

Witness Name: Rachael Lemalie Umaga

Statement No.: WITN0452001

Exhibits: WITN0452002

Dated: 18.05.2021

ROYAL COMMISSION OF INQUIRY INTO ABUSE IN CARE

WITNESS STATEMENT OF RACHAEL LEMALIE UMAGA

I, Rachael Lemalie Umaga, say as follows:

INTRODUCTION

1. My name is Rachael Lemalie Umaga. I was born on GRO-C 1964 and I am 57 years old.
2. My parents are Samoan, and they are both deceased. I have four siblings and we were all born in Wellington. I am the middle child. My parents migrated to NZ from Samoa separately in the 1950s. My dad settled in Newtown in Wellington and my mum initially worked in Auckland but then moved to Wellington. My parents then met in Wellington, returned to Samoa to get married and then returned to Wellington to settle. This is where we grew up. At the time, there was a big Polynesian population in Wellington and there were jobs available and that is what brought my parents to Wellington.

3. I was the victim of significant physical and emotional abuse during my relationship with my ex-partner: GRO-C.
4. The abuse I suffered was the catalyst for my very first admission to Ward 5 of Hutt Hospital in 1992. Ward 5 was the psychiatric unit in Hutt Valley.
5. I was first taken into psychiatric care by my own family. To this day I do not think this was right. I was a victim of domestic violence, I was struggling to cope and needed support, not to be thrown into hospital.
6. My first admission to a psychiatric facility was in 1992 and my last was in 2013. The reason why I am coming forward to the Inquiry is to share my experience of the abuse I suffered in psychiatric care and to highlight areas of concern.
7. In 2020, I requested and received my medical file from the Hutt Valley District Health Board. I will refer to one of the documents in my file in my statement.

EARLY LIFE – EXPERIENCE WITH THE MENTAL HEALTH SERVICES

8. My first experience with the mental health services was in 1986. I was 22 years old at the time.
9. My parents thought that my behaviour was concerning and that I was mentally unwell. I had dyed my hair bright orange and was partying a lot. I was flitting with my friends at the time and believed I was just enjoying life. They thought this was behaviour that was not befitting of a young Samoan girl at the time.
10. My mum worked as a nurse in the Hutt and Porirua and I thought she was well versed in picking up 'behavioural issues' from her nursing experience.
11. My dad was primarily concerned about what the church people thought. He was stern but was also looking for answers about why I was behaving the way I did. In my mind, I was just being a normal 22-year-old.
12. My dad took me to see two mental health professionals at Ward 27 in Wellington Hospital for the 'behavioural issues'. The professionals concluded that I did not have a mental health issue. I was not put on any medication nor was I admitted to a psychiatric unit on this occasion.

13. I continued to work in Wellington and then moved to Hamilton. [GRO-C]
[GRO-C] My partner at the time was abusive and I was physically and emotionally abused during that relationship.

FIRST AND SECOND ADMISSIONS IN 1992 – WARD 5 OF HUTT HOSPITAL

First admission

14. In August 1992, I left that violent relationship [GRO-C] and sought a protection order against him. [GRO-C] I moved in with my friend [GRO-C-1] and her husband [GRO-C-2]. My ex-partner was trying to visit me at [GRO-C-1] house. I remember I wasn't able to sleep. I had to take time off work and left my daughter with her dad because I couldn't cope anymore. That is when the "mania" started.
15. [GRO-C-1] and [GRO-C-2] got annoyed with me rearranging furniture. I had become fixated with having everything in balance. I was physically and emotionally exhausted and struggled to sleep. [GRO-C-1] and my family decided to take me to Ward 5 on 1 September 1992. This was a traumatic experience for me. They literally picked me up and threw me into the back of the car. [GRO-C-2] was seated at my head, [GRO-B] was holding me at my feet and I was not sure which one, but one of them was sitting on me until we got to the hospital.
16. [GRO-C-1] then took me inside Ward 5 to do the admission interview with the psychiatric registrar. I remember the psychiatric registrar asking me, "Why do you think you're here?". I said, "Because you guys don't see the real problem." I was referring to the fact that I was a victim of abuse, I needed help, but I was the one being admitted to the ward instead of my abusive ex-partner who remained in the community.
17. Medical professionals described my behaviour as "hypo-mania" but for me, my behaviour was a culmination of the physical, mental and emotional abuse I received, and a lack of sleep. This admission was done informally. I discharged myself from the ward 15 days later but was then re-admitted three days after that on a formal basis.

18. At this time, I did not know the difference between informal and formal admissions. No one ever explained this to me. From what I understand, an informal process meant admission on a voluntary basis as opposed to a formal process which required being sectioned under the Mental Health Act under a compulsory treatment order.
19. Under an informal admission, patients could leave the facility or discharge themselves after five days, however, this was subject to the facility's conditions. For example, if staff did not feel that a patient was ready to leave the facility, they could formally section them under the Act. Patients could also be sectioned under the Act during their time at the facility if it was necessary.
20. When I first got taken in by my family, I did not know that was voluntary and that they could not keep me there. I certainly did not volunteer to be there. I felt that I had to stay there and that I had no choice to leave.
21. On my 1992 medical file, I was noted as being of Tongan descent. My name was always misspelt, and my address details were always wrong. I also noticed that someone else's nursing notes were recorded in my file. This indicates that they were ignorant and careless towards me.

