

The Kiwis For Good Foundation — Complete Investigative Report

STRAIGHT UP NZ · THE KIWIS FOR GOOD FOUNDATION — COMPLETE INVESTIGATIVE REPORT ·
VERSION 1.4 · 2 OCTOBER 2026

Introduction: Why This Report Exists

Who wrote this and why

This report was produced by **Straight Up NZ**, a New Zealand public-information project concerned with the quality of health information that reaches vulnerable people. It exists because of a simple observation: an organisation presenting itself as a youth mental-health and suicide-prevention charity was publishing material that did not match what the scientific evidence says — and some of the people governing that organisation have public commitments to ideologies that oppose evidence-based mental-health care.

We did not set out to prove that conclusion. We set out to check it. We read every page the organisation has published — all 89 pages on its website — quoted every checkable claim verbatim, and tested each one against the published evidence. Where the charity's content is accurate, this report says so plainly (ten of the fifty-eight catalogued claims are accurate or defensible, and some of its content — such as its August 2026 article on safe antidepressant tapering — is genuinely responsible). Where it is not, we show the quote, the source, and the counter-evidence.

Why accuracy matters more in mental health than almost anywhere else

Bad information in most domains wastes money or time. Bad mental-health information can kill, through a well-understood pathway:

1. **Depression is treatable, and treatment works.** The evidence base for antidepressants, psychotherapy, and combined care is among the largest in medicine — hundreds of randomised trials, hundreds of thousands of participants. Most people who engage with treatment improve.
2. **The gap between illness and treatment is where the danger lives.** Suicide risk is highest not in people who are being treated, but in people who are ill and untreated, undertreated, or who stop treatment abruptly and alone. Anything that widens that gap — fear, distrust, false hope, delay — raises risk.
3. **The audience for mental-health content is, by definition, the least equipped to filter it.** A frightened parent searching "should my child take antidepressants" at midnight, or a nineteen-year-old in despair, does not read umbrella reviews. They read whatever ranks, whoever sounds caring, and whoever says "we're one of you."

4. **Trust is the treatment delivery mechanism.** Every effective intervention — a GP visit, a prescription, therapy, a helpline call — begins with the person trusting that help is worth having. Content that corrodes trust in treatment in general, while offering unproven alternatives in its place, does not merely misinform; it redirects people away from the things most likely to keep them alive.

This is why the standard for a registered charity speaking to suicidal young people cannot be "mostly harmless" or "well-intentioned." It has to be: **is what they say true, is what they promote proven, and are the people in charge free of commitments that conflict with the mission?**

The standard this report applies

Every claim in this report is judged by one test: **what does the best available evidence actually show?** Not whether the claim is comforting, or plausible, or told by someone sincere. The counters cite the primary literature — the 522-trial antidepressant meta-analysis, the Chief Coroner's statistics, the mentoring and exercise meta-analyses, the FTC enforcement record, the coroner's findings — with the same rigour we would want applied to us. Where the evidence is genuinely contested (the serotonin debate, polyvagal theory, micronutrient research), we say it is contested and describe the state of play; we do not pretend uncertainty is settlement in either direction.

We have also applied to ourselves the disciplines we ask of others: every quote is verbatim and sourced to a specific page, author and date; dated copies of every page reviewed are retained; our methodology and its limitations are disclosed in Appendix F; and the Foundation and every individual named have a standing right of reply, with corrections to be published in future versions.

What this report is not

It is not a claim that the Foundation is a scam, a fraud, or a criminal enterprise — we found no evidence of that, and the register record is clean. It is not an attack on religion, on lived experience, on exercise, mentoring, nutrition, or community — several of those have real (if modest) evidence behind them, which this report states. It is not an argument that medication is always right, that psychiatry is beyond criticism, or that the mental-health system is adequate — New Zealand's system has real, documented failures, and criticising it is legitimate and necessary.

It is an argument that **criticism, alternatives, and hope all have to be honest** — and that an organisation asking for donations and the trust of vulnerable young people has to meet the standard it invokes when it calls itself "evidence-based."

A note for anyone reading this in distress

If you are struggling, the single most evidence-backed thing you can do is talk to someone qualified: free call or text **1737** (Need to Talk?, 24/7), **Lifeline 0800 543 354**, **Youthline 0800 376 633**, or your GP. If a treatment is causing you problems — side effects, feeling worse, wanting to stop — the right move is to tell your prescriber and adjust or taper slowly with support, not to stop suddenly or swap proven care for unproven promises. You deserve information that respects you enough to be true.

Executive Summary

The Kiwis For Good Foundation is a small, legitimately registered New Zealand charitable trust (CC57436, Napier, incorporated November 2019) whose stated mission is youth mental health and suicide prevention. A full review of its website — 89 pages, ~80 articles, examined in this report — reveals an organisation whose public content goes considerably further than its "gym memberships and mentoring" shopfront:

1. **A Scientology link at board level.** Trustee Mike Ferriss (appointed March 2026) is the long-time public face and Certification Officer of the Church of Scientology of New Zealand and director of the Citizens Commission on Human Rights (CCHR) — a Scientology-founded organisation whose doctrine holds that psychiatry is a "pseudoscience" and which campaigns against psychiatric medication for minors.
2. **A chairman selling unproven therapy.** Chair Dr Robin Youngson (appointed April 2025), a genuinely decorated retired anaesthetist, now works full-time as a practitioner/trainer of Havening Techniques and his own branded "Somatic Compassion" method — touch-based trauma therapies with no established clinical evidence base — authored a memoir titled *The Science of Miracles*, and **authored the charity's November 2022 article attacking the COVID vaccine mandates** as "state-sanctioned abuse" years before joining the board. The charity has endorsed his method and produced a documentary promoting it.
3. **A systematic anti-antidepressant media operation.** At least a dozen articles attack SSRI prescribing: the "serotonin theory is discredited" framing (misusing Moncrieff 2022), a Study 329 exposé, the Thomas Kingston inquest, withdrawal-story content, a glowing review of Richard Vernall's anti-medication book *Running on Empty*, an article tying SSRIs to **Jeffrey Epstein's emails**, a sympathetic profile of an **illegal psilocybin supplier** whose clients want to "break free" from antidepressants, and a claim that depression is "simply a natural reaction to day-to-day traumas" — while promoting the charity's own programmes (including its chairman's commercial therapy) as the alternative.
4. **Culture-war content the earlier analysis missed.** Articles attacking **gender-affirmation surgery** (built on a study whose own author disavows the causal reading), the **COVID vaccine mandates**, and **pornography** (sourced partly from a US conservative think tank) mean the original "no right-wing content" assessment must be revised: the site does carry socially conservative, anti-government-mandate, and conspiracy-adjacent themes, alongside its Scientology-adjacent anti-psychiatry content.
5. **A controversial offshore counselling partner.** Its free counselling for 13–25-year-olds was routed through BetterHelp, the US platform that paid a US\$7.8 million FTC settlement in 2023 for sharing users' sensitive mental-health data with advertisers.
6. **Extremely thin finances.** Revenue of NZ\$58K against NZ\$69K expenditure in FY2025, ~NZ\$8K in assets, roughly one month of reserves, ~100% donation-dependent — while promising free gym memberships, "over \$10,000 in prizes," 8 staff, funded counselling and film production.

7. **A commercial fundraising arm.** A separate "Kiwis For Good Shop" runs a \$20 subscription + \$10,000 cash prize-draw scheme operated by Australian telemarketing firm Adflex Marketing, with street and phone fundraisers.

None of this is fraud, and there is no regulator action against the charity. The accurate characterisation is: **a tiny, sincere-origin charity that since 2022–2026 has accumulated, at board and editorial level, Scientology-adjacent anti-psychiatry ideology, commercially-motivated fringe trauma therapy, anti-mandate and culture-war content — expressed primarily through its media output rather than its services.**

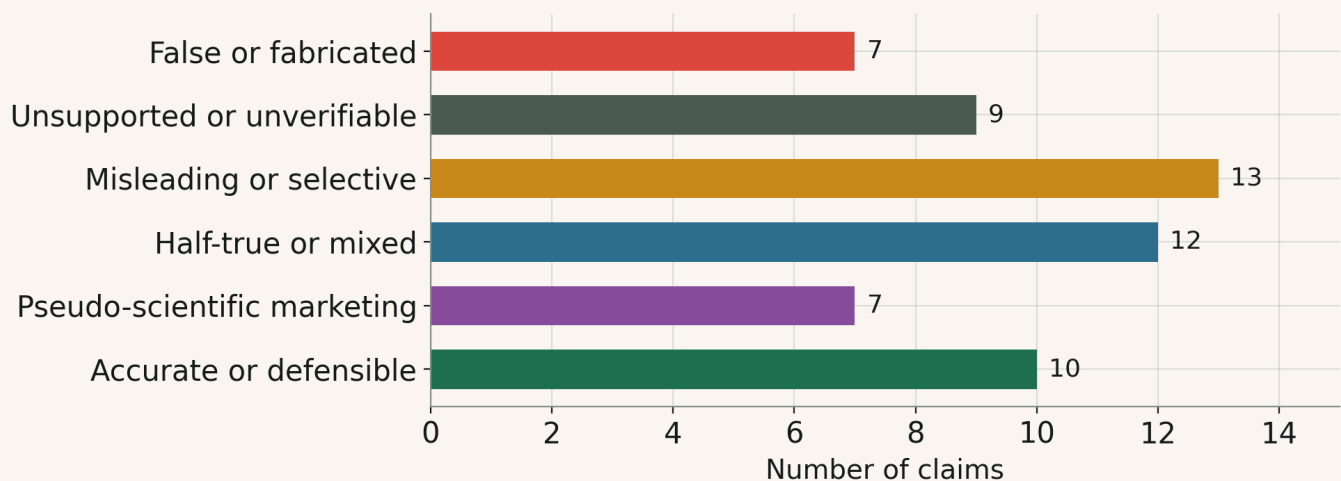
At a Glance

Subject: The Kiwis For Good Foundation — NZ registered charity CC57436, Napier. Stated mission: youth mental health and suicide prevention. Founded Nov 2019 by Tim Baker.

Size: NZ\$58K revenue FY2025; ~NZ\$8K assets; ~1 month reserves; 8 staff; 100% donation-funded.

The site: 89 pages reviewed in full (1–2 Oct 2026): ~80 articles, 9 core/programme pages.

Verdicts across the 58 catalogued claims



The claims: 58 checkable claims catalogued, each quoted verbatim, sourced, and countered:

- **7 false or fabricated** (incl. the "useless/worthless suicide notes" statistic; invented recovery-house figures; "AA/NA 100 years")
- **9 unsupported or unverifiable** (incl. "qualified facilitators," BRAVE funding, child-psychiatrist oversight)
- **13 misleading or selective** (incl. the SSRI-surge ecological fallacy, the gender-surgery study, the BetterHelp credentials)
- **12 half-true or mixed** (incl. the serotonin misreading, the Study 329 exposé, the Kingston framing)

- **7 pseudo-scientific marketing** (incl. "the science of fulfilment," Somatic Compassion as "science-based")
- **10 accurate or defensible** (incl. the 617 coronial figure, the Horowitz tapering advice)

The people: Founder Tim Baker (National Director, main article author); Chair Dr Robin Youngson (decorated ex-anaesthetist turned Havening/"Somatic Compassion" practitioner, *The Science of Miracles* author, 2022 anti-mandate article author); Trustee Mike Ferriss (45-year Church of Scientology spokesperson, CoS NZ Certification Officer, CCHR NZ director).

The network: Articles and stories trace to an international anti-medication publishing ecosystem (Mad in America, Dystopian Down Under, Daily Telegraph NZ, ISEPP) — Barnett, Williams and Vernall are network cross-posts, not independent NZ voices.

The ideology: A post-2022 hybrid — Scientology-adjacent anti-psychiatry, commercially-motivated fringe therapy, anti-mandate content, and socially-conservative culture-war articles (gender surgery, pornography) — replacing an originally mainstream editorial line.

The verdict: Not a scam; not what it presents as. A tiny, genuine-origin charity whose media output now systematically promotes anti-medication, anti-mandate and fringe-therapy content — aimed at vulnerable young people — while its governance contains a CCHR director and a chairman whose unproven therapy the charity promotes with charitable funds.

If you need help now: free call/text 1737 · Lifeline 0800 543 354 · Youthline 0800 376 633.

