THE HAMPSHIRE

REPORT

REPORT OF THE INDEPENDENT INQUIRY TEAM INTO THE CARE AND TREATMENT OF FRANCIS HAMPSHIRE TO REDBRIDGE AND WALTHAM FOREST HEALTH AUTHORITY

STRICTLY CONFIDENTIAL

MAY 1996

To: **Peter Brokenshire, Chairman,**
Redbridge and Waltham Forest Health Authority:

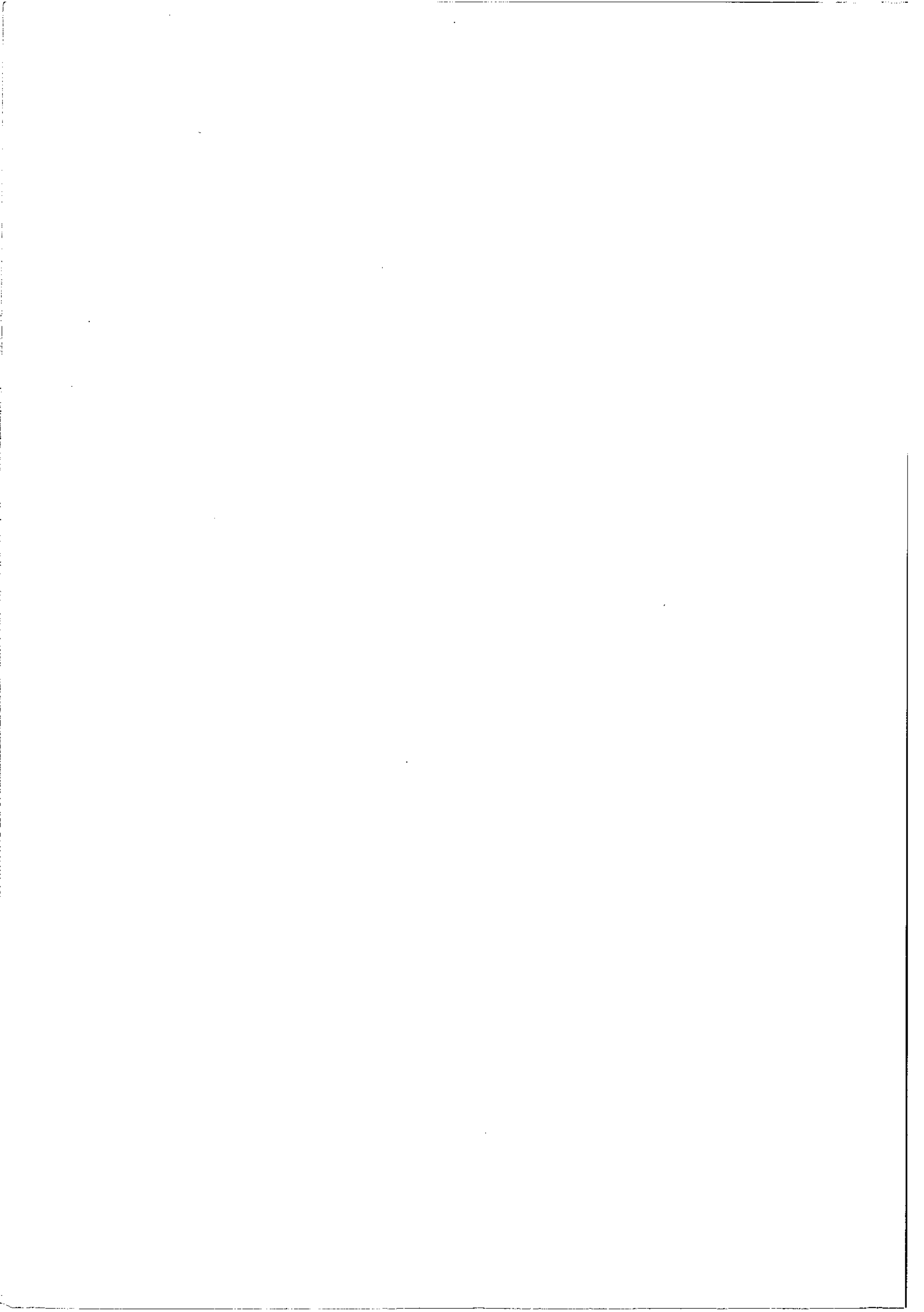
We have completed our inquiry and we now submit our report in the hope that the recommendations which we make will be acted on in some way which will address the concerns we have highlighted, even if they cannot be implemented in exactly the way we suggest.

We would like to thank everyone who gave evidence to us. We were both impressed with and grateful for the co-operation and openness which we encountered at every level. We are well aware that no-one who has been involved in this matter has been left untouched by it, and that talking to us was both difficult and painful for those people.

We cannot guarantee that we have answered all the questions which have been lingering in the minds of the family and the clinical team since the tragic events of 31st May 1994, but we have tried to address all of the issues which were raised in the course of this inquiry.

Although the circumstances of this inquiry were unusual, its message is by no means unique. We hope that some lessons will be learnt from this report which will be of use to all those involved in the care of the mentally ill.

JANE MISHCON



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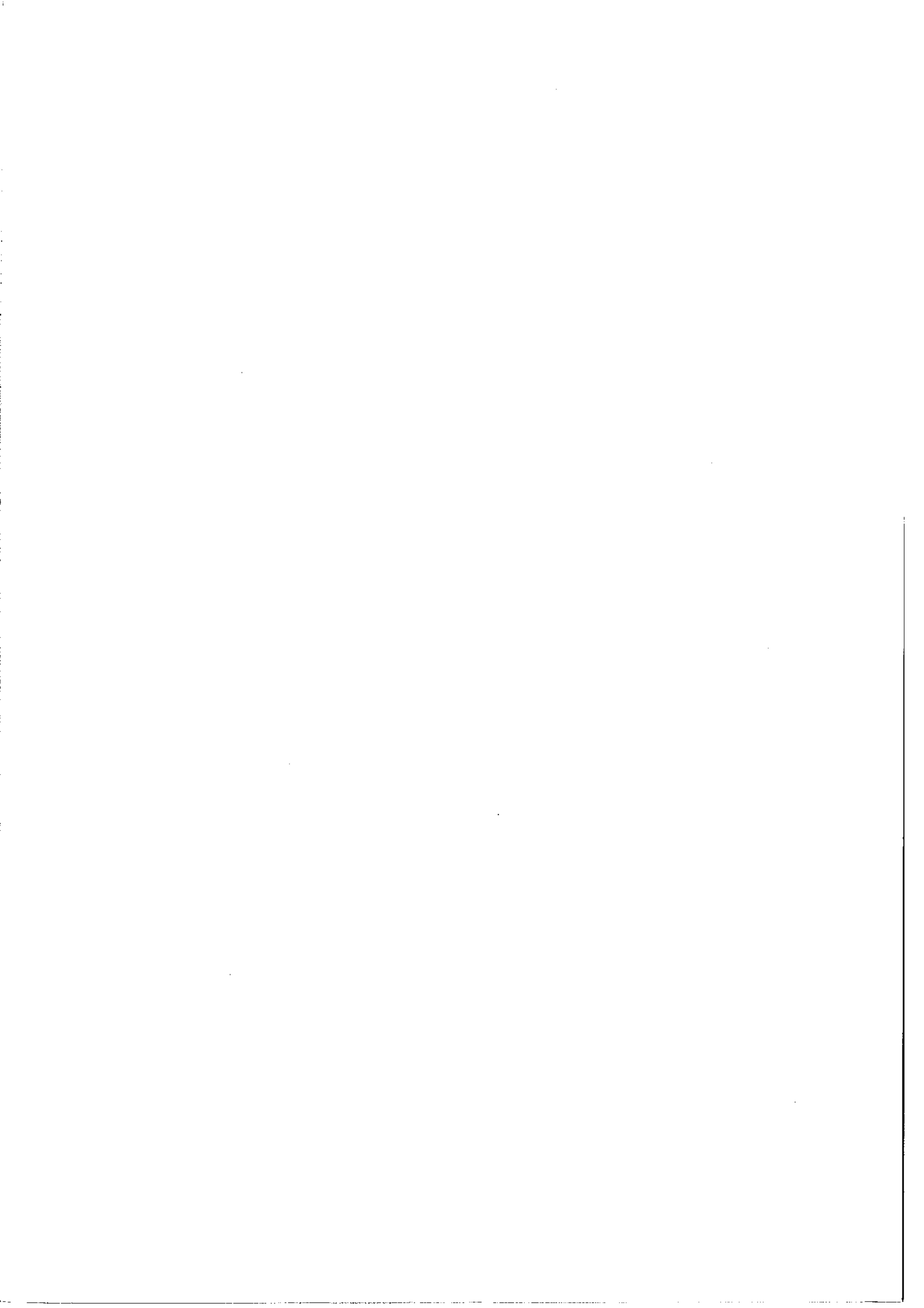

Terms of Reference

To investigate all the circumstances surrounding the treatment and care of Mr Hampshire by the Mental Health Services, in particular:

1. The quality and scope of his health and social care and risk assessment.

2. The appropriateness of his treatment, care and supervision in respect of:
   (a) his assessed health and social care needs,
   (b) the assessed risk of harm to himself and others,
   (c) his psychiatric history,
   (d) the relevance of court convictions (if any).

3. The professional and in service training of those involved in the care and treatment of Mr Hampshire or in the provision of services to him.

4. The extent to which Mr Hampshire`s care and treatment corresponded to the relevant statutory obligations, Department of Health guidelines, and local policies and procedures.

5. The extent to which his care and treatment plans were effectively drawn up, communicated and delivered.

6. The history of Francis Hampshire`s compliance with treatment plans and advice of those responsible for his care.

7. To evaluate the adequacy of the co-ordination and communication between the agencies (Redbridge Health Care NHS Trust, Mr Hampshire`s GP and any other agencies) who were or who might appropriately have been involved in his care and how effectively they worked jointly in that care.

8. To prepare a report and make recommendations to Redbridge & Waltham Forest Health Authority.

Panel Membership

Miss Jane Mishcon	Barrister (Chair of the inquiry)
Dr Donald Dick	Consultant Psychiatrist
Mr Ian Milne	Social Services Consultant
Mr Paul Beard	Director of Nursing and Special Services Tower Hamlets Healthcare NHS Trust
Mrs Jane Mackay	Independent Inquiry Co-ordinator

Acknowledgments

We are indebted to **Jane Mackay**, the Inquiry Co-Ordinator, for her calming and guiding influence. Her patience and efficiency made our difficult task so much easier and her sensitive handling of the investigation process benefitted all concerned.

We are also grateful to **Shane Ashford Hodges** for her tireless efforts in recording and transcribing the evidence for us and for arranging all the interviews with such efficiency.

We also extend our grateful thanks to **Eileen Riches** for her most valuable contribution to the recording and transcribing of evidence.

Introduction

Francis and Catherine Hampshire met in their teens and married in 1957 when they were in their mid-twenties. They were both teachers. They had 4 children, all professionals, and were well respected in the local community.

At about midnight on 31st May 1994, Frank Hampshire killed his wife in a frenzied attack, stabbing her over 300 times in the head and neck.

Mr. Hampshire was charged with the murder of his wife, but on 5th December 1994, at the Central Criminal Court, his plea of guilty to manslaughter on the grounds of diminished responsibility was accepted and he was transferred to Rampton Special Hospital under sections 37/41 of the Mental Health Act 1983. He has remained there since his transfer.

Most homicides by a mentally disturbed person which get reported widely by the media involve the killing of an innocent member of the public - a stranger. The murder of a 62 year old teacher by her paranoid husband does not attract such outraged media coverage.

Yet the effect of such a death on the family has even greater ramifications. The family of someone killed by a stranger can target all their rage and despair at the murderer. The Hampshire children cannot vent their anger on a stranger. Their mother's murderer was their father. They have to grieve for both their mother and her killer, for in her death they have to all intents and purposes lost both their parents. Their father is likely to be in Rampton Special Hospital for some considerable time. Their anger may also be mixed with a sense of guilt that

perhaps they could have done something to have prevented the tragedy happening. The family of a victim of a stranger can grieve and rage without such guilt.

Mr. Hampshire had been under the care of the psychiatric services at Goodmayes Hospital on and off since the summer of 1985. He was under their care as an outpatient at the time of the murder. Because he was an outpatient, there appears to have been some confusion as to whether or not there was a requirement to hold an independent inquiry, as a result of which this inquiry was not set up until the end of 1995. What is more, there was not even an internal investigation into the matter.

We have been particularly concerned about the effect which the delay in holding any kind of inquiry has had on both the Hampshire family and the clinical team. The family has been left with unanswered questions which has only fuelled their anger and prolonged their grief. The doctors and the community psychiatric nurse (CPN) have been left questioning their own clinical judgement and their considerable distress at what happened has been unrecognised and unsupported. It has been obvious to all of us on the Inquiry Panel that "Cath" Hampshire's death at the hands of her husband "Frank" has had a devastating effect on everyone who had a close involvement with the couple, whether they were a member of the family or the clinical team.

We have been hearing the evidence nearly two years on from that fateful day at the end of May 1994, but for some of the witnesses who talked to us so openly, it was the first time that they had discussed the matter except amongst themselves

and it was clearly both painful and yet cathartic to do so. We soon realised that the delay in holding this Inquiry had somehow increased its significance for these witnesses who had for so long been left with unanswered questions and feelings of self-doubt. We felt the added burden of their expectation that we would somehow supply all the answers.

We may not be able to do that, but we will try to address all of the concerns which have been expressed to us by those involved.

Because of these concerns we have, perhaps, gone into more detail - and some of it is intimate detail- than would otherwise be necessary in an Inquiry of this nature. However we felt that we should do so for the sake of both the family and the clinical team so that they all know, not only that we have tried to address all the relevant issues, but also what was going on over the years between Frank Hampshire and the doctors on the one hand, and Frank Hampshire and his family on the other.

We interviewed 21 people altogether. The family witnesses included Jane and Damian Hampshire, two of the four Hampshire children, (the other two were abroad at the time of our interviews), Frank Hampshire's two sisters, Marie and Eileen and their husbands, Albert and Clive, and Frank's brother, Len. The doctors we saw were Dr Andrew Margo the consultant psychiatrist at Goodmayes Hospital and his clinical assistant Dr Jackie Thomas; Dr Wickremasinghe, the family GP; Dr Arthur McQuaid the consultant forensic psychiatrist who was responsible for Frank Hampshire's care while he was on remand at Kneesworth House Psychiatric Hospital and Dr Ian Wilson, the consultant psychiatrist at Rampton Special Hospital. We also interviewed Maggie Lilley, the Community Psychiatric Nurse, and Brian Holmes,Frank Hampshire's Key Nurse at Rampton Special Hospital.

