



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 13th, 14th and 19th days of October 2010 and the 26th day of August 2011, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Yan Yi Xu.

The said Court finds that Yan Yi Xu aged 50 years, late of 15 Anderson Street, Fulham Gardens, South Australia died at the Queen Elizabeth Hospital, Woodville Road, Woodville South, South Australia on or about the 28th day of December 2008 as a result of compression of the neck consistent with hanging. The said Court finds that the circumstances of her death were as follows:

1. Introduction and cause of death

- 1.1. Ms Yan Yi Xu, aged 50 years, died sometime during the night of Sunday 28 December 2008. Ms Xu was at that time an inpatient at Cramond Clinic which is the psychiatric ward of the Queen Elizabeth Hospital (QEH). Ms Xu's body was discovered by Cramond Clinic staff at approximately 7:30am on the Monday morning. She had hung herself from a shower tap in the bathroom of her room. She was the lone occupant of that room. Ms Xu had hung herself unobserved during the course of the previous night.
- 1.2. Ms Xu had gone to some lengths to conceal the fact that she was in the bathroom of her room and not in bed. She had been subject to hourly observations. However, using pillows and blankets she had configured her bed to appear as if she was occupying it, even to the extent of placing a hat that she was in the habit of wearing at the head of the bed.

- 1.3. The hourly observations made by Cramond Clinic staff during the course of the night had been conducted by shining a torch through a window in the door of her otherwise darkened room. In reality this had established nothing more than that from time to time there was a shape occupying Ms Xu's bed. There was nothing to suggest that during any of these observations Ms Xu's face had actually been seen or that the shape under the bedclothes had been moving, either by way of breathing or otherwise. The first such observation made of Ms Xu after she was last seen alive was made at 10pm by one of the registered nurses, Elizabeth Harkai. Nurse Harkai gave a statement to the police on 2 April 2009¹. She also gave oral evidence at the Inquest. Nurse Harkai could not swear to having seen Ms Xu's face at 10pm. Nor could she assert that she had seen anything that would have established that Ms Xu had been breathing at that time. There was no evidence that any other staff member during the rest of that night had positively sighted a living, breathing Ms Xu in the bed. At some point during the night Ms Xu secreted herself in the bathroom and ended her own life. The observations of patients on the ward were conducted with such regularity and predictability that the interval of an hour between those observations would have enabled her to do this undetected.
- 1.4. As far as is known, Ms Xu was last seen alive at approximately 8:45pm on the Sunday evening. Ms Xu had attended the ward's treatment room at that time and Nurse Harkai had there given Ms Xu her nightly medication.
- 1.5. The time at which Ms Xu took her own life cannot be established with precision. None of the regular observations made during the course of the night can positively establish whether or not Ms Xu was occupying the bed at any given point in time.
- 1.6. Dr Neil Langlois, who is a forensic pathologist at Forensic Science South Australia, performed a post-mortem examination of Ms Xu's body which included a full autopsy². As part of his investigation Dr Langlois attended the scene at Cramond Clinic at approximately 11:20am on the Monday morning, 29 December 2008. He examined Ms Xu's body in situ. From the ambient temperature of the location and from Ms Xu's rectal temperature, Dr Langlois concluded that:

'The time of death was nearer 2200 hours on 28 December than 0730 hours on 29 December.'³

¹ Exhibit C41

² Dr Langlois' report is Exhibit C2a

³ Exhibit C2a

It is apparent from Dr Langlois' post mortem report that the time of 2200 hours was based upon an assumption that Ms Xu had last been seen alive at 10pm the previous evening when Nurse Harkai had made her first regular observation. For reasons that I have identified there is a measure of uncertainty as to whether, even at that time, Ms Xu was still alive having regard to the fact that Nurse Harkai did not sight Ms Xu's face nor see any evidence of movement including breathing. Nonetheless, I take into account Dr Langlois' assessment that the time of death was nearer 10pm than the time her body was discovered. In any event, none of the evidence establishes that Ms Xu died before midnight. Accordingly, the date of Ms Xu's death shall be expressed as being on or about 28 December 2008.

- 1.7. On Christmas Day, Thursday 25 December 2008, Ms Xu had been detained under the Mental Health Act 1993 (MHA) after what appeared to have been an attempt to take her own life earlier that day. She had superficially but quite deliberately cut her right wrist with a knife. She was discovered by her partner in the bath of their home. Ms Xu had pleaded with her partner not to save her. She was conveyed to the Royal Adelaide Hospital (RAH) where she was detained by medical staff. She was later that evening transferred to the Cramond Clinic at the QEH where she would remain until her death. The written order for detention made at the RAH is timed at 1:17pm on 25 December 2008⁴. An order for detention under the MHA, once confirmed by a psychiatrist as it ultimately would be the following day, would expire three days after the day on which the order was made. This would mean that unless a further period of detention was ordered, Ms Xu's detention would expire on Sunday 28 December 2008. In the event the detention was not extended, Ms Xu nevertheless remained at Cramond Clinic. At the time of her death Ms Xu was being considered for discharge into the Hospital at Home program.
- 1.8. Ms Xu's death was investigated as a death in custody. An Inquest into a death in custody is mandatory by virtue of the provisions of the Coroners Act 2003⁵.
- 1.9. The autopsy conducted by Dr Langlois revealed that there was a ligature mark on Ms Xu's neck consistent with suspension by a ligature made from a sheet that was used to suspend her neck from the shower tap. In his report Dr Langlois expresses the view that the features of this case are consistent with self-suspension. Dr Langlois

⁴ Exhibit C36a

⁵ Section 21(1)(a)

expresses the cause of death as compression of the neck consistent with hanging. I find that to have been the cause of Ms Xu's death. I find that Ms Xu hung herself with an intent to take her own life and that no other person was involved in her hanging and death.

2. **Background**

- 2.1. It is necessary to say something of Ms Xu's medical history. Ms Xu had experienced intermittent if not chronic depression for a number of years. There had been an initial reference to the Anxiety Disorders Clinic in 2002. Ms Xu's general practitioner diagnosed depression in 2003 for which he prescribed antidepressants. The confidential client record of the South Australia Mental Health Service⁶ (SAMHS) relating to Ms Xu contains various records relating to Ms Xu's depression and anxiety. An entry dated 6 July 2005 reveals that Ms Xu complained of insomnia and a feeling of embarrassment by her husband's past behaviour. There was also some anxiety expressed about her accommodation and the fact that she continued to be the primary income earner while her partner was on social security. At that time she was taking the antidepressant drug, Zoloft.
- 2.2. Much of Ms Xu's difficulties over time are described in the statement of her partner at the time of her death, Mr Qi Zhao⁷. Mr Zhao and Ms Xu had been together for approximately 8 years and lived in a defacto relationship. It appears that they had spent a lot of time together before they actually cohabited. When Mr Zhao first came to know Ms Xu she was married to another man. In his statement Mr Zhao describes what he believed to have been an unhappy relationship between Ms Xu and her husband. Ms Xu had explained to Mr Zhao that she had had problems with her husband and that she wanted to divorce him. In 2000 Ms Xu spent a number of months in China visiting her family. Mr Zhao maintained contact with her by telephone. During this period she was still sad and upset regarding the situation involving her husband. Ms Xu and her husband separated when she returned from China. When Mr Zhao and Ms Xu commenced their intimate relationship, Ms Xu appeared to him to be sad all the time and '*seemed disappointed*'⁸. For some time she would say that she remained torn between Mr Zhao and her husband. According to Mr Zhao, Ms Xu started to see psychologists during this period. Eventually she and

⁶ Exhibit C35 - Western Assessment and Crisis Intervention Service (ACIS) Notes

⁷ Exhibit C1b

⁸ Transcript, page 3

her son, who was in his early teens by the time of her death, moved into Mr Zhao's house in 2001.

