

165. In answer to further questions from Counsel for G4S, Dr A W agreed that there were some cases where Corrections Victoria may feel a prisoner was self-harming, to manipulate or achieve a change of circumstance or to remain at MAP, an urban gaol, compared to PPP.
166. She also stated that a psychiatric nurse might properly make a decision to remove someone from Unit 13 and that medical decisions about such matters were generally upheld, and how and in what kind of circumstances such medical decisions may be over ridden by Corrections officers,
- 'because of the need to maintain the good security of the prison and Corrections officers have access to information which we as medical staff, medical and psychiatric, didn't have.'*<sup>98</sup>
167. In later questioning she stated that she was not prepared to accept that when speaking to Dr S T, she *'knew'* or said anything about *'knowing'* about Mr Casey, and that it was possible for Mr Casey to have been in Unit 13 for 5 days, without her knowing about it.
168. Her further testimony was that she was a diligent practitioner and that she would have seen a patient (Mr Casey), if the registrar had expressed his concerns to her.
169. It is relevant to note here that further inquiries were made by the court to seek to ascertain whether any other staff member working within the AAU or Unit 13 in March 2008, was aware of any of the allegations made by Dr S T concerning the circumstances in which his note of 3 March was made. Those inquiries did not produce any witnesses who were able to either confirm or deny that these or related events occurred.<sup>99</sup>
170. I also note that exhibit 35, a Department of Justice *'Criminal Justice Enhancement Program-Risk History'*, concerning Mr Casey has now been circulated with the issue of its significance, raised with all interested parties following the later receipt of the statement of a Ms Lisa Forrester, which I have now marked as exhibit 35(a).

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<sup>98</sup> See transcript page 1423.

<sup>99</sup> See discussion from page 1442.

171. It is relevant that that history purports to establish that on 3 March (the day of Dr S T's review), Mr Casey was given a P1 rating which was entered on to Exhibit 35, by or on behalf of Ms Forrester.<sup>100</sup>

172. I further direct myself that this evidence, while consistent with the suggestion that at the time Dr S T viewed Mr Casey's presentation with concern, does not of itself establish that he directly contributed to the lodging of the P1 rating on that day, or that he either sought to, (or managed to), communicate his concern to fellow Forensicare staff, including Dr A W.

Psychologist Dr M A<sup>101</sup>

173. Dr M A stated that she was in March 2008, a psychologist at MAP and from September 2009, has been the senior psychologist employed in MAP. She further stated that the goal of MAP was to,

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<sup>100</sup> See discussion from transcript page 1959. Exhibit 35 is an internal Department of Justice record in respect of Mr Casey, (included in part within his IMP file), exhibit 3. Ms Forrester was a Forensicare psychologist employed at the relevant time at MAP, and informed only that she had no professional dealings with Mr Casey.

<sup>101</sup> Dr M A's academic qualifications are set out at Transcript page 680-84.

Dr M A described her professional career, with her skill as a forensic psychologist obtained from the general training she received as an undergraduate, which included some clinical (training), and following her arrival at MAP in 2004 (as a probationary psychologist), and the experience obtained from dealing with:

'men who are very complex who have a plethora of needs and psychiatric diagnosis, and so we are responsible for providing them with some treatment, with some coping strategies and mitigating some of their risk factors, just like my counterparts .in hospitals.' The underlining is mine.

She also testified as to further clinical training undertaken during her doctorate instruction, before her specialisation in forensic psychology. See transcript page 752.

Dr M A was further questioned about the rules established by the Psychology Board of Australia, see exhibit 21(c) and stated that she was not registered as a clinical psychologist, under those rules and was qualified for registration as a specialist forensic psychologist, but not (for registration) as a clinical psychologist.

She also further spoke of ongoing training given to registered specialist psychologists, distinguishing between the ongoing programmes required to be undertaken by clinical, forensic, and those psychologists in the 'generalist' domain. See transcript page 702.

In further testimony she did not agree with the Court's suggestion that her reviews of Mr Casey involved her in making 'clinical' assessments page 689, 698, 771 (because I wasn't giving 'a diagnosis'... 'It is really around risk'), and did not believe that she was aware of the psychiatric nurses decision not to review him on the 5th, because she, Dr M A, 'was seeing him that day'.

See relevant parts of HRAT record exhibit 3(a) and nurse diary notes, exhibit 19(b).

Dr M A also informed that she was one of only two psychologists employed by Corrections at MAP, and that neither was entitled to be registered as a clinical psychologist (by the Psychology Board of Australia).

Her further evidence was that Board registration was not a requirement of the Department of Justice, for employment within the prison system.

*'move newly received prisoners, who have stabilised and been assessed to other prison locations, within the first week or two of their reception...with assessments made by MAP Correctional programs, medical/psychiatric, (which services are provided by contract providers) and DOJ Sentence Management Unit Staff...'*

174. Dr M A described that her role involved,

*'b) participate and provide, as a member of the High Risk Assessment Team (HRAT), clinical skills in risk assessment and provide recommendations in relation to the ongoing management of prisoners 'at risk' of suicide or self harm'. The underlining is mine.*<sup>102</sup>

together, with other more generally defined duties including the individual counselling of remand prisoners.

175. Concerning her dealings with Mr Casey, Dr M A described how she came to review him on 5 March, and that this occurred after he was cleared by Forensicare staff to be transferred out of Unit 13, and because the Operations Manager, a Mr W,

*'retained concerns that he was (un)suitable to return to mainstream'.*

176. As a preparation for her review on 5 March, Dr M A inspected his Forensicare psychiatric file on 4 March. She accessed earlier records including those to do with his admission on 27 February and to do with his,

*'attempt at suicide'*

on 29 February. She further reviewed his observations while in the Muirhead cell and,

*'was keen to understand the contrasts in his presentation and the rationale behind Tim being cleared to mainstream.'*<sup>103</sup>

177. She noted that his file included detail of,

*'previous attempts by swallowing razor blades in 2007 (PPP), and injecting himself with bleach'.*

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<sup>102</sup> See Dr M A's statement at exhibit 21 page 1-2.

<sup>103</sup> See exhibit 21(a) at page 2.

178. She also noted a significant abuse history and that he has,

*'few protective factors.'*

179. Dr M A then saw Mr Casey on 5 March having earlier liaised with relevant prison staff,<sup>104</sup> who had monitored him while he remained in the Muirhead cell, about which she noted the view that he had responded positively.

