INDEPENDENT INQUIRY REPORT

INTO THE CIRCUMSTANCES

LEADING TO THE DEATH

OF

DANIEL COLEMAN

PROVIDED FOR NORFOLK HEALTH AUTHORITY

Summary of the independent inquiry report into the circumstances leading to the death of Arthur Daniel Coleman

This document is a summary of the independent inquiry report into the care of mental health patient Darryl James and the circumstances leading to the homicide of Arthur Daniel Coleman.

A great deal of personal information was collected in producing the full report. The summary aims to give a full account of the facts and details of Mr James' medical treatment, but personal background information about individuals has been kept to a minimum, unless it is judged to be relevant or in the public interest.

This is in accordance with the health authority's obligations under the Human Rights Act 1998 and the "right to respect for private and family life".

The summary has been produced with Peter Gianfrancesco of Norwich and District MIND, to ensure that an accurate account is given about the events which led to Mr Coleman's death.

Norfolk Health Authority set up the independent inquiry to examine the suitability and adequacy of the care Mr James had received from March 1995 until the time of the incident.

The panel was made up of the following representatives:

Chairman – William Armstrong, solicitor, HM coroner for Norwich District, and president of the Mental Health Review Tribunal.

Dr Nigel Hymas, consultant psychiatrist with mental health services at Addenbrooke's NHS Trust in Cambridgeshire.

Mr Terry Schofield, nursing specialist and previously director of nursing for West Berkshire Priority Care Services NHS Trust.

DARRYL JAMES AND ARTHUR DANIEL COLEMAN

1. On the 20th July 1996 Darryl James killed Arthur Daniel Coleman at the address at which they had both been residing with Darryl James' wife Christine in Gorleston, Norfolk. Mr. James had been known to the then Anglian Harbours Trusts' Mental Health services since March 1995. He had been an inpatient at Northgate Hospital at Gt. Yarmouth between the 31st March 1995 and 11th May 1995. Since his discharge from hospital he had been receiving psychiatric treatment on an outpatient basis from a Consultant Psychiatrist with support from his general practitioners.

2. On the 1st May 1997 Darryl James appeared before the Crown Court at Norwich (His Honour Judge Mellor) when he pleaded guilty to the manslaughter of Arthur Coleman and was made the subject of a hospital order under section 37 of the Mental Health Act 1993 together with a restriction order under section 41 of the same Act without limit of time.

SETTING UP OF THE INQUIRY

Norfolk Health Authority set up an independent inquiry in accordance with HSG (94) 27 with the following terms of reference:-

(a) To examine the care and treatment Mr. James had been receiving (both in-patient and out-patient) from March 1995 until the time of the incident.

(b) To assess the suitability of that care in view of Mr. James' history and assessed health and social care needs.

(c) To examine the extent to which that care corresponded with statutory obligations, relevant guidance from the Department of Health, and local operational policies.

(d) To examine the exercise of professional judgment.

(e) To assess the adequacy of any care plan and its monitoring by any key worker.

(f) To assess the adequacy and appropriateness of inter-agency collaboration in respect of Mr. James' care.

(g) To report findings and recommendations to Norfolk Health Authority.

NORTHGATE HOSPITAL, GREAT YARMOUTH

As stated above Darryl James was an inpatient at Northgate Hospital, Great Yarmouth, between the 31st March l995 and the 11th May l995. The organisation of the then Anglian Harbours Trust and the regime operating at Northgate Hospital during this period of time has already been the subject of rigorous scrutiny in "the Report of the Independent Inquiry into the circumstances leading to the death of Brenda Horrod" (East Norfolk Health Authority - September l998). Because two members of the present Panel were also members of the Horrod Inquiry Panel, and because the findings of the Horrod Inquiry Panel were accepted by the Health Authority, the present Panel decided no useful purpose would be served by re-visiting these issues.

BACKGROUND

Darryl James is a white Caucasian male, born on 27th March 1965. As a child, he experienced learning difficulties and attended a local special day school at Chesterton in Surrey where he lived with his parents until they moved to Wrexham in North Wales when Darryl was nine.

About a year later, the marriage ended and Darryl went to live in Blundeston in Suffolk with his mother. Darryl had no contact with his father after the age of ten.

He attended a residential school for children with special needs in Lowestoft. Darryl left school without any qualifications but went on to attend Great Yarmouth College of Further Education as part of a YTS scheme in 1981. Darryl first met his future wife Christine at the college, but didn't see her regularly until about seven years later.

On finishing the course, he went to work at the Marina Centre in Great Yarmouth, as a lifeguard and then as a cleaner. Darryl left home at 19 and with help from his family he moved to a flat in Gorleston. Darryl also attended a Jujitso class regularly at a local Club.

In 1989 he moved in with Christine and Arthur in Gorleston. Arthur suffered from arthritis and gout and Christine provided full-time care and support for him. Darryl and Christine married a couple of months later.

ONSET OF DARRYL'S MENTAL ILLNESS

In March 1995, Darryl failed to requalify as a lifeguard at the Marina Centre and was given the job of cleaner. He was not happy about the change, regarding it as a demotion and fearing he was going to lose his job.

He started to show emotional problems and signs of insecurity. Darryl also thought people were trying to harm him and that his wife was trying to poison him.

On 30th March 1995, Arthur Coleman went to Gorleston Police Station and spoke to an officer about concerns that Darryl had behavioural problems in terms of having a number of violent videos and a fetish with knives.

A police officer visited the house, reached the conclusion that there was some form of mental illness and contacted the local GP from the house.

Dr Ranjeet Verma received the call at Gorleston Medical Centre who advised Darryl to come in and see him or his partner Dr Ajay Kumar. Later that morning, Christine and Darryl saw Dr Kumar at the surgery.

Christine's recollection is that when Dr. Kumar asked Darryl "How are you?" Darryl replied "Oh. I'm fine. There's nothing wrong with me." Christine said that she then intervened to tell Dr. Kumar that that was not right. She told him what the Police had said and everything that was going on.

Dr. Kumar recorded this "Complaints of insomnia, anorexia, butterflies in the stomach, violent outbursts, suicidal thoughts.

Neither Darryl nor Christine has given any information regarding any previous "violent outbursts" and neither has either of them made reference to Darryl having "suicidal thoughts". However, it is manifestly clear there must have been some talk about these matters because the doctor has made a clear reference to them in his notes although it does not appear that the expression "violent outburst" refers to any physical violence. Christine thought that the appointment with Dr. Kumar lasted between ten and fifteen minutes.

Dr. Kumar told the Panel "I decided, from the symptoms, that he was suffering from clinical depression." The doctor prescribed Darryl dothiepin 75 mg at night and clomipramine 25 mg twice daily.

Dr. Kumar explained to the Panel the picture presented to him by Darryl was of someone with fairly serious psychotic symptoms. Although he decided to prescribe anti-depressants himself, the doctor also decided that he needed to see a psychiatrist. This was principally "because of the suicidal thoughts." An arrangement was made for Darryl to see Dr. McMahon, Consultant Psychiatrist at Northgate Hospital, Gt. Yarmouth, the following day, the 31st March.

There are two discrepancies in the evidence presented to the Panel. Firstly, Christine told the Panel that Dr. McMahon came to her and Darryl's home the same day as they saw Dr. Kumar, i.e. the 30th March but this does not appear to tie up with the evidence of either Dr. Kumar or Dr. McMahon. Secondly Dr. Kumar has given the impression that the decision to arrange for Dr. McMahon to see Darryl was taken during the course of the appointment with Darryl and Christine. Christine, however, told the Panel, after the appointment with Dr. Kumar, she telephoned him again because she continued to be concerned about Darryl - according to her it was as a result of this further telephone call that Dr. Kumar decided to refer Darryl to the psychiatrist Dr. McMahon.

Whatever the exact chronology of events, what is entirely clear is that Dr. McMahon saw Darryl on the next day, the 31st March at his home in the presence of Darryl's wife Christine. Christine was present throughout the whole of the consultation with Dr. McMahon. Arthur was in the house but was not present in the same room whilst the consultation was going on.

In his psychiatric report prepared for the Crown Court, Dr. McMahon observes that the available history was "a 7 to IO day period of increasing suspiciousness, bewilderment, withdrawal and uncharacteristic erratic behaviour." However Dr. McMahon also records in his report "At no time had he behaved in an abnormally aggressive and dangerous manner." He also records that there was no history of alcohol or drug abuse and no previous threats.

When asked by the Panel what view Dr. McMahon formed of Darryl's mental condition when he saw him on the 31st March, Dr. McMahon replied, "It was plain that

he was in a psychotic state. It was very difficult to get him to talk at all. He looked frightened and bewildered; in terms of technical terminology I would say that he was very perplexed. He gave me very little history indeed, himself. I gathered as much as I could from his wife, who described really what I had written in my report: that he had become increasingly withdrawn, anxious - inexplicably so - and had been behaving increasingly erratically, but never aggressively."

It is clear that Darryl was exhibiting a number of psychotic symptoms including auditory hallucinations and echolalia.

Dr. McMahon said he was with Darryl for about an hour - although he said it may have been longer. He formed the clear view that Darryl needed to be admitted to hospital.

