



**CORONERS COURT OF
NEW SOUTH WALES 44-46 Parramatta Road GLEBE**

Jurisdiction: Coronial

Name of Deceased: Charmaine Margaret Dragun

File number: 2000/07

Hearing dates: 8, 9, 10, 11, 12, 16, 17, 18, 19, 22 and 26 March 2010

Date of Decision: 15 October 2010

Coroner: M MacPherson

Representation: Mr David Hirsch of counsel Assisting with Ms Ngaire Watson;

Mr Michael Windsor SC for Dr Cugadasan, Dr Clowes and Dr Tang

Mr Michael Fordham for Dr Khong

Mr Phillip Biggins for New South Wales Police Commissioner, Police Service and Police Officers

Mr A Zahra for Wyeth Australia Pty Limited

EXECUTIVE SUMMARY OF INQUEST INTO THE DEATH OF CHARMAINE MARGARET DRAGUN

Reasons for Decision

INTRODUCTION

- 1 On 2 November 2007 Charmaine Dragun, a talented and successful newsreader with the Channel 10 Network, with seemingly everything to live for, supported by a loving partner Simon Struthers, family, friends and work colleagues, jumped to her death from The Gap at Watson's Bay in Sydney. Why?
- 2 We cannot be certain of the answer because it is impossible to know exactly what Charmaine was thinking at that moment. The best that we can do is try to piece together from the evidence available a reasonable and plausible narrative that might illuminate the many forces that conspired to bring Charmaine to that cliff edge and to take that fateful step.
- 3 This Inquest has been assisted by three pieces of evidence in particular: the detailed notes of Dr Belinda Khong, a psychologist whom Charmaine was attending up to the date of her death, the extensive diary notes that Charmaine wrote about what was happening to her and how she was feeling and a mobile phone text message sent to her partner Simon moments before she jumped.
- 4 Normally, and perhaps sadly, most deaths like Charmaine's do not go to Inquest. Because the identity, the time date, place and manner of death of the deceased are known there are usually no issues left for an Inquest to determine and so the necessity to hold one is dispensed with. Further, details of the death and the circumstances surrounding the death are suppressed under the Coroners Act 2009 ("the Act") to protect the surviving family members unless a Coroner determines that it is in the public's interest or the family do not object.
- 5 In this case, however, Anthony Sklavos, a member of the public who was at 'The Gap' and was watching Charmaine, apparently rehearsing to jump, called Triple O and spoke with an operator who coordinated the police who were despatched to the scene.

6 Because police were called and were on their way to meet Anthony Sklavos when Charmaine ended her life, her death occurred in the course of a police operation and by virtue of sections 23 and 27 of the Coroners Act 2009 (“the Act”) an Inquest must be held.

7 In addition Charmaine’s family and partner believed that Charmaine would have wanted to assist others struggling with mental illness and so wanted her story to be told. In fact prior to the Inquest they participated in a video of a television program on Charmaine’s life and death prepared by the ABC’s *Australian Story* series which brought to light many of the issues considered in the Inquest.

ROLE OF CORONER

8 My role as Coroner is to establish, if possible, the identity, the date of death, the place of death and the manner and cause of death. The formal finding will be recorded at the Registry of Births, Deaths and Marriages

9 A Coronial Inquest is essentially an enquiry. It is not a criminal or civil trial in which two opposing parties engage in legal combat. It is not the role of the Coroner to attribute fault or make findings in relation to negligence or breach of duty of care

10 Another important function of an inquest is the making of recommendations, which are necessary or desirable in relation to any matter connected with a death. In this way the coronial proceedings can be forward looking, aiming to prevent future deaths, rather than allocating blame.

11 I say this not so much for the benefit of learned counsel, but more for the benefit of the family and friends of Charmaine who may not always appreciate and understand the role of a Coroner or the Coronial Inquest.

THE ISSUES FOR THE INQUEST

12 Counsel assisting posed the key question for the inquest in these terms: Why is it that Charmaine went to The Gap on that Friday afternoon and there took one step forward instead of one step back from the cliff edge?

- 13 According to statistics given in a television program by Professor Patrick McGorry, a psychiatrist who was this year awarded the honour of Australian of the Year, somebody commits suicide roughly every four hours in this country. For every successful act there are approximately 30 unsuccessful attempts.
- 14 Even if it is not possible to predict any particular suicide, literature presented at the inquest on the subject supports the view that there are indicators that point to increased risk of forming the intention to commit suicide. Three of these indicators are perfectionism, negative thinking and hopelessness.
- 15 The expert evidence supported this. As will be seen Charmaine was known to have perfectionist personality traits, she was beset by negative thinking especially during 2007 and in the months leading up to her death in November 2007 she perceived her situation as being increasingly hopeless.
- 16 This understandably raises questions about whether Charmaine's treating health professionals, if not her friends and family, ought to have foreseen the magnitude of the suicide risk.
- 17 The inquest heard evidence from 23 witnesses and 4 experts over 10 days. There were a further 14 statements or reports from others who were not required to give evidence at the inquest. In addition to statements and oral evidence from the witnesses called, there was also considerable documentary evidence including extracts from Charmaine's personal diaries, her telephone records and her personal emails. Medical records from treating health care professionals were reviewed, as were records from the Health Insurance Commission.
- 18 There was also extensive literature dealing with suicide generally, the effects of antidepressant medication on suicide and product literature from the manufacturers of two antidepressant drugs that Charmaine had been taking before she died.
- 19 A video of her last news broadcast on the evening of 1 November 2007 was viewed as well. The inquest also received evidence about suicides at The Gap and measures that have been taken already to address this problem.

- 20 There is a strong relationship between depression and suicide. Suicide is often seen as the end result of a person's battle with intractable depression. The product literature on the drugs that Charmaine was taking emphasised this point. This is important because Charmaine had struggled with periods of depression, especially in the last year of her life.
- 21 One of the most important issues for this Inquest was the diagnosis of what Charmaine was suffering from. It was clear from the expert evidence that the diagnosis is all-important because it drives the treatment. If you do not get the diagnosis right, and I accept that in some cases that is a difficult task, then the treatment could be, at best unhelpful and at worst, exacerbate the condition.
- 22 Counsel assisting made the point that even if a person suffered from depression and even if that person ultimately committed suicide it does not follow that depression was *the cause* of the suicide.
- 23 He said that whilst such a conclusion would be convenient, especially to the treating health professional who might wish to blame the suicide on the patient's mental condition rather than any deficiencies in their management, it should not insulate those health professionals from an examination as to the correctness of the diagnosis and the treatment given.
- 24 In this Inquest the expert evidence has cast doubt on the correctness of diagnosis of depression and on some of the treatment provided by several of Charmaine's treating practitioners.
- 25 In this Executive Summary I have concentrated on the following issues
1. Whether Charmaine did commit suicide;
 2. The correct diagnosis of Charmaine's mental illness;
 3. The management by general practitioners Dr Cugadasan, Dr Clowes and Dr Berenson;
 4. The management by psychologist Dr Khong;
 5. The management by psychiatrist Dr Tang;

6. Risks, side effects and warnings associated with the antidepressant drugs Efexor and Lexapro;
7. Whether Charmaine's death was preventable;
8. The effect of Charmaine's death on others; and
9. Suicide prevention strategies at The Gap.

26 Before dealing with each of these issues it is necessary to set out a brief history of Charmaine's life leading up to her death.

BRIEF HISTORY LEADING UP TO CHARMAINE'S DEATH

27 Charmaine Dragun was born on 21 March 1978. She was the daughter of Michael and Estelle Dragun and she had a younger brother, Matthew. Charmaine was raised in Perth. Her maternal grandmother and her mother taught music and Charmaine was herself an accomplished pianist. Charmaine studied music at a tertiary level for a time, but she was attracted to journalism and eventually studied this at Edith Cowan University. After graduating from there in 1998 she had a number of jobs in the radio industry.

28 In 2001 Charmaine moved from radio to television and joined Channel 10 in Perth as a junior news and court reporter. There was considerable competition for the position of newsreader but Charmaine's talents were recognised and she eventually secured a position as the nightly newsreader of the Channel 10 Perth news.

