

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2007 3375

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)

Section 67 of the Coroners Act 2008

Inquest into the Death of: PETER FISHER

Delivered On: 14 February 2013

Delivered At: Level 11, 222 Exhibition Street
Melbourne 3000

Hearing Dates: 15 February 2010 (Directions Hearing)
28 February 2011
29 April 2011

Findings of: DR JANE HENDTLASS, CORONER

Representation: Ms D. Foy on behalf of The Alfred hospital

Police Coronial Support Unit Leading Senior Constable Tania Cristiano assisted the
Coroner

I, JANE HENDTLASS, Coroner having investigated the death of PETER FISHER

AND having held an inquest in relation to this death on 28 February 2011 and 29 April 2011
at MELBOURNE

find that the identity of the deceased was PETER RAVEN FISHER

born on 23 March 1952

and the death occurred between 9 August 2007 and 25 August 2007

at Merri Creek, Fitzroy North 3065

from:

1 (a) IMMERSION

in the following circumstances:

1. Peter Raven Fisher was 55 years old when he died. He had no known address when he died. Mr Fisher was very intelligent and had completed his university degree.
2. Mr Fisher's medical history included paranoid schizophrenia which was diagnosed when he was about 15 years old, depression, suicide attempts, alcohol abuse and Type II diabetes mellitus. From 1998, Mr Fisher's general practitioner was Dr Easwaran Kanapathipillai.
3. Early in his mental illness, Mr Fisher's mental state was relatively stable when he was taking his medication. However, he had not lived at home since 1971 and, as his condition deteriorated, he refused to see his family. Mr Fisher had not seen his parents or his brother since Christmas day in 1994. His long term friend was Diane Pearce but she last saw him in 2005.
4. State Trustees administered Mr Fisher's finances but he was financially independent. Mr Fisher received the Invalid Pension and his adoptive father arranged for him to receive a further allowance of \$500 a month. Accordingly, Mr Fisher was not eligible for public housing offered by the Office of Housing.
5. For many years, Mr Fisher lived in supported accommodation run by Mental Illness Fellowship Victoria. Until 7 March 2007, he lived at their facility at 28-30 Adelaide Street in Armadale ("Adelaide Street"). Adelaide Street is a five-bed facility with 24-hour staff in two separate but adjoining houses. Laura Parente was the Manager of Adelaide Street.

6. Stav Stathopoulos was a social worker and held the position of regional manager at Mental Illness Fellowship Victoria. This role included oversight of a number of services run by Mental Illness Fellowship Victoria, including the Adelaide Street premises, but she was not part of Mr Fisher's treatment or his care plan. She said:

"The partnership that we have set up with Mental Illness Fellowship and The Alfred is that we have a partnership where we provide the psychosocial rehabilitation, if you like, and our partners at The Alfred provide the primary clinical support and so we work together as a team in all aspects of people's lives."

7. Every two weeks, Mr Fisher's brother checked on Mr Fisher's welfare by ringing Ms Stathopoulos. He said:

"It was really just to check how he was going and if he was in their care and actually there at the time. I was checking how he was going. If he was missing it was really to see whether there was any updates and if she'd heard anything about where he might have been.... it was a fairly regular contact but it was, it was just so the family could be, you know, kept informed."

8. Mr Fisher had a long-standing objection to being refused permission to smoke cigarettes in his room in Mental Illness Fellowship Victoria premises. This policy was supported by their previous experience of smoking in his room in his bed and setting off the fire alarm so that the fire brigade responded. The rule was well established and there was provision made for him and other residents to smoke outside.
9. On 20, 21 & 24 February 2007, Mr Fisher was smoking in his room at Adelaide Street. He refused to stop. On 27 February, he failed to keep an appointment with Dr Kanapathipillai. On or about 6 March 2007, he left Adelaide Street.
10. From 4 May 2007, Mr Fisher lived at Ivy Grange Guest House at 3 Malmsbury Street in Kew. Helen Renney was the Manager of Ivy Grange Guest House. On 1 June, 2007 Mr Fisher handed his key to Ms Renney and left Ivy Grange Guest House. After that, he had no known contact with medical or mental health support. There is no evidence before me about where he lived after that.