- 2.3. From that point Mr Zhao described Ms Xu as not being happy with anything, including a number of Mr Zhao's own personal characteristics. In time Ms Xu refused to talk about matters. She would complain about not feeling well and not sleeping well.
- 2.4. Between 2003 and 2008 Mr Zhao perceived that Ms Xu suffered from depression, but at a level that was not enough to alarm him. She would not confide in him so he did not know really what was going on in her life. He believed that she kept secrets from him.
- 2.5. Ms Xu's general practitioner was Dr Peter Chia of the Western Clinic at Torrensville. Dr Chia provided a statement to the Inquest⁹. Dr Chia first prescribed antidepressants for Ms Xu in December 2003. At first he prescribed Lovan liquid. In January 2004 he changed her medication to Zoloft tablets at 50mg for depression and stress. In December 2008 he would change that prescription to 100mg and would then replace Zoloft with Effexor (Venlafaxine) later that month.
- 2.6. Ms Xu's mental health history and her presentation in December of 2008, involving as it did many contradictions and possible deceptions, leaves the Court with the impression that she was a complex individual whose behaviour was difficult to predict.
- 2.7. In August 2008 Ms Xu was diagnosed with breast cancer for which she underwent a mastectomy at the RAH. This was followed by several courses of chemotherapy. This diagnosis and treatment regime was temporally associated with an escalated level of significant depression. Mr Zhao looked after Ms Xu at home during this period. Although Mr Zhao detected some positive change of attitude on the part of Ms Xu towards himself, he describes her as becoming 'a bit numb'¹⁰ during this time and she complained of weakness in her legs, insomnia and hot flushes.
- 2.8. Ms Xu's oncologist was Dr Anne Taylor. Dr Taylor supplied a statement to the Inquest¹¹. She first saw Ms Xu approximately one month after her surgery. Dr

⁹ Exhibit C25a

¹⁰ Exhibit C1b, page 7

¹¹ Exhibit C23a

Taylor explains in her statement that as far as Ms Xu's breast cancer was concerned, her prognosis was very good. There was no clear evidence of metastasis. It appears that Ms Xu understood all of this. Dr Taylor had advised Ms Xu that chemotherapy would improve her already excellent chances of survival only marginally, yet Ms Xu was determined to undergo that treatment. Ms Xu had also indicated to Dr Taylor that she wanted to undergo radiotherapy as well when clinically she did not require it. Dr Taylor explains that Ms Xu seemed enthusiastic to have any treatment that was on offer and was very keen to be cured of her breast cancer. Dr Taylor states that during Ms Xu's cycles of chemotherapy, Ms Xu did not present as suicidal or depressed. She appeared happy on the occasions that Dr Taylor saw her during that period. Ms Xu was admittedly anxious, but Dr Taylor did not believe that she had been suffering from depression and Ms Xu certainly did not give any indication of suicidal tendencies.

- 2.9. On 27 November 2008 Dr Taylor saw Ms Xu in what was an unscheduled appointment. By then Ms Xu had completed all four cycles of chemotherapy. On this occasion she presented as quite unhappy and said that she had been experiencing pain in the left calf as well as tingling and numbing in the left leg. Dr Taylor believed that Ms Xu had come to see her because she thought that no one was taking her symptoms seriously. Dr Taylor did not identify any neurological symptoms related to Ms Xu's cancer treatment. However, Dr Taylor believed that Ms Xu's symptoms related to her being highly anxious and suspected that her presentation might have had a psychological base. Ms Xu expressed concern about her son and suggested that her husband was a source of stress for her. Dr Taylor prescribed Valium and offered the services of an oncology based clinical psychologist. Ms Xu indicated that she would give this consideration.
- 2.10. According to Mr Zhao, Ms Xu's complaints about leg weakness and insomnia reached the point where on 15 December 2008 he took her to the RAH where she was admitted and would remain as an inpatient until 17 December 2008. The clinical record in respect of this admission, as contained within the RAH file for Ms Xu¹², records that the presenting complaint was diminishing weight, sore leg muscles, a desire to sleep all of the time and disappointment that Ms Xu did not feel that she was getting any better. She complained of having no energy. She said that she had been

¹² Exhibit C33a

unable to get out of bed for a week and had required help to go to the toilet. She said her appetite was poor. She was assessed as being very anxious.

- 2.11. On 16 December 2008 Ms Xu was seen by a clinical psychologist, Ms Kathryn Collins. As far as is known, this is the first occasion on which Ms Xu voiced suicidal ideation. She was observed to be very scared and worried and she complained of sleep difficulties, a poor appetite and a loss of weight since chemotherapy. The psychologist recorded 'feelings of hopelessness and guilt' in that Ms Xu indicated that she was unable to engage with her son¹³. Under the heading of 'risk', the psychologist recorded that Ms Xu had expressed thoughts of suicide related to a fear that she would not get better both physically and emotionally. However, the notes record that Ms Xu had no current plan or intent to commit suicide and that thoughts of her son would stop her in any event. The past history of depression in the context of relationship issues was noted including an observation that Ms Xu believed that she had not found psychological assistance helpful in the past. It was noted that Ms Xu's Zoloft prescription had been increased to 100mg. It was recorded that Ms Xu was keen for psychological follow-up to assist with sleep management strategies and to address her emotional issues relating to her diagnosis, treatment and future fears.
- 2.12. On the day of Ms Xu's discharge from the RAH, being 17 December 2008, a social worker has recorded that Ms Xu had concerns about weakness in the legs, difficulty with walking and with driving which was especially distressing as she was not able to take her son to his various activities and that there was no one else who could do that. She also expressed financial concerns, in particular in respect of her ability to afford music lessons for her son who was a grade 7 piano student. She was also concerned about her weight loss and was generally very distressed with her health implications that might diminish her ability to support her son in the manner she desired. The discharge summary for this admission¹⁴ reveals that one of her discharge medications was Venlafaxine 75mg which is an antidepressant. She was also discharged with a walking frame.
- 2.13. Ms Xu would remain at her family home between 17 and 25 December 2008, the day she cut her wrist.

¹³ Exhibit C33a, page 260

¹⁴ Exhibit C33a, page 235

- 2.14. On 18 December 2008 she was seen by Dr Chia at which appointment her antidepressant was changed from Zoloft to Effexor (Venlafaxine). She was also prescribed sleeping tablets.
- 2.15. According to Mr Zhao, some time between 17 and 25 December 2008 he discovered that Ms Xu had closed two of her personal bank accounts at Westpac. She did not give any reason as to why she had wanted to do that. In his statement, Mr Zhao asserts:

'Other than that there was nothing about Yan's behaviour that indicated to me that she was going to harm herself.'¹⁵

Unfortunately, this important piece of information would never make its way to any clinician who would be involved in Ms Xu's psychological or other medical management, including at Cramond Clinic where she died.

