



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 22nd, 23rd, 24th, 25th and 26th days of October 2007, and the 9th day of November 2007, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Treenor Heather Randall.

The said Court finds that Treenor Heather Randall aged 50 years, late of 13 Narvik Crescent, Hackham West died at 13 Narvik Crescent, Hackham West, South Australia on the 28th day of August, 2004 as a result of mixed tablet overdosage. The said Court finds that the circumstances of her death were as follows:

1. Introduction and reason for Inquest

- 1.1. Ms Treenor Heather Randall was born on 15 June 1954. She was therefore 50 years of age as at the date of her death on 28 August 2004. An autopsy was carried out by Forensic Pathologist, Dr Ross James. He gave the cause of death as mixed tablet overdosage and I so find. In his post mortem report he elaborated upon the toxicology results, stating that they indicated a lethal mixed tablet overdosage involving quetiapine (an anti-psychotic) and venlafaxine. A quantity of codeine was also identified. It was Dr James' opinion from the autopsy that a large number of tablets had been ingested by the deceased.
- 1.2. The Inquest focused upon the period of approximately eighteen months leading up to Ms Randall's death, and the treatment she obtained from a number of different clinicians during that time. Ms Randall lived with her partner, Mr Heribert Gross at 13 Narvik Crescent, Hackham West. They had been in a relationship for several years.

- 1.3. Ms Randall had, prior to this relationship, been married for a number of years to another man with whom she had had a daughter who was in her early twenties and living in Ireland at the time of Ms Randall's death.
- 1.4. Ms Randall worked as a registered nurse at the Vales Nursing Home, Morphett Vale. She had worked there from August 2001 in the capacity of a registered nurse. In or about October 2002, two of the registered nurses employed at the nursing home resigned and the home was short-staffed. Ms Randall informed a number of the clinicians who later treated her that her workload increased significantly, as she was responsible for looking after many more residents than previously. On 26 November 2002 she broke down at work. She became weepy and she could not cope. She continued to work but on 8 December 2002 she broke down again and felt that she could not continue. Ms Randall did not work again from that time. She applied for workers compensation payments under the Workers Rehabilitation and Compensation Act. It appears that the employer, or its insurer, resisted any liability for payments under that Act on the ground that her stress was not work related. The claim was eventually conceded in mid 2004 but by then Ms Randall had spiralled downwards in her mental state to such an extent that she took her own life not long afterwards.

2. **Dr Siew Meng Lum**

- 2.1. Dr Siew Lum was Ms Randall's general practitioner. He gave evidence at the Inquest. He began seeing Ms Randall in late 1998 at which time her main medical condition was Crohn's disease which he treated with acupuncture. She also took some medication including codeine for that condition, and it appeared to be reasonably stable. Dr Lum said that by and large she coped successfully with her condition and was in fact doing very well¹. Dr Lum said that her health underwent a major change after the incidents at work in November and December 2002. He said that her WorkCover dispute "dragged on" for quite a while and this took a toll on her. She became very depressed and nervous and began suffering from depression and anxiety². Dr Lum would see her once or twice a week.

¹ Exhibit C9, page 2, line 38

² Exhibit C9, page 2, lines 42-48

- 2.2. In December 2002 Dr Lum commenced Ms Randall on Zoloft, an anti-depressant. However, in early January 2003 he ceased the Zoloft as Ms Randall was not tolerating it. He then held off further medicating her for her depression for two to three weeks while the Zoloft was metabolised. On 30 January 2003 he reported that her panic attacks were worse and she was depressed. He started her on the anti-depressant venlafaxine (Efexor) and referred her to a psychiatrist Dr Tingay. However, for reasons which did not become apparent, Ms Randall did not pursue that referral and never saw Dr Tingay.
- 2.3. Dr Lum continued to treat Ms Randall. In early February 2003 Dr Lum's wife, Dr Tawi who worked in the same practice as Dr Lum, prescribed alprazolam for Ms Randall. Her anxiety continued and she remained depressed. She was seen again on 20 March 2003 when she was particularly anxious because she had an appointment to see a psychiatrist, Dr Vance Tottman, who had been appointed by WorkCover to provide an opinion in relation to Ms Randall. Dr Tottman saw Ms Randall on 20 March 2003, and he produced a report dated 27 March 2003. It was addressed to Ms Diane Mogie, Case Manager of Royal and Sun Alliance, the insurer handling the WorkCover claim. Dr Tottman's report is very detailed and helpful. He noted that Ms Randall continued to complain of being anxious and depressed and she told Dr Tottman that the Efexor (venlafaxine) was not working as yet. He expressed the opinion that if it was going to work, it would have worked before that time. Dr Tottman summarised the position very helpfully as follows:

