Mike Savage (Kelly Savage's father)

He was only 27 years old. He was a perfectly healthy young man who was undergoing a severe psychological breakdown, but he was healthy.

There was nothing wrong with his heart, nothing wrong with his lungs.

In May 2017, a New Zealander living in Japan died after being admitted to a psychiatric hospital. His death was covered in Japanese media after strong criticism overseas of Japan's psychiatric treatment practices. Kelly Savage was 27 years old when he died. He was living in Japan teaching English at primary and secondary schools.

Kelly had struggled with depression, and his condition worsened in Japan. When admitted to a psychiatric hospital he was strapped to a bed. Ten days later, he was found in a state of cardiopulmonary arrest.

Maraea Stone (Kelly's work supervisor)

I don't understand why he was restrained for ten days, why they made that decision, how they made that decision. It's very cruel.

Alastair Willis (Kelly's psychiatrist)

I think it's disgusting. I think it's a horrible, undignified death for Kelly.

I've got no experience looking after anybody who is mechanically restrained. It's not something that I think about, or that other psychiatrists in New Zealand think about when they're treating people.

Japan's use of restraint has been criticised for being standard practice and lasting much longer than in other developed countries. We decided to learn how people suffering from psychiatric disorders are treated in Kelly's home country, New Zealand.

Kelly was raised in Wellington, the capital city. Very sociable, he was surrounded by many good friends.

Angus HInes (Kelly's friend)

He was so engaging, and engaged in relationships and friendships.

Anthony Goddard (Kelly's friend)

His sense of humour was classic. His laugh!

Angus

Yeah, his laugh. You could always tell when he was around, having a laugh.

Jeronimo Lianillo (Kelly's friend)

He had terrible ideas sometimes.

Kaja Stojkov (Kelly's friend)

He'll be like:

"Guys, this is a great idea - let's go swimming!"

Jeronimo

We couldn't go in the summer.

Kaja

No, it was August.

Jeronimo

It was the middle of winter.

Then at 1 o'clock in the morning, he just gets up and says: "Let's go to the beach."

Kaja

Because there was a beach nearby.

Jeronimo

Yes. And everyone was saying:

"No, that's a terrible idea!"

Then five minutes later, we're all in the water.

In spite of his cheerful appearance, Kelly began going through bouts of depression in his early 20s. When he was 22, the symptoms got serious enough that he was hospitalised voluntarily.

Martha Savage (Kelly's mother)

This is the Wellington Hospital mental health unit. It's where Kelly was in 2012, when he had his first psychotic break.

He came here, and was treated really well. We were part of the whole system. We were brought in and were allowed to talk to him. He came in and out of his room when he wanted. There was a basketball hoop for him to shoot. There were meditation groups, and a lot of programs to help people to adjust.

So we thought this was normal; this was what a mental health unit was supposed to be like around the world.

Kelly recovered, and was discharged in just over a month.

Martha Savage

Kelly really wanted to do what Pat did, so he studied Japanese in high school. He got really interested in Japan and both went there to work.

Alex Thomas (Kelly's friend)

One thing that really drew me and Kelly together was our common love of Japan. He dedicated a lot of his time to studying Japanese and the culture, and trying to make friends with Japanese people. It was always his dream to go over and live in Japan for a while.

Daiji Kataoka (Kelly's Japanese teacher)

You could see it in his face - kindness. Kelly was a person with no barriers, who would greet everyone with a cheery "Hello". *I never heard him say a bad word about anyone. He wasn't jealous, never complained about others and took care not to hurt people's feelings. He certainly never acted violently. There was none of that in him. Deep in my heart I cannot believe he would ever behave like that.*

In the summer of 2015 Kelly realised his dream and moved to Japan to teach English. Outgoing and entertaining, Kelly was very popular with his students. A little more than a year and a half later, in April 2017, Kelly's symptoms took a turn for the worse. He sought help from his brother Pat, who lived in Yokohama, when their father happened to be visiting.

Mike Savage (Kelly's father)

When he arrived at Pat's place, over the course of two or three days he descended into a terrifying, manic episode, and he became increasingly, dangerously disconnected and out of control. About the fourth day, he became so agitated and so crazy that Pat and I feared for our safety.