Part 1 — The Organisation

1.1 Legal identity

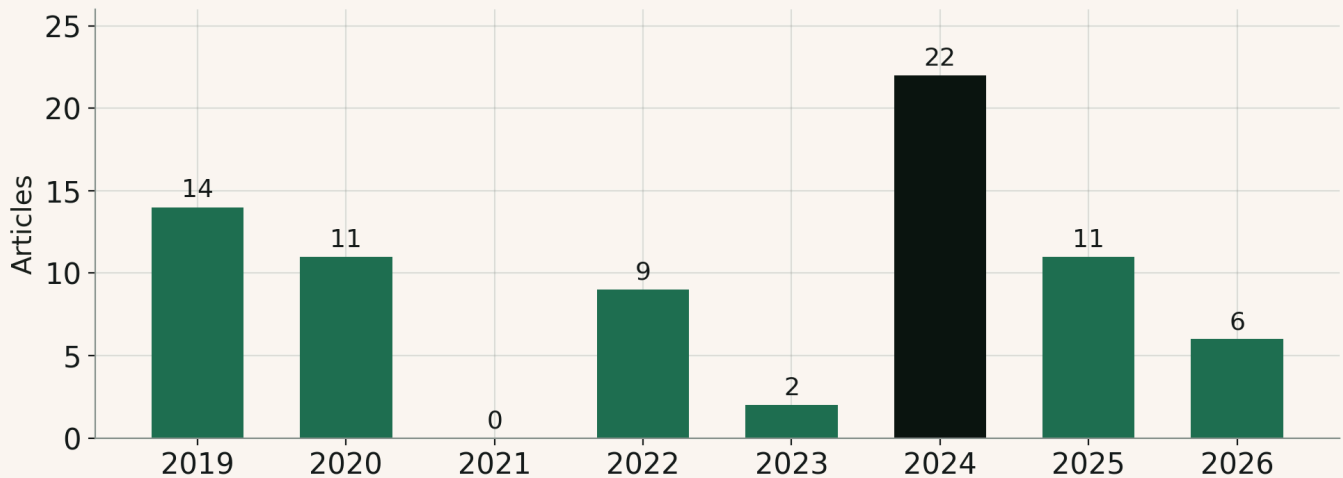
FIELD	DETAIL
Legal name	THE KIWIS FOR GOOD FOUNDATION
Trading name	Kiwis For Good
Charities registration	CC57436, registered 10 December 2019
NZBN	9429047797543
Legal structure	Charitable trust, incorporated 14 November 2019
Address for service	11 Napier Terrace, Hospital Hill, Napier 4110
Phone	0508 367 54947 (0508 FOR KIWIS)
Email	hello@kiwisforgood.co.nz
Website	kiwisforgood.co.nz (89 published pages reviewed)

FIELD	DETAIL
Social media	facebook.com/kiwisforgood, instagram.com/kiwisforgood, twitter.com/goodkiwis
Stated charitable purpose	"To support youth mental health and suicide prevention"
Registered activities	Provides advice/information/advocacy; makes grants/loans to individuals; makes grants to organisations
Area of operation	Nationwide (funder profile notes Hawke's Bay focus)
Controlled entity	Kiwis For Good Ltd (NZBN 9429047797802), non-registered company; ultimate holding entity listed as the Foundation; sole director Timothy Baker (appointed 14 Nov 2019)
Balance date	31 March; Tier 3 simple-format reporting (no audited programme/admin breakdown)
Register status	Registered/Active; FY2021 audit clean; no deregistration or regulator action

1.2 What it actually does (from the full site review)

- **A media/publishing operation.** ~80 "Stories" articles (2019–2026) on suicide, antidepressants, vaccines, gender surgery, pornography, parasites, nutrition, psychedelics, debt collectors, policing, plus animations, short films and two documentaries.
- **The Hero's Journey** — free year-long wellbeing programme for young men 16–25 (gym memberships, fortnightly mentoring video calls, monthly group calls, nutrition guidance, "over \$10,000 in prizes"). 2026 cohort reported full.
- **The BRAVE Programme** — funding for a BRAVE Foundation programme supporting young women who have experienced sexual assault (counselling, advocacy, survivor-led groups). Amount funded not disclosed.
- **Somatic Compassion promotion** — endorsement of the chairman's branded therapy plus a charity-produced short documentary, *Somatic Compassion: The Science of Healing*, promoted for community screenings.
- **Awakiri Hau Tapu** — a programme described as "rooted in Māori principles, offering holistic healing and spiritual restoration" (listed as a current programme in the February 2026 Epstein article; no dedicated page).
- **Bring Back Storytime** — illustrated children's books featuring NZ native birds, sold via the online store, framed as building children's "mental resilience."
- **Free counselling via BetterHelp** (2023–2024) for 13–25-year-olds.
- **Fundraising** — street collections, Adflex Marketing tele-fundraising, the \$20 "Give More, Get More" subscription/prize-draw, merchandise store, retail partnerships (5% of Grounded Kiwi sales).

KFG Stories articles per year — output surges from 2024 (75 dated articles)



1.3 Timeline

- **Nov–Dec 2019** — Founded by Tim Baker (then 31) in Hawke's Bay after public coverage of his recovery from drug addiction and depression; trust incorporated 14 Nov 2019; charity registered 10 Dec 2019; Kiwis For Good Ltd incorporated the same day. Original model: publication + paid homeless/unemployed distributors + profits to the Foundation.
- **2020** — Recovery-story publishing; "COVID-19: A Choice Between Panic or Patience" (media criticism); CBT "Lockdown Life" series; FY2020–22 filed income NZ\$0.
- **2021** — Clean audit (FY2021).
- **2022** — "What are Depression & Anxiety" (claims depression is "simply a natural reaction to day-to-day traumas"; cites 27 antidepressant prescriptions to infants under 4); **Nov 2022 — Dr Robin Youngson authors "In Hindsight: The Heartbreak & Tragedy of the Vaccine Mandates"** for the site, calling the mandates "state-sanctioned abuse."
- **2023** — Relaunch. Feb: "The Psychedelic Prescription" (sympathetic profile of illegal mushroom forager/supplier). BetterHelp counselling pilot. Sept: "Surge in SSRI Prescriptions" article; Baker departs trustee board (remains National Director).
- **Jan 2024** — Whitianga street fundraising; The Informer interview announcing *One Last Story* documentary on children's antidepressant prescribing ("it will really shock people"); debt-collector legal initiative announced.
- **2024** — Feb: "Mental health awareness could be making things worse" (Foulkes & Andrews). May: Rebekah Barnett withdrawal account. **Jun: gender-affirmation surgery suicide article.** Jul: *Running on Empty* review (Richard Vernall). Oct: Toxoplasma gondii article; pornography article; antibiotics-depression article. Nov: Julia Rucklidge micronutrient profile. Dec: Study 329 exposé; Thomas Kingston inquest article.
- **Apr 2025** — Youngson appointed trustee; charity endorses Somatic Compassion; documentary announced.

- **May–Jun 2025** — *The Miracle in Raglan* released (KFG-sponsored film about Youngson's Havening practice); May: Vernall's "human connection not pills" article.
- **Oct 2025** — "Support, Save & Win" prize-draw opens (closes 14 Oct 2026; \$10,000 cash drawn 19 Oct 2026, Parnell Auckland); Somatic Compassion film page published.
- **Late 2025** — Hero's Journey launched; Nov: recovery-houses article; Auditor-General coverage.
- **Feb 2026** — **Epstein/SSRI article**, listing four current programmes: Somatic Compassion, Awakiri Hau Tapu, BRAVE, Hero's Journey.
- **Mar 2026** — Mike Ferriss (Scientology NZ / CCHR) and Tukiri Awa appointed trustees; Youngson is Chair.
- **Aug 2026** — "Coming off antidepressants" article promoting Horowitz/Taylor Maudsley Deprescribing Guidelines alongside the line "these drugs are not the right long-term answer for most young people."

Part 2 — The Charity: Governance & Finances

2.1 Board and officers

Current officers (Charities Register):

NAME	ROLE	APPOINTED	NOTES
Robin Youngson	Chair	12 Apr 2025	Retired anaesthetist; Havening trainer; Somatic Compassion founder; author of KFG's 2022 anti-mandate article
Karen Hart	Secretary	14 Nov 2019	Founding officer; no public red flags found
Tracy Livingston-Pooley	Treasurer	3 Apr 2024	No public red flags found
Michael Ferriss	Trustee	8 Mar 2026	Church of Scientology NZ spokesperson & Certification Officer; CCHR NZ director
Tukiri Awa	Trustee	11 Mar 2026	No public red flags found

Former officers: Mitchell Dyer (Treasurer, to Sep 2025 — also a site author, "Himalayan monks" article), Rawiri Tekowhai (Treasurer, to Apr 2024), Jessica Wheeler (Secretary, to Oct 2024), Christopher Hart (Trustee, to Aug 2023), Timothy Baker (Trustee, to Sep 2023; remains National Director).

Staff/team named on site: Tim Baker (National Director/Managing Director), Scott Townsend (Project Coordinator, Hero's Journey), a National Fundraising Coordinator, a videographer. FY2025 return: **8 staff, 0 volunteers**. **Named article authors:** Tim Baker, Dr Robin Youngson, Richard Vernall, Rebekah Barnett, Paris Williams, Mitch Dyer, plus first-person lived-experience contributors.

Register indicator: CharitiesWatch flags KFG among NZ charities with an "officer register red flag" (an officer who is a banned director, disqualified officer, or undischarged bankrupt). A factual register field,

not a finding of wrongdoing; the officer is not identified publicly. Legitimate due-diligence question.

2.2 Financial detail

YEAR (TO 31 MAR)	INCOME	EXPENDITURE	NOTES
2020	NZ\$0	NZ\$0	Dormant
2021	NZ\$0	NZ\$0	Dormant; clean audit
2022	NZ\$0	NZ\$0	Dormant
2023	~NZ\$1K	~NZ\$0	Relaunch
2024	NZ\$116K	NZ\$111K	Street fundraising + BetterHelp pilot
2025	NZ\$58K	NZ\$69K	Deficit ~NZ\$11K

FY2025 key statistics: total assets ~NZ\$8K; equity ~NZ\$6K; reserves ≈ 1 month (rated "Critical"); revenue diversification 0/100 (Herfindahl 9,980, "highly concentrated"); 99.9% donations; 8 staff; 0 volunteers.

Analysis. (1) Income halved while spending rose — the charity is one bad fundraising quarter from insolvency on filed figures. (2) Advertised commitments (gym memberships, \$10K+ prizes, funded counselling, 8 staff, two documentaries, BRAVE funding) outrun filed resources; either much is in-kind/sponsored or the promises exceed means. (3) Tier 3 filing means no public programme-vs-fundraising breakdown — in particular, what Adflex Marketing retains from collections is invisible. The officer red flag compounds the need for direct clarification.

Part 3 — The Commercial & Fundraising Web

3.1 Kiwis For Good Ltd

Company NZBN 9429047797802, incorporated 14 Nov 2019, sole director Timothy Baker; register lists the **Foundation as its ultimate holding entity** — the reverse of the 2019 "profits channelled to the foundation" description. Current financial flows not publicly documented.

3.2 KiwisForGoodShop & the prize draw

- \$20 "Give More, Get More" subscription → \$20 e-voucher (discounted movie tickets etc.) + entry per \$20 into a **\$10,000 guaranteed cash prize draw** ("Support, Save & Win").
- Promotion 13 Oct 2025 – 14 Oct 2026; draw 19 Oct 2026 at 301/6-8 Heather Street, Parnell, Auckland.
- **Explicitly not tax-deductible** — legally a product purchase, not a donation.
- Fundraising by **Adflex Marketing** (Australia) via face-to-face and tele-fundraisers; charity's own contact page routes campaign enquiries to Adflex. Commission share undisclosed — face-to-face

agency commissions of 50–100% of first-year revenue are common industry practice.

3.3 Other commercial activity

Online merchandise (8 T-shirt/hoodie designs), illustrated digital children's books ("shop with purpose"), Grounded Kiwi 5%-of-sales partnership, and the 2019–20 "paid distributors" model (homeless/unemployed people paid to distribute literature; outcomes never reported).

Part 4 — The People

4.1 Tim Baker — Founder & National Director

- Hawke's Bay/Gisborne businessman; founded KFG at 31 after publicly disclosing drug addiction, depression and recovery (NZ Herald/Hawke's Bay Today, Nov 2019); previously internationally known for selling **Donald Trump-themed toilet paper** in the UK (50,000 rolls; he has said he was "high on drugs" during that venture).
- Departed the trustee board Sept 2023 but remains National Director and the site's **most prolific author** — his byline is on the SSRI surge, Study 329, gender-surgery, toxoplasma, pornography, antibiotics, Kingston, Rucklidge, Epstein, recovery-houses and Horowitz articles.
- January 2024: announced *One Last Story* (anti-medication documentary) and a debt-collector legal initiative; positioned KFG against established charities (I AM HOPE, Shine).
- Has described "instances of misinformation" about the charity and an impersonation incident involving fake collectors.

4.2 Mike Ferriss — Trustee (the Scientology connection)

- Church of Scientology member **since 1980**; long-standing NZ spokesperson (NZ Herald, RNZ).
- **Certification Officer, Church of Scientology of NZ Inc (CC27252)** — itself a registered charity.
- **Director of CCHR NZ** — co-founded by the Church of Scientology in 1969; its submissions call psychiatry "a pseudoscience," seek to ban antidepressants for under-18s and freeze mental-health funding.
- Fairness note: CCHR NZ's Lake Alice advocacy was genuine and nationally recognised (2025 Kiwibank Community of the Year). The structural problem is doctrinal: a senior anti-psychiatry figure on the board of a suicide-prevention charity already publishing anti-antidepressant content.

4.3 Dr Robin Youngson — Chair (respected doctor, fringe practice, anti-mandate author)

- **Mainstream record (genuine):** MA MBChB FANZCA; NZ Quality Improvement Committee founding member; WHO International Steering Committee (patient safety); honorary senior lecturer, Auckland; co-founder of Hearts in Healthcare (15 countries); *TIME TO CARE* author; **NZMA Chair's Award 2016**; TEDx speaker.

- **The pivot:** full-time Raglan "trauma therapist and trainer"; Certified Havening Practitioner/Trainer; founder of "Somatic Compassion"; Oct 2024 memoir *The Science of Miracles* ("dramatised non-fiction" in which Havening "resolves trauma, quickly and effectively — and when the trauma is gone, the physical ailments vanish too").
- **Pre-board authorship:** wrote KFG's Nov 2022 vaccine-mandate article ("state-sanctioned abuse," "gaslighting," framing exemption processes as inhumane; he notes he is vaccinated and supported voluntary adult vaccination) — meaning his editorial relationship with the charity **predates his April 2025 appointment by nearly three years.**
- **Entanglement:** KFG endorsed Somatic Compassion, produced the *Science of Healing* short film and sponsored *The Miracle in Raglan* documentary promoting his practice — a registered charity spending charitable resources promoting its own chairman's commercial, unevidenced therapy: a straightforward conflict of interest.

4.4 Contributors and programme names of note

- **Richard Vernall** — author of *Running on Empty: Antidepressants and Youth Suicide* (promoted by KFG, endorsed by Julia Rucklidge) and of KFG's May 2025 "more than pills and protocols" essay.
- **Paris Williams** — psychologist, author of *Rethinking Madness* (anti-"medical model" psychosis book endorsed by Robert Whitaker/Mad in America circles); authored KFG's "The drugs don't work, they just make you worse."
- **Rebekah Barnett** — Australian writer (Spectator Australia; prominent anti-mandate commentator); authored KFG's antidepressant-withdrawal account.
- **Julia Rucklidge** — Professor of clinical psychology, University of Canterbury; legitimate researcher whose micronutrient work KFG profiles and who endorsed Vernall's book. No indication she endorses KFG itself.
- **Scott Townsend** — Hero's Journey Project Coordinator. **Karen Hart, Tracy Livingston-Pooley, Tukiri Awa** — no public red flags found. Former officers departed en masse 2023–2025 — a complete board refresh around the relaunch and again around the Youngson/Ferriss era.

