
JURISDICTION : CORONER'S COURT OF WESTERN AUSTRALIA

ACT : CORONERS ACT 1996

CORONER : SARAH TYLER, CORONER

HEARD : 4 SEPTEMBER 2026

DELIVERED : 15 OCTOBER 2026

FILE NO/S : CORC 3553 of 2024

DECEASED : ZANETTI, EDEN RYAN

Catchwords:

Nil

Legislation:

Coroners Act 1996 (WA)

Mental Health Act 2014 (WA)

Counsel Appearing:

Mr G Chin assisted the Coroner

Mr C Burke (State Solicitor's Office) appeared for the East Metropolitan Health Service

Ms K Reynolds (instructed by Ms E Dobson, Gilchrist Connell) appeared for St John Health Care Inc

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

Nil

Coroners Act 1996
(Section 26(1))

RECORD OF INVESTIGATION INTO DEATH

*I, Sarah Tyler, Coroner, having investigated the death of **Eden Ryan ZANETTI** with an inquest held at Perth Coroners Court, Central Law Courts, Court 85, 501 Hay Street, PERTH, on 4 September 2026 find that the identity of the deceased person was **Eden Ryan ZANETTI** and that death occurred on 21 November 2024 at Boya Quarry, Railway Reserve Heritage Trail, Boya from multiple injuries in the following circumstances:*

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INTRODUCTION

- 1 Eden Ryan Zanetti, who was referred to as Eden at the inquest and in these findings at the request of his family¹, died on 21 November 2024 from multiple injuries, after he jumped from the top of a cliff at Boya Quarry, falling approximately 40 metres to the ground below.
- 2 He was 40 years old when he died.
- 3 Eden had a long history of schizoaffective disorder. At the time of his death, Eden was subject to a Community Treatment Order (CTO), pursuant to section 23 of the *Mental Health Act 2014* (WA). He was therefore an involuntary patient at the time of his death, as defined in that Act.
- 4 As a result, Eden was, immediately before his death, a “*person held in care*” within the meaning of the *Coroners Act 1996* (WA).
- 5 In these circumstances a coronial inquest to investigate the circumstances of his death is mandatory. I am also required to comment on the quality of the supervision, treatment and care provided to Eden while on the CTO prior to his death.
- 6 I held an inquest into Eden’s death in Perth, on 4 September 2026. The following witnesses gave oral evidence at the inquest:
 - i. Dr Dheeraj Buruju, (Consultant Psychiatrist for the St John of God Midland Public Hospital); and
 - ii. Dr Devena Sharma, (Consultant Psychiatrist for the Assessment and Treatment Team, Bentley Community and Mental Health Service within the East Metropolitan Health Service).
- 7 The documentary evidence at the inquest comprised of one volume of material which was tendered by Counsel Assisting as exhibit 1.
- 8 Eden’s father attended the inquest, and Eden’s mother assisted the court by providing helpful correspondence in relation to her son.² Both of Eden’s parents provided a valuable contribution to the inquest process.

¹ Transcript, p 3.

² Exhibit 1, Tab 22.

EDEN

Brief Background

- 9 Eden was born and raised in Perth. He was a happy child, and spent his childhood playing, discovering new things, enjoying holidays and spending time with his family.³
- 10 He had no known significant physical or mental health issues growing up, other than asthma, and chronic eczema, which he had suffered since childhood.
- 11 He had previously worked as a steel fixer within the construction industry. However, following the deterioration of his mental health, he generally relied upon the disability support pension.
- 12 There is evidence to indicate that there was a history of mental illness within Eden's family.⁴
- 13 Eden's family explained that behind Eden's illness, he was a warm, caring and loving son, brother, nephew and uncle.⁵ Eden was described as a person who loved life, and it is apparent that he was deeply loved by those who knew him.

Mental Health Issues

- 14 When Eden was in his late 20's, he began to experience significant mental health issues.⁶
- 15 On 5 September 2017, he was admitted to hospital at the Alma Street Centre, after experiencing an episode of paranoid psychosis.⁷ He was again hospitalised at Joondalup Health Campus between 10 April 2018 and 23 April 2018, after experiencing episodes of psychosis. He was thought to be experiencing a psychotic disorder at that time.⁸
- 16 Eden was referred to community mental health services after his discharge from hospital.⁹
- 17 Sadly, Eden's mental health was complicated by his abuse of alcohol¹⁰, and his use of illicit drugs, including cannabis, LSD, and later methylamphetamine.

³ Exhibit 1, Tab 22.

⁴ Exhibit 1, Tab 10.1, p 2; Exhibit 1, Tab 10.3, p 2.

⁵ Exhibit 1, Tab 22, p 1.

⁶ Exhibit 1, Tab 14, p 1.

⁷ Exhibit 1, Tab 10.3, p 2.

⁸ Exhibit 1, Tab 10.3, p 2.

⁹ Exhibit 1, Tab 10.3, p 2.

- 18 He had a long history of non-compliance with treatment of his mental health, which was often linked to an increase in his substance use, his belief that his antipsychotic medications were the cause of his chronic eczema, and his belief that he did not have a mental illness.
- 19 After further investigations, Eden was diagnosed with schizoaffective disorder.¹¹
- 20 Schizoaffective disorder is a serious mental health disorder which combines symptoms of a mood disorder (such as depression, or bipolar disorder) and symptoms of schizophrenia.
- 21 Like schizophrenia, people experiencing schizoaffective disorder may experience a form of psychosis.
- 22 Eden's schizoaffective disorder generally manifested in auditory hallucinations, and prominent delusional beliefs of a religious and grandiose nature.¹²

Admission to St John of God Midland Public Hospital on 30 March 2021

- 23 On 30 March 2021, Eden was taken to St John of God Midland Hospital by police officers where he was referred for an assessment by a psychiatrist under the *Mental Health Act 2014* (WA).¹³
- 24 At that time, Eden was living with his parents in Stoneville. He was in the process of applying for a disability support pension in light of his psychiatric diagnosis, although he did not accept that his diagnosis was accurate.
- 25 Eden disclosed to the medical team that he was hearing voices from the television and from his phone, and felt that the television was being used to spy on him. He expressed paranoid beliefs about being persecuted by outlaw motorcycle gangs, and believed that they were being controlled by "*unclean spirits*"¹⁴. Eden also expressed paranoid beliefs about neighbours at his parent's home, and as a result, he had fitted padlocks to all of the doors of the downstairs section of his parents' home.
- 26 Eden told his treating medical team that while he had used alcohol and illicit substances in the past, he had been clean and sober for 11 months, although he had recommenced drinking recently.

¹⁰ Exhibit 1, Tab 14, p 1.

¹¹ Exhibit 1, Tab 19, p 1. Exhibit 1, Tab 10.3, p 1.

¹² Exhibit 1, Tab 19, p 1.

¹³ Exhibit 1, Tab 10.3, p 2.

¹⁴ Exhibit 1, Tab 10.3, p 2.

- 27 Eden's family confirmed that he had been abusing alcohol for the past few weeks, was not sleeping, and was drinking excessive quantities of energy drinks. Eden's family explained that Eden had been talking on his mobile phone without anyone at the other end.
- 28 Upon his admission to hospital, Eden was assessed as experiencing auditory hallucinations, and grandiose delusions. His judgment was impaired, and his insight into his condition was poor.¹⁵ Eden was diagnosed with a psychotic or manic relapse of his schizoaffective disorder.¹⁶
- 29 Eden was treated with the antipsychotic olanzapine but this was changed to the antipsychotic paliperidone after Eden's mother explained that Eden had previously gained a significant amount of weight on a separate antipsychotic medication, risperidone.
- 30 Eden was trialled on other additional medications, including the mood stabilising medication sodium valproate, to manage Eden's ongoing mania. Eden's mania and psychosis responded slowly to the medications prescribed to him, but he eventually settled on the ward.
- 31 After consultation with Eden's family, and in accordance with Eden's wishes, after a 31 day hospital admission, Eden was deemed suitable for discharge from hospital on a CTO. The CTO required Eden to receive depot paliperidone injections for the treatment of his schizoaffective disorder.
- 32 Eden was discharged from hospital on 30 April 2021, and his care was transferred to community mental health services.

