

Healer, Ms C

**A Report by the
Mental Health Commissioner**

(Case 17HDC02389)

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Executive summary

1. This report concerns the care provided to a woman with a history of anxiety and depression, and who developed an interest in soul healing.
2. A healer provided the woman with health services in the form of soul healing sessions, coaching sessions, a house clearing/blessing, and advice via text messages. Sadly, the woman died by suicide.

Findings

3. The Mental Health Commissioner found the healer in breach of Right 4(4) of the Code. The Mental Health Commissioner was critical of the healer providing advice about medication beyond her scope and competence, and in particular discouraging its use or supporting its cessation; and failing to recognise and respond appropriately when the woman expressed feelings that suggested she was feeling suicidal or, at the very least, experiencing depression.

Recommendations

4. The Mental Health Commissioner recommended that the healer provide HDC with her reflections and learning from this case, and provide a written letter of apology to the woman's family.
5. The Mental Health Commissioner also recommended that the healer develop an information sheet to be provided to consumers and obtain regular supervision, should she return to practice.

Complaint and investigation

6. The Health and Disability Commissioner (HDC) received a complaint from Ms A about the services provided to her late mother, Mrs B, by Ms C. The following issue was identified for investigation:

- *Whether Ms C provided Mrs B with an appropriate standard of care.*

7. This report is the opinion of Mental Health Commissioner Kevin Allan, and is made in accordance with the power delegated to him by the Commissioner.
8. The parties directly involved in the investigation were:

Ms A	Complainant/consumer's daughter
Ms C	Provider (spiritual teacher/healer)

Interactions between Mrs B and Ms C

19. In Month1, Mrs B text messaged Ms C, asking about undertaking Mr D's healing course. Ms C encouraged her to do so, and said that she would need to be "cleared"⁴ before she could apply.
20. On 15 Month1, Mrs B messaged Ms C about her state of mind and physical well-being, and asked whether Ms C thought it was better not to take Nurofen, as she appreciated Ms C's opinion as someone who had "done this work before [her]".
21. Ms C replied, "No nurofen ... it contains chemicals," and told Mrs B to rub peppermint oil on her forehead and to get a soul song made for \$250, which would be emailed to her. Ms C told Mrs B that she had not taken pain medication for three months at that point.
22. On a date between 15 Month1 and 11 Month2, Mrs B messaged Ms C telling her that Mr D wanted her to stop her blood pressure medication and use a natural remedy. Ms C replied that she was pleased to hear about this, and asked whether Mrs B had arranged a natural remedy for blood pressure yet. Mrs B said that Mr D had told her to use ginger tea with grapeseed oil. On 11 Month2, Mrs B messaged Ms C to tell her that she had stopped her blood pressure medications.
23. On 31 Month4, Mrs B and Ms C discussed how much Ms C charges for her services. Ms C told HDC that Mrs B wanted to show her husband that she would make the money back if she participated in Mr D's course.

Interactions between Mrs B and Ms C in Month5

24. HDC was provided with text messages between Mrs B and Ms C from Month5 onwards. These messages show that Mrs B discussed her mental health with Ms C and asked for advice and healing. The messages are summarised or outlined below.
25. On 13 Month5, Mrs B messaged Ms C that she was "feeling crappy again" and said: "I need a hug [Mr D] would say I need a boot up the backside ..." Ms C replied that Mrs B needed to "align",⁵ "clear", and protect herself.
26. On 14 Month5, Mrs B and Ms C discussed catching up once Mrs B had moved to another region. Mrs B said that if she saw Ms C now she would "probably blubber all over [her]", and that she loved Ms C and was grateful for her friendship. Mrs B also stated: "[N]ot liking where I'm at right now and trying to hang in there for brighter and better times ahead ..." Ms C replied: "And you will too ok sweet sexy [Mrs B]."
27. It appears that in late Month5, Mrs B asked Ms C to "clear" her new house. HDC has not been provided with the communication in which Mrs B asked Ms C to "clear" her new house; however, Ms C's text message on 25 Month5 agreeing to do so and that she would charge \$150 was provided.

⁴ Ms C told HDC that "clearing" means that "your energy field is bright and vibrant and lifting your mood", and this was her understanding of Mr D's requirements for his courses.

⁵ Ms C told HDC that "aligning" means "going with the flow".

28. During 26–27 Month5, the following text message exchange occurred between Mrs B and Ms C:

Mrs B: “Do [you] think it would help me if I had a healing with [you]? If [you] wanted to do it that is xx”

Ms C: “... You are doing really well miss. Don’t be so hard on yourself. Hey I still have down days too ughh. Yes if you [would] like a healing”

Mrs B: “Its good to hear [you] think I’m doing well! My feelings are so intense it’s the hardest thing I’ve ever done [Ms C]. And trying to look calm in the outer for [my husband] and others. There are times when I think I wish I hadn’t embarked on this journey but I keep trying to pull myself forward. How much would I [rest of message cut off]”

Ms C: “Hi [Mrs B]. You are not alone in [your] thinking. I too have felt this way ... No going back now though. Like my soul your soul won’t let you either. The reward is seeing happy souls”. “Healing for you ... the cost is nothing ... cause im sure once you are a [healer] you will heal me when I need [and] I will do the same for you ok.”

Mrs B: “Omg [Ms C] I’m so relieved to hear that [you] have felt something like I have been [because] I keep thinking what the heck is wrong with me! And your offer of no charge for the healing nearly made me cry but I’m at work ... of course I would be happy to do the same for you. We can sort out a time when we [are] both [rest of message cut off]”.

Ms C: “... It makes me feel better too ... that im not the only one as well. Xxx”

29. On 29 Month5, they agreed to have a healing session for Mrs B on 1 Month6.

Interactions between Mrs B and Ms C 1–14 Month6

30. Ms C confirmed that a soul healing session occurred on 1 Month6 remotely online.
31. On 2 Month6, there are messages between Mrs B and Ms C where it appears that Mrs B went to Ms C’s home around 12.45pm, as they discuss “will text when we [are] at the gate”, “we are here”, “Coming. The gate is unlocked.”
32. At 4.00pm, Mrs B messaged Ms C:

Mrs B: “Do [you] know why my chest hurts all the time and [I] feel shaky? Is this how others feel too ...”

Ms C: “Your fear again. I will send you a transformation⁶ soon ok xxx”

Mrs B: “Ok thank you I thought so xx will I ever get past this [Ms C]”

⁶ Ms C told HDC that “transformations” are a way of letting go of old patterns, transforming a negative to a positive, and that these bring attention to the conscious mind of areas that need attention.

