

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 14th, 15th and 27th days of October 2003, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Michael James Chapman.

I, the said Coroner, find that, Michael James Chapman aged 16 years, late of 7 Altair Avenue, Hope Valley, South Australia died at Modbury High School, Pompoota Road, Modbury, South Australia on the 1st day of August 2001 as a result of a gunshot wound to the head.

1. Introduction

- 1.1. Michael James Chapman was born on 16 June 1985. On the day he died, Wednesday 1 August 2001, he was 16 years old. He was a student in Year 11 at Modbury High School.
- 1.2. Michael's parents were divorced, and he lived with each of them on alternate weeks. On 1 August 2001 he was living with his father, Martin Chapman, at Hope Valley. On that morning, Mr Chapman drove Michael to school shortly after 8:15am.
- 1.3. Michael attended the first few lessons at school, and mixed with his friends during morning recess. Several of his friends described how he was his usual, happy self, laughing and joking with them (see the statements of Bradley Blokland Exhibit C8a, p5, Jon Colquhoun Exhibit C10a, p2, Jeffrey Filmer Exhibit C13a, p4, and others). The only one who expressed any dissent from that general view was Russell Hautop, who thought that Michael appeared 'a bit depressed', and a 'bit out of it, not his normal self' (Exhibit C15a, p2).

- 1.4. Nothing is known of Michael's movements after that recess time, until he was seen by Peter Blokland, Bradley's father, at about 12:30pm carrying a 'heavy object' in Sirius Avenue, Hope Valley back towards Modbury High School. Mr Blokland commented that Michael appeared to be struggling with the object, changing hands on occasions, especially since he was using a crutch to assist him walking (see Exhibit C9a, p1). He was also seen by Amy Davis at about 1:10pm standing near an alleyway near the school using a mobile telephone (Exhibit C11a, p2).
- 1.5. At between 1:30pm and 2:00pm, Michael was seen by Daniel King walking from the alleyway and along a pathway between the handyman's building and the flexi-building in the Modbury High School campus. He was carrying a backpack on his back, and a 'long' object in his left arm (Exhibit C16a, p2).
- 1.6. At about 2:05pm, Matthew Mavros, Adam Voege and Daniel Vink were walking along the second story balcony walkway of the flexi-building. Matthew saw that he had a gun, and heard Michael say:

'You guys might want to get out of here.'

(Exhibit C17a, p2)

Daniel Vink heard Michael say:

'You better start running.'

(Exhibit C21a, p2)

- 1.7. The three boys continued to walk past Michael towards their classroom. Mr Peter O'Dwyer, a teacher at Modbury High School, was walking behind the three boys. He said:

'I was walking towards my office, by walking up the southern wings' internal stairs to the upper floor. I recall hearing the school bell ring and thinking how loud it was. I got to the top of the stairs and saw three students I think being Danny Vink, Adam Vogue and Matthew Mavros just walk in front of me as I got to the top. They exited the main building walking towards the balcony. The time was 2:10pm, as that is when the bell sounds. I walked behind the students as I was going to the classroom to collect books for my year 10 English class. I can not recall how far in front the students were.

As I was walking down the southern stairwell I saw a male standing next to the flexi room building under the verandah about four metres from the southern corner. He was facing northerly away from me. There was a crutch leaning on the wall to the right of him and bags being against the wall. At this point I heard a number of clicking sounds and saw his arms moving. I thought he was putting another crutch together, I was still

about two metres away. The three lads in front turned and spoke to him. He said loudly something like, 'but I'm serious this time.' At no point had I seen what he had in his hands.

I just walked past him and I glanced backwards. I think I glanced back because he had made a deliberate movement. I saw him holding a rifle that I recognised as a .303 military rifle from previous experience as an Air Force Cadet when I was a student. The student was holding the .303 vertical, I believe one hand was holding the barrel and the other on the trigger. I don't know which. He deliberately placed his mouth over the barrel. Then there was a loud explosion, his body flopped and he fell backwards. It happened so quickly that I had no time to react. Initially nothing happened, then I saw blood seeping from his head.'