'Opinion

From the information that Ms Randall gave me, it would appear to me that she basically is of a somewhat obsessional nature who wants to perform at a high level. This certainly is not at all unusual within the medical nursing profession and there are many, many participants in these professions who work very well and at a very high level, but at the same time, setting themselves somewhat elevated expectations. This is all very fine until added workload or expectations is put upon them. Unable to maintain their previous level of quality of work, they become worried, upset, distraught at their sense of failure and very often dissolve into either a generalised anxiety state, depressive state or obsessive compulsive disorder. From the data that Ms Randall gave to me, it would appear that these issues were in operation and that she has deteriorated into a generalised anxiety state with some depression.

I note with some consternation however, that after 3½ months and in spite of appropriate medication, that she appears still very anxious, shaky, unconfident and rather miserable-looking.

She is undoubtedly a very unwell and psychiatrically debilitated person.

I note that referral or opinion of a Clinical Psychiatrist and Clinical Psychologist has not been sought, but it would appear to me that this is quite necessary at this time. I feel that her medication regime should be supervised by an expert in this area and also that her anxiety level should be handled by various cognitive regimes by a registered Clinical Psychologist.

I appreciate that general medical practitioners can do a certain amount in all areas of medicine, but I feel that after this period of time, it is quite obvious that Ms Randall is not improving to any great extent and is not likely to go back to work in the near future, unless there is a change in her clinical management. It is my opinion that she is a case for referral to experts in their field.’

In fairness to Dr Lum, it appears that Dr Tottman was not aware that Dr Lum had referred Ms Randall to Dr Tingay. However, Dr Tottman was clearly of the opinion that it was necessary that Ms Randall be referred to a clinical psychiatrist and also a clinical psychologist. With respect, it seems to me that Dr Tottman is quite correct in concluding that the regime of medication established by Dr Lum was not working at that point (or at any time subsequently) and that new measures were certainly called for at that time.

3. Dr Radomir Stratil

- 3.1. Dr Radomir Stratil, Psychologist, gave evidence at the Inquest. He stated that he consulted Ms Randall on 7 May 2003. She had been referred to him by the Royal and Sun Alliance insurance company for five sessions of counselling following the recommendation of Dr Tottman. Dr Stratil said that during the initial interview he became aware that the circumstances were less than ideal because he consulted out of the same complex that contained the Vales Nursing Home, and Ms Randall had a particular fear of that environment. To use his words, Ms Randall had come to the very place she feared the most. He said that he had to calm her down sufficiently to get her to stay as she was visibly shaking and he modified his usual approach to taking a history by allowing her to talk rather more than he would usually do. She told him about the history of the matter in much the same terms as I have previously described. She informed him that she had no suicidal plans at that time and was in his words, very determined to “beat” her problem. He provided her some psychological tests to take home and complete. This she did, and those tests appear on his file.
- 3.2. Dr Stratil said that after that first session the Royal and Sun Alliance insurance company terminated his treatment, having rejected Ms Randall’s claim. His office

was contacted by the company with a request that he terminate the treatment. Dr Stratil offered, through his secretary, for Ms Randall to continue to come and see him anyway. Dr Stratil said however that Ms Randall responded that she would fight the WorkCover claim and return after that. Dr Stratil's diagnosis after that first session was that Ms Randall was clearly depressed and suffered from panic disorder and anxiety. He was of the view that the anxiety, according to her history, had arisen in October to December 2002. Dr Tottman had diagnosed it in March 2003, and it was unchanged when he saw her in May 2003. She had thus been experiencing six months of those symptoms. Dr Stratil's notes were admitted as Exhibit C11a in these proceedings. Part of the material which he asked Ms Randall to take away and complete included a form designed to evaluate anxiety levels. It contained the following question and answer:

'What are some current stressors in your life?