- 2.16. Ms Xu was seen by Dr Taylor on 23 December 2008. Ms Xu admitted to Dr Taylor that she was depressed and had been on Zoloft for the last 3 months. Ms Xu told Dr Taylor that she was extremely depressed and tired and mentioned the complaint of leg weakness. She said that she could not sleep and was having terrible hot flushes. Of particular concern was Ms Xu's report to Dr Taylor that she was suicidal. Dr Taylor asked Ms Xu whether she would actually go ahead and harm herself. Ms Xu initially stated yes, but then immediately retracted that saying that she would not harm herself as she had a young son whom she cared about. Although Dr Taylor herself did not believe that she had sufficient grounds to detain Ms Xu under the MHA, Dr Taylor was understandably concerned about Ms Xu's mental state and she took her threats concerning suicide seriously. There was some discussion about Ms Xu seeing a psychiatrist but Ms Xu refused and, in any event, Dr Taylor did not believe that it would be a simple task to obtain the services of a psychiatrist at short notice. Dr Taylor decided to immediately contact the oncology clinical psychologist, Ms Kathryn Collins, and requested Ms Collins to expedite Ms Xu being evaluated in relation to her mental state. Ms Collins expressed the opinion to Dr Taylor that the quickest way to get Ms Xu seen was to contact Western Assessment and Crisis Intervention Service (WACIS) and have Ms Xu seen immediately by them as soon as she arrived home. This was the first occasion on which Dr Taylor had perceived any

¹⁵ Exhibit C1b, page 7

depressive illness as such although, as seen earlier, she had earlier regarded Ms Xu as having experienced a level of anxiety.

- 2.17. Dr Taylor wrote a letter to Dr Chia, Ms Xu's general practitioner. The letter is dated 23 December 2008. The letter records basically what I have set out above as far as Ms Xu's presentation is concerned¹⁶. In addition, Dr Taylor suggested in her letter that she had indicated to Ms Xu that her symptoms were most likely due to depression rather than related to her chemotherapy.

3. Western Assessment and Crisis Intervention Service (WACIS) are engaged

- 3.1. Having been contacted by Dr Taylor, Ms Kathryn Collins prepared the necessary paperwork for a referral to WACIS. The two documents prepared by Ms Collins were a covering letter¹⁷ and a referral form¹⁸. It will be remembered that Ms Collins was the clinical psychologist who had personally reviewed Ms Xu in the RAH on 16 December 2008 wherein Ms Xu had presented with low motivation, had difficulty getting out of bed, was experiencing feelings of hopelessness and guilt and had voiced thoughts of suicide. Ms Collins' covering letter to WACIS made it plain that Dr Taylor had seen Ms Xu that day and that Dr Taylor had been concerned about her level of depression and possible risk of self-harm. The letter also plainly indicated that Ms Xu had expressed suicidal ideation and thoughts of extreme hopelessness both in the context of her current psycho-social stressors and fears for the future. These opinions are in keeping with Ms Collins' own recorded observations on 16 December 2008. In the letter Ms Collins also stated that Dr Taylor viewed Ms Xu's risk of harm to self to be high. The letter also mentioned Ms Xu's current antidepressant medication. The letter also stated 'she has a history of depression predating her cancer diagnosis'. The covering letter referred to the fact that Ms Xu would be followed up in the psychology outpatient clinic at the RAH when it reopened in the new year, which presumably meant not before 2 January 2009 at the earliest, but that both Dr Taylor and Ms Collins herself believed that Ms Xu needed to be reviewed before that time. Given that 23 December 2008 was two days before Christmas, the clear message would have been that Ms Xu needed to be seen before Christmas.

¹⁶ Exhibit C23b

¹⁷ Exhibit C35, page 21

¹⁸ Exhibit C35, page 20

- 3.2. Ms Collins also supplied WACIS with a referral form which is a proforma document that can only be described as bizarre. The document states in a prominent position that the referral is 'NON URGENT', that is to say non-urgent whatever the circumstances, with a further stipulation that it is intended to invoke a response time greater than 24 hours. What underscores the absurdity of this document is the fact that on the face of it there is provision for it to be utilised to secure the referral of a patient who is perceived to be at 'extreme' risk of self harm. It is difficult to reconcile a non urgent referral with the case of a person who is thought to be at extreme risk of killing themselves. Be all that as it may, the document in Ms Xu's case repeated that Ms Xu was 'expressing suicidal ideation, themes of hopelessness & guilt'. It referred to her previous history of depression and the fact that she was at least taking Venlafaxine if not Zoloft as well. The document stated 'please see within 48 hours'.
- 3.3. Staff members of WACIS saw Ms Xu at her home the following day, 24 December 2008.
- 3.4. ACIS is a crisis intervention service under the umbrella of the SAMHS in which persons are assessed in respect of their mental health insofar as it might affect their safety and risk of self harm. It is common for ACIS to obtain referrals from general practitioners and other doctors, including doctors within the public health service system. One of the risks assessed is whether the person is safe enough to stay at home, taking into account what domestic supports they have and their perceived level of risk. If the person is considered not to be safe enough to stay at home, inpatient care can be facilitated.
- 3.5. Generally speaking an assessment by ACIS is conducted by mental health nurses. It was not customary for a doctor to attend on a home assessment. I was told by an ACIS nurse in evidence that if a referral is not considered to be urgent, then generally two ACIS workers will attend without a doctor¹⁹. Registered nurses, be they general or mental health nurses, do not have power under the MHA to detain patients. The powers of apprehension and detention under the MHA were confined in their operation to police and medical practitioners²⁰. This is not to say, however, that nurses could not enlist the aid of police or a medical practitioner to effect an

¹⁹ Transcript, page 41

²⁰ Section 23 and Section 12 of the Mental Health Act 1993

apprehension, a detention or a review for the purposes of possible detention if the circumstances warranted it.

- 3.6. In the event, Ms Xu was visited by two mental health nurses, Ms Patricia Reeves and another nurse (the ACIS team). Ms Reeves gave evidence in the Inquest and supplied a witness statement²¹. Neither person had power to detain Ms Xu if they were to form a view that she required detention. Prior to their home visit on 24 December 2008, the ACIS team had possession of Ms Collins' covering letter and referral form. Ms Reeves told me that her practice was to telephone the patient in advance of the visit and she had no reason to believe that this had not occurred in this case. The assessment of Ms Xu commenced at 11am on the day in question. The assessment took approximately 1 hour. Ms Xu was alone at all times during the assessment. Her partner and son arrived at the premises as the ACIS team were about to leave.
- 3.7. In her evidence before the Court there was no clear indication given by Ms Reeves that she had spoken to the referrer, Ms Collins, or to Dr Taylor who in the first instance had raised what on the face of it were significant and readily understandable concerns that Ms Xu was at high risk of self-harm. I think it is unlikely that either person was spoken to by the ACIS team. Furthermore, it does not appear that the ACIS team had access to any written or computerised information about Ms Xu relating to her mental health history. Ms Reeves suggested that, although she could not remember for certain, she usually checked to ascertain whether ACIS had any contact with the patient in the past. There is a computer program known as the Client Based Information Service (CBIS) that may have revealed such previous contact. Ms Reeves suggested that she was not aware of any CBIS information in relation to Ms Xu. The SAMHS file that ultimately had placed on it the documentation relating to this particular visit also has certain documentation relating to an episode in 2002 and in January 2003. There is also a written clinical record in relation to psychological assessment in July 2005 in which it was revealed that Ms Xu had been taking the antidepressant Zoloft. Although Ms Collins' covering letter to WACIS revealed that Ms Xu had been admitted to the RAH during the previous week in respect of complaints of fatigue and leg weakness, the ACIS team did not have access to any of the RAH clinical records relating to this admission, and this included Ms Collins' notes of her own psychological assessment on 16 December 2008.

