CITATION: *Inquest into the death of Sean Daniel Collins* [2019] NTLC 007

TITLE OF COURT:	Coroners Court
JURISDICTION:	Darwin
FILE NO(s):	D0195/2017
DELIVERED ON:	7 May 2019
DELIVERED AT:	Darwin
HEARING DATE(s):	9, 10 April 2019
FINDING OF:	Judge Greg Cavanagh
CATCHWORDS:	**Death in custody, foreign national, inadequate health care**

REPRESENTATION:

Counsel Assisting:	Kelvin Currie
Counsel for Department of Corrections:	Helena Blundell
Counsel for Top End Health Service:	Jodi Truman

Judgment category classification:	A
Judgement ID number:	[2019] NTLC 007
Number of paragraphs:	131
Number of pages:	39

IN THE CORONERS COURT
AT DARWIN IN THE NORTHERN
TERRITORY OF AUSTRALIA

No. D0195/2017

In the matter of an Inquest into the death of

SEAN DANIEL COLLINS

ON 28 OCTOBER 2017
AT DARWIN CORRECTIONAL CENTRE, HOLTZ

FINDINGS

Judge Greg Cavanagh

Introduction

1. Sean Collins was born 20 March 1985 to Judith and Michael Collins in the Good Samaritan Hospital in Portland, Oregon in the United States of America. He was 32 years of age at the date of his death. He had two sisters. He and his sisters were triplets.

2. He had a troubled youth. He was diagnosed with attention deficit disorder, hyperactivity disorder (ADHD) and autism. His literacy skills suffered. He also developed a sensitivity to rejection and preferred independence to seeking the assistance of others.

3. He commenced using drugs at an early age. Later in his life he said that drugs and alcohol assisted with significant levels of anxiety he suffered.

4. He undertook a certificate in culinary arts and qualified as a chef and in spite of his troubles grew into a man that was known for his kindness and ready smile. One of his sisters, Carolyn, said of him:

> "He was kind, and never demeaned or belittled anyone. He always found worth in others no matter their status, profession, anything. Anyone could be his friend, and he was an amazing friend to have … he helped me through some of the darkest times in my life."

5. He loved to travel and to meet people. During the inquest his mother said:

> "Sean is my son and I love him deeply. It was agony not knowing where he was for many years. We all miss him terribly and will always cherish his lopsided smile and kindness. One of his favourite activities was to look for special shells and shark's teeth on the beach. He loved to travel, and deeply touched many peoples' lives. I continue to take his spirit with me on my own travels."

6. He moved from Oregon to New Mexico in 2010. Thereafter he had no further contact with his family. They sought to locate him on numerous occasions, even going to the extent of obtaining the services of private investigation agents. However, he was not found.

7. It seems that he worked in Santa Fe for a while. He then backpacked around the United States of America for 12 months. On 30 November 2012 at the age of 27 years, Mr Collins travelled to Australia on a 12 month working visa.

8. He worked in Sydney for an unknown period of time before making his way up the East Coast of Australia. He is known to have worked in Cairns. In mid-2015 he arrived in Port Douglas. By that time his visa had been expired for almost two years. There is no evidence that he sought to extend the visa.

9. While in Port Douglas he worked as a chef and met a number of people with whom he became good friends. One was a local man named Alex and another an English backpacker by the name of Chelsea.

10. Mr Collins continued to use cannabis, MDMA (ecstasy) and LSD. He purchased them over the internet, the "dark web", and had them delivered to Post Offices where he took delivery. He used Bitcoin to purchase the drugs. To avoid detection he acquired false identification. That was generally in the form of driver's licences from Canada, Ireland, and other European countries.

11. He also supplied the drugs to others. The proceeds he either kept in cash or got friends to bank it on his behalf. By the time he left Port Douglas his friend Alex was holding $7,500 and his friend Chelsea was holding $18,500 of his money.

12. In April 2016 Mr Collins borrowed a Magna Station Wagon vehicle from his friend, Alex and drove from Port Douglas to Darwin in the Northern Territory, a distance of over 2,800 kilometres. While in Darwin he stayed at a backpacker's hostel. He met and became friends with a number of people. One of those was Scott.

13. Mr Collins stayed for about 6 months and had plans to travel to Broome in Western Australia (a distance of about 1,900 kilometres). However on 23 September 2016 Federal Police executed a search warrant on his room at the hostel. Mr Collins produced an Irish driver's licence. During the search Police found another three European licences with his photograph but bearing different names and dates of birth. They also found a commercial quantity of MDMA and trafficable quantities of LSD and Cannabis along with $5,370 in cash.

14. They later searched a storage shed in the industrial estate that Mr Collins had rented under the name of James Templeton. There they located Mr Collins' passport, further false identifications and $14,900 in cash. Police collected from two Post Offices 1.5 kilograms of cannabis and 500 MDMA pills that had been purchased by Mr Collins.

15. Mr Collins was charged with possession of the drugs found in his room at the hostel. He was denied bail in part because he was classified as an "illegal alien". The following day he commenced his stay at the Darwin Correctional Centre (the prison).

16. The Australian Government, Department of Foreign Affairs and Trade website provides the following information and direction:

> **WHAT TO DO IF YOU DETAIN A FOREIGN NATIONAL**
>
> Inform without delay the detained person of their rights to have the relevant consular post or embassy informed of their detention and to request consular assistance.
>
> **Tell Detainee:** You can ask us to inform your consulate or embassy now or at any time in the future.

> **Ask detainee:** Do you want your consulate or embassy notified of your arrest/detention?
>
> **If answer Yes:** Notify their consulate or embassy without delay of their detention and request for consular assistance.
>
> Any communication addressed to the consulate/embassy by the detainee should be forwarded without delay.
>
> Allow access for consular officials to visit, converse, correspond, and to arrange legal representation for the detainee, unless expressly opposed by the detainee.

17. That procedure is said to be required so that Australia can meet its obligations under the Vienna Convention on Consular Relations.

18. There is no evidence the prison provided that advice to Mr Collins. There is no evidence that Mr Collins indicated that he did not want Consular assistance. There is no evidence that the Consular officials were contacted by the prison at any time. That is of particular concern because a great number of the issues suffered by Mr Collins related to his own frustrated attempts to obtain legal representation.

19. Initially, Mr Collins was most concerned that he would be charged with offences relating to the drugs obtained from the Post Offices. He was concerned that may result in a lengthier sentence. He asked around inside the prison and considered that on the charges that had been preferred at that time, as a first offender he would likely receive a sentence between 6 and 12 months imprisonment.

20. No further charges were added. There remained three charges being, possession of a trafficable quantity of LSD, possession of a trafficable quantity of cannabis and possession of a commercial quantity of MDMA.

21. The charges came before the Supreme Court on 29 March 2017. However, the statement of facts made mention of the other drugs found at the Post Offices, the false identifications and the cash. Mr Collins plead guilty to the three charges.

22. The court said it reduced a 6 year term of imprisonment to 4 years due to his early plea of guilty and his assistance to Police. A non-parole period of 2 years was set. That was a greater period of incarceration than Mr Collins had been expecting. Mr Collins sought that the severity of his sentence be appealed. However during preparation for the appeal complicating issues arose:

    A. Mr Collins had been wrongly given a parole period of 50% of the head sentence. Sentencing for a commercial quantity of a Schedule 1 drug (MDMA) required that a parole period could be no more than 30% of the head sentence (that is, 70% of the head sentence had to be served in prison).