180. Following her review Dr M A recorded inter alia that he suffered no 'psychiatric' phenomena, although,

*'he indicated he was all over the place when he was first received' and on 29 February, the occasion of his 'attempt to take his own life',*

*'that his mind goes too fast sometimes..and..he felt as if he couldn't manage'. He now indicated an 'awareness and appreciation, of some of the protective factors he can call on during this time'.*

181. Dr M A determined that he could be moved out of Unit 13 and back into mainstream with a plan that he would go into a Unit 1 shared cell on hourly observations and,

*'undergo a review from Forensicare regarding his mental state, observation regime and medication.'*

182. Dr M A later attended the HRAT meeting and following her review was a party to the decision to give Mr Casey a P2 and S2 rating.<sup>105</sup>

183. On 14 March, she saw him again, this time in Unit 1<sup>106</sup> but, on this occasion, without access to his Forensicare held medical file.<sup>107</sup>

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<sup>104</sup> See transcript page 712-13, where Dr M A offered that such information was useful to (herself as), 'a clinician' and at page 740 where she stated that 'the clinical picture needed to be a piece of the puzzle of the things I was taking into consideration.'

<sup>105</sup> See exhibits 3(a) and 19(b) for the 5/3.

<sup>106</sup> Unit 1 was described by Dr M A, as a step down unit, 'the most supportive environment we have.' Unit 1 offered the support of a peer stabilizer through housing with a fellow prisoner and access to counselling in a non-23 hours a day.

<sup>107</sup> See transcript at page 731.

184. According to her file note he presented as *'low and flat'*. She also noted *'anhedonia<sup>108</sup>, lack of motivation, disinterest, feeling down and empty, and this was consistent with his presentation'*.

185. I note here that Dr M A also recorded her plan to follow up for the purposes of,

*'counselling on a weekly basis'...*

and that she was informed, by psychiatric services that he had been, 'placed on a list to see psychiatric registrars, but this had not yet occurred...'<sup>109</sup> The underlining is mine.

186. Dr M A later testified that the role of MAP was to help prepare plans and programmes for an individual prisoner which would be of use,

*'and then sending them to a location where they can actually receive that, I guess'. Her further testimony was that her understanding of the psychiatric and psychological services available at PPP was very limited as that is, 'a private prison.'*<sup>110</sup>

187. Her further testimony was that on or after her review on 14 March, she understood a Forensicare (psychiatrist) would see him over the weekend regarding plans for follow up and that it was not her decision to reduce his P rating to P2.

188. She further did not dispute, with Counsel for PPP, that her write up's on the 5<sup>th</sup> or 14<sup>th</sup>, concerning Mr Casey, or the HRAT modified risk plans after the 29 March, were not part of the IMP file, shown to her in court, which was passed to PPP prison staff.

189. She also testified as to the possible impact of that omission and stated that it was,

*'incongruous'* that the one HRAT rating (for 29 March), which was on the IMP file sent to PPP, set him at the lowest possible S rating, S4, this immediately following his neck slashing.<sup>111</sup>

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<sup>108</sup> Anhedonia is a depressive illness, in which a patient is unable to take or experience pleasure.

<sup>109</sup> See exhibit 21(a) at page 5. See also discussion by witness at transcript page 767.

<sup>110</sup> See transcript page 700.

<sup>111</sup> See exhibit 3(a), page 4 and transcript at page 762. See also footnote 113.

190. She also further testified that his modified S3 rating on 4 March suggested that he was on hourly observations when sent to Unit 1 on 5 March, but that she did not know if this had actually occurred and that she was not in a position to dispute Acting Assistant Commissioner, Corrections Victoria, Mr B M's claim that it had not.<sup>112</sup>

#### **Mr Casey at PPP, September-October 2007.**

191. It is also the case that on 28 September 2007, while remanded at the PPP on a charge of theft Mr Casey saw a Psychologist Mr Simmonds, who examined Mr Casey at the request of his lawyers. In his report Mr Simmonds, recommended that should a non-custodial disposition be considered appropriate then any such order be conditional upon his attendance and compliance, with a drug and alcohol programme,

*'to assist him in addressing issues relating to his drug use.'*<sup>113</sup>

192. Shortly thereafter, at the request of Frankston Magistrates Court, Mr Casey was examined by Dr Ong, a Senior Registrar in Psychiatry, employed by Forensicare.<sup>114</sup> Dr Ong found that Mr Casey had difficulty in meeting his regular counselling obligations because of his poor memory and difficulty in grasping,

*'on to consequential thinking'.*

193. Dr Ong also referred to Mr Casey's medical history which included *'multiple episodes of traumatic head injuries'*. He concluded that these injuries, combined with his excessive drug abuse may have been detrimental to Mr Casey's ability to plan and short-term memory. Dr Ong also referred to his social phobia concluding that these anxieties, contributed to,

*'a significant problem with substance abuse, mainly alcohol as well as cannabis, amphetamines and opiates.'*

194. Dr Ong also concluded that if imprisoned Mr Casey should continue to be assessed by prison psychiatric services and examined in regard to the provision of medication for both his depressive and anxiety symptoms. The underlining is mine.

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<sup>112</sup> See Acting Assistant Commission, Corrections, Mr B M's statement at exhibit 30 paragraph 14 and transcript at page 788.

<sup>113</sup> See exhibit 9 page 13.

<sup>114</sup> Forensicare was responsible for the provision of mental health care at MAP.

*'Such an inquiry may result in the re-provision of appropriate medically prescribed curative drugs, without unnecessary delay, thereby reasonably easing drug withdrawal related pressures on the prisoner, and assisting in his overall behavioural management.'*<sup>115</sup>

195. Dr Ong further opined that if sentenced to imprisonment Mr Casey should be encouraged to attend,

*'appropriate drug and alcohol programs while in prison.'*

And that should a non custodial sentence be imposed Mr Casey should,

*'be directed to attend an appropriate drug and alcohol service to address his drug and alcohol problem.'*

#### **Mr Casey at PPP, March 2008**

##### SASH Officer BC.

196. Officer BC testified that he was a SASH Corrections Officer employed at PPP, having occupied several roles since joining PPP in March 1999. A SASH officer, as well as a St Vincent's Registered Psychiatric Nurse assessed each prisoner admitted to PPP.

197. Officer BC testified that he conducted a SITUPS interview with Mr Casey in the admissions office of PPP on his arrival on 17 March. Officer BC noted that Mr Casey had a P2 S3 rating, with the P2 rating suggesting,

*'a significant ongoing psychiatric condition requiring regular monitored psychiatric treatment....*

*I recall that he presented poorly during the assessment and expressed some concern about his placement. At the end of the interview process I recorded that he scored 25 /50, out of the risk matrix.'*<sup>116</sup>

198. Officer BC had access to Mr Casey's IMP file, which did not include his (MAP originating), HRAT management plans, but not his Forensicare prepared health file,

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<sup>115</sup> Ibid page 13.

<sup>116</sup> See exhibit 8 page 3.

*'because of patient confidentiality issues.'*<sup>117</sup>

199. His 25/50 rating placed Mr Casey at the very high end of a S2 rating, (nearing an S1), which was considered to indicate,

*'significant risk of suicide self harm.'*

200. Mr Casey was referred for psychiatric assessment and assistance. Officer BC further testified that Mr Casey was also seen on 17 March by St Vincent's Psychiatric Nurse N. There was discussion between them as to a difference of opinion concerning their respective assessments of Mr Casey. Nurse N had the power to override SASH Officer BC's assessment and wanted to reduce his rating to S4. BC further testified that he believed Mr Casey to be suffering from a drug induced psychosis of some sort ...