²¹ Exhibit C40

3.8. During their assessment the ACIS team reached the conclusion that Ms Xu was at low risk. This assessment was made the day after Dr Taylor had assessed Ms Xu as having been at high risk of self-harm. According to Ms Reeves, Ms Xu said that she did not have any intent or plans to harm herself. What Ms Xu did say was that she wished she had not been through all of the chemotherapy. Ms Reeves said that they interpreted that comment as indicating that Ms Xu was feeling fatigued and physically unwell from the treatment that she had undergone. Ms Reeves told me that they had deduced that if Ms Xu had been lying to them or ‘masking’, when in fact she had all along harboured a plan to hurt herself, Ms Xu would not have admitted that she was feeling bad or depressed or physically poor²². In other words, the belief was formed that because of Ms Xu’s frankness about those issues, she was likely being equally as frank when she denied any suicidal plan or ideation. With respect, this in my view was a naïve way of looking at things. Ms Xu’s frankness about limited aspects of her symptomatology could hardly have carried any significant weight having regard to the fact that it would have been virtually impossible for her to have denied any of that in light of what she had said to Dr Taylor the day before.

3.9. Ms Reeves also suggested that their experience is that persons might express suicidal ideation or intent on one day but when seen a day later the crisis is not as severe and they might be seen to be quite genuinely saying that they were no longer suicidal. Ms Reeves said in respect of the patient’s presentation the day before:

‘So we believe that she probably had presented that way to them, but by the time we saw her that’s not how she was feeling.’²³

She suggested that although there was no way of knowing, the fact that the referral was ‘non urgent’ suggested that although Ms Collins and Dr Taylor had been concerned about Ms Xu being acutely suicidal, they had not felt that suicide was going to be imminent. I say no more about the incongruity of a ‘non urgent’ pro forma document being utilised to secure a referral of an acutely suicidal individual.

3.10. The ACIS team came to a diagnosis of ‘reactive depression’. In essence that meant that their perception was that Ms Xu’s depression had been a reaction to her diagnosis and treatment for cancer. Ms Reeves told the Court that they did not elicit any

²² Transcript, page 46

²³ Transcript, page 48

information either from the assessment or from her history that suggested that Ms Xu's depression was of a major nature²⁴.

- 3.11. A plan was formulated that Ms Xu would be followed up by Ms Collins in the New Year. Ms Reeves told me that although Ms Xu declined the opportunity to speak with the WACIS psychologist, Ms Xu was aware of the fact that she was at liberty to see the RAH psychologist after the Christmas break. Ms Reeves acknowledged that this meant that Ms Xu would not receive any psychological support from Ms Collins between 24 December 2008 and the New Year. I observe here that it was apparent that this was already contemplated in any event so this added little by way of a solution to the acute circumstances that existed on 24 December 2008. However, Ms Reeves suggested that contact with ACIS could still be maintained in the intervening period. To this end, they left Ms Xu with telephone numbers for WACIS and a 24 hour emergency service. She left the usual instructions with Ms Xu that if she felt that she was not coping or needed extra support, or even if she just needed someone to talk to in the middle of the night, she would be at liberty to ring those numbers. In addition, Ms Reeves suggested that because the ACIS mental health plan was left open, a phone call would have been made to Ms Xu in that intervening period, although this would not have happened on Christmas Day.
- 3.12. The views of Ms Xu's family members did not form any part of the ACIS assessment. It was simply not sought. But for the fact that Mr Zhao arrived at the premises at the very end of the ACIS visit, it is unlikely that he would have been spoken to at all. According to the statement of Mr Zhao, when he arrived at the premises the ACIS team were in the process of leaving. He asked them what had taken place and they had told him that if there were any problems with Ms Xu he should ring them and they would come. He states that they did not go into any detail about his partner's mental state but they assured him that she was 'okay'. Ms Reeves told me that they told Mr Zhao about the circumstances of the referral to ACIS, that Ms Xu did not want to see the ACIS psychologist or doctor but was happy to continue seeing the psychologist whom she had been seeing. She told Mr Zhao that they had provided telephone numbers to Ms Xu and they gave those same numbers to him. Ms Reeves could not specifically recall whether she advised Mr Zhao that clinicians at the RAH had expressed concern about Ms Xu's safety, but suggested that it was likely that she

²⁴ Transcript, page 51

did. There is no actual evidence that she did say anything along those lines. In any event, it is clear enough that no information was exchanged between Mr Zhao and the ACIS team about Ms Xu's longitudinal history of depression with which Mr Zhao was familiar or, more significantly, about her having recently having closed bank accounts. Unfortunately it does not appear to have occurred to Mr Zhao to volunteer any of that.

- 3.13. It will be noted that notwithstanding any lack of access to previous hospital or other documentation relating to Ms Xu's previous history, that both Ms Collins' letter and the referral document refer to a previous history of depression and, in particular, one that predated her cancer diagnosis. The referral document records that Ms Xu was taking Venlafaxine and query Zoloft as well. This struck Ms Reeves as being inconsistent with an alleged assertion made by Ms Xu during their assessment that her history of depression was confined to the period since her diagnosis with cancer²⁵. This inconsistency is one which is more explicit than implicit given that Ms Collins' letter specifically stated that the depression predated her cancer diagnosis. Ms Reeves, however, stated in evidence that when Ms Xu said that she had been depressed since being diagnosed with cancer, they understood that to mean that this was how long the current episode had lasted. She also suggested that clients who are feeling very depressed quite often do not provide a good longitudinal history. Either way, it appears that Ms Reeves formed a view that Ms Xu's depression was more the result of a reaction to her diagnosis of cancer rather than being reflective of any longstanding illness.
- 3.14. Much of what the ACIS team did not know about Ms Xu was important information in the context of their assessment and diagnosis. They did not know of the closing of bank accounts. This information could probably have been elicited from her partner if they had asked him a general question about her recent wellbeing. They did not speak to either Ms Collins or Dr Taylor both of whom were in a position to have informed them of Ms Xu's history and, in particular, Ms Xu's presentation a week earlier at the RAH. The RAH progress notes from that admission would also have informed the ACIS team about the fact that Ms Xu's suicidal ideation had not just arisen in the last day but had been expressed on 16 December 2008 when Ms Collins assessed her in the RAH. Ms Reeves suggested that some of the documentation within the SAMHS

²⁵ Transcript, page 47

file if it had been accessed would have inspired her to ask Ms Xu about previous contact with the Western team²⁶. She also agreed that it would have been beneficial for her to have known that Ms Xu had been taking Zoloft in 2005 insofar as it would have led them to appreciate that Ms Xu's depression had been much more longstanding²⁷. She would probably have concluded that the diagnosis of reactive depression was not correct. She suggested that she would have possibly diagnosed a major depression²⁸. She acknowledged that such a diagnosis would have contextualised the views of the oncologist and the psychologist that Ms Xu was at high risk of self-harm. It would have made that assertion all the more easy to understand²⁹. In the light of all that, Ms Reeves agreed that she might have reassessed her view of Ms Xu's risk status. She suggested that it would have prompted them to consider that she was at least at moderate risk of self-harm and not at low risk. In such circumstances she suggests that they would have been proactive in organising a proper assessment sooner than the New Year. Asked what her attitude would have been if they had considered Ms Xu to be at high risk in accordance with the information that they had been originally armed with, she said that they would not have left Ms Xu at home. They would have asked her to come in voluntarily to hospital or have obtained the necessary people to detain her³⁰.

