Mr. Hytner: Could you indicate your relevant experience.

Mr. O'Connell: In 1982 I was a member of the task force which was deployed for psychiatric cases during the Falklands conflict. Following this experience I developed an interest in the recognition and management of post traumatic stress disorder. The team of which I have been a part has been involved in disasters both civilian and military. I was specifically concerned with the treatment of those who were considered to be in need of treatment.

Mr. Hytner: Is there a distinction between psychiatric illness and emotional upset?

Mr. O'Connell: The distinction is one of degree, the psychiatric illness requires treatment. Emotional upset may well antedote a psychiatric illness.

Mr. Hytner: Is it accurate to say that the psychiatric illness is something that can be treated by doctors?

Mr. O'Connell: Yes.

Mr. Hytner: Is the term depression used in two quite different senses.

Mr. O'Connell: Yes. If depression is used by professionals then it is used in relation to an illness.

Mr. Hytner: Is depression an illness with known specific symptoms?

Mr. O'Connell: Yes.

Mr. Hytner: Is grief following bereavement necessarily an illness?

Mr. O'Connell: No.

Mr. Hytner: Is there a condition known as pathological grief, which is a recognised condition?

Mr. O'Connell: Yes.

Mr. Hytner: Would pathological grief be disabling in relation to the person's conduct of their ordinary affairs?

Mr. O'Connell: Yes.

Mr. Hytner: Is there a condition known as nervous or physical shock?
Mr. O'Connell: There is a condition known as physical shock. When we talk of nervous shock I understand it to mean to a person's temporary inability to respond to their environment. I do not myself use the phrase nervous shock, although I think it means that a person has been overwhelmed by his or her experience over a period of time.

Mr. Hytner: Is post traumatic stress disorder a recognised psychiatric illness?

Mr. O'Connell: Yes.

Mr. Hytner: What are the symptoms of post traumatic stress disorder.

Mr. O'Connell: The individual must have been subjected to an event which is outside the normal human experience. As a result that person becomes preoccupied by the experience and this might include nightmares, or a sudden preoccupation with the event during the day. This leads to an avoidance of stimuli related to the event in order to prevent the person from becoming upset. You will also find a change in themselves and an often apparent change in their personality, for example, a wife may say that the man she married is no longer the man she is living with today. An individual may find that certain sights, sounds, taste, smells and touch remind him of the horrific experience and lead to mood swings, aggression, anxiety of a pathological nature and alcohol abuse. In the concept of PTSD it is important to deal with the individual as a whole, and not as part of the make up.

Mr. Hytner: Would a car accident produce PTSD?

Mr. O'Connell: A car accident may not produce PTSD, but it might.

Mr. Hytner: Is fear for one's own safety or the safety of others a necessary or normal pre-requisite for producing PTSD?

Mr. O'Connell: It is a necessary pre-requisite.

Mr. Hytner: Is it necessary for the development of PTSD for that other person to be injured or killed?

Mr. O'Connell: No.

Mr. Hytner: Is a build up of tension which is unrelieved by the knowledge that that person is safe a normal incident of PTSD?

Mr. O'Connell: That knowledge is significant in the development of PTSD. It is not necessary but if it exists, PTSD is more likely to happen.

Mr. Hytner: In psychiatric terms is there any material difference to the diagnosis whether someone in fear for another's safety searches physically or orally by means of a telephone.

cont/....
Mr. O'Connell: The opportunity of being active is means of reducing the pain and agony depending on how substantial the information is which is obtained as a result of that activity. I would hate to be faced with the decision as to whether to wait at home or to go out and search.

Mr. Hytner: What steps taken by people in fear are likely to cause PTSD? Are you saying that someone who fears for the safety of a loved one is likely to seek in one way or another what has happened, but until they do so there will be a build up of tension?

Mr. O'Connell: Yes.

Mr. Hytner: That build up of fear is a cause of PTSD?

Judge: It is more likely to happen as a result.

Mr. Hytner: Communications of death. Is that oral communication of death a cause of PTSD?

Mr. O'Connell: No.

Mr. Hytner: In your own experience once someone knows of the bereavement, would seeing a recorded TV broadcast or hearing a graphic oral description of means of death be a cause of PTSD?

