

A short time after I was interviewed by Grant Cameron , I was interviewed by representatives of the Crown Law Office . I issued the same statement to both parties, and that statement became instrumental in bringing about a settlement.

Brian Kenneth STABB: states:

I reside at 19 James Cook Drive, Welcome Bay, Tauranga. My date of birth is 15/11/1948.

I have worked in the area of mental health for in excess of 30 years. I originally trained in England as a Psychiatric Nurse. I came to New Zealand in 1974 after answering an advert for Psych Nurses in NZ. My qualifications are: R.M.N. (UK 1971), R.P.N. (NZ1973), Registered Comp. Nurse (NZ 1980), Advanced Diploma Nursing Psych. (Auckland 1983), N.R.T.T.C. (Waikato 1991).

I have held positions as a Clinical Nurse Specialist, Nurse Manager, Supervisor of District Nurses, Nursing Tutor, Educator/Family Advocate for The Schizophrenia Fellowship. I currently operate a business partnership known as Partnership in Practice, as a Clinical Supervisor and Mental Health Educator. I have a firm personal commitment to high standards of Mental Health care.

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I emigrated to NZ from England arriving on 5th January 1974. I commenced working at Lake Alice Hospital on 7th January 1974 and was initially assigned to Villa 15, until I was reassigned to the Adolescent Unit in April/May 74 where I worked for two years.

When I first arrived at Lake Alice I heard stories that there had been some trouble within the adolescent ward and some staff would be changed. These stories related to

mistreatment of the residents. As I recall there was an external enquiry into allegations of mistreatment. The enquiry was conducted by a J.P. and a Lawyer from Marton, and concluded that the allegations were unfounded, being based on the 'malicious accusations of the disturbed children who resided there'. (or words to that effect) I vaguely recall that this conclusion was reported in the local newspaper. If my memory is accurate this should be easily traceable.

Whilst I worked in Villa 15 I was sometimes called upon to relieve for lunch and dinner in Villa 11 (the Adolescent Unit.) This would entail me being on duty there for periods of an hour or so. I never personally saw or took part in the treatment programme, but the conversations I had with staff and residents and my personal observations led me to believe that a programme of aversion therapy was in place, which included the use of the ECT apparatus.

The staff that I remember working there from that pre-1974 era were: Charge Nurse -----, -----, -----, -----, -----, and-----. The Psychiatrist was Dr. . Another name that I remember being associated with accusations of mistreatment was ----- although I never met him.

Specific incidents that I recall from that time are:

I recall relieving for tea at about 4-00pm. one afternoon, when -----, -----, and Dr.----- were giving treatment upstairs. I was asked to stay in the lounge downstairs with the residents. I observed 10 – 12 of them watching a blank TV screen in the lounge. As the treatment of ECT was given upstairs the residents downstairs could see the shock waves across the television screen and on each occasion there were hoots and whistles and shouts of ' give him another one!' 'serves you right.!' etc.

After this session I was asked to go upstairs and clean up. In the room was a mattress on the floor, the ECT unit, and a bowl of saline solution. The room was in darkness the windows having been shuttered.

On another occasion relieving I went into the lounge and there was a resident tied up in a laundry bag. I let him out. His name was ----- . I can't remember his second name. He was a skinny diminutive boy with blond hair. I gave him a drink but he wouldn't hold on to the cup. When I lifted the cup he dribbled. He wouldn't speak and wouldn't move without being led. When ----- returned from tea I asked him what was wrong with the boy. He told me that he had behavioural problems and that this was part of his treatment. He returned him to the bag. On another occasion a short time later I let ----- out of the bag. Nothing was said to me about that.

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In April /May 1974 I was assigned to Villa 11 along with the new Charge Nurse ----- and another English Staff Nurse who had arrived in NZ, shortly before myself, ----- The three of us formed the mainstay of the trained staff for the Adolescent Unit. Approx 1yr later ----- returned to England and was replaced by ----- . Various other staff worked with us at different times, names I remember being, -----, -----, -----, -----and----- . There were other staff members that came and went during that time. It did not appear to me that the Adolescent Unit was a popular place to work. I believe there was a general feeling in the hospital that the residents were out of control and undisciplined.

