

Regional Office NANBOUR . SSR No _____

He says the process of reaching his purpose, which is philosophical perfection, is

(Continued over)

Continued essential for the survival of mankind. David said to achieve this he must continue to devote his time to thinking in solitude, on religion, science, psychology and philosophy.

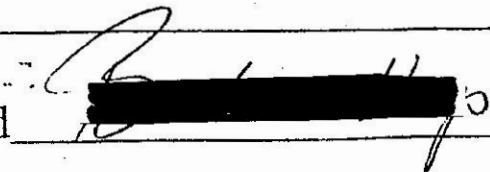
The interview continued in this vein. It appears that David speaks from personal convictions and his intentions and beliefs are genuine. Their normality is questionable. As David was referred by the CES psychologist I phoned him and checked his assessment was that David's eccentric thinking indicated the presence of a personality disorder with psychotic overtones. At this time there were no florid signs but that a psychiatric assessment is indicated.

David has made an application through FOI for his CES records including the psychologist's report. For a general practitioner to provide a treating doctor's report it would be necessary for them to see the psychological assessment.

If possible a CMO assessment should be conducted by a psychiatrist as David Quinn's condition is not physical.

An assessment by the Disability Support Panel is also recommended.

Signed



Social Worker

date 24 11 1993



minute

DEPARTMENT OF EMPLOYMENT AND INDUSTRIAL RELATIONS

QUEENSLAND STATE OFFICE

Our Reference :
Your Reference:
Subject :

C.E.S. JOB CENTRE
POST OFFICE BOX 67,
INDOOROOPIILY, QLD. 4068

CONFIDENTIAL

PSYCHOLOGICAL REPORT ON DAVID QUINN

NAME: David Quinn

Age: 28 years
[REDACTED]

ASSESSED BY: Catherine Travers

DATES OF ASSESSMENT: 1/4/1993
15/4/1993

PRESENTATION

David was punctual in his arrival and presented as a neatly, though casually dressed young man. He was pleasant and co-operative throughout both interviews. His manner, however, including his posture, was slightly wooden and he lacked emotional expression. He displayed a pervasive tendency to intellectualise as demonstrated by his definition of terms (e.g. 'let's define mood') prior to answering questions.

EDUCATIONAL HISTORY

David graduated from secondary school with a TE score of 895. After leaving school, he enrolled in and completed a Bachelor of Surveying degree at the University of Queensland. David took slightly longer than the minimum time to complete this degree due to his having failed a couple of subjects.

David reported that while at school he was obsessed with and had a talent for sports. This talent enabled him to socialise more easily with others, something which he otherwise found difficult to do. Between the ages of 16 - 20, however, David gradually reduced his involvement in sport and he no longer plays any sport as he does not now derive any enjoyment from it.

Additional training which David has completed include a 16 week hospitality training course in 1988.

VOCATIONAL HISTORY

David's work history is very limited and he has never worked as a surveyor, losing interest in the profession mid-way through his degree. Whilst studying, he worked as a labourer (part-time) and worked in customer service at a golf driving range. He has also worked as a waiter for a 2 week period though left after deciding waitering was not for him. As well, he has worked as a casual bottle shop attendant (3 months) but was eventually retrenched.

David has not worked for the past four years and he does not wish to work as he believes work will interfere with his desire to perfect his thinking (see below).

MEDICAL HISTORY

Currently, David enjoys good physical health and has not suffered any major illnesses or accidents in the past. He is not currently taking any medication.

At around the age of 20 - 22, David experimented briefly with illicit drugs including hallucinogens. He reported having no fear and experiencing no negative effects or hallucinations while under the influence of these drugs. In the past month, David has again occasionally abused these drugs. Recently, he has begun smoking again and at present smokes approximately 20 cigarettes a day. He doesn't drink as he does not enjoy the effects of alcohol.

PSYCHOLOGICAL EVALUATION

The most significant feature of David's presentation was an obvious disturbance in his thinking although he denied ever experiencing any hallucinations or delusions. He did, however, admit to experiencing 'altered states' which he found difficult to describe except to state that these were times when he was able to attain exceptional clarity of thinking - a childlike state.

