

CITATION: *The King v Manu* [2025] NTSC 5

PARTIES: THE KING

v

MANU, Rocky

TITLE OF COURT: SUPREME COURT OF THE
NORTHERN TERRITORY

JURISDICTION: SUPREME COURT exercising Territory
jurisdiction

FILE NO: 21139380

DELIVERED: 11 February 2025

HEARING DATE: 12 September 2024

JUDGMENT OF: Kelly J

CATCHWORDS:

Criminal Code s 43ZD – application to revoke non-custodial supervision order and release the supervised person unconditionally – s 43ZL – report of next of kin of deceased victim received by the Court and taken into account - s 43ZM – the Court must apply the principle that restrictions on a supervised person’s freedom and personal autonomy are to be kept to a minimum that is consistent with maintaining and protecting the safety of the community – order made unconditionally discharging the supervised person from the non-custodial supervision order

Criminal Code 1983 (NT), s 43H, s 43I, s 43ZD, s 43ZG(3)(a), s 43ZG(6), s 43ZH, s 43ZH(2)(a), s 43ZH(3), s 43ZH(3)(d), s 43ZK, s 43ZL, s 43ZL(3), s 43ZM, s 43ZN, s 156, Part IIA

Mental Health and Related Services Act 1998 (NT)

Sentencing Act 1995 (NT), s 53A(1)(a)

R v KMD [2015] NTSC 31; *R v Murdoch* [2024] NTSC 60; Inquest into the death of *Gwynneth Kintala Vaezl Cassiopeia Roennfeldt (aka Jasmine Roennfeldt)* [2013] NTMC 023, referred to

REPRESENTATION:

Counsel:

Crown:	D Jones
Accused:	A Abayasekara
CEO Department of Health:	R Brebner

Solicitors:

Crown:	Office of the Director of Public Prosecutions
Accused:	Northern Territory Legal Aid
CEO Department of Health:	Solicitor for the Northern Territory

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IN THE SUPREME COURT
OF THE NORTHERN TERRITORY
OF AUSTRALIA
AT DARWIN

The King v Manu [2025] NTSC 5
No. 21139380

BETWEEN:

THE KING

AND:

ROCKY MANU

CORAM: KELLY J

REASONS FOR JUDGMENT

(Delivered 11 February 2025)

Background and Procedural History

- [1] On 15 August 2012, Rocky Manu was charged with murdering the deceased on or about 14 November 2011, contrary to s 156 of the *Criminal Code 1983* (NT) (the Code).
- [2] Mr Manu's actions were found to be as a result of a mental impairment, namely schizophrenia coupled with a history of alcohol and illicit drug misuse. At the time that Mr Manu killed the deceased, his schizophrenia had

not been effectively treated for over three months, resulting in paranoid delusions and irrational beliefs that the deceased was trying to harm him.¹

- [3] On 11 September 2012, the Court accepted a plea of not guilty due to mental impairment under s 43H and formally declared that Mr Manu was liable to supervision pursuant to s 43I of the Code.
- [4] On 3 July 2013, Mr Manu was made subject to a Custodial Supervision Order (CSO) and a nominal term of 20 years imprisonment was imposed to commence on 14 November 2011.²
- [5] On 20 December 2017, the CSO was varied to allow the Commissioner of Correctional Services to release Mr Manu from custody for periods as determined in consultation with staff for the Chief Executive Officer of the Department of Health (the CEO), for the purposes of implementing a transition plan, including treatments or other behavioural interventions proposed for Mr Manu as part of the transition plan.
- [6] Mr Manu engaged in a graded transition into the community and participated in a number of successful community visits. On 9 March 2018, the CSO was varied to a Non-Custodial Supervision Order (NCSO). Mr Manu has been subject to a NCSO since this date.