Workcover rejecting my claim'

- 3.3. Dr Stratil thought this significant and thought it likely that Ms Randall had received the news of the formal rejection of her WorkCover claim³ after that first appointment with him, but prior to completing the evaluation form. It is interesting to note that despite the cancellation of further sessions with Dr Stratil by Royal and Sun Alliance insurance company, Ms Randall took the trouble to return the evaluation forms to Dr Stratil. This is consistent with her general meticulousness, which is evident from other material before me.

4. Treatment June 2003 to January 2004

- 4.1. Ms Randall's medical notes from Flinders Medical Centre were admitted as Exhibit C8 in these proceedings. They record that on 7 June 2003 she was admitted to the Emergency Department at Flinders Medical Centre having been found by her partner. She was brought in by ambulance after taking an overdose of 50 alprazolam tablets and alcohol. Her blood alcohol level was recorded as 0.17. She was detained under the Mental Health Act on 8 June 2003 and her detention continued for some days. She was discharged on 13 June 2003 to Noarlunga Health Services where she was admitted to Morier Ward. She was finally discharged on 20 June 2003. The Noarlunga Health Services notes were admitted as Exhibit C7 and they record that on discharge her principal diagnosis was adjustment disorder with depressed mood. The

³ Which had in turn given rise to the cancellation of further appointments with Dr Stratil.

authors of the discharge summary recorded that her main stressor was a rejection of her WorkCover claim, and that she suffered from panic disorder and believed that her previous heavy workload was a contributing factor. At that point she denied any further ideation of self-harm and her mental state continued to improve. She was thought well enough to be discharged.

- 4.2. A letter dated 25 August 2003 to Ms Randall's solicitor from Dr Pols, Senior Consultant Psychiatrist at Flinders Medical Centre records that Dr Pols saw Ms Randall on 11 June 2003 to review her detention order. This letter refers to a possible earlier incident in March 2003 when Ms Randall may have taken another overdose, at least according to the history provided by her to Dr Pols. It may therefore be that this episode was not the first occasion on which she had attempted to harm herself. In any event, Dr Pols was of the opinion that she was suffering from panic disorder with increasing agoraphobia and that this was directly related to her changed work situation. Dr Pols wrote that it was extremely important that the WorkCover claim be accepted and that Ms Randall be supported to re-enter the workplace⁴.
- 4.3. Thus it appears that by June 2003 Ms Randall's condition had deteriorated to the point where she had made a serious attempt at self-harm. She was also resorting to significant consumption of alcohol, a factor which had not previously been evident. Dr Lum continued to treat Ms Randall as best he could.
- 4.4. On 2 July 2003 Ms Randall was assessed in the Flinders Medical Centre – Anxiety Disorders Unit by Dr Cheng. Dr Cheng assessed that Ms Randall needed further psychiatric treatment and placed her on a waiting list for that purpose. A note which appears in the Noarlunga Health Services notes for Ms Randall, Exhibit C7, dated 8 October 2003 confirm Ms Randall's awareness of her status on this waiting list. The note said that she was currently on the waiting list but that she did not think she would get service for quite some time. On this occasion she was offered the opportunity to attend what is referred on that note as the "PATS Group" and that appears to have been done. However, a further note dated 18 December 2003 by Senior Clinical Psychologist Jon Hare records that Ms Randall did not attend the first session of the PATS Group on 11 November 2003. A subsequent note in the Drug

⁴ See Exhibit C7

and Alcohol Services Council records⁵ contains a reference to the PATS referral and has Ms Randall indicating that she did not attend because she was too fearful to go.