    B. Mr Collins was told that he was likely to be deported on release. Due to that the lawyers had concerns that he would be unable to obtain parole at all.

23. The feedback to Mr Collins was that the sentence would need to be corrected, that may well result in him having to serve three years. He was also told that the parole period of the sentence needed to be altered to a suspended sentence such that he would be able to be released and then deported after serving the non-parole period. He was told that his chances of success on having a reduction in his sentence were not high.

24. That left Mr Collins not knowing what period he was likely to be required to serve. He understood that two years was likely the minimum time he would be serving with the possibility that it may well be three or even four years.

25. He was most anxious and became quite obsessed with trying to sort out the issues. He applied firstly to Legal Aid who had represented him on sentencing, for an appeal. That was initially declined but then on review by the Director of Legal Aid the appeal was accepted.

26. However, the lack of assurance as to his prospects convinced Mr Collins that he should seek private representation. He obtained agreement from a

barrister that the appeal would be undertaken for $10,000. At that stage the Federal Police were holding $3,000 for Mr Collins that had not been forfeited. Mr Collins sought that the other $7,000 be transferred from his money held by friends.

27. He first asked his friend Alex to transfer the money. However Alex indicated that the money he held was unavailable. He said it had been kept as Bitcoin in the account on Alpha Bay (a Dark Net market place). That was closed down by Canadian authorities on 13 July 2017. The money had gone with the website.

28. He then asked his friend Chelsea to transfer $7000 from the $18,500 held by her. Initially she said the money would be transferred in a few days. However when it didn't arrive and she was contacted by the lawyer she said that the money was tied up until completion of the purchase of a house by her and her partner. She later took exception to communication from the lawyer who was trying to establish a firm date for the transfer. She then stopped communicating.

29. From shortly after his incarceration Mr Collins had been making telephone calls to his friends on a regular basis: Alex, Chelsea and Scott were the primary persons he called. However, he stopped calling Alex after Alex advised that there was no money to transfer. Mr Collins was of the belief that Alex had stolen his money. The last conversation they had was on 12 August 2017.

30. He had his last conversation with Chelsea on 25 August 2017. He attempted to call her on another 17 occasions. Chelsea did not answer the calls. He stopped attempting to call Chelsea on 1 October 2017.

31. During many of the calls Mr Collins made to Scott, Scott apologised for not visiting and promised to do so soon, generally on the next weekend or soon thereafter. However Scott never visited. The last time Mr Collins was able

to speak to Scott was on 5 August 2017. Mr Collins attempted to call Scott a further 20 times until 10 October 2017. Scott did not answer the calls.

Working in the Prison

32. Mr Collins had been working in the production assembly area. Initially it was envisaged that he would, among other tasks, put together wheelbarrows. However the supervising officer determined that he showed little aptitude and gave him a cleaning job in the same area. However the officer noted that Mr Collins showed little application to the tasks expected and spent most of the time in the lunchroom watching television or sleeping on the floor. The prison officer said Mr Collins was difficult to engage and although he followed directions, he did not actively undertake work outside of the bare minimum without specific direction.

33. On 12 October 2017 the prison officer determined that he would dismiss Mr Collins from the role in the production assembly area. He decided however to wait a little longer. On Friday afternoon, 27 October 2017, the supervising officer was handing over just prior to taking leave. During the course of the handover the officer told Mr Collins that would be his last day, he was not to return the following Monday and that he could leave early. Mr Collins left and returned to his accommodation.

34. That evening during muster and lockdown the officers did not note anything unusual about Mr Collins. Nor did the prisoner in the next cell. The CCTV vision on that evening shows that Mr Collins hung a towel over his cell door at 6.55pm. It covered his cell door window. That was not unusual. Many prisoners were said to do that for privacy.

35. Mr Collins is thereafter seen on the CCTV to move a number of times between his cell and the bathroom. At 9.41pm another prisoner knocked on the door of his cell and is seen to stand at the door and engage Mr Collins in conversation. It appears that the prisoner left with something in his hand. When questioned at a later date, the prisoner said that he would often ask if Mr Collins had leftover food. Sometimes Mr Collins would give him food.

36. Mr Collins is seen on the CCTV vision moving between his cell and the communal bathroom on four more occasions. He can be seen entering his cell for the last time just after midnight (12.34am). There is no further movement in or out of his cell detected on the CCTV.

37. The next morning Mr Collins did not attend muster. His cell door was found to be locked from the inside. When it was opened by the prison guards his body fell backwards onto the floor. He had a rope (thought to be from the laundry bags used in the production assembly area) around his neck. He was deceased.

38. Initially it was thought that the other end of the rope had been attached to the door handle. However, closer examination of the top of the door indicated that it is likely that Mr Collins knotted one end of the rope and put it over the top of the door before closing the door, wedging the rope. There was a chair nearby that was likely used.

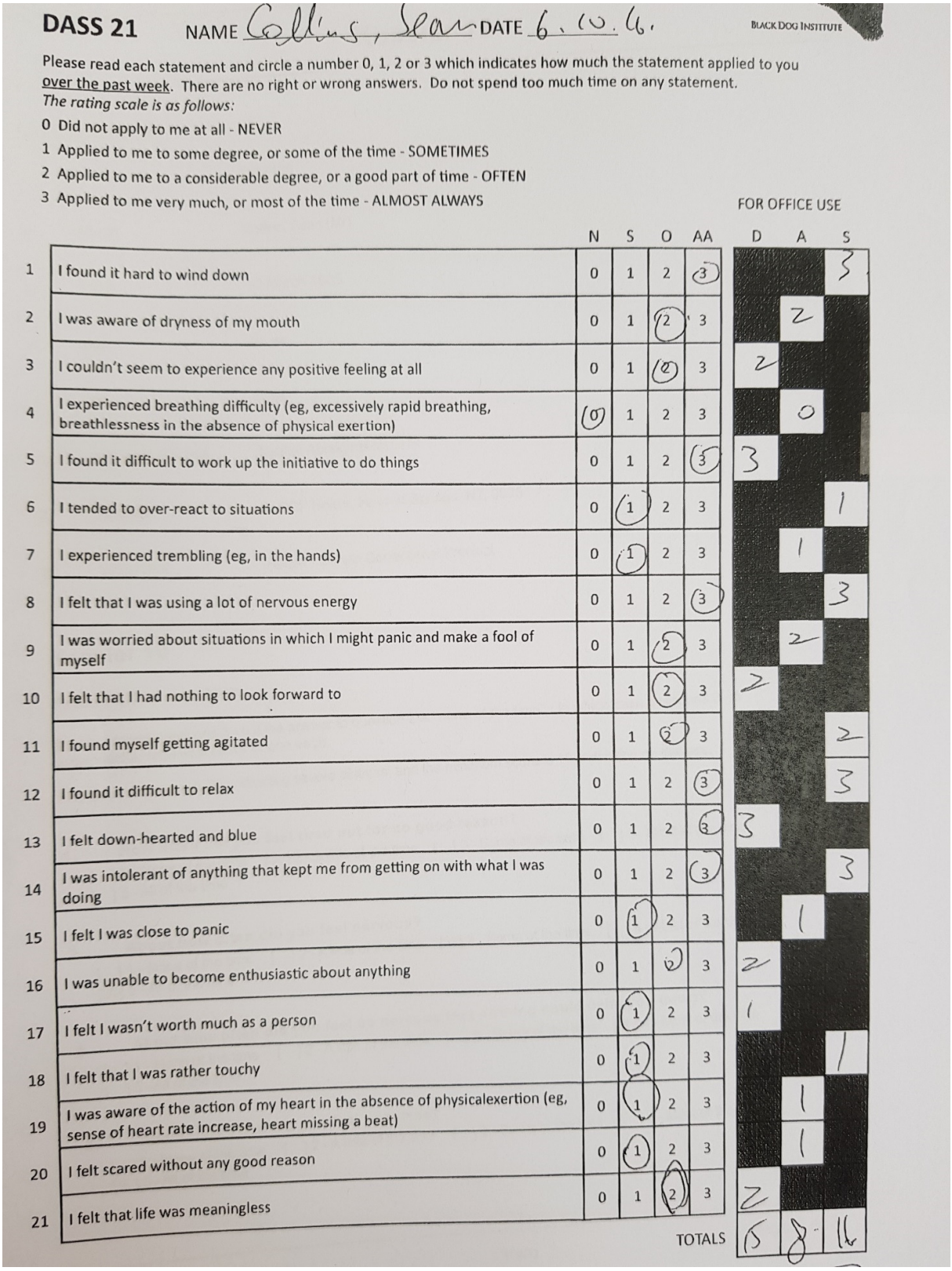
39. A code blue was called and clinical nursing staff along with others attended. It was obvious that Mr Collins had been deceased for some time.