Mr. O'Connell: It is something which would aggravate the situation.

Mr. Hytner: Within the development of PTSD would you draw a distinction between pre-knowledge of death and post knowledge of death?

Mr. O'Connell: It is the uncertainty which is important in the development of PTSD.

Mr. Hytner: If a person is in fear and then views something horrifying which is related the cause of the fear, and the person knows of the event and then sees a body in grim circumstances, is that a likely cause of PTSD?

Mr. O'Connell: Yes.

Judge: That is before the knowledge that the loved one is dead?

Mr. O'Connell: Yes.

Mr. Hytner: What is the significant period relevant for causing PTSD? Psychiatrically speaking what is the significant period of the aftermath?

Mr. O'Connell: Up to the cessation of litigation.

Mr. Hytner: You have not understood my question. Assuming that nobody has yet got PTSD, what is the last event in this saga which is likely to cause it?

cont/.....
Mr. O'Connell: I don't know and I don't think that question can be answered. PTSD can be present some years after the event.

Mr. Hytner: Someone may watch a programme in six years time and get PTSD?

Mr. O'Connell: Yes, although there is some debate as to whether you get PTSD or whether it merely comes to light and is asymptomatic over that period. The individual must in some way have been sensitised by the experience, and you can think of it as a cupboard in the mind in which all memories are pushed, the door is then latched. At a later stage something happens which opens that cupboard.

Mr. Hytner: Have you any doubt as to whether the tension build up after watching the t.v. and the fear for others is part of the aftermath?

Mr. O'Connell: I have no doubt.

Mr. Hytner: Is identifying bodies in a temporary mortuary part of the aftermath?

Mr. O'Connell: For some people.

Mr. Hytner: The circumstances where someone knows that a person is dead but identifies a battered body. Is that part of the aftermath?

Mr. O'Connell: Yes
Mr. Woodward: The questions of aftermath which have now been raised are not dealt with in your generic report?

Mr. O'Connell: I did not report on them specifically.

Mr. Woodward: This is the first time that you have expressed these opinions.

Mr. O'Connell: Other than in discussion, yes.

Mr. Woodward: Psychiatric illness is a complex and difficult matter.

Mr. O'Connell: Yes.

Mr. Woodward: Even for you a complex and difficult matter?

Mr. O'Connell: Yes, I am learning all the time.

Mr. Woodward: You appear to be saying that an individual exposed to an experience can continue to be exposed to that experience, for example through war films and documentaries.

Mr. O'Connell: Yes.

Mr. Woodward: Does it follow that if the events portrayed in that film or documentary are horrific then the person may succumb on seeing that film. Is it the film which makes the difference?

Mr. O'Connell: Yes but the film does not have to be related to that experience. For example I have treated a naval man who was reminded of his experiences on HMS Coventry by seeing pictures of the Herald of Free Enterprise on its side during the Zeebrugge disaster.

Mr. Woodward: Is it inconceivable that that person was not ill until he saw the film?

Mr. O'Connell: Oh indeed, yes.

Mr. Woodward: You seem to be saying that there is a potential in events depending on how and when they are portrayed which may set off PTSD.

Mr. O'Connell: It depends on how that individual sees the event having been sensitised.

Mr. Woodward: Sensitised?

Mr. O'Connell: If we treat the brain as a computer and the brain is so overwhelmed by the messages that are fed into it that it fails to operate properly (not a full note).

Mr. Woodward: In the example given, prior to seeing the news, the person didn't have PTSD or psychiatric illness?

Mr. O'Connell: Yes.
Mr. Woodward: In the incidents which you give, you state that watching the news could produce psychiatric illness. Might not an illness be produced by hearing an account by words alone?

Mr. O'Connell: Yes.

Mr. Woodward: If words are graphic, emotional or thoughtlessly expressed will they have an effect?

Mr. O'Connell: Yes.

Mr. Woodward: There is no means of protecting an individual from this in a practical way?

Mr. O'Connell: No.

Mr. Woodward: There is no means in limiting it in time as to when this might occur?

Mr. O'Connell: No.

Mr. Woodward: There is no means of limiting it in space or place to where it might occur?