Ms C: “Yes when you truly believe that you are 100% healed. Let go of the fear. You have nothing to fear”; “When you decide to live in the present moment [and] know how special you are. You are going to help so many souls.”; “I love Me. I love who I am. I am thankful [and] grateful for everything that I have in my life. I give myself permission to let go and be happy”

Mrs B: “I want to feel good again and enjoy my family and my life instead of being in fear of everything ...”

Ms C: “You will. Stop giving your power to it by thinking [a]bout it. Heart on mind off.”

33. On 3 Month6, the following text message exchange occurred between Mrs B and Ms C:

Mrs B: “[Ms C] I’m really sorry I don’t think I can do this. Thank you for all you have done for me I love you ...”

Ms C: “Yes you CAN. Don’t let the darkside win [Mrs B]”

Mrs B: “It’s too painful literally I already said ok you win but I don’t feel any better inside heart racing all the time, trembling inside I don’t know what to do it’s getting worse no matter how hard I try and [my family] are noticing I’m not myself”, and “[Mr D] probably won’t take me like this anyway”

Ms C: “You have already been accepted. Start living your life [and] stop worrying. You are safe”

Mrs B: “I had paid for some more tune ups with him so could use those”

Ms C: “Believe you are. Visualise that you are ... Yep use them”

Mrs B: “I don’t know why I am finding the fear such a huge obstacle still”

Ms C: “The affirmation gift ... gifted to me helped me ... Ive been through the same thing, if I can get through this then so can you”

Mrs B: “Oh that was on his page yesterday”

Ms C: “Perhaps once you have moved you will settle down”

Mrs B: “Yeah I was hoping that were [you] really like this too ... 4 months to go seems a long way off ...”

Ms C: “Ive had days like that yes ... But I decided that im bigger n bettexas ... [The] affirmation mp3 helped me n my soul helped me ... There is no way that you are not doing this ...”

By the time 4 months is up you will be ok ... Send love to yourself ... Meditate to music with mind off n relaxxxx ... Some of your stress is related to your move [and your family] ... Let go n let [Mrs B] back in xxx ... Love you lots sis xxxx”

Mrs B: “Thanks for all your kind words ... yes it’s difficult to find things to take mind off it when I no longer use tv, radio, movies, books, etc. did you find that too? ...

Ms C: “Yep ... I do watch tv n align n detach⁷ ... I like watching comedies ... [Mrs B] start living again please ... Live in the present moment ... Give yourself permission to relax”

34. On 4 Month⁶, Mrs B messaged Ms C that she had had a good sleep and was feeling a lot better. Mrs B also said that she would download affirmations and that the ones Ms C had sent her on Sunday had helped too.

35. On 6 Month⁶, Mrs B messaged Ms C:

Mrs B: “If [you] have any more encouraging words for me they will be greatly appreciated. I’m clinging on the edge today ... I feel like I’ve ruined my life”

Ms C: “You make me smile ... no you have made a life changing decision for the better ...”

Mrs B: “... life changing alright regretting it at the moment but hopefully not in the future ...”

36. On 8 Month⁶, Mrs B messaged Ms C:

Mrs B: “I’m struggling to hold myself together I don’t see a way out of this the harder I try the worse I feel dear god I don’t know what to do ...”

Ms C: “Take a deep breathe [sic] [and] relax ... don’t think just do xxx”

Mrs B: “Sorry I know I’m a fucking pain! I feel the worst I’ve felt in my life and it’s hard trying to be ‘normal’ in front of everyone. When will I feel good again. Even how I felt before was nothing compared to this”

Ms C: “When you decide to let go of you fearing fear”

Mrs B: “How did [you] do it?”

Ms C: “When you decide enough is enough. The choice is yours ... live for today or live in fear today xxx ... As [Mr D] just put ... when heart speaks and heart listens harmony is produced ... Love yourself”

⁷ Ms C told HDC that “detaching” is “letting go of personal troubles, a way of letting go of old patterns, disengaging from outcomes and living in the present moment”.

Mrs B: “When I try letting go of the fear my body tenses up big time and I shake like anything. Does [Mr D] know I’m struggling with this? I haven’t found the right time to get in touch with the move and [my husband] always being around at the moment”

Ms C: “I haven’t said anything to [Mr D]”

Mrs B: “[Mr D] will tell me off big time ...”

37. On 11 Month6, Mrs B messaged Ms C on Facebook:

Mrs B: “Had a terrible night — now insomnia is added to the mix. I seriously can’t take much more of this. I’m talking to [Mr D] tonight and if I can’t turn this around I’m off to the doctor for antidepressants and sleeping tablets. Now [my husband] is aware of the state I’m in. It’s not fair on [my family]. We are going on holiday [soon] and no one will enjoy it if I’m like this. I’m regretting moving here as well — think it was the wrong choice. Sorry please detach from all my shit I just need to express it to someone other than myself!”

Ms C: “Hi [Mrs B]. You got it in one. DETACH FROM YOUR SHIT as you called it. I’m being blunt now ... pick yourself up NOW please. Stop thinking about stuff. Put a white flag up to yourself ... At the moment you are being pushed outside your comfort zone. Remember you will have clients like yourself ... so you will be able to teach them too ... How to get up and out.”

38. Between 11–13 Month6, they had further communication, discussing “clearing”, Mrs B’s healing with Mr D and difficulty removing “powerful demons” on her, letting go of her “fear”, and doing mind control removals on 15 Month6, the date of the house clearing/blessing.

39. On 14 Month6, Mrs B messaged Ms C on Facebook:

Mrs B: “... Had another night hardly any sleep think I removed something but feel it’s back so will keep working on clearing myself. I can’t keep going like this [Ms C]. I’m starting to think antidepressants and sleeping pills might be a better option. I really need to get sleep ...”

Ms C: “No [Mrs B]. You will get through this. You are a fighter. Stop thinking about them.”

40. When asked to explain these messages on 11 and 14 Month6, Ms C stated that these were messages between friends, and that she did not think Mrs B would take her own life. Ms C also outlined her own experience with medication and how it did not work for her, as well as her experience with counselling, and said that she found that talking about things never helped but that action did. She believes that “a change in lifestyle and diet are more beneficial than taking a tablet to fix things”.

House clearing/blessing on 15 Month6

41. Ms C told HDC that the house clearing/blessing occurred on 15 Month6 at 10.30am at Mrs B's home. Ms C charged Mrs B \$150 for this. Ms C said that Mrs B also invited her to have morning tea, and showed her around her new home. Ms C stated that on this date she verbally encouraged Mrs B to see the doctor.
42. Later that day it appears that Ms C tried to call Mrs B. They discussed via text message that Mrs B was having visitors over, and Ms C said: "Just know your protection is strong [and] you won't be picking up stuff ok ..."
43. Later, Mrs B messaged: "Realised that a lot of my fear is about what's happening in my body and me having no control over it." Ms C replied: "Say that to [Mr D] ..."