Health Care and Treatment

40. Mr Collins was taken into custody on 23 September 2016. He was admitted to the prison on 24 September 2016. On that date in the Initial Reception Assessment it was recorded that he said that he drank approximately 15 standard drinks four times a week and said he was "a little bit worried". But he denied suffering anxiety.

41. One week later on Saturday 1 October 2016 Mr Collins put in a Health Request Form stating, "I would like to talk to someone about getting on some meds for sleep – depression and anxiety".

42. On 6 October 2016 Mr Collins saw a doctor. The doctor saw Mr Collins for 11 minutes between 3.32pm and 3.43pm. The doctor administered a DASS 21 (Depression, Anxiety Stress Scale with 21 questions):



DASS 21 NAME Collins, Sean DATE 6.10.16. BLACK DOG INSTITUTE

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	(3)			3
2	I was aware of dryness of my mouth	0	1	(2)	3		2	
3	I couldn't seem to experience any positive feeling at all	0	1	(2)	3	2		
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	(0)	1	2	3		0	
5	I found it difficult to work up the initiative to do things	0	1	2	(3)	3		
6	I tended to over-react to situations	0	(1)	2	3			1
7	I experienced trembling (eg, in the hands)	0	(1)	2	3		1	
8	I felt that I was using a lot of nervous energy	0	1	2	(3)			3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	(2)	3		2	
10	I felt that I had nothing to look forward to	0	1	(2)	3	2		
11	I found myself getting agitated	0	1	(2)	3			2
12	I found it difficult to relax	0	1	2	(3)			3
13	I felt down-hearted and blue	0	1	2	(3)	3		
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	(3)			3
15	I felt I was close to panic	0	(1)	2	3		1	
16	I was unable to become enthusiastic about anything	0	1	(2)	3	2		
17	I felt I wasn't worth much as a person	0	(1)	2	3	1		
18	I felt that I was rather touchy	0	(1)	2	3			1
19	I was aware of the action of my heart in the absence of physicalexertion (eg, sense of heart rate increase, heart missing a beat)	0	(1)	2	3		1	
20	I felt scared without any good reason	0	(1)	2	3		1	
21	I felt that life was meaningless	0	1	(2)	3	2		
					TOTALS	15	8	16

43. The notes of the consultation are in the following terms:

Pt presented today for review depression and sleeping problem. Pt stated that he had been having difficulty in sleeping and feeling anxious. Pt requested to be on antidepressant. No suicidal ideation.

O/E [on examination] not looking depressed.

Explored relaxation technique with the patient. Explored protective factors with the patient – family, friend etc. explained to the pt that his stress was most likely due to situational crisis (waiting for court and sentence).

DASS 21 – severely depressed with severe anxiety and severely stressed.

P [plan]:

Sertraline 50mg [Zoloft]

Short course of Phenergan 25mg to re-establish sleep pattern.

Review in 3 weeks

44. On 8 October 2016 Mr Collins sought counselling from the Alcohol and other Drugs Service (AOD) conducted in the prison by the Top End Health Service (Health Service). He said that he needed help to stay sober.

45. On 12 October 2016 Mr Collins had a review as a "new admission" by a different doctor. That consultation was for 31 minutes from 12.12pm until 12.43pm.

46. The notes of that consultation are in the following terms:

Review new admission to correctional centre

31 year old USA born male/from Oregon
Usual occupation as Chef and moved from Port Douglas to NT approx. 6/12 ago

Single and no social supports in NT

On parole for drug trafficking/ice and MDMA

MHx: [Mental Health examination] nil significant/no usual meds

Minor recreational use of alcohol, THC, Ice and MDMA

Non-smoker

> Recently started on Sertraline for reactive depression/associated with incarceration and probably lengthy custodial sentence
>
> Reports ongoing insomnia and depressed mood
>
> Denies suicidal ideation
>
> O/E well, calm and cooperative, BP 117/77, P=57, no track marks in cubital fossa, Wt = 77.5 kg
>
> *note: he has not had screening urine and blood tests
>
> Rx [prescription]
>
> Ventilation
>
> Discussed symptoms of depression
>
> To continue with Phenergan 25mg nocte for 7 days
>
> Recall put in place for blood and urine tests.

47. On 18 October 2016 Mr Collins made another request in the following terms:

> "Would like to go see medical for sleeping pills they took me off my sleeping pills and now I can't sleep again".

48. On 19 October 2016 at 10.15am he was seen by a Registered Nurse for an assessment and adult health check. That included blood and urine screening (Hepatitis B was detected). He was weighed at 76.5 kilograms. He said he was worried about his current weight (BMI 27.43). He said he would start exercising when he felt motivated to do so. He said his level of activity per day was poor.

49. He was observed to be "very flat in affect, fidgety hands, avoids eye contact". He had an observed seizure while his blood was being taken. He became cold and clammy for 30 seconds. He was assessed as having depression and a seizure.

During the assessment Mr Collins undertook the K-10 (Kessler Psychological Distress Scale with 10 questions). That indicated his

symptoms were at a very high level. A copy of the assessment is below:

Client Details

1.	HRN:	2327119
2.	Name:	Collins, Sean (Mr)
3.	DOB:	20 March 1985
4.	Age:	31 yrs
5.	Sex:	Male
6.	Indigenous Status:	Neither Aboriginal Nor TSI
7.	Address:	5, DCP Holtze, Howard Springs, NT, 0835
8.	Work Unit:	Holtze - Darwin Correctional Precinct

Kessler 10

Please TICK the correct box.

Do not answer questions 3 - 6 if the answer to question 2 is "none of the time". In which case questions 3 - 6 automatically receive a score of one each.