(Exhibit C28a, p1-2)

- 1.8. The police were called immediately, and attended at about 2:16pm. An ambulance attended at about the same time but clearly Michael was beyond help.
- 1.9. The police officers found that Michael had a mobile telephone in one pocket, and a small kitchen knife, a piece of paper with the names of 17 girls on it with three crossed out, and some green twine which he had used to tie the package together. Michael's backpack contained three 750ml beer bottles, one partially empty and two full. There were also three 'stubbie' size beer bottles containing petrol, and a plastic bottle containing petrol and a cloth. All bottles were wrapped in cloth and held with green twine.
- 1.10. Another bag contained an ammunition belt containing 12 rounds of .303 ammunition, three large kitchen knives, a ball of green twine and other items including a book entitled 'Taming the Black Dog – a Guide to Overcoming Depression'.

2. Cause of death

- 2.1. A post-mortem examination of the body of the deceased was performed by Dr John D Gilbert, Forensic Pathologist, on 2 August 2001. Dr Gilbert confirmed that the cause of death was a gunshot wound to the head. He commented:

1. Death was due to a gun shot wound to the head. The pattern of injury was consistent with placement of the muzzle of a high powered rifle (.303 rifle reportedly used) in the mouth with the weapon directed upwards and slightly posteriorly. Soot was identified on the index and middle fingers of the left hand consistent with the deceased holding the muzzle with the left hand. Death would have been instantaneous.

2. Analysis of a specimen of blood obtained at autopsy reportedly showed a blood alcohol concentration of nil. The blood contained a therapeutic concentration of the antidepressant citalopram. No other common drugs were identified.
3. There were no injuries or other markings on the body to indicate the involvement of another person in the death.
4. No natural disease that could have caused or contributed to the death was identified at autopsy.'

(Exhibit C26, p5)

3. Background

- 3.1. Dr Craig Raeside is a Consultant Forensic Psychiatrist who has provided me with a report concerning Michael's condition and the treatment he received. Dr Raeside has conveniently summarised the history of Michael's mental illness in his report as follows:

'PAST HEALTH

First Assessment Age 11

Michael appears to have first come to the attention of mental health services at the age of 11 when he was referred to the psychiatry department of the Adelaide Women's and Children's Hospital by his general practitioner, Dr Peter Thorpe. At that time Michael was assessed by a social worker in the Child and Adolescent Mental Health Service. She appears to have focused almost exclusively on the adverse effects of the parental separation three years previously (when Michael was aged 8), with the subsequent custodial arrangements in which Michael would live for one week with his mother and the alternate week with his father. Together with other information there is a suggestion that Michael was unhappy about these arrangements.

The significance of this contact appears to be that in retrospect Michael was probably suffering from a depressive illness even at that stage, with a number of physical symptoms being identified. Unfortunately, the social worker at that time seems to have focussed primarily on Michael's social circumstances rather than his underlying psychiatric illness and consequently he was not referred for psychiatric assessment or treatment. Other than social work input he did not receive any other appropriate treatment, including medication. Intervention efforts at that stage appeared to relate to the living arrangements and situation with the separated parents rather than what was probably an evolving mental illness.

I note that Fiona Huppertz, social worker, states that on 17/7/96 during an interview with Michael and his mother that his mother "was concerned that Michael had written some disturbing letters about 'wanting to end it all' which he shoved under her bedroom door". Ms Huppertz wrote "I suggested mother keep a close eye on Michael – given suicide notes and discussed the suicide checklist with her and to notify me if she was concerned about Michael harming himself". Again despite some education about suicidal thoughts and behaviour there does not appear to have been any attempt to identify or treat an underlying depressive illness that may have been producing these suicidal ideas.

Other information suggests that Michael probably remained somewhat depressed since that time. He also appears to have experienced suicidal thoughts for several years prior to his death, probably also dating from this period of time following the separation of his parents, although these were not explored earlier. Further, it is likely that issues of rejection and anger relating to the parental divorce were formed at the stage following the separation and reinforced by the various living arrangements. These issues would become relevant leading up to his death.

