
Correspondence

Confidential Inquiry into Homicides and Suicides by Mentally Ill People

Sir: Dr Paul Bowden's editorial on the 'Confidential Inquiry into Homicide and Suicide by Mentally Ill People. A Preliminary Report on Homicide' (*Psychiatric Bulletin* February 1995, **19**, 65-66) uses the opportunity for reviewing the report as licence to attack the care programme approach, the supervision register and by implication the whole concept of community care for the mentally ill. Debate in this area is, of course, welcome but it is necessary to get the facts right.

The Confidential Inquiry was initiated by Mr Stephen Dorrell MP when at the Department of Health and set up between the Department of Health and the College. The Director is Dr William Boyd, a distinguished clinician and previously Senior Medical Commissioner of the Scottish Mental Welfare Commission. There is no "Inquiry Team". The remit of the Confidential Inquiry is "to inquire into the circumstances leading up to and surrounding homicides and suicides committed by people under care of or recently discharged by the specialist psychiatric services, to identify factors in the patients' management which may be related to the deaths and recommend measures designed to reduce such incidents".

The Confidential Inquiry does its work by being informed of situations where homicide or suicide has taken place among mentally ill people and finding out as much information as possible from the consultant psychiatrist and other professional staff responsible for their care. It is therefore strictly analogous to the other medical confidential enquiries into mortality. The value of its work is similar in that it can collect themes and opinions but it is and they are in no way meant to be a complete epidemiological survey.

It should be pointed out that the vast majority of perpetrators of homicide who are under psychiatric care are treated by general psychiatrists and not by forensic psychiatrists. This is true also of those under psychiatric care who commit suicide.

The Steering Committee oversees the work but does not get involved with individual cases

for which confidentiality is strictly maintained. The Steering Committee have been selected in order that the best possible information may be obtained from the widest range of mental health professionals. The reports will comment on the information obtained from consultant psychiatrists and other mental health professionals and will seek to draw practical lessons from this information and comment.

I have never knowingly altered my behaviour in order to take in matters of political correctness and I do not intend to do so now as Chairman of the Confidential Inquiry. The care programme approach enshrines traditional values of good psychiatric practice and the idea for a register to be held locally of those who require additional care came from the Royal College of Psychiatrists long before it was taken up by the Department of Health. Problems with the implementation of the care programme approach and supervision registers are legion but could have clinical value. The Confidential Inquiry stated in its report that "the proposed power of supervised discharge should make a useful contribution provided it is matched by the necessary resources"; views shared by the Royal College of Psychiatrists, supported by its Council. Common sense and shared information from many clinicians are the working principles of the Confidential Inquiry and not any blind adherence to diktat either from politicians or theoreticians.

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Sir: No doubt many *Bulletin* readers were informed, stimulated and entertained by Paul Bowden's editorial 'Confidential Inquiry into Homicides and Suicides by Mentally Ill People. A Preliminary Report on Homicide'. (*Psychiatric Bulletin*, February 1995, **19**, 65-66).

I write to defend how the College responded to the Department of Health's guidelines document on the supervision register. Paul Bowden referred to: "... a passive line which the College has taken in response ...".