- 3.15. Ms Reeves was quite vague in her evidence as to whether or not they had explored the nature of Ms Xu's asserted thoughts of extreme hopelessness and guilt as expressed both in the referral form and in Ms Collins' letter. She could not recall what, if anything, Ms Xu had said about that and what the origins of her feelings were. In this context Ms Reeves agreed that whatever the feelings of hopelessness and guilt may have been, and in whatever way they were expressed and however felt, they could reoccur at any time including the following day³¹.
- 3.16. Finally, Ms Reeves agreed that the information about Ms Xu's closure of bank accounts was significant. She explained that if depressed clients are seen to be *'finishing unfinished business'*³² or are doing things such as closing accounts without outward need or explanation, that kind of activity:

²⁶ Transcript, page 68

²⁷ Transcript, page 71

²⁸ Transcript, page 72

²⁹ Transcript, page 73

³⁰ Transcript, page 74

³¹ Transcript, page 81

³² Transcript, page 60

'... rings bells for us that there is a high risk that they are going to act on that thought.'³³

She stated that if they had known that Ms Xu's recent activity had included the closure of bank accounts, they would have asked her specifically about that subject as it signifies increased risk. She suggested that they certainly would not have considered her to be at low risk. In that event Ms Xu would have been asked to attend hospital for a medical review. If she had not agreed to go willingly, then they would have arranged for Ms Xu to be detained because there was no way that she would have been able to see a general practitioner the following day which was Christmas Day.

4. The Christmas Day incident and Ms Xu's detention

- 4.1. At about 7:20am on Christmas morning, Mr Zhao located Ms Xu lying in the bath with a cut and bleeding right wrist. Two knives were in the vicinity. The cut was vertical but did not look deep. It was not a particularly serious wound. With the aid of her son, Mr Zhao placed Ms Xu in their vehicle. She could walk with assistance, although still half conscious. As they were taking her to the car she repeatedly said very softly 'don't save me, don't save me'³⁴. Mr Zhao drove her to the RAH Emergency Department.
- 4.2. There is some information recorded in the psychiatric admission notes at the RAH³⁵ that Ms Xu had also overdosed with 15 sedative tablets. Ms Xu had also written a note in Chinese characters that was addressed to her partner Mr Zhao in which she thanked him for looking after her in her 'last days'. She also spoke in the letter of funeral arrangements and requested that her ashes be cast at sea.
- 4.3. At the RAH Ms Xu was recorded as having a presentation of being profoundly depressed. She said that she wanted to die and saw no end to her current suffering. She said she had nothing to live for. It is recorded that Ms Xu made repeated requests for assistance to die in peace. She had poor insight.
- 4.4. There can be little doubt that notwithstanding the superficiality of the wound to Ms Xu's wrist, her determination to end her life had been strong.

³³ Transcript, page 61

³⁴ Exhibit C1b, page 9

³⁵ Exhibit C33a, page 90

- 4.5. Ms Xu was detained under Section 12(1) of the MHA by Dr Raymund de la Cruz. The grounds for detention were recorded as follows:

'Patient is depressed. Uncooperative and unwilling to speak to anyone. Laceration on ® wrist with a kitchen knife. Stated he (sic) didn't want to be helped.'

Ms Xu was later that day transferred to the Cramond Clinic at the QEH.

5. Ms Xu is admitted to Cramond Clinic

- 5.1. Cramond Clinic has a closed as well as an open ward. The closed ward is known as the High dependency Unit. Upon arrival at Cramond Clinic Ms Xu was placed in the open ward. She was assigned to her own room. The room contained a bed and other accoutrements. A separate bathroom within the room was accessible by way of an internal door that could be closed such that a person within the bathroom could not be seen by staff.

- 5.2. At that time there were four categories of observation in Cramond Clinic. Those categories were as follows:

S - Continuous observation

C - Closed observation

R - Regular observation

G - General observation

A patient detained under the MHA would be on a minimum observation level of **R**. Ms Xu was placed on a regime of regular observation which required intervals of observation not exceeding 60 minutes.

- 5.3. It appears that in Ms Xu's case she was categorised as **R** because she had been assessed as being at low risk of absconding and of self-harm. The risk assessment in Ms Xu's case was performed by the associate clinical service coordinator who was Registered Nurse Janik Davoodi. Nurse Davoodi provided a statement to the Inquest³⁶. She states that from her initial contact with Ms Xu there was nothing that indicated to her that Ms Xu needed to go to the High Dependency Unit. The ambulance officers who had conveyed Ms Xu to the Cramond Clinic had not reported any unusual circumstances. Ms Davoodi also states that the RAH had indicated that Ms Xu could be placed in an open bed ward. In this regard there is a note made by a

³⁶ Exhibit C21a

clinician at the RAH³⁷ that included as part of the plan for Ms Xu a recommendation that an ‘open Western bed when available’ would be appropriate. The same note suggested that ‘further collateral from Husband and GP will be instructive’. Ms Xu would remain within observational category **R** for the duration of her admission to Cramond Clinic.

- 5.4. Save and except for the general observation category, the other observation categories would have required closer observation than what would be maintained in respect of Ms Xu. The S category, which involved continuous observation, implied that the patient was at serious and imminent risk of harming themselves or others. It implied a clear intent to seriously self harm. Category C involved close observation within the secure high dependency or closed unit. Observation intervals regarding Category C patients were not to exceed 15 minutes. The risk factors applying to this categorisation were said to include ‘Detained with evidence of increased personal risk’.
- 5.5. Ms Xu was assigned to a psychiatrist, Dr Tarun Bastiampillai. As explained in Dr Bastiampillai’s statement³⁸, he was not rostered on during the period in question and did not attend at Cramond Clinic at any time while Ms Xu was accommodated in it. He did not actually see or hear about Ms Xu. Ms Xu was not seen by any member of the clinical team to which she was assigned during her admission. This owes itself to the fact that all of the days during which Ms Xu was admitted to Cramond Clinic were public holidays which meant that there would have been just the one registrar or resident medical officer (RMO) assigned to cover Cramond Clinic and the Emergency Department with one psychiatric consultant covering the hospital. There is a much reduced workforce on public holidays and weekends³⁹. A consequence of this arrangement was that very little, if any, of what is termed ‘collateral information’ was obtained within Cramond Clinic about Ms Xu which would have significantly elucidated her perception of risk. As a measure of this, at no stage was Ms Xu’s partner ever spoken to, and no information was obtained from him which may have given those looking after Ms Xu some insight into her actual risk.
- 5.6. On 25 December 2008, the day of her admission, Ms Xu was seen and examined by a psychiatric RMO. In formulating part of Ms Xu’s management plan, the RMO noted

³⁷ Exhibit C34, page 216

³⁸ Exhibit C12a

³⁹ Transcript, page 158

that there was a need for 'collateral history' to be obtained from her partner and son⁴⁰. The need for this would be a recurring theme over the next day or so. The need was never met in spite of the fact that successive clinicians beginning with the referring doctor at the RAH as seen above repeatedly recommended it.