Mr. O'Connell: No.

Mr. Woodward: In order to produce psychiatric illness in consequence of an accident, it is not necessary that that accident be frightening for the individual.

Mr. O'Connell: I would say that it is in the sense that the individual must be traumatised or affected by it.

Mr. Woodward: Is there any means of predicting how an individual can be expected to react?

Mr. O'Connell: No not completely. There are normal responses but I can't say completely how a person will react to a given situation.

Mr. Woodward: Is there any recognised criterion of normality?

Mr. O'Connell: What is abnormal is one community will not be abnormal in another. If a group of psychiatrists who went to the same medical school, were from the same background, and were treating the same patient, then you may get a consensus of opinion. There is a broad spectrum with abnormality at each end, and what is considered normal is somewhere between the two extremes. (last sentence paraphrased).

Mr. Woodward: Are these matters on which opinions differ?

Mr. O'Connell: Yes.

Mr. Woodward: May psychiatric illness follow in a normal person upon a bereavement.

Mr. O'Connell: It may.

cont/............
Mr. Woodward: When you talk of grief and psychiatric illness following bereavement, what psychiatric illness are you thinking of?

Mr. O'Connell: The commonest psychological illness associated with grief is depression.

Mr. Woodward: May a feature of that depression be a dwelling on circumstances in which the individual died?

Mr. O'Connell: I don't understand.

Mr. Woodward: May a feature of the suffering be an obsession with the manner in which the deceased died?

Mr. O'Connell: Yes.

The Judge: Does that answer depend on the death involving trauma?

Mr. O'Connell: Yes, and if there is a period of uncertainty surrounding what happened to that person.

Mr. Woodward: May a psychological illness develop after looking after someone who is disabled or an ill person, grinding down as a result of looking after them?

Mr. O'Connell: Yes.

Mr. Woodward: Could you remind us of the symptoms of post-traumatic stress disorder?

Mr. O'Connell: Nightmares, concentration difficulties, irritability, aggression, mood swings, sleeplessness, and an obsession with the events concerned.

Mr. Woodward: Not necessarily all of these symptoms would be present?

Mr. O'Connell: No.

Mr. Woodward: Is anxiety capable of producing these symptoms?

Mr. O'Connell: Some of them, it is not my experience that anxiety would produce nightmares or a pre-occupation with an event during day to day living.

Mr. Woodward: In psychiatric illness would you agree that psychiatric illness may be a product of a single cause or a number of causes?

Mr. O'Connell: Yes.

Mr. Woodward: Where there are apparently a number of causes is it the case that you may not be able to say with any degree of certainty which was the significant cause?
Mr. O'Connell: You may be able to identify the critical cause leading to the onset of the illness.

Mr. Woodward: Is that necessarily the cause?

Mr. O'Connell: No, but we can look for one during treatment. The people I have seen in relation to this incident suffer from illnesses other than post traumatic stress disorder.

Mr. Woodward: Does that include psychiatric illnesses which have common symptoms to PTSD?

Mr. O'Connell: Yes.

Mr. Woodward: How is it possible to determine that particular symptoms relate to a particular illness?

Mr. O'Connell: For example you may make a diagnosis of anxiety and treat it, but the underlying cause of the anxiety is depression of which anxiety is a symptom.

Mr. Woodward: You make an asessment, judgement?

Mr. O'Connell: Yes.

Mr. Woodward: Is sleeplessness a feature of many psychiatric illnesses? Are you able to say whether sleeplessness is a consequence of one of two possible causes?

Mr. O'Connell: It could be both.

Mr. Woodward: You haven't seen the T.V. programmes?

Mr. O'Connell: I saw the broadcast on the day in question, and I have subsequently seen a video tape of the evidence submitted at the enquiry. It was one side of a video, over 2 hr video tape.

Mr. Woodward: Was some of this video taken at the time of Hillsborough, but not necessarily broadcast?

Mr. O'Connell: Yes, some of the tape was from security tapes. I can't say I have looked at all the material, but I have looked at an awful lot.

Mr. Woodward: May I ask you about [refer to pages 98-100]. May the commentary be a material factor?

