

Part (A of E)

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M.B., B.S., F.R.A.N.Z.C.P.
PSYCHIATRIST

After Hours:
Telephone:
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08.06.2005

Ms Patricia Feeney
GPO Box 834
Brisbane 4001

Re: Peter Leck (DOB)

Dear Ms Feeney,

I am a Consultant Psychiatrist registered in the State of Queensland and I have seen Mr Leck on four occasions since he was first referred by Dr Scott Jenkins on 11.05.2005. I have also spoken with him by phone on several occasions.

With reference to our telephone conversation of 6th June 2005, I shall address the specific issues of Mr Leck's current mental health, the impact of his attendance at the Inquiry on Thursday 26th May, and the implications these factors have for Mr Leck's fitness to appear before the Inquiry specifically in the context of Bundaberg hearings.

Mr Leck has provided permission for me to provide such a report to you and I shall be showing it to him upon completion.

When I first reviewed Mr Leck he was suffering from significant anticipatory anxiety resulting in impairment of his sleep, memory and concentration. Also he was displaying somatic features of anxiety and his self-confidence was fragile. Subsequently his symptomatology has intensified such that deficits in memory and concentration have impaired his social functioning and associated symptoms of depressed mood have engendered feelings of hopelessness. Presently, Mr Leck's symptoms and signs are consistent with a diagnosis of Adjustment Disorder with mixed anxiety and depressed mood. As a result of his deterioration he has been commenced on antidepressant medication.

In my opinion, the principal factor precipitating a worsening in Mr Leck's mental state was his unexpected appearance at the Inquiry on 26th May. During his appearance at the Inquiry he experienced intensified symptoms of anxiety resulting in an impaired capacity to recall and adequately synthesise information. His mood reached a low point in the days following his appearance but there has been some slight improvement since. Nevertheless his anticipatory anxiety has escalated while shame and self-doubt have intensified accordingly.

In spite of his significant anticipatory anxiety, Mr Leck wishes to present his evidence to the Inquiry as expeditiously as possible. He is particularly sensitive to the potential stigma of having a mental health problem and of not being able to fulfil the evidentiary commitments expected of him. Indeed, he strongly believes that he should be able to fulfil the same commitments expected of the Directors of Medical Services and Nursing at Bundaberg Hospital. However, in my opinion the presence of significant psychiatric


symptoms indicating a fragile mental state provides the most objective predictor of any adverse sequelae contingent upon his being exposed to further significant stress.

In my opinion, it would be preferable if Mr Leck were able to provide evidence in Brisbane rather than Bundaberg.

If he is to appear before the Inquiry in Bundaberg I believe the potential for adverse sequelae induced by increased shame and likely humiliation is much greater. In that environment he would struggle with any lengthy adversarial cross-examination thereby significantly increasing the risk of his developing a more protracted illness. Also, there would be a much greater risk of his mental state acutely suffering such that his capacity to provide evidence or instruct counsel would be markedly impaired. I believe that the potential for such an adverse scenario developing at the Brisbane hearings would be substantially less although risks would remain.

Ongoing monitoring of his mental health will be required to clarify this.

Yours faithfully,


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Jeremy Butler