JURISDICTION	**:**	CORONER'S COURT OF WESTERN AUSTRALIA
ACT	**:**	CORONERS ACT 1996
CORONER	**:**	BRENDYN DEAN NELSON, CORONER
HEARD	**:**	4-5 JUNE 2026
DELIVERED	**:**	22 JULY 2026
FILE NO/S	**:**	CORC 3081 of 2024
DECEASED	**:**	TOLLETT, KYEN STEVEN

Catchwords:

Nil

Legislation:

Coroners Act 1996 (WA)

Counsel Appearing:

Mr G Chin assisted the Coroner

Mr J Cox (Kate King Legal) appeared on behalf of the family of Mr Tollett

Ms P Femia, Mr L Durtanovich and Mr C Burke (State Solicitor's Office) appeared on behalf of the Department of Justice

Mr S Denman (Denman & Associates) appeared on behalf of Dr H Findlay

Ms L Coci (instructed by Avant Law) appeared on behalf of Dr R Kovac

Cases referred to in decision:

Nil

Coroners Act 1996
(Section 26(1))

RECORD OF INVESTIGATION INTO DEATH

I, Brendyn Dean Nelson, Coroner, having investigated the death of ***Kyen Steven TOLLETT*** *with an inquest held at Perth Coroners Court, Central Law Courts, Court 85, 501 Hay Street, PERTH, on 4 and 5 June 2026, find that the identity of the deceased person was* ***Kyen Steven TOLLETT*** *and that death occurred on 10 October 2024 at Fiona Stanley Hospital, 11 Robin Warren Drive, Murdoch from ligature compression of the neck (hanging) in the following circumstances:*

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Introduction

1 Kyen Steven Tollett (**Kyen**) had been remanded, in custody, from 17 March 2023. He was initially held at Hakea Prison, and transferred to Casuarina Prison on 24 March 2023.

2 On 10 October 2024, Kyen hanged himself from the internal handle of his cell door, using part of a bed sheet. He was discovered by his cellmate, who immediately alerted prison staff, who commenced CPR and were assisted by prison medical staff before the arrival of paramedics.

3 Kyen was transferred to Fiona Stanley Hospital (**FSH**) by ambulance, but despite best efforts he could not be revived.

4 Kyen was in the custody of the Chief Executive Officer of the Department of Justice (**Department**) at the time of his death, and therefore a person held in care for the purposes of the *Coroners Act 1996* (WA) (the **Act**).[1]

5 As such, a coronial inquest was mandatory,[2] and I am required to comment on the quality of the supervision, treatment, and care that Kyen received while in custody.[3]

6 I may also comment on any matter connected with Kyen's death, including public health or the administration of justice.[4]

7 The coronial inquest occurred on 4 and 5 June 2026.

8 Kyen's family appeared at the inquest through counsel. As I expressed at the conclusion of the evidence, I am grateful to Kyen's family for the thoughtful and measured way in which questions were asked on their behalf of witnesses who were involved in Kyen's treatment and care.

9 After the inquest, the Court received a three-page statement from Kyen's family. Given the nature of the statement, I have not received it formally as evidence in the inquest, but as an explanation to the Court of the severe impacts the loss of Kyen has had on members of his family.

10 I acknowledge the tremendous and debilitating grief that Kyen's family experienced upon his death, and continue to experience.

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[1] The Act, s 3 (definition of 'person held in care').
[2] The Act, s 22(1)(a).
[3] The Act, s 25(3).
[4] The Act, s 25(2).

Issues raised at the inquest

11 The inquest focused on issues concerning Kyen's mental healthcare during his remand, and issues concerning his supervision including:

(a) what steps the Department took to manage Kyen's mental health during the course of his remand at Hakea and Casuarina, including where he had inflicted serious self-harm in June 2023 and been managed on both the At-Risk Management System (**ARMS**) and Support and Monitoring System (**SAMS**) on a number of occasions during his time in custody;

(b) the adequacy of Kyen's mental health treatment, particularly during psychiatric reviews with medical staff and through counselling with staff of the Department's Psychological Health Services (**PHS**), particularly during late 2024;

(c) the knowledge prison staff had of Kyen's emotional state after he received a visitor at Casuarina on 9 October 2024, the day prior to his death; a visit during which he was visibly upset;

(d) the adequacy of actions taken by prison staff after the visit and in response to what was known about Kyen's emotional state at that time and over the following day, and his history of self-harm and threats of self-harm during his time in custody;

(e) relatedly, whether Kyen should have been transferred from SAMS back onto ARMS by any staff member at Casuarina after he received the visit on 9 October 2024;

(f) whether the emergency response by prison and medical staff on 10 October 2024 at Casuarina after Kyen was found to have hanged himself was adequate;

(g) whether prison staff ought to have discovered other ligatures (which were found underneath Kyen's mattress after his death) at some earlier point in time; and

(h) how quetiapine came to be detected in postmortem toxicological analysis, where Kyen had no prescription or recorded administration of the drug in the lead-up to his death.

Materials received at the inquest

12 To address the matters identified at pars [5] and [11] above, I received the evidence in the coronial brief, and the following witnesses gave evidence:

(a) Dr Helen Findlay, who worked part-time with the State Forensic Mental Health Service (**SFMHS**) and provided in-reach psychiatric care at Casuarina,[5] including attending to Kyen on five occasions between October 2023 and June 2024;

(b) Dr Rachel Kovac, who also worked within the SFMHS, and attended to Kyen on one occasion at Casuarina on 18 September 2024 (after Dr Findlay had left the service);

(c) Mr Joseph De Cotta, a senior prison health services counsellor with PHS, who assessed and counselled Kyen on many occasions throughout 2023 and 2024, including on 4 October 2024;

(d) Mr Gary Seaward, a prison officer at Casuarina who was acting as the Senior Officer in Unit 15 on 9 October 2024 (where Kyen was being detained at that time);

(e) Dr Catherine Gunson, Deputy Director of Medical Services within the Department, who reviewed the healthcare provided by the Department to Kyen while he was in custody;

(f) Ms Toni Palmer, an officer within the Department's Performance Assurance and Risk (**PAR**) team, who gave evidence in relation to that team's review of Kyen's supervision, treatment, and care while he was in custody; and

(g) Mr David Brampton, Deputy Commissioner of Corrective Services, who gave evidence in relation to, amongst others, the '*Lessons Learned*' process undertaken by the Department in relation to the circumstances leading up to and including Kyen's death.

13 Ms Jessica Herd, another prison officer based at Casuarina, was summonsed to give evidence at the inquest in relation to her observations of the visit Kyen received on 9 October 2024, and her actions immediately after the visit had concluded.

[5] The SFMHS provided in-reach psychiatric care pursuant to a model of care published by the North Metropolitan Health Service: cf exhibit 3.

14 Ms Herd sought for her summons to be discharged, on the basis of a commitment set prior to the inquest being listed.

15 Ms Herd had made a contemporaneous note of her observations and actions on 9 October, which she supplemented with a witness statement addressing matters identified by the Court.

16 Ms Herd's statement was satisfactory and her summonsed was discharged on that basis.

Materials received after the inquest

17 At the conclusion of the evidence, a summary of the remaining issues and the subject of a proposed recommendation was provided to the solicitors acting for Kyen's family and the Department, for any submissions.

18 Kyen's family filed submissions on 26 June 2026.

19 In summary, Kyen's family submitted the evidence raised questions as to:

(a) the identification and communication of known risk factors concerning Kyen's mental health and suicidality;

(b) the adequacy of monitoring and response mechanisms, and

(c) whether opportunities to intervene were missed.[6]

20 The Department filed submissions on 20 July 2026.

21 The Department also provided additional information in relation to factual queries that were raised by the Court during the course of the inquest (primarily in relation to frequency of cell searches, and training of custodial staff including senior officers and assistant senior officers).[7]

22 I will address the content of those submissions more fully below, when dealing with the relevant issues.

Factual findings

23 In this part, I will make factual findings about the circumstances leading up to and including Kyen's death, including any findings necessary to make comment on the matters identified at par [11] above.

[6] Submissions on behalf of Kyen's family, par [1.4].
[7] Email of State Solicitor's Office to Counsel Assisting dated 20 July 2026.

Kyen's personal background

24 Kyen was born in Perth.[8]

25 He had a close relationship with his younger sister, who he considered looked to him as a parental figure.[9]

26 He worked as an electrician.[10]

27 His medical history included depression, Attention Deficit Hyperactivity Disorder, and haemochromatosis.[11]

28 On 16 March 2023, Kyen was arrested and charged with 13 offences, including drug and firearms related offences.[12]

29 At this time, Kyen had been in a romantic relationship with a woman (who I will refer to as **TM**) for about two and a half years.

30 Kyen and TM had known each other for about four and a half years,[13] and prior to his arrest, Kyen had been living with TM for about a year.[14]

31 Although they were unmarried, Kyen cared for TM's two children, from her previous relationship, as if they were his own.[15]

32 According to his cellmate at Casuarina, Kyen got along well with others, and never caused problems with other prisoners or guards. He was into rugby, and taught his cellmate and others how to play.

33 Kyen was described as having a good heart, and good manners.[16] He was described by Mr Seaward as patient and polite.[17]

Remand into custody and referral to Psychological Health Services

34 Kyen was remanded into custody at Hakea Prison on 17 March 2023.[18]

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[8] Exhibit 1, tab 7, p 9.
[9] Exhibit 2, tab 1, p 9.
[10] Exhibit 2, tab 1, p 9.
[11] Exhibit 1, tab 7, p 9; tab 16, pp 3-5.
[12] Exhibit 1, tab 7, p 9.
[13] Exhibit 1, tab 7, p 7.
[14] Exhibit 1, tab 12, p 1.
[15] Exhibit 1, tab 12, p 1.
[16] Exhibit 1, tab 13, pars [5]-[7].
[17] Exhibit 2, tab 1.47, par [28].
[18] Exhibit 2, tab 1, p 4.