I note that Jill Chapman (mother of Michael) states that “it was a joint decision to stop the visits [to the social worker] as Michael felt he had got what was troubling him off his chest. Michael did seem happier at this stage; I thought that all was well”.

(Exhibit C45, p2-3)

- 3.2. Mrs Jill Chapman, states that as a result of a call for help from Michael, she took him to Dr Paul Thesinger, a General Practitioner, in October 2000 who prescribed Cipramil, an anti-depressant. Mrs Chapman records that there were three separate episodes between October 2000 and 1 August 2001 when Michael harmed himself by cutting himself with a knife (Exhibit C4a, p2).
- 3.3. The last of these episodes was on 2 March 2001 when Michael sent text messages to the telephone of his cousin Lucia (Lucy) Simeoni to the effect that he intended to commit suicide that night.
- 3.4. Lucia’s mother, Mrs Bronwyn Simeoni, drove to Michael’s house and woke his father, Martin. Michael had barricaded himself in his room. He eventually opened the door and it became apparent that he had inflicted four lacerations to his upper arm, two deep and two superficial. Mrs Simeoni, who had been trained in nursing, treated the cuts and comforted Michael who ‘just cried and cried’ (Exhibit C7a, p2).
- 3.5. Michael had been referred to a Consultant Psychiatrist, Dr Jeffrey Gerrard, by Dr Thesinger in October 2000, and saw him on a total of 23 occasions. On the first occasion Dr Gerrard diagnosed that Michael was suffering severe reactive depression, and identified various ‘stressors’ including his parent’s divorce, the joint custody, difficulty communicating with his father and ‘some identity confusion’ (Exhibit C44, p3). Dr Gerrard continued the Cipramil, and also prescribed valium.
- 3.6. Dr Gerrard arranged for Michael to enter a ‘no suicide contract’, although he was unable to produce a written version thereof. He said that it was routine for him to have the contract reduced to writing in about one half of his patients, and he may have done so in Michael’s case and not kept a copy for his records (Exhibit C44, p2).

- 3.7. As a result of the 6 March 2001 incident, Dr Gerrard said that he asked Michael's father to take away his knife, a decision about which Michael said he was angry. Dr Gerrard added:

'At no time during my treatment of Michael was I advised that there was a rifle stored in Michael's home (his father's house). Had I known of the presence of the rifle this would have caused me concern and I would have made further enquiries with the family as to the safety arrangements that had been made with respect to the rifle.'

(Exhibit C44, p3)

- 3.8. The last time Dr Gerrard saw Michael was on Thursday 26 July 2001, six days before he died. Dr Gerrard described his consultation as follows:

'The last occasion I saw Michael was as a result of his mother ringing up seeking an appointment for him. When Michael arrived he was on crutches due to a sprained ankle. Michael had told his mother that he would talk to me about what was happening but that he wouldn't discuss it with her and this was unusual. Michael told me that he had a 'negative' voice to which he gave a name. On the 17th of January, 2001, I had seen Michael and asked him if he had any strong thoughts or a voice in his head which had any influence over him. Michael told me that he had a voice which he called 'Hank' which told him he was useless. I had initiated some strategies with Michael to assist him in coping with Hank and these seemed to be ineffective. On the last time that Michael saw me he told me that he had another name. Michael said that the voice said things that he (Michael) shouldn't be doing. Michael said that he (Michael) was obsessed with women and the voice had told Michael to 'take what you want by force' and 'let out your anger and kill people'. Michael said that he didn't want to do that. He also said that 'the hormones give him (the voice) power'. By this I thought that Michael meant that his own hormones or testosterone were giving the voice power. Michael said that he controlled the voice by not masturbating. Michael said that he wanted to change the groups at school. He mentioned changing the 'beautiful people' group. I took this to mean that he wanted to change so he could become a part of that group. He spoke about a falling out with a mate and with a girl called Rachael. Rachael was a girl who Michael had been talking to while he was depressed but had been unable to cope with Michael talking about depression and suicide. This girl had apparently spoken to her mother and Michael had been asked to either not speak to Rachael at all or to not speak with her about depression and suicide. Michael told me he had an interest in computer pornography and he made the comment that 'underage rape shits me off'. I asked Michael what he saw as the difference between hardcore and softcore and Michael stated that hardcore was when people were having sex with each other and hardcore was X rated. Michael listed fetishism, sex with animals, underage sex and rape. He said that he was able to hide the porn very well. Michael also spoke about it being hard to concentrate at school and the voice was sabotaging his life. I then spoke with Michael about how to deal with the voice. I reiterated the strategies we had spoken about dealing with Hank. Michael felt that he couldn't listen to the voice anymore and that he should tell him that he would kill him and take all his power. Michael said that he didn't want the voice in the back of his head and that he knew he could kill him. I spoke with

