

INTERNAL E-MAIL
PRIOR TO
21 SEPT. WILLIAMS
REPORT

TO FURNISH DE-OWN
ME IN
CUSTODY,

Tegwyn Williams (ABMU NHS Trust – Forensic)

From: Jan Cosby

To: Tegwyn Williams

Sent : 1 September 2009 12.05

"I have read most of this file but gave up on his long diatribe only reading about a third of it. My impression is of every paranoid and grandiose man with barely concealed underlying psychosis. I also wondered if there were something of a folie a deux with the wife. She appears to regard him as deserving special treatment and his behaviour and attitudes not to be usual, unless she is afraid of him so goes along with him for that reason. Also I am told she has provided food for the hunger strike.

I did not see him as i did not have the time so to do.

Mrs Pat Braybrooks

INTERIM PSYCHIATRIC REPORT

ON

MAURICE JOHN KIRK

DATE OF BIRTH: 12.03.45

**CHARGE: POSSESSION OF A FIREARM
(LEWIS MACHINE GUN) x 1
SOLD OR TRANSFERRED A FIREARM
(LEWIS MACHINE GUN) x 1**

**CURRENTLY AN INPATIENT AT CASWELL CLINIC UNDER
SECTION 35 OF THE MENTAL HEALTH ACT 1983**

COURT: CARDIFF CROWN COURT

Prepared by:

**DR TEGWYN WILLIAMS
MB, BS, FRC Psych
Clinical Director, Mental Health Services/
Consultant Forensic Psychiatrist
Working at:
The South Wales Forensic Psychiatric Service
Caswell Clinic
Glanrhyd Hospital
Bridgend
CF31 4LN**

*I am a Section 12 approved doctor and have special experience in
the assessment and treatment of mental disorder*

I am a fellow of the Royal College of Psychiatrists

1. This report is prepared at the request of the court and should be read in conjunction with my previous reports. The purpose of this report is to advise the court of the progress of Maurice Kirk's assessment in hospital under the terms of Section 35 of the Mental Health Act 1983. The purpose of this assessment was to assess the presence or absence of any mental disorder in Maurice Kirk that may be of relevance to the current charges before the court.
2. The assessment of Maurice Kirk has been complicated by people who have become aware of Maurice Kirk's position via his website contacting the Caswell Clinic and making threats to myself and others involved in the case – copies attached for information.

ASSESSMENT

3. The assessment of Maurice Kirk has concentrated on several areas, mainly the presence or absence of any mental illness and the presence or absence of any traumatic brain injury.

Mental illness

4. Maurice Kirk's presentation within the Caswell Clinic has been characterised by hostility and a marked degree of paranoia. It is difficult to discuss with Maurice Kirk the details of the alleged offence because in discussion with him the conversation rapidly returns to the current charge being as a result of a conspiracy against Maurice Kirk co-ordinated by the South Wales Police, but involving the Criminal Justice System, the Mental Health System and the Freemasons.
5. Maurice Kirk has, at times, opined that the Caswell Clinic is funded by CIA money from America, that he is being held **in the Caswell Clinic as a subject for genetic research**, that medication is secreted in the food within the Caswell Clinic and that microphones have been placed within his room.
6. These clearly abnormal statements appear to have occurred in the background of a somewhat paranoid individual who has a history of risk taking behaviours, impulsive decision making, poor judgement and a limited ability to learn from experience. Review of the background suggests that Maurice Kirk's difficulties appear to have increased over the past two years.

Traumatic Brain Injury

7. Due to the complexities of Maurice Kirk's presentation, he was assessed by Professor Roger Wood, Consultant Clinical Neuropsychologist, Brain Injury Research Group, Swansea University, a recognised world expert in the assessment of traumatic brain injury. Maurice Kirk has been referred for detailed brain scans.
8. The preliminary conclusions of these investigations highlighted Maurice Kirk's self reported increasing difficulties with focussing his attention, less able to plan and organise daily activities and some question of personality change with the previous features of his personality becoming more marked. Preliminary assessment suggests that Maurice Kirk suffers with dysfunction of the ventral prefrontal cortex of the brain which is characteristic of deceleration injuries such as plane crashes. However, further neuropsychological testing is required to confirm the severity of such damage.

OPINION

9. Maurice Kirk presents with symptoms entirely consistent with a mental illness namely paranoid delusional disorder (fixed false beliefs unamenable to reason). This involves the belief that he is at the centre of a web of persecution concerning the Police, Criminal Justice System, the Medical System and Freemasonry. This persecution has an over-riding importance for him and any attempt to move him away from such subjects rapidly returns to his perception of being persecuted by the Police.
10. Maurice Kirk has evidence of significant brain damage to an area of his brain specifically related to self-awareness, judgement, decision making, self regulation of behaviour and control of emotions. It should also be noted that one feature of this function is paranoid ideation and a very fixed dichotomous way of viewing the world. However, further investigation is required which would involve further psychological testing to clarify and quantify this.
11. I understand that the current case before the court involves a precise and highly technical area of law. My current preliminary position is that whilst Maurice Kirk is fit to plead, his difficulties organising and sequencing information, his inability to filter out irrelevant information and his problems with attention and concentration as a result of probable brain injury combined with his overwhelming perception of himself as being a victim of persecution by the system means that he would be unable to conduct his own defence. However, before coming to a final opinion, I request that Maurice Kirk is further remanded to the Caswell Clinic under the terms of Section 35 of the Mental Health Act 1983 for another period of 28 days **to allow the completion of psychological assessments.**

Dr. Tegwyn Williams,
Clinical Director, Mental Health Services/Consultant Forensic Psychiatrist.
TW/KS/30.9.09