Mr. O'Connell: Yes.

Mr. Woodward: May the camera work be a material matter, the close ups, the panning shots?

Mr. O'Connell: Yes.

cont/....
Mr. Woodward: May the presentation and editing of the broadcast be a material matter? It would appear that people were viewing Hillsborough, then there would be a return to the studio and the person concerned would therefore have their concern disturbed by the intermittent quality of the broadcast. Is that a material fact?

Mr. O'Connell: Yes, in my opinion it emphasises the unreality, the awfulness of the situation, and the natural reaction of the person viewing, is that no it's not happening.

Mr. Woodward: The cutting back would emphasise the unreality and make it worse for the viewer.

Mr. O'Connell: I hesitate to say whether it makes it worse, but it makes it more difficult to distinguish between fact and non fact. It is the not knowing which made it more difficult for people to handle (it referred to page 101b of the bundle).

Mr. Woodward: She refers to an afternoon of desperation. Is it your view that the psychiatric illness which suffered may already have been caused by the time that her husband went to Sheffield.

Mr. O'Connell: It may have been.

Mr. Woodward: Those events at s home where she was endeavouring to get information were part of the cause for her?

Mr. O'Connell: Yes I believe so.

Mr. Woodward: So the broadcast in its particular context and the receipt of that broadcast in its particular context. Would it be material?

Mr. O'Connell: Yes.

Mr. Woodward: In relation to is it fair to assume that his reaction would be the same by the time he went to Sheffield?

Mr. O'Connell: Yes, but he may be different.

Mr. Woodward: Are there any means of telling?

Mr. O'Connell: Yes by getting his history from him. I am sure there is a way of finding out how far he was affected at that time, although at this time I am not able to say.

Mr. Woodward: By the time that you had examined him a whole number of factors had come into play. May publicity be a factor?

Mr. O'Connell: Yes.

Mr. Woodward: Is it the case with psychiatric illness that the individuals are affected by factors that they are not aware of as affecting them at the time?

Mr. O'Connell: Yes.

cont/.....
Mr. Woodward: Prospective litigation?

Mr. O'Connell: Yes (he was referred to page 191 and 91a).

Mr. Woodward: Looking at this account was there sufficient to have produced PDST at that point?

Mr. O'Connell: Yes

Mr. Woodward: It is events up to that time which the Plaintiff dwells on.

Mr. O'Connell: Yes (referred to page 194)

Mr. Woodward: You set out an emphasis on the commentator's voice as he read out the number of deceased?

Mr. O'Connell: Yes.

Mr. Woodward: You then deal with the identification of the son at the mortuary.

Mr. O'Connell: Yes.

Mr. Woodward: It doesn't appear that identifying a body was something that he emphasised in his account. Would that be fair?

Mr. O'Connell: Yes

Mr. Woodward: He only gives a factual account of what he did?

Mr. O'Connell: Yes

cont/...
Mr. Woodward: Would you say that the identification and the events at Sheffield made any difference to the outcome?

Mr. O'Connell: Yes the identification may have had a positive or negative effect on the outcome.

Mr. Woodward: So you cannot say that the experiences at Hillsborough made a material difference.

Mr. O'Connell: Equally I cannot say that it didn't.

Judge: Is it a parallel with a situation where death follows illness and whether to see the body is a decision for the individual?

Mr. O'Connell: Yes, although that decision is made over a period of time.

Judge: The sight of the body may be a release or it may make things worse?

Mr. O'Connell: Yes (referred to evidence, page 209).

Mr. Woodward: It would seem that as a result of the news suffered stabbing pains in her heart and became panicky. Would knowing that someone was there and not being able to get through be capable of causing a psychiatric illness?

Mr. O'Connell: Yes

Mr. Woodward: Could that of its own produced the illness which she suffered.

Mr. O'Connell: Yes.

Mr. Woodward: That experience, the news and the shock, panic, trying to telephone and then seeing her parents upset is likely to have caused psychiatric illness?

Mr. O'Connell: Yes

Mr. Woodward: And as far as you can say it may well have done?

Mr. O'Connell: Yes.

Mr. Woodward: There were then further phone calls which added to the trauma?

Mr. O'Connell: They add to the tension.