Michael about his aggressive and sexual feelings and some Freudian theory (Id, Ego and Superego) about those feelings. This was for the purpose of helping Michael deal with these feelings. I advised Michael to not view hardcore pornography as I believed this was stirring him up and making him uncomfortable. I then discussed with him what he would tell his mother and decided that I would let him make the decision as to how much he wished to tell his mother. Michael told me that he would tell her about the aggressive side of his feelings but not the sexual side. I told Michael I wanted to see him again in 2 weeks and Michael agreed to see me then. I saw Michael for an hour on this occasion. I later heard from my secretary that when Michael had wanted to make the follow-up appointment for 2 weeks later at 2.00 pm instead of the normal time of 5.00 pm that he had argued with his mother about that who wanted the appointment made after school at the normal time. Michael ended up making the appointment at 2.00 pm and then another appointment for 2 weeks after that. This was the last occasion that I saw Michael. Michael was energetic and confident that he could take charge of things again. He didn't appear to be depressed and didn't indicate any suicidal intention.'

(Exhibit C44, p4-5)

- 3.9. Mrs Chapman said that Michael 'bounced' out of the consultation with Dr Gerrard, as though a weight had been lifted from his shoulders. He seemed quite positive after that, right up until the evening of 31 July 2001 when she spoke to him on the telephone (Exhibit C4a, p4).
- 3.10. Rachel Williams is also a student at Modbury High School. She had known Michael since they had been in primary school. She said that Michael had been writing letters to her since the summer of 2000/2001 in which he was making statements that he would kill himself. He sent her SMS messages to the same effect. Rachel did not welcome this correspondence and eventually told Michael that she did not want to be friends with him any more. Michael's letters and messages were clearly upsetting Rachel, so much so that Michael was advised by Dr Gerrard not to correspond with her after consultation with the school counsellor (T75).
- 3.11. Michael gave the last letter to Rachel on Monday 30 July 2001. Rachel said that she kept the letter until 1 August 2001, when she tore it up and threw it in the bin. The police investigators reconstructed the letter after Michael's death.
- 3.12. The letter is interesting in that it is much more positive than his previous letters. For example, he wrote:

'Things have turned around for me now. I've decided I want to get better and better I'm getting. I no longer have suicidal tendencies and haven't touched a knife for a long time. Answers are being found at the doctors and it looks like my problem is chemical, not something that's happened. I'm starting to pull my head out of my arse and enjoy life

again without the use of alcohol. However not everything is ok. I still have memories of what I've done at times of depression, one of three of the worst being hurting, and losing you.'

(Exhibit C41d, p2)

3.13. There is no evidence before me that Michael knew that Rachel had torn up the letter and thrown it in the bin.

3.14. On 31 July 2001, Michael telephoned three other girls at his school. At about 4:15pm he telephoned Joanne Millane and, after some general conversation, he asked her out. She said:

'I told him no, that I did not like him in that way, and that I thought it would be better if we were friends. He said that it would be ok.'

