

The Preliminary Report on Homicides in People with Psychiatric Illness

A personal view

W. D. Boyd

The preliminary report on homicides committed by mentally ill people was published on Wednesday, 17 August 1994. The decision to present some of our findings ahead of the more comprehensive report to be published in 1995 was made by the Steering Committee after it became clear that some information coming from our collection of data might usefully be made more widely known. The media reaction which had followed individual cases over the previous months made it important to provide some perspective into the frequency of homicides by psychiatric patients, to indicate that the respondents to our questionnaire often saw these tragic episodes as unexpected and unconnected with shortage of services and to point to the finding that several of the cases showed that the individual patient had somehow removed himself or herself from supervision or from regular medication in the weeks or months before the homicide.

My own contact with the media over the years has been intermittent and fairly limited, and I was hardly prepared for the extraordinary interest in the Report which perhaps came as a result of the juxtaposition of the words 'homicide' and 'psychiatric patients' – a heady combination for the media. Whatever the reason, press, television and radio provided a one-day experience which remains vividly in my mind, and in the minds of my family members. Interest began on the pre-publication day and followed a press release summarizing the content of the Report. Reporters from the full range of national newspapers required immediate comment, the *Scotsman* required not only comment but a visit by the staff photographer, and the *Edinburgh Evening News* was not to be left out. The call from the *Skye News* caused me a slight surprise, for I doubted if the

inhabitants of the Western Isles would be greatly interested in our findings, but of course anyone more skilled in modern technology and communication systems than myself would have recognized that there was a different Sky channel and a different News.

Wednesday – publication day – required me to be at BBC Edinburgh studio by 6.45 a.m. to deal with interviews from a variety of BBC regions previously entirely unknown to me. The member of staff who was alone in the building and alone responsible for answering phones, organising my schedule of calls and controlling the technology of broadcasting placed me firmly in front of a microphone in the small isolated box which was to be my home for the next two hours apart from a sudden transfer to another equally impersonal box from which I made fleeting contact with BBC television. If my performance declined as the interviews repeated themselves, this was certainly not the fault of the College seminars on 'Facing the Media'. My exposure to one of these sessions had been of inestimable value in preparing me for this rather unusual activity and had given me a sense of self-confidence and control, despite any other impression which may have come over to listeners or viewers. One further flurry of activity occurred during the day, when an interviewer and cameraman from the already identified Sky News arrived by appointment at my home. The interview in my own sitting room went very well indeed until out of the corner of my eye I noticed our elderly and over-friendly black Labrador, supposedly banished from the room, beginning to lick the hand of the cameraman as a prelude to making its presence known to the waiting world. The College seminar had given me no advice on how to deal with homicides while handing off a slobbering domestic pet.

More seriously, what can we make of the media response to publication? A number of points stand out, and others more familiar with publicity will probably not be surprised if my first reaction was an awareness of the inaccuracy of what was reported. *The Times*, for example, which gave a very well balanced account of the subject, followed the next day by an excellent article by College member, Simon Wessley, nevertheless began by talking of "the 34 people killed over 18 months. (*wrong* – the data were collected over 18 months and dealt with cases over three years) by newly released mental patients, (*wrong* – most of the patients had been under out-patient/community care for months or years) the Royal College of Psychiatrists reports today." (*wrong* – the report was independent of both the Department of Health and the College, a point that had been seen as crucial in the original setting up of the Inquiry). The slight mathematical inaccuracy in the interpretation of simple figures would have been unimportant had it not led to the persistent headlines reporting that 'mental patients' killed someone every fortnight, which was exactly the opposite to the message in the report, namely that a very tiny proportion of psychiatric patients are involved in homicide. Indeed, a colleague did some rapid arithmetic and phoned in to tell us that in terms of population:homicides and psychiatric patients:cases of 'psychiatric homicide', it is much safer to associate with someone who is psychiatrically ill than with a member of the general public. I wished that I had been able to make this information known to the media.

A second and quite remarkable aspect of the general response to the Report was the rapid sideways move to discuss not the findings in the report but the matter of community care. The facts were that the respondents to our questionnaire had almost without exception indicated that these homicides were entirely unrelated to bed shortage, staff shortage or any legislative powers. Yet it was community care which was placed in the dock. It seemed that the Report allowed everyone to air their views, or even prejudices – about need for secure units, for old asylums, for more community facilities, for more staff, more legislation or different legislation, while inevitably the political arena required that opposing views had to take the stage, on the one side to emphasise that recent government guidelines were designed to assist the management of patients in the community

and on the other side to rebuff the value of these guidelines and to accuse the government of "breathtaking complacency". Even the comments by the College to the Report were described as "defensive" or "bizarre", while the Report itself was called a "whitewash". In the midst of all the accusations and counter-accusations it came as a pleasant surprise to find an article which read "fresh evidence emerged this week that people with mental illness who are receiving treatment rarely kill..." I hope this publication sold well!

In the aftermath of the dramatic and time-limited surge of interest in the work of the Inquiry it is worth reflecting on the importance of these preliminary findings. In my view, there is one which deserves further attention and which is quite distinct from the admittedly major issues relating to care in the community and adequate resources. This is the discrepancy between the perception of those most closely involved professionally that additional or different treatment would not have made the homicide any less likely and the finding that in an appreciable number of cases the patient had rejected treatment or supervision prior to the offence. Two questions arise from this finding. First, are we sure that the alienation of the patient from the treatment team arose in spite of adequate personal contact with a highly qualified and experienced member of the psychiatric team and second, do we believe that there is any way of laying down general guidelines or legislation which would indicate to a psychiatrist or to other members of the psychiatric team the point at which support or encouragement turns into coercion or control. The media headlines do not help to answer these questions, nor do the voices which demand "Action". Guidelines to identify patients at risk of offending may have a valuable role; ensuring that community resources for the mentally ill are more than adequate may be a laudable and necessary task for everyone in psychiatric practice; but the extent to which it is appropriate to intervene in the life of the individual patient, the pressure which it is right to apply, the persistence which it is proper to show – these are matters of a much more subtle order, requiring experience and balanced clinical judgement.

W. D. Boyd, *Director, Confidential Enquiry into Homicides & Suicides by Mentally Ill People, P O Box 1515, London SW1X 8PL*