**ABUSE IN CARE ROYAL COMMISSION OF INQUIRY TULOU – OUR PACIFIC VOICES: TATALA E PULONGA**

**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)

Ali’imuamua Sandra Alofivae Mr Paul Gibson

Dr Anaru Erueti Ms Julia Steenson

**Counsel:** Mr Simon Mount QC, Ms Kerryn Beaton QC,

Ms Tania Sharkey, Mr Semisi Pohiva, Ms Reina Va’ai, Ms Nicole Copeland, Ms Sonja Cooper, Ms Amanda Hill for the Royal Commission

Ms Rachael Schmidt-McCleave, Ms Julia White and Ms Alana Ruakere for the Crown

**Venue:** Fale o Samoa 141 Bader Drive Māngere AUCKLAND

**Date:** 26 July 2021

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# Adjournment from 11.10 am to 11.33 am

1. **CHAIR:** Good morning Mr Pohiva.
2. **MR POHIVA:** Good morning Commissioners and a special mālō e lelei to Commissioner
3. Gibson. Our second witness for today, Commissioners, is Rachael Umaga who is of
4. Samoan descent. She will be giving evidence about her experiences as a patient in
5. psychiatric units in Wellington. She will also be describing the lack of care she received
6. and the ongoing practice of over-medicating patients, her concerns about the current model
7. as well. Before we begin, Madam Chair, I wonder if this is the appropriate time for the
8. affirmation.
9. **RACHAEL LEMALIE UMAGA**
10. **CHAIR:** Yes. Rachael, if I can just ask you to take the affirmation please. Do you solemnly,
11. sincerely and truly declare and affirm that the evidence you give today will be the truth, the
12. whole truth and nothing but the truth?
13. A. I do.
14. **Q.** Thank you.
15. **MR POHIVA:** And before we get into her evidence, ma'am, I anticipate that 12.30 will be a short
16. break and I also anticipate that lunch will be slightly later at approximately 1.30, which still
17. allows us to get the full one hour lunch.
18. **CHAIR:** That's fine. As long as we have a full hour of lunch, that's the most important thing.
19. **QUESTIONING BY MR POHIVA:** Yes. Malo le soifua oute fa’atalofa atu ia te oe Rachael ma
20. lou aiga ua afio mai i lenei aso. Rachael, thank you for your courage in being here today
21. and I also acknowledge your family members who are here in support. For the benefit of
22. our Commissioners and everyone here, you have your daughter here in support and your
23. good friend Lorraine. To begin with, Rachael, can I please ask you to introduce yourself to
24. the Commissioners and all of us here.
25. A. Talofa, my name is Rachael Lemalie Umaga. I was born in 1964. I am 57 years old.
26. **Q.** Thank you Rachael. I'm just going to ask if you could please put the mic, speak closer to
27. the mic if you can. Apologies. And I'll just get you to ask if you can take us through your
28. statement, starting at paragraph 2.
29. A. My parents are Samoan and they are both deceased. I have four siblings and we were all
30. born in Wellington. I am the middle child. My parents migrated to New Zealand from
31. Samoa separately in the 1950s. My dad settled in Newtown in Wellington, and my mum
32. initially worked in Auckland but then moved to Wellington. My parents then met in
33. Wellington, returned to Samoa to get married and then returned to Wellington to settle.
34. This is where we grew up. At the time, there was a big Polynesian population in
35. Wellington and there were jobs available and that is what brought my parents to
36. Wellington.
37. I was the victim of significant physical and emotional abuse during my
38. relationship with my ex-partner

GRO-C

1. The abuse I suffered was the catalyst for my very first admission to ward 5 of Hutt
2. Hospital in 1992. Ward 5 was the psychiatric unit for the Hutt Valley.
3. I was first taken into psychiatric care by my family. To this day I do not think that
4. that was right. I was a victim of domestic violence, I was struggling to cope and needed
5. support, not to be thrown into hospital.
6. **Q.** Thank you Rachael. And just for the benefit of us all, I understand that your time in
7. psychiatric facilities began in 1992?
8. A. That's correct.
9. **Q.** And ran all the way through to 2013, is that right?
10. A. That's correct.
11. **Q.** And the reason you are coming forward to the Inquiry?
12. A. It's to share my experience of the abuse I suffered in psychiatric care and to highlight areas
13. of concern. In 2020, I requested and received my medical file from the Hutt Valley District
14. Health Board. I will refer to one of the documents in my file in my statement.
15. **Q.** So we'll see that a little later on during your evidence, thank you very much Rachael. To
16. begin with, I understand that you had an earlier experience when you were 22 years old
17. with the mental health services. Can you share with us or tell us about that?
18. A. My first experience with mental health services was in 1986. I was 22 years of age at the
19. time. My parents thought my behaviour was concerning and that I was mentally unwell. I
20. had dyed my hair bright orange and was partying a lot. I was flatting with my friends at the
21. time and I believed I was just enjoying life. They thought this was behaviour that was not
22. befitting of a young Samoan girl at the time.
23. My mum worked as a nurse in the Hutt and Porirua and I thought she was well
24. versed in picking up behavioural issues from her nursing experience. My dad was
25. primarily concerned about what the church people thought. He was stern but was also
26. looking for answers about why I was behaving the way I did. In my mind, I was just being
27. a normal 22 year old.
28. My dad took me to see two mental health professionals at ward 27 in Wellington
	1. Hospital for the behavioural issues. The professionals concluded that I did not have a
	2. mental health issue. I was not put on any medication, nor was I admitted to a psychiatric
	3. unit on this occasion.
	4. **Q.** Thank you Rachael. I'm now going to ask you to tell us about your very first admission to
	5. ward 5, the Hutt Hospital and whilst you're doing that please feel free to slow down and
	6. take your time, we can take breaks as we go on.
	7. A. Thank you. In August 1992 I left that violent relationship, I sought a protection order
	8. against him. I moved in with my friend and her husband. My ex-partner was trying to visit
	9. me at my friend's house. I remember I wasn't able to sleep. I had to take time off work and
	10. left my daughter with her dad because I couldn't cope anymore. That is when I believe the
	11. mania started. My friends were annoyed with me re-arranging furniture. I had become
	12. fixated with having everything in balance. I was physically and emotionally exhausted and
	13. struggled to sleep.
	14. My friend and my family decided to take me to ward 5 on 1 September 1992. This
	15. was a traumatic experience for me. They literally picked me up and threw me into the back
	16. of the car. I was seated, one was seated at my head, another holding me at my feet and I
	17. was not sure which one, but one of them was sitting on me until we got to the hospital.
	18. My friend then took me inside ward 5 to do the admission interview with the
	19. psychiatric registrar. I remember the psychiatric registrar asking me "Why do you think
	20. you're here?" I said "Because you guys don't see the real problem." I was referring to the
	21. fact that I was a victim of abuse, I needed help, but I was the one being admitted to the
	22. ward instead of my abusive ex-partner who remained in the community.
	23. Medical professionals described my behaviour as hypomania, but for me my
	24. behaviour was a culmination of the physical, mental and emotional abuse I received and a
	25. lack of sleep. This admission was done informally. I discharged myself from the ward 15
	26. days later but was then readmitted three days after that on a formal basis.
	27. **Q.** Rachael, I'm just going to ask you to describe the difference between informal and formal
	28. admissions, it's just carrying on with paragraph 18?
	29. A. At the time I did not know the difference between the informal and formal admissions.
	30. No-one ever explained this to me. From what I understand, an informal process meant
	31. admission on a voluntary basis as opposed to a formal process which required being
	32. sectioned under the Mental Health Act under a compulsory treatment order.
	33. Under an informal admission, patients could leave the facility or discharge
	34. themselves after five days. However, this was subject to the facility's conditions. For
29. example, if staff did not feel that a patient was ready to leave, they could formally section
30. them under the Act. Patients could also be sectioned under the Act during their time at the
31. unit if this was necessary.
32. **Q.** Thank you Rachael. I understand that when you first got taken in by family members, you
33. did not know that that that admission was voluntary, is that right?
34. A. That's correct.
35. **Q.** And you certainly didn't volunteer to be there, is that also correct?
36. A. That is correct.
37. **Q.** On a different point you mentioned earlier that you received your file or your medical file
38. and you'd gone through that. In terms of your ethnicity, I understand that that was recorded
39. incorrectly throughout your file?
40. A. That is correct.
41. **Q.** Can you tell us what other -- what you found when you were going through your file, and
42. that's at paragraph 21?
43. A. For this first admission my file is noted as, and my descent, my ethnicity is noted as
44. Tongan. My name was always miss-spelt, my address details were always wrong. I also
45. noticed that someone else's nursing notes were recorded in my file. This to me indicated
46. they were ignorant and careless towards me.
47. **Q.** Thank you Rachael. Just take a moment. I'm now going to ask you when you are ready to
48. tell us about ward 5.
49. A. Ward 5 was not a stand-alone unit, it was part of the main hospital. In those days the unit
50. was the only place at the hospital with smoking rooms. We were not allowed to roam
51. around the hospital but others came to the ward to smoke.
52. There were two seclusion rooms. There was a women's side and a men's side of
53. the unit. There were about six patients in one room, so we didn't get much privacy. Single
54. rooms were available for patients depending on their mental state.
55. I was put in a room with five other unwell women. There were no curtains to give
56. us privacy. There was a person next to you and then another person next to that person.
57. My storage space was what I could fit under my bed. It was crammed.
58. The sleeping quarters were not therapeutic for me. The most therapy I ever got
59. from that place was when the Māori healers came to the ward and they massaged us. These
60. healers only came in because there was a nurses' strike and there were no overnight nursing
61. staff. We had the most amazing night with them because they massaged us and they didn't
62. tell us to go back to our rooms. I remember we couldn't sleep at night because we had slept