35 At admission, Kyen disclosed a history of depression and anxiety, and a desire to engage with mental health services while in custody. He denied experiencing any thoughts of self-harm or suicidal ideation at that time.[19]

36 He was not deemed an immediate risk and was not placed on ARMS.[20]

37 On 22 March 2023, TM requested a welfare check on Kyen.[21]

38 On 24 March 2023, Kyen was transferred from Hakea to Casuarina.[22]

39 On 26 May 2023, Kyen submitted a medical interview request form, in which he stated that he needed to speak to a psychiatrist or a counsellor.[23]

40 Kyen was not under the care of the Mental Health Team (**MHT**) at that time,[24] and a referral was made to PHS.[25]

41 During her review, Dr Gunson identified that a senior member of PHS examined Kyen's electronic medical record on 30 May 2023 in order to triage the referral and Kyen was added to the PHS waitlist.

42 As part of her review, Dr Gunson was advised by PHS that, in the absence of a documented history of self-harm or suicide risk, the referral would likely have been managed as moderate or low priority (meaning, at that time, a likely wait time of between 1-2 months if managed as moderate priority, or 6-12 months if ascribed lower priority).[26]

43 Records indicate that a welfare check was to occur in response to Kyen's request form.

44 There is no record of any such check being conducted prior to Kyen attempting suicide on 3 June 2023.[27]

[19] Exhibit 2, tab 1, pp 4-5; tab 1.3, p 6.
[20] Exhibit 2, tab 1, p 10.
[21] Exhibit 1, tab 25, p 5.
[22] Exhibit 2, tab 1, p 5; tab 1.4.
[23] Exhibit 2, tab 1, p 5.
[24] Exhibit 2, tab 1, p 13.
[25] Exhibit 2, tab 1.8.
[26] Exhibit 1, tab 25, p 6.
[27] Exhibit 2, tab 1, p 13.

Self-harm incident in June 2023, and subsequent supervision

45 According to TM, Kyen's visitation rights were restricted, which she believes led to Kyen's emotional wellbeing relying heavily on her and her children.[28]

46 According to TM, Kyen had encouraged her to see other people while he was in prison, so that she and her children could be cared for. Her intention was that they would reunite upon his release.

47 On 3 June 2023, Kyen's cell was breached by prison officers after other prisoners raised concerns.[29] Upong entry, officers found Kyen seated in the shower with the water running and blood on his upper torso.

48 A code red emergency was called, and first aid was commenced. Medical staff attended and determined that Kyen had a four-centimetre vertical laceration to his wrist.[30]

49 It was later determined that Kyen had used a razor blade to self-harm, although the blade was not located by officers.[31]

50 A letter was located at the scene in which Kyen indicated that he had attempted suicide after a '*bad phone call*' with TM.[32]

51 Kyen told another prisoner at Casuarina (**Prisoner SF**), at a later date, that he had self-harmed due to relationship issues with TM.[33]

52 Kyen was taken to FSH, where he was treated for the lacerations to his right wrist.[34] A procedure to repair the radial artery was performed on 6 June 2023, and he was determined to be stable for discharge on that date.[35]

53 During the admission, he was reviewed by the hospital's psychiatric team, during which he disclosed concerns about his relationship with TM, family history, and sleep disturbance.

[28] Exhibit 1, tab 7, p 7.
[29] Exhibit 2, tab 1.9.
[30] Exhibit 2, tab 1, p 13.
[31] Exhibit 2, tab 1, p 14; tab 1.9.
[32] Exhibit 2, tab 1, p 5.
[33] Exhibit 1, tab 11, p 1.
[34] Exhibit 1, tab 7, p 10.
[35] Exhibit 1, tab 19, pp 1-2.

54 He was unwilling to take mirtazapine, but was agreeable to being prescribed quetiapine. He was commenced on a daily 25 mg dose,[36] and there was liaison between the psychiatric team at FSH and mental health services at Casuarina regarding continuity of care.[37]

55 Upon his return to Casuarina at 8.34pm on 6 June, Kyen was placed in the infirmary for medical observation.[38] He was managed on high ARMS as a consequence of the attempted suicide, with hourly observations.[39]

56 Following engagement with the MHT, Kyen's ARMS level was reduced to moderate with two hourly observations, and he was transferred to the Crisis Care Unit (**CCU**).[40]

57 Kyen began attending regular counselling with Mr De Cotta after this incident, and subsequently expressed regret about this attempt at suicide.[41]

58 As a prison counsellor, Mr De Cotta was (and remains) responsible for performing risk assessment of prisoners, as well as providing recommendations relating to the clinical management of risk of suicide and self-harm in the prison, and the provision of therapeutic counselling.[42]

59 In his role, Mr De Cotta routinely conducted suicide risk assessments of sentenced prisoners and prisoners on remand, taking account of historical risk factors, dynamic risk factors and protective factors.[43]

60 Mr De Cotta interacted with Kyen regularly from June 2023 until October 2024, and Mr De Cotta considered that he built significant rapport with Kyen during this time, such that, in addition to pre-arranged counselling sessions, Kyen would request to see Mr De Cotta by speaking to Casuarina staff or completing a request slip.[44]

61 Mr De Cotta observed that Kyen's mood fluctuated during the period he provided counselling, and that Kyen's main stressor was his '*turbulent and emotionally unhealthy romantic relationship*'.[45]

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[36] Exhibit 1, tab 19, p 4.
[37] Exhibit 1, tab 19, p 2.
[38] Exhibit 2, tab 1, p 15.
[39] Exhibit 2, tab 1, p 5.
[40] Exhibit 2, tab 1, p 15; tab 1.12.
[41] Exhibit 1, tab 7 p 10; exhibit 2, tab 1.12(1).
[42] Exhibit 1, tab 21, par [5].
[43] Exhibit 1, tab 21, pars [6], [8], [10]-[11].
[44] Exhibit 1, tab 21, pars [36]-[37].
[45] Exhibit 1, tab 21, par [39].

62 On 9 June 2023, Kyen was reduced to low ARMS with four-hourly observations, and an agreement was reached that he would be moved to Unit 17, where he had an internal support network.

63 He was moved from the CCU to Unit 17 on 12 June 2023.[46]

64 Kyen remained on ARMS until 19 June 2023, when the Prisoner Risk Assessment Group (**PRAG**) determined that he no longer presented an acute risk, and he was transitioned to SAMS.[47]

65 This was consistent with Mr De Cotta's recommendation; his having performed a suicide risk assessment where he found Kyen's mood to have significantly improved, and during which Kyen reiterated that he regretted the suicide attempt.[48]

66 On 12 August 2023, Kyen submitted a medical interview request form which stated that he thought that the medication he had been taking had stopped working.

67 The request was determined to be urgent, and an urgent review of his medication was initiated.[49]

68 Kyen was reviewed by a psychiatrist on 16 August 2023. He denied any thoughts of self-harm or suicidal ideation.

69 Following the review, his anti-anxiety medication was increased, and he was to be reviewed again in three months' time.[50]

Return to ARMS in September 2023

70 Kyen was escalated to ARMS again on 22 September 2023 following a deterioration of his mental health.[51] He had been moved to the Multi-Purpose Unit following an altercation with another prisoner.[52]

71 Mr De Cotta undertook a counselling session with Kyen on 26 September 2023.

[46] Exhibit 2, tab 1, p 15; tab 1.12(2).
[47] Exhibit 1, tab 17.15; exhibit 2, tab 1, p 5; tab 1.12(3).
[48] Exhibit 1, tab 21, par [53]-[56].
[49] Exhibit 2, tab 1, p 15.
[50] Exhibit 2, tab 1, p 16.
[51] Exhibit 2, tab 1, p 5.
[52] Exhibit 2, tab 1, p 16.

72 During the session Kyen was cooperative and engaged, however he reported having experienced a decline in mood, difficulty sleeping and increased stress.[53] Kyen told Mr De Cotta that he was not yet receiving his prescribed anti-depressant medication.[54]

73 I interpose that a misunderstanding appears to have arisen that Kyen's anti-depressant medication, sertraline, was ceased around this time.

74 Primary records identified by Dr Gunson as part of her review confirm that sertraline was not ceased and Kyen did not miss any doses.[55] It appears likely that Kyen was referring to quetiapine when he mentioned his medication having ceased.

75 Quetiapine is not a medication often prescribed on a long-term basis, particularly in prison, for a variety of reasons.

76 It is apparent that the medication was first prescribed to Kyen during his hospital admission, and not ultimately reviewed, albeit re-prescribed several times subsequently.[56]

77 It was re-prescribed to Kyen by a medical officer with the intention that a psychiatrist consider whether the medication should continue.[57]

78 Kyen remained on ARMS until 10 October 2023, at which time he was assessed and transitioned back to SAMS,[58] and it was recommended that he return to Unit 17.[59]

79 Mr De Cotta was supportive of this approach, given it would ensure that Kyen was still monitored, but also have ready access to counselling sessions through PHS.[60]

80 During the remainder of 2023, Kyen generally presented as neutral and calm, and frequently discussed ongoing relationship issues with TM.[61]

[53] Exhibit 1, tab 21, par [60].
[54] Exhibit 1, tab 21, par [61].
[55] Exhibit 1, tab 26.
[56] Exhibit 1, tab 25, pp 22-23.
[57] Ts 13.
[58] Exhibit 2, tab 1, p 5.
[59] Exhibit 2, tab 1.15(2).
[60] Exhibit 1, tab 21, par [64].
[61] Exhibit 1, tab 21, par [65].