- 4.5. In January 2004 Ms Randall was referred to the Drug and Alcohol Services Council Joslin Unit for alcohol detoxification. She was treated with diazepam. Her admission continued from 5 January 2004 to 10 January 2004. Her discharge summary which appears in the Drug and Alcohol Services Council notes which were admitted as Exhibit C16b in these proceedings records that she suffered from alcohol dependence with daily drinking for a period of 12 months after development of depression and anxiety.

5. Dr John Antonio

- 5.1. Dr Antonio is a Clinical Psychologist employed by Southern ACIS (Mental Health Assessment and Crisis Intervention Service). He gave evidence at the Inquest that on 13 January 2004 Southern ACIS and the Drug and Alcohol Services Council conducted a joint home visit at the home of Ms Randall. They confirmed the view that she was suffering from major depression with heavy use of alcohol. A letter from Dr Brett Larwood, Psychiatric Registrar to Dr Lum refers to this intervention. It suggested that the dose of venlafaxine then prescribed to Ms Randall be increased to a maximum of 300 mg per day. The letter explained that venlafaxine works similarly to a select serotonin reuptake inhibitor (SSRI) up to around 200 mg per day but has additional properties of inhibiting noradrenaline reuptake above that dose and thus becomes more activating than an SSRI beyond that level.
- 5.2. Dr Lum in his evidence stated that he was not sure if he had ever received this letter and was not sure if he had ever read it either. He stated that as a result the venlafaxine dosage being prescribed by him for Ms Randall was not increased at that time. It was however increased on 29 June 2004 in accordance with a recommendation in a Noarlunga Health Services discharge summary relating to an admission in June 2004 which will be further discussed later in these findings.
- 5.3. The Statewide Mental Health Service notes were admitted as Exhibit C12b.

⁵ Exhibit C13b

6. **Dr Haider Maghazaji**

- 6.1. The next major event in the narrative occurred on 7 June 2004 when Ms Randall was admitted to the Noarlunga Health Service having consumed an overdose of codeine tablets. She spent two days in the Emergency Department on that occasion before being admitted to the Morier Ward under the care of Dr Haider Maghazaji who gave evidence at the Inquest. He was a psychiatrist who was employed in Morier Ward at the Noarlunga Health Services in June 2004. He said that the ward contained 25 beds in total, including 5 closed beds for acute patients. He said that Morier Ward was an acute psychiatric ward with a very quick turnover. There was constant pressure for available beds to accommodate new patients. He said that the average stay in 2004 was approximately one week. The ward was not intended for extended stays. It was not intended for rehabilitation but for acute intervention with discharge to some other care.
- 6.2. Dr Maghazaji said that Ms Randall was admitted initially to the Flinders Medical Centre Emergency Department on 7 June 2004 where she remained until 13 June 2004. She was then transferred to Morier Ward and discharged from there on 25 June 2004. Dr Maghazaji said that Ms Randall had been detained while in the Flinders Medical Centre. His first contact with her was on 10 June 2004 when he reviewed her detention order. He said that three days after her admission to Morier Ward her status was changed to that of a voluntary patient to enable her to go outside to assist in desensitising her agoraphobia.
- 6.3. Dr Maghazaji said that he was aware of Ms Randall's admission to the Drug and Alcohol Services Centre at Joslin for detoxification in January 2004. He was also aware of Dr Lum's involvement. He thought that Ms Randall had access to psychological treatment but it seems that in this he was, at least at that time, mistaken. He said that early in her admission, Ms Randall suffered panic attacks daily on the ward. She was agoraphobic, anxious and depressed and displaying alcohol withdrawal symptoms which were treated with diazepam. The Crohn's disease was exacerbated by her other problems.
- 6.4. On 10 June 2004 Dr Maghazaji decided that Ms Randall was no longer suicidal or at least that her suicidality had ameliorated if not entirely dissipated. Later in the admission Dr Maghazaji prescribed quetiapine or Seroquel (an anti-psychotic) to

augment the effect of the anti-depressants. He added that Ms Randall was not suffering from a psychosis.

