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UNDERGRADUATE PSYCHIATRY TRAINING: A BELFAST EXPERIENCE

As a medical student my enthusiastic psychiatry tutor was keen for me to clerk in a new admission. Equipped with a second hand text book in psychiatry and the main components of the mental state assessment summarised on the back of an envelope, I awaited my opportunity. The call came through that a patient with schizophrenia was to be admitted that evening. This prompted a quick revision of the clinical features of schizophrenia, ensuring I had a full understanding of delusions and knew the difference between second-and third-person auditory hallucinations. While reading the relevant section of my textbook, I noticed a hand-written note (probably the reason I got this second hand book so cheaply). A previous student had written 'Delusions tend to take on cultural context — religion and military common in N Ireland...' Little did I know that this little nugget was to be well and truly confirmed.

The patient, who lived in a nationalist area of Belfast, had paranoid schizophrenia. He had become quite unwell and an in-patient admission for treatment was required. Central to his delusion complex, and auditory hallucinations, was the theme that the army were following him; tracking his every step, move, and indeed thought. As this was an involuntary admission, the patients' GP had to detain him under the Mental Health Order. In addition to the approved social worker and ambulance crew, the police were summoned. However at that time, there was considerable political unrest. The police would only enter certain parts of Belfast with army back up. Therefore, in addition to the ambulance and police vehicles, a camouflaged military personal vehicle also joined the convoy. If that wasn't enough, the army also required helicopter surveillance.

As I awaited for the arrival of the patient, I couldn't believe my eyes as the procession of vehicles made their way up to the acute admissions ward, in the leafy expanse of the

psychiatric unit based in the suburbs of south Belfast. As the vehicles stopped, the army personnel decanted and took various vantage points in the surrounding trees and bushes. To this day I have a strong image of the patient's face when the back door of the ambulance opened. As he stepped out, he scanned his surroundings, noticing the army in their various look-out points. He proclaimed 'Does nobody believe me — can't you see them ... they are following me!'

I am glad to say that that the patient responded well to treatment and hopefully with the end of armed conflict in Northern Ireland, such circumstances will never happen again.

Gerry Gormley