Interactions between Mrs B and Ms C 16–22 Month6

44. In Month6 (the date is unclear but it was likely 16 or 17 Month6), Mrs B messaged Ms C that she did not love herself or feel deserving, which was why she was not allowing happiness. In response, Ms C said: "[W]e got you happy on Saturday by thinking and creating your garden so do more things like that please."
45. On 17 Month6, Mrs B messaged Ms C: "I need to master connecting, aligning and clearing myself." In response, Ms C said that she was coaching someone regarding connecting and aligning for \$50 a session, and asked Mrs B to email her transformations. Mrs B replied: "Yes I will do that. The coaching sessions sound good maybe I can do that esp[ecially] now I'm not doing course [Mr D's] will put payment thru for house clearing too and do testimonial I do feel better about house."
46. Ms C told HDC that she did not charge Mrs B for coaching sessions regarding aligning and connecting. Ms C did not provide HDC with further detail other than that outlined in this report.
47. On 18 Month6, Mrs B contacted Dr E via a patient portal,⁸ advising that she was struggling with her sleep having recently moved to the area, and wished to restart her citalopram.⁹ Dr E stated that she encouraged Mrs B to see a local GP given the deterioration of her symptoms, and provided a short prescription of citalopram given that Mrs B had used and tolerated it well previously. Dr E also prescribed Mrs B 12 tablets of zopiclone¹⁰ for short-term use as required.
48. On 19 Month6, Mrs B and Ms C exchanged the following messages:

Mrs B: "[Ms C] I think you will need to step away from me my dear friend. I'm going downhill fast and am struggling to contain myself very well. [My husband] is now very aware that something is up and I've told him what I can without revealing all ... He said

⁸ An online service that allows consumers to access medical records, book appointments, request repeat prescriptions, and view laboratory results, among other uses.

⁹ An antidepressant medication.

¹⁰ A medication used for sleep problems or insomnia.

he will get me to a doctor and I haven't the heart to tell him it won't help. I love you and what you are doing to help heal other souls."

Ms C: "... I will always be your friend [Mrs B] ...

Well I am going to be very blunt here. [Mrs B] don't give in to the dark. If you do then they will take you out. You are so much stronger than you think ...

Im still happy to coach you in aligning etc"

49. On 19 Month6,¹¹ Mrs B messaged Ms C:

Mrs B: "... just had a reply from [Mr D] this is what he said ... He said I am not aligning because of the fear. Overcome the fear of death and all other fears go away ... That is huge for me — not sure how I can do that ..."

Ms C: "We will work you through this"

Mrs B: "It explains why I have been struggling with this — the thing is how to overcome it"

50. On 20 Month6, Mrs B messaged Ms C:

Mrs B: "... the words from you and [Mr D] have gone round and round in my head (sounds like a poem!) it feels like such a catch 22 — overcome fear of death so I can align and connect and clear myself. Don't see how that's [going to] happen and it has escalated my fear even more now. I've had to take sleeping tablets as I can't continue with no sleep. This has been going on for couple of months now. The ironic thing is if they do take me out I will overcome my fear when I pass. I would so much prefer to stay but am struggling to see a way out."

Ms C: "It will continue to happen in the next lifetime [Mrs B]. Best you get really determined this lifetime ... You are down talking yourself ... Snap out of it [Mrs B]. Xxx ... Love you lots soul sister ... Anyways I know you will overcome this. CAUSE YOU DO WANT TO LIVE TO SEE YOUR GRANDCHILDREN xxx ... Just relax and do it beautiful lady ..." (Emphasis in original.)

51. Ms C told HDC that she told Mrs B to stop talking herself down, and wanted her to snap out of the negative space that she was in, and tried to help her by saying positive things to her. Ms C said that her intention in responding this way was to continue providing Mrs B with positive encouragement.

52. The Coroner's reserved decision states:

"[33] [Mrs B] said that she would much prefer to stay but was struggling to see any way out. That she had thought of ending it but was too much of a coward to do that.

¹¹ This date has been inferred from the surrounding messages.

That she had sunk so low that she did not think that an appointment with the GP would help. [Ms C's] response to this was to tell [Mrs B] to snap out of the negative space because she needed to live to see her grandchildren. To clear herself and expand her love. If she did not want to see the GP she should cancel the visit ..."

53. Ms C told HDC that she had made an appointment for Mrs B to conduct a healing over Skype on 22 Month6, but Mrs B texted her on 21 Month6 to cancel.

54. On 22 Month6, Mrs B messaged:

Mrs B: "Omg [Ms C] this pain and suffering is unbelievable they have no mercy I'm fucked"

Ms C: "No you are not. Don't think [and] just enjoy your day. When you feel more calm then align [and] clear beautiful lady ... You have the strength [and] courage"

Mrs B: "Thanks [Ms C] I wish I had your faith but I don't think [you] realise how down I've gone the feeling is with me all the time I'm feeling like I've fucked up everything and I have lost who I am. I've even thought of ending it but I'm too much of a coward to even do that I hate myself for doing this to me and my family.

It's like I can see the wonderful life that could be there for me but I can't get to it"

Ms C: "Yes you can ... You need to clear yourself"

Mrs B: "I know that I've been trying"

Ms C: "You've cleared yourself [before] so you know you can do it again ... Expand your love"

Mrs B: "We may as well have had that session"

Ms C: "Stop telling yourself you cant do it ... You know Thomas the tank engine. Yes you can do this ... yes you can chugga chugga yes you can"

55. Ms C told HDC that she knew that Mrs B had struggled with depression over a number of years, but despite these text messages, she did not think that Mrs B would take her own life. Ms C said that she continued to respond with positive messages to her after receiving this text message. She tried to use language that she knew Mrs B understood, and this meant advising her to take things slowly and to stay calm.

56. Ms C said that in response to her messages, they booked another healing time for 23 Month6. Ms C told HDC that she "trusted that the healing session would really help".

57. Mrs B then messaged that she was noticing a fear of losing what she had and also feeling undeserving. Ms C replied, "because you have something on you" and to have positive thoughts.

