



# OFFICE OF THE STATE CORONER

## FINDINGS OF INQUEST

**CITATION:** Inquest into the death of  
**Brett Andrew POLLINI**

**TITLE OF COURT:** Coroner's Court

**JURISDICTION:** Brisbane

**FILE NO(s):** COR 2011/4217

**DELIVERED ON:** 11 November 2013

**DELIVERED AT:** Brisbane

**HEARING DATES:** 19 August 2013, 2 – 4 September 2013

**FINDINGS OF:** Mr John Lock, Brisbane Coroner

**CATCHWORDS:** CORONERS: suicide, bipolar affective disorder,  
child support agency,

**REPRESENTATION:**

Counsel Assisting:	Mr Peter De Waard
Ms Jennifer Storie	Mr S Trewavas (Creevey Russell Lawyers)
Dr Maribeth Directo, Dr Ceasar Torres, Dr Michael Viray	Mr Michael Wade (Avant Mutual Group Limited)
Department of Human Services (incorporating the Child Support Agency)	Ms Elenne Ford (instructed by Australian Government Solicitor)
Department of Community Safety (incorporating Queensland Fire and Rescue Service)	Ms Jennifer Rosengren

## Table of Contents

Introduction .....	1
The Scope of the Coroner’s Inquiry and Findings.....	1
The Admissibility of Evidence and the Standard of Proof .....	1
Queensland Police Service Investigation.....	2
Workplace Health and Safety Investigation .....	2
Autopsy.....	3
The Inquest.....	3
The Evidence.....	4
Background Personal Information.....	4
Relationship Difficulties.....	5
Work Issues .....	6
Mental Health History and Treatment .....	7
CSA phone call .....	13
Events of 8 and 9 December 2011 .....	15
Findings.....	20
Whether the Child Support Agency’s phone call and re-assessment of the deceased's child support contributions on the day of his death was managed adequately in the circumstances.....	20
The extent to which any work related incidents or issues in the immediate period leading up to his death contributed to the deceased’s mental health condition.....	22
The extent to which the deceased's mental health condition, relationship difficulties and failure to follow his medical treatment plan, contributed to his decision to take his own life.....	23
Whether any recommendations can be made to reduce the likelihood of deaths occurring in similar circumstances or otherwise contribute to public health and safety or the administration of justice.....	25
Findings required by s. 45 .....	25
Cause of death –Brett Andrew Pollini died due to hanging. ....	26
Comments and recommendations.....	26
Recommendations to the Department of Human Services .....	26

## ***Introduction***

Brett Andrew Pollini was a 43 year old fire station officer with Queensland Fire and Rescue Services (QFRS). He was involved in a difficult and acrimonious dispute with his former wife concerning child contact and child support. In the late afternoon of 9 December 2011 he had a very distressing telephone call with a Child Support officer from the Child Support Agency. At the conclusion of the conversation he made a comment, which objectively could be interpreted as a threat to hang himself. Sometime after 5:30pm on 9 December 2011, he committed suicide by hanging himself from the beam of a shed at the back of the Roma fire station.

A decision was made to hold an inquest. Following a pre-inquest conference on 19 August 2013 the issues determined for the inquest were:

- confirm the identity of the deceased person, when, where and how he died and what caused his death;
- determine whether the Child Support Agency's phone call and re-assessment of the deceased's child support contributions on the day of his death was managed adequately in the circumstances;
- determine the extent to which any work related incidents or issues in the immediate period leading up to the deceased's death contributed to his mental health condition;
- determine the extent to which the deceased's mental health condition, relationship difficulties and failure to follow his medical treatment plan, contributed to his decision to take his own life; and
- consider whether any recommendations can be made to reduce the likelihood of deaths occurring in similar circumstances or otherwise contribute to public health and safety or the administration of justice.

## **The Scope of the Coroner's Inquiry and Findings**

An inquest is not a trial between opposing parties but an inquiry into the death. The scope of an inquest goes beyond merely establishing the medical cause of death.

The focus is on discovering what happened, not on ascribing guilt, attributing blame or apportioning liability. The purpose is to inform the family and the public of how the death occurred with a view to reducing the likelihood of similar deaths.

As a result, a coroner can make preventive recommendations concerning public health or safety, the administration of justice or ways to prevent deaths from happening in similar circumstances in future. However, a coroner must not include in the findings or any comments or recommendations, statements that a person is or maybe guilty of an offence or is or maybe civilly liable for something.

## **The Admissibility of Evidence and the Standard of Proof**

Proceedings in a coroner's court are not bound by the rules of evidence but that does not mean that any and every piece of information however unreliable will be admitted into evidence and acted upon. However, it does give a coroner greater scope to receive information that may not be admissible in other proceedings and to have regard to its origin or source when determining what weight should be given to the information.

A coroner should apply the civil standard of proof, namely the balance of probabilities. However the more significant the issue to be determined, the more serious an allegation or the more inherently unlikely an occurrence, then the clearer and more persuasive the evidence needs to be for a coroner to be sufficiently satisfied it has been proven to the civil standard.

### **Queensland Police Service Investigation**

At approximately 7:45am on 10 December 2011, a QFRS fire fighter, unlocked the shed out the back of the QFRS Roma station to retrieve some bottled water for a training course that was to be held that day. She found Mr Pollini with no signs of life, hanging from the beams of the shed. Queensland Ambulance Service (QAS) attended and declared Mr Pollini deceased.

Queensland Police Service (QPS) were called at approximately 8:00am and commenced their investigation into the circumstances of the death of Mr Pollini.

This included a forensic and photographic examination of the incident scene and relevant items within Mr Pollini's office.

Statements were obtained from the QAS member who last saw Mr Pollini before his death, the QFRS staff member who found Mr Pollini deceased, the police officers who attended the scene, and Mr Pollini's defacto spouse Ms Jennifer Storie.

As a result of issues raised by Ms Storie, further enquiries were made with the Commonwealth Department of Human Services and a recording of a conversation between a Child Support Agency staff member and Mr Pollini on the afternoon of the day he died was obtained.

The primary police investigator, Constable McKay, completed his police investigation report on 27 November 2012. He was of the opinion that there were no suspicious circumstances suggestive of direct third party involvement in the death.

### **Workplace Health and Safety Investigation**

A Workplace Health and Safety (WHSQ) investigation was conducted by Inspector Deborah Dargan and completed on 20 November 2012.

The investigation was to determine what role, if any, QFRS had in ensuring that the workplace health and safety of Mr Pollini was not affected by their conduct or their business or undertaking. The scope of the investigation was limited to determining whether QFRS had adequately identified the hazards inherent in QFRS that may lead to psychological injury in their workers and whether adequate systems were in place to manage the risk and ensure compliance with those systems.

The investigation was predominately based on the QPS investigation report and the information contained in Mr Pollini's QFRS employment file.

Ms Dargan concluded that whilst Mr Pollini's death occurred at the workplace, there was no evidence to support that any workplace activities were the cause of, or a contributing factor to, the death. Ms Dargan observed that there was a well documented history of mental illness and factors that were occurring outside the workplace sphere that had an impact on the wellbeing of Mr Pollini.

WHSQ advised that there had been no issues identified by the Investigations Governance Group to suggest a broad workplace health and safety issue requiring a specific organisational response.