During the course of the conversation with Dr. McMahon, a police officer arrived. Dr. McMahon has a clear recollection that a local policeman came to the house. The impression gathered by Dr. McMahon was that this police officer was checking on Darryl because of something that happened the previous day when Darryl had apparently driven off in his car, stopped the car inexplicably, got out of it and began wandering around in a bewildered state. Apparently he was assisted home by this police officer who, obviously out of concern for him, decided to go round and see him next day - without anticipating of course that, when he did, he would find Darryl with a psychiatrist who was assessing him.

It is clear from Dr. McMahon's evidence that, to quote his words, he "had to spend quite a lot of time trying to persuade him (i.e. Darryl) to come to the hospital and in fact was aided in that process by the local policeman". The officer was obviously trying to coax Darryl into accepting Dr. McMahon's suggestion he needed to be in hospital.

Dr. McMahon certainly had no doubts about the need for Darryl to be admitted as an inpatient straight away. Eventually Darryl agreed to this course of action. Had he not, it is likely that Dr. McMahon would have called in an approved social worker with a view to having him "sectioned". It ought to be added that, as well as Dr. McMahon and the police officer, Christine herself was supporting their view that Darryl needed to be in hospital. Dr. McMahon told us, "With a lot of persuasion from his wife, myself and then the police officer, he agreed to come to hospital"

OBSERVATIONS AND COMMENTS

1. The symptoms of Darryl's mental illness emerged very quickly and there was quite a sudden deterioration in his condition.
2. Dr. Kumar was quick to observe the symptoms and to appreciate that Darryl was becoming very ill. He acted with commendable speed and decisiveness in arranging for assessment by Dr. McMahon.
3. Dr. McMahon carried out a proper assessment of Darryl and his decision to admit him to Northgate Hospital was appropriate and clearly necessary.

DARRYL'S STAY IN NORTHGATE HOSPITAL, GREAT YARMOUTH, ON 31st MARCH to 11th MAY 1995

That evening (31st March l995) Darryl was admitted as an inpatient to Ward 5 East of Northgate Hospital, Gt. Yarmouth under the care of Dr. McMahon. The medical practitioner who had most regular dealings with Darryl while he was in hospital was Dr. Emilio Cremades. He was a senior house officer working under Dr. McMahon. It was he who was responsible for admitting Darryl.

The doctor told us that it was difficult to get any information from Darryl. He said he was looking "perplexed, suspicious, extremely anxious, looking frightened and uncooperative." Dr. Cremades said that he got information from Christine which was extremely useful. The doctor added that Darryl "was psychotic and extremely difficult to assess."

Darryl told the nursing staff that he could hear voices making derogatory remarks about him such as "your breath smells." He also heard voices telling him to jump off a high building. Not only was Darryl uncooperative in giving information or engaging with anyone he also refused to agree to any physical examinations. A decision was made to place him on Chlorpromazine by injection. He was refusing oral medication. Dr. Cremades recorded that Darryl needed "close observation". He made some detailed clinical notes which ended with the words "close observation" being underlined.

By the next day, the 1st April, Darryl remained unsettled refusing to take food and refusing all medication. He was not communicating in any meaningful way. During

the afternoon of that day he was recorded as being "agitated and was hovering at the door of his room". He was continuing to refuse all fluids. He was given IO mg. of diazepam. He consented to this by "nodding his head". He then became much more relaxed and managed to drink some fluids. He also became a little more communicative. He started to talk about his delusions and hallucinations.

On the following day, the 2nd April it was recorded that Darryl remained "extremely resistant to all care." By the next day the 3rd April the position remained largely unchanged but Darryl was said to be "more manageable with a firm approach". At this stage, because of what is described as Darryl's "intense paranoia and associated management difficulties" a decision was made that he could not continue to be treated as an informal patient and that an application for formal detention under section 2 of the Mental Health Act l983 was necessary.

An approved social worker, David Cardall, was called in and on the 3rd April he made the application to the hospital managers for Darryl to be admitted under section 2. His application was supported by medical recommendations made by Dr. McMahon and the GP Dr. Kumar. Dr. Kumar's recommendation was based upon the need for Darryl to be detained both in the interests of his own health and safety and with a view to the protection of other persons.

Dr. McMahon's recommendation however was based only on the ground that detention was necessary in the interests of Darryl's own health and safety. Dr. McMahon struck out the words "with a view to protection of other persons" in his recommendation. He recorded as his reasons for supporting Darryl's detention "he is profoundly psychotic, perplexed, frightened, and hallucinating. He is paranoid and largely unwilling to accept treatment essential to prevent further deterioration. He can only be adequately assessed and treated on a formal basis".

The application was accepted on behalf of the managers of the hospital and therefore from the 3rd April Darryl became subject to compulsory detention and Dr. McMahon, as his responsible medical officer, then acquired the authority, subject to the detailed provisions of the Mental Health Act l983, to treat him without his consent.

Christine was visiting Darryl every day in hospital and, at this stage, so were Darryl's mother, his sister and Darryl's mother's husband. There was therefore close family involvement and, it is clear from the records, regular communications between the medical staff and Christine.

Although there were regular communications between those caring for Darryl and Christine, Darryl's mother told the Panel that she never saw any of the doctors herself. She told us that she spoke to nurses and asked whether she could see Dr. McMahon. She was told that she was not Darryl's next of kin (Christine was) and she could only see Dr. McMahon if Christine agreed and Christine would not agree.

On the 4th April it is recorded that Darryl continued to be unable to eat anything. However, he was accepting the odd drink. He continued to be uncommunicative and appeared "very fearful". Moreover on that day he made an attempt to leave the ward and had to be placed on constant observations and was given lO mg. of haloperidol, according to the notes, "to good effect". Thereafter Darryl remained uncommunicative but became more quiescent and appears to have spent most of his time in his room.

On the 6th April there was a ward round attended by Dr. McMahon and Dr. Cremades. It is noted on the 6th April Dr. Cremades refers to ECT being arranged "hopefully in the next two weeks and U and E's to be requested". (U and E's is Urea and Electrolytes). This is a routine blood test . David Cardell also raised the possibility of some physical cause for Darryl's condition.

On the 6th April it is recorded that "bloods to be taken with a view to ECT if no improvement in his condition." Some blood tests were subsequently performed. ECT was never given. Moreover, no drug screen was carried out. As stated earlier, Darryl refused to be physically examined when admitted to hospital but at no subsequent time were any further attempts made to carry out a physical examination.

By the 7th April Darryl was presenting as more alert and active. In fact according to the patient progress record he tried to make off with high speed! He was stopped crossing the boundary wall of the hospital and it appears retrieved without difficulty.

From then on Darryl's condition continued to improve slowly. By the 9th April it was recorded that he was "more talkative and active". In fact he became so "active" that he went missing at 11 a.m. that day and was eventually discovered near his home. However, he returned with Christine via a hospital car without difficulty.

By the following day, the 10th April, he is recorded not only as being settled but also as communicating well and eating and drinking well. He was allowed out of the hospital for a short time with Christine.

A ward round took place on the 13th April when Dr. McMahon was present. Darryl had by this stage been in hospital for two weeks and, as observed earlier, admitted when he was clearly in a profoundly psychotic state. However, by two weeks later it is clear there had been a substantial improvement. The clinical notes recorded in relation to the ward round contain these comments "cooperative attitude, coherent, partial insight. His medication is unchanged. Allowed weekend on leave. Advised not to drive."

A decision was therefore made at this ward round that Darryl could be allowed home leave over that weekend (which was in fact Easter weekend) from Friday the 14th April until Tuesday the 18th April.

Darryl duly went home with Christine. It appears that this period of home leave did not go very well and there was a deterioration in Darryl's mental condition.

The evidence about what happened during this period of leave is scanty. The only information the Panel has comes from notes made by Dr. Green who was a senior house officer standing in for Dr. Cremades during his absence on holiday during that Easter period. Darryl returned to hospital on the 18th April and it was on the following day, the 19th April, that he was seen by Dr. Green. In the clinical notes Dr. Green recorded "Describes 5 to 6 weeks of depression. Had early morning waking, poor appetite and low mood before watching horror films and getting ideas of paranoia and pseudo hallucinations saying "we're coming to get you." Concerned about job." Dr. Green then records that there should be a discussion about changing medication to antidepressants and Darryl needed to be reassured that he would improve.

A ward round took place the next day, the 20th April. Dr. Cremades was still away on holiday. Dr. McMahon attended. Darryl was seen by Dr. McMahon with Christine. It is recorded that Darryl had not been attending OT sessions, and that he was not sleeping well. He had ideas that people were after him and was therefore suffering from persecutory delusions. He thought there had been threats to take his life. It is also recorded regarding Darryl that he was "very low at the moment; worse than ever, nervous generally with people, not suicidal now but mentioned to his wife this morning, considered overdose of tablets and also considered electric shock off the mains. Not sleeping: nightmares about monster movies. Brings them up repeatedly."

Christine said that she had been worried when Darryl was at home on leave because Arthur obviously had a good deal of medication at home prescribed for him.

Dr. McMahon clearly sought to reassure both Darryl and Christine that he would get better. Dr. McMahon recorded in the clinical notes "reassured that full recovery expected, and depression temporary. Agreed to talk to nurses about suicidal thoughts. Antidepressant added." The anti-depressant Lomfrepamine was prescribed for Darryl. It is recorded that Darryl was regarded as a high suicidal risk and therefore required "observation". It was decided that he should not be given unaccompanied leave.

