

SOUTH



AUSTRALIA

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 18th, 19th and 21st days of March and the 19th day of June 2002, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Alan Forsyth Heatley.

I, the said Coroner, find that, Alan Forsyth Heatley aged 17 years, late of 20 Marine Parade, Marino, South Australia died at Marino, South Australia on the 20th day of February, 2001 as a result of cranial and facial trauma.

1. Personal background

1.1. Alan Heatley was born on 11 September 1983. He completed Year 12 achieving a perfect score of 20/20 in music. On 19 February 2001 he was due to enrol at the University of Adelaide in a Computer Systems Engineering Degree.

1.2. In her statement (Exhibit C6a), his mother Mrs Anne Heatley said that Alan had been away to a University Orientation Camp from 11 to 15 February 2001. She said:

'Alan was just his usual self after returning from the camp. Alan had a very wide range of friends. He was sensitive, astute, bright, understanding and perceptive. Alan was neither introverted nor extroverted. He wasn't an attention seeker but he had a very good social life. He was a relaxed average sort of kid. Alan was very good at school and particularly good at sport and music. He always kept fit by riding his bicycle or he would run or swim at the beach.'

1.3. Alan's sister Emer described him in similar terms. She said that Alan told her that he had experimented with marijuana in the past six months and had smoked it occasionally at parties. She said that he always denied using anything else (Exhibit C7a, p2).

- 1.4. Emer described an event on Thursday 15 February 2001, the day Alan came home from the Orientation Camp. At about 11:30pm he came down to the study where she was working on the computer and lay down on the study floor and said he wanted company while he was sleeping. She said he was lying on the carpet on the other side of the room, and there was a desk between them so she could only see his feet. He said nothing and he was still there when she left for bed half an hour later. She described this behaviour as 'very strange' (Exhibit C7a, p3).
- 1.5. Emer had noticed that Alan was extremely absent-minded on Friday 16 February 2001, when she helped him with the train timetable into the city. She had noticed that he had been more absent-minded than usual in the last month or so. She said 'it was like he seemed a bit lost' (Exhibit C7a, p3).
- 1.6. Emer also mentioned an incident just prior to the Orientation Camp when Alex Gale, a friend of Alan's, wrote 'the end is nigh' on a whiteboard in his bedroom. Emer said that Alan took the message 'very seriously', which was out of character for him (Exhibit C7a, p4).
- 1.7. Alex Gale said that Alan became scared and panicky when they were talking about a cloud formation out to sea which looked like a tidal wave. They were talking about how long it would take to reach them (Exhibit C43a, p3).
- 1.8. Emer was also perplexed by comments Alan made to her such as 'I've been depressed for 8 years but I'm not anymore', and 'I've been acting for 8 years but now this is the real me. Do you like the real me?' (Exhibit C7a, p4).
- 1.9. There had been a number of other minor incidents where Emer noticed that her brother had either said or done something that was uncharacteristic.
- 1.10. None of the young people who were with Alan on the Orientation Camp, or who saw him over the weekend, or even those who saw him at University on 19 February 2001, noticed anything unusual about his behaviour.
- 1.11. Alan's High School teachers described him as a 'model student'. His mathematics teacher, Mr D J Kay, said that:

'He had an excellent rapport with his teachers, all of whom held Alan in the highest of esteem. He was accepted readily by his peers where his friendship was sought and valued highly ... and at no time displaying any signs of anger or anxiety.'