Abuse at Ward 5 during my first admission

22. Ward 5 was not a standalone unit – it was part of the main hospital. In those days, the unit was the only place at the hospital with smoking rooms. We were not allowed to roam around the hospital, but others came to Ward 5 to smoke.
23. There were two seclusion rooms. There was a women's side and a men's side of the unit. There were about six patients in one room, so we didn't get much privacy. Single rooms were available for patients depending on their mental state.
24. I was put in a room with five other unwell women. There were no curtains to give us privacy. There was a person next to you and then another person next to that person. My storage space was what I could fit under my bed. It was cramped.
25. The sleeping quarters were not therapeutic for me. The most therapy I ever got from that place was when the Māori healers came to the ward and they massaged

us. These healers only came in because the nurses were on strike and there were no overnight nursing staff. We had the most amazing night with them because they massaged us, and they didn't tell us to go back to our rooms. I remember we couldn't sleep at night because we had slept all day.

26. The fact that there was a shortage of medical nurses on the unit made it an unsafe place because people who came in to cover for the nurses did not know what to do. For example, we had managers coming in to give breakfast and one of them gave a patient a non-diabetic meal which was the wrong meal as she needed a special diet. I also found the male nurses quite creepy. I fell twice in the toilet and it was the same male who responded to my call. I would have preferred a female to respond.
27. I recall one registrar that attended to me; he was a young guy. He was a New Zealander. Back then that was unusual. The psych unit was full of foreign nurses and foreign doctors who I felt did not have any idea of New Zealand culture let alone my Samoan culture.
28. During this admission, I was given a lot of medication and I was never told exactly what the medication was. I had never been on any type of psychotropic medication prior to 1992. I was heavily drugged against my will and it was a continuous pattern of over medication. I felt like a human guinea pig. It was like, "What colour would you like this week, Rachael? Did that yellow pill help?". "Well, maybe we'll try a green pill."
29. I consider the experimenting that they did with the pills so abusive. After each experiment my behaviour was then measured against the DSM4 psychiatric manual. The manual contained a checklist, framed in questions, of symptoms being presented. They were generally closed questions requiring a 'yes' or 'no' response. Depending on the number of boxes ticked 'yes', they would then diagnose us. The behaviour I presented to them allowed them to label me in a certain way.
30. My medication included Haloperidol which gave me what patients called 'restless legs'. It made my legs want to move all the time. It was such an awful feeling I could not control. All I wanted to do was sit and relax. Haloperidol also gave my

legs a burning sensation. Because of the burning sensation, I had to put my legs in the toilet and flush it with water to help them cool down. The effect of this was that it gave my legs nerve damage. My legs were always in pain when I walked. The nurses knew it was happening, so they gave me another drug to relieve that pain. I was prescribed Lithium which made me really sedated so I couldn't stay awake and I had to do fortnightly blood tests to monitor the level of Lithium in my blood. Then it was another drug on top of another.

31. There was nothing to do at the unit. We just sat there all day and smoked. I felt neglected because there was nothing to do, except wait for 10 o'clock, 12 o'clock, 3 o'clock and 5 o'clock for our pills or for a cup of tea. We were bound to get on each other's nerves. You could not 'get well' in a place like this.
32. I got really frustrated with how the nurses operated the unit. They would give us tasks to do, like greet people, make cups of tea for people or look after the plants. When people came to the unit, I would say, "Hi, who did you come to see?". Then I would take them into the day room or to their bedrooms. The day room was always full of more people than were actually admitted on the ward because people from other wards would come in to smoke. I felt like I was doing their job for them, but I learned a lot about how to run the unit during my time there. I felt that I was quite high functioning despite the drugs I was given.
33. I remember on one occasion an occupational therapist took me and other patients to play soccer on the asphalt. As you would expect, people who were really drugged up would not be able to kick the ball. I was however the only person that could kick the ball any length. I would just kick the ball from one end of the court to the other and then I'd walk to the other end and kick the ball back. I would think to myself, 'God, I'm going to kill myself with this, it's so boring'. That's why I believe patients get so frustrated. Another activity which they made us do was throw the basketball to each other, saying our name as we did it. None of the patients caught the ball. But we had to do this repeatedly.
34. After a couple of weeks at the unit, I discharged myself on 15 September 1992. I left because I was having many arguments with the psychiatric registrar about not being able to go on leave from the unit. He did not think I could go on leave.