Part 4B — Adjacent People: Not KFG, But Central to the Story

These individuals are not officers or staff of Kiwis For Good, but their names, work or stories recur across the site. Profiles are deliberately neutral — inclusion here is context, not accusation.

Dr Julia Rucklidge — Professor of Clinical Psychology, University of Canterbury. A legitimate, published researcher into micronutrients and mental health whose RCTs are real (modest effects, mixed replication) and who explicitly cautions that micronutrients are not cures. KFG profiles her work as a "revolution" (Claim 40) and she endorsed Richard Vernall's anti-antidepressant book. There is no indication she endorses KFG itself, its programmes, or its board; her inclusion on the site lends mainstream academic credibility to the anti-medication editorial line by association.

Richard Vernall — NZ vocational-services practitioner (founder of supported-employment agency Poly-Emp, 1993); not a clinician or researcher. Author of *Running on Empty: Antidepressants and Youth Suicide* (2021), which argues youth antidepressant prescribing has failed to reduce suicide. Published a companion piece on Mad in America and writes for Daily Telegraph NZ. KFG reviewed his book glowingly (Claim 30) and published his "more than pills and protocols" essay (May 2025).

Dr Paris Williams — US-trained clinical psychologist (PhD Saybrook University), practised in NZ 2013–c.2023. Author of *Rethinking Madness* (2012, self-published imprint), a fixture of the Mad in America ecosystem; associated with ISEPP, an anti-psychiatry organisation. Now sells "Mindful-Somatic Approaches to Trauma Therapy" certification trainings. Authored KFG's "The drugs don't work, they just make you worse" (Claim 27) — effectively a book/training promotion.

Rebekah Barnett — Western Australian writer; runs the Substack "Dystopian Down Under," reports for Daily Telegraph NZ, and is a volunteer interviewer for Jab Injuries Australia (a vaccine-injury claims organisation). Her antidepressant-withdrawal account (Claim 32) was syndicated to KFG from her own posts. Genuine experience, activist provenance.

Dr Ronald Ruden — US physician and inventor of Havening Techniques®, the touch-based method underlying Youngson's "Somatic Compassion." His delta-wave "depotentialisation" theory is a hypothesis, not an established finding; the clinical literature remains small, promoter-conducted, and unreplicated. Never mentioned by name in KFG's governance, but the intellectual source of the charity's flagship promoted therapy (described in the Oct 2025 "A Kiwi Leading the Way" article as "Dr Ronald Ruden, a medical doctor and neuroscientist").

Prof Joanna Moncrieff — Professor of Critical and Social Psychiatry, UCL; lead author of the 2022 serotonin umbrella review that KFG cites repeatedly. Her review is a legitimate scholarly contribution about aetiology — but she is also a prominent figure in critical psychiatry, and her own team objected to interpretations claiming the review showed antidepressants don't work. KFG's usage (Claims 15, 22) exceeds and distorts her actual findings.

Dr Mark Horowitz — Sydney/London psychiatrist and researcher whose personal severe withdrawal experience drove his hyperbolic-tapering research; co-author of *The Maudsley Deprescribing Guidelines* with Prof David Taylor. KFG's Aug 2026 article shares his tapering method — and this is one case where the charity's content is responsible and mainstream. Notably, Horowitz's work is about *safer prescribing and deprescribing within medicine*, not about rejecting medication — a distinction the site's framing blurs.

Helen Fisher — American anthropologist (1945–2024) whose hypothesis that romantic love involves low-serotonin states is cited in the Epstein article to support claims about SSRI "emotional blunting." Speculative evolutionary psychology, cited as clinical evidence.

Kevin Briggs — Former California Highway Patrol officer whose Golden Gate Bridge interventions are retold in Vernall's KFG essay on human connection. Legitimate and moving story; used as scaffolding for the "connection, not medication" thesis.

Meredith Youngson — Dr Youngson's wife and co-founder of Hearts in Healthcare; collaborator in his compassion-work. Mentioned for completeness; no role at KFG found.

Dietrich Jehle — Professor of Emergency Medicine, senior author of the Cureus gender-surgery study featured in Claim 36. Publicly clarified that the study examined associations, not causation — a clarification KFG's article omits.

Part 5 — Links to Other Organisations

ORGANISATION	NATURE OF LINK	ASSESSMENT
Church of Scientology of NZ Inc (CC27252)	Trustee Ferriss is its Certification Officer and 45-year spokesperson	Doctrinal anti-psychiatry; no evidence of formal/financial tie between the charities, but governance-level personnel overlap
CCHR NZ	Ferriss is director	Scientology-founded anti-psychiatry campaign group; Lake Alice advocacy genuinely valuable; anti-medication doctrine conflicts with youth suicide-prevention best practice
BetterHelp (Teladoc, US)	Counselling partner 2023–24; costs split 50/50	FTC US\$7.8M settlement (2023) for sharing users' mental-health questionnaire data with Facebook, Snapchat, Pinterest, Criteo (2017–20); 20-year consent order; refunds to ~800,000 consumers (2024–25); US-licensed therapists — no NZ registration, complaint pathway or privacy-law relationship for Kiwi users
Adflex Marketing (Australia)	Contracted face-to-face/tele-fundraiser	Commission share undisclosed
Somatic Compassion / Hearts in Healthcare	Chair's private ventures; charity endorses the method, produced one film and sponsored another promoting it	Direct conflict of interest; unevidenced therapy promoted with charitable resources
BRAVE Foundation	KFG "passionately funds" its programme for young sexual-harm survivors	Amount and terms undisclosed; verify independently
Kiwis For Good Ltd	Controlled/linked company; Baker sole director	Financial flows not publicly documented
Grounded Kiwi	5% of sales donated	Minor cause-marketing
Raglan Arts Centre	Hosted <i>Miracle in Raglan</i> premiere	Venue only
Institute for Family Studies (US)	Cited as authority in the pornography article	US conservative advocacy think tank, not a neutral research body
"Mad in America"-adjacent authors (Whitaker circle, Paris Williams, Vernal)	Books/articles promoted or authored on the site	Anti-psychiatry publishing ecosystem; aligns ideologically with CCHR themes though organisationally distinct
I AM HOPE, Shine, Lifeline, Youthline, 1737	Named as comparators/help lines; listed on help page	No formal relationship

Part 6 — Complete Content Catalogue (all 89 pages)

The site comprises 89 published pages: 8 core pages and ~80 "Stories." Categorised:

Programmes & core pages (8): Home; What We Do (overview); The Hero's Journey; BRAVE Programme partnership; Awareness Through Multimedia; Somatic Compassion film; Bring Back Storytime; online store; About/Who We Are; Contributors; Privacy; Contact.

Lived-experience & recovery stories (~30): "My Recovery from Abuse," "An Ex-Soldier's Battle," "My Long Road to Redemption," "Christine's Story," "The Three Men I Lost," "Growing Up with Asperger's," "Ruperts Black Dog," "How We Saved Mia," "A Journey of Tribulation and Triumph," the Whitty Whitmore WW2 interview, bungee pioneer history, CBT "Lockdown Life" series (1–4), narcissism explainers, boarding-school trauma, etc. Mostly personal narrative — not fact-checkable claims, but they form the emotional funnel toward the programme pages.

Anti-medication & anti-psychiatry cluster (~13 articles, 2022–2026): What are Depression & Anxiety; Surge in SSRI Prescriptions; The Psychedelic Prescription; The Drugs Don't Work (Paris Williams); Discontinuing Antidepressants (Barnett); Running on Empty review; Study 329 exposé; Husband of UK Royal (Kingston inquest); Transformational Power of Human Connection (Vernall); Epstein/SSRIs; Coming Off Antidepressants (Horowitz tapering); Toxoplasma Gondii; Antibiotics & Depression.

Politics & culture-war cluster: COVID-19 Panic or Patience (2020); Vaccine Mandates "Heartbreak & Tragedy" (Youngson, 2022); NZ Wellbeing Budget (2022, favourable to Labour); Mental Health Awareness "making things worse" (2024); Gender-Affirmation Surgeries (2024); Pornography (2024); Policing/public trust; Legalised Extortion (debt buyers).

Alternative-treatment promotion cluster: Micronutrient Revolution (Rucklidge); Top 5 Natural Foods; Himalayan Monks (Davidson meditation research); Somatic Compassion endorsement & welcome articles; Miracle in Raglan; Te Puna Aio (Māori healing).

Policy & statistics cluster: Suicide Prevention Action Plan 2025–2029; Auditor-General youth mental-health report; Youth19/NEET crisis; Firefighters "Breaking Point"; Voluntary Recovery Houses; drinking culture; technology & mental health; Project YouAreLoved walk.

Part 7 — Every Claim, Referenced and Countered in Detail

All claims below are quoted verbatim from kiwisforgood.co.nz. Every page was reviewed on 1–2 October 2026 and dated copies of all 89 pages are retained. Authors and dates are as stated on the page. Appendix A maps every claim number to its source URL.

A. The Hero's Journey page

Source: kiwisforgood.co.nz/what-we-do/the-heros-journey (retrieved 1 Oct 2026)

Claim 1 — suicide-note words. *Quote:* "'Useless' and 'Worthless.' Tragically, these are two of the most common words found in suicide notes." **Verdict: Unsupported — contradicts all published research.** No source is given and none exists. Content analysis of genuine suicide notes dates to Shneidman & Farberow's 721-note corpus (1957); the consistent finding across decades is that the most frequent content is references to family and expressions of love and attachment, not self-deprecating adjectives. A 2025 Korea Foundation for Suicide Prevention/KAIST analysis found the most common nouns were "mom/mother" and "dad/father," dominated by love, gratitude, sadness and consideration; a 2025 AI-aided analysis found "dad," "mom" and "hope" as the top terms. The legitimate adjacent finding is that completed-suicide notes show more absolutist language and blame than attempters' notes — cognitive constriction, not "useless/worthless." Only ~15–38% of people who die by suicide leave any note, so the claim cannot ground a general theory regardless. This is rhetorical invention — and it matters, because it frames the problem as deficient self-worth fixable by "levelling up," rather than the multi-causal clinical/social phenomenon the evidence describes.

Claim 6 — "science of fulfilment." *Quote:* "This programme is built on the science of fulfilment: physical strength, mental resilience, supportive community, and a sense of purpose. When those four pillars align, change becomes unstoppable." **Verdict: Pseudo-scientific marketing.** There is no recognised research field called "the science of fulfilment" and no published "four pillars" model. The framing borrows the silhouette of self-determination theory (autonomy, competence, relatedness — Deci & Ryan) and Seligman's PERMA without their definitions, measures or evidence base, and adds "physical strength," which appears in neither. "Change becomes unstoppable" is unfalsifiable: no outcome, mechanism, comparison condition or timeframe. Scientific vocabulary used as decoration.

Pattern note — four pillars without the whare. The "four pillars" pitch sits one rebrand away from Mason Durie's Te Whare Tapa Whā (taha tinana, taha hinengaro, taha whānau, taha wairua), the Māori holistic-health model ubiquitous in New Zealand mental-health settings: three of the four pillars map almost directly, "sense of purpose" is a secularised stand-in for wairua, and the foundation Durie's model rests on — whenua, land and belonging — is absent altogether. Four-part wellness models are generic internationally (the WHO's 1948 definition of health predates Durie), so direct derivation cannot be proven, and the site's own borrowing is more securely traced to self-determination theory and PERMA (see verdict above). What is observable is the surrounding pattern: the charity also promotes Māori-named healing content — "Awakiri Hau Tapu," described as "rooted in Māori principles, offering holistic healing and spiritual restoration" yet published without a dedicated page (see line 119), and the *te-puna-aio-the-breath-of-hawaiki* article presenting Māori spiritual healing as a mental-health intervention without evidence framing (Appendix A) — while no Māori advisors, kaumatua or partnerships are named anywhere on the site. What is stripped out is exactly what makes Te Whare Tapa Whā Māori: collectivist whānau accountability, spiritual practice grounded in te ao Māori, and Durie's explicit positioning of the model as *complementing*, not replacing, clinical care. The holistic silhouette is retained; the kaupapa is not — cultural vocabulary used as decoration, in service of anti-medication messaging the source model does not support.

Claim 7 — gym membership. *Quote:* "Free gym membership – Build a stronger body and mind in an environment that works for you." **Verdict: Partially supported, narrower than implied.** The 2024 BMJ network meta-analysis (218 RCTs, 14,170 participants) found walking/jogging, yoga and strength training

significantly reduce depressive symptoms with moderate effect sizes — but trials are overwhelmingly in adults with diagnosed depression; earlier meta-analyses carry low GRADE confidence; exercise is a complement to, not replacement for, treatment in moderate-to-severe illness; and there is no RCT evidence that gym access reduces suicidal behaviour. A free membership addresses access, not adherence — the hardest part for a depressed teenager.

Claim 8 — mentoring. *Quote:* "1-on-1 coaching and mentoring – Fortnightly video calls with your personal facilitator to set goals, track progress..." building "confidence, resilience, and a sense of purpose." **Verdict: Weak evidence; effect sizes small.** DuBois et al. (73 evaluations) and Raposa et al. 2019 (70 studies, 25,286 youth) both find overall effects $d \approx 0.21$ — small, ~nine percentile points — concentrated in attitudes/behaviour, with emotional outcomes smaller ($d \approx 0.15$). For youth with existing mental-health problems the evidence is weaker still ("minimal support," one review concluded; $g \approx 0.37$ in a 13-study meta-analysis for youth with emotional/behavioural problems). Effects depend on ongoing mentor training, structured activities, monitoring, interest-based matching ($d = 0.41$ vs 0.20) and long match duration — none documented by KFG. No mentoring trial has demonstrated suicide-prevention effects.