11. At 9.36am on 9 August 2007, Mr Fisher's ATM Card was used at the Clifton Hill National Australia Bank to access his account. His balance was \$889.14 but he did not deposit or withdraw money.
12. At 5.15pm on 26 August 2007, a passer by found Mr Fisher's body in Merri Creek near Barkly Street in North Fitzroy. He had been dead for some time.
13. Mr Fisher had less than \$10 and documents with NAB logo in his wallet as well as an undated weekly Metcard and a cigarette lighter. There was no ATM card. There was no known reason for him to be in North Fitzroy.
14. Peter Fisher was identified by DNA matching with known possessions from his room at Adelaide Street.
15. The forensic pathologist who performed the autopsy formed the opinion that the cause of death was immersion.
16. Toxicological analysis detected a blood alcohol concentration of 0.02g/100mL but this may be attributable to decomposition.
17. Accordingly, I find that Peter Fisher died from immersion between 9 August and 25 August 2007.
18. This Finding will review the circumstances of Mr Fisher's losing contact with mental health services in 2007. It will then comment and make recommendations intended to prevent other people dying in the circumstances that Mr Fisher did.

Mr Fisher's involvement with mental health services

19. Dr Kanapathipillai prescribed oral sertraline, paroxetine and omeprazole to manage Mr Fisher's diabetes and depression. He also prescribed depot antipsychotic medication as advised by Mr Fisher's mental health team.
20. Until he was placed on a Community Treatment Order on 14 November 2005, Mr Fisher also consulted Dr Christopher who was a private psychiatrist working from the same clinic as Dr Kanapathipillai.

21. As well, Mr Fisher had been admitted as an involuntary patient to the Austin Acute Psychiatry Unit, the Royal Melbourne Hospital, St Vincent's Hospital and The Alfred inpatient psychiatry unit. After these admissions, Mr Fisher was discharged on Community Treatment Orders requiring him to attend Dr Kanapathipillai's surgery regularly every two weeks for anti-psychotic injections, firstly Modecate (fluphenazine decanoate) and later Risperidal consta (risperidone).
22. Dr Kanapathipillai told the Court that Mr Fisher's mental health team communicated with him in writing about his admissions to hospital and the medications Mr Fisher required. He also said there was no plan in place or provision for notifying the mental health team when Mr Fisher failed to attend for his injections. Dr Kanapathipillai did not attend any case management meetings with the rest of Mr Fisher's treatment team.
23. Dr Kanapathipillai also said that Mr Fisher was generally compliant with his injections:

"He would turn up.... we were not going and not asking him to turn up but he would turn up."
24. On 13 July 2006, Mr Fisher attempted to commit suicide by standing in front of a car. His injuries required admission to the Intensive Care Unit at St Vincent's Hospital until 16 August. Mr Fisher's Community Treatment Order was revoked and his mental state was re-stabilised on depot zuclopenthixol deconoate injections.
25. On 4 September 2006, Mr Fisher was discharged from St Vincent's Hospital on a Community Treatment Order administered through Waiora Community Mental Health Clinic ("Waiora"). His involuntary treatment status was subject to routine review by the Mental Health Review Board.
26. Waiora is part of The Alfred outpatient community mental health service. Michael Olasoji was appointed as Mr Fisher's case manager at Waiora. Mr Olasoji was responsible for communication between members of Mr Fisher's treating team and for administering his depot injections. Caz McDougall and Michelle O'Keefe were his joint Mental Illness Fellowship Victoria key workers. Dr Sally Wilkins was Mr Fisher's treating psychiatrist. His supervising medical officer was Dr Peter Braun.
27. Mr Fisher's Treatment Plan indicated that he was to remain on a Community Treatment Order to ensure proper adherence to treatment because he needed depot medication for better

medication compliance and he needed to have regular medical review with his treating team at Waiora and with his general practitioner. He returned to live at Adelaide Street.

