JURISDICTION	**:**	CORONER'S COURT OF WESTERN AUSTRALIA
ACT	**:**	CORONERS ACT 1996
CORONER	**:**	SARAH HELEN LINTON, DEPUTY STATE CORONER
HEARD	**:**	6 - 8 SEPTEMBER 2021
DELIVERED	**:**	25 JANUARY 2022
FILE NO/S	**:**	CORC 921 of 2018
DECEASED	**:**	LIVESEY, CAROLE

Catchwords:

Nil

Legislation:

Nil

Counsel Appearing:

Ms R Collins assisted the Coroner.
Ms P Femia with Ms R Eaton (SSO) appeared on behalf of South Metropolitan Health Service.
Mr T Petherick with Ms C McKenzie (Petherick Cotterell Lawyers) appeared on behalf of the family, in particular Christopher Lampard and Elizabeth Phillips.

Case(s) referred to in decision(s):

Nil

Coroners Act 1996
(Section 26(1))

RECORD OF INVESTIGATION INTO DEATH

I, Sarah Helen Linton, Deputy State Coroner, having investigated the disappearance of ***Carole LIVESEY*** *with an inquest held at the* ***Perth Coroner's Court, Court 85, CLC Building, 501 Hay Street, Perth*** *on 6 to 8 September 2021, find that the death of* ***Carole LIVESEY*** *has been established beyond all reasonable doubt and that the identity of the deceased person was* ***Carole LIVESEY*** *and that death occurred on or about 3 October 2017 at an unknown place as a result of an unascertained cause in the following circumstances:*

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INTRODUCTION

1. Carole Livesey was a complex woman who lived an adventurous life with her husband, Chris Lampard. They had achieved financial independence early in life and used that financial freedom to travel the world together. They chose to live a simple, sustainable lifestyle, often living 'off the beaten track'. Carole and her husband eventually found themselves in Western Australia, where Carole established a successful housesitting business.

2. Unfortunately, for many years Carole had struggled with an eating disorder, which worsened while she was living in Western Australia and was complicated by symptoms of depression. Leading up to her death, Carole was diagnosed with anorexia nervosa and major depression with suicidal thoughts.

3. Carole had been receiving medical treatment for these medical conditions without much success for over a year, as she did not accept many of the treatment recommendations. She was admitted to hospital, but found the hospital environment distressing, so she persuaded her husband and doctors that she would be best served by seeking treatment from home.

4. Mr Lampard attempted to support Carole as best he could, including caring for her at home at her request, but her suicidal behaviour escalated to a point where he accepted the only safe place for her was in hospital. Carole was severely malnourished and medically unstable when she was involuntarily admitted to Rockingham General Hospital for treatment on 7 September 2017. Carole was admitted as an involuntary patient in the Mental Health Unit (Mimidi Park) at the hospital, as it was determined she was unable to make reasonable and informed decisions about her medical care.

5. While in hospital in September 2017, Carole struggled to comply with the treatment and did not put on weight. Eventually she was required to have a nasogastric tube inserted and steps were taken to generally restrict her movements, in order to try to promote some lifesaving weight gain. After these extreme steps were implemented, Carole began to put on weight, but she was clearly very unhappy at having the control taken away from her. Carole made it clear she wanted to go home. In the past, Carole's husband had supported her requests to be discharged. However, on this occasion he resisted her demands as he wanted her to stay in hospital until she got well. This appears to have caused Carole to become angry with her husband, and she began to confide in him a little less than usual.

6. As she was starting to gain weight and improve, Carole was permitted a little more freedom on the ward, although she still had a nurse with her at all times. On 3 October 2017, while being pushed in a wheelchair on an escorted walk through the hospital grounds, Carole unexpectedly jumped out of the wheelchair and ran away from the hospital. When she had done something similar in the past, Carole had immediately returned home. However, on this occasion, she did not.

7. Carole was found wet and distressed by a member of the public after apparently attempting to drown herself in the ocean. Carole was taken to a local Salvation Army centre for assistance. The Salvation Army staff tried to make her comfortable and notified the hospital that she was there after noticing her hospital tag. Staff from the hospital notified the police, who had gone to Carole's home in the expectation she would go there. The Salvation Army staff were told the police were on their way, so they tried to keep Carole occupied. Unfortunately, the local police were caught up with other matters, so their arrival was significantly delayed.

8. By the time the police attended the Salvation Army premises, Carole had left. Other than a few unconfirmed sightings in the following days, Carole has not been seen again. She has not contacted her husband, or any other family member since she disappeared on 3 October 2017. There is no evidence to indicate she has come into contact with any government agency or sought help from any other group, even though at the time she disappeared she had no money or identification and only the clothes she was wearing.

9. On 27 July 2018, the Coroners Court received a letter from Carole's husband. He formally requested that an inquest be held into his wife's disappearance, on the basis he considered it likely she had died around the time she absconded.

10. The State Coroner considered Mr Lampard's request, and a comprehensive report prepared by the WA Police into her disappearance, and determined that pursuant to s 23 of the *Coroners Act 1996* (WA), there was reasonable cause to suspect that Carole had died and her death was a reportable death. As a result of that direction, an inquest was required to be held into the circumstances of the suspected death.[1]

11. I held an inquest at the Perth Coroner's Court from 6 to 8 September 2021. As well as considering the evidence that would potentially establish that Carole is deceased, the inquest also covered Carole's medical care prior to her disappearance, the circumstances of her absconding from the hospital, and why the police did not attend the Salvation Army in a timely manner.

12. At the conclusion of the inquest, I indicated that I was satisfied beyond reasonable doubt that Carole died on or about the date she absconded from hospital, but I would need to give further consideration to what other findings, if any, I might be able to make in relation to the circumstances of her death.

BACKGROUND

13. Carole was born in the United Kingdom and was one of seven children; she had three brothers and three sisters. Carole met her husband, Chris Lampard, in June 1989 in Nottingham. Carole was working as a care worker at the time and studying an arts degree in film and literature. They married in February 1991 and Carole began studying a diploma in social work.[2]

14. In 1992, Carole's husband transferred to Glasgow as part of his academic studies. Carole was not initially keen to move, as she had moved a lot in her childhood and

[1] Section 23 *Coroners Act* Direction of State Coroner Fogliani dated 26 February 2019.
[2] Exhibit 1, Tab 4A, Statement of Christopher Lampard.

she had made friends in Nottingham. However, she joined her husband in Glasgow after a period of about three months and she eventually came to enjoy living there. They bought a home and Carole became involved in renovating it, as well as training as a fitness instructor. As part of her training, she became very focussed on improving her own fitness and began cycling, running, swimming and attending yoga classes daily.[3] This intensive early fitness regime may have been a precursor to the eating disorder she was to develop.

15. In May 2003, the couple sold their house in Glasgow and used the proceeds to buy two flats in Manchester. They went to live in Manchester briefly, before moving to New Zealand in November 2003. Their eventual plan was to move to Australia.[4]

16. The couple settled in Christchurch and Carole's husband got a job with the district health board, while Carole initially worked in a social work job. They were living in a tent on a campsite for the first few months before they began housesitting for about a year. In June 2006 they began travelling around New Zealand, still housesitting at times and also as part of an organisation where they worked on organic farms for accommodation and food.[5] If these were not available, they would simply put up a tent and camp. Mr Lampard described their lifestyle philosophy as focussed on sustainability and trying to be very 'green' in their thinking. He stated,[6]

> *We have never found a house that was small enough for our needs, any furniture we owned was from garage sales; we had very little possessions.*

17. In November 2008, Carole and her husband followed their plan and moved to Australia. They spent time in Sydney and Torquay. They were in Victoria during the time of the Black Saturday bush fires in February 2009, which they both found so distressing that they decided to return to New Zealand for a while. In about October 2011 they returned to Australia with nothing more than a backpack each. They travelled around Australia and eventually settled in Western Australia in February 2012.[7]

18. Mr Lampard was inclined to stop travelling at this stage and settle down in one place. He had become very interested in gardening and perma-culture and he wanted an opportunity to see his gardening projects develop to maturity. Mr Lampard described this time as a "complicated period"[8] in their relationship. Mr Lampard recalls that Carole had started to get thin by this stage. They had both always been fit and well but Carole had been wanting to control the amount of food she consumed for a number of years. She had eventually started drinking protein shakes, rather than eating food. She also became increasingly worried about money, despite the fact that they had been financially secure for many years due to sound investments, and they

[3] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[4] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[5] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[6] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[7] Exhibit 1, Tab 4A, Statement of Christopher Lampard [73].
[8] Exhibit 1, Tab 4A, Statement of Christopher Lampard [105].

lived frugally. Mr Lampard considered Carole's concerns about money were not reasonable, given their sound financial situation.[9]

19. They eventually bought a house in July 2013 in Tuart Road in Mandurah. However, in April 2014 they started renting out this house and returned to doing housesitting and travelling. They travelled through the south west of Western Australia, before heading across the country to South Australia, Victoria and Tasmania. They returned to Western Australia in 2015 and continued housesitting in various locations in Mandurah, with Carole managing it as a paid 'house and dog sitting' business. Carole often did the housesitting alone, while her husband remained at their home tending the garden.[10]

20. Carole had been a gym member for some time, but she began more intense weight training in combination with protein powders around this time.[11]

21. In August 2016 they sold their Tuart Road house in Mandurah to purchase a different house in Exchequer Avenue, Mandurah. Carole had been determined that she wanted the house, but after they bought it she became preoccupied with a belief they had paid too much for it. After they moved into the house, they also found the road was too busy and too noisy for their liking.[12]

22. Around February 2017, Carole started to cancel her scheduled house sitting bookings. She became depressed and appeared to lose her sense of purpose. They bought another property in Halls Head in March 2017 and Mr Lampard was hopeful this might help her, as she was not happy at their other house, but Carole was said to have still felt unsettled and expressed a dislike of the new house in Halls Head. It required renovation but Carole was not interested in renovating, despite having done renovating work in Glasgow. She also didn't feel comfortable with the neighbours and didn't like the fact that the house was in Halls Head, which added to the distance she had to travel on her bicycle on her usual outings.[13]

23. As Carole became increasingly ill, she became disconnected from her husband and lost her joy for life. She was struggling to get out of bed and to motivate herself, and she appeared physically weaker than before. Carole had been volunteering for a number of years at two libraries and a breakfast club at a local church, but she gave up her volunteering roles, started winding down her housesitting business and "emptying her life of the things she used to do."[14] She even stopped gardening at home and became increasingly isolated.

24. Carole had previously suffered from Raynaud's disease, a circulatory condition, and she had also suffered from ongoing gum disease and associated dental issues. However, this was the first time she had ever shown signs of real ill health. Mr Lampard began to observe marks and scarring on Carole's body, which he

[9] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[10] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[11] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[12] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[13] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[14] Exhibit 1, Tab 4A, Statement of Christopher Lampard [168].

thought was possibly from self-harm. In late 2016 she began to also show signs of possible depression and seemed preoccupied with the possibility she might develop a terminal illness and die young. Her husband noticed an increase in her drinking around this time and her behaviour became erratic, often involving verbal abuse towards him. When she was drunk, her obsession with the failure of their Exchequer Avenue house purchase would also consume her. She would blame her husband for not stopping her from making the decision to purchase it.[15]

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25. Mr Lampard reported that his wife had been controlling her food intake for six to seven years, and had been voicing her desire to die for about 12 months, before she had her first hospital admission. About a week before her first hospital admission, Mr Lampard came home in the afternoon to find Carole had left a suicide note on the dining table. The note said she had gone to McLarty Road in Halls Head. He knew it was an empty holiday home that had a spa pool. Mr Lampard was very concerned and went out on his bicycle to look for her. As he rode towards the property, Carole rode towards him from the opposite direction. He began crying and shaking in relief. She told him she had changed her mind and gone to the library instead.[16]

26. On 5 May 2017 Carole self-presented to the Peel Community Mental Health Service (Peel Community Health) with a report of low mood and suicidal thoughts. She was escorted to the Emergency Department, but left before she was assessed.[17]

27. The following day, being 6 May 2017, staff from Peel Community Health conducted a home visit. Carole stated she had been feeling low since moving to Halls Head in March and had recently made an attempt to commit suicide by dropping the sofa on herself. She had also planned to drown herself in a vacant property's pool. Carole was told she would need to go to hospital for psychiatric assessment. She was driven to Rockingham Hospital by her husband so she could undergo psychiatric review.[18]

28. After being reviewed, Carole was admitted to the general medical ward with a diagnosis of anorexia nervosa, hyponatraemia (low sodium level) and suicidal ideation. Carole admitted to restricting her calorie intake, purging several times per day and exercising excessively. She had a low BMI (13.5), was malnourished and had some metabolic instability. She was commenced on a high protein, high calorie diet and was medically stabilised. She had someone allocated to watch over her due to her risk of suicide. Mr Lampard recalled she found it difficult having someone with her all the time. She was also unhappy with the food they were offering, as well as the amount of food they wanted her to consume.[19]

29. The plan was apparently for Carole to be transferred to the mental health ward once she had been cleared for transfer by the medical team. On 12 May 2017, after almost

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[15] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[16] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[17] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[18] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 31A, Statement of Dr Ojo; Exhibit 2, Tab 39D.
[19] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 31A, Statement of Dr Ojo.

a week in hospital in the general ward, and prior to being admitted to the mental health ward, Carole absconded from the hospital while on an outing in the grounds. Her husband recalled she ran off while being escorted out in the fresh air in a wheelchair. The lady who was pushing her was pregnant, so when Carole took the opportunity to run, the lady was not able to chase her. The hospital telephoned him around midday to tell him that she had absconded.[20]

30. She was placed on a Form 1A under the *Mental Health Act 2014* (WA), which is a referral for examination by a psychiatrist. Police were notified, so that she could be brought back into the hospital for assessment once found.[21]

31. At about 3.00 pm, Carole turned up at home. She told her husband she had sneaked away through the bush and caught a lift from someone by hitchhiking. She had come straight home. Carole had her phone with her, so her husband asked her why she had not responded to his text messages. She told him she didn't want to give away her location as she was aware the police were looking for her. Mr Lampard wanted to help her and sympathised with her fear of being picked up by the police, so he gave her money and a passport. She left the house with the intention of cycling to a friend's home, although she never arrived there.