1 all day.

2

The fact that there was a shortage of medical nurses on the unit made it an unsafe

1. place at this time because people who came in to cover for the nurses did not know what to
2. do. For example, we had managers coming in to give breakfast and one of them gave a
3. patient a non-diabetic meal which was the wrong meal as she needed a special diet. I also
4. found the male nurses quite creepy. I fell twice in the toilet and it was the same male nurse
5. who responded to my call. I would have preferred a female to respond.
6. I recall one registrar who attended to me who was a young guy. He was a New
7. Zealander. Back then that was unusual. The psych unit was full of foreign nurses and
8. foreign doctors who I felt did not have any idea of New Zealand culture, let alone my
9. Samoan culture.
10. During this admission I was given a lot of medication and I was never told exactly
11. what the medication was. I had never been on any type of psychotropic medication prior to
12. 1992. I was heavily drugged against my will and it was a continuous pattern of
13. over-medication. I felt like a human guinea pig. It was like "What colour would you like
14. this week Rachael? Did that yellow pill help? Well, maybe we'll try a green pill."
15. I consider the experimenting that they did with the pills so abusive. After
16. experiments my behaviour was then measured against the DSM4 psychiatric manual. The
17. manual contained a checklist, framed in questions, of symptoms being presented. They
18. were generally closed questions requiring a yes or no response. Depending on the number
19. of boxes ticked yes, they would then diagnose us. The behaviour I presented to them
20. allowed them to label me in a certain way.
21. **Q.** So essentially, Rachael, you're saying that they were going off a checklist or another
22. manual to determine what you would be diagnosed, is that right?
23. A. That's correct.
24. **Q.** Just take a breather and then when you're ready continue on paragraph 30.
25. A. My medication included a drug called Haloperidol which gave me what patients called
26. restless legs. It made my legs want to move all the time. It was such an awful feeling
27. I could not control. All I wanted to do was sit and relax. Haloperidol also gave my legs a
28. burning sensation. Because of the burning sensation, I put my legs in the toilet and flushed
29. it with the water to help them cool down. The effect of this was that it gave my legs nerve
30. damage. My legs were always in pain when I walked. The nurses knew this was
31. happening, so they gave me another drug to relieve that pain. I was also prescribed Lithium
32. which made me really sedated so I couldn't stay awake and I had to do fortnightly blood
33. tests to monitor the level of Lithium in my blood. Then it was another drug on top of
34. another.
35. There was nothing to do at the unit. We just sat there all day and smoked. I felt
36. neglected because there was nothing to do except wait for 10 o'clock, 12 o'clock, 3 o'clock,
37. 5 o'clock for our pills or for a cup of tea. We were bound to get on each other's nerves.
38. You could not get well in a place like this.
39. I got really frustrated with how the nurses operated the unit. They would give us
40. tasks to do, like greeting people, making cups of tea for patients and people who came to
41. visit, and looking after the plants. When people came to the unit, I would welcome them
42. and say "Hi, who did you come to see?" Then I would take them into the day room or to
43. their bedrooms. The day room was always full of more people than were actually admitted
44. on the ward because people came from other wards would come in to smoke. I felt like I
45. was doing their job for them, but I learned a lot about how to run the unit during my time
46. there. I felt that I was quite high functioning despite the drugs I was given.
47. I remember on one occasion an occupational therapist took me and other patients
48. to play soccer on the asphalt. As you would expect, people who were really drugged up
49. would not be able to kick a ball. I was, however, able to kick the ball from one length to
50. the other. I would just kick the ball and walk to the other end and kick the ball back. I
51. would think to myself God I'm going to kill myself with this, it's so boring. That's why I
52. believe patients get so frustrated. Another activity which they made us do was throw the
53. basketball to each other saying our names as we did it. None of the patients caught the ball
54. but we had to do this repeatedly.
55. After a couple of weeks at the unit, I discharged myself on 15 September 1992.
56. I left because I was having many arguments with the psychiatric registrar about not being
57. able to go on leave from the unit. He did not think I could go on leave. When I decided to
58. leave, the registrar threatened "If you leave I'd make sure you never leave again if you
59. come back." I also remember one of the psychiatrists on the ward telling me that he could
60. guarantee I would be back at the unit in a few days. I believe his comment meant that I
61. would already be hooked to the medication after spending 15 days at the unit. I learned
62. later that it takes about 15 days for the medication to go through your system and for
63. someone to get addicted to it.
64. **Q.** Thank you Rachael. So on that occasion you discharged yourself, that was what you refer
65. to as a voluntary discharge?
66. A. Correct.
67. **Q.** And when you were talking about that comment from the doctors at the time, your
68. understanding was that once you -- you realised that once you were in psychiatric unit it
69. was so hard to get out of it once you're addicted, is that right?
70. A. That's correct.
71. **Q.** I'm just going to ask you to take us through your second admission and that's at paragraph
72. 35, bearing in mind that you can take your time and take a breather when you need it.
73. A. A few days after I discharged myself, I was readmitted to ward 5 following an incident
74. where my legs gave way and I couldn't walk. On admission, I was made to sign a contract.
75. This meant that I was sectioned under the Mental Health Act and was only permitted to go
76. on escorted leave with a family member or a nurse.
77. I was put into a seclusion room. I think this was because I was a flight risk to
78. them. I remember the nurses sedating me to bring my energy levels down and them having
79. to restrain me to the bed.
80. **Q.** Take your time Rachael.
81. A. The seclusion rooms were like a cell, only big enough to fit a single hospital bed. The door
82. had a little shutter window on which staff could move to see if I was okay. There was also
83. a little square window in the room that you couldn't open. The room smelt sterile and like
84. urine and smoke. I put colourful soaps on the windowsill to get rid of the smell. The
85. seclusion lasted for a long time. I don't know exactly how long it was for, but it was around
86. two weeks.
87. While in seclusion there was no water given and no toilet. The room was locked
88. and staff had to let you out to go to the toilet when you needed. Staff were often late to
89. open the door and patients often urinated and soiled themselves. This contributed to the
90. smell in the unit. Later in 1998 they gave you three glasses of water and a disposable bed
91. pan overnight.
92. One time, one time I drew a forest scene on my door with chalk and wrote "No
93. doctors allowed zone unless you're my friend." I did this because it was my private space.
94. A doctor walked right in and I had to tell him that he wasn't my friend so he couldn't come
95. into my room.
96. I remember seclusion made me feel isolated because I had no contact with anyone
97. else apart from the staff. I thought about nothing else but why I was there which added to
98. my frustration of being there in the first place. I was stuck in the room, restricted from
99. doing anything else on the ward, they let me out to have my meal, but they restricted the
100. number of visitors I could see. It was a dehumanising experience and a power play by the
101. nurses and doctors in that they made all the decisions for me.
102. I also remember one time when I nearly got ECT treatment because the staff got
103. me mixed up with another patient. I was taken to the ECT room and the person there asked
104. me who I was and then realised I wasn't the correct patient. I was then taken back to ward
105. 5. This incident wasn't recorded in my medical file as I didn't end up getting the treatment.
106. ECT was done in another room outside of the main ward and was usually done on a Friday.
107. I remember the lights used to flicker when it was happening.
108. **Q.** So with this Rachael, you could see the lights flickering often?
109. A. Yeah, every Friday.
110. **Q.** And this was a close one, or near miss for you?
111. A. Could you repeat the question?
112. **Q.** And this was a near miss?
113. A. That's correct.
114. **Q.** When you are ready, Rachael, can I ask you to -- you wrote a letter to the Ministry of
115. Health expressing your concerns about the mental health system and I'm at paragraph 42.
116. And you were concerned about the treatment you have been receiving. Can you tell us a bit
117. more about that?
118. A. Yes, I remember writing to the Minister of Health expressing my concerns about the mental
119. health system and service. I was concerned about the treatment I received. And the place
120. was a pigsty, it stunk. You couldn't get rid of the smell of body waste in the unit because
121. patients didn't always wash and lost control of themselves because of the medication.
122. I stayed at the unit for a couple of months until I was discharged on 19 November
123. 1992. During this time, I was in seclusion for a long period of time.
124. Following discharge, I was put under the care of Dr Joanna MacDonald through
125. Community Mental Health Services. Dr Joanna MacDonald was the wife of my
126. psychiatrist, Dr Alex MacDonald at ward 5. She was the total opposite of her husband.
127. She was easy to talk to and I liked her. I had to catch a bus from home or leave work early
128. every fortnight to visit her at her office in the Hutt. At this time, I was working for the
129. Insolvency and Trustee Service as their Senior Insolvency Officer. I really enjoyed that job
130. because it involved training others.
131. **Q.** So you had at the time a professional role in employment?
132. A. Correct.
133. **Q.** And just carrying on at paragraph 45 you talk about your memories of this experience. Can
134. you take us through that?
135. A. Today my experience at ward 5 are still quite vivid in my memory. Ward is now used for
136. plastic surgery but if I were to walk into it today, I would be able to remember where
137. everything used to be, from the seclusion rooms to our bedrooms. One of those vivid
138. memories is the smell of the unit and the window in the seclusion room.
139. **Q.** Thank you very much Rachael. I'm now going to ask you questions about your third
140. admission. Can you take us through, I understand it's Te Whare Ahuru now and it was in

7 1998.