With regard to his thinking, David reported that his sole aim in life is to improve the quality of his mind and he organises his life around this purpose. David spends his days thinking and attempting to discern the nature of ultimate reality and 'truth'. He believes that he will be able to achieve his goal through the power of his superior intellect. This suggests a grandiose belief not in keeping with his past academic performance although there was no evidence of a formal thought disorder.

David stated that his mood is mainly calm with minor oscillations. He denied any major problems with anxiety or depression and reported no recent changes in either his appetite or sleeping habits. He does, however, admit that thinking itself can be stressful and at times he

(2)

experiences periods of confusion resulting from his thinking. He also reported his isolation from others to be stressful although at times, he deliberately chooses to isolate himself he fears that he will be distracted from his real purpose. David has at times been told he is 'looney' but is unconcerned with the opinions of others.

Pre-morbidly, David reported that he was shy and introspective while growing up and his main feelings now about his childhood include regrets that he was brought up with a lack of idealism and a lack of discipline. David has previously been in one long-term relationship with a woman with whom he lived for a period of 6 months. He described his relationship with her as good and that she was a very unusual woman. Together they have a son whom he sees regularly.

There is no known family history of psychological disturbance.

David's withdrawal from all sporting activities at around the age of 20 which he had previously enjoyed, coinciding with his emerging interest in philosophical issues together with his experimentation with drugs are suggestive of an underlying psychotic process. As well, his withdrawal from most worldly activities and interests and his isolation from others confirm the likely severity of his condition. Notable is the absence of obvious psychotic features.

To further assess David's personality and likely psychopathology, David was administered a Clinical Analysis Questionnaire (CAQ) which assesses both 'normal' and pathological features of personality. David had a great deal of difficulty completing this questionnaire due to his concern with the meanings of the questions and his need to define terms. The resulting profile revealed that David is a very reserved, detached young man who is fairly serious in his approach to life. Some sensitivity to threat, proneness to worry and insecurity emerged. Additionally, the profile indicated that he is a very imaginative young man who is unconcerned with everyday matters. Of the pathological scales, 3 of the 12 scales were extremely elevated, suggestive of serious psychopathology. These scales were the 'Schizophrenia', 'Psychological Inadequacy' and 'Boredom and Withdrawal' scales. Essentially, this means that he feels that life is pointless and meaningless. He reported a number of unusual experiences and a belief that life is unsympathetic. Finally, he feels rejected and pushed around by others and views himself as 'doomed'.

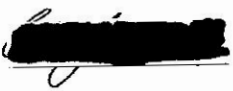
SUMMARY

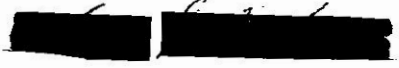
David is a young man of above average intelligence but very limited work experience. His self-report and

①
presentation are suggestive of serious psychopathology either of a psychotic nature or a serious personality disorder. Further assessment, however, will be necessary in order to make an accurate diagnosis. Clearly, David is not interested in working and his capacity to sustain meaningful employment is questionable. His difficulties relating to people pose a significant stumbling block to him in terms of succeeding in the workforce. As well, David's pervasive tendency to over-intellectualise and the abstract nature of his thinking are likely to strongly interfere with his ability to perform work tasks. Finally, David displayed a marked lack of insight into his own behaviour despite having received feedback that concern is warranted.

RECOMMENDATIONS

It is recommended that David be referred to a psychiatrically qualified Commonwealth Medical Officer for further evaluation as to the nature of any psychiatric condition he may be suffering. As well, assessment is required to assess his eligibility for transfer to another benefit as an alternative to unemployment benefits.


Catherine Travers
PSYCHOLOGIST
20th April 1993


Tass Sakellariou
PSYCHOLOGIST
20th April

This report is confidential. It should remain on file. FOI and Privacy legislation guidelines should be followed in the event of a request for information herein.