Mr. Woodward: By the time this lady sees the t.v. her parents have gone off to Sheffield and she is at home with her aunty's and believes her brother may be at the hospital. Did what she saw on the tv make any material difference to her psychological condition?

Mr. O'Connell: It exacerbated her condition.

cont/........
Mr. Woodward: A condition in your view which was likely to happen anyway?

Mr. O'Connell: Yes

Mr. Woodward: Did you know when you wrote you report that she had studied videos of the event in order to help the Police?

Mr. O'Connell: I don't know, I can't say with any certainty that I knew this when I wrote the report. (referred to Page 198).

Mr. Woodward: At 2.30 p.m. she had already heard something on the car radio. At that time she was not affected by what she heard.

Mr. O'Connell: Yes

Mr. Woodward: Her trauma appears to have been produced by the news in the context of what she had already heard.

Mr. O'Connell: Yes

Mr. Woodward: The event capable of producing psychiatric illness was that sudden revelation that her brother was at the ground.

Mr. O'Connell: Yes

Mr. Woodward: She says that she felt the panic rising in her. Is that a classic description?

Mr. O'Connell: Yes indeed.

Mr. Woodward: I would like to refer to Are you aware that there is a medical report on this matter by (refer to page 179 of the bundle). When was witnessing the events, he believed that his brother-in-law was safe?

Mr. O'Connell: Yes.

Mr. Woodward: There is a reference to his experience at Hysel. Would this be a material matter?

Mr. O'Connell: Yes

Mr. Woodward: Would seeing what was happening on the terracing be sufficient to produce psychiatric illness?

Mr. O'Connell: Having seen what he saw at Hysel, yes.

Mr. Woodward: Was the responsibility of looking after his nephew a material matter?

Mr. O'Connell: Yes.

Mr. Woodward: The feeling of responsibility for his brother in law, although quite wrongly?

Mr. O'Connell: Yes.

cont/......
Mr. Woodward: In looking at these cases it is difficult to point out a single matter whereas in others you can indicate a stage where a prognosis is set.

Mr. O'Connell: I have got to say yes (he referred to page 128).

Mr. Woodward: Is the raising of hopes and the dashing of them a very material matter.

Mr. O'Connell: Yes (refer to page 131a.

Mr. Woodward: Was breaking the news to the children in such a situation likely to cause her to suffer psychiatric illness?

Mr. O'Connell: Yes

Mr. Woodward: Are you able to say whether the identification of the body made any material difference. Read to yourself the condition of body at the time of the identification.

Mr. O'Connell: Yes I would say that what she saw would have aggravated her condition, and made what was already a serious condition somewhat worse.
Mr. Hytner: If someone saw a wife, child, and best friend killed in an accident and suffered a depressive illness afterwards, would it be daft to ask a doctor how much depression was caused by seeing each individual killed?

Mr. O'Connell: I think I could answer that as a person is most clearly affected by the death of a close relative than a friend. Similarly the death of a child affects people more than an adult. I would therefore put them in the order of child, wife, and then friend.

Mr. Hytner: Are some consequences of tragedies common to all and some vary?

Mr. O'Connell: Yes.

Mr. Hytner: As tragedy unfolds, will a person be subjected to a whole series of events?

Mr. O'Connell: Yes.

Mr. Hytner: Will some of those experiences in the experience of a psychiatrist be likely to cause psychiatric illness?

Mr. O'Connell: Yes.

Mr. Hytner: With others it might cause psychiatric illness but not likely to?

Mr. O'Connell: Yes.

Mr. Hytner: If you get a person who goes through the whole range of experiences from being involved to identifying bodies, to breaking news to close relatives, the whole range of experience, would it be sensible to ask which event caused the PDST.

Mr. O'Connell: I wouldn't attempt to identify one cause of another.

Mr. Hytner: It's impossible.

Mr. O'Connell: Yes.

Mr. Hytner: If asked what would you say caused the PDST?

Mr. O'Connell: the major trauma, the individual's perception of an event which is outside their normal human experience.

Mr. Hytner: If someone watches the event unfold on tv and is then told that someone she knows has been killed in that event. Is that sequence of events a possible cause of PTSD?