Right from the outset ----- made it clear that treatment would involve no form of physical punishment or use of ECT other than the legitimate form used in mainstream psychiatry as prescribed and administered by a psychiatrist at that time.

----- created a programme of behaviour modification which was reward focused. It involved a system of daily assessment of each individual young person's behaviour. Specific behaviours were given an A,B,C,or D. grading at various times during the day, and involved aspects of daily living such as, bed-making, personal hygiene, dress and grooming, dining habits, school work, personal chores etc. At the end of each week a points system would be toted up and various rewards such as cinema trips,

lollies, canteen vouchers etc would be divvied out to those who excelled. Progressive improvements would result in periods of trial leave .At the other end of the scale an accumulation of Ds during the day would result in certain penalties such as going to bed early, or extra chores.

A few months later we moved from Villa 11 to Villa 7, a much larger building with about 36 beds. The treatment programme grew accordingly and included regular group therapy sessions, which were sometimes facilitated by Dr.----- and a regular visiting Psychologist, ----- from Palmerston North. I became very involved in this process and Dr.----- and ----- spent many hours coaching and supervising ----- and I in this area.. Later, group discussions became a regular part of the weekly routine. As I recall the approach was essentially psycho-analytic being based around the assumption that insight led to behaviour change. Dr. ----- was very Freudian in his approach. Sometime later female adolescents, who resided in Villa 9, were integrated into the day programme of The Adolescent Unit. This brought the numbers in the programme up 45 or so at times..

Throughout this time the medical treatment was prescribed and organized by Dr. -----
The Adolescent Unit was described publicly as ‘the biggest Adolescent Unit in Australasia’

There was a real mix of residents and I don’t recall any referral ever being turned away. Some were behaviourally disordered due to earlier abuse, others were mentally ill in the traditional sense and displayed all the signs of florid psychosis, and there were a small group who were intellectually challenged. The administration of medication was a normal routine of the Adolescent Unit. At any one time the maximum number of nursing staff during the day was 4. It was considered to be a National facility and referrals came from all over New Zealand, even 1 or 2 from overseas.

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I remember ----- as a large lumbering boy who was somewhat intellectually challenged, of endearing personality, but who had a very 'short fuse' when it came to impulse control. He was often the brunt of teasing from others who would deliberately wind him up and then he would do serious damage to anybody or anything within arms length. I don't believe that ----- ever had ECT. In fact as I recall he responded particularly well to the programme and towards the end of his stay there I remember him roaring and bulling his way down the corridor to 'his room' for a spell of totally self-imposed isolation, till his temper had cooled off.

I remember ----- as a small good-looking boy with long hair who would go into the most demoniacal rages. I remember him as being extremely violent and I can recall wrestling him into a seclusion room on at least one occasion. I remember him grimacing inappropriately, seemingly preoccupied with imaginary voices. I also remember him biting me and I still bear the scar. I do not remember him having ECT although he may well have been so treated. I remember it being debated if he were psychotically disturbed or intellectually challenged, or both.

I remember ----- as a sexually deviant boy who had spent time in a number of borstal type institutions before coming to the Adolescent Unit. I recall him sexually assaulting one of the other kids there. I do not recall or believe that he had ECT during his stay.

I remember ----- well. He was at the Unit prior to my time, when ----- was the Charge Nurse. As I recall he may well have been one of the kids 'watching TV' in the incident I described. I am sure he didn't have ECT during my time but he might well have done earlier. I remember him as an articulate intelligent boy with a dry sense of humour who was pre-occupied with bizarre and macabre ideas. I can recall him designing a contraption, which was to be attached to a toilet seat for the purpose of murdering his sister. I remember him having a particular attachment to Dr ----- and I recall Dr ----- spending hours with ----- in therapy. ----- must have spent close to two years or longer there, and I recall that towards the end of his time he was elevated to 'old boy' status and would be responsible for making the staff tea at smoko. I liked

-----I, even after he told us on the day he was discharged that he had regularly been pissing in the staff teapot.

