

# Dr Danny Sullivan

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Consultant Forensic Psychiatrist

24 October 2022

## PSYCHIATRIC REPORT

*In confidence*

Kate Lockery  
Principal Solicitor  
For Crown Solicitor  
Special Commission of Inquiry in LGBTIQ hate crimes  
GPO Box 5341  
Sydney 2001

Dear Ms Lockery

Re: **The death of Paul RATH**  
DOB: **18 January 1950**

### Background

- [1] I have provided a report at your request. I understand that the death of Mr Rath 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 Rath was noted to have a mental health history and had been under psychiatric care since the age of 21, with a reported diagnosis of schizophrenia. He was noted to be on a pension and was deeply Catholic, volunteering at local Catholic schools.
- [6] It was noted that his body was found on the morning of 16 June 1977 at the base of a 45m cliff in Manly; his trousers were lowered to his mid-thigh and there was a scrap of paper with religious verse in his jacket pocket.
- [7] He was prescribed a low dose of oral antipsychotic medication, comprising 4.5 mg haloperidol (*Serenace*) and 75 mg thioridazine (*Melleril*) in divided doses. No alcohol was found in his blood post mortem and no other drugs were reportedly tested for, including prescription medications.
- [8] It was noted that the area of his death was a place he would often walk and he was also noted to sit at the cliff top day or night "and say the rosary or otherwise just relax". The investigating police officer, Constable of Police R Parry, observed the body and noted "the trousers down to almost knee level. I found a piece of prose written on paper in the pocket of the coat... a set of rosary beads and a right shoe... made an examination of the ledge from where the deceased apparently fell, however, I found no notes left by the deceased or signs of a struggle."
- [9] The material contained no indication of Mr Rath's sexual life, although enquiries may not have been made.
- [10] The statement of forensic biologist Robert John Goetz noted swabs taken from Mr Rath on 21 June 1977 found semen on the penile swab and penile smear but not on the anal swab or anal smear. A specimen of blood tested on 20 June 1977 found no evidence of alcohol.
- [11] The post mortem statement (medical report) of Dr Peter Russell noted multiple injuries and did not note evidence of other unusual features.
- [12] Inquest evidence noted that "evidence the deceased under treatment from Dr Richart, the drs. evidence is that earlier this month, the dec'd was quite normal". (*sic*)
- [13] The death certificate noted the cause of death following inquest was "effects of multiple injuries sustained... when he fell accidentally onto rocks at the foot of the cliff".
- [14] Photographic evidence was noted. In the photograph on page 17, it was noted that Mr Rath's trousers were visibly around mid-thigh.
- [15] A fragment of poetry found in the pocket of Mr Rath began with the phrase "God loves little children" and ended with the phrase "and he will find a special place in heaven where you will be with him for eternity". The handwriting was neat and did not appear hurried and had been prepared before.
- [16] Evidence from family members was that Mr Rath appeared "quite normal and stated he was going for a walk".
- [17] Correspondence of psychiatrist Dr O Reichard described that he had been treating Mr Rath since January 1971 for "a schizophrenic disorder... Before that he was a patient of Dr EJA Nuffield for the same condition... When last seen on 1 June 1977, he appeared in quite good spirits and gave no special indication of any current suicidal tendencies".

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- [18] The statement of Elwin Walter Rath, Mr Rath's father, noted that Paul was one of eight children and had always lived with them, having suffered "from a nervous condition" from the age of 15. He noted that he was deeply religious, would like to walk and "would sit on the cliff top and just relax... a very clumsy person". He noted no indication of mental state abnormalities and also that suicide would have conflicted with his deep religious beliefs.

