



CONFIDENTIAL

PRISON MEDICAL SERVICE

PSYCHIATRIC REPORT:

COURT: Parramatta LC 1.10.92 Reference:

Report request: Solicitor Ikbal Khan, Legal Aid Commission 891 1600  
Fax: 689 1082

IDENTIFYING DATA:

Name: John Raymond Hokin  
Address: Merrylands  
DOB: [REDACTED] Medical Record no:  
Status: Remand  
Solicitor: Ikbal Khan LAC  
Charge: Manslaughter 23.7.92

OPINION AND DIAGNOSIS:

This man suffers a serious psychotic mental illness, characterised by hypomanic episodes, severe depressive episodes, and paranoid, fixed delusions about homosexuals and perverts. His behaviour at times, constitutes a danger to the community, and he requires treatment under the Mental Health Act at those times. Initially, on admission to D Ward, Long Bay Prison Hospital, he did require treatment, and should have been under the Mental Health Act. However, in the past few weeks, his condition has improved, and he no longer requires involuntary hospitalisation. He does need long term close supervision in the Community, and experience has shown that a visit once every 6 weeks is not sufficient to control his psychosis. He also urgently needs assistance to keep his home, and to be able to look after it properly.

Prior or soon after release a Community Counselling order should be sought to ensure he complies with ongoing treatment.

RECOMMENDATION:

If bail is considered, the following conditions are recommended:

- 1 Attend the Merrylands Community Mental Health Service weekly
- 2 Comply with all treatment and medication prescribed by the treating psychiatrist or delegate.
- 3 Refrain from drinking alcohol.
- 4 Accept occasional home visits to assess the situation in the home.

I have contacted the Merrylands Community Mental Health Team, Team Leader Gerald Cheung who has organised Mr. Steve le Gay Brereton as Hokin's Case manager. The Centre agrees to supply the above services if Hokin complies.

Jennifer Anne Thompson  
Consultant Psychiatrist  
MB BS BSc BHA MRANZCP (1971) FRANZCP (1978) FRACMA (1982)  
21 September 1992

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## SUPPORTING INFORMATION:

## INTERVIEW:

Dates: 24.7.92, 31.7.92, 15.8.92, 25.8.92, 19.9.92  
Length: 20 - 40 minutes  
Place: Clinic, Parramatta prison; D Ward, Long Bay Prison Hospital  
Purpose: Assessment, report

The prisoner was aware of the purpose of the report, and gave his consent to compilation of the report. All information unless otherwise stated was given by the prisoner.

## DOCUMENTS AVAILABLE:

Discharge summaries Cumberland Hospital 1967, 1991/2:  
6.2.67 - 21.3.67: Acute schizophrenia, Hypomanic  
2.6.67 - 6.7.67: Schizophrenia - paranoid 10 ECT for depression  
23.12.91 - 18.2.92: Delusional disorder Depression, ?Bipolar Disorder.  
Letter Dr. Joura 7.2.92  
Fact Sheet 23.7.92

## SOCIAL SITUATION:

Invalid pensioner, he entered Parramatta prison on 23.7.92. He lives alone in Merrylands, describing the house as a mess. He had been unable to pay the electricity bill, the electricity had been cut off and he cooked in the backyard. Water has also been cut off and he has a terrible sanitary problem.

He has been trying to buy the house, paying the mortgage (\$35,000, was in arrears for everything except the mortgage. The Bank have told him to sell the house. He has tried to take legal action against the bank who are discriminating against him because of his mental illness. He has been paying \$512 per month with an income of only \$308 per fortnight. He still wants to keep the house.

He was divorced 10 years ago, he has a son 14 but has not seen him for a year, a lot of trouble. He found out that his son had wanted to stay with him, and had refused to go home after an access visit. Police attended and he was taken home by force, and since then he has lost contact. Police had been told by his wife that Hokin had threatened to kill his son and police if they took the boy away. In another incident he broke into his ex-wife's place in order to force the matter into the District Court. He was given a Good behaviour Bond over that matter. He has only seen the boy since then. He has changed and now believes his mother.

His mother is domineering but he thinks she may help him with bail. He felt that in all family matters he has been seen as the "nigger in the woodpile" and he does not know how to change the family's attitude to him.

He has been a regular attender at the Merrylands Mental Health Centre for review and medication every 6 weeks, seeing Dr. Joura.

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#### DEVELOPMENTAL HISTORY:

He had a good job in quality control, but he lost the job, about 18 months ago. His life changed completely. He trained in Engineering, has represented companies and was considered to be a responsible citizen. He has also been involved with music for most of his life, and he has been propositioned by homosexuals all his life.