32. Carole returned to her home on evening of 14 May 2017. She had exchanged some texts with her husband while she was in hiding, but it seems she had not disclosed to him her whereabouts. When she returned home she told him she had slept rough by breaking into a beach shack in Melrose Beach, near another house that she had housesat in the past. She asked her husband if he would "let her stay at home and starve herself to death." [22] He told her this couldn't happen and persuaded her to return to hospital. She was taken back to the hospital by her husband that evening.[23]

33. On her return to Rockingham Hospital on 15 May 2017, Carole was assessed by Consultant Psychiatrist Dr Oladele Ojo. The notes indicate Carole displayed some insight into her condition and was polite, cooperative and agreeable to being admitted for treatment to increase her weight to a safe level. Accordingly, Carole was admitted as a voluntary patient to the open ward of the psychiatric unit.[24]

34. The plan for Carole's care at that stage was for her to be weighed daily, provided with a diet plan by a dietician, her food and fluid intake to be recorded daily and her urea and electrolytes to be within normal range. In terms of her supervision, she was to have six hourly observations during the day time, as well as general visual observations every hour, and was able to have escorted leave within the hospital grounds with staff or her husband.[25]

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[20] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 31A, Statement of Dr Ojo.
[21] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[22] Exhibit 1, Tab 4A, Statement of Christopher Lampard [213].
[23] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[24] Exhibit 1, Tab 31A, Statement of Dr Ojo and Tab 31B.
[25] Exhibit 1, Tab 31A, Statement of Dr Ojo.

35. Mr Lampard stated that he and Carole "found the mental health ward terrifying."[26] He also expressed the opinion the mental health ward staff "looked really loose in comparison to the medical ward."[27] Mr Lampard visited her every day for four days and he stated both he and Carole pushed for her to be released back home with out-patient care follow up.[28]

36. Carole's doctors were aware she felt the hospital environment was causing her distress. Dr Ojo stated that Carole constantly reported she did not want to be in hospital as she didn't like the food or the environment and felt she would do better at home. Meetings were held with Carole and her husband regarding her treatment goals, which included a goal weight of 50 kg, and she confirmed her willingness to eat a healthy and balanced diet at home. She also agreed to be followed up in the community with her GP and the community mental health team. Carole's GP had advised they had a dietician within their service who could assist. With the support of her husband and GP, Carole was eventually discharged home on 19 May 2017. By that stage, her blood tests were no longer indicating abnormalities that required intervention in hospital but I note she weighed only 40.12 kg, 10 kg below the goal weight.[29]

37. On 25 May 2017, a post discharge follow-up home visit was conducted by Peel Community Health. Carole reported she was doing well, but had not yet seen her GP or dietician. She said that Mimidi Park was not the place for her and that the food was horrible. She was noted to be guarded about her mental state but she claimed the crisis situation was over. Carole said she no longer required the input of the mental health team. Carole was subsequently discharged from the Peel Community Health Service as she declined any further follow-up.[30]

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38. It appears Carole continued to suffer a fluctuating mental state in the following months. Mr Lampard stated that she was attending her doctor, psychiatrist and dietician and he felt she was making some progress and appeared to be on the road to recovery.[31] However, Mr Lampard also reported that on 13 June 2017 they went camping together up north for a change of scene and Carole was behaving oddly and being verbally abusive towards him. The level of stress in their relationship continued to mount as they headed further up north. While they were staying at the Nanga Pools resort, Carole reportedly got up in the night and tried to drown herself in the hot pool. They talked about this, and her other suicide attempts, and Mr Lampard formed the impression she was not serious in her attempts. Nevertheless, they decided to cut short their holiday after this incident and returned home at the beginning of July.[32]

[26] Exhibit 1, Tab 4A, Statement of Christopher Lampard [214].
[27] Exhibit 1, Tab 4A, Statement of Christopher Lampard [214].
[28] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[29] Exhibit 1, Tab 31A, Statement of Dr Ojo and Tab 37, p. 4.
[30] Exhibit 1, Tab 31A, Statement of Dr Ojo; Exhibit 2, Tab 39E.
[31] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[32] Exhibit 1, Tab 4A, Statement of Christopher Lampard.

39. After their return home, there was an incident when Carole was behaving erratically at a friend's house and she went out and did not return. Mr Lampard went to look for her and found her staggering towards the estuary. Mr Lampard later found out she had got hold of some temazepam tablets, ground them up and consumed the whole packet. He took her home and put her in a hot bath. It does not seem she suffered any long-term ill effects from the medication overdose.[33]

40. Carole had been a patient of the Murray Medical Centre in Mandurah since 2013. On 5 July 2017, Carole consulted Dr Hwee Kim Toh at the Murray Medical Centre in relation to her eating disorder. She was accompanied by her husband. Carole reported cycles of binge eating and then feeling guilty afterwards. Her mood and motivation were low but her sleep was generally good. She denied any suicidal thoughts or ideation. Carole said she felt that stress from her recent move had possibly contributed to her symptoms. It was recorded that her weight had dropped below 40 kg, where it had previously been maintained at about 45 kg. She admitted exercising excessively and restricting her food intake. Dr Toh referred her back to Peel Community Health and discussed a possible referral to a psychologist for cognitive behavioural therapy (CBT). He also ordered some basic blood tests and arranged to review her the following week.[34]

41. Dr Toh's referral to Peel Community Health was to request an assessment as he believed Carole had worsened since her discharge from hospital and had associated low motivation and increased alcohol consumption. It was queried whether she had underlying depression or a mood disorder.[35]

42. The Peel Community Health notes record an acknowledgment of the GP referral on 6 July 2017. A Senior Social Worker from Peel Community Health visited Carole at home on 9 July 2017. Carole indicated she would prefer assessment to be done in the clinic, and she agreed to attend the outpatient clinic the next day.[36]

43. When Dr Toh reviewed Carole on 10 July 2017, she reported she was feeling slightly better, had started bike riding again and was planning to start housesitting again. She admitted to alcohol binges, stating that drinking helped her take her mind off her worries, but said she had reduced her consumption over the last few nights. Her blood tests were unremarkable other than showing mild hyponatraemia. He arranged for more blood tests to be conducted in a few weeks' time. They discussed a psychological referral again, but Carole indicated she would prefer to wait until she had seen Peel Community Health.[37]

44. Carole called in to Peel Community Health that same day, as previously arranged. She was booked in for a formal appointment for 19 July 2017. However, she failed to attend this appointment. Mr Lampard rang the service on 24 July 2017 and requested another appointment for Carole. An appointment was booked for 2 August 2017.[38]

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[33] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[34] Exhibit 1, Tab 23 – Medical Report – Dr Toh.
[35] Exhibit 1, Tab 31A, Statement of Dr Ojo and 31D - Referral.
[36] Exhibit 2, Tab 39A.
[37] Exhibit 1, Tab 23, Medical Report – Dr Toh.
[38] Exhibit 2, Tab 39A.

45. Carole returned to see Dr Toh on 26 July 2017. She reported fluctuating mood since her last review. She also reported occasional suicidal thoughts but no plans or attempts. She had started her housesitting job again but was still feeling hopeless and lost. She said she had been attending Peel Community Health and was booked in for review the following week. Dr Toh encouraged her to attend the appointment for ongoing management of her mental health. He again discussed referral to a clinical psychologist and they also discussed a safety plan, with Carole advised to present to the ED at Peel Health Campus if she felt unsafe. Follow up was planned for the following week.[39]

46. On 2 August 2017 Carole was assessed by the triage nurse at Peel Community Health. She gave a history of having an eating disorder for approximately 30 years and she was generally able to maintain her weight between 45 and 50 kg with no physiological consequences. However, she had recently been binge eating and put on 2 kg. She told the nurse since her hospital discharge she had felt unsupported. She felt her husband had become more distant and withdrawn from her to protect himself. Carole reported she had been on a six week holiday with her husband but said they had returned early due to tension in their relationship. She was spending a lot of time in bed, binge eating and drinking up to a litre of wine a day, and admitted to having suicidal thoughts but denied any actual plans or intent. Carole was noted to be very underweight and wearing soiled clothes. An appointment was made for Carole to be reviewed by a psychiatrist as the nurse had the impression Carole had anorexia nervosa and depression and would benefit from being commenced on an antidepressant.[40]

47. Carole presented to Dr Toh for follow up, as planned, on 3 August 2017. She reported that she wanted to join a gym again as she felt socialising with other people might help her mood. Carole reported that she was seen by the triage nurse at Peel Community Health and was awaiting assessment by a psychiatrist. She agreed to referral to a psychologist and a mental health care plan was prepared to enable this. Dr Toh suggested follow-up in a few weeks' time.[41]

48. Carole was reviewed by Dr Ojo at the psychiatric outpatient clinic on 29 August 2017. Dr Ojo prescribed antidepressant medication and discussed the risks and benefits of the medication with Carole. Dr Ojo also provided information regarding a local dietician.[42]

49. On 30 August 2017, Carole saw Dr Toh again to arrange referral to a dietician, as requested by Dr Ojo. She advised she had also been commenced on the antidepressant fluoxetine by Dr Ojo and had a follow up booked for two weeks.[43]

[39] Exhibit 1, Tab 23, Medical Report – Dr Toh.
[40] Exhibit 1, Tab 38A, Incident Report.
[41] Exhibit 1, Tab 23, Medical Report – Dr Toh.
[42] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[43] Exhibit 1, Tab 23, Medical Report – Dr Toh.

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50. On 1 September 2017, Carole attended Peel Community Health for review. She indicated she was still considering whether to start taking antidepressants. Carole indicated she did not believe the medication was going to help and considered her mood would be suitably elevated if her nutrition was treated. She was given some education about antidepressants, but it was noted Carole was quite strong in her views. She was agreeable to receiving psychological input from the psychology team at Peel Health and agreed to attend a follow-up appointment on 5 September 2017. Carole then cancelled this appointment and was offered another appointment for 8 September 2017.[44]

51. On 6 September 2017, Carole drank half a bottle of gin and became drunk. She threw food around the kitchen and tipped some of Mr Lampard's belongings onto the garage floor. He cleared up the mess while she continued to drink. She then got a chair and belt and told him she was going to try and hang herself in the garage. He stopped her by taking away both items. Carole then got on her bicycle and rode away while shouting abuse at him. About an hour later, she returned in an injured state. She told Mr Lampard she had been to the community garden and tried to gas herself but had passed out from the fumes and hurt her arm and ankle when she fell. Carole was still very drunk and she spoke about how unhappy she felt about all the moving she had done in her childhood. She said she did not want to live.[45]

52. Mr Lampard and Carole made an appointment to see Dr Toh at the Murray Medical Centre the next day. They went to the appointment on 7 September 2017 together. Mr Lampard saw Dr Toh by himself first and told him about Carole's suicide attempts. Dr Toh recalled he mentioned three attempts, involving doxylamine, alcohol and gas. They were then joined by Carole at the doctor's request. She reported she had attempted suicide the previous day by drinking half a bottle of gin and then hooking herself up to a barbecue gas bottle and placing a plastic bag over her head in the Mandurah Community Garden. In the process, she had fallen over and injured her right arm and left ankle. Dr Toh contacted the triage nurse at Peel Community Health and Carole was advised to present to the clinic for review.[46]

53. Carole was assessed at Peel Community Health Clinic later that day in the company of her husband. She was noted to be low in mood, flat in affect and dishevelled. She admitted feeling hopeless and overwhelmed by her eating disorder. She also admitted attempting suicide the previous day. She had no protective factors and was considered a high risk of suicide. Carole said she had a current plan to drink alcohol and drown herself in the ocean while laden with bricks. Carole declined voluntary admission for psychiatric treatment in hospital. She was felt to be displaying limited insight and diminished capacity due to chronic starvation, so she was placed on a Form 1A under the *Mental Health Act* and sent involuntarily to Rockingham Hospital ED for assessment. Mr Lampard recalled Carole was very angry and

[44] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[45] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[46] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 23, Medical Report – Dr Toh.

surprised about being 'sectioned' and sent to hospital. She refused to allow him to go with her.[47]

54. Carole was admitted as an involuntary patient to the locked ward at the Mimidi Park Mental Health Inpatient Unit at Rockingham Hospital. She was placed on 15 minute observations and a one-to-one nursing special overnight, due to her level of risk.[48] Her physical observations were monitored four times a day and she was prescribed thiamine and multivitamins. Carole was not keen to be hospitalised and appeared ambivalent about her recent suicide attempts. After she was psychiatrically assessed on 8 September 2017, Carole was placed on a Form 6A Involuntary Treatment Order. At the time, it was noted Carole refused to follow medical management for her fractured foot and was a high risk for absconding and impulsivity.[49]

55. Carole was referred to the Fracture Clinic. She was fitted with a Controlled Ankle Motion (CAM) boot and a wheelchair was provided to avoid weight bearing, but Carole refused any intervention for her foot injury. She said she wanted to walk, as it gave her something to do and would likely help her to lose weight. When Dr Ojo reviewed Carole on 11 September 2017, she was not wearing the CAM boot. She stated her mood had lifted but felt being in hospital was not good for her mood. Dr Ojo explained to her that there were concerns she had not been engaging with community health services and not taking her antidepressant medication. She asked why she was on a locked ward and she was told it was due to her suicide attempt. She denied she was suicidal and left the interview room.[50]

56. On 11 September 2017 a MET call was made after Carole fainted. She was transferred to the medical ward, where she was diagnosed with chronic hyponatraemia, most likely as a result of SIADH (syndrome of inappropriate antidiuretic hormone secretion). She was given salt tablets and antibiotics for a probable chest infection and transferred back to the psychiatric ward the following day.[51]

57. Carole saw the dietician, Ms Melinda Wright, for the first time on 12 September 2017. Carole was assessed by the dietician as having severe malnutrition. Ms Wright was aware of Carole's long history of disordered eating and excessive exercise routine, as well as her previous hospital admission in May. The fact that Carole had not followed the treatment plan on discharge, including only seeing a dietician once, indicated to Ms Wright that Carole was not keen to get better and did not appreciate her need for treatment.[52]

58. Ms Wright recalled Carole was intelligent and asked questions and was not difficult to engage with as a patient. Ms Wright indicated the goals, from her perspective, was to get Carole medically stable, as she was experiencing medical issues such as

[47] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 31A, Statement of Dr Ojo; Exhibit 2, Tab 39A.
[48] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[49] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[50] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[51] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[52] T 145.

hypoglycaemia and postural tachycardia due to her low bodyweight. She was commenced on a refeeding programme to slowly increase her weight with a controlled eating plan, including supplement drinks and foods.[53]

59. On 13 September 2017 the team discussed commencing Carole on an antidepressant, but she was not keen due to fears of weight gain. She was also non-compliant with wearing her CAM boot for her ankle injury and non-compliant with eating her meals.