29 She sometimes presented the news with another newsreader and other times presented the news alone. She also presented Channel 10's national news broadcasts from time to time.

30 This position, however, required Charmaine to leave her family and friends in Perth and move to Sydney because although the news was broadcast live in Perth the program was produced and presented in Channel 10's Sydney studios. It was in July 2005 that Charmaine relocated to Sydney for this purpose.

31 Charmaine had met her lifelong partner, Simon Struthers, when both of them were teenagers. They eventually moved in together and bought a house in Perth. When Charmaine relocated to Sydney Simon stayed behind for a time but in February 2006 he moved to Sydney to join her. He obtained employment as a crime scene investigator

with the New South Wales police force. They rented a house in Sydney's inner western suburbs.

32 Despite her move to Sydney and the fact that she met many people here, Charmaine missed Perth and was counting on moving back there, probably in 2008, where she and Simon were planning to start a family. Charmaine remained very close to her own family and she was in regular contact with them, and especially with her mother. She travelled back to Perth regularly for visits with her family and friends and to attend various work-related functions, often involving charities and fundraising.

33 On the face of it Charmaine had an enviable life. She came from a secure and loving family and enjoyed a stable relationship with Simon. She had a good job, was highly respected by her employer and her peers, and enjoyed a significant public profile in Perth. But as counsel assisting pointed out in his opening, Charmaine was not a "vacuous celebrity". She was well read, well informed about history, national and international news and current events, and had exceptional writing skills.

34 According to her friends she was self-effacing and completely lacking in the egotism often associated with television personalities. She would go out of her way to help others – some said even beyond what would be expected.

35 Despite all of the positives in her life Charmaine was emotionally troubled. Although always kind to others, Charmaine was very hard on herself. She reportedly felt inadequate in almost everything she did, despite the obvious evidence to the contrary.

36 She developed anorexia in her teens and this interfered with her studies for a time. She was diagnosed with depression around this time and was prescribed the antidepressant Zoloft by a psychiatrist in Perth in 1996.

37 Charmaine was not happy about being on this drug because she felt that it prevented her from experiencing her true emotions. After seeing a health practitioner (whose identity was not clear but who was probably not a medical doctor) she was encouraged to stop the Zoloft completely. This she did for some time in 2004 and for a while felt very much

better. But her mood worsened and a doctor recommended she start taking a new antidepressant, Efexor¹.

38 Charmaine continued to take Efexor when she moved to Sydney in July 2005. When Simon came to join her in early 2006 she had tried to stop taking Efexor. She felt well at this point but soon afterward her mood deteriorated and she resumed taking the drug.

39 In November 2006 Charmaine consulted Dr Cugadasan, a general practitioner at the Wetherill Street Practice in Leichhardt. She complained of increased moodiness and other issues. Dr Cugadasan felt that Charmaine had anxiety and depressive symptoms. Under Dr Cugadasan's direction the Efexor dose was increased from 75mg per day to 112.5 mg per day.

40 In February 2007 Charmaine began seeing a psychologist, Dr Belinda Khong, who is not a medical doctor but holds a PhD in psychology. She had read about Dr Khong in a newspaper article and was attracted to her treatment philosophy, which centred on meditation, Buddhist teachings and a technique described as "mindfulness". In addition Dr Khong employed other recognized psychological approaches.

41 Charmaine had 16 consultations with Dr Khong between 18 January and 24 October 2007. She had a good relationship with Dr Khong and obviously held her in high regard. But despite the extensive treatment her mood swings continued and her overall emotional state worsened.

42 Toward the end of May 2007 Charmaine raised a concern with Dr Khong about her mood swings and specifically asked Dr Khong if she might have a bipolar condition. Dr Khong consulted a book, asked some questions, and reassured her that she did not meet the criteria for a bipolar condition. Charmaine was relieved to hear this.

43 During the month of June 2007 Charmaine and Simon travelled to Europe for a holiday. Charmaine wanted to investigate her family history and they went to Croatia for this purpose. Charmaine wrote an article on her family that was eventually published in a Perth newspaper around the end of July. She received plenty of positive feedback about the article.

¹ Also known as *Effexor* or *Efexor-XR*. This is the trade name of the drug *Venlafaxine*.

- 44 The trip to Europe was a great success and Charmaine returned happier than ever. But it did not last long. Her diaries reveal that toward the end of July 2007 (despite the positive feedback from the article on her trip to Croatia) she was writing about feeling negative and hopeless and was contemplating suicide.
- 45 Dr Cugadasan had left the Wetherill Street Practice early in 2007 and Charmaine consulted another general practitioner there, Dr Clowes. Dr Clowes saw her both before and after the trip to Europe. She knew that Dr Cugadasan had increased the Efexor dose back in November 2006. She also knew that in late July Charmaine was struggling with depression and had thoughts of death.
- 46 Although Charmaine was reluctant to increase the Efexor (indeed she wanted to get off antidepressants entirely) Dr Clowes encouraged her to persist with the Efexor and the dose was increased from 112.5 mg per day to 150mg per day.
- 47 About three weeks after the increase in the Efexor Charmaine complained that she was not much better and was impatient for some effect. Dr Clowes encouraged her to give it more time and to continue seeing Dr Khong.
- 48 Charmaine's treatment sessions with Dr Khong covered a wide variety of issues but certain themes came up again and again. Charmaine complained that she had difficulty being "mindful" because she could not stop the endless mental chatter and negative ruminations in her head.
- 49 Although she was encouraged to meditate Charmaine found meditation difficult. Charmaine was encouraged to meditate but found it difficult. She was given strategies to help recognise when waves of negativity began in order to "short circuit" these thoughts and allow them to dissipate.
- 50 Dr Khong encouraged Charmaine by making the following suggestion, "*Don't change the thoughts – change your relationship to your thoughts*". Dr Khong recommended books to read including one called "The Mindful Brain".
- 51 Dr Khong also encouraged Charmaine to get involved in other pursuits and projects because Charmaine reported that her news reading job was boring. Furthermore, the

time difference between Sydney and Perth meant that Charmaine's workday went from around 4pm to 9pm leaving her at loose ends for most of the day. With so much time on her hands and not much to do Dr Khong recommended that Charmaine fill the void with activity, including volunteer work, in the hope that this would distract her from falling into repetitive cycles of negative rumination.

52 One project that Charmaine undertook was to prepare a video as a 30th birthday gift for her friend and journalist Bradley Hodson. She managed to assemble video clips from Brad's friends, many of whom were overseas, and edit these into a 20-minute video, which was, by all accounts (except of course her own), a masterpiece.

53 The video project consumed much of September and October 2007. It was the source of considerable stress but Charmaine insisted on completing the job, not just for her friend but also because she felt it would assist in her "upskilling".

54 It was during this time that Dr Khong first mentioned the idea of seeing a psychiatrist but Charmaine was resistant to this. This was probably due in part to a bad experience she had with a psychiatrist in Perth. She had also been told by Dr Clowes to give the increased Eflexor dose more time to work. Dr Khong continued to encourage Charmaine to readjust her attitude toward her thoughts rather than be caught up in them.

55 Dr Khong was an assiduous record keeper and one of her entries during this time was "*Thoughts create the depression and the depression creates the thoughts*".

56 In September 2007 Charmaine's emotional condition worsened and for the first time she told her mother of her thoughts about suicide. Her alarmed response was "*Don't even go there.*" It was around this time that Charmaine became worried that she might lose her job to another newsreader but these worries were unfounded.

57 Towards the end of September Dr Khong noted that Charmaine was "*Wallowing in self-absorption. Quite suicidal*". Dr Khong again raised the prospect of seeing a psychiatrist and this time Charmaine agreed. She was given the name of psychiatrist Dr Tang and told to arrange a referral through her general practitioner. Unfortunately, Dr Tang was not available to see Charmaine until after 15 October. Dr Khong knew of Dr Tang's unavailability for the next two weeks but did not arrange an earlier appointment with an alternate psychiatrist.

