

# Dr Danny Sullivan

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Consultant Forensic Psychiatrist

24 October 2022

## PSYCHIATRIC REPORT

*In confidence*

Kate Lockery  
Principal Solicitor

Special Commission of Inquiry in LGBTIQ hate crimes  
GPO Box 5341  
Sydney 2001

Dear Ms Lockery

Re: **The death of Simon WARK**  
DOB: **15 September 1961**

### Background

- [1] I have provided a report at your request. I understand that the death of Mr Wark is a subject of inquiry under the Special Commission of Inquiry in LGBTIQ hate crimes ('the Inquiry'). You have sought an opinion on issues of potential relevance to the Inquiry from the perspective of a forensic psychiatrist. Your letter of instruction dated 30 September 2022 sets out the assumed facts and the materials provided to me.
- [2] I work as a Consultant Forensic Psychiatrist. My medical degree is from the University of Melbourne. I hold three Masters degrees, in Medical Law (Melbourne), Bioethics (Monash), and Management (McGill). I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists, Fellow of the Royal College of Psychiatrists (UK) and Associate Fellow in the Royal Australasian College of Medical Administrators. I am an Accredited Member of the Faculties of Adult and Forensic Psychiatry of the RANZCP. I am Executive Director of Clinical Services at the Victorian Institute of Forensic Mental Health (Forensicare), where I have worked since 2004. I have clinical experience in forensic community, prison and hospital settings, with particular experience in the assessment and management of sexual offending. I hold honorary academic positions at the University of Melbourne, and Swinburne University: I am active in research, teaching and publishing academic articles, and remain engaged in clinical practice and the administration and management of mental health services. I have previously provided expert evidence to the Coroner's Court of NSW in several cases. I have been a member of the Victoria Police Road Safety Fatality Review Panel since 2009 and the Human Research Ethics Committee of the Victorian Institute of Forensic Medicine (VIFM) since 2011. My full curriculum vitae is available on request.
- [3] This report is prepared in my private capacity and does not reflect the opinion of any organisation by which I am employed or with which I am affiliated. I have no conflict of interest in this matter, and no affiliation with any party in this matter.

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- [4] I, Dr Danny Sullivan, acknowledge for the purpose of Rule 31.23 of the *Uniform Civil Procedure Rules 2005* that I have read the *Expert Witness Code of Conduct* in Schedule 7 to the said rules, and agree to be bound by it.

### Information from materials

- [5] Mr Wark was reportedly found deceased and floating in Sydney Harbour, on 10 January 1990, aged 28. At that time, he was living at the Pymont Arms Hotel and was noted to be homosexual "a fact which his family and friends were aware of... had been in a long-term relationship with a Catholic priest for eight years".
- [6] He was also noted to have a history of depression; he had been treated with dothiepin 75mg per day for 18 months and had consulted a psychologist twice. The psychologist reported that he was suffering from depression due to the end of the relationship, was experiencing claustrophobia and was drinking excessively. It was noted by the psychologist that Mr Wark attempted to contact her at 10 pm on 8 and 9 January 1990, at her home in Double Bay.
- [7] He had been seen by a general practitioner, who did not consider there to be any other mental health condition. However, other concerns were raised by the family general practitioner, Dr Glen Marriott, that he may have been "suffering from pre-psychosis and was a possible manic depressant" and was uncertain if this was related to drug abuse. Dr Marriott provided a statement referring to his attendance at the house in Frenchs Forest on 8 January 1990, noting that he had not previously seen or treated Mr Wark, who told him that "everything was fine" and he declined treatment; however Dr Marriott considered that he exhibited pressure of speech, flight of ideas and may have been suffering from "pre-psychosis".
- [8] In early January, his sister had considered that he was disoriented to date. There were unusual preoccupations and conduct noted by others in the days preceding his death. These included references to a 'shooting gallery,' paranoia and fear, the impression of his family GP, attempts to contact the psychologist in the days before his death and his attendance at the lost property counter at a department store in Sydney on 9 January 1990.
- [9] He was noted to be a heavy drinker. There was no history of illicit drug use, although his father noted cannabis and possibly other drug use in his early twenties, and a friend noted that he had sold and used LSD for a period previously.
- [10] The discovery of his body did not note external injuries and Mr Wark was wearing jeans, socks and shoes, but no shirt. A neat pile of his property and clothes was found under a ledge at Gap Bluff. These included a brown wallet containing credit cards, driver's licence and a lost property receipt, as well as a small amount of cash. The lost property receipt was traced by his sister and found to relate to a bag of property containing clean clothes and underwear, a shaving kit, an alarm clock, a fob watch, a towel and jeans, underwear and a belt.
- [11] It was noted that death was considered to have taken place days previously and that the cause of death was considered to be *multiple injuries*. It was noted that there were severe internal injuries including haemorrhages, lacerations, significant bruising, and fractured bones including cervical vertebrae. The hyoid bone was intact. The injuries were considered "consistent with having fallen from a great height". There were no alcohol or drugs detected in toxicology results. There was evidence of tricyclic antidepressants (dothiepin is a tricyclic antidepressant) in his system.
- [12] There was mixed evidence about whether he had discussed suicide and it was noted that he had discussed this with his ex-partner about two weeks prior to his death and with his friend [179] who considered that on 6 January 1990 he was "very upset and depressed". [179] considered that he had often spoken about the subject often and "developed a fascination with death and suicide after his heavy use of LSD while at the Art Institute".



