

**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

Date: 20 July 2022

TRANSCRIPT OF PROCEEDINGS

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5 **MS THOMAS:** Thank you, I understand now Mr Mike Ferriss would like to make a statement.

6 **COMMISSIONER GIBSON:** Yes, Citizens Commission for Human Rights' Mike Ferriss is
7 making a closing statement.

8 **CLOSING STATEMENT BY CITIZENS COMMISSION FOR HUMAN RIGHTS**

9 **MR FERRISS:** Kia ora. Thank you for allowing me to give a closing statement at this hearing.
10 I'm the director of the Citizens Commission on Human Rights New Zealand and it is a
11 group that was established by the Church of Scientology.

12 Firstly, we acknowledge all of the survivors and their whānau and support people
13 who have been heard at this hearing, and all those who have not been heard. This exposure
14 of abuse in psychiatric and psychopaedic institutions was but a glimpse into decades of
15 abuse. Coming forward and telling your stories is important and is also important because
16 for too long you and others like you have not been heard in such a public way.

17 We also want to acknowledge and thank this Royal Commission, the
18 Commissioners, the legal staff and researchers who have made this hearing possible. It has
19 been a long time coming.

20 I'd also like to thank the artists from Māpura Studios and The Secret Keeper,
21 Catherine Daniels, for their art on show at this hearing.

22 As you know, CCHR presented a 100-page, 100 plus page statement covering 47
23 years of work and research into psychiatry in New Zealand, and the exposing of human
24 rights violations in our mental health system. Inside CCHR's library of documents we
25 found a small book entitled Misery Mansion by Arthur Sainsbury, a former editor of the
26 Daily News. He was a mental health social reformer in the 1940s. He advocated for
27 greater rights for patients including non-compulsory treatment, and a standard of living that
28 anyone might enjoy.

29 He tried to prevent investment into large psychiatric facilities such as the Lake
30 Alice Psychiatric Hospital, which was projected to cost £2 million and to house 1,000
31 people. He recommended much smaller places that would be under citizen control, not
32 State or medical, and would be routinely monitored for standards of care.

1 Arthur Sainsbury was ahead of his time and his book documented similar human
2 rights abuses as we have heard in this hearing. He should feel exonerated as these large
3 institutions he warned about were indeed hell holes of abuse.

4 Additionally, his ideas for reform are today encapsulated in United Nations Human
5 Rights Council reports and World Health Organisation guidelines on mental health.

6 New Zealand was never a back water when it came to psychiatric experimentation.
7 From the 1940s onward patients were treated with various forms of electro-shock,
8 lobotomies, and drugs. In fact, some of the treatments closely resembled the mind control
9 experiments conducted by psychiatrists for the CIA in the 1950s through to the 70s.

10 This included intensive ECT or electric leucotomy practised in Nelson's Ngawhatu
11 Hospital in the 1950s. Women there had their memories completely obliterated with
12 electroshocks and had to be nursed like babies for months afterwards. Such "treatment"
13 was written as successful in the New Zealand Medical Journal in 1958. We found
14 survivors of this experiment and they had no memory of their former life and did not even
15 remember their own families.

16 In his opening address the Crown counsel said New Zealand had a system that
17 failed to understand, but this minimises the reality, serving only to mitigate the
18 responsibility and accountability of the people involved in the abuse and those who ensured
19 it remained hidden.

20 In actuality, we had a mental health system that segregated disabled people into
21 large institutions, which enabled the psychiatric experimentation and abuse. Patients
22 committed into State and mental health care had all legal and human rights stripped from
23 them. They were powerless to challenge the abusive practices and were denied the right to
24 refuse treatments that were harming them.

25 The Crown counsel also said that this abuse was "invisible", but this downplays the
26 fact that for some it was entirely visible. Staff working in these facilities saw the abuse,
27 even if they negated the cruel and inhuman aspects of it. It was not invisible to those ill-
28 treating the patients or who should have been ensuring it did not occur.

29 It may not have been visible to the general public, but as we have heard in the past
30 week and a half, a number of family members objected to the treatments but were ignored
31 and the treatment continued. To them, the abuse was very visible, but they felt powerless
32 to stop it.

33 For CCHR's statement to the Royal Commission I documented the more salient
34 cases we worked on to give context in which to show a history of psychiatric abuse and

1 what the medical authorities did and did not do in response to our submissions demanding
2 inquiries and change.

3 From the mid-1970s onwards CCHR documented and exposed psychiatric
4 violations of human rights in Tokanui, Kingseat, Lake Alice, Porirua, Oakley, Sunnyside,
5 and other hospitals, revealing many of the abuses heard by this Commission today. We
6 exposed deep sleep and modified narcosis in nine psychiatric institutions and several
7 victims were compensated, despite the Health Department and Medical Council's lack of
8 findings against those psychiatrists who practised this form of experimental and damaging
9 treatment.

10 We pressed for inquiries into the deaths of Mansel Watene at Carrington Hospital in
11 1989 and Dolly Jane Pohe in the Rotorua psychiatric unit in 1991. We held our own
12 Commission of Inquiry into a number of suicides at the Hastings psychiatric unit in the
13 mid-1990s, resulting in an investigation by the Medical Council.

14 One thing for certain about these and numerous other cases, was they were never
15 invisible. In fact, in some cases the media coverage was extensive and even front-page
16 news. We campaigned for human rights in mental health care while medical authorities
17 ignored the concerns of the patients and their families that had turned to CCHR for help and
18 protection.

19 Authorities hid the real problems with sham investigations and inquiries that
20 ignored real accountability by those involved. And there was the deafening silence from
21 the Royal College of Psychiatrists.