28. On 3 October 2006, Mr Olasoji completed a *pro forma* report to provide information to the Mental Health Review Board. In this report, he stated that his last involuntary admission to St Vincent's Hospital occurred because Mr Fisher claimed he was not "looking properly" when he was hit by a car. This information does not repeat the belief of his St Vincent's treating team that Mr Fisher's injuries were sustained in the context of a suicide attempt.
29. Mr Olasoji also wrote that Mr Fisher was not willing to trust his treatment team:

"Says he is willing to accept depot medication but unwilling to discuss symptoms.

...Has been difficult to establish rapport and collaborate on treatment...

...Has been assaultive to staff in the past...

... Lives alone."
30. Mr Olasoji did not complete the report under case manager's comments or identify other issues he wished to bring to the attention of the Board and he was not called to give evidence at the Inquest. Therefore, I am unable to say whether he also contributed oral information to the Mental Health Review Board. However, The Alfred notes indicate that Ms McDougall took the role of advocate for Mr Fisher and argued in favour of his discharge from his Community Treatment Order because he did not want to continue to engage with Waiora.
31. On 12 October 2006, the Mental Health Review Board revoked Mr Fisher's Community Treatment Order. He was now a voluntary patient.
32. I am unable to say what role Dr Wilkins and Ms Laurente played in advising the Mental Health Review Board about the circumstances of Mr Fisher's involuntary orders. However, I note that Mr Fisher had been aware of the dates for his Mental Health Review Board hearing about one month and that Ms McDougall was present when he was told. I also note that Ms Laurente later asked whether the Mental Illness Foundation could be informed earlier of Mental Health Review Board hearings.
33. On 13 October 2006, Mr Fisher refused to go to Waiora for administration of his depot Risperidal consta. Rather, he enquired about the possibility of returning to Dr Kanapathipillai.

Mr Olasoji reported that Dr Kanapathipillai was happy to administer Mr Fisher's depot medication but he was not sure whether Mr Fisher would be compliant in the long term. Accordingly, Mental Illness Fellowship Victoria commenced planning to transfer Mr Fisher to a voluntary treatment regime.

34. On 16 October 2006, Dr Kanapathipillai administered Mr Fisher's first depot injection under the new voluntary treatment regime.
35. On 18 October 2006, members of Mr Fisher's treatment team from Mental Illness Fellowship Victoria and The Alfred met to discuss how best to manage Mr Fisher's complex needs as a voluntary client. They agreed that:
 - They needed to maintain the alliance between Mental Illness Foundation Victoria and The Alfred.
 - Monitoring of Mr Fisher's depot medication was a priority. Therefore, Mr Fisher was to carry an injection logbook for Dr Kanapathipillai to sign and bring back to Adelaide Street. Further, Mental Illness Fellowship Victoria staff would ring Dr Kanapathipillai on the same day as each injection to follow up and assess Mr Fisher's compliance.
 - The Mental Illness Fellowship Victoria workers would ask Dr Kanapathipillai to refer Mr Fisher to a private psychiatrist.
 - The terms of providing Mr Fisher with accommodation at Adelaide Street included his accepting injections and engaging in the Opening Doors residential rehabilitation options provided to him.
 - In the absence of involuntary orders, there was no role for a case manager. However, Mental Illness Fellowship Victoria workers would update Mr Olasoji once a month and could use him as a secondary consultation option.
36. On 19 October 2006, the Mental Illness Fellowship Victoria staff told Mr Fisher these were the terms for his continuing to live at 28 Adelaide Street including his involvement in the Opening Doors Programme.

37. On 14 November 2006, Dr Kanapathipillai reported that Mr Fisher had attended the surgery twice for depot Risperidal consta injections. Therefore, the Waiora Community Treatment team discharged him from case management.
38. Mr Fisher continued to keep his appointments with Dr Kanapathipillai until 2 January 2007. However, there is no indication in the file notes that Dr Kanapathipillai continued to report to Waiora about Mr Fisher's compliance with his medication. Further, Dr Kanapathipillai said all his communication was in writing and therefore I assume that Adelaide Street staff did not contact him to confirm Mr Fisher was complying with his depot injection regime.