- 5.7. On 26 December 2008 Ms Xu was seen first by the psychiatric registrar and then by a psychiatrist, Dr Carleen Ward, who provided a statement to the Inquest⁴¹. Dr Ward was the on-call psychiatrist for the entire hospital. Her duties included the review of detention orders across the whole of the hospital, not limited to Cramond Clinic. It was in such a capacity that Dr Ward saw Ms Xu on 26 December 2008. By operation of law the 3 day period of detention that had been activated at the RAH the day before required review within 24 hours. Dr Ward's exercise was to consider the question as to whether the detention should be revoked or confirmed.
- 5.8. Dr Ward examined Ms Xu at approximately 11:15am. Dr Ward has noted the recurring expressions of hopelessness regarding Ms Xu's future, and in her notation of the review described the suicide attempt of the day before as being prompted by a feeling that Ms Xu could no longer endure her constant suffering. It is evident that Ms Xu told Dr Ward that Ms Xu had taken between 20 and 50 Temazepam tablets and that when she woke on Christmas morning she had written a suicide note and cut her wrists, wanting to die. In both Dr Ward's note and her witness statement she suggests that Ms Xu was ambivalent about her suicide attempt as she also stated that she loved her son and wanted to get well. In the same context, however, she said that she could not cope with her pain and distress and that there was no quality to her life. Ms Xu did say that although she had suicidal ideation, she felt safer in hospital and that she had no plans to harm herself whilst in hospital. Dr Ward's diagnosis was that Ms Xu was suffering from a major depressive episode of 6 weeks duration following her breast cancer treatment and chemotherapy. She felt that Ms Xu had undergone a significant suicide attempt with high intent. Dr Ward confirmed the detention which meant that Ms Xu was required to remain with Cramond Clinic until at least the Sunday, whereupon a further detention order would need to be considered. According to Dr Ward's statement, she felt that there was a moderate suicide risk. Ms Xu was also in the early phases of her treatment for her depressive state and her judgment was impaired. She states that she considered it necessary for Ms Xu's family to be

⁴⁰ Exhibit C34, page 232

⁴¹ Exhibit C20a

contacted for collateral information, specifically regarding how her partner was coping with Ms Xu's son. She said that this is normally undertaken by the nurses at Cramond Clinic. There is no evidence that any member of the nursing staff took it upon themselves to do so.

- 5.9. Dr Ward stated that she did not feel that Ms Xu's observation category needed to be increased at that point as Ms Xu was accepting of the treatment prescribed and stated that she felt safe within the hospital environment and had no plans to hurt herself.
- 5.10. Dr Ward increased Ms Xu's dosage of the antidepressant Venlafaxine and due to Ms Xu's level of agitation added the antipsychotic Quetiapine. The next part of the plan was to have Ms Xu reviewed by her oncology team to ascertain whether there was any organic cause for her pain and deterioration, and to exclude metastatic breast cancer. Dr Ward did not see Ms Xu again.
- 5.11. On 27 December 2008 Ms Xu was again seen by the psychiatric RMO who noted that Ms Xu was 'not suicidal today, stating that she still has a 13 year old son whom she has to care for'⁴².

6. The events of 28 December 2008

- 6.1. The significant events of this day were described in the statement and oral evidence of Dr Susan Waite⁴³ who is a psychiatrist. Dr Waite had formerly worked as a consultant psychiatrist at Cramond Clinic but, in December of 2008 divided her duties between work as a psychiatric consultant at the hospital generally and as a senior member of the Hospital at Home team. Hospital at Home is a concept in which a patient is delivered acute hospital treatment with their own home. Dr Waite's task on this particular day was to review patients with detention orders in place. As part of that exercise, Dr Waite would naturally consider a patient's suitability for Hospital at Home.
- 6.2. Dr Waite examined Ms Xu at 12:30pm and made notes of her examination. A decision whether or not to extend Ms Xu's detention under the MHA by way of the imposition of a further 21 day order had to be made that day. This is not to say that Ms Xu would necessarily be discharged if no further detention was imposed. Dr

⁴² Exhibit C34, page 238

⁴³ Exhibits C42a and 42b

Waite's assessment also involved an evaluation as to whether or not Ms Xu might be suitable for ongoing admission in Cramond Clinic as a voluntary patient or whether, and when, Ms Xu might be discharged from Cramond Clinic into the Hospital at Home program.

- 6.3. Dr Waite determined that Ms Xu's sleep and appetite had improved significantly. When Dr Waite enquired into Ms Xu's degree of hopelessness it appeared that she was now more hopeful of the future. Ms Xu spontaneously asked Dr Waite whether she could be treated at home because she had things to organise for her son's schooling. Ms Xu herself acknowledged that she had a good prognosis in respect of her cancer and at one point mused that her risk of breast cancer was the same as Dr Waite's, such was her confidence in the prognosis. She said that she did not have any ongoing suicidal intent which Dr Waite had naturally asked her about in view of her recent attempt.
- 6.4. Ms Xu said that she now realised how precious her son was to her and that she would not harm herself because of him. It will be noted, however, that Ms Xu essentially said the same thing in respect of her son when she had been examined by the clinical psychologist Ms Collins on 16 December 2008. Her concern for her son as a deterrent to suicide had not prevented Ms Xu's attempt on Christmas Day.
- 6.5. Dr Waite agreed with Dr Ward's diagnosis that Ms Xu had a major depressive episode with melancholic features.
- 6.6. Dr Waite did not see the need to impose any further detention. She assumed that the detention would lapse at midnight on 28 December 2008. She regarded Ms Xu as potentially suitable for the Hospital at Home program. However, whether or not Ms Xu would be discharged into that program, and whether she would be discharged the following day, was a matter that had to be considered by Ms Xu's 'home team' on the Monday morning. This is a reference to the team of clinicians that had so far not seen Ms Xu. It included a consultant psychiatrist who would be responsible for Ms Xu's care commencing on the Monday morning, which was the first working day since Christmas. The proposal was that an assessment would need to be made in conjunction with Ms Xu's family members who would be expected to be consulted on the Monday. A nursing note timed at 5:05pm on 28 December 2008 indicates that Ms Xu would possibly be discharged on the following day. There was a meeting with her

partner and the Hospital at Home team contemplated to take place at 2pm the following day when discharge would be discussed and considered. According to the note, Ms Xu indicated that she was very happy for this to occur. The nursing note refers to Ms Xu as having no suicidal thoughts that day as she wanted to live for her son. The risk assessment score was lower due to an improvement in several areas, namely the risk to self, treatment response and a notably improved attitude/engagement to treatment.

- 6.7. Dr Waite in fact prepared a discharge script in relation to Ms Xu's medication and so it appears that there was a strong feeling entertained that Ms Xu would indeed be discharged the following day.
- 6.8. Ms Xu was visited by her partner and son on Sunday 28 December 2008, but I do not believe anything about Hospital at Home was formally discussed with them on this occasion. According to Mr Zhao, he had visited Ms Xu on the afternoon of 26 December 2008 and on the evening of 27 December 2008. On 28 December 2008 Mr Zhao says in his statement that he received a phone call from a male person at Cramond Clinic who told him that Ms Xu would be discharged the following day. It was then that the arrangement was made for Mr Zhao to speak to the doctor at 2pm on the Monday afternoon.
- 6.9. Mr Zhao described his visit at about 7pm on Sunday 28 December 2008. Mr Zhao told Ms Xu that she may or may not come home on the Monday, depending on what happened with the doctor. Mr Zhao's impression was that Ms Xu seemed to be happy in Cramond Clinic. He was given no indication that she would hurt herself. On the earlier visits he had felt the same thing. He had formed the impression that his partner's condition was stable and that she was happy with the way things were progressing.
- 6.10. Mr Zhao asserts that at no time was he asked by staff at Cramond Clinic to provide any information on Ms Xu's background or about their relationship. He asserts that he wanted to talk to the doctor about these matters but that no one spoke to him about that. He brought in the suicide note that Ms Xu had written in Chinese and he translated it for them. Dr Waite told the Court that she could not recall ever having seen the note. Dr Waite, on a number of occasions in her evidence, spoke of the lack of collateral information about Ms Xu. She described collateral information as

information that should routinely be obtained from carers, family members or other interested parties about the patient's problems and recent symptoms. She said it is seen to be '*an essential element of doing a comprehensive assessment*'⁴⁴ of a patient. She suggested that the obtaining of collateral information is usually undertaken by the ward team. She said the timing of the taking of collateral information is dependent upon the individual clinician who is assessing the patient. She would expect that kind of information to be obtained within a day or two of admission. There was no collateral information obtained regarding Ms Xu despite the fact that there were a number of entries in the notes to date that included the recommendation by the RAH doctor, that of the RMO who originally saw Ms Xu on Christmas Day and by Dr Ward the following day that all stipulated that collateral information should be sought. Such information could conceivably have included information from Ms Xu's general practitioner about her history of depression, the closing of bank accounts and the contents of her suicide note.