In addition we saw several representatives of the Trust and Health Authority who gave us most helpful information about the proposals for mental health care in the area and the policies and procedures that are already being or are about to be put into practice. We acknowledge that since this incident occured, some of the recommendations which we make may have been addressed or met.

Dr Donald Dick and Jane Mishcon saw Frank Hampshire himself at Rampton Special Hospital. We did not discuss the circumstances of his wife's death with him at all. He told us that he accepted full responsibility for his actions and that no-one else was to blame. In particular he had no criticism for Dr Margo, Dr Thomas (with whom he had a good relationship and whom he trusted the most), Maggie Lilley, the CPN, or Dr Wickremasinghe who had been their much respected family doctor for over 20 years.

We also had to ask Mr Hampshire to give his consent to the release to the Inquiry Panel of his medical records and to consent to the treating doctors talking to us about otherwise confidential information. Mr Hampshire had previously refused to give his consent on more than one occasion, but with the helpful persuasion of Dr Wilson, he agreed to meet with the two members of the Panel and said that he would then decide whether or not to give his consent. We found him to be friendly and courteous and quite relaxed about talking to us. He signed the necessary consent form there and then.

Given that Frank Hampshire so adamantly refused to be admitted to hospital and was strongly supported in this by his wife, we decided to visit Gregory Ward, the psychiatric ward at Goodmayes Hospital. We wanted to see for ourselves the environment which he was so determined to avoid, and we were

well aware also of the medical team's reluctance to send a man of Mr Hampshire's social standing to such a place. Having been there, we decided that Gregory Ward deserved a section all to itself. It can be found later on in this report.

This was not an easy Inquiry to conduct. Emotions were still raw despite the passage of time, and each witness shed some new and slightly different light on the story. It really was like a jigsaw puzzle and we only saw the whole picture when each piece of the puzzle was finally in place.

We are grateful for the openess and honesty with which all the family and medical witnesses gave us their evidence. We are very aware of how painful it was for them to revisit the events of 1994 and we hope that they will understand that we had to ask some difficult questions. We also realise that we may make `findings` which some of them will find upsetting.

Having heard all the evidence and having read all the relevant documents, we believe that this was a case of missed or misunderstood messages. We can see exactly how some came to be missed. They were sometimes so coded as to be indecipherable as cries for help. They were sent to different people at different times so that their impact became diluted. They were deflected by Frank Hampshire`s ability to misinform and to dissimulate. We have no doubt that the messages were being sent. We have no doubt that messages were being looked out for. They just were not deciphered in time.

Even if the messages had been recognised and understood, we are not sure that the ultimate tragic outcome could have been prevented. It certainly could not have been predicted. But we do feel that certain steps could and should have been taken by both the medical practitioners and the family which might have avoided Catherine Hampshire's death.

Damian Hampshire summed it up well when he said to us:

"It was all about treatment for my father and protection for my mother".

We have no doubt that there is a dedicated, close-knit team working in difficult conditions in the Redbridge catchment area. They did not make the usual excuses of work overload or shortage of beds, although they would have been justified in doing so. They did not give up on Frank Hampshire despite the fact that he was not an easy man to treat. But we got the feeling that they were resigned to accepting that Mental Health Care has a low priority within the Trust and the Health Authority and that as a result they have low expectations of what can be done to heighten awareness of the many problems which need to be addressed on this issue.

The message of this Report is:

"Listen to the whispers as well as the shouting".

We hope that this is a message which is not either misunderstood or missed.

Narrative

Francis Hampshire was born in the East End of London on 20.10.33, the second youngest of 5 children. He has 1 brother, Len and 2 sisters, Marie and Eileen still living. His parents are no longer alive.

He met his wife, Catherine, when they were both in their teens and they were married in 1957 when they were in their mid-twenties. They were both teachers.

He became a teacher after national service in the Royal Air Force, teaching in secondary schools. In 1961 he spent a year at the Sorbonne in Paris and after obtaining a diploma from there, taught French and P.E. In 1966 he did a 3 year part-time course at Goldsmith's College and obtained a degree in Sociology. He then taught at various schools, his subjects being French, P.E. and Sociology. At the time of his early retirement on health grounds in 1986, he was Head of the French Department. By the time of her death, Catherine had risen to Head of the Special Needs Department at a Roman Catholic School in Newham, and was also Deputy Head of the School.

Frank Hampshire's academic achievements and resulting increased social standing had, to a certain extent, set him apart from his brothers and sisters, although they are obviously extremely close to and fond of him. His sister, Eileen, to whom he was particularly close told us:

He was my big brother and I looked up to him and I hero worshipped him and loved him and respected him...It was a nice relationship but I knew I must never overstep the mark somehow or other.

People tended to treat him with "kid gloves", not wanting to upset him by doing something contrary to his wishes. This was to be of some significance in his medical treatment in recent years.

They had 4 children:

Steven born 1959 who is married and lives in Spain where he is a university lecturer.

Damian born 1960 who is also a university lecturer. He is getting married in the very near future.

Jane born 1964 who is a qualified doctor but is currently teaching.

Claire born 1967 is a qualified solicitor who married in 1994.

Frank and Cath Hampshire were dedicated to furthering their children`s education, and were clearly proud of their considerable achievements. Frank Hampshire did not, however, attend any of their degree ceremonies. We do not know the actual reason why.

In the latter half of the 1970s, Frank Hampshire was treated for anxiety and depression by his GP, with referrals to Consultant Psychiatrists to carry out domiciliary visits on 3 occasions between 1977 and 1979. The major symptoms at these times were anxiety and depression, profuse sweating, loss of appetite and weight, and insomnia. He would take to his bed. At this time he refused hospital admission or any kind of follow-up and did not attend the outpatient appointments made for him on a couple of occasions. The fact that he was offered hospital admission must have meant that the Consultant Psychiatrist who examined him thought that his mental illness was severe enough to warrant inpatient treatment, even on an informal basis.

There was no overtly serious problem with Frank Hampshire`s mental health until about 1983/4 when the pressures of uncompleted building works at his home began to get him down. In June 1985, his GP, Dr. Wickremasinghe, asked Dr Andrew Margo, Consultant Psychiatrist at Goodmayes Hospital to make a domiciliary visit as he had taken to his bed again with symptoms of lethargy, depression and drenching sweats. Dr Margo found him **extremely depressed** and felt he would benefit from hospital attendance, either as an in or an out patient, but Frank Hampshire **rejected this out of hand.** Dr Margo recorded in his letter to the GP following the visit: **Mr Hampshire tends to minimise his symptoms but it is clear that his wife is extremely worried.**

This was Dr Margo`s first encounter with Mr Hampshire and the symptoms which he noted, as well as the fact that Frank Hampshire tended to minimise his symptoms, were clear to him from the outset. This was a pattern which was to repeat itself.

Mr Hampshire was seen as an outpatient at Goodmayes on 9.8.85 by Dr Margo's SHO, Dr Tresman, after referral again by Dr Wickremasinghe. He appeared depressed and felt he had **lost all my worth**. He described insomnia and loss of appetite and felt very irritable and had suicidal thoughts although no clear plan to kill himself. Dr Tresman wrote to the GP:

He felt his wife and daughter might be colluding against him and that people in the street may be commenting on his condition and he said that sometimes when he hears people saying critical derogatory things, he thinks they are referring to him.

These were the first recorded signs of paranoid thinking in Frank Hampshire, and appeared to arise out of depression.

Mr Hampshire did not attend 3 further outpatient appointments made for him in August and September and therefore the GP told them to offer no further appointments.

Non-attendance at Outpatients when unwell was another pattern which would repeat itself.

At Christmas 1985 the children came home and found their father unwell and acting very strangely. On Christmas Day, Frank Hampshire threw over the laden dining table and had to be physically restrained by his son Damian.

On 10.1.86 Dr Margo made a domiciliary visit to the Hampshires after a **distress call** from Mrs Hampshire who asked him to visit as she said her husband would not keep any outpatient appointments. (Dr Wickremasinghe was on holiday and Mr Hampshire refused to see the Locum GP).

This was the first time Mrs Hampshire used a "hotline" to the clinical team. She turned up at the Outpatient office. She was obviously aware of her ability to do so from as early as 1986 and was not afraid or shy to use it.

Initially, Mr Hampshire refused to let Dr Margo in the house, saying that he had no proof that he was who he said he was. Dr Margo found Mr Hampshire dishevelled and undressed and **in a most suspicious frame of mind** and **extremely hostile** and at first he refused to talk to the psychiatrist. Dr Margo wrote to Dr Wickremasinghe that:
eventually he did confide that he had suspicions that the world was organised against him in some way, that his car and his home were bugged by the police

who were seeking to get evidence against him. He could not or would not give me more details on this but said that it had some bearing on his relationship with his wife. He told me that his life was ruined and that his home was in a shambles and that now that his children had grown up, the marriage was at an end.

Mr Hampshire **refused categorically** to accept Dr Margo's treatment, saying he preferred to discuss it with Dr Wickremasinghe before taking matters further. He refused admission to hospital and also refused to keep an outpatient appointment the next week.

Dr Margo concluded his letter to the GP:
The impression conveyed was of a severely paranoid picture with depressive ideation which is, on the face of it, not entirely unrealistic.
In view of his paranoid illness and the fact that there has been no improvement, I feel we are now reaching the point when an admission will be required, probably on a Section of the Mental Health Act. He could benefit with a major tranquilliser eg. chlorpromazine and he did indicate that he was not sleeping all that well. He, however, does not appear to have taken medication prescribed in the past, and I suspect it is unlikely that he will take any in the future. I think we ought to discuss this matter on your return from holiday with a view to his early admission to hospital.
I have not had the opportunity to speak to his wife, who has stated firmly that we should not ring the house because he believes that she is conspiring against him. Presumably her position is extremely vulnerable.

We feel we must question what Dr Margo's threshhold is for compulsory admission when he does not consider a patient to be sectionable when he is:
(a) severely paranoid
(b) depressed
(c) refusing treatment
(d) refusing admission to hospital or to attend as an outpatient
and when the family GP is away and Dr Margo is unable to speak to the wife despite being aware that she is one of the targets of her husband's paranoia and acknowledges that she is "extremely vulnerable".

On his return from leave, Dr Wickremasinghe visited Frank Hampshire on 14.1.86 and found him to be paranoid, speaking of conspiracies against him and including the GP in his delusions. Dr Wickremasinghe tried to persuade him to be admitted to hospital but he refused.

Dr Margo made a second domiciliary visit a week later on 17.1.86 and wrote to the GP:

I...had the opportunity to discuss the position with his wife, although the patient was not prepared to allow us to meet privately to do so. He continues to remain paranoid with the idea that the police are organised against him, bugging his home and car. Evidently he has held this idea with some degree of force and his wife confirmed that he thought that she was in cahoots with the police. He has no insight into this illness and he is also very depressed. As per my previous letter the indications are that this is a paranoid illness, possibly secondary to depression.

He has not taken the chlorpromazine prescribed by you, because the first dose seemed excessive to him. He has, however, agreed to take Largactil 50mg. nocte and if this is too high, to come to you for a further prescription for 25mg. nocte. He refused hospital admission and I did not feel today that he was sectionable, although this must be our overall objective in the event that there is no further progress. His wife confirmed the very great strain she was under and clearly the marriage will disintegrate if the present situation continues. The Community Nurses ought to be involved and I will be discussing the case with them. However, he has objected to them visiting and unless you can persuade him to allow this, I see great difficulties in the liaison.

I have asked Mrs Hampshire to keep in contact with you and me...

Once again, Dr Margo did not consider Frank Hampshire to be sectionable despite there having been no improvement and he was not taking his prescribed medication and his wife was finding looking after him a very great strain. As far as we are aware, the Community Nurses were not involved at this stage. The Hampshires do not appear to have had contact with any medical person in the four weeks following this domiciliary visit, despite the severity of the situation.

The GP visited on 17.2.86 when Frank Hampshire said that he was feeling a lot better, but he was still delusional.

Frank Hampshire's mental condition did not improve. Mrs Hampshire consulted Dr Wickremasinghe on 7.3.86 who wrote to Dr Margo:

He has clearly deteriorated and I met his distressed wife this morning. He now firmly believes that his wife is planning to poison him and has asked her to leave the house. He continues to be troubled by paranoid ideas about the police. I have discussed this with his wife and she is planning to take a short break away from home and keep his relatives informed of her decision. She will keep in touch with him by telephone.

He appears to be able to carry on a rational discussion on most matters except in relation to his paranoid ideas. His wife is not keen for him to be compulsorily admitted because she then feels that this will be the "beginning of the end" of her marriage. My anxiety is for the safety of his wife.

Unfortunately this prediction was all too accurate. During the night of 9/10th March Frank Hampshire attacked his wife, subjecting her to a lengthy ordeal before she could escape from the house. He threatened to kill her and dragged her down the stairs by her hair. She said afterwards that she feared for her life.

Mrs Hampshire told Dr Wickremasinghe what had happened and he visited Frank Hampshire on the evening of 10th March. Frank was sitting in the dark with the lights out because he believed the neighbours were spying on him through the curtains. Mr Hampshire's brother-in-law, Mr Edgley, was also there. Frank Hampshire refused to talk to them in the house, convinced that it was bugged, and would only do so in his brother-in-law's car. Dr Wickremasinghe described him as **highly disturbed** and told us that he felt quite intimidated while sitting in the car with him. Once again Frank accused his wife of conspiring against him and again included the GP in the conspiracy. He believed his wife was deliberately causing damage to their home to upset and provoke him.

Mr Hampshire's brother-in-law, Mr Edgley, gave us a distressing piece of information when he came to talk to us with Frank's brother, Len. He told us that on that occasion when he had gone to the house the day after Frank had attacked Cath, Frank had taken him to show him minute, almost indiscernable marks on the wallpaper saying "This is what she's doing". He then took him into the kitchen. Whilst they were in there, Frank had taken a kitchen knife from the drawer, gone down on his knees and repeatedly stabbed the floor tiles with it, repeating over and over again: **This is what she's doing**. No-one else had witnessed this scene (which 8 years later took on great significance for Mr Edgley) and he believes that he never told anyone about it other than his brother-in-law and certainly none of the doctors.

