

DR JONATHAN ADAMS**MBCbB MRCPsych FRANZCP Forensic Psychiatrist**

mob [REDACTED]
email [REDACTED]
web www.forensicpsychiatryconsulting.com
office [REDACTED]
abn [REDACTED]

8 December 2017

Ms Tracey Howe
Senior Solicitor for Crown Solicitor
Crown Solicitors Office
60-70 Elizabeth Street
SYDNEY NSW 2000

Your Reference: 201700011

SUPPLEMENTARY PSYCHIATRIC REPORT

RE: INQUEST INTO THE DEATH OF MR ANTHONY CAWSEY

Dear Ms Howe

I have prepared this supplementary report at your request. I understand that you have asked me to review Dr Sullivan's psychiatric report and comment on any significant areas of consistency or inconsistency. As you are aware I prepared a psychiatric report in relation to the inquest into the death of Mr Anthony Cawsey dated 4 December 2017. This supplementary report should be read in conjunction with my initial report.

I have read and agree to adhere to the principles of the expert witness code of conduct (Schedule 7 to the Uniform Civil Procedure Rules 2005 (NSW)).

A copy of my abridged curriculum vitae is attached.

I have reviewed the psychiatric report of Dr Danny Sullivan (Consultant Forensic Psychiatrist) dated 17 September 2017. I have commented on what I deem to be the significant issues below:

- I note Dr Sullivan's review of the psychiatric and psychological reports in Paragraphs 8 through to 10. This review appears to be consistent with the discussion in my initial report.
- I note Dr Sullivan's review of the statements in Paragraphs 11 through to 43. The observations made appear to be broadly consistent with my appraisal.
- I note Dr Sullivan's review of the ERISP interviews. It appears that Dr Sullivan was provided with five video interviews. I was provided with two (dated 17 January 2010 and 6 October 2015). I note Dr Sullivan's comments in Paragraph 45 regarding Mr Kelley's presentation during the police interview on 16 October 2009, particularly the reference to "*gangsters*", and Dr Sullivan's conclusion in Paragraph 46, "*these appear to be contextually appropriate and were not clearly or overtly delusional*". Regarding the police interview on 17 January 2010 Dr Sullivan concluded, "*His mental state was unremarkable. There was no clear intimation of delusional beliefs. He noted some focus upon gay sex but this seemed reality-based*" - this is consistent with my opinion. Regarding the police interview on 6 October 2015 I note Dr Sullivan opined, "*... there was nothing in the interview to suggest that Mr Kelley was experiencing hallucinations or that delusional beliefs influenced his statements*" - this conclusion is consistent with my own.
- With regards the possibility of a mental illness I note Dr Sullivan in Paragraph 62 documented, "*Mr Kelley recurrently described symptoms of psychosis to clinicians including psychologists, psychiatrists, and nurses ... on at least two occasions, he acknowledged being untruthful about the history because he considered this would help his Court case*". I note the subsequent discussion of observations made about Mr Kelley's behaviour whilst in custody. I note the conclusion in Paragraph 64, "*On this basis I cannot be confident that Mr Kelley does clearly suffer from a psychotic illness. The possibilities are that he has a genuine psychotic illness; or that he has feigned psychosis for various secondary gains, including sentencing advantages, benefits within the correctional system, and/or obtaining sedative medication*". I note the subsequent similar discussion regarding the possibility of a post traumatic stress disorder diagnosis.
- The issue of a diagnosable mental illness appears to be the main point of potential difference between Dr Sullivan's opinion and my own. As discussed in my initial report I was of the view that Mr Kelley manifested symptoms consistent with psychosis at the time of my interview in 2011, and I observed no clear evidence in the preparation of my most report to alter this

diagnosis. Nevertheless, in my most recent report I highlighted the areas of concern regarding the reliability and consistency of Mr Kelley's account, which is also raised by Dr Sullivan. I remain of the opinion that without evaluating Mr Kelley again in person and exploring these issues in detail, I am unable to comment conclusively as to the reliability of Mr Kelley's account, and hence how this might impact upon both diagnostic issues and his responses during the two police interviews.

Should you have any additional questions or require any further clarification please do not hesitate to contact me.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'J Adams', with a horizontal line underneath and a small asterisk at the end.

Dr Jonathon Adams

MBChB MRCPsych FRANZCP | Forensic Psychiatrist