- 6.11. Dr Waite, in her contemporaneous note, asserted that Ms Xu's current risk of self-harm appeared to be low. She stated in her evidence that obviously, in hindsight, the degree of suicidality was underestimated⁴⁵. That, in my opinion, is undoubtedly the case. I do note, however, that Mr Zhao himself makes it reasonably plain in his statement that during his visits to Ms Xu on 26, 27 and 28 December 2008 he had no cause for alarm in terms of his partner's risk of self-harm.
- 6.12. In the event the questions of further detention, continued voluntary admission or discharge on the Monday to the Hospital at Home program proved to be somewhat academic in the light of Ms Xu's taking of her life overnight. The only material consideration is whether Ms Xu's risk of self-harm was properly assessed on 28 December 2008 and whether she was undergoing the appropriate regime of observation. Certainly nothing on 28 December 2008 had given staff any cause to think that she was acutely suicidal, or any more acutely suicidal than she had been on the day of her admission to Cramond Clinic. The other issue is whether even if she had been placed into the High Dependency Unit in the first instance, she may have in any case been relocated to the open ward in the light of her perceived improvement over the next days.

⁴⁴ Transcript, page 159

⁴⁵ Transcript, page 177

- 6.13. There is a question mark over whether or not Ms Xu had actually consumed her medication on the Sunday evening. It was originally reported by the toxicologist that Venlafaxine and its derivative was the only medication found in Ms Xu's bloodstream post-mortem. This seemed incongruous in the light of the fact that it is recorded that she had received Lorazepam, Quetiapine and Risperidone on the night in question. In the light of that discrepancy, Ms Xu's blood samples were re-analysed specifically to look for those three substances. On the second analysis the substances Lorazepam, Quetiapine and Risperidone were specifically tested for and were located in the blood sample, although Risperidone was found in a very small trace. The Lorazepam and Quetiapine levels were both below the therapeutic level. This raised a question as to whether or not Ms Xu's levels of those medications may have been traces from previous dosages and not from the medication that she was purportedly given on the night of 28 December 2008. Counsel speculated whether Ms Xu might have elected not to swallow her medication because if she had it in mind to end her life that evening she may have preferred not to have been sedated as it may have caused her to fall and stay asleep. The Court was unable to resolve any of those issues on the evidence that was presented.
- 6.14. There was also some discussion during the course of the Inquest as to whether or not a belief on Ms Xu's part that she might be discharged the following day into the care of her family may have prompted her to take her life that night at Cramond Clinic. One might speculate that she saw a better opportunity to end her life in the ward owing to the regularity, predictability and relative infrequency of nightly observations. One might also wonder whether she wanted to spare her family the trauma of locating her deceased in the home. There is no means by which these matters can be properly evaluated.

7. The evidence of Dr Craig Raeside

- 7.1. Dr Craig Raeside is a consultant forensic psychiatrist in private practice. He obtained his basic medical qualifications from the University of Adelaide in 1984 and gained specialist psychiatric qualification in 1994. He began working in the field of forensic psychiatry in 1991 and has done so full-time since 1993. Dr Raeside has been employed by the South Australian Forensic Mental Health Service based at James Nash House, which is the State's psychiatric inpatient unit for prisoners. He continues to provide prison clinical services as a visiting medical officer. He

conducts a part-time private practice in general adult psychiatry. Dr Raeside is frequently asked by the Courts to prepare expert psychiatric reports in relation to matters before the Courts.

- 7.2. Dr Raeside was asked to examine the circumstances of Ms Xu's psychiatric evaluation and death. He prepared a lengthy report⁴⁶. It was not necessary for Dr Raeside to give oral evidence.
- 7.3. After reviewing the events leading to Ms Xu's death, Dr Raeside concludes in his report that, from the information available that at the time of Ms Xu's death she had been suffering from a major depressive disorder with melancholia. He did not believe that she had simply experienced a reactive depression which had been the conclusion of the WACIS team. He viewed her state in late December 2008 as an exacerbation of her already existing depression that had acutely arisen on her diagnosis of breast cancer and the consequent mastectomy and chemotherapy. The impact of the breast cancer diagnosis would likely have had a profound impact upon her and, quite reasonably, it would have been expected to exacerbate any pre-existing depression⁴⁷. In Dr Raeside's view Ms Xu was mistakenly assessed by WACIS as merely being at low risk of suicide, although he suggested that allowances could be made for the fact that WACIS staff had only limited information about Ms Xu's situation, not helped by the fact that Ms Xu herself had not been particularly forthcoming about her past history. Dr Raeside did say that it nevertheless remains unclear as to why Ms Xu was considered to be at low risk of self-harm, particularly given the referral indicating concerns about high risk.
- 7.4. As far as Ms Xu's management in Cramond Clinic is concerned, Dr Raeside opines:

'Although had she been placed in the high dependency unit under category S observations this might have prevented her suicide on 29/12/08, I think the subsequent observations during the hospitalisation support that initial assessment and categorisation.'

Dr Raeside is there referring to her **R** category in an open ward requiring hourly observations. He observes that even if Ms Xu had commenced her placement in the High Dependency Unit, she may very well have been transferred to the open ward by the night of her death in any event. Dr Raeside also refers to Mr Zhao's assertions that Ms Xu showed signs of improvement without features of an intent to commit

⁴⁶ Exhibit C31

⁴⁷ Exhibit C31, page 16

suicide as being significant factors relevant to perceived risk and how others might view her.

- 7.5. Dr Raeside comments upon the plan to discharge Ms Xu into the Hospital at Home program. He suggests that she met the relevant criteria for such management and observes in any event that there had not been a final decision made at the time of her death.
- 7.6. Dr Raeside makes a general comment that the timeframe to possible discharge following what was a high intent suicide attempt on Christmas Day ‘appears fairly quick’⁴⁸. The increased dosages of medication were not likely to have had much effect on her underlying depression by that time. Further, the cause of her suicidal ideation in the first instance do not appear to have been addressed, such as the cancer, her concerns for the future and her physical symptoms. The focus of her crisis admission was on her immediate safety rather than on the resolution of her underlying issues. Dr Raeside suggests that one suggestion he would make is that it may have been prudent for Ms Xu to have undergone a more extended inpatient admission in order to await early resolution of the immediate concerns relating to her suicidality, to have addressed some of the other issues that had prompted it in the first place and to have monitored the impact of changes in medication.
- 7.7. Reduced to its basics, the essential question for Dr Raeside was whether Ms Xu should have been in an open ward or in the closed environment of the High Dependency Unit without the access of means to harm herself. In this regard he points out that responsible psychiatric practice is to manage patients in the least restrictive environment possible consistent with the need to maintain their safety and wellbeing. He states:

‘The serious attempt on 25/12/08, being prepared to leave her son without a mother and her partner without her were significant factors in assessing her suicidality, but it would appear that staff made appropriate assessments, and took appropriate measures.’⁴⁹

Dr Raeside goes on to say that the decision for Ms Xu to be managed in an open ward as a category **R** status patient was reasonable.