First attendance with Dr Findlay

81 Dr Findlay first met with Kyen on 26 October 2023.[62] Dr Findlay found Kyen to be polite and congenial.[63]

82 During the review, Kyen described his mood as variable on a daily basis, changing in particular with events relating to TM.[64] He reported a deterioration in his mood when had stopped taking quetiapine.[65]

83 Dr Findlay noted that Kyen was euthymic overall, with only mild anxiety evident in relation to situational factors.[66]

84 Dr Findlay identified that Kyen had shown marked improvement on sertraline, despite his not being able to recognise the benefit gained compared to his mental state two months earlier as documented by the psychiatrist at that time.[67]

85 Dr Findlay decided to add melatonin to Kyen's prescribed medications, to assist with sleep architecture, and to otherwise continue his medications unchanged with a suggested review in two months.[68]

86 Despite that recommendation, it is apparent that Dr Findlay did not see Kyen again until February 2024.

87 Dr Findlay noted that during her time working in Casuarina with SFMHS, recall of patients was often very delayed, which impeded assessment of the efficacy of treatment changes.

88 Dr Findlay observed that in Kyen's case, she made recommendations for recall that she thought were achievable, rather than based on clinical need. Dr Findlay noted that that the much longer time frames she recommended for recall in prison (by comparison to what she would have recommended in the community) would often stretch out to even longer times.[69]

[62] Exhibit 1, tab 23, par [38].
[63] Ts 14.
[64] Exhibit 1, tab 23, par [40].
[65] Exhibit 1, tab 23, par [41].
[66] Exhibit 1, tab 23, par [49].
[67] Exhibit 1, tab 23, par [51].
[68] Exhibit 1, tab 23, pars [52]-[53].
[69] Exhibit 1, tab 23, par [28].

89 During her evidence, Dr Findlay noted that she would routinely craft prescriptions and repeats to ensure that there was continuity in medication notwithstanding any delays to the return of patients like Kyen.[70]

Return to ARMS in January 2024

90 According to TM, Kyen called her every day since January 2024, which caused her stress.[71] TM told Kyen not to contact her as much.[72]

91 It was identified on 29 January 2024 that Kyen had made comments over the prison telephone service to TM that he was going to hang himself.[73]

92 As a result, and despite his seeking to downplay the comments, Kyen was placed on high ARMS with hourly observations.[74]

93 A suicide risk assessment was undertaken on 30 January 2024.[75]

94 Kyen was seen by a senior officer, who noted that Kyen appeared open and spoke candidly about his feelings which had prompted the threat of self-harm. Kyen was cooperative and engaged well. He assured the officer that he was not experiencing suicidal ideation and expressed regret about what he had said. It was evident to the senior officer that he was future focused.[76]

95 Kyen was de-escalated to SAMS on the basis of the assessment, and the concern that his remaining on ARMS would be counterproductive.[77]

96 On 1 February 2024, Kyen was moved to a standard cell allocation in Unit 15.[78]

97 He was assessed again in late February 2024, and it was determined that he should remain on SAMS.[79]

[70] Ts 13.
[71] Exhibit 1, tab 7, p 7.
[72] Exhibit 1, tab 7, p 7.
[73] Exhibit 1, tab 7.9; exhibit 2, tab 1.19.
[74] Exhibit 2, tab 1, p 6; tab 1.19.
[75] Exhibit 2, tab 1, p 6.
[76] Exhibit 1, tab 17.8.
[77] Exhibit 2, tab 1, p 6; tabs 1.20 and 1.21.
[78] Exhibit 2, tab 1, p 18; tab 1.4.
[79] Exhibit 1, tab 17.12.

Second attendance with Dr Findlay

98 Dr Findlay met with Kyen again on 28 February 2024. During that meeting Kyen reported that he could still feel reasonably well at times, but that his mood was prone to deterioration based on situational factors relating to TM. He denied any suicidal ideation, plan or intent.[80]

99 Dr Findlay noted that during the review, Kyen was dysphoric, demonstrating more anxiety and distress than at the previous review, with a restricted range of affect or emotional tone.[81]

100 In order to manage issues with his sleep, Dr Findlay, in consultation with Kyen, increased the melatonin dosage and reduced the quetiapine dosage, with the intention of ceasing the latter altogether in two weeks' time.[82]

101 Dr Findlay was conscious of managing the risk of metabolic dysfunction that can be caused by particular types of medication.[83]

102 Dr Findlay's impression was that Kyen's detention and other situational factors were the principal reason for the variability in his mood.

103 She did not consider that Kyen was showing a major depressive disorder.[84]

104 She suggested a review in six weeks or earlier if deterioration was evident.[85]

Return to ARMS in April and May 2024

105 On 9 April 2024, Kyen disclosed to Mr De Cotta that he was experiencing passive thoughts of self-harm relating to ongoing relationship issues, legal issues, and issues with other prisoners.[86]

106 Kyen disclosed that he aborted another suicide attempt in the previous four months, involving a ligature. He said that the period had been a '*dark one*' and that he felt overwhelmed.[87] He was placed on low ARMS.

[80] Exhibit 1, tab 23, pars [57]-[58].
[81] Exhibit 1, tab 23, par [60].
[82] Exhibit 1, tab 23, par [67].
[83] Ts 15.
[84] Ts 16.
[85] Exhibit 1, tab 23, pars [69]-[70].
[86] Exhibit 2, tab 1.24.
[87] Exhibit 1, tab 21, par [68].

107 Mr De Cotta conducted another risk assessment on 17 April 2024, during which, despite an improvement in his mood, Kyen reported that he was '*grieving the loss of his relationship*'.[88]

108 He was transitioned back to SAMS on 24 April 2024.[89]

109 On 9 May 2024, Kyen submitted a request for a review of his medication. During a suicide risk assessment, Kyen denied current thoughts of self-harm, but admitted to ongoing passive suicidality.[90] He expressed feeling depressed and hopeless, and was placed back on ARMS.[91] He expressed concern that his antidepressant might be losing its efficacy.[92]

110 During a risk assessment on 24 May 2024, Kyen advised Mr De Cotta that he had again recently separated from TM, and was experiencing passive suicidality.

111 Mr De Cotta noted that Kyen was demonstrating increased emotional management, but that he was also under many stressors and recommended he remain on low ARMS.[93]

Third and fourth attendances with Dr Findlay

112 Dr Findlay saw Kyen for a third time on 24 May 2024, by which time he had experienced a deterioration in his mental state in the context of recently separating from TM.[94]

113 Dr Findlay considered that he was emotionally '*somewhat raw*' as a result of recent events and stressors.[95]

114 Dr Findlay assessed Kyen as presenting with features of depression including decreased enjoyment, reduced mood most days, low energy levels, poor sleep, increasing feelings of anger, and suicidal ideation with plan which he would not disclose, other than advising that his current plan was '*implausible*'.[96]

[88] Exhibit 1, tab 21, par [70].
[89] Exhibit 2, tab 1, p 6; tab 1.26(2).
[90] Exhibit 2, tab 1, p 20.
[91] Exhibit 1, tab 7, p 11; exhibit 2, tab 1, p 6.
[92] Exhibit 1, tab 7, p 11.
[93] Exhibit 1, tab 21, pars [71]-[72].
[94] Exhibit 1, tab 23, pars [73]-[75].
[95] Ts 18.
[96] Exhibit 1, tab 23, par [78].

115 Dr Findlay recommended that Kyen work through a psychological therapy resource from the Centre for Clinical Interventions dealing with self-compassion, which Kyen was prepared to do, and Dr Findlay liaised with Mr De Cotta about the recommendation.[97]

116 Dr Findlay also discussed current medication levels with Kyen, and made a special request on Kyen's behalf for adjustment of the timing of his melatonin.[98]

117 Dr Findlay saw Kyen again on 30 May 2024, although she is unsure why he was returned so quickly for review.

118 Dr Findlay repeated the request for changes to medication that she had recommended, but was advised by Kyen had yet to be implemented.[99]

119 Dr Findlay's impression that day was, again, of Kyen experiencing demoralisation and grief stemming from his imprisonment, and loss of important relationships.[100]

120 Dr Findlay did note that a positive was that Kyen was showing some internal locus of control in his reflections on how he could self-regulate his feeling states, and at his request he was provided with the remaining modules regarding self-compassion.[101]

121 Kyen's presentation on this occasion contributed to Dr Findlay's impression that lots of the changes in Kyen's mood were as a result of situational factors.[102] Dr Findlay noted that she would not expect to see the kind of improvement within a week if Kyen was suffering a pervasive mood disorder like a major depressive disorder.[103]

122 Dr Findlay, again, requested an ECG given the high dose of sertraline (on the basis that SSRI medication can result in QTc prolongation).[104] Dr Findlay was also mindful that Kyen had a history of methylamphetamine use, which can result in cardiomyopathy or heart changes, and the purpose of the ECG was to obtain a baseline for review about six months.[105]

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[97] Exhibit 1, tab 23, par [85]; ts 19.
[98] Exhibit 1, tab 23, par [86]-[87].
[99] Exhibit 1, tab 23, par [92].
[100] Exhibit 1, tab 23, par [97].
[101] Exhibit 1, tab 23, pars [99]-[100].
[102] Ts 21.
[103] Ts 22.
[104] Exhibit 1, tab 23, par [101].
[105] Ts 21.