*'that's what he described..'*

201. Ultimately, however at the RRT meeting held at 3.00pm on 17 March, (which Officer BC attended but Nurse N did not attend), Mr Casey was maintained on an S3 rating. The S3 rating also meant that Mr Casey was to be maintained on a twice daily observation level ('with meaningful contact'), and be further assessed by a psychologist and an RPN.<sup>118</sup> Officer BC further testified that Mr Casey was maintained on S3 following RRT meetings on 18 and 19 March which he attended<sup>119</sup>, but was downgraded to an S4 rating at the RRT meeting on 20 March, which meeting he did not attend.

#### Dr Foti Blaher

202. Dr Blaher testified that he was a general practitioner with wide experience in Victorian prisons and that between August 2007 and July 2008 he was the Deputy Clinical Director of St Vincent's Correctional Health Services, providing general practice services at PPP, as well as two other Victorian prisons.

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<sup>117</sup> See discussion at footnote above.

<sup>118</sup> See exhibit 8 page 4.

<sup>119</sup>The G4S review which is part of the OCSR report, exhibit 9, accurately records that on the 19<sup>th</sup> March the RRT determined to keep Mr Casey on the S3 meaningful conversation designation,

'pending a review by Ms K M the following day'.

No mention appears of the plan for him to be reviewed by Dr W on the 20<sup>th</sup> or the need for the RRT to ascertain the results of that review.



202. He testified as to the Department of Justice Primary Healthcare service Standards (Standard 5.2) which were applicable at PPP at that time.
203. He further elaborated on admission procedures at PPP, which initially involved admission screening by a nurse with generalist skills. This initial rating covered general health, medical history and included a mental state assessment. The nurse (in this case Nurse N), would then schedule any further appointments where need is indicated. If a prisoner is given a P rating (or like Mr Casey), arrives with a P rating, (other than P1), then an appointment is made for psychiatric review.<sup>120</sup>
204. Dr Blaher then testified about Mr Casey's earlier custody health records, including an event which had occurred five months earlier, when he had personally treated the prisoner at PPP following his swallowing of razor blades on 18 October 2007.
205. Dr Blaher further testified about his '*reception medical assessment*' of Mr Casey on 17 March 2008.<sup>121</sup>
206. He noted that he had recently had an incident of self-harm at MAP 29 February, and injected bleach '*prior to incarceration*', but was not aware whether he had informed himself about his earlier recorded history at PPP.<sup>122</sup>
207. Dr Blaher also noted that Mr Casey had a '*possible depression*'<sup>123</sup> when assessed at the MAP and a history of intravenous drug, marijuana and alcohol abuse.
208. Dr Blaher determined that he needed a general medical review concerning his recent self-harm injuries. He was also aware that Mr Casey's entry on a P2 S3 rating meant that he would automatically generate,  
  
'*a psychiatric nurse assessment.*' He also believed that this rating would lead to a review by a psychiatrist, '*every six weeks or so.*'

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<sup>120</sup> See transcript at page 802.

<sup>121</sup> Dr Blaher's review was in fact a review of Mr Casey's health file, which was transferred with him from MAP and Nurse N admission screening, and did not include a meeting with or a physical examination of Mr Casey.

<sup>122</sup> See transcript at page 804.

<sup>123</sup> This taken from the notes of Dr S Ts' transcript page 806.

209. Further, his reading of the Forensicare notes from MAP medical file didn't give him an impression that he should be seen by a psychiatrist, '*more urgently.*' Dr Blaher also offered the further opinion that the medical file from MAP detailed a '*complicated condition*' which had been managed in prisons previously and would be managed in PPP which would commence with his review by the psychiatric nurse on the 17<sup>th</sup> and, from there,

*'would be referred to see psychiatrists.'*<sup>124</sup>

210. His further opinion was that the medical file suggested a reduction of his P1 classification at MAP, and the fact that he didn't see a psychiatrist in the following two weeks and the reduction of his S rating to S3 suggested that he,

*'seemed to be relatively stable.'*

211. He was also aware that Mr Casey had come off a buprenorphine programme and would need to be re-assessed by a,

*'drug and alcohol clinician'* before,

*'it can be initially prescribed in a prison setting.'*<sup>125</sup>

212. His further opinion was that the medical presentation can be complicated when a prisoner like Mr Casey is on remand and his future movements within the prison system are unknown. In response to further questioning by Counsel for the Department of Justice, he also offered that the position can also be unclear immediately after arrest when a prisoner may be in the early stages of drug and/or alcohol withdrawal, and that methadone was not suitable for a prisoner experiencing psychological drug withdrawal.<sup>126</sup>

213. Additionally, he testified concerning Mr Casey's medication chart, the medication provided by St Vincent's Health at PPP<sup>127</sup> and how he arranged for Mr Casey to be reviewed by a GP.

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<sup>124</sup> See transcript page 819-21.

<sup>125</sup> See transcript at page 805.

<sup>126</sup> See transcript at page 877.

<sup>127</sup> See exhibit 21(a).

See also exhibit 11(d), a request form filled out on admission by Mr Casey, which preceded his appointment with psychiatric Nurse D D, on 19 March.<sup>128</sup>

Nurse D D.

214. Nurse D D testified that he was a psychiatric nurse and in the employ of St Vincent's Health, St Thomas Outpatients Unit, PPP, between January 2008 and February 2010.

215. Nurse D D first saw Mr Casey in the outpatients department at the PPP on 19 March 2008, at around 4.25pm, this, following his transfer from MAP on 17 March, with an S3 classification.<sup>129</sup>

216. At the time, he found Mr Casey,

*'Pleasant/polite/cooperative/bright and reactive. Normal speech. Nil formal thought disorder. Denies SASH homicidal ideation, plan or intent. Nil overt psychotic symptoms evident or elicited. Judgement/insight reasonable.'*<sup>130</sup>

217. Nurse D D further assessed Mr Casey on 19 March in what he described as a 'hear and now' mental state assessment, which assessment was that he was not psychotic and denied suicidal intention plan or intent.<sup>131</sup> Nurse D D was not aware of the fact that he had been charged with murder when he saw him on either 17 or 19 March. Similarly, he was not aware of Officer BC's SITUPS assessment on the 17<sup>th</sup>, that he presented poorly, or of earlier RRT or HRAT assessments and that would not in any event have influenced his assessment on 19 March.<sup>132</sup> It

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<sup>128</sup> See transcript 815-6.

<sup>129</sup> It is common ground that on 17 March Mr Casey transferred from MAP with a P2 S3 rating, and that he was received at PPP with a P2 S3 rating.

I have not been able to ascertain how the S2 rating adopted by HRAT at MAP, on 16 March, see exhibit 3[a], became an S3 rating in the transfer documents sent to PPP on 17 March.

