

25th February 2025

Centrelink
Reply Paid 78010
Canberra
ACT 2610

To whom it may concern,

Re: Mr Angus Swendson (DOB 11/02/1980)

This letter is in support of Mr Swendson receiving a Disability Support Pension. I am employed by Peninsula Health as a Consultant Psychiatrist and I am Mr Swendson's treating psychiatrist at Mornington Adult Community Mental Health Team (MACMHT).

Mr Swendson's first contact with mental health services was in June 2023 when he had first admission to 2 West, Frankston Hospital's psychiatric inpatient unit, for Substance Use Disorder in June 2023 following a suicide attempt. His next admissions were in October x2 2024 for Substance Use Disorder followed by November and December 2024 for Psychosis. His diagnosis was changed to schizophrenia during Mr Swendson's most recent 2 West admission in February 2025 due to ongoing psychotic symptoms in the setting of abstinence from substance use.

Mr Swendson is currently being treated for schizophrenia with Zuclopenthixol depot 400mg fortnightly, Olanzapine 15mg nocte and Sertraline 100mg mane. He is also receiving case management sessions, physical health monitoring, wellbeing support and regular medical reviews with the Mornington Adult Community Mental Health Team at Peninsula Health.

Ongoing treatment and intervention is aimed at maintenance and personal recovery as the impairment is likely to remain regardless of ongoing treatment and interventions. The impairment is assessed as permanent because, although it may vary in intensity due to the episodic nature of this psychiatric condition, schizophrenia is known to pursue a life-long chronic course.

If you wish to contact me for further information regarding this application please do not hesitate to contact me at Bayview House on (03) 5986 0684.

Sincerely,



Dr Jennifer Hodgson
MBBS, MPM, FRANZCP
Consultant Psychiatrist
Mornington Adult Community Mental Health Team





Centrelink

DSP assessments

Reply paid 7800

Canberra BC ACT 2610

Fax: 1300 786 102

13 March 2025

For assessment of Work-related impairment for Disability Support Pension

Re: Angus Swendson

16 Barton Drive,

Mount Eliza, VIC, 3930

DOB: 11/02/1980

CRN: 302 896 661 V

Mobile: 0403 635 665

This is a report for the above named person that details the degree of impairment (or loss of functional capacity) that has resulted from one or more psychiatric conditions.

Affective symptoms have been noted and treated by:

Dr Jennifer Hodgson | Consultant Psychiatrist

Dr Anna Li | Psychiatrist Registrar

Rachael Mullan | Social worker & Case Manager MACMHT

Dr Patrick Renshaw | General Practitioner – Village Clinic

Mr Swendson has undergone psychiatric assessment by registered clinical psychiatrist and has been diagnosed with the following mental illnesses throughout his various engagements with mental health services: Substance use disorder, Psychosis and Schizophrenia.

Mr Swendson has a significant reported trauma history, however was not formally diagnosed until 2023.

Mr Swendson's mental health condition of substance use disorder was first diagnosed in 2023, when Mr Swendson had his index presentation to mental health services and inpatient admission to Frankston Hospital's psychiatric unit – 2 West. Mr Swendson was diagnosed with substance use disorder following a suicide attempt in 2023 which prompted an admission to 2 West. Mr Swendson had two admissions in October of 2024 for substance use disorder followed by two more admissions in November and December of 2024 for psychosis. Mr Swendson's diagnosis was changed in February of 2025 to schizophrenia during his most recent inpatient admission to 2 West due to his ongoing psychotic symptoms and abstinence from substance use. Mr Swendson is currently engaging with Mornington Adult Community Mental Health Team via Community Treatment Order (CTO). Mr Swendson has experienced relapses of illness since his index presentation which has resulted in ongoing case management follow up in the community by the Mornington Adult Community Mental Health Team. His condition is stabilised currently however, unlikely to improve over the course of his life due to the persisting nature of these diagnoses.