(Exhibit C46a, p1)

2. Events of the evening of 19 February 2001

- 2.1. As I have already mentioned, none of Alan's acquaintances and friends who saw him during the day noticed anything unusual about his behaviour.
- 2.2. Mr Edward Heatley, Alan's father, said that Alan returned home from University at between 7:00 and 7:30pm. His parents had expected him to enrol at University that day, and when Mrs Heatley asked Alan about the enrolment he appeared annoyed (Exhibit C5a, p2).
- 2.3. As the evening progressed, Alan's behaviour became increasingly strange and out of character. He began talking about making the world a better place, that he needed 6,000 followers, of having a mission, and that he had been chosen to be the leader.
- 2.4. Alan's delusions also had a religious theme. He began saying that he was Jesus, that he was a genius, that 'the evil is trying to take over' and 'we've got to fight the evil' (Exhibit C6a, p6).
- 2.5. Alan's behaviour became increasingly bizarre and frantic to the extent that his parents became terrified. His father tried to subdue him by embracing him, but Alan became physically violent. Alan punched his father several times, causing a significant injury above his eye, which bled profusely.
- 2.6. Alan then ran upstairs and tried to enter Emer's bedroom, but she had locked the door. Alan began punching the door to the extent that his fist went right through. He forced the door open and approached her as she was standing near the window. He swung a punch at her but did not connect. Mr Heatley intervened, and grappled with him again to prevent him from injuring Emer. At one stage Alan grabbed his father's head in both hands and bit him on the nose, growling like an animal (Exhibit C5a, p6). By this time Emer had escaped from the bedroom.
- 2.7. Alan ran from the bedroom and, although his father did not see this, it would appear that he jumped over the balustrade to the floor below, landing on several push-bikes and a marble-top table (Exhibit C5a, p7).
- 2.8. Mrs Heatley and Emer ran to the house of Mr and Mrs Griffin, several doors away, but the house was in darkness and there was no early response. They ran next door to

the house of Mr and Mrs Clark who let them inside. Mr Clark telephoned the police who then spoke to Mrs Heatley on the telephone (Exhibit C6a, p8).

- 2.9. In the meantime Mr Heatley had escaped from the house and ran to the Griffin's house. Mrs Griffin answered the door. Mr Heatley entered the house and hid, worried that the event might exacerbate his heart condition, for which he had recently had major bypass surgery.
- 2.10. Alan followed his father to the Griffin house and smashed the window next to the front door with his skateboard. Mrs Griffin retreated upstairs by which time her son, Tim, had emerged from his upstairs bedroom. Tim went down the passage to the lounge room and activated the duress alarm near the sliding door. By this time Mr Griffin had also emerged and the three people barricaded themselves in the lounge room (Exhibit C15a, p1).
- 2.11. Mr Griffin had already activated the duress alarm from the bedroom (Exhibit C14a, p1).
- 2.12. Alan Heatley entered the lounge through another door which could not be barricaded and approached Tim Griffin. He swung his skateboard at him but missed. Tim Griffin struck him in the head with the side of an ice-pick (used for mountaineering and ice climbing).
- 2.13. A physical struggle developed which led to Tim Griffin holding Alan in a headlock and Mr Griffin kneeling on his lower back. A neighbour, John Halliday, had also entered the lounge room by this time and assisted to hold Alan down. He said that Alan was saying 'don't let me up, don't let me up', as well as making references to Lucifer and Jesus (Exhibit C17a, p2).
- 2.14. Alan was physically restrained until Ambulance Officers Bernard and Smith entered the lounge room at shortly after 11:52pm (Exhibit C20a, p1). There is some disagreement among the witnesses about what then occurred. Tim Griffin said:

'They told me to let him up or get off him, as I got off him he fired up again and hit me with his fist to the back of (the) right side (of my) head.'

(Exhibit C15a, p3)
- 2.15. Mr Griffin said that the Ambulance Officer told him to 'move back' (Exhibit C14a, p5).

- 2.16. Mr Halliday said the Ambulance Officers said they should 'let him go' (Exhibit C17a, p3).
- 2.17. Ambulance Officer Bernard said that he asked the men who were restraining Alan 'if they could move slightly so I could see where the injury was' (Exhibit C20a, p3).
- 2.18. I do not find it necessary to resolve these discrepancies. Memories of a stressful event will often differ. In any event, Alan Heatley broke loose and, having assaulted Tim Griffin, approached Bernard and hit him on the left temple with a hard rawhide 'bone' (Exhibit C20a, p3). He assaulted Ambulance Officer Smith by punching him a number of times, including on one occasion in the upper arm causing a dislocation of his right shoulder (Exhibit C21a, p3).
- 2.19. A number of the men retreated downstairs and out the front door.
- 2.20. Arrival of the police
Senior Constable Richard Holbrook and Constable David Handberg had been at the Sturt Police Station when they were tasked to attend at Marine Parade. They were patrol SR13. A second patrol, SR10, consisting of First Class Constable Holt and Constable Pearce, attended shortly after them as back-up.
- 2.21. Upon arrival in Marine Parade, the officers were approached by Mr and Mrs Heatley and told what was happening. Mr Heatley said words to the effect of:

