

Michael Stone: a briefing from the Mental Health Alliance

Introduction

The tragic deaths of Lin and Megan Russell and the subsequent conviction of Michael Stone were the catalyst for the reform of the 1983 Mental Health Act. At the time of Mr Stone's conviction it was widely believed that he was 'free to kill' because psychiatrists had deemed him 'untreatable' and that his case showed the need to close a 'loophole' in the law to include those with severe personality disorders. This led directly to the current Government proposal to replace the 'treatability' condition with a looser condition that 'appropriate treatment is available'.

The inquiry into the case was finally published in 2006. For the first time, we now have a comprehensive picture of the events leading up to the tragedy. This briefing looks at what the inquiry tells us about the Mental Health Act.

The limits of homicide inquiries

A central purpose of homicide inquiries (and reviews of inquiries) is to enable lessons to be learned. There are, however difficulties in making use of their findings. They are all, inevitably, retrospective and none compare the histories and features of people who go on to commit serious acts of violence with an equivalent group where no act of violence is committed. As a result some conclusions, whilst true, are not necessarily helpful or relevant in predicting future behaviour (and so enabling services, including criminal justice services, to know who to detain).

For example, it may be said that some homicides are committed by people suffering from schizophrenia (and indeed many other diagnoses). But such a statement does not discriminate between those with a particular diagnosis or aspect of their history who go on to commit a homicide from those who do not.

This problem is exacerbated by our not having an accurate base line figure for the number of people who have a particular attribute or symptom, as opposed to diagnosis, within either the population as a whole or within the psychiatric population. For example, inquiries show that people sometimes talk about thoughts of killing prior to acts of homicide. What we don't know is how often people who do not commit homicide talk about having thoughts of killing.

This is not to suggest that the homicide inquiries are not helpful nor that important lessons cannot be learnt from them. It is however important to remember these issues when reviewing one or more cases.

Key inquiry findings

Michael Stone had a long history of interaction with mental health services including community mental health, substance misuse and forensic teams. He was also seen by his GP. Interventions included risk assessments, counselling, detoxification and anti-psychotic medication. In other words Mr Stone had a great deal of psychiatric input including detention in hospital under the Mental Health Act. At no point was Mr Stone refused help, albeit that he was refused inpatient care for detoxification by the Addiction Services (this was provided at a Medium Secure Unit). Treating patients who

require detoxification in the community has been both policy and practice for many years. Most in-patient detoxification beds have been closed.

The Community Mental Health Team is criticized in the report for refusing to admit Mr Stone to a general psychiatric ward because he was believed to be too dangerous. No medium secure beds were available. This is not unusual. A patient will be seen, perhaps in a police station, who has a significant history of violence. He may have had several previous acute admissions to a general psychiatric ward and assaulted other patients or staff (many 25 bedded wards will have only four staff on duty during the day and three at night).

In these cases, the position of the assessing psychiatrist is impossible. No 'safe' i.e. medium or maximum security bed is available. To admit the patient to the general ward is to put patients and staff in significant danger. The police state that if the patient isn't transferred to hospital they will return him to the community as there are no grounds for holding him in custody. The absence of 'risk appropriate' resources is a real problem in the safe management of patients. The Mental Health Act is not relevant to this issue.

Mr Stone had described to his CPN that he was having thoughts of killing someone shortly before the murders. In response to this Mr Stone was admitted to hospital until "his mental state settled". He could not have been detained under the Mental Health Act at that time given that he consented to voluntary admission and complied with treatment. Mr Stone had talked in the same terms on many previous occasions. It is unknown how many other people talk in the same vein but do not go on to kill.

The inquiry panel commented in relation to Mr Stone's detention under the Mental Health Act:

"The inappropriateness of Mr Stone's continued detention under the Mental Health Act at De La Pole Hospital was correctly identified. Thereafter the consultant made the resources of his service available to Mr Stone as best he could, and in some cases, as when he allowed Mr Stone to be voluntarily admitted for detoxification to a medium secure unit, went beyond care that might have been provided elsewhere in the country".

The report identified that at times there was poor regard to the provisions of the care programme approach (CPA), leading to some failures in communication. It did not, however, accept that any such failures contributed to the deaths of Lin and Megan Russell. It should perhaps be noted that compliance with CPA has improved markedly across the country over the last ten years.

Conclusion

The inquiry report did not recommend any change to the Mental Health Act. It did not support the contention that in this case there was a 'loophole' in the law that makes it necessary to remove the treatability condition from the Act.

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