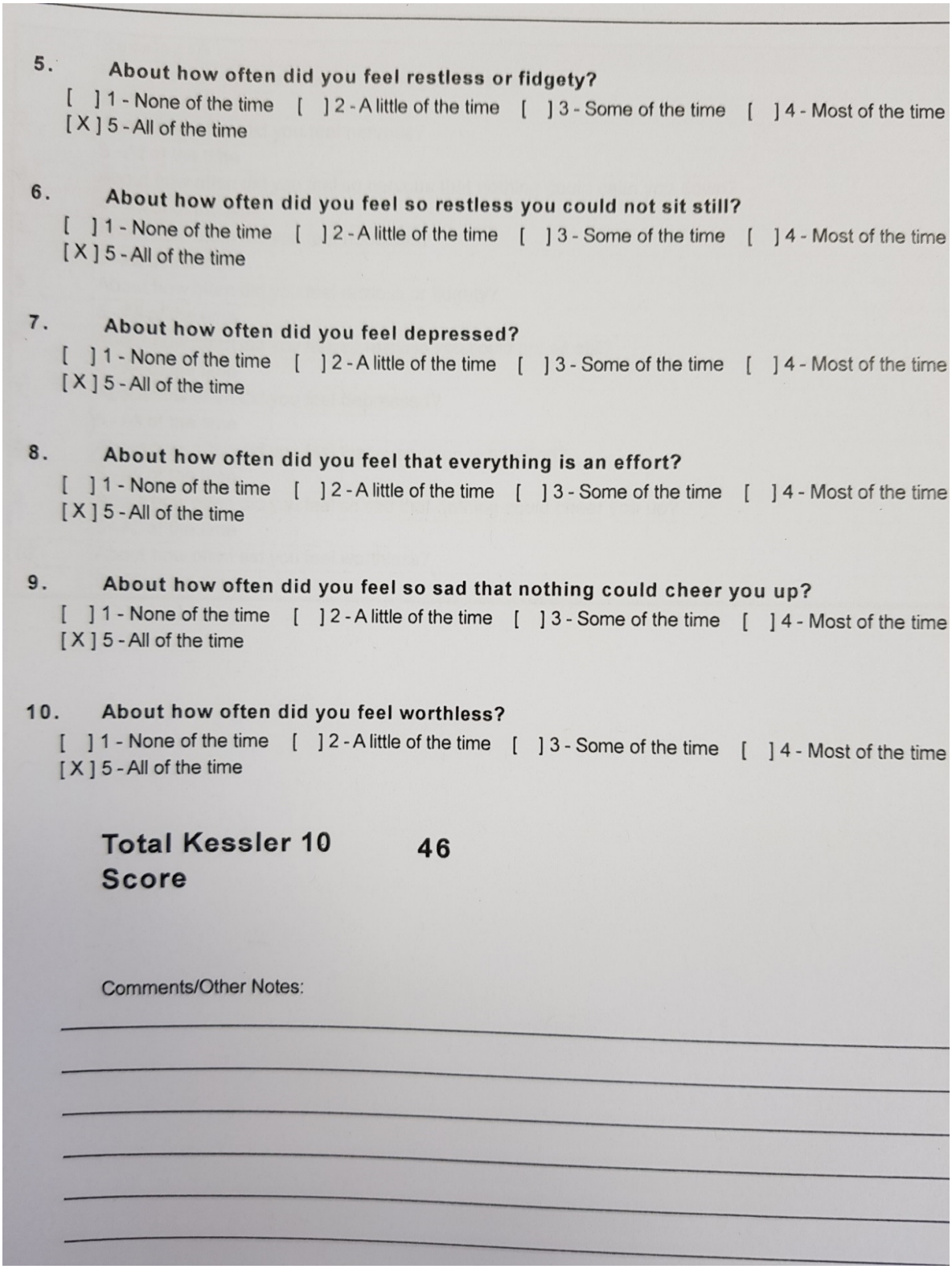
The maximum score is 50, indicating severe distress; and the minimum score is 10, indicating no distress.

1. How often did you feel tired out for no good reason?
[ ] 1 - None of the time [X] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[ ] 5 - All of the time

2. About how often did you feel nervous?
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

3. About how often did you feel so nervous that nothing could calm you down?
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [X] 4 - Most of the time
[ ] 5 - All of the time

4. About how often did you feel hopeless?
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time



5. **About how often did you feel restless or fidgety?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

6. **About how often did you feel so restless you could not sit still?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

7. **About how often did you feel depressed?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

8. **About how often did you feel that everything is an effort?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

9. **About how often did you feel so sad that nothing could cheer you up?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

10. **About how often did you feel worthless?**
[ ] 1 - None of the time [ ] 2 - A little of the time [ ] 3 - Some of the time [ ] 4 - Most of the time
[X] 5 - All of the time

Total Kessler 10 Score **46**

Comments/Other Notes:

50. The Registered Nurse referred him to the general practitioner (GP) and the Forensic Mental Health Team.

51. Mr Collins saw the GP at 11.45am that same day for 15 minutes. The primary reason for seeing the GP was recorded as "insomnia". The notes of the consultation were in the following terms:

> Sleeping better with promethazine
>
> Eating well
>
> O/E
>
> BP 108/74
>
> Appearance – appropriate
>
> Speech – talking well
>
> Mood – not depressed
>
> **Plan**
>
> Promethazine for 10 days

52. The referral to the Forensic Mental Health Team did not eventuate. At 11.50am on that same day the team leader advised that Mr Collins did not meet the criteria for such referrals. Why that was so was not clear. Dr Keith Forrest who provided the Institutional Response indicated that he thought it was likely that it was because the presentation of Mr Collins was for "uncomplicated depression". He interpreted that as "depression which is not occurring with other psychiatric comorbidities". It seems that at that time it was thought that the presentation of Mr Collins was able to be dealt with by the GPs without any specialist mental health assistance.[1]

53. Mr Collins was seen two days later (21 October) by another GP at the prison. He was complaining that his depression was not improving. The note of that visit indicates that the consultation took 7 minutes between 11.46am and 11.53am. The only note states: "Seen yesterday. Recently started sertraline – for review in 1/12".

[1] Transcript pages 107, 108

54. On 23 October 2017 Mr Collins submitted a request to see a doctor. It stated:

> "I would like to stop taking my antidepressants. I don't like the way they make me feel and they also make me smell bad".

55. He was seen by the doctor on 26 October 2017 at 10.54am. The consultation took 15 minutes. The note of that consultation is in the following terms:

> Hx [history]
>
> Feeling cloudy head with sertraline, sleeping 5 hours a night
>
> Not depressed, not suicidal
>
> Pt would like to stop sertraline
>
> O/E
>
> A-appropriate
>
> B-polite, cooperative
>
> Speech – normal
>
> Affect – not depressed
>
> Imp [impression]
>
> Sertraline intolerance
>
> No depression
>
> Plan
>
> Stop sertraline.

56. At that point in time Mr Collins had been in the prison for a little over a month. He had seen a GP on five occasions. On each occasion it was about anxiety, insomnia or depression. In the first week he was said to not be looking depressed but the DASS 21 recorded a score suggesting he may have been severely depressed, anxious and stressed. A week later he said he had ongoing depression and insomnia.

57. In the third week despite scoring 46 out of a possible 50 on the K-10 test and the nurse noting that he was "very flat in affect, fidgety hands, avoids eye contact", the doctor believed that his mood was not depressed.

58. Two days later he complained to the doctor that his depression was not improving but five days after that at the end of the fourth week he was assessed by the doctor as not being depressed.

59. There was no attempt during that period to resolve the clear conflict in the presentations. There was no full history taken at any time. There was no basis to make a proper diagnosis. The longest consultation was 31 minutes. The others were between 3 minutes and 15 minutes.