- 6.5. Dr Maghazaji said that eventually Ms Randall responded very well to the treatment in Morier Ward. He said that she was bright and reactive at discharge, but that this transition took some time and involved the use of psychopharmacological anti-depressant therapy with psychotherapy for her agoraphobia and panic disorders. Ms Peggy Forsaith, a clinical psychologist attached to the Morier Ward, was involved in Ms Randall's treatment. The admission was extended to enable the psychological therapy to continue. Ms Randall was eventually keen to be discharged on 25 June 2004 although she could have stayed longer. Dr Maghazaji anticipated that Ms Randall would continue to see a psychologist (as I have already noted he was under the impression that that was already occurring) and he expected that Dr Lum would continue to monitor her psychiatric condition. Dr Maghazaji emphasised that Ms Randall said that she was looking for something different from medications. Her morale and self-esteem improved with the psychotherapy she was receiving and he said that for her, the psychologist was better and better received. He said that in his opinion Ms Randall could see that she was getting somewhere with this kind of therapy but acknowledged that up to seventy percent of people who repeatedly harm themselves fail to attend follow-up treatment.
- 6.6. In my opinion the treatment received by Ms Randall during this period in Morier Ward was appropriate and well directed and exposed her, probably for the first time, to some effective cognitive behaviour therapy.
- 6.7. A discharge summary was prepared by Morier Ward and it was received by Dr Lum who saw Ms Randall on 29 June 2004 at which time, in conformity with the recommendation of the Morier Ward discharge plan, he referred her to Dr Stratil to resume her psychotherapy.

7. Treatment from July 2004 to August 2004

- 7.1. On 6 July 2004 Ms Randall presented at the Noarlunga Health Services Emergency Department seeking help in relation to her drinking. She was seen by Dr Mundl a psychiatrist who was rostered on-call in the Emergency Department that day. Dr Mundl gave evidence at the Inquest. She said that she saw Ms Randall once in the morning and again with her partner in the afternoon. When she saw Ms Randall in

the morning she prescribed diazepam for alcohol withdrawal symptoms. She took a history from Ms Randall that four days before the presentation she had started drinking heavily day and night and now wanted an alcohol free period. Dr Mundl expressed the view that Ms Randall's alcohol dependency was a major hurdle to treatment for her mental health issues. Dr Mundl suggested that Ms Randall attend the Drug and Alcohol Services Council for detoxification treatment. Dr Mundl saw her again in the afternoon before Ms Randall discharged herself. It was Dr Mundl's view that the predominant issue on that day was alcohol detoxification.

- 7.2. On 11 July 2004 Ms Randall attended at the Drug and Alcohol Services Council facility for a period of seven days. This admission seems to be unremarkable and she underwent detoxification quite successfully.
- 7.3. By letter dated 28 July 2004 Dr Stratil wrote to Dr Lum to inform him that he had seen Ms Randall on only one occasion since the referral in June. He stated that psychological treatment of that frequency was unlikely to benefit Ms Randall and that she clearly continued to have difficulties in managing her severe anxiety and depressive symptoms. Dr Stratil said that he had suggested that Ms Randall discuss her situation with Dr Lum with a view to getting additional psychiatric assistance and, if her situation did not improve, to consider admission to a psychiatric clinic. His message was clear that it was his view that some psychiatric assistance was necessary. On 30 July 2004 Dr Lum referred Ms Randall to a Dr Jha of the Adelaide Clinic. The evidence shows that an appointment was made with Dr Jha for September 2004. Sadly her death intervened.
- 7.4. On 1 August 2004 Ms Randall was admitted to the Flinders Medical Centre Emergency Department having taken an overdose of Seroquel. She was treated in the Intensive Care Unit for forty-eight hours before transfer. She remained in the Flinders Medical Centre until 7 August 2004 when, according to the discharge summary which appears in the Flinders Medical Centre notes⁶, she was given the option of staying in the Flinders Medical Centre or going home to await a bed in the Morier Ward as a voluntary patient. She elected to go home and on discharge was not regarded as suicidal. Under follow-up, the summary records that Southern ACIS were to make daily checks upon her until a bed in Morier Ward became available.