- 58 In the interim, on 29 September 2007, Charmaine attended the Wetherill Street Clinic for the referral to Dr Tang but learned that Dr Clowes was no longer working there. Instead another general practitioner, Dr Helena Berenson, saw her.
- 59 Dr Berenson had read Charmaine's file and in a consultation that lasted not much more than 30 minutes asked some probing questions about her emotional condition. Dr Berenson quickly formed the view that Charmaine did not fit the picture of a person with depression; she thought that Charmaine probably had a bipolar disorder.
- 60 Dr Berenson wrote out a referral for Dr Tang, as Charmaine had requested, but she also wrote out a referral to Professor Gordon Parker, a psychiatrist with a special interest in bipolar disorders.
- 61 It was also around this time that Charmaine wrote more about suicide in her diary. She travelled to Perth in early October 2007 for a fund raising event for breast cancer research and there spoke with a lady, Ros Worthington, whose husband had committed suicide following a long battle with depression.
- 62 Ros Worthington wanted to do something to raise awareness about depression and suicide and Charmaine told her of her own problems and that she wanted to help if she could. After returning to Sydney she spent a few of days with her mother and grandfather, who were there for a visit. It was clear that Charmaine's emotional status was getting worse. By the time they parted on 10 October 2007 Charmaine was in tears.
- 63 On 12 October 2007 Charmaine consulted Dr Khong. Charmaine rated her depression as 9/10 and there was talk about suicide. Charmaine denied any plan but offered that she was thinking of a method that was *quick and easy*.
- 64 Dr Khong took Charmaine for a walk in Bobbin Head National Park. There is a conflict about what happened during this walk. According to Dr Khong it was a silent meditation with not much said. According to Charmaine's diaries deep issues were discussed, including the impermanence of life – a central theme of Buddhist philosophy. At any rate the Bobbin Head walk assumed a great significance to Charmaine who wrote about this and reported it to Simon and her mother in very positive terms.

- 65 It was soon after the Bobbin Head walk on 12 October 2007, and at a time when Charmaine’s mood had improved, that she saw the psychiatrist Dr Tang on 16 October 2007. There is considerable conflict over certain details of this consultation – the first and only consultation with Dr Tang. But some things are clear.
- 66 First, Dr Tang was not made aware of the Bobbin Head walk and how this lifted Charmaine from deep despondency four days earlier.
- 67 Second, she obtained a history from Charmaine that she had had one episode of acute suicidal ideation two weeks earlier but this had passed.
- 68 Third, Dr Tang noted that Charmaine’s mind was “*churning +++*” and she had “*negative cogitations +++ verging on irrational*”.
- 69 Finally, she formed the view that there was a “*clear biological component*” to Charmaine’s problems because the psychosocial elements in the history did not warrant the extent of her symptoms.
- 70 Dr Tang recommended that Charmaine stop taking the Efexor and start taking another antidepressant, Lexapro². The plan was to reduce the Efexor and at some point introduce the Lexapro even though for a time Charmaine would be taking both drugs together. She described this as “cross-tapering”. Charmaine would also be supplementing the medical treatment by taking increasing doses of fish oil.
- 71 Dr Tang’s treatment plan was the subject of considerable expert evidence and, at least on its face, the plan was not consistent with the treatment guidelines of the manufacturer of Lexapro.
- 72 The inquest heard that these guidelines were only this, and that giving reducing doses of Efexor whilst introducing Lexapro was permissible in the exercise of a clinical judgment; but importantly very careful monitoring was needed because of the many side effects associated with the reduction and/or introduction of these drugs and particularly if they are both given together for a period of time, which was part of the “cross-tapering” plan.

² Lexapro is the trade name for the drug Escitalopram

- 73 What monitoring there was took place by telephone and text message because soon after the consultation Charmaine travelled to Perth for another charity fundraiser and to attend a friend's wedding.
- 74 There is evidence that Charmaine was very enthusiastic about Dr Tang's treatment and about finally getting off Efexor. Her friends thought that she appeared happier than usual, although they had no idea why.
- 75 According to Charmaine's mother, Estelle Dragun and Simon, Dr Tang's treatment was described as "*revolutionary*" and offered "*a light at the end of the tunnel*". Dr Tang said that she could not understand how Charmaine formed this view but, whatever was said, it is clear that Charmaine made a huge emotional investment in Dr Tang's treatment.
- 76 Charmaine started to reduce the Efexor on 17 October 2007. Her enthusiasm about this probably helped her to complete the Brad Hodgson birthday video. She also went out with friends who gave evidence about her being unusually upbeat.
- 77 Dr Tang had a conversation with Dr Khong on 18 October 2007 at which time the treatment plan was discussed. Among other things it was noted that Charmaine was very happy with Dr Tang and would not be seeing Professor Parker, the psychiatrist specialising in bipolar disorders that Dr Berenson had recommended Charmaine see.
- 78 Through this time Dr Tang's intermittent telephone and text message monitoring continued and Charmaine reported that all was well.
- 79 However, again this did not last long, which was a recurring theme in her mental condition.
- 80 As the Efexor dose was decreased after 17 October 2007 and the Lexapro introduced on 26 October Charmaine spoke to Dr Tang who noted that her mood was *slightly flattened*.
- 81 By this time Charmaine was back in Sydney but no face-to-face consultation was organised. After this there were three important events.
- 82 First, on 27 October 2007 Charmaine went to a concert at the Enmore Theatre with her friend Emma Ritchie. Ms Ritchie gave evidence as to Charmaine's erratic behaviour

when driving to the concert saying that she appeared anxious and panicky and had two minor car accidents on the way.

83 Second, the following day Charmaine declined an invitation to join Emma Ritchie and other friends on a walk. She decided instead to drive to Watson's Bay (the location of The Gap) and spend some time there.

84 Finally, later on 28 October 2007 Charmaine went for dinner and a "Scrabble challenge" with another friend, Selina Day. Ms Day described the ordinarily effervescent Charmaine as confused, distracted and disinterested.

85 These are all important events because it raises the possibility that Charmaine was affected by the reduction in Efexor and the introduction of Lexapro.

86 Simon had been in Perth during that week and returned on the evening of 28 October 2007. He said that Charmaine was happy to see him but some of her behaviours during the week were a little out of character. Importantly Simon was not aware that changes in medication could cause behaviour changes and have the effect of increasing one's suicidality.

87 On Monday 29 October 2007 Charmaine had telephone calls with her mother and her friend Sarah Bamford. Both said that Charmaine sounded out of sorts and had told them she could not understand why the new drug program was not working yet, because she expected to be feeling better by then. Her mother, who was also unaware of the possibility of increased suicidality associated with any change in Charmaine's drug regime, encouraged Charmaine to speak with Dr Tang, which she did later that day.

88 Dr Tang wrote in a note about this phone call. It was written retrospectively, that is, after she had learned of Charmaine's death on 2 November 2007. She wrote that Charmaine was not complaining of side effects, but that there had been no therapeutic effect yet. Her mood was recorded as "*flat – but not unusually*" and she was "*not agitated*".

89 No appointment was arranged for Dr Tang to see Charmaine face to face. According to her mother Charmaine had been encouraged by Dr Tang over the telephone to "*give it a few more days to kick in*". Her mother said that Charmaine's mood continued to be flat

and she sounded unwell when they spoke during the evening of Wednesday 31 October 2007.

90 On Thursday 1 November 2007 there was another retrospective note written by Dr Tang. According to the note Dr Tang had called Charmaine at lunchtime. She wrote “*Mood still flat but no change from Monday [29 October]. No side effects on medication not agitated but no lift in mood. Not suicidal.*”

91 There are emails during these last few days that gave the impression that all was well. For example Charmaine had agreed to host another fundraising event in Perth in March 2008. She also completed her CV for a volunteer position reading for the blind. Charmaine made plans to visit a gallery with Sarah Bamford.

