CORONERS COURT
OF NEW SOUTH WALES

Inquest:	Inquest into the death of BS
Hearing dates:	20-23 October 2025 and 11 - 13 May 2026
Date of findings:	13 July 2026
Place of findings:	Coroners Court, Lidcombe
Findings of:	Judge Hosking, Deputy State Coroner
Catchwords:	CORONIAL LAW – Mandatory inquest pursuant to s 23(1)(d)(ii) of the *Coroners Act 2009* (NSW) – Death in custody; intentional self-harm following adverse court outcome; in custody identification of risk of self-harm.
File number:	2022/50953
Representation:	Counsel Assisting the Inquest: Catherine Newman of Counsel instructed by Agrima Shrestha NSW Crown Solicitor's Office.[1] CSNSW[2]: Ben Fogarty instructed by Mena Katawazi Department of Communities and Justice JHFMHN[3]: Maria Gerace instructed by Kate Hinchcliffe Mackinson D'Apice Lawyers Senior Next of Kin (Mother): Sharangan Maheswaran XD Lawyers[4]

[1] Assisting team.
[2] Corrective Services NSW.
[3] Justice Health Forensic Mental Health Network.
[4] While Mr Maheswaran appeared at the inquest, he was no longer instructed at the time that submissions were filed.

Statutory findings: BS died by hanging on 19 February 2022 at the MRRC[5], Silverwater, NSW. BS' death was intentionally self-inflicted.

Recommendations:

To CSNSW: That it considers modifying:

the *COPP 9.1 Inmate Applications and Requests Policy* to require that:

(1) the date an outcome of an inmate request form is communicated to the inmate, is recorded, and
(2) brief written reasons be recorded for cell movements on OIMS[6] (ie cell damage safety, health etc.).

the *Services Industry Policy* to require that:

(1) brief written reasons be recorded for termination of dismissal from a work, Education or Criminogenic Program.

To JHFMHN: That it considers undertaking an audit at the MRRC to ensure that staff are compliant with following policies and procedures outlined in section 4 of the JHFMHN Policy 1.362 set out below.

The Justice Health NSW nurse triaging a Patient Self-Referral Form must:

(1) document the date the form is received and sign the bottom of the JUS060.600 Patient Self-Referral form.
(2) enter the patient on the appropriate clinician's waitlist on the Patient Administration System.
(3) add an entry in the Progress Notes section of the Justice Health electronic Health System (**JHeHS**) record acknowledging receipt of the JUS060.600 Patient Self- Referral form.
(4) ensure the JUS060.600 Patient Self-Referral form is uploaded as a scanned document in the patient's JHEHS Health Record

That it considers amending section 4 of the JHFMHN Policy 1.362 to make it compulsory for JHFMHN Nurses to complete a Patient Advice Card or provide a photocopy of the PSR form to inmates and that the issuing of the Patient Advice Card and/or the copy of the PSR Form should be documented on the JHeHs.

Non-publication orders: Non-publication orders have been made pursuant to s. 74 and 75 of the *Coroners Act 2009* (NSW) in relation to certain material contained within the brief of evidence and prohibiting the identification of the deceased and his relatives. A copy of the orders made by Judge Hosking are available upon request of the Court Registry.

[5] Metropolitan Remand and Reception Centre.
[6] Offender Integrated Management System.

Introduction

1 BS was born on 25 June 1987 and welcomed by his mother, father and brother. BS died on 19 February 2022 at the Metropolitan Reception and Remand Centre (**MRRC**) aged 34.

2 An inquest into BS' death was held at the Coroners Court in Lidcombe on 20-23 October 2025 and 11 - 13 May 2026.

3 These are my findings.

Publication

4 In accordance with s 75(5) *Coroners Act 2009* (NSW) (**the Act**), and subject to non-publication orders, I make an order permitting the publication of these findings as I find it is in the public interest to do so.

5 Pursuant to section 65(4) of the Act, any application made under section 65(2) of the Act for access to CSNSW documents on the Court file shall not be provided until the Commissioner of CSNSW has had an opportunity to make submissions in respect of that application.

The role of the coroner

6 The role of the coroner is to make findings as to the identity of the nominated person and in relation to the place and date of their death. The coroner is also to address issues concerning the manner and cause of the person's death.[7] A coroner may make recommendations, arising from the evidence, in relation to matters that have the capacity to improve public health and safety in the future.[8]

7 This inquest was held pursuant to the jurisdiction conveyed by s 23 (1)(d)(ii) of the Act in circumstances where at the time of his death, BS was an inmate

[7] s 81 of the Act.
[8] s 82 of the Act.

at the MRRC being a correctional centre within the meaning of the *Crimes (Administration of Sentences) Act 1999* (NSW).

The issues examined at the inquest

8 The issues below were identified in the coronial investigation.

(1) Findings required pursuant to section 81 of the Act: the identity of the deceased; the time, date and place of death; the cause and manner of death.

(2) The impacts on Bs' mental health from the following events:

(a) his unsuccessful bail application(s)

(b) periods of COVID-19 isolation undertaken following his second entry into custody

(c) his access to family and legal visits, including because of COVID-19 isolation and his employment as a 'sweeper' in quarantine areas.

(3) The adequacy of JHFMHN and CSNSW policies regarding managing mental health risks associated with court appearances, including whether CSNSW and/or JHFMHN staff had adequate systems in place to support BS following his unsuccessful bail application on 18 February 2022.

(4) The adequacy of the triage, diagnosis and treatment of Bs' mental health concerns, by both JHFMHN and CSNSW staff, upon his entry into custody and his ongoing detention, including:

(a) whether BS should have been allocated a higher priority or otherwise expedited for psychiatric review upon entering custody

(b) whether there was appropriate monitoring of the timeframe between Bs' entry into custody and his first psychiatrist review and whether the delay was appropriately actioned

(c) whether there was appropriate consideration by both CSNSW and JHFMHN of BS' previous experience in custody in relation to his mental health and PTSD (related to the assaults he suffered during his first custodial period)

(d) whether BS should have more promptly been provided with quetiapine or a substitute medication for his PTSD upon entering custody, consistent with his prior treatment in the community

(e) whether BS' PSR forms were properly submitted to JHFMHN and if so, whether they were acknowledged and acted upon

(f) whether BS demonstrated a heightened level of stress in custody that may have signalled more urgent mental health intervention was required

(g) whether JHFMHN casual employees were adequately trained in policies, guidelines and processes that support clinical judgement in the custodial setting.

(5) Whether BS' level of distress in relation to his access to mental health treatment, medication, lawyers and brief of evidence was adequately and accurately recorded by CSNSW and JHFMHN staff in various custodial records such as to assist to facilitate appropriate interventions.

(6) Whether CSNSW took appropriate steps to ensure that BS had adequate access to reviewing his legal brief of evidence and whether he was sufficiently able to provide instructions to his lawyers

including whether the AVL facilities and the location of these calls were appropriate and sufficient.

(7) Following BS' unsuccessful bail application:

(a) whether BS had adequate access to contact with his family, and

(b) whether it was appropriate to place BS in a cell with a hanging point.

(8) Whether the process for regulating PSR[9] forms, their receipt, processing and actioning, was adequate.

(9) Whether the communication between CSNSW and JHFMHN to BS, in relation to treatment options for his mental health, was appropriate.

9 As the inquest developed, some of these issues became more important than others. Also, additional issues emerged including:

(1) whether it is appropriate that cell-movements recorded in OIMS do not record the reason for cell movement at the time of BS' incarceration, and

(2) whether it is appropriate that an inmate's employment can be terminated and the termination recorded without written reasons being provided.

The evidence

10 A 6 volume brief of evidence[10] was tendered at the inquest and marked Exhibit 1.

[9] Patient self-report.
[10] Prepared by the officer in charge (**OIC**) of the coronial investigation, Snr. Cst. Jessica Munro, and supplemented by the Assisting team.

11 Oral evidence was also adduced from the following witnesses:

(1) Shona Cuthbertson, Service Director Custodial Mental Health, JHFMHN

(2) RN Aaron Renel, JHFMHN

(3) Adam Wilkinson, then Governor[11] MRRC, CSNSW

(4) Alysha Bock, Snr. Assistant Superintendent MRRC, CSNSW

(5) Graham Fletcher, MRRC CSNSW Officer

(6) Damien Rutherford, inmate MRRC and pod-mate of BS'

(7) Mark Davis, BS' solicitor

(8) Dr Adam Martin, forensic psychiatrist, provided an expert report dated 25 June 2019 relied upon in BS' bail application

(9) Dr Martin Reading, (treating) forensic psychiatrist, JHFMHN

(10) A/Prof. Dr Danny Sullivan, (expert) forensic psychiatrist, reports dated 6 May 2025, 30 June 2025 and 17 October 2025

(11) Mother of BS.

[11] Now Custodial Director Metropolitan East Region

Findings

12 Having carefully considered all the evidence and submissions in this inquest, I make the findings that follow.

13 I find that BS died by hanging on 19 February 2022 at the MRRC, Silverwater, NSW. Given the nature of BS' death, the evidence as to his statement of mind prior to his death and his farewell note, I am satisfied that BS' death was intentionally self-inflicted.

14 Consistent with the opinion of Dr Sullivan [see para 153(3)], I find that BS' mental health significantly deteriorated due to the combination of his unsuccessful bail applications; his COVID-19 isolation and his limited access to visits as evidenced via:

(1) his ultimate decision to cause his own death

(2) the contents of his farewell note

(3) the content of his telephone conversations with his mother and partner in the lead up to his death

(4) his fears that he would not be able to successfully defend his charges from custody given the difficulties he faced in preparing his defence including accessing his brief and undertaking legal visits

(5) his fear of the break-up of his relationship particularly given his experience during CP1.

15 I find that CSNSW did not have an adequate formal process in place for managing mental health risks following court appearances. One of the consequences of the lack of policies and procedures was that JHFMHN

were not always aware that an inmate had appeared in Court.

16 However, in accordance with CSNSW's informal practice, an enquiry was made as to how BS was following his Court appearance. He informed the CSNSW officer that he was 'okay.' There is no evidence that a more formal policy would have yielded a different result.

