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SPOS04

# Second Psychiatric Opinion Report

## Consumer Name: Angus Swendson
## Date of Birth: 11/02/1980
## Date of Assessment: 03/10/2025
## Date of Report: 08/10/2025

Dear Gus,

Thank you for your request for an independent second opinion through the Second Psychiatric Opinion Service and for the opportunity to meet with you on Friday 3rd October via Telehealth. We suggest that you read through this report with a support person, such as a friend, family member or a member of your treating team.

You sought this independent second psychiatric opinion for the following reasons:

- Whether the criteria for compulsory treatment apply to you
- Review of medication/treatment

At the time we met, you were subject to a Treatment Order, and my opinion below is based on my assessment at that time.

In preparing your report, I had access to the following:

- Inpatient admission note dated 12/09/2025
- Community note dated 11/09/2025
- Inpatient medical notes dated 12/09/2025, 14/09/2025, 15/09/2025, 16/09/2025 and nursing note dated 15/09/2025
- Medication list dated from 21/05/2025-12/09/2025
- Mental Health Tribunal treating teams report dated 12/06/2025
- Peninsula health transfer of care document dated 11/09/2025
- Personalised medication report - MyDNA pharmacogenomics dated 10/07/2023
- ADHD assessment by Dr Morteza Jafarinia, Optimind/ADHD Link dated 25/03/2025

A copy of this report has been sent to the authorised psychiatrist who will provide a copy to your nominated support person where applicable.

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**Background**

Gus, you reported to me that you are 45 years old and currently living with your parents (mother and stepfather). You have previously worked as an IT consultant and are keen to return to work. You do not see any barriers to a return to work. You have not been working since March 2022 where you left your employment with Ballarat Grammar (where you had worked for over 4 years) due to the substantial increase in your substance use, and the related shift in priorities. You reported that recently you have been doing well with your mental health and were not sure why you were in hospital. You reported conflict with your treating team, with a strong disagreement regarding your diagnosis and medication regime. You expressed a strongly negative opinion of public mental health services.

Gus, you informed me that you have suffered significant traumas repeatedly across your life. You expressed that you do not feel that you have had a space to speak about these traumas anywhere - including with your mental health team. You reported experiencing very pronounced anxiety most of your life. This has been added to by a number of experiences, with the most recent life-threatening trauma occurring in 2023 when you were car jacked and woke up unconscious in the driver's seat after having been strangled.

You were open and detailed about your substance use, and relate that this is a primary response to your traumas and anxiety. You reported that you started smoking cannabis in 1998 and have continuously used substances since with shifts in drug of choice to more activating substances. You reported having used ecstasy and GHB in binge patterns. You reported having used methamphetamine on and off for the past 26 years. You reported that in 2022 your substance use was "spiralling", you began intravenous use, lost your employment due to preoccupation and lost friendships. You became in financial debt to your dealer. You noted that this behaviour was in part triggered by the death of a friend by suicide. You experienced guilt around her death as there had been discussion of a suicide pact. You reported that this was the beginning of more risky mental health decline, with episodes of psychosis (you define 3 episodes across your life with 2023 and 2024 being a response to this ongoing emotional distress and substance misuse). You also relate your episode of psychosis in 2023 to your only suicide attempt, which was a high fatality overdose. You reported your recent use has been very deliberate and controlled as you believe yourself to have ADHD and be self-medicating. You described weighing your substances and putting them in a gel capsule.

Gus, whilst you deny any recent difficulties, and in particular no psychotic experiences, your clinical notes detail concerns about ongoing psychotic symptoms. It appears the trigger for admission was concern regarding you appearing to be responding to internal stimuli, easily irritable and significant changes in your sleep pattern. It was felt that your treatment needed review and this was most safely reviewed in hospital. They note suspicion that you were not taking your Brexiprazole as prescribed and this was part of the reason for re-emerging psychotic

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symptoms. Your admission note reflects a conversation you had with the psychiatrist where you have reported the mental health service are monitoring your thoughts via an implanted device, which you can hear and can give commentary, commands and derogatory comments. I note that your ADHD assessment also concludes that you do not meet criteria for ADHD, with no evidence of disturbances in cognitive function prior to the onset of psychosis. The primary recommendations are for management of psychotic disorder.

During our conversation, you were easily engaged, your speech was of normal rate volume and tone with normal reciprocity. Your thinking was linear and there was no evidence of frank delusional content. However, you expressed anger about the mental health team and were more evasive in questioning around this anger. You denied current auditory hallucination. You were orientated to time, place and person.

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**Mental Health and Wellbeing Act Criteria**

In order for a person to receive compulsory treatment under the *Mental Health and Wellbeing Act 2022*, the authorised psychiatrist must be of the view that four separate criteria apply. These criteria are discussed individually below, including information provided by you and by your treating team and my view about whether the criteria apply to you.

***Criterion A: The person has mental illness.***

Gus, you expressed the strong belief that you have diagnoses of complex PTSD, ADHD and likely also autism. You dismiss the treating team's assertion that you have a diagnosis of schizophrenia and imply that there are secondary gains for them making this diagnosis.