The table below details Mr Swendson's impairment across several functional domains due to his mental illness:

Functional domain	Impairment severity	Examples
Self-care & independent living	Extreme functional impact	<ul style="list-style-type: none"> • When experiencing a decline in his mental health and wellbeing feels his safety and wellbeing is compromised • Extreme difficulty with managing day to day activities and organising daily routines • Requires prompting to engage in household chores and activities • Extreme functional impact to motivation to cook basic meals for self, eat properly or take care of self with

		<p>daily grooming and hygiene</p> <ul style="list-style-type: none"> • Increasing dependency on family supports causing carer burnout and fatigue • Extreme functional impact to emotional regulation and impulse control
Social/Recreational activities & travel	Significant functional impact	<ul style="list-style-type: none"> • Few recreational or social activities due to symptoms of depression, low energy, heightened fear, and significant distrust of people • Significant periods of isolation and withdrawal from community participation • Self-esteem and confidence has significantly eroded overtime, this exacerbates his fear, depression and anxiety, making it significantly more difficult to build trust, to make or maintain friendships and meaningful relationships • When experiencing a decline in his mental health and wellbeing is reluctant to travel alone or to unfamiliar places/areas • Due to ongoing decline to his mental health and wellbeing is unable to drive himself to appointments and community engagements • When experiencing a decline in his mental health and wellbeing is unable to use public

		<p>transport without the support of another person</p> <ul style="list-style-type: none"> • Cognitive difficulties related to social interaction and suboptimal function in the community
Interpersonal relationships	Significant functional impact	<ul style="list-style-type: none"> • Significant difficulty when experiencing a decline in his mental health and wellbeing to communicate his needs, wants and seek help at home and in the community • Significant and ongoing difficulties with emotional regulation in the context of ongoing paranoid thoughts • Significant mistrust of people when meeting new people, is guarded and anxious • Has experienced paranoid thought content around existing supports like his step father • Socially isolated for long periods of time when experiencing a decline in his mental health and wellbeing • Low self-esteem, confidence, periods of isolation, and social withdrawal result in high dependency on supports and community support services
Concentration & task completion	Extreme functional impact	<ul style="list-style-type: none"> • Can become preoccupied with obsessive thoughts when experiencing a decline in his mental health and wellbeing,

		<p>making it difficult to concentrate on day to day activities</p> <ul style="list-style-type: none"> • Unable to concentrate on a task for extended lengths of time • When experiencing a decline in his mental health and wellbeing has cognitive difficulties that impact on his orientation, complex thinking, planning, problem solving, alertness, concentration, and ability to learn new skills • Lethargy and fatigue impact on his motivation and ability to persist with goal directed tasks or activities
Behaviour, Planning & Decision making	Extreme functional impact	<ul style="list-style-type: none"> • Impaired judgement and decision making when experiencing a decline in his mental health and wellbeing impacts on lifestyle choices, managing medication and overall wellbeing • Is vulnerable to coercion and poor decision making when experiencing a decline in his mental health and wellbeing • Thought disorder makes planning and decision making extremely difficult • Experiences a loss of skills and deterioration in memory function due to ongoing mental illness • Extreme difficulty with motivation to initiate or

the coercion is pen health

		<p>persist in goal directed tasks and decision making</p> <ul style="list-style-type: none"> • Vulnerability to financial risk when experiencing a decline in his mental health and wellbeing
Work/Training capacity	Extreme functional impact	<ul style="list-style-type: none"> • Mental illness (including the psychological impact of medical condition and adverse side effects of medications) prevents the attendance at work education or any other training sessions for any periods of time • Extremely limited insight into the nuances and effects of his mental illness • Extreme difficulty managing situations of stress, pressure and performance demands as this heightens his stress, anxiety, depression, and impacts on his overall capacity to function

Mr Swendson is unfit to work or return to work in any capacity within the next two years. His condition will be life-long in nature despite input with further treatment and additional supports.

this is false, i quit because i'd had enough of ballarat.

Mr Swendson has been unable to return to his previous employment of Information Technology (IT) because of the severity of functional impairment caused by his mental health condition.

This report has been compiled for use by Centrelink in the assessment of work-related functional capacity for the disability support pension.

Should you require any clarification around the above information, please do not hesitate to contact the clinic on the provided details.

Yours sincerely,

Rachael Mullan

Mental Health Key Clinician | Registered Psychiatric Nurse

Mornington Adult Community Mental Health Program

Bayview House | Rosebud Victoria 3939 | T: (03) 5986 0684