92 Charmaine’s mother spoke with her around lunchtime on 1 November 2007 when she was doing some volunteer work at the Cancer Council. According to her mother Charmaine “*sounded like she was still struggling with things but put on a brave front.*”

93 In the evening of 1 November 2007 Charmaine presented her last news broadcast. This was viewed at the inquest. It was virtually flawless except for some barely perceptible stumbles over a couple of words.

94 Charmaine was distraught and needed to be comforted and reassured by her co-newsreader Timothy Webster. That night she told Simon that she presented her worst news bulletin ever and was sure that she would be sacked. It was not the first time she had complained unnecessarily about her performance on the television but this was the first time she ever said she was worried about losing her job. Simon said that he talked with Charmaine for 45 minutes before he was able to calm her down.

95 On Friday 2 November 2007, the day of her death, Charmaine drove Simon to work at around 7:00am. She said she was worried about being able to complete a massage course that she had been taking. Simon reassured her there was nothing to worry about.

96 Later that morning her father sent two text messages saying that he hoped she was “*feeling a little better today*”.

- 97 Also that morning she arranged to buy concert tickets with another friend, Paul Lamond, to see the singer Bjork who was to play at the Sydney Opera House on 26 January 2008. Charmaine then took their car in to be serviced and picked this up in the early afternoon.
- 98 Later that afternoon Charmaine drove to Watson's Bay. She was dressed in black. She was seen by a number of people at the cliff edge near an area of The Gap known as 'Jacob's Ladder'.
- 99 One of these people was Anthony Sklavos who called the Triple 0 operator who dispatched police to the scene. Mr Sklavos was desperate to do something to intervene and told the operator several times that he wanted to speak to her. The operator told him not to. Mr Sklavos followed the operator's directive and did not approach.
- 100 The police were nearly at the scene but events were unfolding quickly. At 3:52pm Simon received a text message from Charmaine. It said "*Sime, I'm so sorry for what I'm about to do. I can't conquer my thoughts. Please know this is no one's fault but mine.*"
- 101 At 3:53pm a very distraught Mr Sklavos told the operator "*She just jumped!*" At 3:54pm Charmaine's mobile telephone, which was sitting atop a black handbag at the cliff edge, began to ring. It was Simon. By the time the police made it to the cliff edge Charmaine was already gone.
- 102 This brief history of Charmaine's life might create the impression that Charmaine was a chronically depressed and fundamentally unhappy person. Charmaine's mother and life partner Simon stressed that Charmaine was, for the most part, a happy person who was aware of and thankful for the many good things in her life. They acknowledge that Charmaine was struggling to cope with a mental illness especially in the latter half of 2007, but were concerned that this not overshadow the many positive things in her life that Charmaine enjoyed.

ISSUES

1. DID CHARMAINE COMMIT SUICIDE?

- 103 In relation to suicide it "...is not to be presumed. It must be affirmatively proved to justify the finding." (*Sellers LJ in Re Davis (deceased)(1967) 1 All ER 688*. The Coroner

must be ‘comfortably satisfied’ that the person intended the consequences of his or her actions. (*Briginshaw v Briginshaw (1938) 60 CLR 336 at 361*)

104 I am comfortably satisfied that Charmaine’s death was an act of suicide. Her jump from the cliff at The Gap was done with intent and in the full knowledge of its consequences. This is supported by her mobile phone text message to Simon that included the following: “*Sime, I’m so sorry for what I’m about to do. I can’t conquer my thoughts. Please know this is no one’s fault but mine.*” Charmaine had been contemplating suicide and writing about this from at least the end of July 2007. She was looking for a method that would be “*quick and easy*” and certain.

105 Although she had been reducing the dose of Efexor and introducing Lexapro in the two weeks before she died, and although there are warnings of increased suicidality in these circumstances, it cannot be said that these drugs “caused” Charmaine’s suicide in the sense that they put the idea of suicide into her head or “caused” her to behave in an irrational way and with no control over her actions. The antidepressant drugs may well have been involved in Charmaine’s suicide, but only in an indirect way.

106 The fact that Charmaine chose a violent method whilst most women do not, and the fact that people often make several attempts at suicide and this was Charmaine’s first, do not displace the clear evidence that Charmaine meant to die when she did and the way she did. These matters, whilst they may be unusual in a statistical sense, do not lend support to any theory that she was somehow acting irrationally or without control.

107 Similarly, the fact that Charmaine was making future plans to see a concert in December or to attend work functions the following year does not argue against her death being a suicide. The expert evidence was that most people who commit suicide are ambivalent about whether to live or die and making future plans whilst at the same time making plans to end one’s life is not uncommon.

2. WHAT WAS THE TRUE NATURE OF CHARMAINE’S MENTAL ILLNESS?

108 Charmaine had been diagnosed with an anxiety disorder with depressive symptoms. She had been taking antidepressants from the age of 18 after battling with anorexia nervosa. She began taking the drug Zoloft in 1996. This was changed to Efexor in 2004. Two weeks before she died Charmaine was reducing the Efexor and introducing Lexapro. All

of these were antidepressant drugs and all were given in the belief that Charmaine was suffering from depression.

109 The diagnosis of depression (or an anxiety disorder with depressive symptoms) was understandable. Charmaine often found herself in dark moods with signs and symptoms that affected both her mind and her body. The inquest was mostly concerned with the period after she moved from Perth to Sydney in 2005, and in particular the period from late in 2006 to her death in 2007 when she was being treated by many health care professionals here. During this time Charmaine reported despondency and crying, feeling very unhappy with no control over it, lacking in energy and motivation and being beset by negative thoughts. In November 2006 she completed a self-assessment questionnaire and scored in the “extremely severe” range for depression, anxiety and stress.

110 Charmaine also had personality features that were relevant to her emotional problems. She was a perfectionist, was highly self-critical and had low self esteem. She felt inadequate despite objective success in her field as a news presenter. She was fearful of confrontation of any kind and eager to please others.

111 Charmaine was also a very private person who would not talk about herself and would deflect the topic of conversation from herself to others whenever possible. She wanted to stop taking antidepressants because they made her feel “artificial” and she considered her need for these drugs to be a sign of personal weakness and failure. She was fearful of being judged and disadvantaged at work if anyone found out that she had depression and was taking medication and seeing a psychologist.

112 But Charmaine’s depressive symptoms were far from continuous. She reported to one of her GPs that she could feel “*happy one minute then really down the next*”. She told her psychologist that she was concerned about her mood swings and asked whether she might have a bipolar condition. In both cases the diagnosis of depression was maintained. In the latter a bipolar condition was excluded.

113 While Charmaine’s treating health professionals saw and heard only the dark side of her life, her friends saw a very different side. One described her as “*the happiest person in the room*”. Another said “*it was infectious... the amount of joy that she radiated to see*

you for the first time was amazing". One of her work colleagues described her as "*The Energiser Bunny*". Another friend said "*She loved her friends and family, loved her life*". With one notable exception Charmaine's many friends had no idea that she suffered from depression, or was taking medication or seeing a psychologist. They were completely shocked when she died, believing that Charmaine was the last person in the world they ever thought would commit suicide.

114 Whilst the diagnosis of depression that followed Charmaine since her teenage years may have been understandable, it was almost certainly wrong. Of all of the health professionals who saw Charmaine in Sydney only one – the most experienced one – questioned the diagnosis of depression.

115 The evidence from the three expert psychiatrists in the inquest supported a finding that Charmaine probably had a Bipolar 2 Disorder and that while her *downs* certainly presented as "depression" there were *ups* characteristic of "hypomania". A Bipolar 2 Disorder is thought to be 5 to 10 times more common than a Bipolar 1 Disorder (previously known as "manic-depression") and is associated with a very high risk of suicide – higher than with a Bipolar 1 Disorder. The reason for the difference is probably that a Bipolar 2 Disorder is more easily missed and therefore goes untreated in the vast majority of cases. This appears to be what happened in Charmaine's case.

3. CHARMAINE'S MANAGEMENT BY HER GENERAL PRACTITIONERS DR CUGADASAN, DR CLOWES AND DR BERENSON

116 When Charmaine first saw Dr Cugadasan at the end of 2006 she presented with a history of increased moodiness and complaints of anxiety, reduced self-esteem, lack of motivation and job dissatisfaction. She learned that Charmaine had been taking Efexor for the last two years. Although she obtained a history that Charmaine "*can feel happy one minute then really down the next*" she considered this to be consistent with a diagnosis of depression.