Discharge from CTO in July 2022

- 33 Eden remained under the care of community mental health services until he was discharged from his CTO in July 2022. This discharge occurred at Eden's request.
- 34 At that time, Eden's depot injections were ceased, and it was planned that Eden would take oral antipsychotic medication. However, it appears that Eden did not collect his prescription for oral antipsychotic medications, as he continued to believe he did not require medication.¹⁷

¹⁵ Exhibit 1, Tab 10.3, p 2.

¹⁶ Exhibit 1, Tab 10.3, p 1. Exhibit 1, Tab 10.2, p 2.

¹⁷ Exhibit 1, Tab 10.2, p 2.

Admission to St John of God Midland Public Hospital in September 2022

- 35 Sadly, it appears that after his discharge, Eden's mental health quickly deteriorated given his non-compliance with his antipsychotic medication regime.
- 36 On 30 September 2022, Eden's neighbours telephoned the police after they heard Eden shouting over the fence, making threats towards them.
- 37 Eden was taken to St John of God Midland Hospital by police officers, and admitted to the Mental Health Unit.¹⁸
- 38 Eden was hearing voices and experiencing persecutory delusions. He explained that he had been drinking alcohol the day before his admission to excess, and he denied using illicit substances.
- 39 Eden was commenced on the antipsychotic medication olanzapine, and responded well to that medication. Eden spent 21 days in hospital receiving treatment. By 21 October 2022, he was more settled, and he was discharged back into the care of community mental health services.
- 40 Unfortunately, Eden once again stopped taking his antipsychotic medication, as he believed that it was "*not the will of the Lord*"¹⁹ that he take medication.

Admission to St John of God Midland Public Hospital in May 2023

- 41 On 21 May 2023, Eden's neighbours again called the police, and the Mental Health Emergency Response Line (MHERL)²⁰ with concerns that Eden was threatening his neighbour, including a young child.
- 42 Eden was taken to hospital by the police.²¹
- 43 During a mental health assessment, Eden was hostile, and refused to engage in the assessment. He expressed a belief that he would have a scriptural justification to murder treating clinicians, or police officers, if they tried to engage him in mental health treatment, and he expressed paranoid and religious delusions.
- 44 Eden had no insight into his delusions at that time, and he was admitted as an involuntary patient to the secure Mental Health Unit at St John of God Midland Public Hospital.

¹⁸ Exhibit 1, Tab 10.2, p 2.

¹⁹ Exhibit 1, Tab 10.1, p 2.

²⁰ A 24 hour telephone service for people in the Perth metropolitan region experiencing a mental health crisis.

²¹ Exhibit 1, Tab 15.2, p 4.

- 45 Eden remained under close observation in the Mental Health Unit, while he was again started on the oral antipsychotic medication olanzapine, and the mood stabilising medication sodium valproate.²²
- 46 He responded well to the medication, with a marked reduction in his psychotic symptoms, however after five days, he increasingly refused to take his oral antipsychotic medication. As a result, his medication was changed to a depot injection of olanzapine, which Eden was willing to accept.²³
- 47 Eden's presentation continued to improve, and he gradually stopped voicing delusions of grandiosity, and became less preoccupied with religious themes.
- 48 Eden was eventually granted escorted leave from the Mental Health Unit in company with his brother, and other family members, which went well. He was able to go home on multiple occasions with no issues in relation to his neighbours.²⁴
- 49 Eden was eating and sleeping well while in the Mental Health Unit, and denied any perceptual disturbances, or any further delusional thoughts. Eden's treating team appropriately involved Eden's family in his care, and Eden's parents expressed the view that Eden was back to his baseline.²⁵
- 50 Eden was offered input from the Drug and Alcohol Support Service (DASS), given information at the time of his admission that he had been binge drinking alcohol, and may have been using cannabis, but Eden declined their assistance.
- 51 Ultimately, Eden's treating mental health team concluded that while he had returned to baseline, and was no longer exhibiting any psychotic symptoms, his insight into his illness was poor. He denied being unwell when he arrived to hospital, and believed he was only taken to hospital because his neighbour had lied about him.²⁶
- 52 Eden was assessed as requiring a CTO upon discharge from hospital. He agreed to comply with the conditions of a CTO, and agreed to a future appointment with forensic mental health services in the community.

²² Exhibit 1, Tab 10.1, p 5.

²³ Exhibit 1, Tab 10.1, p 4.

²⁴ Exhibit 1, Tab 10.1, p 3.

²⁵ Exhibit 1, Tab 10.1, p 3.

²⁶ Exhibit 1, Tab 10.1, p 3.

- 53 At the time of his discharge from hospital on a CTO, Eden was assessed as being a low risk of harm to himself, or to others in the community. However, Eden's treating medical team noted that Eden was at risk of a relapse of his illness if he did not comply with his medication regime, which would likely increase his irritability, and his aggression.
- 54 Eden denied experiencing any thoughts of self-harm, any suicidal ideation, or any homicidal ideation. He did not appear to have any perceptual disturbances, paranoid ideations, or delusions, although he continued to display intense religious beliefs, and expressed that his Christian faith was an important part of his identity.
- 55 Eden was assessed as having poor insight into his illness.
- 56 His medication on discharge was a depot injection of olanzapine, which was next due to be administered in the community on 12 July 2023. He was also prescribed oral olanzapine medication for two weeks after his discharge to be taken at night, along with his mood stabilising medication.
- 57 He was discharged from hospital on a CTO managed by Midland Community Mental Health Services on 29 June 2023.²⁷
- 58 At that time, Eden was living with his parents in Stoneville.

CTO in June 2023

- 59 After his discharge from hospital, Eden's mental health was managed under a CTO through the Midland Community Mental Health Services.
- 60 He was living at home with his parents and his brother, and receiving the disability support pension.
- 61 During his CTO, Eden's depot antipsychotic medication was changed from olanzapine to a different antipsychotic medication haloperidol.²⁸
- 62 This change occurred because Eden did not like olanzapine, as it caused him to gain weight, and he didn't like the effect that medication had on him. Eden also believed that his antipsychotic medication was causing his chronic skin condition, eczema, although there is no evidence that his medication was in fact contributing to that illness.

²⁷ Exhibit 1, Tab 10.1, p 3.

²⁸ Exhibit 1, Tab 10, p 1.

63 I am satisfied that it was appropriate for Eden’s treating medical team to adjust Eden’s psychiatric medication in the hope of alleviating the side effects that so distressed him.

Involuntary Treatment Order in October 2024

64 In October 2024, Eden’s mental health again began to deteriorate.

65 Eden’s family raised concerns about Eden’s mental state, as Eden was using methylamphetamine and drinking alcohol to excess. He was not sleeping much, and was displaying escalating aggression.