 'He's only young, be careful with him.'
 (Exhibit C62, p2)
- 2.22. The two officers approached the Griffin house with Constable Handberg ahead. Handberg entered the front door and saw several men trying to come out of a doorway at once, and all of them appeared to be 'very scared and in a panic' (Exhibit C63, p2).
- 2.23. As Handberg entered the house he was knocked backwards into the smashed window by the people rushing down the stairs. Fortunately he was not injured.
- 2.24. By the time Handberg regained his balance he saw Alan Heatley coming down the stairs with blood on his face. He was carrying an object in his hand which was no doubt the rawhide 'bone'. Handberg retreated out the front door past Holbrook, who was holding a canister of O/C (capsicum) spray in his right hand. As Alan followed Handberg out the door, Holbrook yelled 'spray' and then sprayed in the direction of

Alan's face for one to two seconds, but this did not have any appreciable effect. In fact, by the time Holbrook sprayed, Alan had begun to run past him and down the front lawn of the premises towards an ambulance parked in the street (Exhibit C62, p3).

2.25. Both police officers expected the O/C spray to have an effect, and when it did not they began running after Alan, who ran around the ambulance and then directly across Marine Parade.

2.26. A clear description of Alan's movements is contained in the statement of Lisa Halliday:

'Alan was sprayed about half a metre from the Griffin's front door. Alan kept running and looked like he was coming towards us. The spray literally went straight into Alan's eyes but it didn't seem to affect him. I was standing at the foot of the driveway near the ambulance.

...

Alan kept running, he ran across the lawn behind the ambulance. He ran off the lawn onto the driveway then onto the roadway. He ran past the rear of the ambulance, across the road and as he got to the gravel part on the other side of the road I saw his trousers were down far enough that his bum was showing. He put his arms out from his body like wings and leaned forward as he ran down the slope towards the cliff area. I could probably see him still running with arms out about half way from where the slope starts to the cliff before I lost sight of him. I didn't see him go over the cliff. It was a very dark night. I actually thought I had seen him go over the cliff but in daylight I saw that I really hadn't.'

(Exhibit C19a, p5)

2.27. A number of the other witnesses also described how Alan had his arms out from his body like wings (see the statements of Elizabeth Halliday (C18a, p4), Valerie Griffin (C13a, p4) and Colin Clark (C10a, p3)).

2.28. The two police officers followed Alan's path to the edge of the cliff. Holbrook went a short distance down a slope, but turned back when members of the public alerted him to the cliff edge which was further down. Tim Griffin then showed Holbrook the path to the bottom of the cliff where he located Alan's body. The height of the cliff from the point where the drop becomes relatively vertical was 15.6 metres (see the statement of Senior Constable Light, Exhibit C54a, p3). Mr Light found that there was a blood splatter 4 metres from the base of the cliff, and Alan's body was 6 metres

from the base of the cliff, indicating that he had substantial forward momentum when he left the ground.

- 2.29. When Holbrook found him, it was clear that Alan had suffered terrible injuries. His pupils were fixed and he could find no pulse (Exhibit C62, p4).
- 2.30. After a short time, Ambulance Officer Bernard arrived at the base of the cliff and noted that there was no pulse, heart sounds, breath sounds, or other signs of life. The left pupil was unreactive. Bernard concluded that Alan had died and no resuscitation was attempted.