Discharge from Adelaide Street Accommodation

39. On 10 January 2007, Ms Stathopoulos asked Mr Fisher to leave Adelaide Street because of chronic behavioural issues and poor engagement. Mr Fisher was discharged but there is no evidence that he had anywhere else to live.
40. On 11 January 2007, Mr Fisher presented in an ambulance at the Emergency Department of The Alfred Hospital after he sustained a T12 fracture when he was hit by a car.
41. Initially, Mr Fisher was admitted to the Multi-Trauma Unit for management of his traumatic injuries. Despite input from Consultation-Liaison Psychiatry until he was medically and surgically stable, he was agitated and irritable and refused to cooperate with nursing or medical staff. He told the senior social worker from The Alfred, Mr Ball, that he had attempted to commit suicide.
42. On 16 January 2007, Mr Fisher was transferred as an involuntary mental health patient to the High Dependency Unit of The Alfred Psychiatry Unit with on-going management problems and non-compliance with all aspects of his diabetes and mental health treatment as well as pain arising from the injuries he sustained in the motor vehicle incident.
43. During this admission, Mr Fisher's consultant psychiatrist was Dr James Foulds. The plan was to re-refer Mr Fisher to Waiora on a Community Treatment Order if continuing case management and medical follow up was required.
44. On 23 January 2007, Mr Ball, Ms Stathopoulos and Ms Laurente met to review Mr Fisher's management plan and explain the difficulties that arose with his previous accommodation.

They all agreed that Mr Fisher should stay in hospital. Ms Laurente also recorded that Mr Fisher's polite manner was often part of his manipulation of staff for personal gain.

45. By 24 January 2007, Mr Fisher's paranoia had increased to a level that indicated it was inappropriate for him to leave hospital without an escort. On 25 January, Mr Fisher was noted to be non-compliant with all aspects of his diabetes and mental health treatment and required case management.
46. Therefore, plans for Mr Fisher's discharge to Mental Illness Fellowship accommodation proceeded on the basis of a Community Treatment Order administered through Waiora with associated case management and medical review.
47. On 6 February 2007, Mr Fisher was accepted for a two-week trial at Balmoral supported residential service because he did not want to return to Mental Illness Fellowship Victoria accommodation. He said he felt like a prisoner at Adelaide Street and was better without their assistance. In preparation for discharge, the psychiatry registrar from The Alfred Hospital, Dr Eleanor Curran, also prescribed oral olanzapine but this was not dispensed until 13 February 2007.
48. On 7 February 2007, Dr Curran contacted Dr Kanapathipillai to discuss Mr Fisher's discharge. She noted:

"He is happy for Peter to continue to attend his surgery for depot post-discharge. Will need to bring medication with him on first visit."
49. Mr Fisher objected strongly to the plan to discharge him on a Community Treatment Order. Further, he had one overnight leave to trial Balmoral but he did not like it and changed his preference for accommodation back to the Mental Illness Fellowship. He wanted to go back there immediately.
50. However, Mr Fisher imposed a number of conditions on his accepting a room at Adelaide Street. These conditions included:
 - Keys to his room; and
 - To be left alone to live his own life.

51. Over the next five days, Mr Fisher's mental state improved in hospital and he no longer expressed suicidal ideation. Mr Ball was actively involved in smoothing his transition. He said that Mr Fisher required more assertive follow up to ensure he remained well.
52. On 13 February 2007, members of the Inpatient Unit, Waiora, Mental Health Fellowship Victoria, Dr Foulds and Dr Wilkins (for the Mobile Support & Treatment Service) attended a case management meeting. They decided to discharge Mr Fisher as a voluntary patient. He would return to live at Adelaide Street with ongoing support from Mental Health Foundation Victoria and fortnightly zuclopenthixol deconoate administered by Dr Kanapathipillai and self-administered oral olanzapine 20mg nocte.
53. Dr Wilkins told the Court that there were a number of factors influencing the decision not to discharge Mr Fisher on a Community Treatment Order. She explained:

"He particularly had a dislike of being an involuntary patient. He'd made that clear and it's written down many times in the notes. He had a particular dislike of it. He had absconded from care on several occasions before. Once from the ward he'd gone missing for several (weeks) when he was on the CTO, he'd said many times that he disliked the notion of it and resented the treatment given to him under the community treatment order so we knew he particularly disliked it.