Thereafter it appears that Darryl's condition began to improve again.

By the 26th April, according to Dr. Green's note, Darryl was "feeling much better, happier, putting things behind him in the past and looking forward. No longer paranoid but still not back to outgoing self." Dr. Green tried to assure him that he was improving.

The notes and records are somewhat scanty at this point. It seems that Darryl was by this stage being allowed again a certain amount of leave at home. Of course he remained liable to detention under section 2.

Nothing is then recorded in the "history sheet" until the 4th May which is in fact the day that Dr. Cremades returned from his leave. Dr. Cremades saw Darryl with Christine on that day. It is recorded there had been no problems during periods of leave which it appears had been allowed at the discretion of nurses.

Dr. Cremades recorded that there had been a "good improvement". He goes on to record the fact that Darryl was "worried about losing his job". The fact that he was worried about losing his job at that stage may well have been regarded as a positive point in the sense it indicated he was thinking about his future and getting back in touch with reality. Dr. Cremades' note recorded on the 4th May states "allowed to be on leave until next ward round". The next ward round was planned for the 11th May. Although Dr. McMahon was not personally present on the 4th May it is assumed that he sanctioned this leave as he would have been required to do under section 17 of the Mental Health Act I983.

Darryl then went home with Christine and returned as required on the 11th May for the ward round at which both Dr. McMahon and Dr. Cremades were present. There is no written record of Christine being present but it is assumed that she was. It is recorded that Darryl was "keeping stable". Darryl was complaining of blurred vision which appears to have been a side effect of the Chlorpromazine. The decision was made to discharge Darryl. He was advised not to go back to work for at least four weeks. It was further decided that follow-up would be by Dr. McMahon "in outpatients". The medication prescribed for Darryl on discharge was "Lofepramine 140 mg. nocte; Chlorpromazine 75 mgs. tds; Lactulose 10 mls BD; Procyclidine 5 mg. tds if required."

A discharge notification form was completed by Dr. Cremades in which he sets out the diagnosis, with brief details of admission, drugs on discharge and "further management plans" which consisted simply of reference to an outpatient appointment "to be arranged shortly, (follow up) by Dr. McMahon".

On this document Dr. Cremades stated as the diagnosis - "296.1 acute psychotic reaction." Dr. Cremades wrote subsequently to Dr. Kumar on the 24th May I995 giving some brief details. Dr. Cremades was not involved any more with Darryl.

Dr. Cremades' discharge diagnosis of manic depressive psychosis, depressed type (acute psychotic reaction) appears to have differed from the view of the consultant Dr. McMahon who considered that Darryl's illness was a schizophreniform psychosis. Dr. McMahon was asked by the Panel about the diagnosis and he had this to say:-

"Well, there is a lot of scope for a discussion there. On the basis of what I saw when I first met Darryl and when he was first admitted to the hospital, the general profile of symptomatology or psychopathology at that stage would have been consistent with the diagnosis of schizophreniform episode. I think that this would have been the proper diagnosis. I referred, as he would have seen, in my first post-discharge assessment to a depressive psychosis. I perhaps should have been more thorough in what I noted at that stage, in the sense that I think the schizophreniform episode was the appropriate first-point diagnosis; but that was extremely short-lived and what I was thinking about was "in what direction is this schizophreniform episode going? Is it looking like it might develop into a schizophrenic illness or does it have more characteristics, hopefully, of an affective disorder that might be recurrent? .....My thinking really was that, first of all, we have a very stable pre-morbid personality; secondly, the episode is acute onset; thirdly, it resolves extremely quickly. Then, in the process of the episode resolving, what we have emerging is a very obvious and severe affective disturbance. I had hoped that, in a sense, schizophreniform episode was, if you like, an epi-phenomenon but at its core was an affective psychosis. Time has demonstrated that that was wrong, sadly."

Dr. Cremades described to the Panel the problems and pressures operating on ward 5 at Northgate hospital at the time. He was asked by the Panel "Did you feel that you were on your own or did you feel that there was clinical support in terms of your assessments and treatment decision?" The doctor replied "I think I felt on my own, especially when I was on call." When asked by the Panel about the discharge notification and letter to Dr. Kumar written by Dr. Cremades, Dr. McMahon said, "I have to say that Dr. Cremades was a complete beginner at that point and I think I have to accept responsibility for what he has said. He proffered a diagnosis of reactive psychosis in his letter of discharge, I think, but otherwise I agree the summary of historical facts of his admission and of his discharge. I think that is not the right diagnosis and, in a better resourced world, I might have been more at pace with what he was writing in each and every case that we dealt with, but I was not. Nevertheless, he detailed the medication and the agreement that I would follow him up. Basically Dr. Cremades, throughout his involvement with Darryl, was just acting under my supervision."

Dr. McMahon was asked by his own Solicitor before the Panel whether, if there had been a positive diagnosis of schizophrenia on discharge in 1995 his treatment of Darryl would have differed in any way. Dr. McMahon replied "..... I do not think that it would have made any difference to the approach to treatment....."

Of course the decision to discharge Darryl was made by Dr. McMahon. At this stage it should be observed that Darryl was no longer subject to compulsory detention. The section 2 detention which commenced on the 3rd April was not discharged and no other "section" was invoked. In these circumstances the formal detention under section 2 must therefore have expired by effluxion of time on the 30th April 1995.

Dr. McMahon told the Panel that although the decision to discharge was made ultimately by him, it was made, after extensive discussions with a wide group of other professionals." The doctor went on to say, "I am sorry to say that the extent of the content of those discussions are not properly documented. However, in the normal course of events, although of course this chap was never subject to section 117, in effect what happened was that there was a multi-disciplinary - a series in fact of multi-disciplinary meetings in the context of ward rounds, involving representatives of the Community Psychiatric Nursing staff, which had worked. We did not have psychology representation, because simply of the dearth of psychologists. Occupational therapy staff who had also worked quite closely with him in the latter stages of his admission. So there were numerous thorough discussions. I would emphasize that his wife was involved in those discussions, certainly at the point of discharge. Whether she was part of multi-disciplinary, so to speak, set-piece discussions before the point of his discharge I do not know, but I have certainly met her personally with Darryl on a number of occasions during his admission; but she was included in the final discussion which immediately preceded his discharge."

Because the only professional to be involved in Darryl's "discharge plan" was Dr. McMahon himself by means of ongoing support including outpatient appointments, the Panel felt it appropriate to ask him whether any consideration was given to Darryl having any access to a community psychiatric nurse or social services upon his discharge.

Dr. McMahon's reply was - "Absolutely, but there was quite a deliberate decision taken not to involve the community psychiatric nurse or social worker or other agencies. By the time Darryl was discharged he had almost made a very full recovery. His intention was to go back to full time work quite soon. He was very closely and ably supported by his wife and, tragic to say at this stage, Mr. Coleman had a very warm relationship with him so his social environment was very stable. He was certainly sufficiently insightful to fully accept his need for ongoing medication. There was no equivocation about that at all. I put my hand up really as - in terms of the CPN - what would be described as the key worker and certainly the person who was going to accept responsibility for the supervision of his after-care, insofar as we could gauge the extent of his requirements or the extent that his requirements might be at that stage. As I said .....I was a little concerned myself about the diagnostic issue. There had been a very intense, albeit short-lived, psychotic episode. I wanted to see the chap fairly regularly....."

Thus Darryl left Northgate hospital and returned home to live with his wife Christine and of course Arthur.

OBSERVATIONS AND COMMENTS

1. It has already been stated that the present Inquiry Panel has found it unnecessary and inappropriate to provide in this Report a critique of the regime operating at Northgate Hospital, Gt. Yarmouth between March 1995 and May 1995 in view of the findings of the Report of the Independent Inquiry into the circumstances leading to the death of Brenda Horrod which covered this issue fully. Reference is made in particular to the section of the Horrod Report entitled "Part H - Northgate Hospital December 1994 to March 1995 - observations on the regime." Nothing that the present Panel has learned during the course of this Inquiry leads it to detract from the conclusion reached in the Horrod Report that "this was a service in crisis reaching breaking point."
2. At no time during this admission was any physical examination of Darryl carried out. He did of course refuse to agree to such an examination shortly after his admission but no further examination was re-attempted during his stay in hospital.

3. Although some blood tests were performed, no drug screen was ever carried out.

4. Despite the obvious existence of learning difficulties, no formal psychometric assessment was carried out or even contemplated. The Horrod Report stated "there was a shortage of clinical psychologists available to the patients at the hospital. It appears that neuro-psychological assessment was not routinely available but depended upon the clinical interests of the individual practitioners."

5. Medical records of Darryl's progress during this admission are somewhat scanty in parts. Although the evidence provided by Dr. McMahon and Dr. Cremades indicates that regular multi-disciplinary discussions and reviews were taking place these were being somewhat inadequately reflected in the medical and nursing handwritten records of a discharge summary.

6. It is, however, clear that Darryl's wife Christine was consulted regularly and interviewed several times by the clinical team.

7. The medical practitioner who had the most regular dealings with Darryl was Dr. Cremades. He was relatively inexperienced and, through shortage of resources, did not receive an appropriate amount of supervision and support from senior medical staff.