Similarly, no satisfactory explanation has been offered for why it was that the HRAT modified risk management plans generated in MAP after the 29 March, (which inter alia included evidence of S2 ratings x 7 and P1 ratings x 2), were not included as part of the IMP file sent to PPP reception prison staff, at the time of transfer.

Similarly no explanation has been provided for why the PPP, through either Mr Casey's caseworker or the RRT, did not seek this information, missing from his IMP.

<sup>130</sup> Exhibit 10(a) at page c

<sup>131</sup> See transcript page 980. See also transcript page 849 where Nurse D D explained that in preparation for such a consult he would read as much about the patients history, as time permitted.

<sup>132</sup> See transcript page 983-87. I note that Nurse D D had attended the RRT meeting on the 18<sup>th</sup>, which discussed his earlier poor presentation. I also observe that Nurse D D's write up of his meeting with Mr Casey on the 27<sup>th</sup> suggests (first underlining, quote following at paragraph 219), that he at some stage became aware of this matter.

is also the case that he did not note or apparently consider Mr Casey's medical (psychiatric) history at this time.

Court *It was relatively easy for him to take his own life given the circumstances in which he was in, within Scarborough South.*

*The fact that he could change his mood and change his presentation from one where he appeared to be someone who could work within that structure, to someone who couldn't cope anymore, must've been a possibility given the past history of attempts on his own life?--- I can only go by what – if he's told me that he wasn't suicidal. I have to write that, and – it's a possibility sir.*<sup>133</sup>

217. His further testimony was that he would never see or be shown the minutes of RRT meetings, which would be held by a therapeutic services psychologist.

218. On the following day (20 March), Nurse D D attended a meeting of the Risk Review Team (RRT), which determined to reduce Mr Casey's suicide risk rating from S3 to S4, which Nurse D D felt was a reasonable outcome.<sup>134</sup> When further questioned about the relevance of considering the health file material (as distinct from the IMP file), disclosing information about his previous drug abuse, mental health assessments and suicide/self harm incidents, Nurse D D stated only that,

*(He)... 'assessed him to the best of his ability.'*

219. Nurse D D saw him again on 27 March in the St Thomas Psychiatry Out-patients Department. He noted that Mr Casey was complaining of not sleeping and was requesting medication to help him sleep. He further found that Mr Casey,

*'Continues to present as downcast, poor eye contact, teary and agitated. Monotone speech. Nil formal thought disorder. Denies SASH ideation. Nil overt psychotic symptoms ...elicited.'*<sup>135</sup>

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<sup>133</sup> See transcript page 986

<sup>134</sup> See transcript at page 844-46.

<sup>135</sup> See exhibit 23 page 2 and clinical notes at exhibit 10(a), from page (b).

I also note here that on arrival the 17<sup>th</sup>, Mr Casey was designated as P2 S3 and that he was reviewed by Nurse D D on the 19<sup>th</sup> and that he wasn't to be seen again by Nurse D D until the 27<sup>th</sup>, (when he then observed the further deterioration in his mental state).

*'He told me that when he did sleep he dreamt of his victim (Ms Angelica Rosa), on the beach or sweeping the floor.'*

220. Nurse D D further testified that this later examination revealed that, 'his mental state was deteriorating'.

The underlining is mine.

221. He also noted that Mr Casey was to have seen St Vincent's health psychiatrist, Dr W on 19 March but he found that,

*'nil notes had been written in the records.'*<sup>136</sup>

222. As a result, he took it upon himself to discuss Mr Casey with consultant psychiatrist, Dr Rumsberg, who agreed to see him on the afternoon of the following day, the 28<sup>th</sup>. He then telephoned Scarborough South, and spoke to Correctional Officer RS, requesting that she inform Mr Casey that his appointment with the psychiatric registrar, would now take place the following afternoon i.e. on the 28<sup>th</sup>.

223. We now know that Mr Casey was so informed.<sup>137</sup>

224. In a later statement made on the 29 June 2011 (and from transcript page 830), Nurse D D further testified that a recently conducted search revealed that there was no record indicating that Mr Casey was to be seen by the psychiatric registrar on the 28 March, in the St Vincent's electronic appointments diary, (PAS).

225. He further advised that following review, the only explanation for the absence of such a record was (and he was so satisfied), that after speaking with Officer RS in Scarborough south, he must have overlooked the need to return to the computer terminal in the St Thomas ward and,

*'book the (Casey, 28 March,) appointment into PAS.'*<sup>138</sup>

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It is not known how the failure of the Dr W appointment also scheduled on the 19<sup>th</sup>, impacted upon this period of apparent review /treatment vacuum.

<sup>136</sup> Ibid.

<sup>137</sup> See transcript at page 841.

226. Nurse D D was further questioned by Counsel for the Department of Justice, as to why he did not take action on the 27<sup>th</sup>, to re-classify Mr Casey, given the deterioration he had observed. Nurse D D stated that a procedure for doing so was known as,

*'a crisis call.'*

227. Nurse D D stated that he could have made that call, which would have brought the matter back before RRT at 3 pm that afternoon, but that call was not made,

*'because he wasn't suicidal at the time.'*

#### Psychologist, K M

228. Ms K M was a psychologist employed at the relevant time at the PPP as part of the prisons therapeutic team. She held a Bachelor of Applied Science Psychology (Honours) and a Master of Psychology (Counselling) degree. Mr Casey was one of her clients. She first saw him on the 18/3 'in regard to his S3 status.' She made a note in his IMP and reviewed him as a P3.

*'He did present as a low suicide risk.'*

229. On the 19 March Ms K M was designated by the RRT to review him again the following day.<sup>139</sup>

*'On the 20/3 I had a second meeting with Casey. His presentation had improved. He denied...SASH. I reported this back to the RRT and we made a decision to put the Casey status back to S4.'*<sup>140</sup>

*An S4 would normally have no contact with me, but I agreed to have individual counselling as required....I had a further chance meeting with him later that day (which) was more about the methadone programme.'* The underlining is mine.

Relevantly the transfer to S4 classification reduction of Mr Casey took him off the S3 twice per day,

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<sup>138</sup> See exhibit 23(a) the supplementary statement of Nurse D, dated the 29 June 2011.

<sup>139</sup> See RRT notes exhibit 40 the Brief, at page 275 and 279.

<sup>140</sup> See Exhibit 14 (a) the progress notes setting out Issues and Clinical impressions, made by psychologist Ms K M in regard to her various consultations with Mr Casey.

*'meaningful conversation,'* observation regime.

230. On 25 March, ie three days before his death, Ms K M saw him again.

*'He did present slightly lower on this occasion.'*

231. During this meeting he is said to have expressed concern that he had an earlier meeting with a psychiatric nurse cancelled.<sup>141</sup> According to Ms K M he again guaranteed his safety and remained an S4. After this meeting, she contacted a psych nurse at an RRT meeting and made an appointment for him to see a psych nurse on 28 March. She also told him that she would see him again on 28 March after he saw the psychiatric nurse.<sup>142</sup>

*'I was going to be reviewing him for the weekend.'*<sup>143</sup>

232. Ms K M further testified that when examining Mr Casey, she did not have access to his health file (with St Vincent's), or to his earlier HRAT management file decisions which, with one exception, we know were not included in his IMP file. Her further testimony was that providing advice in regard to a level of suicide risk was a clinical decision and history is important to such a decision and that it can be *'limiting.'* Her additional testimony was that she felt assessing someone in regard to suicide risk was not a specialist clinical service.

