

GUARDIANSHIP AND ADMINISTRATION BOARD
LAUNCESTON

QL, on the application of SB (Social Worker)

GAB No. XXXX of 2004

REASONS FOR DECISION

Susan Hill (Chair)
Philippa Whyte (Board member)
Rod Lester (Board member)

24 October 2003

Guardianship and administration – chronic schizoaffective disorder – represented person living on streets, self neglect, victim of physical and sexual abuse – opposing suitable housing options – less restrictive alternatives to administration available

Guardianship and Administration Act 1995 (Tas), ss 3 and 20

1. This is an application for administration and guardianship under sections 19 and 50 of the Guardianship and Administration Act 1995.
2. The proposed represented person is a 41 year old single woman with a long history of psychiatric illness, now diagnosed as a chronic schizoaffective disorder, which has led to multiple admissions to psychiatric wards around Australia. Prior to her most recent hospitalisation, she was living on her own in a unit, which she has now lost. Her family are in South Australia. Her father, who is a doctor, keeps in touch with Dr C and her mother also has a mental illness. QL has entitlement to Centrelink benefits, but cannot access them, as she has no bank account. The State Trustees (Victoria) were appointed to administer her finances in 2003.
3. The applicant, a social worker at Ward 1E, SB, Dr C and other persons had concerns over QL's future well being and safety and these have prompted the application

4. An application was received on 9th September 2003 and the matter was listed for hearing on 24th October 2003.
5. To begin with, the application to replace the Victorian administrators with the Tasmanian Public Trustee was considered and dismissed. The Board's staff spoke with her trust officer in Victoria and ascertained that QL is paid an allowance. She cannot presently access her pension and seems unable to open a bank account, but could do so with minor assistance. The trust officer has regular contact even though she moves around. The Victorian administrator does not require that she pay the same level of fees that she would with the Tasmanian Public Trustee. All parties agreed that the present arrangement was working well and, once a new account is opened, should continue to work well.
6. The guardianship application was then considered. The Board had extensive information from the applicant. It also had medical reports from Dr Alex Bell, a report from Mary Rowe who is the Board's Investigations and Liaison Officer (ILO). At the hearing were QL, Anne O'Connor, Ann Elliott and Dr C from Ward 1E, Bill Verrell and Donna Feltham from the Public Trustee and Kevin Preece representing the Public Guardian.
7. Reports show that QL is chronically ill and has no insight into her illness and does not comply with medication. She drifts to living on the streets, which she has done all over Australia with resultant self-neglect, and worse, many verified incidents of bashings and rapes. In addition, because of her behaviour, she cannot get accommodation and desperately needs somewhere to live. Howard Hill Centre (a supported accommodation facility) has been offered but she is strongly opposed to that option. She has been in the psychiatric ward of the LGH for six months now and treating staff are all concerned feel that her situation is in need of urgent attention.
8. The written reports confirmed the presence of an illness so chronic as to be almost permanent. They also confirmed reports of "living rough," self-neglect and bashings and rapes. Dr C said that he had looked into these claims and

found from enquiries with the Police and other sources that they were quite genuine.

9. Mary Rowe's ILO report indicated that she was being preyed upon by a former patient, described as psychopathic, to whom she sells herself, but that when she returns to Ward 1E, she has nothing but the clothes on her back. Ward 1E staff verified this. All see her as extremely vulnerable, with many people taking advantage of her. In addition, she has a tendency to abscond, which then necessitates a search as she is at risk.
10. Dr C said that she is very ill and it will be an ongoing problem, given the past history. He said her condition, in terms of physical health and hygiene when he met her was disturbing and that she still bears the scars from bashings. He said that he could not possibly contemplate a discharge date in the near future and putting her back on the streets to face more of the same. He said when there is an improvement, he thinks she may be better on her own, but that she cannot get accommodation, due to her odd behaviour, which is always present. She would need assistance getting accommodation or to get her into Howard Hill as a last resort, as she will resist.
11. The evidence of Mary Rowe and the 1E staff indicated that even at the best of times, others would see QL's behaviour as very eccentric.
12. Her father apparently supported the application and spoke with Dr C and Mary Rowe, although QL prefers not to have contact.

13. DISABILITY - _SECTIONS 3(1) AND 20 (1) (a)

QL has a long history of disability. She has many admissions around Australia as detailed in Dr C's report. Her disability has led to her absconding, going off medication with the end result of extreme violence to her and self-neglect. In addition, she has a manner, which does not allow her to relate well to others or, for example, to deal with accommodation agents, and makes her very vulnerable to predatory persons. Overall, she is very ill, with her prognosis looking bleak, if Dr C's report and past history are indicators.