Claim 9 — "qualified facilitators." *Quote:* "Every participant is supported by a qualified Program Facilitator — empathetic, experienced mentors who are trained in youth wellbeing, goal-setting, and positive accountability." **Verdict: Unverifiable.** No qualifications, registration bodies, curricula, supervision arrangements or names are published anywhere on the site. In NZ, "psychologist" is a protected title (NZ Psychologists Board); informal "counsellor," "mentor" and "life coach" are not. Facilitators are explicitly tasked with identifying when a mentee needs "trauma management or counselling" — quasi-clinical triage of at-risk 16–25-year-olds by unspecified people, under a board containing a CCHR director and a Havening practitioner.

Claim 13 — prizes. *Quote:* "Over \$10,000 in prizes – Big rewards for big effort." **Verdict: Questionable against filed revenue.** The charity's total filed FY2025 revenue was NZ\$58K with expenditure of NZ\$69K and ~NZ\$8K in assets. A prize pool exceeding ~17% of annual revenue — alongside gym memberships, funded counselling and 8 staff — warrants asking whether the figure refers to a single year, multi-year totals, or in-kind/sponsored prizes.

Claim 20 — professional collaboration. *Quote:* "We collaborate with counsellors, nutritionists, and trauma-informed professionals to ensure holistic care — physical, emotional, and mental." **Verdict: Unverifiable.** No collaborators are named; no arrangements, supervision or referral pathways are published.

Claim 50 — programme scale and impact. *Quote:* "All applications for The Hero's Journey 2026 have now closed — we are at maximum capacity" and the companion story "quietly changing the lives of young men across New Zealand." **Verdict: Unverifiable.** No cohort size, completion numbers, outcome measures or evaluations are published.

B. The antidepressant cluster

Claim 14 — prescription surge correlation. *Source: stories/surge-in-ssri-prescriptions-raises-concerns-for-youth-mental-health (Tim Baker, Sep 2023).* *Quote:* "a fourfold increase in SSRI prescriptions for

children aged 19 and under from 2010 to 2021... The stark rise in SSRI prescriptions corresponds disturbingly with a 30% increase in youth suicide rates during the same period, pushing New Zealand to claim the highest youth suicide rate within the OECD." **Verdict: Ecological fallacy.** Dispensing counts are not patients; a fourfold rise reflects population growth, longer courses, repeat dispensing, reduced stigma and better access. Rising treatment alongside rising suicide rates is a population-level correlation carrying no causal information — by the same logic any expanding health service "corresponds disturbingly" with the problem it treats. If anything, international evidence runs the other way: countries with greater adolescent SSRI use have shown *lower* youth suicide rates in several analyses, and the FDA's 2004 warning-era decline in prescribing was followed by a rise in youth suicide. The article quotes a "Dr. Emma Lawson, a mental health expert" — no clinician or researcher of that name with that quote is publicly traceable.

Claim 15 / 22 — the serotonin misreading. *Sources: SSRI surge article; Epstein article (Feb 2026).*

Quote: "This perspective rested upon the now-discredited theory that depression... arises from a 'chemical imbalance' of low serotonin. In 2022, Professor Joanna Moncrieff and colleagues published a comprehensive umbrella review in *Molecular Psychiatry*... concluding there is no compelling support for the claim that depression results from reduced serotonin levels or activity." **Verdict: Half-truth weaponised.** Moncrieff et al. 2022 examined aetiology — whether low serotonin *causes* depression — and said nothing about whether SSRIs *work*; drugs routinely work without correcting a simple "imbalance" (paracetamol does not cure a paracetamol deficiency). A 35-author rebuttal (Jauhar et al., *Molecular Psychiatry* 2023, "A leaky umbrella has little value") identified methodological flaws, arbitrary quality cut-offs and omitted evidence (e.g., tryptophan-depletion relapse in remitted patients). Antidepressant efficacy rests on independent ground: Cipriani et al. 2018 (*Lancet*, 522 double-blind RCTs, 116,477 participants) found all 21 antidepressants more effective than placebo. KFG converts "the simplest serotonin slogan is wrong" into "the scientific underpinnings of SSRIs face scrutiny" — a non sequitur functioning as anti-medication messaging to vulnerable readers.

Claim 16 — Study 329 and paroxetine. *Source: stories/an-expose-study-329-antidepressants-and-new-zealands-youth-suicide-crisis (Tim Baker, Dec 2024).* *Quotes:* Study 329's "results were falsified to present the drug as 'safe and effective,' masking evidence that it significantly increased suicidal thoughts and behaviours in adolescents"; "in 2021, over 10,000 prescriptions for the antidepressant paroxetine were written for individuals under 30, including 1,330 for those under 19"; "The widespread prescription of paroxetine to young people, despite its well-documented risks, suggests that those lessons may have been ignored." **Verdict: Half-true — real scandal, inverted lesson.** Study 329 is genuinely a landmark case of trial-data distortion: the 2001 Keller et al. publication claimed an efficacy the data did not show, and the independent RIAT reanalysis (Le Noury et al., *BMJ* 2015 — Healy as senior co-author, not leader) found no efficacy and elevated harm; GSK's US\$3bn US Department of Justice settlement (2012) included charges over unlawful promotion of paroxetine for under-18s. But the "lessons ignored" framing inverts the actual outcome: precisely *because* of Study 329, paroxetine is not recommended for under-18s in NZ (Medsafe data sheet) and international guidelines, and carries the paediatric warning the article itself cites. A residual ~1,330 under-19 dispensings — out-of-guideline remnants, off-label indications or continuations from childhood — across a population of ~1.2 million under-19s is not "widespread prescription"; and the headline "10,000 prescriptions under 30" quietly

redefines "youth" to include adults in their twenties, for whom paroxetine is a legitimate option. The article ends by pivoting to the charity's own "holistic, non-pharmaceutical" programme as the alternative — the destination the history lesson was always driving at.

Claim 21 — the Epstein argument. *Source: stories/ssri's-used-to-destroy-love-epstein's-chilling-vision-and-nz's-youth-crisis (Tim Baker, Feb 2026). Quote:* "One must ask: Would you entrust your child to a medication that a notorious sexual predator and manipulator such as Jeffrey Epstein endorsed with such zeal as a means of emotional 'optimisation'?" **Verdict: Conspiracy-flavoured guilt-by-association.** Epstein's 2011 email musings about love and SSRIs have zero pharmacological content; a medication's safety and efficacy are properties of clinical trial evidence, not of who once mused about it in an email. This is poisoning-of-the-well rhetoric aimed at parents of depressed children, deployed by a registered suicide-prevention charity — and it ends by funnelling readers to the charity's own "alternatives," including its chairman's commercial, untested therapy.

Claim 23 — emotional blunting / Helen Fisher. *Same article. Quote:* SSRIs carry "documented side effects including emotional blunting, diminished passion, and impaired capacity for romantic connection — phenomena consistent with anthropologist Helen Fisher's findings that romantic love involves low-serotonin states akin to OCD-like fixation." **Verdict: Cherry-picked.** Emotional blunting is a real, documented side effect in a minority of patients (estimates vary widely, ~20–50% in some surveys) and is a legitimate thing to discuss with a prescriber. Fisher's "romantic love = low-serotonin state" is speculative evolutionary anthropology, not clinical evidence about SSRIs. The article converts a manageable side effect into a reason to reject the drug class wholesale.

Claim 24 — under-18 approvals. *Same article. Quote:* "Many such medications lack full approval for use in those under 18 for depression or anxiety in this country, yet the trend persists unabated." **Verdict: Technically true, framed as scandal.** Off-label prescribing under specialist care is legal, guideline-governed (fluoxetine is first-line pharmacotherapy for moderate-severe youth depression in international guidelines, with monitoring), and disclosed — not a hidden abuse.

Claim 25 — "just a natural reaction." *Source: stories/what-are-depression-and-anxiety (Tim Baker, Oct 2022). Quote:* "The latest science tells us, apart from very rare cases depression and anxiety are simply a natural reaction to the day-to-day traumas we inevitably face in life." **Verdict: False minimisation.** Contradicts the entire clinical evidence base: twin-study heritability ~40%, established neurobiology, chronic and severe courses, treatment-response data. No body of "latest science" supports this; it is the inverse of the evidence. Aimed at parents ("desperate parents resort to medicating children"), it risks delaying assessment of exactly the children most at risk.

Claim 26 — infant prescriptions. *Same article. Quote:* "in 2021 at least 160,326 prescriptions of antidepressants have been issued to young people under the age of 19 including 27 prescriptions to infants under the age of 4." **Verdict: Decontextualised statistic.** The count is plausible as raw dispensing data, but counts are not patients; infant/under-4 antidepressant prescriptions are typically data artefacts or non-psychiatric indications (e.g., off-label sleep, pain, enuresis), not toddlers being medicated for sadness — which is what the article invites readers to conclude.

Claim 27 / 28 — "the drugs don't work." *Source: stories/the-drugs-dont-work-they-just-make-you-worse (Paris Williams, Jun 2024). Quote (headline):* "The drugs don't work, they just make you worse."

Verdict: False as stated. Williams's *Rethinking Madness* sits in the Mad-in-America critical-psychiatry ecosystem (endorsed by Robert Whitaker). Antipsychotics have robust RCT evidence for acute psychosis and relapse prevention; the "long-term worsening" hypothesis is contested, not established; duration of untreated psychosis is one of the best-documented predictors of poor outcome. A first-episode patient persuaded by this content to reject treatment faces measurable harm. Open Dialogue/Soteria-style approaches are legitimate research areas with small, mixed evidence — not proven replacements.

Claim 29 — Thomas Kingston. *Source: stories/husband-of-uk-royal-dies-after-adverse-effects-of-medication (Tim Baker, Dec 2024).* *Quote:* coroner Katy Skerrett — "He was suffering adverse effects of medication he had recently been prescribed"; "If this could happen to Tom, this could happen to anyone." **Verdict: Core facts accurate; framing overgeneralised.** The inquest reporting is fair — but a single inquest is an anecdote about a known, warned-about risk (early-treatment suicidality warnings exist precisely because of such cases), spun into "the urgent need to rethink the widespread use of antidepressants" generally. One coronial case cannot estimate incidence, and the article omits that untreated depression is itself the largest suicide risk factor.

Claim 30 — *Running on Empty*. *Source: stories/running-on-empty-antidepressants-and-youth-suicide-by-richard-vernall (Jul 2024).* *Quote:* "despite the widespread prescription of antidepressants, there has been negligible progress in reducing these tragic deaths." **Verdict: Correlation argument.** Youth suicide trends track social factors, and NZ rates have in fact fallen relative to long-run averages in recent years; treatment access remains low relative to prevalence, so "we treated and it didn't help" is unsupported. The book is self-published advocacy (endowed by Rucklidge endorsement), not peer-reviewed evidence.

Claim 31 — "not the right long-term answer." *Source: stories/coming-off-antidepressants-what-young-kiwis-need-to-know (Tim Baker, Aug 2026).* *Quote:* "these drugs are not the right long-term answer for most young people. They were never designed as lifelong treatments." **Verdict: Overgeneralised — wrapped around good advice.** The article's core practical content is the site's most responsible: Horowitz/Taylor hyperbolic tapering, *The Maudsley Deprescribing Guidelines*, "never stop suddenly," "work with a doctor" — all mainstream-valid. But the framing sentence converts legitimate deprescribing guidance into a blanket judgement on long-term treatment. Relapse-prevention trials show continued treatment benefits many patients; guidelines support review and tapering *when appropriate*, not a presumption against duration.

Claim 32 — withdrawal mimics relapse. *Sources: stories/discontinuing-antidepressants (Rebekah Barnett, May 2024); coming-off article.* **Verdict: Substantially true.** Withdrawal-vs-relapse confusion is documented (Horowitz & Taylor 2019); one of the site's more defensible claims — though Barnett is a prominent anti-mandate commentator writing from the same political cluster as the mandate article.

C. Culture-war and fringe-cause articles

Claim 36 — gender-affirmation surgery. *Source: stories/uncovering-the-significant-suicide-risk-associated-with-gender-affirmation-surgeries (Tim Baker, Jun 2024).* *Quote:* "Those who had gender-affirming surgery were over 12 times more likely to attempt suicide compared to those who did not have

the surgery." **Verdict: Misleading use of a contested study.** The underlying study (Cureus 2024, TriNetX records) is real, but: (i) its senior author, Dietrich Jehle, publicly stressed it examined "associations with outcomes rather than causation" and did not isolate the effect of surgery; (ii) the control groups were non-trans populations — including pharyngitis patients — not the only valid comparator (trans people seeking but denied surgery); (iii) trans adults have substantially elevated baseline suicidality *before* any surgery, so an elevated post-surgery rate says nothing about the effect of surgery; (iv) the study's actual conclusion was a call for post-procedure psychiatric support — the opposite of the article's implication. Studies with better comparators (e.g., Almazan & Keuroghlian 2021, *JAMA Surgery*) associate gender-affirming surgery with *lower* odds of recent suicidal ideation, and regret rates in modern series are under ~1–2%. Note the study's design detail the article omits: Group A were people who had surgery *and later visited an emergency department* — an inherently selected, unwell sample.

Claim 37 / 38 — vaccine mandates as "abuse." *Source: stories/in-hindsight-the-heartbreak-and-tragedy-of-the-vaccine-mandates (Dr Robin Youngson, Nov 2022). Quote: "For those with prior trauma, the vaccine mandate was state-sanctioned abuse... Fortunately, I am able to help these clients erase their trauma, heal their pain, and restore a sense of self-worth."* **Verdict: Opinion through anecdote, plus an unsubstantiated clinical claim.** The kernel is real — mandates imposed genuine distress on some trauma survivors, and exemption handling was rigid; the Royal Commission itself recommended more compassionate exemption processes. But the moral frame inverts the evidence: peer-reviewed modelling (Datta et al., *Vaccine* 2024) estimates COVID vaccination saved ~6,650 NZ lives and prevented ~45,100 hospitalisations in 18 months, a finding the NZ Royal Commission endorsed in crediting the elimination-plus-vaccination strategy with one of the world's lowest pandemic mortality rates. The article presents three anonymised anecdotes as proof of systemic "abuse" and "gaslighting," while its author — then a registered medical practitioner — advertises that he can "erase" the resulting trauma with his own unevidenced therapy.