60. Dr Forrest, the Director of Medical Services of Primary Health Care, said that before the decision was made to stop his anti-depressants there needed to be a process. He said:

> I think that one would need to take a further careful history, which would include - you will revisit the initial history to confirm that your diagnosis was correct; you would ascertain whether there had been any beneficial effects of the drug; you would further explore the adverse side effects that were being reported; you would then, on balance, determine whether you felt that your client was going to benefit from a continued use of an antidepressant; and then you would specifically address the question of the side effects: what can I do about that? Should we reduce the dose? Should we change to another agent? Should we give it at a different time of day? So there would need to be a comprehensive assessment of those factors before …

61. At that point I interrupted and asked if there was evidence that any of that process had occurred. Dr Forrest confirmed that there was no evidence of it occurring.[2]

62. On 16 November 2016 Mr Collins received a letter in relation to his request for counselling from the Alcohol and Other Drugs Service that he made on 8 October 2016. It indicated that he had been put on a waiting list.

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[2] Transcript page 109

63. Mr Collins had another check-up with a GP on 23 November 2016. The consultation lasted four minutes. The note was in these terms:

> 31 year old male presented for review of progress. He was recently taken off antidepressant and was previously having difficulty sleeping. He stated that he felt better now compared to before and he was happy with the way it had been recently. No suicidal ideation.
>
> P: continue with current management
>
> Review prn. [as needed]

64. On 12 December 2016 Mr Collins was seen by a counsellor from the Alcohol and Other Drugs Service. The notes of that consultation are as follows:

> 31 year old
> American (visa has expired and spoke of being deported)
> Only child
> First time in prison
> One intervention when he was 17 – his parents sent him to a camp and he stated he had therapy with a psychologist for a few months.
> Smoked a lot of THC.
> No suicidal ideation
>
> Identified poly drug use however Sean sees himself as having problems with alcohol more than illicit drugs
> Described that drugs get him high but it's not the same as it used to be and he puts that down to age and use over time.
>
> He identified drinking problems in an Aunt and an Uncle but not in his parents.
> He found his cannabis use brought on paranoia and although this occurs every time, he continues to use it.
> He wrote on his referral that he wishes to remain sober when he releases.
> He was asked if he saw himself remaining sober on discharge? He replied no.
> Asked if he saw himself using drugs?? As well, He replied no.
>
> Sean shared he had experienced depression and in our discussion it was identified as being related to his withdrawal from AOD use and being incarcerated. Recently moved to sector 6 and allowed to work in the kitchen has brought him great relief and he does not suffer from depression at the moment.

He has been estranged from his parents since 18yr and left the States 4yrs ago on a working visa. Now is here without a visa and states he has been told he will be deported once his legal matters are completed.

Introduced overview of AOD program
Offered assessment and information

Plan:
CA [Comprehensive assessment] to follow in a fortnight
Asked to take AA and NA literature.

65. The Alcohol and Other Drugs counsellor met again with Mr Collins on 9 January 2017. The notes from that meeting are as follows:

Met with Sean to continue with assessment.

Update:
Seeing a solicitor tomorrow he hopes
Lost job in kitchen due to disagreement with P.O

Reflected on last session:
Been in Australia since 2012
Wants to drink without having hangovers
Medicated for ADHD from 11 – 12??
Possible diagnosis of Autism??
Drug use history shows a large scope of AOD use – poly use and in past 12 mths prior to incarceration Sean was regularly drinking ¾ x week.
1 x 700ml Vodka

Impression:
Interest in reading about communication skills, currently reading about anxiety. Acknowledges he uses alcohol to improve his social skills, confidence and lessen anxiety. The one thing that is motivating him to change his drinking is his dislike of hangovers. He dislikes the tiredness, the "grogging feeling" the night after and sleeplessness.

Resources taken
Relaxation techniques to practice and rate
Mediation for beginners

66. The last meeting Mr Collins had with the Alcohol and Other Drugs Counsellor was on 24 January 2017. The notes indicate:

Met with Sean for ongoing relapse prevention counselling

Update:
Sean is waiting to see if his charges are going to be increased or not. Creating anxiety.

In this session:
Reviewed last session
Identified his anxiety pre socialising is relieved by alcohol so he does not see himself not drinking.
He has been thinking about his life and what he will do post jail. He is of the opinion he will return to the States and then find work.
In the process of discussing his drinking he states that saving money would be difficult because he likes to drink and that the amount he drinks costs a lot.
Awareness of his desire to be with others is competing with anxiety and drinking and how much he wants to drink vs how much $ he has.

Reflected back – his story about drinking and not being able to save.
His requirement to drink when in the company of others.
Sean is not convinced of his status with having a problem with his drinking or drug taking, it would seem that he doesn't have enough money to drink the way he wants to and if he doesn't drink his anxiety increases.

Impression:
Sean is aloof about his substance problem and so I have proposed that he read through some literature to gain some personal identification with others experience of problem substance use and states that I will wait to hear from him should wish to really want to do some work together.

Plan:
Leave case open for now

67. Mr Collins did not over the next month request a further meeting and the case was closed by the Alcohol and Other Drugs service on 23 February 2017.

68. From December 2016 through to the beginning of April 2017 Mr Collins also saw the Health Service so as to get certificates to enable him to be on a "soft" diet in the prison. He said he had a sensitive upper left back molar. The dentist noted there was erosion. However Mr Collins refused to have it

filled. In his telephone conversations with his friends he stated that the soft diet had better food.

69. On 29 March 2017 Mr Collins was sentenced by the Court. On his return to the prison he had a "return to prison check". It was at 4.35pm on that day and is stated to have taken one minute. The check was undertaken by a Registered Nurse. There is a pro forma document that has the following fields:

> "Appearance: Appropriate Behaviour: Normal/Calm Mood: Happy Affect: Unconcerned Speech: Unremarkable Thoughts: Unremarkable perception: Unremarkable Cognition: Unremarkable Insight/Judgement: Unremarkable Comments:"

70. Only the last of those fields had an entry. It stated, *"return from court looking well, nil issues voiced"*.

71. On the evening of 15 April 2017 Mr Collins completed a Health Request form. He wrote:

> *"I want to talk to a doctor about my mental health asap. (hearing voices) (in my head)"*

72. That was received by the Health Clinic the following morning after the medication rounds and entered onto the Primary Health Care system at 9.33am as a "Request Appointment". However an appointment was never made for Mr Collins. Indeed there was no further contact between the Health Clinic and Mr Collins.

73. On 15 August 2017 Mr Collins completed a "Prisoner Request Form". He wrote, *"I would like to talk to my support officer please. AOD, SSS, Treatments"*. The form contained a number of services. He nominated the following:

- Prisoner Support Officer
- Treatment: SSS [Safe, Sober, Strong]
- AOD: Remand and Sentenced Prisoners

74. The form was a Correctional Services form, relating to programs provided by Correctional Services. For reasons that are not clear the Treatment Services Officer at Corrections also sent the request through to the AOD section at the Health Service.

75. There is no evidence that Mr Collins was seen by the Prison Support Officer. However, on 6 September 2017 Mr Collins received a letter from Treatment Services in Corrections stating that he had been placed on the waitlist for both programs. The letter went on to say that he would be contacted by the Program Facilitator when there was a space available. At the time of his death he had not been contacted.

76. On 13 September 2017 Mr Collins received a letter from the AOD Service (TEHS) stating that as he had been sentenced to more than 6 months imprisonment, he was ineligible for the AOD program. The Top End Health Service seemed to believe that it was an appropriate administrative process to send the letter to Mr Collins rather than just returning the request to Corrections indicating that he was ineligible.