From the records and your presentation at our appointment, I see no evidence to support a diagnosis of ADHD. Rather, it seems likely that ongoing self-administration of amphetamines is interfering with the recovery of your other mental health symptoms. I do not feel that I have sufficient evidence to comment on the question of autism, however, I will reflect that there does not appear to have been a substantial impact on your function prior to the deterioration due to substance use and experiences of psychosis.

I do agree with your self-diagnosis of cPTSD. You have had severely negative life experiences which are having an ongoing impact on your organisation of self, noting difficulties managing negative mood states, feelings of worthlessness and guilt across your life. There is equally some suggestion that the arousal symptoms associated with trauma may be driving your substance use.

I also agree with your treating team's diagnosis of schizophrenia. Noting that schizophrenia is a heterogeneous disorder, both in presentation and in aetiology. The diagnosis is an umbrella term for someone prone to the experience of psychosis. Whilst there is disagreement regarding the frequency of your episodes of psychosis, there does appear to be agreement that you have experienced at least 3 significant episodes requiring medical treatment to improve.

**In my opinion, this criterion applies to you.**

***Criterion B: Because the person has mental illness, the person needs immediate treatment to prevent serious deterioration in the person's mental or physical health, or serious harm to the person or another person.***

Gus, you identified a link between your experience of suicidal intention and psychotic experiences. There are additional concerns in your clinical notes of risk to others, due to your high irritability and verbal statements when unwell. There are additional concerns about self-neglect when actually unwell and the deterioration in your occupational function.

**In my opinion, this criterion applies to you**

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***Criterion C: The immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order or Treatment Order; and***

You are linked with a tertiary mental health care team and have a plan of regular appointments in the community.

**In my opinion, this criterion applies to you**

***Criterion D: There is no less restrictive means reasonably available to enable the person to receive the immediate treatment.***

Gus, you expressed the intention to see a psychiatrist but an antagonistic relationship with your current treating team. You expressed the intention to see a private psychiatrist, however you have not identified a clinician and do not have the financial capacity to pursue this currently. It is my opinion, that your current risk profile would not be able to be managed in the private system.

You did report agreement with your current medication regime. You wished for the treating team to explore treatments of ADHD.

Gus, given the barriers to receiving care in the private system, and your refusal to engage with the public health team, I do believe there is no less restrictive option for treatment currently. However, I also believe the relationship with the public system to be repairable and hope that this is a point in your treatment journey where new agreements regarding treatment can be made. With an improved therapeutic relationship, it is very likely that you could be managed as a voluntary patient.

**In my view a less restrictive option is not reasonably available and this criterion applies to you.**

**Summary:**

In my opinion, the criteria for compulsory treatment apply to you. This means that I agree with the authorised psychiatrist that you currently require compulsory mental health treatment. You have a right to apply to the Mental Health Tribunal for a revocation of your order at any time. Information about the Mental Health Tribunal is available at www.mht.vic.gov.au or by calling 1800 242 703.

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**Treatment**

Gus, I understand that you have recently been changed to management on risperidone depot. Thus far you do not experience any side effects from this medication and have found it helpful. As such, I would not recommend any alteration to your current medication regime.

I would strongly recommend engagement with both psychology and an occupational therapist. There should be a space for you to speak about and process the traumas you have experienced. I do not believe this should take the form of highly structured "trauma therapy" at this point in your recovery. However, there should be regular discussion about daily experiences which are bringing forward memories of your negative life experiences. It may also be helpful to create a life timeline from which to draw a life narrative. Occupational therapy work would be firstly for a pragmatic assessment. You identified no reason why you could not currently return to work. However, you are also expressing concerns about your attention and memory. Furthermore, you have had potential injuries to your brain through hypoxia (being strangled) and substance use. Functional assessments would ensure you are not experiencing limitations of which you are unaware. Neuropsychological testing may be required to explore this in more detail if areas of concern are identified.

The most important support for your treatment should be around your substance use. Ongoing self-administration of amphetamines will be significantly clouding your diagnostic assessments and treatment monitoring. You expressed some willingness to explore rehabilitation options. If you could establish an intention to remain substance free, I wonder if a facility such as a community care unit would be able to offer appropriate dual diagnosis support. As your use has a role of coping with anxiety, guilt and emotional distress, adequate support in ceasing substance use will include building other coping skills.

The authorised psychiatrist is required to review your treatment and consider my recommendations. If the authorised psychiatrist decides not to adopt some or all of my recommendations, they must provide you with the reasons for this decision. The authorised psychiatrist must do so orally as soon as practicable after the determination is made; and in writing within 10 days after the determination is made. If the authorised psychiatrist does not adopt some or all of my recommendations, you are entitled to apply to the Chief Psychiatrist for a review of your treatment. Further information is provided about this process from the Office of the Chief Psychiatrist by emailing them on ocp@health.vic.gov.au or by calling 1300 767 299.

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Thank you for the opportunity to provide this opinion. I hope that it assists in your discussions with your treating team about your treatment. If you have any queries, concerns, or feedback, please contact the Clinical Co-ordinator on 1300 503 426 to discuss.

Kind regards,

*Florence Morley*

**Dr Florence Morley**

**Consultant Psychiatrist**
**Second Psychiatric Opinion Service**