

**THIS IS AN OFFICIAL REPORT OF THE MENTAL HEALTH
REVIEW TRIBUNAL PROCEEDINGS IN RELATION TO MR ELLIS
AUTHORISED BY THE PRESIDENT OF THE TRIBUNAL ON 16
NOVEMBER 2017**



This is an edited version of the Tribunal's decision. The patient has been allocated a pseudonym for the purposes of this Official Report

DETERMINATION OF TRIBUNAL

In relation to **Mr George Ellis**
held in 2017 at Forensic Hospital
Tribunal Members: Mary Jerram, John Spencer, Diana Bell

The case of **Mr George Ellis** was reviewed under the provisions of section 46(1) of the *Mental Health (Forensic Provisions) Act 1990*.

The Tribunal considered the documents listed in the Forensic Patient Exhibit List.

Having regard to sections 40, 47 and 74(a) – (c) of the *Mental Health (Forensic Provisions) Act 1990* and section 68 of the *Mental Health Act 2007*, the evidence before the Tribunal at this review and, in particular, the circumstances and considerations appearing below:

- the Tribunal is satisfied that there are reasonable grounds for believing that the present arrangements for care, treatment and control of Mr Ellis are necessary and sufficient for the protection of Mr Ellis from serious harm and/or for the protection of others from serious harm.

AND:

- The Tribunal makes no further or other order in relation to the care, treatment and detention of Mr Ellis and notes that the present order or orders continue in effect.

ATTENDEES

Mr Ellis attended the hearing and was represented by his lawyer, Mr Todd Davis of the Mental Health Advocacy Service. Also in attendance were:

- Psychiatry Registrar
- Psychiatry Registrar
- Nurse
- daughter (by telephone)

CIRCUMSTANCES AND CONSIDERATIONS

Mental State, including the likelihood of any deterioration in mental state:

Mr Ellis is an Aboriginal man of 52. He has chronic schizophrenia, diagnosed when he was aged 18, and alcohol and cannabis abuse disorders (in remission in a controlled environment). In 2010 the local District Court found him NGMI of two charges of separate aggravated sexual offences (in late 2009). He has been in custody since his arrest in 2009 and was transferred to the high dependency unit of the Forensic Hospital in 2012. At the time of this hearing, he had very recently been transferred to a new ward in the hospital. His medication is now stabilised. Unfortunately, Clozapine was not a success as within three weeks he became unwell with suspected myocarditis which occurred concurrently with pneumonia. He was hospitalised, and on return to the Forensic Hospital, commenced on Aripiprazole. He now constantly expresses his remorse for the offences but refuses to accept any element of sexual intent which is the main obstacle to his progress. It is possibly a reaction of shame. He is undertaking psychological therapy on his sexual difficulties. He is in constant contact with family, in particular his daughter, who regularly visits him.

The Psychiatry Registrar considered that Mr Ellis was already benefiting from the more free environment of the new ward.

Questions were raised concerning a statement in the Nursing Report that Mr Ellis was undertaking E3 leave.* The Tribunal has no record of this and doubts its veracity. Staff of the Tribunal will write to the Nursing Staff to clarify. Mr Ellis has responded well to antipsychotic medication, and only has mild thought disorder.

His daughter became angry over the phone as to why he had been in hospital so long, and why she, as his primary carer, has never been contacted or advised by the hospital staff of her father's progress. The Psychiatry Registrar agreed to keep in touch with her by phone.

Any relevant physical condition:

- COPD (*Chronic Obstructive Pulmonary Disease*).
- Removal of vocal cord nodule (2013)
- Haemorrhoids
- Nasal congestion
- Clozapine induced myocarditis (2016)

Current risk assessment for harm or endangerment to self or others:

There is no evidence of problem sexual behaviour at other times in Mr Ellis's life, apart from the two charges of major offences over a three day period, at a time when he was experiencing severe psychotic symptoms. His insight, willingness to engage in treatment, demonstrated ability to report early warning signs to the team, and therapeutic rapport are particular strengths.

Any significant developments since the last review are summarised as follows:

The individual psychotherapy sessions have apparently assisted Mr Ellis's insight already. He has maintained a stable mental state. In February, he contributed well to an Art Therapy group.

Future plans in relation to care, treatment or control of the person:

Mr Ellis dearly wishes to see and assist with his grandchildren. He would like to be transferred to Bloomfield to be nearer to his daughter. Transfer to Bunya is not possible because of the nature of the index offences, but it is possible that the team may support transfer to Bloomfield at the next hearing if the sexual issues can be overcome.

The Tribunal further determined that the next review under s46 will be held within six months.

SIGNED BY **ON: 10 May 2017.**
Mary Jerram (Deputy President) *Date*

When inside the hospital grounds the patient is classified **E (unescorted leave under strict conditions) and when outside the Forensic Hospital the patient is classified **3** (escorted leave with no secure hold with a minimum of 2 staff who have undertaken Prevention & Management of Violence & Aggression (PMVA) training.*