Claim 35 — pornography. *Source: stories/the-devastating-impact-of-pornography-on-young-men-relationships-and-society (Tim Baker, Oct 2024). Quote: "constant exposure to pornography rewires the brain's reward system, creating a dependence on instant gratification... the foundation of the nuclear family — once the cornerstone of social stability — is at risk of collapse."* **Verdict: Overstated, advocacy-sourced.** Cited authorities include the Institute for Family Studies — a US conservative advocacy think tank, not a neutral research body. The research literature is genuinely mixed and mostly correlational; there is no professional consensus on "porn addiction" as a diagnosis (it is not in DSM-5), and societal-level claims about collapsing birth rates are speculation. Real concerns about adolescent exposure exist — but the article's certainty and sourcing are advocacy, not science.

Claim 33 — toxoplasma. *Source: stories/is-toxoplasma-gondii-the-hidden-culprit-behind-mental-health-crises (Tim Baker, Oct 2024). Quote: "T. gondii has the potential to rewire your brain, disrupt your neurotransmitters, and, most shockingly, lead to suicide... Mental health professionals: it's time to wake up."* **Verdict: Speculation presented as near-fact.** Meta-analyses find an association (OR $\approx$ 2.5 for suicide attempts in seropositive people) from correlational case-control serology with heavy confounding — infection risk correlates with the same deprivation and exposures that correlate with mental illness. No study establishes causation; no psychiatric body treats parasite screening or treatment as a mental-health priority.

Claim 34 — antibiotics and depression. *Source: stories/the-link-between-antibiotics-and-depression-what-you-need-to-know (Tim Baker, Oct 2024).* *Quote:* "research suggests that these medications may have an unexpected downside—an increased risk of depression." **Verdict: Correlational.** Population studies find small associations between antibiotic courses and later depression diagnoses, with substantial residual confounding (the underlying illness itself, and the healthcare-contact that produces both). Gut-brain-axis research is early-stage; "can lead to depression" overstates it.

Claim 39 — the illegal psilocybin supplier. *Source: stories/the-psychedelic-prescription (Tim Baker, Feb 2023).* *Quote:* "John forages enough to supply himself and his clients for the whole year. His clients range from people with degenerative diseases such as Alzheimer's and dementia to those seeking to break free from prescription medications like antidepressants and SSRIs. Watch the full film here for free." **Verdict: Irresponsible normalisation.** Psilocybin trials are genuinely promising but early-phase, in screened participants with pharmaceutical-grade dosing and professional support; no trial supports use in dementia. A sympathetic, anonymous profile of a prosecutable supplier serving vulnerable people — explicitly including people wanting to quit antidepressants — is normalisation of dangerous illegal self-medication by a registered charity.

D. Alternative-treatment promotion

Claim 11 / 12 — Somatic Compassion as "science-based." *Sources: stories/welcoming-dr-robin-youngson (Apr 2025); what-we-do/the-science-of-healing-somatic-compassion (Oct 2025).* *Quotes:* "a powerful integration of neuroscience, affective touch, and compassionate presence that has transformative effects on trauma healing"; "a groundbreaking, science-based approach to healing trauma"; the film offers "a message of hope and scientific integrity." **Verdict: No published clinical trials at all.** Somatic Compassion is Youngson's own branded method. Its parent technique, Havening, rests on its inventor's hypothesis that touch generates delta waves that "depotentiate" trauma-encoded synapses. The evidence: a 2018 post-surgical study found Havening did not reduce pain-medication use, complications or readmissions; a 2022 n=24 single-session study without adequate control found reduced self-reported distress; other small studies are promoter-run. Mainstream medical references state there is no scientific proof of effectiveness and warn it must not replace evidence-based care; even Havening's own European clinics concede it "is not a medical treatment." The polyvagal scaffolding is itself contested — Grossman 2023 (*Biological Psychology*) detailed likely refutations of its five premises; a 2026 multi-author critique called the theory "untenable" (Porges disputes this; fair summary: contested framework marketed as settled science). The charity-produced film is advertised for community screenings with a donation ask — charitable resources promoting the chairman's commercial practice.

Claim 40 — Rucklidge micronutrients. *Source: stories/the-micronutrient-revolution (Tim Baker, Nov 2024).* *Quote:* "Her studies, published in peer-reviewed journals, consistently show that participants taking micronutrient supplements report reduced symptoms compared to those on placebos." **Verdict: Overstated but partially grounded.** Rucklidge's RCTs are real and peer-reviewed, with modest effects and mixed replication; she herself cautions that micronutrients are not cures. The article's "revolution" framing exceeds the evidence — and note the pattern: legitimate-but-preliminary alternative research is consistently presented as stronger than mainstream pharmacotherapy.

Claim 41 — "proven" foods. *Source: stories/top-5-natural-foods-proven-to-boost-mental-health (Tim Baker, Oct 2024).* **Verdict: Pop-nutrition.** Based on correlational and small-trial evidence; "proven" is not defensible. Harmless in itself, but part of the same editorial pattern.

Claim 42 — Himalayan monks. *Source: stories/unlocking-happiness-what-himalayan-monks-teach-us-about-mental-health (Mitch Dyer, Dec 2024).* **Verdict: Popularised but broadly grounded.** Davidson's meditation neuroplasticity work is real; "rewire your brain for happiness" is self-help simplification.

Claim 43 — awareness inflation. *Source: stories/unpacking-the-impact-of-mental-health-awareness-could-it-be-making-things-worse (Tim Baker, Feb 2024).* **Verdict: Fairly reported hypothesis.** Foulkes & Andrews' "prevalence inflation" is a genuine, untested hypothesis from legitimate researchers; the article presents it as nearer-established than it is.

E. Statistics and policy articles

Claims 2–4 — suicide statistics. *Sources: stories/new-zealand-launches-suicide-prevention-action-plan-2025–2029; fundraising copy. Quotes: "617 lives were lost to suicide"; NZ's "highest youth suicide rate within the OECD"; "suicides up a staggering 29% over the last decade."* **Verdicts: Accurate / accurate-but-dated / misleading.** 617 matches the Chief Coroner's provisional 2023/24 count (rate 11.2 per 100,000); NZ's teen rate has genuinely been at/near the OECD top. But the site omits that the 2023/24 rate was ~3.6% below the 15-year average, 2024/25 (630 deaths) was 3.1% below the 16-year average, and Ministry trend data show a ~20% decline 1996–2016; the "29% increase" reflects raw counts against population growth, not rates. Māori rates remain roughly double non-Māori — the crisis is real; the alarm is selected for.

Claim 5 — homelessness. *Source: fundraising copy (Green Goddess republication). Quote: NZ has "the highest rate of homelessness in the OECD, ~1% of population" per a Yale study.* **Verdict: Half-true, dated.** Refers to real 2015/16 OECD-data comparisons built on incompatible cross-country definitions; presented as settled current fact.

Claim 44 / 45 — recovery houses. *Source: stories/80-new-zealanders-a-year (Tim Baker, Nov 2025). Quotes: "roughly 120–160 New Zealanders take their own lives within 90 days of being discharged from an acute psychiatric bed"; Denmark's crisis recovery units show "a 60–70% drop in suicides in the first month after discharge"; "Switzerland and Germany's Soteria houses cut one-year suicide rates by 50–80%... (2021 meta-analysis)"; Fairburn House: "120 high-risk discharges, zero suicides in the following year (vs an expected 4–6)."* **Verdict: Real problem, invented statistics.** The post-discharge window is genuinely the highest-risk period — that part is well documented in NZ and internationally. But the specific numbers are not locatable in any published source: no Danish national registry study shows 60–70% post-discharge suicide reductions; no 2021 Soteria meta-analysis reports 50–80% suicide reductions (Soteria research concerns psychosis outcomes); and "zero vs an expected 4–6" is an unsourced counterfactual. Peer respites and step-down care are serious policy options that deserve honest numbers, not manufactured ones.

Claim 19 — firefighters. *Source: stories/breaking-point-the-mental-health-crisis-of-kiwi-firefighters.* **Verdict: Unverified.** The "1000% increase in call-outs" attributed to the 2013 FENZ/St John MOU appears in no official statistic and is unsourced.

Claim 17 — debt "extortion." *Source: stories/legalised-extortion-the-dark-world-of-new-zealands-debt-buyers + The Informer interview (Jan 2024).* **Verdict: Unsubstantiated.** No published cases, named lawyers or court outcomes support the claim of a legal team getting "fraudulent claims" thrown out; functions as content marketing.

Claim 18 — AA/NA "100 years." *Source: fundraising copy (Green Goddess).* **Verdict: False.** AA was founded in 1935 — the claim is arithmetically impossible — and peer-support evidence for addiction is misappropriated to justify the charity's storytelling model.

Claim 10 — BetterHelp counsellor credentials. *Source: free-counselling fundraising copy archived via the Green Goddess republication (greengoddess.co.nz, Mar 2023).* *Quote:* counsellors are all "licensed, trained, experienced, and accredited psychologists (PhD/PsyD), LMFTs, LCSWs or LPCs," each holding "a Master's Degree or a Doctorate" with "at least 3 years and 1,000 hours of hands-on experience."

Verdict: Vendor marketing repeated as independent assurance; misleading for NZ users. The text is copied nearly word-for-word from BetterHelp's own FAQ. The actual credential floor is a US state licence plus a master's degree — the modal BetterHelp therapist is a master's-level counsellor or social worker, not a doctoral psychologist, so "accredited psychologists (PhD/PsyD)" systematically overstates it. More seriously for a NZ youth charity: BetterHelp therapists are licensed in US states, not registered with NZ health-practitioner bodies, so a distressed Kiwi teenager had no NZ complaint pathway, no NZ privacy-law relationship and no clinical accountability under the HPCA Act. And the partner itself had entered a US\$7.8m FTC settlement and 20-year consent order in March 2023 — the same period as this copy — for sharing users' intake-questionnaire answers (including mental-health status), emails and IP addresses with Facebook, Snapchat, Pinterest and Criteo for advertising during 2017–2020. The partnership has since lapsed; the claim stands as an example of the charity amplifying a commercial vendor's assurances without independent verification.

Claim 46 — "one in five New Zealanders." *Source: Somatic Compassion page.* **Verdict: Roughly accurate** (NZ Health Survey ballpark).

Claims 48 / 49 — BRAVE and Storytime. *Sources: what-we-do/supporting-survivors...; the-bring-back-storytime-campaign.* **Verdicts: Unverifiable / benign puffery.** The BRAVE funding has no disclosed amount, terms or evaluation; the storytime books' "nurture mental resilience" framing is marketing over the genuine (but generic) evidence that shared reading supports child development.

Claim 47 — "evidence-based solutions." *Source: Somatic Compassion page.* *Quote:* "This project is part of Kiwis For Good's mission to challenge outdated systems, share evidence-based solutions..."

Verdict: False advertising of evidence status — applied to a method with zero trials, in a film the charity produced to promote its chairman's practice.

F. Claims slipped into narrative and editorial content (51–58)

Claim 51 — debt-relief testimonial. *Source: stories/a-huge-thank-you-to-kiwis-for-good.* *Quote:* "Thanks to Kiwis For Good, I not only defended myself against unjust debt collection practices but also regained my sense of dignity." **Verdict: Unverifiable testimonial functioning as service advertising.** No case details, no court or tribunal reference, no named lawyer. Paired with Claim 17, the debt-relief service has no documented existence beyond testimonials.

Claim 52 — CBT supremacy. *Source: stories/lockdown-life-1-the-abcs-of-cbt (Nick Mason, 2020).*

Quote: CBT is "the therapeutic modality with the greatest emphasis on understanding and changing our thought processes." **Verdict: Broadly defensible but uncredentialed.** CBT does have the largest trial base of any psychotherapy; the series is the site's most conventionally accurate mental-health content — notable mainly because it was written by a lay author and because the organisation later pivoted to attacking clinical approaches.

Claim 53 — "world's first wellbeing Budget." *Source: stories/the-nz-wellbeing-budget (Tim Baker, Nov 2019).* **Verdict: Accurate for its time.** The Ardern government's 2019 Budget was widely reported as the world's first wellbeing budget. Included for completeness — and as evidence of the organisation's originally mainstream, pro-government editorial line.

Claim 54 — media "obfuscation." *Source: stories/covid-19-a-choice-between-panic-or-patience (Nick Mason, Mar 2020).* *Quote:* "We have seen the mainstream media obfuscate the current situation by spewing frantic emotion rather than helpful information." **Verdict: Opinion; early anti-media framing.** Not false as opinion, but it seeds the distrust-of-institutions theme that later articles (mandates, medication) build on.

Claim 55 — psychedelic self-discovery normalisation. *Source: stories/from-office-to-the-the-amazon (Jul 2022).* **Verdict: Context claim.** Personal ayahuasca-adjacent travel narrative; not itself false, but part of the pattern culminating in the sympathetic 2023 profile of an illegal psilocybin supplier (Claim 39).

Claim 56 — "the chemical nature of mental illness" and the 29% figure. *Source: stories/technology-and-mental-health-what-will-the-future-hold.* *Quote:* "Due to the chemical nature of mental illness, drug development is one of the most proactive forms of research to reach an overall solution"; "a record of 668 New Zealanders committing suicide in 2018, a 29% increase on the figure of ten years prior."

Verdict: Mixed. The 668 figure is real (provisional 2017/18 coronial count) — this is the likely source of the "staggering 29%" claim recycled in fundraising copy (Claim 4), where raw counts are substituted for rates. Ironically the same article is pro-drug-development — the opposite of the post-2022 editorial line.