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- [13] The statement of Constable of Police L Ford noted that she was contacted by Mr Wark's mother, who informed her that their son was missing. She took a statement from Mr Wark's father who noted that Mr Wark had been distraught and "wasn't coping with life".
- [14] His usual general practitioner, Dr John Goldbaum, reported that he had been treating him since April 1988 for depression and last saw him on 12 December 1989.
- [15] A Catholic priest, Father [1182], provided information in the company of a retired solicitor and described a "homophilic" relationship "that being one that the deceased had a strong attraction to him ([1182])." He "declined to comment further as to the relationship". Father [1182] described his relationship with Mr Wark as "paternal/fraternal" and noted that he had supplied Mr Wark with accommodation, was not aware of him using drugs and considered that he suffered from depression and mood swings. He described Mr Wark as "always being around me and behaving like a surrogate son". He stated that he had suggested that because of these feelings, he should attend a psychiatrist and a psychologist.
- [16] Father [1182] reported that he had contact with Mr Wark on 5 January 1990, when he phoned in distress but he did not attend. On 6 January, he attended but appeared "tired and distraught" and the priest considered that he showed signs of alcohol withdrawal. On 7 January in the morning, he considered that Mr Wark was going through alcohol withdrawal and noted that he was a very heavy drinker, so he gave him "two small ports and later that morning 1 codeine tablet". He noted that Mr Wark reported that the triads were looking for him and was "very upset... pulled down the blinds". He reported that on the next morning (8 January 1990) he was more settled in behaviour and stated that Mr Wark asked him for money towards a bond, which he declined but "I agreed to give him some money to pay his accounts and supply him with some pocket money". He noted that Mr Wark had mentioned suicide to him in the two weeks before his death but also on several occasions in the last seven years. He had further telephone contact with Mr Wark on 8 January 1990, at which time he "still sounded in high spirits".
- [17] The statement of [1179] noted that they were intending to move in together, that Mr Wark was a heavy drinker and at that time when he saw him on 6 January 1990, he noted that he was "aware that something was disturbing him and that he was on the verge of tears." He considered that Mr Wark was "depress" and that they discussed the death of a person who had committed suicide. [1179] described himself as a heroin addict and Father [1182] as an alcoholic. He also noted that Mr Wark "mentioned the word "death" had the word "eat" in it and he said, "to die is to eat". He considered that Mr Wark was a "homosexual who had a preference for older men... a long-term affair with the person, [1182], which broke up about six months ago.. because [1182] would continually get drunk and bash Mr Wark". He described Mr Wark as having "constant obsession with the subject of suicide".
- [18] Correspondence dated 17 January 1990, was sent by [1179] to Mr Wark addressed at the Pymont Arms Hotel, making reference to "suicide, drugs and relationships, a priest, two young men". When the investigating police asked [1179] whether he was homosexual, [1179] became upset and the interview was subsequently terminated". Although invited to return to complete the statement, he did not do so.
- [19] A hairdresser cut Mr Wark's hair on 8 January 1990 and noted that he appeared "quiet and slightly depressed".
- [20] It was noted that new clothing was purchased by Mr Wark on 9 January 1990, at the David Jones city store and his family considered this "of a fashion not likely to be worn by the deceased". The psychologist landlady, Daphne McLaughlin, noted that Mr Wark attended the psychologist's home address in the afternoon of 9 January 1990 and described him as "highly distressed and agitated".
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- [21] The statement of his father, Ian Wark, was dated 11 January 1990. It was noted that the deceased person preferred to be called Mr Wark. He described his son's conduct when he attended their home on 8 January 1990, at around 12:30 pm as "shaking and distraught, he appeared nervous and was constantly on the move... was in fear of his life...". He expressed paranoid ideation. He said "don't even mention their names, don't even say them aloud" referring to [1179] and Michael Hutchence. He was uncertain if he was hallucinating or "displaying signs of fear". His behaviour was irrational, with disjointed and persecutory ideation. Mr Wark stated that he wanted to leave as "he said his continued presence put us in danger". His father was sufficiently concerned to call their local doctor. Their family doctor attended the premises at 1:30pm but Mr Wark "declined to be examined by this doctor".
- [22] Mr Wark made further telephone calls to his family and then returned to their house in the wee hours of 9 January 1990, staying the night before leaving early in the morning. He described having a psychologist appointment and although they asked him to stay and followed him up the road, he declined to do so. He noted his son's friendship with [1179] and [1182] [1182] did not know of him using drugs, although stated that he did drink moderately/heavily and in his early twenties had tried "marijuana and possibly other drugs".
- [23] The statement of Rebecca Wark noted that her brother had been at the family house on 8 January 1990, where he went to sleep in the front rooms. She reported that he entered her bedroom at about 4 am, "in a crouching position". He said to me, "I am serious, they are going to kill me, they are coming to get me. Mr Wark appear very scared. I questioned him as to his statement... he told me the names, [1179], Michael Hutchence and the persons, Nick Woo and Mrs Woo... mixed up with the triads; however, he did not tell me how". She reported that during the conversation "he claimed that there was somebody outside". Mr Wark told her that he wanted to return to the Pymont Arms Hotel as "he was higher in the building and he could see people coming". She described that he "became side tracked, however and subsequently decided to leave...". She considered that "he had lost his sense of time and he left around 6 am". She described him as a heavy drinker, did not consider that he used drugs and considered that he was homosexual and did not believe he had any problems with this".
- [24] A handwritten statement of [1181] described her as a clinical psychologist and noted that Mr Wark had been referred to her in November 1989 by Dr J Sleep and she saw him in her consulting rooms in the city. She considered he suffered from depression "due to termination of 8-year-old homosexual relationship". She noted that he acknowledged heavy alcohol use and wanted help to stop, felt claustrophobic in her office and was unable to pay for the \$55 consultation and promised to pay her later. She noted that he attended on 26 November 1989 and came to a group workshop at her residential address and brought chicken for lunch. She noted that on 8 January 1990, he left a message on her phone number. She noted that on 9 January 1990, he attended her home address without an appointment; she was not present, but her landlady opened the door and told him that she would be back sometime in the afternoon.
- [25] There is information in the police statement indicating dissatisfaction of the Wark family about the investigation and the conduct of police in this. Correspondence from the family indicated their belief that he did not die of suicide.