*'It is an expectation that a psychologist is able to do that.'*

233. There were no protocols or guidelines handed to her about this aspect of her work.<sup>144</sup>

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<sup>141</sup> See transcript page 1123, where Ms K M testified that after she learnt of Mr Casey's death on the 28<sup>th</sup>, she spoke about her dealings with him with her senior, Mrs M and that she was certain that she had made an appointment (on the 25/3) for him to see a psychiatric nurse on the 28/3, 'before my own review later that day,' and that she informed Mr Casey of these two appointments.

I note here that Exhibit 10 (b) (two documents) do not confirm that the psychiatric nurse appointment for 28/3, was ever recorded. See finding at paragraph 30 below.

<sup>142</sup> See exhibit 14 pages 1-2 and transcript page 1123.

<sup>143</sup> See transcript 1123. From the other available material MsK M knew that he was on remand for murder and knew he had 'cut his neck' on the 29/2 while in MAP. She also knew from consultations with staff, but not from his file, that he had 'self-harmed' while in PPP in 10/2007.

<sup>144</sup> See transcript page 1031-32. Both Ms M and senior clinical psychologist Mrs M gave later evidence concerning the existence of SASH training materials, now in place.

Ms M's further evidence was, however, that she was not familiar with the so-called SASH prevention plan paperwork assessment 2006, or the 2007 updates. (See Exhibit 14(c)).

Senior Psychologist Mrs M<sup>145</sup>

234. Mrs M testified that she was employed at PPP as the senior psychologist and manager of the clinical services team, by G4S, from January 2008.
235. She testified that medical and psychological services at PPP were provided by St Vincent's Hospital (SVHM). In addition to general medical staff, SVHM employed registered psychiatric nurses, psychiatric registrars and registered psychiatrists who attend at St Thomas outpatient clinic days.
236. These services to the prison population by SVHM, were supplemented G4S therapeutic services team, of which she and Ms K M were members, together with five other 'clinicians.'
237. PPP maintains an at risk register which contains the names of all prisoners with an S1, 2 or 3 rating. In addition certain prison and SVHM staff had access to the Department of Justice 'E-Justice Risk History'
238. Further, both clinical and prison staff had access to the PIMS SYSTEM which also included information about a prisoner's 'at risk' status.
239. Part of Mrs M's duty was to chair the Risk Review Team (RRT) meeting which took place each day between Monday and Friday. The RRT did not carry out a clinical assessment. Rather, it accepted for discussion the views of the clinician(s) present at the RRT, with correctional officers limited to contributing,  
  
'custodial or correctional matters.'
240. This may include the SASH officer being called to speak to his opinion by reference to his earlier SITUPS assessment. She further explained that PPP had maintained its own admissions assessment which was conducted by a SASH officer, although the decision on risk assessment was a decision for the SVHM officer, in this instance Nurse N.<sup>146</sup>

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<sup>145</sup> She was registered by the Psychology Board of Australia, as both a clinical and a forensic psychologist. See exhibit 13, page 1.

<sup>146</sup> See exhibit 13, pages 1-5. SASH officer BC was present at the RRT on March 17, which took place after his morning (SITUPS), assessment of Mr Casey. On all of the evidence I am satisfied that he then contributed in a firm manner, to the discussion about the S classification to be given to Mr Casey.



241. Mrs M further testified as to her participation as Chairperson in the RRT meeting of 20 March, which reduced Mr Casey to an S4 rating, effectively taking him off observations. (Ms K M and Nurses D and N attended that meeting while SASH Officer B C, did not. It would not have been usual practise for SASH Officer BC, to bring his SITUPS record to the RRT meeting, with that record remaining on the IMP file, to which psychologist Ms K M had access).
242. When questioned about the RRT decision to downgrade Mr Casey on 20 March and take him off observations she testified that, she had no particular recollections of the meetings and that if she had felt there was insufficient information available that steps would have been taken to obtain same.
243. A St Vincent's health representative would be present at all such meetings, and have access to all relevant psychiatric care history. Similarly correctional staff would have access to the relevant IMP file. Both would be expected to bring relevant information to the RRT.
244. Ms K M was appointed as the case psychologist at the initial RRT meeting on March 17. At that time and until the later involvement of Ms M Gardiner, (Justice Health), Ms K M would not have had access to Mr Casey's medical file.

Consultant Psychiatrist Dr W

245. Dr W testified that he was a visiting psychiatrist employed by St Vincent's Health, on a weekly basis. He attended the prison on 19 March and, after conducting a ward round at the St Pauls psychiatric unit for inpatients, went to the outpatients unit (St Thomas), arriving shortly after 13.55 pm and departing at 16.14 pm.
246. His further testimony was that he did not see Mr Casey at any time on 19 March or at all and that, had he seen him, he would have noted details of that consultation and mental state assessment on his medical file. He further testified that the PAS recorded note,<sup>147</sup> which suggests that he saw Mr Casey on 19 March at 8.10am was incorrect and that he did not have access to PAS, which computer system was within the exclusive province of,  
  
'clerical and nursing staff.'

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<sup>147</sup> See exhibit 10(b).

247. It is also relevant that, as suggested by the evidence of Nurse D, exhibit 10(b) does not include mention of an appointment for Mr Casey to see psychiatric registrar (Dr Rumsberg), on 28 March.

Assistant Commissioner, Corrections Victoria, Mr B M

248. Mr B M gave a broad description of how Corrections Victoria operates a total of eleven public prisons and oversees the contracts of two privately managed prisons in Victoria. He described how among these, PPP was managed by G4S Australia Pty Ltd under a contract with the Victorian government. He further described how various assessments of a prisoner would be undertaken at MAP, including physical and psychiatric, with the aim being to transfer the prisoner to another prison within four months,

*'dependant on suitable prison placement options being available.'*

249. He also described the functions of the Sentencing Management Unit (SMU) within Corrections Victoria, and how the objective of the unit was,

*'to balance security of prisoners, prison and prison management, the needs of prisoners, the publics protection and the efficient and effective operation of the prison system.'*<sup>148</sup>

250. He further explained that the Sentencing Management Panel of the SMU operated under Regs 22-24 of *the Corrections Regulations 2009*.

251. Mr B M further set out the prison transfers undertaken by Mr Casey following his remand on 26 February.

252. Relevantly he explained that Mr Casey was transferred to PPP on 17 March,

*'as a holding placement until a place at the Melbourne Remand Centre became available, because he was only serving a relatively short sentence of two months, (for theft and a suspended sentence breach),'*

and would revert to being a remand prisoner (at MRC) thereafter.<sup>149</sup>

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<sup>148</sup> See exhibit 30 page 2.