60. On 15 September 2017 Carole refused to see the treating team without a mental health advocate present. She was suffering with episodes of low blood pressure, low glucose levels, postural tachycardia and bradycardia which needed to be stabilised. A weight goal of 45 kg was set. Carole was to undergo daily blood tests and ECG's and was allowed access to the open ward with a one-to-one nursing special in place. This was successful, and Carole returned to the locked ward without incident.[54]

61. On 18 September 2017 Carole had a medical review, with a new cast placed on her right arm and a diagnosis of a non-displaced anterior tibial fracture in her left ankle, which required her to continue to wear the CAM boot.[55] From that date, visual observations were reduced to half hourly after a discussion between Dr Ojo and nursing staff. This indicated she was showing improvement.[56]

62. On 20 September 2017 there was a meeting between Dr Ojo, the medical team, Carole, her husband and a mental health advocate. Carole revisited her history and reported she first began experiencing suicidal ideation in April 2016, but did not attempt suicide until March 2017. She denied any current suicidal ideation and indicated she did not want to stay on the locked ward. Carole said she wanted to be discharged into the community, or at least transferred to the open ward. It was agreed she could be transferred to the open ward, but with a one-to-one nursing special and strict management plan in place, as her physiological parameters were still unstable. Carole was also granted permission to attend the group occupational therapy sessions on the open ward if she wished to do so.[57]

63. Carole's physical condition continued to be monitored and it was noted she was not compliant with eating meals and taking nutritional supplements that were prescribed to her, which resulted in her not gaining her weight and remaining malnourished. She also remained medically unstable, with ongoing issues associated with low body weight.[58] As a result, on 21 September 2017 Dr Ojo decided that Carole needed to have a nasogastric tube inserted to administer feeds.[59] There was evidence given that this is not uncommon for eating disorder patients admitted due to being severely malnourished.[60] However, Carole was reported as stating she was a bit shocked that this was being considered as she thought she had been making good progress.[61]

[53] T 134 - 136.
[54] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[55] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[56] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[57] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[58] Exhibit 1, Tab 35A, Statement of Melinda Wright.
[59] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[60] T 137.
[61] Exhibit 1, Tab 34B, Integrated Progress Notes, 21.9.2017, 14.30

64. The dietician, Ms Wright gave evidence that she believed Carole did attempt to comply with her treatment plan, to the best of her ability, but there were difficulties with Carole's level of compliance that were related to her eating disorder. In particular, she struggled to consume all of the foods and drinks on the meal plan, due to an intense fear of losing control and gaining weight.[62] Ms Wright indicated that when the body is at a low body weight and in starvation, the person may not have the full ability to appreciate or be self-aware of the severity of their condition as their cognition is affected. However, Ms Wright did try to inform and educate Carole as to what they were doing, and why. It had become very clear to the dietician that Carole was struggling to be compliant with her meal plan, despite education and encouragement, which had led to the introduction of the nasogastric tube.[63]

65. Carole was documented on 22 September 2017 as being disgruntled with her treatment plan and reported being unhappy that her control had been taken from her. She also said she would prefer a female one-to-one nursing assistant, but was informed there was only a male assistant available at that time.[64] Later that day, Carole was transferred to the open ward, still with a nursing special so Carole could be kept in constant visual observation. Attempts to find someone to insert the nasogastric tube were unsuccessful on 22 September 2017. On 23 September 2017 the nasogastric tube was finally inserted. While Carole was not keen to have the nasogastric tube inserted, she did not resist it.[65]

66. The ongoing treatment plan was to stabilise Carole medically first and get her weight stable, then treat her depression and work on a plan for psychological input, such as cognitive behavioural therapy.[66] The key aim from a medical point of view was still to increase Carole's weight to a base weight of at least 45 kg before they would consider discharging her home. In order to help Carole increase her weight, the medical team tried to limit her physical activity as well as using the nasogatric tube to feed her. Carole was a very active patient, so she was not happy to have her movements restricted. The dietician also worked with Carole to help develop a nutritional plan and ensure that Carole did not experience re-feeding syndrome (a potentially fatal shift in fluids and electrolytes that can occur following re-introduction of nutrition in the malnourished).[67]

67. In terms of treatment for her depression, Carole had been resistant in the past to taking antidepressants as recommended. It was felt that Carole's depression stemmed from psycho-social stressors, and not just her eating disorder, but given she would not cooperate with recommended treatment, the focus was on improving her nutrition at that stage.[68]

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[62] T 143.
[63] T 134 – 135.
[64] Exhibit 1, Tab 31B, Integrated Progress Notes, 22.9.2017, 10.30.
[65] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[66] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[67] T 134; Exhibit 1, Tab 31A, Statement of Dr Ojo and Tab 35A, Statement of Melinda Wright.
[68] Exhibit 1, Tab 31A, Statement of Dr Ojo.

68. As for psychological input, Dr Ojo indicated that the best treatment for anorexia nervosa is to get to the core of the fundamental issue, which is one of body image. Carole's severe malnutrition, and its effect on her ability to comprehend and reason, meant the focus in hospital was to rehabilitate her nutritionally to the point that therapy could then be used to address "the underlining distortion in her pattern of thinking."[69] However, Dr Ojo explained that the ongoing psychological therapy that would be required to achieve this aim was not able to be provided at Rockingham Hospital due to limited resources. Dr Ojo was, therefore, intending that Carole would be encouraged to seek private counselling in the community once medically stabilised and discharged.[70] Dr Ojo did not see Carole again after 21 September 2017 as he went on annual leave.

69. Carole was reviewed by a Psychiatric Registrar and other medical and allied health staff, together with her mental health advocate, on 28 September 2017. She had brought a list of questions and wanted to know how long she would remain in hospital. She was told she was improving, but she still had postural tachycardia, which indicated medical instability, so they could not give her a timeframe for when she might be discharged. Carole was told she would remain on the nasogastric tube until she was stable, despite her request to return to eating normal meals. Although it was not usual practice for an eating disorder patient to be told their weight goal, as this might need to be reviewed, it appears Carole had become aware that her goal weight was 45 kg and she wanted to know what the plan was, given she was near her target weight. It was explained to her that her cast weighed approximately 1kg, which needed to be factored in to her weight goal. Also, her weight was fluctuating, which indicated fluid shifts, and that had to be factored in. Carole seemed unhappy with this response and made it clear she was not keen to put too much weight on.[71]

70. Carole asked why she did not have access to a psychologist. She was told there was no psychologist available and she would need to consider a private psychologist. Mr Lampard asked about the possibility of an external counsellor coming onto the ward. The team were unsure if this was allowed, so they indicated they would need to check, but it does not appear that this progressed during her admission.[72]

71. Dr Ojo noted in his evidence that psychological support was provided by all of the staff in their interactions with Carole, validating her distress and feelings and providing education, but acknowledged that she did not receive structured psychological therapy. This was because there were no psychologists available at that time, but Dr Ojo also observed that it is extremely difficult to provide structured psychological therapy to someone in Carole's malnourished state. Therefore, in his view, she was not ready to engage in structured psychological support at that stage, even if a psychologist had been available, and Carole would not have been ready until her weight increased and stabilised at a level that made her amenable to such treatment.[73]

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[69] Exhibit 1, Tab 31A, Statement of Dr Ojo [146].
[70] Exhibit 1, Tab 31A, Statement of Dr Ojo.
[71] T 137 – 138; Exhibit 1, Tab 36A, Integrated Progress Notes, 28.9.2017, 10.45.
[72] Exhibit 1, Tab 36A, Integrated Progress Notes, 28.9.2017, 10.45.
[73] T 86.

72. It is apparent Carole was unhappy with the outcome of the meeting and her husband expressed some concern to staff about how angry she appeared. He was told that the way Carole was acting was expected for a patient with anorexia nervosa. He was given some patient information about starvation syndrome to help explain further. Mr Lampard was also told that after Carole was discharged she would need a private psychologist and private dietician, with the best options available through Hollywood Hospital or the Swan Institute.[74]

73. Mr Lampard indicated he had decided around this time that he would have to suffer with making Carole unhappy at times if it was for her best long term good. He spoke to the staff at the time and acknowledged that during the last admission he had advocated for her discharge. However, everything had gone downhill in the three months after she went home, so he was keen for her to stay this time for as long as required to get well.[75]

74. This was a significant change in their relationship, as previously Mr Lampard had only done what Carole wanted in terms of her treatment. As a result of his decision, he was not supportive of her repeated requests to get her released. This made her very angry with him.

75. On 29 September 2017 Carole had another psychiatric review with Psychiatric Registrar Dr Touyz. She asked the same questions she had asked the previous day regarding her length of stay and duration of her nasogastric tube. Carole expressed the view the information about the need for her vital signs to be stable was not consistent with information she had received previously. As a result, she said she felt betrayed and could not trust the staff. Carole was encouraged to ask the team about these issues the next week, as her assessment was ongoing, and she was reassured that things would change as she improved. A specific note was made in the psychiatric plan that she was not to have leave over the weekend.[76]

76. Carole made it clear to nursing staff over the following days that she was unhappy to be remaining in hospital as an inpatient and indicated she was getting despondent as she felt there was nothing to do. She was not interested in the occupational therapy groups or socialising with her peers. She enjoyed reading, but was becoming bored just reading and not doing anything else.[77]

77. On 1 October 2017 Mr Lampard spoke to Carole on the telephone. He mentioned he was thinking of visiting. Carole told him not to and put the phone down, which made it clear to him she was still angry with him.[78] Mr Lampard went to the hospital to visit her anyway as the hospital staff had asked him to bring her some warm clothes. At the time, she was only wearing her hospital gown and getting cold and shivering. The staff were concerned this was slowing her weight gain. Ms Wright explained that some eating disorder patients will underdress for the weather, "with the goal of

[74] Exhibit 1, Tab 36A, Integrated Progress Notes, 28.9.2017, 11.05.
[75] Exhibit 1, Tab 4A, Statement of Christopher Lampard and Tab 36A, Integrated Progress Notes, 28.9.2017, 11.05.
[76] Exhibit 1, Tab 36A, Integrated Progress Notes, 29.9.2017, 13.20.
[77] Exhibit 1, Tab 36A, Integrated Progress Notes.
[78] Exhibit 1, Tab 4A, Statement of Christopher Lampard.

keeping their metabolism revved up to burn more calories in keeping warm, which is to help restrict weight gain."[79]

78. Mr Lampard brought in some clothes and some library books. Carole appeared convinced the clothes would not fit as she was obsessed with how much weight she had put on. Carole also made it clear she was very angry with her husband. She had the nasogastric tube in at that time and she told him she had been informed she was not getting it out soon. Carole told Mr Lampard she believed she was being asked to eat too much and didn't like being watched all the time. During this conversation, she also said that she believed she could climb over the fence if she wanted to, even though she still had a plaster cast on her right arm and boot on her left ankle. Mr Lampard gave evidence he felt this was bluster and did not take her seriously, so he didn't raise it with the hospital staff.[80]

79. While Carole was talking to her husband, they were joined by a mental health nurse. It appears this was after the discussion about her climbing the fence. The three of them talked about Carole getting some time out of the ward on a supervised excursion. Mr Lampard said he did not disagree with that idea as it was indicated the excursion would be supervised. He continued to visit with Carole for a while longer and towards the end she warmed up a bit towards him. However, she was still upset as she noted other patients were leaving the ward but she was not permitted to leave.[81]

80. Mr Lampard had been keeping custody of his wife's phone for a few days as he had required it to do their tax return. He returned the phone to her during this visit. He left the hospital between 2.00 pm and 3.00 pm.[82] This was the last time Mr Lampard saw his wife. He gave evidence that during this visit his impression was that she was not sane and not making a great deal of sense. She was still obsessing about their finances and was angry and aggressive towards him.[83]

81. Mr Lampard stated he had developed some reservations about Carole's care at the mental health unit and she had made it very clear she was unhappy to remain there. Mr Lampard gave evidence he was concerned for Carole's safety and had little confidence that the Mimidi Park could keep her safe and stop her from committing suicide.[84] He had started to explore other options and realised that she could get private health cover that would allow her to be treated at Hollywood Private Hospital. Mr Lampard signed up for the cover, which included a two month waiting period for psychiatric care. He told the hospital staff what he had done. They were supportive of his decision and stated it would increase the range of options for helping Carole.[85]

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[79] T 140.
[80] T 194; Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[81] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[82] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[83] T 193 – 194.
[84] T 193.
[85] T 200; Exhibit 1, Tab 4A, Statement of Christopher Lampard.