Mental healthcare in June to August 2024

123 As of June 2024, Kyen remained on ARMS and continued to grapple with episodes of anxiety.

124 During a risk assessment on 7 June 2024, Kyen advised that an increase in his prescribed medication was having a positive effect on his mood, but that he was still having relationship issues and had scheduled to see TM for a visit on 12 June 2024.[106]

125 As a consequence of this disclosure about the upcoming visit and recognising that Kyen's relationship with TM was his most profound stressor, Mr De Cotta scheduled an appointment with Kyen for a date after the anticipated visit.[107]

126 Mr De Cotta met with Kyen on 12 June 2024 and conducted another risk assessment. Kyen was extremely upset during the session as a consequence of the discussion with TM about the status of their relationship. Kyen advised that he was not having any thoughts of suicide or self-harm, but that he was '*very, very sad*'.

127 As a consequence, Mr De Cotta recommended that Kyen remain on low ARMS.[108]

128 Mr De Cotta met with Kyen again on 21 June 2024.

129 During that session, Kyen reported that his mood had improved, but that he had some bad days. Mr De Cotta spoke to Kyen about transitioning back to SAMS, given his improved functioning, and the absence of suicidal or self-harm thoughts. Kyen agreed with this course,[109] and he was transitioned from ARMS to SAMS on 21 June 2024.[110]

130 Kyen saw Dr Findlay on 28 June 2024. He was seen to be improving in mood, although he was still below euthymic mood (meaning not yet in good spirits) and reactive.

[106] Exhibit 1, tab 21, par [74].
[107] Exhibit 1, tab 21, par [74].
[108] Exhibit 1, tab 21, par [75].
[109] Exhibit 1, tab 21, par [76].
[110] Exhibit 2, tab 1, p 6; tab 1.28(6).

131 Dr Findlay noted that he was beginning to demonstrate further insight into his own feeling states, particularly in relation to anxiety and its connection to previous substance abuse.[111]

132 Dr Findlay was aware that she would be leaving SFMHS soon, and deliberating avoided attempting to unpack any traumatic life events given the potential for possible psychological decomposition in the near term.[112]

133 Dr Findlay considered that Kyen was showing that he could tolerate distress, being a skill promoted in evidence-based therapies to reduce risks of self-harm and suicide.

134 He also reported no medication side effects, was sleeping well and did not have any suicidal ideation, plan or intent.[113]

135 In relation to sleep, Dr Findlay observed that Kyen was having long periods of sleep without significant periods of waking.[114]

136 She also observed that Kyen was demonstrating more resilience, including a capacity to tolerate negative feelings and emotions.[115]

137 Dr Findlay considered that Kyen likely had a primary anxiety disorder, although she considered that a longitudinal assessment was necessary in order to define any such disorder, and other diagnoses like PTSD may have proven more accurate in the fullness of time.

138 Further, Dr Findlay included a diagnosis of Cluster-B personality traits in the notes for the benefit of the next doctor to see Kyen, being traits Dr Findlay considered were evident in Kyen's history and at some reviews.[116]

139 Dr Findlay repeated the request for the ECG.[117]

140 Given Kyen's apparent improvement, Dr Findlay noted for the benefit of the next doctor that they could consider Kyen's potential discharge from Mental Health Services in favour of ongoing work with PHS if the next review should demonstrate his having a stable mental state.[118]

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[111] Exhibit 1, tab 23, pars [107]-[108].
[112] Exhibit 1, tab 23, par [112].
[113] Exhibit 1, tab 23, pars [115]-[117].
[114] Ts 28.
[115] Ts 23.
[116] Exhibit 1, tab 23, pars [123]-[126].
[117] Exhibit 1, tab 23, par [129].
[118] Exhibit 1, tab 23, pars [131]-[132].

141 On 21 August 2024, Kyen expressed to Mr De Cotta during a PHS counselling appointment that he was experiencing some fleeting, passive suicidal thoughts (which lacked specific plan, intent or method) and ongoing issues with TM. Mr De Cotta discussed intervention methods and productive strategies with Kyen around coping.[119]

Incident in September 2024

142 On 12 September 2024, officers conducted a routine cell search of Kyen's cell and found six hidden razors. Kyen strongly denied stealing the razors, stating that he and his cellmate had been given them during the allotted time and staff had not asked for them back.[120]

143 Kyen and his cellmate received a reprimand and warning.[121]

144 There is no evidence in support of an inference that Kyen had secreted the razors in order to self-harm.

Mental healthcare in September and early October 2024

145 Kyen was seen by Dr Kovac on 18 September 2024.[122]

146 Dr Kovac noted the comments made by Dr Findlay, including in relation to Kyen's possible discharge from the service if he had a stable mental state.

147 She considered these comments as a part of her own independent review and assessment.[123]

148 Dr Kovac's review of Kyen demonstrated overall stabilisation from his consultations with Dr Findlay, including decreasing rates of acuity.

149 Kyen advised Dr Kovac that he was better than when he had last seen Dr Findlay in June 2024, specifically that he had less intense ups and downs in his mood and that his background suicidality had decreased.[124]

150 Dr Kovac did not see any evidence of a deteriorating or worsening mood disorder.[125]

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[119] Exhibit 2, tab 1, p 6; tab 1.29(5).
[120] Exhibit 2, tab 1.31.
[121] Exhibit 2, tab 1, p 6.
[122] Exhibit 1, tab 17.19, p 6.
[123] Exhibit 1, tab 24, pars [13]-[14].
[124] Exhibit 1, tab 24, par [30].
[125] Ts 34.

151 Dr Kovac shared Dr Findlay's view that Kyen did not have a persistent, pervasive depressive illness causing his fluctuations in mood.[126]

152 Following assessment, Dr Kovac considered that Kyen demonstrated a chronic elevated risk of self-harm or suicide, but a low acute risk.[127]

153 Dr Kovac observed in her report to the Court that Kyen's personality and Cluster B traits meant he had trouble controlling his emotions in times of stress, creating a chronic risk of suicide due to stressors (primarily his incarceration, and relationship breakdown).[128]

154 Dr Kovac saw no evidence of an acute risk during her assessment.[129]

155 Dr Kovac noted that it can be potentially unhelpful for patients with a chronically elevated risk of suicide secondary to personality structure to be persistently or closely monitored, including because it can reduce the person's own coping mechanisms.[130]

156 Given her assessment and where Kyen was not acutely unwell, Dr Kovac considered it appropriate that Kyen be discharged from the service.

157 In her decision to discharge, Dr Kovac was cognisant of Kyen's ongoing relationship with PHS (including the duration of his therapeutic relationship with Mr De Cotta) and that he remained under SAMS.[131]

158 Dr Kovac's treatment plan also included the suggestion of re-referral to the MHT if there were significant mood deterioration, increasing symptoms of depression, or self-harm or suicidality.[132]

159 I infer that Dr Kovac was satisfied that this pathway ensured further safety netting, given her observation from the available notes that Kyen had a history of seeking help and placing requests to engage with primary health doctors, PHS and psychological services in the person when he felt they were required.[133]

[126] Ts 39.
[127] Exhibit 1, tab 24, par [38].
[128] Exhibit 1, tab 24, par [26].
[129] Ts 36.
[130] Exhibit 1, tab 24, par [40].
[131] Exhibit 1, tab 24, pars [45]-[49].
[132] Exhibit 1, tab 17.19, p 7.
[133] Exhibit 1, tab 24, par [51].

160 As Dr Kovac explained at the inquest, Kyen had demonstrated an ability to advocate for himself, and be open at times when he needed assistance. Dr Kovac considered that this was very encouraging.[134]

161 On 25 September 2024, a case conference recommended that Kyen remain on SAMS, due to stressors relating to his relationship issues, upcoming court appearances and potential extended sentence.

162 Kyen denied suicidal ideation, but reported ongoing struggles with feelings of hopelessness.[135]

163 On 4 October 2024, Kyen met with Mr De Cotta and reported that TM had commenced a new relationship, and that he was concerned she was struggling to establish clear boundaries.

164 Kyen said that it seemed to him that she '*wanted the best of both worlds*'.[136] He expressed that he was agitated, and it had taken him a couple of days to return to a calm state.

165 Mr De Cotta recorded that this may indicate progress, in that Kyen had been able to self-soothe and regain composure more quickly that he had in the past.

166 Kyen was recommended to have ongoing counselling to help navigate his legal and relationship stressors.[137]

167 Mr De Cotta's impression was that Kyen was '*future-focused*' and in a euthymic and stable mood.[138]

168 Mr De Cotta cannot recall if the future visit with TM was raised during this session.[139] I consider it unlikely, given the evidence of Mr De Cotta's approach to pre-arranging counselling sessions upon becoming aware of a future visit. However, Mr De Cotta noted that whether he would do so might also depend on what issues Kyen identified he planned to raise or discuss at his social visits.[140]

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[134] Ts 36.
[135] Exhibit 2, tab 1, p 23; tab 1.35.
[136] Exhibit 2, tab 1, p 23.
[137] Exhibit 2, tab 1, p 23; tab 1.36.
[138] Exhibit 1, tab 21, par [82].
[139] Ts 87.
[140] Ts 88.