66 Eden had been non-compliant with his antipsychotic depot injection medication.²⁹

67 On 8 October 2024, Eden became verbally and physically aggressive towards his parents. After an incident in which Eden reportedly assaulted his father, Eden’s family called the police for assistance.³⁰

68 Eden had been due to attend the Midland Community Mental Health Service that day for a medical review, and to receive a further depot injection of his antipsychotic medication. The police located Eden, and took him to the St John of God Midland Hospital emergency department for further assessment.

69 Eden was admitted to hospital under the care of his treating Consultant Psychiatrist, Dr Buruju, subject to an involuntary treatment order under the *Mental Health Act 2014* (WA), following a relapse of his psychosis.

70 He remained in hospital for 37 days.³¹

71 Eden’s symptoms at the time included auditory hallucinations and prominent delusional beliefs of a religious and grandiose nature. Eden believed he was in direct communication with God and other spirits, and reported hearing the voices of angels talking to him, believing these angels were placed inside him at birth.

72 Eden told his treating medical team that he was using methylamphetamine because he needed it to help him pray to God.

73 Eden also told his treating team that he was having “*thoughts about suicide, but that he would not die if he jumped off a bridge because he is God.*”³²

²⁹ Exhibit 1, Tab 19, p 1.

³⁰ Exhibit 1, Tab 10, p 1.

³¹ Exhibit 1, Tab 10, p 1.

- 74 This is the only known reference to Eden experiencing suicidal ideation in Eden's medical records.
- 75 While Eden's mother indicated that Eden had previously expressed suicidal ideation, including about three years before his death³³, it does not appear that Eden's history of suicidal ideation was known to his treating team.³⁴
- 76 During Eden's hospital admission, his treating medical team changed his antipsychotic medication to a zuclopenthixol depot injection every two weeks.³⁵ Zuclopenthixol is a typical older antipsychotic medication from a different class to paliperidone, risperidone and olanzapine, but in the same class as haloperidol.
- 77 Zuclopenthixol is a medication regularly used in psychiatry, specifically for its ability to calm severe agitation, hostility and aggressive behaviours, alongside its ability to manage psychotic symptoms.
- 78 Following Eden's depot injection of zuclopenthixol, Eden's paranoia, auditory hallucinations and agitation gradually reduced. Further, his delusional beliefs, which were often present when Eden was at his baseline, gradually reduced. By this time, Eden no longer expressed the belief that he was God.³⁶
- 79 Eden was eventually moved onto the open ward, and engaged in recovery oriented group activities. There was an attempt to engage Eden in a functional assessment with an occupational therapist on the ward, but Eden didn't cooperate with that process. Eden's mother explained to Eden's treating team that Eden was independent in activities of day to day living, in that he cooked, cleaned, went shopping, could drive, and purchased his own medication, so a functional assessment was not essential.
- 80 Eden identified goals in the community as increasing his social supports, returning to work, and going to the gym.
- 81 Eden's medical team discussed a referral to the National Disability Insurance Scheme (NDIS) but Eden declined any support from NDIS or

³² Exhibit 1, Tab 10, p 2.

³³ Exhibit 1, Tab 14, p 4.

³⁴ Transcript, p 21.

³⁵ Exhibit 1, Tab 10, p 2.

³⁶ Transcript, p 21.

any other psychosocial supports. He also refused input from a hospital psychologist.³⁷

- 82 In light of Eden's disclosed use of methylamphetamine and alcohol, Eden was again also offered input from the DASS, with the hope that it would educate him about the adverse impacts of substance abuse on mental health and wellbeing, and in the hope that abstinence and harm minimisation strategies could be discussed. However, Eden declined that referral, saying he would be able to stay away from using drugs without that assistance.
- 83 While on the ward, Eden was permitted to take escorted and unescorted leave from the ward, without any issues arising.
- 84 As Eden's condition improved, his delusional beliefs had reduced in intensity, but residual religious and grandiose beliefs remained present as part of Eden's baseline mental state. These symptoms were chronic, and treatment resistant.
- 85 Dr Buruju concluded that Eden was appropriate for discharge, once he had a suitable place to live, subject to a CTO. Dr Buruju felt that this would be the least restrictive way to appropriately treat Eden's mental health.
- 86 Eden's family remained supportive of him, however, due to Eden's behaviour towards his father while he was unwell, his father had sought and obtained a Violence Restraining Order (**VRO**) to protect himself from Eden. As a result, Eden was prohibited by the VRO to return to his parents' house to live.³⁸
- 87 Eden was not willing to voluntarily engage in treatment for his schizoaffective disorder, and he had a history of relapsing to psychosis when he was non-compliant with medication in the community. As a result, Eden could not be safely discharged until he had a place to live, and could be subject to a CTO. Dr Buruju determined that this approach would be the least restrictive, most appropriate way to manage Eden's risk to himself, and to other people due to his mental illness.³⁹
- 88 On the basis of the available evidence, I accept that the decision not to release Eden until he could be placed upon a CTO was the appropriate, least restrictive option available for Eden at this time. I am satisfied it was appropriate to keep Eden in hospital subject to an Involuntary

³⁷ Exhibit 1, Tab 10, p 3.

³⁸ Exhibit 1, Tab 10, p 3.

³⁹ Exhibit 1, Tab 19, p 5.

Treatment Order while arrangements were being made for his safe management in the community.

- 89 A hospital social worker, and welfare officer, assisted Eden to find suitable accommodation in a private share house rental in Kewdale.⁴⁰ Eden's mother attended the home open with Eden, and agreed that the rental would be a safe and suitable location for him to live.⁴¹
- 90 As a result, Eden's treating medical team, with Eden's agreement, and the agreement of Eden's family, considered the private share house rental to be an appropriate and safe discharge destination for Eden, when he was ready for discharge.⁴²
- 91 On 13 November 2024, Eden was administered his antipsychotic depot injection zuclopenthixol. His next dose was due two weeks after that date.⁴³
- 92 On 14 November 2024, Eden's treating medical team held a family meeting to prepare for Eden's discharge from hospital. Attendees included⁴⁴:
- a. Dr Buruju, the treating Consultant Psychiatrist;
 - b. A Psychiatric Registrar;
 - c. A Social Worker;
 - d. A Registered Nurse;
 - e. Eden's mother; and
 - f. Eden.
- 93 At that meeting, Eden was considered to have returned to his baseline mental state. This was considered to be stable, but Eden did still have residual delusional beliefs.⁴⁵
- 94 It was discussed that Eden's acute risk to himself and to others was low, but that he remained at chronic risk of deterioration in his mental state, or relapse of psychosis, if he did not comply with his medication, or if he

⁴⁰ Exhibit 1, Tab 10.1, p 3.

⁴¹ Exhibit 1, Tab 10.1, p 3; Exhibit 1, Tab 23, p 6.

⁴² Exhibit 1, Tab 10.1, p 3; Exhibit 1, Tab 23, p 6.

⁴³ Exhibit 1, Tab 10.1, p 3.

⁴⁴ Exhibit 1, Tab 23.

