



REVOLVING DOORS

Eggs, Empathy and Erewhon

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In Samuel Butler's great satirical novel "Erewhon" his hero finds himself alone in an extraordinary country where social values are an inversion of those of Victorian England. It's a place where Colleges of Unreason teach 'hypothetics' and mercantile transactions are accompanied by hideous music. In Erewhon it's also a crime to be ill.

I run a small, relatively new, voluntary agency operating on the fringes of the 'mentally disordered offenders' industry. Sometimes I feel Butler's perverse analysis may be more helpful in understanding the needs of people with mental health problems who come into contact with the criminal justice system than the copious homilies of the Reed Review and Home Office Circular 12/95. Why? Because for all the wise words about multi-agency co-operation I think our collective failure to tackle the social dimension of clients' problems continues to punish them for being ill.

The stench of human misery

We have spent much of our first two years trying to find out about the lives of the mentally unwell people the police arrest either for their own or others' safety or who have committed a criminal offence. We are nearing completion of a study of the backgrounds to 500 arrests in one year in five Police Stations in north London. We found:

- 45% cases appear to have no permanent home
- A disproportionately large number have been in care or have case histories of childhood deprivation
- 70% are already known to local services, one-third have histories of previous hospital admission
- Almost all are claiming benefits, and money problems are common
- Virtually all are unemployed.

The 'mentally disordered offenders' we have encountered have carried enormous burdens of social and psychological deprivation. These are lives of material



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and spiritual poverty - lonely, disenfranchised, angry. The stench of human misery hangs heavy in the air. It's not the whole picture, of course, but I cannot accept that these powerful factors are not intimately connected to the 'mental distress' in which much offending behaviour takes place. To ignore this is to deny the possibility that chickens might have any causal relationship with eggs.

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I don't underestimate the importance of 'dangerousness' and the difficulties of managing major illness, nor the damage that serious offending does to society. But read the Inquiries of the Clunis and Rous tragedies and you cannot fail to observe that the protagonists of these horrific events had led unsettled, unrewarding lives for a long time before their crises.

Before they became 'offenders', it seems that many such mentally vulnerable people missed out on those basic human commodities that the Mental Health Foundation has used to define Community Care: an appropriate place to live, an adequate income, employment, a varied social life, respect and trust, choice - things we all need.

The talk/action quotient

There's no shortage of information on all this. In the last two years we have accumulated more than 600 items of 'mentally disordered offenders literature' (pace Wordsworth). It can't be long before we see Awards for the Best Mentally Disordered Offenders Flow Chart of 1995. I also reckon I could have attended at least one conference a week on this topic (the opulence of some of which contrasted starkly with the subject matter). Samuel Butler's hero, wandering into some of these events, with all the New Health jargon about inputs, outputs, data flows and pump-priming, could be forgiven for thinking he had joined a well-dressed congress of sewage engineers.

Of course, a social problem as complex as this must be documented and dissected. But rarely can there have been an issue with so much policy guidance, so many good practice models, such a horde of researchers and yet so little visible improvement in the lives of the subjects. I fear we may be allowing the 'professionalising' of clients' problems to become an alternative to solving them. Someone I know who's experienced some these problems at first hand (yes, a 'service user') talks about case-studies as 'psychiatric pornography'. When I reflect on the 'MDO talk/action quotient' I begin to understand what he means.

Can Community Care work?

Can multi-agency co-operation and