### **Your specific questions**

*Did Mr Wark meet the diagnostic criteria for any psychiatric condition/s at the time of his death in January 1990? If yes, please:*

- *Identify the condition/s;*
- *Describe its symptoms, duration and amenability to treatment; and*
- *State whether you agree with the diagnoses of Mr Wark's treating clinicians and the reasons why/why not.*



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- [26] I consider that Mr Wark's presentation in the days before his death was consistent with psychosis. He displayed psychomotor agitation. He reported persecutory ideation, which appeared to be delusional, related to triads and two acquaintances. He was thought disordered, with loosening of associations. He was potentially hallucinating or alternatively experiencing auditory illusions while in a state of hypervigilance.
- [27] It is also possible that Mr Wark was experiencing alcohol withdrawal, and that his agitation and psychotic symptoms occurred in the context of withdrawal from alcohol.
- [28] There was a pre-existing history of depression, although the information conveyed in his final days does not confirm relevant signs or symptoms of persisting mood disorder, and he was taking a low but effective dose of a tricyclic antidepressant. Although there is mention of claustrophobia, this is not characterised .
- [29] There was no indication of cognitive impairment.
- [30] There was insufficient evidence to discuss the presence of personality disorder.
- [31] There was a history of substance use disorder involving alcohol, and at least in the past, cannabis and LSD. Toxicology does not confirm ongoing use of substances, including alcohol.
- [32] A psychotic episode would have required inpatient treatment with antipsychotic medication and given his apparent lack of insight and distress, this would likely have required involuntary treatment under mental health legislation.
- [33] The notes of the general practitioner Dr Goldbaum were not available to confirm the basis of the earlier diagnosis of depression.
- [34] There were no descriptions to confirm whether he was in alcohol withdrawal, but it appears that Father **I182** had personal experience of heavy alcohol use and may have been able to diagnose this.
- [35] The description of Dr Marriott was based upon limited personal assessment, but in his observation, he noted pressure of speech, flight of ideas and concerns about psychosis ('pre-psychosis) or bipolar affective disorder ('manic depressant'). Based on a short, cross-sectional assessment, this would appear consistent with the information conveyed in the statements that Mr Wark displayed psychotic symptoms. A diagnosis of bipolar affective disorder (called 'manic-depression' in earlier days), requires the presence of mania or hypomania, and there is no evidence suggesting this.
- [36] The impression of the psychologist **I181** related to depression and heavy alcohol use appears appropriate.