22 And so, it has been in the 1970s, the 80s, the 90s and the 2000s. In any given year
23 one could read news articles about the failed mental health system. Our records are full of
24 these, including sexual abuse of patients, cruel and degrading treatment, preventable and
25 even treatment driven suicides and death. These matters have hardly been invisible.

26 At the beginning of this hearing, we heard how the pseudo-science of eugenics led
27 to the incarceration of disabled children in large psychopaedic hospitals. They were
28 labelled as "feeble minded" and "abnormal" and then subjected to psychiatric drugs.
29 Today, some psychiatric colleges in other countries have even apologised for the atrocities
30 their profession committed against patients in the name of eugenics, which was passed off
31 at the time as acceptable treatment.

32 A eugenics-like categorising of children still occurs today, but in a much more
33 sophisticated way and on a far greater scale. Across the country, four-year-old children are
34 psychologically screened as part of a "B4 school checks" health programme using

1 subjective checklists of behaviour symptoms. They are then categorised as normal,
2 borderline and abnormal, which has led to thousands of interventions, including far greater
3 numbers of younger children being put on antidepressants and antipsychotic drugs, not to
4 mention psychostimulants such as Ritalin.

5 It would be of no surprise that this abuse could become the subject of a future
6 Commission of Inquiry where the children, then adults, want to know why they were
7 medicated with powerful mind-altering drugs when there was nothing wrong with them,
8 except perhaps rambunctious childhood behaviour or normal reactions to bad conditions in
9 their lives.

10 Our mental health system is based around compulsory and therefore coercive
11 treatment, including psychiatric drugs and electroshock. On average, over 5,000 people are
12 subjected to compulsory psychiatric treatment each year. Māori and Pacific people are
13 over-represented in this.

14 Psychiatry asserts benefits from their treatments when there are none. Their
15 reported statistics of "improved" from lobotomies and electro leucotomies given in the
16 1940s and 50s were as high as 80%. To them, "improved" meant a docile, malleable
17 person. Similar claims are still made today, and people subjected to their treatments see
18 themselves as guinea pigs where the drugs are trialled on them. As the UN High
19 Commissioner's report stated in February this year, the overreliance on mental health drugs
20 is a "significant obstacle to the realisation of the right to health".

21 This was reflected in survivor Donna Phillip's testimony who said that to change the
22 system, stop making drugs the central focus of treatment. She, like many others, said the
23 drugs created a chemical dependency and takes away the person's ability to manage their
24 own life.

25 One of the ways psychiatrists dismiss their failures is by blaming the poor outcomes
26 of their treatments on the mental condition of the patient, labelling them as
27 "non-compliant", "non-responsive", or "treatment resistant". This justifies more treatment,
28 which means more drugs and electroshocks. They want legislation that allows this practice
29 to continue.

30 The objections to this are not only CCHR's despite its knowledge gained from a
31 long and tenacious history of fighting for patients' rights.

32 Last year, Dr Danius Puras, professor of psychiatry and former United Nations
33 Special Rapporteur on the Right to Health said: "Let us assume that each case of using non-

1 consensual measures is a sign of systemic failure and that our common goal is to liberate
2 global mental health care from coercive practices."

3 The UN has directed each member nation to abolish compulsory treatment from
4 their mental health laws because such treatment can amount to torture. The Special
5 Rapporteur against Torture said that it is essential to "promote accountability for torture and
6 ill-treatment in healthcare settings by identifying laws, policies and practices that lead to
7 abuse; and enable national preventative mechanisms to systemically monitor, receive
8 complaints and initiate prosecutions.

9 The UN Committee on the Rights of Persons with Disabilities reinforced this in a
10 2014 paper, saying that:

11 "States parties must abolish policies and legislative provisions that allow or
12 perpetrate forced treatment, as it is an ongoing violation found in mental health laws across
13 the globe, despite empirical evidence indicating its lack of effectiveness and the views of
14 people using mental health systems who have experienced deep pain and trauma as a result
15 of forced treatment."

16 Part of the redress survivors are asking for is a change in the mental health system.
17 They want to see that perpetrators of psychiatric abuse are held to account.

18 The UN Human Rights Commissioner recommends that a holistic, not biomedical,
19 approach to treatment be implemented and that there is recourse for those harmed or
20 damaged by treatment or practices in the mental health system. We must move away from
21 the long-entrenched idea that harmful, coercive practices are part of standard mental health
22 care.

23 A good many of the abusive treatments documented at these hearings, as well as
24 many CCHR has investigated in the past, could fall under crimes of torture, where
25 punishment, ill and degrading treatment in psychiatric care occurred. Compensation now
26 rests with the Government through a redress scheme that truly acknowledges the harm done
27 to them.

28 With this Royal Commission, Aotearoa New Zealand can truly set itself on the path
29 to eliminating coercive practices so that legislation can never again enforce abuse in the
30 name of mental health treatment. In its place can be instilled a system of human rights and
31 accountable care.

32 CCHR should never again need to resort to making formal complaints to the United
33 Nations Committee Against Torture to ensure justice is done in our mental health system.

34 Thank you very much.

1 **COMMISSIONER GIBSON:** Thank you, Mr Ferriss, and can I acknowledge you and the
2 Citizens Commission on Human Rights, the work you've done over the years. We
3 acknowledged that in the Lake Alice hearing, your advocacy in uncovering what happened
4 there back in the 70s and your continuing support for the survivors there through to the UN.

5 I've read your extensive evidence and it's impressive and thank you for your, you
6 and your organisation's tenacity and endurance and your advocacy over so many years for
7 people with mental health conditions and survivors, and those who did not survive mental
8 health institutions. Thank you.

9 **MR FERRISS:** Thank you.