1. A. My third admission to Te Whare Ahuru was on 3 February 1998. I was 33 years old.
2. There was a long period of being very well without medication since my second admission.
3. My relationship with my ex-partner was on and off and during this time I was
4. back with my ex-partner and the problems continued. I ended up seeing my doctor as I was
5. sleep deprived. Our relationship was very tense during this time and continued to
6. deteriorate. I took my children and moved to my parents' home nearby.
7. In January 1998 my parents took me and the children to Auckland for my cousin's
8. wedding. While we were in Auckland, I took my 8 year old daughter to a concert at
9. Auckland Domain. We had a really good time but at the end of the concert I became
10. separated from her. I was very anxious and confused and headed towards the concert exit
11. area to look for her. I then heard my name over the loud speaker, but the security guard
12. would not allow me to go back into the park. I didn't know why they wouldn't let me in.
13. All I wanted to do was to try and find my daughter.
14. **Q.** Thank you Rachael. That's fine, carry on at paragraph 50.
15. A. Despite what the doctors thought, I believed that there was nothing psychiatrically wrong
16. with me. There was a lot going on with me. I was separated from my ex-partner, I was
17. sleep deprived, I was dealing with four kids and I was still recovering from the birth of my
18. sons. There was also a lot of people at the Domain and my 8 year old daughter was
19. exploring and then went to the toilet. She took a long time and that is when I started to
20. look for her. The situation at the Auckland Domain was therefore unfortunate.
21. **Q.** Thank you Rachael. And I understand that on this occasion in 1998 your ethnicity was
22. recorded differently again. Could you tell us about that?
23. A. In my 1998 medical notes, my ethnicity was recorded as Tokelauan which again indicated
24. ignorance and carelessness to me. The staff just assumed my Pacific Island ethnicity and
25. they had that typical perception that all Islanders looked the same. They didn't ask me to
26. clarify or confirm my ethnicity, they just wrote it down.
27. Te Whare Ahuru was meant to be a place of calm. This to me was anything but
	1. calm. Te Whare Ahuru was a stand-alone unit across from the main entrance of the Hutt
	2. Hospital. There were approximately 22 beds at the unit which were all in single rooms.
	3. Patients got their own room which were bigger than normal, so there was more privacy this
	4. time round. There was a side called Te Rangimarie which was the intensive care unit
	5. which was where they put the most unwell and those in seclusion. Then there was an open
	6. side for patients who were more likely to be informally or voluntarily admitted.
	7. There was a dining room, craft room, music room and a room you could cook or
	8. bake under the supervision of a nurse. None of them were fully resourced so activities
	9. were not able to be done properly. There were other things available for our recreation, but
	10. again, nothing worked properly. The piano wasn't tuned and had missing keys, the puzzles
	11. were all mixed together with other puzzles which was really frustrating. It really felt like
	12. the staff provided us all these things to show they cared but it was all just surface level and
	13. for show.
	14. There was a courtyard, it had fake grass on it and all you could do was walk
	15. around it because it was worn and split so it was a tripping hazard. So this was hardly used.
	16. There were unusual things happening at the place that were not conducive to our
	17. well-being. For example, the craft room was called the purple room but it was in fact
	18. yellow. It was things like this that really played with my mind. I'm not sure whether it was
	19. intentional or unintentional, but it certainly played with my mind.
	20. I felt as if the occupational therapists, who were present during the day, came but
	21. never stayed long enough during the shift. Patients were aware of the schedule or
	22. programmes they had planned in advance and we looked forward to these programmes.
	23. However, the programmes never consistently ran because they were always cancelling it.
	24. The staff didn't seem to care about implementing these programmes that we were looking
	25. forward to because we had nothing else to do. It felt like staff were only concerned about
	26. having a programme plan for us on paper but not so concerned about doing it. This was
	27. frustrating for me.
	28. Unfortunately the mental health practice never changed. The over-medication was
	29. the same. The doctors or nurses were not responsive to patients needs and we were just left
	30. waiting. Many of the nurses were what I refer to as bin nurses, because they worked in the
	31. mental health services for a long time. They were set in their ways, they liked to run things
	32. their own way and they lacked compassion or kindness. They were not open to
	33. conversation or talking about my daily experiences of being at the unit. This was the same
	34. sort of practice that occurred at ward 5, they just had a nicer venue.
28. **Q.** Thank you, Rachael, we don't have to go into paragraph 58 and we'll -- we can take a break
29. now if you would like or finish off the few paragraphs before we have a break.
30. A. Finish off a couple more.
31. **Q.** Thank you. Could I just ask you to jump to 59 and do take your time and when you're
32. ready, take us through that.
33. A. I was discharged from Te Whare Ahuru on 18 March 1998. I moved into my own flat with
34. my children. I got assistance from the Richmond Fellowship who provided me with care to
35. assist with the care of my sons. The discharge was followed by weekly visits from my
36. community psych nurse, Fae Logovae from Community Mentality Health Services. Fae's
37. job involved checking to see whether I was okay and that I was getting sufficient sleep and
38. eating and getting out with the kids. She visited weekly and then fortunately and then
39. monthly until I was settled at home. Thereafter I had a 6-monthly visits with my
40. community psychiatrist.
41. I went back to work after parental leave. In 2000 I moved into my parents' home
42. following a big argument with my ex-partner. I got my ex-partner removed from our home
43. and rented it out. I continued to care for my children. I wasn't on any medication over this
44. period and I found my work to be quite rewarding.
45. **Q.** So there was a long period since that time?
46. A. Yes.
47. **MR POHIVA:** And I'm wondering whether that's a good time to take a break for now and
48. perhaps we'll take 10 minutes?
49. **CHAIR:** Is that all right for you Rachael?
50. A. Yes, that's fine.
51. **Q.** Good, okay, we'll take 10 minutes, thank you.

