



Michelle Hookham
Mental Health & Homeopathy

Sharon Jackson
McDonnell Schroder Solicitors and Conveyancers
Shop 3, 103 Railway Terrace
Schofields
NSW

13th of May, 2025

Re: Mental health report for Mark Muscat (DOB: 18/10/1962)

Dear Ms Jackson,

I write to provide a letter of support for Mark Muscat's legal matter pertaining to medical injuries, at his request.

Mark Muscat was referred to see me by his GP, Dr Enoke Guneratne, North Richmond Shopping Village, for psychological support for "psychological impacts following skin scarring from surgery", in November, 2024. He attended fortnightly consultations with myself between November, 2024, until the close of his referral in March, 2025.

At the time of Mr Muscat's initial consultation, he presented his court statement regarding issues with a previous GP, who had allegedly diagnosed him with over 40 skin lesions requiring excision for skin cancer. Mr Muscat reported increased anxiety over the period of his skin treatment, because the GP allegedly informed him that he would have only 6 months to live if he didn't get them removed; and allegedly commented frequently that Mr Muscat would have been dead by now if not removed; that he had saved his life. Another GP later informed Mark that they had not needed to be removed, which caused further anxiety, distress and loss of trust in the medical system.

Mr Muscat reported a prior medical injury when he suffered multiple blood clots and stroke whilst in theatre for fusion of cervical vertebrae for pinched nerves, with associated cognitive decline and loss of function with his arms and hand. He was rendered unable to work and was subsequently placed on a disability support pension (DSP). Mr Muscat stated that he had been recovering from this injury, when the more recent skin cancer care had triggered a significant relapse in mental health, compounding a traumatic experience that he was finding it difficult to recover from.



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Psychological impacts of skin cancer care:

Mr Muscat reported significant mental health issues arising from the skin cancer medical injury. He reported increased anxiety, getting “stressed very easily” and had developed obsessive compulsive disorder (OCD), with constant checking of locks, ovens, windows and the cards in his wallet. He reported being aware of the behaviours, however stated “I get frozen and unable to move because of the need to check things”, which he found increasingly frustrating and debilitating. He reported high levels of anxiety, which affected his sleep, with difficulty getting to sleep, frequent waking with distressing thoughts and nightmares.

Mr Muscat also experienced low mood following the episode of care, stating “I just feel depressed”. He continued to dwell on the adverse medical events, stating “I have been taken advantage of”. Feelings of distress were exacerbated by the lack of acknowledgement, compensation or vindication of the injuries he sustained. Mr Muscat became very emotional on several occasions when speaking of the medical injuries, welling up with tears and sobbing. At times of very low mood, he reported suicidal ideation, with thoughts such as “I wish I hadn’t come out of the stroke...I worry that one day I might do something impulsive and hurt myself.” He admitted to episodes of deliberate self-harm (DSP), including stabbing himself with a pencil and banging his head against the wall as a consequence of the associated psychological distress.

Mr Muscat’s Kessler 10 (K10) score on the 13.11.24 was 45/50, which is an extremely high level of psychological distress.

Mr Muscat reported additional social impacts from the medical injuries, including anhedonia (loss of interest in activities) and social isolation/withdrawal from society and decreased contact with established relationships. He stated “I feel lonely and without friends.” The anxiety and OCD impacted Mr Muscat’s capacity to engage with the community, and he reported functional decline with usual activities of daily life.

Psychological impacts from surgical injury and stroke

Mr Muscat spoke about psychological, cognitive and physiological stressors associated with the surgical injury, apparent during our consultations together. He had frequent lapses of memory, including forgetting words and the conversation we were engaged in. He had a recent PET brain scan that dismissed dementia, diagnosing cognitive impairment from brain injury following surgery and stroke.

In my electronic medical records, I have documented the following:

(Mr Muscat) spoke of his (spinal) surgery and being sedated and ventilated (for 4 weeks); of experiencing terrible brain pain and not being able to do anything about it; and of recurring dreams that were repetitive and 'like eternity'. Emotions welled up when he was speaking about this, making me consider that there were some traumatic memories attached to his medical mishaps. Mark said that he felt good after discharge from hospital, to have survived and have a second chance, however when low in mood, he struggles. He stated that he was doing well until the medical over servicing regarding his skin cancer, after which he has had a major setback in OCD and anxiety, which hasn't settled.



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During Mr Muscat's consultations with myself, I assisted him to apply for NDIS support. His assessment identified the following functional impairments:

Shower: "Anxiety about falling as I can't use hands to save myself"

Vacuuming: "Vacuuming is difficult; I can manage on hard surfaces but can't on carpet"

Laundry: "I have difficulty putting clothes on the line as can't raise arms; trying to get the pegs on line and off is difficult; I've got to throw clothes up over line – sheets and towels are the hardest"

Garden: "Mowing is the hardest activity – when I push, I have to stand way back and use weight to push mower; whipper snipper is hard; I need a strap to hold it up."

Motor skills: "I can't undo lids or anything; I have trouble turning light switches off; I have no strength in my hands; I can't pull ring tops on cans; I can't lift things; I can't hold the button down to reignite the flame of gas"

Swimming: "I can't move arms through water; I have no strength"

Shopping: "Walking to the shops to get groceries is hard, but I push myself; I carry the groceries but my arms ache and get sore"

Cooking: "I'm unable to cook since the stroke"; relies on pre-cooked meals

Mr Muscat spoke about the impacts of the stroke:

"When I had the stroke, everything went and now I really struggle. I feel exhausted after doing anything; it feels like a punishment; I have a terrible quality of life compared with the past; I used to be stronger than most; I used to be super fit; super strong. I can see how much I've lost. I'm trying to get better in life but my body holds me back. Everything's ruined; I now know what death could be like; I've been there; It's not nice."

Final comments

Mr Muscat experienced significant impacts from two medical injuries: Stroke caused by multiple blood clots during spinal surgery, and psychological impacts following skin cancer care by a previous GP. The latter compounded psychological trauma experienced after the stroke, which Mr Muscat continues to struggle to recover from. The lack of acknowledgement and retribution further contributes to his psychological distress.

The impacts of the medical injuries was apparent in our consultations together. Mr Muscat demonstrated genuine psychological distress, cognitive and functional decline. He continues to strive to improve his health, exercising daily and attending to activities of daily living, albeit very challenging at times. I support his efforts for justice in this matter. Whilst the injuries cannot be reversed, I hope that a positive outcome will bring him peace of mind.

Yours sincerely,

Michelle Hookham

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