It is most unfortunate that the doctors never knew about such an important piece of information, although it is only with hindsight that its significance can be fully appreciated.

The following day Dr Wickremasinghe telephoned Dr Margo and an Approved Social Worker and arrangements were made to compulsorily admit Mr Hampshire under Section 2 of the Mental Health Act 1983. Because of the family's concern about the stigma at being admitted locally at Goodmayes, Dr

Margo took the somewhat unusual step of arranging his admission to Hackney Hospital under the care of Dr Ruth Seifert. He remained there throughout the 28 days duration of the section, having unsuccessfully appealed against his detention to a Mental Health Review Tribunal.

The prognosis given in the Discharge Summary states:
Depends on his compliance with medication and his regularity in attending outpatients.

The fact that Frank Hampshire was not admitted to Goodmayes Hospital meant that Dr Margo and his team did not have the benefit of observing the progression of his illness or of seeing him on a 24 hour basis when he could be properly assessed by them. This may have had some significance when he became ill again later.
Despite the request for an Approved Social Worker to make as assessment for compulsorary admission under the Mental Health act 1983, as far as we are aware there was no other involvement of Social Services with this family.

There was an initial decline in his mood and health following the discharge from Hackney Hospital. By 28.4.86, Mrs Hampshire was telephoning the Community Psychiatric Nurse (CPN), who had been requested to provide follow-up on his discharge on 10.4.86, to say that her husband had been in bed all weekend and had been sweating profusely. On visiting the following day, the CPN found Frank very depressed, feeling that life was not worth living and that he was pulling his family down with him.

At the request of the CPN , Mr Hampshire began to see Dr Margo's Clinical Assistant, Dr Jackie Thomas, as an outpatient at Goodmayes, the first appointment being 30.4.86. She changed his medication to Depixol and there was a rapid improvement. He continued to see Dr Thomas regularly (initially once a month and then every 2-3 months) right through to 1994, other than during a 12 month period between April 1992 and April 1993. In all he attended 44 Outpatient appointments with Jackie Thomas. The Community Nurses also visited monthly from April 1986 until about February 1987 to administer depot injections of medication (until November 1986) and to monitor his progress.

Most of the time following his discharge from Hackney Hospital, Frank Hampshire accepted what medication he was prescribed, which was of course administered by the CPNs until the end of 1986. However in May 1988 he stopped taking his medication at a time when he was particularly distressed over his mother's recent death. He said he was unable to show any grief or discuss her death within the family. In July he turned up at the outpatient appointment with a young stray dog which he had found the previous week. He soon became extremely attached to the dog, and appeared able to give it obvious affection.

Dr Thomas referred Mr Hampshire once again to John Anderson the CPN who had had some involvement with him following his admission to Hackney. He visited for a while. However in August 1988 the CPN reported to Dr Thomas that Mr Hampshire had **thanked him for his interest but said that he would not be able to verbalise his feelings and that it would be a waste of his time. He preferred to deal with his feelings in his usual way, by keeping them to himself. He again stated that this was how he had always been and couldn't change.** Therefore the CPN regretted that there was no scope for his involvement.

Mr Hampshire continued to see Jackie Thomas every month or so. On 22nd October 1988, Mrs Hampshire went to the GP saying that her husband had taken to his bed again, complaining of feeling very depressed and unwell. Dr Wickremasinghe did not visit but asked Dr Margo to make a domiciliary visit, but there is no record of one having been made. Frank did however attend outpatients to see Jackie Thomas on 29th November 1988, when he appeared to be well from a psychiatric point of view, but he seemed to have some physical symptoms that warranted investigation.

From December 1988 Mr Hampshire re-established a pattern of personal attendance at Dr Wickremasinghe's surgery for physical symptoms, but continued to see Dr Thomas at Goodmayes, although there was a gap in his attendance between January and June 1989.

In June 1989 he attended Dr Thomas's outpatient clinic and told her of several things that had affected him badly, including trying unsuccessfully to get a job and the recent death of a friend. He appeared to be low and depressed and wept during the interview with her. His sleep and appetite were poor and he had lost weight. There were however no psychotic or paranoid features evident. Dr Thomas considered him to be depressed again and wanted to prescribe Lithium for him. She therefore arranged for him to have blood tests done as a precursor to taking Lithium. In the meantime she prescribed anti-depressants.

On 10th September 1989, the Hampshire's medical student daughter, Jane, wrote a confidential letter to Dr Wickremasinghe expressing the concerns of the family about her father's mental state and her mother's safety. She told him of her father's refusal to see his younger daughter, Claire, because of a petty argument two years previously. She wrote:
I realise that for you it may seem just a family confrontation which should be able to be sorted out by mature adults. Hopefully it is...but the last time dad

was ill things running up to his being taken into hospital seemed to me to point towards his being ill, long before those things got out of hand. This situation is similar to those.
I do not know really what can be done for there is nothing that I can put my finger on to explain why I think he is unwell. Maybe now I am aware that dad has been ill I'm too sensitive to make an objective judgement.
Really it is mum who bears the burden and I can't say I'm happy with her being there on her own even though without her I know dad would not cope.
Thank you for taking the time to read my note; I hope I am very wrong about the situation but I want to avoid another situation like the one we had at home not so long ago.

It is noteworthy that even Frank Hampshire's own daughter could not at this time identify any real reason for thinking that her father was unwell. There was however a pattern of the family intuitively picking up signs of illness in their father before the clinical team were able to recognise it by more identifiable symptoms.

Dr Wickremasinghe replied:
It may well be that the symptoms your father appears to show are a relapse of his illness. The problem is that he may not be aware that he is unwell and unless he seeks medical advice, it is very difficult for outsiders to intervene.
This puts your mother in a particularly difficult situation because she has to be supportive towards him and may have to go along with him just to keep the peace. I think it is your mother who needs more support during this time, and, of course, all of you as well need the support of each other, and I will do my best if I am called upon to give advice. Until such time I shall have to `wait in the wings`.

This `wait and see policy` was another pattern which was to repeat itself.

Dr Thomas,of course,knew nothing of Jane's concerns when she reviewed Frank Hampshire at the outpatient clinic just two days later on 12th September. He told her that he was feeling much better and fairly stable in mood although he was still not sleeping well and was tired during the day. The various blood tests had proved normal but he was not keen to start on Lithium as he was feeling well at the time.

However on the next outpatient appointment two months later on 16.11.89, Dr Thomas reported to Dr Wickremasinghe:
He feels that his wife irritates him by repeatedly doing things that he has asked her not to. He also has some distrust feeling that she may go through his papers on occasions. He thinks that all these things indicate that his wife does

not love him. He went on to say that he felt his wife had been jealous of him in the past over his closeness to his sister. I was a little concerned when he got round to saying that he felt that when he was very ill in the past his wife did things deliberately to wind him up and make him worse, and although there were no clear paranoid ideas he was expressing certain doubts about his wife, and things that she did which I was not entirely happy with.
He told me that he had stopped all Amitriptyline about one month ago as he felt so well.
My general impression was that he does appear quite well and has no evidence of depression or hypomania. There are also no clear paranoid ideas. However, I think there is something about him that I am not quite happy about and I have asked him to contact me if he feels that things at home are distressing him more than usual. It may be that he may develop more clearcut paranoid ideas in the future.

This prediction was very perceptive.

While Jackie Thomas was on annual leave in December, Frank Hampshire had telephoned several times requesting an urgent appointment and was finally seen by her on 14th December 1989 when he turned up without an appointment. He said that for the past 3 days he had been extremely worried about his wife. He said that he had developed pains in his stomach and his groin, he had become impotent, he was breaking out in sweats and he strongly believed that his wife was putting something into his drink. He was unable to eat because he felt he was being poisoned and was unable to sleep for more than 3 or 4 hours a night.

This was yet another time that Frank Hampshire had been open about his paranoid thoughts to the treating doctors and had indeed this time repeatedly sought an outpatient appointment himself, presumably recognising some need for medical attention. If one bears this in mind at times of future relapses, one can have sympathy with the treating doctors' belief that he would tell them if he was having paranoid ideas.

Dr Thomas arranged for him to be seen then and there by Dr Margo but he refused inpatient care. He was prescribed oral Depixol (an anti-psychotic neuroleptic) and offered an outpatient appointment for the 18th December but did not attend, phoning to say he was much better. He was given another appointment to see Jackie Thomas on 23rd January 1990, but again did not attend and Jackie Thomas wrote to him giving him another appointment for 20th February. This time he attended and told her that he felt **betrayed** by her for prescribing medication and that he had stopped taking the Depixol after 10 days because he felt better.

There was a pattern evolving of improvement following anti-psychotic medication.He responded quickly to appropriate treatment.

Dr Thomas next saw Mr Hampshire on 1.5.90 when he appeared to be cheerful and happy with no psychotic or paranoid features. However he told her that he had had a major row with his daughter (Claire) over a year ago as a result of which he refuses to see her and has refused to go to a niece's wedding to avoid seeing her. (The row was apparently over a cheque for only a small amount which had bounced and is the incident referred to by Jane in her letter to the GP). Frank was also refusing to go to his eldest son's wedding in Spain because he had taken Claire's viewpoint. This was causing problems in his marriage.

The next outpatient appointment was on 31.7.90. Jackie Thomas reported to Dr Wickremasinghe that Frank seemed extremely well with no evidence of paranoia or depression. She went on:
However, I spent most of the interview talking to him about the relationships within his family and his attitude to his children. It does sound as if he is rather rigid in his relationships and seems quite unforgiving towards his daughter Claire. The rift between them took place about two years ago. He will not tell me what exactly happened but he feels that he cannot forgive her and he avoids all contact with her.

Dr Thomas next saw Frank Hampshire on 16.10.90, and wrote to Dr Wickremasinghe:
The main thing on mental state assessment was that although he appears to be cheerful and well and is sleeping well, he is still having some problems within the family and I think he has some chronic paranoid ideas. He still believes that in the past his wife was trying to make him ill. He says that although she is not doing it at the moment this is because she cannot get at him because he is well, and he says because of this she gets frustrated and marital rows are developing. He cannot acknowledge that there is any medical cause for his suspicions. He also told me that he had a row with his daughter Jane on the phone last night and again this was about the previous row with his daughter Claire, and the fact that he does not expect Claire to be invited to any family reunions.
My general impression is that there is a slight paranoid undercurrent which may be part of a chronic problem that Frank has. However, he discusses this with me quite freely now.....There is no way he would take any medication at the moment.

Dr Thomas appears to have recognised that Frank Hampshire may have a chronic paranoia, but once again is reassured by the fact that he is able and willing to discuss his thoughts with her.

Mr Hampshire had a further appointment with Dr Thomas on 15.1.91 when he told her that he was still not speaking to Claire although he had resolved the row with Jane. He still had vague suspicions about his wife, continuing his underlying belief that she had tried to make him ill when he had had to be detained in Hackney. He appeared relaxed and cheerful and he himself requested a further appointment.

In November 1990, Mr Hampshire had developed angina and underwent an angioplasty in April 1991 and again later in the year. He continued to see Jackie Thomas who remarked in a letter to Dr Wickremasinghe after his next appointment in April 1991:

We had quite a long discussion about relationships. He is still not speaking to his daughter Claire and feels he has been betrayed by her. He still has uncomfortable feelings about his wife's behaviour in the past, believing that when she got him into hospital she betrayed him. I have managed to work with these feelings of betrayal and have pointed out to him that he actually felt betrayed by me in December 1989, when he was paranoid and I tried to admit him to hospital. Frank is able to acknowledge that his feeling of betrayal was inappropriate at that time and he will be thinking about his relationship with his wife and daughter.

He is on no medication from us. I have given him an out-patient appointment for 3 months time.

After the next appointment in July 1991 Dr Thomas wrote to the GP:

From a psychiatric point of view he appeared well with no paranoid or psychotic features. We again had a long discussion about his attitude to his wife, his daughter Clare and in fact to human beings in general. He feels that people hurt him occasionally and that he cannot trust people in general. I do not see that any work with him from a psychotherapeutic point of view will help as he is quite entrenched in his beliefs.

At an outpatient appointment on 14th January 1992, Frank told Dr Thomas that he and his wife were having marital problems and now led separate lives. She no longer cooked for him and they did not speak to each other. **The relationship is dead.** The rows had apparently started at Christmas. He had had a new facing put on an internal door at the house and he believed that his wife had prised the facing off. He believed he had been under stress because his wife had a teaching job and he felt that he had to cope on his own. Dr Thomas was not sure whether these were genuine happenings or paranoid ideas, but could find no clear signs of paranoid or depressive features present.

Mr Hampshire was meant to return for an outpatient appointment in early April, but failed to attend. Dr Thomas therefore decided not to offer him any further

appointments as he had appeared quite well on the last occasion. She wrote to him and the GP accordingly. Frank Hampshire wrote back, explaining that there had been a mix up over the dates. It was a warm letter, expressing his gratitude for her **kind support during some very fraught episodes in which I really valued your contribution to my recovery.**

We are a little surprised that Dr Thomas should have felt that Frank had appeared ***quite well*** *in January when she herself questioned whether he was having paranoid thoughts and this was the first time for some time that he had not attended his appointments with her. There was perhaps a missed opportunity for referral to the Team Social Worker given the reported marital problems.*
As a result of this discharge, there is no record of Frank Hampshire's mental health in the 15 months between January 1992 and April 1993.

On 29.3.93 Mr Hampshire attended Dr Wickremasinghe's surgery complaining that he was tensed up and once again was sweating at night. The GP prescribed Depixol. Frank later told Jackie Thomas that after he took only one tablet he developed a headache and felt unwell and therefore took no more.

