CORONERS ACT, 2003

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 15th, 16th, 17th and 25th days of June 2010 and the 13th day of July 2011, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of John Sydney Farmer.

The said Court finds that John Sydney Farmer aged 34 years, late of 1 Palmyra Street, Modbury Heights, South Australia died at Modbury Heights, South Australia on the 23rd day of May 2008 as a result of hanging. The said Court finds that the circumstances of his death were as follows:

1. Introduction and reason for Inquest

1.1. On 23 May 2008 John Sydney Farmer took his own life by hanging himself from a rope attached to a roofing joist of the garage at his home address. He was found by his wife and the South Australian Ambulance Service was called. Unfortunately he could not be revived and was pronounced deceased at 6:10pm on that day. At the time of his death Mr Farmer was subject to an order of detention made under the Mental Health Act 1993, requiring him to be detained at an approved treatment centre, namely Modbury Hospital. The order had been made on 21 May 2008 and confirmed on 22 May 2008. On 23 May 2008, the day of his suicide, Mr Farmer had been granted 'leave' and permitted to leave Modbury Hospital to return home. There was no-one present at his home address at the time of the grant of leave and it would be some hours before his wife returned home from work with their children. This provided the opportunity for Mr Farmer to hang himself.

1.2. As Mr Farmer was subject to an order of detention at the time of his death, his was a death in custody within the meaning of the Coroners Act 2003 and an Inquest was held as required by section 21(1)(a) of that Act.

2. Cause of death

2.1. An autopsy was carried out by Professor Byard, forensic pathologist, on 27 May 2008. In a post-mortem report dated 5 August 2008 Professor Byard gave the cause of death as hanging and I so find[1]. Professor Byard noted that a toxicological analysis of blood taken at autopsy revealed a concentration of alcohol of 0.173% and no other drugs.

3. A first suicide attempt

3.1. On the evening of 21 May 2008 police attended at Mr Farmer's home along with South Australian Ambulance Service personnel in response to a call from Mr Farmer's wife. She had found him inside his car with a pool hose running from the exhaust through the rear window and the engine running. He had left a very brief note indicating that it was his intention to take his own life. He was semiconscious when located by his wife and conveyed to Modbury Hospital. At Modbury Hospital he was detained that evening in the Emergency Department. Interestingly, the form of detention completed at that point recorded that he had 'attempted self-harm, patient doesn't want to stay in hospital (wants to go home)'[2]. That unwillingness to be in hospital was a theme noted by other medical practitioners over the next 36 hours.

4. Events leading up to 21 May 2008

4.1. Mr Farmer had been experiencing difficulties in his workplace with Families SA where he was a carer for intellectually disabled men at a community house. It seems that there had been antagonism between Mr Farmer and other staff members and management. Mr Farmer had been working in this Department since he was 18 years old. He worked a permanent nightshift starting at 7pm and finishing at 7am and was responsible for supervising seven disabled men. As a result of the conflict at work, Mr Farmer had increased his alcohol consumption. At one point in the two years prior to his death he was suspended from work due to allegations against him that he

[1] Exhibit C2a
[2] See Form 1, part of Exhibit C18

had injured a patient and had supplied cigarettes to another. Within two months of the suspension he was advised that the allegations were unsubstantiated. He returned to work at a different work site.

4.2. Mr Farmer also had secondary employment as a truck driver which he would pursue during his days off and his annual leave from Families SA. He sought to obtain permanent work as a driver but this did not eventuate. He also applied for a position with the Department for Correctional Services as a corrections officer.

4.3. On 5 April 2008 Mr Farmer was working as a disability services officer and assisting a male patient in the bathroom when he fell over. Mr Farmer hit his left shoulder on a rail inside the bathroom. He attended a general practitioner, Dr Ducker, who ordered an ultrasound which revealed a severed tendon of the shoulder. As a result of the injury Mr Farmer was unable to work as either a disability services officer or a truck driver. He had corrective surgery on 22 April 2008 and on that day was offered a position as a corrections officer on and from 20 May 2008. However, following his surgery he contacted Correctional Services in early May to advise that he would decline the position because of his injury[3].