When I decided to leave, the psychiatric registrar threatened, 'If you leave, I'd make sure you never leave again if you came back'. I also remember one of the psychiatrists on the ward telling me that he could guarantee I would be back at the unit in a few days. I believe his comment meant that I would already be hooked to the medication after spending 15 days at the unit. I learned later it takes about 15 days for the medication to go through your system and for someone to get addicted to it.

Second admission to Ward 5 and ongoing abuse

35. A few days after I discharged myself, I was re-admitted to Ward 5 following an incident where my legs gave way and I couldn't walk. On admission, I was made to sign a contract. This meant that I was sectioned under the Mental Health Act and was only permitted to go on escorted leave with a family member or a nurse.
36. I was put into a seclusion room. I think this was because I was a flight risk to them. I remember the nurses sedating me to bring my energy levels down and them having to restrain me to the bed.
37. The seclusion rooms were like a cell, only big enough to fit a single hospital bed. The door had a little shutter window on it which staff could move to see if I was okay. There was one little square window in the room. The room smelt sterile and like urine and smoke. I put colourful soaps with animal prints on the window to get rid of the smell. The seclusion lasted for a long time. I don't know exactly how long it was for, but it was around two weeks.
38. While in seclusion, there was no water given and no toilet. The room was locked and staff had to let you out to go to the toilet when you needed. Staff were often late to open the door and patients often urinated or soiled themselves. This contributed to the smell in the unit. Later in 1998, they gave you three glasses of water and a disposable toilet for the night.
39. One time, I drew a forest scene on my door with chalk and wrote 'no doctors allowed zone unless you're my friend'. I did this because it was my private space. A doctor walked right in and I had to tell him that he wasn't my friend, so he couldn't come into my room.

40. I remember seclusion made me feel isolated because I had no contact with anyone else apart from the staff. I thought about nothing else but why I was there which added to my frustration of being there in the first place. I was stuck in the room, restricted from doing anything else on the ward, they let me out to have my meal, but they restricted the number of visitors I could see. It was a dehumanising experience and a power play by the nurses and doctors in that they made all the decisions for me.
41. I also remember one time where I nearly got ECT treatment because the staff got me mixed up with another patient. I was taken to the ECT room and the person there asked me who I was and then realised I wasn't the correct patient. I was then taken back to Ward 5. This incident wasn't recorded in my medical file as I didn't end up getting the treatment. ECT was done in a room outside of the main ward and was usually done on a Friday. I remember the lights used to flicker when it was happening.
42. During this admission, I wrote a letter to the Ministry of Health expressing my concerns about the mental health system. I was concerned about the treatment I received. The place was a pig-sty, it stunk. You couldn't get rid of the smell of bodily waste in the unit because patients didn't always wash and lost control of themselves because of the medication.
43. I stayed at the unit for a couple of months until I was discharged on 19 November 1992. During this time, I was in seclusion for a long period of time.
44. Following discharge, I was put under the care of Dr Joanna MacDonald through community mental health services. Dr Joanna MacDonald was the wife of my psychiatrist Dr Alex MacDonald at Ward 5. She was the total opposite of her husband. She was easy to talk to, and I liked her. I had to catch a bus from home or leave work early every fortnight to visit her at her office in the Hutt. At this time, I was working for the Insolvency and Trustee Service as their Senior Insolvency Officer. I really enjoyed that job because it involved training others.
45. Today, my experiences at Ward 5 are still quite vivid in my memory. Ward 5 is now used for plastic surgery but if I were to walk into it today, I would be able to remember where everything used to be, from the seclusion rooms to our

bedrooms. One of those vivid memories is the smell of the unit and the window in the seclusion room.

THIRD ADMISSION IN 1998 – TE WHARE AHURU ACUTE INPATIENT CARE UNIT

46. I was admitted to Te Whare Ahuru on 3 February 1998. I was 33 years old. There was a long period of being very well, without medication, since my second admission.
47.
 My relationship with my ex-partner was on and off and during this time, I was back with my ex-partner, and the problems continued. I ended up seeing my doctor as I was sleep deprived. Our relationship was very tense during this time and continued to deteriorate.
 I took my children and moved to my parents' home nearby.
48. In January 1998, my parents took me and the children to Auckland for my cousin's wedding. While we were in Auckland, I took my eight-year-old daughter to a concert at Auckland Domain. We had a really good time but at the end of the concert, I became separated from her. I was very anxious and confused and headed towards the concert exit area to look for her. I then heard my name over the loud speaker, but the security guard would not allow me to go back into the park. I didn't know why they wouldn't let me in. All I wanted to do was to try and find my daughter.
49. I didn't know what to do so returned to my Aunt's place without my daughter to get help. My parents were very concerned. Police found my daughter
 My family then rang the CATT team in Auckland and referred me to Dr Frazer the following morning who assessed me, prescribed me medication and arranged for my admission to Hutt Hospital's psych ward, which was now called Te Whare Ahuru. My family and I then flew back to Wellington and my parents took me in to be admitted. My parents looked after my eight-week-old sons while I was at Te Whare Ahuru.

