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PRIVATE AND CONFIDENTIAL PSYCHIATRIC REPORT

Re: Michael John Curry
DOB: 30/08/1961
Ref: 2014137780

Dear Mr Shukoor,

As per your letter of instruction dated 19/03/14 and the accompanying material, I understand that Mr Curry has been charged with the following offences (H52522070):

- 'Behave in the offensive manner in/near public place/school'
- 'Resist officer in execution of duty'
- 'Assault officer in execution of duty' (2 counts)

The charges arise out of events that are alleged to have taken place on 09/11/13 at Darlinghurst.

He has also been charged with the following offence (H261779093):

- 'Assault officer in execution of duty'

The charge arises out of events that are alleged to have taken place on 01/03/14 on George Street, Sydney.

Mr Curry is due to appear in the Downing Centre Local Court on 02/05/14.

You instructed you have seen Mr Curry on a number of occasions since 3/12/13. On each occasion he expressed what you would consider to be paranoid and delusional beliefs. He apparently told you about a diverse range of matters, such as his role in thwarting an assassination attempt on Barrack Obama, his work as a spy for the government, police causing him to be bitten by a "black widow spider" and him subsequently feeling very delirious, and his role in the "special forces," amongst other things.

You indicated that Mr Curry seems, in your opinion, to have little insight into his mental health; however, he has agreed to be assessed by a psychiatrist.

Mr Curry also reports that he has never been diagnosed with any mental illness/condition. He denies receiving any treatment for paranoia or delusions. You were unable to find any evidence that he has ever been treated for a mental illness.

I was asked to determine his medical condition at the time of the alleged offences and provide an opinion about the options that are available to the court, including his eligibility for disposition according to Section 32 of the *Mental Health (Forensic Provisions) Act, 1990* (NSW).

I currently work as a Consultant Forensic Psychiatrist at Level 8 Practice, Sydney, and the MSPC at Long Bay Complex. I completed a Masters of Criminology at the University of Sydney in 2007 and report extensively to the Courts. I am aware of the code of conduct for expert witnesses in NSW and agree to be bound by these.

CONFIDENTIALITY AND CONSENT

I explained to Mr Curry that I would be writing to you for the purposes of his upcoming court appearance, and, as such, this will not be confidential. He agreed to be assessed for this purpose.

SOURCES OF INFORMATION

1. Assessment of Mr Curry at the Level 8 Practice, Sydney on 11/02/14 for a period of approximately 50 minutes
2. Court Attendance Notice
3. Police Facts (H53674128 and H261779093)
4. Medical records, Foster House Clinic
5. Letters from Dr Christopher Vickers, consultant gastroenterologist and specialist in liver disorders

DEMOGRAPHIC DETAILS

Mr Curry is a 52-year-old single male with one child who has been living at Foster House for the last four months. He previously worked as a special education teacher for autistic children. He is currently unemployed and in receipt of a Disability Support Pension.

PSYCHIATRIC HISTORY

Mr Curry has one brother who lives in Brisbane. His parents are deceased. His father died from liver cancer and his mother died from breast cancer. I understand his father worked in the racing industry breeding horses.

Mr Curry attended Oak Hill College in Castle Hill, apparently being of average academic ability. His brother is a pilot. He claimed his father knew Kerry Packer.

Mr Curry stated that he worked as a teacher of specialist needs children at Macquarie Hospital, Arndell and Redbank, which are joint Department of Education and New South Wales Health facilities.

He also stated he worked as an acupuncturist at night and was also proficient in Kung Fu and Ninjitsu. He said that he ran acupuncture clinics in Grafton and Tweed Heads for about 12 years. His report in this respect may be unreliable.

He was married in 1992 and divorced in 1998. He has one child.

There was no apparent history of major mental illness or previous history of psychiatric treatment. However, he said that he presented to Nambour Hospital in Queensland in 2002. Mr Curry stated he had 14 acres of land and was growing coffee. He stated that he was "threatened by bikies" and that "someone's wife was killed up there," which he reported to Gold Coast police. It was not clear if this really happened or was a delusional memory.

Mr Curry proceeded to give some rather bizarre history, claiming he had travelled to the United States and help prevent an assassination attempt on Barack Obama in Boston. Mr Curry stated that he "used baseballs to take out a shooter."

He said, "I did years of Ninjitsu. I've got an awareness. I've been able to intervene in six terrorist actions in the United States between 2004 and 2005. I have prevented six terrorist attacks in Sydney."

He claimed that he was working with Special Forces and was a spy, being a volunteer for the war against terror and preventing a bombing at New York Central Station and Times Square.