4.4. Mr Farmer's father had died on 2 June 2007 and Mr Farmer continued to be affected by this bereavement.

4.5. On 11 May 2008 Mr Farmer was stopped at a random breath testing station. He was found to have a blood alcohol content of .201gms in 210 litres of breath and immediately lost his licence for 12 months.

5. Admission to Modbury House / Woodleigh House

5.1. The morning after his initial detention at the Modbury Hospital Emergency Department, Mr Farmer was seen again by consultant psychiatrist, Dr Naso, for the purpose of confirming or revoking the initial detention order. Dr Naso said that Mr Farmer was angry when she told him that she was going to confirm the detention order. Initially he would not talk to her but, as time went on, he settled and began talking. However, when the detention order was confirmed his anger became more overt. Dr Naso spoke to Mr Farmer's wife to notify her of what had occurred. Dr Naso did not treat Mr Farmer again although she did see him on his transfer to

[3] Exhibit C16b

Woodleigh House while he was being admitted following his transfer from the Emergency Department. Dr Naso said that she informed Dr Motamarri, a senior colleague, of her interaction with Mr Farmer to ensure that her assessment information was given to the next psychiatrist or team.

5.2. Dr Naso recorded in her notes that Mr Farmer felt that because he was still alive things were now worse and, when she asked him whether he still wished himself harm, he stated simply that he wanted to get out of hospital, thus avoiding the question. Dr Naso assessed him as having made a high intent, high lethality suicide attempt and diagnosed a major depressive disorder precipitated and perpetuated by his current stressors, including losses and grief and his functionality role in the family. She noted that alcohol abuse was a concern and that there was evidence of narcissistic traits. She directed that cipramil be commenced and suggested in the notes that consideration be given to the Hospital at Home program following stabilisation.

5.3. Dr Naso gave evidence that she had anticipated that Mr Farmer would be detained for the 3 days[4]. She was surprised on learning that he had been given a leave pass on 23 May 2009 (the following day)[5].

5.4. Dr Naso had directed that Mr Farmer was to be 'specialled' or have one on one nursing. Mr Crook was a registered nurse on duty as a team leader at Woodleigh House that afternoon. He allocated Nurse Dapper to carry out the specialling duties for Mr Farmer. Nurse Dapper reported to Mr Crook that she was getting 'nowhere' with Mr Farmer. She said that he appeared angry and she was having difficulty establishing any rapport with him whatsoever. As a consequence, Mr Crook approached Mr Farmer himself in an effort to calm him down. He found that Mr Farmer maintained an attitude of anger and simply did not wish to be in hospital. Mr Crook advised Mr Farmer that his behaviour would affect his subsequent assessment. He explained in his evidence that he was conveying to Mr Farmer that when it was time to review his detention, part of that would include what had transpired during the course of the admission[6]. After this Mr Farmer appeared to settle down. He subsequently accepted the medication, lorazepam, to assist in sleeping.

[4] Transcript, page 45
[5] Transcript, page 46
[6] Transcript, page 221

5.5. The following morning Mr Farmer was seen by another psychiatrist at Woodleigh House. That psychiatrist was Dr Singh. Dr Singh gave evidence at the Inquest that he had conducted a thorough assessment of Mr Farmer. His notes appear in the Woodleigh House record[7] and state that Dr Singh noted the history recorded in the notes. He noted that in the ward Mr Farmer was reactive, able to joke, slept well, had a healthy appetite, has positive plans, denies any ongoing suicidal thoughts or plans and acknowledged his stressors. However, Mr Farmer was recorded by Dr Singh as angry about the whole process of detention and his control being taken away. Mr Farmer told Dr Singh that he was happy to take his medications and happy to organise a psychologist through his general practitioner. Dr Singh noted that Mr Farmer was initially angry but later became more pleasant. Dr Singh assessed Mr Farmer as having an adjustment disorder with depressed mood and narcissistic personality structure with severe stressors. He recorded that Mr Farmer's risks were low to moderate and that admission at Woodleigh House was only making him angry. Dr Singh recorded that he spoke to Mrs Farmer and noted that Mrs Farmer told him that she did not think admission would help Mr Farmer and that prior to his suicide attempt he had not shown depressive symptoms but was depressed. She said that she was happy to help organise follow-up for him. Dr Singh discussed the matter with Dr Motamarri and planned to discharge Mr Farmer on a Form 9 leave form expiring at the same time as the 3 day order itself. Secondly, he was going to request that the Assessment and Crisis Intervention Service (ACIS) contact Mr Farmer the next day and that Mr Farmer would organise psychological follow-up with his general practitioner.