¹ Inquest into the death of *Gwynneth Kintala Vaezl Cassiopeia Roennfeldt (aka Jasmine Roennfeldt)* [2013] NTMC 023 at [2]

² Pursuant to s 43ZG(3)(a) of the Code read with s 53A(1)(a) of the *Sentencing Act 1995* (NT)

- [7] In October 2019, Mr Manu became a participant in the NDIS with a package that included both community and in home support.³ On his order first being varied to a NCSO, Mr Manu resided in supported accommodation at Banksia House. He has subsequently transitioned to less restrictive supported accommodation and since 28 April 2022 has rented his own accommodation and now resides privately at a residence owned by his family.
- [8] Under the NCSO, Mr Manu is under the care and case management of the Top End Mental Health Service and Forensic Mental Health Team. The in home-support under his NDIS package was gradually removed over the previous review period, but Mr Manu continues to have support from BDMS, a NDIS provider, three days a week in facilitating community access.⁴
- [9] At the periodic review on 6 July 2023, the NCSO was confirmed for a further period. In addition to a report under s 43ZK, the Court ordered that a report under s 43ZN also be prepared for the next review in order to determine whether Mr Manu ought to be unconditionally discharged from his NCSO.
- [10] On 6 June 2024 the Court received a report from Dr Ranjit Kini giving consideration to both s 43ZK and s 43ZN. On 20 June 2024 the Court received a report from Dr Abdul Rahman Madadi addressing the same. Both

³ Submissions on behalf of the CEO of Health, 10 September 2024, paragraph 9

⁴ Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.14

experts ultimately recommended that the Court consider unconditionally discharging Mr Manu from the NCSO.⁵ The family of the deceased were informed that these recommendations were made and an application would be put before the Court at the next review to release Mr Manu unconditionally.

[11] On 9 August 2024, in accordance with s 43ZL of the Code, the Court received material from the deceased's family, including an affidavit under the hand of the deceased's mother and a next of kin report from various family members. This material raised strong opposition to the prospect of Mr Manu being released from the NCSO. It also expressed hurt and dissatisfaction at the way in which the family of the deceased had been made aware of the proposal for an unconditional release.

...we wish to strongly communicate displeasure at the short time frame, and insensitive email written to the victim's family inviting feedback to the Supreme Court. We have put aside work and life matters, at our own expense to urgently compile and provide this letter in a timely manner, knowing we will not have time to provide our own Affidavit(s).⁶

I am not aware of exactly when, nor how, the family of the deceased were made aware that the Court would be considering an application for Mr Manu's release from the NCSO.

5 Report of Dr Ranjit Kini, 6 June 2024, paragraph 5.4; Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 15.3

6 Next of Kin Report

- [12] At the review on 14 August 2024, counsel for the CEO, the Crown and the supervised person were agreed that following the recommendations in the report, Mr Manu ought to be unconditionally discharged from the NCSO. However, I expressed concern about doing so in light of the views expressed by the family of the deceased. I requested that Drs Kini and Madadi be given the opportunity to respond to the concerns raised by the family of the deceased and for the parties to provide written submissions.
- [13] I also indicated that I would happily receive material from Mr Manu's family outlining their views, as I am permitted to consider under s 43ZL(3). Both expert reports highlighted the importance of Mr Manu's familial support in mitigating his risks.⁷
- [14] During the period of the adjournment, Mr Damien Jones for the Crown contacted the deceased's family and discussed the application with them. I was later given a copy of an email from the family members to Mr Jones saying:

Good afternoon Damien,

Thank you for your time on the phone today and clarification that you will provide all of the contents of our report to the court, on our behalf on the 14th at the hearing/review.

We are grateful for your compassion in handling of this case, and trust you will honestly represent the contents, in court for Her Honour Judge Kelly's consideration.

Please find report/letter attached, and let me know if there is any further edit required for submission.

⁷ Report of Dr Ranjit Kini, 6 June 2024, paragraph 2.13; Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 13.7

Kind regards

[15] The family's submissions were received by the Court and taken into account on considering the application to discharge Mr Manu from the NCSO. Those submissions and the submissions of the Crown, the CEO and the defence are summarised below.

[16] On 12 September 2024 I made an order to revoke the NCSO and release Mr Manu unconditionally pursuant to s 43ZH(3)(d) of the Code.

Relevant Legal Principles

[17] Part IIA of the Code establishes a regime for the supervision of two categories of person: persons found not guilty by way of mental impairment and persons found unfit to plead. Mr Manu falls into the first category.