8. Despite the pressure of work and the unsatisfactory environment, it would appear that assessments of suicidal risk were undertaken and appropriate medical and nursing measures such as the institution of close observations and cancellation of leaves in appropriate circumstances, were undertaken.

9. The diagnosis reached by Dr. Cremades of manic depressive psychosis, depressed type (acute psychotic reaction) as set out in the Discharge Summary, differed from the view of the consultant, Dr. McMahon who was of the opinion that the illness was a schizophreniform psychosis.

10. Although the decision to discharge Darryl on the 11th May l995 appears to have been appropriate in view of the substantial improvement in Darryl's mental state, the discharge plan itself was somewhat basic. The decision was made that the only ongoing support which Darryl required following discharge was from Dr. McMahon himself (by seeing Darryl on an outpatient basis, supported of course where necessary by the GPs) Whether or not a consultant psychiatrist should take on the role of community key worker without other professional support is an issue which requires careful judgment

in every case in view of the multiple responsibilities of consultants and their inevitable frequent unavailability.

CARE IN THE COMMUNITY - 11th MAY 1995 TO JUNE 1996

Darryl had an appointment with the GP Dr. Verma on the 13th May because he was suffering from hay-fever. There was no detailed discussion about his mental health. Dr. Verma was of course prescribing medication as advised by Dr. McMahon.

Darryl saw Dr. Verma again on the 23rd May when he was given a sick certificate. Dr. Verma recorded that Darryl looked fairly stable at that time.

On the same day, the 23rd May, Darryl had the first of his outpatient appointments with Dr. McMahon. It would be helpful at this stage to make certain general observations regarding Dr. McMahon's care of Darryl as an outpatient between May l995 and July l996.

Firstly, Darryl attended each and every one of the appointments. Secondly, he was always accompanied by Christine. Thirdly, he was at all times fully compliant with medication and advice. Fourthly, after each appointment Dr. McMahon wrote to the GP. He kept no other notes and therefore the only record of what happened at each appointment is contained in the subsequent letter to the GP.

Following the appointment on the 23rd May, Dr. McMahon wrote to Dr. Kumar the following day, the 24th May, saying "I believe he (i.e. Darryl) suffered with what was essentially a depressive psychosis from which he has now largely recovered. He remains understandably rather shaken by the whole experience, a little more nervous and rather less confident than usual. His biological functions have nevertheless returned, he is presently a little over sedated and complains of blurred vision. I have adjusted his medication somewhat so that he should now take the following:- "Lofepramine - 140 mg nocte, and Chlorpromazine - 50 mg tds." Dr. McMahon went on to say "at this stage I have advised him not to resume driving and I think he will need about another month before he goes back to work."

Darryl's next appointment with Dr. McMahon was on the 7th June. Following this consultation, Dr.. McMahon wrote in very positive terms to Dr. Kumar as follows:- "He has made a full recovery, his wife confirmed that he is as well if not better than she has ever known him previously. The side effects have now subsided and I think it is reasonable for him to resume driving. I have further reduced his Chlorpromazine to 50 mg BD but advised him to remain on Lofepramine 140 mg nocte at least until he sees me next on Wednesday the 12th July l995 at 10.45 a.m."

On the 27th June l995 Darryl was seen by Dr. Verma. Dr. Verma told the Panel that he was presenting as being fairly well and saying he wanted to go back to work. Dr. Verma certainly agreed with Dr. MaMahon there was no reason why he should not go back to work.

Darryl in fact resumed work on the 6th July l995. He went back to the cleaning job. According to Christine he was working between 6.30 a.m. and 11 a.m. 5 days a week. He was seen again by Dr. McMahon a few days later on the 12th July. In his letter to Dr. Kumar following this appointment, Dr. McMahon said "He is fully well and has successfully returned to work." He went on to say that he had advised Darryl to remain on the Chlorpromazine and Lofepramine as before.

When he saw Darryl on the 12th July Dr. McMahon made the next appointment for the 30th August. This was subsequently changed to the 5th September.

Certainly by the Summer of l995 everyone - Dr. McMahon, Dr. Verma, Darryl and Christine - were all of the view that Darryl's mental health was substantially better and that he was entirely stable on the medication which he was being prescribed and which he was taking regularly. Christine confirmed to us that Darryl never displayed any reluctance to take his medication and he was always happy to attend the appointments with Dr. McMahon "because he got on so well with him."

After the appointment Darryl had with Dr. McMahon on the 15th September, Dr. McMahon wrote to Dr. Kumar reporting that Darryl "remains in full remission and is thoroughly enjoying his return to work" No change in medication was advised

Although Darryl was very happy to see Dr. McMahon it appears that he was not very forthcoming during interviews. Dr. McMahon said that he had to work at getting

information out of him. He also told us, "I was always reassured by Christine's presence and the fact that she confirmed that he had returned to full health."

When they met for the next appointment on the 18th October 1995, Dr. McMahon wrote to Dr. Kumar to say "He remains very well but continues to sleep somewhat excessively. I have advised him to reduce the Chlorpromazine to 25 mg BD (twice daily) whilst he will continue with Lofepramine 140 mg nocte at this stage."

Darryl was continuing to attend the local Jujitsu Club. A representative from the club said in his statement to the Police that after Darryl came out of hospital in May 1995 "his attendance rate dropped by about 50% compared to his previous record." However, from November 1995 to June 1996 Darryl's attendance "picked up to virtually 100%, i.e. attendance every Monday and Friday."

Darryl next saw Dr. McMahon on the 13th December 1995. The following day Dr. McMahon wrote to Dr. Kumar "he remains very well and is no longer sleeping excessively since reducing the Chlorpromazine. At this stage he remains on Lofephramine 140 mg nocte and Chlorpromazine 25 mg BD."

By the time of the next appointment with Dr. McMahon on the 24th January 1996, Darryl remained "fully well" according to Dr. McMahon and the doctor did not advise any further changes in medication. Dr. McMahon had clearly by this stage come to the view that Darryl had moved on to such an extent that it was no longer necessary for him to see him so regularly and he therefore arranged for the next appointment to take place in another 3 months time - the 1st May 1996.

Darryl did see Dr. Verma on the 13th March 1996 but this was because he had a painful right foot. There was no real discussion about his mental health. Dr. Verma thought that he "looked alright".

On the 1st May when Dr. McMahon saw Darryl again he appeared satisfied that he was "entirely well". He wrote to Dr. Kumar on that date saying that and stating that he had advised Darryl to remain on the same medication. Dr. McMahon arranged for a further appointment with Darryl to take place on the 17th July 1996.

DARRYL'S DETERIORATING MENTAL HEALTH UP TO THE HOMICIDE – JUNE AND JULY 1996

All the indications are that Darryl remained stable until around the end of June l996 when there appears to have been a deterioration in his mental health and a fairly sudden re-emergence of psychotic symptoms.

There is some confusion about dates at this stage. Darryl saw Dr. Kumar on either the 26th June or the 29th June (it is not clear which). He went to see him because he was worried. However, when Christine was asked by the Panel "When did things start to go wrong as far as you were concerned?" she replied with surprising precision, "June the 30th l996." When asked why she remembered that day in particular she said that her mother had made a note of it in her diary. Christine's mother was happy to show us her diary which has an entry for Sunday the 30th June - "In bed. Darryl not so well."

Dr. Kumar told the Panel that he saw Darryl on the 26th June. He told us "He came to the surgery. I found him to be mentally upset, worrying about other people's work and job; he was under tension. He was already on chlorpromazine; I increased it to 50 mg (three times daily) and asked him to see me in a fortnight's time."

Christine was asked about how Darryl was behaving on the 30th June. She said, "He started feeling low again, thinking that nobody loved him.....he went off his eating again. He was not eating his meals properly which is very unlike him."

Christine described how Darryl went to take the dog for a walk that day and then brought the dog home and went out by himself. Christine was sufficiently concerned to go out and look for him and found him on his hands and knees at the front door of a neighbours home. Christine says Darryl was on his hands and knees listening through he keyhole. When she asked him what he was doing, he said, "Oh, I don't know". She said he then just went quiet. She brought him indoors and gave him his tablets. He went to bed.

Christine spoke to Arthur about the situation. Arthur told her that Darryl obviously needed help again. There was no question of Darryl expressing any negative or aggressive feeling towards Arthur. Indeed, according to Christine, it was around this time that he said "Oh, Dad's the only one who's got time for me."

On the following day the 1st July Darryl got up in the morning at about 7.3O a.m. According to Christine he was very depressed. He was still saying that nobody loved him. He said that he was beginning to hear voices in his head again. He said they were nasty voices he did not want to hear. He never said whether they were telling him to do anything. He gave no details. Christine says that she tried to reassure him.

Darryl saw Dr. Kumar again on the 1st July - less than a week since the earlier appointment on the 26th June. Darryl had made the appointment himself. Dr. Kumar told the Panel, "He came in to say that he was not much better, but there was certainly no deterioration at all. He went to work but had problems, as on last occasion - that is he was worrying and he thought that other people at work were looking at him and making him feel conscious." Dr. Kumar decided to increase the dosage of Chlorpromazine to 100 mg 3 times a day. He gave him a sickness note for 2 weeks and asked him to return in two weeks' time. When Dr. Kumar was asked further about the issues which appeared to be occupying Darryl's mind on the 1st July, he replied, "He was mentally upset but worried regarding other people's work. Other people's work - that they are not doing it properly. It means work that other people were doing: he was unhappy about that. And he was under stress on account of that." Dr. Kumar was asked whether there seemed to be any paranoid features at all at that stage and he replied "Not at that time". The picture which Darryl presented the doctor was of someone who was "getting low and not feeling very well".