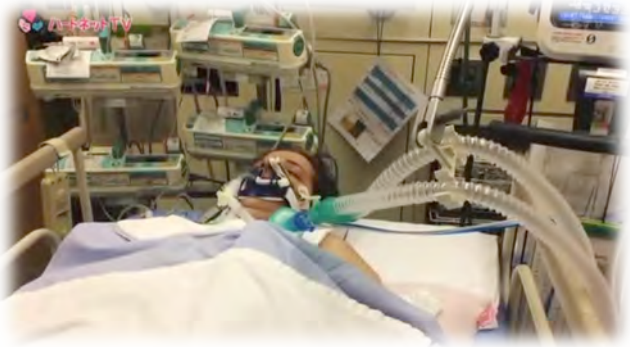
Pat Savage (Kelly's brother)

I accompanied Kelly to the hospital and was there when he was evaluated. They decided involuntary hospitalisation was necessary, and I concurred. I went upstairs with Kelly, where he was instructed to lie down on a bed. They suddenly told us they were going to strap him down.

"What?" *I said,* "You don't have to do that!" *The nurse replied*: "He'll be mechanically restrained for some time, so please buy him a set of diapers."

I was taken aback. Kelly was not at all aggressive then. Why did they need to restrain him? It made absolutely no sense to me.

In Japan, use of mechanical restraints is permitted under the Mental Health and Welfare Act only when the doctor decides the person is a danger to him or herself, or to others, and there is no alternative approach. This is interpreted liberally. Kelly's torso and limbs were immobilised immediately after admission to the hospital. After being strapped down continuously and heavily sedated for ten days, his heart stopped beating. The family was informed by the heart specialist there that a blood clot may have formed due to prolonged restriction of movement.



Pat Savage (Kelly's brother)

At the end of my last visit Kelly said: "This is the last time we'll see each other. They're going to kill me here." *Those were his last words. In fact, that was our last time together*

Michael Savage (Kelly's father)

I'm told now that people in Japan are restrained for months and years, and that this occurrence of cardiac arrest from deep vein thrombosis has happened many times and continues to happen. So my son is dead and the system continues. I don't understand how that can happen. That's all I have to say.

Professor Toshio Hasegawa does research on mechanical restraint usage in Japan. After Kelly's death, he was contacted by many people who underwent mechanical restraint or had family members whose immobilisation resulted in emotional trauma and health hazards.

Despite a call for reduction of mechanical restraints in Japan, usage has doubled over the last decade, and more than 10,000 people are now strapped down in psychiatric hospitals on a given day.

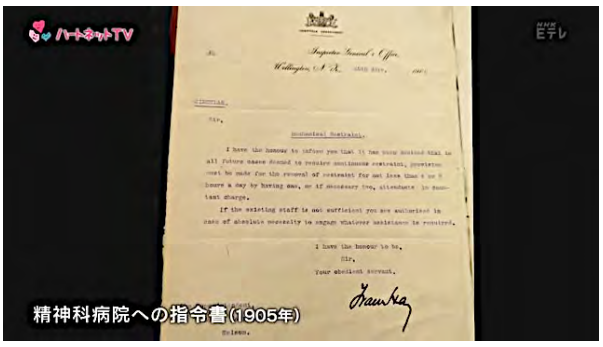
In October 2018, Professor Hasegawa visited the hospital in New Zealand where Kelly had received treatment for his previous episode.

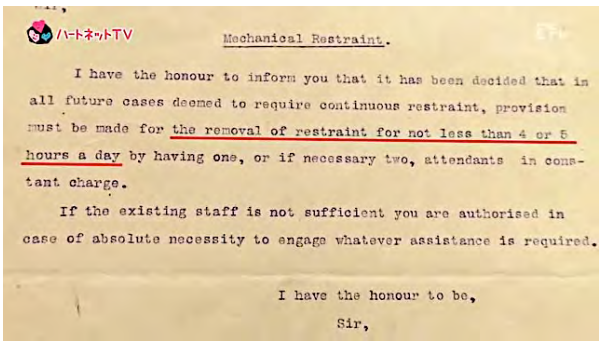
Toshio Hasegawa (Kyorin University)

In Japan, the psychiatrist said to Kelly: "Please lie down on the bed over there," *and he was restrained immediately. Simply put, does a patient who is compliant need to be mechanically restrained?*

Alastair Willis (Kelly's psychiatrist)

Nobody gets tied to a bed in the hospital here in Wellington. They don't have equipment in the psychiatric ward for tying people to beds. I've worked in the Wellington region for 10 years. I've only ever been aware of one person being mechanically restrained. It's just 10, 15 minutes of people holding onto them. The restraint by people is usually much more brief than that. Usually it would just be a few minutes





Mechanical Restraint.