⁴⁵ Exhibit 1, Tab 23, p 4.

returned to substance use.⁴⁶ Dr Buruju explained that a longer hospital admission would not change Eden's chronic risk status.⁴⁷

- 95 At the end of these discussions, it was agreed that Eden was safe to be discharged from St John of God Midland Hospital, and he was placed on a CTO on 14 November 2024 at 2.31 pm.⁴⁸
- 96 As part of the conversation, Eden's treating team discussed with Eden and his mother what is known as 'safety netting' advice. This generally includes discussion of symptoms, signs they should watch for in relation to deterioration in mental health, where and how they should seek further medical assistance if Eden's condition deteriorated, and the conditions in place on Eden's CTO.⁴⁹

Discharge on a CTO on 14 November 2024

- 97 At the time of Eden's discharge from hospital on 14 November 2024, he was settled, polite, and cooperative.
- 98 Eden understood the conditions of his CTO, which required him to⁵⁰:
- a. Comply with all of his supervising psychiatrist's directions about the treatment to be provided to him under the CTO;
 - b. Engage with the community mental health team, and attend appointments as arranged; and
 - c. To remain adherent to depot antipsychotic medication.
- 99 Eden was to be managed under the care of a supervising psychiatrist, Dr Sagir Parkar, and under the care of a mental health practitioner, Ms Nicole D'Souza, a care-coordinator through the Bentley Adult Community Mental Health Service.
- 100 Eden was discharged to the Bentley Adult Community Mental Health Service, instead of the Midland Community Mental Health Service with whom he had previously engaged, because Eden's new address fell within the Bentley catchment area.

⁴⁶ Exhibit 1, Tab 23, p 5.

⁴⁷ Exhibit 1, Tab 19, p 5.

⁴⁸ Exhibit 1, Tab 10.8, p 1.

⁴⁹ Exhibit 1, Tab 23, p 6; Exhibit 1, Tab 10.4, p 3.

⁵⁰ Exhibit 1, Tab 10.8, p 3.

- 101 Eden was advised that he would need to attend the Bentley Adult Community Mental Health Service on 28 November 2024 at 1.30 pm, for treatment.⁵¹
- 102 At the time of his discharge, Eden denied experiencing any suicidal thoughts, thoughts of self-harm or thoughts to harm others. No acute risks to himself or to others were identified.⁵²
- 103 Eden appeared to his treating medical team to be future focused regarding moving into his new rental accommodation in Kewdale. He had been offered a job with a previous employer as a steel fixer for a construction company, and was looking forward to that work.⁵³
- 104 On discharge from hospital, Eden was prescribed the antipsychotic medication zuclopenthixol depot injection 600 mg, intramuscularly once every two weeks.⁵⁴ He was also prescribed medications to manage his eczema, asthma, and other minor medical conditions.
- 105 The treating team recommended that Eden be continued indefinitely on a CTO, due to his history of violence and aggression when he was unwell, his previous non-compliance with antipsychotic medications, and his longstanding lack of insight into his mental illness and need for treatment.⁵⁵
- 106 The Mental Health Risk Assessment and Management Plan completed for Eden on 14 November 2024 specifically considered Eden's risk of self-harm or suicide. The Risk Assessment and Management Plan recorded that Eden was at "*low risk of harm to self*" and at "*moderate risk of harm to others*". The Risk Assessment and Management Plan concluded that Eden's family, and his existing CTO, would be protective factors.⁵⁶
- 107 Eden was discharged from St John of God Midland Hospital on 14 November 2024.

⁵¹ Exhibit 1, Tab 23, p 6.

⁵² Exhibit 1, Tab 23, p 3 and 5.

⁵³ Exhibit 1, Tab 23, p 4.

⁵⁴ Exhibit 1, Tab 10.1, p 3; Exhibit 1, Tab 23, p 6.

⁵⁵ Exhibit 1, Tab 23, p 6.

⁵⁶ Exhibit 1, Tab 11.

EVENTS LEADING TO EDEN'S DEATH

- 108 St John of God Midland Hospital had initiated a referral for Eden to the Bentley Adult Community Mental Health Service on 13 November 2024, the day before his discharge on a CTO.⁵⁷
- 109 As outlined above, that referral was sent to the Assessment and Treatment Team, with the referral being activated on 14 November 2024. As a result, Eden was allocated a supervising psychiatrist (Dr Pakar), and a care coordinator (Ms D'Souza).
- 110 Eden was discharged from hospital in the afternoon of 14 November 2024.

Criminal Charges

- 111 On 15 November 2024, at about 11.00 am, Eden was involved in an incident with the police.⁵⁸
- 112 He was arrested after he allegedly overtook a police vehicle at high speed on the Mitchell Freeway, and then failed to stop for police when required to do so. After about 15 minutes, Eden's vehicle was contained by police officers while it was stopped at traffic lights, and Eden was taken into police custody.
- 113 Eden did not give an explanation for why he had not stopped his vehicle.⁵⁹
- 114 He was charged with three offences, and on 16 November 2024, he appeared before a magistrate where he was granted bail with a surety. As his surety had not been signed, Eden was taken to Hakea Prison. He was admitted to Hakea Prison at 6.48 pm.⁶⁰

Home Visit

- 115 On the same day, 16 November 2024, at 8.30 am, Ms D'Souza, Eden's care coordinator, tried to call Eden on the phone number provided for Eden in the referral to the Bentley Adult Community Mental Health Service.⁶¹

⁵⁷ Exhibit 1, Tab 11.

⁵⁸ Exhibit 1, Tab 19.

⁵⁹ Exhibit 1, Tab 19.

⁶⁰ Exhibit 1, Tab 9, p 4.

⁶¹ Exhibit 1, Tab 20, p 1.

- 116 Ms D’Souza intended to introduce herself, and schedule a home visit with Eden to discuss his CTO, and to ensure Eden understood his rights and responsibilities under the CTO.
- 117 Eden didn’t answer the phone, so at 11.00 am, Ms D’Souza conducted a home visit to Eden’s share house in Kewdale with a Clinical Nurse Specialist, Ms Milasi. Ms D’Souza’s practice was to follow up clients on a CTO with a home visit when she couldn’t contact them by phone.⁶²
- 118 When Ms D’Souza attended the share house, one of the other residents answered the door. The resident explained that the accommodation was shared between six people, and the resident wasn’t aware of Eden being a fellow housemate.
- 119 The resident gave Ms D’Souza the landlord’s phone number, and the landlord also denied any knowledge of Eden renting a room at the house, so Ms D’Souza planned to call Eden’s mother, who was listed as a next of kin for Eden, for further information.⁶³
- 120 At 3.00 pm, Ms D’Souza called Eden’s mother, who explained that Eden had been held at the Perth Watch House the night before as he was driving without a license, and that he went to court at 9.30 am on 16 November 2024. She was not sure at that time whether Eden had been released.
- 121 Eden’s mother confirmed that Ms D’Souza had the right address for Eden, and that she had been there when he discussed and paid for his room at the Kewdale address. She gave Ms D’Souza an updated phone number for Eden, and confirmed she would encourage Eden to contact Bentley Adult Community Mental Health Service as soon as she could.⁶⁴
- 122 Ms D’Souza tried to call Eden’s new phone number at 3.45 pm without success, and so she left a voicemail message for Eden to contact her. She also sent both Eden and his mother a text message with the contact details of the Assessment and Treatment Team, and with emergency mental health contact numbers if they were required.⁶⁵
- 123 Finally, Ms D’Souza confirmed with Eden’s mother and Eden by text message that Eden was due to attend an appointment on 28 November 2024, for his fortnightly antipsychotic depot injection.⁶⁶

⁶² Exhibit 1, Tab 20, p 1.

⁶³ Exhibit 1, Tab 20, p 1.

⁶⁴ Exhibit 1, Tab 20, p 1.

⁶⁵ Exhibit 1, Tab 20, p 1.

⁶⁶ Exhibit 1, Tab 20, p 1.