## **Autopsy**

An autopsy examination concluded the cause of death was due to hanging. Toxicology testing found no alcohol or drugs. Importantly a full screen for antipsychotic drugs (including lithium) was carried out and found to be negative.

During the course of writing these findings, I noted that toxicology testing was not carried out specifically for valproic acid (Epilim) as it is not a drug that is routinely tested for. It is apparent the pathologist was testing for common psychotic and antidepressant medication and the initial report from police did not immediately refer to bipolar disorder or the significance of valproic acid and its use as a mood stabiliser for this condition.

Accordingly, I requested further testing of the blood taken at autopsy. The results proved negative for the presence of valproic acid.

I requested the advice of the Director of the Clinical Forensic Medicine Unit, Dr Adam Griffin regarding the significance of this negative finding given there is considerable variability in the post mortem stability of different drugs.

In effect the negative finding of the presence of valproic acid is not probative of an inference Mr Pollini was not taking this medication given Dr Griffin's advice that valproic acid is not stable in post mortem blood in the body, and levels have been shown to diminish after 48 hours following death. As the autopsy occurred five days (120hrs) after death, it is likely the original specimen would already be affected by this deterioration and not been able to reflect any blood levels at the time of death.

## **The Inquest**

Due to a significant number of allegations and concerns raised in relation to the Child Support Agency telephone call and the workplace and management, by Ms Storie and Mr Pollini's parents and sister, a range of further enquiries were conducted by my office as part of the coronial investigation.

All of the statements, records of interview, medical records, photographs, and material gathered during the coronial investigation were tended at the inquest.

Oral testimony was also provided by Ms Jennifer Storie, Dr Glenys Conrade, Dr R Zimmerman, Dr Maribeth Directo, Dr Ceasar Torres, Dr Michael Viray, Mr Eddie Lacko, Mr Lindsay Hackett, Mr Stuart Lange, Acting Deputy Commissioner Mark Roche, Mr Lindsay Rapp, and Mr Andrew Dibley.

I also excused the Child Support Officer who made the telephone call, EW, from giving evidence on medical and psychological grounds and made an order prohibiting the publication of her name. It should be noted that the Court had the benefit of a statement from EW and most importantly the recording of the telephone call, which largely spoke for itself.

I also ordered that the specific contents of a suicide note left by Mr Pollini not be published or otherwise disseminated.

## **The Evidence**

### **Background Personal Information**

Mr Pollini was 43 years of age when he died. He was survived by his defacto spouse Ms Jennifer Storie, his parents, sister, two biological children and a step child.

Mr Pollini had been a QFRS employee since July 2006. His earlier career had been in the armed services and then as a fire officer in South Australia. At the time of his death, he had been relieving as Acting Area Director, based at the Roma QFRS station. He had been employed in the fire fighting industry for the majority of his career.

His parents and sister described him as one with a fierce integrity and loyalty who will always be remembered by family, friends, mates and colleagues. They said he was a devoted father and his children were his life.

About four years prior to his death, Mr Pollini's 11 year marriage ended and he commenced a defacto relationship with Ms Storie.

About three years prior to his death, Mr Pollini re-united with his parents and sister after being estranged from them for approximately 20 years.

After his marriage breakdown, Mr Pollini was in regular conflict with his ex-wife about settlement issues and access to their two children. In August 2008, Mr Pollini's ex-wife and his mother-in-law were granted a domestic violence order against him, which initially prevented him from seeing his children.

On the day the domestic violence order was made against him, Mr Pollini was reported missing to the police by Ms Storie and he was involved in a vehicle collision with a truck. This incident has been suggested by some to have been an attempted suicide. Mr Pollini had twice attempted suicide when he was 16 and 18 years of age.

Mr Pollini later obtained a court order granting him regular access to his children.

In April 2009, Mr Pollini submitted a worker's compensation claim for stress arising from an ongoing work place conflict within QFRS. This resulted in him being temporarily suspended from duty until he was assessed by a QFRS appointed psychiatrist and cleared to return to full duties. It would appear that any work related issues that existed in 2008 were largely resolved as far as Mr Pollini was concerned some time prior to his death.

After the vehicle collision in 2008, Mr Pollini commenced regular consultations with a psychologist and then a psychiatrist. He was diagnosed by his psychiatrist as having Bipolar Affective Disorder and he was prescribed epilim for mood stability. He was discharged by his psychiatrist in May 2010 on the basis that his condition had stabilised, he would be continuing his prescribed epilim medication, and he would seek help if he needed it.

Mr Pollini's medical records indicate that he had ceased taking his epilim medication for at least a year prior to his death, without consulting with a medical practitioner. The medical records also indicated that Mr Pollini had not seen a medical practitioner for approximately six months before his death.

Early on the morning prior to Mr Pollini's death, he had been in charge of crew who were involved in an extraction of a body from aircraft wreckage, as part of his duties. He was assessed by his peer support officer as not needing any departmental support as a result of his involvement in the incident.

On the afternoon prior to Mr Pollini's death, he received a phone call from a Child Support Agency (CSA) employee from the 'Specialised Care Team'. The CSA employee gathered information from Mr Pollini in relation to the percentage of care he now had with his children as a result of a notification of a change in care that had been lodged with CSA by his ex-wife. Due to a decrease in Mr Pollini's percentage of care of his children, the CSA employee re-assessed his child support contributions and advised him that his monthly contributions would more than double. The phone conversation became heated and the CSA employee terminated the phone call.

The audio recording of the phone call indicates that at the end of the recording, Mr Pollini said words that could be interpreted as a threat of suicide. The CSA employee indicated in her witness statement that she did not hear those words because she had taken her headset off prior to terminating the phone via her computer.

### **Relationship Difficulties**

It is not for a coronial court to adjudicate on what was essentially a family law dispute between Mr Pollini and his ex-wife, but some general observations about their relationship after their marriage break down is important as contextual background to later events.

Mr Pollini's phone and e-mail records illustrate that he was in regular contact with his ex-wife up until his death and that his method of communication was often aggressive. Since their marriage breakdown, it is clear they were in constant dispute in relation to their children (including the timing and duration of care, phone contact, drop off and pick up arrangements, health and hygiene of the children, and financial contributions towards the children's schooling and care).

Mr Pollini's medical records also demonstrate that he reported to his doctors that the relationship with his former spouse was very strained and as a result Mr Pollini felt he was under a great deal of pressure.

Mr Pollini had been having regular contact with his children whilst he was residing in Rockhampton. In April 2011, he made a decision to relocate his employment to the South West region based from Toowoomba. This decision necessarily made regular contact with his children problematical, and was no doubt the cause of further stress for him.

Although Mr Pollini's decision to re-unite with his parents was positive overall, his medical records also indicate he had felt under some pressure due to perceived expectations he felt his parents now had of him.

Ms Storie also acknowledged that her relationship with Mr Pollini was under some pressure and she said they were each terribly jealous. She was residing in Toowoomba and Mr Pollini was based at stations in the South West region. Although

they were in constant contact and despite the distances were able to see each other on some weekends, there was some isolation for him.

Given all that, there is no doubt Ms Storie deeply misses her partner.