Healing session 23 Month6

58. Ms C said that on 23 Month6, before the session, Mrs B texted her: “I’ve sunk so low that I don’t think it will help today I am losing the ability to function properly I’m so sorry this is way beyond my worst nightmare I can imagine.”
59. Ms C stated that she responded by saying it was OK if she wanted to cancel, and that she needed to remember that there was something “on her” making her feel like this. Ms C said that she wanted Mrs B to know that it was not inherently her that was in any way at fault.
60. Mrs B responded: “Yes but how can I remove it when I feel like this.” Ms C told HDC that she encouraged Mrs B to be strong and to take out the bad energy that was on her. Ms C replied:
- “Easy get still and put your big girl panties on and blow the fucker off you. Blow it up. ... Be james bond.”
61. After texting her that, Mrs B then asked to continue with the healing session and the healing session happened that day.
62. Ms C said that the healing session on 23 Month6 was conducted over Skype, and she helped Mrs B through specific exercises Mr D had taught her. The exercises that Ms C coached her through were:
- Breathing exercises to help with stilling the mind.
 - An inner smile meditation to help relax the mind.
 - Guided imagery meditation.
63. Ms C told HDC that after this session, Mrs B talked about going to the doctor and getting medication. Ms C said that she encouraged her, that she had nothing to lose by going, and that it was her choice whether she took medication or not.
64. In a further response to HDC, Ms C recalled Mrs B sharing during this session that her husband would be taking her to the doctor the next day, and said she had no reason to doubt that Mrs B would go. She believed that Mrs B had discussed the same issues with her husband as she had with Ms C.

Last communications between Mrs B and Ms C

65. On 24 Month6, Mrs B text messaged:
- “Tried really hard yesterday to find me in there but I’m not able to reach my heart and soul. I feel like I’m someone else [Ms C] it’s a very scary feeling and I’ve been this way for several weeks. Where has [Mrs B] gone? I know the answer isn’t pills but I need to do something so I can try and function again.”
66. Ms C replied: “start to allow you to be you again” and “it is safe to be you”.

67. Ms C said that she sent further messages to Mrs B but did not receive replies. She thought from the text messages that Mrs B had been taken to the doctor.

Subsequent events

68. Also on 24 Month6, Mrs B's husband took Mrs B to an appointment with Dr E. Dr E stated that Mrs B said that she had been experiencing increased anxiety and low mood over the last two or three months, which had gradually increased in severity. She talked positively about the move. Her sleep had been poor but better with zopiclone, although she was concerned about using the medication regularly. Her husband had said that she was quite withdrawn. Dr E noted that Mrs B was taking citalopram 20mg, and that on examination, Mrs B looked tired and had quite a flat affect.¹² They discussed checking her blood tests. Dr E increased Mrs B's citalopram to 30mg once daily and started her on low-dose quetiapine¹³ 25mg nocte instead of zopiclone, and asked Mrs B to see her again at weekly intervals for the next fortnight, but to come back sooner if needed.
69. Dr E's notes show that Mrs B did not mention any suicidal ideation.
70. Ms C said that she spoke to Ms A on the evening of 25 Month6, and Ms A did not say anything to alert her that Mrs B was not OK.
71. In the morning of 26 Month6, Mr B initially thought that his wife was sleeping. When he realised that she was not breathing he called an ambulance and began CPR. Sadly, Mrs B had died sometime between 25 and 26 Month6. The Coroner determined that her death was self-inflicted and a suicide.

Further information — Ms C

Health services

72. Ms C told HDC that as a healer, she provided services that came out of her specific belief structure concerning spiritual matters, and she has particular beliefs about the causes of, and how to address, physical and other problems. Ms C told HDC that she does charge for her services on occasion.
73. Ms C said that her services were not aligned to treatment for any specific mental health issues, nor were they promoted as being so. She did not provide diagnoses, and nor did she prescribe treatment for physical or psychological issues.
74. Ms C told HDC that she does not hold herself out as a health practitioner or offer health services, and considers that it is quite clear that she never offered services to address either mental or physical health.
75. Ms C provided testimonials from clients who had received her healing services. Almost all of the testimonials provided refer to mental health issues or physical health issues that were assisted via Ms C's healing. In particular, they outline that healing sessions assisted

¹² Outward expression of mood.

¹³ An anti-psychotic medication that is also used for sleep issues.

with, among other things, depression and anxiety, stopping medication for depression, insomnia, and blood pressure.

Qualifications and training

76. Ms C told HDC that she does not have membership of any particular college or professional association. She said that she was trained by Mr D and has a qualification from him, which appears to be a Facebook post indicating that she has been granted the “Elite Status of [Healer]” by Mr D.
77. When asked for details of any experience Ms C has working with people who have mental health issues and/or suicidal ideation, she referred to her own and a close family member’s mental health issues. She also noted that a number of the people who approach her have had issues with depression and other mental health concerns.

Nature of relationship with Mrs B

78. Ms C has maintained that her relationship with Mrs B was not a professional relationship, but rather a friendship based around a mutual interest in spirituality. She said that they often met and discussed their personal lives, and both liked alternative health modalities. She and Mrs B were supporting each other on their respective healing journeys.

Healing sessions for Mrs B

79. Ms C told HDC that her healings were to assist Mrs B in dealing with the bad feelings and issues that afflicted her. Ms C said that she knew that Mrs B had quite a bit of stress in her life, that she was having trouble feeling joy and gratitude, and that her anxiety was constant.
80. Ms C told HDC that she does not have documentation or clinical notes regarding Mrs B, as this is not something she ordinarily keeps, as she is not providing a clinical role.
81. Ms C said that she has charged other people for the exercises and activities she provided, but did not charge Mrs B because she was a friend.
82. However, Ms C did acknowledge that she charged Mrs B \$150 to perform a clearing of her house.
83. Ms C was asked to provide an explanation for, and the context of, many of the text messages between her and Mrs B outlined above, as the messages appeared to imply that Mrs B was doing something specific or taking certain actions within a certain timeframe.
84. Ms C told HDC that the messages that they have been taken from give the necessary context, and that it is a very difficult and time-consuming process to go through each quotation and find the messages that they came from. However, Ms C stated that Mrs B held very similar beliefs to her own about the spiritual realm and how spiritual things can affect people physically, emotionally, and psychologically. Ms C stated:

“We supported each other together as some of what [Mrs B] had been going through I myself had experienced and because I knew that this protocol had helped me so much I truly believed or felt it could help [Mrs B] too.”

85. In relation to the context of the messages, Ms C was also asked whether Mrs B was undertaking certain steps or actions as instructed by Ms C or Mr D in preparation for something, such as Mr D’s healing course. Ms C told HDC that there were not any particular actions or steps that Mrs B had to do in order to prepare for Mr D’s course, other than to attend his healing course or have one-on-one sessions with him.

