

19/10/09

**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**

**Prepared by:**

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Consultant Forensic Psychiatrist  
Working at:  
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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. In preparing this report I have had access to the following information:
  - a. Maurice Kirk's Inmate Medical Record held at HMP Cardiff, where he was on remand.
  - b. Maurice Kirk's medical records held at ABM University NHS Trust.
  - c. The documents involved in the case.
  - d. Maurice Kirk's website, "The Flying Vet".
  - e. Various documents provided for me by Maurice Kirk, including an approximately 60 paged chronology reporting the background to his cases against South Wales Police.
  - f. Summary of Maurice Kirk's medical records following his compulsory admission to a Psychiatric Hospital in the United States.
2. I have discussed the case with:
  - a. Medical colleagues including Maurice Kirk's General Practitioner.
  - b. Social Work colleagues, who have liaised with Maurice Kirk's family, the police and Childcare Social Services.
  - c. Nursing colleagues, who have carried out detailed nursing observations of Maurice Kirk during his admission to the Caswell Clinic under the terms of Section 35 of the Mental Health Act 1983.
  - d. Psychology colleagues, who have assessed Maurice Kirk at my request.
  - e. Occupational Therapy colleagues, who have assessed Maurice Kirk at my request.
3. I have been involved in multi-professional meetings where Maurice Kirk's case has been discussed at length.
4. I have interviewed Maurice Kirk on several occasions during his admission to the Caswell Clinic, however, during the latter stages of his admission Maurice Kirk has refused to co-operate with interviews with myself. He has, however, continued to talk to other members of the Clinical Team.

## BACKGROUND

5. Maurice Kirk's parents are both dead. His mother suffered with dementia and his father, a vet, died of heart problems aged 94, approximately two years ago. It is clear that Maurice Kirk found his father's death very distressing. Maurice Kirk is the third eldest of five siblings, his elder brother dying in an air crash.
6. Maurice Kirk was born in Taunton, Somerset, and as far as I am aware his birth and early development were unremarkable. He describes his early life in a way as to suggest it was neither emotionally nor environmentally deprived.
7. Maurice Kirk was educated privately from the age of approximately 3½. He describes himself as being a "late flourisher" academically, eventually achieving four 'A' Levels graded from 'A' to 'E'. Whilst at school Maurice Kirk reports being involved in many "adventures", including canoeing across the English Channel. Maurice Kirk reports that it was his background rather than any academic ability that led to him being accepted at Bristol University to read Veterinary Science. Maurice Kirk reports that at university his academic studies were only part of his interests, and he failed several exams before eventually qualifying. While at university he reports that he was a keen climber and spent time as a rock climbing instructor, and from the ages of 21 was a member of the Royal Air Force University Corps, where he learned to fly.
8. Following completing his training as a vet, Maurice Kirk initially practised in Dorset for a while before taking over his father's practice for around 15 years, leaving this practice to work in the Channel Islands in 1979, he claims following police and Masonic harassment. He returned to the mainland in 1992 following claims of further harassment, settling in St Donats and setting up practice in Barry, South Wales, he reports, again because of police and Masonic harassment within the Channel Islands. Maurice Kirk tells me that he is currently considering leaving South Wales and moving to the continent to escape his current harassment by the South Wales Police.
9. The records suggest that as a result of non-disclosure of his contact with the Criminal Justice System and a breach of environmental and welfare regulations, Maurice Kirk was in 2002 removed from the Royal College of Veterinary Surgeons register. Maurice Kirk clearly feels very aggrieved by this decision, which he considers to be indicative of a larger conspiracy against him by the police, courts and Freemasons. The records suggest that he has made at least three appeals against this decision, including to the Privy Council, all of which have proved unsuccessful.
10. The records and discussions with Maurice Kirk suggest that he has lived a life of adventure and risk. He reports travelling extensively, including travelling around Europe under his own steam as a teenager, swimming into the then Czechoslovak Socialist Republic, avoiding armed patrols in order to do so. More recently he has developed an interest in vintage aircraft, competing in long-distance flying races in planes which, by his own admission, were not in a fit state to do so. Whilst flying, by his own admission, he reports landing in unofficial airfields to avoid the need for the appropriate paperwork and perhaps not surprisingly he reports being involved in several accidents.