117 Dr Cugadasan increased the Efexor dose from 75mg to 112.5mg per day, arranged for her to be seen by a psychologist, and asked to see Charmaine a week later. At the second consultation Charmaine reported that she had seen the psychologist and was feeling much better. Dr Cugadasan looked at the self-assessment questionnaire (the DASS) that

Charmaine had filled in soon after the first consultation with scores in the “extremely severe” range for depression, anxiety and stress. She did not consider that the significant improvement in Charmaine’s mood within one week could be the sign of a mood swing. She considered this improvement to be consistent with depression.

118 At the next consultation Charmaine requested Dr Cugadasan to write a referral to a new psychologist that she had found, Dr Khong. Dr Cugadasan obliged and her brief referral note mentioned that Charmaine had “*anxiety, depressive symptoms and is on Efexor 75 mg 1.5 tablets daily.*” No further information was provided.

119 Dr Clowes took over Charmaine’s management after Dr Cugadasan took maternity leave. In late July Charmaine complained of worsening depression. This was after her return from the trip to Europe with Simon (described as “*the happiest time*” he had seen her) and after she was writing about suicide in her diary. Dr Clowes noted that Charmaine was “*struggling with depression again*” and “*actually had thoughts of death, never before this.*” She did not consider Charmaine to be at risk of suicide at the time of the consultation and so did not arrange referral to a psychiatrist. She knew that Charmaine was still seeing psychologist Dr Khong regularly. She increased the Efexor dose from 112.5mg to 150mg per day and told Charmaine to come back in three weeks.

120 When Charmaine returned for review three weeks later she complained that she was not much better and was impatient for the increased dose of Efexor to take effect. Her impatience was well founded because Dr Clowes had expected improvement by three weeks and there was literature to the effect that if there was going to be improvement it would probably be seen in about two weeks. Although it appeared that her management plan was ineffective Dr Clowes told Charmaine to give the increased Efexor a further three weeks to work. She had a chat with Charmaine about “*making the transition to adulthood and being self-determining*”. This was consistent with a belief that Charmaine’s problems were primarily psychological and her encouragement was consistent with the kinds of messages that Charmaine was getting from Dr Khong.

121 There was no further consultation with Dr Clowes for review three weeks later (and no appointment for this in Charmaine’s daily diary). The next time Charmaine went to the GP clinic was on 29 September when she expected to see Dr Clowes and get a referral to

see the psychiatrist that Dr Khong had recommended, Dr Tang. But Dr Clowes had left the clinic and Dr Berenson saw Charmaine.

122 Dr Berenson applied her 38 years of experience as a GP to Charmaine's case. She read the records and was concerned by the note "*can feel happy one minute then really down the next*". She was also concerned by the fact that Charmaine had been taking increasing doses of Efexor and had been seeing a psychologist all year but had not shown any consistent improvement. In her opinion the diagnosis of depression did not fit the picture because with all of this intervention she should have been much better. "*I didn't think it was right – it didn't feel right at all to me, didn't have a good fit. Sometimes you feel you know the diagnosis is right, but this didn't feel right at all.*"

123 She then asked Charmaine to describe not just her "downs" but also her "ups". This discussion took about half an hour. Dr Berenson heard enough to raise a concern that Charmaine might have a bipolar disorder. She prepared two short referral letters and gave them to Charmaine. One was for Dr Tang, as requested, and this was to review her medications. The other was to Professor Parker at the Black Dog Institute, and this was to consider a diagnosis of a bipolar condition. Charmaine eventually saw Dr Tang, but she never saw Professor Parker. It is not known whether Dr Tang saw the referral letter to Professor Parker that specifically referred to a bipolar disorder, but Dr Tang was aware that such a referral existed.

124 The difference between the management by Dr Cugadasan and Dr Clowes on the one hand and Dr Berenson on the other was stark. While it is true that Dr Berenson had more information available to her than was available to each of the others, she was impressed by the history of mood swings when Dr Cugadasan was not, and she considered the lack of improvement following the increase in Efexor from 75mg to 150mg to be significant when Dr Clowes did not. She asked questions about Charmaine's "ups" and not just her "downs". She was prepared to entertain a diagnosis other than depression while the other general practitioners were content to maintain this despite mounting evidence that cast doubt on that diagnosis.

4. CHARMAINE'S MANAGEMENT BY PSYCHOLOGIST DR. KHONG

- 125 Dr Khong saw Charmaine on 16 occasions in 2007. She had more opportunity than any other health practitioner to obtain a thorough history and explore diagnoses other than depression. She was not provided with much information from Dr Cugadasan at the time of original referral. She was not aware of the DASS scores nor was she provided with notes from the consultations with her that included “*can feel happy one minute then really down the next*”. She said that even if she had this information it would not have changed her management of Charmaine. Dr Khong was very confident about her clinical skills and her ability to assess a patient.
- 126 Dr Katie Seidler, an expert psychologist who gave evidence at the inquest, said that Charmaine was the 1 patient in 10 who presented to a psychologist with a biologically-based, endogenous mental disorder. Dr Khong failed to recognise Charmaine as such despite the fact that there were strong reasons to suspect it. The history of anorexia nervosa, the longstanding nature of her supposed depression that persisted despite increases in medication, and her difficulty meditating (a core practice of her “mindfulness” technique), all pointed to Charmaine having a problem that was greater than just “*several episodes of depression and high anxiety relating to development issues of self-esteem*” – which is what she told Dr Tang over the phone on 28 September when arranging an appointment for Charmaine to see her.
- 127 Dr Khong’s Buddhist approach to psychotherapy, with its emphasis on “mindfulness” and the need to take personal responsibility for one’s emotions is not objectionable in itself.
- 128 All of the experts agree that there is a place for such techniques. But Charmaine was unable to get whatever benefits were available from Dr Khong’s techniques because of her mental illness prevented the message from getting through.
- 129 Dr Seidler described Charmaine’s mental illness as causing a “*white noise*” in her brain and likened it to a “*virus in a computer*” that prevented her brain from working properly. All of the experts, as well as Dr Tang, agreed that Charmaine’s mental illness had a “*significant biological component*”; there was a problem with brain chemistry and this

was not going to be fixed by exhortations to meditate, exercise self-compassion or assume more personal responsibility.

130 Dr Khong recognised that Charmaine’s problems did have a biological component, but her approach to this was to use “mindfulness” as a technique to “re-wire” the neurophysiology of the brain. It was not until late September that she arranged a referral for Charmaine, who was then feeling quite suicidal, to see Dr Tang for review.

131 Although Dr Khong said the review was to look at medications and the whole picture, the referral note from Dr Berenson to Dr Tang, said to have been based on discussions with her, was to check the medications.

132 Long before then, during the month of May, Charmaine told Dr Khong that she was concerned about her mood swings and asked whether she could have a bipolar condition. Dr Khong consulted a book, read through the criteria for “mania” and reassured Charmaine that she did not meet the criteria. This was a very cursory exploration of a very significant issue.

133 Dr Khong said that she considered not only Charmaine’s answers to the criteria for “mania”, she had regard to “hypomania” as well and took into consideration the whole of her knowledge of Charmaine from all of her consultations up to that time. But Dr Khong never observed Charmaine to be “up” and never obtained a history of her “ups” like Dr Berenson was later able to do. That is because she did not know to ask the right questions, or to ask them in a way that would elicit the answers that Dr Berenson was able to get.

134 Dr Khong did not tell Dr Tang of Charmaine’s suicidality when she made the phone call on 28 September 2007 to arrange a referral. Why she did not do so is not known; in fact Dr Khong’s evidence was that she was quite sure she did tell Dr Tang but I have rejected her evidence on this point. She certainly should have told her. Dr Tang said that if she had known that Charmaine was having suicidal thoughts she would have directed Dr Khong to find someone else to see Charmaine urgently as she herself was unavailable for the next two weeks.