### **Work Issues**

From 3 July 2006 until 3 April 2011, Mr Pollini held the position of Station Officer at the QFRS Rockhampton station. On 6 April 2009, just over mid way through his posting, Mr Pollini was involved in a heated argument with a colleague in front of other colleagues at the station. This appears to have occurred in the context of building tensions between Mr Pollini and his colleagues. On 21 April 2009, Mr Pollini's GP, Dr Directo, issued him with a medical certificate stating that Mr Pollini was suffering from stress, most likely a work condition, and was unfit for work from 22 – 28 April 2009. On 28 April 2009, Dr Directo issued a workers compensation medical certificate stating that Mr Pollini was unable to work from 29 April until 3 May 2009. Mr Pollini submitted a claim for workers compensation with QFRS on the same day.

On 11 May 2009, Mr Pollini's workers compensation claim was rejected. On or around 14 May 2009, he was informed in writing that he was temporarily suspended from duty on full pay until he could be examined by a medical officer. Mr Pollini submitted to QFRS a letter from his psychiatrist, Dr Zimmerman, stating that his illness in no way impaired his ability to function as a fire fighter.

Mr Pollini was subsequently referred by QFRS to an independent psychiatrist, Dr Nicholas Jetnikoff, for an assessment on 22 June 2009. Dr Jetnikoff also concluded that Mr Pollini was fit for duties and he advised that there was no need for any medical restrictions. Dr Jetnikoff noted that Mr Pollini needed ongoing treatment through his psychologist and psychiatrist. A copy of the letter was supplied to Mr Pollini and Mr Pollini appears to have provided a copy to Dr Zimmerman.

Mr Pollini returned to the Rockhampton station on or around 30 June 2009 on full duties. A return to work plan was in place.

Although Ms Storie harbours some concerns as to how this process was managed, there is no evidence in Mr Pollini's employment files or from witness statements and oral testimony of the relevant witnesses, to suggest that Mr Pollini was still overtly aggrieved in relation to the workplace incident that occurred in 2009.

From 4 April 2011 to 30 September 2011, Mr Pollini took up a higher duties position in the South Western Region as Acting Area Commander at Charleville and as a Regional Relief Officer for the South Western Region. For the last couple of months before his death from 1 October Mr Pollini occupied a higher duties position as Acting Area Commander at Roma.

In these positions within the South Western Regions, he directly reported to the Director of Regional Operations, Chief Superintendent Lindsay Hackett.



There is evidence to suggest that Mr Pollini had worked longer than usual hours (40 in total) in the lead up to his death but this was clearly over a number of pay periods.

He was anxious to add the 40 hours to leave he was planning for a road trip he was taking with his son to his parent's house in Canberra in the week after his death. He had been granted holiday leave for part of this period but had been waiting for approval of the accrued hours. This was granted some days before he died. The evidence does not suggest that Mr Pollini was fatigued at the time of his death or the leave issue played an adverse part in his decision.

Mr Pollini also attended a critical incident involving the extraction of a body from an aircraft, early on the morning prior to his death on 9 December 2011. There is evidence he was concerned about maintaining the dignity for the body as it had to be left overnight due to logistical difficulties in extracting the body, but the evidence suggests that this did not have an adverse effect on Mr Pollini.

Mr Pollini's closest work friend (Mr Stuart Lange) noted Mr Pollini was looking forward to the road trip with his son. He saw him at 3:30pm on 9 December 2011 when Mr Pollini appeared happy with no evidence of an intention to self harm. They arranged a dinner on Sunday night. He had discussed the body extraction with Mr Lange as one professional to another with no concerns. He said Mr Pollini was frustrated with the situation with his ex-wife and children. He was occasionally frustrated with the fire service on resourcing and training issues, particularly after the floods earlier that year, although he was not alone in this respect. He had never mentioned concerns about his supervisors or hours of work. Mr Lange said many of the resourcing issues had been addressed in recent times.

The evidence of Ms Storie, Mr Lange, a previous supervisor (Mr Eddie Lacko) and his most recent supervisor (Mr Lindsay Hackett) paints a picture of a person who, in the period leading up to his death, was excelling on higher duties, getting on very well with his colleagues, and enjoying his work. It is also noted that Mr Pollini did not make any mention of the QFRS in his suicide note.

## **Mental Health History and Treatment**

On 3 June 2008, Mr Pollini advised his GP in Rockhampton, Dr Directo, that he had been suffering from depression again and could not seem to get a grip of it. He wanted to get it out of his system before it started to become bigger. He requested a referral to a psychologist.

On 23 June 2008, Mr Pollini was assessed by a psychologist, Dr Glenys Conrade. Mr Pollini advised Dr Conrade that he had been diagnosed with bipolar disorder and treated over 20 years ago and again two years prior for about two years. He said he had taken Zoloft 100mg on and off for periods of perhaps six months at a time but stopped the medication himself when he felt he was okay. He was sometimes feeling high but more often very low. He reported that his marriage may have broken down and he had moved out on the weekend. He had spent a few nights in his car but had since been sleeping on a friend's couch. He had been in Rockhampton for two years and was careful about making friends because of past bad experiences with betrayal

of trust. He was irritable, short tempered and the smallest things 'could be perceived as life changing events'.

He advised Dr Conrade about past suicide attempts when he was 16 and 18 years of age and that he had had bad experiences with mental health services, which had put him off accessing such services again. He believed his life would have been different if mental health services were involved.

Mr Pollini reported that he had been hearing three different voices in his head. One was aggressive, one was always telling him to top himself and one was telling him he was worthless. He had always had the voice from when he was a child but they had stopped two years ago. Mr Pollini said that he had worked hard to keep himself together and had pushed everyone away. He felt guilty because his wife had been a saint.

On 8 July 2008, Dr Conrade noted that Mr Pollini's condition had deteriorated. He initially had a good response with medication and insight into his bipolar but he was now having thoughts that life was not worth living but still able to think of a future. He was referred to his GP for a medication re-assessment.

Mr Pollini saw Dr Conrade again on 27 July 2008 after having had his medication adjusted. He reported that he was doing well with an increase in his medication. He was now able to face work without psyching himself up and he forgot about work when he left. She noted his wife had asked him to leave and he was not living at home with his wife and children.

On 4 August 2008, Mr Pollini's ex-wife and mother in law were granted a Domestic Violence Order against him, which also prohibited him from seeing his children. On 5 August 2008, Mr Pollini's partner, Ms Storie, reported him missing to the police. Mr Pollini was subsequently found after being involved in a vehicle collision with a truck. He was assessed for his medical injuries in the Emergency Department of the Rockhampton Hospital. He was noted to be distressed regarding issues involving his estranged wife who had taken a Domestic Violence Order against him two days previously. Mr Pollini believed that this Order was an unfair and unreasonable action taken against him by his vindictive, estranged wife.

Mr Pollini was assessed by a Mental Health clinician on 6 August 2008. He informed the assessing clinician that he had previously been assessed by a 'Beyond Blue Specialist' in 2005 when he was diagnosed with Bipolar Affective Disorder. He advised of a long history of depression, which had been treated with antidepressants and Epilim, a mood stabiliser.

The Mental Health Clinician considered Mr Pollini to be in a situational crisis secondary to marital issues, having had an accidental motor vehicle accident the preceding day and having ingested alcohol and six Temazepam tablets.

On 7 August 2008, Mr Pollini saw a GP at the practice, Dr Torres because he was anxious in relation to appearing at court for his children's custody. Counselling was provided and a letter written in relation to his Family Court application.