11. In 2008, during a round the world trip, Maurice Kirk crashed in the Caribbean and was rescued by US Coastguard. After replacing his plane, he landed his aircraft a few miles from the then President Bush's private residence in Texas, Maurice Kirk claims to hand over a letter of thanks to their Commander in Chief. Perhaps not surprisingly this resulted in his arrest by the US Security Services and his transfer to a secure psychiatric unit. Maurice Kirk tells me that in this psychiatric unit he went on hunger strike, and when it was assessed that he was not a specific risk to the President, he was deported to the UK. Maurice Kirk has also attempted to approach the residence of HRH Prince of Wales. His account is that he intended to hand over a letter appealing for support in his ongoing search for legal justice.

## **BACKGROUND TO MAURICE KIRK'S BATTLE WITH SOUTH WALES POLICE**

12. Maurice Kirk reports that his current situation stems from his having stolen a Chief Inspector's notebook from his drawer in a police station in Taunton in 1972, and this man was a Freemason. As a result of challenging his prosecution for this offence and then winning his case, he reports he has since been hounded by police and Freemasons wherever he lives. He believes that this is a reason for his high level of arrests and number of charges brought against him, and that by challenging these, often successfully, over a long period of time, he has had to suffer the wrath of "HM Partnership" (a collective term he uses to refer to "all those in authority conspiring against him").
13. In discussing this he makes reference to the need for many individuals in the service of the Crown, having to swear allegiance to the Crown and a belief that this results in their "royal prerogative", which in turn results in them having to look after their own. Maurice Kirk describes this behaviour as being aided by the Freemasons as a result of their protection of their own interests.
14. Maurice Kirk describes this as being behind why he left Taunton, when he reports facing regular harassment from the police, including having his car stopped regularly on petty or nonexistent offences, and being placed under surveillance by unmarked police vehicles and having his telephone lines tapped, both at home or at work. On relocating to Guernsey he said at first he was settled before this harassment commenced again. He described having clients who were police officers who advised him of ongoing surveillance and who had witnessed a telephone tapping, after a speaker was found in St Peter's Port police station connected to his telephone line. Maurice Kirk believes that this situation was exacerbated by his attempts (as he sees it) to reveal the truth behind the corrupt running of the island and the setting up and funding of a legal aid framework.
15. Maurice Kirk describes then having to "flee the island", believing his life was at risk from the Freemasons and setting up a practice in South Wales, where after a time he again began to be harassed again by "HM Partnership". He describes his surgery as being monitored by undercover officers, who would regularly check on his cars, which were often licensed in the Channel Islands, and that he was informed of this by local radio hams who had listened to police communications. Maurice Kirk then describes having to buy several vehicles registered under false names, and of blacking out their windows to prevent the police looking into these cars. Maurice Kirk describes buying an adjoining property so he could mount a counter-surveillance operation on the police and reports witnessing them covertly inspecting his vehicles and breaking and entering his property.

16. Maurice Kirk believes that it was the actions of the South Wales Police and "HM Partnership" that ended his professional life and employment, due to him being removed from the RCVS register and his subsequent lack of success in becoming re-registered. He describes his current court cases and indeed his placement at the Caswell Clinic as being another means by which "HM Partnership" aim to silence his attempts at litigation against them. Maurice Kirk reporting that he has had an awareness for some time that he would be "Sectioned under the Mental Health Act", as he feels that this is the only avenue left to "HM Partnership" to end his litigation, and that the main purpose of his incarceration in the Caswell Clinic is to prevent him from preparing for his legal case against South Wales Police, which starts in January 2010.

## PAST FORENSIC HISTORY

1978	Actual Bodily Harm Imprisoned 6 months, 2 years suspended, £150 fine
1979	Using threatening, abusive, insulting words or behaviour £25 fine, £115 costs
1980	Driving whilst disqualified £40 fine, £150 costs
1980	Actual Bodily Harm Imprisoned 6 months, 12 months suspended
1980	Criminal damage £25 fine, £27.50 compensation, £16 costs
1980	Assault of Police x 2 Imprisoned 3 months consecutive (1) and 3 months concurrent (2)
1995	Common assault on adult Imprisonment 3 months, Bail granted, £150 compensation. Appeal - £500 fine, £350 compensation
1997	Battery & threatening behaviour £1,100 fine, £100 compensation, £171 costs
1999	Battery & threatening behaviour & resisting arrest £750 fine, £100 compensation, £250 costs
2000	4 x Road traffic Offences (Committed while on bail) £200 fines, £100 costs, driving licence endorsed
2000	Using threatening, abusive, insulting words or behaviour £300 fine, £200 costs Appeal - £300 fine (in addition), £1423 costs