The other thing - he had recently been on a CTO in the year before, just three months before, living in Adelaide Street and the Mental Health Review Board had reviewed his case and taken him off so they had also felt that there was no reason in very similar circumstances to keep him on involuntary status so we thought that would probably be the result again if he was reviewed by the Board again in the same place. So we had all those reasons, I think, at the time and the other thing was that we were trying to establish a working relationship with Peter after it had been very fractured over the preceding few years and we were trying to see him settled at Adelaide Street comfortably after he had, you know, left there a couple of times....

... we were trying very hard to meet his stated needs so that we could build that relationship back up and have him happily settled and having the treatment that he wanted in the place that he wanted, that was our aim. And we thought that we had done that by our conversations with him and we thought that he had agreed to that and that's what we were hoping that we would see transpire."

54. Dr Curran contacted Dr Kanapathipillai to discuss these plans. Dr Kanapathipillai agreed to administer the depot antipsychotic medication and monitor Mr Fisher's blood sugar levels. Dr Kanapathipillai also agreed that a Community Treatment Order would not assist with his compliance.
55. Accordingly, on 16 February 2007, Mr Fisher was discharged to Adelaide Street as a voluntary patient. Ms Parente took his medication with him to Adelaide Street for his next depot injection on 27 February 2007. She says a co-worker dropped off the depot ampoules to Dr Kanapathipillai. Mr Fisher's follow up plans also included Jodie Swan's appointment as his case manager at Waiora and review by Dr Wilkins within a month.
56. Mr Fisher's discharge summary was sent to Dr Kanapathipillai confirming that his zuclopenthixol decanoate was next due on 27 February 2007. Further, Dr Kanapathipillai was asked to monitor Mr Fisher's blood sugars and withdraw his olanzapine if they were becoming worse.
57. On 20 February 2007, Mr Fisher was smoking in his room at Adelaide Street. He also became abusive when Ms Parente arranged an appointment with Dr Wilkins for the next day and reminded him he had an appointment with Dr Kanapathipillai on 27 February.
58. On 21 February 2007, Dr Wilkins and Ms Parente met Mr Fisher because he was continuing to smoke in his room. Mr Fisher agreed to be less abusive and Dr Wilkins agreed that Alfred staff would be at Adelaide Street every day to work with the Alfred clients.
59. Four days later, on 26 February 2007, Dr Wilkins attempted to speak again to Mr Fisher but he refused to allow her into his room. She told the Court that she could smell the smoke issuing from his room. Dr Wilkins considered recommending Mr Fisher for a further involuntary admission to The Alfred.
60. However, in agreeing to go to Dr Kanapathipillai next day, Mr Fisher was technically upholding his end of the bargain. Further, nothing that happened that day made her think he had very significantly deteriorated. In particular, in her conversation with Mr Fisher through the door of his room, Dr Wilkins did not identify paranoia, suicidal statements or immediate risk. Therefore, she delayed her decision on the matter.

61. On 27 February 2007, Mr Fisher did not keep his appointment to see Dr Kanapathipillai or receive his depot injection.
62. Ms Stathopoulos told the Court that Mental Illness Fellowship Victoria had arranged to contact The Alfred clinical services if any of their mutual clients failed to comply with their treatment plan including taking their medication. However, neither Adelaide Street nor The Alfred staff were aware that Mr Fisher had not consulted Dr Kanapathipillai for his injection on 27 February 2007.
63. On or about 7 March 2007, Mr Fisher left Adelaide Street 'without saying goodbye'. Within 24 hours of his departure, on 8 March 2007, he was formally reported to Victoria Police as a missing person.
64. On 14 April 2007, a Mental Illness Fellowship Victoria worker saw Mr Fisher waiting at a bus stop in Johnston Street, Abbotsford. Police were informed and advised to withdraw his Missing Person status.
65. From 4 May to 1 June 2007, Mr Fisher lived at Ivy Grange Guest House at 3 Malmsbury Street in Kew. However, no one from the Mental Illness Fellowship Victoria or The Alfred is known to have seen him alive after 14 April 2007. No one is known to have administered any depot anti-psychotic medication to him after he was discharged from The Alfred hospital on 16 February 2007.
66. Therefore, it seems that Mr Fisher had been unmedicated for at least more than five months when he died.