[18] The nominal term of imprisonment imposed on 3 July 2013 has not expired so as to trigger a major review of Mr Manu's case. What is presently being conducted is a periodic review pursuant to s 43ZH of the Code. Where a supervised person is subject to an NCSO and undergoing a periodic review, the Code does not specify a test to be applied by the Court in determining the order to be made on the completion of the review.⁸ This is in contrast to periodic reviews of a CSO or major reviews.⁹

[19] Upon the completion of a periodic review a NCSO, the Court may:

⁸ The Code s 43ZH(3)

⁹ The Code s 43ZH(2)(a); s 43ZG(6)

- (a) confirm the order;
- (b) vary the conditions of the order;
- (c) vary the supervision order to a custodial supervision order and impose conditions the court considers appropriate; or
- (d) revoke the order and release the supervised person unconditionally.¹⁰

[20] In determining the appropriate order, the Court must apply the principle that restrictions on a supervised person's freedom and personal autonomy are to be kept to a minimum that is consistent with maintaining and protecting the safety of the community.¹¹ The statutory framework under Part IIA creates a strong legislative presumption in favour of the liberty of the subject.¹²

[21] The matters the Court must have regard to when making an order are set out at s 43ZN and include:

- (a) whether the accused person is likely to endanger himself or another person because of his mental impairment, condition or disability;
- (b) the need to protect people from danger;
- (c) the nature of the mental impairment or disability;

10 The Code s 43ZH(3)

11 The Code s 43ZM

12 *R v KMD* [2015] NTSC 31 at [37]; *R v Murdoch* [2024] NTSC 60 at [14]

- (d) the relationship between the mental impairment, condition or disability and the offending conduct;
- (e) whether there are adequate resources available for the treatment and support of the supervised person in the community;
- (f) whether the accused person is complying or is likely to comply with the conditions of the supervised order; and
- (g) any other matters the court considers relevant.

[22] Pursuant to s 43ZN(2)(a)(i) of the Code, when considering whether to substantially reduce the supervision of a supervised person, a court must consider two reports written by appropriate experts. For the purpose of this review, the Court received two reports from consultant forensic psychologist Dr Ranjit Kini and registrar psychiatrist, Dr Abdul Rahman Madadi.

Report of Dr Ranjit Kini

[23] In his report dated 6 June 2024, Dr Kini stated that Mr Manu had not exhibited any psychotic symptoms in the review period and despite residual negative symptoms, his mental health had remained stable.¹³ Mr Manu had continued to abstain from alcohol and illicit drugs and engaged with professionals assisting his treatment and recovery. Dr Kini reported that Mr Manu has good insight into the harmful effects of alcohol and illicit

13 Report of Dr Ranjit Kini, 6 June 2024, paragraph 1.3

drugs on his mental health and their propensity to increase his risk of violent recidivism.¹⁴

...Mr Manu's mental health has largely been stable. Although he continues to have residual negative symptoms, their adverse impact on his daily functioning and recovery are mitigated by his NDIS plan and support systems. Mr Manu has good insight into the importance of treatment compliance and abstinence from illicit drugs. His insight into adjunctive risk factors, such as the importance of sleep hygiene, adhering to routine, and participation in volunteering or part-time employment has improved over this review period.

Mr Manu continues to have residual negative symptoms of schizophrenia, such as reduced motivation and volition in respect of participating in structured activities (including employment or volunteering); social withdrawal, ambivalent thinking, anhedonia; and difficulties with inter-personal interactions. However, there has been an improvement in this domain in comparison to the previous review period...¹⁵

[24] Dr Kini has previously identified five future risk items for Mr Manu:

(1) professional service and plans, (2) living situation, (3) personal support, (4) treatment and supervision response and (5) stress and coping. In his report dated 4 May 2023, Dr Kini considered risk items 1, 3, 4, and 5 to be partially present and relevant if the NCSO was removed.¹⁶ This was because, without a supervision order, Mr Manu would not meet the criteria for case management by the Forensic Mental Health Team (FMHT) and instead be referred to the general adult mental health team (AMHT).¹⁷ Dr Kini considered that due to the large caseloads and stretched resources of AMHT,