82. On 2 October 2017 Carole's weight had increased to 44.5 kg and her observations were stable, except for ongoing postural tachycardia. She was still only wearing a nightie and told the dietician, Ms Wright, this was because she had no clothes that fitted her, but Ms Wright thought it was more consistent with her wanting to continue underdressing for the weight gain benefits.[86] Ms Wright noted Carole was more medically stable and they discussed her transition back to an oral diet and the expectations for her meals. It was clear to Ms Wright that Carole was very focussed on being discharged as "she just wanted not to be there,"[87] but no indication that she was feeling suicidal. Ms Wright planned to review Carole again three days later, but Carole absconded before that occurred.[88]

83. Carole told medical and nursing staff on 2 October 2017 she was worried she was gaining too much weight and reported she felt bloated and had rolls of fat on her stomach. She denied current suicidal thoughts and requested leave. The Psychiatric Registrar, Dr Dominic, who had been present when Dr Ojo had last assessed Carole, indicated he was happy for Carole to have escorted leave to the kiosk in a wheelchair but would need to discuss with the consultant and her husband if they were happy for her to have leave outside the hospital. A note was made at the end of this medical review that Carole could have escorted leave to the kiosk for 30 minutes twice a day, if supervised, and preferably in a wheelchair.[89]

84. A later note was made that Carole had some escorted ground access with staff, which presumably was in relation to visits to the kiosk.[90] There was evidence given that the kiosk is at the opposite end of the hospital to Mimidi Park, and at least 100 – 150 metres walk down a covered, enclosed walkway, with various exit points along the walkway.[91]

DECISION TO GRANT ESCORTED LEAVE ON 3 OCTOBER 2017

85. As noted above, Dr Ojo went on annual leave on 21 September 2017. He did not grant Carole escorted leave before he commenced his leave, but Carole was still at an early stage in her treatment then, and he had just ordered that she have the nasogatric tube inserted. Dr Ojo had, however, approved Carole going to group sessions on the open ward. Dr Ojo indicated in his statement that escorted leave within the hospital grounds is a usual part of the treatment plan, as part of a graduated recovery plan. After successful escorted leave, the plan usually then involves periods of unescorted leave within the hospital grounds, followed by leave at home before discharge. In determining whether a patient would be granted leave, either within or outside the hospital, Dr Ojo explained that a mental state examination should be undertaken by the treating team to consider the risk, physical state of the patient, vital signs and their mental state, including any suicidal thoughts and their willingness to stay in hospital.[92]

[86] T 140.
[87] T 141.
[88] Exhibit 1, Tab 35A, Statement of Melinda Wright.
[89] Exhibit 1, Tab 36A, Integrated Progress Notes, 2.10.2017, 11.00.
[90] Exhibit 1, Tab 36A, Integrated Progress Notes, 2.10.2017, 14.35.
[91] T 128.
[92] Exhibit 1, Tab 31A, Statement of Dr Ojo.

86. Dr Ojo gave evidence that he had not granted any leave for Carole to participate in escorted ground access before he went on leave himself, because of her medical state. She was still quite frail and medically unstable at that time, and had been admitted overnight to the general ward for a medical incident shortly before that time.[93]

87. Dr Biju Thomas was working as a Consultant Psychiatrist in the inpatient unit at Rockingham Hospital in October 2017 and, while Dr Ojo was on leave, Dr Thomas was covering Carole's care for Dr Ojo. As he was only filling in as Carole's treating psychiatrist, Dr Thomas had limited input into Carole's care and had limited knowledge of her as a patient prior to her absconding on 3 October 2017. Dr Thomas recalled he saw Carole personally only twice in that period, on 26 and 27 September 2017. The first time was to reassure and support her and answer some questions about her care, and the second time was in order to inform Carole that she would continue to be detained under the *Mental Health Act* for a further period. Dr Thomas gave evidence this was done as Carole was still quite concerned about weight gain and did not appear to understand the gravity of her eating disorder at that stage.[94] Dr Thomas had also seen Carole on 7 September 2017, when she first came in to hospital, at which time she was actively suicidal, but Dr Ojo had then taken over her care.[95]

88. There is a note in the medical record that Carole was not able to be granted leave on 28 September 2017 as she was "too unstable."[96] Dr Thomas gave evidence that this was a reference to Carole's physical state being too medically unstable, rather than her mental state. He noted that her physical state had been quite changeable, with fluctuations in her blood pressure and pulse, which were a cause for concern at that time.[97]

89. Dr Thomas did not recall signing anything giving Carole permission to leave the ward,[98] and there is nothing to indicate that he did so. However, he acknowledged it was likely a more junior medical officer did discuss with him the granting of leave to visit the kiosk on 2 October 2017, and he would have approved it.[99]

90. Dr Thomas indicated in his statement if he had been asked, he would also have approved Carole going on escorted leave on 3 October 2017, although it does not seem that he was consulted. Dr Thomas noted that Carole had gone to the hospital kiosk on 2 October 2017 without incident, which would have provided some reassurance about extending the scope of the leave. Carole also had the additional care in terms of her one-to-one special nursing assistant and had given no indication at that stage to hospital staff that she would try to abscond, so Dr Thomas felt he would not have had any issues with granting Carole escorted ground leave. Dr

[93] T 94.
[94] T 106 - 107; Exhibit 1, Tab 34A, Statement of Dr Thomas [26].
[95] T 110.
[96] Exhibit 1, Tab 36A, Integrated Progress Notes, 28.9.2017, 10.45 am.
[97] T 117.
[98] Exhibit 1, Tab 34A, Statement of Dr Thomas [26].
[99] T 106 – 107.

Thomas also indicated that, given the escorted leave to the kiosk had gone well on 2 October 2017, he would not have expected another formal mental state examination to be undertaken on 3 October 2017 before that decision was made.[100]

91. Dr Ojo returned from annual leave on 3 October 2017. He was not working at Rockingham Hospital that day, but was on duty at Peel Health Campus. Dr Ojo indicated it was his expectation he would have been consulted about Carole being granted leave, as he was on duty. However, he was not consulted regarding Carole having escorted ground access leave that day.[101]

92. Like Dr Thomas, Dr Ojo gave evidence that it was likely if he had been asked, he would have granted Carole escorted ground leave. He qualified his opinion as depending on the outcome of the mental state examination and risk assessment he would have expected to occur, but, based upon his review of the materials available, he believes he probably would have granted Carole escorted leave at the time. Dr Ojo explained that he would have done so as Carole was feeling too contained within the hospital and she had denied any suicidal thoughts or risk to herself at the time, so there was a need to try to work with her and reward her cooperation with her treatment and respect her autonomy by giving her a little more freedom. Dr Ojo also indicated that, based upon what was known about her physical health at that time, he would not have expected that she would be able to abscond in the way that she did.[102] His earlier concerns about her frailty would have been alleviated as she had been receiving sustenance from the nasogastric tube. Also, knowing that she would be supervised would have reassured him that she was improving and in safe hands.[103]

93. Both Dr Thomas and Dr Ojo accepted that in hindsight, with the additional information we know now about what Carole was telling other patients and her husband, the risk of her absconding was clearly higher than it appeared at the time. However, the assessment of risk relies upon the subjective reports of the patient, and the practitioners will usually take a patient's statements about thoughts of suicide at face value unless there is other objective evidence to contradict them. Without anyone informing the staff that a patient was telling other people of suicidal thoughts, it was unlikely they would be aware of this information. Dr Ojo also indicated that it would not be usual practice to consult a family member about the decision to grant escorted ground access, only consultation with the patient.[104]

94. The last entry in the Integrated Progress Notes in relation to escorted leave indicates Carole had been asking if she could have leave and the team (the Psychiatric Registrar Dr Dominic, the RMO Dr Dikstaal and Registered Nurse Bibin Kurian) were happy for her to have escorted leave to the kiosk in a wheelchair but would check with the Consultant about any other leave. It was noted that "leave outside of hospital will need to discuss with Consultant and if partner is happy."[105]

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[100] T 107, 111, 119 - 120; Exhibit 1, Tab 34A, Statement of Dr Thomas [34] – [36].
[101] T 95; Exhibit 1, Tab 31A, Statement of Dr Ojo.
[102] T 87 – 88, 92.
[103] T 94 – 96, 100.
[104] T 88 – 89, 96 – 97, 110.
[105] Exhibit 1, Tab 36A, Integrated Progress Notes, 2.10.2017, 11.00.

95. As noted above, Mr Lampard had been present when the topic of escorted leave had been raised the previous day, and he had been supportive in a general sense about having leave. A nursing note had been made at 8.00 pm on 1 October 2017 that Mr Lampard had said he could take Carole out if leave was granted.[106] There is, however, nothing to indicate that Mr Lampard was spoken to again after the medical team meeting on 2 October 2017. Mr Lampard confirmed in his evidence at the inquest that he was not asked or told about Carole having permission to have escorted ground access, but he said he assumed that he would have trusted their judgment and thought that they would do their jobs and keep her safe, so he would not have objected if he had been informed. However, he also indicated that, if asked, he would likely have shared the information about their conversation in the courtyard that she felt she could jump the fence and her ongoing discussion about suicide, which may have influenced a risk assessment.[107]

96. Despite the reference to a discussion with a Consultant, there is also no note to indicate this took place, and as noted above, neither Consultant involved in Carole's care around that time recalled being spoken to about the proposal.

97. It is also unclear whether anyone on the treating team was aware that a few months earlier, Carole had run away from the hospital while being pushed in a wheelchair on an escorted walk in the hospital grounds.

ABSCONDMENT FROM HOSPITAL

98. Carole remained an involuntary patient on the morning of 3 October 2017, although she was now managed in the open ward. The involuntary inpatient treatment order was not due to expire until 27 November 2017, although it was always open to be reviewed.[108]

99. Carole's last weight recorded on the morning of 3 October 2017 was 45.16 kg, showing the nasogastric tube was having an effect. She had actually reached the goal weight originally set, but after adding in the 1kg weight of the cast, she had just under 1 kg more to go.

100. Carole was seen by a doctor at 6.30 am due to an acute change in the colour and temperature of her hand on the arm with the plaster cast, raising concerns. The plan was made to elevate her arm where possible, and it was intended that she would be reviewed for a possible cast change later in the morning.[109]

101. Carole attended the daily community meeting that morning, which was generally run by the Peer Recovery Worker and Occupational Therapy Assistant and attended by adult patients. The meeting provided patients with general information, an opportunity to ask questions and also to give feedback to staff. In addition, scheduled ward activities would be explained, with the patients then given an opportunity to nominate the activities they wished to participate in.

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[106] Exhibit 1, Tab 26A, Integrated Progress Notes, 1.10.2017, 20.00.
[107] T 196, 198.
[108] Exhibit 2, Tab 44.
[109] Exhibit 1, Tab 36A, Integrated Progress Notes, 3.10.2017, 6.30 and Tab 37, p. 4.

102. It was explained at the inquest that the combined therapy program is designed to provide a variety of creative, therapeutic and interesting groups that are educational and provide solace from the medical side of the ward. They are intended to help the patients "to have hope, to have choices, to … connect with people"[110] and hopefully help them to not feel "so boxed in"[111] on the ward.

103. Patients wanting to participate in group therapy walks required permission to attend. Therefore, if a patient nominated their interest in attending the group walk, the Peer Recovery Worker and Occupational Therapy Assistant would discuss the patient's request to attend the walk with the patient's allocated nurse. It was then the allocated nurse's responsibility to seek permission from the patient's treating medical staff. Once permission was granted, the patient's name was written on the Therapy Whiteboard.[112]

104. During the community meeting, Carole expressed interest in attending that day's scheduled morning group walk, which was due to take place from 10.00 am to 10.30 am in the hospital grounds. The route would usually involve walking on the internal road and through the hospital carparks within the hospital grounds.[113]

105. Ms Deepika (Dee) Hettihewa was allocated as the Occupational Therapy Assistant to the Adult Ward that day as another staff member was absent due to illness. Ms Hettihewa had to cover both that position, and her usual role on the Older Adult Ward, as a result. As Ms Hettihewa usually worked on the Older Adult Ward, she had not much contact with Carole before that day.[114]

106. Ms Hettihewa recalled that she thought it was a positive sign that Carole had expressed an interest in attending the group walk, and she spoke to Carole's allocated nurse, a male nurse whose identity she could not recall, to get permission. Ms Hettihewa recalled the nurse was unsure if Carole would be permitted to attend the walk, and told her he would follow up with Carole's doctor. A short time later, the nurse confirmed that Carole was permitted to attend walk with a one-to-one special nurse in attendance. Carole was already accompanied on the ward by a one-to-one special nurse, who was an agency assistant in nursing. The one-to-one special nurse would be in addition to the two staff who would always be present on the walk. Ms Jennifer Stockdale, the Senior Occupational Therapist on the ward at the time, had not spoken to the nursing staff or medical staff herself about Carole's approval, as she was not going on the walk, but she was informed of the approval by Ms Hettihewa.[115]

107. Carole went on the escorted group walk in a wheelchair, which was pushed by the agency assistant in nursing allocated as the one-to-one nurse special for Carole,

[110] T 152.
[111] T 152.
[112] T 153 - 154; Exhibit 1, Tab 24A, Statement of Jennifer Stockdale.
[113] Exhibit 1, Tab 24D and Tab 25A, Statement of Claire Willans.
[114] Exhibit 1, Tab 26A, Statement of Deepika Hettihewa.
[115] Exhibit 1, Tab 24A, Statement of Jennifer Stockdale, [44] – [46] and Tab 26A, Statement of Deepika Hettihewa.