135 Charmaine’s emotional state worsened in early October. On 12 October 2007 she saw Dr Khong again with suicidal thoughts but no specific plans. She rated her depression as

9/10. Dr Khong decided that it was important to change Charmaine's mood (because, as she once noted, "*thoughts create the depression and the depression creates the thoughts – mood is low, thoughts are negative*"). She took Charmaine on a walk to Bobbin Head National Park.

136 That walk had a profound impact on Charmaine. Her diary reveals that she became calm after contemplating the impermanence of life and the need to accept change. These were the kinds of messages that she was getting from her treatment with Dr Khong and were consistent with Buddhist teachings.

137 Whether impermanence was discussed in those terms during the Bobbin Head walk is not clear, but the issue probably came up. Both Dr Seidler and Dr Tang thought that such ideas could lead to unintended problems for a person already thinking about suicide. Dr Khong said she did not intend the walk to somehow give Charmaine permission to accept death and surely she could not have intended this. But such acceptance may have been an unintended consequence.

138 Sarah Bamford was the only one of Charmaine's friends to have known the truth about her mental illness, her antidepressants and that she was seeing a psychologist. She saw Charmaine the day after the Bobbin Head walk.

139 Charmaine was observed to be unusually calm. Ms Bamford said "*I was thinking I wonder if this is something I should be worried about given that she'd been quite depressed leading up to that night*". Her concern was well founded because there was expert evidence that most people are very calm when they resolve to commit suicide.

140 Four days after the Bobbin Head walk Charmaine saw Dr Tang. She was noted by Dr Tang to be "*Energetic. Feeling well*". The lift in mood after the walk allowed her to complete the Brad Hodson video project, which was a source of considerable stress.

141 Dr Khong discussed the consultation on 18 October 2007 but did not tell Dr Tang that on 12 October 2007 Charmaine had been feeling suicidal again and that her mood only lifted after being taken on the walk. Dr Tang said that if she had known this she would have called Charmaine back for review because her upbeat presentation was so different from how it was days earlier it could be the sign of mood instability.

- 142 Charmaine had a good relationship with Dr Khong. From Dr Khong's perspective it was always a therapist/client relationship and although more collaborative in nature than the doctor/patient relationship in psychiatry, she always maintained her professional distance.
- 143 From Charmaine's perspective the relationship was more of a friendship, or at least this is how it came across to others including her mother, Simon and Sarah Bamford who knew that Dr Khong was a psychologist and that Charmaine went to her for treatment.
- 144 The importance of the therapeutic relationship cannot be understated. Dr Seidler explained that the therapeutic relationship itself is probably more important than the techniques actually used by the therapist.
- 145 One potential problem when a client like Charmaine sees her therapist as a friend is that, Charmaine's character being what it was, she would not want to say or do anything to upset a friend. When Dr Khong made her "contract" to be available 24 hour a day 7 days a week if she ever felt the need to talk, Charmaine balked at this saying she did not like to bother people. She also had great confidence in Dr Khong and was thankful for all that she had done with her. Dr Khong's own notes refer to Charmaine telling her "*You are tough and good*" and that she would do "*Whatever it takes to continue the counselling*".
- 146 The fact is that Charmaine did not tell Dr Khong about her thoughts of throwing herself in front of a truck (which she did tell Dr Tang). When confronted by Dr Khong about this in a later session Charmaine said she did not tell her because the thoughts were negative and fleeting. Nor did Charmaine call Dr Khong in the days leading up to 2 November 2007. It may be that Charmaine did not contact Dr Khong because she was already speaking with Dr Tang. But it may also be that she felt she could not call Dr Khong because she may have felt that she had failed her by not getting better despite all of the care and treatment she had been given for the previous 9 months.

5. CHARMAINE'S MANAGEMENT BY PSYCHIATRIST DR. TANG

- 147 Dr Tang denied that she had considered a diagnosis of a bipolar disorder during her one and only consultation with Charmaine on 16 October 2007. But I am satisfied that she

did consider this, however the diagnosis of an under-treated Major Depression seemed to better fit the facts as she understood them.

148 The problem is that Dr Tang was not given a proper history from Dr Khong. Dr Tang was not told of Charmaine's suicidal thoughts on 28 September 2007, the day Dr Khong phoned her to arrange a consultation. She was not told of the Bobbin Head walk on 12 October 2007 which lifted Charmaine from deep depression and suicidal thoughts, and would have explained Charmaine's positive presentation on 16 October 2007.

149 It is true that some criticism may be made of Dr Tang for not getting from Charmaine directly a more complete history of suicidal thoughts. Equally, Dr Tang may be criticised for not getting a history of her "ups" as well as her "downs" which should have been explored as part of the exclusion of "any hypomanic episode" before arriving at a diagnosis of Major Depression according to the DSM IV criteria. But Dr Tang was able to obtain a very comprehensive history which, even if it did not explore the bipolar issue deeply, at least led her to think about it.

150 If she had been given more complete information from Dr Khong there is every reason to believe that Dr Tang would have looked at the issue of mood swings more carefully and have come to a diagnosis of Bipolar II Disorder. I am satisfied that she actually mentioned this very diagnosis to Dr Khong when they spoke on 18 October 2007 and that this idea did not originate with Dr Khong.

151 Dr Tang was right to consider that there was a clear biological component to Charmaine's mental problems because the diagnosed depression was out of proportion to the social and psychological triggers that were thought to be the main cause.

152 She was also right to think that this condition had been undertreated up to that time. Her treatment plan was to remove the antidepressant that did not appear to be working and was causing what she considered side effects of agitation (Efexor) and introduce another antidepressant with a lower side effect profile (Lexapro). This made sense in the context of what Dr Tang believed she was dealing with: depression that had not been adequately treated by the antidepressants being taken so far.

- 153 The “cross-tapering” of Efexor and Lexapro was a practice that was not endorsed by the experts in the case and it was contrary to the “switching guidelines” of the manufacturer of Lexapro. But it was a recognised technique and one with which Dr Tang said she was familiar.
- 154 Such a practice required very careful monitoring not only because of the well known and often significant withdrawal effects of Efexor and the side effects of introducing Lexapro, but also the potential for both to act together which might lead to a patient developing serotonin syndrome. Central to proper monitoring is advice to the patient about what withdrawal effects or side effects to look for.
- 155 It is difficult to understand why, if increased agitation and suicidality are the major concerns when “cross-tapering” Efexor and Lexapro, Dr Tang would not have made this clear to Charmaine. She insists that she did and also that she told this to Dr Khong. But Dr Khong’s notes of this conversation refer only to the drug effects of headache and nausea; nothing is written about agitation and suicidality.
- 156 It is hard to believe that Dr Khong, who took extremely careful notes, would not have noted these major drug effects if Dr Tang had told her. It is also hard to understand why, when Charmaine was clearly anxious and panicky and had two minor car accidents on 27 October 2007 (the night of the Josh Pyke concert with Emma Ritchie) and was confused, distant and distracted on 28 October 2007 (after going to Watson’s Bay and then for the “Scrabble Challenge” with Selina Day) she would deliberately fail to tell this to Dr Tang when they spoke on 29 October 2007.
- 157 The events of 27 and 28 October 2007 must have been significant to Charmaine. She told her mother and Sarah Bamford that she expected to be feeling better by then and could not understand why the drugs were not working. She increased the Lexapro from 5mg, which she started on 27 October 2007, to 10mg on 29 October 2007 even before speaking with Dr Tang. Either Charmaine did not want Dr Tang to know that she was having withdrawal effects and side effects from the drugs, or she did not recognise these as drug effects. The latter explanation is more likely.
- 158 There was expert evidence that a patient who was having drug effects like anxiety, panic attacks and re-emerging depression, but was not told to expect them, might become very

distressed. When one adds to this that Charmaine was told by Dr Tang to give the Lexapro a few more days “*to kick in*” it invites the possibility that Charmaine may have felt that anxiety, panic and depression was her “natural” state – the state she was in before drug treatment “*kicked in*”.