# Adjournment from 12.16 pm to 12.28 pm

1. **CHAIR:** Thank you. Rachael, are you ready to carry on now?
2. A. I am.
3. **Q.** Thank you.
4. **MR POHIVA:** Thank you, Commissioners. Just in terms of housekeeping, I suspect that we will
5. go through to the lunch on time that we initially said and when she finishes her evidence
6. there are a couple of points that she wishes to raise further.
7. **CHAIR:** Very well.
8. **QUESTIONING BY MR POHIVA CONTINUED:** Thank you, Rachael. We are at paragraph
9. 61 of your statement and I understand that that's your fourth admission in 2003. If you
10. could please take us through at your pace what happened there.
11. A. In 2003 my ex-partner was stalking me, followed me, and at one time he spat on me in
12. public. He was often leaving threatening and abusive telephone messages. This triggered a
13. lot of anxiety in me and I was traumatised again by him. When this happens, I am not able
14. to sleep as I am constantly in fear of my ex-partner. It got worse and my friends took me to
15. see the CATT team at Hutt Hospital.
16. Following the CATT assessment I was readmitted to Te Whare Ahuru. I was
17. admitted informally to Te Whare Ahuru on 28 April 2003 and placed under the care of
18. Dr Pieter van der Westhuizen who was a South African psychiatrist. He was a caring and a
19. kind man. He was one of the few psychiatrists that spoke with me not at me. When we
20. discussed my case, I always felt like he was listening. Other psychiatrists would just ignore
21. me and then write down notes about me.
22. During this admission, medical staff recorded on my file that I was Māori.
23. I considered this to be ignorant and it showed that they didn't care because I was constantly
24. telling them that I was Samoan.
25. The practice was still the same. When it was time for our routine psychotropic
26. medication, we had to line up in front of the medication room. They lined us up at about
27. 9.30 so that we were all in bed by 10 pm and asleep by 10.30 pm. The nurses carried a
28. medicine folder and it had all our names in alphabetical order, but we were never called in
29. that order. It was a long and dumb process. We would get our pills in a little pottle and our
30. water came in another pottle. That was all the water we got for the medication.
31. I felt like the small amount of water we were given was not adequate and not
32. honouring a fundamental human right. I wrote to Te Whare Ahuru about the lack of water
33. given with our medication and expressed my views about this.
34. **Q.** Thank you, Rachael. I'll just get you to pause there and I'll ask that the exhibit be brought
35. up on screen. Can you tell us what this is?
36. A. This is a memo I wrote to Te Whare Ahuru staff raising my concerns about the amount of
37. water we were being given with our medication.
38. **Q.** I'll just get you to read excerpts from that. Just starting at the top there, could you take us
39. through that? You can move it closer if it's...
40. A. That's better. Yeah. "I write this memo in anger at how I see medication delivered on the
41. ward. One fluid ounce disposable cup will hold all tablets or fluid depending on how it is
42. preferred, and then another cup of the same size will be filled with water. This is the usual
43. method. I question the validity and the ethics behind, because in most cases what is printed
44. on the package would say that medicine should be taken with a full cup of water, most
45. commonly 250 mls. If the nurses administering these medications are reading from the
46. packets, why then is a full cup not given for every tablet? Some boxes will have warnings
47. that include "To be taken with food" or to "Avoid milk". What then is the purpose of
48. administering medicines in the manner so practised? Simple, it's to sedate clients
49. sufficiently nowadays so that nurses can...
50. **Q.** And we'll just bring up the second page.
51. A. so that nurses can get on with writing their notes as was told to one patient this evening.
52. However, that is the general response. If sedation is the purpose, where is the care? What
53. is the likely outcome on patient? A continued need for hospital services? A vicious cycle
54. from where I'm sitting and as a current patient in Te Whare Ahuru."
55. **Q.** And just a bit further down that exhibit, another excerpt.
56. A. "As I understand it, there is a high percentage of mental health patients that end up in some
57. other part of the system due to complications that can be attributed to the supposed medical
58. care received in mental health institutions. Little comfort or pleasure in that."
59. **Q.** And finally you shared some views of your own.
60. A. "I dream of the day that I no longer have to take such medication and can do my healing
61. holistically without the aid of pharmaceutical companies ever increasing products, not only
62. cost but variety as well, and nurses get back to caring for patients rather than turning into
63. word processors."
64. **Q.** Thank you, Rachael. After your memo you wrote to staff at Te Whare Ahuru you talk
65. about how they changed their policy?
66. A. That's correct.
67. **Q.** And referring you to paragraph 67, what happened there?
68. A. Te Whare Ahuru then changed its policy so that we got at least 250 mls of water in a
69. polystyrene cup and we were able to ask for more. I used to just take up a jug of water
70. because the medication not only made me thirsty, but it dehydrated my whole body. My
71. vision was affected at times and it also caused the skin on my feet to crack.
72. I also experienced a number of falls during this admission. As referred to in this
73. statement, it was due to the medication and having restless legs. I also felt dizzy and high
74. and would fall on the floor. The nurses noted these incidents on my file as "attention
75. seeking behaviour", but I believe that the falls were a side effect of the psychotropic