#### PSYCHIATRIC HISTORY:

He has had 45 years of depression.

His documented psychiatric history started in 1966 with a manic episode when he was admitted to Cumberland Hospital. He has had admissions since then, to Cumberland, Gosford and Prince of Wales Psychiatric Units, but considers he was well stabilised on Lithium and Parnate medication, which he took regularly, and still takes. He says he has always been a compliant patient.

Since losing his job some 18 months ago, he had been drinking more, the depression was worse, he let everything go, sat at home like a hermit and crashed. He had trouble staying on top of the depression. This is directly opposite to what he used to be, when he used to push for perfection. Once trouble comes, he decompensates into depression.

He was initially seen in the Clinic at Parramatta prison but decompensated further in prison and was transferred to D Ward, Long Bay Prison Hospital on 11.8.92.

#### SUBSTANCE ABUSE:

Since losing his job he has been drinking. He told the nurse on reception into prison he had been drinking beer and white wine, as much as he could get. He later said he had not been drinking excessively, he could not afford to drink a lot.

#### PHYSICAL HISTORY:

Multiple lacerations.  
Hypertension.

#### FORENSIC HISTORY:

Previous charge: malicious wounding, given a 4 year Bond. He promised the Magistrate that he would never attack anyone again with his fists, and he has not done so.

#### DETAILS OF THE INCIDENT:

Hokin said he was snoozing inside the house, and he heard someone calling out. He found the man in the house, knowing him to be a visitor of a man down the road. The man said he had come for a beer, but Hokin did not have any but had a "yak" to sort him out. He started the fire in the backyard to cook, they got some Moselle and started drinking, the man laughed and put his hand on Hokin's leg, drink affected him quickly. He was talking

about unnatural sex, Hokin told him to go home, he refused. The man bent over and picked up the shovel, Hokin saw it coming, tackled him, hit the ground, the bottle broke and Hokin felt it cutting him. He believed he was fighting for his life, he felt like he was fighting a demon.

He grabbed him around the chest, wrestling around. He called for help from the neighbours, the man was very strong, it was exhausting him. The man pushed against a post, he tried to roll him over, he heard him going "urk" against his ribs, saw him go limp but thought he was foxing. He prepared to run away, the man was still going "urk urk", he ran towards the Police station, saw a taxi, showed him the blood. He told the Police what had happened, they went to his place, and found the man dead. Hokin thought he must have suffocated under his arm and his weight rolling off the post.

FINDINGS ON EXAMINATION:

At the time of the initial assessment, he was dishevelled, disorganised with pressure of speech, depressed and delusional about homosexuals. He was paranoid and suspicious. He was able in interview to put up a fairly good "front" denying any mental illness and minimising the offence. He showed no remorse but felt he had the right to defend himself against the homosexual advances. On later interviews, he said he had initially been placed in a cell with a "real freak" and was moved to a cell with a homosexual. He said "when you push a MD (manic depressive) too far, you unleash a maniac. Why go and put me in a cell with a homosexual?". He refused protection "one of them has only to put hands on me and I'll murder Him". "God help them if they come near me".

He was considered quite dangerous on admission to D Ward, but his psychosis has settled with medication. He is now more rational, but still minimises the offence and lacks insight into his behaviour.

CURRENT MEDICATION:

Lithium carbonate 500mg BD  
Chlorpromazine 100 mg nocte  
Parnate 20 mg TDS (Special diet required)  
Brondecon elixir TDS PRN

DANGEROUSNESS:

With medication, he is not dangerous to others at this time. He can become severely depressed and could be suicidal, but he is currently not suicidal.

EFFECT OF IMPRISONMENT:

He was initially very stressed by the main prison at Parramatta. He now says he was terrified at the time. Since admission to D Ward with a single cell, he has adjusted reasonably well to prison. However, the delusions about homosexuals and perverts continue to be present and could influence his behaviour.

FITNESS TO STAND TRIAL: He is fit to stand trial.

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FITNESS FOR RELEASE:

If bail were considered, he should be well supervised in the community by the Mental Health Centre at Merrylands. With his consent, I have contacted the Centre, and spoken to the Team Leader, Gerald Cheung. Apparently his house has been burnt whilst he is in prison.

LIKELIHOOD OF RE-OFFENDING:

Unless closely supervised and reviewed, this man may quickly become psychotic again, and as his delusions centre around "perverts" he may again attack people, as has happened on other occasions.

Jennifer Anne Thompson  
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