Whether Ms C considered referring Mrs B to a health professional or discouraged Mrs B from seeking professional help

86. Ms C told HDC that she did not refer Mrs B to a health professional or GP because she understood that Mrs B’s family had taken her to the doctor, and felt that they were responsible for those sorts of decisions, and she did not expect that Mrs B would take her own life. Ms C stated: “As she had told me that she had told [her husband] of what was happening within her, I had no reason to doubt or question any of this or do anything else.”
87. Ms C told HDC that she did not see herself as the person primarily responsible for Mrs B’s well-being. As a friend, she provided what she could to help her through what was a very hard time, but saw herself as only one person of many supporting her.
88. Ms C said that she knew that Mrs B had enlisted a life coach, was going to see her GP, and was attending a healer (Mr D) for one-on-one sessions, as well as monthly group healing sessions. Mrs B also had family and other friends. Ms C said that if she had not heard from Mrs B after three days, then she would have made contact by either ringing her or contacting Ms A. Ms C said that at the time of Mrs B’s death, she had not heard from Mrs B for two days.
89. Ms C said that she acknowledges there is a need for medical assistance, she does not tell people not to go to “specialised medical practitioners”, and at no time did she discourage Mrs B from getting specialist help. Ms C stated that she verbally encouraged Mrs B to see the doctor during telephone calls, in person on 15 Month6, and during the session on 23 Month6.
90. Ms C said that she never thought for one moment that Mrs B was down enough to take her own life. Ms C stated that she has gone over and over this in her mind, and cannot think of anything she could have done differently to prevent Mrs B from taking her own life.
91. Ms C said that she has not made any specific changes to her practice as a result of these events. She stated that she has always been concerned to ensure that anyone who sees her is getting appropriate treatment and professional help.

Further information — Ms A

92. On the other hand, Ms A told HDC that her mother reached out to Ms C to tell her how she was feeling, and wanted advice to help with her “down spells”. Ms A said that her mother was told by Ms C that she did not need medication or doctors, and that she could heal herself.
93. Ms A provided screenshots of Facebook posts made by Ms C on Ms C’s Facebook page. These give an indication of the views held by Ms C on those matters:

20 Month1: [Shared Mr D’s post] “The more people that get this the better

Drugs never cure anything all they do is make you more dumber and more reliant on the fools that educate you to believe it is true the chemicals can cure you

CHEMICALS FRY YOUR MIND BODY AND SOUL — WAKE UP”

“I no longer get Mammograms done and I get questioned and bullied about why I don’t. I stand strong to and by myself. I SAY NO to Mammograms.”

“How much do you value your health? Talking about it is not going to solve it and by making excuses ... and by going to the doctors on a regular basis doesn’t help either does it? If it did then you wouldn’t need to keep on going back and emptying your pockets to them With Soul Healing YOU GET YOU BACK and there is no need for doctors etc, Your Soul does know what to do to Heal itself”

“I was just told this via text ‘Please don’t share pages which might discourage people seeking conventional treatment for cancer by trying to use baking soda instead’ ... I am responding here ... This is my page and I will share what I like on here. Being informed is better than being ignorant.”

“... Quote from someone chatting to me who thinks my way is flaky

‘I send healing to people who need it and they feel better’

I say ... laughing oh has any of the type of healing you have done worked?

Yes they say

and then I say ohhh then why are they still sick then?

I get no response!!!!”

“Thank you ... for sharing this Truth <3 <3

Me Being A [healer] I can safely with out any drugs, surgery or long winded bullshit story Truly help you n your soul achieve this

By going to doctors counsellors you are giving your power away to another. Each and Everyone of us has the ability to heal themselves. I love being able to help others this way

No doctor or drug can make you feel this good 😊

Those of you that have had soul healing sessions will know what Im saying here ...”

In a similar or edited post: “... those of you that have had soul healing sessions will know what Im saying here is True

[Ms C] [healer]

[Attached a picture that states ‘The key to creating health is figuring out the cause of the problem and then providing the right conditions for the body and soul to thrive. It isn’t taking another medication!’]”

94. Ms C was given the opportunity to explain the above posts. She stated that regarding references to cancer on her Facebook page, she has had family members diagnosed with cancer, as well as her own health issues, and it is therefore her personal experience with cancer that she shares. She said that she and her partner do not agree on certain spiritual subjects, so some of her posts were in response to discussions they had.

Responses to provisional decision

Ms C

95. Ms C was given an opportunity to comment on my provisional decision, and provided a response.
96. Ms C maintained that she was acting as a friend of Mrs B, and that she believed she acted in her best interests. However, Ms C stated that she does not dispute the fact that some things could have been done differently. She also acknowledged that certain parts of her practice required changing, should she return to practice, and advised that she has already undertaken several steps in light of that.
97. Ms C stated:

“It is my belief that continuing to support [Mrs B], listening to her, and helping her to detach from the causes of negativity in her life maintained a positive influence in her life up to her death.”

98. Ms C said that there were “a plurality of factors leading to [Mrs B’s] death”, and maintained that she believes Mrs B’s family were aware of her mental state. Ms C also believes that it would not have been sensible to discuss with Mrs B’s family, given some of the things Mrs B had confided in her about her personal stress.

Ms A

99. Ms A was given an opportunity to comment on the “information gathered” section of my provisional opinion, and provided a response. She stated:

“The major concern in reading these [text messages] is that [Ms C] takes it upon herself to ‘coach’ my Mum through these feelings when really, she needed professional help. There is not a single response where [Ms C] does not say that she is out of her depth and that in itself makes her ‘healing’ dangerous ...

I do not want this tragedy happening to anybody else or their family member. It has changed my life forever.”

Opinion — preliminary matters

Jurisdiction

100. As outlined above, Ms C submitted that she does not hold herself out as a health practitioner, and that she never offered services addressing either mental or physical health. She claimed that she and Mrs B were primarily friends, and that she did not charge Mrs B for her services, apart from a house clearing/blessing.
101. The Code of Health and Disability Services Consumers’ Rights (the Code) applies to the provision of “health services” by a “health care provider” to a “health care consumer”,¹⁴ regardless of whether any charge is made for those services.¹⁵ “Health services” include services to promote and protect health, and prevent ill-health.¹⁶ Ms C’s statements to HDC, and her social media pages and posts, point me to the conclusion that she provided health services to the public, and consequently was a healthcare provider.
102. It is evident that Ms C provided Mrs B with health services throughout the year, in the form of soul healing sessions, coaching sessions, a house clearing/blessing, and advice via text messages, “to assist [Mrs B] in dealing with the bad feelings and issues that afflicted her”. Ms C was obliged to comply with the Code when providing those services.
103. I acknowledge Ms C’s statement about being Mrs B’s friend. As the healthcare provider–consumer relationship overlaid a pre-existing personal one, this blurred the boundaries and made Mrs B more vulnerable to the counsel and advice of Ms C. In my opinion, Ms C should have avoided treating and healing Mrs B to begin with given their pre-existing friendship. However, the health service provider–consumer relationship developed, and there are aspects of the care provided that are troubling.
104. I am concerned about Ms C’s lack of awareness or recognition of the service she was providing, particularly as the testimonials she voluntarily provided to HDC outlined her purported assistance with clients’ significant depression, mental health, and other health ailments.