76. medication I was taking, not me being attention seeking.
77. During this admission my parents were concerned about my lack of progress so
	1. they decided to fly a Samoan fofo, healer, to New Zealand to treat me. I wrote a letter
	2. addressed to the staff at Te Whare Ahuru advising them that I no longer wished to take
	3. further psychotropic medications.
	4. With the permission of Dr van der Westhuizen I was allowed to undertake the
	5. Samoan fofo for seven days on the proviso I returned to Te Whare Ahuru for a further
	6. week's observation without medication. I returned, did not relapse, and was discharged
	7. without medication.
	8. I remained well which I believe was attributed to the Samoan fofo. The fofo was
	9. not only healing, but the process was spiritual and natural. I was wrapped in leaves, plants
	10. and a sheet to help get rid of any toxins in my body by sweating it out. I was then
	11. showered with natural scents and leaves from rose bushes and was blessed at the end of the
	12. fofo. I was eventually discharged from Te Whare Ahuru on 16 June 2003.
	13. **Q.** So during that admission that was the first time you experienced something of your own
	14. culture?
	15. A. That is correct.
	16. **Q.** And you found that quite beneficial?
	17. A. Very much so.
	18. **Q.** Moving on to your fifth admission in 2005.
	19. A. My fifth admission to Te Whare Ahuru was on 20 May 2005. The day before my
	20. admission I visited my community psychiatrist who diagnosed me with epilepsy.
	21. I questioned him on the diagnosis as I did not think this was accurate. He was the type of
	22. psychiatrist that lent back on his chair and put his legs on the table when you were in the
	23. room. We never got on well.
	24. He asked me during the visit what I was thinking, and I said, "I'm thinking you're
	25. an arsehole." He didn't like that at all. He said, "You can't talk to me like that". So he told
	26. me to leave.
	27. As I was leaving, I kicked his door then kicked open the glass on the main
	28. entrance door while I was talking to my community mental health advisor and her
	29. colleague Lupe.
	30. Later that afternoon Fae came back to my home and took me to see another
	31. psychiatrist, Dr Mathews, who arranged my 2005 admissions to Te Whare Ahuru the
	32. following day.
	33. This admission was a weird one for me because it was the staff that determined
	34. that I needed to be admitted. My family were not aware of this admission and were not
78. involved. This was different to my other admissions because I was not unwell and I had
79. not been on any medication for two years prior to the admission. I remained well after the
80. Samoan fofo in 2003. Despite what the doctor said, I believed I was not becoming
81. mentally unwell and I did not want to take any further medication. To this day, I'm not sure
82. why the staff admitted me on this occasion.
83. **Q.** So just to clarify, Rachael, you did have circumstances that made you unwell and you
84. believe, however, it was your belief that you didn't have a mental illness; is that right?
85. A. No.
86. **Q.** And carry on at paragraph 79.
87. A. I was put on a drug called Topiramax for suspected epilepsy. I was also taking other
88. psychotropic medications but I made little progress or improvement.
89. I had to take so many pills, possibly as many as 13 pills at a time. I also took other
90. medication for different side-effects. For example, nurses or doctors would give me
91. medication for a sore tummy. It was easy for them to chart medication for side-effects.
92. As a result, my kidneys started to fail. I knew this because my kidney function
93. levels were normal when I was admitted but it started to decline. This was picked up by the
94. medical registrar at Te Whare Ahuru.
95. In addition to the psychotropic medication, I was put on anti-inflammatories. This
96. was because I was experiencing very bad joint pain from the psychotropic medication. The
97. anti-inflammatories were meant to ease my joint pain but they instead made things worse
98. and must have contributed to my renal failure.
99. The nurses never gave me any food with the medication, only water. I believe that
100. whatever medication I was on and had over the years caused my renal failure. Prior to my
101. admission into psychiatric ward, I was not on any medication at all. I didn't even like to
102. take Panadol.
103. Because of the issues I had with my kidney, I wasn't able to walk properly. I had a
104. number of falls. My feet were always in pain and I felt dizzy and often fell to the ground.
105. Like previous admissions, I believe the falls were a side effect of the medication I was
106. taking, and my kidney issues exacerbated it.
107. I was sectioned under the Mental Health Act and transferred to the Te Rangimarie
108. side of the unit. I wanted to seek legal advice of being put under the Mental Health Act and
109. the duration of it, so I was able to access a lawyer, Kerri Preston, from the duty list roster
110. through Te Whare Ahuru. I used this duty list roster a couple of times.
111. I think the worst thing for me was that these lawyers were rostered on. Because
	1. they were on duty, they didn't really have any vested interest in whether I did well or not.
	2. They might see me for five minutes and go through my case. That was the nature of what
	3. was going on during my encounters with the lawyers.
	4. I was also placed in seclusion during this admission. I felt like I was in seclusion
	5. for a long time. I just want to be clear that I don't ever want anyone in the future to
	6. experience seclusion. It is lonely and boring and makes you feel like an animal in a cage.
	7. We have no freedom. The staff just leave you in there and there is nothing for you to do in
	8. seclusion.
	9. Around the time of my discharge, the psychiatrist advised my family members that
	10. I was an unfit mother. This was a difficult time for me. I remained in the unit until 28 July

11 2005.