3. Cause of death

- 3.1. A post-mortem examination of the body of the deceased was performed by Professor R W Byard at the Royal Adelaide Hospital Mortuary on the morning of 20 February 2001. Professor Byard found that Alan had suffered a large fracture of the skull with underlying subarachnoid haemorrhage, together with multiple fractures of the facial skeleton with internal bleeding into the airway. He also suffered fractures of the right femur, right patella, left knee, right foot, multiple lacerations, bruises and abrasions.
- 3.2. Professor Byard summarised the cause of death as 'cranial and facial trauma' (Exhibit C2b, p2).
- 3.3. Professor Byard found several minor injuries on the forehead and right arm which were consistent with having been inflicted by the metal ice-pick used by Tim Griffin. In particular, two small circular abrasions/lacerations on the forehead matched an elevated area on the side of the ice-pick. Professor Byard commented:

'They were not medically significant injuries and were associated with only a small amount of underlying interstitial haemorrhage with no skull fracture. Similarly, the patterned injury to the forearm matched the serrated edge of the icepick. It, again, was not a serious injury and was not associated with breaking of the skin or with any underlying fractures.'

(Exhibit C2b, p3)

I conclude that none of these superficial injuries played any part in the cause of Alan's death.

- 3.4. The toxicological analysis performed by Mr P D Felgate, Forensic Scientist, found that there were no common drugs (including alcohol, cannabinoids and

amphetamines) in the blood, nor were cannabinoids, LSD, PCP or cocaine found in the urine (Exhibit C3a).

- 3.5. I accept Professor Byard's evidence about the cause of death and find that the cause of death was 'cranial and facial trauma'.

4. Psychiatric treatment

- 4.1. As I have already mentioned, Alan Heatley's sister Emer and his friend, Alex Gale mentioned several instances of unusual behaviour displayed by Alan in the period immediately before he died.
- 4.2. On Monday, 19 February 2001 Alan attended at the University of South Australia Psychology Clinic and was seen by Mr Homer Zeitz, a Registered Psychologist who was then studying for his Masters Degree which would entitle him to call himself a Clinical Psychologist (see the evidence of Dr Wood at T162). Mr Zeitz had been a Registered Psychologist for 11 years (T147).
- 4.3. Mr Zeitz described Alan Heatley as a 'walk-in' client, that is, he had not been referred by another health professional (T150).
- 4.4. Alan Heatley signed a 'Client Information and Consent' form (Exhibit C64) which made it clear that he would be seen by a 'trainee clinical psychologist who is undertaking specialist training under the supervision of a Clinical Psychologist'. He declined to consent to the interview being recorded or viewed through a one-way screen, and also declined to consent to contact with his General Practitioner (T132).
- 4.5. Mr Zeitz said that he took a family history from Alan, his educational background, information about his personal/sexual relationships, and a health and medical history. Unfortunately, he did not note any of this information (see Exhibit C64). He purported to give evidence about what Alan told him from a 'Case Summary' he made after he learned, in July 2001, that Alan had died (T142).
- 4.6. Mr Zeitz said that Alan displayed a 'flat affect', talking in a monotonous voice and avoiding eye contact. He told Mr Zeitz that he had been depressed for seven years. He frequently asked whether Mr Zeitz thought he was 'crazy'. (Exhibit C62, p1-2)

- 4.7. Mr Zeitz said that Alan went through 'several personality shifts' during the interview, going from placid to agitated. Mr Zeitz thought that this was a 'manipulative ploy'. He added:

'After I consistently refused to tell him he was crazy he then said he was scared that he might believe he was "Jesus" and therefore was not sleeping but able to take naps during the day. I asked him, how did he know that he might be Jesus and he described a "rapture" like feeling. I define this as a semi out of body type of feeling combined with feelings of joy.'

