



George Karampoutakis MD MSc PhD

Psychiatrist

Athens, November 2nd 2023

Medical Note

I conducted a psychiatric evaluation of Alkiviades Andrew David, son of Andreas and Dimitra, of British Nationality, resident of Spetses Greece, born on May 23rd 1968 in Lagos, Nigeria, Passport Nr. 537982155, United Kingdom, date of issuance 20/07/2016, exp. Date 20/7/2026. The evaluation was conducted on the 28th and 30th of September, 2023.

Mr. Alkiviades Andrew David was evaluated with use of the Minnesota Multiphasic Personality Inventory (MMPI – 2), which was administered on September 9th 2023 by a certified clinical psychologist.

Psychometric assessments are a scientifically acceptable means of evaluating elements that determine a person's capabilities and predisposition to behavior in a standardized, structured way. Their accuracy is supported by scientifically determined indicators of validity and reliability. They are based on internationally established scientific theories and literature.

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The MMPI – 2 is considered the most reliable screening and assessment tool for adult psychopathology, widely used in clinical and court settings internationally. It contains 120 subscales (clinical, content and personality subscales), as well as 8 validity scales. It is used in order to diagnose psychopathology in clinical practice, to identify critical psychological factors in the selection of personnel for sensitive, high responsibility or risk positions, and in judicial settings. The MMPI – 2 assists mental health professionals in making valid and reliable judgments concerning the patient's personality by providing a comprehensive psychological profile. The instrument's accuracy is reflected in scientifically determined indices of validity and reliability.

From the overall assessment of the MMPI-2 psychometric instrument, Mr. David's scores are elevated on the following psychopathology scales:

- The Clinical Scale of Paranoia (Pa)
- The Subscale of Persecutory Ideas (Pa1)

The above clinical elevations reflect the presence of psychiatric symptoms, potentially as a result of continuous litigation that the examinee endorsed in his responses to the test.



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Taking into consideration Mr David's responses during the clinical evaluations, it appears that having been subjected to long term and mentally arduous trials following complaints made by third parties against him, the truth of which he denies, he has developed long – standing ideas of persecution by third parties with financial incentives targeting his estate.

Without taking into account any details of the trials that Mr. David is involved in, the active psychiatric symptomatology he presents necessitates further clinical monitoring and potentially the use of medication as part of a therapeutic treatment.

While Mr. David has full capacity to comprehend and deal with reality, possesses empathy as well as the ability to relate to others in an appropriate way, he tends to externalise aggression directly related to the aforementioned symptomatology, and particularly his intense fear that whoever approaches him shares motives with the persons who accused him in court.

Given the duration of the symptomatology (paranoia and persecutory ideas), further monitoring and assessment of the progression of Mr. David's symptoms in subsequent sessions is warranted.

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The current note is provided for Judicial use.

Dr. George Karampoutakis MD MSc PhD


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Psychiatrist – Forensic Court Panel – Mediator

President of the Hellenic American Psychiatric Association

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