A joint review was planned and arranged by Mr Pollini's Mental Health Clinician for 13 August 2008, which Mr Pollini attended. It was recommended that he be followed up by his GP and private psychologist. At the time of his review on 13 August 2008, Mr Pollini was assessed as being stable, with no evidence of depression. He denied thoughts of self harm or of non-compliance with his prescribed anticonvulsant (Epilim). He was encouraged to limit his alcohol intake which he agreed to do.

On 28 August 2008, Mr Pollini was referred by his GP, Dr Directo, to a psychiatrist, Dr Zimmerman, at the Rockhampton Mental Health Service outpatient clinic.

On 30 August 2008, Mr Pollini saw Dr Conrade again and she noted that he had improved dramatically with the Epilim, had parted from his wife and wanted to have the children half time. He requested a letter, which Dr Conrade provided, in support of his ability to manage children. In that letter Dr Conrade stated that it was her opinion that while Mr Pollini continues to have medical attention and takes his medication as prescribed, he had the ability to properly care for his children.

Mr Pollini was seen by Dr Conrade at her home on three more occasions regarding his progress. His last consultation with Dr Conrade appears to have been on 29 November 2008 at the Mandalay Medical Centre. Dr Conrade noted that Mr Pollini talked about his family situation and the stress resulting from recent changes.

On 28 April 2009, Dr Directo raised a 'GP Mental Health Care Plan – Review'. The 'Problem/Diagnosis' was listed as 'mixed anxiety and depression'. The 'Goal' was to 'reduce symptoms, thereby improving functioning'. The 'Progress on Actions and Tasks' was listed as 'gradually coping, on pharmacological treatment. Seeing a psychologist and psychiatrist'.

Mr Pollini was seen by his treating psychiatrist Dr Zimmerman on eleven occasions between 19 September 2008 and 14 May 2010.

Mr Pollini provided Dr Zimmerman with a history of having had two suicidal attempts at the ages of 16 and 18 years, but not having any formal psychiatric admissions. He stated that August 2008 had been the first time he had sought psychiatric outpatient treatment. Mr Pollini described his attempts at the ages of 16 and 18 as being suicide attempts with carbon monoxide. The first occasion was in the context of having 'a poor family life'. He perceived his parents as denigrating him. He described the second attempt as a 'cry for help' following which 'he tried to turn his life around'. Mr Pollini described definite unstable mood throughout adolescence, with periods of distinct mood elevation, consistent with prodromal Bipolar Affective Disorder.

In Dr Zimmerman's assessment, Mr Pollini indeed had Bipolar Affective Disorder and was at risk of further periods of mood instability if not treated with mood stabilisers. At the time of his initial assessment, Mr Pollini was quite euthymic, with no suicidal

thoughts. On 5 February 2009, Mr Pollini made reference to his mood being 'up and down', but he was able to continue working without taking leave. Dr Zimmerman was confident that Mr Pollini was compliant with his medication. Mr Pollini remained generally stable except for a period of leave from work due to alleged issues in the workplace.

There is some confusion as to whether the diagnosis was Bipolar Affective Disorder or Cyclothymia. Cyclothymia is a mood disorder, which Dr Zimmerman described as a milder variant of Bipolar Disorder. Dr Zimmerman said he would have told Mr Pollini his view was he had Bipolar given the impact his mood swings had on his work and relationships. Cyclothymia was not as disabling as the condition he believed Mr Pollini was experiencing. In any event the treatment for both conditions is largely the same.

Mr Pollini's treatment plan included:

- Psycho education regarding his condition, namely Bipolar Affective Disorder, and recognition of his symptoms of impending mood instability;
- Stabilisation of his mood disorder with appropriate mood stabilisers;
- Ongoing monitoring of his mental state and mood symptoms with appropriate interventions when indicated;
- Counselling and psycho therapy pertaining to the issues Mr Pollini faced with divorcing his wife;
- Establishing a new relationship;
- Getting access to his children on a regular basis; and
- Developing strategies to enhance his coping strategies to deal with issues of his life in general.

Dr Zimmerman prescribed Mr Pollini 500mg of Epilim (Sodium Valproate) twice daily for mood stabilisation.

On 22 June 2009, Mr Pollini was assessed by a consultant psychiatrist, Dr Nicholas Jetnikoff, after a referral by QFRS for an occupational health assessment and report arising from his worker's compensation claim. Dr Jetnikoff concluded that Mr Pollini had developed mild depressive features in 2008, which could be described as adjustment disorder with depressed mood. In his opinion, this occurred in the context of marital stress and some features of a depressive illness coupled with increasing difficulties in the workplace due to conflicts over his management style. He had a substantial history of depression as a young man which did not appear to have been re-aggravated to the degree it was then. He had responded to combination treatment.

In Dr Jetnikoff's opinion, Mr Pollini did not appear to have cyclothymia or bipolar affective disorder. He was at high risk of developing a Major Depressive Disorder with appropriate stress and he had a tendency to under report his symptoms, therefore it was conceivable that he had suffered a major depressive disorder. Nevertheless, it would appear that was approximately 10 months ago and that it had resolved substantially since the marital stress had begun to reduce.

In Dr Jetnikoff's opinion, Mr Pollini had an adjustment disorder and an obsessive compulsive personality type with a tendency to react to perceived lack of support. This related to a history of poor attachment in his own family and his wife locking the doors and breaking up with him. He had a tendency to stick to the rules and be inflexible.

Dr Jetnikoff advised that ongoing treatment would best be suited to cognitive behavioural therapy. Dr Jetnikoff questioned whether the medication he was on was valuable. He noted that Mr Pollini seemed to have responded well to the supportive treatments and he may not require the Epilim. He noted that it was hard to discern what was providing the improvement and that one could argue that keeping things status quo would be of greatest benefit currently. Dr Jetnikoff noted the need to have ongoing treatments through psychiatrists and regular contact with his clinical psychologist which needed to be improved in frequency.

A copy of Dr Jetnikoff's report was provided by QFRS to Mr Pollini and Mr Pollini appears to have provided a copy to Dr Zimmerman.

It is not at all unusual for psychiatrists to disagree about the precise diagnosis of a mental illness. Without doubting Dr Jetnikoff's expertise his opinion was largely to assess if Mr Pollini was fit to return to work and he had seen him on one occasion. Dr Zimmerman's contact had been much more extensive.

To that extent I prefer Dr Zimmerman's views on this issue although it is not a significant one in the context of this case. Both doctors agreed he needed to continue seeing doctors and receiving treatment.

Dr Zimmerman discharged Mr Pollini from the Central Queensland Mental Health Service psychiatric outpatient clinic on 14 May 2010 on the basis Mr Pollini had been stable for several months and Dr Zimmerman was closing his clinics as he was going on extended leave for six months.

Following Mr Pollini's discharge from the Central Queensland Mental Health Service, it appears that he regularly consulted with four GPs at the Mandalay Medical Centre (Dr Directo, Dr Torres, Dr Viray and Dr Kyaw). He would see a GP at least every one to two months for repeat scripts of his prescription medication, any adjustments needed to his medication and any common sicknesses.