(Exhibit C62a, p2)

- 4.8. In oral evidence, Mr Zeitz explained his interpretation of Alan's behaviour in these terms:

'His concern that he thought he might be becoming Jesus, so it's not that he believes he is Jesus. If he had told me he thought he was Jesus, that's a different kettle of fish, that actually came near the end of the session, and again I believe it was - in and of itself I agree it's an issue for concern, but it came near the end of a session after he had repeatedly tried to get me to label him as crazy, he then came up with that particular concern of his. Again I saw it within the context of another manipulative ploy. I am not saying that he necessarily lied per se. What I am saying is that his need for some diagnostic label compelled him to come up with these particular suggestions, compelled him to act in a certain way.' (T108-109)

- 4.9. Mr Zeitz said that he asked Alan if he had contemplated suicide, and received the answer 'no'. He made no note of that, because that reply is 'rational normal' and therefore of 'no clinical significance' (T136). I reject this approach, both as a matter of logic and of professional record-keeping.
- 4.10. At one point, Alan Heatley asked Mr Zeitz if he could hug him, which he permitted him to do. Although conceding that this was strange behaviour, Mr Zeitz did not interpret it as a sign of mental illness (T141).
- 4.11. Mr Zeitz said that at the conclusion of the session, which lasted for about an hour, he suggested that Alan should see a Psychiatrist, not because he thought Alan was mentally ill, but because this was Alan's 'world view'. Although he was unable to remember clearly, it was his general practice to advise a client to see their General Medical Practitioner for a referral. Mr Zeitz did not make a note of the fact that he had made this suggestion.

4.12. Mr Zeitz said that Alan seemed 'normal' when he left. He did not give any indication of suicidal tendencies to Mr Zeitz during the interview (T137). Mr Zeitz did not see Alan Heatley again.

4.13. Mr Zeitz did not think that it was appropriate to contact Alan's parents, even though he was still a minor, because to do so would have breached confidentiality and was therefore unethical (T138).

4.14. Expert Evidence

I heard evidence from Dr Michael M Wood, a registered psychologist for many years, and presently Visiting Research Fellow at Adelaide University, Department of Psychology. Dr Wood has been closely involved in the development of degree courses in Psychology at both Adelaide and Flinders Universities.

4.15. In relation to Mr Zeitz's conclusion that Alan was merely being manipulative and seeking a 'label', Dr Wood commented:

'I don't think that would have been my first hypothesis. I would have wanted to explore very carefully the nature of Mr Heatley's symptoms, and I notice that you comment that Mr Zeitz had obtained a full and complete education and family background. I think I would have wanted further information before I came to that conclusion. It would not have been the first hypothesis I would have considered.' (T154)

4.16. As to Alan's statements about his religious preoccupations, Dr Wood said:

'Again I think that would have been a secondary hypothesis or tertiary hypothesis I would have looked at. The first one is people who have feelings of believing that they're Jesus or some other famous other person is usually characteristic and raises the question of a delusional disorder, and that would have been the - that's a fairly serious diagnosis to make on that information, but of course one doesn't have enough to come to that conclusion but that would have been the first alarm bell that struck me straight away.' (T155)

4.17. Dr Wood was critical of Mr Zeitz allowing Alan to hug him. He said:

'Generally, physical contact between psychologists and clients is to be avoided if at all possible. It's an area where there's an issue of breaching professional boundaries. Patients who ask or clients who ask to physically touch you and hold you or embrace you in such a way would raise in my mind a serious concern. I would also begin to have some slight anxiety about my own safety and I have been subjected to violence and threats of violence by patients over the years on a number of occasions. I'd be very cautious and I wouldn't agree to a patient touching me in the same way that I'm very cautious about touching patients. If they want to shake hands, that's fine, but at times it's difficult

because you see a very distressed individual and it's a human response to want to give them, you know, put your arm around them or something but it's something to be very, very cautious about ever doing that. I would say I would never do it.' (T157-158)

- 4.18. Dr Wood agreed with Mr Zeitz that Alan needed to see a Psychiatrist. Although Mr Zeitz's reasons were unclear, Dr Wood thought that Alan was:

'A young man with a very disturbed emotional state at that time.' (T158)

- 4.19. The logistics of arranging such a consultation are not so easy, however. In a case where the Psychologist is concerned for the patient's safety, the ethical guidelines for the profession stipulate that it is appropriate to breach confidentiality if necessary in order to obtain appropriate treatment for the patient (T159). In this case, Dr Wood thought that Mr Zeitz should have contacted Alan's parents (T161, 168).