17 I find that the classification of BS as category 3 (or category 4 which was entered into the PAS[12]) was inappropriate given his diagnosis of PTSD and his need to be assessed for medication.

18 I find that given the severity of BS' prior assault, what precipitated it, and the PTSD diagnosis that flowed from it, there ought to have been more consideration by both CSNSW and JHFMHN of BS' previous experience in custody to manage his mental health.

19 I find that delay between BS' entry into custody and his access to psychiatric support was inadequately monitored and addressed.

20 I find that considering BS' previous history in custody including his assault, his diagnosis of PTSD and his need to be assessed for medication, his MHT[13] and the subsequent lack of access to psychiatric assessment, treatment and support was wholly inadequate. This finding is supported by the opinion of Dr Sullivan to the effect that it was not clear that JHFMHN and CSNSW provided BS with appropriate support and treatment during his time in custody [see paras 155 and 156].

21 I could not find on the evidence adduced that the additional PSR forms provided to the Assisting team by BS' mother were submitted to the JHFMHN.

22 In relation to those forms which were contained within BS' JHFMHN's file

[12] Patient Administration System
[13] Mental Health Triage.

[see Annexure A para 6]:

(1) only one form was acknowledged by JHFMHN in accordance with their own policies and procedures; and

(2) there is no evidence to support that the forms submitted on 1 or 12 November 2021, seeking access to medication, had any impact on the timing of Dr Reading's assessment being the first assessment of BS' medication needs.

23 I find that in the period leading up to his death BS was not outwardly demonstrating a heightened level of stress which would have signalled to JHFMHN or CSNSW that more urgent mental health intervention was required.

24 I find that adequate steps were not taken by CSNSW to ensure that BS could access his brief and appropriately instruct his lawyers. I find this in circumstances where:

(1) Mr Harb attested to the fact that during AVL conferences the connection would regularly cut out; BS would be required to confer with his lawyers in the presence of others; BS would not be made available for pre-booked calls or tablets would fail to connect

(2) despite BS' brief having been signed for on 3 January 2022, BS was told it had not arrived, then his lawyers were told it had gone missing

(3) BS' application for a laptop to view his brief was declined, and

(4) for reasons that remain unclear, BS was not provided with his paper brief until early February 2022.

25 On the available evidence I am unable to find that BS sought contact with

his family between the time when his court appearance concluded and when he died.

26 I find that the JHFMHN policies regarding receipt, processing and actioning of PSR forms are inadequate in that they do not require the inmate to be provided with a receipt or any indication that the form has been actioned.

27 I also find that in BS' case, given the non-compliance with JHFMH's administrative policies in relation to some of the forms submitted, JHFMHN cannot establish that PSR forms were appropriately receipted, processed or actioned in relation to BS.

28 I find that there was no communication between JHFMHN to BS in relation to: when he would be able to see a psychiatrist; what medication may be available to him in custody (once prescribed) and what action/s were being taken in response to the PSR forms that were submitted.

29 I find that the failure to keep BS informed as to the status of his medical review was entirely inappropriate.

30 I find that:

(1) BS' cell movements were largely unexplained but described as 'administrative.' The only reason recorded was Bock's concerns about BS 'manipulating' the CSNSW system to try to obtain bail.

(2) The risk of correctional officers moving inmates for inappropriate reasons could be reduced if they were required to record in OIMS details of the reasons for the move. This is significant given the evidence from Dr Sullivan as to the impact of unwanted and unnecessary cell movements on inmates.

31 I find that it is not appropriate that termination of employment for inmates

is recorded without any written reasons.

32 Recommendations

33 Having carefully considered all the evidence and submissions in this inquest, I make the recommendations that follow.

34 I recommend to CSNSW that it consider modifying:

(1) the *COPP 9.1 Inmate Applications and Requests Policy* to require that:

(a) the date an outcome of an inmate request form is communicated to the inmate, is recorded, and

(b) brief written reasons be recorded for cell movements on OIMS (ie cell damage safety, health etc.).

(2) the *Services Industry Policy* to require that:

(a) brief written reasons be recorded for termination of dismissal from a work, Education or Criminogenic Program.

35 I recommend to JHFMHN:

(1) that it considers undertaking an audit at the MRRC to ensure that staff are compliant with following policies and procedures outlined in section 4 of the JHFMHN Policy 1.362 set out below.

(a) The Justice Health NSW nurse triaging a Patient Self-Referral Form must:

(i) document the date the form is received and sign the bottom of the JUS060.600 Patient Self-Referral form.

(b) enter the patient on the appropriate clinician's waitlist on the Patient Administration System.

(c) add an entry in the Progress Notes section of the Justice Health electronic Health System (**JHeHS**) record acknowledging receipt of the JUS060.600 Patient Self-Referral form.

(d) ensure the JUS060.600 Patient Self-Referral form is uploaded as a scanned document in the patient's JHEHS Health Record

(2) that it considers amending section 4 of the JHFMHN Policy 1.362 to make it compulsory for JHFMHN Nurses to complete a Patient Advice Card or provide a photocopy of the PSR form to inmates and that the issuing of the Patient Advice Card and/or the copy of the PSR Form should be documented on the JHeHs.

Background

36 I have drawn from submissions by Counsel Assisting in relation to non-contentious factual matters and issues. I am grateful for this assistance.

37 While I have reviewed and considered the entirety of the brief, exhibits and submissions in this inquest, I refer only to the salient aspects in summary form in my findings.

BS' early life

38 BS' father sadly died in 1990 when BS was 3, leaving his mother to raise BS and his brother. BS was very much loved by his brother and his mother. BS' mother attended the inquest and BS' brother was involved and provided a family statement to be read at the conclusion of the inquest.

39 BS attended Paddington Public primary school and Sydney Grammar high school. He was involved in swimming, basketball and rugby during his schooling. He was also artistic achieving a place in Art Express for his photography during his HSC year. He had attained a BCST[14] from USYD and a MMinEng[15] from UNSW.

40 In 2012, BS moved to Brisbane to commence a graduate position at Rio Tinto.

41 BS was particularly close to his mother. BS' family described him as generous, kind, courteous, loving and giving. BS loved spending time with people. He also at times appeared insecure, lost and uncertain. His family described him as living with severe anxiety and depression, being alone was difficult for him without noise, errands and friends. Incarceration was difficult for him.

42 His family's grief continues and BS is missed every day.

*BS' first custodial period (**CP1**)*

43 In September 2016, BS was arrested and charged with offences relating to the importation of a commercial quantity of drugs. Consequently, BS' wedding was cancelled, he and his fiancé separated and he lost his job. He was sentenced in 2018 to four years imprisonment with a non-parole period of 3 years and 6 months (**CP1**[16]).

44 During CP1, BS was the subject of significant media attention.[17]

45 Custodial clinical records confirm BS made two medical self-referrals relating to stress around media attention at this time.

[14] Bachelor Computer Science and Technology from Sydney University.
[15] Masters Mining Engineering from the University of New South Wales.
[16] Custodial Period 1.
[17] In November 2016, media articles published regarding BS's arrest referred to him as a 'wealthy Senior Mining Executive'.

46 During CP1, BS was the subject of media reporting that resulted in various threats to him and subsequently a serious assault, or assaults by other inmates.

47 BS alleged that because of the media attention:

(1) officers and inmates referred to him as a name connected with the media report

(2) he was exposed to two extortion attempts – one of which resulted in him being violently assaulted with a sandwich press on 29 November 2016 (**2016 assault**), and

(3) in August 2017 he was stabbed five times in the shower leaving visible marks on his left upper abdomen and mid-back.[18]

48 BS suffered from PTSD and significant anxiety because of these events during CP1.

49 BS' ear was injured in the 2016 assault. A referral to an ear, nose and throat specialist was made on 7 December 2016 with a clinical urgency of '1-urgent'. The evidence indicated that BS frequently followed up and an appointment was not proffered until mid-2018 which BS cancelled.[19] BS' mother asserted that as a result, BS suffered irreversible damage to his ear by the time he was released.

PSR Forms

50 PSRs are a means by which patients can alert JHFMHN staff to non-urgent medical matters or to request an appointment with specific health staff members.

[18] BS was also medically attended upon following an 'incident' on 25 July 2017, but he denied suffering an injury at that time.
[19] It is unclear why it was cancelled.

51 PSRs are completed by the patient or their representative and placed in locked boxes in the accommodation areas to allow unfettered access.[20] Only JHFMHN staff have access to these locked boxes. The box is required to be emptied by nursing staff each evening and all nursing staff have access to keys to the locked box. I note that BS reported to his mother that the box was not being regularly emptied.

52 On collection, the JHFMHN nurse is to review, sign and date the form, enter it on the PAS, and place it on the inmate's medical record. The nurse then 'should, if possible', complete a patient advice card advising the inmate, for example, that they have been placed on a waiting list to see a relevant health professional. In her evidence, Cuthbertson also indicated that instead of providing a patient advice card, the PSR could be photocopied with the copy being returned to the inmate.

53 The words 'should, if possible,' are effectively aspirational. In reality, there is no obligation within their own policy for JHFMHN to provide inmates with any receipt or confirmation that their PSR is being actioned.

54 BS commenced associated psychological and medical treatment while in custody, including prescriptions for Prazosin and Seroquel (quetiapine). He was prescribed quetiapine from at least March 2017 though it appears it was not always administered to him.

55 During CP1, BS submitted numerous PSRs which were retained in his JHFMHN file. These PSRs included complaints about stress and anxiety, difficulty sleeping, stress about media attention, requests to see a mental health nurse and psychologist, complaints about pain and loss of hearing in his left ear, requests to see a specialist on an urgent basis and requests to see JHFMHN Staff.

[20] PSRs may also be delivered directly to the Health Centre by the patient although this proved virtually impossible during the COVID-19 period.

56 A summary of the PCRs submitted by BS during CP1 can be found at **Annexure A**.

Release

57 BS was released on parole on 1 March 2020.

58 Following CP1, BS was reported to be traumatised and anxious around people. BS' mother received threatening texts and a dead rat in her mailbox. BS felt that he could not protect his mother.