1. In relation to the epilepsy diagnosis, I had an EEG done at Wellington Hospital.
2. Following this test, it was confirmed that I didn't have epilepsy. This confirmed my own
3. belief about that diagnosis because I never believed I had epilepsy. Nevertheless, I was still
4. forbidden to drive for a year after this admission because my records showed a diagnosis of
5. epilepsy.
6. **Q.** Thank you, Rachael. And I'll now ask you to take us through your sixth admission and
7. again, at your own pace, taking it as slow as you want to at paragraph 91.
8. A. My sixth admission to Te Whare Ahuru was on 29 September 2007 under the care of
9. Dr Garcia. Prior to this admission my dad was very unwell for months and he passed away
10. immediately prior to my admission. His funeral lasted eight days and at the time I felt like
11. people were coming to me for advice to make sure everything ran smoothly. I ended up
12. being stressed, had no sleep and this led to my family contacting the Community Mental
13. Health team.
14. Two Pacific members of the Community Mental Health Services visited me
15. during the funeral and there was no indication that my thought -- that they thought I was
16. unwell. I assumed they visited to support me.
17. I was taken to Te Whare Ahuru by my family. I met with a psychiatrist Dr Roy.
18. He decided that I needed to be admitted. I was immediately taken to seclusion in the
19. Te Rangimarie side of the unit. I was angry because I felt let down and I had spoken to my
20. family and expressed my thoughts, but they instead decided to take me in to be admitted.
21. This is what hurt me most. I then went back to the unit to my own room.
22. I was formally sectioned around 14 October 2007 and placed in seclusion again.
23. This time it was for setting off an alarm. I never wanted to be in that place and felt it was
24. not helping me at all. I often acted out because I never wanted to be there.
25. During this admission, I again experienced restless legs and was constantly falling
26. over due to the medication. I remember on this occasion I rejected taking Epilim because it
27. was foul tasting and was not good for my teeth.
28. A week before discharge I had had enough and decided not to take any further
29. psychotropic medication because of the effect it was having on me. I was subsequently
30. discharged from Te Whare Ahuru on 7 November 2007.
31. **Q.** And now we are jumping to your seventh admission in 2008. When you're ready Rachael.
32. A. My seventh admission to Te Whare Ahuru was on 4 July 2008. This was a short informal
33. admission for depression under the care of Dr Garcia. I was still grieving over the death of
34. my father. The treatment I was getting was much the same as previous admissions as
35. described above.
36. I was discharged on 21 July 2008 and I went and stayed with my friend in
37. Hamilton for about two weeks. My friend worked in mental health services in Hamilton
38. and I wanted time away from my family to recover. My children were looked after by my
39. family during this time. However, I took them back after two weeks when I returned to
40. Wellington.
41. In 2009 I had to undergo dialysis treatment for my renal failure. My renal
42. function continued to deteriorate. This impacted my relationship with my children and my
43. family generally. I couldn't work anymore or attend any functions. This had a wider
44. impact on my family.
45. In February 2011 I had a live donor kidney transplant given by my sister. At this
46. time I was caring full-time for my mother as I was not working due to my health issues.
47. For my family this meant that I was available to look after our mother. I cared for our
48. mother despite my health issues and I also had my children in my care at the time.
49. **Q.** If I can just jump to your eighth admission in 2012. Again, Rachael, please take your time.
50. A. My eighth admission to Te Whare Ahuru was on 2 May 2012. This admission was most
51. unusual for me as I went to Te Whare Ahuru with a friend to advocate for her. I told the
52. staff that what they were proposing for my friend was unfair. The matter escalated and
53. I ended up being physically restrained and admitted to the unit. I was formally sectioned
54. under the Mental Health Act so I was not able to leave.
55. I was taken into several -- into seclusion several times during this admission. On
56. admission I was taken to seclusion on the Te Rangimarie side of the unit. I started
57. experiencing the falls and the restless legs again, which I hadn't experienced since my last
58. admission up until that point as I had not taken any psychotropic medication for
59. approximately a year prior to this admission.
60. My frustration with the staff grew. Every time I wanted to talk to nurses or
61. doctors about something, they would tell me to wait. I was sick of them telling me to wait
62. 5 minutes. I felt like no-one was listening to me. I only got responses when I raised issues
63. about a personal relationship between two staff members. For example, I spoke to a senior
64. staff member about an unprofessional relationship between a psychiatrist and a staffing
65. member and that psychiatrist then actually gave me a response about something. It was an
66. interesting situation.
67. I really wanted to take a drug holiday. The medication was making me drowsy
68. and I had had enough. I wrote to my doctor at the time to express how I was feeling. I did
69. not want to take more medication because it was literally making me worse. I wanted to be
70. healed by way of natural methods such as Samoan fofo. This did not happen.
71. I was also taken into seclusion again after being accused of assaulting a staff
72. member. I remember this incident well because I did not actually hit the staff member.
73. I remember I waved my arm like that and he fell over. Nevertheless I was secluded for this
74. incident and on several other occasions during this admission. I was eventually discharged
75. on 4 July 2012 to my home.
76. **Q.** And Rachael, I understand that your ninth and tenth admissions happened next and you'll
77. be talking about them both. If I can refer you to paragraph 110.
78. A. I was readmitted informally on 21 September 2012 for depression and discharged on 5

