

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: 1575/11

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)
Section 67 of the Coroners Act 2008

Inquest into the Death of ADRIAN MARTIN YOUNG

Delivered On:	23 March 2012
Delivered At:	Coroner's Court of Victoria Level 11, 222 Exhibition Street Melbourne Victoria
Hearing Dates:	1 March 2012
Findings of:	JOHN OLLE, CORONER
Police Coronial Support Unit:	Senior Constable Kelly Ramsey

I, JOHN OLLE, Coroner having investigated the death of ADRIAN YOUNG

AND having held an inquest in relation to this death on 1 March 2012
at Melbourne

find that the identity of the deceased was ADRIAN MARTIN YOUNG

born on 28 June 1971

and the death occurred on 3 May 2011

at Antonia Park, Corner of Maroondah Highway and Deep Creek Road, Mitcham, Victoria 3132

from:

1a. COMPRESSION OF THE NECK CONSEQUENT UPON HANGING

in the following circumstances:

1. Adrian Young was aged 39 years at the time of his death.
2. He was a voluntary patient at the Melbourne Clinic.
3. At Inquest I have heard evidence of Mr Young's consultant psychiatrist, Dr Keryn Fitzpatrick.¹
4. Dr Fitzpatrick explained that Adrian had been under her inpatient and outpatient care since 14 January 2008. He had been referred by his General Practitioner for ongoing management of chronic symptoms of depression and anxiety.
5. Adrian's history included symptoms of depression since the age of 21 years following his sister's death. The anxiety symptoms appear to have been present from a much earlier age.
6. Dr Fitzpatrick explained:

"Adrian's mood fluctuated. However his symptoms of anxiety were always present. He described social anxiety, performance anxiety, panic attacks, and obsessive compulsive symptoms characterised by fears of contamination.

Adrian had a number of admissions to The Victoria Clinic over the three year period that I was treating him. These admissions were usually precipitated by increased depressive symptoms, suicidal ideation, and social withdrawal. In hospital, he responded well to support, interaction with co-patients, and involvement in the group program.

*After discharge, he engaged with day programs and psychologist, Dr Matt Cottrell for a period of time, and then gradually became more withdrawn, isolated and depressed once more."*²

¹ Detailed report of Dr Fitzpatrick forms part of the brief and was read into evidence.

² Report Dr Fitzpatrick.

7. Adrian had a loving supportive family, in particular his mother Mary.

8. Dr Fitzpatrick explained that earlier this year that Adrian's mood worsened significantly:

*"With increased tearfulness, distress, decreased ability to engage in conversation, and increased suicidal ideation."*³

9. Adrian was commenced on a course of Transcranial Magnetic Stimulation (TMS). In evidence Dr Fitzpatrick explained that the course was a relatively new program commenced at the undertaking of the Alfred Hospital. Dr Fitzpatrick considered Adrian had made a little progress with the TMS and was halfway through the treatment.

10. On the day of his death Adrian had reported feeling improved. However, on review by Dr Fitzpatrick he rated his improvement as 10 percent. He expressed interest however in other treatments beyond TMS and further was making plans to be involved in day programs upon discharge.

11. It is important to note that Adrian was a voluntary patient. At no stage throughout the various admissions at the Melbourne Clinic was he involuntarily detained. Adrian told Dr Fitzpatrick that he planned to attend a family dinner and he would return at 9.00pm. He explained his parents would be unable to collect him however they would drive him home that evening.

12. According to Dr Fitzpatrick:

"There was nothing unusual in Adrian's presentation that day and he had been on unaccompanied leave on several occasions during this admission. He also guaranteed his safety on that day, as well as previous days, saying that he would never be able to go through with suicide."

*Although Adrian often said that he had suicidal thoughts, he had taken only one overdose in March 2011 of Clonazepam, which was not significant in quantity, but did mark the onset of his severe depression."*⁴

13. Despite his chronic anxiety of longstanding Adrian had worked as a computer technician and a project manager. Though successful at work he was unable to continue due to his anxiety talking to people. He last worked in 2006.

14. Adrian had always lived at home. Dr Fitzpatrick explained his close relationship with two of his siblings and his family was his greatest support. He had one friend since the age of 14 years in whom he could confide.

³ Report Dr Fitzpatrick.

⁴ Report Dr Fitzpatrick.

15. Dr Fitzpatrick believes that Adrian's death was the result of his severe depression and chronic anxiety. She believed that Adrian planned his death and hence his story about the family dinner and expressing interest in day programs and further treatments for depression were *"a deflection for this plan"*.

16. Dr Fitzpatrick concluded:

"Adrian suffered from a Recurrent Depressive illness with chronic treatment-resistant anxiety that affected every aspect of his life.

*Although he had good support from his family and friend, he felt hopeless and worthless. He believed that he would never regain a successful career, or be in a fulfilling relationship."*⁵

Conclusion

17. The tragic circumstances of Adrian's death are fully set out in the inquest brief. I concur with the evidence of Dr Fitzpatrick that Adrian's death was not impulsive. He planned to end his life despite the love and support of his family and the dedication of Dr Fitzpatrick and nursing staff at the Melbourne Clinic.

18. No-one should bear any responsibility for the tragic circumstance of Adrian's death.

Post Mortem Medical Examination

19. On 4 May 2011, Dr Heinrich Bouwer, Forensic Pathologist with the Victorian Institute of Forensic Medicine, performed an external examination on the body of Adrian Martin Young.

20. Dr Bouwer noted the full circumstances set out in the Police Form 83.

21. Dr Bouwer found the cause of death to be hanging.

22. Dr Bouwer commented:

"The deceased was a 39 year old man with a history of severe depression and anxiety. He was a voluntary inpatient at the Victoria Clinic in Prahran. He was allowed day leave, but when he failed to return by 9:30pm he was reported missing by the staff. He was subsequently found by a person walking their dog in the bush hanging by a rope which was tied to a branch. There were no suspicious circumstances.

⁵ Report Dr Fitzpatrick.

External examination showed were consistent with the circumstances and showed a rope tightly pulled around the neck and lividity in the hands and legs.

*Post mortem CT scan showed a hyoid fracture."*⁶

Finding

I find the cause of death of Adrian Martin Young to be compression of the neck consequent upon hanging.

I direct that a copy of this finding be provided to the following:

Senior next of Kin;
Dr Keryn Fitzpatrick;
The Melbourne Clinic;
Investigating Member, Victoria Police.

Signature:

JOHN OLLE
CORONER
23 March 2012



⁶ Comment section Dr Bouwer post mortem report.