59 In December 2020, BS commenced a new relationship.

60 On 29 October 2021, BS was charged with importing a commercial quantity of drugs. BS was being held on remand in relation to these charges at the time of his death (**CP2**). He was refused bail on 18 February 2022, the day before his death.

*BS' second custodial period (**CP2**)*

61 On 30 October 2021 BS was charged with four Commonwealth drug importation offences allegedly committed whilst he was on parole. He was refused bail.

62 During his initial assessment, BS denied having thoughts of self-harm, but reported to the JHFMHN nurse that he was on 'psych meds.' JHFMHN's general notes record BS as very settled and compliant, with nil thoughts of self-harm and that he could 'guarantee his own safety.'

63 BS arrived at the MRRC on 1 November 2021.

64 During the COVID-19 pandemic, MRRC was used as a designated COVID-19 isolation hub. The current Governor of MRRC, Patrick Aboud stated:

> During 2021 and 2022, the COVID-19 pandemic had a widespread impact on the operation of correctional centres throughout NSW. These impacts

> were particularly apparent at MRRC…During this time, high numbers of inmates were either in quarantine…or in isolation…COVID-19 exposure and infection among staff at MRRC also had significant impacts on the operation of MRRC.

65 As opined by Dr Sullivan, institutions are not entitled to deviate from imposed standards simply because of intervening events.

66 In late 2021/early 2022 all visits, including legal visits, were suspended to eliminate external exposure risks. AVL suites were largely superseded by tablets with mixed results in terms of connectivity.

67 On arrival, BS was asked mandatory questions by correctional officers prior to cell placement:

> Have you ever tried to hurt yourself? No
>
> Have you ever tried to end your own life? No
>
> Do you feel there is hope for the future? Yes

68 BS commenced the mandatory 14-day COVID-19 isolation period.

69 During BS' RSA,[21] BS disclosed that he had symptoms of anxiety, was taking Seroquel (quetiapine) and saw a psychiatrist in the community. That said, the evidence adduced at the inquest did not support the contention that BS was medicated in the community prior to the commencement of CP2. BS denied thoughts of self-harm and suicide and guaranteed his own safety in custody. A referral was made for BS to see a Mental Health Nurse.

70 BS' mother emailed JHFMHN a copy of a report from Prof. Woods, Forensic Psychologist, dated 22 March 2018.[22] Prof. Woods had diagnosed BS with severe major depressive disorder, severe PTSD and moderate to severe generalised anxiety disorder.

[21] Reception Screening Assessment.
[22] Prepared in respect of BS's earlier sentencing proceedings.

71 On 5 November 2021, Dr Martin sent JHFMHN his report dated 25 June 2019, which diagnosed BS with PTSD following CP1.

72 On 15 November 2021, BS was released from quarantine into a normal cell placement.

73 On 21 November 2021, BS underwent a MHT with RN Renel. BS raised his PTSD and requested medication. He was subsequently placed on the 'psychiatrist list.' Renel assessed BS as category 3 (non-urgent). However, it appears Renel believed BS would be seen within a few weeks. In fact, BS was not seen by a psychiatrist who could prescribe medication for 92 days after this assessment.[23] He was seen (and his appointment may have been prompted by) his adjourned bail hearing in the Supreme Court.

74 During his isolation, some daily quarantine/isolation checklists were completed[24] in relation to BS. Significantly, no mental health or other health issues were identified in relation to BS in these forms.[25] There is no evidence to suggest that the forms were completed other than based on information supplied by BS. However, the information in the forms is inconsistent with BS' mother indicating that he informed her that he had been continually asking for his medication and was becoming more anxious because nobody would listen.

75 Between November 2021 and January 2022, BS' mother said that she contacted JHFMHN on three occasions to raise concerns that BS had severe PTSD, suffered night terrors and had not yet received his medication. On each occasion she was advised that BS was on a waiting list. Contact was also made by BS' lawyer agitating for BS to be provided with mental health support amongst other things.

[23] 118 days after he entered custody.
[24] There was not a completed form for every day spent in isolation.
[25] Some of the forms are not adequately completed by JHFMHN staff, in that they are not dated and signed.

76 Recordings of BS' phone calls reveal his distress, his difficulty accessing his lawyers and his brief, his mental health concerns and his anxiety about his bail applications. These feelings appeared to escalate in February 2022. He made comments that it was getting worse for him in custody, that he was being punished by CSNSW and that he just wanted to be home with his partner and their dogs.

77 BS' mother and partner also received calls from his previous cell mate, Damien Rutherford, reading out notes BS had provided to him. BS said he was being punished.

78 In the week before BS died, his partner raised issues relating to their relationship which also appeared to cause BS immense stress and anxiety.

79 According to the JHFMHN general note dated 17 February 2022, BS denied thoughts of self-harm/suicidal ideation and he guaranteed his safety in his cell.

PSR Forms

80 Between 1 November 2021 and 17 January 2022, BS' mother asserts that BS created at least 18 PSRs. However, only four of these forms were located within JHFMHN records.

81 The remaining 14 PSRs were not contained within JHFMHN records. They were posted by BS to his mother on 18 January 2022. She then provided them to the Assisting team.

82 A summary of BS' PSR Forms can be found in **Annexure A**.

83 It remains unclear as to whether the 14 PSRs provided by BS' mother were submitted by BS. It is possible that they were not and that they were created for the purpose of boosting BS' bail application. In favour of that position is the facts that follow.

(1) The forms provided by BS' mother appeared to be originals, the JHFMHN policy was that the original forms would remain with JHFMHN. As such, it is difficult to determine how BS could have submitted the PSRs while providing the originals to his mother.

(2) It appears from the information obtained therein that BS did not raise health concerns or medication concerns directly with nursing staff when they completed his quarantine/isolation checklists.

Life in the MRRC Covid-19 Isolation Hub

84 In 2021/2022, the MRRC had quarantine pods and areas to prevent the transmission of COVID-19. Inmates housed in the quarantine pods had limited access to areas that a non-quarantining inmate would have access to. This included areas where legal appointments and visits would take place.

85 Clause 5.20 of the MRRC COVID-19 Isolation Hub LOP[26] (**IHLOP**) stated that when present, JHFMHN staff will undertake regular observation of inmates to monitor for changes in their physical or mental health.

86 Clause 5.22 IHLOP stated that inmates should be provided with materials and equipment to ensure active engagement during their physical isolation period (e.g. library resources/arts and craft materials).

87 Clause 5.24 IHLOP stated that inmates are to receive access to psychology services and that where an inmate requests support services, this must be facilitated.

88 The Commissioner's Instruction No: 77/2020 provided amongst other things:

[26] Local Operating Procedure.

(1) the section, 'Inmates with mental health or at risk of self-harm or suicide' acknowledged that the impact of physical isolation may increase the risk of self-harm, suicidal behaviours and decline in mental health. The instruction provided that CSNSW officers must ensure such risks are safely minimised and reduce the potential for staff having to respond to a self-harm or suicide incident.

(2) that inmates in isolation hubs are to be encouraged to maintain contact with their family and social supports by mail and telephone. However, it did not include guidelines as to how that was to be implemented. During some of the (limited) calls that BS made while in isolation, he referred to the fact that because he was in isolation, he was only able to make one phone call every couple of days, which was apparently much less than when in general population.

89 Wilkinson confirmed that access to services and amenities was limited because of the limited capacity of staff given COVID-19 related absences. He explained that MRRC was significantly impacted as it was the main quarantine facility for the Greater Sydney Area and the COVID-19 Treatment Hub for all of NSW for most of the pandemic.

90 Pre-pandemic, inmates had face-to-face contact visits held at MRRC, and telephone calls using the Offender Telephone System. During the pandemic, portable cordless telephones were used which could be delivered to inmates within their cells. There were two portable phones allocated to each pod. It was more restrictive; reception was patchy and privacy from cell mates was difficult. Inmates were permitted to make one 7-minute phone call in their cell before returning the portable telephone to staff.

91 Notwithstanding the unique challenges that COVID-19 posed in a custodial setting, when a person is detained, the State is responsible for their safety and medical treatment. Given that inmates are not free to seek out and obtain the medical treatment of their choice it is especially important that the

care they are offered is of an appropriate standard. Inmates should be provided with the same quality of care that they could access in the community.

In-custody employment

92 The process for employment of inmates at MRRC was determined by the Corrective Services Industries (**CSI**) Policy 1.4.

93 On 21 January 2022, Bock completed a case note report stating that BS was employed as a sweeper[27] in the quarantine pods. BS was informed that being employed in this position would limit his access to other areas of the centre, including legal visits, while he remained in the quarantine pods. BS acknowledged this and stated that he was happy to remain in the isolation pods. Benefits of being a sweeper included an increased ability to make telephone calls and longer periods of time outside their cells. During the COVID-19 period, Bock conceded that sometimes the staffing levels were insufficient to enable inmates to have any out of cell time.

94 However, BS completed several requests asking for access to AVL/personal visits. He was offered the opportunity to be relocated out of the quarantine pods but apparently stated that he wished to remain the quarantine sweeper.

95 On 2 February 2022, BS was compelled to move from the quarantine sweeper's position to a normal pod to facilitate full access to legal visits and to enable his brief to be delivered. On that same date Bock completed a case note report which stated that when BS was moved from quarantine sweepers pod to a normal pod to enable him full access to legal visits, he stated to her: 'of course as soon as I put in for bail I get moved.' While being

[27] A sweeper is known as being a trusted position within the gaol community and indicates a degree of trust and responsibility in respect of that inmate.

escorted to the Fordwick wing, it is alleged that BS commented to Bock that he was using the impact of COVID-19 to be granted bail.

96 On 3 February 2022, Bock completed a case note report stating that the AFP attended the MRRC to deliver BS' legal brief. When Bock attempted to serve the brief on BS, she was informed that BS had been put on as a quarantine sweeper in another pod. This placement would again limit BS' access to legal visits. BS was then directed to return to the normal pod and not to be employed in the quarantine setting.