It is very important to observe of course that when Dr. Kumar saw Darryl on the 1st July he was aware of the fact that Darryl had an appointment to see Dr. McMahon on the 17th July. When asked why he had increased the Chlorpromazine from 50 to 100 mg Dr. Kumar replied "Because of his obsessive state of mind.....to just calm him and see how things get along." Dr. Kumar thought at that stage Darryl may have had "a little temporary upset in his mental state because he did not give (him) any other insight into his mind nor did he show any behaviour or thought disorder. Therefore in the absence of all those features (he) thought that it may be just a temporary upset."

It does seem that Darryl's attitude and behaviour with regard to his work situation was exhibiting features of paranoia. He told us "I was just becoming agitated at

work and I had brought these bad gloves in, because they had done training every time, every Friday you would go in there, and I thought people were after me at the Marina Centre. So I got my bad gloves on and I went to the sports room and I punched on there. That was the only thing I did but I didn't harm anybody at that stage. That's when they sent me home".

The psychologist Jennie Sedgwick (interviewing Darryl whilst he was at the Norvic Clinic after the homicide had been committed) elicited some details about the way Darryl was perceiving the situation and these details illustrate how he was becoming increasingly detached from reality.

Dr. Sedgwick stated in her report "in the weeks preceding the offence Mr. James perceived Christine and Arthur's faces to have changed into those of his former girlfriend, and her father. He believed that they had actually changed into these people and were going to harm him. This perception lasted for several days before "wearing off". He could think of no particular reason why Christine and Arthur should wish to harm him as they had got on well together in the past.

Darryl was starting to refuse any food provided for him by Christine and, as Dr. Sedgwick records, he "thought that his wife was trying to poison him."

When Arthur tried to reassure him the food was safe, Dr. Sedgwick states that Darryl formed the belief that Arthur and Christine were "working together to poison him". She goes on to say "this fear generalised and he became suspicious of them both, fearing that they would physically attack him. He started to look for places to hide from them in the home. As he expected them to leap out at him, he used to creep around the home to check whether they had really gone out or that they had just pretended."

Dr. Sedgwick also states in her report, "Mr. James suspected that Arthur was going to attack him and on a couple of occasions believed that this man was hiding a "cosh" down the leg of his trousers." She does however add that Darryl "cannot remember feeling that such an attack was imminent at the time of the offence and currently believes that he had been mistaken about Arthur carrying such a weapon at any time."

On the afternoon of 2nd July, Christine took the dog for a walk, leaving Darryl and Arthur indoors. She had locked the doors and windows to keep Darryl indoors, but by the time she returned, he had left the home. Concerned about Darryl's whereabouts, Christine contacted her brother. They both went to Gorleston Police Station and she told the Police that she was concerned that Darryl might harm himself.

The police officer allowed her to telephone her home to find out whether Darryl had gone back. When Christine did so her mother answered the telephone. Her mother had gone round to the home. Her mother told Christine that Darryl was at the neighbours'.

The neighbour reports that Darryl knocked on the door and said he wanted someone to talk to. She offered him a cup of tea and he accepted. Darryl was wearing only his pyjama bottoms but apart from that his behaviour seemed normal. The neighbour became concerned when Darryl locked himself in the bathroom and she woke her husband who was resting after being out at work. He was able to get into the bathroom and Darryl came out and went home with Christine and her mother.

When they got back home, according to Christine's mother, Arthur tried to speak to Darryl and calm him down. By this time it would probably have been around 6.30 to 7 p.m. Christine described to us how Darryl behaved once he got back into their home. She said "He was slamming doors and throwing things about and knocking things off the table. He threw the table across the room and also the jigsaw that he was doing. He stood with his fists up and started a bit of his karate. He was gesturing with his fists. However, he did not actually strike anyone. Christine's mother was still there.

It appears that, whilst Darryl was behaving this way, Arthur and Christine and Christine's mother tried to hold him down. As Christine's mother explained, "We just sort of got hold of his arms or his hands and said "come on Darryl". Sit down and calm down". Christine's mother told Christine to telephone the doctor. She did so. This would have been around 7 to 7.30 p.m. Because by this time it was "out of hours" Christine received an answerphone message from the GP's surgery giving her the medicom number. Medicom is an out of hour medical service made available to GPs and their patients. Christine telephoned the Medicom number and spoke to the medical practitioner on duty, Dr. Lal. Understandably Dr. Lal could not recall the

details of this conversation. She certainly recalls Christine telling her that she was worried because her husband was acting in an unusual manner. She recalls Christine saying that Darryl was "feeling hyper".

In her evidence to the Panel Christine stated that, during the course of this telephone conversation, she told Dr. Lal what Darryl had been doing and what medication he was on. Dr. Lal decided that she should see Darryl personally. She states that "within half an hour" she arrived at their home.

As Dr. Lal approached the flat Darryl continued to behave in an agitated way and apparently ground his teeth when he saw the doctor approaching. However, according to Christine, as soon as Dr. Lal got in the flat Darryl sat down and became "as calm as could be". Despite Darryl's behaviour and his apparent unreal perception of what was going on, Christine said that he knew Dr. Lal was a doctor and that she, (Christine) had called her.

Unsurprisingly Darryl told the Panel that, although he could recall the conversation with Dr. Lal, he could not remember anything that was said. Christine, however, told us that she had a clear recollection of this conversation. It has to be said that her account of what was said differs from the recollection of Dr. Lal.

Christine said that there was no meaningful conversation between Dr. Lal and Darryl. It was she (Christine) who was doing all the talking. Christine said that after she had told Dr. Lal how Darryl had been behaving, Dr. Lal turned to Darryl and said "Is this true what your wife is saying". Darryl, according to Christine, said "No, I'm alright". Christine maintained that Dr. Lal was only in the home for 10 minutes and that she did not ask her (Christine) any questions as such. Christine maintained that she told Dr. Lal that Darryl had been in hospital that he was under Dr. McMahon. She said that she asked Dr. Lal to get in touch with Dr. McMahon and said "If you can't get hold of Dr. McMahon can you get hold of another psychiatrist to do something for him?" She says that Dr. Lal replied "Oh, well if he's not any better in the morning, go back to your GP." Christine told the Panel that at the end of the conversation Dr. Lal said, "Go to bed, Darryl, and sleep it off, because that's what I'm now going home to do." With that she left.

As has been said Dr. Lal's version of this conversation is entirely different. Her evidence to the Panel effectively was as follows:- It was his wife who opened the door. I went to the lounge where he was on the settee lying down. When he saw me he sat up. He was fully clothed. I sat in the chair and just sat and talked. It was not that he was restless, wandering around or anything. We sat and talked.

In my records I saw that I had put, "Had a long chat" so it must have been 20 to 25 minutes. What we talked about - that is the most difficult thing, because I do not exactly remember. I must have tried to find out if he was getting aggressive or violent. I had a very brief conversation with Christine before I spoke to Darryl. Just a minute. I cannot remember what she said about this behaviour. I do not think she gave me any detail.

As far as Darryl's attitude towards me was concerned it was alright. He was calm. I did not feel threatened or anything by him. He was very calm. He replied to whatever I was asking. So I did not feel that he was very aggressive or violent at that moment.

I asked about his medication, how often he was seeing the psychiatrist and when he saw his own GP. I asked him whether he was taking his medication and both he and his wife said he was. During the whole of this 25 minutes he did not behave in an abnormal way. He never got up from his seat or wandered around the room or anything. He sat there and we talked. I do not recall either Christine or her mother saying that they had to physically restrain Darryl before I got there. I deny that I said, "Come on Darryl go to bed and sleep it off because that is what I am now going to do, go to bed." I do not say that sort of thing to patients. At 10 o'clock I was not finishing anyway.

You (i.e. the Panel) have said that Christine had said that there was not any conversation between Darryl and me. It was likely it was Christine doing all the talking. As far as I can remember she was there at the beginning but she left the room and then just Darryl and myself were there. I did not ask her to leave when I spoke to Darryl. She chose to do so. I do not remember saying to Darryl, "Is this true what your wife is saying". I said in my notes "Had a long chat." I would not have put the words "long" in there if I was just there for 10 minutes. You have put it to me that Christine asked me to get in touch with Dr. McMahon. I do not recall that. I do not think she asked that.

It has also been put to me that Christine said, "If you can't get hold of Dr. McMahon can you get another psychiatrist? and I said supposedly, "Oh, well, if he is not any better in the morning go back to your GP." I do not think that I would have said that in that way. Maybe I said, "perhaps he doesn't need to be seen by the psychiatrist at the moment, but you just contact your GP in the morning."

Dr. Lal told the Panel that by the time she left she did not think that Darryl was a danger at that moment either to himself or to anyone else. She did not think that there was any need for her to do anything other than tell Darryl that he should see his doctor in the morning, and that is what she did. Dr. Lal certainly did not take the view that there was any serious psychiatric disorder in evidence and did not believe that Darryl was in immediate need of admission to hospital.