Jane Hampshire again wrote confidentially to the GP on 3.4.93, saying that her paternal aunt had written to her because she was worried that Frank was becoming ill again. He was apparently telling his sister that Cath was ripping his coat and yet showed her a perfectly normal coat. He was also saying that she was deliberately putting black marks on the curtains to frustrate him. Jane wrote:
I have been home regularly and cannot say that I have noticed anything greatly different except perhaps he is more anxious about things if they do not go his way, so to speak. (On a lighter note, it is sometimes difficult with dad to know what is stubborness and what is illness as this has been going on for most of our lives and also mum has always said that he is a different man when I come home. He is very convincing in anything he puts his hand to as you know!)
With my clinical background however, what has been said can not be ignored and I wondered if it would be possible to talk to him on the pretext of his heart and find out how you feel things are concerning his mental health. (However even in the writing of this I know that dad is very good at presenting a wholesome personality when he wants to.) My concern is that this does not become another huge trauma for all of us and that it be caught early if treatment is again requred. I am also concerned for mum as she is on her own with dad should things escalate and this is why I feel I should make you aware of what is perhaps going on.
Having been made aware myself of the situation, I realise now that I have been asked by mum recently if it is possible that his illness could reoccur even

though I have told her many times that it is always a possibility. I am not sure if it is her way of telling me that she thinks it is happening again. She also asks me regularly if I think dad is okay when I come home at weekends.

Once again Jane seems to have intuitively sensed a deterioration in her father's mental health, but even she could not notice anything greatly different and she acknowledged that it was difficult to differentiate between his natural personality and mental instability. She was also aware that he put on a show for her when she came home. Also, even with her own daughter, Mrs Hampshire does not appear to have openly expressed her concerns about her husband's mental health.

On 11th April 1993 Dr Wickremasinghe referred Mr Hampshire back to Dr Thomas at Goodmayes Hospital as she was the only person he would see. The reason for the referral was given as:
He is now showing some paranoid feelings mainly in relation to his wife **and the family are beginning to feel that he is not "quite right".**

Jackie Thomas saw Frank Hampshire as an outpatient on 20.4.93. He told her that his wife was deliberately provoking him (tearing strips off the wallpaper and damaging the furniture) so that he will eventually hit her and he will then end up being sectioned and admitted to hospital. He believed it was her aim to get him so admitted. Dr Thomas reported to Dr Wickremasinghe:
My overall impression is that this is a paranoid illness.....At no stage has he ever had any insight into his problems and at the moment he cannot accept that medication of any sort would help..... He said he came to me as a drowning man might clutch at a straw but he is unwilling to even consider taking medication of any sort. When I suggested he keep in touch with me by seeing me again in the clinic he said this would not help and he was not willing to have a further appointment.
At this stage there is nothing much I can do. I hope the situation will not escalate as his worse fears may well then be realised.

This seemed to us like a "message" being sent by Frank Hampshire. He was telling Jackie Thomas that he might end up hitting his wife. He was acknowledging that he might need sectioning. He described himself as clutching at the doctor`as a drowning man might clutch at a straw`, but in the same breath was saying that he would not come back to see her at the clinic and would not take any medication. Dr Thomas clearly formed the impression that he was developing his paranoid illness again, but somehow felt impotent to do anything about it other than `wait and see`. It was therefore left up to Frank Hampshire to `call the tune`.
Once again we see the `wait and see` policy in operation.

On 30th April 1993, Frank Hampshire left home without warning and drove to Devon with his dog. A week later he returned but refused to go home and went to stay with his sister locally. Dr Wickremasinghe visited him there on 7.5.93 and found him **drained, sitting on a chair**. He said he had stresses and marital problems. The GP prescribed Largactil.

On 10.5.93 Mrs Hampshire went to the GP's surgery and told him that her husband was once again displaying strong feelings of paranoia about her. Dr Wickremasinghe asked Dr Margo to visit. He did so and found him with obvious paranoid ideas:
The picture is very much as in the past namely he entertains the possibility that he may be being followed. His wife is the main force but others may be invoved. Fairly trivial damage he believes to have been caused to his car, his home, objects are being moved around. He is not altogether certain why he should be the focus of this attention. He has considered the possibility that he might be being poisoned. He has also noted that radio and TV by coincidence seem to have material which is of relevance to him. `They' seem to know where he is at any time...His sister..is finding it extremely difficult to contain him within her home although there has been no violence. During the past week he has commenced the Chlorpromazine... This appears to have significantly improved his mood and he appears to be sleeping now.

However Dr Margo concluded in his report to the GP:
I felt that clinically he was not sectionable, he was extremely pleasant, approachable and gave a coherent and clear, albeit deluded account of his situation. In-patient treatment however would be the preferable course in view of the chronicity here and I think the possibility arises that he could benefit from a Depot drug.
In the interim I think we will be obliged to accept the terms of his present residence at his sister's and I will be arranging for the community nurses to assess him over the next 2 weeks.

Yet again, the `wait and see' policy.

Dr Margo visited again to review the situation on 14th May and offered admission to hospital. He discussed the situation with the immediate family. Under extreme pressure from the entire family, Frank Hampshire reluctantly allowed himself to be admitted to Gregory Ward at Goodmayes Hospital as an informal patient on 17.5.93. He was prescribed the neuroleptic Sulpiride.

Yet even in hospital Frank Hampshire was allowed to `call the tune'. He was soon allowed out and even to go home during the day as he was **very reluctant to stay on the ward.** He remained there until 7.6.93 when he was discharged home, his relationship with his wife having **improved enormously.**

Whilst Frank Hampshire was still in hospital, he was discussed by Dr Margo and Dr Thomas on a ward round on 20.5.93 and the following was noted by Dr Thomas:
From Dr Margo's discussion with the family there appears to be a chronic paranoid illness but there has often been an affective (depressive element). Maintain on Sulpiride.

On 27.5.93 Dr Thomas had a private talk to Mrs Hampshire.
She told her that **she was just adjusting to having Frank reasonably well but that she still felt insecure. She told Jackie Thomas that in 1986 he had tried to kill her- pulled her hair out etc. She would be grateful if he could have day leave only over the weekend and until the end of half term.**

Mrs Hampshire was seen again by Jackie Thomas on 2.6.93. She told the doctor that **she had no clear idea he was getting ill this time. If he becomes unwell for the 3rd time she may leave him.**

Even his wife appeared to have no real clue that Frank Hampshire was so ill prior to his admission. He may well have been capable of hiding the true picture even from her.

Frank was discharged from Goodmayes on 7.6.93, still taking the neuroleptic Sulpiride. He attended Dr Thomas's outpatient appointments on 29.6.93 when he reported **all is well,** and on 2.9.93 after 2 weeks holiday in Malta with Catherine, he complained of sweating at night and lethargy in the mornings, but otherwise **all is well.**

By 23rd September 1993, Frank Hampshire was complaining of sweats and insomnia again to the GP.

On 26.10.93 he was seen urgently as an outpatient at Goodmayes by Dr Thomas, at the request of Mrs Hampshire. Dr Thomas recorded symptoms of **poor appetite and sleep pattern and waking drenched in sweat. Frank was drained, depressed, almost suicidal and spent quite a lot of time in bed.** Dr Thomas found no evidence of paranoia however. She thought that reaching his 60th birthday the previous week might have something to do with his mood. She continued his existing medication and gave him something to take at night.

On 5.11.93 Frank returned to Dr Wickremasinghe complaining of sweats, lethargy and chest pain. An ECG revealed no evidence of a heart attack.

By 18.11.93 he was telling Dr Thomas at an outpatient appointment that he had felt pretty terrible for the last few weeks. His lethargy had gone and the main remaining feature was anxiety. He was still sleeping badly and sweating at night.

Frank told her that he was having the bedrooms at home decorated and that he was finding it extremely stressful. Dr Thomas suggested increasing the dosage of Sulpiride for a few days and then letting her know how he was doing after a week. She gave him a further appointment in 3 months.

On 5.2.94 Mrs Hampshire was expressing her concern to a Locum GP that Frank may have a physical illness as well as a mental one and the Locum asked Dr Thomas to carry out some blood tests.

Dr Thomas saw Frank again at outpatients on 10.2.94 when he described going **to Hell and back in the last month.** He was anxious all the time, with no energy or motivation and had difficulty sleeping, becoming drenched in sweat. He had stopped taking his medication (Sulpiride) about 2 weeks before. Dr Thomas prescribed Depixol for him. He refused admission to hospital.

A week later on 17.2.94 Dr Thomas found him quite different. He was more cheerful and assertive although still very tense and anxious. He complained of a very poor sleep pattern and poor appetite. He denied any paranoid or psychotic features. He said that Depixol **knocked him out** and that he had looked up Sulpiride and Depixol in the pharmacopoeia and noted all the side effects and decided that he had them. He was now quite adamant that he would not take either of them again. He said he was stressed about the decorating going on in the bedrooms and **begged for Diazepam.** Dr Thomas wrote to Dr Wickremasinghe;
There has been a dramatic improvement in his condition for the last week and his symptoms appear now to be purely anxiety....There are certainly no clear signs of a paranoid illness at the moment or a depressive illness.

On the 1st March 1994 Mrs Hampshire visited Dr Wickremasinghe on account of her own health. The GP told us that the entry in her medical notes for that day recorded that she was feeling very depressed. She told the doctor that **her husband was in bed and he was paranoid and depressed.**

As a result of that visit, Dr Wickremasinghe made a telephone referral to Dr Margo, asking him to make a domiciliary visit. He told us he would not have spoken directly to Dr Margo but would have given a detailed history to Dr Margo's secretary over the phone.

The Domiciliary Consultation Form completed for Dr Margo has the following entry for the section "Information given by the doctor":
Frank has now taken to his bed. Not eating. Appears depressed. Will not come to hospital. Was paranoid in past -recently agitated and ? depressed. History of coronary artery disease. (Sees Jackie Thomas.)

There is no mention that Frank Hampshire was currently paranoid and Dr Margo was adamant that he was never given that information. He was however always on the lookout for signs of paranoid symptoms.

Dr Margo saw Frank Hampshire at home on 2.3.94. He noted:
Feels washed out and depressed. Wishes it could all come to an end. No energy or will to do anything. Denies any paranoid ideas about wife. Everything an ordeal. Feels anxious and tense. Not taking any medication. Feels worse as day wears on. Feels he doesn't want to go on. Refuses to consider ECT. Good rapport. Unshaven. Lying in bed. Says he doesn't want to eat or drink.
Needs admission. ?ECT. (refuses). ?Lithium (refuses). Suggest ? Prozac.
Wife seen. Not paranoid. Is D(epressed).
Frank will blame her if he allows him to be sectioned. Has 4/52 off school - then will be ret(ire)d for good.
Is on and off but didn't "live" on tablets.
? affective issue ?? MDP (Manic Depression). Was V. "hyperactive" on tablets and "couldn't sit still".

The day after the domiciliary visit, Dr Margo wrote to Dr Wickremasinghe:
I personally felt that he needed to come into hospital but he rejected this and was not immediately sectionable. His wife told me she had entered into a contract with him in order to protect him from the consequences of admission and she was able full time to care for him. It seems we will have to work with him our CPNs and with Dr Thomas to try to achieve a breakthrough into this depressive illness. Frank is also against ECT which I feel is the treatment of choice here.

We wondered whether the fact that Mrs Hampshire was willing to look after Frank made the essential difference between him being sectionable or not at this stage. If she had not been available to care for him, we are fairly sure that he would have been sectionable in the interests of his own health if not safety as he was obviously unable to look after himself. It is clear from his consideration of the use of ECT and Lithium that Dr Margo was taking this illness very seriously.

Dr Margo made an urgent referral to the Senior Community Psychiatric Nurse, Maggie Lilley, that same day, asking her to visit with the main emphasis being that Frank Hampshire was a possible suicide risk. The referral form gave the following information: **not eating, drinking, in bed, suicidal thoughts, seriously depressed, refused admission,wife refuses section.**
The referral also mentioned a previous history of **depressive/psychotic illness.** Maggie Lilley told us that the previous history was not gone into in any detail at that time.

Her `remit` was to persuade Frank to accept admission to hospital. If unsuccessful, she was to deliver a prescription for the anti-depressant drug Prozac and to monitor his condition and the effects of the medication. She should try to arrange an outpatient review, should obtain Mrs Hampshire`s perspective of the situation and should do a comprehensive assessment.

Maggie Lilley visited the Hampshire home the next day, the 4th March 1994. She told us she saw this case as **an absolute priority** at the time of her referral. She saw Mr and Mrs Hampshire separately. Mrs Hampshire said Frank had become depressed over the last 10 days, and had remained in bed for the last week. She could think of no explanation for his depression other than that he had finally completed the decoration in the house.
Maggie Lilley told us that Frank Hampshire had been in bed when she arrived and that she had spent about 20-30 minutes with Mrs Hampshire. She said that Mrs Hampshire had felt it was **important to give a sort of background of their lives together in order to make sense of how Frank was.**

Mrs Hampshire was adamant that Frank should stay at home rather than be admitted to hospital. She gave Maggie Lilley a detailed history of their marriage. Mrs Hampshire appears to have told Maggie Lilley many things that were new to Dr Thomas which Maggie Lilley later detailed in a long letter to Dr Thomas with a copy to Dr Wickremasinghe. (All Maggie Lilley's letters to Dr Thomas were copied to the GP.)
This history revealed that Mrs Hampshire viewed the marriage as physically and psychologically **hard work**,that she felt that Frank turned to his sister for support rather than his wife, that she felt that she had not been a **good enough** wife and felt that the balance of of power had altered, that she felt some responsibility for Frank's illness and had planned her retirement to stay home and care for him, although the head teacher had given her time to reconsider this.

Maggie Lilley also spent about 30-45 minutes with Frank Hampshire who was still upstairs in bed, looking quite dishevelled and sweating. He was apparently very pleasant and received her with a smile. He described feeling very sad and hopeless about the future and also anxious and tense most of the time. Maggie Lilley described him as perfectly relaxed and showing no signs of the anxiety he described. He could give her no explanation for his depression. Throughout her talk with him he made no adverse comment about his wife, (although Maggie Lilley queried in her notes whether there were marital problems having talked to them both.) He was still having difficulty sleeping and his appetite was poor although he said he was eating and drinking every thing his wife prepared for him.

Maggie Lilley left fluid charts with Mrs Hampshire for her to record everything Frank ate or drank and he was started on Prozac which had been prescibed by Dr Margo.

Maggie Lilley told us that before she visited the first time she was not told to look out for any particular symptoms in Mr Hampshire. After the visit when she discussed it with Dr Thomas, Dr Thomas told her about the depressive episodes he had had in the past and that at times he had developed paranoid symptoms and had once assaulted his wife. She does not think that the previous admission under section was mentioned on that occasion. However Dr Thomas did mention the previous involvement of the CPN department and therefore Maggie Lilley took it upon herself to go through all the old files until she found the one relating to the 1986 episode. She found quite a lot of information there which she was unaware of as Mrs Hampshire had also not mentioned this previous episode involving the assault and Frank's subsequent admission to Hackney Hospital.