5.6. Dr Singh was questioned extensively in the course of his evidence. He said that the purpose of his assessment was to do a mental state examination but also to make a decision as to whether Mr Farmer still met the criteria for detention given that Mr Farmer was not keen on being detained in hospital[8]. It was put to Dr Singh that Mr Farmer's presentation to him was in marked contrast with his presentation to Dr Naso the previous day. Dr Singh said that was true and that it was not uncommon for patients to change once their acute stressors were over. Dr Singh said that the way he saw it, Mr Farmer had chronic stressors, namely grief, shoulder injury and loss of driver's licence but that he also had acute stressors. He said that the acute stressors

[7] Exhibit C18
[8] Transcript, page 112

tipped Mr Farmer into suicide. He said that the acute stressors were an argument with Mr Farmer's wife on the day of the attempt and the use of alcohol. Dr Singh said he thought these were no longer ongoing issues[9]. Dr Singh acknowledged that nowhere in his notes was there any reference to the alleged argument with Mr Farmer's wife[10].

5.7. Dr Singh was asked whether he thought to speak to Dr Naso and say to her that he had a fundamentally different view from her about the risk that Mr Farmer presented. He said he did not do that because it was not standard practice. When asked why it was not standard practice to speak to an earlier consultant psychiatrist, he said:

> 'The assessment that we do, especially with regards to detention, it's supposed to be independent assessments.' [11]

5.8. It was then pointed out to Dr Singh that he was not actually obliged to review Mr Farmer's detention at that time. He acknowledged that to be correct and said that the issue of detention was 'the secondary issue'[12] given that Mr Farmer was opposed to the detention.

5.9. In that evidence Dr Singh contradicted what he had earlier said in relation to it not being standard practice to communicate with an earlier practitioner in circumstances such as those he found himself in. His explanation that he was supposed to do an independent assessment and his introduction of the question of detention in that answer was, in my view, rather disingenuous given that the primary purpose of his consultation with Mr Farmer that day was for an assessment, not for the review of a detention. In my view, it is very common for consultants to compare their impressions of a patient with one another and it is simply wrong for Dr Singh to suggest otherwise. Later in his evidence, when again pressed on the question of the subject of a detention review, Dr Singh said that there would have been a detention review the next day 'for a Form 3'[13]. It was pointed out to Dr Singh that in the context of an initial 3 day detention order, the fact that a person is going to be reviewed on the third day is hardly grounds for bringing the review forward to the second day when one considers that, overall, one day is a third of the whole of the period initial detention. When it was put to him that a further 24 hours would have

[9] Transcript, page 125
[10] Transcript, pages 125-126
[11] Transcript, page 138
[12] Transcript, page 138
[13] Transcript, page 141

been an opportunity for a significant further period of time in which to observe any further changes in Mr Farmer's mental state, he responded:

> 'That is true, that is true, and normally that would have happened had it not been for Mr Farmer's insistence and anger, and Mrs Farmer's insistence that he should be allowed to go home. The question of reviewing detention won't have come in on that day.' [14]

It is a matter of concern that Dr Singh was so much influenced by Mr Farmer's insistence that he should be allowed to go home. I would have thought that it was in the nature of detention under the Mental Health Act that the fact that a person did not wish to remain in detention was of little relevance in forming an assessment as to the course of their treatment during an initial period of detention. I would have thought that, particularly in light of a significant difference between presentation on day one and presentation on day two, following a high lethality suicide attempt, the fact that the person was insistent on going home would not influence clinical decision making.