## **Behaviour**

22. Maurice Kirk's behaviour within the Caswell Clinic has fluctuated. At times he has been hostile and oppositional to the assessment process, at others he has co-operated and shown an appropriate interest in the process. Whilst never accepting that he requires assessment in a hospital setting, at times he has been pleasant and good company, at others, hostile and aggressive, especially when his demands have not been met in what he perceives to be an appropriate time-scale. On occasions these demands appear illogical, for example, when he asked for a list of solicitors specialising in mental health issues a list was provided from the ward, this was not acceptable and he requested the identical list to be provided from our Medical Records Department and when this could not be actioned immediately he became angry and used this as further evidence as our hostility to him. Whilst at no time has Maurice Kirk been physically violent, he makes threats and demands to all members of staff and appears to take no responsibility for the consequences of his actions. For example, whilst stating that he believes he has some "crackpots" supporting him in the community, he continues to provide them with information even when requested not to. Another example is Maurice Kirk's relationship with his court hearings. Whilst in prison Maurice Kirk stated that he was on hunger strike because he had not been produced for a bail hearing, when in fact he had refused to appear on two occasions. During his last appearance in Cardiff Court whilst professing to wish to appear before the court to argue his case, police assistance was required to get Maurice Kirk to leave the Caswell Clinic to appear in court.
23. Maurice Kirk was on hunger strike at the time of his transfer to the Caswell Clinic. He was refusing food but taking fluids. Prison staff reported that he had eaten the occasional "kiwi fruit" and a "bit of cake" whilst on hunger strike. On admission he refused a medical examination, blood tests, monitoring of vital signs and urine output, whether carried out by Caswell Clinic staff or staff from the local Princess of Wales General Hospital. Maurice Kirk refused to eat any food or drink any fluids prepared by the clinic staff, although he was willing to drink tap water. He did, however, end his hunger strike within 24 hours of admission, eating food brought into the clinic by his wife, though at first he appeared reluctant to accept this unless it was passed directly to him by his wife during visits. Maurice Kirk has reported that this was because he believed that medication would be surreptitiously placed within hospital food. Maurice Kirk has explicitly stated whilst within the Caswell Clinic that he has used hunger strike on several occasions in an instrumental way to achieve his ends and this has been successful. Currently Maurice Kirk is again restricting his food intake in a protest concerning his treatment within the Caswell Clinic.

24. Initially, Maurice Kirk refused to communicate verbally with staff. Despite this he was observed to be capable of fluent conversations whilst on the telephone, holding conversations in both English and French. As time progressed there was a gradual increase in verbal and non-verbal interactions with staff, from the use of single words to short phrases to meet his immediate needs for example stationary, on which he recorded all conversations with him by clinic staff. However, after approximately two weeks (around 20 August 2009), when it was suggested to him that his presentation might clearly be seen as that of a paranoid mental illness, Maurice Kirk began to engage more in communal areas of the ward, and he then asked for a coffee "if this could be made up in front of me". As this was impossible, as the coffee was made in an urn set up for communal use, he asked if the staff would drink a cup of tea before he did. He watched the staff preparing and drinking tea and coffee during the next day, before having a cup that evening. The following day he began to eat food prepared by staff and began to co-operate with members of the Clinical Team including interviews with psychology, psychiatry, social work, nursing and occupational therapy. He also submitted to a full clinical examination, blood investigations, ECG (heart wave recordings), EEG (brain wave recordings), MRI and SPECT scans (brain imaging). However, in the time leading up to the writing of this report, Maurice Kirk has become more and more absorbed in his legal case against the South Wales Police to the extent that he is unwilling to co-operate with interviews with clinical colleagues unless they fit in with his timetable. As this is not always possible, Maurice Kirk has practically been limiting the process of on-going assessment.