14 Report of Dr Ranjit Kini, 6 June 2024, paragraph 2.5

15 Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.1 - 4.2

16 Report of Dr Ranjit Kini, 4 May 2023, paragraphs 3.10 - 3.11

17 Report of Dr Ranjit Kini, 4 May 2023, paragraph 3.12

Mr Manu would not receive the case management he required to monitor subtle behaviour changes which if not addressed proactively could result in a relapse of his mental illness and an escalation in the risk to himself and others.¹⁸

[25] In his most recent report, Dr Kini considered all five future risk items to be not present and not relevant.¹⁹ Dr Kini concluded that in the event of Mr Manu's NCSO being removed, he would pose a low risk to the community and that that risk could be appropriately managed by AMHT. He considered that Mr Manu's improved insight meant that a court imposed order was no longer necessary to ensure compliance.

...[Mr Manu] poses a low risk of endangering other persons or himself because of his mental illness. Mr Manu's risk can be appropriately managed by AMHT case management. He no longer requires the higher intensity of follow-up or supervision provided by FMHT case management under the auspices of a NCSO.²⁰

As Mr Manu is complying well with his psychiatric medication treatment...

Due to Mr Manu's improved insight into psycho-social contributors to his risk, he is likely to cooperate with his treating team in complying with non-pharmacological interventions if recommended to him. Given his willing participation in therapeutic interventions, he no longer requires the NCSO conditions to compulsorily engage in them.²¹

Dr Kini also noted that if Mr Manu stops complying with his psychiatric treatment in future, his treating team could apply for a Community

18 Report of Dr Ranjit Kini, 4 May 2023, paragraph 3.12

19 Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.10

20 Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.14

21 Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.15 - 4.16

Management Order under the *Mental Health and Related Services Act 1998* (NT) to ensure compliance.²²

- [26] Dr Kini recommended that the Court consider unconditionally removing Mr Manu's NCSO.²³

Report of Dr Abdul Rahman Madadi

- [27] In his report dated 20 June 2024, Dr Madadi confirmed Mr Manu's diagnosis and reiterated his traits of acute psychotic relapse of schizophrenia if left untreated, including auditory hallucinations, non-compliance with medications and persecutory delusions.²⁴

- [28] Similarly to Dr Kini, Dr Madadi noted that Mr Manu continues to have residual negative symptoms of schizophrenia, the most prominent being a lack of motivation for exercise, work or other activities.²⁵

- [29] Dr Madadi reported that Mr Manu's schizophrenia had been in remission for a number of years and over the review period he has maintained a stable mental state and been compliant with treatment and clinical monitoring.²⁶ Dr Madadi highlighted Mr Manu's ability to engage in treatment without supervision.

²² Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.15

²³ Report of Dr Ranjit Kini, 6 June 2024, paragraph 5.4

²⁴ Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 7.1 & 13.1

²⁵ Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 7.2

²⁶ Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 7.3

Mr Manu now independently manages his medication and with support of community access attends treatment and follow up appointments at the Tamarind Centre without issues.

Mr Manu has expressed his commitment to continue to engage with treatment even if he was no longer under a supervision order.

Excluding the conditions imposed under the NCSO, Mr Manu can make independent decisions in relation to his health and financial matters, without oversight.²⁷

[30] Dr Madadi noted Mr Manu's improved insight into his diagnosis.

During our interview on 7 June 2024, Mr Manu had insight into having schizophrenia, that it is a relapsing and remitting illness and demonstrated that he was able to identify the symptoms suggestive of acute psychotic relapse of his schizophrenia. He also demonstrated insight into psychotropic medications having potential side effects and that as a result he will need to be monitored by his GP on a regular basis...²⁸

[31] Dr Madadi considered that given the clinical improvement in his mental state and compliance with treatment and follow up, Mr Manu poses a low risk of harm to himself or others.²⁹ Dr Madadi identified that any future risks were likely to emerge in the context of relapse of alcohol consumption or illicit substance use. Mr Manu self-reports abstinence from alcohol since 2011 and from illicit substances since 2009. He is tested randomly by FMHT under the NCSO and has always returned negative results.³⁰

In relation to Mr Manu's future risks, the risks are likely to re-emerge in the event of Mr Manu experiencing an acute psychotic relapse of his schizophrenia, particularly in the context of relapse of illicit substance use or dangerous levels of alcohol consumption. In such an event he

27 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraphs 8.2 – 9.1

28 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 9.3

29 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 13.7 & 15.1

30 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 13.5

may become adversarial, non-compliant with treatment and follow up, and can become violent in attempt of protecting himself from misperceived harm from others.