I have the honour to inform you that it has been decided that in all future cases deemed to require continuous restraint, provision must be made for the removal of restraint for not less than 4 or 5 hours a day by having one, or if necessary two, attendants in constant charge.

If the existing staff is not sufficient you are authorised in case of absolute necessity to engage whatever assistance is required.

I have the honour to be,
Sir,

New Zealand has been working on ways to decrease the use of restraint in mental institutions for more than 100 years. This circular was sent by the Medical Inspector General to psychiatric hospitals throughout New Zealand in 1905. It instructs doctors to remove mechanical restraints at least four to five hours every day. From then on, mechanical restraint devices gradually disappeared from hospitals.

In the 1970s, psychiatric patients began speaking out about the conditions they endured.

Mary O'Hagan (peer advocate)

When I was 20, the psychiatrist told me that I would have mood swings for the rest of my life, that I would not be able to work very easily because I would keep getting disrupted by episodes. They told me that I would have to be on medication for the rest of my life, and they also counseled me about not having children in case I passed my defective genes onto them. One of the joys of my life has been proving them wrong on all counts.

Helen Bichan (Medical Superintendent 1982~88)

There was a lot of internal work going on within the profession. The College of Psychiatrists in New Zealand - I mean the meetings I was at and was involved in - were very much pushing for change.

Caril Cowan (Registered Nurse)

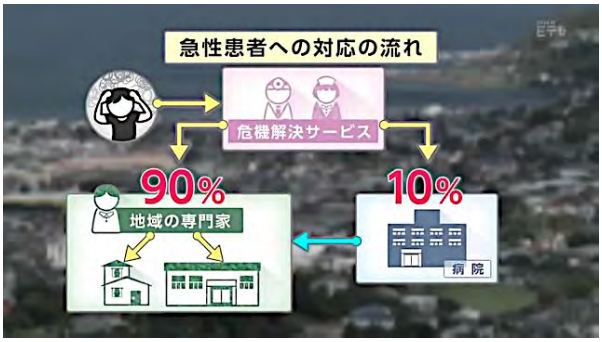
The consumer movement in New Zealand really, through the 70s and 80s, was people getting together and saying: "The services are not helping. In fact, sometimes they're hurting."

Mere Martin (Psychiatric Nurse)

When a person is 'letting off', I really like to sit and talk to them and say: "What is it that you're so upset about? Tell me about it." *And they'll just say* "Oh, f*** off". *And so I would just sit there for a wee while and not take any interest in them. Then nine times out of 10, they'll just start rambling on anyway. And I'd say* "Ah, okay. Is that right? Yep. Well, where did that come from?" *And before they know it, they're telling me what it is that they're upset about.*

Psychiatric hospitals with high bed capacity were closed one by one starting in the 1980s, making way for comprehensive mental health care services in the local community.

Wellington has a population of approximately 213,000. For the entire city, there are only 48 hospital beds for psychiatric inpatients.



New Zealand’s procedure for people going through a crisis is as follows:

a. When someone needs urgent help, a Crisis Resolution Service team - comprised of psychiatrists and mental health care specialists - assesses the person's condition.

b. The 10% deemed to be in a life-threatening situation are sent to the general hospital.

c. The remaining 90% are evaluated by a local team of professionals and receive appropriate care at a small-scale facility or at home.

d. Hospitalisation concentrates on recovery, so that patients can be transferred to community services as soon as possible.

In a crisis situation, specially trained staff use de-escalation techniques to calm the person down.

Caril Cowan

De-escalation is using the relationship to calm a very agitated person. We have to keep ourselves safe, but in relationship, reflecting to the person their emotions again and again until they say something like: "You've got it! I'm really angry." *Then we can start talking about what they're angry about, all the time bringing the emotional tone down, down, down.*

Caril Cowan (Registered Nurse)

The role of the professional in mental health support has changed significantly with the community services. It is much more one of partnership, of helping the person understand what has happened to them, make sense of the illness, and work out what they have to do to stay well and to work well in life, for their life to be good for them.