97 It appears that BS was successfully served with his brief on or before 3 February 2022 in that Rutherford confirmed that BS had 3 A4 sized containers of court paperwork under his bed in the cell they shared. BS also referred to his brief in a call with his mother on 26 November 2021 suggesting that he had at least parts of it at that stage.

98 On 3 February 2022, Bock wrote in a case note:

> AFP officers delivered legal brief to centre. Served on [redacted] 03/02/2022 @ 1250 by FM Bock. Worth noting that when I attended pod to serve brief, I was informed [redacted] was put on as quarantine sweeper in another pod. [redacted] was directed to return to the normal pod and not to be employed in quarantine setting. [redacted] is attempting to use this as a means to be granted bail.

99 Bock gave evidence that she considered that BS seemed to be trying to 'circumnavigate the court process' to receive bail. She considered BS was seeking to undermine the Court's process and wanted to ensure 'the right thing was done.' Bock wrote to her colleague Freeman saying, 'It's worth nothing when he was moved today that he made comment he was trying to use covid restrictions as an attempt to get bail.'

100 Dr Sullivan opined that BS may have been 'making strategic choices related to placement in order to improve the likelihood that he would receive bail, including seeking employment as a sweeper, placement in quarantine and efforts to avoid service of his brief.'

101 In fact, incarceration during the COVID-19 period was far more onerous and potentially dangerous given the inherent difficulties in preventing the spread of an airborne highly contagious virus in close quarters. It was an issue commonly raised on bail applications during that time.

102 It is always open to an inmate to rely on the hardship of incarceration to ground an argument in favour of bail.

103 On 3 February 2022, when Bock required BS to return to a normal pod, she said it was not her intention to interfere with BS' bail application, however she 'thought he was trying to do the wrong thing by the process.'

104 The way in which Bock's evidence was given suggested that she was personally invested in whether BS was granted bail and that it was a consideration in determining issues such as his housing and by their inherent connection, his employment as a quarantine sweeper. In the words of Fletcher:

> It's not our job. Our job is to look after them while they're there. We're not the judge and jury. We just look after them while they're there.

105 BS told his mother that CSNSW were responsible for assigning him as a sweeper in quarantine pods and repeatedly putting him in isolation. This is consistent with many of the calls made by BS to his mother and partner where he discussed his cell movements, his apparent confusion as to why he was being placed in isolation and a belief that CSNSW was deliberately moving him from cell to cell as a form of punishment.

106 In a recorded call to his then partner in February 2022, BS was asked why he had been locked in. BS said that he had been moved to a 'corona pod' and then moved back into the normal prison population but was in forced isolation due to being a 'close contact'.

107 In a call to his mother, BS stated that he had been moved four times since Wednesday. He said, 'they're really punishing me'. He said he had received

negative results from a RAT test but that he was being 'screwed around' because CSNSW had put him in a 'positive pod' and as a result he then had to isolate. He said:

> I didn't put myself there….They're really turning up the heat and punishing me. Moved me to cell where shower doesn't work, no toilet paper. Moved me from wing I was in before as sweeper to have better access to legals, [I was] there one night and then they moved me to corona wing where I was working, then boss came and said 'why are you here, we're not supposed to have inmates working here, so then I got moved back because I was a close contact'.

108 In a subsequent phone call with his partner, BS reported that he had been moved again and would have to spend the next few days in quarantine isolation and that he no longer had a job.

109 In the next call to his mother, BS stated:

> I'm just locked in the whole time. They're really giving me punishment here…three months Mum, it's fucked. The whole gaol's backlogged. I'm in 9 wing. You get nothing here, no washing, no computers, no nothing. I am in the isolation area. No symptoms, you're just a close contact. I am screwed. I am permanently locked in. I never get out. No linen. No washing. I cannot change sheets. No normal legals. No phone calls. No nothing. They give one phone to the whole wing. I get one call maybe every second day…I'm not getting bail. I am royally screwed. I don't think I'm gonna get it. I can't say much over the phone but they've literally had egg on their face and now they're fixing everything up and literally lying and saying he's moved to the other wing and saying it's fine. It's not fine. If I get stuck here they're going to absolutely screw me. All their names on the forms etc. and so they just went psycho at me. They lie and tell fibs.[28]

110 Rutherford made called BS' mother and BS' partner informing them that BS had been locked down, stopped from making phone calls and that the 'situation was getting worse', that BS was being 'punished' and was in isolation.

111 Between 4 and 16 February 2022, BS complained of cold and flu symptoms, and subsequently entered a further period of quarantine isolation. His RAT and PCR tests were returned negative.

[28] The same sentiment was expressed to his partner around the same time.

112 On 16 February 2022, 2 days before BS' bail hearing, CO Ainley arrived at BS' cell door to provide him with breakfast and BS informed her that he was not feeling well and had been exposed to COVID-19 during his recent employment as a pod sweeper. She could see through the hatch in BS' cell door that BS' face was wet. Ainley noticed that there were no sweat marks on BS' neck or around his armpits which led Ainley to believe that BS had splashed water on his face.

113 BS' forehead was red, but according to Ainley, not the rest of his face. Ainley asked BS what had happened to his head and BS replied that he was really sick and said that he had been given COVID-19.

114 The nurse took BS' temperature and the thermometer read 42.1 degrees. Suspicious that BS had 'rubbed his forehead,' a secondary test taken on his neck read 35.8 degrees. A COVID-19 test was negative.

BS' ability to prepare for his defence

115 During CP2 BS found it increasingly difficult to review his brief (or even get access to it – he had no computer access), to communicate with, and instruct his lawyers. BS' lawyer, Mr Harb deposed that he had difficulty contacting BS, during AVL conferences with BS, the connection would regularly cut out and force them to re-connect. In addition, another inmate was usually within hearing distance, resulting in obtaining instructions being nearly impossible with the poor connection and intrusion upon client-solicitor privilege.

116 On 9 December 2021, BS requested to receive visits from family and legal stating:

> I am told visits have resumed but I am not allowed to receive any as it is only available to certain pods? I need to be able to speak to my lawyer in person, see my psych and see my family.

117 BS' request was declined.

118 On 16 December 2021, BS submitted an Inmate Request Form requesting access to normal AVL in an AVL suite like other inmates. Due to his quarantine work, he was restricted to tablet use only.

119 Similarly, a request for visits was made on 8 January 2022 and declined. On 11 January 2022, BS submitted a request for the outcome of his laptop access request. That application was rejected.

120 According to his mother, BS' solicitors forwarded a copy of the brief of evidence to BS via Australia Parcel Post in around December 2021. It was signed for at MRRC on or about 4 January 2022. BS made several requests to receive the brief but was allegedly told it had not arrived. BS' mother reported that BS' solicitors made several calls to the gaol in an attempt to locate the brief (and USB stick) who were eventually told it had gone missing. BS' mother also called on several occasions and was given the same response. BS repeatedly asked for his brief and according to his mother, was told he was just trying to work the system. This apparently caused him significant distress as he needed to see the brief to enable him to discuss the contents with his solicitors in preparation for his bail application.

121 On 18 January 2022, an Inmate Request Form was completed by BS stating that his legal papers were missing on the basis that he had only been issued with his charge sheets and indicated that he was not given his 'USB for legals.' The 'Decision/result' section of the form states: 'Actioned: Disposed of items requested (Qty legal papers) USB in FGM office', purportedly completed on 19 January 2022.

Supreme Court bail application – 10 February 2022

122 BS' legal team informed Justice Ierace that BS was having difficulty accessing his brief, making private legal calls, he was being moved cells and that his requests to see a psychiatrist and receive medication were

being ignored by JHFMHN. His Honour adjourned the proceedings until 18 February 2022 to enable some of these matters to be addressed.

Dr Reading, psychiatrist, 16 February 2022

123 On 16 February 2022, Dr Reading attended on BS via a door hatch and recorded notes of this consultation which were contained within BS' JHFMHN records.

124 Dr Reading had been advised by the Custodial Mental Health Outreach Nurse/ NUM of the Hamden Unit, that BS had been in custody for months and his family and legal representatives were concerned that BS had not been seen by a mental health clinician and not being prescribed medication for PTSD.

125 Dr Reading was aware that BS had been seen by Dr Martin in the community and with the benefit of his records, Dr Reading was aware that:

(1) BS had suffered a previous serious assault in custody and he had multiple other triggers

(2) Dr Martin opined that BS' presentation was consistent with PTSD, that he had been treated with Quetiapine and there was a plan to start Prazosin, and

(3) BS appeared to have no history of self-harm or suicidal ideation.

126 Dr Reading advised, amongst other things:

(1) Quetiapine could not be prescribed in custody, 5mg of Olanzapine could be prescribed as an alternative, and

(2) there were no issues with BS recommencing Prazosin.

127 According to the medical notes, BS advised that he wanted to defer recommencing his medication because if his application for release was successful, he would recommence in the community. Accordingly, arrangements were made for BS to be seen again following his bail hearing.

128 Significantly, Dr Reading recorded that BS said that he had been placed in isolation because he had developed a cough, but that he was otherwise physically well. At around the same time he told his partner in a phone call that he did not know why he had been placed in isolation and that he had no symptoms.

129 BS told Dr Reading that he had developed PTSD after being stabbed in custody and that he had continued to experience nightmares, flashbacks, sleep disruption and anxiety. Dr Reading observed that when BS spoke of having been stabbed, he didn't appear to exhibit any evidence of a 'distressing affect.' Dr Reading considered this to be unusual in a person reported to have significant PTSD.

130 BS told Dr Reading that most of his anxiety related to his upcoming bail application and that it was manageable.

131 Dr Reading opined that BS:

(1) presented reasonably well, was friendly and cooperative, despite being mildly anxious

(2) didn't appear to be significantly depressed and he denied any current or previous thoughts of harm to himself or others

(3) didn't present with symptoms of a major mental disorder

(4) showed signs of ongoing symptoms of PTSD based on his self-report of significant trauma suffered during CP1

(5) showed no indication that he represented a significant risk of harm to himself.