At the current time given his good compliance, intact social supports, abstinence from illicit substances and alcohol, his risk of harm to himself or others is low. Factors that currently mitigate the above-mentioned risks are: ongoing familial support, NDIS provided community access, ongoing care and case management by mental health team, and ongoing compliance with psychotropic medication and follow up.³¹

- [32] Dr Madadi recommended that the Court consider unconditionally discharging Mr Manu from the NCSO.³² In the event of an unconditional discharge, Dr Madadi stated that FMHT would provide a comprehensive handover to AMHT and work closely with AMHT to advise on case management and ensure a smooth transition.³³

Family Reports

- [33] The Court received two documents from the family of the deceased. An affidavit under the hand of the deceased's mother and a next of kin report authored by several members of the deceased's family.
- [34] In her affidavit dated 7 August 2024, the deceased's mother outlined unease for what she perceived to be similarities between the current state of affairs and the state of affairs that existed prior to the murder of the deceased.

Given the statements made by the coroner regarding Mr Manu's history, the similarity of Mr Manu's situation at this point in time, to the

31 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraphs 13.6 – 13.7

32 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 15.3

33 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraphs 14.4 & 15.4

situation that immediately proceeded [the deceased's] murder is eerily similar.³⁴

The affidavit further stated,

The incurable nature of schizophrenia (all types) and effects (the known statistical rates of recidivism) indicates that this application seems both bizarre and dangerous.

If this release were to be granted I would consider it criminally negligent.

I implore you to become familiar with the coroner's observations when considering this application.

Should Mr Manu be free to determine his own way of life, his ego is likely to step immediately into that deadly state again, without fear of repercussion.³⁵

[35] The authors of the next of kin report stated similar concern about the chances of violent recidivism if Mr Manu's taking of medication and abstinence from alcohol was not monitored.

Recidivism is statistically likely in Mr Manu's case and current situation. Specifically, the likelihood of recurrence [increases] with alcohol or drug use...we strongly request that Mr Manu be monitored for drug and alcohol use for the duration of his life.³⁶

The family also expressed distrust for the conclusions reached by medical experts in relation to Mr Manu.

...Mr Manu has, since his 1991 diagnoses, shown ongoing deceit and disregard for his compliance with his supervision...

Additionally, we remind that Mr Manu was able to deceive and manipulate his long-term Psychiatrist in 2011. He was unable to be

34 Affidavit of Gwenneth Mary Gleeson 7 August 2024, paragraph 4

35 Affidavit of Gwenneth Mary Gleeson 7 August 2024, paragraph 5 - 8

36 Next of Kin Report

regulated by his family and inevitably able to do irreparable harm, particularly to [the deceased], but touching all of us.³⁷

The family reiterated the ongoing psychological harm that has affected all of them since the death of the deceased and has been exacerbated by this current review.

Crown Submissions

[36] The Crown referred to the conclusions made by Dr Kini and Dr Madadi in relation to the suitability of case management by AMHT who would take over from FMHT if the NCSO was removed. Dr Kini recommended that AMHT work collaboratively with Mr Manu's NDIS providers and recommended AMHT case manage Mr Manu and offer him psychiatric reviews, supervision and support as required.³⁸ Dr Madadi also made recommendations for Mr Manu's case management by AMHT.