- 4.20. Dr Wood said that it was difficult to form clear judgments about the correctness of Mr Zeitz's approach, because his note-taking was sub-standard. He said in an answer to a question from Mr Magee, Counsel for Mr Zeitz:

'A. No, I disagree with that. My reason for disagreeing is, and I have discussed it with a number of colleagues - when you see a patient, you take almost verbatim notes. You take data and not inference. I think that's really important, because psychologists are about evidence and it's a scientific discipline. If you are going to make a judgment about a person then you have to take very careful notes about what the person says, how they behave. I think that's one of the problems. These notes are inferential rather than observational, and they were probably written -

Q. Are you aware that some psychologists do not take notes as the session occurs, but rather record the information afterwards.

A. Yes, and there is a strong argument against that. There is extensive research on memory which shows that you really can't recall an hour's - let's say consultation - and record exactly what is said.

Q. But you're aware that that is a practice within the Psychological Society.

A. Yes. It's not a practice which I have ever taught at post graduate level, or in any of the post graduate courses I have taught. It's not unknown.' (T164-165)

- 4.21. Dr Wood acknowledged that there was no evidence before Mr Zeitz that Alan intended to hurt himself or someone else (T173). But danger is inherent in a person who is psychotic. They may do something, under the influence of psychosis, which unintentionally causes harm to themselves or others. Dr Wood said:

'If one suspects or has reason to believe that the person has a psychosis, then should you breach that confidentiality. If you believe that the person is not going to have any

treatment and that in some way treatment may be delayed and this is an acute stage, then I think you have a responsibility as a mental health professional to take some actions to ensure that that person receives adequate treatment and is in a safe environment.' (T177)

- 4.22. That being so, what should Mr Zeitz have done? A call to Alan Heatley's parents would not have guaranteed his immediate safety, although they might have been forewarned when Alan came home, and perhaps they may have already called a team from the Assessment and Crisis Intervention Service ('ACIS').
- 4.23. Of course, since he was not a medical practitioner, Mr Zeitz had no power to detain Alan pursuant to Section 12 of the Mental Health Act 1993. Even if he had the legal power, Mr Zeitz had no means to physically restrain him. The best he could do would be to contact ACIS, perhaps after discussing the case with a colleague (T184).
- 4.24. I also heard evidence from Professor R D Goldney, Professor of Psychiatry at the University of Adelaide and a Psychiatrist of wide experience in clinical practice.
- 4.25. Professor Goldney explained that the behaviour displayed by Alan Heatley, as described by his friend Alex Gale, his sister Emer and his parents leading up to Monday, 19 February 2001, led him to conclude that Alan was clearly suffering from a psychiatric illness. He said:

'Overall, it is probable that Alan had a psychotic condition, either a schizophreniform disorder or the hypomanic phase of a bipolar disorder, and it is possible that it was precipitated or exacerbated by drugs. Furthermore, it is probable that he was acting on his delusional beliefs, both in the hours prior to his death and at the time of this death. There is only one description of him actually going over the cliff, and in view of that description, and of him considering himself to be Jesus and referring to angel wings, it is not beyond the bounds of reason to speculate that he may have even considered that he was invincible at the time of his death.'

(Exhibit C65a, p5)

- 4.26. Having regard to the evidence before me that, although Alan may have experimented with marijuana use in the few months before he died, there was no sign of drug use detected at autopsy, Professor Goldney concluded that it was 'very unlikely' that drugs were a precipitating factor in Alan's condition (T116).
- 4.27. In oral evidence, Professor Goldney said that he thought that it is less likely that Alan was suffering from a hypomanic phase of a bipolar disorder (T116). He explained that the description of Alan seeing a cloud formation, and becoming scared that it

appeared like a tidal wave, was a classic sign of a loss of perceptive constancy, which is a classic symptom of early schizophrenia (T118). As time wore on, his growing obsession with the end of the world and religious and other grandiose thoughts became clearer as his psychosis developed. By the evening of 19 February 2001 when he became violent and aggressive, the psychosis had completely taken over and Alan was ‘terribly unwell’.