### **Mental illness**

25. Maurice Kirk's presentation whilst at the Caswell Clinic has been characterised by hostility and a marked degree of paranoia. He clearly perceives himself to be existing in a hostile world and that the state is against him. The intensity of these beliefs appear to fluctuate, at times, these appear to be general beliefs concerning the Criminal Justice System, the Police and others and at times are more specific and bizarre. For example, he has at times opined that the Caswell Clinic is funded by CIA money from America, that he is being held at the Caswell Clinic as a subject for genetic research, that medication is secreted in his food within the Caswell Clinic and that microphones have been placed within his room. At times he appears reassured when these bizarre ideas are dismissed and at others continues to hold these beliefs despite contrary evidence. He clearly believes that I am part of this conspiracy and that myself and all clinical colleagues, either directly or indirectly, are acting as to deliberately and on behalf of others sabotage his court case against South Wales Police.

26. When attempting to discuss the currently alleged offence, Maurice Kirk clearly understands the nature of the charge and the significance of his plea. However, it is impossible to discuss the details of the alleged offence as the conversation rapidly returns to the current charge as being the result of the conspiracy against Maurice Kirk co-ordinated by the South Wales Police and involving the Criminal Justice System, the Mental Health Service system and the Freemasons. He clearly sees the current charge as an annoying irrelevance to the main issue and any attempts to focus on the technical issues that are likely to be before the court almost immediately return to a convoluted discussion on his conspiracy theories. Attempts to discuss with Maurice Kirk why he does not seek appropriate legal advice receive different answers at different times. At times he believes that all solicitors are involved in the conspiracy and at others he tells me that all solicitors have refused to act for him.

27. Maurice Kirk appears to have a background of a highly 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. Observation in the Caswell Clinic suggests that when subject to external stress, Maurice Kirk's irritability, hostility and level of paranoia increase to the point that at times they appear almost overwhelming to him. Currently he expresses the view that the biggest stress in his life is his perceived "illegal" detention in a Mental Health Unit which he perceives as far more detrimental to his ability to prepare for his court case against the South Wales Police and is more damaging to his relationship with his wife and child than being placed in prison. The reason for this is unclear to me.

#### **Presence or absence of any brain damage and its consequences**

28. Maurice Kirk has always had poor handwriting and difficulty spelling. Maurice Kirk reports that these difficulties have increased over perhaps the past two years and has also self reported increasing difficulties with focussing his attention, less able to plan and organise his daily activities and some question of personality change with previous features of his personality becoming more marked. Clinically, on the ward, he showed evidence of problems with short term memory and poor planning ability on even simple tasks such as cooking. Reports on these specialist brain scans show supporting evidence of minor changes in the pre-frontal area of the brain and this has been associated with thinking and behaviour.

29. The conclusion of an expert Neuro-psychologist supports damage to the pre-frontal cortex of the brain, probably as a result of decelerating injury as a result of plane crashes, possibly compounded by the affects of normal aging and previous heavy drinking. The psychologist concludes:

"This (the pre-frontal cortex) is the region of the brain most heavily involved in the self regulation of behaviour, inhibitory control of emotions, self awareness, judgement and decision making. Even very minor pre-frontal dysfunction can have a pervasive affect on many aspects of every day behaviour that rely on these higher order cognitive functions. It should also be noted that one feature of dysfunction of the ventral pre-frontal cortex is paranoid ideation and a very fixed dichotomous way of viewing the world. This type of thinking or perceiving one's world is often not amenable to experiential learning if this involves contrary information to that held as part of one's fixed belief system."

#### **Contacts**

30. Maurice Kirk spends a great deal of his time in contact with individuals outside the Caswell Clinic. These individuals appear to share most of Maurice Kirk's conspiracy theories. Maurice Kirk uses such avenues of communication (which we are not able to control under the Mental Health Act in a Medium Secure Unit) to pass on information that possibly compromises the security of the Caswell Clinic. His contacts which could be said are incited by Maurice Kirk frequently contact the Caswell Clinic making demands and vague threats.

31. The Caswell Clinic has also been contacted by media organisations requesting as to withhold Maurice Kirk's contact with them due to the hostile and threatening nature of his telephone contact.