5.10. Dr Singh later asserted in his evidence that by the time he saw Mr Farmer, his mental state was quite different from the way it had been when he first came into detention[15]. It was put to Dr Singh that it might be more accurate to say that Dr Singh *thought* Mr Farmer's mental state was quite different, rather than that it was in fact different. He persisted in his view that he had accurately assessed Mr Farmer's mental state. He was then asked how he could explain what happened shortly afterwards - bearing in mind that Mr Farmer hanged himself within 6 hours of his discharge from Woodleigh House - Dr Singh said that, in his opinion, what happened afterwards was totally anomalous with Mr Farmer's mental state at the time Dr Singh saw him[16]. Dr Singh was pressed on this and asked quite specifically whether he could not have been wrong about his assessment of Mr Farmer's mental state and that what had happened was that Mr Farmer had radically changed his mental state after he left Woodleigh House. He responded as follows:

> 'A. Yes
>
> Q. Really. You're really saying that.
>
> A. Certainly at the time of my assessment this is how - that's how I felt.
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> Q. I'm not talking about at the time of your assessment. I'm asking you now, with the benefit of hindsight, do you consider that your assessment was accurate.

[14] Transcript, page 142
[15] Transcript, page 176
[16] Transcript, pages 176 -177

A. I considered that the mental state at the time was accurate.

Q. You still hold to that position. All right, thank you, you've answered the question.' [17]

As I will shortly be noting, Dr Andrew Champion, who provided an expert report at the request of counsel assisting me, expressed surprise at the responses of Dr Singh, to which I have just referred. It was Dr Champion's inference, and I think a correct inference, that Dr Singh was saying that, confronted by a similar patient tomorrow or next week, his decision making might not be any different. Dr Champion said that was a matter of concern to him[18].

6. Mrs Farmer's evidence

6.1. Mrs Farmer gave evidence at the Inquest. Of particular note was her evidence on the subject of the argument referred to by Dr Singh in his evidence, but not noted by him in his progress notes. Mrs Farmer denied that there had been an argument. She did relate an exchange between she and her husband in which he had asked her whether he was a bad person, to which she responded that of course he was not. At that point he said to her that he was trying to reach out to her. However, she was at a loss to know what to do. It was suggested by counsel for Dr Singh that this may have been what counsel described as 'the genesis' for Dr Singh's impression that there had been an argument. Counsel for Dr Singh made it plain that he was not suggesting that Mrs Farmer had been untruthful or had fabricated her evidence on this subject.

6.2. I find it implausible that Dr Singh could have turned an exchange such as that described by Mrs Farmer in her evidence into the status of an argument. Not only to have characterised it as an argument, but to have elevated it to the status of an argument so serious as to be one of the acute stressors that tipped Mr Farmer into his suicide attempt. An episode such as that described by Mrs Farmer does not have the character of an argument. Certainly it does not have the character of an argument that one would expect to be characterised by a consultant psychiatrist as sufficiently serious to tip a person into a suicide attempt. Dr Singh did not, on his own evidence, question Mrs Farmer about the alleged argument. Certainly on her evidence, that never occurred. I am extremely sceptical that Dr Singh would have failed to make a note of an argument as part of his otherwise comprehensive notes of his assessment of

[17] Transcript, page 177
[18] Transcript, page 337

Mr Farmer. The alleged argument has all of the characteristics of an ex post facto justification for a decision to grant Form 9 leave.

6.3. In the result, it is not necessary for me to make a positive finding that Dr Singh fabricated the story of an argument. Even if there had been a story of an argument by Mr Farmer, it would have been incumbent upon Dr Singh to discuss that subject with Mrs Farmer. The fact that he did not do so represents a serious omission on his part. If there was no argument then there could be no justification for the grant of the early Form 9 leave. Even if there had been an argument and it had been substantiated by Mrs Farmer, a considerable amount of reassurance would have been required by Dr Singh in order to be satisfied that there would be no early repetition of the argument upon discharge. On any view, in my opinion, in the circumstances faced by Dr Singh that day, it was not justifiable to release Mr Farmer on Form 9 leave.