Of note was a consultation that Mr Pollini had with his GP, Dr Directo, on 10 June 2010. He reported that he was still 'feeling crooked' after having been on 1 gram of Epilim daily. He advised that he had recently reconciled with his parents whom he had not spoken to or seen for more than 20 years. He did it because his partner and his kids wanted him to. He felt it was not yet time but he gave in anyway. Now, everything was happening so fast. His parents called him several times a week and he was calling them also to report any changes with the children. He could not cope with them, he preferred to take his time but he had been dragged into this place where he was not at all comfortable. He reported that his relationship with Ms Storie was not so good at that moment. He wanted to spend time alone and she did not

understand that. She was always thinking he was with someone else and this was making him near his limits.

The last time Epilim appears to have been prescribed to Mr Pollini by a GP was by Dr Torres on 29 July 2010 (500mg, two tablets daily). The Medicare PBS database indicates that 200 Epilim tablets were then purchased by Mr Pollini on 30 July 2010. It should be noted, however, that this is the only entry in the PBS database for the two years prior to Mr Pollini's death.

Ms Storie says she knew Mr Pollini was not taking his Epilim medication since his move to the south west and maybe earlier. She said this was his decision as he did not like the tablets and wanted to manage without them. He had made other life style changes and was exercising and had lost weight.

Assuming that Mr Pollini took two Epilim tablets per day since his last prescription and purchase, it is likely they would have lasted him until around late October 2010. Ms Storie said she found a couple of packets of the medication in his bag after his death but was unable to say how many were left. Presuming these are the same packets purchased in July 2010 it is therefore likely that Mr Pollini was not taking his Epilim tablets for mood stabilisation for at least 13 months leading up to his death and possibly longer. Epilim was not found in his blood at autopsy but it is accepted this finding is not probative of an inference he was not taking Epilim due to post-mortem instability with the drug. The other evidence however does support such a finding.

In 2011, Mr Pollini appears to have had six consultations with four GPs (mostly at the Mandalay Medical Centre in Rockhampton). A search of the Medicare database and his medical records at the Mandalay Medical Centre suggests that Mr Pollini had not consulted with a GP for six months leading up to his death, since his last consultation with Dr Viray on 11 June 2011.

None of the GPs appears to have challenged or queried Mr Pollini regarding his compliance with taking his Epilim medication. I accept this was a decision made by Mr Pollini, which he did not discuss with his GPs. He had not seen any medical practitioner at all in the six months prior to his death, so any failure to challenge was not contributory to what occurred. I also accept the submission made by the legal representative of the GP practice that no criticism of the GPs should be made given the above.

The significance of the non compliance with taking Epilim medication is that this decision has most likely adversely impacted on his mental health and mood at the time of his death.

Both Dr Conrade and Dr Zimmerman described Bipolar Disorder as a lifelong condition requiring medication. Although with treatment including medication, the signs and symptoms disappear, the problems recur when medication is ceased. Dr Zimmerman agreed that medication can sometimes be reduced but there is a high rate of symptoms returning. He said the critical issue is not so much ceasing medication but not doing so under medical supervision. He believed that ceasing the medication unsupervised would likely affect his ability to deal with crises and increase the probability of his mood being unstable.

## **CSA phone call**

In Mr Pollini's suicide note, he posed the question: who is to blame for today's events? Among others including family law issues generally, he blamed the CSA 'for their relentless pursuing of money grabbing exercises'. He did not, however, specifically mention the phone calls he received from the CSA on 8 and 9 December 2011.

Based on Mr Pollini's personal mobile telephone records and CSA records it is clear Mr Pollini received a phone call from the CSA on 8 December 2011. According to CSA records, Mr Pollini was advised that his ex-wife had notified CSA of a change of care (specifically that Mr Pollini was having no care of his daughter and significantly less care of his son). The CSA employee noted in Mr Pollini's case file that Mr Pollini had disagreed with the change of care, so the matter was referred to the 'Specialised Care Team' within CSA.

The significance of this call on 8 December is that the call made on 9 December 2011 was not a cold call about an increase in child support. Mr Pollini sent a text message to his former spouse at 12:32 on 8 December saying he would not be paying any more child support and in a text at 12:55 refers to the amount of an extra \$700 a fortnight.

On 9 December 2011 at 4:11pm, Mr Pollini received the phone call from EW, a CSA employee from the Specialised Care Team within the Child Support Program of the department in relation to a re-assessment of his child support contributions. The phone call lasted for 15 minutes and 33 seconds.

Specialised Care Teams deal with customers who have disputes about the care arrangements in relation to their children for their child support cases. The Customer Support Officers (CSOs) working in that team are, on a daily basis, required to deal with customers who are often very frustrated and angry with various aspects of their child support case or cases. In most cases, child support customers, including those referred to Specialised Care Teams, will deal with a variety of CSOs through the life of their case.

Until 9 December 2011, the CSA employee who called Mr Pollini had not had any dealings with him.

During the phone call, Mr Pollini became angry and upset. It seems he considered his former wife had unilaterally varied the overnight visit arrangements after he had moved a considerable distance away from where his ex-wife and children were located. The decrease in Mr Pollini's contact with his children had the effect, based on the legislation, that this could incur an increased child support contribution liability.

For the majority of the phone call, the CSO endeavoured to handle the difficult conversation appropriately but clearly it was not going well. At several points she offers to put Mr Pollini in touch with a support service (although she did not mention which support service or services she was referring to and Mr Dibley says she should have explained what this meant).

At the 13:20 minute mark, Mr Pollini becomes very upset, and he was shouting, swearing and referring to his former wife in deprecatory terms. EW's professionalism falls well away when she suggests (at the 15:10 minute mark) that Mr Pollini take up his concerns with his Federal Member of Parliament.

In a sarcastic tone, Mr Pollini congratulates EW and asks her: 'how do you guys, honestly, sleep at night?' EW replies (at the 15:25 minute mark): 'Oh, like a baby'. This prompts Mr Pollini to respond: 'I bet you do, and you know what I'll be doing tonight? Swinging by my fu...', at which point the phone call abruptly ends.

In her statement dated 5 April 2013, EW says although she recalls the telephone discussion she had with Mr Pollini 16 months ago, she does not have a detailed recollection of much of the discussion. EW appears to be under the impression that another CSO transferred the phone call from Mr Pollini to her. This detail is clearly incorrect because from the recording it is evident that EW initiated the phone call.

My office requested EW provide an explanation for this inconsistency but it is apparent she is having many difficulties coping with what occurred. I have also received advice about the process the department's legal team underwent when taking the statement from EW; and the fact that EW did not wish to listen to the tape recording of the phone call at the time she made her statement or later.

EW says in her statement that the last words she recalls are her saying 'like a baby' and that she regrets having made that comment. The tape recording of the phone call clearly indicates that there were other words spoken by EW and Mr Pollini before the phone call is terminated.

It is noted that the day after the phone call when the department was notified of Mr Pollini's death, EW attended a video conference with her team leader, Ms Jane Goode. Ms Goode provided a statement dated 5 April 2013 and says that EW did not mention the phone call to her on the day and when asked about it around the time of the meeting, her explanation of the phone call was the same as it is now.