159 We know that Charmaine’s mood remained low throughout that week and her mother and Dr Tang, both of whom spoke with her on 1 November 2007, corroborate this.

160 We also know that on the night of 1 November 2007 she was distraught at what she described as her “worst read ever” on the news and was fearful of losing her job. In fact, the news read was virtually flawless and the fear of losing her job utterly irrational. The next morning she told Simon she was worried about not being able to complete a massage course – a concern that was completely unnecessary.

161 It is against this background of probable drug effect that was not recognised as such, and ongoing depression and anxiety and increasing irrationality endured while waiting for the Lexapro to take effect, that we must understand Charmaine’s last message: “*Sime, I’m so sorry for what I’m about to do. I can’t conquer my thoughts. Please know this is no one’s fault but mine.*” She thought the problem was with her. She did not appreciate that the distressing feelings and behaviour she was exhibiting were probably due to the “cross-tapering” of her antidepressants – the withdrawal effects of Efexor, the side effects of the introduction of Lexapro and possibly also the serotonergic effects of both of these drugs being given at the same time.

162 The other issue arising from the increased risks from “cross-tapering” concerned the monitoring of drug effects by others.

163 Dr Tang said that she specifically asked Charmaine if she could contact her mother and Simon to enlist their help in monitoring but Charmaine refused to give permission for this. There was no record of such permission being refused although such a note might be expected. It is certainly possible that Charmaine did not want Dr Tang to contact them because she felt able to monitor herself and did not want to worry them with talk about suicide. This is not something about which a finding can comfortably be made either way.

164 Finally, I am satisfied that Charmaine left Dr Tang full of hope that her mental problems would finally be solved and that she would soon be off Efexor. Whether Dr Tang used the word “*revolutionary*” or told her of successful treatment of another patient is not clear.

165 What is clear is that Charmaine made a huge emotional investment in Dr Tang’s treatment and saw it as “*a light at the end of the tunnel*”. It is likely that Dr Tang did encourage this hope and not likely that Charmaine was so overwhelmed by her own wishful thinking that she was somehow unable to take on board the warnings of drug effect – especially increasing anxiety, agitation and worsening depression – that Dr Tang claims to have imparted. If she had, it is hard to understand why when Charmaine experienced all of these in her last week she did not say so to Dr Tang.

6. RISKS, SIDE EFFECTS AND WARNINGS ASSOCIATED WITH THE ANTIDEPRESSANT DRUGS EFEXOR AND LEXAPRO

166 The product literature for Efexor and Lexapro warns of risks and side effects. To a large extent those warnings were “generic” and required by the Therapeutic Goods Administration to accompany all antidepressants sold in Australia.

167 The product literature states that suicidality is strongly linked to depression and this is so whether or not a person is taking antidepressants. The risk of worsening depression and suicidality is, however, increased when antidepressants are being introduced for the first time, when the drug is being withdrawn, and at any time that there are dosage changes, either increases or decreases.

168 There are many side effects of taking these drugs or withdrawal effects when they are stopped or the dose is reduced. Relevant to Charmaine’s case these included, in addition to worsening depression and increased suicidality,

- Headache
- Nausea
- Agitation
- Anxiety

- Confusion
- Nervousness
- Panic attacks
- Impaired driving
- Psychomotor restlessness
- Other unusual changes in behaviour
- Hypomania
- Serotonin syndrome

169 The product literature recommends that family members or other similarly placed persons be contacted by prescribing doctors to enlist their support in observing a patient for these drug effects because sometimes the patient may not be able to recognise these effects for what they are.

170 The representatives of the drug companies who gave evidence at the inquest emphasised that the prescribing doctor has the primary responsibility for ensuring that a patient knows what effects to expect and for putting in place whatever monitoring is appropriate in the circumstances.

171 Dr Tang was the only doctor about whom issues of knowledge of side effects and issues of monitoring arose. She said that she was aware of the potential effects of her “cross-tapering” treatment and in particular about the increased risks of agitation, worsening depression and suicidality. She said she warned Charmaine about these risks and said that her monitoring over the telephone was aimed at precisely these concerns. She also said that she wanted to arrange for Charmaine’s mother and Simon to assist in monitoring her, but says that Charmaine refused her permission to contact them.

172 The inquest did not concern itself with whether antidepressants were overused in Australia, or how effective they were and whether the product literature about risks and side effects was as good as it might be. The issue was limited to warnings and I am

satisfied that the relevant warnings about withdrawing Efexor and increasing Lexapro and the need for careful monitoring were appropriate.

7. WAS CHARMAINE'S DEATH PREVENTABLE?

173 Suicide is never predictable but there are well known signs associated with suicidal ideation. These include: perfectionism, negative thinking and hopelessness.

174 Charmaine was a perfectionist by nature. Her mother said so. All who knew her observed this. It probably was a positive factor in her achieving the success that she did in an exacting field.

175 All who treated Charmaine noted the negative thinking and two weeks before she died Dr Tang obtained a history that her mind was "*churning +++*" and she had "*negative cogitations +++ verging on irrational*".

176 Towards the end Charmaine was sliding into hopelessness and ultimately was resigned to this with the message: "*Sime, I'm so sorry for what I'm about to do. I can't conquer my thoughts.*" In what can only be described as a misplaced assumption of personal responsibility she continued, "*Please know this is no one's fault but mine.*"

177 Counsel assisting submitted that Charmaine's death was both tragic and cruel. It was tragic because her thoughts could have been conquered, and cruel because she bore the guilt of believing that she did not have the strength of character to conquer them.

178 Charmaine probably did have a Bipolar II Disorder. Professor Parker explained

The high suicide rate in this condition probably reflects the severity of the depressed mood state and the desperation that many people feel when they "come off a high" and are aware that they are going back into a depressed phase and start to anticipate the "torment". During the depressed phase, some may experience 'retardation' (marked by slowed thinking and impaired concentration, as well as by a lack of energy) but some may experience agitation (where they will have great difficulty in settling and often have a myriad of morbid worries and concerns). The latter agitated state provides a higher risk to suicidal ideation.

179 He went on to say

Most individuals with this condition will need a mood stabiliser as well as education and a 'stay well plan' designed to address the mood oscillation. Most importantly, they need confirmation of the diagnosis so that they can be made aware of what they need to learn about and how to address their condition. In a percentage, mood stabilising medication will bring the condition under total control alone, while the combination of medication, education and a stay well plan will bring it under complete or almost complete control for another significant percentage. Such successful management is usually contingent on making the diagnosis.

180 Dr Phillips agreed

If it were to be found that Charmaine's diagnosis had been wrong and that she suffered from a Bipolar II Disorder, and if she had been properly treated in an evidence based manner for Bipolar II Disorder and formed a proper therapeutic alliance with one person, be it the psychiatrist or the psychologist, then on the balance of probabilities, she would have stabilised, she would not have made a total recovery, that she would have stabilised and she would have gone on to live a relatively normal life thereafter.

181 It follows that if those health professionals treating Charmaine had made the correct diagnosis of a Bipolar II Disorder she would have been properly treated with a mood stabiliser and she probably would not have committed suicide. Their failure to diagnose a Bipolar II Disorder was therefore causative of Charmaine's suicide.

182 A suspicion of Bipolar II might have been made by Dr Cugadasan or Dr Clowes, especially by the latter who probably should have arranged a psychiatric review when Charmaine was still not getting better after the increase in her Eflexor to 150mg per day.

183 The diagnosis should have been explored properly by Dr Khong with referral to a psychiatrist after Charmaine herself brought this issue "to the table" at a session in May.

184 Dr Tang would almost certainly have made the diagnosis if she had been given a proper history from Dr Khong either before the consultation on 16 October 2007 or on 18 October 2007 when Dr Khong should have informed her of the Bobbin Head walk on 12 October 2007.

185 Further, if the events on 27 October 2007 when Charmaine was anxious and panicky and had two minor car accidents on the way to the Enmore Theatre, and on 28 October 2007 when she went to Watson's Bay and then was observed to be distracted, confused and distant, had been recognised by Charmaine as likely drug effects she probably would have reported this to Dr Tang on 29 October 2007.