22 November 2012 under the care of Dr Kure. I was readmitted on 10 December 2012 for low

1. mood and non-compliance with my medication under the care of Dr Kure.
2. **Q.** Just to clarify, these admissions were pretty much the same as your previous admissions?
3. A. Yes, except with the non-compliance that means I refused to take medication, medication is
4. forcibly given to you by injection in your buttock, you're restrained.
5. **Q.** And then that takes us to your 11th admission, paragraph 113.
6. A. My 11th admission to Te Whare Ahuru was on March 2013 under the care of Dr Kure.
7. This admission was done informally. Medical staff described my condition as major
8. depressive episode and suicidal ideation.
9. On this occasion I had asked professionals for help as I wasn't coping at home. I
10. was still looking after my mum full-time. I was struggling as a solo mother while caring
11. for my elderly daughter (sic). I was struggling to cope.
12. During this admission I was experiencing much of the same treatment I received
	1. as previously explained in my statement. A lot of the time I did not feel safe at Te Whare
	2. Ahuru and did not feel staff listened to my concerns. There was negativity from medical
	3. professionals and other patients. Staff were falling asleep on night shifts. Patients were
	4. also intrusive and abusive. I had limited contact with my family. There were always
	5. restrictions on my leave conditions. For example, I had to be back to the unit by a certain
	6. time which I understood was for my safety. Nevertheless, it was not a healthy environment
	7. for me.
	8. The reason I say they did not respond to our concerns because I would raise my
	9. concerns if I was in pain. They would tell me to go and sit in front of the glass office and
	10. wait for a nurse. When a nurse came and told them -- I told them my issue, they would
	11. send me to another chair around the corner. Then another nurse came and acknowledged
	12. that I was there and wrote some notes and that was it. I felt as if they were playing games
	13. with us rather than doing anything to help us.
	14. The medical registrars had some unusual practises. For example, I would
	15. complain about having a sore tummy and foot at 7 pm at night and the doctors would arrive
	16. to check me at 2 am in the morning. This scared me when they came at such an early hour.
	17. I often did not get any responses to when I raised concerns about how I was feeling. I tried
	18. to follow-up on this and I was told that the doctors came to see me, but I was asleep.
	19. I suspected these visits were during the night again. Sometimes nurses would respond by
	20. saying "They've got busy schedules." To me, the medical practice did not work in the best
	21. interests of the patient.
	22. By this time, the District Inspector service was available. This was not available
	23. in my earlier admissions. The District Inspector was a lawyer whose role was to visit all
	24. inpatient clients weekly and talk to them about any particular issue that they might have
	25. been having at the unit. They would interview you and tell you whether you had a good
	26. case or not. Then they would take you through the complaint process. The unit would
	27. amend, adjust or assess anything as a result of the complaints.
	28. I did not feel as though I could make complaints about my treatment through the
	29. District Inspector service. I did speak to one lawyer through this service about the
	30. anti-inflammatories I was taking which caused my kidney failure. He said I had a good
	31. case but at the time I felt I could not raise this concern in fear of being kept longer at Te
	32. Whare Ahuru. I was getting close to being discharged so I did not take this any further. I
	33. was eventually discharged in May 2013.
	34. **Q.** So that was shortly after you had spoken to the District Inspector, is that correct?
13. A. Correct.
14. **Q.** Thank you, Rachael, that takes us through your experience of psychiatric units. I
15. understand that you have some views about your diagnosis. Could you talk to us about that
16. and I'm referring to paragraph 122 of your statement.
17. A. Throughout my admissions I was diagnosed with various conditions. To me these were
18. labels they put on me to justify my admissions. However, the diagnosis did not make sense
19. to me. For example, during my first admission in 1992 I was diagnosed with postnatal
20. depression. This did not make sense to me because my daughter was two and a half years
21. old. Then I was diagnosed with bipolar affective disorder after my 1992 admission. Later I
22. was diagnosed with epilepsy which tests confirmed was wrong. To me I felt like I was
23. labelled with a particular medical condition that gave medical professionals a licence to
24. pump me with more drugs. I believe they were just experimenting with their drugs on me.
25. When I was reviewing my medical file, I noticed other labels being used by staff
26. throughout my admissions. These labels included mania, hypomania, psychosis, bipolar
27. disease, depressive phase of my illness, suicidal ideation, schizo-affective disorder,
28. elevated mood, depression and sedated.
29. These labels were hurtful and degrading and I could not help but wonder why they
30. did not inform me about what they were writing at the time of writing this. I was never told
31. of these conditions and neither were they explained to me.
32. **Q.** Thank you, Rachael, you speak also of the lack of care given. That's at paragraph 125.
33. Can you talk to us about this?
34. A. Throughout my admissions, I raised issues about the lack of response from medical staff
35. and care from them. The facilities improved from when Te Whare Ahuru was used but the
36. medical practice was the same. The main focus was on medicating patients which caused
37. side-effects and so patient then received more medication to relieve the side-effects.
38. The environment was not conducive to my well-being. There were programmes
39. and activities available but not consistently implemented or fully resourced to allow these
40. activities to be done properly. These factors added to my frustration which made the
41. experience worse.
42. Medical staff often got my ethnicity wrong despite me telling them constantly that
43. I am Samoan. To me, this showed that they were ignorant and careless and it did not help
44. the situation if they were not getting the basic things accurate. The staff assumed what
45. ethnicity I belonged to and that did not sit well with me. It caused an unfortunate,
46. unfavourable reaction from me because they often did not get the simple stuff right.
	1. **Q.** Thank you Rachael. Just pause there for a moment. Before we get into, when you're ready,
	2. just take us through the impacts or the -- of the overall abuse on you. That's at paragraph

3 128.