169 In any event, it is clear that during this session Kyen did not present with any suicidal ideation or thoughts of self-harm.[141]

170 The SAMS log entry from later that day indicates that Kyen was in good spirits, and when spoken to stated that he was going well.[142]

171 The SAMS log entry for 5 October 2024 records that Kyen appeared to be in good spirits, joking with staff and other prisoners alike.[143]

172 The SAMS log entry for 6 October 2024 records that when spoken to, Kyen advised that he was travelling well, maintained eye contact and appeared to be in a good mood.[144]

173 The SAMS log entry for 7 October 2024 records that Kyen presented in good spirits that day, and did not raise any issues or concerns with staff.[145]

174 The SAMS log entry for 8 October 2024 records that Kyen appeared to be in good spirits that day, and was engaged in exercise.[146]

Events on 9 October 2024

Visit with TM, and subsequent action taken by prison staff

175 TM visited Kyen at Casuarina on 9 October 2024. CCTV footage indicates that the visit lasted about an hour.[147]

176 TM reinforced with Kyen that she did not want him to contact her as much as he had been. TM told Kyen that if he were released from prison, she would end her current relationship to be with him, however, she appears to have been mindful of the possibility of Kyen being imprisoned for a period of time.[148]

177 TM and Kyen were emotional during the visit,[149] and visibly upset.[150]

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[141] Ts 88.
[142] Exhibit 2, tab 1.48, p 12.
[143] Exhibit 2, tab 1.48, p 12.
[144] Exhibit 2, tab 1.48, p 12.
[145] Exhibit 2, tab 1.48, p 12.
[146] Exhibit 2, tab 1.48, p 12.
[147] Exhibit 2, tab 1, p 24.
[148] Exhibit 1, tab 7, p 7.
[149] Exhibit 1, tab 12, p 2.
[150] Exhibit 2, tab 1, p 24.

178 Kyen did not threaten suicide or self-harm on this occasion, unlike prior to the incident in 2023 when he had expressed an intention to self-harm to TM before acting on that stated intention.[151]

179 TM observed that Kyen was quiet and reserved at the end of the visit, so she spoke with a prison officer to raise her concerns.[152]

180 CCTV footage demonstrates that TM spoke with a prisoner officer directly after the visit, and the prison officer escorted her to the corridor where she had a further conversation with Ms Herd.[153]

181 Ms Herd knew Kyen, as she was ordinarily assigned duties as a prisoner officer in Unit 15[154] and had many interactions with him.[155]

182 Ms Herd was aware that Kyen had made a previous attempt on his life.[156] She also understood Kyen and TM to have separated and reconciled on a regular basis.[157]

183 Ms Herd created a record of her actions on the Total Offender Management Solution (**TOMS**) system at 12.42 pm that day.[158]

184 Ms Herd created the note in the 'Offender Notes' section of TOMS in order to document her interaction with TM and her actions afterward.[159]

185 Given the contemporaneous nature of the record, I consider it the best evidence of what occurred.

186 According to Ms Herd's record:

(a) Kyen was visibly upset during the visit with TM;[160]

(b) after the visit, TM advised that she had broken off the relationship with Kyen, and she was worried about his wellbeing;

[151] Exhibit 1, tab 12, p 2.
[152] Exhibit 1, tab 7, p 7; tab 12, p 2.
[153] Exhibit 2, tab 1, p 24.
[154] Exhibit 1, tab 20, par [6].
[155] Exhibit 1, tab 20, par [8].
[156] Exhibit 1, tab 20, par [10].
[157] Exhibit 1, tab 20, par [28].
[158] Exhibit 2, tab 1, p 7.
[159] Exhibit 1, tab 20, par [26].
[160] I note that in her witness statement, Officer Herd observed that Kyen was not visibly emotional at the end of his visit with TM, but that TM was crying: exhibit 1, tab 20, par [20].

(c) TM requested that he not be placed on ARMS; and

(d) Ms Herd immediately advised Mr Seaward.[161]

187 Mr Seaward was acting in the role of senior officer for Unit 15 on that date. He had not received any formal training for that specific role prior to his acting in the position.[162]

188 Casuarina was also operating on an adaptive regime on that day due to significant staffing shortfalls.[163]

189 During the PAR investigation, Mr Seaward stated that Ms Herd called him while he was in the control room at Unit 15, and he told Ms Herd that staff in Unit 15 would chat with Kyen when he got back from the visits area.[164]

190 Mr Seaward then advised a group of officers that were with him in the control room at the time that Kyen had not had a good visit and that they needed to keep an eye on him.[165]

191 Mr Seaward acknowledged that not all staff on duty in Unit 15 were in the control room at the time, but those that were present were told that he had had a bad visit and to just touch base with him.[166]

192 Mr Seaward did not seek out Kyen immediately, including given other duties, but he did seek out and speak to the officer who had escorted Kyen back to Unit 15.

193 The escorting officer advised Mr Seaward that he and Kyen had had a conversation that was unrelated to the visit, and that Kyen did not appear distraught or teary.[167]

194 Based on Mr Seaward's evidence, I infer that the escorting officer would have been with Kyen for more than five minutes during the return from the visits area to Unit 15.[168]

[161] Exhibit 2, tab 1, p 24-25; tab 1.42.
[162] Exhibit 2, tab 1, p 8.
[163] Exhibit 2, tab 1, p 24; tab 1.38.
[164] Exhibit 2, tab 1.47, par [31].
[165] Exhibit 2, tab 1.,47, par [31].
[166] Ts 45.
[167] Ts 46.
[168] Ts 46.

195 Mr Seaward was aware that Kyen was on SAMS,[169] but was not otherwise aware of Kyen's history on ARMS and his usual stressors.[170]

196 Mr Seaward knew Kyen to hold an entrusted position within Unit 15, and that he had a good rapport with all staff.[171]

Kyen's subsequent interactions with other prisoners and staff

197 CCTV footage depicts Kyen returning to Unit 15 at 11.25 am.[172]

198 According to his cellmate, Kyen was upset after being told by TM that she wanted to end their relationship, but that he did not wish to discuss it any further.[173] He appeared very sad, almost crying.[174]

199 According to Prisoner SF, Kyen was quieter than usual but never mentioned anything to him about an intention to self-harm.[175]

200 Kyen participated in the lunch muster, before being secured in his cell.[176]

201 Later that day, Kyen and his cellmate made plans to play rugby the following day at 7.30 am. They wanted to start early because it was predicted to be a hot day.[177]

202 Mr Seaward recalls seeing Kyen at muster. He did not appear, outwardly, to be dejected or down.[178] He was not observed to be teary, or avoiding eye contact.[179]

203 The wing officer participating in the count did not report any issues or concerns for Kyen to Mr Seaward following the muster.[180]

204 Mr Seaward recalls seeing Kyen working in the lobby that afternoon prior to final lockup, at about 5.00 pm.[181]

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[169] Exhibit 2, tab 1.47, par [21]; ts 44.
[170] Exhibit 2, tab 1, p 25; tab 1.47, par [23].
[171] Exhibit 2, tab 1.47, par [20].
[172] Exhibit 2, tab 1, p 7.
[173] Exhibit 1, tab 7, p 6.
[174] Exhibit 1, tab 13, par [16].
[175] Exhibit 1, tab 7, p 6; tab 11, p 1.
[176] Exhibit 2, tab 1, p 7.
[177] Exhibit 1, tab 13, par [18].
[178] Exhibit 2, tab 1.47, par [33].
[179] Ts 50.
[180] Ts 58.
[181] Ts 47.

205 Mr Seaward asked how he was going and Kyen replied, '*all good*'. Mr Seaward considered the response to be significant, in the sense that prisoners were generally reluctant to talk to prison officers, but Kyen was willing to engage.[182]

206 Mr Seaward recalls that Kyen's demeanour in the afternoon was '*good*' and that he gave '*no indication at all that he was not in a good space*'.[183] Mr Seaward recalls that Kyen appeared to be his usual self, interacting with staff that were there.[184]

207 A SAMS entry log from 4.20 pm made by another prison officer records that Kyen was laughing and joking with staff, and completing his cleaning duties.[185]

208 The officer did not convey any concerns to Mr Seaward.[186]

209 The SAMS entry log indicates that Kyen says that he had had a visit today which was '*successful*'.[187]

210 At the inquest, Mr Seaward explained that in this context a '*successful*' visit can meet that the visit occurred (rather than a comment on the quality or outcome of the visit itself).[188]

211 Ms Palmer confirmed her understanding was the same.[189]

212 Given this evidence, I find that the officer used the term successful to describe that the visit had proceeded, and that this was not a term used by Kyen to describe the quality of the visit.

213 That is the last entry in the SAMS log.[190]

214 Mr Seaward checked the SAMS log at the end of his shift as senior officer within Unit 15, as required.

[182] Exhibit 2, tab 1.47, par [26].
[183] Exhibit 2, tab 1.47, par [27].
[184] Ts 49.
[185] Exhibit 2, tab 1, p 7.
[186] Exhibit 2, tab 1.47, par [33].
[187] Exhibit 2, tab 1.48, p 12.
[188] Ts 61.
[189] Ts 130.
[190] Exhibit 2, tab 1, p 26.