I remember the Ombudsman's inquiry into -----, although I was not on duty the day the Ombudsman visited. I believe he arrived to interview ---- shortly after he had ECT. I can recall comment from Dr. ----- to the effect that the inquiry should not interfere with the treatment.

I have been shown Nursing notes which bear signed initials BS –I do not believe this is my writing or my signature. This can be easily ascertained by comparing them with the numerous other notes of mine that must be available for scrutiny. I am not sure but it may be -----, we have the same initials. I do not see my writing on these notes at all.

A lot of the residents from my era are on the claimant list. I do not specifically remember ----- . I have been shown what -----says about ----- stealing the money and confirm that that happened. I can remember ----- being in the bath and the notes (money) appearing in the bath water. He had secreted the stolen money in his anus. I remember him as being none too pleased about me discovering his stash, but I don't recall giving him an injection.

I can remember carefully washing the notes and drying them out and then ----- giving them to the lady cashier in the office – I recall that she was advised not to count them but she did anyway.

In Paragraph 31 ----- says that after finding the money I came up with a huge needle (20 cc paraldehyde?) and gave it to ----- I do not believe this to be a true account of what happened. The inference of ---- is that an injection was given as punishment for stealing. Injections of paraldehyde were given occasionally as charted, for incidents of aggressive disturbed behaviour, not for stealing. I recall another incident when I discovered ----- pinioning a smaller boy, one hand over his mouth to prevent him from screaming, whilst he burnt him with the other. Immediately subsequent to the ensuing fracas in which he attacked me, I believe I may well have given him an injection, but this was a different incident entirely.

I am confident that my nursing notes at the time will reveal the circumstances of this incident.

I administered paraldehyde on a few occasions, but it was never as a form of punishment. At that time paraldehyde was an accepted and standard form of treatment to calm disturbed patients down, particularly subsequent to violent behaviour. It was a fast acting drug that was free of most of the side effects of the phenothiazines. I recall there was a notice posted in the front of the Drug Book prescribing paraldehyde to be administered to the residents as standard treatment for disturbed behaviour – 2 – 5 mls. This was under ----- signature. I also recall an edict from Dr. ----- the Medical Superintendent, which was placed at the front of the drug book in all wards of the Hospital, and made a similar prescription for the use of I/M paraldehyde.

Having said that, I think one has to be realistic about the perceptions of the residents in the Unit.. Many had come from abusive backgrounds or had been in strict borstal type institutions prior to coming to Lake Alice. Punishment had been an integral and dominant part of their lives for many years. I am sure that any youth who was administered a drug by injection subsequent to an outburst of violence would interpret it as punishment. I am equally sure that this would be no different with a similar group in the year 2001 as it was then in 1974.

I can remember -----, I think her second name was ----- but I am not sure. I remember her as a loud, energetic, streetwise teenager, who had come from a dysfunctional family and had been on the streets from an early age. She looked considerably older than her 14-15 yrs She was not a violent, disturbed person, more a mixed up girl who had been through a hard time as a child and was looking for limits on her behaviour and direction in her life. To my knowledge she never had ECT or paraldehyde injections. . Incidentally male staff never ever gave injections to female resident of the Adolescent Unit. If such an occasion arose they would be taken back to Villa 9 and female staff there would administer it. I can remember that I helped ----- get a job as a seamstress in Marton, and on occasions would run her backwards and forwards to work.

I remember working closely with -----, the School Teacher. We decided that we would organize a full pantomime called 'The Caliph of Baghdad' with the residents as protagonists. Even -----, who was always encouraging and open to any new ventures, was somewhat skeptical as to our chances of success. Nevertheless after three months of tortuous rehearsal it came to fruition and this group of 'so called disturbed adolescents' twice performed a full production with costumes, lighting, etc before the patients and staff families of Lake Alice, never missing a cue or dropping a line. I remember the tremendous pride and sense of achievement that all involved experienced.

Another visiting Psychologist that I remember was ----- although I think he was more involved with educational issues rather than clinical issues.