Claim 57 — "oversight of a child psychiatrist." *Source: embedded in stories/the-day-that-changed-my-life-and-how-it-could-help-you, describing the depression-and-anxiety children's animation.* *Quote:*

"This short animation was made with the oversight of a child psychiatrist and counsellors." **Verdict: Unverifiable authority claim.** The psychiatrist and counsellors are unnamed; no credentialing is published. This claim lends false clinical authority to the animation's companion article asserting that depression is "simply a natural reaction to day-to-day traumas" (Claim 25) — the site's most dangerous combination for parents of distressed children.

Claim 58 — Havening efficacy advertising for the chairman. *Source: stories/a-kiwi-leading-the-way-in-healing-trauma (Tim Baker, 14 Oct 2025).* *Quotes:* Havening is "a science-based approach to releasing trauma"; Youngson has "seen extraordinary results: People with long-term PTSD finally sleeping peacefully. Phobias disappearing after a single session. Chronic pain easing once emotional wounds were released"; "While more formal research is still underway, the growing evidence... suggest[s] that Havening can offer genuine, lasting healing." **Verdict: Unsubstantiated medical-efficacy claims.** These are specific clinical outcome claims with zero controlled-trial support, published by a registered charity about its own trustee's commercial practice. The NZMJ item referenced is a viewpoint/opinion article,

not a trial. Single-session phobia cures and pain resolution via touch are the classic signature of expectancy and placebo effects in uncontrolled settings. The lone hedge ("more formal research is still underway") inverts the burden of proof.

Part 8 — Ideology: Revised Assessment

An earlier conclusion ("no right-wing content") was wrong and is corrected here. The full catalogue shows the site's ideology is a **hybrid**:

- **Scientology-adjacent anti-psychiatry** (CCHR doctrine at board level; "psychiatry is pseudoscience" echoed editorially; medication framed as the scandal).
- **Commercially-motivated fringe therapy** (the chairman's Havening/Somatic Compassion practice promoted with charitable funds and films).
- **Anti-mandate/anti-state health content** (Youngson's 2022 mandate article; Barnett's contribution; "gaslighting" framing of government).
- **Socially-conservative culture-war content** (gender-affirmation surgery, pornography and the "nuclear family"/birth-rate framing sourced partly from a US conservative think tank).
- **Conspiracy-adjacent framing** (the Epstein article's guilt-by-association; debt-collector "extortion" content; unsourced firefighter statistics).

There is still no evidence of Christian-evangelical organising, anti-abortion campaigning or party-political affiliation. But the combination above maps recognisably onto the international "medical freedom"/anti-psychiatry/culture-war media ecosystem — with a suicide-prevention charity as the vehicle and vulnerable young people as the audience.

The harm chain is concrete: a distressed teenager or parent finds KFG content → absorbs "medication is the scandal; depression is just life trauma; connection/touch/parasites/micronutrients are the real answers" → declines or discontinues effective treatment → lands in programmes staffed by lay mentors with no published clinical governance, under a board containing an anti-psychiatry campaigner and a chairman whose therapy the charity promotes.

Part 9 — Events & News Involvement (complete timeline)

DATE	EVENT
Nov 2019	NZ Herald/Hawke's Bay Today profile of Tim Baker; KFG founded
2019–20	Recovery-story publishing; paid literature distributors; COVID "panic or patience" media criticism
2021	Clean FY2021 audit
Oct 2022	"Depression is simply a natural reaction" article (incl. infant-prescription claim)
Nov 2022	Youngson authors anti-mandate article for KFG

DATE	EVENT
Feb 2023	Psychedelic Prescription (illegal supplier profile)
Mar 2023	BetterHelp partnership publicised (Green Goddess)
Sep 2023	SSRI surge article; Baker leaves trustee board
Jan 2024	Whitianga street fundraising; <i>One Last Story</i> documentary announced (The Informer)
Feb–Dec 2024	Awareness-inflation article; Barnett withdrawal account; gender-surgery article ; <i>Running on Empty</i> review; toxoplasma, pornography, antibiotics articles; Rucklidge profile; Study 329 exposé; Kingston article
Oct 2024	Youngson's <i>The Science of Miracles</i> published
Feb 2025	NZ Doctor reviews the memoir ("intriguing... a call to action")
Apr 2025	Youngson appointed trustee; KFG endorses Somatic Compassion; documentary announced
May–Jun 2025	<i>The Miracle in Raglan</i> released (Vimeo; Raglan Arts Centre premiere); Vernall "more than pills" essay
Sep 2025	Treasurer Dyer departs
Oct 2025	Prize-draw opens (to 14 Oct 2026); Somatic Compassion film page
Nov 2025	Recovery-houses article; Auditor-General coverage
Feb 2026	Epstein/SSRI article ; programme list now includes Awakiri Hau Tapu
Mar 2026	Ferriss and Awa appointed trustees; Youngson chairs
Aug 2026	"Coming off antidepressants" (Horowitz tapering) article
Oct 2026	Hero's Journey 2026 cohort reported full

Part 10 — Assessment

10.1 Red flags vs mitigations

Red flags: CCHR/Scientology trustee; Havening-practising chair whose commercial method the charity promotes with funds and films (conflict of interest); a dozen-article anti-antidepressant operation including Epstein guilt-by-association, an illegal-psychedelic-supplier profile, and a "depression is just life trauma" page aimed at parents; gender-surgery and vaccine-mandate culture-war content; FTC-censured offshore counselling partner; one month of reserves; 100% donation concentration; officer red flag on the register; undisclosed fundraising-agency commissions; no published safeguarding, clinical governance, or programme evaluation despite recruiting at-risk 16–25-year-olds; fabricated "suicide notes" statistic; invented recovery-house statistics.

Mitigations: clean register status and clean FY2021 audit; no fraud findings or regulator action; CCHR's Lake Alice advocacy was genuinely valuable; Youngson's mainstream credentials are real; the Horowitz tapering article is substantially responsible content; exercise/mentoring/community have modest real

evidence; no religious content on programme pages; the *Miracle in Raglan* page carries an honest "not medical advice" disclaimer; Lifeline/Youthline/1737 listed on the help pages.

10.2 Open questions for the board

1. Are Hero's Journey facilitators supervised by any registered NZ health practitioner, and what is the protocol when a mentee discloses suicidal intent?
2. Are participants ever given advice about psychiatric medication — by whom, and what?
3. Any formal, financial or in-kind relationships with CCHR, the Church of Scientology, Adflex Marketing, or Dr Youngson's practice beyond what is published? What percentage of \$20 subscriptions and street/tele-fundraising reaches the charity? How much was paid for the two documentaries?
4. What does the officer red flag on the Charities Register refer to?
5. Why did the entire 2019–2023 board depart? What vetting preceded the Ferriss and Youngson appointments?
6. Will the charity publish its safeguarding policy, facilitator qualifications, programme outcome data, and the terms/status of the BetterHelp arrangement?
7. Does the board stand behind the Epstein article's implied argument that parents should reject SSRIs for their children — and the claim that depression is "simply a natural reaction to day-to-day traumas"?

10.3 Bottom line

Treat Kiwis For Good as **"small, unproven, and now demonstrably ideological"** rather than a scam. Its charitable vehicle is real; some of its services are benign; but its media output systematically promotes anti-medication, anti-mandate and culture-war content alongside its chairman's unevidenced commercial therapy — aimed at a vulnerable audience least able to evaluate it. For help for a young person now: free call/text **1737**, **Lifeline 0800 543 354**, **Youthline 0800 376 633**, or a GP referral. Concerns about charitable status: **Charities Services (Department of Internal Affairs)**, which administers CC57436.

Appendix A — Claim-to-Source Map

Every claim is quoted verbatim from the page listed. All pages were reviewed on 1–2 October 2026; dated copies of all 89 pages are retained and can be produced on request. If a page is later edited or removed, the retained copy stands as the record.

CLAIM	PAGE (KIWISFORGOOD.CO.NZ)	AUTHOR / DATE ON PAGE
1, 6, 7, 8, 9, 13, 20, 50	/what-we-do/the-heros-journey	Programme page, undated
2, 3	/stories/new-zealand-launches-suicide-prevention-action-plan-2025-2029	Stories, 2025
4, 5, 10, 18	Fundraising copy archived via Green Goddess republication (greengoddess.co.nz, Mar 2023)	2023
11, 12, 46, 47	/what-we-do/the-science-of-healing-somatic-compassion + /stories/welcoming-dr-robin-youngson-a-groundbreaking-trauma-specialist-and-trustee-of-kiwis-for-good	Oct 2025 / Apr 2025
14, 15	/stories/surge-in-ssri-prescriptions-raises-concerns-for-youth-mental-health	Tim Baker, Sep 2023
16	/stories/an-expose-study-329-antidepressants-and-new-zealands-youth-suicide-crisis	Dec 2024
17	/stories/legalised-extortion-the-dark-world-of-new-zealands-debt-buyers + The Informer interview, 23 Jan 2024	Tim Baker
19	/stories/breaking-point-the-mental-health-crisis-of-kiwi-firefighters	Stories
21, 22, 23, 24	/stories/ssri's-used-to-destroy-love-epstein's-chilling-vision-and-nz's-youth-crisis	Tim Baker, 17 Feb 2026
25, 26	/stories/what-are-depression-and-anxiety	Tim Baker, 17 Oct 2022
27, 28	/stories/the-drugs-dont-work-they-just-make-you-worse	Paris Williams, 9 Jun 2024
29	/stories/husband-of-uk-royal-dies-after-adverse-effects-of-medication	Tim Baker, 9 Dec 2024
30	/stories/running-on-empty-antidepressants-and-youth-suicide-by-richard-vernall	Richard Vernall, 16 Jul 2024
31, 32	/stories/coming-off-antidepressants-what-young-kiwis-need-to-know + /stories/discontinuing-antidepressants	Tim Baker, 26 Aug 2026 / Rebekah Barnett, 24 May 2024
33	/stories/is-toxoplasma-gondii-the-hidden-culprit-behind-mental-health-crises	Tim Baker, 8 Oct 2024
34	/stories/the-link-between-antibiotics-and-depression-what-you-need-to-know	Tim Baker, 25 Oct 2024
35	/stories/the-devastating-impact-of-pornography-on-young-men-relationships-and-society	Tim Baker, 19 Oct 2024
36	/stories/uncovering-the-significant-suicide-risk-associated-with-gender-affirmation-surgeries	Tim Baker, 9 Jun 2024
37, 38	/stories/in-hindsight-the-heartbreak-and-tragedy-of-the-vaccine-mandates	Dr Robin Youngson, 14 Nov 2022
39	/stories/the-psychedelic-prescription	Tim Baker, 8 Feb 2023
40	/stories/the-micronutrient-revolution-how-professor-julia-rucklidge-is-changing-mental-health-treatment	Tim Baker, 14 Nov 2024
41	/stories/top-5-natural-foods-proven-to-boost-mental-health	Tim Baker, 31 Oct 2024

CLAIM	PAGE (KIWISFORGOOD.CO.NZ)	AUTHOR / DATE ON PAGE
42	/stories/unlocking-happiness-what-himalayan-monks-teach-us-about-mental-health	Mitch Dyer, 3 Dec 2024
43	/stories/unpacking-the-impact-of-mental-health-awareness-could-it-be-making-things-worse	Tim Baker, 20 Feb 2024
44, 45	/stories/80-new-zealanders-a-year-the-lives-we-could-save-with-voluntary-recovery-houses	Tim Baker, 29 Nov 2025
48	/what-we-do/supporting-survivors-our-partnership-with-the-brave-foundation	Programme page, undated
49	/what-we-do/the-bring-back-storytime-campaign	Campaign page, undated
51	/stories/a-huge-thank-you-to-kiwis-for-good	Testimonial, undated
52, 54	/stories/lockdown-life-1-the-abcs-of-cbt + /stories/covid-19-a-choice-between-panic-or-patience	Nick Mason, 2020
53	/stories/the-nz-wellbeing-budget-an-historic-moment-in-our-nations-history	Tim Baker, 11 Nov 2019
55	/stories/from-office-to-the-the-amazon	Jul 2022
56	/stories/technology-and-mental-health-what-will-the-future-hold	Stories, undated
57	/stories/the-day-that-changed-my-life-and-how-it-could-help-you (re /stories/what-are-depression-and-anxiety animation)	Personal narrative, undated
58	/stories/a-kiwi-leading-the-way-in-healing-trauma	Tim Baker, 14 Oct 2025

Source provenance: all 89 pages published on kiwisforgood.co.nz were reviewed in full on 1–2 Oct 2026 and dated copies retained. Wayback Machine snapshots were unavailable from the research environment at the time of compilation; recommend submitting the key pages to web.archive.org for independent permanent snapshots.

Appendix B — Full Catalogue of All 89 Pages

Every page published on kiwisforgood.co.nz, reviewed in full on 1–2 October 2026 and classified. "Embedded claims" are factual or quasi-factual assertions slipped into narrative or opinion content; these are added to the master claim list as Claims 51–58.