215 He did not consider that the entries in the log identified anything that required him to follow up with Kyen, or to raise a need to escalate Kyen to ARMS.[191]

Events on 10 October 2024

216 In the morning of 10 October, Kyen and his cellmate were unable to play rugby, due to the wing being understaffed and locked down.[192]

217 Kyen went outside their cell a few times in the morning.

218 Ms Herd recalls seeing Kyen on the morning of 10 October 2024, when she was in the control room and Kyen approached the window to ask her about something. According to Ms Herd, Kyen seemed '*perfectly normal*', and she did not identify any visible signs of distress.[193]

219 In the afternoon, Kyen was asleep on his bed while his cellmate watched a television show.[194] It was not unusual for Kyen to take a nap.[195]

220 Kyen was last seen alive by prison staff at about 3.30pm, at muster, standing outside his cell.[196] CCTV footage depicts Kyen talking, laughing and interacting with other prisoners.[197]

221 According to his cellmate, Kyen seemed his normal self. After muster, Kyen's cellmate left for his kitchen duties. Kyen was still standing near the door of their cell when he left, with a few other prisoners around.[198]

222 Prior to dinner, Prisoner SF approached Kyen to see if he had a chocolate bar. Kyen said he did not have one.[199] CCTV footage confirms that no one else entered the cell after this time, prior to the return of Kyen's cellmate.

223 At about 4.00 pm, Kyen's cellmate went to their cell to use the toilet and saw that a towel had been placed over the cell door.

[191] Ts 48.
[192] Exhibit 1, tab 13, par [19].
[193] Exhibit 1, tab 20, par [30].
[194] Exhibit 1, tab 13, par [21].
[195] Exhibit 1, tab 13, par [22].
[196] Exhibit 1, tab 7, p 2.
[197] Exhibit 2, tab 1, pp 7, 26-27.
[198] Exhibit 1, tab 13, par [24].
[199] Exhibit 1, tab 11, p 1.

224 Kyen's cellmate took this as an indication that Kyen was inside, likely using the toilet, and not to enter until the towel was removed. He went back to the kitchen.[200]

225 Prisoner SF also saw the towel over Kyen's cell door after returning from dinner, which he also said was common if someone was using the toilet.[201]

226 At about 4.35 pm, Kyen's cellmate returned to their cell, and observed that the towel was still in place.

227 Kyen's cellmate opened the door, which was difficult to move.[202]

228 As he pulled the door open, Kyen's body fell backwards from inside the door into the area outside the cell. The back of Kyen's head hit the floor.[203]

229 The fall caused a laceration to Kyen's head, about three centimetres in length.[204]

230 Kyen's cellmate observed that there was something white in colour around his neck. He was deeply upset and began cursing aloud,[205] which alerted other prisoners who shouted for staff to attend.[206]

231 Prisoner SF heard the commotion, and went to the cell, and attempted to remove the ligature as officers arrived.[207]

Emergency response and subsequent investigations

232 A prison officer conducting the medication round in the wing heard a prisoner shout out, and he went to where he could hear the commotion coming from, ordering prisoners to return to their cells.[208]

233 The officer called a code red,[209] and started rescue breaths until nurses arrived and took over CPR. He continued with chest compressions.[210]

[200] Exhibit 1, tab 7, p 2; tab 13, par [26].
[201] Exhibit 1, tab 11, p 2.
[202] Exhibit 1, tab 13, par [31].
[203] Exhibit 1, tab 7, p 6.
[204] Exhibit 1, tab 9.1, p 1.
[205] Exhibit 1, tab 13, par [35].
[206] Exhibit 1, tab 7, p 6.
[207] Exhibit 1, tab 7, p 7.
[208] Exhibit 1, tab 7, p 8.
[209] Exhibit 1, tab 10, p 3; exhibit 2, tab 1, pp 7, 27.
[210] Exhibit 1, tab 7, p 8.

234 A radio call was made requesting an ambulance.[211] Records indicate an ambulance was called at 4.44 pm.[212]

235 A prison doctor attended and coordinated care until ambulance officers arrived.[213] Ambulance officers arrived at 4.55 pm,[214] and took over resuscitation efforts with the assistance of prison health staff.

236 After about half an hour, the decision was made to transport Kyen to hospital, including due to his young age and previous good health.

237 Resuscitation efforts continued enroute to FSH.[215]

238 At FSH, resuscitation efforts continued from 5.52 pm. Kyen was intubated, and further adrenaline was administered.

239 Despite attempts, there was no signs of cardiac activity, and CPR was ceased.[216]

240 Kyen was declared deceased at FSH at 6.02 pm on 10 October 2024.[217]

241 Police officers from the Homicide and Coronial Investigation Squads formed the view on the available evidence that there were no suspicious circumstances or evidence of third-party involvement in Kyen's death.[218]

242 Police searching Kyen's cell identified further ligatures under Kyen's mattress, which appeared to have been made from a bed sheet. [219]

243 The Department's PAR investigation resulted in three findings that were identified as opportunities for improvement, namely:

(a) the missed opportunity to note the potential cumulative impact of stressors on Kyen;

(b) the fact that a SAMS supervision log or offender note entry was not made by Mr Seaward after he was advised by Ms Herd about the concern for Kyen's wellbeing; and

[211] Exhibit 2, tab 1, p 28.
[212] Exhibit 1, tab 7, p 3; tab 18.
[213] Exhibit 1, tab 7, p 9.
[214] Exhibit 1, tab 18.1, p 1.
[215] Exhibit 1, tab 7, p 3.
[216] Exhibit 1, tab 14.
[217] Exhibit 1, tab 2.
[218] Exhibit 1, tab 7, p 4, tab 8, p 3; tab 9.2, p 5.
[219] Exhibit 1, tab 7, p 3.

(c) the fact that Mr Seaward had not been provided any formal training to assist him with critical decision making.[220]

244 The review otherwise concluded that Kyen's supervision, treatment and care while in custody were generally in accordance with the Department's policies and procedures, and that the emergency response was prompt and the CPR performed was of a good quality.[221]

245 I accept the former, and have specifically addressed the latter in greater detail below.

Cause and manner of death

246 Forensic pathologists conducted a post mortem examination, including CT scan, on 15 October 2024.

247 The pathologists identified a ligature mark on the neck, underlying focal intramuscular haemorrhage and soft tissue haemorrhage around the left greater hyoid of the hyoid bone, and a laceration on the posterior scalp (as described in the report from police).[222]

248 There was no underlying natural disease, suspicious injuries, or injuries inconsistent with any information provided to the pathologists.[223]

249 Histological examination of the soft tissue injuries to the neck and right posterosuperior aspect of the scale showed fresh haemorrhage, without an associated inflammatory reaction, in keeping with acute injuries.

250 Histological examination of the major organs showed no significant abnormality.[224]

251 Toxicological analysis of a post mortem blood sample detected non-toxic concentrations of sertraline (and its metabolite desmethylsertraline), along with quetiapine. Alcohol and common drugs were not detected.[225]

[220] Exhibit 2, tab 1, p 8.
[221] Exhibit 2, tab 1, p 8.
[222] Exhibit 1, tab 5.
[223] Exhibit 1, tab 5.1, p 1.
[224] Exhibit 1, tab 5.2, p 2.
[225] Exhibit 1, tab 6.

252 Following their analysis of these results, the pathologists formed the opinion that the cause of death was ligature compression of the neck (hanging).[226]

253 I respectfully agree with and adopt that conclusion as my finding for the purposes of s 25(1)(c) of the Act.

254 Based on the available evidence, I find that at some time between 3.30 pm and 4.30 pm, Kyen hanged himself using part of a bed sheet.

255 In those circumstances, for the purposes of s 25(1)(b) of the Act, I find that Kyen's death occurred by way of suicide.

Treatment, supervision, and care of Kyen while in custody

Was the mental health care provided to Kyen adequate?

256 On the basis of the above findings of fact, I find that the mental health care provided to Kyen while he was in Casuarina, particularly in 2024, was of a good quality and was consistent.

257 I accept that by October 2024, as submitted by his family, Kyen was a person with a well-documented history of vulnerability to self-harm.[227]

258 However, it is apparent that this vulnerability was well-recognised by the psychiatric, medical, and counselling staff involved in Kyen's care, and that attempts were made, over a significant period of time, to address both the physical symptoms and the underlying psychological causes.

259 As Mr De Cotta appropriately noted, the work done by medical and counselling staff was reflective of the effort that Kyen himself applied to improving his own mental health.

260 The evidence is clear that he was motivated to improve his own mental health, including by accessing and using the resources made available to him.[228]

261 It is critical that the quality and trajectory of Kyen's mental health care while in custody be assessed holistically, and without undue emphasis on the manner of his death.

[226] Exhibit 1, tab 5.2, p 1.
[227] Submissions on behalf of Kyen's family, par [2.1].
[228] Ts 88.

262 In my view, it is apparent that Kyen experienced improvement, generally, in his mood and mental health during his time in custody.

263 I find this was particularly over the course of the year during which he was engaged in treatment with Mr De Cotta and Dr Findlay.[229]

264 I agree with Dr Kovac's assessment that Kyen received a very high level of care from Dr Findlay, and was very well supported by the PHS and that that service was the '*best place for him*'.[230]

265 It is clear that Kyen's psychological treatment with Mr De Cotta was what was required to try and assist him to be able to better manage his great difficulties tolerating daily ups and downs.[231]

266 It was clear from the documentary and oral evidence that Mr De Cotta enjoyed an excellent rapport with Kyen.[232]

267 The number of counselling sessions Mr De Cotta performed with Kyen was about five times the usual number of sessions, and was reflective not just of the risk that Kyen presented, as demonstrated by his initial suicide attempt,[233] but by the level of ongoing trust that had been established.

268 I infer, from the length and regularity of his engagement with Mr De Cotta including sessions booked at his request, and from the apparent signs of improvement in management of his own mood, that Kyen found these counselling sessions to be a helpful, constructive and therapeutic.