Abuse at Te Whare Ahuru

50. Despite what the doctors thought, I believed that there was nothing psychiatrically wrong with me. There was a lot going on with me; I was separated from my ex-partner, I was sleep deprived, I was dealing with four kids and I was still recovering from the birth of my sons. There was also a lot of people at the Domain, and my eight-year-old daughter was exploring and then went to the toilet. She took a long time and that is when I started to look for her. The situation at the Auckland Domain was therefore unfortunate and could have happened to anyone.
51. In my 1998 medical notes, my ethnicity was recorded as Tokelauan which again indicated ignorance and carelessness to me. The staff just assumed my Pacific Island ethnicity and they had that typical perception that all Islanders looked the same. They didn't ask me to clarify or confirm my ethnicity – they just wrote it down.
52. Te Whare Ahuru was meant to be a place of calm. This to me was anything but calm.
53. Te Whare Ahuru was a standalone unit across from the main entrance to the Hutt Hospital. There were approximately 22 beds at the unit, which were all in single rooms. Patients got their own room which were bigger than normal, so there was more privacy this time round. There was a side called Te Rangimarie which was the intensive care unit which was where they put the most unwell people and those in seclusion. Then there was an open side for patients who were more likely to be informally or voluntarily admitted.
54. There was a dining room, craft room, music room and a room where you could cook or bake under the supervision of a nurse. None of them were fully resourced so activities were not able to be done properly. There were other things available for our recreation but, again, nothing was working properly. The piano wasn't tuned and had missing keys and the puzzles were all mixed together with other puzzles, which was really frustrating. It really felt like the staff provided us all these things to show they cared but it was all just surface level and for show.

55. There was a courtyard. It had fake grass on it and all you could do was walk around it because it was worn and split so it was a tripping hazard. So, this was hardly used. There were unusual things happening at the place that was not conducive to our well-being. For example, the craft room was called the Purple room, but it was in fact yellow. It was things like this that really played with my mind. I'm not sure whether it was intentional or unintentional, but it certainly played with my mind.
56. I felt as if the occupational therapists, who were present during the day, came but never stayed long enough during the shifts. Patients were aware of the schedule or programmes they had planned in advance and we looked forward to these programmes. However, the programmes never consistently ran because they were always cancelling it. The staff didn't seem to care about implementing these programmes that we were looking forward to because we had nothing else to do. It felt like the staff were only concerned about having a programme plan for us on paper but not so concerned about doing it. This was frustrating for me.
57. Unfortunately, the mental health practice never changed. The over medication was the same. The doctors or nurses were not responsive to patients needs and we were just left waiting. Many of the nurses were 'bin-nurses', because they worked in the mental health services for a long time. They were set in their ways, they liked to run things their own way and they lacked compassion or kindness. They were not open to conversation or talking about my daily experiences of being at the unit. This was the same sort of practice that occurred at Ward 5 – they just had a nicer venue.

58.

GRO-B

GRO-B

The staff at

Te Whare Ahuru tried to get our medical treatment done within 13 weeks because the benefit payments got cut after 13 weeks.

59. I was discharged from Te Whare Ahuru on 18 March 1998. I moved into my own flat with my children. I got assistance from the Richmond Fellowship who provided me a carer to assist with the care of my sons. The discharge was followed by weekly visits from my community psych nurse (CPN) Fae Logovae from community mental health services. Fae Logovae's job involved checking to see whether I was ok and that I was getting sufficient sleep and eating and getting out with the kids. She visited weekly and then fortnightly and then monthly until I was settled at home. Thereafter, I had six-monthly visits with my community psychiatrist.
60. I went back to work after parental leave. In 2000, I moved into my parents' home following a big argument with my ex-partner. I got my ex-partner removed from our home and rented it out. I continued to care for my children. I wasn't on any medication over this period and I found my work to be quite rewarding.

FOURTH ADMISSION IN 2003 – TE WHARE AHURU

61. In 2003, my ex-partner was stalking me, followed me and at one time he spat on me in public. He was often leaving me threatening and abusive telephone messages. This triggered a lot of anxiety in me and I was traumatised again by him. When this happens, I am not able to sleep as I am constantly in fear of my ex-partner. It got worse and my friends [GRO-C] and [GRO-C] took me in to see the CATT at Hutt Hospital.
62. Following the CATT assessment, I was re-admitted to Te Whare Ahuru.

On-going abuse at Te Whare Ahuru

63. I was admitted informally to Te Whare Ahuru on 28 April 2003 and placed under the care of Dr Pieter van der Westhuizen, who was a South African psychiatrist. He was a caring and a kind man. He was one of the few psychiatrists that spoke with me, not at me. When we discussed my case, I always felt like he was listening. Other psychiatrists would just ignore me and then write down notes about me.