Ms Rupinder Kaur. Ms Hettihewa was the Occupational Therapy Assistant on the walk and Ms Claire Willans was the Peer Recovery Worker on the walk. Four other patients also went on the walk. Carole was in a wheelchair as she had a nasogastric tube inserted at the time and was not meant to be engaging in activities where she would exert energy. Ms Willans recalls Carole was seated in the wheelchair, with a blanket on her lap and attached to a drip. She appeared fairly well-tucked into the wheelchair.[116]

108. The walk began at about 10.00 am. They had been walking for approximately 10 minutes and reached the front of the hospital, adjacent to Elanora Drive, when they stopped to allow a car to pass on the internal road. The group split into two at that time, and moved to different sides of the internal road while the car passed. Carole, Mr Kaur, Ms Willans and another patient were together on one side of the road. When the wheelchair stopped, Carole suddenly stood up from her wheelchair, threw her blanket to the ground, pulled the drip from her body and began running away from the group. She ran at a fast pace across the road and along a path towards Ennis Avenue. The staff were all taken very much by surprise by Carole's actions as she had given no intention she was going to run away until that moment. Ms Willans indicated in her statement she was particularly surprised as Carole had looked weak and frail in the wheelchair. It appeared to Ms Willans that Carole may have planned her escape attempt as she chose the quickest and shortest route that would enable her to leave the hospital and cross the road fairly easily.[117]

109. Ms Hettihewa called out to Carole to stop several times, but she continued running. Ms Willans gave chase, and noted Carole did not appear to have any difficulty running, although Ms Hettihewa did see her stop briefly against a tree as if to regain her balance and had thought she appeared a little weak. As Ms Willans ran after her, she called out to Carole and saw Carole look back once or twice as she ran ahead of her, but she did not stop. Both Ms Willans and Ms Hettihewa saw Carole drop something in a bin as she ran past it. Ms Willans was not expecting Carole to make it very far, given her apparent frailty, and was expecting to catch up with her quickly. However, Carole continued to run at a fast pace and Ms Willans eventually had to stop running as she had a heart condition that does not permit her to do cardio exercise for more than a few minutes. Ms Willans did continue to follow Carole, at a walking pace, but Carole continued to increase the distance between them and was soon out of Ms Willans' sight. The last Ms Willans saw of her was as Carole ran towards the park on Elanora Drive and turned the corner. Ms Willans then returned to the hospital.[118]

110. Staff are required to take the work mobile phone with them when going on group walks and Ms Hettihewa had used the work mobile to call the Mimidi Park reception (the number being saved into the phone) to ask to be put through to the Adult Ward. Unfortunately, the person who took the call said she was unable to put the call through as she was busy in the Older Adult Ward, so she asked Ms Hettihewa to call

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[116] Exhibit 1, Tab 24A, Statement of Jennifer Stockdale and Tab 25A, Statement of Claire Willans and Tab 26A, Statement of Deepika Hettihewa.
[117] Exhibit 1, Tab 25A, Statement of Claire Willans [38] and Tab 26A, Statement of Deepika Hettihewa.
[118] T 163; Exhibit 1, Tab 25A, Statement of Claire Willans and Tab 36, Integrated Progress Notes, 3.10.2017, 11.15.

the Adult Ward direct and put the phone down. The Adult Ward direct number was not saved in the phone, so Ms Hettihewa tried calling back reception a couple of times, but the number was engaged. As they were outside the main entrance of Rockingham Hospital, Ms Hettihewa walked into main reception area with the other four patients and the agency nurse to ask for the number to call the Adult Ward directly. She was provided with the correct number and rang and informed a nurse on the Adult Ward. The nurse told Ms Hettihewa to return back to the ward with the other patients. Ms Hettihewa stated that it did not occur to her at the time to call and inform security. Instead, she concentrated on getting the other patients back to the ward safely.[119]

111. An entry in the Integrated Progress Notes for Carole indicates the first notification to the ward came from main reception, at which time the staff on the ward were informed of Carole's absconding on the walk. Hospital security were then informed at 10.15 am, and security staff conducted a search of the hospital grounds. At 10.30 am the Nurse Unit Manger was informed and a call was placed to Carole's husband at 10.34 am, with a message left on his voicemail. An attempt was also made to call Carole on her mobile phone, but it went straight to voicemail, so a message was also left for her. At 10.40 am Carole's psychiatrist, Dr Ojo, and the psychiatric registrar, Dr Dominic, were informed.[120]

112. After returning the other four patients to the ward, Ms Hettihewa spoke to Ms Stockdale and informed her of the events. Ms Willans returned to the ward and indicated she had been unable to catch up to Carole.[121]

113. The medical notes indicate that an 'absconder report' was sent by email from the hospital to police at 11.10 am. This was followed up by a courtesy call to Rockingham Police at 11.20 am.[122]

114. The WA Police Incident Report has its first entry at 12.15 pm. Carole was recorded as a high-risk mental health absconder who had gone missing from the Mimidi Park Open Ward of Rockingham Hospital. She had last been seen at 10.10 am and was considered to be at high risk of suicide or self-harm as she had previously attempted suicide by gassing.[123] The task was put on the system as a Priority 3 Job Code 49 (349) High Risk Mental Health Absconder.[124] This priority indicates that police attendance is required but it is not considered a life-threatening situation or that there is imminent threat to life. It was generally expected that police would attend within one hour.[125]

115. In accordance with tasking protocols in 2017, it was allocated to the South Metropolitan District Control Centre, who then contacted the hospital and confirmed a Form 6A of the *Mental Health Act* was in force in relation to her until 27

[119] Exhibit 1, Tab 25A, Statement of Claire Willans and Tab 26, Statement of Deepika Hettihewa.
[120] Exhibit 1, Tab 26C, Integrated Progress Notes, 3.10.17, 12.10 pm.
[121] Exhibit 1, Tab 24A, Statement of Jennifer Stockdale and Tab 26A, Statement of Deepika Hettihewa.
[122] Exhibit 1, Tab 26C, Integrated Progress Notes, 3.10.2017, 12.10 pm; Exhibit 2, Tab 43.
[123] Exhibit 1, Tab 19, p. 44 and Tab 38A, Incident Report - A Form 7D Apprehension and Return Order was later completed on 27 October 2017, in case Carole was later found – Exhibit 2, Tab 44.
[124] Exhibit 2, Tab 42.
[125] Exhibit 2, Tab 42.

November 2017, meaning she was an involuntary patient who could be apprehended by police and returned to the hospital.[126]

116. The Incident Report was updated at 12.30 pm to indicate that someone had spoken to Mr Lampard, who suggested that Carole might hitchhike home as she had done so before.[127]

117. Police officers went to Carole's home in Coodanup at 12.57 pm and found nothing to suggest that someone had been there recently. Some contractors had been out the front of the house for the last hour and they had not seen anyone coming or going to the house in that time.[128]

THE SALVATION ARMY

118. Tamara Pilgrim, who worked at the Salvation Army, reported that at around 12.30 pm on 3 October 2017 Carole was brought into the Rockingham Salvation Army Office in Coolongup by a member of the public who had found her near the beach. They had received a phone call from a member of the public shortly before, indicating they were bringing her in.[129] When she arrived, Carole was soaking wet. The Salvation Army staff formed the impression that Carole had deliberately walked into the water and she was possibly suicidal.[130] Ms Pilgrim recognised Carole, as she had previously volunteered there, so she went through the volunteer files to find her details. There were, however, no emergency contact details on the file.[131]

119. They could see Carole was wet and shaking with cold, so they provided her with a shower, dry clothes and coffee. Carole had a hospital band on her wrist, which was cut off at her request, and she had a plaster cast on her arm, so one of the staff members telephoned the hospital to let them know that Carole was there.[132] After she had showered, one of the volunteers, Sharon Tregear, sat with Carole and asked if she wanted to talk about what had happened. It was clear she didn't want to, so they engaged in small talk for a while. Ms Tregear then asked her again what had happened. After Carole confirmed the conversation would remain confidential, Carole told her she had gone down to the beach and walked into the water, but she found it too cold so she came back out. A gentleman offered her help and got her a towel and she then asked him to bring her to the Salvation Army. Ms Traeger gave evidence she formed the impression from this conversation that Carole had attempted to commit suicide, although Carole did not expressly say that was what she had intended.[133]

120. The Rockingham Hospital records indicate that hospital staff received a telephone call from the Salvation Army (unclear at what time) to tell them Carole was there and

[126] Exhibit 2, Tab 42.
[127] Exhibit 1, Tab 38A, Incident Report.
[128] Exhibit 1, Tab 38A, Incident Report; Exhibit 2, Tab 42.
[129] T 17.
[130] Exhibit 1, Tab 6, Statement of Sharon Tregear [4].
[131] T 18; Exhibit 1, Tab 9, Statement of Tamara Pilgrim.
[132] T 13; Exhibit 1, Tab 13, Statement of Carisa Watson.
[133] T 45 – 46, 54, 57 - 58; Exhibit 1, Tab 6, Statement of Sharon Tregear.

that a member of the public had "found her walking in the ocean."[134] The Salvation Army had got her information from Carole's hospital band.[135] Ms Sue French from the Salvation Army made the call and was told that the hospital staff would contact the police and pass on the information.[136] The ward clerk Ben contacted the police and was updated that police were *en route* to collect her. The note also indicated Mr Lampard was telephoned at 2.05 pm and updated.[137]

121. Ms Tregear recalled that another staff member told her they had phoned the hospital and police, and the police would be there within the hour. Carole was seated nearby at a table in the café area, but out of earshot, during this conversation.[138]

122. Ms Tregear took Carole into the op shop area to get her some better clothes. The op shop is adjacent to the main building. While there, Ms Tregear asked Carole if she wanted to call her husband. Carole told Ms Tregear they were not together anymore and declined Ms Tregear's request to call him. Carole was given some more coffee and a warm meal, of which she only ate a couple of spoonfuls.[139]

123. Carole started asking Ms Tregear when her wet clothes would be dry, as she wanted to leave. Ms Tregear told her the clothes were in a machine with a timer, so they couldn't interrupt the cycle. She was aware the police were coming and was trying to keep Carole there until they arrived. Ms Tregear believes Carole could tell she was trying to stall her.[140]

124. Ms Tregear asked another volunteer, Beverley Bennett to sit with Carole and try to keep her there. Ms Bennett recalled she sat with Carole for 30 to 40 minutes. Ms Bennett recalled that there was not much conversation between them, but she appeared rational and was making sense when they did speak.[141] At some stage, Carole asked her if the police had been called. Ms Bennett tried to deflect her question, but Carole was immediately suspicious and became restless. Shortly after, Carole walked out the door of the Salvation Army. Ms Bennett estimated it was around 2.20 to 2.30 pm. Ms Bennett also remembered Carole was "very, very thin"[142] and "very determined,"[143] not to let anyone be in control of her now that she had got out of the hospital.[144]

125. After Carole left, Ms Tregear and Ms Bennett both got in their cars and separately drove around trying to look for her. Ms Tregear drove to the coast, as she was worried that Carole might head to the water again, but she did not see her. Ms Bennett followed Carole to the Waikiki shopping village and last saw Carole heading down Read Street, towards the roundabout at Safety Bay Road. Ms Bennett recalled

[134] Exhibit 1, Tab 36A, 3.10.2017, 15.00.
[135] T 18.
[136] Exhibit 2, Tab 45.
[137] Exhibit 1, Tab 36A, 3.10.2017, 15.00.
[138] Exhibit 1, Tab 6, Statement of Sharon Tregear.
[139] T 47, 52, 54; Exhibit 1, Tab 6, Statement of Sharon Tregear.
[140] T 48 – 49.
[141] T 31.
[142] T 31.
[143] T 31.
[144] T 40.

Carole was walking quickly and with purpose.[145] She did not think Carole had seen her. Ms Bennett told Ms Tregear, who came to that location and also saw Carole there. She telephoned Ms Pilgrim to advise her of whether they had last seen Carole, so she could update the police. Ms Tregear and Ms Bennett then went home.[146]

126. Ms Pilgrim recalled that one of the volunteers told her that Carole had said that she might head home, and when she was asked whether she would be able to get inside, she said a key was placed outside. This supported the idea she might eventually go home, like she usually did.[147]

127. Evidence indicates Carole had arrived at the Salvation Army at 12.47 pm and left at approximately 2.24 pm (based on CCTV footage), so more than an hour and half later.[148] It is obviously very unfortunate that the police did not attend the Salvation Army in the one and a half hour period when Carole was there. The Salvation Army staff and volunteers did their very best to try to keep Carole warm, safe and well, but they were not in a position to stop her from leaving when she chose to go. Two of the volunteers did try to follow her for a period, in the hope that police would arrive soon and they could point them in the right direction, but regrettably the police were still unavailable. By the time the police did arrive in the area, Carole was long gone.[149] One of the Salvation Army volunteers commented at the inquest that she did still wonder why the police never attended on the day.[150]

128. The Rockingham Hospital medical records indicate police had spoken to a hospital staff member at 12.25 pm and indicated the police would go to Carole's home address. A later entry made in the notes at 3.00 pm, but apparently recording slightly earlier events, indicates the Ward Clerk received a phone call from the Salvation Army indicating that Carole was with them. The Ward Clerk then contacted police and updated them with this information. They were told police were on their way to collect Carole and Mr Lampard was notified of this information at 2.05 pm. A further call was then received from the Salvation Army at 2.35 pm to inform them that Carole had left. Another phone call was made by the Ward Clerk to police to update them on the direction Carole had left and another call was made to update Mr Lampard at 2.45 pm.[151]

129. Police records indicate that the WA Police were aware that Carole had absconded from Mimidi Park at 12.15 pm on 3 October 2017. At 12.30 pm a dispatcher spoke to someone at the hospital to get more details and it was entered that Carole was considered high risk, given previous comments she had made, and Mr Lampard had suggested Carole was likely to make her way home as she had previously hitchhiked home in a similar situation. Police officers were tasked to go to Carole's home, where they found no sign that anyone had been there recently and contractors who

[145] T 33 – 34, 39, 50.
[146] Exhibit 1, Tab 6, Statement of Sharon Tregear and Tab 7A – 7B, Statement and email of Beverley Bennett.
[147] T 21.
[148] Exhibit 1, Tab 30, Annexure A; Exhibit 3.
[149] T 32 – 33.
[150] T 35.
[151] Exhibit 1, Tab 36A, Integrated Progress Notes, 3.10.2017, 15.00.

had been working nearby confirmed that they had seen no one arriving at, or leaving, the address.[152]

130. The WA Police Incident Report records information that Carole might be at the Salvation Army in Read Street, Rockingham, at 2.13 pm. This was after a linked job was created at 2.05 pm and a search was done for the Salvation Army's details. Unsuccessful attempts were made by the police to call the Salvation Army as it went to an answering machine. A general call was then put out at 2.45 pm to any cars available in the area, but there were no takers as all cars were busy on other tasks.[153]

131. The next call at 2.54 pm indicated that Carole had left the Salvation Army office and had last been seen heading south on Read Street in Rockingham about half an hour before. She was now wearing different clothing to the earlier report, having changed clothes at the Salvation Army. A note in the police Incident Report suggests Carole had told a Salvation Army member that she was intending to hitch a lift to Mandurah. There were still no vehicles available, and this remained the case for the next few hours. No attempts appear to have been made to actively look for Carole again until officers went to her home again at 2.13 am on 4 October 2017, again finding the home empty and with no sign of anyone having been there recently.[154]

132. Mr Lampard was notified by hospital staff by telephone sometime after midday that Carole had run away. He had missed the first call, but answered the second call at around 12.40 pm on his mobile. He was advised that Carole had absconded from the hospital and was asked if he had heard from her. He was not at home at the time and hadn't heard from her. He had not seen or spoken to her since his visit on the Sunday, two days before. Mr Lampard then received another call to say that Carole was at the Salvation Army and the police were out looking for her. He assumed she would be collected and readmitted to hospital. However, he was then notified that the police had missed her at the Salvation Army and she was still missing.[155]

133. The next day, being 4 October 2017, Mr Lampard went to the Salvation Army and spoke to Ms Pilgrim about what had happened. Ms Pilgrim told him that Carole had mentioned to one of the volunteers that she might head home.[156] He collected Carole's clothes before leaving. Mr Lampard then attended the Mandurah Police Station to provide information to police to assist them in their missing person search. He signed a detailed statement on 10 October 2017. On 16 October 2017, Mr Lampard provided the police with more information about Carole's background and the people and places Carole might visit.[157] Mr Lampard conducted his own searches for Carole with the assistance of friends, without success.[158]

[152] Exhibit 1, Tab 38A.
[153] Exhibit 1, Tab 38A, Incident Report; Exhibit 2, Tab 42.
[154] Exhibit 1, Tab 38A; Exhibit 2, Tab 42.
[155] Exhibit 1, Tab 4A, Statement of Christopher Lampard.
[156] Exhibit 1, Tab 9, Statement of Tamara Pilgrim.
[157] Exhibit 1, Tab 4A, 4C and Tab 5A.
[158] Exhibit 1, Tab 5B.