Joanne said that Michael then told her that he was going on a holiday the next day, and when she asked him where he was going he said that it was a surprise. Joanne remarked:

'He sounded perfectly normal when I was talking on the phone to him. He seemed the same as he always was.'

(Exhibit C35a, p2)

3.15. At about 4:35pm he telephoned Sara Slayman and asked her if she had a boyfriend. When she told him that she did, he said:

'Well I guess that answers question number two then ... see ya.'

and then hung up. (Exhibit C19a)

3.16. At between 4:30pm and 4:35pm Michael telephoned Catryn Malyniak and, after some general conversation which seemed rather light-hearted, he asked her if she had a boyfriend. She said:

'I told him that I sort of had a boyfriend because I did not want to hurt his feelings.'

Shortly afterwards, Michael terminated the conversation (Exhibit C34a, p2).

4. Issues arising at the inquest

4.1. As I have already mentioned, Dr Craig Raeside provided me with a report providing an overview of Michael's illness and the treatment he received. Dr Raeside's report is exhibit C45.

4.2. Diagnosis

Dr Raeside agreed with Dr Gerrard that Michael was suffering from a major depressive illness. He said:

'... I based that opinion on Michael's first contact with Mental Health Services, that was at the age of 11 when he saw a social worker through the Child and Adolescent Mental Health Service and the notes that I saw in relation to that suggest that he provided a history of having had a number of depressive symptoms for about three years which seemed to relate to the date on which his parents separated and he subsequently lived between them, and he reported a range of concerns and symptoms at that stage. From reading the contemporary notes I felt that there was sufficient information to suggest that he was suffering from a depressive illness not just depressive symptoms and I made comment that I felt that he should have at least been assessed regarding psychiatric treatment at that stage rather than simply focusing on the social issues that were causing him concern.' (T111-112)

4.3. Episodes of self harm

Dr Raeside agreed with the opinions of Dr Thesinger and Dr Gerrard that the first two instances where Michael scratched or cut himself with a knife did not constitute serious attempts at suicide (T115).

4.4. Dr Gerrard described the third instance, on 2 March 2001, as a serious attempt at suicide, although he described it as being of 'low lethality' (T78).

4.5. Dr Raeside did not agree with this assessment. He said that one must be careful to differentiate between the intent of the patient and the method chosen. He said that psychiatrists use the term 'lethality' as a reference to the intention of the patient, and in his assessment, Michael's intention was of 'high lethality' having regard to the fact that he was using his hunting knife, he had been consuming alcohol, he was alone in his bedroom having locked the door, that he was inexperienced at suicide attempts, and that he had told his cousin in the text message that he intended to commit suicide (T154).

4.6. Dr Raeside said that, having regard to these factors, he would have considered hospitalising Michael at that point. He acknowledged however, that this would have been a 'difficult decision' having regard to the fact that these events had occurred four days before Dr Gerrard saw Michael on 6 March 2001, that there had been an adequate family response to the crisis, that Michael had reached a stage where he was making plans to return to school, that he was contrite, and there is an inevitable

stigma associated with hospitalising an adolescent which may have proved counter-productive (T127).

4.7. Dr Raeside also acknowledged that Dr Gerrard had the advantage of having met Michael and established a therapeutic relationship with him and that his own assessment of the situation was based upon Dr Gerrard's notes and his statement to the police (T156).

4.8. It seems to me that this is a rather finely-balanced argument about which experienced and competent clinicians could justifiably disagree. Dr Gerrard told me that he had never before had one of his patients commit suicide in many years of consultant psychiatric practice involving children and adolescents. Dr Raeside, on the other hand, has had long experience of patients with acute psychiatric illness including people who have committed homicide and other very serious crimes whilst suffering such illnesses.

4.9. Balanced against the experience of the two doctors is the advantage which Dr Gerrard had in having been the clinician dealing with Michael at the time. In all the circumstances, it seems to me that although another doctor might have taken a different approach, there is no clear ground for criticism of Dr Gerrard's approach in not taking more aggressive steps to treat Michael's illness following this episode of self-harm.