1. A. Due to the over-medication, I experienced terrible side-effects and reactions to the various
2. drugs I was taking. I went from having no drugs at all to having a lot of drugs. Haloperidol
3. was a drug I got and was deeply affected by. I also couldn't tolerate Lithium which I called
4. the battery drug. There was just a whole range of drugs I was put on and they caused
5. significant side-effects. I am still impacted by my experience and suffering the
6. consequences of this drug taking. I was put on dialysis for my renal function problems.
7. There were no thought or talk about therapy or alternative ways of healing apart
8. from the one instance. There was only drug therapy. It was robotic. You were given
9. medication on a regular basis and that was expected to make you well. There was no
10. creative outlet, just some walks around the hospital grounds. I believe that options such as
11. Samoan fofo or Māori massage should be readily available because they worked well for
12. me.
13. Today I still experience what some people would call white coat fever which is
14. basically experiencing high blood pressure every time I walk into a hospital because simply
15. being there gave me anxiety.
16. For me, medication should only be a last resort. I feel like mental health hospitals
17. are not well places or conducive to healing. I don't have any faith in these hospitals,
18. whether they are inpatient or community based. My biggest issue with any mental health
19. service is that they are unwilling to consider other alternative treatments. Whenever I have
20. friends who are feeling mentally unwell, I dis-courage them from calling the CATT team
21. because I believe the mental health culture and practises haven't changed.
22. The smell of the unit is still vivid in my memory. The first thing that hits you is
23. the clinical smells and the smells of bodily waste.
24. My time in psychiatric care has also impacted my lifestyle. I went from being a
25. very active mum to be an isolated, shy and quite introverted person, fearful of being in
26. social settings. Even doing the shopping became a problem for me. I had this fear that
27. everyone knew I was on a psychiatric ward so they judged me or labelled me before they
28. got to know me. I used to play rugby and netball, but I could not do that after my renal
29. failure.
30. Also, back then there wasn't any education around mental health and unfortunately
31. our Pacific families have this idea that the medical model is the only model of care. With
32. the medical model being the dominant one, many Pacific families believed that this was the
33. answer to certain behaviours. They believe everything the doctors tell them and diligently
34. take their pills.
35. The feeling of shame is very real. For people that have been in these units, they
36. carry the stigma of shame. We feel shame. Shame stops us from making friends. The
37. stigma makes us untrustworthy of people, always insecure and cautious of people all the
38. time. I am often questioning people whether what they are proposing is in my best interests
39. because of my experience. I used to be outgoing and quite extroverted. I have been forced
40. by the shame to behave differently and to be more introverted.
41. The use of the word "mental" carries negative connotations. I feel that it doesn't
42. take into account the fact that there are many issues that make someone unwell and behave
43. the way I behaved. These are issues like social issues, housing issues and socio-economic
44. issues. Being a victim of domestic violence is a huge contributor to my behaviour, but that
45. was often looked at in isolation or as a separate issue. Many Pacific people still do not
46. fully understand mental health and respond negatively to people such as myself who have
47. been in psychiatric wards.
48. **Q.** Thank you Rachael. I understand that you also have thoughts about looking forward. Can
49. you share those with us? And I'm referring to paragraph 138 of your statement.
50. A. I have not gone through any redress process. In the '90s a staff member asked me if I was
51. in charge of ward 5 what would I change. I told them that I would not have it attached to a
52. hospital. I told her that it would be like a retreat. It would have to have a sea view or be in
53. the country where it would be therapeutic, where you could walk in nature, really walk in
54. nature as opposed to fake grass. You would have massage therapists, you would have art
55. and you would have music. You would have all things that people could be passionate
56. about to help them become well. It would all be about well-being.
57. I also told them that there should be psychotherapists and other mental health
58. therapists, not just psychiatrists, so there are different options available for people. The
59. Samoan fofo I had would be available to people as well as alternative methods of treatment.
60. There would be diversity in people's skill sets, ethnicity and practise. There would be some
61. medication but not everyone needed to be so medicated.
62. I would also change the clinical services in terms of what's on offer and how it's
63. run. They should be more patient-focused and consistent. For example, the occupational
64. therapist would be consistent and actually implement the plans they had in place.
65. The word "mental" has a stigma. The legislation should be called something that
	1. reflects what they want to achieve. They should call it the being Wellbeing Act or the
	2. Wellness Act. I think they need to stop the drugs and give hugs. But then if I gave a hug
	3. they consider it inappropriate.
	4. I guess the question for me, who are going to be the reformers and who are going
	5. to make sure that there are big changes for the future of care? I believe that survivors are a
	6. good start to consult with.
	7. **Q.** Thank you Rachael. I also understand that you have further thoughts to finish off with
	8. today. If you could share those with us when you are ready.
	9. A. When I was first diagnosed with bipolar I was told that it was a chemical imbalance and
	10. I asked what are the chemicals and what is the imbalance? And that could not be answered.
	11. So when they created -- when they use drug therapy they're trying to balance that imbalance
	12. and what they tend to do is give you medication from the maximum dose going back and
	13. it's a trial and error process. That creates issues for people and that creates
	14. over-medication. And I believe that's a practise that should not be used.
	15. I believe that the Mental Health Act should be repealed and a new one replacing it.
	16. I believe there is room for an independent advocacy service for all inpatients in mental
	17. health units who can advocate for the needs of every patient. I believe there needs to be a
	18. focus on addressing the workforce and developing care practises and policies that address
	19. the needs of patients, not only the medical model, but alternative ones as well. I also
	20. believe in introducing an agreed note-taking process, because the current one is totally
	21. subjective, it is only the notes taken by doctors and nurses that are recorded on medical
	22. files.
	23. That's all I have to say.
	24. **Q.** Thank you very much Rachael. I'll hand it over to the Commissioners now, but before I do
	25. so, I say fa'afetai tele lava, Rachael, malo le faamalosi, malo le lototele, malo le loto finau.
	26. Thank you Commissioners.
	27. **CHAIR:** Rachael, we don't have any questions for you, but my colleague Dr Erueti's going to
	28. thank you.
	29. **COMMISSIONER ERUETI:** Fa'afetai Rachael. Ngā mihi ki a koe me tō whānau. Ka puta mai
	30. ki te tuku kōrero ki mua i te aroraro o te Kōmihana. Tēnei te mihi mahana ki a koe. I want
	31. to thank you on behalf of the Inquiry, Rachael. I know it wasn't easy to come and speak
	32. with us today, but you stuck to your guns and I know that you were determined to share
	33. your experience with us. And it was so comprehensive in many ways, I was just thinking
	34. your recommendations at the end and they were so very useful and insightful and very
66. useful for us, very particular and hit the mark every time.
67. I recognise your concern about the -- I think back when you were young, when you
68. were first placed in care and the lack of full appreciation of what was happening in your life
69. at that time, the emotional distress and the domestic abuse and the impact that that had on
70. you, and the lack of understanding by the professionals but also your whānau I think about
71. what was going on.
72. So I take your point too about the need to raise awareness amongst Pasifika
73. communities about mental health issues, to raise understanding of what's going on. And
74. your -- I know there's a strong call now for the Mental Health Act to be radically -- let's
75. repeal it, as you put it, and replace it with a well-being act, I think that's a lovely idea.
76. There have been lot of strong calls by Māori mental health practitioners and
77. survivors for more cultural models, and that's exactly what you're talking to about Samoan
78. fofo and Māori massage, had a real impact for you, right, had a real effect. I think the
79. strong message I got was just the like Sir Pieter, Dr Pieter, for example, was one of the few
80. psychiatrists that you show your respect, and a big theme for me was your human dignity
81. and respect for your autonomy and decision-making processes and that seems to be
82. fundamental, is a need to respect you and to listen, just to listen to you and to meet your
83. needs.
84. So we have listened very carefully, we have taken many notes and we have learned
85. so much and so on behalf of this Inquiry I'd like to extend our aroha and thanks to you and
86. your whānau, thank you so much, kia ora.
87. A. Thank you, kia ora.

# [Samoan song]

1. **COMMISSIONER ALOFIVAE:** Fa'afetai lava, fa'afetai manuia.

# Lunch adjournment from 1.24 pm to 2.25 pm

1. **CHAIR:** Good afternoon, Ms Va'ai.
2. **MS VA'AI:** Malo le soifua Madam Chair. Our last witness for the day is Leota Dr Lisi Kalisi
3. Petaia. I will be referring to her as Leota Dr Petaia, just to honour both the titles that she
4. holds as a high chief as well as a psychiatrist. Leota Dr Petaia is an expert witness and she
5. has been recognised as the first and only Pacific forensic psychiatrist in the world. She is
6. of Samoan and Tongan descent. Thank you, Madam Chair.
7. **LEOTA DR LISI KALISI PETAIA**
8. **CHAIR:** Leota Dr Petaia, you are most welcome. You are indeed the rarest bird in the room and
9. we're very glad that you're here. Can I ask you please to take the affirmation.