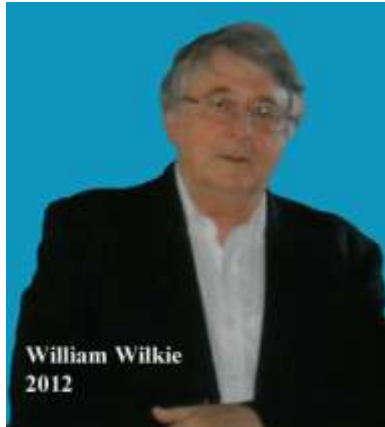


From

Dr William Wilkie MB BS DPM, Psychiatrist, Suite 32 Silverton Place, 101 Wickham Terrace, Brisbane 4000 Phone 07 3832 5454 Email wwilkie8843@bigpond.com



My book *Understanding Stress Breakdown* describes the processes involved in how human behaviour changes under stress. Because of my interest in post traumatic stress disorders I have been asked many times over the years to treat victims of workplace bullying.

In treating PTSD caused by school and workplace bullying, I have learned much about the methods of workplace bullies and the modus operandi of corrupt psychiatrists employed to damage the credibility of whistleblowers.

It is not easy to undo the damage when innocent people are deliberately damaged by the dishonest and unscrupulous, usually requiring at least two years of psychotherapy and an apology from the employer before a person victimized in the workplace is well enough to return to work. Sometimes the awarding of Workers' Compensation may be enough to indicate to the victimized worker that the bullying should not have been allowed to happen.

Enforced referral to a psychiatrist or psychologist may be used to intimidate and discredit whistleblowers by assigning negative diagnostic labels. For example a whistleblower may be wrongly described as someone with a personality disorder whose unwillingness to tolerate corruption originates in an intolerance for ambiguity. Or perhaps a whistleblower is said to have a form of paranoia.

I advise whistleblowers wrongly labeled as paranoid not to tolerate this. Paranoia cannot be diagnosed unless delusions have been demonstrated. A delusion is a false belief that a person maintains even after it has been clearly demonstrated that the belief is false. Therefore, to diagnose paranoia in a whistleblower, the psychiatrist must prove that what the whistleblower believes is demonstrably false.

One prominent psychiatrist tends to ask questions in such a way that the answers would support a diagnosis of major depression. Then he might write in

his report “but major depression is always multi-factorial...it is likely that the client only thought he was being bullied, because he was already depressed.”

I advise people being required to obtain a report from this psychiatrist to take a written account of their victimization to the interview and insist on its acceptance. Then when the biased report is made available, a comparison can be made between the facts and what the psychiatrist claimed the client had said.

It is important to remember that an expert opinion given by a psychiatrist is valid only insofar as the facts on which the opinion is based, have been proven. (See the High Court of Australia case of 26th October 1961 Ramsay versus Watson heard by Dixon C.J., McTiernan, Kitto, Taylor and Windeyer JJ)

If the psychiatrist has the facts wrong, then his opinion cannot be of any value and the biased report must be dismissed.