⁶ Exhibit C7

- 7.5. Ms Randall's Southern ACIS medical notes⁷ reveal that a considerable effort was made by ACIS staff between 10 August and 12 August 2004. She was seen on 10 August and 11 August for home visits. However, the notes record that it was difficult to assess her underlying depression that day because of alcohol intoxication. The ACIS staff who attended for the home visit noted that there were a considerable number of medications which were excess to requirements at that stage in the sense that they were no longer being prescribed for her. With her permission, the ACIS staff "confiscated" these medications. The notes record that she declined to accompany the staff to the Emergency Department for a physical check and that she had indicated that she did not consider it necessary to attend at Morier Ward. Contact was made with Dr Shannon from the Flinders Medical Centre, the doctor who had directed that she be discharged with a view to admission to Morier Ward. Contact was also made with Dr Lum. The clinicians had discussions with Ms Randall's partner as well. The notes record that at 7:00 pm that same day a telephone call was made to Ms Randall at her home by ACIS staff. She denied having taken any further alcohol that day and although she sounded flat, her speech was not slurred.
- 7.6. A further home visit occurred on 11 August 2004, the plan being to encourage her to be admitted to Joslin for detoxification. On this occasion it was noted that Ms Randall had a head wound from two falls which she had suffered. The ACIS team members recommended that she attend at the Emergency Department for treatment but she refused, saying that she would be visiting Dr Lum the following day. It appears that the ACIS team felt that they were not achieving very much and accordingly a team meeting was convened at which a decision was made to close the case. However, a telephone call was made to Dr Lum advising of the head wound and her refusal to attend the Emergency Department. This occurred on 12 August 2004. Dr Lum confirmed that the plans were in place for psychological treatment and that an appointment had been made with Dr Jha at the Adelaide Clinic. This confirmed the understanding of the ACIS team members that other supports were in place thus justifying closure of the file. Their view was that sufficient supports were in place with Dr Lum, a psychologist and a psychiatrist at the Adelaide Clinic. Thus it was decided to close the file. I note that Dr Davis who carried out an overview of this matter on behalf of the Court was somewhat critical of this decision. However, his

⁷ Exhibit C12b

criticism was quite mild. It does seem unusual that such a decision would be taken to cease intervention when Ms Randall's circumstances were so dysfunctional at this point. However, I am not persuaded that the decision to close the file had any real impact on the tragic outcome in this case and need consider the matter no further.

- 7.7. On 17 August 2004 Ms Randall presented at the Noarlunga Health Services Emergency Department by ambulance having fallen over while intoxicated and sustaining lacerations to her forehead and chin. She had no memory of the fall on admission. Her blood alcohol reading was 0.388, an extraordinarily high reading on any view. She was seen by Dr Smith who gave evidence at the Inquest. Dr Smith rang the Drug and Alcohol Services Council who were aware of Ms Randall and confirmed that she was waiting for a bed at Joslin. Ms Randall admitted occasional suicidal thoughts but denied that she had any present such thoughts nor plans. Dr Smith noted no evidence of psychosis and considered that the priority issue to be dealt with was the alcohol intoxication and the lacerations. She sutured the lacerations and gave Ms Randall a thiamine injection. She ordered blood tests which she regarded as relatively reassuring in view of the alcohol history which had been provided and discharged Ms Randall home after discussions with a senior consultant.
- 7.8. The next significant event was an admission the Drug and Alcohol Services Council at Joslin between 18 August and 25 August 2004. Dr Edmonds is a senior medical practitioner in the employ of the Drug and Alcohol Services Council and she gave evidence at the Inquest. She said that on admission on 18 August 2004 Ms Randall's blood alcohol content was 0.55 but she was showing evidence of alcohol withdrawal. She was sweating and shaky. She had some facial dressings from the fall which had been treated by Dr Smith at the Flinders Medical Centre. On her arrival she explained that her partner had said that he would not have her back, however this changed very shortly thereafter, in fact on the same day, when Mr Gross visited and agreed to have Ms Randall back if she agreed to attend a program described as "Kuitpo". Arrangements were made for her to attend a program called "Archway" which was to commence on 30 August 2004. She was offered the option of remaining at the Joslin facility until then but she preferred to leave Joslin for her home on 25 August 2004 on the understanding, at least on Drug and Alcohol Services Council's part that she would be commencing the "Archway" and "Kuitpo" programs on 30 August 2004.