269 It was also clear from the evidence that Mr De Cotta acted pro-actively and pre-emptively – both in terms of escalating Kyen to more rigorous supervision when it was warranted, but also by building in counselling sessions ahead of time if he perceived there were upcoming periods of greater risk (including to perform an *ad hoc* risk assessment).[234]

270 This, in my experience in this jurisdiction, is an extraordinary approach for which Mr De Cotta is to be highly commended.

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[229] Ts 87-88.
[230] Ts 34.
[231] Ts 39.
[232] Ts 69.
[233] Ts 70.
[234] Ts 82.

271 Kyen's intense low moods were very likely a consequence of his Cluster B personality structure,[235] and I accept that the gold-standard treatment, being dialectical behavioural therapy is very hard to access in the community, let alone in prison.[236]

272 I accept that Mr De Cotta sought to implement parts of this methodology where he could, and it is apparent that Dr Findlay accessed and shared relevant resources with Kyen, in consultation with Mr De Cotta.

273 Notwithstanding the above, I consider that there were aspects of Kyen's mental health care which were not well managed, or were not reflective of the standard that would be expected in a community setting.

274 The most apparent is the response to Kyen's request for psychiatric or psychological assistance in late May 2023.

275 I am not in a position to reach any conclusion as to whether any intervention after 27 May 2023 and before 3 June 2023 would have averted Kyen's attempt at suicide.

276 However, it is plain, even without the benefit of hindsight, that more could reasonably have been done in response to Kyen's request for help.

277 The receipt of the request could easily have addressed by (if not a welfare check being conducted as had been recommended) a phone call from triaging staff to the unit to identify if there was any reason for particular concern. Dr Gunson agreed that such an approach would be prudent, although recognising that any clinician may have any number of competing requests to address.[237]

278 I note that TM had requested a welfare check before this time, and Kyen had disclosed his history of mental health issues during intake, so there was a basis for greater concern and curiosity by staff.

279 Also, it would plainly have been preferable that Kyen's request for psychiatric or psychological assistance be at least acknowledged in some way, where Kyen was otherwise likely unaware that the request had been received and triaged, or that he was on any kind of waitlist.

[235] Ts 25.
[236] Ts 37.
[237] Ts 106.

280 I accept that staff are constrained by resources and that Kyen may have been triaged accurately based on what was known to staff at the time, however there is a clear need for those proactively attempting to access mental health services to be at least acknowledged.

281 I accept the submission by the Department, in this context, that there is a significant demand for psychological services at Casuarina, with a growing muster that has outpaced hiring of staff.[238]

282 I also accept that the triage processes are designed to prioritise need and mitigate risk to prisoners, and that there are ongoing attempts to reduce backlog, improve service delivery and add clinical resources.

283 In terms of his psychiatric care, I empathise with Dr Findlay's observation that she felt like she was being asked to do the impossible within the custodial setting.[239]

284 I accept that as a consequence of the location, Dr Findlay had less time with Kyen,[240] and that she was unable to recall Kyen as soon as she would have if she had been treating him in the community.

285 I accept that these features are not ideal, but I was not able to identify any evidence that these issues were particularly deleterious in Kyen's case.

286 They are systemic issues that should not be overlooked or ignored, but they are not matters that result in my considering that Kyen's mental health care was compromised in a material way.

287 As is often the case, staff like Dr Findlay were cognisant of these weaknesses and did their best to work within that system.

288 I note that despite her repeated requests, an ECG was not performed on Kyen as Dr Findlay had intended.

289 Dr Gunson properly acknowledged that the performance of the ECG would have been best practice, and although not essential, would have been informative information to hold as a baseline study in the event Kyen's medications changed in future.[241]

[238] Submissions on behalf of the Department, par [18].
[239] Ts 27.
[240] Ts 38.
[241] Exhibit 1, tab 25, p 21.

290 Dr Gunson's review also observed the non-adherence with policy regarding prisoners with pre-existing health conditions being booked for a medical appointment upon arrival.[242]

291 I accept that the repeated re-scheduling of Kyen's admission assessment was not ideal,[243] but find that it did not have a material bearing on the management of his physical health.

292 To the extent any rescheduling was the result of the prison population and clinician staffing levels, those matters are a known issue which the Department is seeking to address.[244]

What did prison staff know about Kyen's mental state on 9 October 2024?

293 It is important to distinguish between the knowledge that officers who interacted with Kyen on 9 October 2024 had as to his mental state, and his level of risk of self-harm, as opposed to what information was available to prison staff generally regarding the same.

294 Ms Herd was aware that Kyen was being managed on SAMS, and I infer, given her knowledge of Kyen's relationship history, that she was also aware that Kyen's mood was frequently affected by changes in his relationship with TM. It is not clear if Ms Herd was aware of Kyen's previous suicide attempt in 2023, or what had precipitated it. It is clear that Ms Herd was aware, by virtue of having spoken with TM, that Kyen had been upset during the visit and that TM had ended their relationship.

295 Ms Herd did not have any opportunity to engage with Kyen before he was escorted back to Unit 15.[245] I accept Ms Palmer's evidence that the evidence discloses that by the time Ms Herd had spoken with the ex-partner, Kyen was already returning to the unit.[246]

296 Given where she was located and her duties, I accept that Ms Herd was not in a position to be able to speak with Kyen, either at that time or later that day, nor was she able to perform any kind of direct risk assessment for the purposes of determining whether Kyen should be escalated to supervision on ARMS.

[242] Ts 100-101.
[243] Exhibit 1, tab 25, pp 18-19.
[244] Exhibit 1, tab 25, p 19; ts 104-105; ts 161-162.
[245] Exhibit 1, tab 20, pars [25], [27].
[246] Ts 133.

297 Mr Seaward was aware that Kyen was being managed on SAMS, and that he had been visibly upset during his visit with TM. He was not aware of Kyen's history on ARMS or his known risk factors.[247]

298 I accept that the escort officer advised Mr Seaward that Kyen did not appear to be visibly upset during the return to Unit 15, and that on the basis of his own observations of Kyen later on 9 October, Kyen appeared to be his usual self.

299 I also accept that the entry in the SAMS log would not have caused Mr Seaward any concern or reason to doubt the accuracy of his own observations of Kyen earlier that day.

300 The actual knowledge of Ms Herd and Mr Seaward is to be contrasted with the information that was available to the Department, generally, as of 9 October 2024, namely:

(a) it was known that Kyen's attempted suicide in June 2023 related to issues in his relationship with TM;

(b) Kyen had been escalated to high ARMS on 29 January 2024, after it was identified that he had threatened to self-harm during a phone call with TM;

(c) Kyen routinely disclosed to Mr De Cotta passive thoughts of self-harm in relation to ongoing relationship issues (for example, 9 April 2024 and 21 August 2024); and

(d) Kyen's 'main stressor' while at Casuarina Prison was his '*turbulent and emotionally unhealthy romantic relationship*'.

301 As a consequence, I accept the submission by Kyen's family that by October 2024, Kyen was a person with a well-documented history of vulnerability to self-harm.[248]

302 It is clear that this history was not known to Mr Seaward, and there is no basis to conclude that it would have been easily identifiable by Mr Seaward had he had sufficient cause to interrogate systems including TOMS, putting aside the fact that he was acting as a senior officer in an understaffed unit during an adaptive regime.[249]

[247] Ts 52.
[248] Submissions on behalf of Kyen's family, par [2.1].
[249] Ts 55.

303 In its submissions to the Court, the Department submitted that resources, workload pressures and operational realities impact upon the ability and time for staff to prioritise the documenting of risk information in respect to prisoners.[250]

304 I am prepared to accept that submission as a general proposition, but this was not a case of a transient or nebulous risk but, as is clear from the evidence, a discernible, significant risk in relation to a prisoner who was frequently managed on ARMS and SAMS.

305 I do not consider that the effort required to identify this stressor in a more readily discernible way for the benefit of busy and acting staff like Mr Seaward, who were not as involved in his management at the time, would have been difficult or unduly onerous.

What actions were taken on 9 and 10 October 2024, given their knowledge?

306 I note that TM expressed concern to investigating police that prison authorities did not provide sufficient supervision after she had raised her concerns about Kyen.[251]

307 As identified above, Ms Herd did not have any opportunity to speak with Kyen before he was escorted back to Unit 15.

308 She took the step of communicating what she had been told directly to Mr Seaward. That was appropriate, and there is no reason to doubt that she gave an accurate report of what she had observed and been told.

309 I note that Ms Herd recorded her observations and actions in the 'Offender Notes' portion of TOMS.

310 I accept Mr Brampton's evidence that it would have been preferable, in this instance, for the note to have been made in the SAMS log[252] in circumstances where Ms Herd was aware that Kyen was being managed on SAMS.[253]

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[250] Submissions on behalf of the Department, par [4].
[251] Exhibit 1, tab 9.2, p 2.
[252] Ts 153.
[253] I acknowledge the alternative view (at pars [13]-[14] of the Department's submissions), following consultation with the Suicide Prevention Governance Unit, that the Offender Notes may have been a more useful place to record the information. In this instance, it was clear that Ms Herd was aware that Kyen was being managed on SAMS, and I anticipate that information contained on the SAMS log would have been more useful to staff conducting checks according to that system.

311 This would have enabled other officers, including the officer who conducted the SAMS check later on 9 October 2024 to be aware of what Ms Herd had observed and been told in relation to Kyen's visit.

312 This information may have presented that officer with an opportunity to gauge how Kyen was feeling about the visit later in the day (at a time when he was, according to all accounts, presently outwardly as being in a positive mood).

313 I anticipate that it may also have been more readily identifiable by someone involved in Kyen's ongoing care, like Mr De Cotta.

