

CUMBERLAND HOSPITAL
A UNIT OF THE WESTERN SYDNEY AREA HEALTH SERVICE

7 February 1992

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Our reference:

Medical Report Mr. John HOKIN

Your reference:

Mr. Hokin was admitted on 23-12-91 under Section 33 on recommendations of the Magistrate of the Local Court in Parramatta for the assessment of his mental state following the charge of the physical assault causing bodily harm.

He was admitted as an involuntary patient and assessed by the consultant psychiatrist during several interviews before being presented before the Magistrate in Cumberland Hospital on 2-1-92. He was found to be mentally ill and the detention order was made for 6 weeks till 13-2-92.

His previous psychiatric history goes back to 1967, when he was admitted for the first time to Cumberland Hospital with a diagnosis of an acute schizophrenic reaction. He had another admission during the same year to Cumberland Hospital, this time diagnosed as the schizophrenia-paranoid type.

For the past 13-15 years he was treated for depression. He had exhibited mixed depressive features (some reactive neurotic symptoms with the symptoms of biological depression). He also had an admission in 1987 in psychiatric unit of Gosford Hospital, where he was diagnosed as Bipolar Affective Disorder type II. There is no clear evidence of any observed episodes of hypomania or mania, this was reported by patient only. Following that he was seen and treated in Merrylands Community Health Centre by the Mental Health Team for the past 4 years. He was assessed in 1989 in the Mood Disorder Clinic of Prince of Wales Hospital, but the findings were inconclusive.

The prevailing diagnostic impression by several attending medical officers was the depression (mixed variety) and the personality disorder.

He also stated that he had a history of alcohol abuse, but the amount of alcohol was not specified for his past, currently he was admitting to 3-6 beers, several times a week.

Following his admission and continuing assessment of his mental state the current diagnostic impression is the severe personality disorder with mixed features - namely histrionic, antisocial, narcissistic and paranoid. The paranoid features are verging to the point, where it may be considered as psychosis. However, these features are not consistent with the schizophrenia, more likely to be as paranoid delusional disorder. He was fully clinically assessed and found not to be organically impaired.

He had the brain CT Scan with some minor cystic changes of no clinical significance. He was fully psychologically assessed and no significant abnormality. His IQ was found at 100-110 level.

His physical condition was good, except his hypertension - now well controlled with medication, obesity and the recent fracture of the 4th metacarpal bone of the right hand (related to the physical assault).

His description of the event leading to his admission is as follows:

On 22-12-92 he went for his morning "fitness walk" around the streets about 6.30 a.m. No one was visible in the streets. He saw the old man walking in the street, he looked at him again and again from the distance and he felt very suspicious about him. He followed him for about 60 yards, "because of his duds - the way he wore his pants below his waist as deviates do". Then the old man ducked into the gate of the local community hall and slammed the door behind him (wire mesh gate). He got close to him, the old man did not look Australian, he was oldish, (because of grey hair) type of German person or European, "definitely was not Australian", and "definitely was looking very suspicious, of doing some perversion". Mr. Hokin asked him "tell me about Australia", because he had a suspicion that the old man was not Australian at all. "What do you mean" - replied the old man". According to Mr. Hokin he had no accent at all, as he was obviously practising it well. The same verbal exchange was repeated about 3 times. Mr. Hokin in the meantime opened the gate and after the last verbal exchange the old man allegedly pushed his hand against Mr. Hokin's face.

Following that Mr. Hokin hit him hard with his right fist, followed by his left hand. He missed with his left hand, lost his balance and fell down over the old man lying down. Then he kicked him in the "diaphragm" with his right foot, then hit him with his left hand to the left side of the head while the old man was lying down. After that he told himself "what the hell am I doing to him - attacking the very suspicious man?". The old man got up slowly, moved across to the kerb and sat down, holding his head. Mr. Hokin kept backing away to see what he was going to do, then he went out of the gate and went into the street. he was saying to himself "I let you cop it, old bastard", still seeing the blood coming from the old man's head.

He described the event several times during his hospital stay and was consistent. He was consistent in his recall on each occasion, however he produced variable motivation - from disturbed puzzled feeling why he did he do it to deliberate, selfrighteous "humanitarian" act. He denied being under the influence of alcohol or illicit drugs at the time of the alleged assault and he was taking only his antidepressant medication - Parnate between 40 -60 mg per day.

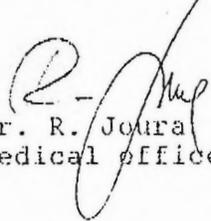
He admitted to committing other violent acts in his past, for which he was not charged. Currently he is on a 2 year good behaviour bond following the previous charge of breaking and entering with the intent to commit a felony.

He clearly indicated that he knew what he was doing, however he does not appear to have perceived that his acts were wrong, justifying his actions on the basis of his belief that the assaulted man was a deviate were not rational as he based his belief on the way how other the man kept looking around, how he walked fast and how he wore his pants.

These actions and his beliefs may well have been part of the psychotic condition that was evident on his admission.

The Magistrate in Cumberland Hospital on 2-1-92 did considered this to be a sufficient evidence to declare Mr. Hokin mentally ill in accordance with the Mental Health Act 1990. Mr. Hokin stated that he would commit the same offence again and again, because "the perverts and deviant should be taught a lesson, the law is an ass and the world would definitely be a better place if everyone went and did the same as I did". He repeated the same statement in several occasions. His behaviour in the future is unpredictable, but his potential for violence should not be underestimated.

He is considered medically fit to plea as he does fulfil all accepted criteria and at present there is no physical or mental condition which could stop him from attending the court hearing.


Dr. R. Jaura
Medical officer