Supreme Court bail application: 18 February 2022

132 A handwritten document titled 'Notes for Grant Brady SC – Bail' was prepared by BS for his barrister ahead of the Supreme Court bail application. In it BS wrote:

> …since it's very hard to get an appropriate legal call where I can talk to counsel adequately, please find these notes which may be helpful for bail/the case…
>
> Denied legal, family & professional visits compared to others.
>
> Restricted to tablet use for AVL rather than AVL suite. Tablets have no reception, cut out often, go unanswered and have to be taken with cell mate present. No privacy. See request form.
>
> No computer access whatsoever to view brief. See request form.
>
> Laptop application rejected, cannot view brief. See application form & request form.
>
> MRRC lost my brief. Sent 24th Dec, received 4th Jan. Confirmed 'located' the USB on 17th Jan. Paper brief not found.
>
> No medication whatsoever since entering custody.
>
> No mental health/psych. Saw nurse once for 'arthritis'??? and put on psych list.
>
> Put in countless forms, nothing happens – just told 'on the list.'
>
> Informer accusation / stabbing / jail making PTSD far worse, I need treatment badly – having triggered flashbacks, memory loss, nightmares/night terrors causing issues with cell mate. I need to complete rehab as recommended before. I saw 3 psychs when I was out; Adam Martin, Edgecliff Psych & Cheree from Potts Point (all in succession).
>
> 'Facts' in my case are structured for[redacted] to turn on me and puts me in danger by saying I reported to 'know someone in customs' when there is no evidence of that at all. They are alleging I 'conned' him.

133 On 18 February 2022 BS gave sworn evidence in his bail hearing before the Supreme Court. Of his consultation with Dr Reading, BS said:

> …He came to the door and saw me through the flap, which was quite difficult to talk through. The conversation lasted less than five-minutes, and he said, he apologised for the delay, he was getting around to try to see everyone, but he only worked one day a week, and there was a COVID hub, so there's over 1200 inmates in the gaol and it's quite chaotic…I made a remark to him that I put in countless forms and nurse forms. My mum's rang the gaol. I've sent in my prescriptions. I sent in my psych report. My psych, Adam Martin, has also emailed the gaol. Nothing's happened, and I was quite frustrated that I all of a sudden get a five-minute appointment two days before a bail hearing, and anything that I put in gets refused and ignored, but then when the police or the prosecution do something, all of a sudden something happens. He apologised for that.
>
> He asked me what my current situation was. I told him, well, I'm locked in 24/7. I told him, you know, a little bit about my background, and also said that I had applied and I had hoped to go to rehab for PTSD. I had previously been recommended St John of God in Burwood, on the outside, this is before I come to gaol, and then now I've been accepted into Sydney Clinic. He told me that St John of God is very good and the Sydney Clinic is very good. He also knew my psych, Adam Martin, and said I would be in very good hands, and then he said to me that the current medication that I have prescriptions for, Seroquel, they can no longer give it out at the gaol, and that's been in the last two years, so I would have to be re-assessed for another antipsychotic. He also said that Prazosin, which is the other medication I am on, is a blood thinner, and it obviously helps with my nightmares and night terrors, so the dosage would need to be closely monitored, and that because I've been off my medication for four months I would need to be reassessed by a mental health nurse, and that because I am going for rehab within two days, if I was to start taking a new antipsychotic drug and I got out to rehab then that wouldn't be good, so he said he would see me at the earliest available opportunity, but couldn't guarantee when that was. And he also said that I would hopefully be speaking to a mental health nurse next week.…
>
> He told me that because I have, or because I am new in settling into rehab, and I was going for bail on Friday, if he had written me up a new medication it would be a new antipsychotic medication and then I would be taking it for two days before potentially getting out and going back to my old medication.

134 BS asserted that it was Dr Reading's idea that he defers recommencing medication until after his bail hearing.

135 BS' application for bail was refused. BS was ordered to remain on remand until his next Local Court mention date on 16 March 2022. BS' mother reported that BS appeared visibly distressed at the result of the application.

136 No telephone calls were made by BS following his unsuccessful bail application. This appears unusual given the volume of calls BS made to his

mother and partner during his time in custody indicating the closeness of these relationships.

137 Following the hearing, BS was returned to his cell 153 in Pod 9 of the Fordwick wing at the MRRC.

138 Five times between the very late evening of 18 February 2022 and the early hours of 19 February 2022, BS used the cell intercom to complain of flu-like symptoms and requested to see medical staff. He was informed his condition was not a medical emergency, that nurses were informed, and that he would be seen early the next day.

BS' death on 19 February 2022

139 BS remained in COVID-19 isolation and was the sole occupant of cell 153 within Pod 9. Throughout the day BS was left locked within his cell due to the COVID-19 restrictions in place at that time and because of him being housed in a COVID-19 isolation wing.

140 At 7:38am, BS accepted food through his hatch door.

141 At 8:17am, BS left a note requesting kitchen utensils and other similar items pushed under his door for Rutherford.

142 At 8:22am, Rutherford collected and read the note and collected some items from the common room in a plastic bag, which he left outside BS' cell door. He appeared to briefly speak with BS through the door at 8:24am.

143 At 8:37am, Fletcher spoke to BS through the open cell hatch for a brief period.

144 At 8:56am, three gowned officers attended BS' cell for the purpose of conducting a PCR test. They also provided BS with the bag left by Rutherford.

145 At 9:20am, 9:23am and 9:54am, Rutherford appeared to speak to BS for brief periods through his cell door. It is unclear whether he received any response.

146 At approximately 9:30am, BS used his cell intercom to request an employment form.

147 At approximately 11.47am Fletcher went to cell 153 and opened the hatch door to give BS his lunch. He saw BS lying on his back in the shower recess of the cell and used his radio to call for medical response. CPR was commenced but no pulse located. NSW Ambulance officers attended and BS was pronounced deceased at 12.18pm. A ligature was hanging from the shower curtain rail.

148 BS left a farewell note in his cell which read:

> No phone calls.
>
> No washing.
>
> No linen.
>
> No buy up.
>
> 24/7 lock in.
>
> Shitty legal calls.
>
> No medication.
>
> No computers to look at my case.
>
> Please tell my mum I love her. I'm sorry for being such a screw up. I can't live with myself putting her through the emotional and financial stresses that are to come knowing that she will not be able to enjoy her life as she deserves. She is my hero and the best mum anyone could have had. Move to Italy and live out the rest of your days knowing that I'll be with dad looking down on you and [redacted].
>
> Please tell [redacted] that I'll always love her. I spent every night before bed looking at photos of our little family hoping things would work out. You deserve happiness and a family that I'm unable to provide. I fought long and hard but I don't know what else to do. Please look after Louis & Bonnie for me and retrieve what's mine.

> Please tell my brother I'm sorry for letting him down. I have always admired and looked up to him. Look after Mum and ensure she lives the best years of her life because she deserves it.
>
> I know I would have beaten my case if I got bail. It is impossible to put up a defence under these conditions and being locked in a room 24/7 continues to take its toll. I thought I had an overwhelming argument for bail but apparently there was a strong risk that I would flee and put out my widowed mother of her own house of 37 years. I find that ridiculous and I want it known I'd never do such a thing. I don't know what else to do from here. I'm sorry. They won't even let me call my family.

Post-mortem examination and toxicology analysis

149 An external autopsy examination was carried out by Dr du Plessis on 23 February 2023 in which she opined that the direct cause of death was hanging.

150 Prof. Gunja performed a toxicological analysis of BS' blood detecting paracetamol, amitriptyline, nortriptyline and mirtazapine at very low concentrations below the level of quantitation.

151 Prof. Gunja opined that it was possible BS may have ingested as little as a single tablet of each drug in the preceding 48 hours prior to death, suggesting that drug overdose and toxicity did not contribute to his death.

Dr Sullivan

152 Dr Sullivan noted that BS had been remanded in custody on 1 November 2021 and was not reviewed by a psychiatrist until 16 February 2022, 118 days after his reception. Any assessment of BS' state of mind was based on sparse clinical assessments (noting that BS was frequently in COVID quarantine), as well as the narrative communicated in his recurrent requests, for previously prescribed medication, mental health support, access to visits, and the opportunity to either read his legal brief or meet with his lawyers in person.

153 Dr Sullivan opined that:

(1) BS would have satisfied a diagnosis of PTSD of a moderate severity with symptomatic disturbance of sleep, hypervigilance and anxiety symptoms based on his statement in self-referrals, information he imparted to his mother, and the assessment of Dr Reading.

(2) BS would have satisfied a diagnosis of adjustment disorder with mixed anxiety and depressed mood related to remand in custody, helplessness that his requests were ineffective, and uncertainty about the outcome of criminal charges. This diagnosis would have onset at remand and reflects a clinically significant change in mood and anxiety which is both temporally and causally associated with identifiable stressors.

(3) it is likely that the failed bail application on 18 February 2022 was associated with a significant decline in mood and worsened hopelessness about his future and prognosis.

(4) there is no evidence BS was clearly experiencing suicidal intent or ideation in the period leading up to his death; however, on the day of his death, there was evidence of preparation in the form of notes to others. This was likely precipitated by the refusal of bail.

154 Dr Sullivan indicated that a change in the JHFMHN policy precluded BS being prescribed of quetiapine in prison. This wouldn't have been explained and alternatives weren't explored with BS until February 2022 had no access to a psychiatrist before then.

155 Dr Sullivan considered BS' mental health treatment and support in custody to be inadequate and inappropriate. He considered it clear from the expectations of the nurse who undertook the RSA that BS would have been assessed within a couple of weeks. The delay in assessment, in Dr Sullivan's opinion, is inexplicable. He reported that BS had both evidence of external psychiatric treatment from Dr Martin preceding his remand in November 2021 and records confirming a psychiatric diagnosis and

treatment in the correctional system. Dr Sullivan considered that even if BS had not been prescribed medication, the opportunity to consult a mental health clinician and discuss treatment alternatives was important and may have helped him to manage his distress.