77. Whether Mr Collins understood that there was a program run by Corrections for which he remained on the waitlist and that he was ineligible for a different AOD program (for which he had not made a request), is not known.

Employment in Prison

78. During the course of his imprisonment Mr Collins had sought to work. Between 9 December 2016 and 4 January 2017 he had worked in the kitchen. His employment was terminated on 4 January 2017. He said because he couldn't get on with the prison officer. The prisons version is that he refused to follow orders.

79. The records of the prison suggest that he was given work from 5 January to 26 January 2017 but refused to work. He worked from 10 February 2017 until his sentencing on 29 March 2017 as an "Admin Cleaner". The reports during that period indicate that he displayed a good attitude.

80. After sentencing Mr Collins was put into Sector 5, the medium security sector for a couple of months. No work was offered from that sector.

81. However he was moved to Sector 6 on 26 May 2017. He was once more employed from 31 May 2017 as a general hand in the Industries Production Assembly Unit. There, wheelbarrows were assembled and temporary fencing refurbished. However, in that position he was not seen as very productive. The view of Corrections was expressed as follows:

> "Employment reports indicated Collins did attend every day as required, however displayed a poor work ethic. He was assigned tasks of cleaning, mopping and sorting laundry, however preferred to sit in the lunch room, watch TV and do as little as possible. Collins did follow the rules and directions, however only to the minimal degree. He did not appear to apply himself to his work and was not proactive in completing tasks or finding jobs to do. Collins showed a less than positive attitude to all tasks given. He was not capable of solving problems when they arose and did not seek guidance in problem solving."

82. That seemed unlike Mr Collins prior to his going to prison and unlike his experience in working as an "admin cleaner" prior to sentencing. His supervisor said:

> "He was very distant. He didn't carry on conversations, he wouldn't engage in conversations and seemed like he had a barrier up … he sat in the lunch room most of the day. The TV was on most of the time."[3]

Friends

83. While in prison Mr Collins was not visited by any friends. He made telephone contact primarily with three friends, Scott, Alex and Chelsea. To call he had to obtain their number, get it approved and then pay $6.00 for a 15 minute telephone call. He could only make one call an hour and could generally call between about 8.00am and 4.30pm.

84. From time to time during those telephone calls he spoke about how he was feeling. Often, that he was depressed and lacking motivation. Scott stopped

[3] Transcript pages 41 & 44

answering the phone calls from Mr Collins on 5 August 2017. Mr Collins stopped calling Alex after 12 August 2017. Chelsea stopped answering the phone calls from Mr Collins on 25 August 2017. Mr Collins gave up trying to call Chelsea on 1 October 2017 and Scott on 10 October 2017.

Timeline

85. A timeline combining the major points during his time in prison is set out as an annexure to these findings.

86. The timeline suggests that after being taken into custody Mr Collins was very anxious, stressed and depressed. However, his presentation, differed from time to time. What prompted those differences is uncertain. But it is noticeable that he only disclosed his levels of anxiety and depression during longer consultations.

87. Another factor that was not appreciated by those in Health Services was the effect of a disclosure to them of having thoughts of self-harm. They understood that when a prisoner made such a disclosure the prisoner would be put in the "at risk" cells at the medical centre. It was not understood how prisoners might view being taken out of a low or medium risk setting and placed in solitary confinement in a sterile cell.

88. The timeline also suggests that Mr Collins' unanswered request for assistance on 15 April 2017 was just over two weeks after he was sentenced to 4 years in prison. During that period he was telling his friends he was very depressed and had no motivation.

89. He made no other request until 15 August 2017. On that occasion he asked to see his prison support officer and to undertake programs in AOD and Safe, Sober, Strong (SSS). That was again during a period of turmoil for Mr Collins. Arguably his best friend and support, Alex, appeared to Mr Collins to have stolen his money and Chelsea had not answered the phone over the last three days on the 14 occasions that he had attempted to call.

Issues

90. It is apparent that the doctors from Top End Medical Service did not seek a full history when attempting to diagnose and treat Mr Collins. The Alcohol and Other Drugs counsellor obtained a great deal more information than the doctors, however she did not undertake a comprehensive assessment.

91. Mr Collins had a considerable number of risk factors for self-harm. That does not appear to have been appreciated. In part, that was because sufficient time was not allocated to take a full history and the information known to the Health Service and Alcohol and Other Drugs was not collated.

92. The risk factors included:

- It was the first time he had been incarcerated;
- His incarceration was for a lengthy period;
- His legal issues became protracted such that at no point was he aware of how long his term of imprisonment would be;
- He was from a foreign country and had no local support;
- He had no consular support;
- He had no family support;
- He had no visitors;
- At the completion of his term he was to be deported back to the USA (a place where he did not consider he had a future);
- He gave a history of depression and anxiety; and
- A history of self-medication with drugs and alcohol, substances that were not available to him in prison.

93. The institutional witness for the Top End Health Service agreed that most of those aspects were indeed risk factors.[4]

[4] Transcript page 114

Institutional Responses

94. The effort put in by both the Top End Health Services and Correctional Services was considerable. Both sought to analyse the issues objectively and both made appropriate concessions and put in place improved processes and procedures, or were in the process of doing so at the time of the Inquest. I commend both Departments on their responsiveness and effort.

Top End Health Service

95. The Top End Health Service provided its response in two parts. The Primary Health Service response was provided by Dr Keith Forrest, the Director of Medical Services of Primary Health Care. The response from Alcohol and Other Drugs was provided by Ms Maraea Handley who at the time of the Inquest was the Acting General Manager for Top End Mental Health and Alcohol and Drug Services.

96. It was conceded that the doctors should have taken a full history from Mr Collins prior to prescribing anti-depressants and that Mr Collins should have been referred to the Forensic Mental Health Team.

97. It was said that the request by Mr Collins to see a doctor about mental health should have received an urgent response. Dr Forrest said:

> "It is conceded, that Mr Collins request, reporting possible auditory hallucinations should have been recognised and managed as an urgent matter." [5]

98. Dr Forrest explained that at the time there were no appropriate policies or training to ensure prisoners were appropriately recalled after receipt of requests for appointments.

99. I was impressed by Dr Forrest's efforts to ensure that in the new financial year there would be a psychologist working at the prison.

100. I was also very impressed by Ms Handley. Her empathy was plain and in her opinion there should have been more follow up by the Alcohol and Other

[5] Paragraph 57 Statement dated 1 April 2019

Drugs team before closing the file. She also believed that the treatment for his mental health issues was not appropriate.

101. She spoke of the need for improved communication between Correctional Services and the Health Services. She indicated that strategies to improve communication and understanding had commenced.

102. The institutional responses from the Top End Health Service detailed many policy and training changes that have resulted from the institutional review following the death of Mr Collins. One of the major changes instituted was the addition of the full time psychologist. Dr Forrest stated:

> "A full time funded vacancy has been identified, and will be allocated for a full time psychologist based in the prison. This is anticipated to be in place in July 2019."

103. I mentioned during the course of the evidence on that point:

> "I reckon the new psychologist starting on 1 July will probably have the busiest job in the Northern Territory." [6]

104. One of the major shortfalls conceded by all witnesses was the division between the AOD services conducted by the Health Service and that by Corrections. The Top End Health Service program was only for prisoners on remand and those serving sentences less than 6 months. It was said that was introduced in 2007 when a gap in the services at the prison was identified.