Alternative health practitioners

105. The services provided by Ms C fall under the umbrella of complementary and alternative health services. Any criticisms made in this case are specific to Ms C, and are by no means

¹⁴ Clause 1 of the Code and sections 2 and 3 of the Health and Disability Commissioner Act 1994.

¹⁵ Section 3(k) of the Health and Disability Commissioner Act 1994 provides that a healthcare provider includes “any other person who provides, or holds himself or herself or itself out as providing, health services to the public or to any section of the public, whether or not any charge is made for those services”.

¹⁶ Section 2 of the Health and Disability Commissioner Act 1994.

blanket statements relating to alternative health services as a whole. I acknowledge the benefits of alternative healthcare practitioners and the assistance and comfort they can provide. It is also important for consumers to have autonomy to choose what works for them, including complementary and alternative health services, provided that these choices are well informed.

106. However, in my view, and as will be discussed below, it is crucial that practitioners of complementary and alternative healthcare services, as with any other health service provider, recognise when they are going beyond their own competence, and actively consider other options, particularly when there are concerns about a consumer's safety. They must also be aware of, and comply with, any legal obligations, including the duties set out in the Code and in privacy legislation.
-

Opinion: Ms C — breach

107. As a healthcare provider, Ms C was responsible for providing services in a manner that minimised the potential harm to Mrs B, and optimised her quality of life.¹⁷
108. Mrs B was experiencing anxiety and depression, and the messages exchanged between Ms C and herself show that Mrs B's mental health was deteriorating over the course of the year. Sadly, Mrs B died by suicide. This opinion is not intended to place blame on Ms C for Mrs B's death. However, in the context of providing health services to Mrs B, I consider that there were things Ms C should not have done, and in other respects, where she should have done more, as outlined below.

Advice about medication outside her scope

109. Early in the year, Ms C supported Mr D's advice that Mrs B stop her blood pressure medication (cilazapril 5mg daily). Clinical advice was obtained from in-house advisor Dr David Maplesden about the consequences of ceasing cilazapril. He advised that while abrupt cessation of this dose of cilazapril would generally be discouraged without close monitoring of blood pressure (and if the drug was to be stopped, gradual withdrawal would generally be advised), the risk of immediate harm is probably not great. However, in the longer term, untreated hypertension results in increased risk of a cardiovascular event such as myocardial infarction (heart attack) or stroke.
110. On 11 Month6, Mrs B messaged Ms C: "... I seriously can't take much more of this ... if I can't turn this around I'm off to the doctor for antidepressants and sleeping tablets ..." In response, Ms C told her: "I'm being blunt now ... pick yourself up NOW please. Stop thinking about stuff. Put a white flag up to yourself ... At the moment you are being pushed outside your comfort zone."

¹⁷ Right 4(4) of the Code.

111. On 14 Month6, Mrs B expressed to Ms C that she could not “keep going like this” and was “starting to think that antidepressants and sleeping pills might be a better option”. In response, Ms C messaged: “No [Mrs B]. You will get through this. You are a fighter. Stop thinking about them.”
112. I also note that on 24 Month6, Mrs B expressed feeling as if she was someone else, and stated: “I know the answer isn’t pills but I need to do something so I can try and function again.” Ms C stayed silent on the statement about medications, and replied, “start to allow you to be you again” and “it is safe to be you”.
113. Ms C had strong views on taking medication. She had previously advised Mrs B not to take Nurofen because it contains chemicals. Ms C’s social media posts stated, among other things: “Drugs never cure anything all they do is make you more dumber and more reliant on the fools that educate you to believe it is true the chemicals can cure you.” Ms C explained to HDC that medication had not worked for her, and she believes that a change in lifestyle and diet are more beneficial than taking medication. In my opinion, these comments on social media, and previous interactions, demonstrate Ms C’s views on medication.
114. It is clear that Mrs B was aware of Ms C’s disapproval of medication. In all the circumstances, including:
- Ms C’s recommendation to stop taking Nurofen;
 - Ms C’s support of Mr D’s advice to cease taking medication;
 - Ms C’s clearly expressed public statements on taking medication;
 - Ms C’s silence in response to Mrs B’s statements about stopping taking medication;
 - Ms A’s evidence that Ms C discouraged her mother from taking medication; and
- the context of Mrs B’s vulnerable mental state and her reliance on Ms C as a key authority on her health, I find that Ms C’s actions amounted to discouraging Mrs B from taking her medication.
115. As there was a healthcare provider–consumer relationship, it was not appropriate for Ms C to discourage Mrs B from using medication. Mrs B had used antidepressants previously, in particular citalopram, with apparently good effect. Dr Maplesden advised that a 2009 Cochrane meta-analysis comparing antidepressants versus placebo for depression concluded that both tricyclic antidepressants and SSRIs¹⁸ are effective for depression treated in primary care. A 2012 Cochrane meta-analysis found that citalopram was more efficacious and better tolerated than some other commonly used antidepressants.
116. I am critical that Ms C discouraged Mrs B from taking prescription medication. I also consider that her silence at times when discussing medication was ill-advised. Ms C was

¹⁸ Selective serotonin reuptake inhibitors (SSRIs) are a class of drugs used as antidepressants that inhibit the reabsorption of serotonin only.

not qualified to give advice to Mrs B to stop taking medication that had been prescribed by a medical professional, and that had the potential to seriously impact Mrs B's health. Ms C should have recognised that such advice was well beyond her competence and scope. She should have deferred any advice to Mrs B's GP, or at least caveated her advice by directing Mrs B to discuss cessation of medication with her GP.

Response to Mrs B's deterioration

117. In Month5 and Month6, Mrs B messaged Ms C about having increasing difficulty with her emotions and depression, and some of her messages suggested suicidal ideation. In response, Ms C messaged her advice, provided healing sessions, provided coaching sessions for "connecting and aligning", provided or asked Mrs B to make "transformations", and performed a house clearing/blessing. I am very concerned by her actions and inaction in several respects.
118. In early Month6, Mrs B began clearly expressing that she did not feel that healing and related concepts were working, stating, "I don't think I can do this," and "When will I feel good again. Even how I felt before was nothing compared to this", and was becoming increasingly distressed and wanting to go to the doctor for medications. Despite this, Ms C persisted, encouraging Mrs B to keep going with the healing method and related concepts, stating, "There is no way that you are not doing this," and "[N]o you have made a life changing decision for the better."
119. Then, in the weeks leading up to her death, Mrs B sent Ms C text messages in which she hints at feeling suicidal.

"I'm clinging on the edge today ... I feel like I've ruined my life"

"I'm struggling to hold myself together I don't see a way out of this ..."

"... I don't think [you] realise how down I've gone the feeling is with me all the time I'm feeling like I've fucked up everything and I have lost who I am. I've even thought of ending it but I'm too much of a coward to even do that I hate myself for doing this to me and my family."

