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

After Hours: Telephone: Fax:

17.8.05

Ms Patricia Feeney, GPO Box 834 Brisbane.4001.

Re: Peter Leck d.o.b. (

Dear Ms Feeney,

My previous correspondence of 8.6.05 and 20.6.05 refer to the mental health of Mr Leck and this letter should be read in conjunction with previously described clinical opinion.

I assessed Mr Leck on 15.8.05 and have seen him on a regular basis over the last two months. He is aware of the nature of this letter and has consented to your receiving it and using its contents as required in your role as his legal counsel.

As previously indicated ,I believe that MrLeck is suffering from a mental health disorder (Adjustment Disorder with mixed anxiety and depressed mood) the symptoms of which have intensified significantly over the last week. Physical symptoms of anxiety such as restlessness and nausea have returned , and his capacity to concentrate, form new memories and recall previously retained data is impaired. He describes being in a daze when trying to focus upon Inquiry related material. Additionally , depressive ruminations have recurred with themes of guilt ,shame , and deserved punishment predominating. Sleep , energy , motivation, and capacity to experience pleasure have all deteriorated.

This deterioration has occurred in spite of regular sessions with myself, support from friends and family, and the use of both antidepressant and sleep inducing medication. I believe his deterioration has principally occurred due to his having to more intensively focus upon Inquiry material and to contemplate the imminent prospect of having to provide evidence under cross examination. Prior to this recent deterioration, there had been a significant improvement in both symptoms of anxiety and depression.

Given the significant decline in his functioning ,I believe that Mr Leck is presently unfit to provide evidence and to cope with the Inquiry process. If he were to provide evidence I believe that there would be a high risk of further significant deterioration in his mental state.

Also, considering the significant impairment in his capacity to concentrate upon, retain and recall information, I believe that Mr Leck is currently not able to adequately instruct counsel. I believe that this capacity has been lost in the context of his aforementioned clinical decline over the last week.

Furthermore, I believe that it is unlikely that his capacity to endure evidence giving and to instruct counsel will improve to a satisfactory level in any ongoing scenario

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involving the prospect of providing evidence and undergoing cross examination under the auspices of the Inquiry.

Yours faithfully,

Jeremy Butler