Peter O'Hare (Psychiatric Nurse)

Doctors are no longer god!

And the health systems are no longer God.

I can think back to the days where the psychiatrist sat in the room, smoked, and it was just scripts. Now we sit down; we include the family. We realised that our job is to help the person develop the best relationship with whatever is happening for them. They are the experts about themselves.

Mary O'Hagan (peer advocate)

The line between treatment and mistreatment is consent. So, if someone says "I want this", *and they are informed, fully informed of the risks and benefits, then that is treatment. If they are forced to take it, or they're not informed of the risks and benefits, that easily becomes mistreatment.*

What are community services like that take in patients with acute symptoms?

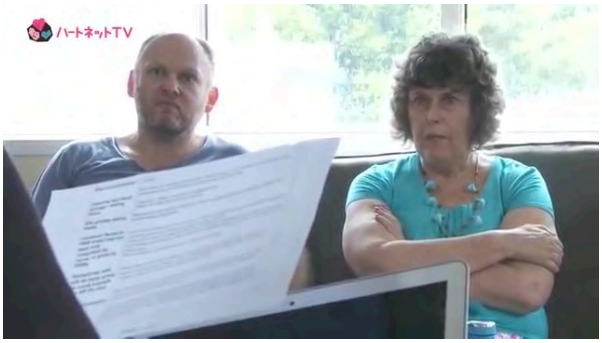
One alternative to hospitalisation is **Piri Pono**.

When Kelly's behaviour before hospitalisation in Japan was described, we were told there was a good chance someone with his symptoms would have been accepted at Piri Pono.

Donna McGalvin (Team Manager)

The uniqueness of Piri Pono, this recovery service, is we have only five people staying at any given time and a 2:5 ratio of staff every day.

We also have a nurse on for 12 hours a day as well as a behind-the-scenes manager like myself.



At the core of Piri Pono's services is 'peer support.' People who have experienced psychiatric disorders themselves work as support staff - as equals - to help the guests recover. Brooke Gallagher, who works here as a nurse, once spent time at the facility.

Brooke Gallagher (Registered Nurse)

I've been in several hospitals since my diagnosis 18 years ago, and I've often run away from hospitals and been brought back by police, or taken taxis home or to someone else's place, because I didn't want to be there.

Coming to Piri Pono was so different because I had a choice to be here. No-one was saying "you must stay". *No one was locking me up; no-one was giving me medication when I didn't want it. When I left Piri Pono, I was really interested in coming to work here. About four months later I put in an application, and they were very happy to employ me.*

Ryan Evans (Peer Support Worker)

What we're doing is treating people as a human. All that the treatment is, is talking to somebody and acknowledging their point of view. and not saying that it's right. It's not for me to say that it is right or wrong. But to say: "I hear what you're saying, and that sounds really tough."

Neive Collins (Peer Support Worker)

For example, if a person is hearing voices we say, "What kind of voices are you hearing? Are they male; are they female? Are they kind voices? Or are they not so kind voices"?

If someone is hearing voices, and it's telling them to hurt themselves, we actually involve them. We really acknowledge that that is what is so real for them in that moment, and we talk about it. We explore what's going on for them and say "We've got options here. You can work with us, and allow peer support to work next to you to try and distract you, or to just keep you company through that moment. Or do we need to go more"?

Donna McGalvin (Team Manager)

When the peers are working alongside guests and having engaging conversations, because they've come from their own lived experience, straight away that breaks down barriers and forms a trustful relationship. Then due to that, an intentional conversation can occur about what's really going on for the person and they can start seeing where things have come from, and repeated patterns.

Neive Collins (Peer Support Worker)

I've supported a lot of ex-gang members and things like that. So I work with a lot of men. Most people will go: "Oh gosh, you're a woman; you couldn't possibly do that". *I have no problem doing it, because I treat them as a human.*

Mikey Morrison (Peer Support Worker)

At an early age I grew up just knowing drugs and fighting and everything else that goes with gang culture. I was addicted to heroin and morphine and anything else under the sun. This is where I used to put all the needles of heroin and morphine into myself. I've been clean for 22, 23 years. I still struggle with issues relating to that, but I've come a long way from where I was.

Mikey (cont.)