[37] The Crown noted that Mr Manu's NDIS plan is due for review on 2 April 2025 and there is nothing presently before the Court from AMHT in terms of who will be taking over FMHT, what plan is to be put in place or how it is to be actioned. The Crown therefore submitted that the Court may be in a better place to determine whether an unconditional discharge from the NCSO is appropriate by having further information on what treatment and

37 Next of Kin Report

38 Crown Submissions at 31; Report of Dr Ranjit Kini, 6 June 2024, paragraph 5.1

supervision will actually be in place as preventative factors before the transfer from FMHT to AMHT.³⁹

Submissions on behalf of the Supervised Person

[38] Counsel for Mr Manu recognised at the review on 14 August 2024, that the material received from the family of the deceased contained relevant misunderstandings in relation to the level of supervision that Mr Manu was currently subject to, and the extent to which his treatment would continue if the NCSO was unconditionally revoked.⁴⁰ In written submissions counsel specifically referred to references to the supervised person being in an institution rather than in the community with supervision and an incorrect perception that his treatment would end, when he inevitably will be subject to a treatment regime for the rest of his life.⁴¹

[39] It was further submitted that the situation that Mr Manu was in prior to the index offending and the situation he is in now, are not analogous. At the time of the offending, the supervised person was not medicated and had a history of medication refusal, non-compliance and limited insight into his illness. The offending also occurred in the context of unacceptable flaws in the provision of mental health services in Alice Springs which were

39 Crown Submissions at 32

40 Transcript of proceedings on 14 August 2024

41 Submissions on behalf of the Supervised person at 18

considered in detail in the coronial inquest that followed.⁴² Mr Manu's counsel submitted that his current situation could not be more different.⁴³

Further Report of Dr Kini

[40] Following the review on 14 August 2024, Dr Kini was provided with a copy of the Affidavit and Next of Kin Report from the family of the deceased.⁴⁴

Dr Kini provided a further report to the Court on 9 September 2024.

[41] Dr Kini confirmed Mr Manu's continued compliance and engagement in the period since his report provided on 6 June 2024.⁴⁵

[42] Dr Kini reported that on 19 August 2024, FMHT met with AMHT to discuss Mr Manu's care in the event that he is unconditionally discharged from the NCSO. AMHT were informed by FMHT of the concerns expressed by the deceased's family.⁴⁶

[43] At that meeting, FMHT made a series of recommendations to mitigate Mr Manu's risk of violent recidivism which are set out in Dr Kini's report.⁴⁷

- (a) Mr Manu should be case managed by AMHT indefinitely or until they have written directions from the Director of Psychiatry, TEMHS or the Director of FMHT to discharge him from case management.

⁴² Submissions on behalf of the Supervised person at 19; Inquest into the death of *Gwyneth Kintala Vaez* *Cassiopeia Roennfeldt (aka Jasmine Roennfeldt)* [2013] NTMC 023