Release from Hakea Prison

- 124 In the meantime, despite the fact that Eden had been granted bail, he was required to remain in custody at Hakea Prison until his surety was signed.
- 125 During Eden's intake assessment at Hakea Prison on 16 November 2024 at 7.56 pm, a prison officer asked Eden some questions about his history of self-harm or suicidal ideation, and about his history of mental health issues.⁶⁷
- 126 Eden told the prison officer that he had a diagnosis of schizophrenia, for which he received medication. He denied ever trying to take his own life, and denied any current plans to take his own life, or any thoughts about harming himself or taking his own life.⁶⁸
- 127 Eden said that he believed there was hope for the future.⁶⁹
- 128 At the conclusion of the intake assessment, a Hakea Prison officer recorded that Eden made no statements referring to self-harm at the time of the interview, and was cooperative and answered all questions asked of him. Eden maintained good eye contact with the officer during the interview, and the officer identified no recommendations that were required to manage any risk of self-harm for Eden.⁷⁰
- 129 Prison health staff were aware that it was Eden's first time in prison custody, and they were aware from a mental health database that Eden was an active patient with community mental health services subject to a CTO.
- 130 On that basis, Eden was subsequently spoken to by a Mental Health Nurse at Hakea Prison on 17 November 2024 at 2.17 pm.⁷¹
- 131 During that assessment, Eden was cooperative and polite. He was expressing some religious delusional beliefs, which were noted as chronic in nature. Eden denied any perceptual disturbances, and denied any thoughts of self-harm, or suicidal ideation.
- 132 He displayed some insight, and reasonable judgement, and told the Mental Health Nurse that he expected to get bail that afternoon, as he was expecting his surety to be signed.

⁶⁷ Exhibit 1, Tab 17, p 3.

⁶⁸ Exhibit 1, Tab 17, p 3.

⁶⁹ Exhibit 1, Tab 17, p 4.

⁷⁰ Exhibit 1, Tab 17, p 5.

⁷¹ Exhibit 1, Tab 17.3, p 2.

- 133 Eden told the Mental Health Nurse that he was aware of his CTO, and was happy to continue with his current treatment regime. He denied any acute mental health concerns at that time, and asked to speak with his mother on the phone.
- 134 At the conclusion of the review, the Mental Health Nurse noted that if Eden remained in custody, he should be reviewed by a psychiatrist, however if released, Eden was happy to be referred back to Bentley Adult Community Mental Health Service.⁷²
- 135 At 5.43 pm on 17 November 2024, Eden was released to bail after his surety was signed by his mother. Eden's mother picked him up from Hakea Prison.⁷³
- 136 Eden's mother believed Eden was quite anxious about his upcoming court date in relation to his driving charges⁷⁴, but there was nothing she noticed at that time that caused her to be concerned that Eden was a risk to himself.

Telephone Contact with Care Coordinator on 18 November 2024

- 137 On 18 November 2024, Eden's mother spoke with Ms D'Souza on the phone. She told Ms D'Souza that Eden has been released from Hakea Prison on bail, and that his car had been impounded, with his phone in the car, so he didn't have his phone.⁷⁵
- 138 Eden's mother told Ms D'Souza that Eden had to go back to court on 29 November 2024 for his charges. Ms D'Souza provided Eden's mother with information about where Eden could seek legal advice, including specialist services that provide free legal advice and assistance for people with legal problems directly related to their mental health challenges. Ms D'Souza also provided Eden's mother with information about the Start Court, which is a Magistrates Court that specialises in dealing with offenders who have mental health issues.⁷⁶
- 139 Ms D'Souza confirmed that Eden's mother was aware of Eden's upcoming appointment with Bentley Adult Community Mental Health Service on 28 November 2024 for a medical appointment and to receive his depot antipsychotic medication. As Eden would not be able to drive himself there, Eden's mother agreed that Bentley Adult Community

⁷² Exhibit 1, Tab 17.3, p 2-3.

⁷³ Exhibit 1, Tab 14, p 2.

⁷⁴ Exhibit 1, Tab 14, p 2.

⁷⁵ Exhibit 1, Tab 20, p 2.

⁷⁶ Exhibit 1, Tab 20, p 2.

Mental Health Service could contact her phone, and she would arrange transport for Eden to the appointment.⁷⁷

- 140 At that time, there had been no concerns raised with Bentley Adult Community Mental Health Service in relation to Eden's welfare, risk of self-harm or suicidal ideation, or any deterioration in his mental health.

Telephone Contact with Care Coordinator on 21 November 2024

- 141 During the morning of 21 November 2024, Eden telephoned his mother and asked her to come to his house, however she was busy so she was unable to attend.⁷⁸
- 142 On 21 November 2024 at about 1.30 pm, Eden phoned Ms D'Souza to confirm his appointment time.⁷⁹
- 143 During that phone call, Eden confirmed that he was living at his share house in Kewdale. He told Ms D'Souza that his mental health was "*great*" and denied having any issues with his sleep.⁸⁰
- 144 Eden told Ms D'Souza that he was confident that he would not be incarcerated for the criminal charges he was facing, and told Ms D'Souza that he was aware that his mother had been provided with information about legal services that may assist him.⁸¹
- 145 Ms D'Souza reminded Eden of his upcoming medical appointment for 28 November 2024, for his depot injection.
- 146 Ms D'Souza had no cause for concern regarding Eden's demeanour during that phone call, and the call ended with Eden saying he would attend the appointment that was scheduled for 28 November 2024.⁸²
- 147 This phone call was Eden's last interaction with a member of his mental health team.

Telephone Contact with Mother on 21 November 2024

- 148 At 3.16 pm on 21 November 2024, Eden sent a text message to his mother containing his Last Will and Testament. Eden's mother didn't

⁷⁷ Exhibit 1, Tab 20, p 2.

⁷⁸ Exhibit 1, Tab 14, p 2.

⁷⁹ Exhibit 1, Tab 11, Mental Health Community Progress Notes; Exhibit 1, Tab 20, p 2.

⁸⁰ Exhibit 1, Tab 11, Mental Health Community Progress Notes; Exhibit 1, Tab 20, p 2.

⁸¹ Exhibit 1, Tab 11, Mental Health Community Progress Notes; Exhibit 1, Tab 20, p 2.

⁸² Exhibit 1, Tab 11, Mental Health Community Progress Notes; Exhibit 1, Tab 20, p 2.

think anything of that message at the time, as it was not unusual behaviour for Eden.⁸³

149 At 3.55 pm, Eden called his mother. He told her that he was going to take a taxi to Boya Quarry, to die by suicide. She told him not to be stupid, and said that she would come and pick him up, but he ended the call.⁸⁴

150 Eden's mother tried to call Eden back multiple times, but he did not answer. She drove straight to Boya Quarry to search for him, and telephoned the police to request a welfare check on Eden, in light of his comments.⁸⁵

151 Eden's telephone call with his mother is the last occasion on which Eden was known to be alive.

Boya Quarry

152 Shortly after 4.00 pm, a member of the public went for a run down a trail near Boya Quarry. Partway through his run, he discovered Eden's body at the base of the quarry, upon the rocks.⁸⁶

153 He called out to Eden, but Eden did not respond, and after checking his pulse, he realised that Eden was deceased.⁸⁷

154 The member of the public didn't have a phone, so he ran down the hill and called emergency services after borrowing a phone from another member of the public.⁸⁸ Emergency services were contacted at 4.33 pm.

155 Police officers were the first emergency services officers to arrive at the scene, and they commenced CPR. Ambulance officers arrived at 5.01 pm, and after assessment, confirmed that Eden has sustained injuries which were incompatible with life, and resuscitation efforts ceased.

156 Ambulance officers formally confirmed that Eden had died at 5.08 pm.⁸⁹

157 Eden's mother had arrived at Boya Quarry, and followed the sounds of police sirens. A police officer spoke with Eden's mother and confirmed that he had died.

⁸³ Exhibit 1, Tab 14, p 2.