I got introduced to Piri Pono here. As a peer support worker, I'm here to come alongside these ones that have been walking the walk that I once walked, come alongside them and walk on their journey together.

Brooke Gallagher (Registered Nurse)

Often we don't need to call the police or an ambulance; we are able to de-escalate the situation mainly just by talking. I've been here for four years and have seen a lot of people. I think we've had one situation where the person has been physically violent, but not to staff. Maybe to property, not to staff.

This is **Te Pou**, a national research centre that works on improvement of New Zealand's mental health care services. Prof. Hasegawa visited them as part of his research on the use of restraints.

Unlike Japan, New Zealand no longer uses mechanical restraint. In fact, even briefly holding a patient is considered to be restraint, and Te Pou's goal is to eradicate all restraint and seclusion by the year 2020.

Caro Swanson (Mental Care User Service Lead)

One of the things we've supported to try and create consistency, least damage, is what we call 'Safe Practice and Effective Communication' *training. Each District Health Board gets the same training, which is concentrated on being more effectively engaging in communicating. It has a limited restraint holds part which does not include pain holds or prone holds. Getting a consistent language across has been helpful as well.*

Toshio Hasegawa

I associate rising use of mechanical restraint in Japan with an increase of emergency units at psychiatric hospitals, not overall patient numbers. At emergency wards mechanical restraint is standard practice. Staff in Japan's psychiatric ER units maintain that immediate use of restraint leads to earlier discharge of patients. Is that plausible?

Robyn Shearer (Chief Executive 2008 ~ 2018)

I'd say "Show me the evidence." *There have been some very strong beliefs in our practitioners about restraint and seclusion being a good thing. We've had to work hard over the years to keep pushing evidence, talking at conferences, going to meetings, publishing, etc.*

Caro Swanson

I feel proud when I look at this... In ten years it's now considered a failure of service if someone ends up in seclusion or being restrained, and it is no longer seen as a therapy.

New Zealand has pursued patient-oriented mental health care.

Caril Cowan (Registered Nurse)

Recovery in mental health was stimulated by the consumer movement, both locally and internationally. It looks at a different outcome for people with mental illness than what the professional services have been offering. It looks at how people can get better when they're told that they can't!

Peter O'Kane (Psychiatric Nurse)

Treat people with respect. Treat people with dignity. Work collegially. Give people information. Have them make decisions based around the information. And having a right to complain.

Mary O'Hagan (peer advocate)

The most important aspect of personal recovery is hope, regaining hope, and regaining meaning and purpose in life.

Two years after Kelly's death, his family and friends still feel a sense of loss.

Alex Thomas

It wouldn't have happened anywhere else in the world. Nowhere in the world would you be tied up for so long. And for that to happen in the country that he had dedicated so much love to, it really felt like he had been betrayed.

Maraea Stone

It just shouldn't have happened to him or anyone, because he had so much potential. He was just beginning his life.

Pureā Nei (Music & Lyrics © **Hirini Melbourne**)

♪1 *Scattered by the wind, washed by the rain*

♪2 *and transformed by the sun*

♪3 *all doubts are swept away*

♪4 *and all restraints are cast down.*

♪5 *Fly, O free spirit, fly*

♪6 *to the clouds in the heavens*

♪7 *transformed by the sun, all doubts swept away*

♪8 *all restraints cast down.*

Toshio Hasegawa (Kyorin University)

In New Zealand I felt that respect for individual dignity is the norm, even when a person has a disability. With this outlook on life, restricting someone's freedom is unthinkable, and the very idea of mechanical restraint is untenable.

Martha Savage (Kelly's mother)

Hey, Kel, I hope you like your new flowers. Birds are singing. We're not going to let anybody get away with this with anybody else. I hope you like what we're doing for you. Love you, Kel.

Alastair Willis (Kelly's psychiatrist)

I think it's disgusting. I think it's a horrible, undignified death for Kelly.

It's something that's hurt me a lot. I can't imagine what Mike and Martha must be living with, and Patrick as well.

An NHK Production	
Camera / Director	**Michael Goldberg**
Japanese voices	**81Produce**
Audio Mix	**Yoko MIzuno**
Colourist	**Satoshi Sugiyama**
Music	**Dai Tsukada**
Editor	**Kotaro Watanabe**
Producer	**Nobuyuki Kubo**
Executive Producer	**Akiko Murai**