*Please set out your views as to Mr Wark's mental state in the period from 6 January 1990 until his death. In particular, do you consider that Mr Wark was potentially suffering a psychotic episode at the time of his death?*

- [37] Mr Wark's mental state from 6 January 1990 until his death is consistent with a psychotic episode. The concern of family members and acquaintances suggests that this represented a clear deterioration from his usual presentation, and that he had not presented in such a way before. He would have met the criteria for a psychotic episode ('**brief psychotic disorder**' as set out in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*), with differential diagnoses, including alcohol-induced psychotic disorder, with onset during withdrawal, or cannabis-induced psychotic disorder, although the latter would be less likely in the absence of cannabis on toxicology.

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*From the material before you and your expertise as a forensic psychiatrist, do you consider that Mr Wark's behaviour in the days prior to his death and the apparent circumstances of his death are consistent with his manner of death having been suicide? Why/why not?*

- [38] I consider Mr Wark's behaviour in the preceding days, and the circumstances of his death, are consistent with suicide. Suicide is strongly associated with alcohol dependence and withdrawal. He was in a state of significant anxiety and fear for delusional reasons. He was markedly restless. He was distressed and seeking help, including from his psychologist.
- [39] His actions in buying new clothes, and leaving his clothes neatly folded with his possessions, are consistent with planning to kill himself. Finally, I note that Mr Wark's injuries were consistent with a fall or a leap from a significant height.
- [40] I have completed a ECDS (Empirical Criteria for Determination of Suicide).<sup>1</sup> This is a tool which may be useful in cases of equivocal death to determine whether or not a death is a suicide. There are no gold standard tools for this purpose, but this tool provides a structured evidence-based checklist for features which are associated in the research evidence with completed suicide. In Mr Wark's case, the ECDS is consistent with scores in the range of suicide.

*Do you consider that an alternative manner of death is open on the evidence, for example that Mr Wark died by misadventure? If so, and if you are able to, please provide your opinion as to the relative likelihood of the death having occurred by reason of suicide as opposed to an alternative manner.*

- [41] I do not consider misadventure to have been likely given that he had changed his clothes and left them at the department store, folded up his other clothes, and left his wallet in place. Secondly, Mr Wark was exhibiting an abrupt change in mental state associated with anxiety and fear that he would be killed related to persecutory delusions. A person in a psychotic state is likely to exhibit significant disturbances of judgement, and their behaviour may not follow rational or predictable patterns when affected by delusions and distressed emotional state associated with this.
- [42] It seems highly unlikely that another person was involved in throwing or pushing him from the cliff, noting that Mr Wark left his clothes neatly folded.
- [43] The presence of cash and identity documents in the possessions found near Gap Bluff is not consistent with robbery. If he had have intended to go swimming, he would likely have purchased or brought bathers.

*Please provide any other comment, within the area of your expertise, regarding Mr Wark's mental state and the cause and manner of Mr Wark's death*

- [44] There is no indication of the agency of another person involved in Mr Wark's death, on the available evidence.

*Any other matters you wish to raise within your expertise that may be of assistance to the Inquiry.*

- [45] There are no matters I wish to raise.

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<sup>1</sup> Jobes, D.A., Casey, J.O., Berman, A.L. and Wright, D.G., 1991. Empirical criteria for the determination of suicide manner of death. *Journal of Forensic Sciences*.



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[46] I hope this report has been of assistance to the Inquiry.

Yours sincerely

A handwritten signature in black ink, appearing to read 'dsullivan', with a long, sweeping horizontal stroke extending to the right.

**Dr Danny Sullivan**  
Consultant Forensic Psychiatrist