Can we learn anything about personality disorder from Mental Health Inquiries?

The 1990s have been notable for the large number of mental health inquiries that have investigated homicides and other serious incidents committed by people with a known history of mental disorder. The majority have been concerned with tragedies that have occurred in the context of community care (Reith, 1998). Others have examined things that have gone wrong within a hospital setting. From the perspective of personality disorder the most important of the hospital-focused inquiries is Fallon, which uncovered many disturbing features of institutional care in one high secure hospital. (Fallon, 1999). But out of all the community-based inquiries how many and which ones relate to people whose primary diagnosis is one of personality disorder? Without an adequate database it remains a difficult question to answer. And how many homicides are committed by personality disordered offenders who have had recent contact with mental health services? This paper sets out to answer these questions. It goes on to explore lessons from those inquiries, which specifically address problems of working with personality disordered offenders in the community.

After an extensive trawl through published reports from the 1990s I have identified fifteen out of more than fifty that are of particular relevance when considering issues to do with personality disorder.

Although not definitive they provide a useful starting point for further study. The recent Confidential Inquiry provides information on the question of numbers. There are approximately 40 homicides per year in the UK which involve a perpetrator who has previous contact with mental health services in the year before the victim's death. This amounts to 8% of all homicides. However, less than ten of the forty are committed by people whose primary diagnosis is schizophrenia (Appleby, 1999).

For all the problems with inquiries, and there are many, (see for example Reith, 1998), they do offer a valuable insight into individual cases and arguably provide an important source of training material which is probably much under-used. For example, in the case of Brian Doherty (1995), the DSM IV classification for antisocial personality disorder is used to illustrate corresponding features of Doherty's disorder. Similarly, in the case of Daniel Holden (1998) his mental disorder is rigorously examined according to standard, recognised criteria. One of the characteristics of inquiries is often the quality of the case material presented. When this is supported by thorough examination of the issues raised in the management of the case, for example Darren Carr (1997), the opportunities to learn about the complex dilemmas facing the practitioner working with this group of service users is direct and accessible. Additionally, in the case of KK (1999), for example, the purpose of mental health services is discussed. As services become increasingly focused on managing risk and are weighted towards public protection, reports like this one make an important contribution to the national debate about the role of mental health services and the issue of treatability.

Other reports explore some of the difficulties that can arise in making a definite diagnosis, notably Powell (1999), but also Licorish (1999) and Hooper (1999). In the inquiry into Powell's care and treatment the panel found a number of unanswered questions in the evidence to support the diagnosis of acquired brain injury. This inquiry tracks the diagnostic process in an illuminating way.

Recurring themes emerging from these reports include the prevalence of early childhood deprivation often coupled with physical, emotional or sexual abuse, behavioural problems at school, family breakdown followed by periods of institutional care and a general lack or absence of secure early relationships. None of this is particularly new, but such detailed reports do allow greater understanding of the reality behind the label of personality disorder.

Substance misuse is strikingly common in virtually all of the personality disordered offender inquiries. It is possibly one of the most crucial single issues needing to be addressed to achieve increased success in managing risk safely. Almost all the offenders listed in the table have a history of substance misuse. A significant number have very severe dependency problems, for example, Buchanan (1994), Armstrong (1996), EB (1997), Scott (1997), Patel (1998), and KK (1999).

In summary, inquiries confirm what we already know about personality disorder but give a detailed picture of the very real difficulties faced by professionals working with this group of people. One must of course remember that these case studies are by definition about those people whose risk has not been safely managed, not the majority who do not come to the attention of a homicide inquiry. Nevertheless it would be foolish to ignore the lessons for policy, practice and management they convey so powerfully. There is certainly no room for complacency. Important issues include team-working, thorough risk assessment, sharing of information, involving all agencies and looking again at the need to integrate services for substance abusers.

Finally, while it is often argued that inquiries undermine public confidence in mental health services (Reith, 1998), I suggest they can also be used by professionals to re-gain a sense of perspective. When challenged with impossible public expectations which demand an absolute guarantee that all risk has been eliminated as opposed to minimised it may be helpful sometimes to stand back and look at the experience of others. The inquiry into the case of Murrie highlights the dilemmas facing all mental health workers.

'There are some hard lessons to be learnt from this case. The hardest of all is the possibility that this kind of tragedy could happen again. No amount of organisational efficiency, staff training or forward planning can account totally for the actions of a volatile individual who is perceived as a moderate priority because of a known risk of self-harm' (Murrie, 1999).

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