64. During this admission, medical staff recorded on my file that I was Māori. I considered this to be ignorant and it showed that they didn't care because I was constantly telling them that I was Samoan.
65. The practice was still the same. When it was time for our routine psychotropic medication, we had to line up in front of the medication room. They lined us up at 9:30pm, so that we were all in bed by 10:00pm and asleep by 10:30pm. The nurses carried a medicine folder and had all our names in alphabetical order, but we were never called in that order. It was a long and dumb process. We would get our pills in a little pottle and our water came in another pottle. That's all the water we got for the medication.
66. I felt like the small amount of water we were given was not adequate and not honouring a fundamental human right. I wrote to Te Whare Ahuru about the lack of water given with our medication and expressed my views about this.
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67. Te Whare Ahuru then changed its policy so that we got at least 250ml of water in a polystyrene cup and we were able to ask for more. I used to just take up a jug of water because the medication not only made me thirsty, but it dehydrated my whole body. My vision was affected at times and it also caused the skin on my feet to crack.
68. I also experienced a number of falls during this admission. As referred to earlier in this statement, it was due to the medication and having 'restless legs'. I also felt dizzy and high and would fall on the floor. The nurses noted these incidents on my file as 'attention-seeking' behaviour but I believe that the falls were a side effect of the psychotropic medication I was taking, not me being attention-seeking.
69. During this admission, my parents were concerned about my lack of progress, so they decided to fly a Samoan fofo (healer) to NZ to treat me. I wrote a letter addressed to all staff at Te Whare Ahuru advising them that I no longer wished to take further psychotropic medications.

70. With the permission of Dr van der Westhuizen, I was allowed to undertake the Samoan fofo for seven days on the proviso I return to Te Whare Ahuru for a further week's observation without medication. I returned, did not relapse, and was discharged without medication.
71. I remained well which I believe was attributed to the Samoan fofo. The fofo was not only healing, but the process was spiritual and natural. I was wrapped in leaves, plants and a sheet to help get rid of any toxins in my body by sweating it out. I was then showered with natural scents and leaves from rose bushes and was blessed at the end of the fofo.
72. I was eventually discharged from Te Whare Ahuru on 16 June 2003.

FIFTH ADMISSION IN 2005 – TE WHARE AHURU

73. My fifth admission to Te Whare Ahuru was on 20 May 2005.
74. The day before my admission, I visited my community psychiatrist who diagnosed me with epilepsy. I questioned him on this diagnosis as I did not think this was accurate. He was the type of psychiatrist that lent back on his chair and put his legs on the table when you were in the room. We never got on well.
75. He asked me during the visit what I was thinking, and I said, "I'm thinking you're an arsehole." He didn't like that at all. He said, "you can't talk to me like that" so he told me to leave.
76. As I was leaving, I kicked his door and then kicked open the glass on the main entrance door while I was talking to my community mental health advisor Fae and her colleague Lupe.
77. Later that afternoon, Fae came back to my house and took me to see another psychiatrist, Dr Mathews, who arranged my 2005 admission to Te Whare Ahuru the following day.
78. This admission was a weird one for me because it was the staff that determined that I needed to be admitted. My family were not aware of this admission and were not involved. This was different to my other admissions because I was not

unwell, and I had not been on any medication for two years prior to this admission. I remained well after the Samoan fofo in 2003. Despite what the doctor said, I believed I was not becoming mentally unwell and I did not want to take any further medication. To this day, I'm not sure why the staff admitted me on this occasion.

Ongoing abuse at Te Whare Ahuru

79. I was put on Topiramax for suspected epilepsy. I was also taking other psychotropic medications, but I made little progress or improvement.
80. I had to take so many pills, possibly as many as 13 pills at a time. I also took other medication for different side effects. For example, nurses or doctors would give me medication for a sore tummy. It was easy for them to chart medication for side effects.
81. As a result, my kidneys started to fail. I knew this because my kidney function levels were normal when I was admitted but it started to decline. This was picked up by the medical registrar at Te Whare Ahuru.
82. In addition to the psychotropic medication, I was put on anti-inflammatories. This was because I was experiencing very bad joint pain from the psychotropic medication. The anti-inflammatories were meant to ease my joint pains, but they instead made it worse and must have contributed to my renal failure.
83. The nurses never gave me any food with the medication, only water. I believe that whatever medication I was on, and had over the years, caused my renal failure. Prior to my admission into psychiatric ward, I was not on any medication at all. I didn't even like to take Panadol.
84. Because of the issues I had with my kidney, I wasn't able to walk properly. I had a number of falls. My feet were always in pain and felt dizzy and often fell to the ground. Like previous admissions, I believe the falls were a side of effect of the medication I was taking, and my kidney issues exacerbated it.
85. I was sectioned under the Mental Health Act and transferred to the Te Rangimarie side of the unit. I wanted to seek legal advice about being put under the Mental Health Act and the duration of it, so I was able to access a lawyer, Kerry Preston,

from the duty list roster through Te Whare Ahuru. I used this duty list roster a couple of times.