186 This would have led to a review of her condition and probably arrested the slide into further agitation and hopelessness that occurred later that week. In this way the failure to properly alert her to drug effects of the "cross-tapering" was an indirect cause of Charmaine's suicide.

187 Quite apart from the deficiencies in her management by her health professionals, Charmaine's suicide would not have happened if she had been prevented access to the cliff edge at The Gap. Dr Dudley, whose special interest was suicide prevention and who was the Chair of Suicide Prevention Australia, said that it was a misconception that if you prevent access to one spot a person wanting to commit suicide would simply go somewhere else. He referred to studies that have demonstrated that

restricting means of suicide is highly effective, frequently deterring suicide by the method in question but also overall suicide rates... Placing barriers in conspicuous suicide sites has prevented jumping, not only from those sites, but elsewhere.

188 The failure to prevent access to the cliff edge at The Gap was therefore a causal factor in Charmaine's suicide.

8. THE EFFECT OF CHARMAINE'S DEATH ON OTHERS

189 It is impossible to fathom the extent of the grief suffered by Charmaine's family and her partner Simon. Her death impacted many others including her many friends and work colleagues that gave evidence.

190 Charmaine's death had consequences for people she never knew. Mr Skalvos, who wanted to approach her at The Gap but was instructed not to, was deeply affected. He has said that faced with the same situation again he would approach a person at The Gap because he said that living with the fact of not having done something is worse than

knowing that you did not even try. Hopefully he will not be faced with this kind of situation again.

191 Detective Senior Sergeant Despa Fitzgerald is a veteran crisis negotiator. She described the awful impact that suicide cases have had on her personally and on other members of the police and rescue teams. Their emotional welfare needs to be taken into account as well and I have made a previous recommendation in relation to that issue.

9. SUICIDE PREVENTION STRATEGIES AT THE GAP

192 Detective Senior Sergeant Fitzgerald set out in a Statement dated 19 March 2010 the work that has currently been completed in relation to the ‘Gap Suicide Minimisation Plan’.

193 She stated;

“The new fence that has been installed to date starts at a point 8 metres south of the Dunbar Anchor and continues southward following the same alignment of the previous fence as far as the southern boundary of Christison Park, a distance of 1573 metres.

The section in front of Macquarie Lighthouse has not been done as this is Commonwealth owned and managed land, not the responsibility of Woollahra Council. The last sections to be undertaken by Woollahra Council are the replacement of the section at The Gap which extends from the boundary with the Sydney Harbour National Park to the Dunbar Anchor”

194 She has said that there is CCTV that, I believe is monitored by a private security firm, recording defined preset views. There are two phones set up near the main entry points (North and South) and have been in operation since 5 March 2010 one accesses Triple 0 and the other ‘Lifeline’.

195 The need for work to be completed at The Gap was reinforced by Dr Dudley who said that

...a masterplan has been developed to effectively deal with the Gap as a suicide hotspot. The intent is to simultaneously enhance the Gap as an International tourist destination, and to destigmatise it and prevent it being used as a suicide hotspot.

196 He stated that the funding application to the Federal Government provided for;

- In leaning fencing, which is aesthetic, but also poses an effective barrier
- New lighting in viewing areas

- 9 CCTV cameras at entry points to the Park, also thermal cameras
- Improved surveillance by removing vegetation, and a new stairway to improve visibility

- New seating

- Extended fencing into National Parks and Wildlife land (two sets of cameras have been installed on NPWS land, and a digital camera).

- Improved relationship with local Police, in concert with Lifeline.

- Making local community aware of what is being done through workshops

- Residents who use the park need and can use the skills to help people in distress.

197 The project has been costed at roughly \$2 million dollars with Woollahra Council having spent \$248,000 on the first phase of the project.

198 Recently the Federal Government announced a grant to Woollahra Council of \$1.1 million dollars for work at The Gap, however, I am not sure if that amount means that the masterplan can be finalised I hope it does.

FORMAL FINDING

I FIND THAT CHARMAINE MARGARET DRAGUN ON 2 NOVEMBER 2007 AT THE GAP VAUCLUSE DIED OF THE EFFECTS OF MULTIPLE INJURIES SUSTAINED WHEN SHE PROJECTED HERSELF FROM THE TOP OF A CLIFF WITH THE INTENTION OF TAKING HER OWN LIFE.

RECOMMENDATIONS

- 199 I intimated during the Inquest that I was going to make recommendations relating to the adequacy of counselling provided to Officers of the Rose Bay Local Area Command. It has been pointed out that I made recommendations in a previous inquest involving another death at the Gap and that the Commissioner of Police had responded to that recommendation. I accept that and do not propose to take the matter any further.
- 200 The issue of funding for the completion of work at The Gap is vital in my view. I know the member for Vacluse the Honourable Malcolm Turnbull has called for the funding to be made available and the evidence that has been given at this Inquest about The Gap support his call.
- 201 I direct that a copy of the findings and executive summary be sent to the Honourable member for Vacluse, as he may be able to use some of the evidence that was given in assisting the Woolhara Council if further Federal funding is required to finalise the ‘Gap Suicide Minimisation Plan’.
- 202 A number of vitally important aspects relating to the assessment and treatment of depression were uncovered during this Inquest that should be brought to the attention to general practitioners, counsellors, psychologists, psychiatrists and others (who I will call collectively “health professionals”) who may be called upon to treat people presenting with signs and symptoms of depression.
- 203 They include:
- The need for increased awareness by health professionals of the need to exclude a bipolar disorder in all patients presenting with signs and symptoms of depression.
 - The need for assessment tools for bipolar conditions being readily available to all health professionals treating patients with signs and symptoms of depression.
 - Stress on the importance of all health professionals treating patients with signs and symptoms of depression to provide all relevant information to other health professionals to whom a patient may be referred for ongoing treatment.

- Stress on the importance of all health professionals treating patients with signs and symptoms of depression to keep referring health practitioners informed of their management of the patient.
- Critical consideration of the use of “contracts” between health care professionals and patients whereby the patient promises not to self harm and to contact the health care provider if they are feeling suicidal. These could usefully be replaced with “commitments to treatment” which are less coercive.
- Discouragement of any indication by a health care professional of being available to patients 24 hours a day, 7 days a week as this can obscure the therapeutic relationship.
- The provision to patients who have suicidal thoughts but are not thought to be at risk of suicide at the time of a “crisis plan” with details of who to contact and how if their condition worsens if the usual treating health professional is not available. This applies to patients being released from hospitals.
- That health professionals stress to the patient the importance of involving family members or similarly placed persons to monitor any side effects associated with having drugs supplied for the first time or any increase, decrease or change of medication because sometimes the patient may not be able to recognise these effects for what they are.

204 The peak bodies that represent general practitioners, psychologists and psychiatrists were not represented and were not asked to make submissions to the Inquest so I cannot fashion these important findings into recommendations to be actioned by them

205 However, I would urge the peak bodies to carefully consider the findings because advising their membership can only result in an increased awareness of how important certain aspects of the assessment and treatment of depression are and in the end reduce the number of suicides and attempted suicides as a consequence.

206 I direct that copies of the findings and executive summary be forwarded to the Royal Australian College of General Practitioners, the Counsellors and Therapists Association of New South Wales, the Australian Psychological Society and the Royal Australian and New Zealand College of Psychiatrists.

207 I thank Mr David Hirsch, Barrister, Counsel Assisting, and Ms Ngaire Watson whose invaluable assistance should be acknowledged and also Mr Geoffrey Denman, formerly Senior Solicitor with Crown Solicitor's Office and now at the Private Bar.

208 To the family of Charmaine, I offer my sincere sympathy, and hope that this inquest will have assisted them to understand the circumstances of Charmaine's death. I also hope that my recommendations fulfil their wish that steps be taken to reduce the tragic toll taken by suicide in Australia. I acknowledge that this would be Charmaine's wish as well.

M.MacPherson
Deputy State Coroner
State Coroners Court Glebe
15 October 2010