105. However the services did not work together. There is no handover of prisoner information if the prisoner was sentenced to greater than six months and according to Correctional Services their AOD program was offender based and did not contain the therapeutic elements. That distinction was not understood by Top End Health Services.

[6] Transcript page 131

Correctional Services

106. The institutional response for Correctional Services was provided by Commissioner Scott McNairn. The Commissioner had only been in charge of Correctional Services for about 6 months.

107. From his review of the death of Mr Collins he found no evidence that Mr Collins was advised that he could ask that the consulate be notified of his imprisonment.

108. The only time that Mr Collins was advised of that right was prior to his incarceration at the prison and when the arresting Federal Police Officer thought he was a Canadian citizen. At that point he said he did not want the consulate notified. However, there is no evidence that after it became known that he was a citizen of the United States of America that he was advised of his right to contact the consulate by the either the Federal Police or Correctional Services.

109. Commissioner McNairn said that at the time, Correctional Services did have an appropriate policy requiring that a prisoner be advised of the right to have the consulate notified. However in light of the likely non-compliance with that policy a new directive was issued in February 2018 and later altered and reissued on 3 April 2019.

110. The directive in its current form requires the Chief Correctional Officer Reception to notify the nearest relevant consulate of the imprisonment of one of their nationals within three calendar days. It is a little ambiguous on whether that is only if the prisoner agrees that it be done.

111. While providing evidence, the Commissioner of Correctional Services acknowledged that a document signed by the prisoner stating they did not want the consulate to be contacted (if that was to be the case) would be appropriate and he said he would add that to the directive.

112. The Commissioner of Correctional Services was also of the view that his Department and the Top End Health Service did not have a very good idea of what each offered in terms of services. He said:

> "My general understanding is the Health AOD programs are therapeutic and seek to address addiction and health needs (physical and mental) whilst the Corrections AOD program seeks to address offending behaviour. I see the opportunity for improved understanding of the difference between the two, and the value of improved coordination between the two, to improve outcomes for prisoners."[7]

Formal Findings

113. Pursuant to section 34 of the *Coroner's Act*, I find as follows:

(i) The identity of the deceased is Sean Daniel Collins born 20 March 1985 in Portland, Oregon in the United States of America.

(ii) He died on 28 October 2017. The place of death was Cell 5, Sector 6, Wing B, Unit 4 Darwin Correctional Centre, Holtze in the Northern Territory.

(iii) The cause of death was self-inflicted hanging.

(iv) The particulars required to register the death:

1. The deceased was Sean Daniel Collins.
2. The deceased was Caucasian.
3. The deceased was a Chef but at the time of his death a prisoner in the custody of the Commissioner of Corrections.
4. The death was reported to the Coroner by the Chief Correctional Officer.
5. The cause of death was confirmed by Forensic Pathologist, Dr Marianne Tiemensma.
6. The deceased's mother was Judith Collins and his father was Michael Collins.

[7] Paragraph 50 of statement dated 8 April 2019

Comment

114. The Coroners Act requires that where there is a death in custody, I must investigate and report on the care, supervision and treatment of the deceased while in custody.

115. It is obvious and conceded by the Top End Health Service that the care, supervision and treatment of Mr Sean Collins was minimal and not to an appropriate standard.

116. There should have been a full history taken before attempting diagnosis and treatment of his anxiety and depression. There should have been a full discussion of the options prior to ceasing medication. There should have been a comprehensive Alcohol and Other Drugs assessment. There should have been further follow up prior to closing his AOD file. There should have been engagement by the Health Service when Mr Collins sought assistance in mid-April 2017 by writing: *"I want to talk to a doctor about my mental health asap (hearing voices) (in my head)*." Those matters were all conceded.

117. What was not conceded was the suggestion that those omissions may have contributed to the state of mind in which Mr Collins found himself, when he took his life. Given the evidence, it is difficult to understand the unwillingness to make the concession. It was obvious that if the Health Service had properly engaged with Mr Collins that they would have understood a great deal more about what was going on in his life and the risk factors at play.

118. The Top End Health Service pointed to the lapse of time between the request for help in April 2017 and his death in October 2017. When that submission was made I commented:

> "He had asked so much for help, and he stopped asking for help after that. But if it's suggested that that somehow mitigates the mistake because of the effluxion of time, I don't think so."[8]

119. That was of course a reaction to the evidence at that point. However having considered the evidence in its entirety, I am convinced that the failures in April 2017 must be seen as relevant to Mr Collins taking his own life.

120. What is very clear is that as of 15 April 2017 Mr Collins made a request accompanied by information that should have provoked considerable concern and immediate action. It did neither and the Health Service did not see him again.

121. I find it inconceivable that if the Health Service had properly engaged with him on that final request that it would not have assisted him in some way. That doesn't mean it would have changed the outcome. But the Health Service is employed to provide assistance so that such outcomes can be avoided. The failure of the Health Service to provide any assistance to such an isolated young man in such a desperate situation is very sad and unacceptable.

122. Mention was also made of Mr Collins lack of engagement and there being no reports of suicidal ideation. However, Mr Collins did sometimes engage and the reasons for his reluctance at other times were never explored. His lack of engagement may just as easily be explained by increasing depression. In my opinion, that is a more likely explanation than his unwillingness to engage being due to recovery from his mental health issues.

123. It is not known whether he did not report suicidal ideation because he did not have suicidal thoughts or because he understood what would happen to him if he did. But again that issue was never explored.

124. It was said by Top End Health Service that Mr Collins could have made another request (after the failure to react to his request) if he had needed

[8] Transcript page 132

assistance. However, within that proposition lies an assumption that Mr Collins would have understood that the failure to respond was due to error rather than a rejection of his request. In my opinion that assumption is not tenable. The seeming rejection may well have left Mr Collins unsure as to what mental health condition would lead to assistance.

125. In August, at another particularly low point he made another request. On that occasion he reached out to Corrections rather than the Top End Health Service. Yet again, the response was of no assistance. He waited three weeks to get a letter telling him he was on the waitlist and then a week after that a letter telling him he was ineligible for the Alcohol and Other Drugs program.

126. His mother and two sisters travelled from the USA to attend the inquest. His sister, Carolyn put it very well. She said:

> "Sean was seeking help. He was not suicidal before entering prison, and entering the prison environment changed this. He reached out multiple times in different ways and wanted to be heard. The mental health system in the prison did not address his needs over and over. He likely felt ignored, unheard …There must be some level of empathy among us that goes beyond a checklist to recognise someone in need of help … Sean was struggling but no one took action to help him out of the darkness."

127. His sister, Lauren thanked everyone for taking the time to honour Sean's life. She then said:

> "We are also here in this tragedy to kind of get a silver lining. [The evidence] highlighted a lot of things that we can do better … that we can change so no one else has to go through this again … let's make the change."

Recommendations

128. I **recommend** that Top End Health Service ensure that their medical practitioners undertake a full history prior to assessment of the options for treatment.

129. I **recommend** that the Top End Health Service familiarise themselves with the process that occurs if a prisoner admits to suicidal ideation and how prisoners might feel about that process.

130. I **recommend** that the Top End Health Service and Correctional Services ensure that their Alcohol and Other Drugs programs provide an appropriate continuum and that any relevant information is passed from one service to the other when a prisoner's eligibility for one or the other changes.