16. **INCAPACITY – SECTION 20 (1) (b)**

Within the context of the application for guardianship, this clearly refers to an inability, by reason of the disability, to make reasonable judgements. In QL's case, all evidence leads to the conclusion that this occurs in practically every aspect of her life. The evidence shows an itinerant type of life, fraught with danger and with no supports or safety nets. Her grandiose delusions, as displayed at the hearing, may help her cope with this, they may also put her at danger of ridicule and exploitation and simply shunning by others. Her self-worth and self-esteem must be almost non-existent at times, given her vulnerability to predatory behaviour.

17. Arising from the questions of lack of insight and refusal of medication, the major issue is, obviously, accommodation. She has no success in obtaining it for herself and is very loath to go into institutions such as Howard Hill. Then, there is her apparent inability to do what is necessary to open a bank account, so that her Centrelink pension can be paid in, this income will be vital when she leaves the hospital

18. **QL'S WISHES**

Due to her behaviour at the hearing the Board was unable to ascertain clear and consistent wishes from QL. At the hearing, QL was well spoken, but totally delusional. She would revert from telling us about her university days one moment to the next, telling that she was Princess Caroline. She was also convinced that she was in a film and that the Board members were "movie stars".

This jumping around in thought seemed not to surprise her carers, but led to little information being gleaned, other than she denies that she is ill and doesn't want her medication. The only matters she agreed with were that she had been raped, although she made various allegations about the perpetrators, for example several police officers, which Dr C said that he had been unable to verify.

19. **LEAST RESTRICTIVE ALTERNATIVE**

Clearly, QL is at tremendous risk of bodily harm, or worse, if measures are not put in place for her protection, in fact not to do so would be a dereliction of the Board's duties.

20. **BEST INTERESTS**

Given QL's past history and even behaviours occurring at Ward 1E at present, it is vital that she be supported and protected where possible.

21. **PUBLIC GUARDIAN**

Kevin Preece attended the hearing and agreed as to the severity of the situation. He agreed that he could help out with housing and help QL open a bank account as well as the provide appropriate medical consents and attend to any other matters which may arise. Accordingly, a plenary order was made. The problems and need for assistance in QL's life are wide-ranging. He has the expertise to deal with matters as they arise.

22. **REASONS FOR DECISION**

The Board accepts the evidence of all parties, written and oral, that QL is chronically, and permanently ill, with a schizoaffective disorder. It accepts that because of this disorder, she has in the past been a victim of extreme violence, including rape, and that even now, in spite of the best efforts of 1E staff, she is at risk of exploitation, sexually and financially. It accepts Dr C's evidence that she is best on her own, but because of her eccentricity, is finding it nigh on impossible to access accommodation. It accepts that Howard Hill may be the only alternative, but that QL will refuse.

23. Overall, it accepts that this is a situation where much assistance is almost certain to be needed if she is not going to revert to her former dangerous lifestyle.

COMMENTS

Board members were extremely concerned for QL, as were all parties present. Ideally, getting her settled on medication and in accommodation and sorting out her pension, would solve the problems, but given the long past history of extreme risk taking behaviour and exploitation, together with her apparent inability to form relationships, this seems extremely optimistic. However, at this stage, there seems nothing further that can be done.

CONCLUSION

As is apparent from above, the reasons for decision are:

- 1) QL is severely ill with a chronic schizoaffective disorder.
- 2) Her history and present circumstances show her to be at extreme risk.
- 3) She seems incapable of managing most aspects of her life.
- 4) She is in need of assistance, possibly more than is available.

THE BOARD ORDERS:

1. That the Public Guardian is appointed Guardian of the represented party.

2. That the Guardian or any officer of the Tasmania Police Force or of the Tasmanian Ambulance service or, agents or servants of the Crown employed in the Department of Health and Human Services is authorised to take the following measures or actions to ensure that the represented person complies with the guardian's decisions concerning accommodation:
 - (i) keep the represented person at that place of residence;
 - (ii) Return the represented person to that place of residence should she leave it.

3. That the order remains in effect to 23 October 2006.

AND FURTHER, the Board being satisfied that there is no need for the appointment of an alternative administrator, the application for administration is dismissed.

Susan Hill (Chair) XX and XX (Members)