B.1 Core and programme pages (9)

PAGE	CLASSIFICATION	NOTES
/ (Home)	Core marketing	"Action not awareness" framing; donate funnels
/what-we-do	Programme overview	Lists BRAVE, Hero's Journey, multimedia, Somatic Compassion ("science-based") — see Claims 11, 47

PAGE	CLASSIFICATION	NOTES
/what-we-do/the-heros-journey	Programme marketing	Claims 1, 6–9, 13, 20, 50
/what-we-do/supporting-survivors-our-partnership-with-the-brave-foundation	Programme marketing	Claim 48
/what-we-do/raising-mental-health-awareness	Programme marketing	Frames media output as charitable programme
/what-we-do/the-science-of-healing-somatic-compassion	Programme marketing	Claims 11, 12, 46, 47
/what-we-do/the-bring-back-storytime-campaign	Campaign/commerce	Claim 49
/what-we-do/new-online-store	Commerce	Merchandise shop
/about, /who-we-are, /contributors, /privacy-policy, /contact, /stories	Core/info	Charity registration CC57436; help-line listings (genuine); story-submission funnel; contact routes prize-draw queries to Adflex Marketing

B.2 Lived-experience and recovery narratives (~25)

Reviewed in full for embedded assertions. Most are genuine-seeming personal stories with no checkable claims. Notable exceptions:

PAGE	CLASSIFICATION	EMBEDDED ASSERTIONS FOUND
my-recovery-from-abuse-jessica-emily (Mar 2020)	Personal narrative	Recovery attributed to "empowerment coaching"; no factual claims
my-long-road-to-redemption (2020)	Personal narrative	Embedded narrative: SSRIs prescribed to the author "served not as motivation to change but as an excuse not to" — frames medication as moral hazard; anecdotal, unverifiable, but thematically aligned with the anti-medication cluster
i-was-born-in-chch...upper-class-family	Personal narrative	Drug/alcohol history; pornography reference; no checkable claims
its-been-a-hard-road-but-its-my-road	Personal narrative	Embedded narrative: "long term high dose medications... left me going through a full chemical withdrawal for over 2 months. It had taken all serotonin and dopamine from my system" — pseudo-neurochemical framing of withdrawal presented as fact to readers

PAGE	CLASSIFICATION	EMBEDDED ASSERTIONS FOUND
welcome-to-my-depression	Personal narrative	Author states he refuses all medication ("I do no drugs to combat the intruder") — personal choice, but published without any counterpoint or safety note
an-ex-soldiers-battle, our-little-miracle, the-day-that-changed-my-life, wayne-hanson, christine's-story, the-three-men-i-lost, a-journey-of-tribulation, growing-up-with-aspergers, ruperts-black-dog, dont-forget-your-roots, the-journey-to-self-understanding, unconditional-love-ageing, how-it-feels-to-be-a-loving-but-emotionally-incompetent-man, reviving-the-dying-arts, christmas-is-here, boxing-and-suicide, meet-lyndsey, finding-hope, a-huge-thank-you, oh-sweet-life-by-cate-eaton, as-the-narcissist-grows-old, what-makes-someone-a-narcissist	Personal narrative / opinion	No discrete checkable claims; "a huge thank you" doubles as testimonial advertising the debt-relief service ("defended myself against unjust debt collection practices") — Claim 51

B.3 Educational/CBT series (4)

PAGE	CLASSIFICATION	NOTES
lockdown-life-1-the-abcs-of-cbt	Educational	Claim 52: presents CBT as having "the greatest emphasis" and widest evidence of any therapy — broadly defensible, author uncredentialed (Nick Mason)
lockdown-life-2-thinking-traps	Educational	Standard CBT content; accurate
lockdown-life-3-physiological-reactions	Educational	Standard psychoeducation; accurate
lockdown-life-4-approval-acceptance-affirmations	Educational	Affirmation content drifts toward positive-psychology claims beyond evidence; mild

B.4 Politics and commentary (6)

PAGE	CLASSIFICATION	EMBEDDED ASSERTIONS FOUND
the-nz-wellbeing-budget (Nov 2019)	Politics	Favourable to Labour's wellbeing budget; Claim 53: "world's first wellbeing Budget" (accurate at the time, per coverage of the 2019 budget)
covid-19-a-choice-between-panic-or-patience (Mar 2020, Nick Mason)	Opinion	Claim 54: "mainstream media [is] obfuscate[ing] the current situation by spewing frantic emotion rather than helpful information" — early anti-media framing; also recasts pandemic response as a "secondary disturbance" psychology lesson
from-office-to-the-amazon (Jul 2022)	Personal adventure	Ayahuasca-adjacent spiritual travel narrative; Claim 55 (context): normalises psychedelic self-discovery, consistent with the 2023 mushroom-supplier profile
new-zealands-drinking-culture	Commentary	Genuine public-health topic; statistics unsourced

PAGE	CLASSIFICATION	EMBEDDED ASSERTIONS FOUND
a-moment-to-rethink-policing	Commentary	Opinion on policing; no checkable claims
bungee-jumpings-forgotten-pioneer; an-interview-with-whitty-whitmore	History	No checkable claims of concern

B.5 Ideological/promotional inserts identified in narrative content

PAGE	WHAT IT SLIPS IN
technology-and-mental-health-what-will-the-future-hold	Claim 56: "Due to the chemical nature of mental illness, drug development is one of the most proactive forms of research" alongside a "record of 668 New Zealanders committing suicide in 2018, a 29% increase" — the source of the site's recycled "29%" figure (see Claim 4); interestingly <i>pro</i> -drug-development, contradicting the later anti-medication turn — evidence the editorial line shifted after 2022
the-day-that-changed-my-life-and-how-it-could-help-you	Claim 57: embedded promotion asserting the children's animation "was made with the oversight of a child psychiatrist and counsellors" — unnamed and unverifiable; lends false clinical authority to Claim 25 ("depression is simply a natural reaction")
a-kiwi-leading-the-way-in-healing-trauma (Tim Baker, 14 Oct 2025)	Claim 58: "Dr Youngson has just published an article in the New Zealand Medical Journal about... Havening Techniques® — a science-based approach... he's seen extraordinary results: people with long-term PTSD finally sleeping peacefully, phobias disappearing after a single session, chronic pain easing" — a charity publishing medical-efficacy advertising for its own trustee's commercial practice; "while more formal research is still underway" is the only hedge. NZMJ publication is of an opinion/viewpoint piece, not a clinical trial
miracle-in-raglan-a-new-hope (2025)	Promotional article for the KFG-sponsored Havening documentary — covered under Claims 11–12
te-puna-aio-the-breath-of-hawaiki	Māori spiritual-healing content aligned with the unpublished "Awakiri Hau Tapu" programme listed in the Epstein article — spiritual healing presented as mental-health intervention without evidence framing
the-tank-and-the-ocean	Extended Tilikum/orca analogy for human "environmental trauma" — rhetorically supports the site-wide thesis that mental illness is purely environmental, not clinical (echoes Claim 25)
projectyouareloved-the-2000k-walk (2020)	Promotion of an external fundraiser; contains "last year was a record year for suicide in NZ" (2019 — accurate for that period)

B.6 Pages covered in the main claim catalogue

Claims 1–50 are drawn from: the-heros-journey; the four BRAVE/Somatic Compassion/Storytime/awareness programme pages; the Epstein, coming-off, discontinuing, what-are-depression, surge-in-SSRI, drugs-dont-work, running-on-empty, study-329, husband-of-uk-royal, vaccine-mandates, gender-affirmation, toxoplasma, antibiotics, pornography, micronutrient, top-5-foods, himalayan-monks, awareness-inflation, recovery-houses, suicide-prevention-plan, legalised-extortion,

breaking-point, transformational-power, welcoming-youngson, psychedelic-prescription articles; and the 2023 fundraising copy. See Appendix A for the claim→URL map.

B.7 Summary of the narrative-layer review

The ~45 narrative, educational and commentary pages contain **no religious content, no Scientology terminology, and no direct medication advice to named readers** — but they do four structural things worth noting:

- 1. **Testimonial laundering.** Debt-relief ("a huge thank you"), medication-harm ("its-been-a-hard-road"), and anti-medication ("my-long-road-to-redemption") narratives appear as unsolicited personal stories while mirroring the charity's service and editorial lines precisely.
- 2. **False authority.** The "child psychiatrist oversight" claim (Claim 57) is attached to the site's most dangerous page for parents.
- 3. **Trustee promotion as news.** "A Kiwi Leading the Way" (Claim 58) is efficacy advertising for the chairman's private practice, dressed as editorial, carrying specific clinical outcome claims (PTSD, single-session phobia cures, chronic pain) with zero trial evidence.
- 4. **Editorial drift as evidence.** The 2019–2021 content (pro-wellbeing-budget, pro-drug-development, standard CBT psychoeducation) contradicts the 2022–2026 content (anti-mandate, anti-medication, anti-psychiatry) — supporting the conclusion that the organisation's ideology changed with its personnel rather than reflecting its founding character.

Appendix C — Provenance Check: Where Else Do These Stories Appear?

A web-wide search for each significant narrative and author, to establish whether the stories are original contributions, recycled content, or part of a wider campaign ecosystem.

ITEM	ORIGIN AND OTHER COVERAGE	ASSESSMENT
Rebekah Barnett, "The challenges of discontinuing antidepressants were never adequately conveyed to me" (KFG, 24 May 2024)	Barnett is a Western Australian writer who runs the Substack " Dystopian Down Under " and reports for Daily Telegraph NZ — both anti-mandate/COVID-sceptic outlets. She is listed by DTNZ as " a volunteer interviewer for Jab Injuries Australia " — an organisation collecting claims of vaccine injuries. The antidepressant withdrawal account derives from her own posts on X and her Substack; the same withdrawal experience and anti-OTC-antidepressant argument appear in her Substack work.	The KFG piece is syndicated activist content, not an organic NZ reader submission . Barnett's beat is anti-mandate and vaccine-injury advocacy; her withdrawal story is genuine-seeming and legitimately cautionary, but its placement on a NZ youth charity's site is part of a trans-Tasman anti-medication media network, not spontaneous lived-experience sharing
Paris Williams, "The drugs don't work, they just make you worse" (KFG, 9 Jun 2024)	Williams is a US-trained clinical psychologist (PhD Saybrook; licensed in Colorado, California, Utah) who lived and practised in NZ 2013–c.2023. His book <i>Rethinking Madness</i> (2012, Sky's Edge Publishing — his own imprint) is a fixture of the Mad in America	The article is a book promotion by a commercial training provider in the anti-psychiatry ecosystem. Its central studies claim — "The Agnews Hospital Study... revealed that long-term use of antipsychotic

ITEM	ORIGIN AND OTHER COVERAGE	ASSESSMENT
	ecosystem (multiple MIA interviews and reviews); he is associated with ISEPP (International Society for Ethical Psychology and Psychiatry, an anti-psychiatry organisation) and the "Emerging Proud" spiritual-emergence movement. He now sells " Mindful-Somatic Approaches to Trauma Therapy certification trainings (~NZ\$2,450) marketed to counsellors. The KFG article is a promotional summary of his 2012 book, not original reporting	medication may do more harm than good" — refers to the controversial 1970s–80s Agnews State Hospital long-term-outcome interpretations popularised by Robert Whitaker; these naturalistic comparisons suffer severe selection bias (patients kept on medication long-term are the most severely ill) and are contradicted by relapse-prevention RCTs. The "WHO studies show developing countries fare better" claim relies on the 1970s WHO IPSS/DOSMeD findings, whose methodology was extensively criticised and which later WHO analyses (ISOS) substantially undercut
Richard Vernal , <i>Running on Empty</i> (KFG review, 16 Jul 2024)	Vernal is a NZ vocational-services practitioner (founder of Poly-Emp, 1993, a supported-employment agency) — not a clinician or researcher . His book (2021) was published as <i>Running on Empty: Antidepressants and Youth Suicide – A New Zealand Review</i> and he has published a companion piece, "Collateral Damage: The Negative Impact of Antidepressants on New Zealand Youth," on Mad in America . He also appears as a writer for Daily Telegraph NZ alongside Barnett. The KFG review's cited endorsers are James Hollings (Massey journalism academic) and Julia Rucklidge	The book is advocacy literature circulated within the same anti-medication network (MIA, DTNZ) — the KFG "review" is a network cross-promotion , not independent assessment
"A huge thank you to Kiwis For Good" (debt-relief testimonial)	No external coverage found anywhere	Unverifiable; exists only on KFG's own site
"My long road to redemption" (SSRIs as "an excuse not to change")	No external coverage found	Original to KFG; personal narrative
"Its been a hard road but its my road" (withdrawal "took all serotonin and dopamine")	No external coverage found	Original to KFG; personal narrative
Thomas Kingston article (KFG, Dec 2024)	Widely covered by UK mainstream media (BBC, Guardian, Telegraph) at the Dec 2024 inquest — KFG's account tracks that coverage accurately at the factual level	Legitimate news event; KFG's added framing ("urgent need to rethink the widespread use of antidepressants") is its own editorial overlay

ITEM	ORIGIN AND OTHER COVERAGE	ASSESSMENT
"A Kiwi Leading the Way in Healing Trauma" (KFG, 14 Oct 2025)	The Havening promotion also appears on Youngson's own sites (somaticcompassion.org, doctor2healer.substack.com); the NZMJ item referenced is a viewpoint/opinion article , not a trial	Cross-posted promotional content for the chairman's practice
Tim Baker's founding story	NZ Herald / Hawke's Bay Today (19 Nov 2019), The Informer (23 Jan 2024)	Verified external coverage

Pattern finding. The stories that sound like spontaneous lived experience fall into three provenance classes: (1) **network syndication** — Barnett, Williams, Vernall all circulate within the same anti-medication/anti-mandate publishing ecosystem (Mad in America, Dystopian Down Under, Daily Telegraph NZ), and several of those authors sell books or trainings; (2) **unverifiable originals** that exist nowhere else and precisely advertise KFG's own services; (3) **legitimate news** (Kingston) with editorial framing added. Class (1) matters most: a reader encountering these stories on a NZ charity's website would reasonably assume they were independent NZ voices, when they are in fact cross-posted material from an international advocacy network with commercial and ideological interests in the anti-medication position.

Appendix D — "Medication Made Me Worse": What the Evidence Actually Says

Several KFG narratives describe medication making things worse — and it is important to be honest: **those experiences are real and common, and the research literature explains them.** What the research does not support is the conclusion the site steers readers toward (that the drugs are the problem and the answer is elsewhere). This section summarises the mainstream evidence on why medication can feel worse before — or instead of — better.

D.1 The first weeks can genuinely be harder — and that's documented, not hidden

Antidepressants are known to produce a temporary **activation syndrome** in the first 2–4 weeks — increased anxiety, restlessness, jitteriness, insomnia, and in some people akathisia (an inner restlessness that is genuinely distressing). This happens because serotonin levels rise within hours, while the brain's therapeutic adaptations (receptor desensitisation, changes in emotional processing) take weeks to develop — so the side effects arrive *before* the benefit. A paediatric review describes exactly this mechanism: during the 2–4 week window preceding benefit, increased synaptic serotonin initially activates inhibitory autoreceptors that can *reduce* serotonergic tone and produce anxiety or agitation (PMC5828909). Estimates suggest a substantial proportion of people starting an SSRI notice transiently increased anxiety early on.

