



# MAGISTRATES COURT of TASMANIA

## CORONIAL DIVISION



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## Record of Investigation into Death (Without Inquest)

*Coroners Act 1995  
Coroners Rules 2006  
Rule 11*

**(These findings have been de-identified in relation to the name of the deceased, family, friends and others by direction of the Coroner pursuant to S.57(1)(c) of the Coroners Act 1995)**

I, Stephen Raymond Carey, Coroner, having investigated the death of Ms G

### **Find That:**

- (a) The identity of the deceased is Ms G;
- (b) Ms G died in the circumstances described in this finding;
- (c) Ms G died in November 2014 in southern Tasmania;
- (d) Ms G died as a result of hanging; and
- (e) Ms G was in her forties at the time of her death and was separated from her husband.

### **Circumstances Surrounding the Death:**

Ms G married PK in 2008. At that time PK had a daughter, and Ms G had a son. This relationship is reported to have been positive as they had first met in 2004 and cohabited since 2005. It is reported that approximately 2 years after her marriage, Ms G went to her father's residence in order to nurse him through the final months of his life, as he had been diagnosed with terminal stomach cancer. This caused an obvious disruption in Ms G's employment and family life, although her husband and children travelled regularly to the mainland to stay with her.

Following the death of her father, Ms G's life deteriorated and difficulties with the abuse of alcohol and drugs together with mental illness became more apparent. Ms G first consulted Dr Marzena Rybak, consultant psychiatrist, on 5 May 2009 when she was admitted to St Helens Hospital. She admitted at this time that she had been abusing alcohol and drugs for a number of years. At that stage she was diagnosed as having severe alcohol dependence/abuse, a secondary diagnosis of Bipolar II disorder together with a generalised anxiety disorder with panic attacks.

Upon this first hospitalisation Ms G was treated for medical detoxification from her poly-substance abuse. Following her discharge she was expected to maintain regular follow up appointments with Dr Rybak but was non-compliant. She was admitted a further six occasions, mostly for detoxification from alcohol, but also episodes of major depressive illness, with her last hospitalisation in 2013. The treatment of her mental illness was

significantly complicated by her ongoing alcohol consumption. On each occasion after release from hospital, she would remain abstinent for a period of weeks or months, however she would always lapse.

Due to her health issues, Ms G had difficulty in maintaining employment and as a result of this incurred significant financial pressures. In 2013 she allowed her private health insurance to lapse and this precluded her further admission to St Helens Hospital, and despite insistence from Dr Rybak, she refused to be referred to the public health system or the Alcohol and Drugs Service. Ms G attempted, on a number of occasions, to cease drinking alcohol without medical supervision, with the support of Dr Rybak. However, these periods were fleeting. For most of 2013 Ms G was unemployed; however due to her disorganisation she did not apply for Centrelink payments despite necessary support documentation being provided to her by Dr Rybak.

On 13 October 2014, Ms G attended an appointment with Dr Rybak with a friend who outlined the significant financial difficulties that Ms G was in, which precluded her ability to pay rent for accommodation. At that time it was decided that Ms G and her son would move in with that friend and further attempts would be made for her to detox at home. She was instructed upon this process and was provided with prescriptions for diazepam and olanzapine to assist that process. She saw Dr Rybak again on 21 October 2014 confirming that she had moved in with that friend, that she had managed to detoxify for 6 days, however this had ended on the seventh day when she'd used not only alcohol but also dexamphetamines. However, on this occasion she informed Dr Rybak that she had completed the necessary Centrelink forms and hoped that this would assist her financial problems once she qualified for a benefit payment. She seemed in good spirits and positive at this appointment; she was provided with a further script for valium and encouraged, once again, to attempt to withdraw from alcohol.

Ms G was last seen alive by her son who stated that she appeared fine at that time. At about 7:05pm that day, a neighbour was at the rear of her home when she looked across and saw Ms G on her knees with her head and body facing towards the back fence. On closer inspection she noted that Ms G had a rope around her neck which was tied to the rafters of a pergola. She informed other neighbours who attended, released the rope and called 000 emergency services noting that Ms G appeared deceased.

Tasmania Ambulance Service paramedics arrived at approximately 7:25pm and confirmed that Ms G was deceased. Tasmania Police officers arrived shortly afterwards and instigated an investigation, which confirmed that there were no suspicious circumstances. Unfortunately, it was determined that Ms G had taken her own life, a suicide note was found in the lounge room of her residence. The decision made by Ms G to take her own life was clearly as a consequence of her significant mental illness. Despite her endeavours, Ms G had been unable to cease her alcohol consumption so as to be better able to be treated for her underlying significant mental health issues. The contributing factors leading up to his tragic conclusion appear to have commenced with the death of her father and her increased alcohol consumption subsequent to that time led to a disruption in her family life, social life and employment which in turn led to significant financial difficulties.

**Comments and Recommendations:**

The circumstances of Ms G's death are not such as to require me to make any comments or recommendations pursuant to section 28 of the *Coroners Act* 1995.

This case, unfortunately, highlights once again the apparent shortcomings in the services available within Tasmania for treatment of addiction to alcohol and other substances, both prescribed and illicit. It is of concern to note that on the occasions of her admission to St Helens Hospital, Ms G appeared to commence the process of addressing her addiction; however she would always fail at some stage after her discharge. One must question whether there was appropriate ongoing outpatient support and supervision available subsequent to discharge from hospital; if there was, why was this not instigated for Ms G and if there was not such a program, surely this would be of significant benefit to persons attempting to break the cycle of addiction. I am well aware of limited addiction medicine specialists within this State and recommend that if the resource cannot be found from medical practitioner specialists, then other options be considered, for example multidiscipline support teams having the pharmacotherapy input from suitably qualified nurse practitioners.

I wish to convey my sincere condolences to the family of Ms G.

**Dated:** 2 October 2015 at Hobart in the State of Tasmania.

**Stephen Raymond Carey**  
**Coroner**