⁴³ Submissions on behalf of the Supervised person, 12 September 2024, at 19

⁴⁴ Report of Dr Ranjit Kini, 9 September 2024, paragraph 1.1

⁴⁵ Report of Dr Ranjit Kini, 9 September 2024, paragraphs 2.1 – 2.4

⁴⁶ Report of Dr Ranjit Kini, 9 September 2024, paragraph 2.6

⁴⁷ Report of Dr Ranjit Kini, 9 September 2024, paragraph 2.6

- (b) Mr Manu should have a case manager allocated to him. AMHT has already allocated a case manager (Bindu Balan) for Mr Manu and Ms Balan has already met with Mr Manu.
- (c) FMHT emphasised the importance of early detection of deterioration in Mr Manu's mental health, so that timely interventions can be made to mitigate the risk of a relapse of his illness and violence.
- (d) FMHT recommended Mr Manu's treating psychiatrist (or registrar) and case manager (or delegate) to review Mr Manu regularly. FMHT recommended that initially reviews are carried out at least on a monthly basis, and once the team has a better understanding of his baseline functioning and risks, they can determine the frequency of reviews.
- (e) FMHT recommended that Mr Manu should continue to indefinitely administer at least one antipsychotic medication in a Long Acting Injection (LAI or depot) formulation to ensure compliance. FMHT recommended that Mr Manu should be on antipsychotic medication indefinitely. FMHT noted that previous attempts at reducing the dose of olanzapine had resulted in a decline of his mental health. FMHT recommended AMHT to liaise with Mr Manu's GP in respect of his metabolic monitoring.
- (f) FMHT recommended that AMHT should have a low threshold to apply to the NT Civil and Administrative Tribunal (NTCAT) for a Community Management Order under the NT *Mental Health and Related Services Act 1998* (MHRSA), if Mr Manu defaults, stops complying or expresses reluctance to comply with treatment. FMHT noted that Mr Manu has complied voluntarily with treatment since being placed on his supervision order, and has repeatedly said that he does not want to cease his antipsychotic medications.
- (g) FMHT informed AMHT that they can contact FMHT for advice if they have concerns about Mr Manu's mental health or risks.
- (h) FMHT emphasised the importance of AMHT liaising with Mr Manu's sister Ms Manu-Preston regularly, as his sister is well versed with his early relapse warning signs and risk factors.
- (i) FMHT has recommended AMHT to liaise with BDMS as they facilitate three supervised community access visits for Mr Manu per week and their feedback can provide valuable information about his mental health and risk factors.
- (j) FMHT has recommended AMHT conduct regular Urine Drug Screens (UDS) to ensure ongoing abstinence from illicit drugs. It was noted that this would require Mr Manu's cooperation. Mr Manu has always cooperated with UDS in the past. He has assured us that he will

continue to do so in the future. If Mr Manu refuses to cooperate with UDS, it could potentially be an area for concern and AMHT should consult with his sister for collateral information.

[44] Further to these recommendations, in the event that the NCSO is removed, AMHT requested that FMHT case manage Mr Manu for a period of three months in conjunction with AMHT to give the AMHT case manager time to build rapport with Mr Manu in the lead up to his care being wholly handed over to AMHT.⁴⁸ Dr Kini stated that this would occur in the event of an order granting an unconditional release.

[45] Dr Kini reaffirmed the conclusion of his previous report that Mr Manu can be appropriately managed by AHMT and poses a low risk of endangering other persons or himself because of his mental illness.⁴⁹

[46] Therefore, in accordance with the least restrictive management option to manage Mr Manu's risk of violent recidivism, I am of the opinion that he does not require continued management on a NCSO.⁵⁰

Submissions on behalf of the CEO of Health

[47] Counsel on behalf of the CEO submitted that the management regime proposed in the further report, is sufficient to reassure the Court that Mr Manu will continue to be supported to ensure his continued compliance

48 Report of Dr Ranjit Kini, 9 September 2024, paragraph 2.7

49 Report of Dr Ranjit Kini, 9 September 2024, paragraph 4.16 – 4.18

50 Report of Dr Ranjit Kini, 9 September 2024, paragraph 4.20

with mental health treatment and abstinence from illicit substances.⁵¹ The submissions acknowledged the emotional material received from the family of the deceased and their continued apprehension, however concluded that in the face of unchallenged expert evidence, the Court ought to exercise its discretion and unconditionally discharge Mr Manu.⁵²

Letter of Support from Mr Manu's family

[48] On 9 September 2024, I received a letter of support from the family of Mr Manu in relation to the application for the NCSO to be unconditionally revoked. The letter expressed the family's commitment to supporting Mr Manu in his recovery and gratification for the recovery milestones that he has achieved to date.

As a family, we commit to continue to work collaboratively with the mental health and other services. We highlight that our commitment to support our brother is assured and our expectation is that it include the necessary clinical system of support and not just family support and intervention...

[49] Mr Manu's family stated their understanding that mental health psychiatric case management as outlined in the expert reports should be in place for Mr Manu indefinitely.