"I've sunk so low that I don't think it will help today I am losing the ability to function properly I'm so sorry this is way beyond my worst nightmare I can imagine."

"... had to take sleeping tablets as I can't continue with no sleep. This has been going on for a couple of months now. The ironic thing is if they do take me out I will overcome my fear when I pass. I would so much prefer to stay but am struggling to see a way out."

120. Ms C responded via text message with advice such as:

"Easy get still and put your big girl panties on and blow the fucker off you. Blow it up. ... Be james bond."

“It will continue to happen in the next lifetime ... Best you get really determined this lifetime ... Snap out of it [Mrs B] ... Anyways I know you will overcome this. CAUSE YOU DO WANT TO LIVE TO SEE YOUR GRANDCHILDREN xxx.”

121. As well as the advice in these text messages, Ms C continued to persist with providing “healing” to Mrs B. I note that on 19 Month6, when Mrs B messaged that she was going downhill fast and that her husband would be taking her to a doctor but she did not have the heart to tell him that it would not help, in response Ms C told Mrs B not to give in to the dark, and told her that she was still happy to coach her in aligning. When Mrs B expressed suicidal ideation on 22 Month6, a healing session that had been cancelled was rescheduled, as Ms C “trusted that the healing session would really help”.
122. Despite receiving these text messages, Ms C said that she did not think that Mrs B was depressed enough to take her own life.
123. I do not accept that. Ms C told Mrs B to “snap out of it” because “you want to live to see your grandchildren”, and she would message Mrs B every three days. In my view, Ms C knew, or ought to have known, that Mrs B was contemplating taking her own life. At the very least, Ms C should have recognised that Mrs B was experiencing depression that was beyond Ms C’s capacity to treat.
124. When she was made aware of Mrs B’s feelings, Ms C kept that information to herself and persisted in providing healing services to Mrs B and discouraging her from seeking medical help. I consider that Ms C was practising dangerously by doing so.
125. Ms C stated that she did encourage Mrs B to see her GP, and that at no time did she discourage Mrs B from getting specialist help or suggest that she not attend a doctor. However, there is no evidence in support of her statement despite numerous text and Facebook messages exchanged between Ms C and Mrs B. I note there was an occasion where she discouraged the use of medications (“stop thinking about them”) to Mrs B, but then the next day apparently verbally encouraged Mrs B to attend the doctor.
126. Furthermore, it is difficult to reconcile such a statement with Ms C’s well-publicised views on conventional medication and treatment, as expressed on her social media posts, and of Ms C having previously discouraged Mrs B from taking prescribed medication. Ms A told HDC that Ms C told her mother that she did not need medication or doctors, and that Mrs B could heal herself. In my opinion, it is more likely than not that Ms C did not encourage Mrs B to seek medical assistance.
127. I acknowledge that Mrs B eventually did see her GP, and that she did not disclose suicidal feelings to her GP. That is not the point. In my view, Ms C missed opportunities for preventing harm to Mrs B, by not engaging with other health professionals or family.¹⁹

¹⁹ Health providers can disclose information when they believe on reasonable grounds that it is necessary to prevent or lessen a serious threat to the life or health of the individual concerned. See the Privacy Act 1993 and the Health Information Privacy Code 1994.

128. When receiving information suggesting suicidal ideation, a health service provider not qualified in mental health does not need to make a determination about whether the consumer really intends, or is depressed enough to, take their own life, and should have a low threshold to take action on that information by reaching out to others for assistance. This applies to both regulated and non-regulated providers. Ms C should have recognised that she was out of her depth, and either:
- a) Disclosed to Mrs B's family members, GP, or mental health services. From the information gathered, Ms C had means of contacting Ms A or Mrs B's husband. She could have advised them or other support persons known to her of Mrs B's level of risk; or
 - b) At the very least, encouraged Mrs B directly to disclose how she was feeling to family members or other healthcare providers.
129. Ms C submitted that she did not see herself as the person primarily responsible for Mrs B's well-being, but rather as one of many supporting her. Ms C believed that Mrs B had discussed with her husband how she was feeling. However, Mrs B messaged Ms C things such as:
- “... I feel the worst I've felt in my life and it's hard trying to be 'normal' in front of everyone”, and
- “... [My husband] is now very aware that something is up and I've told him what I can without revealing all ... He said he will get me to a doctor and I haven't the heart to tell him it won't help.”
130. These text messages should have alerted Ms C that Mrs B was revealing more to Ms C than others in her life, and that others in her life were not aware of how she was truly feeling and her suicidal ideation. I am critical that Ms C did not respond appropriately when she was made aware that Mrs B was suicidal or, at the very least, experiencing depression.

Conclusion

131. I consider that Ms C failed to provide services that minimised the potential harm to Mrs B or optimised Mrs B's quality of life, by:
- a) Providing Mrs B advice about medication beyond her scope and competence, and in particular discouraging its use or supporting its cessation; and
 - b) Failing to recognise and respond appropriately when Mrs B expressed feelings that suggested she was feeling suicidal or, at the very least, experiencing depression.
132. For the above reasons, I find that Ms C breached Right 4(4) of the Code.²⁰

²⁰ Right 4(4) states: “Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.”

Recommendations

133. I recommend that Ms C:
- a) Provide a written letter of apology to the family for the breach of the Code identified in this report, within three weeks of the date of this report. The apology should be provided to HDC, for forwarding to the family.
 - b) Develop an information sheet, if she returns to practice, to be provided to consumers, outlining the service she provides, the limitation of her services, as well as information about other health services that are available when limitations are reached, for consumers to be able to make an informed choice prior to engaging with her. (I acknowledge that Ms C has stated that she no longer provides these services. This recommendation applies should she return to practice.) In response to my provisional decision, Ms C advised that the information sheet she used contained most of this information, but should she return to practice, she will add in a sentence to the effect that clients can see registered medical professionals should they require specific medical complaints to be addressed.
 - c) Provide HDC with her reflections and learning from this case, including in relation to the HDC Code, the Privacy Code, and the value of documentation for contact with consumers, and outline the actions she would take should a similar situation arise, should she return to practice. This should be provided to HDC within two months of the date of this report.
 - d) Obtain regular supervision should she return to practice.

Follow-up action

134. A copy of this report with details identifying the parties removed, except the expert who advised on this case, will be sent to the Director of Mental Health and the Director-General of Health, and will be placed on the Health and Disability Commissioner website, www.hdc.org.nz, for educational purposes.