EW says in her statement that after making the comment that she 'sleeps like a baby' to Mr Pollini, she removed her headset and then moved her mouse pointer to the top left of her computer screen and clicked on the hang up button. She is adamant that at no point did she hear Mr Pollini make any threat to harm himself or another person. The last words she heard from Mr Pollini was him asking her how she slept at night. She says that if she had heard Mr Pollini make a threat to self-harm, she would have followed the department's policies and procedures, including recording the threat in Mr Pollini's case notes. There is no such record in his case notes.

What the records do show is the actions she took soon after the call was terminated.

At 05:10 she makes a record in the case notes that she had spoken to the former spouse advising the care change had been accepted. She records that the former spouse advised her that Mr Pollini had sent her an abusive text message saying he will not pay child support. That would accord with the text message Mr Pollini sent at 04:33.

EW then records a Care Percentage decision in the case notes at 05:15 and 05:17 for each child respectively.

In other words she went about her work in a normal fashion.

I find that it would appear more likely than not, EW did not hear the final words.



## Events of 8 and 9 December 2011

Mr Lange saw Mr Pollini in the afternoon of 9 December 2011 and Mr Pollini was his usual self. He was expressing excitement about seeing his son.

Lynsey Rapp was a paramedic with QAS who was seeing Mr Pollini about finalising his CPR exam. He said he appeared a bit deflated but was lighter by the end. He received his certification. He made no mention of the Child Support Agency or his children. He saw no triggers which would have alarmed him. He was unclear as to when he had this meeting with him, but given his shift normally finished at 4.00pm, I am of the view it is more likely he had this meeting shortly prior to the CSA telephone call. I strongly suspect if the meeting happened after the call was made or the call intervened in the middle of the meeting, Mr Pollini would have behaved differently.

Due to the importance of understanding what happened in the last two days of Mr Pollini's life, Counsel Assisting Mr De Waard has provided a very helpful chronology of relevant details of Mr Pollini's personal mobile phone and events in the table below. I have made some deletions identifying the names of children.

Date	Time	Details
Thursday 8/12/11	Pm (approx 10 mins)	Mr Eddie Lacko (the on call officer) contacted Mr Pollini to inform him about a fatal aircraft accident in the Roma area. Because the person was already deceased, it was dark and the location of the aircraft could not be easily accessed, he discussed with Mr Pollini about organising a crew to do the extrication the following morning. Mr Lacko told Mr Pollini to ensure he made contact with a peer support officer in the event that the crew required a debriefing.
	12:32:17pm	Mr Pollini sent a text message to his ex-wife as follows:  'Ill just inform u now u grub i will not be paying u a single cent more than now not a single cent my entitlement is 2 days a week u block that its ur problem if u want more best u get a court date organised ur s grub smith a lowlife money grabbing grub'
	12:55:18pm	Mr Pollini sent a text message to his ex-wife as follows:

		'U certainly wont be getting 700 a fortnight grub'
	13:09:07pm	Mr Pollini's ex-wife sent a text message to his mobile phone as follows:  'I am not sure how much say we have on the amount CSA determines outside of an agreement. If u want to make an agreement you might want to be a little nicer...just a thought.'
	13:21:37pm	Mr Pollini's ex-wife sent a text message to his mobile phone as follows:  'You might want to contact csa as I am not the one who has decided the amount stop abusing me.'
	13:24:16pm	Mr Pollini sent a text message to his ex-wife as follows:  'I am not paying 700 a fn and I would never waste my energy abusing u so please don't pkay that poor victim card again. A told me u set up that night at home so u could get an avo on me so in my books and my sons mind that is abuse'
	2:11:39pm	Mr Pollini's mobile phone received a text message from 'Kaz'(his sister) as follows:  'Thinking of u and sending my love. Kxx:-)'
	2:20pm	Mr Pollini sent a text message to Ms Storie as follows:  'U there?'
	2:35pm	Phone on the work phone.
	2:49:10pm	Mr Pollini sends a text message to Ms Storie as follows:  'Im going home just did something again but obviously im a fuking coward and scared of going

		thru with things a fuking coward'
	9:09:01pm	Mr Pollini sends a text message to his ex-wife as follows:  'Hey can you give me the name of the kids fav councillor seems A is distraught at the fact u want him to see me for only 4 weeks a year without even asking him what he wants seems he wants his dad your honour so can you have a talk to him and explain y u r killing his relationship through laziness hatred and greed we both thank you for your efforts'
	9:30:29 9:31:37	Ms Storie sends two text messages to Mr Pollini as follows:  'Hurro' 'Hey what ya doin'
	9:32:29pm	Mr Pollini sends a text message to Ms Storie as follows:  'Been sorting out crews and peer support for tomorrow'
	9:33:21pm	Ms Storie sends a text message to Mr Pollini as follows:  'All done then will everything by okay'
	9:33:30pm	'Yup'
	9:33:49pm – 22:17:34	Banter about Lindsay Hackett, Eddie Lacko and discussion about not having leave approved yet for the holiday.  Sleep?
Friday 9/12/11	Approx 05:50	Mr Pollini would have headed out to the aircraft accident scene.

	Approx 3:30pm	Mr Stuart Lange visited Mr Pollini to give him a Rescue Kit for the station. Mr Pollini had just come back from an aircraft crash in the Mt Moffat region where there had been a fatality. He had been there all night. They had the usual banter. Mr Lange told Mr Pollini that he would be back on Sunday (11/12/11) and they could have dinner. Mr Pollini said he would organise a table at the Irish Club. He was really relaxed. He was going on holidays the following Friday. All he spoke about was his holiday with his son.
	4:11:42 – 4:27:15pm  (15mins, 33 seconds)	Mr Pollini answered a phone call from EW (CSA) (listed on Mr Pollini's phone log as 'No Number')
	4:27:37 – 4:28:42pm  (1min 5 seconds)	Mr Pollini made an outgoing call to 'Ajwork' (Ms Storie's work phone)
	4:30:20 – 4:30:39  (19 seconds)	Mr Pollini answered a phone call from 'No Number'.
	4:33:38pm	Mr Pollini sends a text message to his ex-wife as follows:  'Well you fuked my life I can not pay 1500 a month u want thrm full time have them tell my son i love him and never forget me im sute when he gets older he will understand y im no longer here for him u did this u don't win they will hate u when they find out y im not here for them. Fore the revord u were 9 jen was 64 lots after u fuking skank'
	4:48:07pm	Mr Pollini's phone receives a text message from

		Ms Storie from the 'Missed Call Service as follows:  'Can you gimme a call. I don't know who called you. I don't know who told you that it doesn't make sense. Bye.'
	5:43:19pm	Mr Pollini's phone receives a text message from Ms Storie from the 'Missed Call Service as follows:  'Shane(?) can you gimme a ring. Bye.'
	6:40:18pm	Mr Pollini's phone receives a text message from Ms Storie from the 'Missed Call Service as follows:  'Hey, it's only me. Did you wanna come in and get the car and take that back that will make it easier for next weekend. Gimme.'
	6:40:21pm	Mr Pollini's phone receives a text message from Ms Storie from the 'Missed Call Service with no message.
	6:41:56pm	Mr Pollini's phone receives a text message from Ms Storie as follows:  'Hey love you please give me a call xoxo'
	19:07:53	Mr Pollini's phone receives a text message from his ex-wife as follows:  'Note sure what u r talking about....I already have them full time. So r u still having A at Christmas?'
	19:59:12	Mr Pollini's phone receives a text message from his ex-wife as follows:  'Before u send anymore insulting messages I would like to suggest that we draw up consent orders to change the court order by agreement and then I will agree to an agreement through csa of \$700 a month.  Please stop using the insulting and degrading language towards me.'