51 Submissions on behalf of the CEO of Health, 10 September 2024, at 50

52 Submissions on behalf of the CEO of Health, 10 September 2024, at 51 - 53

Consideration

- [50] I have taken into account the submissions of all parties, including the deceased's family and the expert reports of Dr Kini and Dr Madadi. While I am sympathetic to the concerns of the family of the deceased I am of the view that Mr Manu should be unconditionally discharged from the NCSO.
- [51] Both Dr Kini and Dr Madadi expressed the view that with appropriate support and compliance with his treatment regime, Mr Manu posed a low risk of danger to the community or himself. I consider the following matters, set out in those reports to be of particular significance.
- (a) Mr Manu had not exhibited any psychotic symptoms in the review period and despite residual negative symptoms, his mental health had remained stable.⁵³
 - (b) His schizophrenia had been in remission for a number of years and over the review period he had maintained a stable mental state and been compliant with treatment and clinical monitoring.⁵⁴
 - (c) Mr Manu has been complying well with his psychiatric medication treatment and during the last phase of his NCSO was independently managing his medication and, with support of community access,

53 Report of Dr Ranjit Kini, 6 June 2024, paragraph 1.3

54 Report of Dr Abdul Rahman Madadi, 20 June 2024, paragraph 7.3

attending treatment and follow up appointments at the Tamarind Centre without issues.

- (d) Mr Manu has expressed his commitment to engage with treatment even if he is no longer under a supervision order.
- (e) If Mr Manu stops complying with his psychiatric treatment in future, his treating team could apply for a Community Management Order under the *Mental Health and Related Services Act 1998* (NT) to ensure compliance.⁵⁵
- (f) Mr Manu has continued to abstain from alcohol and illicit drugs and engaged with professionals assisting his treatment and recovery.
- (g) Mr Manu has good insight into the harmful effects of alcohol and illicit drugs on his mental health and their propensity to increase his risk of violent recidivism.⁵⁶
- (h) Due to Mr Manu's improved insight into the psycho-social contributors to his risk, the doctors expressed the view that he is likely to cooperate with his treating team in complying with non-pharmacological interventions if recommended to him.

55 Report of Dr Ranjit Kini, 6 June 2024, paragraph 4.15

56 Report of Dr Ranjit Kini, 6 June 2024, paragraph 2.5

- (i) Dr Kini considered all five previously identified future risk items to be not present and not relevant.⁵⁷
- (j) Dr Kini concluded that in the event of Mr Manu's NCSO being removed, he would pose a low risk to the community and that that risk could be appropriately managed by AMHT. Both doctors considered that Mr Manu's improved insight meant that a court imposed order was no longer necessary to ensure compliance.
- (k) In his supplementary report, after being referred to the concerns expressed by the deceased's family, Dr Kini liaised with FMHT and AMHT and a series of additional supports were recommended and will be put in place to mitigate any risk of future violent recidivism on the part of Mr Manu. (These are set out at [44] above.)
- (l) Mr Manu has the protective factor of care and support from his family who have supported him throughout his period of supervision and will continue to do so.

[52] I am also of the view that some of the concerns expressed by the family of the deceased stem from a misunderstanding of the regime Mr Manu was under on the NCSO and the implications of an unconditional discharge of that order.

⁵⁷ These were (1) professional service and plans, (2) living situation, (3) personal support, (4) treatment and supervision response and (5) stress and coping.

- [53] The family referred to the coronial report into the death of the deceased which describes Mr Manu's history of denying his supervised directions, medication refusal, and threatening behaviour when forced to do so. They expressed the fear that the current situation was similar. However, as reported by Dr Kini and Dr Madadi, Mr Manu has now been compliant with his medication regime for many years and during the last period of his NCSO he has been managing it himself. He now has insight into his illness and the need for him to be medicated (and to abstain from alcohol and illicit drugs) and has expressed his intention of continuing to comply.
- [54] The family expressed the view that Mr Manu should spend his life "in supervised custody". Mr Manu has been under court ordered supervision but not in custody for a number of years now, and under the NCSO he transitioned into independent living in the community in his own accommodation. Further, after the discharge of the NCSO, Mr Manu will still be under the care of a treating team and, if he does become non-compliant can be made subject to a Community Management Order which would re-impose a degree of supervision, albeit not court ordered supervision.
- [55] For all of these reasons, taking into account that, pursuant to s 43ZM of the Code, in making this decision I am obliged to apply the principle that restrictions on a supervised person's freedom and personal autonomy are to be kept to a minimum that is consistent with maintaining and protecting the

safety of the community, I ordered that Mr Manu be unconditionally discharged from the NCSO.