⁸⁴ Exhibit 1, Tab 14, p 3.

⁸⁵ Exhibit 1, Tab 14, p 3.

⁸⁶ Exhibit 1, Tab 13, p 1.

⁸⁷ Exhibit 1, Tab 13, p 2.

⁸⁸ Exhibit 1, Tab 13, p 3.

⁸⁹ Exhibit 1, Tab 8.

- 158 Police officers found Eden’s belongings, including a bag which contained a handwritten note quoting bible verses about death and salvation, and expressing a desire “*to be saved*” and to “*go to Heaven*”.⁹⁰
- 159 Eden also had in his possession a copy of the Holy Bible.⁹¹

CAUSE AND MANNER OF EDEN’S DEATH

Cause of Death

- 160 Dr Victoria Kueppers, a forensic pathologist, conducted an external post mortem examination of Eden’s body on 25 November 2024.⁹² A post mortem computerised tomography (CT) scan was also conducted.
- 161 The external examination and post mortem CT scan were in keeping with Eden’s death having been due to a fall from great height. Multiple severe injuries were present, including injuries to the head, torso and limbs.⁹³
- 162 Toxicological analysis was conducted, and detected the antipsychotic medication zuclopenthixol.⁹⁴ As outlined above, Eden was administered this medication in the form of a depot injection as a requirement of his CTO.
- 163 Alcohol, cannabinoids and other common drugs were not detected.⁹⁵
- 164 At the conclusion of her investigations, Dr Kueppers expressed the opinion that the cause of Eden’s death was multiple injuries.⁹⁶
- 165 I accept and adopt the conclusions expressed by Dr Kueppers as to the cause of Eden’s death.
- 166 I find that the cause of Eden’s death was **multiple injuries**.

Manner of Death

- 167 At about 4.00 pm on 21 November 2024, Eden went to the Boya Quarry, with the intention of ending his life by jumping from the top of a cliff at Boya Quarry.

⁹⁰ Exhibit 1, Tab 16.

⁹¹ Exhibit 1, Tab 15.1, p 3.

⁹² Exhibit 1, Tab 4.

⁹³ Exhibit 1, Tab 4, Exhibit 1, Tab 5, Exhibit 1, Tab 7.

⁹⁴ Exhibit 1, Tab 6.

⁹⁵ Exhibit 1, Tab 6.

⁹⁶ Exhibit 1, Tab 7.

168 Eden called his mother shortly beforehand, telling her he was going to die by suicide. Eden had also left a note in a bumbag he carried with him, indicating that it was his intention to “*go to heaven*” and quoting religious scripts.

169 I am satisfied that after 3.55 pm, and some time before 4.33 pm, on 21 November 2024, Eden, in the setting of his serious mental illness, jumped from the top of a cliff at Boya Quarry, falling approximately 40 metres to the ground below with the intention that it would end his life.

170 I find that Eden’s death occurred by way of **suicide**.

ISSUES RAISED BY THE EVIDENCE

171 The following three issues were explored in the evidence obtained in the course of the coronial investigation into Eden’s death.

172 These issues were of particular importance to Eden’s family. I understood that Eden’s family, knowing the devastating outcome for Eden, wished to understand whether anything could or should have been done differently in the care provided to Eden, which may have led to a different outcome.

173 In making my findings below, I have carefully considered the matters raised by Eden’s family, particularly his mother, in relation to Eden’s care.

174 However, I have also taken care to be mindful not to insert any hindsight bias into my assessment of the actions taken by health service providers in their treatment and care of Eden. Hindsight bias is the tendency, after an event, to assume the event was more predictable or foreseeable than it actually was at the time.⁹⁷

175 I record my gratitude to Eden’s family for their involvement in the inquest into Eden’s death, and for their questions, which I have addressed below.

Decision to prescribe Zuclopenthixol

176 In communications with the Coroner’s Court of Western Australia, Eden’s mother queried whether it was appropriate for Eden’s treating medical team to prescribe him the antipsychotic medication

⁹⁷ Dillon H and Hadley M, *The Australasian Coroner’s Manual* (2015), p 10.

zuclopenthixol during his admission to St John of God Midland Hospital in October 2024.⁹⁸

- 177 From the perspective of Eden's mother, Eden's medications caused Eden's feet to swell, caused him to pace until he was exhausted, caused him agitation and caused intense itching to his skin. She described Eden as feeling like his body was as heavy as lead, and how he couldn't work while medicated as he could barely walk.⁹⁹
- 178 Eden's mother also indicated that she felt that she had insufficient opportunity to speak with Eden's treating team on 14 November 2024 about Eden's medication before his discharge, to explore whether it was a high risk medication.¹⁰⁰
- 179 The evidence heard at the inquest established that when Eden was admitted to hospital on 8 October 2024, Eden was not compliant with his antipsychotic medication haloperidol, which he had been required to take under his CTO, as he did not like it, experienced side effects from the medication, and did not wish to continue on that medication.¹⁰¹
- 180 Dr Buruju explained that he was content to cease haloperidol and trial a different antipsychotic for Eden not only because of Eden's views, although that was a factor, but because his treating team were concerned that the haloperidol was not as effective as hoped in managing Eden's mental health, in light of the relapse of his mental illness.¹⁰²
- 181 As a result, Dr Buruju trialled an alternative antipsychotic medication, zuclopenthixol, for Eden. Zuclopenthixol is a regularly utilised antipsychotic medication in psychiatry to treat psychosis in patients with schizophrenia.¹⁰³ This medication also had the benefit of specifically assisting to calm severe agitation, hostility and aggressive behaviours, which was significant for Eden given his history of aggression when he became unwell.¹⁰⁴
- 182 Eden had not previously been prescribed zuclopenthixol.¹⁰⁵
- 183 While Eden had reportedly experienced side effects from other antipsychotic medications in the past, Dr Buruju confirmed that Eden did

⁹⁸ Telephone conversation with Counsel Assisting dated 19 May 2026. Exhibit 1, Tab 22.

⁹⁹ Exhibit 1, Tab 22.

¹⁰⁰ Exhibit 1, Tab 22.

¹⁰¹ Exhibit 1, Tab 19, p 3.

¹⁰² Transcript, p 10.

¹⁰³ Exhibit 1, Tab 19, p 3.

¹⁰⁴ Exhibit 1, Tab 19, p 3.

¹⁰⁵ Transcript, p 9.

not report any side effects from the medication zuclopenthixol, and he tolerated the medication very well.¹⁰⁶ This is supported by the medical records from Eden’s hospital admission, which recorded that Eden had a “good response to zuclopenthixol depot”¹⁰⁷ and that there were “nil adverse effects noted”¹⁰⁸ from this medication. Dr Buruju described Eden as “happy with the medication”¹⁰⁹.

184 Dr Buruju recalled Eden telling his treating medical team that the zuclopenthixol was possibly the first medication he’d taken where he did not experience any side effects¹¹⁰, and as a result, he was happy with the medication for Eden.

185 Dr Buruju explained that there is no evidence that zuclopenthixol increases the risk of completed suicide for patients taking that medication.¹¹¹

186 On the basis of the available evidence, I am satisfied that the decision to prescribe zuclopenthixol to Eden during his final admission to St John of God Midland Hospital in October 2024, and upon his discharge on 14 November 2024, was appropriate.

187 I am satisfied that Dr Buruju’s prescribing rationale was well considered, and took into account Eden’s own views in relation to other antipsychotic medications (including his belief that other antipsychotic medication worsened his eczema, resulting in non-compliance with treatment), the limited efficacy of other antipsychotic medications for Eden, given he was experiencing psychotic relapses while on those medications, and Eden’s positive response to the zuclopenthixol during his admission.¹¹²

188 Accordingly, I find that the decision to prescribe zuclopenthixol to Eden was a reasonable and appropriate decision in all of the circumstances.