In accordance with the standard procedure Dr. Lal then completed the appropriate form. The Medicom procedure is for the driver to fax the form to the patient's GP. This form was actually faxed through to the GP's surgery at 10.53 that evening. Dr. Lal put the following notes on the form - "depression, hyper" under "clinical findings" she wrote - "feeling hyper today. On Chlorpromazine 100 mg (three times a day) and Lofepramine 2 nocte. Had a long chat. Not violent or suicidal. Advice - see own GP tomorrow". A copy of this document is attached as an appendix. Dr. Verma confirmed to the Panel that either he or Dr. Kumar (or quite possibly both of them) would have seen the fax the next morning. Neither of them would have thought it appropriate to contact Darryl having received this document. It was assumed that Darryl would make his own contact with the surgery if he felt it appropriate or, more likely, that Christine would do so because it was she who always made the appointments.

According to Christine, having been quiescent during Dr. Lal's visit, after the doctor left Darryl started behaving in an aggressive fashion again. She states that he began throwing things about, and clenching his fists. She gave him his tablets which he took willingly. He then went to bed.

Christine reported that the next morning, the 3rd July, Darryl was fairly calm. He wanted to go to work. Christine decided to go in to work with him and spoke to one of the managers. She left him there and came home. Having arrived at work about 6 a.m. Darryl was brought back home at around 10 a.m. by someone from the Marina

Centre. It is not clear why this happened. It can only be assumed that there was some concern about the way Darryl was behaving at work.

Christine says that she and Darryl then took the dog for a walk. He was fairly calm and nothing else happened during the course of that day.

It appears likely that over the next few days Darryl was fairly calm and not behaving in an overtly aggressive fashion. He was continuing to go to work and being brought home by someone from the Marina Centre. As far as Christine was aware he was taking his medication which had not of course been increased following the consultation with Dr. Lal on the 2nd July. It is important to record that Darryl, Christine, and indeed the GPs, were all aware of the fact that Darryl's next appointment with Dr. McMahon was at this stage imminent (the 17th July).

Darryl then saw Dr. Verma on the 12th July. He asked for this appointment because he said that he had started feeling depressed again. There is no suggestion that he had reverted to the aggressive behaviour which he had displayed on the 2nd July but he was getting more depressed. He was saying that people did not love him. Christine presumably arranged the appointment as she always did. Again, in accordance with the normal practice, she went with Darryl for the appointment.

Dr. Verma told us that Darryl "was still a bit confused and he felt a bit muddled up. There was not a lot of difference" (presumably since the last consultation with Dr. Kumar on the 29th June). When Dr. Verma was asked to explain in more detail how Darryl was presenting on that day he said , "he was quiet and most of the talking was again done by his wife Christine. Basically they wanted me to renew the sick note for another two weeks. I enquired about Darryl's condition: how is he and Christine said that he has not deteriorated any further than what he was. So I emphasized the need to keep the appointment with Dr. McMahon which was supposed to take place on the 17th July. I said "You keep on with the Chlorpromazine 100 mg 3 times a day and come back and see me in two weeks time."

In his statement to the Police, referring to the 12th July, Dr. Verma said, ".....according to Christine, his wife, she was saying he was a bit hyperactive and tried to jump the garden fence a few days previously." In his evidence to the Panel, Dr. Verma explained that as far as he could recall, this incident happened around the time when Dr. Lal saw Darryl, i.e. the 2nd July.

Dr. Verma told the Panel that he asked Darryl how he was feeling. He asked him whether he wanted renewal of his sick note because he (Dr. Verma) did not consider that he would be able to go back to work. (It is not at all clear from the evidence when Darryl actually stopped going to work - it must have been some time between the 3rd and 12th July. He may of course have been going to work notwithstanding the fact that the doctor was issuing a sick note.)

Dr. Verma told the Panel that he asked Christine how Darryl was behaving. Christine said that he was still "muddled up a bit". Dr. Verma states that he did not detect any "paranoid behaviour or anything like that on that day." From Dr. Verma's recollection of this consultation Christine was not indicating that Darryl had behaved in a particularly aggressive or "hyperactive" manner since the 2nd July. Dr Verma considered that Darryl was slow and unresponsive to everything which he thought was most likely due to his Chlorpromazine.

Although Dr. Verma cannot recall any discussion about Arthur Coleman during the course of this conversation, the doctor explained to the Panel that Mr. Coleman was also a patient of his and, during the course of his conversation with Christine and Darryl, he would often ask, "How is Dad?" Dr. Verma had been to the house on a number of occasions. He had never seen any indication whatsoever of any aggressive feelings on the part of Darryl towards Arthur Coleman.

There is some discrepancy in the evidence. Christine has given the impression that Darryl had been jumping over the fence prior to the appointment with Dr. Verma and this is mentioned here. Dr. Verma gives no indication that he has any recollection of this. She says that he was stamping on videos and putting them in the freezer at this stage. She even says that "he got out of the front door and he went racing up the road, chasing a car."

The evidence of Dr. Verma contains no recollection of his being told any of this during the consultation on the 12th July. The picture presented to him was of a man who was becoming more depressed - and perhaps confused - not someone who was behaving in an overtly aggressive or erratic fashion.

Dr. Verma told the Panel, "How should I describe Darryl. He was very laid back. He was one of those characters whom I did not expect to harm anyone. He was always very soft spoken, very well mannered, and very well behaved."

Dr. Verma's judgment therefore on the 12th July was that Darryl's medication should be increased. He did not feel at the time that any further action was necessary. The Panel asked Dr. Verma - "Do you have any view, with the benefit of hindsight, on things that could have been done differently or better? Or do you feel that decisions were made that were best at the time?" Dr. Verma replied, "With hindsight, the thing which I could have done on the 12th when I saw him, I might have got the CPN assessment. I do consider them to be a great help, particularly in dealing with this type of scenario."

However, it is extremely important to observe that on the 12th July both Dr. Verma and Darryl (and of course Christine) were expecting to be seeing Dr. McMahon only five days later on the 17th July.

Christine was asked whether she felt she could have gone directly to Dr. McMahon. She replied, "When I spoke to Dr. Verma (i.e. on the 12th July) about that it was only a week until the next appointment with Dr.. McMahon and nothing else could be done, so leave it for the week." She accepted that she could have contacted Dr. McMahon but that there was no need to do so because the next appointment was so near. When asked by the Panel, "things had not got so bad that she felt the need to do it then?" (i.e. contact Dr. McMahon) she replied, "No".

Christine told the Panel that she believed that there were in fact two appointments with Dr. Verma - one on the 9th July and the other on the 12th July. The doctor has no record or recollection of any appointment on the 9th July.

By this time Darryl was of course no longer working and was spending most of the day at home with Christine and Arthur. According to Christine he continued to be depressed. It is not at all clear when he tried to jump over the fence, when he went racing up the road chasing a car or when he was stamping on videos and putting them in the freezer. However, according to Christine, this behaviour took place

certainly some time after the 2nd July. When she was asked whether she could remember him "doing anything else" she replied, "No". There was therefore no violence to any individual or any threat of violence to anyone although, according to Christine, Darryl's behaviour was making both her and Arthur "pretty agitated at the time".

On the morning of the 16th July Darryl received a telephone call from Dr. McMahon's secretary telling him that the appointment for the 17th July had to be cancelled. She changed the appointment until a week later, the 24th July. She told Darryl that "something had come up for Dr. McMahon". Christine's mother said that Darryl's reaction to the change of the appointment was "very calm". Christine was not at home when the telephone call was received.

When asked by the Panel why the appointment had to be changed, Dr. McMahon said "I was either giving evidence to or I was sitting on a Mental Health Review Tribunal. I cannot remember which. It was something that, at the time I made the appointment on the 1st May, I was not in a position to know about."

Dr. McMahon went on to say ".....it is not that unusual to change what are in fact routine outpatient appointments, and a week one way or another would not have seemed to have been - at least on the 1st May - of any relevance."

Dr. McMahon added ".....my parting words to this couple (i.e. Darryl and Christine) each time I saw them were, "Should anything untoward arise or you are in any way concerned about anything, get in touch." When Christine was asked about this she conceded that Dr. McMahon did say to them that if there were any problems they should keep in touch. Her recollection was that he said this "most of the time"....."but not every meeting". However when the Chairman asked Christine "did you feel that when you saw him (i.e. Dr. McMahon) on each occasion you could always get in touch if a problem arose?" She replied "Yes."

As has been said Christine was not at home when the telephone call from Dr. McMahon's secretary was received. She had had to go out. Her mother was there because Christine had asked her to be there while she was out - presumably to keep an eye on Darryl.

Christine told us that, when she arrived back home and was told about the telephone call cancelling the appointment, she was concerned - even though the appointment had only been put back a week.

She was asked whether she did anything about this. Christine replied that she made an appointment to see Dr. Verma and took Darryl to see him that day. She said Darryl went to the appointment willingly. She said that she told the doctor that the appointment with Dr. McMahon had been cancelled and asked whether she should telephone Dr. McMahon to see if she could get a quicker appointment with him. She says that Dr. Verma said not to worry, "Its only a week. Leave it for that week."