4.28. Professor Goldney explained the process by which Alan’s condition ‘crystallised’:

‘... sometimes the person who is developing the schizophrenic illness, has thoughts which are still alien to themselves, and in the jargon they are ego-alien. Then again in the jargon there can be a sudden crystallisation of what's happening around one, and it's talked about crystallisation of the paranoid community. Then the thoughts become syntonic with the person, and again in the jargon they become ego-syntonic, so it's really like the development of a psychotic condition. One has these vague thoughts, trying to make sense of them, they are alien to one's self. You don't want to have them, they can be frightening, but then suddenly there can be a crystallisation where suddenly everything falls into place. 'I am Jesus, I am an angel, I am invincible, I need 6,000 followers' and everything is suddenly clear and no matter what everyone else says, you're beyond that point of reason and argument, so what you have described is exactly what does seem to happen in that progression.’ (T124-125)

4.29. I also received a report from Dr Ken O’Brien, the Director of Forensic Mental Health Services in South Australia (Exhibit C60a).

4.30. Fundamentally, Dr O’Brien’s opinion was the same as that of Professor Goldney. Dr O’Brien said:

‘As the evening progressed, it would appear that his thinking became more disorganised whilst his behaviour became more erratic, perplexing and ultimately threatening. It would seem that for a period of time he struggled, and struggled hard, to maintain his grip on reality but ultimately his psychosis took control the result being that his behaviour became completely irrational and was not subject to any logical intervention despite the best efforts of his family ... I am satisfied that Alan H was in a state of extreme psychotic agitation on the late evening in question. The documentation would suggest that the most likely diagnosis was acute schizophrenia, although, in some respects, the precise “label” is unimportant other than to state again that he was in a psychotic condition.’

(Exhibit C60a, p2)

4.31. Conclusion

Taking all this evidence into account, I conclude that Mr Zeitz seriously misunderstood the nature of Alan’s condition, and failed to note the clear evidence

that he was acutely psychotic. As a result, he took no action to contact Alan's parents, which might have assisted them to deal with Alan when he returned home, perhaps by contacting an ACIS team.

5. Response time

- 5.1. I heard evidence from Chief Inspector B B Flaherty, who was the Officer in Charge of the investigation into Alan Heatley's death. Chief Inspector Flaherty's report is Exhibit C61a.
- 5.2. The investigation revealed that the first call received at the Police Communications Centre ('Comcen') was received at 11:40:14pm and originated from Mrs Elizabeth Clark. That call resulted in Constables Holbrook and Handberg (Patrol SR13) being despatched with an 'A' priority, although the priority was described as 'low' on the basis that although Mrs Clark reported 'males screaming next door', it was described as 'quiet now'. (Exhibit C61a, p8).
- 5.3. The next call was received at 11:41:37pm and was received at Comcen from the Police Security Services Control Room who had received the duress alarms activated from the Griffin house. In fact, two alarms were received, one from the front door and one from the main bedroom. The Operator at the State Administration Centre, Mr Getgall, immediately notified Police Comcen (Exhibit C16a, p2).
- 5.4. In response to one or other of these calls (there is confusion as to which), the Dispatch Operator in Comcen, Constable Scott Simpson, contacted Sturt Patrols over the radio, as his computer terminal had 'locked up'. He described a 'short time delay while attempting to unlock the terminal to read the details of the incident ... before the details were voiced over to patrols' (Exhibit C31a, p1).
- 5.5. The transcript of the radio communication is Exhibit C61d. It discloses that the radio tasking took place some time between 11:43:20pm and 11:46:10pm, although I accept Mr Simpson's evidence that it was closer to 11:43pm (see Exhibit C31a, p2).
- 5.6. Due to the computer lockup, the details were not passed to Holbrook and Handberg until 11:45:55pm, by which time they were already on their way.
- 5.7. A similar degree of uncertainty surrounds the precise time at which Holbrook and Handberg arrived at the scene. Both officers described how they were immediately

approached by agitated people upon their arrival as a result of which they neglected to call in that they had arrived. It is clear that they would not have been there later than about 11:56pm, because a later patrol (SR10) called in at 11:56:41pm that they had arrived.