COMMENTS

Pursuant to section 67(3) of the **Coroners Act 2008**, I make the following comment(s) connected with the death:

1. Peter Raven Fisher was 55 years old when he died. His medical history included chronic schizophrenia and depression, Type II diabetes and alcohol abuse. Mr Fisher had no known accommodation.
2. Although Mr Fisher's adoptive father provided him with financial security administered through the Office of the Public Advocate, he had been personally estranged from his family for 13 years. Mr Fisher's main on-going community supports were his general practitioner,

Dr Easwaran Kanapathipillai, Mental Health Fellowship Victoria who provided him with supported accommodation for many years, and his mental health treating team at The Alfred hospital.

3. Mr Fisher resented The Alfred community mental health team intruding in his life. He also strongly objected to any interference with his individual choice imposed by Mental Illness Foundation Victoria and his Alfred mental health team. He even objected to the prohibition on smoking in the building.
4. However, on 12 October 2006, Mr Fisher successfully convinced the Mental Health Review Board to revoke his Community Treatment Order. Despite a subsequent involuntary admission following attempted suicide, he was not placed on another involuntary community-based treatment order. This meant that he was not required to attend Waiora Community Mental Health Centre for depot antipsychotic injections.
5. Rather, from 12 October 2006, Mr Fisher's mental illness was managed by his support workers at Mental Illness Foundation Victoria and by his general practitioner, Dr Easwaran Kanapathipillai.
6. Dr Sally Wilkins was a consultant psychiatrist working at The Alfred as Head of their Community Psychiatry Program. She was also involved in Mr Fisher's care through her role as Chair of the Opening Doors Operational Management Group which is a residential mental health rehabilitation program run in partnership by The Alfred and Mental Illness Fellowship Victoria.
7. Mr Fisher failed to keep his appointments with Dr Kanapathipillai after his discharge from The Alfred hospital on 14 February 2007. On or about 7 March 2007, he left Adelaide Street without warning. Within 24 hours of his departure, on 8 March 2007, he was formally reported to Victoria Police as a missing person.
8. On 14 April 2007, a Mental Illness Fellowship Victoria worker saw Mr Fisher waiting at a bus stop in Johnston Street, Abbotsford. Police were informed and advised to withdraw his Missing Person status.
9. From 4 May to 1 June 2007, Mr Fisher lived at Ivy Grange Guest house at 3 Malmsbury Street in Kew. His mental health team remained unaware of his whereabouts.

10. Mr Fisher was last seen alive on 1 June 2007. After that, he had no known contact with medical or mental health support. No one knows where he was living after that date.
11. At 9.36am on 9 August 2007, Mr Fisher's ATM Card was used at the Clifton Hill National Australia Bank to access his account. His balance was \$889.14 but he did not deposit or withdraw money. No ATM card was listed in his belongings but there were National Australia Bank ATM access slips in his wallet.
12. At 5.15pm on 26 August 2007, a passer by found Mr Fisher's body in Merri Creek near Barkly Street in North Fitzroy. He had been dead for some time.
13. Mr Fisher had died in circumstances consistent with submersion. There is no evidence that he had received his antipsychotic medication for more than five months before he died. I am unable to say whether he intended to die.
14. Issues raised by Mr Fisher's death include:
 - Accommodation available for people with chronic mental illness;
 - Management of voluntary mental health patients in the community.