It has to be said that Dr. Verma had no record or recollection of any conversation taking place with Christine on the 16th July. He says that he last saw Darryl on the 12th July and did not see him thereafter. Dr. Verma said that he was wholly unaware of the cancellation of the appointment on the 17th July. Nobody had told him. He told the Panel, "I would have liked someone to let me know; but I do not know who: whether the family should have let me know, or whether the hospital should have let me know what is happening." Dr. Verma feels that, had he been told the appointment was to be put back a week, he "would have got in touch and got some assessment done prior to that."

Christine made no contact with Dr. McMahon direct to express any concerns to him personally.

Christine cannot be expected to recall now the details of Darryl's behaviour in July 1996. Her recollection, however, is that between the 16th and 20th July Darryl was "quite calm".

Christine did tell the Panel, in confirmation of her statement to the Police, that Darryl was at this time "talking to people in the room who did not exist." This may tie in with the evidence of the Jujitso instructor. Darryl was attending the Jujitso Club around once a week at this stage. The instructor said in his statement to the Police that during the last five weeks of Darryl's attendance (i.e. up until the 19th July 1996) that he had "noticed a change in his attitude and ability in that he appeared to be distant at times and if you spoke to him he would come round again". The instructor was however quick to add in his statement, "At no time did I ever have cause for concern with Darryl as an overly aggressive person who overstepped the limit. In

fact I'd say quite the reverse. If anything he was overly apologetic." He confirmed this evidence before the Panel.

Darryl went to the Jujitso Club on the night of the 19th July, the night before Arthur was killed. Apart from Christine and Arthur, he, Mr. Garman, was the last person to see Darryl before the homicide. According to Mr. Garman, Christine came to the Club with Darryl that evening. She used to accompany him occasionally. When asked about Darryl's demeanor, Mr. Garman said, "He was a bit quiet, but nothing strange at all. He said "The only other thing that struck me was that he had his sunglasses on, it was unusual, but it was July."

Apart from appearing a little quiet and distant (which had been the pattern from Mr Garman's observations over the last five weeks or so), there was absolutely nothing untoward in Darryl's presentation at the Jujitso Club that evening.

Christine described to the Panel what happened the following morning, the 20th July. They got up at about 8 a.m. Darryl appeared depressed but no more than usual. He said he was "alright". Arthur got up about 8.50 a.m.

At around 9.25 a.m. Christine left the home to go to the local newsagents to buy a newspaper and then to purchase some vegetables from a local supermarket. She returned to the flat within minutes.

When Christine returned she said that Arthur was in his bedroom sitting on the side of the bed. He was still in his pyjamas. Darryl was in the kitchen. He was wearing grey tracksuit trousers but nothing on his top and nothing on his feet.

Christine said that she asked Darryl whether he wanted to go for a walk with the dog and he said, "No." Between 9.30 a.m. and 10 a.m. Christine left the house to take the dog for a walk leaving Arthur and Darryl at home by themselves.

She states that she walked along the road and spoke to the neighbour for about ten minutes. She continued to walk and arrived back home at around 10.55 a.m. She says that she unlocked the front door - it seems that she was continuing to lock Darryl in the home whenever she went out. Darryl confirmed this.

While she was gone, Darryl went into the bathroom where Arthur was shaving and picked him up from behind with his arms around Arthur's stomach. Then he lifted Arthur and brought him through to the sitting room. According to Darryl, Arthur shouted: "Leave me alone." Darryl then assaulted Arthur and sat down heavily on his chest at number of times, leaving Arthur unconscious.

When Christine returned to the flat, she could see Arthur laying on the floor and left to call an ambulance. When the ambulance arrived, Darryl helped the ambulance personnel lift Arthur onto the trolley. The ambulance took Arthur to the James Paget Hospital in Gorleston. On reaching hospital, Arthur was transferred to an intensive treatment where he developed renal failure. He failed to regain consciousness and died at 7.55am on 31st July.

Darryl was arrested by the Police at 12.25 a.m. on the 20th July. The next day, 21st July, he was charged with the attempted murder of Arthur, and, following Arthur's death, this Charge obviously materialised into one of murder

On the 22nd July l996 Darryl was remanded in custody by the Magistrates and received into HM Prison, Norwich. He was located to the Health Care Centre. On the 24th July he was examined by Dr. Ward who diagnosed acute schizophrenia. When seen by Dr. Ward's Senior Registrar, Dr. A. D. Smith, according to Dr. Smith, Darryl "appeared grossly psychotic with marked perplexity, thought disorder and expressed delusions that he was in a theatre rather than a Prison and that the staff were famous actors, some of whom he had met before. He appeared bewildered, out of touch with reality, had marked difficulties in comprehending simple questions, and for the most part was unable to provide coherent responses. He denied assaulting anybody and was unaware that he had been charged with any offence."

On the 9th August l996 Darryl was transferred to the Norvic Clinic, a regional secure unit. Further reports obtained by Dr. Simon Wood and Dr. Philip Joseph confirmed the view of Dr. Ward that Darryl was, at the time of the homicide, suffering from an abnormality of the mind within the meaning of Section 2 of the Homicide Act l957 as to justify a finding of diminished responsibility.

However it was agreed that he continued to suffer from mental disorder within the meaning of the Mental Health Act l983.

Accordingly when Darryl James appeared before the Crown Court at Norwich on the 1st May 1997 a plea of not guilty to murder and guilty to manslaughter on the basis of diminished responsibility was accepted by the Crown and by the Court. In accordance with the unanimous medical view the Judge made a Hospital Order under Section 37 of the Mental Health Act 1983 together with a Restriction Order under Section 41 of the same Act.

OBSERVATIONS AND COMMENTS UNDER (PART G AND PART H)

1. Darryl and Christine both had a good relationship with the psychiatrist Dr. McMahon. They attended together all appointments and Darryl was compliant with advice and treatment. Dr. McMahon's reviews in the Clinic were relatively brief in duration but were regular and focussed. He relied upon Darryl and his wife reporting any problems to him. There are no outpatient handwritten records as such and the only record of each consultation is the subsequent letter written by Dr. McMahon to the GP. These letters were sent immediately after each appointment.
2. It appears that Dr. McMahon's working diagnosis was of an affective disorder. It was his intention to maintain antidepressant treatment for a further year but he had been reducing the antipsychotic medication with a view to discontinuing it.
3. Although Dr. McMahon wrote to Darryl's GP after every appointment the GP's undertook no specific psychiatric review and therefore the sole extent of Darryl's psychiatric follow-up following his discharge from hospital was the outpatient appointments with Dr. McMahon.
4. As has already been observed, a conscious decision was made by Dr. McMahon not to involve community based colleagues such as community psychiatric nurses or social workers in Darryl's follow-up. It has to be said that, during the twelve months of follow-up, there were no clear indications from what was being reported by Darryl or his wife that any involvement of any other professionals would have been necessary or helpful. Indeed Darryl returned to work and his usual pattern of family life and leisure activities. It was confirmed by Christine and by the GP Dr. Verma who saw Darryl for other reasons four times after discharge between May 1995 and March 1996. During the same period of course the doctor also attended Christine and Arthur and no untoward developments were noted.

5. There did not appear to be any clear precipitant to the deterioration in Darryl's mental health which occurred at the end of June 1996. Although on a low dose of antipsychotic medication, this dose had been constant since the previous Autumn and there is no evidence that the medication Darryl was taking at the time of relapse had been altered any further.

6. It was at the end of June 1996 that Darryl saw Dr. Kumar again when he (Darryl) was clearly anxious about his condition. Dr. Kumar felt that the situation would be contained by an adjustment of antipsychotic medication together of course with the assurance that Darryl would soon be seeing Dr. McMahon again. It was Dr. Kumar who had responded swiftly and appropriately to Darryl's ill health a year previously by arranging for Dr. McMahon's immediate attendance at Darryl's home to carry out the assessment which led to his emergency admission on the 31st March 1995. On the 29th June 1996, Dr. Kumar clearly did not feel that similar robust intervention was required.

7. Dr. Kumar saw Darryl again shortly afterwards on the 1st July 1996 when he made a further adjustment in medication. Again his assessment was that no great intervention was necessary.

8. The visit of Dr. Lal on the 2nd July causes difficulties. There is a disparity between the evidence of Dr. Lal and Darryl's wife Christine about what happened. Dr. Lal did not of course have the benefit of access to Darryl's medical records before seeing him. According to her, however, she did receive information from Christine. Christine has stated that Darryl was fairly quiet and calm whilst Dr. Lal was with him but, following her departure, reverted to his previous erratic behaviour. Dr. Lal clearly did not think that any further action was necessary on her part. She complied with the appropriate procedure by sending a fax to the patient's GP. She states that she told Darryl that he should see his GP. For some reason Darryl and Christine did not comply with this advice and it was not until the 12th July that Darryl was seen again by his own doctor. If Dr. Lal had had access to Darryl's medical records then of course it is possible that she might have formed a different view about Darryl's situation and the need for any more robust intervention. However, to be fair, she would have had no reason to believe that Darryl would not comply with her advice to contact the GP in the morning.

9. When Dr. Verma saw Darryl again on the 12th July he decided to increase his medication but did not feel that any further immediate action was necessary.

At this stage of course he was conscious of the fact that Darryl had an appointment to see Dr. McMahon in only five days time - the 17th July.