In relation to the history about a black widow spider, Mr Curry said he was "delirious" when he was pushed in front of a car and that he off his head was "off his head."

DRUG AND ALCOHOL HISTORY

Mr Curry has a history of substance abuse, describing himself as a "low-grade alcoholic." He reported drinking up to 10 beers per night.

He smoked cannabis at University, with no ongoing use.

He denied using amphetamines, opiates or any other drugs.

MEDICAL HISTORY

Mr Curry was diagnosed with hepatitis C after a needlestick injury in 1998. He has been under the care of Dr Christopher Vickers, a gastroenterologist at St Vincent's Hospital, since October 2013, who prescribed interferon, and anti-viral treatment for hepatitis C. He stated that the interferon treatment, "bombed his head."

He has also been under the care of Dr Briggs, an Ear, Nose and Throat surgeon at St Vincent's Hospital.

I note he has received some medical care from Dr Brian Foo, his GP at Foster House, as reviewed below.

MEDICATIONS

No regular medications

FAMILY HISTORY

There was no history of mental illness in his family.

ACCOUNT OF THE INDEX OFFENCES

In relation to the alleged events on 09/11/13 at Darlinghurst, Mr Curry stated that "three sharks, the big guys, hustled me. One guy had something in his hand. They would standovers. Collectors. I gave one guy a toe-cat kick to his wrists."

He added, "I'm Street wary. Gangland stuff. I've reacted. I have borderline paranoia since about the incident in 2002."

He stated that he started interferon therapy one week prior to that incident.

He denied experiencing auditory hallucinations.

In relation to the alleged offences on 01/03/14 on George Street, Mr Curry said, "I got shoved into traffic. I nearly got hit by a police car."

When asked why he had been aggressive, Mr Curry replied, "I didn't know who they were. I didn't know they were police."

He had apparently received a dose of interferon the day before that incident.

MENTAL STATE EXAMINATION

Mr Curry presented as a 52-year-old male who was tall and stature, bald, had blue eyes and had scars on his face. He ignored some paranoid thinking. He was quite expansive at the time of interview and obviously grandiose.

There were no indications that he was suicidal. He had no insight into his apparent mental disorder.

REVIEW OF RELEVANT DOCUMENTS

Police Facts (H53674128)

The accusations outlined by police indicate that the offences were completely unprovoked, apparently spitting towards a male and striking him with saliva several times in the chest. He also kicked out towards a stranger, ignored police and continued to attack the three males. Those actions suggest that he was paranoid at the time.

Police Facts (H261779093)

Mr Curry was noted to wander through traffic on George Street was nearly hit by the police car, showing no reaction. When stopped by the police, he allegedly swung his right arm Constable Howell's face before becoming aggressive towards police. Those actions also issued to be based on his underlying paranoia and impaired judgement, placing his own life at risk and endangering the public.

Medical records, Foster House Clinic

A review of the medical records indicates the following:

- 24/09/13: Assessment by Dr Foo revealed a previous needle-stick injury and hepatitis C. No previous mental illness was known.
- 03/10/13: Referred by Dr Foo to see Dr Christopher Vickers at St Vincent's Hospital in relation to his alcohol abuse and hepatitis C.
- 13/01/14: Assessment by Dr Foo revealed he had started hepatitis C treatment and was on both tablets and injections (self-administered).
- 10/02/14: Told Dr Foo "seven weeks ago he was coming to help a woman who was mugged by three guys. He fought the guys and let free the woman, but the police came and restrained him thinking that was he was in a fight." This account may well relate to the charges he is facing (H53674128), again suggesting a delusional interpretation of events. He was referred to Dr Astrid Rogoz, a consultant psychiatrist who works at Foster House.
- 28/02/14: Assessment with Mr James Southan, mental health nurse. Expressed beliefs that "police are deliberately withholding information." Claimed that he had been "extorted" in the past by teachers. Was apparently on a Disability Support Pension for alcoholism. Was still on the interferon treatment Pegatron 150/68, "acknowledges that this can make him angry, feeling charge of agitation following dose lasting hours then following this his mood will dip over the following two days. He was thought to be suffering from a psychotic illness in the grandiosity and paranoid ideation.
- 31/03/14: referred to Dr Biggs at St Vincent's Hospital Warren ingrown hair in his left nostril. Dr Vickers had ceased interferon. Treated with antibiotics.