Accommodation available for people with chronic mental illness

15. Mr Fisher was ineligible for public housing because of his higher than expected income. Further, as Dr Wilkins told the Court:

"It would have been extremely difficult for Peter to have established a working rental arrangement with a private landlord. He had very impaired interpersonal skills. He had very impaired judgment and decision-making capabilities. He was often aggressive towards people. He found it difficult to pick up social cues and work with people interpersonally and had demonstrated some difficulty in living semi-independently".

16. Accordingly, even when his mental illness was stable, Mr Fisher's personality would have made it very difficult for him to integrate successfully into mainstream Melbourne community and maintain any reasonable quality of life.
17. The Opening Doors program has developed as a cooperative programme between Mental Illness Foundation Victoria and The Alfred hospital community mental health program. It

provides medium term accommodation for people with a mental illness as their mental state fluctuates during their transition between inpatient and mainstream rental accommodation.

18. In Victoria, Opening Doors is unique in the amount of clinical support and clinical connection it provides for residents. For these reasons, Mr Fisher met the criteria for people with mental illness requiring supported accommodation in the community with access to the therapeutic facilities offered by The Alfred hospital.
19. At the time when Mr Fisher was living at Adelaide Street, there was 24-hour senior level staff who had known him for the last ten years. His general practitioner was well known to him and he accepted his treatment.
20. I have no doubt that this was the best available option for housing and supporting Mr Fisher throughout his illness. It remains one of the few options available in Victoria for housing and providing services to people with severe chronic mental illness and associated difficulty integrating with the mainstream community.
21. However, any institutional accommodation must impose some restrictions on its residents and Mr Fisher was unable to accept the Mental Illness Foundation Victoria policy that required him to smoke outside and to cooperate with his Waiora treating team.

Management of voluntary mental health patients in the community

22. Mr Fisher was intelligent and well educated. He knew that, without involuntary orders, there was no reason for him to comply with the impositions on his lifestyle imposed by the Mental Illness Foundation Victoria and his community mental health team at Waiora. Accordingly, he actively contested his involuntary status before the Mental Health Review Board.
23. The Mental Health Review Board is an expert independent statutory body established under section 21 of the *Mental Health Act* 1986 to hear appeals by or on behalf of involuntary mental health patients and to review periodically the orders made for involuntary mental health patients and their treatment plans.
24. Section 22(2) of the *Mental Health Act* 1986 provides:

"The Board must in determining any review or appeal have regard primarily to the patient's current mental condition and consider the patient's medical and psychiatric history and social circumstances."

25. Further, section 25(7) of the *Mental Health Act* 1986 provides for summons of witnesses to assist the Mental Health Review Board in performing its work.
26. On 12 October 2006, the Mental Health Review Board revoked Mr Fisher's Community Treatment Order.
27. The Mental Health Review Board reached their decision following advocacy by one of his Mental Illness Foundation Victoria key workers who argued in favour of discharge from his Community Treatment Order because he did not want to continue his engagement with Waiora.
28. Further, the Mental Health Review Board *pro forma* completed by Mr Fisher's Waiora treating team prior to the appeal is not complete or correct. Mr Fisher's medical file notes show that the information provided to the Mental Health Review Board did not inform them that his latest involuntary admission had involved a serious suicide attempt. It also said he lived alone and that he was compliant with his medication.
29. Further, neither Mr Fisher nor his community mental health team informed Mental Illness Foundation Victoria in time for them to properly prepare for the hearing. There was no consultation between Mr Fisher's community mental health team and Mental Illness Foundation Victoria before the hearing.
30. Therefore, I am not satisfied that the Mental Health Review Board was properly informed about Mr Fisher's mental illness and circumstances when they made their decision to revoke his Community Treatment Order on 12 October 2006. **Recommendation 1**
31. As a consequence of the Mental Health Review Board's decision, Mr Fisher became a voluntary client of Mental Illness Fellowship Victoria but, absent his cooperation, there was no provision for his on-going involvement with Waiora.
32. Accordingly, Mr Fisher refused to go to Waiora next day for his depot anti-psychotic injection. Rapid arrangements were required to transfer this responsibility back to Dr

Kanapathipillai. Mr Fisher continued this regime for four months. He also continued to accept support from Mental Health Foundation Victoria.