4.10. The suicide contract

Dr Raeside was critical of the use of a 'suicide contract' entered into between Michael and Dr Gerrard at an early stage in the treatment process. Dr Raeside said:

'In my opinion such "contracts" are not only unhelpful, but can be quite dangerous as they may lead to a false sense of security. If someone is in such a severe state that they are prepared to kill themselves with a consequent result of the ending of their life with all the effects on their family and friends, etc, then I think it hardly likely that having signed a piece of paper to a professional with whom they have no substantial relationship is likely to dissuade them. Conversely, a therapist may be likely to underestimate both the severity and the potential risk of suicidal behaviour in a patient who has signed such a contract.'

(Exhibit C45, p5)

- 4.11. Dr Gerrard explained his use of the 'no suicide contract' as follows:

'One explains it like a boy scout promise and I actually spell it out like that. It might be I contract or I promise, might vary that bit occasionally, that I will not harm myself or anyone else no matter what and I add if in any danger, either accidentally or on purpose. If in any danger of breaking that, I get people to nominate three trusted family or friends that they will call on and they're very clearly stipulated who they are.

...

I learnt about this tool in America, I both have done workshops in the US and two years of my training at the Boston State Hospital. I learnt about it doing a workshop in California with an American psychiatrist and was quite impressed by it at the time. I have the original article that's written up in the American Journal of Psychiatry back in about 1973, and recently I've looked up on the Internet that it is still in use in certain States in America. Like they estimate about 42 per cent of American psychiatrists in the particular State, where this assessment was, would be using it. I have heard about its use here in Australia, I don't think it is used as much here in Australia.' (T59)

- 4.12. There is obviously no way of reaching a positive determination as to which of these views is correct, except to make the rather trite comment that the contract obviously did not work in Michael's case.

- 4.13. Availability of firearms

Dr Thesinger's notes of his consultation with Michael on 9 October 2000 include:

'Depression - severe enough to be suicidal - has come close on a number of occasions. Knife or rifle. Mum knows.'

(Exhibit C41g)

- 4.14. Dr Thesinger told me that he would have asked Michael how he would have gone about suicide, prompting Michael to tell him that he would use either a knife or a rifle (T38).

- 4.15. Dr Thesinger acknowledged that he did not inquire of Michael whether he had access to a rifle (T39). He thought that this issue was serious enough, however, that it should be specifically communicated to Dr Gerrard. In their telephone conversation on 17 October 2000, Dr Gerrard specifically noted that Dr Thesinger told him:

'Depressed with suicidal thought

Knife and gun'

(Exhibit C41f)

- 4.16. After the second episode of self-mutilation, in November 2000, Dr Gerrard asked Michael's father, Martin Chapman, to take away Michael's knife. He acknowledged

that he did not recall inquiring of either Michael or his parents about the availability of firearms. He said that, as a result of his experience in this case, he now makes it his practice to do so in similar situations (T57-58).

- 4.17. I acknowledge the force of submissions made by counsel for Dr Thesinger, Mr Bonig, that Section 20A of the Firearms Act 1977 did not place an obligation upon either Dr Thesinger or Dr Gerrard to inform the Registrar of Firearms of Michael's possible access to firearms, because that obligation does not arise unless the person in question has possession, or intends to possess a firearm. In circumstances where the firearm belonged to Michael's father, was kept in his father's wardrobe, and the bolt was kept separately in his sock drawer, it could not be said that Michael had possession of the firearm within the meaning of that section.
- 4.18. However, I agree with Dr Raeside that since Michael had raised the topic of firearms, it was incumbent upon both Dr Thesinger and Dr Gerrard to make further enquiries of him to elicit information about the availability of such weapons. What use either doctor might have made with that information is another question which it is not necessary to consider at this point.
- 4.19. The final consultation with Dr Gerrard
Dr Raeside told me that, in his opinion, Michael's presentation on 26 July 2001 signalled a significant change in his condition. Michael's references to the new 'voice' which he called 'Johnny', the fact that this voice was telling him to be aggressive and violent to others, particularly in a sexual context, constituted a significant development in his condition. Dr Raeside agreed with Dr Gerrard that he did not think Michael was psychotic at that point, but rather thought that he was having strong obsessional thoughts along the lines suggested by this 'voice' (T121). Dr Raeside said that he thought that this development could have constituted a worsening of Michael's depression, but did not think that Dr Gerrard should have taken any further measures to deal with Michael's condition. Although Dr Gerrard thought, in retrospect, that he might have resorted to tranquillisers in view of Michael's increased libido and energy level, Dr Raeside said that he did not think that the use of tranquillisers was 'strongly indicated' in the circumstances (T134).
- 4.20. In retrospect, Dr Raeside thought that Michael's comments about not wanting 'Johnny' in the back of his head, and that he was going to kill him and take all his