WHY DIDN'T POLICE ATTEND?

134. A question that arose during the inquest was why the WA Police did not attend the Salvation Army earlier, while Carole was still present? Superintendent Martin Cope attended the inquest to provide evidence on this point. Superintendent Cope explained that he had reviewed the relevant records and identified that there had been a failed attempt by the district control centre officers to call the Salvation Army on the day, as the phone had been switched to an answering machine. There were then attempts to send a police car to the Salvation Army, to make further enquiries, but unfortunately no police cars were available to attend at the time. [159]

135. The attendance was given a priority 3, which required general police attendance. It was recorded as being related to a high risk mental health absconder. This was consistent with the policy at the time. The policy has since changed, and it would now be given a priority 2, which is a higher level of task.[160]

136. Based on the priority that was allocated at the time, a response time of one hour was designated, but no police cars became available in that time frame. This is a great pity, as it seems clear that if a police car had been available to attend in a reasonable time frame, they would have been able to apprehend Carole and return her to the hospital. Mr Lampard also expressed his disappointment at the inquest in relation to the delayed police response to the report that Carole was at the Salvation Army. He commented that it was "tragic that for the want of one police car with two police officers, Carole is now gone."[161]

137. I note the police did attend Carole's house earlier in the day, when it was thought she might return there, and conducted a thorough investigation in the days that followed. However, at the most important time, when Carole was actually known to be in a certain place and able to be apprehended, no police were available. Unfortunately, that is the reality that we face on a daily basis, where police must juggle various priorities with limited resources. However, this provides small comfort to Carole's family and friends, knowing that if police had been available, this inquest might never have been needed.

138. It was also apparent from the evidence that the level of risk and concern in relation to Carole may not adequately have been conveyed to the police, at least at the time she was with the Salvation Army officers, as the communication was being done through the hospital. It is unfortunate that the call through by police to the Salvation Army were not successful, as I believe that a direction conversation may have provided more relevant information to the police that could perhaps have prompted greater endeavours to get there quickly. However, as Superintendent Cope indicated, the lack of a car to task was the problem, so even knowing that the risk was greater than perhaps initially appreciated, it may not have resulted in a different outcome.[162]

[159] T 218 – 221; Exhibit 2, Tab 42..
[160] T 222.
[161] T 202.
[162] T 225 – 226, 232.

139. It was indicated at the inquest that the WA Police are considering making changes to the WA Police Manual and the absconder form at the South Metropolitan Health Service, to improve communication in similar cases.[163]

LATER POLICE INVESTIGATION

140. The initial phase of the police investigation was an attempt to locate Carole and return her to hospital, as noted above.

141. Mr Lampard had also gone to his home a few times on 3 October 2017, and again on the morning of 4 October 2017, and found no sign that Carole had been there.[164] Over the following days, Mr Lampard also checked other places where Carole might have gone, without any luck. He told the police on 6 October 2017 that she had not accessed a credit card and cash he had left out for her, in case she returned home, and she had not used her Facebook or email account.[165]

142. On 6 October 2017 the carriage of the investigation was transferred to Rockingham Police Station and appears to have been upgraded to a full missing person search, with a Land Search and Rescue Operation (LandSAR) initiated.[166] Police officers spoke to the Salvation Army staff again on 7 October 2017 and searched the Waikiki Shopping Village and spoke to people there. No new sightings of Carole were confirmed. The bodies of water in the area were also inspected for any sign Carole might have been there.[167]

143. Tracker dogs sourced by Mr Lampard had repeatedly provided an indication that Carole had been in the Mandurah foreshore area, with particular attention given to a jetty opposite a café. Police officers from the Police Diving Squad searched the water at the Mandurah Estuary in the area of the jetty on 13 October 2017. No items were located during the dive that were felt to be relevant to Carole's disappearance. [168]

144. Police officers also visited various homes where Carole was known to have house sat in the past, with no sightings of her. Any available CCTV footage in the Mandurah CBD was also reviewed.[169]

145. The police investigation explored the possibility that there might have been some criminality in relation to Carole's disappearance, but no evidence was identified to support such a conclusion.[170]

146. Police made enquiries with the farm organisation, WWOOF Australia, which Mr Lampard and Carole had been involved with before when looking for

[163] T 242.
[164] Exhibit 1, Tab 38A
[165] Exhibit 1, Tab 38A.
[166] Exhibit 2, Tab 42.
[167] Exhibit 1, Tab 19.
[168] Exhibit 1, Tab 15 and Tab 20 and Tab 27, Report of Senior Sergeant Reyne, 13.12.2017.
[169] Exhibit 1, Tab 15.
[170] Exhibit 1, Tab 19 and Tab 27, Report of Senior Sergeant Reyne, 13.12.2017.

accommodation and food in return for work, but they had no record of Carole contacting them recently.[171]

147. Mr Lampard located Carole's diary at home in a cupboard. The diary had entries related to her drinking and food intake, as well as repeated daily entries about wanting to die quickly and peacefully written from 16 August 2017 until 3 September 2017. He also found a notebook, which contained reference to dying. Mr Lampard recalled she often had the diary and notebook with her. He provided it to the police around 18 October 2017.[172]

148. On 26 October 2017 local police in Shark Bay were asked to go to Nanga Bay Resort, Shell Beach and other locations in that area to check for any sign of Carole, and after no sign of her was found, Carole's 'Missing Person' photograph was put up in these locations, in case she did turn up there later.[173]

149. On 16 November 2017 officers from the Missing Persons Unit confirmed that there had been no transactions by Carole on her bank account and she had not had any interaction with Centrelink or Medicare. Immigration checks indicated there was no record that Carole had left Australia.[174]

150. From the information gathered in the investigation, up to December 2017, it was apparent to the police that Carole "was a strong-willed individual whom had the experience and capability to fend for herself and live a spartan existence. It was clear that Carole would probably not reach out to her husband as she blamed him for having her committed in the first place and wanted to live a life without any material constraints."[175]

151. By mid-December 2017, after 90 days had passed without locating any sign of Carole and no evidence of criminality, it was determined that Carole met the criteria for a long-term missing person and ongoing management of the investigation into her disappearance was allocated to the WA Police Missing Persons Team.[176]

OTHER INFORMATION AND POSSIBLE SIGHTINGS

152. As part of the police investigation, there was extensive media coverage of Carole's disappearance. This prompted numerous unconfirmed sightings of Carole.[177]

153. There was a possible sighting of Carole hitchhiking near the Safety Bay off ramp during the afternoon of 3 October 2017. The person saw a female between 3.00 and 4.00 pm and remembered that she was standing halfway down the on ramp, in a

[171] Exhibit 1, Tab 19.
[172] Exhibit 1, Tab 17A - B.
[173] Exhibit 1, Tab 19.
[174] Exhibit 1, Tab 19 and Tab 28.
[175] Exhibit 1, Tab 27, Report of Senior Sergeant Reyne, 13.12.2017, p. 2.
[176] Exhibit 1, Tab 27, Report of Senior Sergeant Reyne, 13.12.2017.
[177] Exhibit 1, Tab 29, Report of Inspector McIntosh, 17.10.2017.

dangerous position. He recalled she appeared very thin and seemed to be hitchhiking.[178]

154. Another motorist was driving in that same area at a time between 3.45 and 4.00 pm and she also noticed a small, frail woman hitchhiking down the side of the off ramp.[179]

155. Information recorded in the police incident summary suggests someone told the police later that Carole may have said she was going to hitchhike to Mandurah. She had done so before when she absconded from hospital.[180] The two sightings would appear to be consistent with Carole certainly attempting to hitchhike out of the area and presumably heading to Mandurah, where she usually lived.

156. Another person thought he may have seen Carole on a train heading from Perth to Mandurah on 6 October 2017. She was very thin and was carrying a bag that said 'property of Salvation Army'.[181]

157. A person who worked at the Peel Community Soup Kitchen told a police officer that they had seen a woman matching Carole's description at the soup kitchen on 9 October 2017. The soup kitchen worker remembered the person as looking quite frail and sick. She ate her soup alone, without speaking to anyone else, then left.[182] A police report indicated several other sources confirmed this sighting, leading the police to believe Carole was 'living rough' in the Mandurah area and avoiding detection as she did not want to be returned to hospital. Areas were itinerant and homeless people were known to congregate in Mandurah, and camping areas, were checked by police, with no sign of Carole.[183] This sighting was later treated by police as a confirmed sighting of Carole.[184]

158. Mr Lampard spoke to a female manager at the Nanga Bay Resort, where he had recently stayed with his wife. The manager thought she might have seen Carole. Mr Lampard provided the information to the police, although he indicated he accepted it was a long shot. The manager recalled Carole from her previous stay in June 2017 and after being contacted by Mr Lampard, she told police she recalled a woman who was similar in appearance to Carole at the resort on 10 October 2017, although she did not have a booking there.[185] This would appear to be inconsistent with other sightings of Carole in Mandurah around that time.

159. Another patient who had been in Mimidi Park at the same time as Carole signed a statement on 26 October 2017 in which she indicated she had met Carole for the first time between 8 and 12 September 2017. At that time the patient was heavily medicated and had little memory of their conversations. However, the patient was re-

[178] Exhibit 1, Tab 11.
[179] Exhibit 1, Tab 16.
[180] Exhibit 1, Tab 19, p. 43.
[181] Exhibit 1, Tab 12.
[182] Exhibit 1, Tab 22.
[183] Exhibit 1, Tab 29, Report of Inspector McIntosh, 17.10.2017.
[184] Exhibit 2, Tab 42 [4.3.4].
[185] Exhibit 1, Tab 4C, Email to police from Christopher Lampard, 16.10.17 and Tab 11.

admitted to Mimidi Park in late September and during this admission she met and spoke with Carole again, including on 1 October 2017, a couple of days prior to Carole absconding. The patient had a clear recollection that Carole was making jokes about running out the front door of the open ward and asked the patient, who was being discharged the next day, if she would come and fetch her from the carpark. The patient said she ignored Carole and changed the subject. However, she did speak to Carole about what she would do if she were to run away, and she told Carole that on Tuesdays she goes to the Salvation Army in Waikiki for lunch, which might be relevant considered the events two days later, as Carole may have hoped to see the patient and get some assistance from her.[186]

160. Carole and the patient also discussed how Carole could easily remove the nasogastric tube and Carole's concern that if she ran away her clothes would not fit her as she had put on weight in hospital. Carole and the patient then reportedly discussed suicide for quite a while. They were both on the locked ward due to being suicidal, and the patient said they spoke about the most efficient way to kill themselves. Carole told the patient at that time that she wanted to escape so she could kill herself, and the patient believed Carole had made up her mind about doing this. She told the patient she had detached from her husband and didn't want him, or anyone else, to visit her in hospital. She was frustrated with the hospital and her treatment and denied that she had an eating disorder, instead indicating that she simply didn't want to live anymore. The patient saw Carole briefly the next day and said goodbye before she was discharged. She told police she had not seen or heard from Carole again after leaving the hospital.[187]

RECENT POLICE REVIEW

161. A check with Medicare has revealed no Medicare or pharmaceutical claims were made in relation to Carole after 3 October 2017. Other proof of life checks with Centrelink and the banks has found no evidence of Carole accessing services since 3 October 2017. Immigration records indicate Carole was a New Zealand citizen and was onshore in Australia as the lawful holder of a Special Category Visa at the time of her disappearance. There is no evidence to suggest she has left the country.[188]

162. At the time of the inquest, the police investigation had reached the conclusion that it was unlikely that Carole was still alive. The early police investigation ruled out any possible criminality in Carole's disappearance and that position has not changed. Therefore, her death occurred by some manner other than homicide.[189]

VIEWS OF FAMILY AND FRIENDS

163. Carole's husband, Chris Lampard, and sister, Elizabeth Phillips, both provided additional information for the inquest.

[186] Exhibit 1, Tab 8.
[187] Exhibit 1, Tab 8.
[188] T 217.
[189] T 217; Exhibit 1, Tab 2.