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The Use Of Electro- Convulsive Therapy at the Adolescent Unit between April 74 and April 76

Dr ----- usually came to the adolescent unit on a Friday and ECT treatment was scheduled for then. Occasionally he would visit on a Monday. This scheduled treatment was usually modified (given after the administration of intra-venous anaesthetic and muscular relaxant), and often took place in Villa 9 with a second Doctor or an anesthetist present.

Sometimes ECT treatment was not scheduled in advance, and if Dr ----- considered it necessary, it would be given in Villa 7 unmodified.(direct administration of high voltage electric shock to the head causing instant unconsciousness and seizure). I was called upon to assist in this procedure on several occasions. Two that I can vaguely recall were ----- and -----both of these youths presented as solitary withdrawn individuals who appeared to be suffering depressive illness. It did not seem unusual to

me that this should be prescribed. However unmodified ECT is not an easy or pleasant business to view or assist with, the patient's shoulders and knees having to be restrained to avoid injury as the convulsions were often quite violent. They were given an explanation of the treatment and the reasons for it and both had co-operated. I never felt comfortable about it but I had seen unmodified ECT before and assisted with it on numerous occasions in England, and I considered it a part of my nursing duties

It is perhaps worthy of note that years later in the late eighties the English nursing press was full of the story of a Psychiatric Nurse who was struck from the English Nursing Register for "refusing to assist in a prescribed medical treatment". That treatment was Electro Convulsive Therapy.

I clearly recall another incident when a youth named ---- who ran away from the Unit to his home in Foxton several times earlier in the week, was given unmodified ECT by Dr. ----- . From my perspective he had not presented as depressed in any way at all. I knew him well and had a good rapport with him. It had been a horrible business, the boy had not co-operated and I had to restrain him on the bed whilst Dr.----- administered unmodified ECT. It had left me distressed, shaky, nervous, giggly, and close to incontinence. Immediately afterwards, I approached Dr. ----- expressing my discomfort and querying the treatment.

Dr ---- told me very clearly that it was not my place to question his clinical judgment and that if I continued to do so he would arrange to have me transferred to another Villa. He also told me that I should consider my position in the hospital and my reliance upon hospital housing. I was very much affected by this conversation, which is why I recall it so clearly.

I don't believe that I was called upon to assist with unmodified ECT after this incident.

There are a number of issues that seem to form the basis of the claims from former residents. I wish to express my observations on these issues.

Aversion Therapy.

I had two experiences of this sort of therapy in England prior to immigrating to NZ. I think it worth describing them in detail so that a comparison can be drawn with the Treatment programme in question at Lake Alice.

The first occasion was at Rainhill Hospital in Liverpool UK in 1966/67. Adult patients would volunteer for the treatment. The time that I saw this it was being used to treat the condition of homosexuality (then categorised as a form of mental illness) The client would sit in front of a slide projector screen. In one hand he would have a box with a button on it, and on the other wrist would be a bracelet with a wire attached. A series of photographs of naked men and women would be flashed onto the screen at regular intervals. The client was able to hold the pictures on the screen by pressing his button, or recall a previous picture on to the screen. Each time he held or recalled a picture of a naked man he would receive an electric shock to his wrist. This treatment would occur for hourly sessions, twice a day, for several weeks

The second occasion I saw aversion therapy was in Cane Hill Hospital in Coulsdon Surrey. There was an in- patient facility for alcoholic clients. Again all would volunteer to come on the programme, which as I recall ran for six weeks. The lounge of the ward was done up like the inside of a pub complete with fully stocked bar. At certain times during the day the bar was opened, the nurse on duty donning a waiter's coat complete with bow tie. The clients would sit at the bar and don a necklace, which was wired and ran under the bar to a control panel inside the bar. They would order drinks, whatever they wanted, and the first drink would go down without consequence. However on the second drink the nurse behind the bar would wait until the client was in the act of swallowing and then would press a button giving the client an electric shock on the throat. I remember that some would cough and splutter at first, but they would soon learn to endure the discomfort and drink anyway.