10. The fact that the appointment with Dr. McMahon had to be put back a day before it was due was obviously unfortunate. It is also unfortunate that the cancellation of this appointment was not drawn to the attention of the GP although, in hindsight, it must be a matter of speculation as to whether or not Dr. Kumar would have taken any specific steps because of this.

11. Neither Christine nor Darryl made any attempt to contact Dr. McMahon direct.

PART I - KEY POINTS AND CONCLUSIONS

After much careful consideration the Panel has reached a conclusion that the tragic death of Arthur Coleman was neither predictable nor preventable. The circumstances simply do not permit a conclusion that any individual was to blame for what happened.

In assessing the situation two particular factors must be borne in mind:-

Firstly, it is inevitable that an Inquiry of this kind will reveal that there are some matters relating to the patient's care and treatment which could have been handled differently. This does not mean that had any such matters been handled differently the ultimate catastrophe could or would have been avoided.

Secondly, any temptation to review events with "hindsight bias" must be firmly resisted. What has to be examined and considered is whether or not the actions of people at the relevant times were taken in accordance with the appropriate exercise of Professional judgment.

With these points in mind we now address five key questions which have emerged from this Inquiry.

1. The adequacy of discharge arrangements following Darryl's discharge from Northgate Hospital and in particular the decision that Dr. McMahon

should effectively be the key worker without the need for support from a named community psychiatric nurse or a named social worker.

We have observed that although the decision to discharge Darryl from Northgate hospital on the 11th May 1995 was appropriate, the discharge plan was "somewhat basic" in that it was decided that the only ongoing support which Darryl would require would be from Dr. McMahon himself (supported where necessary by the GPs). The discharge plan could have made provision for support from a community psychiatric nurse and/or a social worker. Dr. McMahon decided that this was unnecessary. The question which must be addressed is whether or not this decision by Dr. McMahon was an appropriate exercise of professional judgment. The Panel believes that it was for the following reasons:-

a) Dr. McMahon had established a good rapport not only with Darryl himself but crucially with his wife Christine.

b) Outpatient appointments were arranged at regular intervals. There was therefore appropriate monitoring of Darryl's mental condition and each appointment was followed by a letter from Dr. McMahon to the GP.

c) Dr. McMahon always made it clear to Darryl and to Christine that they could always contact him if and when they felt it appropriate.

d) Darryl was a compliant and co-operative patient. He always kept appointments and accepted the treatment prescribed. His wife Christine was supportive and always attended appointments with him.

e) It would have appeared to Dr. McMahon that Darryl's own social circumstances were reasonably stable and settled and there would have been no reason for him to have believed the involvement of a social worker would have been justified.

2. **The care and treatment of Darryl by Dr. McMahon following his discharge from hospital.**

For the reasons stated above the Panel has formed the view that Darryl's care and management by Dr. McMahon following his discharge from Northgate hospital was appropriate in all the circumstances. He was being monitored regularly. Reports were provided to his GP.

There was an improvement in his condition which led Dr. McMahon to conclude that his illness was being brought under control and treated effectively by the medication

which was being prescribed and taken. The deterioration in Darryl's mental health at the end of June 1996 was unexpected and could not have been predicted.

3, The care and treatment given to Darryl by his general medical practitioners Dr. Ranjeed Verma and Dr. Ajay Kumar.

Not only was Darryl a patient of the practice of Drs. Verma and Kumar but so were Christine and Arthur. Both doctors therefore knew the family well. It was Dr. Kumar who arranged for Darryl's emergency admission to Northgate hospital on the 31st March 1995.

There was a substantial deterioration in Darryl's mental health towards the end of June 1996. Darryl was seen by Dr. Kumar on the 29th June and the 1st July. The surgery would have received a fax from Dr. Lal on the morning of the 3rd July following her visit to Darryl the previous day, the 2nd July. Dr. Verma saw Darryl on the 12th July. In view of the fact that Darryl killed Arthur whilst clearly suffering from a psychotic episode on the 20th July, the Panel could not avoid asking itself the question whether either or both the GPs could and should have done something more during the two or three weeks prior to the killing.

The Panel's considered view is that both doctors acted appropriately and that there is no basis for criticising either of them. In making this judgment the Panel has had regard to the following matters:-

a) Dr. Kumar assessed Darryl's mental state on the 29th June and the 1st July and had considered his presentation. He knew Darryl well and, as already observed, had been responsible for admitting him to hospital as an emergency on the 31st March 1995. Clearly he would have had no hesitation in arranging for an admission to hospital had he felt it appropriate. He obviously did not think that such a course of action was called for. There is no ground for concluding that he dealt with the situation other than appropriately on the basis of what was presented to him at the time.

b) Although the GP's surgery would have received the fax from Dr. Lal on the 3rd July, there was no reason for any steps to be taken by the Practice. The fax stated that Darryl had been advised to see his doctor. On the basis of past history the doctors could have reasonably presumed that Darryl – or Christine - would have made contact with them if either or both of them had thought it necessary.

c) When Dr. Kumar saw Darryl on the 12th July he increased his medication as a response to what he judged to be Darryl's deteriorating mental health. He did not feel that anything further needed to be done at that stage. He knew Darryl had an appointment to see Dr. McMahon in five days time – the 17th July. It was not the fault of either Dr. Kumar or Dr. Verma that the appointment with Dr. McMahon on the 17th July was cancelled the day before.

4. The involvement of Dr. Rekha Lal on the 2nd July 1996

As we have already observed we have experienced problems in assessing what happened when Dr. Lal called to see Darryl on the 2nd July because of the differing versions relayed to us by Dr. Lal and Christine. Nevertheless we have to do our best to assess whether or not Dr. Lal's judgment and actions that evening can properly be criticised. Whilst acknowledging Christine's feelings about the matter the Panel does not feel that Dr. Lal can be justifiably criticised. In arriving at this conclusion we have taken into account the following factors:-

a) Dr. Lal had no previous knowledge of Darryl and, when she called to see him, she had no information whatsoever about his situation or mental health history. She was therefore wholly reliant, in making a judgment, upon Darryl's presentation and comments made by Christine.

b) By Christine's own account, despite Darryl's behaviour earlier, once Dr. Lal had arrived Darryl behaved calmly.

c) On the basis of her assessment of the situation at the time Dr. Lal conscientiously believed that Darryl was not exhibiting any grave psychotic symptoms and did not present a danger to anyone.

d) She felt it appropriate to advise Darryl and Christine that Darryl should make contact with his GP in the morning.

e) In all the circumstances it would be wholly unfair to suggest that Dr. Lal acted inappropriately.

Had Dr. Lal had more information about Darryl's history and situation before seeing him and specifically had she had access to his medical records, then it is possible (but only possible) that she might have judged that Darryl required psychiatric intervention there and then.

This raises the issue of the effectiveness of deputising doctor services provided to GPs and the response of the GPs to the recommendations of the deputising doctor following an emergency home visit.

The Panel therefore recommends that the Health Authority gives consideration to whether or not improvements can be made in the service provided by deputising agencies to GPs, in particular with regard to what information deputising doctors can obtain from sources other than the patient about the patient's medical condition and history to enable them to make more informed assessments of patients they are called to see.

The Panel also recommends that the Health Authority considers whether or not it should give guidance to general medical practitioners about how information relayed to them by deputising doctors should be processed and acted upon.

5. The cancellation of Dr. McMahon's appointment to see Darryl on the 17th July 1996.

Dr. McMahon's last appointment with Darryl was on the 1st May 1996. When he saw him then Dr. McMahon felt that Darryl was "entirely well". The next appointment was arranged for the 17th July 1996. At some time after the 1st May Dr. McMahon learned that he had been booked either to sit on a Mental Health Review Tribunal or to give evidence before a Tribunal on the 17th July. It therefore became necessary for him to cancel the appointment with Darryl on the 17th July. On the day before the appointment, the 16th July, Dr. McMahon's secretary telephoned Darryl to inform him that tomorrow's appointment had to be cancelled and that it would be put back for a week until the 24th July. Darryl reacted calmly to being told this. (According to Christine when, upon arriving home later, she was told by Darryl that the appointment had been cancelled she made an appointment to see Dr. Verma and saw him with Darryl that day. Dr. Verma's evidence is of course that this was not correct and that there was no appointment with him on the 16th July.)

We fully acknowledge that appointments do have to be changed on occasions and that this appointment was only deferred for a week It is only in retrospect that the cancellation of this appointment might possibly be regarded as of any significance.

Moreover, when Dr. Kumar saw Darryl on the 29th June and the Ist July and when Dr. Verma saw him on the 12th July, the GPs, in assessing Darryl's situation, would have been very conscious of the fact that an appointment to see his consultant psychiatrist was imminent, It is also regrettable that the GPs' surgery was not advised of the cancellation of this appointment. Had Dr. Verma been told that the appointment had been put back for a week, as he told the Panel, he "would have got in touch and got some assessment done prior to that".

It nevertheless has to be stated that, despite the open invitation of Dr. McMahon for Darryl or Christine to contact him if either had any concerns, neither Darryl nor Christine made any attempt to contact Dr. McMahon after the l6th July.

The Panel recommends that. where a patient is receiving outpatient treatment in the community for a psychiatric illness and a pre-arranged appointment with a psychiatrist has to be altered for any reason, then the patient's general practitioner should be advised of the alteration.