164. Ms Phillips emphasised the distress and upset that Carole's disappearance has caused to all of her family, in particular her frail and elderly parents. As a family, they emphasised that Carole was a much loved member of a large family. They knew, as a family, that she had an eating disorder that had adversely affected her mental health and overall well-being, but were still not expecting this tragic outcome.[190]

165. Ms Phillips indicated her family's belief that a number of factors contributed to the final decline in Carole's mental state, including a milestone 50th birthday, the sudden death of her brother and her mother's recent stroke. These events caused Carole considerable upset and worry, particular the family events occurring while she was so far away. Ms Phillips and other family members kept in regular contact with Carole and her husband and they had actually felt relief when Mr Lampard told them that Carole had been made an involuntary patient, as they hoped it would provide an opportunity for Carole to receive the care and support she clearly needed in a safe environment.[191]

166. It was, therefore, with "absolute disbelief"[192] that they processed the news from Mr Lampard that Carole had gone missing from the hospital. They hoped and prayed that Carole would be found safe and well, but as time has gone on, that feeling of hope has disappeared and turned to sadness with the realisation that Carole has died. Carole's parents have never got over this loss and they never will.[193]

167. Ms Phillips indicated that she and her extended family have read all of the materials relevant to the inquest and they express the view that there were a series of unfortunate failings that led to Carole's disappearance, including a health facility not able to deal with people with an eating disorder, and individual and systemic failures in terms of protocols and approvals, as well as a failure in risk assessments.[194] They have, however, expressed their gratitude to Carole's husband Chris, who did everything possible to get Carole help, the Salvation Army staff who offered care and support to Carole in her time of need, and the WA Police who conducted extensive searches for Carole in the days after her disappearance.[195]

168. Carole's family expressed the hope that the inquest would indicate that lessons have been learnt and this will not happen again to another family, although noting this news will give them little comfort or closure as they will never know what would have happened if Carole had been kept safe in hospital and given a chance to recover from her eating disorder.[196]

169. Mr Lampard gave evidence at the inquest to confirm he still holds the belief that Carole died sometime around the date of her disappearance. Mr Lampard explained that they had a very close relationship and had spent a great deal of time together, just the two of them. Mr Lampard noted that he was the only person Carole was

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190 Exhibit 2, Tab 41.
191 Exhibit 2, Tab 41.
192 Exhibit 2, Tab 41 [9].
193 Exhibit 2, Tab 41.
194 Exhibit 2, Tab 41.
195 Exhibit 2, Tab 41.
196 Exhibit 2, Tab 41.

really close to in Australia, so there was no one else she could really turn to for help. He had witnessed the decline in her mental health, particularly over the last three years of her life, and knew she was getting worse even though he had been working really hard to keep Carole happy and alive. After Carole disappeared in October and did not return home, he knew in his heart that she was not coming back this time.[197]

170. Although Mr Lampard knew that Carole was angry with him, he still believes she would have come back to him eventually if she was able to do so. He gave evidence that he believes if she had survived, he thinks "she would have recognised that she needed help and eventually come home." [198] Mr Lampard also noted that Carole was close to her family, particularly her sister, so even if she had not contacted him, she would definitely have made contact with her sister if she was still alive.[199]

171. Mr Lampard gave evidence that the weather was appalling in the first week that Carole absconded. It was very cold, with lots of rain, and he believes that she might have died of natural causes given she was so physically frail, or else she may have finally killed herself, given her previous threats and attempts. Mr Lampard does not believe that Carole could have survived on her own without some form of help.[200]

172. In terms of how Carole was able to abscond from the hospital in the first place, Mr Lampard expressed his opinion that it was a failure on the part of the hospital staff, given they ought to have been aware that she had previously absconded from the hospital in the past. He accepted that she could be calculating and would not have made it clear to them what she was planning, but he still believed there ought to have been a better assessment of her risk by the staff based on her history and the fact that she had been successfully increasing her weight, which would have given her greater energy and ability to abscond, if she chose to do so.[201] Mr Lampard expressed disappointment at the failure to consult him about the decision to grant her leave, as he believes he could have suggested he be in attendance, which might have alleviated a lot of the risk, or at least provided some relevant information for the hospital staff to assess her risk, given what she had said to him in their last meeting.[202]

HOSPITAL REVIEW

173. Rockingham General Hospital initiated its own clinical investigation into Carole's escape from the hospital, which was completed on 8 November 2017. There were two main issues identified in the investigation – the issue of the approval for leave and the overall care for Carole as a person with an eating disorder.

Leave

174. Dr Gordon Shymko is the Mental Health Service Medical Co-Director at the Peel and Rockingham Kwinana Mental Health Service, which is part of the South

[197] T 191 – 192, 196.
[198] T 194.
[199] T 196, 203.
[200] T 193 – 194, 203.
[201] T 197.
[202] T 201 – 202, 209 - 210.

Metropolitan Health Service. The service includes Rockingham Hospital's Mimidi Park. Dr Shymko has been working at Rockingham Hospital since 2000, and in his current role since 2007. Dr Shymko was not personally involved in Carole's medical care. Dr Shymko provided evidence about the general policies for mental health patients at Rockingham Hospital, both at the time of Carole's admission in September 2017 and currently.[203]

175. Dr Shymko confirmed that Carole spent time initially on the closed/locked ward, and then gradually moved to an open ward, with a one to one nursing special in place throughout her hospitalisation. As the name suggests, there is more freedom on the open ward, but in Carole's case, give the nursing special allocation, she was still quite closely supervised even on the open ward. Dr Shymko noted it is relatively common for a patient with an eating disorder to have such a nurse allocated "because often a high degree of supervision is required to ensure that the person is adhering to the treatment as part of the eating disorder."[204] The purpose of the supervision, therefore, is to ensure that she was not exercising too much and complying with her meals and not interfering with her nasogastric tube.[205]

176. As part of the least-restrictive approach to care, although Carole continued to be supervised 'one to one' by a nurse, she was progressively given more freedom within the hospital. This included permission to go on supervised leave to the kiosk. Dr Shymko explained that the ultimate goal for a patient in hospital is to be discharged from hospital, so the grant of accompanied leave to the kiosk formed part of the progression towards Carole's discharge. Dr Shymko explained that how Carole behaved on this escorted leave would assist the medical staff to gauge her stability and recovery, and her ability to manage greater freedoms leading up towards discharge.[206]

177. Although Carole would remain on the hospital grounds at all times, a visit to the kiosk was still considered to be a grant of a leave of absence, as she was an involuntary patient leaving the Mimidi Park ward.[207] There were two policies in place regarding patient leave for a mental health patient when Carole absconded on 3 October 2017. One was a corporate policy for the Rockingham Peel Group and the other was a clinical policy for the South Metropolitan Health Service. The Rockingham Peel Group policy required that involuntary patients were only to be granted a leave of absence by a consultant psychiatrist, which is consistent with the legislative requirements of the *Mental Health Act*.[208]

178. There was some debate during, and after, the inquest, as to whether this requirement meant that for Carole to be granted escorted leave to visit the kiosk, it required the approval of a consultant psychiatrist. The same question was raised in relation to the escorted walk in the hospital grounds.[209]

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[203] Exhibit 1, Tab 33A, Statement of Dr Shymko.
[204] T 59.
[205] T 93 - 94.
[206] T 61.
[207] T 61.
[208] T 61, 72; Exhibit 1, Tab 33A, Statement of Dr Shymko.
[209] T 61.

179. The evidence indicates a psychiatric registrar granted Carole escorted leave to the kiosk. There is no evidence in the medical notes to indicate that any medical officer approved the escorted leave in the hospital grounds, although Ms Hettihewa recalled that an unidentified nurse said they would check with a medical officer. Certainly, neither grant of leave, either to the kiosk or into the hospital grounds, was approved by a consultant psychiatrist.

180. While Dr Ojo was away, Dr Biju Thomas was the relief psychiatrist responsible for Carole's care and for a decision to grant her leave of absence, but he was not consulted in relation to Carole being permitted to attend the kiosk or the group walk on 3 October 2017.[210] Dr Ojo had returned from leave that day, and he also confirmed he was not consulted.

181. Dr Shymko gave evidence that enquiries with the medical staff who were involved at the relevant time established that they interpreted the requirement for a consultant to approve a 'leave of absence' as applying only to leaving the hospital and going into the community. Therefore, a registrar approved the escorted leave to the kiosk.[211]

182. In relation, to the escorted walk in the hospital grounds, enquiries indicate that the nursing staff appear to have interpreted the approved leave to the kiosk as approved leave within all of the hospital, including an escorted walk in the grounds, rather than simply limited to the kiosk.

183. Nurse Kurian, who was involved in discussions about Carole's leave on 2 October 2017 and often performs the more senior role of Nurse Co-ordinator, noted that he was always aware that decisions around patient leave were to be made by the medical staff for all patients. However, it was not a requirement to record the leave on the Mental Health Authorised Leave Form. Nurse Kurian also noted that the leave generally granted at the relevant time was either Escorted Ground Leave, Unescorted Ground Leave, and then day leave and eventually overnight leave. There does not appear to have been the category of escorted ground leave only to specific locations (such as the kiosk), so Nurse Kurian recalls Carole's approval for escorted ground access to the kiosk but did not recall any specific reason for indicating only the kiosk. Accordingly, the entry he made in the system was for "EGA (escorted ground access) with staff on wheelchair twice day," with no reference to the kiosk.[212]

184. Nurse Kurian could not recall if he was asked on 3 October 2017 whether Carole could go on a walk, but indicated it was possible he was asked, and if he had been he believes he "would have said that Ms Livesey could go on the walk,"[213] based on his understanding that escorted ground leave had been approved. However, I also note that when Ms Hettihewa spoke to a male nurse, he indicated that he would check, which was likely to be with the registrar. It is unclear if that, in fact, occurred, but in any event it is clear it was not checked with a consultant.[214]

[210] Exhibit 1, Tab 33A, Statement of Dr Shymko [40], [65] – [66].
[211] T 64.
[212] Exhibit 2, Tab 40 [60], ATT BK 5.
[213] Exhibit 2, Tab 40 [71].
[214] T 70 – 71.

185. There was also a requirement for a progress risk assessment to be conducted before Carole was allowed out on leave that day, assuming the leave had been properly approved. Dr Shymko explained that the requirement for a progress risk assessment was introduced in 2016/2017 as "another layer of assessment of an individual within the inpatient setting."[215] It is comprised of at least a partial mental state examination, with the aim to try and determine that person's level of risk to themselves or others.[216] There is no evidence on the brief that a progress risk assessment was completed and the hospital's internal review report confirmed that the Progress Risk Assessment was not completed prior to Carole being given escorted ground leave that day. It was noted that the ward had run out of the relevant file stickers, which may have contributed to this lapse in process.[217]

186. In terms of a consultant authorising leave, it was noted that a risk assessment is required, and in part appropriate risk mitigation strategies must be considered. Dr Shymko indicated that a 'one-to-one nursing special' is one of the major risk-mitigation strategies that they use to try and diminish risk, so it is relevant that this was in place for Carole, even though a consultant had not made the grant of leave. Dr Ojo also considered that the fact Carole was being supervised on a nursing special was relevant and minimised the risk.[218] It was also relevant that Carole was seated in a wheelchair and was noted to be underweight and quite frail and often dizzy, had a nasogastric tube inserted, had a cast on her leg due to a fractured tibia and a quite heavy cast on her arm, all of which might have suggested to an observer completing a risk assessment, that her risk of absconding at that time was low.[219]

187. Dr Shymko also agreed that the policy for granting leave notes that there are risks involved in both granting, and refusing, leave. Dr Shymko noted that Carole had been finding the ward environment difficult and there was evidence her mental state was improving, which in the context of trying to give her some hope and apply the least restrictive practice, might support a greater grant of leave. Therefore, based only upon reviewing the notes, Dr Shymko expressed the opinion that he, as a consultant psychiatrist, would likely have felt it was appropriate at that time to offer Carole leave off the ward, in a meted manner, particularly given the length of time she had spent in that restricted setting.[220]

188. In terms of changes arising from these events, a recommendation from the Clinical Incident Investigation Report was that they use standardised phrases for leave approval in patients' records. A process for this was to be developed and implemented.[221]

189. Dr Shymko also indicated that since the incident involving Carole, hospital has introduced a new form to be completed for all approvals of a leave of absence, which must be signed by a consultant psychiatrist, indicating the consultant agrees with,

[215] T 68.
[216] T 68.
[217] T 78; Exhibit 1, Tab 37, p. 5.
[218] T 95 – 96.
[219] T 73, 82 - 83.
[220] T 83 - 84.
[221] Exhibit 1, Tab 37.

and has approved, that leave. The leave plan must then be reviewed every 48 hours.[222]

190. Mr Lampard gave evidence at the inquest that both he and Ms Phillips were reassured to hear from Dr Shymko's evidence that changes have been made at Mimidi Park, following the events surround Carole's disappearance, which might keep someone else safe in the future.[223]

191. While the change now confirms that a consultant must approve all leave, that leaves the question whether there was a requirement under the *Mental Health Act* for a consultant psychiatrist to approve Carole's leave within the hospital to the kiosk and in the hospital grounds at the relevant time.

192. In submissions filed on behalf of the South Metropolitan Health Service, it was submitted that "leave of absence" in s105(1) of the Act, is limited to a place <u>outside</u> the hospital, noting that the words "leave of absence" are followed by the words "from a hospital". It is submitted that the hospital included Rockingham General Hospital and its grounds, and was not limited to the Mimidi Park In-patient Unit. I note that the Form 6A referred to Rockingham General Hospital, although only the Mimidi Park Inpatient Unit is an 'authorised hospital' as determined by the Chief Psychiatrist. This might leave open the issue as to whether leaving Mimidi Park meant that Carole was leaving the 'hospital' to go to the kiosk or into the grounds, however, I note the definition of "hospital" in s 3 of the Act, includes both an authorised hospital, and a general hospital. Further, I note that information was provided from the Chief Psychiatrist of Western Australia, as published by the Mental Health Commission which appears to limit the legal requirements for a 'leave of absence' specifically to overnight leave, although it is suggested that it is good practice to follow a similar process for day leave.[224]

193. I am persuaded by the information above that Carole did not require the approval of a consultant psychiatrist to go to the kiosk nor to walk in the hospital grounds. I note Dr Ojo's evidence that he would have expected to be consulted, based on general practice, but that is different to a legal requirement to do so.

<u>Coordinated Eating Disorder Service</u>

194. As part of the broader clinical incident investigation, it was also noted that there is a lack of specialised eating disorder services Statewide in Western Australia and there was an absence of a coordinated approach for patients admitted with eating disorders at the hospital. The review noted Carole did not have a dietician review until 12 September 2017 and she did not have a psychology review at all while on the ward.[225]

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[222] T 62 – 63.
[223] T 21.
[224] Submissions filed by the Department of Health (South Metropolitan Health Service) dated 22 September 2021.
[225] Exhibit 1, Tab 37, p. 5.