314 None of the above should be interpreted as a criticism of Ms Herd, who took direct action to ensure that relevant information was relayed to responsible staff in a timely way.

315 As identified above, I find that upon receiving the information from Ms Herd, Mr Seaward relayed the information to other staff in the vicinity, and followed up with the escorts officer to determine how Kyen was presenting after the visit.

316 I am satisfied that Mr Seaward's response was adequate, based on the information known to him and the other responsibilities imposed upon him as acting senior officer in a unit subject to an adaptive regime (Unit 15 already being a unit subject to additional requirements regarding the escort of prisoners which meant availability of staff was limited).[254]

317 I note that Kyen's family submit that the inherent risk in the events of 9 October 2024 was '*not fully appreciated or acted upon*'.[255] I am prepared to accept the former, but not the latter in such direct terms, for the reasons articulated above.

318 Further, I do not consider that it can be said with certainty that even had the information at par [300] been known to Mr Seaward at the relevant time, further action would have been taken had Kyen continued to present in the manner he apparently did.

319 I anticipate that Mr Seaward would have been confronted with a difficult decision as to whether to escalate Kyen to ARMS. He would have been required to reconcile the historical information regarding Kyen's known risk against the fact that he was presenting well, outwardly.

[254] Ts 150.
[255] Submissions on behalf of Kyen's family, par [5.7].

320 As identified by witnesses including Dr Kovac, there is a need to be cognisant that structures that are in place to mitigate risk can increase risk if not judiciously applied.

321 I also note that TM had specifically requested that Kyen not be escalated to ARMS. The evidence suggests that Mr Seaward was unaware of this fact. Even had Mr Seaward known, it was clear from the evidence that such requests are considered by staff, but are in no way determinative.[256]

322 Nonetheless, I expect that had that information been relayed to Mr Seaward, the balancing exercise would have been further complicated.

323 It is necessarily speculative, but I anticipate that had Mr Seaward been aware of the information at par [300], there might have been an impetus to either involve Mr De Cotta or recommend Kyen speak with him. I consider that an urgent referral to PHS is the more likely outcome that would have eventuated had the significance of the visit and the emotional turmoil been appreciated in the historical context.

Should Kyen have been placed on ARMS?

324 At the inquest, Mr Seaward confirmed that he did not consider escalating Kyen to ARMS at the relevant time.[257]

325 I find that approach to be defensible based on Mr Seaward's knowledge, his observations of Kyen, and how Kyen was presenting and interacting with him and others. [258]

326 I accept Mr Seaward's evidence that he would have no hesitation in considering escalation to ARMS for a prisoner who is distraught, teary or acting out in anger or upset,[259] and would have done the same in relation to Kyen had he demonstrated any of those signs.[260]

327 I accept that Mr Seaward got on well with Kyen.[261] I consider this has significance, because it provides me comfort that Mr Seaward was in a position to identify if there were any radical changes in the way Kyen was presenting later on 9 October.[262]

[256] Ts 48.
[257] Ts 47.
[258] Ts 47.
[259] Ts 51.
[260] Ts 52.
[261] Ts 50.
[262] Ts 50.

328 I accept the submission by Kyen's family that the absence of clear documentation of Kyen's risk factors inevitably affected the ability of custodial staff like Mr Seaward being able to undertake a fully informed risk assessment.[263]

329 As identified above, the question remains whether Mr Seaward's thinking or deliberation would have been different had he had a greater awareness about Kyen's particular stressors, and the kinds of events that had caused marked deterioration on previous occasions.

330 Mr Seaward accepted that it likely would have had an impact,[264] however did not go as far as to say – putting aside the benefit of hindsight – that he would have placed Kyen on ARMS. Mr Seaward's evidence was that, upon reflection, he was not able to think of anything that would have made him do anything differently.[265]

331 Again, I consider that position to be reasonable, where Mr Seaward had a good understanding of his ability to place on ARMS in different circumstances and adopting different approaches depending on risk.[266]

332 The above conclusions should not be taken as tolerance of the fact that pertinent, highly relevant, information regarding Kyen's known risk profile was not capable of being readily identified by Mr Seaward. The fact that the outcome of Mr Seaward's risk assessment may have not changed does not mean that such information is superfluous – it remains highly relevant and needs to be identifiable.

333 I return to that issue in the context of recommendations, below.

Quality of the emergency response

334 Dr Gunson observed that resuscitation in a cardiac arrest following an out-of-hospital hanging is only very rarely successful.

335 She noted that the survival rate is less than 10%.

336 I accept and adopt her conclusion.

[263] Submissions on behalf of Kyen's family, par [5.1].
[264] Ts 52,
[265] Exhibit 2, tab 1.47, par [37].
[266] Exhibit 2, tab 47, pars [11]-[13].

337 The fact that attending staff were able to obtain a brief return of cardiac activity after sustained resuscitation demonstrates that the emergency management was of a high quality and maximised Kyen's chance of survival.[267]

338 There was no delay in the provision of emergency care upon Kyen being discovered by his cellmate.

Were prison staff aware of the other ligatures (or should they have been)?

339 The PAR investigation indicates Kyen was subject to regular cell and personal searches with nil items found on each search,[268] save the for the razors located in September.

340 I am satisfied that Kyen's cell was searched according to current policies, and otherwise agree with the PAR review that Kyen was supervised according to Departmental policies and his supervision was adequate.

341 I do not consider that there is any evidence to suggest that Kyen's cell ought to have searched at some earlier time, to the extent such a search may have detected the ligatures which Kyen appears to have created at some time (potentially as late as the day of his death) and secreted under his mattress.

342 I also accept Ms Palmer's evidence that increases in cell searches, either due to a perception of increased risk or as a consequence of finding contraband on an earlier occasion, have a potentially deleterious effect,[269] and need to be the result of careful risk assessment.

How was quetiapine detected in Kyen's system?

343 As identified above, Kyen had been prescribed quetiapine historically, but was not prescribed quetiapine close in time to his death.

344 In the absence of any other evidence, it can only be speculated that the quetiapine detected in Kyen's system was as a result of his ingesting quetiapine which had been provided to him by another prisoner, or which he had retained from a time when it had been prescribed to him.

345 In either event, there is no suggestion that Kyen's mental health was negatively impacted by his apparent access to the medication.

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[267] Exhibit 1, tab 25, p 23.
[268] Exhibit 2, tab 1, p 31.
[269] Ts 142.

Recommendations

346 I find, as submitted by Kyen's family, that there was a discernible pattern in Kyen's threats of self-harm, including the instance in 2023 when he acted upon the threat of self-harm he had voiced to TM.[270]

347 In its submissions, the Department accepted that the evidence indicated a correlation between Kyen and TM's negative interactions, the tumultuousness of their relationship, and Kyen's previous suicide attempt.[271]

348 I consider it to be clear from the evidence that neither Mr Seaward nor the officer performing the SAMS check on 9 October would have been able to easily identify that Mr De Cotta had formed the view that Kyen's main stressor was his '*turbulent and unhealthy romantic relationship*'.[272]

349 I accept Kyen's family's submissions that the information concerning Kyen's known stressor ought to have been clearly and prominently recorded in a manner accessible to operational staff.[273]

350 The Department acknowledged that information of that kind could have been beneficial and informative if it had been clearly documented as a stressor or risk factor.[274]

351 I note that Kyen's family supported my provisional view that the inclusion of a 'risk to' alert within TOMS would have been appropriate.[275]

352 The Department observed that TOMS currently permits all custodial staff to create individualised risk alerts for prisoners, and advised that assessments were being undertaken to determine which individual stressors should be recognised formally as a risk to the individual.[276]

353 In my view, there is a limit to the capacity to identify, as a matter of generality, categories of risks to the individual that would warrant an alert, as opposed to what the Department's refers to as '*general stressors*'.[277]

[270] Submissions on behalf of Kyen's family, par [2.3].
[271] Submissions on behalf of the Department, par [4].
[272] Ts 86-87.
[273] Submissions on behalf of Kyen's family, par [4.1].
[274] Submissions on behalf of the Department, par [5].
[275] Submissions on behalf of Kyen's family, par [4.4].
[276] Submissions on behalf of the Department, par [28].
[277] Submissions on behalf of the Department, par [28].

354 I have no difficulty with the Department seeking to identify the kinds and types of stressors that may be suitable for such a risk alert.

355 However, the reality is that a risk alert of the kind that I envisage will always, necessarily, be a result of custodial staff having identified a discernible and significant risk to an individual.

356 What the Department may consider to ordinarily be a *'general stressor*' may be a particularly acute stressor for an individual prisoner.

357 As a consequence, I recommend as follows:

1. **The Department amend the At-Risk Management System manual to expressly reference the capacity for any custodial staff to raise a 'risk to self' alert in relation to an individual prisoner on the Total Offender Management Solution system which identifies a known, significant stressor (and therefore a significant risk factor) in relation to that prisoner.**

2. **The Department disseminate information to all staff reminding them of the function, and encouraging any staff who are, or become, aware of a known, significant stressor in relation to an individual prisoner to identify the same by way of an i 'risk to self' alert within the TOMS system.**

Conclusions

358 As expressed by Mr De Cotta, Kyen was not simply known to staff at Casuarina as a prisoner. He was a human being, who is missed.[278] He was viewed by others at Casuarina with whom he was close not as a cellmate or another prisoner, but as a friend.[279]

359 I express my condolences to Kyen's family, and hope that the inquest process has provided clarity around the course of his treatment and care.

BD Nelson
Coroner
22 July 2026

[278] Ts 98.
[279] Exhibit 1, tab 13, par [37].