156 Dr Sullivan also opined that it was not clear that the treatment and management of BS by CSNSW was adequate and appropriate. He noted issues with cell placement and recurrent shifts in his cell placement and BS' application for a mental health one-out single cell. Dr Sullivan noted that it was not apparent that the response to BS' requests was clearly communicated back to him so that he understood the reasons for the delay.

157 Dr Sullivan opined that the proposed treatment course offered by Dr Reading on 16 February 2022 was adequate and appropriate. He noted that Dr Reading's assessment was informed by access to past records and considered BS' diagnoses and his wishes. He also noted that Dr Reading made appropriate prospective plans for support, depending on different contingencies based on the bail application outcome, and considered the benefit of psychological support.

158 In relation to BS' farewell note, Dr Sullivan noted that BS did not communicate themes which suggested psychosis, clinical depression or other mental disorder.

159 In relation to amitriptyline (not prescribed to BS), Dr Sullivan reported it is sought after in prisons because of its sedative side-effects and that prisoners may seek it either explicitly for nocturnal sedation or by claiming neuropathic pain. Its postmortem presence indicated that BS had obtained the medication from elsewhere (possibly an inmate to whom it was prescribed). Dr Sullivan considered this reflected that BS had not been able to meet a prescriber and obtain medication to assist with insomnia.

160 Dr Sullivan did not consider that the commencement of medication on 16 February 2022 would have materially affected BS' mental state or have prevented his death.

Issues

Findings required pursuant to section 81 of the Act

161 In relation to BS' manner of death, the evidence must be sufficiently clear and cogent to allow for a conclusion to be reached in relation to intention. The evidentiary standard to be applied to a coronial finding of intentional taking of one's own life is the Briginshaw standard (*Briginshaw v Briginshaw* 60 GLR 336).

162 I find that BS died by hanging on 19 February 2022 at the MRRC, Silverwater, NSW.

163 Given the nature of BS' death, the evidence as to his statement of mind prior to his death and his farewell note, I am satisfied that BS' death was intentionally self-inflicted.

The impacts on BS' mental health from his unsuccessful bail applications; COVID-19 isolation and limited access to visits

164 Consistent with the opinion of Dr Sullivan [see para 153(3)], I find that BS' mental health significantly deteriorated due to the combination of his unsuccessful bail applications; his COVID-19 isolation and his limited access to visits as evidenced via:

(1) his ultimate decision to cause his own death

(2) the contents of his farewell note

(3) the content of his telephone conversations with his mother and partner in the lead up to his death

(4) his fears that he would not be able to successfully defend his charges from custody given the difficulties he faced in preparing his defence including accessing his brief and undertaking legal visits

(5) his fear of the break-up of his relationship particularly given his experience during CP1.

The adequacy of JHFMHN and CSNSW policies regarding managing mental health risks following court appearances

165 At February 2022, neither JHFNHN nor CSNSW had any formal policies in place regarding managing mental health risks associated with court appearances.

166 Fletcher described an informal practice by CSNSW staff to support inmates following an adverse court appearance. It is unclear whether BS was offered any services after his unsuccessful bail application.

167 Singh stated that a welfare check/interview following a court appearance involved checking the general mood of the inmate, behavioural indicators like sadness, aggression, happiness, asking inmates if they have any concerns or issues and asking how they are felling and then direct questions including thoughts of self-harm or suicide.

168 Of his interactions with BS following his bail application, Singh said:

> After Mr [redacted] exited the AVL studio, I remember having a conversation/interview with him. I asked Mr [redacted] his name and how his hearing went. He answered that it was all good. I further asked him that if he has any concerns and if his solicitor is going to call. He declined any issues or concerns and said he is 'Okay' and is not sure if the solicitor is going to call. He added that he has missed his lunch. I then placed him in one of the AVL holding yards and arranged lunch for him.

169 Singh said that BS did not give him any indication that he was troubled by his court appearance.

170 This is inconsistent with the evidence of BS' lawyer who said that he observed BS to be visibly crushed when his final application for bail was refused. He said that he tried to call BS afterward and called the AVL suite and he was informed that BS had gone.

171 BS did not call his mother or partner following his court appearance. Singh's evidence supports the contention that he wasn't precluded from making a phone call, rather he was at that point requesting his lunch.

172 JHFMHN was dependent on CSNSW to inform it whether an inmate had a court appearance and whether JHFMHN's services were required.

173 Upon implementation of the foreshadowed Single Digital Patient Record system, JHFMHN will have more information available to it in respect of inmates' court appearances and it will be better placed to assist affected inmates.

174 Cuthbertson explained that there is now a mental health helpline which runs 24 hours a day enabling inmates to seek telephone counselling. If the clinician manning the hotline considers that an inmate's care needs to be escalated, they can escalate it to the mental health team.

175 I find that CSNSW did not have an adequate formal process in place for managing mental health risks following court appearances. One of the consequences of the lack of policies and procedures was that JHFMHN were not always aware that an inmate had appeared in Court.

176 However, in accordance with CSNSW's informal practice, an enquiry was made as to how BS was following his Court appearance. He informed the CSNSW officer that he was 'okay.' There is no evidence that a more formal policy would have yielded a different result.

The adequacy of the triage, diagnosis and treatment of BS' mental health concerns by both JHFMHN and CSNSW staff

177 RN Renel[29] undertook BS' MHT on 21 November 2021 when BS completed quarantine. BS raised his PTSD diagnosis and requested prescription medication (though it was not established on the evidence that BS was in fact taking prescribed medications prior to entering custody). While he was placed on the 'psychiatrist list,' he was assessed as category 3 which was not urgent. RN Renel indicated that he thought BS would be seen in a couple of weeks – in fact he was not seen until he had been in custody for 118 days. Furthermore, Cuthbertson indicated that in fact category 4 and not 3 was entered on the PAS. Category 4 means routine intervention within 12 months. This was not changed until 15 February 2022 (between his two bail hearings) to category 3.

178 RN Renel was an unimpressive witness. He could not recall his induction and mental health training despite this being documented; he could not recall what documentation he had access to when undertaking a MHT; he could not describe the process of undertaking a MHT; he could recall why there was 'no clinical basis,' for BS to be housed in a cell alone or why he allocated BS as category 3.

179 However, after the triage process the issue becomes more complex. There is a significant disconnect between the information recorded on BS' daily quarantine/isolation checklists [see para 74] and what was written on his PSR forms [see paras 55 and 56 and Annexure A] and what he was conveying to his family in phone calls.

180 While it was acknowledged by Dr Reading and it was referenced on some of the early JHFMHN screening documents, inadequate consideration was given by both CSNSW and JHFMHN of BS' previous experience in custody in relation to his mental health and PTSD.

[29] A casual employee of JHFMHN.

181 It appears that no psychiatrist was made available to BS until after his initial bail application was adjourned to enable some of the issues identified by his legal team to be addressed. In her evidence, Cuthbertson conceded that comments made by Justice Ierace in the original bail hearing *may* have resulted in Dr Reading's assessment.

182 There was no evidence of any monitoring of the delay in BS accessing psychiatric support. While there was a suggestion that waitlists were monitored, this was on a global level and not a personal level.

183 In relation to the priority list, Dr Reading said that it is based on a 'clinical in time' priority. The most important aspect is the clinical wellness or unwellness of a person. Somebody who's more unwell and particularly if somebody is untreated and there are risks associated with them being unwell, they would be the highest priority. In practice, JHFMHN was continually having inmates with such presentations enter the system, thereby pushing others with less concerning presentations down the list. Dr Reading stated that JHFMHN did not consider BS to be acutely unwell and that with the reduction in staff due to COVID-19 the wait times per the priority list blew out considerably which was unavoidable.

184 Dr Reading expressed concern regarding BS' PTSD diagnosis noting that BS had no emotional response when describing being stabbed. However, given the limitations of his ability to assess BS and the availability of Dr Martin's report, he was willing to initiate treatment.

185 The evidence of Dr Reading and the evidence given by BS during his bail hearing was inconsistent in relation to whose idea it was that BS defers re-commencing medication. Given the timing, BS commencing medication following his assessment with Dr Reading would not have impacted his death. Moreover, given Quetiapine could not have been prescribed in custody, BS' adjourned bail hearing was imminent, BS was hopeful of being granted bail, it is not unreasonable that recommencing medication which he

had not been prescribed for 118 days be deferred until he knew whether he was to remain in custody.

186 Dr Reading considered his assessment of BS to have been reasonable notwithstanding restrictions imposed by COVID-19.

187 I find that the classification of BS as category 3 (or category 4 which was entered into the PAS) was inappropriate given his diagnosis of PTSD and his need to be assessed for medication.

188 I find that given the severity of BS' prior assault, what precipitated it, and the PTSD diagnosis that flowed from it, there ought to have been more consideration by both CSNSW and JHFMHN of BS' previous experience in custody to manage his mental health.

189 I find that delay between BS' entry into custody and his access to psychiatric support was inadequately monitored and addressed.

190 I find that considering BS' previous history in custody including his assault, his diagnosis of PTSD and his need to be assessed for medication, his MHT and the subsequent lack of access to psychiatric assessment, treatment and support was wholly inadequate. This finding is supported by the opinion of Dr Sullivan to the effect that it was not clear that JHFMHN and CSNSW provided BS with appropriate support and treatment during his time in custody [see paras 155 and 156].

Were BS' PSR forms submitted to JHFMHN and if so, were they acknowledged and actioned

191 I could not find on the evidence adduced that the additional PSR forms provided to the Assisting team by BS' mother were submitted to the JHFMHN.

192 In relation to those forms which were contained within BS' JHFMHN's file [see Annexure A para 6]:

(1) only one form was acknowledged by JHFMHN in accordance with their own policies and procedures; and

(2) there is no evidence to support that the forms submitted on 1 or 12 November 2021, seeking access to medication, had any impact on the timing of Dr Reading's assessment being the first assessment of BS' medication needs.

Whether BS' level of distress was adequately and accurately recorded by CSNSW and JHFMHN staff

193 There is no doubt that BS' distress was evident in his phone calls to his mother and partner during CP2.

194 However, the evidence of Fletcher, Rutherford and Singh, as to BS' presentation in the days leading up to his death indicated that BS was not demonstrating a heightened level of stress signally that more urgent mental health intervention was required.