This is also why regulators mandate warnings about **early-treatment suicidality in young people** — the same activation window is the period of elevated risk, which is exactly why guidelines require close follow-up in the first weeks, especially for under-25s. The existence of that warning is the medical profession **disclosing** the risk KFG's site implies is hidden.

D.2 Side effects are real, common, and should drive adjustment — not abandonment

Nausea, weight change, sleep disturbance, sexual dysfunction, and emotional blunting are all documented; emotional blunting in particular is reported by a substantial minority of SSRI users in surveys. These effects are dose- and drug-specific: they vary substantially between agents and between individuals, which is precisely why standard care is **trial-and-adjust** — not because the drugs are useless, but because individual response varies. "This drug at this dose sucks" is a reason to change the drug or the dose with a prescriber — which is what the guidelines say to do.

D.3 Finding the right medication takes iterations — and the big trials prove it works

The largest real-world evidence comes from sequential-treatment trials: in **STAR*D**, patients who didn't remit on a first antidepressant moved through structured switching/augmentation steps, with cumulative remission climbing at each step (the published theoretical figure was ~67% over four steps; a later reanalysis argued the true protocol-defined rate was lower, ~35–41% — even the *critical* reading shows a third or more of difficult cases remitting through persistence and adjustment). The **VAST-D** randomised trial (JAMA 2017, 1,522 patients) showed that when a first antidepressant fails, augmenting with a second agent (aripiprazole) produces significantly higher remission and response than switching alone (74% vs 62% response) — i.e., the "second attempt" is a planned, evidence-based step, not a failure of the whole approach. The honest summary: roughly a third of patients remit on the first agent, and persistence through adjustment substantially raises the cumulative figure. This is normal medicine — the same is true of blood-pressure medication and epilepsy treatment.

D.4 Stopping suddenly is a separate, well-documented problem — and it's what produces many "the drugs ruined me" stories

Antidepressant discontinuation syndrome (dizziness, "brain zaps," nausea, insomnia, anxiety spikes) is a recognised, reversible physiological withdrawal state — not a return of the illness and not evidence the drug was harming you. It is most likely with abrupt cessation and with short-half-life agents. Two further subtleties matter for reading KFG's narratives:

- **Withdrawal is routinely mistaken for relapse** — by patients and even in clinical trials. A 2026 *BJPsych Advances* review notes that the discontinuation trials underpinning relapse-prevention estimates tapered people off over a weighted mean of **5 days** — absurdly fast by modern standards — meaning withdrawal symptoms likely contaminated "relapse" counts. Horowitz & Taylor's work (which KFG itself cites favourably in its Aug 2026 article) established that slow, hyperbolic tapering over months prevents most of this.
- **Barnett's own story is a textbook case**: she describes ceasing medication *abruptly* ("an unexpected medical consultation... led me to cease medication abruptly, triggering an intense rollercoaster of withdrawal symptoms") — which is precisely the pattern guidelines warn against, and precisely what slow tapering is designed to prevent. Her suffering was real; its cause was the *manner of stopping*, not the existence of the medication.

D.5 The honest conclusion

The evidence supports saying: antidepressants have real side effects; the first weeks can be rocky; finding the right drug and dose can take iterations; stopping needs to be slow and supervised; and a meaningful minority of patients don't get adequate benefit (which is why therapy, exercise, and social support are part of guideline care, not alternatives to it). Every one of those statements is in mainstream prescribing guidance.

The evidence does **not** support the site's implicit conclusion — that medication is the scandal and unproven alternatives (touch therapy, micronutrients, parasite treatment, illegal psychedelics, mentoring) are the answer. The danger of the narratives is not that they describe suffering — it's that they convert *expected, manageable, disclosed* treatment phenomena into a reason for a depressed teenager to never start, or to stop abruptly and alone. That is how "the medication made me worse" becomes a story that makes other people worse.

Appendix E — Glossary

Akathisia — a distressing inner restlessness that can occur early in antidepressant (or antipsychotic) treatment; one reason close follow-up is recommended in the first weeks.

CCHR (Citizens Commission on Human Rights) — an organisation co-founded by the Church of Scientology in 1969, campaigning against psychiatry and psychiatric medication. Its NZ director, Mike Ferriss, became a KFG trustee in March 2026.

Cipriani 2018 — the landmark *Lancet* network meta-analysis of 522 double-blind RCTs (116,477 participants) establishing that all 21 studied antidepressants outperform placebo.

Discontinuation syndrome — a recognised, reversible physiological withdrawal state (dizziness, "brain zaps," nausea, anxiety spikes) after stopping antidepressants — worst with abrupt cessation; distinct from relapse.

Ecological fallacy — inferring individual-level causation from population-level correlation (e.g., "prescriptions rose and suicide rose, therefore prescriptions cause suicide").

Havening Techniques® — a proprietary touch-based method claiming to "depotentiate" traumatic memories via delta waves; invented by Dr Ronald Ruden; no independent replicated clinical evidence.

Hyperbolic tapering — reducing medication by progressively smaller proportional dose steps to minimise withdrawal; developed by Horowitz & Taylor; basis of *The Maudsley Deprescribing Guidelines*.

ISEPP — International Society for Ethical Psychology and Psychiatry, an organisation critical of mainstream psychiatry.

Mad in America — a US-based webzine and community critical of psychiatric medication, founded by journalist Robert Whitaker.

Network meta-analysis — a statistical method comparing many treatments across many trials simultaneously; the gold standard for ranking interventions when head-to-head trials are scarce.

Polyvagal theory — Stephen Porges's framework linking vagal-nerve states to social behaviour and trauma; widely marketed in therapy training but under severe scientific challenge (Grossman 2023; 2026 multi-author critique).

RIAT (Restoring Invisible and Abandoned Trials) — an initiative to reanalyse misreported trials; its 2015 reanalysis of GSK's Study 329 found paroxetine ineffective and harmful in adolescents.

SSRI (selective serotonin reuptake inhibitor) — the most commonly prescribed antidepressant class (fluoxetine, sertraline, citalopram, etc.).

STAR*D / VAST-D — large real-world trials of sequential antidepressant strategies showing cumulative remission rises with structured switching/augmentation.

Study 329 — GlaxoSmithKline's infamous paroxetine adolescent trial, misreported in 2001; centrepiece of GSK's US\$3bn 2012 settlement; paroxetine is consequently not recommended for under-18s.

Tier 3 reporting — NZ charities' simple-format annual return for organisations under \$2M revenue; requires no audited statements or programme/fundraising breakdown.

TriNetX — a US health-records research database; source of the Cureus gender-surgery study.

Umbrella review — a review of systematic reviews; Moncrieff et al. 2022 used this format to assess (and find weak) evidence that low serotonin causes depression — an aetiology question, not an efficacy question.

Appendix F — Methodology & Limitations

Scope. All 89 pages published on kiwisforgood.co.nz were read in full on 1–2 October 2026. Dated copies of every page are retained; the Appendix A/B tables map every claim to its exact source page, author and date. External research used standard web search plus targeted retrieval of register data (Charities Services, NZBN), regulator records (FTC), coronial statistics, and the primary scientific literature cited in the counters.

Verification. Every claim entry follows the same format: verbatim quote → source page → author/date on page → verdict → counter-evidence with named studies. Nothing in the claim catalogue rests on anonymous sourcing or private information; everything is reproducible from public sources.

Independence. No contact was made with the Foundation or any individual named. The report offers a standing right of reply: any correction from the Foundation or named individuals will be appended in future versions.

Limitations. (1) Wayback Machine snapshots were unavailable from the research environment at compile time; independent archival of key pages at web.archive.org is recommended. (2) Tier 3 charity filings provide limited financial granularity; some financial analysis is necessarily inference from aggregate figures. (3) The register's "officer red flag" does not identify the officer; this report makes no assertion

about which officer it concerns. (4) Claims about living individuals are limited to their public statements, public roles and register records, quoted verbatim. (5) Counter-evidence reflects the state of the cited literature as at October 2026; science moves, and future versions should re-verify.

Corrections policy. Factual errors identified in this report will be corrected in the next version with a change log. The canonical version is the Markdown source; the PDF is a rendering of it.

Appendix G — Version History & Right of Reply

VERSION	DATE	CHANGES
1.0	2 October 2026	Initial release: all 89 published pages catalogued; 58 claims referenced and countered; appendices A–F
1.1	2 October 2026	Independent-review corrections: added the two claim entries missing from Part 7 (Claim 10 — BetterHelp counsellor credentials; Claim 16 — Study 329/paroxetine), so all 58 claims listed in Appendix A now have a full entry, quote and verdict; re-derived the verdict tally from the catalogue itself (7 false / 9 unsupported / 13 misleading / 12 half-true / 7 pseudo-scientific marketing / 10 accurate) and updated the At a Glance summary and chart to match
1.2	2 October 2026	Citation audit: all named-study citations re-verified against the published literature (PubMed); corrected the Jauhar et al. 2023 rebuttal's author count (35, not 36); fixed a stale internal cross-reference ("Part 11" → Appendix A); minor typography
1.3	2 October 2026	Added a pattern note under Claim 6 drawing the structural parallel between the "four pillars" pitch and Mason Durie's Te Whare Tapa Whā (taha tinana / hinengaro / whānau / wairua), alongside the charity's Māori-named healing content ("Awakiri Hau Tapu," Te Puna Aio) published without named Māori advisors or kaupapa; no new claims, no tally change
1.4	2 October 2026	Title block brought to the house standard (style guide §7): the subtitle line is now the Plex Mono kicker — STRAIGHT UP NZ · report title · version · date — replacing the ad-hoc version/registration line; the displaced facts (89 pages reviewed, registration CC57436) are carried in the At a Glance summary and Introduction; charts re-rendered in the site verdict palette; no content or tally change

Right of reply status: [pending — to be updated when the right-of-reply email is sent and any response received]. The Foundation and every individual named have a standing right of reply; any response will be published verbatim in this appendix in the next version, with a change-log entry.

Corrections: none to date. Factual errors identified in future will be corrected here with the version number incremented.

Sources

Site review: kiwisforgood.co.nz (89 published pages), all reviewed 1–2 Oct 2026 — including: The Hero's Journey; What We Do; BRAVE Programme; Somatic Compassion film page; Bring Back Storytime; Stories articles (Epstein/SSRIs Feb 2026; Coming off antidepressants Aug 2026; Vaccine Mandates Nov 2022; Gender-Affirmation Surgeries Jun 2024; The Drugs Don't Work; Discontinuing Antidepressants; Running

on Empty review; Study 329 exposé; Kingston inquest; Surge in SSRI Prescriptions; Psychedelic Prescription; Toxoplasma Gondii; Antibiotics & Depression; Pornography; Micronutrient Revolution; Top 5 Natural Foods; Himalayan Monks; What are Depression & Anxiety; Mental Health Awareness; Recovery Houses; Suicide Prevention Action Plan; Legalised Extortion; Firefighters; Human Connection); kiwisforgoodshop.co.nz home and terms.

Register & financials: Charities Services CC57436; CharityData NZ; CharitiesWatch NZ (incl. officer-red-flag methodology); NZBN 9429047797802 (Kiwis For Good Ltd).

People: NZ Herald/Hawke's Bay Today (Nov 2019) on Baker; The Informer (Jan 2024); NZ Herald & RNZ on Ferriss; Charities Services document for CoS NZ (CC27252); Abuse in Care Royal Commission CCHR statement; The Post (2025 Kiwibank award); books.by, NZ Doctor (Feb 2025), Substack, TEDx on Youngson; somaticcompassion.org endorsement; Vimeo *The Miracle in Raglan*; rethinkingmadness.com (Williams endorsements).

BetterHelp: FTC complaint, final order (Jul 2023), refund administration (2024–25); Holland & Knight analysis.

Counter-evidence — suicide: Chief Coroner provisional statistics 2023/24 & 2024/25; Ministry of Health/Health NZ trend data; Mental Health Foundation; UNICEF Innocenti; Youth19; suicide-note content analyses (Korea Herald/KAIST 2025; BMC Psychiatry 2025; PMC PMC11862239).

Counter-evidence — medication experience (Appendix D): activation-syndrome literature (PMC5828909); delayed-onset/desensitisation research (PMC7340170, PMC3991019); STAR*D and its RIAT reanalysis (Pigott et al., PMC4314062, PMC10373710); VAST-D RCT (JAMA 2017, PMC5817471); discontinuation syndrome guidance (PMC5449237); withdrawal-vs-relapse contamination of discontinuation trials (BJPsych Advances, 2026); Horowitz & Taylor 2019 tapering research.

Counter-evidence — interventions: BMJ 2024 exercise network meta-analysis (218 RCTs); DuBois and Raposa (2019) mentoring meta-analyses; Horowitz & Taylor on withdrawal; The Maudsley Deprescribing Guidelines.

Counter-evidence — antidepressants: Moncrieff et al. 2022; Jauhar et al. 2023 (35-author response); Cipriani et al. 2018 (*Lancet*, 522 RCTs); Study 329 RIAT reanalysis; GSK 2012 settlement.

Counter-evidence — Havening/polyvagal: Medical News Today evidence review; 2018 arthroplasty study; Sumich et al. 2022; Grossman 2023 (*Biological Psychology*); Grossman et al. 2026 critique and Porges response (*Clinical Neuropsychiatry*).

Counter-evidence — gender-affirmation study: Cureus/TriNetX study itself (PMC PMC11063965); senior author Jehle's public clarification ("associations... rather than causation"); Almazan & Keuroghlian 2021 (*JAMA Surgery*).

Counter-evidence — vaccines: Datta et al. 2024 (*Vaccine*) — ~6,650 lives saved, 45,100 hospitalisations prevented in NZ; NZ COVID-19 Lessons Learned Royal Commission assessment.

Counter-evidence — toxoplasma: meta-analytic association OR $\approx$ 2.49 (PMC PMC5810447), correlational only.

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