8. Conclusions

⁴⁸ Exhibit C31, page 18

⁴⁹ Exhibit C31, page 19

- 8.1. Taking into account the whole of the evidence and Dr Raeside's opinions, the Court draws the following conclusions.
- 8.2. Ms Xu's assessment by staff of WACIS on 24 December 2008 was for the most part superficial and was based upon insufficient information about Ms Xu's medical history, both longitudinal and recent, and her current circumstances that included the recent closure of personal bank accounts. The assessment was thus flawed from the outset. This information could have been obtained from Ms Xu's partner and would have made a significant difference to the ACIS team's assessment of risk. The assessment of risk as low in any event contradicted the assessments of high risk that had been made and expressed by the psychologist Ms Collins and by Dr Taylor all of which had been documented. The response by WACIS to my mind was inadequate insofar as it did not involve any further assessment by a medical practitioner as to whether or not Ms Xu ought to have been detained there and then on that day.
- 8.3. It is not certain whether if Ms Xu had been detained on 24 December 2008 after the ACIS team visit the eventual outcome of suicide may have been altered. It probably would have prevented the Christmas Day attempt on her life. What can be said is that it would have interrupted the chain of events that eventually led to her death during the following Sunday night. Whether in those circumstances Ms Xu may have chosen a different path cannot be known with certainty.
- 8.4. I find that although the lethality of Ms Xu's attempt at self-harm on Christmas Day was not high, her intent was nevertheless clear. The evidence of the recent closure of personal bank accounts and the note to her partner, when taken together with all of the other circumstances, including very recent statements of suicidal ideation made to Dr Taylor, indicate that she intended to end her own life that day.
- 8.5. I take into account Dr Raeside's opinions about the categorisation of risk at Cramond Clinic. The difficulty with a conclusion that Ms Xu had been appropriately assessed as being at low risk, and as a consequence made subject only to hourly observations, is that this assessment was based on inadequate information regarding Ms Xu's recent history and activity. There was no collateral information obtained about her from any source such as her family, her GP, her psychologist or her oncologist that as a matter of common sense would have signified that Ms Xu was at a level of risk appreciably greater than low. This omission occurred despite the fact that clinicians at the RAH and at Cramond Clinic repeatedly recommended the gathering of such information as

a necessary course of action. I infer that the reason that the task of gathering collateral information was not carried out was that Ms Xu's 'home team' had not been on duty and were not expected to be on duty until the Monday morning, Cramond Clinic was effectively being run by a skeleton staff over the Christmas period and that nobody else assumed ownership of the task. It is to be acknowledged that an arrangement had been made to speak to Ms Xu's partner on the Monday afternoon but that this was overtaken by the unfortunate occurrence of Ms Xu's death. This would have provided clinical staff with the opportunity to gather further relevant information about Ms Xu. However, the arrangement to speak to Ms Xu's partner was made in the context of the issue as to whether Ms Xu should be discharged into the Hospital at Home program, not whether Ms Xu's detention ought to be continued or reactivated. In the meantime Ms Xu's detention had been allowed to lapse. Ms Xu's partner had visited every day during her admission to Cramond Clinic. These occasions had provided staff with the opportunity to consult with him.

- 8.6. Nevertheless, it is impossible to say that Ms Xu would still have been undergoing category S observations at 15 minute intervals within the High Dependency Unit on the night of 28 and 29 December 2008 even if in the first instance she had been categorised as requiring that level of scrutiny and observation. It is conceivable that Ms Xu's perceived improvement may have dictated her transfer to the open ward by that time in any event.
- 8.7. During her admission in Cramond Clinic Ms Xu went to some lengths to disguise the fact that she was intent on suicide. I think it is probable that to a greater or lesser degree she deliberately masked her symptomatology and misled those who were looking after her, and the members of her own family, as to her suicidal intent. Ms Xu also utilised deceptive behaviour to conceal the fact that she was within the bathroom of her room by making her bed appear as if it was being slept in. The lengths to which Ms Xu went to disguise herself in the bed were quite deceptive and very effective. I do not criticise Cramond Clinic nursing staff for failing to realise this. At the time with which this Inquest is concerned there was no requirement that staff actually sight the patient's face nor detect evidence of breathing when making regular observations. There is now such a requirement within the facility.

9. **Recommendations**

- 9.1. Pursuant to Section 25(2) of the Coroners Act 2003 I am empowered to make recommendations that in the opinion of the Court might prevent, or reduce the likelihood of, a recurrence of an event similar to the event that was the subject of the Inquest.
- 9.2. At the conclusion of the evidence and final addresses in this Inquest I delivered a brief extempore finding and recommendation that I now repeat.

'In this case the deceased, Ms Xu, was found dead in the en-suite bathroom of her room at Cramond Clinic at the QEH. Ms Xu occupied the room alone. Cramond Clinic is the psychiatric ward of the QEH. Ms Xu had been a detained patient at the facility and was accommodated in the open section of that facility.

Ms Xu had hung herself from a shower tap, utilising a towel or towels as a ligature. The tap constitutes an effective hanging point. There is no reason to suppose that another patient will not in the future also identify it as such. This is not the first occasion in which a patient has identified the seclusion of a bathroom within the open section of Cramond Clinic as affording an opportunity to utilise a hanging point within a bathroom. I refer to my findings in the matter of Blunden where a patient used the internal door latch as a hanging point in a bathroom. I am told that the latches have since been modified. The shower taps, however, remain as they were at the time of Ms Xu's death.

In the present case, ligature point audits conducted within the Cramond Clinic at a time after Ms Xu's death have been tendered to the Inquest. The evidence is that it is within the contemplation of Cramond Clinic that shower taps, among other things, be modified or replaced. I am told in the affidavit of Dr Elias Rafalowicz that the necessary requests, quotations and approvals for a number of specific works, including replacement of all shower taps and heads, is to be completed by 12 November 2010.

I recommend that the alteration which includes, as I understand it, the replacement of shower taps similar to those that Ms Xu used as a ligature point, be expedited. I direct that recommendation to the Executive Director of the Adelaide Health Service, Mental Health Service, Central and Northern and would add that I would also recommend that the alterations and modifications and replacements of other identified hanging points, as mentioned in the material attached within and to the affidavit of Dr Rafalowicz, be implemented as soon as possible.'

- 9.3. I make the following additional recommendations directed to the Minister for Mental Health:
- 1) That ACIS workers refrain from making an assessment of risk of self-harm that differs from that of the referring medical practitioner or other health care professional without consulting that medical practitioner or other health care professional. In this regard I refer to a similar recommendation made by this

Court in the matter of the death of Patricia Susanne Jericho on 6 November 2002⁵⁰;

- 2) That ACIS workers be required in making any assessment of risk of self-harm that they endeavour to access all information about the longitudinal mental health history of the patient that is in the possession of ACIS or other Department of Health entity;
- 3) That ACIS workers be required in making any assessment of risk of self-harm that they endeavour to seek as much information as they are able from relatives and family members of the person being assessed;
- 4) That systems be developed within the Department of Health that would enable staff of the SAMHS to access all information regarding the mental health history of a patient however stored, whether electronically or otherwise. In this regard I refer to the comment made by Doctor Raeside in his report that the case:

'Does again highlight the desirability of one treating area being able to readily access past details of admissions, rather than simply obtaining discharge summaries. I understand that there have been repeated coronial recommendations in this regard and progress has been slow' ;
- 5) That clinicians employed at psychiatric facilities of public hospitals be reminded of the need to obtain 'collateral information' concerning recently admitted patients and that the information should be obtained as soon as possible following admission, even if it means that the information has to be obtained on a weekend or on a public holiday.

⁵⁰ Inquest 19/2002, Recommendation 5

Key Words: Death in Custody; Psychiatric/Mental Illness; Hanging Points; Suicide

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

Seal the 26th day of August, 2011.

Inquest Number 29/2010 (1940/2008)

Deputy State Coroner