

Dr Danny Sullivan

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8 December 2017

SUPPLEMENTARY PSYCHIATRIC REPORT

In confidence

Tracey Howe
Senior Solicitor
Crown Solicitor's Office
GPO Box 25
Sydney 2001

Dear Ms Howe

Re: **Inquest into death of Anthony CAWSEY**
Your Ref: **T12 201700011**

Background

- [1] I have prepared a further psychiatric report at your request. You have provided me with the report of Consultant Forensic Psychiatrist Dr J Adams dated 4 December 2017. You have asked me to comment on his report.
- [2] I understand that Dr Adams was requested to provide an opinion without having seen my report; and that you will seek his comment on my report subsequently.
- [3] In preparing this report I have reviewed my earlier report, but no new materials. Once more, I have met with no party in this matter.
- [4] I work as a Consultant Forensic Psychiatrist. My medical degree is from the University of Melbourne. I hold two Masters degrees, in Medical Law (Melbourne) and Bioethics (Monash). 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. In addition, I am an Accredited Member of the Faculty of Forensic Psychiatry of the RANZCP. My current employment is at the Victorian Institute of Forensic Mental Health (Forensicare), where I am Executive Director of Clinical Services. I have experience in forensic community, prison and hospital settings, and practical knowledge of disability, child protection and non-government sectors. 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. In 2013 I was appointed to the Expert Advisory Committee of the Victorian Law Reform Commission for the review of the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*. My curriculum vitae is available on request.
- [5] I 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 Rules, and I agree to be bound by it. I have attached a copy of my curriculum vitae.

Dr Adam's report

- [6] Dr Adams is an experienced and highly-regarded forensic psychiatrist in NSW. His credentials are of a high standard. I have met him but have no significant professional or personal relationship with Dr Adams.
- [7] Dr Adams reviewed the ERISP interviews. He did not consider that these demonstrated features of psychosis.
- [8] He reviewed the court reports of Dr Jacmon, Dr Clark, as well as his report dated 15 June 2011. He noted that:
- Dr Jacmon did not refer to psychotic symptoms
 - Dr Clark discussed symptoms of psychosis and described prior psychotic symptoms
 - In his own report Dr Adams noted the absence of prior collateral information, and considered Mr Kelley's account was in keeping with a psychotic disorder. He noted that Mr Kelley had not been reviewed by mental health services early in incarceration, and features suggestive of psychosis were not noted until July 2010.
- [9] Dr Adams reviewed the Corrective Services file, noting "various entries in relation to features consistent with symptoms of psychosis, such as '*auditory hallucinations*.'" He described that features of psychosis had really only been noted in "the latter years."
- [10] Dr Adams reviewed Justice Health records from 2010 to 2015, noting:
- Mr Kelley reporting 'voices' to psychiatric staff on numerous occasions
 - Mr Kelley describing somatic perceptions of body numbness, associated with reports of concerns he was being poisoned
 - Occasional vague notes of "paranoia"
 - Descriptions elicited of rebel attacks on his village in Africa
 - Allegations that Mr Kelley was selling medications to other patients
 - An entry noting Mr Kelley was "guarded... affect blunted... denies thought/perceptual disorder."
 - An episode of self-harm and assault in the showers
- [11] Dr Adams concluded that Mr Kelley's police interviews did not enable him to conclude that Mr Kelley was at those times "clearly suffering from symptoms of a mental illness." He did however note that the police interviews were not formal psychiatric evaluations.
- [12] He noted that Mr Kelley was "only observed to be suffering with symptoms of psychosis some months into his time in custody."
- [13] Dr Adams further noted that the Justice Health record reported that Mr Kelley was regularly "observed to be experiencing symptoms consistent with a psychotic illness," and he considered that Mr Kelley was "suffering with symptoms of a psychotic disorder" in 2011 when he prepared his report; Dr Adams did not consider he had any reason to alter that diagnosis.
- [14] He noted that information which had not previously been available to him raised concerns about the reliability of Mr Kelley's account, although opined that he could not draw further conclusions without further evaluation of Mr Kelley in person.

Opinion

- [15] Dr Adams has been provided with information which was not available to him previously, and notes that this did raise questions about the reliability and consistency of Mr Kelley's account of himself.
- [16] On the new material Dr Adams did not consider there to be objective behavioural evidence of psychosis, although noted limits to the evaluation of psychiatric illness without formal psychiatric evaluation. I accept this caveat.
- [17] Dr Adams reflects on the observations of staff that Mr Kelley had symptoms of psychosis. **Symptoms** refer to self-reported complaints or descriptions of mental experiences, which seem abnormal to an observer. **Signs** refer to objectively elicited evidence or behavioural manifestations apparent to an observer.
- [18] In Mr Kelley's case, the basis of a diagnosis of psychotic illness appears related to self-report, predominantly of hearing voices (auditory hallucinations) and of descriptions of "paranoia." Dr Adams refers to Mr Kelley being *observed* to have symptoms of schizophrenia although it appears that Mr Kelley *reported* these; there is no indication on the review of Dr Adams or myself that Mr Kelley exhibited overt *signs* or behavioural manifestations of a psychotic illness.
- [19] I remain unconvinced that the materials contain firm objective evidence that Mr Kelley experienced features of a psychotic illness, rather than subjective evidence that he reported these features to clinicians. In the absence of specific tests which confirm or refute a diagnosis of psychosis, clinicians rely upon patient self-report, and observations of clinicians and staff, to make a diagnosis.
- [20] In this case, I remain unconvinced that the basis of a diagnosis of psychotic illness is founded on anything more substantive than Mr Kelley's self-report.
- [21] I hope this report has been of assistance to the Coroner.

Yours sincerely



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 Honorary Senior Fellow – Uni of Melbourne; Adjunct Research Fellow, Swinburne Uni

Appendix 1: Request
Appendix 2: Curriculum Vitae