7. The evidence of Dr Radulescu in relation to Mrs Farmer

7.1. Dr Radulescu was a first year psychiatric registrar in 2008 at Modbury Hospital. She gave evidence of having called Mrs Farmer at Dr Singh's request. She said that Mrs Farmer told her that she (Mrs Farmer) was unhappy that Mr Farmer was in a psychiatric ward. Dr Radulescu said that Mrs Farmer said Mr Farmer was responsible and highly functional. Dr Radulescu said that Mrs Farmer became hostile and was angry that Mr Farmer was in hospital and wanted him out. She claimed that Mrs Farmer asserted that the hospital staff had taken Mr Farmer's liberty away and were treating him like a child. Dr Radulescu also asserted that Mrs Farmer did not seem to be concerned about Mr Farmer's high level of suicidality and that it was unusual to have a family that did not support the treating psychiatrist. According to Dr Radulescu, Mrs Farmer was not supportive.

7.2. Mrs Farmer had certainly told Dr Naso that she was too terrified to have Mr Farmer at home as she was afraid that he may attempt suicide again. This makes it unusual that she would say something completely different to Dr Radulescu the following day. Mrs Farmer denied that she had even spoken to Dr Radulescu in her evidence. Mrs Farmer said that she would never have stated that Mr Farmer was highly functional and that she did not say that Mr Farmer was being treated like a child. According to Mrs Farmer, it was Dr Singh that rang her and his first words to her were that he was

ringing to tell her that he had assessed Mr Farmer and had decided to release him from hospital.

7.3. I am unable to explain the inconsistencies between the evidence of Dr Radulescu and Mrs Farmer. It seems improbable that Mrs Farmer would have fundamentally altered her position within 24 hours of her first contact with Dr Naso. In the result, I am unable to reach any explanation for the difference that emerged between the evidence of Dr Radulescu and Mrs Farmer.

8. Dr Andrew Champion

8.1. As I have already noted, Dr Champion provided an expert report to counsel assisting me. Dr Champion is a consultant psychiatrist and is Clinical Director of Mental Health Services at Noarlunga Health Services. He reviewed the evidence in this case and all of the relevant documentation including casenotes. Dr Champion was concerned about a number of aspects of the decision to release Mr Farmer on Form 9 leave. A particular concern was that Mr Farmer had refused to disclose the identity of his general practitioner to Dr Singh and that he had merely undertaken to Dr Singh that he would obtain a referral to a psychologist from his general practitioner. Dr Champion said that contact with a general practitioner by the treating clinicians was very important in this situation because of the shoulder injury and the resultant loss of capacity to take up desired employment which appeared to be a major factor contributing to the suicide attempt[19]. The general practitioner would have been an invaluable source of information as to Mr Farmer's prognosis and also the course of his workers compensation claim with WorkCover[20]. Furthermore, the general practitioner would be an essential part of the ongoing psychiatric treatment[21]. It was pointed out to Dr Champion that if a patient is unwilling to disclose a general practitioner's identity, then that may be the end of the matter. Nevertheless, Dr Champion said that every effort should be made to obtain the identity of the treating general practitioner and to persuade the patient accordingly[22]. He said that the absence of that information placed the treating clinicians at a disadvantage in denying them additional information. Furthermore, that it indicated that the patient had a negative view of his or her contact with the mental health services. Thirdly that it was

[19] Transcript, page 298
[20] Transcript, page 298
[21] Transcript, page 299
[22] Transcript, page 301

not possible to establish the patient's capacity to form therapeutic relationships with people outside the hospital team and, fourthly, that it did not say anything positive about the therapeutic relationship that was occurring at the time of the interview between the patient and the consultant psychiatrist in the hospital, in this case Dr Singh[23].