195 In the period leading up to his death BS was not outwardly demonstrating a heightened level of stress which would have signalled to JHFMHN or CSNSW that more urgent mental health intervention was required.

Whether CSNSW took appropriate steps to ensure that BS had adequate access to his brief and to instructing his lawyers

196 Adequate steps were not taken by CSNSW to ensure that BS could access his brief and appropriately instruct his lawyers. I find this in circumstances where:

(1) Mr Harb attested to the fact that during AVL conferences the connection would regularly cut out; BS would be required to confer with his lawyers in the presence of others; BS would not be made available for pre-booked calls or tablets would fail to connect

(2) despite BS' brief having been signed for on 3 January 2022, BS was told it had not arrived, then his lawyers were told it had gone missing

(3) BS' application for a laptop to view his brief was declined, and

(4) for reasons that remain unclear, BS was not provided with his paper brief until early February 2022.

Whether BS had adequate access to contact with his family following his unsuccessful bail application

197 I accept the evidence of Singh that BS did not request a call with his family immediately after his unsuccessful bail application. While given the volume of calls BS made to his family during his time in custody it seems unusual that he would not seek comfort from them following that court attendance. I note that he refers to being unable to call his family in his farewell note.

198 On the available evidence I am unable to find that BS sought contact with his family between the time when his court appearance concluded and when he died.

Whether it was appropriate to place BS in a cell with a hanging point following his unsuccessful bail application

199 Following his unsuccessful bail application, BS showed no signs of distress. Wilkinson confirmed that their focus is on providing inmates with the least restrictive care. In the circumstances, it was not inappropriate for BS to be permitted to return to his cell.

200 CSNSW confirmed that the policy reviews identified below are presently being undertaken to address the management of self-harm risks in inmates following adverse court outcomes.

(1) Review of *Managing At-Risk Inmate* policy and procedures (including a review of the role and function of Risk Intervention Teams): the report has been drafted and is being reviewed by stakeholders. This

report has reviewed current practice and considered consultations with people with lived experience. This report is expected to be completed and tabled to the CSNSW Executive in late 2026.

(2) Development of *Strategy to Prevent and Reduce Unnatural Deaths in Custody*: this will be future focused on longer term strategies to respond to new suicide prevention legislation. It will also include the development of a CSNSW Suicide Prevention Action Plan. The Strategy is currently on hold but is expected to be completed and tabled to the CSNSW Executive in late 2026.

(3) Review of the *Custodial Operations Policy and Procedure*: this began in January 2026 and is expected to be completed in late 2027. Statewide Operations supports changes being made to the policy on competition of the review and that consideration will be given to additional risk factors (e.g. significant dates, new charges) as part of the changes to the policy.

Whether the process for regulating PSRs, their receipt, processing and actioning was adequate

201 PSR forms are designed to provide patients with a means of alerting JHFMHN staff to non-urgent medical matters or to request an appointment with specific health staff members. Cuthbertson said that PSR forms are filled in by the patient or their representative and placed in locked boxes which must in the accommodation areas to allow unfettered access. To ensure confidentiality, only JHFMHN staff have access to these locked boxes. The forms may also be delivered directly to the Health Centre by the patient, although in COVID-19 times it would appear this was often impossible and it transpired in evidence that during BS' incarceration, the forms would be handed to a guard who would then deposit the form into the locked box. The box is required to be emptied by nursing staff each evening and all nursing staff have access to keys to the locked box. Access to the keys and the PSR forms in box is restricted to JHFMHN staff. There was no register to record completed PSR forms.

202 When a PSR form is collected from the box by staff, the requirement of Policy 1.362 Patient Self-Referral for Health Assessment in the Adult Ambulatory Care Setting (non-urgent issues only) is that the forms are reviewed and entered on the PAS system. The nurse is required to sign and date the form and the form is placed on the inmate's medical record. The nurse then 'should, if possible' complete a patient advice card. Alternatively, as suggested by Cuthbertson (though not referred to in the written policy) the nurse may photocopy the PSR form, and provide the copy to the patient.

203 Cuthbertson gave evidence that in practice, the advice cards are not completed and the forms are not copied and provided to inmates due to resourcing issues. She also conceded that there are occasions, as is demonstrated in BS' JHFMHN file, where nurses do not complete the administrative section of the form. However, her evidence also confirmed the tiered steps to a PSR which included the forms being signed, entered on the PAS, uploaded into the system and a note made on progress notes.

204 I find that while the JHFMHN policies regarding receipt, processing and actioning of PSR forms are inadequate in that they do not require the inmate to be provided with a receipt or any indication that the form has been actioned.

205 I also find that in BS' case, given the non-compliance with JHFMHN's administrative policies in relation to some of the forms submitted, JHFMHN cannot establish that PSR forms were appropriately receipted, processed or actioned in relation to BS.

Whether the communication between CSNSW and JHFMHN to BS, in relation to treatment options for his mental health, was appropriate

206 Cuthbertson indicated that it was unlikely that BS would have been told how long he would be waiting to see a psychiatrist and to be assessed for medication.

207 I accept the submission from CSNSW that the provision of mental health services in the custodial setting falls to JHFMHN and that communication as to time frames ought to come from JHFMHN.

208 I find that there was no communication between JHFMHN to BS in relation to: when he would be able to see a psychiatrist; what medication may be available to him in custody (once prescribed) and what action/s were being taken in response to the PSR forms that were submitted.

209 I find that the failure to keep BS informed as to the status of his medical review was entirely inappropriate.

What was the impact of cell movements on BS and was it is appropriate that cell-movements recorded in OIMS do not record the reason for cell movement

210 Dr Sullivan stated that the main impact of repeated cell moves is on reducing the opportunity for a person to exert a very small, but quite meaningful, degree of control or agency over their environment, which goes some way to improving mental health. Dr Sullivan stated that BS' 7 cell movements in a two week period was an exceptional number of cell moves for a person who is staying within the one prison and not being transferred between prisons. He said ideally cell movements should be as restricted as possible because it does destabilise the mental state of a prisoner and leave them feeling unsettled and emphasises to them their powerlessness within the system. He opined that the number of cell moves BS experienced prior to his death, compared to what most prisoners would expect, was excessive.

211 I find that:

(1) BS' cell movements were largely unexplained but described as 'administrative.' The only reason recorded was Bock's concerns about BS 'manipulating' the CSNSW system to try to obtain bail.

(2) The risk of correctional officers moving inmates for inappropriate reasons could be reduced if they were required to record in OIMS details of the reasons for the move. This is significant given the evidence from Dr Sullivan as to the impact of unwanted and unnecessary cell movements on inmates.

Whether it is appropriate that an inmate's employment can be terminated and the termination recorded without written reasons being provided

212 Wilkinson confirmed that:

(1) appropriate reasons for an inmate to be fired from employment include doing something wrong, misconduct, not fulfilling the roles and that none of those factors were present in the termination of BS' employment.

(2) the termination of BS' employment because of a perception by a correctional officer that he was trying to utilise COVID restrictions to increase his chances of bail was not consistent with CSNSW policy.

(3) to date there had been no internal investigation into that issue and no training to ensure that policies are correctly complied with.

(4) if a sweeper is dismissed, they need to be informed of a reason for dismissal and that during COVID the reason was not recorded.

213 That said, I also note the inherent connection between BS' employment as a quarantine sweeper and his placement in a quarantine pod. For BS to have appropriate access to his legal team, he needed to be housed within a 'normal pod.' This, Bock asserted, was the purpose of his 'termination' as a quarantine sweeper.

214 Employment in a custodial setting is important to inmates. It can be beneficial financially, in terms of status, access to services such as phones. If correctional officers can remove that privilege without proper reason there is always the possibility that it can be used as an inappropriate means of controlling an inmate.

215 There are policies in place regarding the employment of inmates, their wages, and reasons that enable a correctional officer to terminate an inmate's employment. If an inmate is fired from employment for reasons that controvert the policy, there can be no proper scrutiny, oversight or training of correctional officers as to those policies and the importance of compliance with them.

216 It is not appropriate that termination of employment for inmates is recorded without any written reasons.

Senior Next of Kin's submissions

217 I have carefully considered BS' mother's submissions and seek to address some of the more salient matters below that do not fall within the scope of the issues identified above.

218 I accept the submission and agree that BS was entitled to be treated with dignity, respect and care during his time in custody.

219 BS' mother comments that 'it should be readily accepted that generally there is no rational reason why someone will take their own life.' That proposition is not supported by the evidence.

220 BS' mother submitted that BS was fearful of not being able to properly defend his charges, could not access adequate medical treatment or support networks and that he was being subjected to adverse treatment. Consistent with that submission, Dr Sullivan opined that BS:

> …would have satisfied a diagnosis of adjustment disorder with mixed anxiety and depressed mood related to remand in custody, helplessness that his requests were ineffective and uncertainty of the outcome of criminal charges.

221 I accept, as submitted by BS' mother, that if BS had been granted bail, this may have impacted the outcome. However, it is not for me to comment upon the bail decision.

222 I am sorry that not all of BS' mother's questions about the mechanics of BS' death have been explained during the inquest. It is often difficult in unwitnessed deaths to determine the precise mechanism. It also reflects the limitations of forensic medicine to provide all the answers that a family may seek.

Is it necessary or desirable to make recommendations?

223 Having considered the evidence, Counsel Assisting submitted that recommendations ought to be made to CSNSW to address:

(1) the failure to communicate the outcome of BS' requests for assistance

(2) the potential for cell movements and employment entitlements being used as inappropriately against inmates.

224 CSNSW has helpfully supported the making of the following recommendations, which I make.

225 I recommend to CSNSW that it consider modifying:

(1) the *COPP 9.1 Inmate Applications and Requests Policy* to require that:

(a) the date an outcome of an inmate request form is communicated to the inmate, is recorded, and

(b) brief written reasons be recorded for cell movements on OIMS (ie cell damage safety, health etc.).