Mr. O'Connell: Yes.

Mr. Hytner: If you were told first and then see the sequence on tv is that a likely cause of PTSD?

Mr. O'Connell: Yes.

cont/...
Mr Hytner: Does it matter to a doctor which way around the events occur?

Mr. O'Connell: No.

Mr. Hytner: You have been asked about a lady who heard about the events on the radio and then saw the tv. The lady suffers from PTSD, a symptom of which is the nightmares of the event. Is it likely that she would have nightmares of the event if she had not visual perception of the event?

Mr. O'Connell: It is less likely.

Mr. Hytner: You have been asked if mere oral communication can cause psychiatric illness. Is it a possibility that someone told of the death of a relative or close friend in a disaster and then being given a graphic account of how they had died. Is it possible that that could cause PTSD.

Mr. O'Connell: Yes

Mr. Hytner: Have you ever come across such a case?

Mr. O'Connell: Yes

Mr. Hytner: How many?

Mr. O'Connell: In the naval situation I have come across sailors who have heard of the manner of death of others. They themselves have been members of the Task Force or have been waiting to join and have suffered psychiatric illness as a result of hearing how the others died.

Mr. Hytner: In a sample of 1000 people if you tell them or they know that a wife or husband or brother has died, what level would you expect to suffer from a psychiatric illness?

Mr. O'Connell: I don't know but I would expect it to be in single figures. Studies indicate that only a small percentage of people go on to develop psychiatric illness following a simple bereavement.

Mr. Hytner: It would not be normal.

Mr. O'Connell: No

Mr. Hytner: To draw parallels with another condition. If somebody suffers from constitutional degenerative changes in their back and then suffers trauma to the back and experiences symptoms thereafter, some doctors say that the cause of the symptoms is the trauma whilst others state that the cause is the degenerative changes in the back. You can accept that they are concurrent causes.

Mr. O'Connell: To be semantic I consider a cause has a beginning and an end and degenerative changes I therefore do not consider to be a cause.

cont/...
Mr. Hytner: To draw another parallel, skin has a protection against certain irritants, if you remove that protection then a person will suffer irritation when the skin comes into contact with another irritant. Both are causes of the condition. Do you agree.

Mr. O'Connell: Yes.

Mr. Hytner: Is it a common occurrence that a person develops post traumatic stress disorder or symptoms of PTSD years after the event?

Mr. O'Connell: It is becoming more common as the medical profession recognises the syndrome.

Mr. Hytner: Have you ever known a person to develop PTSD or symptoms of PTSD years after the event when the person has never originally been involved in the original event?

Mr. O'Connell: No.

Mr. Hytner: Somebody who has not been sensitised by the particular event will not be caused to suffer PTSD by watching TV three years after the event? Is that likely to happen?

Mr. O'Connell: No.

Mr. Hytner: Is it correct to say that in order for PTSD to develop in the long term there must be initially the underlying condition caused by the participation in the event in the broadest sense.

Mr. O'Connell: Participation must be there but not necessarily as an underlying condition. When PTSD was first diagnosed in 1980 it was categorised as chronic, acute, and late onset. There was then some discussion as to whether PTSD was present throughout or whether it developed at a later stage (last sentence paraphrased). However, a recent study involving a group who had been subjected to trauma and who were returned to at a later stage found that there were people then showing symptoms of PTSD who had not shown them initially. I now believe that we are back where we started and that there is a late onset category in relation to PTSD.

Mr. Hytner: Is it more likely that those who participate in an event will develop PTSD within a year or later?

Mr. O'Connell: It is more likely that it will be sooner than later.

Mr. Hytner: Of millions who saw the match on TV and thousands at the match only 150 claims have developed. Is it likely that more or less will come forward in the next six years (no note was taken of the answer).

Mr. Hytner: Do you see any distinction between naval personnel and civilians in delaying coming forward for treatment? This may be because of a macho belief that they do not need treatment?

cont/....
Mr. O'Connell: They may perceive this themselves as there is always a macho element in men who are regimented together.

Mr. Hytner: Does this element occur more in naval personnel than in Hillsborough victims?

Mr. O'Connell: Yes