<sup>149</sup> Ibid page 3.

253. Mr B M was further questioned about the use of MAP for remand prisoners and reiterated that it was necessary to constantly clear, subject to guidance by risk categories.
254. Mr B M testified that it was unusual for a psychiatric nurse to accept a patient as an S3 and immediately recommend to the RRT that it be reduced to S4.
255. Mr B M was also questioned about the allegedly poor design of the cells in Scarborough South. In summary he stated that the Building Design Review Project (BDRP), was put in place following a finding by the then State Coroner, Mr Graeme Johnstone in 2000, concerning his investigation into self-harm aspects of cell design at PPP. He further testified that the Charlotte management unit (and St Pauls Psychosocial unit), within PPP had been upgraded to meet Mr Johnstone's recommendations.<sup>150</sup>

### **The events of 28 March 2008 at Scarborough South.**

#### Former prisoner DB<sup>151</sup>

252. DB was a prisoner at Scarborough South on 28 March 2008, having been transferred there on 20 March.
253. From that time, he occupied cell 467 and came to know Mr Casey who had been held in the adjacent cell 468, from 18 March.
254. During this period, he had become friendly with Mr Casey, the pair sometimes watching TV together and on other occasions using gym equipment.
255. On 28 March DB stated that Mr Casey did some washing from around 8.30 am. He then spent further time with Mr Casey stating that he was,  
*'feeling down and wanted to see a psych'*.
256. Mr Casey also told DB that he had recently tried to commit suicide while staying at MAP.
257. After lunch, he said he was going down to speak to,

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<sup>150</sup> See discussion from transcript page 1915.

<sup>151</sup> Having regard to the public interest, I have used initials when referring to both prisoners and prison officers, in each case with a view to protecting their individual right(s) to privacy. Former prisoner DB gave evidence by video link, from a courthouse in eastern Victoria.

*'the screws about his psych visit'.*

258. According to DB, Mr Casey was obviously depressed, lost and wanted to be around people, but didn't want to talk.<sup>152</sup>

259. DB's further evidence was that at about 3.00pm Mr Casey said that he was going down to see the screws about his appointment to see the psych and that about 5 minutes later he came back up and said simply that,

*'(he) wanted to see the psych'.*

260. DB further testified that he, Mr Casey, went down on numerous occasions requesting to see the psych,

*'you'd see him standing there and he'd talk....*

*Did he come back and say to you that he wasn't able to see the psych for some reason...*

*I don't recall that, I just remember him coming up and saying that he needed to see a psych and it was numerous times that he said it.'*<sup>153</sup>

261. DB also testified that he was able to recognise symptoms of depression as he had been previously so diagnosed and that he believed Mr Casey was also suffering from depression.

*'As soon as I seen him you could see he was lost, he'd sit there by himself, he wouldn't talk, he wouldn't go and ask someone for a cigarette if he didn't have one. It was like he was too scared to...' 'and I didn't discuss it with him, (as that was not appropriate in a prison environment), ...you don't get involved'.*<sup>154</sup>

*And 'he'd just look at the telly (no eye contact) wouldn't say a word.' ..' or look to the wall or something and he'd just make vague comments like there was never really any conversation.'*<sup>155</sup>

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<sup>152</sup> Exhibit 1 page 1.

<sup>153</sup> See transcript page 30.

<sup>154</sup> Ibid page 32-33.

<sup>155</sup> See transcript at page 52.

*DB endeavoured to help Mr Casey by talking to him and giving him cigarettes. He was aware that Mr Casey was apparently on good terms with his cellmate 'CV'.*

263. Under cross-examination by Mr Shepherd for 4GS, DB agreed that there was a high turnover of prisoners coming and leaving Scarborough South, an induction unit.

*'How many beds they needed for that particular day or for that week they'd go, "Right-o you've been here so long."*

*I think I'd been there two weeks and then I went to Swallow.'*

264. Further testimony was given as to the fact of a lockdown in Scarborough south until 9.30am on the morning of the 28 March 2008, which was beyond the normal lockdown time of 8.00am, because of a search taking place in another unit and the need for officers from Scarborough south to assist in that undertaking. DB further testified as to the lockdown, which occurred in the afternoon of the 28 March, immediately following the discovery of Mr Casey's death and continued until the following morning.

265. He was unable to confirm the name of any of his prison officers, which he didn't know.

*'It was always "Boss" that's all the prisoners called him (sic), "Boss."*

266. DB also confirmed that Mr Casey used the gym equipment within the unit, on a daily basis and that prisoners ate in their cells with access to plastic disposable, knives and forks, which prisoners were permitted to use and keep in their cells.<sup>156</sup> Mr Casey used these as hooks to hang his towel and other items.

267. DB also explained how *'billet'* prisoners worked within different units to provide basic services within Scarborough south for additional *'pocket money,'* and how these prisoners were permitted to remain in the unit, and would not be moved on. DB additionally explained about how he and others were permitted to purchase BIC razor blades while resident in Scarborough South. It was also the case that prisoners in Scarborough had access to plastic bags, which were used as rubbish bin liners within the unit.<sup>157</sup>

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<sup>156</sup> See photograph at exhibit 1(b).

<sup>157</sup> See transcript page 47-8.

268. DB further testified that conversation with prison officers was frowned upon within the prison and that it would have been difficult to inform officers about a concern for the welfare of a prisoner.

*'They'll call you a dog. They call you all sorts of things because they don't know why and it's – you don't want to sit there and play politics with 75 prisoners and then get in a cell.'*

*If however he thought Mr Casey was going to hurt himself, he would have told someone... 'perhaps a billet... or a peer stabilizer.'*<sup>158</sup>

269. A prisoner himself may also have communicated with an officer by the use of a 'duress' button.

270. DB was additionally asked about his conversations with Mr Casey.

271. He just said, *'I want to be with my missus.'*<sup>159</sup>

272. DB further observed,

*'..See what I can't work out is if he was trying to kill himself in MAP, and then youse bring him to Port Phillip Prison, and then put him in mainstream instead of being under 24 hr observation, and he hangs himself..., that's got me blowed.'*<sup>160</sup>

273. Under further questioning by Counsel for St Vincent's Health, DB testified that while at PPP he had received medication for a depressive illness, which had been prescribed, before his arrival at PPP. In response to later questioning he also explained how he had been able to navigate the system and obtain access to medical care. This involved him in filling out written applications, which would then go through the system and be 'managed'. And that he hadn't seen or wasn't aware that Mr Casey had done this and that he had only heard him go down and you'd hear him,

*'oh I need to see a psych, I've gotta see a psych'.*

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<sup>158</sup> See transcript page 50-1.

<sup>159</sup> See transcript page 54.

<sup>160</sup> See transcript page 55-6.