(2) the *Services Industry Policy* to require that:

(a) brief written reasons be recorded for termination of dismissal from a work, Education or Criminogenic Program.

226 Following the receipt of submissions, I considered that a further recommendation ought to be made to JHFMHN to address its staff non-compliance with policies and procedures in relation to the regulation of PSRs. JHFMHN opposed my proposed recommendation on the basis that:

> 1. In its terms it does not reflect JHFMHN Policy 1.362
>
> 2. The present operating conditions at the MRRC do not reflect the exigent circumstances, conditions and state affairs from the Covid-19 pandemic which existed at the time of BS' incarceration
>
> 3. Since the subject events, JHFMHN has already issued two Important Notices to staff by way of retraining and reminder about the relevant policies and the need for compliance with them, further detailed below, and
>
> 4. There have been changes to the hardware used to collect the PSR forms since the events.
>
> Policy 1.362 provides the following [at section 4]:
>
> The JHFMHN nurse triaging a PSR form must:
>
> 1. Document the date the form is received and sign the bottom of the JUS060.600 PSR form.
>
> 2. Enter the patient on the appropriate clinician's waitlist on the PAS.
>
> 3. Add an entry in the Progress Notes section of the JHFMHN electronic Health
>
> System (**JHeHS**) record acknowledging receipt of the JUS060.600 PSR form.
>
> 4. Ensure the JUS060.600 PSR form is uploaded as a scanned document in the patient's JHEHS Health Record, and
>
> The Nurse should, if possible:
>
> 1. Complete a Patient Advice Card regarding the patient's self-referral which
>
> advises:
>
> (a) The patient has been placed on the waiting list to see a relevant health
>
> professional as soon as possible; or
>
> (b) JHFMHN does not manage requests related to lifestyle issues (such as requests for a vegetarian diet, request to get shoes out of their property or for an extra mattress / pillow).

> Policy 1.362 does not require, and we submit appropriately so, JHFMHN staff to provide photocopies of completed PSR forms to patients.

227 What JHFMHN's response does not address is the fact that at the time of BS' death, JHFMHN's own procedures as outlined in JHFMHN Policy 1.362 and as described by Cuthbertson were not followed. Furthermore, what I would describe as an aspirational suggestion in JHFMHN Policy 1.362, that nurses 'should if possible' complete a patient advice card advising the inmate of the progress of their self-referral, does not address the issue identified by Dr Sullivan and conceded by JHFMHN and CSNSW, that BS' that the response to BS' PSR form requests was not clearly communicated back to him.

228 Taking into account JHFMHN's submissions, I make the recommendations that follow.

229 I recommend to JHFMHN:

(1) that it considers undertaking an audit at the MRRC to ensure that staff are compliant with following policies and procedures outlined in section 4 of the JHFMHN Policy 1.362 set out below.

(a) The Justice Health NSW nurse triaging a Patient Self-Referral Form must:

(i) document the date the form is received and sign the bottom of the JUS060.600 Patient Self-Referral form.

(ii) enter the patient on the appropriate clinician's waitlist on the Patient Administration System.

(iii) add an entry in the Progress Notes section of the Justice Health electronic Health System (**JHeHS**) record acknowledging receipt of the JUS060.600 Patient Self-Referral form.

(iv) ensure the JUS060.600 Patient Self-Referral form is uploaded as a scanned document in the patient's JHEHS Health Record

(2) that it considers amending section 4 of the JHFMHN Policy 1.362 to make it compulsory for JHFMHN Nurses to complete a Patient Advice Card or provide a photocopy of the PSR form to inmates and that the issuing of the Patient Advice Card and/or the copy of the PSR Form should be documented on the JHeHs.

Concluding remarks

230 I will close by conveying to the family and to BS' friends and community my sympathy for the loss of BS.

231 I thank the Assisting team for their outstanding support in the conduct of this inquest.

232 I thank the officer in charge, Snr. Cst. Jessica Munro and Cst. Conrad Netto, for their work in conducting the investigation and compiling the brief of evidence which was supplemented by the Assisting team.

Statutory findings required by s 81(1)

233 As a result of considering all the documentary and the oral evidence heard at the inquest, I make the following findings:

Identity
The person who has died is BS.
Place of death
BS died at the MRRC, Silverwater NSW.
Date of death
19 February 2022
Cause of death
Hanging
Manner of death

BS' death was intentionally self-inflicted.

I close this inquest.

Judge R Hosking
Deputy State Coroner
Lidcombe **********

ANNEXURE A

CP1 PSR Forms

1 22 August 2017: Could I please speak to the N.U.M about the ENT specialist? Last time I was informed I had been in the queue for 275 days and this morning when I checked with the nurse I am no longer on the list? This is distressing as I have been told the wait list is now 2 years. Can I please see the psych as I am feeling stressed due to being blasted on A Current Affair the week before last.

2 21 April 2018: Can I please speak to the nurse regarding my ENT consultation? I have been on the list for 500 days now with no appointment. Thank you.

3 On 21 December 2018: Requested to see the JHFMHN Staff for the option 'feeling stressed', and asking to talk to a nurse, stating: Can I please speak to a nurse or someone appropriate? This is the third form I've put in. I have just been moved to 4 Wing and am stressing out. I still have nightmares and anxiety about being labelled a 'Police Informant' on A Current Affair and stabbed as a result in 10 wing. I am always nervous and worried people are talking about it or my celly could be conspiring about it. I am not a sex-offender and don't understand why I am predominantly in a sex-offenders pod. Could I please speak to a nurse about these issues, I'm worried.

4 14 September 2019: URGENT. I have been placed in segro and haven't been receiving my medication (Sandomigraine & 2x25mg Seroquel). I was getting them in Area 4 when I came back from Tafe each day at 9/10pm. I think there has been some kind of mix up but can I please be issued with my medication. Haven't received it in 12 days now! Please contact doctor or write me up. I have contacted Ombudsmen. C3 inmate and no change in segro. I have clinically diagnosed PTSD from being stabbed. Please help.

5 26 October 2019: In relation to the option 'medication issue' and asking to talk to the nurse, stating: I was taken off my medication (50mg seroquil,

sandomigraine) a few months ago as I was on Works Release (C3) and could not go to the pill window to collect the meds as I was outside the jail. I have been trying desperately to chase this up and have put several forms in at Parklea but was transferred here. Can I please have my medication and be reinstated? It is urgent as I haven't been issued them in 2 months for no reason. Thank you kindly.

CP2 PSR Forms

6 The four that follow were contained within JHFMHN records.

(1) 1 November 2021: requesting to speak to a nurse and noting he had not received Seroquel. There is no acknowledgement of receipt by staff.

(2) 12 November 2021: requesting to speak to a nurse as he had still not received his medication, despite it being on his JHFMHN record. The form is signed as received on 15 November 2021.

(3) 13 January 2022: requesting a booster vaccine as a sweeper in the quarantine wing. There is no acknowledgement of receipt by staff.

(4) Unknown date: requesting that internal records be updated to reflect that he was double vaccinated for COVID-19, as that was preventing him from booking family visits. There is no acknowledgement of receipt by staff.

7 The following were not contained within JHFMHN records.

(1) 2 November 2021: Entered Custody a few days ago…Supplied nurses with doctor's prescription and psych report. I have not received my medication, have spoken to nurse when they come round to do pills but nothing has happened. Please I have bad PTSD, stuck in quarantine and night terrors getting worse.

(2) 3 November 2021: Please can I receive my medication and see a mental health doctor. I have bad PTSD, should be medical 1-out, have night terrors which are getting worse. I am on Seroquel which is on my previous chart and also Prazosin.

(3) 4 November 2021: I still have not received my medication – prazosin and Seroquel. Can I please see a nurse or mental health doctor, my PTSD is unbearable at the moment.

(4) 6 November 2021: In quarantine, still have not received my medication, prazosin and Seroquel for my PTSD. Have extreme anxiety, headaches and night terrors. Please can I see someone. Nurses come to do pills each night, I have spoken to them but nothing has happened.

(5) 8 November 2021: In custody over a week, have not received my medication. Family sent in prescription and psych report. Can someone please talk to me. My PTSD is unbearable. I can't concentrate, having terrible nightmares its affecting cell mate.

(6) 10 November 2021: Chasing up my medication and mental health doctor, Nurse said I'm on the list. Can I please be made urgent? I have severe PTSD, have received no medication since in custody. Night terrors are causing issues with cell mate.

(7) 11 November 2021: Have not received medication prazosin & Seroquel. Have bad PTSD. These are charted for me – can I PLEASE speak to someone. I should also be medical 1-out, due to night terrors. Having major issues and need to speak to someone.

(8) 25 November 2021: Moved to G13 from F10 can I please be given my medication – prazosin for PTSD and Seroquel. Family has sent in my prescription & psych report three times but no one had spoken to me. I need help.

(9) 8 December 2021: Have been out of quarantine of while but still have not been given my medication. I need to talk to someone as well. My PTSD is out of control and it is unbearable – I'm having intense nightmares and my medication can help please. I need this addressed.

(10) 20 December 2021: Kindly asking to see a psych, I am told I am on the list but it's urgent. I also still have not received my medication. My PTSD is getting worse and I need help.

(11) 28 December 2021: The nurse form box never gets emptied – I have asked the officers – are my forms getting lost? I need to see a psych and have not been given my medication it's been 2 months. Please help.

(12) 6 January 2022: Have severe PTSD. Have not received my prescribed medication prazosin & Seroquel since entering custody. Please can I be issued my medication & see a psych it's only getting worse. No one is getting back to me just telling me I'm on the list but I need help.

(13) 12 January 2022: Have been in custody since 29th October & not received any medication. I have severe PTSD and it's getting worse. I am prescribed prazosin for night terrors and Seroquel. Please I need my medication and need to talk to a psych. I don't know what else to do.

(14) 17 January 2022: Moved from G13 to G12 a few days ago – they do not empty the black box for the nurse forms in Quarantine pod. I have still not been given any medication since entering custody. PTSD getting really bad – night terrors, can't remember things, flashbacks in shower. I have asked to speak to someone about this. Please help.