As bizarre as these 'treatments' sound they were acceptable and legitimate within the context of the times. However several things should be noted when comparing this with what happened at Lake Alice:

- 1. They were all adult patients**
- 2. They all volunteered for treatment.**
- 3. The electric shock apparatus was a portable device powered by torch batteries.**
- 4. This was administered as an organized, documented, and regularly monitored team process.**

I believe that at Lake Alice Adolescent Unit between 1972 –74 aversion therapy involving 12-16 yr old youths (all male) was practiced, some of whom were subjected to electric shocks to parts of their body for periods of 10-20 mins. I believe that Dr.----- administered this whilst the staff that worked there physically restrained the residents. I believe that this was done in a last ditch attempt to break patterns of extreme acting –out, which were seen as inevitably leading these young people into life styles of criminal/delinquent behaviour and institutional care. Whilst the professional rationale at this time could be explained in terms of the principles of ‘operant conditioning’, I believe no consideration was given to the long- term effect this would have on the people both receiving and administering ‘the treatment’.

I believe that this regime was conducted in an air of secrecy, neither being documented, controlled, nor monitored.

I believe that this was conducted with an ECT apparatus, a machine designed to administer Electro-Convulsive Therapy(high voltage shock therapy) not aversion therapy. I believe that this was done without the consent of the individuals most of whom I recall were wards of the state.

I consider this to have been a barbaric cruel practice, which would have been as damaging to those who administered it, as it was to those who received it. I can only speculate as to the motivation and mindset of those who administered such treatment.

Such practice was not in context with the times and it could never be argued as being so.

The use of paraldehyde intra-muscular injections in the Adolescent Unit

April 74 -76

As previously stated this drug was prescribed by both Dr.---- and the Medical Superintendent Dr. ----.in the form of a blanket prescription, It was also prescribed on the individual medication charts of patients. It had the particular advantages of being very fast acting, safe, and free from side –effects. That it was prescribed by a blanket prescription for episodes of violent and aggressive behaviour would not be countenanced nowadays, but back in that time it was quite usual and acceptable.

The use of this drug during my time was minimal. ----- in particular was loathe to use it as it was open to being interpreted as punishment by the residents as indeed was the administration of any injection, and this was contrary to a programme of positive reinforcement for desirable behaviour which we all tried so hard to adhere to.

Violence and Physical Abuse in the Adolescent Unit April 74-76

Violence did occur in the Adolescent Unit and I witnessed it on a number of occasions At times there were in excess of 30 or so youths many of whom had histories of violent acting out, so inevitably there were incidents of bullying and fighting amongst them. But this was minimal. On the occasions when it happened we would separate the combatants and they would each spend time out in a seclusion areas for ½ hr –hr no longer, and that would be duly recorded in the nursing notes. On the occasions when this violence was of a particularly serious nature I/M medication would be used, but such occurrences were relatively rare. It should be noted that on such occasions there were often just 2 male staff on duty.

There was no alarm system.

There was no training in calming and restraint.

There was no training in de-escalating procedures.

There was no training in the process of de-fusing incidents.

There was no process of de-briefing staff after such violent incidents occurred.

I would emphasise that at no time did I see or hear of any incidents of deliberate beatings or physical abuse being perpetrated upon a resident of the Adolescent Unit during my time as a permanent staff member. Violence did occur between residents and occasionally there were attacks upon staff, but such incidents were dealt with in a professional and civilized manner and duly recorded. Cruelty and abusive behaviour by nursing staff was simply not a part of the culture of the Unit, and would not have been tolerated by ----- or any of the mainstream staff.

I do not make this statement lightly. I had worked in English Psychiatric Hospitals for some eight years before coming to New Zealand and had born witness to deliberate cruelty and abuse of patients. I was well cognisant of the subtle differences in such regimes.

I would emphasise that the culture of the Adolescent Unit during my time there with ---- as the Charge Nurse, was one of caring, the mainstream staff being committed to doing their absolute best to help a group who were not well serviced by the mental health care system .It was very much a family type environment with the regular staff being cast in family roles. In many ways it was a truly therapeutic community way in advance of it's time, and it cuts me to the quick to see it so denigrated and maligned.

Dr -----.