274. DB was not aware whether Mr Casey could write, but if he had asked a 'billet', they could have done that for him.

275. He also observed that Mr Casey was not 'sociable', or capable of, or good at communicating with others. He further testified that there was no 'sick parade' system within Scarborough south, and described how to make an appointment it was necessary to fill in a form.<sup>161</sup>

276. DB also testified about the privacy driven, arrangements which allowed for a prisoner to close a cell door from the inside, which then could only be opened by use of a prison officer held key, from the outside.

Former Prisoner, 'CV'.

277. CV occupied cell 467 with Mr Casey next door in 468, for a period of approximately two days, following his (CV's), arrival at Scarborough south.

278. In his statement provided on the day of Mr Casey's death, CV recalled him saying that he just wanted to be with his misses and going down and talking to a prison officer and returning and saying,

*'I can't get my meds and I can't get a psych. (He then went downstairs and did some washing).'*

279. Later, CV stated that he heard a thud coming from nearby and, about two hours later, that Cell door 468 was opened and Mr Casey found, following which the unit went into lockdown.<sup>162</sup>

280. CV was then asked by my assistant whether he wished to add anything to that statement. In response he testified that,

*'Oh, what I'd like to add is just the way he was – how the screws didn't help him (over a period of several hours), when he needed his meds. Like he went down to the screw box about three times, the third time the screw actually said to him, um, step away from the screw box before I slot you, put you in the slot cause he was actually asking for his meds, and he was –*

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<sup>161</sup> See transcript page 63-5. See also exhibit 6(f), an application written by Mr Casey, which illustrates his very low level of literacy.

<sup>162</sup> See exhibit 2.

*he needed them because he – from the looks of him he needed – he needed his medication. So yeah, he wasn't getting no help at all from the screws*<sup>163</sup>

281. CV further testified that he told Mr Casey to keep asking,

*'that there were a lot of people who weren't getting their appointments that day,'*

and was told about being sent away and that it was on the third occasion that he was told if he didn't step away that certain action (slot you), would be taken. CV'S further testimony was that he saw these meetings take place and heard the exchange which he alleges occurred on the third such occasion. According to CV, Mr Casey then entered his cell and locked it and that he heard the thud about half an hour later. Sometime later, his cellmate unsuccessfully sought access and approximately one hour later the cell mate, 'JS', called for assistance from prison staff and the door was then unlocked.

282. CV gave further evidence concerning his observations of Mr Casey's behaviour over the two days of their contact and broadly corroborated the observations made by DB, referred to above.

283. CV knew Mr Casey from MAP and was aware that reference to '*his misses*' was reference to a person, then deceased, who Mr Casey had '*stabbed*'. This reference by Mr Casey, caused concern but according to CV his strongly negative view about PPP led him not to involve himself in passing that information on to a prison officer or like.<sup>164</sup>

284. In answer to further questions CV confirmed that Mr Casey was never put in the isolation/observation cell within Scarborough south, And that it was sometimes used to isolate people who had behaved badly,

*'before they put them into the slot.'*

285. CV also corroborated further evidence about a prisoner of Greek background, '*H*', who was then a senior billet within the unit.

*'He knew everything that was going on in that cell, in that unit everything.'* CV was also of Greek extraction. '*...if you scratched his back he would scratch yours.'*

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<sup>163</sup> See transcript page 67-69.

<sup>164</sup> See transcript pages 72 and 77-8.



286. CV also testified, in response to Counsel for G4S, that this earlier statement made in prison on the day of Mr Casey's death was incomplete, because he was *'still incarcerated'*. He further testified that while he had never been to the *'slot'*, he had heard about it. CV then indicated his concern about the questions as he felt he might be going back to prison and could be placed at PPP.<sup>165</sup>

287. CV stated that he had seen Mr Casey line up for medication *'probably once'*, when he got panadol and, later, that (Mr Casey) was very angry with *'the screws'*.

*'Well they were sending him away, every time he would go there they would send him away.'*

and it was the third time they told him, *'Go away before we put you in the slot cos you're hassling us.'*

288. He later agreed that when he alleges these things were said that he was approximately 25 feet away and upstairs on the first floor tier.<sup>166</sup>

289. And further that Mr Casey had told him that he had an appointment with the nurse that day but they were not,

*'putting him through.'*<sup>167</sup>

Former prisoner, 'JS'.

290. At the relevant time prisoner JS shared cell 468 with Mr Casey. JS arrived at cell 468 on the day prior to Mr Casey's death. Their first conversations on the afternoon of the 27<sup>th</sup>, reportedly touched on Mr Casey's stated wish to take his own life, and JS replying that,

*'this would not occur while he was around'*.

291. Later, he *'talked about his children, trouble within his family and about the difficulty he had experienced trying to see a psych'*.

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<sup>165</sup> See discussions at transcript page 140-1 and 145, which led in due course, to my notifying the Sentencing Management Office that I considered that 'CV' held concerns about his given evidence, and a possible future placement within PPP.

<sup>166</sup> See photo at exhibit 2(a).

<sup>167</sup> See transcript at page 158.

292. The following day, after a night watching TV in their cell, he spoke to Mr Casey after 1.00 pm.

293. He was frustrated he had not seen a psych. At approximately 3.00pm, JS saw Mr Casey lying down, in his cell. He said he was going to sleep for a while. He complained again about not seeing a 'psych'.

294. Later at 4.15pm, he returned and found the cell door locked. His further testimony was that he called down to an officer to let him in. On entry, they discovered Mr Casey in a sitting position within the shower area,

*'...with something around his neck and blood coming out of his mouth.'*<sup>168</sup>

295. In his testimony, JS further elaborated.

296. He testified that Mr Casey didn't see a psych on the day of his death, but had an appointment the day after.

*'He was annoying the officers a lot about it so he was becoming a bit of a gaol house pest if you know what I mean Sir...'*

297. His further evidence was that Mr Casey responded badly to what was said to him by officers,

*'he reacted to the comment,'*

although JS felt their behaviour,

*'had been reasonable.'*

298. JS additionally testified that he had returned to the cell on one occasion and believed now that DB was with Mr Casey and that it was on return on a second occasion *'just after 4pm'* that he had not been able to obtain access. Later that afternoon after the Cell was opened, he was put in the observation unit. JS further testified that during his time in Cell 468 with Mr Casey, Mr Casey was not receiving medication. He then gave further evidence about what he believed was Mr Casey's depressed condition.

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<sup>168</sup> See JS statement (28/3) at exhibit2.

*'He was breaking down... in tears... telling me about some girl that got killed and he'd done it.'*

299. He further testified about telling an unnamed prison officer about his concerns that Mr Casey would attempt suicide.<sup>169</sup>

300. In response to questions from Counsel for G4S, JS testified that he was previously familiar with Scarborough south and prison officer RT, and that he could explain his concerns to RT and that he didn't do so in the case of Mr Casey.