131. I **recommend** that Correctional Services ensure that when a prisoner does not wish the consulate to be notified that a document signed by the prisoner evidencing that wish be placed on their file.

Dated this 7th day of May 2019.

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GREG CAVANAGH
TERRITORY CORONER

Annexure to findings

Timeline

- 23 September 2016 - arrested and held in custody.
- 24 September 2016 – transferred to Darwin Correctional Facility.
- 1 October 2016 – made request to talk to someone for medication for insomnia, depression and anxiety.
- 6 October 2016 – saw doctor. DASS 21 suggested severe anxiety, stress and depression. Doctor prescribed sertraline for anxiety and Phenergan for insomnia.
- 8 October 2016 – made request for Alcohol and Other Drugs counselling.
- 12 October 2016 – Mr Collins saw doctor for admission screening. Mr Collins reported ongoing insomnia and depression.
- 18 October 2016 – Mr Collins requested a medical review because he had been taken off his sleeping pills.
- 19 October 2016 – seen by nurse assessed as having depression and a seizure. The K-10 assessment indicated he was severely psychologically distressed. Referred to a GP and the Forensic Mental Health Team. GP continued medication for sleep. Referral to Forensic Mental Health vetoed by Senior Nurse.
- 21 October 2016 – seen by GP. Mr Collins said his depression not improving.
- 23 October 2016 – Mr Collins submitted request to see medical to stop antidepressants.

- 26 October 2016 – saw GP who assessed him as not being depressed and stopped the anti-depressants.
- 10 November 2016 – told friend his plans to travel had gone and he was “just depressed”.
- 23 November 2016 – told GP that he felt better now that he was off the anti-depressants.
- 26 November 2016 – told friend he didn’t want to do anything outside in the yard, he was “too depressed”.
- 9 December 2016 – started working in prison kitchen.
- 10 December 2016 – told a friend that his travel plans had gone, he had lost his money.
- 12 December 2016 – saw Alcohol and Other Drugs Counsellor.
- 4 January 2017 – work in kitchen terminated.
- 9 January 2017 – saw Alcohol and Other Drugs Counsellor.
- 24 January 2017 – saw Alcohol and Other Drugs counsellor.
- 30 January 2017 – told a friend that after he was released he would have to go back to the States to work out his money issues (he did not expand on that other than to say that he would open a bank account and “sort it out with a few people”).
- 10 February 2017 commenced work as admin cleaner.
- 23 February 2017 – case closed by Alcohol and Other Drugs.
- 29 March 2017 – sentenced to 4 years imprisonment with a non-parole period of 2 years. On his return to prison was assessed as fine.

- 30 March 2017 - the day after his sentencing he said to a friend the sentence was “Bullshit, I thought I was getting 6 months or something”. When his friend suggested he exercise he said “I don’t feel like it”. He said he would only call his friend every 6 months despite his friend urging regular contact.

- 1 April 2017 - he said it was all “depressing”.

- 6 April 2017 - Alex tried to refocus him by talking about meeting him in Tijuana. He told Mr Collins “It will be fantastic”.

- 13 April 2017 - he told Scott that he was “constantly depressed”. Scott told him that training would be good for his mental state. Mr Collins said he couldn’t get motivated.

- 15 April 2017 - submitted request to see a doctor: “I want to talk to a doctor about my mental health asap (hearing voices) (in my head)”.

- 27 April 2017 – granted legal aid for appeal.

- 25 May 2017 - Mr Collins was seen for a “Case Conference” by the prison. It was noted during that conference that Mr Collins said when he is *“deported back to the USA he will have nothing to go home to. He doesn’t speak to his parents and doesn’t have a home to go to”*.

- 30 May 2017 - he told Chelsea it was “just depressing”. Mr Collins asked “Is everything else safe. It will be there when I get out?” Chelsea assured him that it was.

- 31 May 2017 – commenced work in Industries Production Assembly Unit. Shortly after he started he was provided lesser duties and it was noted he seemed unwilling to engage and lacked motivation and problem solving skills.

- 3 June 2017 - Mr Collins told Alex, “I just watch TV, it is the only thing that really relaxes me … I don’t exercise, I should but I don’t feel like it. I am always in a bad mood, everyone is fucking me over.”

- 5 June 2017 - he told Chelsea that he had stopped dieting, he just didn’t really care. He said he was constantly depressed.

- 29 June 2017 - Mr Collins was due for a Clinical Assessment Interview. He declined the interview and signed a form to that effect, stating that he did not wish to participate in assessment or treatment programs. He said there was “no point” if he was not eligible for parole.

- 16 July 2017 - Mr Collins was advised by Legal Aid there was a mistake in the sentencing. That he may have to serve three rather than two years. Mr Collins became very distressed.

- 17 July 2017 – Mr Collins asked Alex to transfer $7,000 of the $7,500 he considered that Alex was holding for him.

- 21 July 2017 - he said to Alex that he watched TV when not working because it was “the only thing that takes my mind off things”. He said otherwise he “started thinking”.

- 3 August 2017 - when talking about spending the money he had remaining, he said to Chelsea “I am at a point I just don’t care. If it is another year, it’s not worth waiting around”.

- 5 August 2017 - Mr Collins told Scott that he was too depressed to exercise. He said in speaking about motivation, “I don’t have it right now”. That was the last time Scott answered his calls. He made another 21 unanswered calls to Scott (until 10 October 2017).

- 11 August 2017 - Mr Collins met with the lawyer. The lawyer explained that Alex had told him that with the closing of Alpha Bay (the Dark Web market place they used) all his money had gone.

- 12 August 2017 - Mr Collins said to Alex: “He is not going to do it without the money there is really no point now”. That was the last call he made to Alex (who to that point had been his primary source of advice and support).

- 13 August 2017 – Mr Collins made 5 attempts to call Chelsea.

- 14 August 2017 – Mr Collins made 6 attempts to call Chelsea.

- 14 August 2017 - Mr Collins was called before the Supreme Court in relation to the application to correct the sentence. It appears that did not proceed and it was considered that it would be best to deal with that at the same time as the anticipated appeal.

- 15 August 2017 – Mr Collins made 3 attempts to call Chelsea.

- 15 August 2017 - Mr Collins indicated to the prison that he would like to “talk to my prison support officer” about undertaking treatment programs for Alcohol and Other Drugs and Safe, Sober, Strong.

- 16 August 2017 – Mr Collins successfully contacted Chelsea and requested that she transfer $7,000 of the $18,500 of his money she was holding.

- 25 August 2017 – last conversation with Chelsea. She did not answer his calls thereafter. Mr Collins made another 17 attempts (until 1 October 2017).

- 6 September 2017 - Mr Collins was provided a letter to say that he was on the waitlist for the Alcohol and Other Drug Program and Safe Sober Strong Program.

- 13 September 2017 – received letter from Alcohol and Other Drugs (Health Service) to say he was ineligible to receive the service.
- 26 September 2017 – Mr Collins checked with his lawyer to see whether the money had been transferred. It had not.
- 6 October 2017 - Chelsea wrote to Mr Collins' lawyer in a manner that suggested the money would not be forthcoming. She did not correspond again.
- 12 October 2017 - Supervising Prison Officer determined that he would need to dismiss Mr Collins from work, and wrote memo to that effect.
- 27 October 2017 - Mr Collins' employment as a general hand in the Industries Production Assembly Unit was terminated.
- 28 October 2017 - Mr Collins found deceased in his cell.