

# Forensic psychiatry experiences – a medical student visits New Zealand

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**ABSTRACT** This paper describes a medical student elective spent in a small forensic psychiatry unit serving the south island of New Zealand. Patients seen in the unit or related prisons had often suffered severe past abuse, psychopathic personalities were encountered, and alcohol and drug abuse, violence, and family disruption were common background factors. Treatment regimens were multidisciplinary, and community forms of care seemed to work well.

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**LIST OF ABBREVIATIONS** Her Majesty's (HM)

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## INTRODUCTION

It is unusual for New Zealand hospitals to accept elective students in the field of psychiatry, but I was lucky enough to know a registrar who was working there for a few months, and he put in a good word for me. Forensic psychiatry has held a unique fascination for me since I visited a prison with a psychiatrist during my previous psychology degree, and indeed was one of the main reasons I decided to embark on a second undergraduate degree in medicine.

## THE UNIT

The unit itself is fairly small, and serves the south island of New Zealand. It consists of four main units – Te Whare Rangahui (the house of forensics) which was the main administration building, and where outpatient visits were conducted; Te Whare Mauriora (the place to get things back in order) which is the rehabilitation ward; Te Whare Manaaki (the place of support and nurture) which is the acute admissions unit; and Te Whare Ho Houroko (the place of whispering voices) which is the long-stay secure unit. As can be seen from the names above, there is a strong Maori influence within the service. Maoris seem to be over-represented within the forensic services, and the reasons for this could be discussed at length, but suffice to say that Maoris have their own culture which is quite distinct from European New Zealanders and this requires the services of specialist practitioners of Hauora Maori, called Pukenga Atawhai, akin to a 'cultural healer/advisor'. I spent a fair amount of time with one of these specialists, called Ruru. Talking to him was both fascinating and sad, as he explained to me the horrendous abuse which some of the men and women he visits in prison have been through in their life; abuse that many people outwith their

culture would find hard to believe or accept actually took place. It is his aim to help these individuals accept their cultural identity and through this, gain some kind of inner peace and acceptance of their situation.

## THE PRISONS

I spent most of my time either visiting the prisons – a medium secure men's prison situated in the vicinity of a pig farm, which was always a rather malodorous place to visit; a low security men's prison; and a low security women's prison – or in the acute admissions ward. The prisons were quite different to my experience of the penal system in the UK. My first visit to HM Saughton prison in Edinburgh had been a rather terrifying experience. I spent most of it hiding behind the psychiatrist's back as we were lead through the dank echoing hallways. The sound of doors shutting and being locked was rather reminiscent of the TV programme *Porridge*. Not so in New Zealand. Security was much less strict, and indeed my first experience at the women's prison was rather embarrassing. I was standing outside the front door in the rain, and the consultant looked at me rather bewildered and asked me what I was waiting for – the front door to the prison was unlocked! In many ways, my visits to the women's prison were more frightening than the visits to the men's prison. Some of these women were the hardest, coldest human beings I have ever met, with little evidence of empathy or compassion towards anyone else. There was a lot of gang trouble within the prison system, between two rival Maori gangs, and I was always quite glad to keep a large table between myself and the patient/prisoner I was talking to!

I also met several extremely interesting individuals at the men's prison, the most notable being the first 'textbook

psychopath' I have ever met. Although he was 60 years old, he emanated such a threatening aura that he literally sent shivers down my spine when he walked into the room. When he fixed his eyes upon me, he seemed to be trying to suck the soul out of me. Everyone was quite amazed that he had lasted so long in the community before committing the brutal and seemingly motiveless murder that had landed him in prison. There was also a young man who scared the living daylights out of me every time he laughed – if it could be classed as such, as it was the most humourless noise I have ever heard!

### THE ACUTE ADMISSIONS UNIT

Te Whare Manaaki is the acute admissions unit, which was always full while I was there. It worked along the same lines as the Orchard Clinic in Edinburgh where I spent some time during my psychiatry attachment in my fourth year. The unit had the capacity to house 20 individuals, all of whom were male while I was there. Several of them were quite dangerous men. I was closely involved with the ongoing management of some of the patients on the ward who were under the care of Dr Erik Monasterio, with whom I spent most of my time. It was interesting to watch the dynamics between doctor and patient, and how they changed on an almost daily basis. If a patient became particularly volatile, there was an isolation area which could house three patients at any one time. The practices in the unit were very much the same as in the UK, mainly because three of the four consultants were British (Dr Monasterio is from Peru). Forensic psychiatry is a fairly new speciality in New Zealand, and until very recently there was no specific training for such a post. Any psychiatrist who fancied a shot at it could step right in there with no previous experience, which is a rather frightening thought considering the complexities of dealing with restricted patients and the legal system in general! The patients were very similar to the patients I encountered in Edinburgh – there was a lot of drug and alcohol abuse, long histories of violence, disrupted family life – a familiar picture. The treatment regimens also included the same multidisciplinary approaches, and incorporated appropriately supervised family visits.

### OTHER OCCUPATIONS

I spent one day in court watching two of the consultants give evidence in a case, and then spent the rest of the day with the court-appointed forensic nurse. It is comforting to know that lawyers the world over can be somewhat devious and underhand in their dealings, and that lawyers the world over can be intimidating and have a perpetual look of utter boredom on their faces! All in all, in my opinion, it was a rather mind-numbing day!

As well as spending time with inpatients and prisoners, I went on several community visits with nurses. Community based care for forensic patients seems to work remarkably well. There are several communities of

sheltered housing, and respite care facilities, and it was nice to see there is life after 'the system'.

My last day provided some rather unwanted excitement – a former patient came roaring up the driveway in his car waving a gun out the window, closely followed by two police cars and an armed response unit! As people were taking bets about how quickly he would turn up in the acute admissions ward, I was quite glad I was getting on a plane the following day!

### RECREATION

Of course, it was not all work during my elective. My supervisor encouraged me to go out and see the country, and I could hardly say no to that! However, travelling around the country proved to be rather more expensive than I had expected, and after walking on a glacier at Fox, bungee jumping in Queenstown, sea kayaking in Kaikoura, and mountain biking around Christchurch, I was left with only spare change in my pocket! The highlight of my travels had to be an encounter with a man-eating shark whilst in a flimsy yellow sea kayak bobbing around on the waves – not the happiest moment of my life as the huge black shadow passed beneath me and the ominous fin glided past my kayak. I was sure I was experiencing a heart attack, and no matter how hard I tried, the music from *Jaws* would not leave my head! The kayaking guide was very good at keeping everyone calm, but I was still quite glad to get back onto dry land. Relief was short lived however, as I was stung by a bee and discovered I have an anaphylactic reaction to the little critters, so ended up being airlifted back to Christchurch in a helicopter. A slightly embarrassing end to a rather action-packed day!

### CONCLUSION

All in all I had an extremely varied and interesting experience in New Zealand and at the end of it, my supervising consultant said he would be happy to have me back there any day, so I may just take him up on that offer. It was a beautiful country, with some of the friendliest people I have ever met, and I was certainly made to feel a part of the team during my time there. I would recommend an elective, a job, or just a holiday in New Zealand to anyone who loves the outdoors. It is a truly amazing country, and I couldn't have wished for a better elective.

### FOOTNOTE

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