86. I think the worst thing for me was that these lawyers were rostered on. Because they were on duty, they didn't really have any vested interest in whether I did well or not. They might see me for five minutes and go through my case. That was the nature of what was going on during my encounters with the lawyers.
87. I was also placed in seclusion during this admission. I felt like I was in seclusion for a long time. I just want to be clear that I don't ever want anyone in the future to experience seclusion. It is lonely and boring and makes you feel like you're an animal in a cage. We have no freedom. The staff just leave you in there, and there is nothing for you to do in seclusion.
88. Around the time of my discharge, the psychiatrist advised GRO-C that I was an unfit mother. GRO-C
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GRO-C. This was a difficult time for me.
89. I remained in the unit until 28 July 2005.
90. In relation to the epilepsy diagnosis, I had an ECG done at Wellington Hospital. Following this test, it was confirmed that I didn't have epilepsy. This confirmed my own belief about that diagnosis because I never believed I had epilepsy. Nevertheless, I was still forbidden to drive after this admission because my records showed a diagnosis of epilepsy.

SIXTH ADMISSION IN 2007 – TE WHARE AHURU

91. My sixth admission to Te Whare Ahuru was on 29 September 2007 under the care of Dr Garcia. Prior to this admission, my dad was very unwell for months and he passed away immediately prior to my admission. His funeral lasted eight days and at the time, I felt like people were coming to me for advice to make sure everything ran smoothly. I ended up being stressed, had no sleep and this led to my family contacting the community mental health team.

92. Two Pacific members of the community mental health services visited me during the funeral and there was no indication that they thought I was unwell. I assumed they visited to support me.
93. On the last night of dad's funeral, my family members and a friend arranged for my admission to Te Whare Ahuru because they thought I was mentally unwell. Again, I didn't believe I was unwell. I had taken on a lot of responsibility for arranging things for dad's funeral. I was very close with my dad so I was also grieving at the time. My family couldn't understand that all I needed was help, and I just needed to sleep given all I was going through at the time.
94. I was taken to the Te Whare Ahuru by my family. I met with a psychiatrist Dr Roy. He decided that I needed to be admitted. I was immediately taken to seclusion in the Te Rangimarie side of the unit. I was angry because I felt let down as I had spoken to my family and expressed my thoughts, but they instead decided to take me in to be admitted. This is what hurt me most. I then went back to the unit to my own room.
95. I was formally sectioned around 14 October 2007 and placed in seclusion again. This time it was for setting off an alarm. I never wanted to be in that place and felt it was not helping me at all. I often acted out because I never wanted to be there.
96. During this admission, I experienced 'restless legs' again and was constantly falling over due to the medication. I remember on this occasion, I rejected taking Epilim because it was foul tasting and was not good for my teeth.
97. A week before discharge, I had enough and decided to not take any further psychotropic medication because of the effect it was having on me.
98. I was subsequently discharged from Te Whare Ahuru on 7 November 2007.

SEVENTH ADMISSION IN 2008 – TE WHARE AHURU

99. My seventh admission to Te Whare Ahuru was on 4 July 2008. This was a short informal admission for depression under the care of Dr Garcia. I was still grieving over the death of my father. The treatment I was getting was much the same as previous admissions as described above.

100. I was discharged on 21 July 2008 and I went and stayed with my friend [GRO-C] in Hamilton for two weeks. [GRO-C] worked in mental health services in Hamilton, and I wanted time away from my family to recover. My children were looked after by my family during this time. However, I took them back after two weeks when I returned to Wellington.
101. In 2009, I had to undergo dialysis treatment for my renal failure. My renal function continued to deteriorate. This impacted my relationship with my children and my family generally. I couldn't work anymore or attend any functions. This had a wider impact on my family.
102. In February 2011, I had a live donor kidney transplant. At this time, I was caring full time for my mother as I was not working due to my health issues. For my family, this meant that I was available to look after our mother. I cared for my mother despite my health issues and I also had my children in my care at the time.

EIGHTH ADMISSION IN 2012 – TE WHARE AHURU

103. My eighth admission to Te Whare Ahuru was on 2 May 2012.
104. This admission was most unusual for me as I went to Te Whare Ahuru with a friend to advocate for her. I told the staff that what they were proposing for my friend was unfair. The matter escalated and I ended up being physically restrained and admitted to the unit. I was formally sectioned under the Mental Health Act so I was not able to leave.
105. I was taken into seclusion several times during this admission. On admission I was taken into seclusion on the Te Rangimarie side of the unit. I started experiencing the falls and 'restless legs' again, which I hadn't experienced since my last admission up until that point as I had not taken any psychotropic medication for approximately a year prior to this admission.
106. My frustration with the staff grew. Every time I wanted to ask the nurses or doctors something they would tell me to wait. I was sick of them telling me to wait "five minutes". I felt like no one was listening to me. I only got responses when I raised

personal issues relating to the staff. For example, I told some staff about an affair the other staff were having. It was the only way to get a response from them.

