



WITH JUSTIN BARRY-WALSH

DR JUSTIN BARRY-WALSH IS A CONSULTANT FORENSIC PSYCHIATRIST WITH TE KOROWAI WHĀRIKI (REGIONAL FORENSIC AND REHABILITATION SERVICES), CAPITAL & COAST DHB. HE IS ALSO ASMS' WELLINGTON BRANCH PRESIDENT.

WHAT INSPIRED YOUR CAREER IN MEDICINE?

It's just something I ended up doing. I had an aunt who was a nurse and a grandfather who was a GP. I can recall at a young age thinking I would like to be a doctor. I was always interested in sciences so it was a question of what to do with that interest.

I studied at Otago Medical School. I was interested in having a good time, primarily, but I did develop several other interests during that time. I was leaning

towards general medicine but later on I became interested in psychiatry. I was very privileged to have Professor Paul Mullen come to the university when I was there. He was a stark contrast to the rest of the psychological medicine department, an extraordinary man who provided captivating lectures. Later on I ended up working with him in Australia when I was doing forensic psychiatry, and he became both a mentor and a friend.

Anyway, I discovered in my trainee intern year that I was good at psychiatry. I won the prize for psychological medicine in

1986, and it made me sit up and take notice that this could be a good specialty for me, that I could flourish in it. Psychiatry was, and remains, an underdog and a Cinderella specialty. I looked at the exams for general medicine and also the exams for psychiatry, and chose psychiatry.

Most of my registrar training was in Wellington. When I finished as a senior registrar, I began my consultant career in Victoria, Melbourne. I returned to Wellington in 2003, and I've been here since. I specialise in forensic psychiatry, forensic means anything to do with the law.

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My public work involves the assessment and treatment of offenders, mostly mentally ill offenders. I write a lot of reports, mostly but not exclusively for the criminal courts, and I give evidence when required. I also provide ongoing treatment.

WHAT DO YOU LOVE ABOUT YOUR JOB?

Forensic psychiatry still holds the same interest for me. It's a specialty that takes you into places that I think everyone should experience and know about, prisons and the courts, as they are such critical parts of our system. It's important to understand what awful places prisons are and why it's a national disgrace that we have such a high rate of imprisonment, especially for Māori. We love to see people who offend as being part of the other, but we need to recognise that they are actually people, and they are very disadvantaged.

There are so many social determinants involved in offending, and we're familiar with many of them. Addressing them would be a start. We need to do that, and change our thinking about offending. At the macro level, when we talk about being tough on crime, all we're doing is letting people who have power make us feel afraid, which then helps them to maintain that power.

One of the things I've always liked about my specialty is that the knowledge base is so broad. There is so much value in reading across other disciplines, everything from philosophy through to the social sciences.

I don't often get thanked directly for what I do, and that's just life. But I do often see that my involvement makes a big difference in terms of the outcomes in the courts, which is a separate system from the prison system and as a result is usually more receptive because it's not about punishment at that point. I work with people who have often done the most awful things in the context of severe mental illness. Working with them over a period of years, however long it takes for them to

grow and recover, and then move back into the community, is very rewarding.

WHAT ARE SOME OF THE MOST CHALLENGING ASPECTS OF PRACTISING MEDICINE?

What I enjoy and what challenges me are pretty much the same. It's important to maintain a non-judgemental and professional approach to things, especially when confronted with behaviour or issues that most people would respond strongly to. You can't do some of the work I do without putting judgements aside.

There are also some fundamental ethical questions that arise when you work in a court system or a prison as a doctor or healer. You are used to putting the interests of your patients first and yet you're working in a system that has an interest in justice or punishment. One of the ethical problems we have is where we end up with more than one role, and whether that represents a real or imagined conflict of interest.

I've ended up with a real richness of understanding around a population that is the most disadvantaged and stigmatised. I've also been given opportunities to engage in other areas of work that are really interesting. Currently I am developing a fixated threat assessment service, with Police, the Ministry and Parliamentary Security. It involves screening concerning communications, and identifying those of that require further intervention. The fixated are people who are likely to be mentally ill. The area overlaps with extremist violence and counter-terrorism, but at its core, it is about improving the outcomes for people. That's typical, I guess, to start working on something and then finding that I am drawing on a variety of different discourses from criminology, political science, and the philosophy of everyone from Zizek to Foucault. It's one of the things I really love about my work.

I am an advocate for what I do. I always emphasise the value of being professional

in what you do so that people can have a positive experience of psychiatry. I had a few jibes when I started in psychiatry but that doesn't happen now. Colleagues understand the value of the specialty, although it's still a Cinderella among medical specialties because of the stigma around mental health.

WHY DID YOU DECIDE TO BECOME ACTIVELY INVOLVED WITH ASMS?

When I returned to New Zealand from Melbourne, I was returning from a senior role that involved some leadership, and at first I didn't have that in my role here. I've always preferred to engage with the service I'm in, so I looked for a way that I could become involved. I'm not someone who is happy to just do my job. If you see problems, it's much better to be in a position where you can engage with people over those things.

The opportunity came up to work alongside Derek Snelling as the deputy president, and I loved it. It's a role where you have to look across the entire DHB, which in turn increases your interaction with other colleagues and specialties. I became a clinical leader around the same time, about 2008/9, and that brought me more into contact with a wide range of people too.

In addition, I've always been a strong supporter of unions. Noam Chomsky says they're an important democratising influence in a country, and certainly I wouldn't want to live somewhere where unions are weaker than they are in New Zealand.

WHAT HAVE YOU GAINED OR LEARNT FROM YOUR ASMS INVOLVEMENT?

I guess it's really emphasised the importance of unions. I acknowledge that because doctors are part of an elite, we're in a privileged position and so belong to a union that is privileged. As a result it's important that we do what I mentioned earlier, we have to look beyond our own silos and see ourselves as part of a DHB and part of the bigger picture.