- 13 A. No.
- 14 Q. It wasn't written up?
- 15 A. No, when I made the Police complaint about all the assaults, they followed them all up and
- 16 they said about the last assault that there was no record of it in my medical notes or
- 17 anywhere, yeah. And I did ask, I went to the office and I told them what had happened,
- 18 yeah, and there should have been something."
- 19 **MR THOMAS:** The next slide is about sexual abuse of a staff member in the unit.
- 20 Q. "And you also have told us about witnessing another unrelated incident of a nurse being
- 21 interfered with or assaulted by an elderly patient and you describe essentially quite a
- 22 different response from the staff to that incident --
- 23 A. Oh yeah.
- 24 Q. -- as compared to your assaults?
- 25 A. Yeah.
- 26 Q. Is that accurate?
- 27 A. Yes, it is, yeah. All the nurses came out of the nurse, -- the office, you know, the nurse's
- 28 office – and they all came out to support her, they came, all of them, you know, and just
- 29 were very sympathetic and like, 'Oh you poor thing, you know, do you want the rest of the
- 30 day off, we'll cover for you', and --
- 31 Q. Yeah.
- 32 A. You know, 'Are you feeling all right,' you know, 'Are you okay,' you know.
- 33 Q. Yeah.

1 A. And yeah, it was just so totally different from what I had, you know, I just thought, 'Wow,
2 talk about there's no equality.'

3 Q. Yes.

4 A. Yeah, it was, yeah, just -and- eventually she had like the choice, she left the - like- she's
5 still a nurse.

6 Q. Yes.

7 A. She works in a rest home now, but she left the unit, being a nurse in the unit, yeah, because
8 of that.

9 Q. Yeah. Yeah, and I think you contrast that with your sort of situation that she was able to
10 leave the unit, but when you were assaulted you didn't get the same response from staff and
11 you were stuck in the unit basically?

12 A. Mmm."

13 **MR THOMAS:** The next slide is about Donna's recommendations for the future and reducing the
14 reliance on medication.

15 Q. "You've been in the mental health system for a long time, over 30 years, and based on your
16 experience, you know, in the system, it would be valuable to hear what you think about it
17 overall and, you know, do you think it can change and improve?"

18 A. I sort of don't think -- no, I don't think it would improve, I think I said earlier, like, based on
19 the fact that as long as you keep medication, the whole central element of recovery and
20 determining recovery and recovery potential in a psychiatric patient, I don't think you're
21 going to move anywhere other than creating more chemical dependency, creating
22 unmotivated people who are addicted to the psych drugs and I don't think it will improve
23 any part of psychiatric care until you remove the element entirely and look at other ways of,
24 like, the recovery. I think a lot of the reason why I'm still a mental health patient at this
25 stage is simply because of that, like, there's just no alternative information readily available
26 to the public about what happens on psychiatric drugs and there's no real way I can prove
27 the things that I'm saying about the effects it has on me, because there's no scientific
28 clinical data to back me up, because the pharmaceutical companies are in charge of
29 producing the clinical data in their studies to approve of these drugs that they're selling."

30 **MR THOMAS:** The next slide's about further recommendations from Donna addressing power
31 imbalances.

32 A. "I think there's a crisis of equality going on in psychiatry and it's kind of like the culture
33 always emphasises it or magnifies it, the way that it's structured, it's just the whole system
34 just ...

1 **Q.** Like a lack of equality between those different, -- the patient versus psychiatrists, is that
2 how you see it?

3 **A.** Yeah, yes. Yeah, I think there needs to be accountability, real accountability for the
4 mistakes that psychiatry makes and I think the only way you're going to really provide
5 reassurance and encouragement for vulnerable and traumatised patients is to ensure that
6 there is a robust kind of redressing these issues system, like a way of addressing these
7 problem areas in psychiatry, the disempowerment of the patient, all those things that people
8 often talk about, you know, but they just become like, you know, like a single voice that
9 gets overpowered by the dominating effect of psychiatry.

10 There needs to be a balance of that power imbalance, it needs to really -and-, you
11 know, it just can't continue as it is without just causing more, inflicting more damage.
12 Yeah, that's what I see is happening. So it's just a matter of how long people are going to
13 tolerate this as far as I see it.

14 And I would like to see, like, more real information getting out to the public. That's
15 why I'm saying all this, that's what I want."

16 **MR THOMAS:** That brings us to the end of Donna's evidence, Madam Chair.

17 **CHAIR:** Donna, I hope you can hear what I'm saying, I know that you're watching this. I want to
18 thank you sincerely for participating in this important hearing.

19 You just said what I was thinking as I was listening to your evidence, and that was
20 that there's a real need for this information to get out to the public. And by you bravely
21 coming forward, spending the huge amount of time you obviously have in preparing your
22 statement, talking to Michael and making the video, and then coming here today, because
23 you're in the building, and bravely confronting this again, this is the only way we can get it
24 out to the public, this is the only way we can have voices of survivors being heard,
25 potentially by everybody in Aotearoa New Zealand and it is so important that it happens.

26 And so we owe you a huge debt of gratitude for revealing some aspects of your life
27 over the last 30 years under the so-called care of the psychiatric community.

28 I want you to know that though we've watched your video and it's been wonderful to
29 see your face and hear your voice and your very clear explanations, there's a great deal
30 more in the written statement that you didn't say in the video. I want you to be reassured
31 that the Commissioners here have read that through very carefully and all of -everything
32 that you've said in that will also be taken into account- in the work that we do when we're
33 writing our report on this aspect.