301. He also remembered that Mr Casey had spoken to him about his children and family members who lived in Frankston. He also now felt that Mr Casey wanted to see a psychiatrist,

*'to get drugs.'*

302. On the morning of the 28<sup>th</sup> he hadn't been overly concerned about Mr Casey who had unusually taken a shave and shower and put some clean clothes on - *'a positive step'*. JS further agreed that in these circumstances there was no reason why he would have gone down on 28 March and indicated concern to prison staff that Mr Casey may be about to self-harm.<sup>170</sup> In addition, that his memory concerning this matter may be incorrect. His later evidence was that this did occur but he now was not sure whether it occurred on the 27<sup>th</sup> or 28<sup>th</sup>.

303. JS confirmed earlier evidence and his statement account that he told the officer who opened the cell door that (Mr Casey),

*'might be swinging'*.

#### Former prisoner HP

304. HP testified that he was a prisoner in Scarborough south between 2005 and December 2008, where he played a peer support role,

*'with new inmates.'* He was in a position of respect and the *'head billet,'*

within the unit. He was able to recall the afternoon that Mr Casey was found deceased. He looked up when the cell was open and saw someone hanging. He called out to cut him down

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<sup>169</sup> See transcript page 104-5.

<sup>170</sup> See transcript at page 199.

but the officer just stood there as if in shock and that he screamed and that within a minute there were,

*'30 to 40 officers present, in the unit locking us down'.*

305. Earlier that afternoon he had seen Mr Casey exercising with the equipment on the ground floor of the unit and they had spoken during this time.

*'It was just small talk and he seemed OK'.<sup>171</sup>*

306. He described his role within the unit as a prison listener<sup>172</sup>, and that he was available to talk to prisoners about problems if they came up. He recalled that Mr Casey had not spoken of any problems with him but that it was common for people to say that and that,

*'it might not be true'.*

307. JS was, according to HP, in the cell next to Mr Casey. According to HP (and JS), was right with the officer who opened the cell door and found Mr Casey.

308. HP further testified that he spoke with Mr Casey earlier, on the day he entered the unit because he did an induction with all the prisoners.

*'I take them into a room and do an induction with all the prisoners...and let them know how it works...and, (what to do if they need any help or anything).'*

309. HP carried out this 'work' every day, Monday to Friday, admitting around 200 prisoners each month at this time, with the majority of all admitted prisoners coming through the Scarborough South reception unit. The detailed instruction given to prisoners, including Mr Casey, was set out and this was provided to groups of inductees of about 10 in number in each case.<sup>173</sup>

310. HP further spoke of the isolation unit which was rarely, if ever, used. It was possessed of a CCTV, which could be used by the officer at the 'officer's desk', to keep an eye on prisoners

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<sup>171</sup> See statement exhibit 5 made on the 29/09/10.

<sup>172</sup> See transcript page 220

<sup>173</sup> See transcript at page 228, where HP also confirmed that he was the main conduit for supply of information to inductees and that, 'They got everything off me.'

overnight. HP further testified that the gaol and the unit was operating at capacity at the relevant time and also spoke of a cell known as the 'slot' and that he had been there before.

*'It's the worst one in Australia, that one there. It's degrading'.<sup>174</sup>*

311. HP further expressed the view, (previously suggested by others), that PPP was like a jungle and not suitable for Mr Casey.

312. In further evidence HP agreed that there was an induction form that he had signed in relation to Mr Casey's admission to the unit on 17 March.<sup>175</sup>

313. Later, they would have a caseworker or case manager, who was a prison officer. The underlining is mine.

314. HP further testified that he knew of prison officers RT, GR and MS.

#### Prison Officer RT

315 On the 28 March 2008 Prison Officer RT was scheduled to work at Scarborough South as a unit officer directly responsible for the supervision of prisoners. He commenced work at 7.50am and at 8.30am, and was directed to attend Gorgon unit with the two other officers, to undertake an unscheduled search of that Unit.<sup>176</sup>

316 Officer RT stated that he had had no contact with Mr Casey in the morning but recalled that he had been approached by him between 2.30pm and 3.15pm. According to RT, at this time Mr Casey, while unaccompanied,<sup>177</sup> spoke to him at the officers' station and requested confirmation that he was to see a psychiatric registrar that afternoon. Following two phone calls to St Vincent's outpatient unit, St Thomas, RT learnt that Mr Casey did not have an appointment that afternoon and informed him accordingly. Mr Casey had told him that a 'psych nurse' had informed him that such an appointment had been made and according to RT stated,

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<sup>174</sup> See transcript page 223-4, where he testified that the cell in question was located in Charlotte Unit, PPP, and about his single experience there over a period of one week.

<sup>175</sup> See exhibit

<sup>176</sup> Scarborough south remained in lockdown until their return at 8.30am. See supplementary statement exhibit 6(b).

<sup>177</sup> Later at transcript page 267 RT stated that it was possible prisoner JS was present, but that he had no recollection of it.

*'that would be right'*,

when told that the appointment had not been made. In further evidence RT stated that the movement of Mr Casey would not be recorded in Scarborough south but would be orchestrated from St Thomas unit desk, and that an appointment to see a psychologist (from therapeutic services employed by G4S,) was dealt with quite differently.<sup>178</sup>

317. RT also testified that it was he who attended the cell at the request of prisoner JS to see why the cell door had been locked from the inside and of his finding of Mr Casey apparently hanging, upon gaining entry.

318. RT then described pulling the ligature down over the sloping shower screen and releasing the tension, and of the (unwitting) calling of a code purple, and later of the unsuccessful attempts made by both prison officers and medical officers, to resuscitate Mr Casey, and of then waiting for police investigators to arrive.<sup>179</sup>

319. 318 RT further testified that he had not threatened to put Mr Casey in *'the slot'* or used words similar to that or which may have conveyed that meaning and that he had not heard any other officer use such language.<sup>180</sup>

320. 319 RT further spoke to the pressure of working within Scarborough south and to the fact that the officers would deal with issues as they arose, without reference to a prisoners IMP file. He further testified that none of the officers on duty that day in the unit were caseworkers for prisoners in that unit.<sup>181</sup> RT was also questioned about the use of the observation cell in Scarborough south (located near the officers desk), and stated that in his experience it would have been only used if the unit itself was otherwise full.

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<sup>178</sup> See transcript page 254-55.

<sup>179</sup> See exhibit 6(a) and at transcript page 263 where he refuted the allegation earlier made by prisoner HP that it had been another officer (not RT) who had opened the cell door (and on finding Mr Casey appeared in shock, and had used the wrong alarm code). He further stated (again) that it was not officer MS, who had opened the cell door. See transcript page 268.

<sup>180</sup> See transcript from page 252 and supplementary statement exhibit 6(b). See also his later evidence that he was away from the desk for a period of 45 minutes (as were others who took break entitlements), and that he could not exclude the possibility that some other officer may have spoken to Mr Casey at the desk during his absence. Transcript page 313-14.

<sup>181</sup> RT further stated that it was unusual to have three visiting officers deployed in Scarborough south as occurred on 28 March and, as a result, that none of the officers had any particular familiarity with the prisoners or their IMP files, (or their previous watch history).