When we asked Maggie Lilley whether Mrs Hampshire had ever expressed to her any concerns about her own safety, she replied:
Absolutely not. I had obviously asked about past psychiatric history - Has he ever had any episodes like this before? - and she said: on and off over the years, but she never elaborated. She said from time to time he got quite depressed.
We asked her to confirm whether Mrs Hampshire always had an opportunity on these visits to talk to Maggie Lilley on her own and she said that she did. On the first few visits when Frank was in bed, she would talk for some time before Maggie Lilley went upstairs to see Frank. Once he began to come downstairs, there was still always an opportunity during the few moments while Mrs Hampshire was escorting her from the front door through to the sittingroom and again when she would escort her to the gate at the end of the visit.
When we asked again if Mrs Hampshire ever expressed any concerns to Maggie Lilley, the reply was:
Never, absolutely never - neither verbally or in any sort of body language or something with the eyes. Nothing absolutely nothing.

From notes made on the fluid charts by Mrs Hampshire and from what was said to Maggie Lilley when she visited again a week later, we gathered that in the first 5 days after the CPN's first visit Frank got up occasionally, even going out to walk the dog on one occasion and also attended Mass. On the 11th March he took to his bed again. Mrs Hampshire wrote on the fluid chart: **Not a good day for either of us.**

On 14.3.94 Maggie Lilley visited again. Once again she saw the Hampshires separately. Mrs Hampshire told her that her husband had been eating and drinking satisfactorily. She had definitely decided to retire and had completed the relevant paperwork although if Frank improved sufficiently she might consider supply teaching. They had cancelled their planned holiday to Spain at the end of March. Mrs Hampshire felt that her husband might have a physical condition that had been missed and also felt that he needed psychotherapy rather than medication. She had made enquiries at the Maudsley and they were prepared to make an assessment.
(Dr Margo confirmed that he had had no objections to this proposal)
Frank was in bed. Although he felt his mood had improved, and was able to smile and laugh appropriately with Maggie Lilley, he said that he felt **weak** and that he found life **boring and unstimulating and he has no reason to continue to get out of bed. He would stay in bed until he felt better.** He said that he found it difficult to talk about any fears or anxieties he might have and preferred to keep them to himself. An outpatient appointment had been fixed for 24.3.94 and Maggie Lilley arranged to see Frank again after he had seen Dr Thomas. This was a day when Maggie Lilley had one of her monthly formal visits with Dr Margo at which they would discuss all her current cases.

There was an undated telephone message from Mrs Hampshire to Dr Thomas which had to have been sent after Maggie Lilley had started visiting because she is referred to. It reads:

> **Frank lying down all time. Not improving. Poor self care. Eating OK. Watching TV. He is shaving when ML is due to visit. No more talk of suicide. Takes medication regularly (Prozac). Wife sounds very distressed. She says she is concerned because he is not improving. He has been on Prozac since 1st March. He does not want hospital admission.**

The 24th March was the day of the outpatient appointment. Frank did not attend. Mrs Hampshire, however, did attend on her own. She told Jackie Thomas that Frank was in bed, not eating. He was refusing admission to hospital or ECT. She said that Frank had not really improved. He felt he had nothing to live for.

The following day, 25.3.94, Jackie Thomas described Mrs Hampshire's visit in a letter to Maggie Lilley. She recorded that Mrs. Hampshire had told her that **although he managed to give a presentable picture when Maggie Lilley visited, the rest of time he stayed in bed. Today he has not been eating at all. He complains of feeling physically exhausted. He feels he has nothing to live**

for and his wife is quite worried to leave him for long in case he should do something to harm himself.....I spent quite a long time talking to Mrs. Hampshire and trying to support her. I have emphasized that if the situation deteriorates ie. if Frank stops drinking, makes any attempts at self harm or is violent in any way she should contact us immediately. If a crisis occurs in the night such as any possible violence she should of course call the emergency GP or call the police and emphasize he is well known to us.
The future plan is still that he should be admitted to hospital as this is clearly an unsatisfactory situation.
Maggie Lilley was asked to try to persuade him to be admitted when she next saw him.

This, to us, was a cry for help from Mrs Hampshire. The clinical team all admitted that she was not a woman who would make an unnecessary fuss and would only approach them herself if the situation was serious. The message which might not have been `missed` but we feel was not given sufficient significance, was the clear warning that Frank Hampshire was putting on a show for Maggie Lilley which did not reflect the true picture of his health.

On 28.3.94, Mrs. Hampshire phoned Jackie Thomas to say that Frank was reluctantly agreeing to hospital admission. No bed available that day but he was told to come to Goodmayes hospital for admission the following day, the 29th.

This may have been another `message` from Mrs Hampshire. She had always told the clinical team that she did not want her husband admitted to hospital. They had only very recently been made aware of the `contract` (which was more of a `pact`) which she had made with Frank to do everything she could to prevent such an admission. What had made her change her mind? Was Frank`s initial, albeit reluctant, agreement to admission also a message from him that he knew he was seriously ill?

Unfortunately on the 29th Mrs Hampshire telephoned again to say that Frank was now refusing to go to hospital. She said that he was lying in bed refusing to get up. He had apparently lost a stone in weight. She was not certain that he was taking his medication. He was awake most of the night. **Last night he had asked her to kill him because he was useless. Also told her to leave and find someone else.** She was afraid to leave him. There was a marked diurnal variation in mood. Dr Thomas`s plan was for Maggie Lilley to visit tomorrow and try to persuade Frank to be admitted. Her note also states **Brother-in-law may also be able to persuade him.** (*Frank`s brother-in-law had been instrumental in getting Frank into hospital on the previous occasion. As far as we are aware, neither the brother-in-law or any other member of the family was contacted to try to persuade Frank that he needed to be in hospital.)*

Dr Margo was informed. Jackie Thomas spoke to Frank on the telephone. He **played down his symptoms, saying he felt he was improving.**
Dr Margo also spoke to him (on the telephone) to try to persuade him to come up to hospital the next day to see Dr Thomas. Frank denied he was suicidal and again said he was improving.
Dr Margo did not feel he was sectionable.
The plan remained that Maggie Lilley should visit and assess him the following day.

We strongly feel that something more should have been done at this stage. On the 24th Mrs Hampshire had sent out a clear signal of her concern about her husband by turning up at his outpatient appointment. Frank Hampshire had initially agreed to be admitted to hospital, but had then changed his mind. A serious situation had arisen in that he had asked his wife to kill him. For Mrs Hampshire to have visited or telephoned the clinical team 3 times within 5 days should have prompted more urgent action from them. It was out of character.
We also consider it to have been inappropriate (if not impossible) for Dr Margo to have re-assessed whether Frank Hampshire was sectionable or not over the telephone.
It was asking too much of the CPN, Maggie Lilley, to assess the situation at this time of `crisis'. She had only seen Frank Hampshire twice and despite her obvious experience, this was an inappropriate care plan. Somehow Dr Margo or Dr Thomas should have seen Frank Hampshire themselves after this call from Mrs Hampshire or should have brought in an Approved Social Worker to make a more formal assessment and alerted Dr Wickremasinghe of the situation.

On 30.3.94 Maggie Lilley visited the Hampshires together with a student nurse. Frank was downstairs in dressing-gown, looking dishevelled & unwashed. He was again offered admission but he refused. He said he had felt a little better in the last 2 days. However the CPN notes (recorded by the student nurse) state that his behaviour had not changed in any way.
Mrs Hampshire challenged any improvement, saying that he was still staying in bed apart from the previous night when he had come downstairs to watch football.
Frank said that he wanted more time for his depression to lift. He said he was eating & drinking everything given. However he was bored & unmotivated and felt at times that life was not worth living although he vehemently denied any suicidal intent. He said that he would continue to take his medication (Prozac) and **wait & see** what happens.

Mrs Hampshire told them that she was concerned what would happen if he was violent to her or threatened to kill himself. Maggie Lilley outlined her options should a crisis arise, these being the same as those given to Mrs Hampshire by Dr Thomas on 25.3.94.

The notes continue:
Mrs. H was reassured and agreed it was up to Frank to take advantage of help offered.No active care plan possible as Frank wants to "wait & see". Monitoring & liaising only. Will see 8.4.94.

Yet again Frank Hampshire appears to have `controlled` the situation, forcing those treating him to adopt the `wait and see` policy.

Maggie Lilley wrote to Jackie Thomas with a copy to the GP after this visit:
For the first time Frank was downstairs, but still in his night attire, and he was disshevelled in appearance. Frank said he could not summon up the energy or motivation to attend his out-patient appointment with you, however, he then said he had felt subjectively better over the last few days. His wife however challenged this saying he had still remained in bed up until this morning, apart from coming downstairs to watch a football match on Tuesday evening.
Frank still says he is unmotivated and exhausted, hence he stays in bed dozing throughout the day, and then does not sleep well at night. He says his comments to his wife about her leaving him, and he being worthless do not indicate he is likely to harm himself, but are merely "figures of speech".
Both Frank and his wife agree he is eating and drinking sufficiently and he is taking his medication. Frank is eloquent and able to give "reasonable" answers to my questions, but he refuses to be specific, only talking in generalities.
There is a discrepancy in Frank and Kathleen's(sic) account of their recent telephone conversation with yourself and Dr Margo. Kathleen says she was under the impression that both yourself and Dr Margo wished for Frank to be admitted. Frank however, categorically states that Dr Margo told him he could remain at home, and "have more time to cure himself". Frank is adamant he will not be admitted to hospital.
(His wife now believes he should be admitted.)
Frank has no active strategies to "cure himself", nor does he appear able to take any of the advice I have offered him in terms to (sic) trying to put some routine/structure in to his life. Frank says he is content to "wait and see" if the Prozac helps him. However, after 4 weeks regular usage there is no evidence of improvement. I advised Mrs Hampshire on the steps to take should a "Crisis" develop.
I regret I can only monitor the situation as Frank refuses to enter into any active care plan. I will keep you informed of any developments.

This letter somehow says it all. It shows that Maggie Lilley was quite aware of Frank Hampshire's ability to dissemble the true facts, and she has given the treating doctors all the relevant information.The most important `message`, as often is the case, is in brackets: ***(His wife now believes he should be admitted).***

What Maggie Lilley is telling the doctors is that she has failed in her `remit` to persuade Frank Hampshire to be admitted to hospital as a voluntary patient and that there was really nothing more she could usefully do other than "monitor" the situation.

These clear messages do not appear to have been picked up or at least acted upon by the doctors. (The GP also received a copy of this letter as always.) It is perhaps unfortunate that although dictated the day after the visit on the 30th March, the letter was not sent until the 7th April. However, we were told that Dr Thomas telephoned Maggie Lilley on the 30th March and asked her to meet her to report on her visit and they did meet to discuss matters. But we are concerned that the clinical team took no active step either then or on receipt of this letter which clearly told them that Maggie Lilley considered herself to be unable to do anything other than monitor the situation.

We do not consider that monitoring by the CPN was enough in this situation. There should have been a review of Frank Hampshire's health by the clinicians and a review of the care plan devised for him, which should have included an assessment by an ASW.

Jackie Thomas did however speak to Frank Hampshire on the telephone on the 7th April. (We do not know who phoned whom). Frank told her he was feeling better and wondered if he should stop taking the Prozac. He told her he was able to get up but still felt weak and rests on the sofa.

There is no record of what Mrs Hampshire thought on that day.

On 8.4.94, Maggie Lilley visited again with a student nurse. Frank was downstairs in a jogging suit when they arrived .
Frank said that he could see a slight improvement in himself but the CPN could not see much difference from her last visit. Frank said he had been up and dressed during the week because the children had been around rather than because he felt he was making progress, however he said that he was looking forward to his daughter`s wedding in August.
Mrs Hampshire asked Maggie Lilley's advice as to whether it might be beneficial to send Frank to a convalescent home **in order for them to have a rest and stay apart from each other for a while.** Both Frank and Mrs Hampshire were in agreement over this but Maggie Lilley wanted to find out from them what they really wanted Frank to benefit from this break.

This could well have been another `message`. Both Mr and Mrs Hampshire appeared to be acknowledging that they needed to be apart from each other at this time. Perhaps they hoped that a temporary separation might improve the situation between them. Unfortunately this `message` was not picked up, but Maggie Lilley can be excused for not realising the potential significance of this suggestion.

Both admitted that Frank was not feeling so sorry for himself over the last few days. He was smiling occasionally as he talked to the CPN and was relaxed throughout the session. Mrs Hampshire was said to be very supportive of her husband.
Frank still dismissed the idea of going into hospital. Mrs Hampshire mentioned that their children had advised their father against ECT treatment.
A new appointment date was set up to which Frank agreed.

No letter was sent to Jackie Thomas or the GP after this visit. However Maggie Lilley had another monthly meeting with Dr Margo on the 19th April.

Maggie Lilley and the student nurse visited again on 21.4.94. Frank was walking about the livingroom well dressed when they arrived. He said he had been up and dressed for about 3 days,although he admits that he had not been rising until about 11am most days.
He said that he did not feel depressed but did feel very tense which he said had been going on for more than a year. He said he was sleeping and eating well.

Maggie Lilley asked him to rate his progress on the basis that 0 was how he was when she first saw him. Frank said said 5 out of 10 but when his wife was asked to do the same exercise out of his presence her opinion was 3 out of 10.

The notes also record that Frank kept going on about a leakage in the house which was making him tense.
Maggie Lilley apparently confirmed with Mrs Hampshire that there was in fact a small leak in one of the pipes in the loft.

With the benefit of hindsight, this may have been another `missed message`. We know from the records after the murder that Frank Hampshire was going on about water leaking in the house as part of his paranoid ideation.

When asked by Maggie Lilley what they thought of the CPN visits, Mrs Hampshire said they needed her to monitor Frank's progress and that she shouldn't stop visiting. She seemed to feel that **the whole problem lay between herself and her husband.**

The notes record no change in Frank`s condition and another appointment was set up with Frank's agreement.

There was however evidence since Maggie Lilley`s initial visit that Frank seemed to be improving in that he was getting up and dressed, was apparently eating and sleeping well and said he was no longer depressed. Again no letter was sent to Jackie Thomas giving the details of this visit.

Damian Hampshire told us that in April 1994 his mother had expressed a fear that Frank would kill her if she stayed.