	20:44:28pm 22:26:30pm 22:28:26pm 22:28:29pm	Mr Pollini's phone receives more missed calls and text messages from Ms Storie
10/12/11	8:53:36am	Mr Pollini's phone receives a text message from Ms Storie

## ***Findings***

### **Whether the Child Support Agency's phone call and re-assessment of the deceased's child support contributions on the day of his death was managed adequately in the circumstances**

This telephone call incident was the subject of a review by the Australian Government Solicitor. It was their assessment that while Mr Pollini's tone during the conversation with EW became increasingly agitated and he expressed disgust with his changed child support arrangements and the changed child support law, nothing in the lead up to Mr Pollini's final words gave any explicit or implicit indication that he was in a suicidal frame of mind.

The review considered Mr Pollini's final words contained an incomplete threat, voiced only seconds before the call was terminated. EW says that she terminated the call and took her headset off prior to hearing the threat.

I have found that the most likely scenario is she did not hear the final words. The sentence itself is incomplete although the words 'swinging by my fu' have with the benefit of hindsight really only one interpretation given the outcome.

However, even if EW did hear Mr Pollini's last words by this time the discussion was very heated and it would be difficult to rationalise and put together everything that had been said and come to an inevitable conclusion that it was a threat of self harm.

In either event that would suggest there was not a failure by EW to implement the steps outlined in the department's Security Incident Management Guideline during the call.

Mr Dibley says EW should not have disconnected the call. If she had heard the last words he considers this would have been a most serious breach of policy.

I suspect that even if the procedure had been engaged, and given I believe Mr Pollini took his own life before 6:30pm there was no practical opportunity for any action taken under the policy being directed to appropriate emergency authorities in Queensland to prevent Mr Pollini's death from occurring.

However, there is little doubt that EW departed from the behavioural standard expected of a CSA employee when dealing with customers. I agree with the AGS's assessment that suggesting that Mr Pollini take up his concerns about the law with his Federal Member, and references to sleeping 'like a baby' were wholly inappropriate responses to a customer who was clearly angry and upset.

It would appear that EW was appropriately qualified and had completed relevant customer relations induction training that went for approximately eight weeks when she commenced employment with the department. She had also received ongoing training every two to three months on a wide range of child support customer issues. The department has advised me that the training continually focuses on dealing with customers who often demonstrate challenging behaviours and raise complex issues.

EW has said in her statement that she is fully aware of the department's policies and procedures pertaining to circumstances where a customer makes a threat of self harm or threatens to harm others. She says that she refers to those policies and procedures on a regular basis and has them printed out on a flip chart on her desk for easy reference. She says that she understands the importance of following the applicable policies and procedures relating to customers who threaten self-harm or harm to others. In the event that a customer makes any threat, she complies with these policies and procedures by immediately stopping the conversation and focusing on the threat. Repeating the words used by the customer, she asks them to confirm or deny the threat that has been made. If the customer fails to withdraw the threat, she immediately transfers the customer to a more senior officer or outside support service. Once her contact with the customer has concluded, she completes an incident report and provides that report to the team leader.

Mr Dibley said that on the basis she did not hear the words it was a call not managed adequately at all and particularly at the end where Mr Dibley agreed she did not show respect. Where a call is not going well the customer should be given a warning and the call not terminated. The call in those instances should be escalated to a team leader or a customer review gateway.

The CSA records also note there had been two other occasions when Mr Pollini made references to suicide in conversations with CSOs. On one occasion he was challenged as in accordance with policy and he withdrew the threat but on the other occasion it was not dealt with in accordance with policy.

A further review of the case was conducted by CSA, which noted other breaches of policy and procedure on largely minor issues and these breaches were not contributory.

Mr Dibley said that although this was not a particularly complex child support history, the difficult and challenging conversations that are apparent on the record and the threats that had been made, would mean this case would now be allocated to a Personalised Case Management Service with the same CSA officer having responsibility to contact the customer on each occasion, thus giving some continuity of communication.

As to this particular case EW was provided with formal counselling concerning her role and more training following the incident. She is no longer in the Specialised Case team.

The lawyers for Ms Storie submit that there is doubt as to the veracity of the recording as a complete and accurate record of the conversation. That would suggest the Department was involved in some form of cover up. The Department provided much assistance to the investigation team and has been responsive to requests for further information. There is simply no evidence of a cover up and I do not agree with that conclusion.

There is however no doubt in my mind that it is no coincidence that the decision to take his life followed soon after the call ended. It is impossible to say with any certainty whether the way the call was handled contributed partly or at all or whether it was simply the subject matter in the context of this acrimonious dispute as well as his untreated mental health illness, which tipped Mr Pollini over the edge.

### **The extent to which any work related incidents or issues in the immediate period leading up to his death contributed to the deceased's mental health condition**

Previous incidents regarding the work cover claim and conflict in the workplace in 2008 appear to have been largely resolved. By all reports, Mr Pollini was working very well and his work colleagues and supervisors were happy with him. He was residing in a remote location away from his partner but this was a decision they both made for various reasons. There is some evidence he had frustrations with the fire service, but he was not alone in this and the concerns were mainly about resourcing remote areas, some of these concerns had abated given more equipment had arrived.

There is little evidence to suggest he had only limited support from his immediate supervisors. There is no evidence he had been working excessive hours and that fatigue played any role.

His colleagues regarded him as a very professional officer. The critical incident the day before was not routine but was unremarkable for an officer of his experience. He understood the difficulties and organised peer support for other fire officers who attended with him if required. There is no evidence the incident impacted on him emotionally or adversely.

It is evident there is still a stereotypical stigma attached to mental illness in the Community and QFRS would not be immune to this. Despite the public awareness efforts from such organisations as Beyond Blue, mental illness is still not regarded as just another illness. Mr Pollini himself confided to Mr Lacko and others that he felt his career was being stifled on account of his mental health history.

Mr Pollini decided to stop taking his prescribed mood stabilising medication and was not under medical supervision. The fact that he had moved to a different town and more remote location may have also been an inhibiting factor in engaging professional help as often is the case in rural and remote communities where people are worried about information getting out.

It is evident that Mr Pollini's direct supervisor was not advised of his mental health history when he relocated to Toowoomba.

Acting Deputy Commissioner Roche noted that some staff might perceive such confidential information being given out as harassment and an intrusion into their personal lives; that they were not being able to get on with their lives and a fear that their promotional opportunities or employment could be impacted.

Ms Rosengren, in her written submissions, noted the comments off Keane JA in *Hegarty v Queensland Ambulance Service* [2007] QCA 366 which recognised these very issues and commented that *'a conclusion that an employer has acted unreasonably in failing to recommend psychological assessment and treatment cannot be made without recognising that the employer's decision must be made in a social, economic and legal context which includes these considerations.'*



Support services are provided by QFRS in the form of Fire Care which offers various services focused on prevention, intervention, treatment and ongoing support. The support services are private and confidential.