107. I really wanted to take a drug holiday. The medication was making me drowsy and I had had enough. I wrote to my doctor at the time to express how I was feeling. I did not want to take more medication because it was literally making me worse. I wanted to be healed by way of natural methods such as Samoan fofo.
108. I was taken into seclusion again after being accused of assaulting a staff member. I remember this incident well because I did not actually hit the staff member. I just waved my arms about but never hit him. Nevertheless, I was secluded for this incident and on several other occasions during this admission.
109. I was eventually discharged on 4 July 2012 to my home.

NINTH AND TENTH ADMISSIONS IN 2012

110. I was re-admitted informally on 21 September 2012 for depression and discharged on 5 November 2012, under the care of Dr Kure.
111. I was re-admitted on 10 December 2012 for low mood and “non-compliance” with my medication, under the care of Dr Kure.
112. Nothing changed for me during these admissions. The medication regime was the same. I was still experiencing falls at Te Whare Ahuru and staff engaged in the same practice of over medicating. I was with a new kidney this time.

ELEVENTH ADMISSION IN 2013 – TE WHARE AHURU

113. My eleventh admission to Te Whare Ahuru was in March 2013 under the care of Dr Kure. This admission was done informally. Medical staff described my condition as ‘major depressive episode’ and ‘suicidal ideation’.
114. On this occasion, I had asked professionals for help as I wasn’t coping at home. I was still looking after my mum full time. I was struggling as a solo mother while caring for my elderly mother. GRO-B
- GRO-B I was struggling to cope.

Ongoing abuse at Te Whare Ahuru

115. During this admission, I was experiencing much of the same treatment I received as previously explained earlier in my statement.
116. A lot of the time, I did not feel safe at Te Whare Ahuru and did not feel staff listened to my concerns. There was negativity from medical professionals and other patients. Staff were falling asleep on night shifts. Patients were also intrusive and abusive. I had limited contact with my whanau. There were always restrictions on my leave conditions. For example, I had to be back at the unit by a certain time which I understood was for my safety. Nevertheless, it was not a healthy environment for me.
117. The reason I say they did not respond to our concerns because I would raise my concerns if I was in pain. They would tell me to go and sit in front of the glass office and wait for a nurse. When a nurse came, and told them my issue, they would send me to another chair around the corner. Then another nurse came and acknowledged that I was there and wrote some notes and that was it. I felt as though they were playing games with us rather than doing anything to help us.
118. The medical registrars had some unusual practises. For example, I complained about my tummy ache and sore foot at 7pm and the doctors arrived at 2am to check me. This scared me when they came at such an early hour. I often did not get any responses to when I raised concerns about how I was feeling. I tried to follow up on this and I was told that the doctors came to see me, but I was asleep. I suspected these visits were during the night again. Sometimes nurses would respond by saying "they've got busy schedules". To me, the medical practice did not work in the best interests of the patient.
119. By this time, the District Inspector service was available. This was not available in my earlier admissions. The District Inspector was a lawyer whose role was to visit all inpatient clients weekly and talk to them about any particular issue that they might be having at the unit. They would interview you and tell you whether you had a good case or not. Then they would take you through the complaints process. The unit would amend, adjust or assess anything as a result of the complaints.

120. I did not feel as though I could make complaints about my treatment through the District Inspector service. I did speak to one lawyer through this service about the anti-inflammatories I was taking which caused my kidney failure. He said I had a good case, but at the time, I felt I could not raise this concern in fear of being kept longer at Te Whare Ahuru. I was getting close to being discharged so I did not take this any further.

121. I was eventually discharged in May 2013.

MY DIAGNOSES – USE OF MEDICAL LABELS

122. Throughout my admissions I was diagnosed with various conditions. To me, these were labels they put on me to justify my admissions. However, the diagnosis did not make sense to me. For example, during my first admission in 1992, I was diagnosed with post-natal depression. This did not make sense to me because my daughter was two and a half years old. Then I was diagnosed with bipolar affective disorder after my 1992 admission. Later, I was diagnosed with epilepsy which tests confirmed was wrong. To me, I felt like I was “labelled” with a particular medical condition that gave medical professionals a licence to pump me with more drugs. I believe they were just experimenting with their drugs on me.

123. When I was reviewing my medical file, I noticed other labels being used by staff throughout my admissions. These ‘labels’ included mania, hypomania, psychosis, bipolar disease, depressive phase of my illness, suicidal ideation, schizo-affective disorder, elevated mood, depression and sedated.

124. These labels were hurtful and degrading, and I could not help but wonder why they did not inform me about what they were writing at the time of writing. I was never told of these conditions and neither were they explained to me.

LACK OF CARE

125. Throughout my admissions, I raised issues about the lack of responses from medical staff and care from them. The facilities improved when Te Whare Ahuru was used but the medical practice was the same. The main focus was on

medicating patients which caused side effects and so patients then received more medication to relieve the side effects.