Unfortunately this significant information was not communicated to the clinical team.

On 4.5.94 Maggie Lilley once again visited with the student nurse. This was to be her last visit before she went on leave until the beginning of June.
Frank told her that there had been no change since her last visit. He looked very unmotivated and unkempt. He appeared very unconcerned and was not very helpful with any suggestions. Frank made it clear that there was nothing much to be done for him and that he did not wish to see the doctor.
Frank did not really say much only giving answers like **"Let`s wait until the day comes".**
Mrs Hampshire felt that there was no improvement or change. She told Frank and the CPN that she did not think Frank was sick but says she will get on with her life as usual.

Frank said that he gets to sleep easily but gets up in the course of the night and yet can still fall asleep with no problem.

The conclusion of the CPN was that there was not much that could be done since Frank found it difficult to say what his real problems were.
Mrs. Hampshire asked for more visits from Maggie Lilley. and a visit was arranged for the 2nd June.

Mrs Hampshire's desire for the CPN visits to continue could have been another `message`. Maggie Lilley acknowledged to us that she was aware that her visits were of more value to Mrs Hampshire, who appeared to welcome the opportunity to be able to talk to somebody, than to Frank and she admitted to feeling quite impotent in trying to build a good relationship with him. With Mrs Hampshire however she had ***a very very warm relationship.*** *There also appeared to be signs that in the intervening two weeks since her last visit, Frank had deteriorated in that he appeared unkempt and was uncommunicative.*

Maggie Lilley added the following to the notes taken by the student nurse:
Frank says he has improved but there is no evidence of this in his behaviour. He gets up every day around 10.00am, dresses in a track suit and sits around the house reading the newspaper or watching TV. He has not been out or taken his dog for a walk. Frank says he is not willing to take part in his daughter`s wedding arrangements. Mrs Hampshire is fully involved & enjoying same.

Frank refused further assessment by Dr Thomas at Goodmayes & is continuing his Prozac. Sleeping & eating well. No suicidal ideas. Unmotivated re the future but feels will be well enough to attend his daughter's wedding in August.
Will see after annual leave in June.

Again no letter was sent to anyone with details of this visit. No proactive arrangements were made for a visit to the Hampshires during Maggie Lilley's absence and Dr Wickremasinghe was not informed that no-one from the CPN team was visiting the household.

Only two days later on the 6th May, Mrs Hampshire telephoned Dr Wickremasinghe. Frank had taken to his bed again. She asked him to visit, but from what she said he did not consider that it was urgent enough to warrant an immediate call.

Dr Wickremasinghe visited Frank on the 9th May. He told us that he considered it to be more of a social call, just to be supportive. He found Frank **jovial and "teasing"**. In response to our question whether this was a side of Frank Hampshire he had seen before he replied:
In a sense it was a new Frank Hampshire.....I noticed that in fact, that is, a little change because always he was respectful, I mean over respectful to me. It was amazing that he is a headmaster and or a deputy head and he was extremely polite, extremely respectful. But on this occasion he was a bit sarcastic and he teased me....In fact made me look rather foolish because when I suggested that why don't you go out, he said "Dr Singhe on a day like this you want me to go out?" You know it was raining.....So I gave up. He just didn't understand what I was getting at. At no point on that day was there any hint of his previous paranoia.

However he described Mrs. Hampshire as sitting very quietly on the sofa. He told us that Frank kept putting her down. He told us he felt very sorry for her, so much so that he meant to telephone her afterwards, but he didn't in the end. He said:
She just looked worried. In fact I mean this is just something, I mean I was very sorry for her and I actually, I regret not doing this, I felt like ringing her up and saying "Now listen, don't get upset. This guy is saying these things to you to make you feel embarrassed. Don't take this to heart. He is not very well, or words to that effect. But I didn't do it.
We asked what sort of things Frank was saying to his wife and he said:
"There is nothing wrong with me. Why did you call the doctor? It is not necessary, I don't need the doctor. I don't need any tablets or medication." Suffice it to say that it was wasting my time.

Again we asked if this was a different side to the Frank Hampshire he knew and he replied:
...I couldn't answer that but certainly I know this slight sarcasm, this slight lack of respect was important, but I didn't make much of it you know. He was more jovial than normal, not an agitated man cowering in bed and sweating away. He was a chap who was relaxed and asking` There is nothing wrong with me. Why are you wasting your time?`

Dr Wickremasinghe told us that Frank's behaviour that day was nothing like that of 1986 and 1993.
No acute paranoia. No acute depression. Nothing.
He also told us that he assumed that there was ongoing contact with Jackie Thomas and Maggie Lilley. He did not know that Maggie Lilley had gone on leave a couple of days beforehand. Mrs Hampshire had not mentioned this and he had not been notified of this fact by the CPN or the Goodmayes doctors.

Dr Wickremasinghe said that he had not pressed Mr Hampshire to attend his outpatients appointments and to take his medication because:
I soon gathered I wasn't getting anywhere with him and he was blaming her or ridiculing her for wasting my time and I thought if I tried to do anything he might just take it further and then get violent - I don't know - I didn't think in those terms. On hindsight it is a different situation.

We asked him to elaborate on how Mrs Hampshire seemed that day. He told us:
She seemed very quiet and in fact it was sad that she was a very attractive, very outgoing, very charming person, and over the last year or two I noticed that she had neglected herself and she was not the normal bubbly person. I mean she was carrying a huge burden I think. So that came out most clearly, most definitely.

When we asked the doctor if there was anyone other than Mrs Hampshire to whom the doctors could have spoken to check objectively whether the patient's assurance that he was quite well was true or not, he replied:
The children, but they kept out of it most of the time. They kept out of things. They didn't really get involved with his care for some reason. They got very angry after what happened, extremely angry. But not before.

Dr Wickremasinghe did not contact the Goodmayes team about this visit. They were therefore unaware of this `message` of concern about her husband`s health being sent out by Mrs Hampshire.

On the 25th May Mrs Hampshire left a message for Jackie Thomas to phone her.

This may well have been another `message` from Mrs Hampshire.

Jackie Thomas returned the call and Mrs Hampshire answered it. However she said nothing other than:
Frank's here. Would you like to speak to him?
before handing the telephone to her husband.

Frank sounded bright and cheerful and said he was almost back to normal. He was eating and drinking. He said that he had stopped taking the anti-depressants a few weeks ago. When Dr Thomas disapproved of this he said that Dr Wickremasinghe had called round to see him and had said that he could stop.
Dr Thomas told us:
But I didn't take it at face value. I said well if you are so much better have you been out with your dog to the park because that was very important to him and he laughed because he knew I was trying to catch him out and had caught him out and he said, well no I haven't actually done that yet. So I said well you are not 100% better then are you and he said nearly. And then we actually joked. He was in quite a sort of jovial frame of mind...And then towards the end, I mean I didn't know quite how to ask him on the phone, it's quite difficult to ask people questions on the phone. Obviously you have got to know them well. I said well the only other thing is what about those old ideas you had about things going on at home, those things about damage and things being done at home. Is any of that happening? And again he took it as a joke: "Oh no. Not more than usual you know" and laughed.[Her note of this conversation adds:`he would not elaborate`]
So it seemed quite a light-hearted phone call. I felt quite relieved after. I had a sense of relief and he really is better now.

Dr Thomas told us that this `jovial` side of Frank was their usual relationship when he was well. She contrasted the time on the 29th March when she had spoken to him after he had asked his wife to kill him.
When he was unwell in that way his voice was quite different. When he was paranoid his voice was different. He would be much more evasive. I don't think he ever lied to me but when I was seeing him face to face in the clinic I could see there was something he didn't want me to know. I would ask him a question and he would look away and change the subject and I would know there was something he was trying to hide. But he wouldn't be quite as cheerful and jovial as he was in that last phone call and for that reason you can imagine I've gone over and over that last phone call trying to make sense out of it because clearly he was paranoid when he killed his wife and my question is, when did that paranoia start and I don't think there's any way of knowing.

It is obviously a pity that Jackie Thomas did not have the opportunity to assess Frank Hampshire face to face at this time, but domiciliary visits were not her domain and he would not come to her although she tried to persuade him to.

She told us:

The trouble is I didn't see him after February. I was only trying to keep in touch by phone which isn't the same thing as having a proper eye to eye interview with somebody.

We believe that Frank's response to her question of whether he was having any of his old ideas: "No more than usual" was perhaps another missed `message'. This belief comes of course with the benefit of hindsight.

The following weekend was Bank Holiday weekend. Damian and Jane told us that Claire and her fiance went to their parents' home for tea, we believe on the 30th May. They sat with Mrs Hampshire in the garden. Frank had not made the effort to get up to see them. Nothing was discussed about Frank and the whole situation because Mrs Hampshire wanted it to be a nice day and she did not want it to be spoiled with such talk and therefore she dismissed the matter, preferring to talk about Claire's forthcoming wedding.

They were the last people to see Mrs Hampshire alive.

At about midnight on the following day, the 31st May, Frank Hampshire murdered his wife in a frenzied knife attack. He then cleaned the knife and replaced it in the kitchen drawer, changed his upper clothing and his shoes, put his bloodstained clothes into the laundry basket, washed himself clean of blood and called the police, telling them he had just killed his wife.

The police were on the scene almost immediately and Frank led them to an upstairs bedroom and showed them his wife's body. He said he had killed her about an hour beforehand. According to the police statements, he kept pacing about, muttering to himself. At one point he pointed to a cracked tile at the foot of the fireplace and stated that his wife had done it deliberately to annoy him, along with pouring water upstairs so that it came through the ceiling. He indicated a stain next to the chimney breast. He also showed one of the policemen a photograph of himself and his dog after it had won a prize for obedience and said that since the photo had been taken he had lost two stone in weight as a result of his wife's **twisted ways** towards him.

Frank Hampshire was taken to the police station and later that day gave a tape recorded interview to the police in the presence of a solicitor and a social worker specially trained in mental health. We had access to the transcript of that taped interview.

When asked why he had killed his wife, Frank Hampshire replied:

Because she had waged a systematic vendetta of persecution against me (for ten years) and finally I snapped...It would take me hours and hours to enumerate all the things she did, but basically what she did was rip my clothes, damage the house and generally wind me up.

The interview, which lasted about three quarters of an hour is a mixture of extremely rational and extremely paranoid thinking from Frank Hampshire.

He was transferred under sections 48 and 49 of the Mental Health Act 1983 to Kneesworth House Psychiatric Hospital on the 14th June 1994, having spent the intervening period on remand in Pentonville Prison. A note of an interview with him soon after the killing describes Frank as saying the following about his wife's behaviour towards him, winding him up:
It had been going on on and off just before that 2-3 months. Had talked to sister about it who dismissed it. Brother in law agreed and said it was a terrible thing to do. Did not tell any medical staff..Did not tell (the children) what was going on because they didn't believe him.

Unfortunately, if this is correct, neither did Frank's sister or brother-in-law tell any of the children or the clinical team that Frank was having paranoid ideas again about his wife.

Once at Kneesworth, he at first refused any medication, saying that he wanted to deal with his problems himself. By the beginning of July, he had become restless, agitated, paced around the ward and was complaining of his thoughts being out of control. He still refused to take any medication, but when he was told it could be administered compulsorily, he reluctantly began to take Haloperidol, an antipsychotic drug given as a depot injection. There followed a slow improvement in his mental state.

Dr Jackie Thomas told us that this case had so troubled her that she felt that she had to go and see Frank Hampshire in order to be able to help her to confront and deal with what had happened. She visited him at Kneesworth House at the end of July 1994, and found him **highly aroused, very, very ill, the worst she had ever seen him.**

He remained at Kneesworth House, under the care of Dr Arthur McQuaid, until he appeared at the Old Bailey on 5th December 1994, when he tendered a plea on the basis of diminished responsibility. Dr McQuaid gave oral evidence at that hearing and written reports were submitted by him and Dr Margo. Both psychiatrists agreed that Frank Hampshire was suffering from a chronic paranoid psychosis, with very limited insight into his illness and recommended treatment at Rampton Special Hospital under section 37 of the Mental Health Act 1983 with a Restriction Order under section 41 of the Act, without limit of time.

In his written report for the criminal court, Dr McQuaid recommended the unlimited Restriction Order to protect the public from serious harm. He commented that Frank Hampshire's illness was prone to relapse or to become chronic. His disinclination to take medicine voluntarily and his very limited insight into the nature of his illness and the need for treatment, meant that he might well be a risk to others if his illness recurred while he was at large in the community.

Frank Hampshire remains at Rampton Special Hospital. When we visited the Hospital, we interviewed both Dr Ian Wilson, the consultant psychiatrist responsible for his care and Brian Holmes, his ward manager and key worker. Brian Holmes described him as **a very sort of superior and controlled person.** We learned that all medication had been stopped when Frank was transferred to Rampton Special Hospital in order to assess his progress when not on any medication. He apparently remained relatively well for about nine months (the effect of the long-lasting depot medication he had been given at Kneesworth would have taken some time to wear off) but then became quite hostile, believing that people were talking about him and ridiculing him. He became more and more withdrawn and eventually retreated to his room. Having taken to his bed, he stopped looking after himself and became dishevelled. He refused to see any of the family.

Dr Ian Wilson, the consultant psychiatrist in charge of Frank Hampshire's care at Rampton, told us:
From our point of view as a clinical team it was a progressive deterioration. In fact the children noticed something going wrong much sooner than we did. In fact I spoke to three of the UK based children and they were describing some concerns about their father and it was at least maybe four weeks after that that it became apparent. So the signs were there if you knew him very well but I think you have to know him extraordinarily well. I mean we had got to know him quite well as a clinical team and we were not picking up any more than just mild changes in his attitude...I was aware of the family being very good at spotting what was wrong with their father because when he had been at Kneesworth I talked to Dr McQuaid before carrying out an assessment and he had said again that one of the daughters had expressed her concern at a time that Kneesworth House staff felt he was going along quite well.

None of the children expressed any concerns about their father to any of the clinical team or to Dr Wickremasinghe in 1994. Jane did not write to the G.P. as she had in 1989 and 1993.

By the end of 1995 it was necessary to restart his anti-psychotic medication.

When we saw him at the end of January 1996, he had been on medication for about six weeks and there had been a marked improvement in his health and behaviour.