- 5.8. By the time SR10 arrived, they saw Holbrook and Handberg on the cliff top, and were told that Alan Heatley had already run off towards the cliff (Exhibit C25a, p1 and C26a, p1).
- 5.9. In light of this evidence, it would seem more reasonable to estimate that Holbrook and Handberg arrived at the scene somewhere between 11:53 and 11:54pm, which leaves a response time of between 11½ and 12½ minutes from the distress alarm at 11:41:37pm.
- 5.10. If there was a delay in despatching SR13 due to the computer lockup of one or two minutes, leading to the radio tasking at around 11:43pm, then the time taken by the officers to travel from Sturt Police Station to Marino Rocks, between 10 and 11 minutes, seems appropriate. It is a concern, however, that the computer problem recorded a delay of that magnitude.
- 5.11. The vagueness associated with all of these figures is most unsatisfactory. The Police Communications System is capable of much greater accuracy than this, and even allowing for the fact that Holbrook and Handberg failed to call in when they arrived at the scene, the fact that the Police Investigators were unable to establish a precise time when the patrol was dispatched is really unacceptable. I draw this to the attention of the Commissioner of the Police on the basis that he should take steps to ensure that the system has sufficient backup systems to prevent such an occurrence occurring in future.
- 5.12. Conclusion
On the evidence before me, it is difficult to make precise calculations of the response times by the Police to the emergency calls they received in this case. This is clearly unsatisfactory. However, they did arrive before Alan left the Griffin house, so it is speculative to suggest that a faster response time might have affected the result. It would certainly have reduced the distress suffered by those involved.

6. **Recommendations**

- 6.1. Section 25(2) of the Coroner's Act 1975 empowers me to make recommendations which might, in my opinion, 'prevent, or reduce the likelihood of, a recurrence of an event similar to the event that was the subject of the inquest.'
- 6.2. I can make no recommendation on the basis of the evidence before me which might prevent the sort of clinical error of judgment made by Mr Zeitz. It was an error which I hope, in the light of his experience, will not be repeated. I recommend that Mr Zeitz reviews his clinical practices in light of the evidence in this case with a view to ensuring that it is not.
- 6.3. I have no criticism of the University of Adelaide. There is no suggestion that they have acted inappropriately. Mr Zeitz was a Psychologist of 11 years experience who was studying for his Masters degree. It was appropriate that he was allowed to consult with clients unsupervised.
- 6.4. I know that Psychologists should not treat mental illness, that is the job of Psychiatrists. However, this case demonstrates that the crossover between the two disciplines is often blurred. I am aware that Psychologists often encounter clients who need to be referred to the mental health system. In some cases, as in Alan Heatley's case, that need may be urgent.
- 6.5. In those circumstances, better liaison between the psychological profession and the mental health system would be advantageous. Psychologists should be better informed about how, when, where and in what circumstances a referral to an ACIS team can be made.
- 6.6. I therefore recommend that the Director of Mental Health Services, and the appropriate representatives of the Psychological profession consider how liaison between their two disciplines might be improved.

6.7. I am unable to make a recommendation concerning the performance of Police Comcen and the response time of the Police to the emergency calls they received because I am unable to conclude, on the information available, that either of these issues impinged upon the eventual, tragic outcome. I do, however, suggest that the Commissioner of Police should take steps to ensure that the communications systems at Comcen can adequately and accurately record response times to urgent situations.

Key Words: Psychiatric Illness; Psychologists; Police Intervention/Investigation

*In witness whereof the said Coroner has hereunto set and subscribed his hand
and Seal the 19th day of June, 2002.*

Coroner