### **Your specific questions**

*Did Mr Rath meet the diagnostic criteria for any psychiatric condition/s at the time of his death in June 1977? If yes, please:*

- a) Identify the condition/s;*
  - b) Describe its symptoms, duration and amenability to treatment at the time; and*
  - c) Indicate whether you agree with Dr Reichard's diagnosis and the reasons why/why not.*
- [19] The information is sparse and lacks detail. His father described Mr Rath's condition as a 'nervous breakdown.' Consultant psychiatrist Dr Reichard reported a diagnosis of schizophrenia, however no symptoms were described. He had been under treatment by another psychiatrist, suggesting that the diagnosis was agreed. There is no account of any public hospital admission.
- [20] There is no indication of any symptoms which would enable clarification of diagnosis or reflect on its effects or prognosis. The psychiatrist noted good control on oral medication. I note that Mr Rath's father noted his involvement with the Roman Catholic church and local schools, suggesting at least modestly preserved adaptive functioning.
- [21] I have no basis to dispute the psychiatrist's diagnosis.

*In relation to the medications that Mr Rath was prescribed:*

- a) Were they appropriate to treat his condition, according to the standards of the day?*
  - b) Assuming the medications to have been taken in accordance with the prescription, what impact, if any, might they have had on Mr Rath's mood and functioning at around the time of his death; and*
  - c) Could they have caused leg aches, slow reactions and/or any other significant side effects?*
- [22] Both haloperidol and thioridazine are antipsychotic medications. The dosages prescribed here are modest. The dose of is in the moderate range, and the dose of thioridazine is low. According to the standards of the day, these are effective dosages for schizophrenia.
- [23] From the account of his treating psychiatrist, Mr Rath was on an established and stable dose of medication. There is mention of restless legs, also known as akathisia, a common adverse effect of antipsychotic medication, especially haloperidol. The medication would have led to stability in mood and functioning. They are likely to have caused sedation and reduced facial movement, and possibly to have slowed reactions. Without reference to information about his symptoms, I cannot comment further on the likely effect of these medications for Mr Rath.

*From the material before you and your expertise as a forensic psychiatrist, do you have any opinion on the manner of death recorded by the Coroner; namely, that Mr Rath died by misadventure? In particular:*

- a) Are there any observations you are able to make concerning the potential for Mr Rath's death to have involved some form of accident;*
- b) Are there any observations you are able to make concerning the potential for Mr Rath's death to have been a deliberate act on his part; and*
- c) Are there any observations you are able to make concerning the potential for Mr Rath's death to have involved foul play by a third party?*

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- [24] Speculations about Mr Rath's behaviour at the time of his death are limited by the paucity of material about his personality and mental health.
- [25] I cannot speculate about the possibility that his death resulted from an accident.
- [26] There is little information which suggests suicide or a deliberate act. Although the verse in his pocket refers to the afterlife, it is possible that these themes were routine for Mr Rath's verse. There is no other evidence supporting suicide, and in particular the observations of the family were unremarkable and they pointed out that suicide was contrary to his deeply-held religious beliefs.
- [27] The only information supporting that Mr Rath's death may have involved a third party relates to information that the location was a 'beat,' and that his trousers were around his thighs. The presence of semen on his penis may have related to ejaculation spontaneously, through masturbation or from sexual intercourse. There is no other information available to suggest which of these is more likely.

*In connection with the manner and cause of Mr Rath's death, and based on your expertise as a forensic psychiatrist, do you consider there to be any particular relevance to:*

- a) The position of Mr Rath's trousers when his body was found;*
  - b) The note that was found in Mr Rath's pocket; and/or*
  - c) The rosary beads that it appears Mr Rath had in his possession.*
- [28] I consider that the inferences to be drawn from these issues are highly speculative. I draw no inference from the note of verse or from the rosary beads, as these appear to have been usual for Mr Rath, based on the limited information available.
- [29] The possible inferences to be drawn from the position of his trousers are that he was urinating, masturbating, engaged in sexual activity, or that the trousers were snagged and pulled down during his descent. There is no other information available to suggest which of these is more likely.

*Any other issues you consider require comment being in your area of expertise.*

- [30] I note that there is no information relating to Mr Rath's sexuality in the materials. There are no other matters I wish to raise.
- [31] I hope this report has been of assistance to the Inquiry.

Yours sincerely



**Dr Danny Sullivan**  
Consultant Forensic Psychiatrist