189 I appreciate that with the benefit of time and hindsight, Eden’s mother now feels that she had insufficient opportunity to speak with Eden’s treating team on 14 November 2024 about Eden’s medication before his discharge, including to discuss whether the zuclopenthixol was a high risk medication.

¹⁰⁶ Exhibit 1, Tab 19, p 3.

¹⁰⁷ Exhibit 1, Tab 10.1, p 3. Transcript, p 10.

¹⁰⁸ Exhibit 1, Tab 10.1, p 2.

¹⁰⁹ Exhibit 1, Tab 19, p 3.

¹¹⁰ Transcript, p 10.

¹¹¹ Exhibit 1, Tab 19, p 3. Transcript, p 11.

¹¹² Exhibit 1, Tab 19, p 3.

- 190 I am satisfied that there is no evidence that zuclopenthixol increases the risk of a patient taking that medication completing suicide.
- 191 I accept Dr Buruju's evidence to the contrary, namely that treating patients with schizophrenia experiencing psychosis in fact reduces the risk of suicide.¹¹³ In the context of Eden's treatment, the zuclopenthixol was therefore not a high risk medication, but rather one that reduced his risk, including his risk of suicide.¹¹⁴
- 192 I am also satisfied that there was a family meeting held between Eden's treating team, Eden, and Eden's mother on 14 November 2024 for approximately 30 minutes before Dr Buruju concluded that Eden could be discharged on a CTO.
- 193 This meeting occurred after a 37 day admission to the Mental Health Unit at a time that Eden was felt to have returned to his baseline mental health status following treatment, after significant discharge planning had taken place, which is expanded upon below under the heading: **Decision to release Eden from hospital on a CTO.**
- 194 During that meeting, Eden's treating team appropriately involved Eden's mother in decision making around Eden's care, and around discharge planning. At that time, Eden's family were recorded as being supportive of Eden being discharged from hospital under a CTO.¹¹⁵
- 195 In medical notes of the family meeting before Eden's discharge, it was recorded that the treating team "*discussed plan for discharge today. [Eden's] mum happy for same.*" It was further recorded that Eden was "*very happy & was feeling future focused*"¹¹⁶ and that Eden was "*discharged and left at [4.15 pm] with his mum.*"¹¹⁷ The notes finally recorded that there were no management issues at the time of Eden's discharge from hospital.¹¹⁸
- 196 Accordingly, it appears on the available evidence that there was a reasonable opportunity for Eden's mother to speak with Eden's treating team about his discharge medications, in her interactions with the treating team in the course of Eden's 37 day hospital admission, but also during the family meeting on 14 November 2024.

¹¹³ Exhibit 1, Tab 19, p 3.

¹¹⁴ Transcript, p 11.

¹¹⁵ Exhibit 1, Tab 10.1, p 3; Exhibit 1, Tab 19, p 4; Exhibit 1, Tab 23.

¹¹⁶ Exhibit 1, Tab 23, p 5.

¹¹⁷ Exhibit 1, Tab 23, p 6.

¹¹⁸ Exhibit 1, Tab 23, p 6.

Decision to release Eden from hospital on a CTO

- 197 Further, in communications with the Coroner's Court of Western Australia, Eden's mother queried whether it was appropriate for Eden to be released from hospital on a CTO on 14 November 2024.
- 198 Eden's mother was concerned that the decision to release Eden from hospital may have been rushed, and that she was not given an opportunity to raise her concerns regarding his discharge.¹¹⁹
- 199 I am satisfied on the available evidence that Eden's discharge from hospital on a CTO on 14 November 2024 was a planned event, with Eden's treating team actively considering the available options to identify the least restrictive way to manage Eden's chronic and treatment resistant mental illness.
- 200 Eden's discharge from hospital came after a 37 day involuntary inpatient admission to hospital. Discharge planning began when Eden had responded to treatment (zuclopenthixol depot) and his mental state had gradually improved.
- 201 There was a staged approach to Eden's management at hospital, which involved a transition from the closed ward to the less restrictive open ward, which went well.¹²⁰ Eden was given opportunities to undertake escorted leave, and later unescorted leave, which occurred with the knowledge of his family, and took place without incident.¹²¹
- 202 As Eden's mental health slowly returned to his baseline mental state (which was generally stable, but with some residual delusional beliefs which were chronic and treatment resistant)¹²², Dr Buruju determined it was appropriate for Eden to be discharged from hospital, once appropriate discharge arrangements could be made.¹²³
- 203 Dr Buruju was firmly of the view that Eden required treatment for his mental health in the community. Dr Buruju, in consultation with the treating team, and Eden's previous treating team at Midland Community Mental Health Services, felt that Eden required the framework of a CTO to manage his care and to ensure his safety in the community.
- 204 Dr Buruju explained that there was no other less restrictive option available for Eden to manage his mental health.

¹¹⁹ Telephone conversation with Counsel Assisting dated 19 May 2026. Exhibit 1, Tab 22.

¹²⁰ Exhibit 1, Tab 19, p 2.

¹²¹ Exhibit 1, Tab 23, p 4.

¹²² Exhibit 1, Tab 19, p 2.

¹²³ Exhibit 1, Tab 19, p 2.

- 205 There were two primary reasons that Dr Buruju was satisfied a CTO was necessary in Eden's case:
- (a) Eden lacked capacity to consent to mental health treatment. He did not believe he had mental health issues, and did not believe he needed to take medication long term; and
 - (b) Eden had a long history of disengaging with mental health treatment, and that if he relapsed into psychosis, Eden's behaviour could be unpredictable and aggressive, increasing the risk of harm to himself and to others.
- 206 I accept that there was clear evidence available to the treating team to establish that Eden would not comply with mental health treatment if that decision was left to him. This was based upon his expressed views, but also his previous conduct in the community, where Eden had disengaged from mental health treatment and suffered a relapse of psychosis.
- 207 I accept that Eden met the criteria for the imposition of a CTO under the *Mental Health Act 2014* (WA). There was no other less restrictive option available for his treatment.
- 208 I am satisfied that the decision to discharge Eden from hospital on a CTO was an appropriate decision, in the circumstances of this case.
- 209 I have carefully considered the concerns raised by Eden's mother as to whether the decision to discharge Eden from hospital was rushed, or whether there was a missed opportunity for Eden's mother to be given the chance to raise concerns with the treating medical team about Eden's discharge, before it occurred.
- 210 On the available evidence, I am satisfied that the discharge planning for Eden was not rushed.
- 211 Eden's discharge planning included extensive liaison to identify appropriate accommodation for Eden with the assistance of social work and welfare officer input. A number of referrals were made or offered to appropriate community supports including the NDIS, Eden's GP for his mental health and physical health (including the management of Eden's ongoing chronic eczema), and offers of input from DASS in relation to Eden's substance use.
- 212 Discharge planning also involved liaison with Eden's family, and liaison with Eden's previous community mental health team in Midland, and his

new community mental health team, the Bentley Adult Community Mental Health Service.

- 213 The contemporaneous evidence outlined in medical notes at the time support the conclusion that Eden's discharge was supported by all those involved in his care, including his family.
- 214 Accordingly, I am satisfied that it was appropriate for Eden to be discharged from hospital on a CTO on 14 November 2024. I am satisfied that the discharge planning undertaken prior to that discharge was adequate.