33. Compliance with medication is a never-ending problem for people with chronic mental illness in the circumstances facing Mr Fisher. However, medication was not the only external factor influencing Mr Fisher's vulnerability.
34. For example, he had been voluntarily compliant with his depot injections for four months when he was discharged from Adelaide Street because he refused to stop smoking in his room. Next day, he attempted suicide and was re-admitted to The Alfred hospital on 12 January 2007 as an involuntary patient.
35. On 16 January 2007, Mr Fisher was discharged from The Alfred back to Adelaide Street without a Community Treatment Order.
36. Dr Wilkins told the Court that there were a number of factors influencing the decision to discharge Mr Fisher on 16 January 2007 without a Community Treatment Order. These included his previous discharge from a Community Treatment Order by the Mental Health Review Board in similar circumstances, his particular dislike of being an involuntary patient, and the effect of involuntary status on their efforts to establish a therapeutic relationship.
37. Mr Fisher's history also underpinned Dr Kanapathipillai's belief that mandatory treatment would not have ensured Mr Fisher's compliance and would have increased his dissatisfaction with his mental health team and with Mental Health Foundation Victoria.
38. Mental Health Foundation Victoria required him to comply with its own rules in relation to provision of accommodation. These included no smoking in his room and accepting management from his Waiora mental health team. However, Mr Fisher refused to cooperate with the Mental Health Foundation Victoria conditions that he cooperate with his treatment team and not smoke in his room.
39. Mr Fisher also failed to keep his appointment with Dr Kanapathipillai on 27 February 2007. Better communication between Dr Kanapathipillai and Mr Fisher's treatment team would have ensured they were aware he had missed this zuclopenthixol injection while he remained in residence at Adelaide Street. In turn, knowledge of this nature may have provided an

incentive for his Alfred treating team to re-admit Mr Fisher for further stabilisation.

Recommendation 2

40. On or about 7 March 2007, Mr Fisher left Adelaide Street. He was not eligible for public housing because of the allowance provided by his father's estate. His personality and circumstances made him an unattractive customer for the private rental market. Therefore, he became lost to active medical and social intervention and support. **Recommendation 3**
41. Mr Fisher's voluntary legal status left him vulnerable to self-imposed isolation and making inappropriate decisions when his mental state was florid. In the absence of appropriate accommodation and regular antipsychotic injections with associated monitoring of his mental state, he was always going to be at high risk of early death.
42. I am unable to say whether a Community Treatment Order and/or better monitoring of his compliance would have changed the outcome for Mr Fisher.

RECOMMENDATIONS

Pursuant to section 72(2) of the **Coroners Act 2008**, I make the following recommendation(s) connected with the death:

1. **That the President of the Mental Health Review Board review the way in which they obtain information relevant to mental health patients' involuntary status to ensure that they have adequate evidence on which to make a determination.**
2. **That the Royal Australian and New Zealand College of General Practitioners encourage its members who administer regular depot antipsychotic medication to maintain active communication with their patients' mental health treating team, particularly when they fail to keep appointments.**
3. **That the Office of Housing review the criteria for provision of public housing to mentally ill people who, despite having adequate income, are unlikely to obtain long-term, private, rental accommodation because of their illness and circumstances.**

I direct that a copy of this finding be provided to the following:

Mr Thomas Fisher

Detective Senior Constable Matthew Graefe, Yarra Crime Investigation Unit

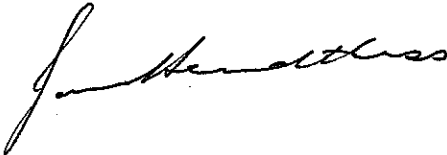
The President of the Mental Health Review Board

The President of the Royal Australian and New Zealand College of General Practitioners

Minister for Housing

Interested Parties

Signature:



DR JANE HENDTLASS
CORONER

Date: 14 February 2013