7.9. On 27 August 2004 Mr Gross reports that Ms Randall was quite bright. She carried out a considerable amount of housework, even cleaning the windows. She prepared a special meal for herself and Mr Gross which they ate together. Unusually for her, she consumed a reasonable amount of food. All in all, it appeared that she was having a good day. She retired to bed and Mr Gross heard nothing more from her that night until he found her the following morning, unresponsive. It appears that late on 27 August she consumed an overdose of tablets including Seroquel and Efexor (quetiapine) and venlafaxine. She was found at post mortem to have a blood alcohol content of only 0.013. It therefore appears that alcohol did not play a significant part in her behaviour that night. It would appear that her decision to take an overdose of medication was clearly thought out. It was not a decision made under the influence of alcohol and it was not impulsive. In my opinion it is clear that she had decided to commit suicide. She left a note in her diary addressed to her daughter which was expressed in clear and thoughtful terms. Unlike her previous overdoses, alcohol was not involved on this occasion and nor did she attract the attention of Mr Gross to provide assistance as she had on previous occasions.

8. Dr Anthony Davis

8.1. Dr Anthony Davis provided an overview for the Court as referred to previously. He also gave evidence at the Inquest. He confirmed the diagnosis of major depression, anxiety disorder with panic attacks and alcohol dependence. He confirmed the presence of agoraphobia. Dr Davis considered that apart from his mild criticism of Southern ACIS, all of the clinicians and services did the best they could for Ms Randall. He pointed out that her case was made considerably more difficult once alcohol became a factor because of its tendency to mask symptoms and make diagnostic and therapeutic work very difficult. He also said that alcohol tended to render anti-depressants ineffective. He acknowledged that Dr Lum was, by Ms Randall's own design, not aware of her alcohol difficulties and that this placed him at a severe disadvantage.

- 8.2. Dr Davis considered that the medications which had been prescribed by Dr Lum were reasonable and appropriate and he considered that the introduction of Seroquel towards the end was also appropriate. Overall, he thought that the clinicians tried their best at every point but that what was missing was an integration and continuity of care. He commented that if Ms Randall had been able to work alongside one or two people at an early stage things might have been better, but he could not say that she would not have committed self-harm at some point.
- 8.3. Dr Davis was in full agreement with the report prepared by Dr Tottman which I have already referred to, and considered that Dr Tottman's report sounded many warning bells. He noted that on Dr Tottman's assessment in March 2003, Ms Randall may already have been beyond the capacity of a general practitioner to manage and that she really needed intense psychiatric treatment at that point. It appears that the first evidence of alcohol abuse was in the admission to Flinders Medical Centre Emergency Department in June 2003. Alcohol may have entered the picture some time between April 2003 and June 2003. Dr Davis agreed that the task for the clinicians may have been much more readily achievable in March 2003 than a year later, because the introduction of alcohol made things far more difficult than they had been previously.
- 8.4. It is plain to me that the factor which led to Ms Randall's decline was the stress at work in the period October to December 2002. That said, she may have had a predisposition because of her particular personality type, which was one which tended to the obsessive. It is not appropriate for me to comment upon the way in which her WorkCover claim was processed. Ms Randall dealt with that herself by contesting the rejection of her claim, ultimately succeeding in the Workers Compensation Appeal Tribunal. Ironically, her claim was apparently fully accepted in or about July or August 2004, and arrears of payment had either been made or were due to be made, thus vindicating her position. It is most unfortunate that Ms Randall was unable to obtain the intensive psychiatric assistance at an early enough stage to have broken her downward spiral. In that respect, the observation of Dr Davis that things may have been different had she been taken in hand by one or two people at an early stage seemed to me to be particularly significant.

8.5. As I perceive no systemic issues which require rectification in this case, I do not see the need to make any recommendations.

Key Words: ACIS teams; Emergency Departments; Intoxication; Medical treatment - medical practitioner; Psychiatric/Mental illness; Suicide.

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

Seal the 9th day of November, 2007.

State Coroner