power away may have constituted an indication that he planned to commit suicide in the manner he eventually adopted (T137). However, he agreed with Dr Gerrard that Michael's telephone calls to the girls on 31 July 2001, and their rejection of his advances, may have been the 'final straw' in his decision to commit suicide. In saying that, I emphasise that this conclusion reflects no criticism of the girls concerned. They all appear to have acted sensitively and courteously towards Michael, and none of them should feel they are responsible in any way for the events that occurred the next day.

- 4.21. Mr Lovell QC, counsel for Dr Gerrard, argued that Michael's decision may have been even more impulsive than that, and that something may have happened on the morning of 1 August 2001 to prompt his decision; perhaps he learned that Rachel had torn up his letter and thrown it in the bin. He argued that if Michael had planned to commit suicide that day, he would have brought some of the equipment with him to school that morning, rather than walking all the way home on crutches and carrying it all back to the school with great difficulty. However, Michael came to school with his father that morning, and it may not have been possible to bring that sort of equipment with him without his father noticing.
- 4.22. There is no definitive answer to any of these speculations. Both Dr Gerrard and Dr Raeside are experienced psychiatrists, and I am inclined to accept their opinions that Michael's decision was probably made during the evening of 31 July 2001. Whether it was made later than that is probably not important. From Dr Gerrard's point of view, I am inclined to accept his contention that Michael had not made up his mind to commit suicide when he saw Dr Gerrard on 26 July 2001. For that reason, Dr Gerrard could hardly be criticised for failing to take preventive action in those circumstances.

5. **Conclusion**

- 5.1. It is possible to conclude in retrospect that Michael's mental illness had worsened significantly by the time he saw Dr Gerrard on 26 July 2001. However, I make no criticism of Dr Gerrard because he did not take more positive action on that occasion. Both he and Dr Raeside have told me that hospitalisation was not really indicated then, and I accept that. It is mere speculation to suggest that hospitalisation on any earlier occasion might have affected the outcome.

- 5.2. In all the circumstances, it is unfortunate that Dr Gerrard did not make inquiries about Michael's ability to gain access to firearms – he did so in relation to knives after Michael injured himself on several occasions. I am sure that if he had raised the topic with Michael's parents, the firearm would have been disposed of, or placed elsewhere.
- 5.3. Whether this would have affected the outcome is also speculation. Michael had a number of knives with him on 1 August 2001, as well as petrol 'bombs', which he may have intended to use as alternatives to the firearm if that did not work, or if circumstances prevented its use.
- 5.4. It is reassuring to note, however, that Dr Thesinger and Dr Gerrard are, as a result of Michael's death, more acutely aware of this issue and may act differently if confronted with this it in future.

6. Recommendations

- 6.1. There are no recommendations pursuant to section 25(2) of the Coroner's Act 1975.

Key Words: Suicide; Suicide Risk - Assessment Of; Firearms; Psychiatric/Mental Illness

In witness whereof the said Coroner has hereunto set and subscribed his hand and

Seal the 27th day of October, 2003.

Coroner