

Mr Lee has been found not guilty on the ground of insanity of one count of arson. There is no dispute about the facts and I find them to be as follows. Mr Lee was 48 years old in September 2020. He was then living alone in a rented two bedroom property at Channel Highway in Gordon. He had been living there for nearly twelve months. On the morning of Sunday, 20 September 2020, Mr Lee went outside and lit a fire in a firepit outside the house. He then took the gas bottle out of a barbeque, collected laundry detergent and spray bottles and put all of these items inside the house. After watching the fire for a short time he went back inside, put firewood in the corner of a bedroom and put screwed up newspaper under the curtains in both of the two bedrooms and in the living/dining room. He then sprayed a lubricant onto the curtains and on his clothes as well. He used a cigarette lighter to set fire to the screwed up newspaper under the curtains and the fire began to spread through the house. It went out at one stage so he re-lit it. He stayed inside and watched the fire for a time. At 7.10am while he was still inside the house, he telephoned 000 and then shortly after made another call to 000. These calls were to summon the fire service but he insisted that they not be local because he said they were corrupt criminals. Local brigades did attend but were advised to remain away from the house and not attend until police were on the scene. Police arrived about 8am at which point the house was fully alight. Mr Lee was seen to be walking around the house near the fire. After police arrived he was seen to be behaving erratically and he was arrested. The uncontested psychiatric evidence called by the defence was that Mr Lee has "Bipolar 1 Disorder" and had an extended manic psychotic period through 2020. At the relevant time, he was in a paranoid state and believed he was being surrounded and manipulated by a drug ring. He felt under great threat and that his daughter's life was in danger. In short, he suffered paranoid delusions, delusions of grandeur and delusions of reference. He became increasingly desperate and disorganised, breaking the windows of the house the day before, and then burning his home in a failed suicide attempt. Dr Reid said that the requirements of s 16(1)(a)(ii) of the Criminal Code were met as Mr Lee did not know what he was doing was wrong. He was distressed, desperate and labouring under persecutory delusions that took away his ability to think rationally and to understand what he was doing was wrong. When admitted to the Wilfred Lopez Centre on 11 November 2020 Mr Lee was described as manic, psychotic and physically aggressive. As required by s 35(2) of the *Criminal Justice (Mental Impairment) Act* I obtained two reports, both of them very comprehensive. The first report is dated 27 June 2022, and is from Dr Darjee, a consultant forensic psychiatrist with FMHS. Dr Darjee's report deals with all aspects of background history, the offence, and presentation at interview. He says that Mr Lee has PTSD because of his experiences in the armed forces, has a substance abuse problem involving alcohol, cannabis and methamphetamine and has suffered bipolar affective disorder since about 2014, leading to multiple admissions to hospital and requiring treatment with ECT and medication. He reports that at the time of the crime, Mr Lee was clearly floridly and psychotically manic. However as he is receiving appropriate treatment and services to treat his illness and to prevent a further episode, Mr Lee is well and has been for over a year in the community now. The plan is for him to continue to receive the present treatment and services. In Dr Darjee's view there is no requirement for either a supervision order or treatment order, and the recommendation is that Mr Lee be released unconditionally and not be the subject of any form of order. The second report is dated 8 August 2022 and is from Dr Sonny Atherton, a locum consultant forensic psychiatrist with FMHS. After fully exploring Mr Lee's mental state and presentation at interview, his account of his present circumstances, Mr Lee's personal background, psychiatric history, medical history, substance use, forensic history and details of

the offending and independent information, Dr Atherton notes an established diagnosis of bipolar affective disorder with several previous psychiatric admissions with manic and psychotic symptoms. The offence occurred in the context of a manic paranoid psychosis. He is satisfied that Mr Lee does have reasonable insight into his mental illness and the need to maintain adherence to treatment. In Dr Atherton's view there is no compelling indication for specialist psychiatric management at this time. He does not recommend a supervision order or a treatment order be made. For completeness, I should add that it is very clearly implicit in both reports that there is no need for a restriction order.

Under s 34 of the *Criminal Justice (Mental Impairment) Act*, I am to apply, where appropriate, the principle that restrictions on a defendant's freedom and personal autonomy should be kept to the minimum consistent with the safety of the community. I have regard to the matters set out in s 35(1) of the Act. I am satisfied that it is appropriate to act on the recommendations made. The order is that Mr Lee is released unconditionally.