Appendix A: Independent advice to the Commissioner

The following in-house expert advice was obtained from Dr David Maplesden, a general practitioner:

“David Maplesden

19 August 2019

In answer to your queries:

1. Efficacy of antidepressants

A 2009 Cochrane meta-analysis¹ comparing antidepressants versus placebo for depression in primary care concluded that both tricyclic antidepressants (TCAs) and serotonin-reuptake inhibitors (SSRIs) are effective for depression treated in primary care. In a 2012 Cochrane meta-analysis², some statistically significant differences between citalopram and other antidepressants for the acute phase treatment of major depression were found in terms of efficacy, tolerability and acceptability. Citalopram was more efficacious than paroxetine and reboxetine and more acceptable than tricyclics, reboxetine and venlafaxine, however, it seemed to be less efficacious than escitalopram. It can be concluded that citalopram is efficacious for the treatment of depression, and may be more efficacious and better tolerated than some other commonly used antidepressants. Use of an SSRI such as citalopram is recommended in relevant New Zealand guidelines for management of moderate and severe depression (see Appendix 1).

2. The consequences of ceasing blood pressure medication (cilazapril 5mg daily)

Manufacturer recommendations list 5 mg as the maximum daily dose of cilazapril for treatment of hypertension³. The patient had blood pressures of 140/90 and 130/88 while on therapy (2 [Month1]) with a treatment goal of around 130/80. I do not have access to pre-treatment blood pressure levels. If the medication was suddenly withdrawn, based on studies of other drugs in the same class one might expect a rapid rise in blood pressure (within 48 hrs), followed by a 5-day blood pressure plateau that is lower than the initial (pre-treatment) level⁴ then gradual return to pre-treatment levels. While abrupt cessation of this dose of cilazapril would generally be discouraged without close monitoring of blood pressure (and if the drug was to be stopped gradual withdrawal would generally be advised), the risk of immediate harm is probably not great, but in the longer-term, untreated hypertension does result in increased risk of a cardiovascular events such as myocardial infarction or stroke.”

¹ Arroll B et al. Antidepressants versus placebo for depression in primary care. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007954. DOI: 10.1002/14651858.CD007954

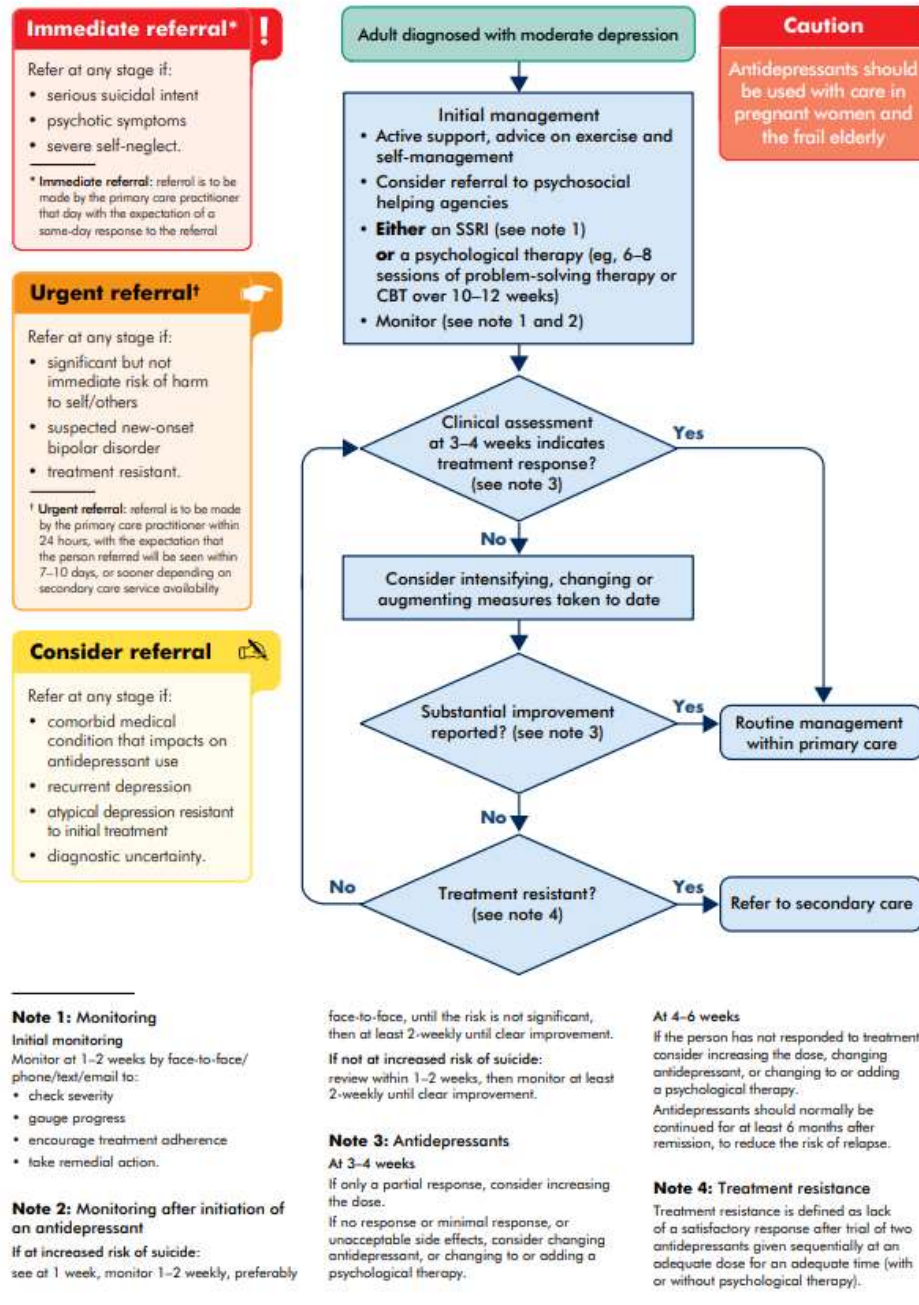
² Cipriani A et al. Citalopram versus other anti-depressive agents for depression. Cochrane Database of Systematic Reviews 2012, Issue 7. Art. No.: CD006534. DOI: 10.1002/14651858.CD006534.pub2

³ <https://www.medsafe.govt.nz/profs/Datasheet/a/apocilazapriltab.pdf> Accessed 19 August 2019

⁴ Vaur L et al. Short-term effects of withdrawing angiotensin converting enzyme inhibitor therapy on home self-measured blood pressure in hypertensive patients. Am J Hypertens. 1998 Feb;11(2):165-73.

Appendix 1⁵

Management of moderate depression in adults in primary care



⁵ New Zealand Guidelines Group. Identification of common mental disorders and management of depression in primary care summary. 2008. Ministry of Health.

<https://www.health.govt.nz/publication/identification-common-mental-disorders-and-management-depression-primary-care-summary> Accessed 19 August 2019