Having considered the various policies and other information provided to the inquest I am satisfied that QFRS had set in place appropriate support services, which could have been utilised by Mr Pollini. I also note that there have been recent improvements to those services particularly acknowledging the particular needs of senior officers. This resulted after QFRS participated in a two-year PHD study from QUT on stress and coping amongst fire officers.

Senior officers were not aware of any suicide by a fire officer previously. The Australian Institute for Suicide Prevention also maintains the Queensland Suicide Register and a report from it supported there is not a serious problem for QFRS concerning levels of depression and anxiety amongst fire officers leading to suicide.

I also accept the submission by Ms Rosengren that no meaningful recommendations directed to QFRS could be made.

### **The extent to which the deceased's mental health condition, relationship difficulties and failure to follow his medical treatment plan, contributed to his decision to take his own life**

Research has shown consistently there is a strong link between suicidality and mental illness, particularly those who are impacted by affective disorders such as major depression or bipolar disorder, schizophrenia and alcohol and other substance use disorders. Effective treatment reduces the risk of suicide in those cases.<sup>1</sup>

It is very significant that Mr Pollini had a diagnosed mental health condition, which was largely untreated over the 12 months prior to his death. Mr Pollini had stopped taking his mood stabilising medication over that period and had not seen a GP or other medical person in the past six months.

Having stopped taking his medication Mr Pollini's mental health would have deteriorated. Dr Zimmerman stated that ceasing the medication unsupervised would likely affect his ability to deal with crises and increase the probability of his mood being unstable. Any distress he was feeling could be amplified.

A number of risk factors for suicide were evident in Mr Pollini including his past attempts at suicide (albeit many years previously) and untreated mental illness. Other risk factors included the acrimonious separation and family discord surrounding child contact and child support.

The suicide note points to some of the issues impacting on his decision although he may not have been thinking rationally and not a lot of emphasis should be placed on the contents. There are references to adverse past relationships, his family and children but these references do not suggest they were the reasons.

He clearly expressed his love for Ms Storie and apologised for not being stronger.

---

<sup>1</sup> See such reports as *Breaking the Silence – Suicide and Suicide Prevention in Australia*

Accordingly, although his past and current relationships were complicated and no doubt impacted on him emotionally, the issues with his parents and the strength of the relationship with Ms Storie do not appear to be significant contributory factors.

Mr Pollini was experiencing significant emotional turmoil as a result of the separation from his children and in relation to child contact and support issues. He expresses such sentiments in his note as one of the reasons he was taking his life including the CSA and Family Court system.

Mr Pollini had known from the call on 8 December that an increase in child support was likely. What happened on 9 December was that he seems to have formed the mistaken impression his former spouse was wanting full custody. He mentioned this to Ms Storie in the difficult conversation he had with her shortly after. There is a reference to this in the text message he sent his former spouse soon after the conversation.

That was not the advice given in the CSA telephone call but it seems this is how Mr Pollini interpreted the call. Ms Storie and his family said he considered the children his life and so this must have been very distressing for him. That is self evident from his demeanour during the call and even Ms Storie was unable to calm him down and rationalise with him. Their own call ended abruptly. With the benefit of hindsight the text message he sent to her the day before might be taken to be an indicator he was considering suicide even then, although this is unclear.

The text message he sent his former spouse at 4:33 can be interpreted in two ways and only with the benefit of knowing the outcome is it evident it was probably expressing an intention to suicide. It expresses both issues about the money and that she can have the children full time.

It was in this context that Mr Pollini took his own life, likely around the 6:30pm mark and before he received a text at 7:09pm from his ex-spouse expressing confusion about his earlier text and then at 7:59pm suggesting they change the Court agreement and fix child support at half the amount being suggested.

The telephone call from the CSA was probably the tipping point, which sent him into the crisis. The call was not adequately or professionally performed and this would not have helped settle his already disturbed mood. That is evident from his reaction during the call and subsequently in other communications to his former spouse and Ms Storie.

However, it may well be the mistaken perception from the call that he was going to lose his children that was the critical tipping point and the CSA officer cannot be held responsible for that.

This tipping point, in combination with his demonstrably disturbed mood (largely due to his decision to cease taking medication for his Bipolar Disorder) meant he was unable to cope with the perceived loss of his children, a crisis he would have deeply felt and as Dr Zimmerman opined amplified the distress.

## **Whether any recommendations can be made to reduce the likelihood of deaths occurring in similar circumstances or otherwise contribute to public health and safety or the administration of justice**

Counsel Assisting has made a number of submissions concerning recommendations. On the whole these relate to the CSA and the CSA has largely accepted them as appropriate. The Department had in place various policies and procedures dealing with managing complex or distressed customers but accepts more can be done by way of ongoing improvements.

One recommendation was that an audible sound be introduced to reflect when a CSA employee terminates a call for review purposes. The Department of Human Resources has submitted that the call recording software continues to record calls until it is disconnected. When the CSO disconnects the call the recording stops. It submits an audible sound confirming this is not necessary. I agree with the DHS submission. The context for this recommendation is with respect to being able to later review such calls as there was a suggestion by other parties that the call recording was not accurate. I do not accept that proposition.

### **Findings required by s. 45**

I am required to find, as far as is possible, the medical cause of death, who the deceased person was and when, where and how he came by his death. As a result of considering all of the material contained in the exhibits, I am able to make the following findings in relation to the other aspects.

- Identity of the deceased – The deceased person was Brett Andrew Pollini.
- How he died – Mr Pollini was involved in an acrimonious separation with his former spouse. There had been ongoing disputes about child contact and child support. Mr Pollini suffered from Bipolar Disorder and had chosen not to take any medication or otherwise treat the condition for 12 months. This impacted adversely on his mood, which in a crisis could become unstable. On 9 December 2011 he had a very distressing telephone call with a Child Support Officer concerning a substantial increase in child support he would have to pay. He formed the mistaken impression his former spouse was wanting full custody of his children. Shortly after this conversation he wrote a suicide note and hung himself. The telephone call was the likely tipping point for Mr Pollini in the context of evidence of a demonstrably distressed mood amplified by his untreated Bipolar Disorder. The formal cause of death was due to hanging.
- Place of death – He died at the QFRS Roma station, 39 McDowall St, Roma, in Queensland.
- Date of death – He died on 9 December 2011.

Cause of death –

Brett Andrew Pollini died due to hanging.

### ***Comments and recommendations***

Section 46, insofar as it is relevant to this matter, provides that a coroner may comment on anything connected with a death that relates to public health or safety, the administration of justice or ways to prevent deaths from happening in similar circumstances in the future.

#### **Recommendations to the Department of Human Services**

1. That this particular incident be fed into any relevant review process currently being undertaken by DHS. This recommendation has been agreed to.
2. That consideration be given to introducing a process, which ensures that CSA employees do not take their headsets off prior to terminating any call. This recommendation has been agreed to.
3. That there be mandatory reporting and a mandatory review of all calls that are terminated by a CSA employee (against the customer's wishes). This recommendation has been agreed to.
4. That consideration be given to flagging all threats of self harm in the system, regardless of whether the threat is subsequently withdrawn and that further thought be put into establishing more continuity of service for customers such as Mr Pollini. This recommendation has been agreed to.

I offer my condolences to Mr Pollini's partner, family, colleagues and friends.

I close the inquest.

John Lock  
Brisbane Coroner  
11 November 2013