Were there any missed opportunities for mental health services to intervene on 21 November 2024

- 215 The final issue that arose on the evidence during the inquest into Eden's death is whether there were any missed opportunities for community mental health services to intervene for Eden on 21 November 2024, before his death.
- 216 As I have outlined above, Eden had telephone contact with his case coordinator, Ms D'Souza at 1.30 pm on 21 November 2024, after he phoned Ms D'Souza to confirm his appointment which was scheduled for the following week.
- 217 It is apparent from the conversation outlined by Ms D'Souza that at no stage did Eden say anything to Ms D'Souza that appeared to indicate that he was contemplating self-harm or suicide.
- 218 There was nothing said by Eden to Ms D'Souza in that conversation that caused her to have any cause for concern, and their conversation ended with Eden saying he would attend their scheduled appointment the following week.
- 219 It was the opinion of Eden's treating medical team at St John of God Midland hospital in October 2024 that Eden was not at high risk of self-harm or suicide.
- 220 Dr Buruju explained that if he was, they would not have discharged him.
- 221 Eden had not expressed thoughts of suicide during any of his admissions to St John of God Midland hospital other than the one comment made described at [73]. He had never attempted to harm himself during any of his hospitalisations at St John of God Midland hospital.

- 222 The information handed over to Bentley Adult Community Mental Health Services confirmed that assessment. The Risk Assessment and Management Plan dated 14 November 2024 confirmed there was no background factors in relation to suicide risk¹²⁴, and confirming that Eden was assessed to be at “*low risk of harm to self*”¹²⁵.
- 223 Further, although it was not known to Eden’s treating mental health team at the time, Eden had been specifically assessed regarding his risk of self-harm or suicidal ideation during his short period of time in Hakea Prison. During assessments with a Prison Officer on 16 November 2024, and a Mental Health Nurse on 17 November 2024, Eden consistently denied thoughts of suicide or self harm.
- 224 From my own review of the evidence, I am satisfied that there were no identified missed opportunities for Ms D’Souza, or medical staff from St John of God Midland hospital, or Bentley Adult Community Mental Health Service to have intervened on 21 November 2024 to prevent Eden’s tragic death.
- 225 Previous coronial inquests relating to deaths by suicide have shown that there is a somewhat widespread belief within the community that suicide is able to be accurately predicted, which can lead to the assumption that a death by suicide represents a failure of clinical care.
- 226 It is well established that even with the best risk assessment practises and the best possible care, it is not possible to foresee and prevent all deaths by suicide. Rather, suicide is known to be a highly unpredictable event.¹²⁶ This does not minimise the essential role of risk assessment and risk management in suicide prevention, but it does highlight the unpredictable nature of suicide.
- 227 I consider this to be particularly apt in Eden’s case.
- 228 From my review of the available evidence, taking into account the evidence provided from those involved in Eden’s mental health care, I am satisfied that Eden’s decision to end his life by suicide on 21 November 2024 could not have been foreseen by those involved in his care.

¹²⁴ Exhibit 1, Tab 11, Risk Assessment and Management Plan p 2.

¹²⁵ Exhibit 1, Tab 11, Risk Assessment and Management Plan p 3.

¹²⁶ See for example: [Department of Health: Principles and Best Practice for the Care of People who may be Suicidal](#)

QUALITY OF EDEN'S SUPERVISION, TREATMENT AND CARE

St John of God Midland Public Hospital

- 229 Eden received mental health care from St John of God Midland Public Hospital on multiple occasions for many years before his death.
- 230 After Eden's death, St John of God Midland Public Hospital conducted a review of the care provided to Eden at the Mental Health Unit before his death, to ascertain whether there were any missed opportunities that may have prevented his tragic death.¹²⁷
- 231 Their investigation concluded that Eden did not exhibit behaviours during his admission to hospital that may have caused his treating medical team to predict the prospect of his death by suicide.¹²⁸
- 232 I accept that conclusion.
- 233 It is clear that at every stage, the mental health practitioners assisting Eden sought to provide him with the least restrictive treatment that would appropriately manage his treatment resistant mental illness, and sought to ensure his safety in the community.
- 234 I am satisfied that appropriate risk assessments were made before Eden's discharge from hospital subject to a CTO, and that he was considered to be at low risk of harm to himself or to others when he was discharged from hospital.
- 235 Eden's treating team carefully considered the appropriate medication regime for Eden, tailored to his own needs and wishes, and appropriately required Eden to comply with treatment for his mental illness while he was in the community, through a CTO. As I have explained above, I am satisfied that each of these decisions were reasonable and appropriate.
- 236 I am satisfied that the supervision, treatment and care provided to Eden by St John of God Midland Public Hospital was appropriate care.

Bentley Community Mental Health Service, East Metropolitan Health Service

- 237 Dr Pakar and the mental health service providers at the Bentley Adult Community Mental Health Service had very limited contact with Eden before his death. He had only been spoken to once over the telephone by his care coordinator, Ms D'Souza, on 21 November 2024.

¹²⁷ Exhibit 1, Tab10.4, p 3.

¹²⁸ Exhibit 1, Tab 10.4, p 4.

238 In reciting that history, I make no criticism of the Bentley Adult
Community Mental Health Service. Their efforts to contact Eden are
outlined above, and I am satisfied those efforts were reasonable in the
circumstances of this case.

239 During that one conversation, Eden gave no indication that he was
experiencing thoughts of suicide, or thoughts of self-harm. Further, it is
clear that Eden's risk of suicide or self-harm was consistently assessed as
low, by his treating mental health team, and that there were no
indications to those involved in his care that he intended to end his life.

240 For the very short period of time that Eden was under the care of the
Bentley Adult Community Mental Health Service (by my calculation, a
period of **7 days**, between 14 November 2024 until his death on
21 November 2024), I am satisfied that the supervision, treatment and
care that was provided to Eden by that service was appropriate.

CONCLUSION

241 Eden had a long history of psychotic illness. He also had a long history
of disengagement from mental health services, and non-compliance with
his mental health treatment. His illness and symptoms were chronic, and
treatment resistant.

242 Eden did not accept that he suffered from a mental illness, and therefore
did not believe he required antipsychotic medication. This served to
complicate the clinical treatment that Eden's mental health service
providers tried to implement for his schizoaffective disorder.

243 Because of Eden's refusal to accept his diagnosis, it was difficult to
effectively treat Eden's mental illness. Eden did not understand the
nature and degree of his mental health issues, and did not understand the
consequences of being untreated with medication or the risks associated
with a relapse of his mental health problems. These factors required
Eden to be placed upon a CTO, as the least restrictive option to manage
his care, and try to ensure his safety in the community.

244 Sadly, despite the efforts of Eden's family, and all those involved in his
care, Eden's mental health declined in November 2024, and he took
steps to end his life by jumping from the top of a cliff at Boya Quarry.

245 Eden sent his mother a copy of his Will, spoke with his mother on the
phone and told her that he intended to end his life by suicide, and left a
note indicating that it was his intention to "*go to heaven*" and quoting
religious scripts. These matters indicate that he made a deliberate,

considered decision to end his life, rather than being incapable of making that decision.

246 I have found that Eden's death occurred by way of suicide.

247 It is clear to me that Eden's family, and all of the mental health service providers involved in Eden's care, did all they reasonably could to help Eden manage his schizoaffective disorder, which was complex given Eden's inability to accept his diagnosis. Eden was managed as well as possible, but sadly, the people supporting him were not able to prevent him from harming himself.

248 As I did at the inquest, I offer Eden's family my very sincere condolences for their loss.

S. Tyler

Coroner

15 October 2026