## **OPINION**

### **Clinical.**

32. Maurice Kirk's history is highly complex, convoluted and difficult to understand. The clinical picture appears to be of a man who has always had a background of minor cognitive difficulties (poor writing and spelling). He developed a personality characterised by narcissism (an abnormal sense of entitlement), grandiosity (believing that normal rules and regulations do not apply to him) and paranoia (believing he is the victim of persecution). He also shows evidence of poor judgement, impulsivity and a willingness to hold himself hostage by way of hunger strike in an attempt to manipulate his environment. Whilst these personality characteristics have undoubtedly overshadowed Maurice Kirk's life and probably had a negative affect on his social and family functioning, they appear to have been reasonably stable throughout his life. However, Maurice Kirk and the evidence both suggest that over the past two years both his functioning has deteriorated and that his beliefs have become more intense and overwhelming and at some times, though not others, are clearly abnormal. Maurice Kirk now shows clear evidence of some degree of neuro-cognitive damage (brain damage), probably as a result of a combination of normal ageing, previous heavy alcohol misuse and deceleration injuries following plane crashes. The specific area of brain damage affects his ability to monitor and control his behaviour, decreases self-awareness, judgement and decision making abilities and have compounded his paranoid beliefs to the extent that when subjected to further stress, his beliefs intensify so that for periods they have a quality of a paranoid delusional disorder (mental illness characterised by fixed false beliefs unamenable to reason of a paranoid nature).
33. With regard to treatment, neither Maurice Kirk's underlying personality nor brain damage will respond to medical intervention. Due to the transient nature of his clearly abnormal beliefs (as opposed to his general paranoid view of the world) it is unlikely that medication will make any significant impact, though it is impossible to be certain. Appropriate medication has been offered to Maurice Kirk which he has refused.
34. Clinically it is unclear whether Maurice Kirk's brain damage is likely to progress. Should it do so his difficulties will become more marked and he will become more obviously disabled. Of particular concern is that this may well involve increasing impulsivity and poor judgement, features which are already apparent.
35. With regard to risk, risk is always difficult to quantify especially in highly complex cases such as this and it is also impossible to consider Maurice Kirk's risk in isolation from those who he encourages to act on his behalf. The risk of Maurice Kirk continuing with his action against South Wales Police and acting in a way that he feels justified to achieve his ends is high, though whether Maurice Kirk himself would be involved in inter-personal violence is less, is cannot be discounted nor can the risk that others would act violently with his encouragement. If Maurice Kirk's condition is progressive, these risks are likely to increase over time.

## **Legal**

36. I have been asked to give my mind to the issue as to whether or not Maurice Kirk is fit to plead and stand trial. Maurice Kirk clearly understands the nature of the charge and the significance of his plea. However, due to Maurice Kirk's mental disorder described above, specifically his brain damage and its relationship to self awareness, judgement, decision making, self regulation of behaviour and control of emotions, combined with difficulty organising and sequencing information, his inability to filter out relevant information and his problems with attention and concentration, his overwhelming perception of himself as being a victim of persecution by the system, all of which are clearly evident in discussions with him concerning the alleged offence, he appears unable to address a specific legal and technical area of law necessary to appropriately conduct his defence.
37. Should Maurice Kirk be legally represented in court, I would consider him fit to stand trial as a legal representation would be able to focus on the relevant matters.
38. Maurice Kirk's current clinical presentation is clearly causing major problems for the Criminal Justice System, though is not of a nature and degree to warrant compulsory treatment. He would, however, benefit from continued contact with Mental Health Services to both monitor his condition and attempt to establish a relationship which would allow other treatment avenues to be explored.
39. I am aware that my opinion will cause significant difficulty for the court. I am also aware of the difficulties the court has had gaining further psychiatric evidence which to a degree is due to Maurice Kirk's perceived ability to intimidate and threaten those who become involved in his case. Should Maurice Kirk require in-patient hospital treatment, I have concerns that a Medium Secure Unit would not be able to provide the degree of procedural security necessary to maintain the safety of its staff, the confidentiality of other patients and the necessary security. Should the court wish a second opinion, they may wish to consider instructing a psychiatrist from a High Secure Hospital to assess Maurice Kirk both as to treatment and the environment in which that treatment should take place. I stress that the requirement for conditions of Special Security are purely as a result of Maurice Kirk's communication with and encouragement of others, rather than his clinical presentation.
40. Maurice Kirk can return to court for any disposal that the court sees fit.

**Dr. Tegwyn Williams,**  
**Clinical Director, Mental Health Services/Consultant Forensic Psychiatrist.**  
**TW/KS/19.10.09**