126. The environment was not conducive to my well-being. There were programmes and activities available but not consistently implemented or fully resourced to allow these activities to be done properly. These factors added to my frustration which made the experience worse.
127. Medical staff often got my ethnicity wrong despite me telling them constantly that I am Samoan. To me, this showed that they were ignorant and careless, and it did not help the situation if they were not getting the basic things accurate. The staff assumed what ethnicity I belonged to and that did not sit well with me. It caused an unfavourable reaction from me because they often did not get the simple stuff right.

IMPACT OF THE OVERALL ABUSE ON ME

128. Due to the over medication, I experienced terrible side effects and reactions to the various drugs I was taking. I went from having no drugs at all to having a lot of drugs. Haloperidol was a drug I got and was deeply affected by. I also couldn't tolerate Lithium which I called the battery drug. There was just a whole range of drugs I was put on and they caused significant side effects. I am still impacted by my experience and suffering the consequences of this drug taking. I was put on dialysis for my renal function problems.
129. There was no thought or talk about therapy or alternative ways of healing. There was only drug therapy. It was robotic. You were given medication on a regular basis and that was expected to make you well. There was no creative outlet, just some walks around the hospital grounds. I believe that options such as Samoan fofo or Māori massages should be readily available because they worked well for me.
130. Today, I still experience what some people would call 'white coat fever' which is basically experiencing high blood pressure every time I walk into a hospital because simply being there gave me anxiety.

131. For me, medication should only be a last resort. I feel like mental health hospitals are not well places or conducive to healing. I don't have any faith in these hospitals whether they are inpatient or community. My biggest issue with any mental health service is that they are unwilling to consider other alternative treatments. Whenever I have friends who are feeling mentally unwell, I discourage them from calling the CATT because I believe the mental health culture and practices haven't changed.
132. The smell of the unit is still vivid in my memory. The first thing that hits you is the clinical smells and the smells of bodily waste.
133. My time in psychiatric care has also impacted my lifestyle. I went from being a very active mum to be an isolated, shy and quite introverted person, fearful of being in social settings. Even doing the shopping became a problem for me. I had this fear that everyone knew I was on a psychiatric ward, so they judged me or labelled me before they got to know me. I used to play rugby and netball, but I could not do that after my renal failure.
134. Also, back then there wasn't any education around mental health and unfortunately, our Pacific families have this idea that the medical model is the only model of care. With the medical model being the dominant one, many Pacific families believed that this was the answer to certain behaviours. They believe everything the doctors tell them and diligently take their pills.
135. The feeling of shame is very real. For people that have been in these units, they carry the stigma of shame. We feel shame. Shame stops us from making friends. The stigma makes us untrustworthy of people, always insecure and cautious of people all the time. I am often questioning people whether what they are proposing is in my best interests because of my experience. I used to be outgoing and an extrovert. I have been forced by the shame to behave differently and to be more introverted.
136. The use of the word 'mental' carries negative connotations. I feel that it doesn't take into account the fact that there are many issues that make someone unwell and behave the way I behaved. These are issues like social issues, housing issues and socio-economic issues. Being a victim of domestic violence is a huge

contributor to my behaviour but that was often looked at in isolation or as a separate issue. Many Pacific people still do not fully understand mental health and respond negatively to people such as myself who have been in psychiatric wards.

137. My time in care has also had major impact on my relationship with my family. I felt they never trusted me. I was always that Auntie that was never asked to baby sit because they didn't trust me. I was treated differently because of my experience.

LOOKING FORWARD

138. I have not gone through any redress process.

139. In the 90s, a staff member asked me, if I was in charge of Ward 5, what would I change. I told them that I would not have it attached to a hospital. I told her it would be like a retreat. It would have a sea view or be in the country, where it would be therapeutic and where you could walk in nature (really walk in nature as opposed to fake grass). You would have massage therapists, you would have art, and you would have music. You would have all the things that people could be passionate about to help them become well. It would all be about well-being.

140. I also told them, that there should be psychotherapists and other mental health therapists and not just psychiatrists, so that there are different options available for people. The Samoan fofo I had would be available to people as well as alternative methods of treatment. There would be diversity in people's skill set, ethnicity and practice. There would be some medication but not everyone needed to be so medicated.

141. I would also change the clinical services in terms of what's on offer and how it's run. They should be more patient focused and consistent. For example, the occupational therapist would be consistent and actually implement the plans they had in place.

142. The word 'mental' has a stigma. The legislation should be called something that reflects what they want to achieve. They should call it the wellbeing act or

wellness act. I think they need to stop the drugs and give hugs. But then if I give a hug, they consider it inappropriate.

143. I guess the question for me is, who are going to be the reformers and who are going to make sure that there are big changes for the future of care? I believe that survivors are a good start to consult with.

Statement of truth

This statement is true to the best of my knowledge and belief and was made by me knowing that it may be used as evidence by the Royal Commission of Inquiry into Abuse in Care.

Signed:

GRO-C

Dated: *18 May 2021*