Frank Hampshire is clearly out of place at Rampton Special Hospital where most of the patients are very much younger and less well-educated. This emphasised to us the unusual nature of this homicide. We are not aware of any other independent inquiry which has had to report on a homicide by a patient of his age or social standing. The unusual circumstances have only added difficulty to what is in any event a most difficult task of trying to identify and analyse the key issues which led to the tragic death of Catherine Hampshire.

Commentary and Analysis

The most important thing to remember is that we have had the benefit of hindsight to assist us in our inquiry. We have also been able to assess each piece of evidence `in the round' and to evaluate it alongside other information. Neither the clinical team looking after Frank Hampshire nor his family had that enormous advantage when trying to deal with his illness in early 1994. No-one other than Frank Hampshire was responsible for the death of Catherine Hampshire. No-one could have predicted what he would do. This must be borne in mind as you read our comments which follow.

With the benefit of access to all Frank Hampshire's medical and nursing notes and having heard the oral evidence, we were able to discern a repeated pattern to his illness:

The first stage was taking to his bed in a depressed mood, lethargy, profuse night sweats, and witholding his approval from those around him. Not eating and drinking and refusing medication were also repeated features but sometimes Frank would say he was eating, drinking and taking his medication when he may not have been.

As the depression began to lighten, it seems as though the paranoid thinking became less suppressed and began to rise to the surface again.

One known previous episode in 1986 had led to violence against his wife.

There also appears to be a cyclical pattern to his illness, with some clear symptoms manifesting themselves between March and June every year from 1985. Around Christmas was another time for concern.

This pattern was beginning to repeat itself again in early 1994.

Frank Hampshire has a very `controlling` personality. He had been a successful schoolmaster for many years and resented any kind of interference in the running of his life. People tended to `treat him with kid gloves` to a certain extent. This is illustrated in the rules being `bent` in 1986 so that Frank Hampshire could be admitted to a hospital outside the catchment area to avoid the local community becoming aware of his mental illness. The family is also

close-knit and understandably protective of their privacy and social standing. Frank Hampshire's sisters, brother and brothers-in-law told us they were unaware that he had been attending outpatients appointments with Jackie Thomas on a regular basis for some eight years.

We have discussed at some length the possibility that the clinicians knew Frank Hampshire almost too well, having known him as a respected local figure over the years, and that the decision about admission was influenced by his strongly stated objections to hospital and the force of his personality.

However this `respect` led to a tendency to allow Frank Hampshire to `call the tune`. For this one had to be able to rely on his goodwill and co-operation. This was not possible when he was ill.

No-one could say that the clinical team gave up or turned their backs on Frank Hampshire in any way. This is not a case where he slipped through the net or got lost in the system. Frank Hampshire had a good working relationship with Dr Jackie Thomas and told us that he trusted and respected her. Except for a few occasions, he regularly attended outpatient appointments with her over a period of 8 years. But we feel that perhaps the very proximity of the relationship, contaminated also by the power of Frank Hampshire's personality, led to her becoming less potent. The more personal relationship which developed over the years inevitably at times got in the way of clinical objectivity.

We felt that this was also the case with Dr Wickremasinghe. Their children went to school together and they held a mutual respect for each other built up over more than 20 years of acquaintance. The G.P. sometimes seemed to regard his role as being more social than medical and we felt that this also affected his objectivity.

The Goodmayes clinical team have a close and effective working relationship forged over many years of working together. They were all dedicated to providing a good standard of treatment and care which is evident from the case records and their oral evidence to us. This is despite grossly inadequate resources for what is being expected of the Mental Health team. Dr Margo is the sole consultant responsible for a population of 80,000 and Jackie Thomas deals with the outpatient department as his clinical assistant. Maggie Lilley manages the Sector CPN Service as well as carrying a case load of 35 patients. We were impressed by their dedication to their patients and loyalty to each other.

We did however question whether the inter-reliance of their relationship might have contributed to a blurring of focus in Frank Hampshire's case. Maggie Lilley was sent in as a "proxy" for the doctors to try to persuade him to be admitted to

hospital. She is the most senior of all the CPNs and a well qualified and capable psychiatric nurse. With the reassurance of her being able to bring her considerable experience and skill to the Hampshire household, the doctors did not see Frank Hampshire face to face after the beginning of March 1994.

Dr Margo made a domiciliary visit to Frank Hampshire on 2nd March 1994 at the request of Dr Wickremasinghe. The G.P.'s referral followed a visit to the doctor on the 1st March from Mrs Hampshire for her own depression which appeared to stem directly from her husband's illness. Her description of him as **depressed and paranoid** does not appear to have been communicated in the referral to Dr Margo, but Dr Margo was always on the lookout for signs of paranoid thinking.

Dr Margo found Frank Hampshire lying in bed looking very washed out and dishevelled when he visited on 2nd March. He told Dr Margo that he had not eaten for 3 days and had drunk very little. He said that everything was an ordeal and he wished it could all come to an end. He felt anxious and tense and was not taking any medication. We have no doubt that he presented as severely depressed that day. However all of the symptoms noted by Dr Margo were also those of the first stage of the pattern we have identified and outlined above. The only symptom not reported to Dr Margo that day was the night sweats, but Frank had complained of drenching sweats to Dr Thomas on his last visit to her just one month before.

It is clear that Dr Margo was checking for signs of paranoia, but his entry in the notes - **Denies any paranoid ideas about his wife** - indicates that he was relying on Frank to tell him about any paranoid thoughts he might have in response to direct questioning. It is fair to say that Frank had volunteered having such thoughts to the doctors in the past, but Frank Hampshire is an intelligent man and he would have been well aware that it was his paranoid thoughts which had led him to being admitted to hospital on two occasions in the past, the last time being only 10 months earlier. He was determined not to go back into hospital and we believe that he was capable of hiding the true position from the doctors. Indeed, the doctors should have been aware of this. On his very first encounter with Frank Hampshire in June 1985, Dr Margo had noted that Frank **tended to minimise his symptoms.**

Having talked to Mrs Hampshire (who apparantly told Dr Margo that Frank was not paranoid although she had told Dr Wickremasinghe that he was only the previous day), Dr Margo learned of the `pact` that she had entered into with her husband to keep him out of hospital. She told him that **Frank would blame her if she allowed him to be sectioned.** Catherine Hampshire told Dr Margo that she had 4 weeks leave from work and then was going to retire and that she was therefore available to look after Frank.

Dr Margo strongly believed that Frank needed to be treated in hospital but felt that he was not immediately sectionable. We feel that he may well have been influenced by Mrs Hampshire's willingness to look after him and her reluctance to allow him to be compulsorily admitted. We are fairly sure that if Frank Hampshire was living on his own at that time he would have had to be admitted for his own health and safety as he was clearly not eating or drinking or getting out of bed.

We have already commented in the Narrative about Dr Margo's threshold for compulsory admission in relation to Frank Hampshire's mental state in January 1986. If Dr Margo did not consider him to be sectionable then, or in 1993, when he was overtly paranoid, we can understand that he would not consider him to be sectionable in March 1994 when he could find no evidence of paranoia, although all the other symptoms which he was showing in 1986 and 1993 were present in 1994. However, since January 1986, Frank Hampshire had proved himself to be a severe threat to the safety of his wife, having subjected her to a serious assault in March 1986. This had to be put into the balance in 1994.

We do not however quarrel with the diagnosis on 2nd March of severe depression. Frank Hampshire was displaying classic signs of a depressive illness. We also accept that many other doctors would not have sectioned Frank Hampshire at that stage. That decision should, however, have been frequently and thoroughly reviewed, face to face.

Having made the decision not to compulsorily admit Frank Hampshire to hospital, the only other option open to Dr Margo was to send in the community psychiatric nurse, given that Frank would not go into hospital as an informal patient nor attend outpatients.

There was no formal referral by Dr Margo to Maggie Lilley. She was given insufficient information when she first visited despite the urgency of the situation. Neither Dr Margo or Dr Thomas gave her a clear picture of Frank's past paranoid ideation nor the severity of his symptoms in 1986 and 1983. She was not informed by them as far as we are aware that Frank had been compulsorily admitted to hospital in the past nor was it mentioned to her by Mrs Hampshire.

Her own good practice led her to dig out the old CPN files and do her own `homework` on Frank Hampshire. When she first visited the Hampshire's she was told only that the patient was severely depressed and a possible suicide risk.

The end of March 1994 was, in our opinion, a critical time which should have prompted swift and effective action to get Frank Hampshire into hospital.

There had been two separate cries for help from Mrs Hampshire. One was the undated telephone message that noted that she sounded very distressed and was concerned that Frank was not improving despite having been taking Prozac. She also gave a clue as to how Frank was putting on a show for Maggie Lilley by shaving prior to her visits. The second was the outpatient's appointment which she attended on 24th March instead of Frank. This was unprecedented. She told Jackie Thomas that Frank was still keeping to his bed, although he managed to present a reasonable picture when Maggie Lilley visited.

It is clear from the notes and the letter written the next day by Dr Thomas to Maggie Lilley, that Mrs Hampshire spent quite a long time `unburdening herself' to Dr Thomas that day, talking about Frank's personality over the years and expressing her concerns about leaving him alone for long. In the letter Dr Thomas states that she emphasized to Mrs Hampshire what to do if a crisis occurs in the night such as any violence from Frank.

Dr Thomas also acknowledged to Maggie Lilley in that letter that this was **clearly an unsatisfactory situation** and that Frank Hampshire should be admitted to hospital, but her only response to Mrs Hampshire's unprecedented solo visit was to ask Maggie Lilley to try to persuade him to be admitted **when she next saw him.** We do not consider this to have been an adequate response. At the very least, Maggie Lilley should have been asked to visit as soon as possible. We would have preferred one of the doctors to have reviewed the situation for themselves.

Dr Margo had also prescribed Prozac for the first time at the beginning of March. There was no follow-up review by him to check its effectiveness or appropriateness. We feel there should have been. The reports from Mrs Hampshire and to some extent from Maggie Lilley were that it did not appear to be helping Frank much. He had not been taking any anti-psychotic drug since he refused to take Sulpiride or Depixol in February, saying that he was suffering from adverse side-effects. He had however taken Depixol several times in the past with good results and no side-effects.

On the 28th March, Mrs Hampshire phoned Jackie Thomas to say that Frank was reluctantly agreeing to hospital admission. This was such an `about turn` by both of the Hampshires that the doctors' hackles should have been rising. (Dr Margo had told us that he had been taught that **hackles rising round your neck was the most diagnostic of all criteria)** It was less than 4 weeks since Mrs Hampshire had told Dr Margo of her pact with her husband to do everything possible to keep him out of hospital, and Frank himself had <u>never</u> agreed, however reluctantly, to be admitted. He had had to be frogmarched into Goodmayes by the family in

1993 and with the assistance of the police in 1986. What had happened to make both of them change their minds? Did anyone ask themselves that question?

As luck would have it, there was no bed available that day, and by the time one was found the following day, Frank had changed his mind again. Mrs Hampshire's telephone call to Dr Thomas on that day, the 29th March, should have prompted an urgent response. Mrs Hampshire was telling them that her husband was lying in bed, refusing to get up. He had lost a stone in weight. She was not certain that he was taking his medication and the previous night he had asked her to kill him. What more did she need to tell them to make them do something about the situation?

Both Jackie Thomas and Dr Margo did talk to Frank on the telephone on the 29th. He told both of them that he was improving, Dr Thomas noting that he **played down his symptoms.** This was, of course, a complete contradiction to what Mrs Hampshire had just told them. Having spoken to Frank, Dr Margo did not feel he was sectionable.

We do not consider it to be good practice to attempt to assess whether a patient requires compulsory admission to hospital over the telephone. A proper risk assessment, including an assessment of the risk to Mrs Hampshire's health and safety, needed to be carried out at that stage and should have been. Such an assessment could only be done properly in a face to face interview.

We consider that the following risks should have been assessed:

- The risk to Frank Hampshire of self harm due to his deteriorating mental state.
- The risk to Mrs Hampshire inherent in leaving him in her sole care when she had been the victim of an assault by him in a situation of deteriorating mental health.
- The risk of his health deteriorating further without treatment.
- The risk that he would neither take prescribed medication nor attend outpatient appointments.
- The risk that he would refuse any continuation of the services of the Community Psychiatric Nurse.
- The risk that Mrs Hampshire's support would be lost or the burden of care become too great.
- The risk to Mrs Hampshire's own health from the burden of care.

We also consider it likely that Frank Hampshire was sectionable at that stage, given that in the month since Dr Margo's domiciliary visit of 2nd March Frank had shown no improvement according to his wife, may not have been taking his medication (Prozac) and the situation had clearly deteriorated to the point where he wished her to kill him. What was also an important change was Mrs

Hampshire's change of heart about him being admitted. If Dr Margo had been influenced in his decision not to section Frank on 2nd March because Mrs Hampshire was adamant that she did not want him admitted and was willing and able to look after him, this was no longer the case. Dr Margo should have reviewed the situation again by arranging a domiciliary visit. At the very least he should have brought in an Approved Social Worker to carry out a formal assessment and alerted Dr Wickremasinghe to the seriousness of the situation.

As it was, Maggie Lilley was sent in the next day to try to persuade Frank to agree to be admitted to hospital. This was asking a great deal of the C.P.N. who had only met him twice before, and we find it hard to understand what it is believed that she could do, when the two doctors whom he respected and had known for nearly 10 years were unable to persuade him to agree to informal admission. There was no contingency plan.

We know that the nurse/patient rapport between Maggie Lilley and Frank Hampshire was poor. Both acknowledged this to us. Maggie Lilley wrote to the doctors after visiting Frank on 30th March that she could do nothing other than **monitor** the situation.

She had been sent in by Dr Margo at the beginning of March to try to persuade Frank to go into hospital. By the end of March she had failed in her remit and had no real role to play thereafter as far as Frank Hampshire was concerned, other than a monitoring one. She could have justifiably delegated the case to someone else at that stage, but she continued to visit, providing much needed and greatly welcomed support for Catherine Hampshire.

However we feel that Maggie Lilley's continued involvement after the end of March deflected the focus of the clinical team. Her presence gave a sense of security to both the doctors and Catherine Hampshire and may have contributed to the delay in taking more definite action. Dr Margo told us:

I think we felt we still had time on our hands. The case was evolving and things would eventually crystallise out.

As we stated after the entry in the Narrative dealing with Maggie Lilley's visit on the 30th March, the letter which she sent to Dr Thomas following that visit says it all. Frank Hampshire was trying to persuade her that he was better. His wife was challenging his arguments. He was adamant that he would not be admitted to hospital. His wife now believed that he should be.