I knew Dr.----- well and I have already expressed my abhorrence at some of the methods I believe he employed as treatment prior to April 1974, namely aversion therapy. I also believe that his use of unmodified ECT during my time there was on occasions questionable, and on the fringes of acceptability even for those times.

I believe however that he had a genuine concern for his charges. I believe he considered the treatment he employed to be a last ditch attempt to change the lives of young people whose previous abusive history had them destined for lives of misery and tragedy. He considered many of them to have been 'written off' by both family

and society, and in the early seventies the cyclic nature of childhood abuse and its profound significance on adult behaviour, was not as fully understood and considered as it is nowadays.

I think that Dr. ----- put himself above being personally affected by administering such treatment, and in so doing, failed to recognize the development of his own sadism and that of some of the staff that worked for him.

On occasions I experienced him as omnipotent and unreasonable. At other times I experienced him as a quiet, gently spoken man who, when he visited the Unit, would spend hours with the residents both in the group and individual situation.

He took a personal interest in my further education and he spent hours with the staff of Villa 7 both in a supervisory and educational capacity. This was by no means the norm for psychiatrists of that era.

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From 1986 –1995 I was employed as a Nursing Tutor at The Waikato Polytechnic During that time I saw the Mental Health component of the Nursing programme decimated and replaced by cultural safety education. This was common to nursing education in NZ generally at the time, although perhaps more accentuated at Waikato than most other training institutions.. I protested as I saw this inevitably leading to a lowering of the standards of mental health care in NZ..

Eventually an incident occurred at Tokanui Hospital with one of my students who witnessed the brutal beating of a patient by a staff member .She reported this to her tutor at the time who was untrained in the area. The tutor told her to forget about it as ‘such things happened there all the time’. The student came to me with her concerns. I

supported her, and a subsequent investigation by the District Inspector led to the prosecution of the staff member who I believe was imprisoned.

Unfortunately for me the other tutor concerned was the Maori Co-coordinator of the department's cultural safety team. This embroiled me in a prolonged professional and industrial dispute, which eventually led to my sacking in 1995 after I published my professional concerns in The NZ Nursing Journal Kai Tiaki.

For several weeks my dismissal was the subject of national news, numerous newspaper articles, talkback shows, etc. and I became the subject of a TV documentary on 20/20. A parliamentary select committee enquiry subsequently endorsed my concerns, and in 1997 I went to court, and was reinstated to my former position.. The point in relating this, other than perhaps to demonstrate my commitment is that many of the former residents of Lake Alice would have recognized my name from all the publicity at the time.

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On the 2 March 1999 I was contacted by Brett Everitt of Grant Cameron & Associates the solicitors acting for the claimants in this matter. They wished to interview me and get my version of what had occurred at Lake Alice in the 1970's. I received a detailed e/mail from them concerning their involvement.. I have had a number of e/mails from them. Eventually Grant Cameron visited me at home with another lawyer. I spoke to them for a considerable period of time and agreed for my conversation to be tape-recorded. I did not sign any statement and I have not seen a written copy of the notes or the transcript of the tape recording they made. I told them my truth much as I have done in this statement. I do recall they were adamant that the claimants wanted to settle, and the Crown wanted the matter to go to court. I firmly believed then as I do now that the matter should be settled out of court, and it was on the basis of this common understanding that I agreed to the interview.

I have been asked for copies of these communications but it does not sit well with my sense of integrity to pass them on to the Crown at this time. I have however recently written to Grant Cameron and I enclose a copy of that communication.

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Why did such events occur in a State managed Psychiatric Hospital?

The reasons I am sure are manifold and complex, and it would require somebody with far greater ability than I to make such an analysis.

From the professional perspective of a Registered Nurse I make the following observation:

The principle flaw in the system, was the inordinate amount of power afforded and entrusted to the psychiatrist, the total lack of accountability and absence of monitoring or supervision of his practice, and the total willingness, eagerness even, to hand over such responsibility for the residents to Dr. Leeks, by both parents and the State.

In addition I believe the professional conduct of some individual staff members was highly questionable, particularly those that were Registered Nurses in that period 1972-1974.

Signed: _____ **Witnessed:** _____

Date: _____ **Date:** _____