DIAGNOSIS (DSM-5)

Mr Curry meets criteria for the diagnosis of the following mental disorders:

- **Organic psychosis (secondary to his interferon treatment)**
- **Alcohol dependence**

Mr Curry has evidence of emotional instability, grandiose and paranoid delusions and bizarre behaviour indicating the presence of a psychotic illness that has placed himself at risk and others at risk over recent months.

Unfortunately, interferon treatment is often associated with severe depression and/or psychosis, even in individuals not previously suffering from those conditions.

Discontinuation of interferon and/or treatment with antipsychotic medication such as Olanzapine or Risperidone will generally lead to resolution of psychotic symptoms an improvement in mood and behaviour, giving him a positive prognosis. I understand Dr Vickers stopped his interferon treatment in March.

Mr Curry worked as a special needs education teacher in the past, apparently discontinuing work due to a dispute with other teachers and relapsing into drinking again sometime in 2013, up to 9 drinks per day. This history was outlined in a letter from Dr Christopher Vickers dated 25/10/13, which predated his interferon treatment and is probably more liable than the other available history.

OPINION RE SECTION 32 OF THE MENTAL HEALTH (FORENSIC PROVISIONS) ACT

There are a number of specific questions to address when considering whether Mr Curry is eligible for disposition under Section 32. I will address each of these in turn:

1. Is my client currently, or was my client at the time of the alleged commission of the offence(s):

- **developmentally disabled;**

Answer: No.

- **suffering from mental illness; or**

Answer: Yes. Organic psychosis.

- **suffering from a mental condition for which treatment is available in a mental health facility,**

Answer: No.

but not a mentally ill person?

Answer: He was not a mentally ill person at the time of recent assessment.

2. If the Court considers that my client's condition falls into one of the above categories, it may make various orders set out below, and your opinion as to the most appropriate orders is sought:

- the Court may dismiss the charge(s) and discharge my client into the care of a responsible person with or without conditions;

If you recommend this option, please specify the appropriate responsible person, and any conditions you would recommend.

- the Court may dismiss the charge and discharge my client on the condition that my client attend a person or place for assessment or treatment, or both;

If you recommend this option, please specify the appropriate person or agency my client should attend and outline the specific treatment plan you would recommend. A treatment plan may include the frequency of attendance, the type of treatment prescribed (including any need for medication), and any other conditions that may improve my client's prognosis.

- the Court may dismiss the charge and discharge my client unconditionally.

If you recommend this option, please specify why you recommend this as an appropriate course.

Answer: I would recommend the second option, with Mr Curry remaining under the care of his GP, Dr Brian Foo, of the Foster House Clinic, 5-19 Marion St, Surry Hills, NSW, 2010, Phone: (02) 8218 1210, Fax: (02) 9212 6170, or delegate, subject to the following **treatment plan:**

1. He remains under the care of his treating doctor to coordinate his treatment pursuant to a mental health care plan.
2. He attends appointments with Dr Brian Foo, or delegate, at a frequency as directed, probably monthly in the first instance.
3. In excess referral to Dr Astrid Rogoz, consultant psychiatrist, to review his mental health symptoms and treatment needs. Referral to the Darlinghurst Community Mental Health Team may also be indicated.
4. He complies with medication as prescribed by his treating doctor, probably a trial of Risperidone 2mg orally daily in the first instance.
5. He remains under the care of Dr Christopher Vickers, consultant gastroenterologist and specialist in liver disorders, of 601/438 Victoria Street, Darlinghurst, NSW 2010 for ongoing management of his

hepatitis C and to review the side-effects of his interferon, which has now been discontinued.

6. He engages in drug and alcohol counselling/and or rehabilitation to addresses alcohol dependency issues.
7. He accepts other such counselling or treatment as deemed necessary by his treating doctors.

The treatments I have recommended are community based and do not require hospitalisation.

3. Is my client currently a mentally ill person?

Answer: No.

If so, the options available to the Court are as follows:

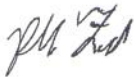
- **the Court may order that my client be taken to, and detained, in a mental health facility for assessment; or**
- **the Court may discharge my client unconditionally or subject to conditions into the care of a responsible person.**

Would you recommend either of these options?

Answer: I would not recommend those options, as Mr Curry is not a mentally ill person. However, given his previous episodes of aggression and bizarre behaviour, should be a low threshold for admission to a psychiatric hospital in event of any relapse of his condition.

I trust this report is of assistance. I would recommend that a copy of this report be forwarded to future service providers, as outlined in the above treatment plan, to assist in his future management in the event that his matter is dealt with pursuant to Section 32.

Yours faithfully,



Dr Richard Furst
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