195. Dr Shymko gave evidence that eating disorders are very complex conditions and they arguably require tertiary level or highly specialised services. He confirmed that within Western Australia currently, there is still no service that manages eating disorders centrally, so individual hospitals are left to manage eating disorders individually. Dr Shymko indicated that the SAC 1 review found that Carole's case demonstrated that at Rockingham Hospital at the time, there was not a coordinated process between the various services needed to treat a patient like Carole.[226]

196. Since Carole's disappearance, the South Metropolitan Health Service Rockingham Peel Group (South Metro Health Service) has developed a comprehensive eating disorder policy entitled 'Multidisciplinary Team Review Process for Persons Presenting with Eating Disorders (Acute) Guideline'. The policy recognises and supports the need for the patient and their primary carer to be engaged in their healthcare and participate in treatment decisions. The policy refers to an Eating Disorders Review Team, which includes a dietician, as well as nurses and other allied health staff. The overall governance of the patient remains with the admitting Consultant, who heads the review team and works with the other members in a collaborative manner to create a management plan to establish medical stability and optimise the patient's care. The team are required to undertake a review of a new patient within three days of their admission.[227]

197. Carole's dietician, Ms Wright, had also consulted the WA Eating Disorders Outreach & Consultation Service (WAEDOCS) on 14 September 2017 regarding Carole's treatment plan, noting she had severe malnutrition and significant risk of refeeding syndrome.[228]

198. WAEDOCS provides a consultation service for clinicians throughout Western Australia treating patients presenting with an eating disorder. The information provided on the brief from WAEDOCS explained a little more about the challenges Carole faced with her care, noting that emerging evidence suggests early intervention is a key component in improving the prognosis, which was obviously not possible in Carole's case given the length of time she had been living with her eating disorder. Her eating disorder required both physical and mental health care, but the initial focus had to be on getting Carole medically stabilised and had gained sufficient weight to allow her brain to recover from the cognitive effects of starvation, so that she could then benefit from psychotherapy.[229]

199. Dr Shymko noted that the new eating disorder guideline implemented by the South Metro Health Service aligns treatment to the WAEDOCS guidelines, and they have found that to be quite a successful change. Dr Shymko indicated that the biggest change is that the dietician in the team, who often leads a lot of the work with eating disorder patients, is involved pretty much from day one of admission if the patient is admitted on a weekday, and at least within the first 72 hours of admission if the patient is admitted on a weekend.[230] The South Metro Health Service has also

[226] T 65.
[227] Exhibit 2, Tab 33K – L.
[228] Exhibit 1, Tab 35D, Integrated Progress Notes, 14.9.2017, 15.00.
[229] Exhibit 1, Tab 35C, WAEDOCS Eating Disorders … Quick Reference Guide.
[230] T 65 - 66.

provided training to staff on eating disorder treatment, by having the WAEDOCS service present and support training opportunities internally, as well as supporting staff with a particular interest in the area to engage in individual additional training. Dr Shymko acknowledged that this does not replace the kind of specialised training ideally required for such a specialised area of treatment, but they have attempted to provide what they can locally, with some success.[231]

200. Dr Shymko noted that there were full-time psychologists working at the hospital and available to treat mental health patients at the time of Carole's admission, so he was unsure why she did not see a psychologist. He speculated that there may have been staffing resource issues at the time, which impacted on the level of psychology services available, which appears consistent with other evidence. However, Dr Shymko indicated psychology services should certainly be available currently as part of the multidisciplinary approach.[232] The SAC 1 investigation also identified that there was no specialist eating disorder psychology services for inpatients at the hospital, so the psychology services are more general in nature, without the benefit of the specialised training.[233]

201. Mr Lampard expressed his own disappointment at the poor level of care that was available for Carole to treat her eating disorder in the public health system. He did not feel that the quality of the food offered was designed to entice her to eat, and noted that she was given no access to psychological treatment while an inpatient, so she received no treatment for her underlying issues during her stay. That was why he was determined to move her into the private health system, where she could receive specialised treatment.[234]

202. In submissions filed on behalf of the South Metropolitan Health Service, further information was provided as to the current eating disorder services available in Western Australia, both in the public and private health systems. The information was provided by the Mental Health Commission and is helpfully summarised in the submissions.

203. I am informed that as part of its 2021 election commitment, and subject to the State Government budget process, the Western Australian State Government has committed $31.6 million to the expansion of specialist eating disorder services in Western Australia. The Mental Health Commission is leading a working group, which involves key clinical and health service provider representatives, to develop a 'model of care' for these proposed services. New services will integrate with existing services, and in particular address gaps in the treatment of patients with an eating disorder aged 16 years and over, such as Carole. The services will include community-based services, with a focus on early identification intervention and prevention programs, and intensive day programs. I am informed that it is anticipated that the services will commence from July 2022.[235]

[231] T 66.
[232] T 67.
[233] T 75; Exhibit 1, Tab 33J.
[234] T 200 – 201.
[235] Submissions filed by the Department of Health (South Metropolitan Health Service) dated 22 September 2021.

204. In addition, the Federal Government has recently released, for the first time, the Australian Eating Disorder Research and Translation Strategy 2021 – 2031. The 10-year strategy is designed to guide critical research in this complex area and transform how we treat and care for the nearly one million Australians who suffer from eating disorders. It is intended that the Strategy will provide a clear national approach to ensuring best-practice, early intervention and treatment now and in the future. The 2021-22 Federal Budget has provided $26.9 million to fund the Strategy, including $13 million to establish a National Eating Disorder Research Centre.[236]

205. Noting that there are significant changes proposed for the treatment of adult patients with eating disorders in this State and nationally, in addition to the positive changes already implemented at Rockingham Hospital as a result of Carole's case, I do not propose to make any recommendations in relation to this issue. I have no doubt that Mr Lampard and Ms Phillips will take some comfort in the fact that there are likely to be much better services available to other patients like Carole in the future, with lessons having been learnt from her case as well as others.

IS CAROLE LIVESEY DECEASED?

206. Carole had struggled with her weight and body image for many years but she appears to have had no previous history of overt self-harming behaviour or suicide attempts until she began to voice suicidal thoughts in early 2017. As her mental state deteriorated, she made repeated suicide attempts from May 2017, by various means, but predominantly by attempted drowning. She was admitted to hospital on a number of occasions for treatment to manage her low weight and suicidal behaviour.

207. By early October 2017 there had been noticeable improvement in her weight, but Carole's mental health had not improved. She had spoken to another patient of wanting to escape the hospital in order to commit suicide not long before she disappeared. Carole absconded while on an escorted walk in the hospital grounds and was found soaking wet about an hour later, suggesting she may have attempted suicide again by drowning. She was given support and care by Salvation Army workers, before she left the store and disappeared. She has never been seen again.

208. I indicated at the conclusion of the inquest that I am satisfied that Carole has died. Based upon all of the evidence before me, I am satisfied beyond reasonable doubt that Carole Livesey died around the time of her disappearance. She had no money, credit cards or any identification with her when she absconded, so she had no way of supporting herself for any length of time without assistance. She has not been in contact with any family member, or any government agency, since she was last seen at the Salvation Army. Given her history of prior self-harm and suicide attempts, and the known deterioration in her mental state around the time of her disappearance, with active suicidal ideation, her death was likely as a result of suicide. There is some evidence suggesting she may have already entered the water once, just before

[236] New strategy and research centre to support Australians with eating disorders | Health Portfolio Ministers; ttps://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/new-strategy-and-research-centre-to-support-australians-with-eating-disorders.

she disappeared, and possibly did so again. This is in the context of Carole having a history of failed suicide attempts by drowning.

209. Although suicide is the most likely manner by which Carole met her death, there is insufficient evidence for me to be able to be satisfied to the requisite standard of a cause or manner of death, as without knowing exactly how she died, accident and natural causes cannot be excluded as possibilities. Noting her frail physical state and the poor environmental conditions, I can't exclude natural causes or even an accidental manner of death. The cause of death must, therefore, remain unascertained and the manner of death is open.

COMMENTS ON TREATMENT, SUPERVISION AND CARE

210. Having found that Carole is deceased, it is necessary for me to consider the quality of her treatment, supervision and care prior to her death, given she was an involuntary patient at the time she absconded and disappeared.

211. It is important to recognise that the *Mental Health Act* requires that all mental health care provided under the Act is done in the least restrictive manner, including within the inpatient setting. When a patient is involuntary, they no longer have a choice as to whether or not they wish to leave the mental health service, but they must still be treated in the least restrictive manner possible, based on their treatment needs. The general aim is to ensure that patients are receiving appropriate care and advancing towards discharge and community management wherever possible.[237]

212. I note that the nursing note entry made on 1 October 2017 indicated that Carole had requested a one on one talk with a registered nurse and had "basically stated that she was becoming despondent, there is nothing to do." She had no interest in occupational therapy groups, no interest in socialising with her peers and, although she enjoyed reading, she had become bored with it. It is clear that her zest for life had faded and she was becoming frustrated by her ongoing containment in an environment that did not provide her with intellectual stimulation. She indicated in this conversation that she wanted to go out of the ward for a break and a different scene. A note made later that night indicated that, following a visit from her husband, Carole was still asking to go out of the unit and guaranteed her safety, indicating she had no suicidal ideation at the time.[238]

213. Carole was reviewed the next day by the treating team of the registrar, registered medical officer and a registered nurse, but not the consultant. During the conversation she repeated her request for leave outside the unit, which is when the option of escorted leave to the kiosk was discussed. It was indicated in the notes that this would need to be discussed with the consultant, and I am satisfied it is likely this was done via a discussion with Dr Thomas, as he conceded this was likely to have taken place. There is nothing to suggest any concerns were raised about how the kiosk visits then proceeded, based on the nursing notes.[239]

[237] Exhibit 1, Tab 33A, Statement of Dr Shymko.
[238] T 122 – 123; Exhibit 1, Tab 36A, 1.10.2017, 13.50 and 20.00.
[239] T 125 – 127; Exhibit 1, Tab 36A, 2.10.2017, 11.00 and 14.35.

214. A number of the medical witnesses spoke about the graduated course of leave, from the closed ward to the open ward, then progressing to escorted access within the hospital grounds, on to unescorted ground access and then eventually day leave and overnight leave home, prior to final discharge. It was indicated that Carole's progression to the open ward, then escorted access to the kiosk, followed by escorted access to the hospital ground, was consistent with this usual graduated process.[240]

215. Ms Stockdale, the senior OT on the ward at the relevant time, explained very eloquently at the inquest the kind of effect that a walk in the hospital grounds could have on a patient. Ms Stockdale noted that the walk is in the bush and there are kangaroos and other wildlife, which can be very beneficial for patients to see after being kept inside on the ward for long periods. Ms Stockdale expressed the opinion that these walks "have a huge effect on people's mental health and wellbeing, and they come back just so much fuller of life and living and hope."[241] Ms Stockdale had noted that Carole seemed extremely keen to go on the walk that day and had thought it would be good for her to go, although the decision was always a medical one as to whether it would be allowed. In her 30 years of experience working in this kind of role, Ms Stockdale said she had never ever had someone run away on an escorted walk before, and it had not been within her contemplation that this might occur with Carole.[242]

216. The other workers who went on the walk with Carole that morning also had no concerns that Carole might abscond, right up until the moment she stood up out of the wheelchair and began to run. Ms Hettihewa said she could not believe it at first,[243] and Ms Willans and Ms Kaur were also very surprised.[244] Ms Willans remembered that Carole seemed "really … tucked in with blankets into the wheelchair"[245] and she seemed frail and thin, and there was no sign that anything was going to happen until all of a sudden Carole was up and running.[246] Ms Willans also indicated she was very surprised at the pace at which Carole was able to run, given her first impressions. She gave evidence she ran after Carole as she thought she would quickly collapse and she wanted to be there to catch her and support her when she did. However, Carole surprised her by continuing on at a pretty fast run until Ms Willans had to stop for her own health. Carole then carried on running until she was out of sight. It was very clear to Ms Willans at that stage that Carole was quite determined to get away from the hospital.[247]

217. I am satisfied that none of the staff involved, either the medical staff and nursing staff who were involved in decisions about Carole having some escorted leave from Mimidi Park, nor the staff who were escorting Carole on the walk, had any inkling of what Carole was planning. Her actions took them entirely by surprise and they did

[240] T 127 - 128.
[241] T 154.
[242] T 154 – 155.
[243] T 162, 167.
[244] T 177.
[245] T 183.
[246] T 183 – 184.
[247] T 184 - 185.

their best to try to call her back, but Carole was determined to carry out her escape. There was nothing more they could do at that time.

218. All three Consultant Psychiatrists who gave evidence indicated that they would have been likely to have granted Carole the leave, if they had been asked. The *Mental Health Act* requires the least restrictive approach to be applied, and after successful leave to the kiosk, they believed that escorted leave in the hospital grounds with a one-to-one nurse would have been appropriate.

219. In hindsight, it is clear that if the medical or nursing staff had been aware that Carole had been talking to another patient and her husband about escaping, this would have elevated her level of risk. However, this might simply have prompted one of the staff to speak to Carole further before granting her the leave, and it is likely she would have given a firm denial that she was feeling suicidal. It is very clear that she was very unhappy at being kept confined on the ward, under close supervision, and putting on weight against her will, and I believe she had become desperate in her desire to get away. Her husband, who had previously helped her to do so, was no longer her ally in this as he had realised she needed treatment in order to get well. Therefore, she took matters into her own hands.

220. While a further risk assessment on the morning and discussion with a consultant psychiatrist, as well as better documentation of discussions and communication would have been preferable, I am not satisfied that these would have altered the outcome in this case. The evidence supports the conclusion that Carole had given the impression she was improving and working towards discharge, and it was appropriate in those circumstances to gradually increase her freedom, as part of that process. Obviously, the fact that Carole took that opportunity to run would have meant greater restrictions being imposed upon her return, but sadly she was unable to be located and brought back to hospital this time.

CONCLUSION

221. Mr Lampard has made it very clear that he and Carole's sister and extended family have come to terms with the fact that Carole died sometime around the time of her disappearance from hospital on 3 October 2017. I indicated at the conclusion of the inquest that I am also satisfied that Carole is deceased to the requisite standard, and that she died on an unknown date around that time, from an unascertained cause and in an unknown manner. Unfortunately, that does not give Carole's loved ones many more answers than they had going in to this inquest, but at least now they have formal confirmation of her death, which they already knew in their hearts.

222. All of the evidence indicated that Carole was an amazing person who suffered from a terrible illness. She managed to live with that illness for many years and it is important to remember the many things she achieved in her life in that time. She lived a life of adventure, self-sufficiency and simplicity that many people in the current day aspire to, and in that way Carole and her husband were very ahead of their time. They shared a close bond, which I have no doubt helped Carole to manage her illness much better than if she had been left to struggle with it on her own. Sadly, at the end, even her husband could no longer help her to fight it.

223. Although ultimately her eating disorder overcame her, the legacy of Carole's death is an improvement in the care and treatment that others suffering from eating disorders will receive in this State and I hope that the Western Australian government fulfils its election promise to provide the necessary funding to implement even greater changes in the future.

S H Linton
Deputy State Coroner
25 January 2022