8.2. Importantly, Dr Champion said there was nothing in the casenotes to indicate that Dr Singh had observed the contrast between his interview in which Mr Farmer stated that he had good intentions and was no longer suicidal and the statements to Dr Naso the day before which clearly indicated that he regretted surviving the suicide attempt and had nothing to live for, not even his wife and children[24]. Dr Champion said that in those circumstances he questioned the appropriateness or necessity of Mr Farmer being discharged from hospital on that day. he further said that, at the very least, Mr Farmer's discharge should have been delayed until Mrs Farmer could be home with him[25].

8.3. Dr Champion was of the view that Dr Singh placed undue weight upon Mr Farmer's anger at being detained. He noted that a patient's attitude to detention in hospital can change over time and that a patient who is expressing anger and resentment about being in hospital and is withholding information about the identity of the general practitioner, is giving no substantial reassurance about the likelihood of engaging with treatment once discharged from hospital[26]. Dr Champion observed that Mr Farmer was an individual with very high indicators of risk for whom the only things that had demonstrably changed when Dr Singh saw him was his expression of his intentions about what he was going to do, but who had demonstrated no substantial engagement[27]. Dr Champion described Mr Farmer as having 'text book risk factors', namely:

> 'He was male, he had recently been abusing alcohol, he had a physical injury, he was unable to pursue employment, he had been bereaved … he had attempted to suicide by carbon monoxide poisoning …' [28]

[23] Transcript, page 302
[24] Transcript, page 308
[25] Transcript, pages 308-309
[26] Transcript, page 310
[27] Transcript, page 311
[28] Transcript, pages 312-313

8.4. Dr Champion said there would have had to have been compelling reasons, including information obtained from family and the general practitioner to support an early discharge of such a person[29].

8.5. Dr Champion commented that Dr Singh appeared to place a lot of weight on what he identified as acute stressors, namely the argument and the alcohol use. He said there was no evidence to support Dr Singh's apparent confidence that alcohol use might not recur as a problem[30] and, further, that Dr Singh had not asked Mrs Farmer about the alleged argument and whether it was an enduring issue in their marriage[31]. Dr Champion's view was that:

> 'Dr Singh just didn't know enough about this alleged argument to make a decision in the way that he did.' [32]

8.6. Dr Champion said that he thought that there were strong indications for a face to face meeting with Mrs Farmer rather than a mere telephone conversation. The advantage of this would be that more information could be obtained, it would be possible to observe the interaction between the two spouses to test some of Mr Farmer's good intentions and to air those in the room with Mrs Farmer present to gauge her reaction as a means of testing some of the otherwise untested assertions that arose from what Mr Farmer said[33].

8.7. Dr Champion said that it was wrong to place undue weight on Mr Farmer's insistence that he did not wish to be in hospital and, furthermore, to place reliance on such a stated wish - if indeed there was such a wish - on the part of Mrs Farmer[34].

8.8. Dr Champion was of the opinion that Dr Naso's diagnosis of major depression was correct[35]. It seems to me that Dr Singh had no need to consider the status of the detention order at the time of his assessment. The next statutory review was not due until the following day. Even if it was Dr Singh's view that when he saw Mr Farmer he was not detainable at that time, there was no obligation on Dr Singh to grant leave for that reason. Dr Champion agreed with this view.

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[29] Transcript, page 313
[30] Transcript, page 316
[31] Transcript, page 317
[32] Transcript, page 317
[33] Transcript, page 321
[34] Transcript, page 322
[35] Transcript, page 331

9. Conclusions

9.1. In my opinion Dr Singh should not have granted Mr Farmer leave. Had he not done so, Mr Farmer certainly would not have been able to take his own life that afternoon. It is impossible to say whether Mr Farmer might nevertheless have suicided at some later date, but the opportunity for continued therapy and the hope of resolving Mr Farmer's major depressive illness with appropriate treatment was lost.

10. Recommendations

10.1. I have no recommendations to make in this matter.

Key Words: Death in Custody; Suicide

In witness whereof the said Coroner has hereunto set and subscribed his hand and Seal the 13th day of July, 2011.

State Coroner