Mrs Hampshire should not have been left in such a position. She was having to provide round the clock care to a clearly sick husband without any respite or support other than when Maggie Lilley visited.

Monitoring was not enough. Someone should have stepped in and made an effective decision.

It seems as though the immediate family were not around much in that first half of 1994. Neither of Frank's sisters, nor his brother nor their spouses saw Frank at all after March although they apparently spoke often to Catherine on the telephone. The children visited when they could, but they all lead busy professional lives and do not live nearby, but they kept in constant contact with their mother by telephone. We got the impression, however, that she may well have felt quite isolated at times as Frank's illness persisted and Maggie Lilley's visits must have helped to lighten the burden of responsibility which she must have felt.

Catherine Hampshire sent out many `messages` to various people in the last weeks before her death. We have identified them as follows:

1.3.94: She went to Dr Wickremasinghe, very depressed herself and saying that Frank was depressed and paranoid.

11.3.94: She wrote **Not a good day for either of us** on the fluid chart that Maggie Lilley would check.

Undated: She telephoned Jackie Thomas sounding very distressed saying that Frank was lying down all the time and that she was concerned that he was not improving. She said that Frank did not want hospital admission.

24.3.94: She attended Frank's outpatient appointment in his place, telling Dr Thomas that Frank was in bed and not eating. She repeated that he had not improved.

28.3.94: She rang Dr Thomas to say that against all the odds Frank was reluctantly agreeing to be admitted to hospital.

29.3.94: She telephoned again to say that he had changed his mind. She also said that Frank was refusing to get out of bed, had lost a stone in weight and may not be taking his medication. The previous night he had asked her to kill him.

30.3.94: She challenged Frank's view that he was feeling a little better which he gave to Maggie Lilley. She also contradicted his version of his telephone call the day before with Dr Margo, saying that she was under the impression that both he and Dr Thomas wished for Frank to be admitted to hospital. She told Maggie Lilley that she now believed that he should be in hospital.

8.4.94: She (and Frank) told Maggie Lilley that they had decided that it would be best for Frank to be in a convalescent home **in order for them to have a rest and stay apart from each other for a while.**

21.4.94: She only rated his progress to Maggie Lilley as 3 out of 10.

April: Some time in April, she told Damian that she was afraid that Frank would kill her if she stayed.

4.5.94: She told Frank and Maggie Lilley that she would get on with her life as usual. She asked Maggie Lilley to continue her visits.

6.5.94: She called Dr Wickremasinghe, asking him to come to see Frank who had taken to his bed again, but told him it wasn't urgent.

9.5.94: During the G.P.'s visit, she sat very quietly, looking worried.

25.5.94: She left a message for Jackie Thomas to call her. We do not know why.
Jackie Thomas returned her call but although she answered the phone, she handed it straight to Frank. This may or may not have had some significance.

With the benefit of hindsight and being able to list these 'messages' all together, one can see exactly how Catherine Hampshire might have felt that she had given the clinical team all of the information they needed to make a decision about admitting Frank compulsorily. She trusted and relied on their judgement.

However, everyone we spoke to about Mrs Hampshire described her as a lovely, gentle, warm person who would not wish to be a bother to anyone and who would also wish to protect the family's privacy and dignity. She was a devoted and loyal wife. She spoke in whispers about her concerns. It was not in her nature to shout them too loudly. The messages were sent to several different people over several weeks, and therefore their impact was diluted.

These `messages' clearly indicate her concern about Frank. They were not ignored by the people she contacted. They too were concerned about Frank. It was just that Frank himself was able to deflect the real urgency of those messages so that they did not have the (perhaps) desired effect of getting the clinical team to change their decision that he was not sectionable.

Dr Margo told us:

If Mrs Hampshire had telephoned and said `You know this is really out of control and something needs to be done' as had happened previously, I would have gone along to see him. You know there were various alarm bells that could have rung that didn't ring and I think that is the problem.

One thing we are quite clear about. Other than on the 1st March in her visit to Dr Wickremasinghe, Mrs Hampshire did not tell anyone between March and June that Frank was expressing any paranoid thoughts. We asked all the members of the family who came to talk to us and the clinical team, and all of them confirmed that she had not said anything about paranoid thinking to any of them.

Had she been concerned about his behaviour towards her, she had several opportunities to tell both Jackie Thomas and Maggie Lilley about her concerns. She did not.

She also had the opportunity to tell her children about any paranoid ideas their father might have had about her. She did not. Nor did she tell her in-laws.

We are also quite certain that Frank Hampshire was quite capable of hiding his thoughts as well as his symptoms from anyone he chose to. Everyone we asked confirmed this. The following are some of their replies:

Throughout dad's illness, he would stay in bed unless anyone outside the family visited in which case dad would make the effort to get up, shave, wash and get dressed and try to appear as normal as possible. (Written statement prepared by the children in addition to their oral evidence)

When he stayed with us, I think this is something to do with the illness, he would try to manipulate and he would try to make out that he was better one day, worse the next...When it got round to the point when he thought he was going into hospital he would be up whistling, singing and doing something. "I'm OK now" (Clive Cowell, Eileen's husband)

If he was relating to an outsider, he would sound very plausible. (Albert Edgley, Marie's husband)

I think this is the crux of the thing. My own feeling is that Frank Hampshire was able to hide things from everybody, including myself I think. (Dr Wickremasinghe.)

When we saw him at Rampton Special Hospital, Frank Hampshire himself agreed that at times he did not present a true picture of what was happening to the doctors.

We agree with this sentiment from Dr Margo's report prepared for the criminal proceedings:

In retrospect I am convinced that Mr Hampshire must have been paranoid throughout but nevertheless was capable of concealing his symptoms even from his wife.

One thing was certain. No-one in the family could give us a clear picture of Frank Hampshire's illness between March and June 1994.

The clinical team and the G.P. relied on past experience to help them assess Frank's illness in 1994.

In the past:

- There had been clear signs of developing paranoid thinking
- Those paranoid thoughts were freely volunteered by Frank Hampshire
- Mrs Hampshire would keep them informed of her concerns
- Jane would write to Dr Wickremasinghe about her concerns

None of these events featured in the spring of 1994. This may have lulled the doctors into believing they could afford to `wait and see`. Also in the past, medication had led to an improvement. (Frank was not however taking any anti-psychotic medication in 1994.) Up until 1994 he had been open with the doctors about his paranoid thoughts, even urgently seeking an outpatients appointment to unburden himself of such thoughts in December 1989. But choosing to tell the doctors when he wanted to was one thing with Frank Hampshire. Responding to

such questions as **Are you having any of your old ideas about things going on around you?** was quite another. Frank Hampshire likes to be in the driving seat. Past experience had taught him too. He knew that answering such questions would make him a passenger - on his way into hospital.

The clinical team felt that Frank Hampshire needed to be in hospital, but having decided that he was not sectionable, they seem to have been hoping that the family would rally round again like they had in 1986 and 1993 and somehow get Frank into hospital. Jackie Thomas told us:

I think it would have been nice if we had thought the family would back us up when we wanted Frank in hospital because they saw, they backed us up, they got him into hospital and he improved enormously so I'm not quite sure why they didn't do that the second time.

The fact that the family had managed to before may have led the doctors to keep putting off having to make a decision to compulsorily admit Frank. But the family were not around so much in 1994.

We were struck by one situation in particular. The family were very angry and upset that the doctors had not contacted them to ask for their input. The doctors told us that they were surprised that the family had not been in touch with them. It is a great pity that there was no inter-communication between the family and the clinical team.

Damian told us that his mother had told him in April that she was afraid that Frank would kill her. We were also told that in 1993 after his discharge from Goodmayes Hospital, Frank had threatened to kill his wife if she had him sectioned again. If the doctors had been told of these events, it might have influenced their decision.

Jane did not write to Dr Wickremasinghe again as she had in the past when she was worried that her father's illness was about to get critical again. Concern expressed by the doctor in the family might have prompted more effective action.

The family were angry that the doctors had left their father in bed for 3 months without doing anything. We have to question what the family did about it. They did not once contact any member of the clinical team or Dr Wickremasinghe to raise the issue of their father's treatment.

The family were well aware of Frank's ability and propensity to put on a show for the doctors. We feel that, if they had any concerns about his health and their

mother's safety, they should have ensured that the doctors knew what was really going on.

We were also concerned that Dr Wickremasinghe did not inform the Goodmayes team that he had visited Frank on 9th May at Mrs Hampshire's request. He should have questioned why she was coming to him about Frank rather than the Goodmayes doctors under whose care he was in respect of his mental health. He acknowledged that Mrs Hampshire was not someone who would make a fuss about nothing, and should have realised the seriousness of her concerns, even though she did not give him the impression that he needed to visit as a matter of urgency. He told us that he took this visit as **almost a social visit.** As we have stated earlier, the long-standing respectful relationship between the Hampshire's and Dr Wickremasinghe may have blunted the G.P.'s objectivity.

What he saw and heard that day when he visited the Hampshires should have been communicated to the clinical team. He himself admitted he saw an unfamiliar side of Frank Hampshire and he did not like the way that Frank was putting his wife down in front of him. He felt embarrassed and sorry for her, so much so that he felt he ought to telephone her afterwards. Perhaps he should have done, but he certainly should have telephoned the clinical team, even if only as a matter of professional courtesy.

Had Jackie Thomas known, when she received a message to telephone Mrs Hampshire on 25th May, that Mrs Hampshire had been concerned enough about Frank to call in the G.P. only a couple of weeks or so beforehand, she may have been put more on the alert by yet another call from her.

Dr Thomas did not follow up the 25th May telephone conversation she had with Frank Hampshire. In it he had told her that he had stopped taking the Prozac because Dr Wickremasinghe had told him he could. Dr Thomas and Dr Margo told us that they did not take this at face value as they were confident that the G.P. would not stop something they had prescribed without informing them. However, she did not check with Dr Wickremasinghe the accuracy of what Frank was telling her. Her note of the conversation also records Frank as being evasive when she asked him why he hadn't gone out for a walk with the dog yet if, as he was alleging, he was better. If she took his statement that the G.P. had told him he could discontinue his medication with a pinch of salt, maybe she should have treated his assertion that he was almost back to normal with the same cynicism.

Having highlighted several areas where, with the benefit of hindsight, we feel that certain steps could and should have been taken, both by the clinical team and the family, we repeat that no-one but Frank Hampshire was responsible for the death of Catherine. He himself told us that.

Everyone involved with this tragedy has been deeply affected by it. We feel that both the clinical team and the family were badly let down by the Trust, who offered no support to either.

It was left to Dr Margo and Dr Thomas, both of whom were quite devastated by the death of Mrs Hampshire, to meet with the family which they did very soon after the event. Dr Thomas told us:

I was actually quite distressed myself. Obviously I couldn't show my distress but I remember sitting there feeling like one of the family when they were describing what happened and - I suppose I just knew them very well, Mr and Mrs Hampshire - so it was like being one of the family.

Because there was no internal inquiry of any sort, and no suggestion at that time of an independent Inquiry, Dr Margo agreed with the children that it would be best if the family consulted lawyers to give an overview of the case and he gave them copies of Frank's medical notes. The clinical team itself needed to know if they could have done anything to have prevented Mrs Hampshire's death. Dr Margo said to us very candidly:

I would be very interested to know if you find any failure on our part because in some ways it would be a relief, because then one would be able to say `well that`s the reason`, and if you bring that into focus with your practice then it's not going to happen again.. Our team are very pleased to have the opportunity to discuss (this matter) independently. I mean we ought to know how it looks from the outside. It is important to us. We were very committed to this patient.

The clinical team had no-one other than each other and the police to discuss this case with until we began this Inquiry. Their involvement with the criminal proceedings added even more trauma for them. They had no assistance or guidance in preparing any reports for the court. Dr Thomas found herself listed as a prosecution witness whereas Dr Margo was being called as a witness for the defence. It was only very shortly before the trial date that they were told they would not have to give evidence.

The family had no-one other than the clinical team to answer their many questions. There was no-one who could independently address their grief,anger, and concerns. As a result, the children turned to litigation as the only way of getting some answers, and Eileen turned to the local Press to vent her feelings.

This should not have happened and must not happen again. Legal proceedings and resorting to the media should not be the way for the family to get their answers. Independent support and advice must be immediately available for all those closely involved with a patient who commits homicide or suicide. An

internal inquiry should be held as soon as possible after the event, and in the case of a homicide, an independent Inquiry should be set up ready to commence its investigations as soon as the criminal proceedings are completed.

Having seen Gregory Ward for ourselves, we can fully understand Frank Hampshire's and his family's reluctance for him to be re-admitted there. So could Dr Margo:

My ward is a very basic environment..It was difficult - that's what I'm really trying to say - for him to come into that ward.

We invite you to read the section of this report on Gregory Ward. We believe it speaks for itself.

Gregory Ward is a symptom of a greater problem within the Trust and the Health Authority. Such deplorable conditions are an indicator of the low priority given to Mental Health.

We have read several adverse reports following visits over the period from 1993 to 1995 to Gregory Ward by the Mental Health Act Commission and the Trust's responses. We are also aware of the Community Health Council's reports condemning the physical environment of Goodmayes Hospital in general but with a particular mention of Gregory Ward.

Over several years the Trust has failed to demonstrate a capacity for change of the sort which secures modern mental health care; for example, the absence of locality (or community) mental health teams and day care.

Responsibility for securing a spectrum of mental health services rests ultimately with the Health Authority, through the commissioning process. This is something of which the new Authority is well aware.

While resources remain tied up in old style building and an outdated service configuration at Goodmayes Hospital, the populations of Redbridge (and Newham) are being denied a comprehensive local service. Progress and change are the only ways through which mental health will become the priority it should and must be.

If the `whispers` in the past urging change and progress have not been heard, we hope that this Report will shout its message loud enough for something to be done - and done soon.

The Development and Course of Frank Hampshire`s Illness

In the mid nineteen seventies, when he was in his early forties, Frank Hampshire first went to his general practitioner with symptoms of anxiety and depression, for which he was given medication. There had been no previous history of psychological distress. There was, however, one entire weekend when he retired to bed depressed. In 1976, Dr Wickremasinghe was concerned enough to ask for a consultation with Dr Glancey, the Consultant Psychiatrist. The outcome confirmed the diagnosis of depression and anxiety and made recommendations for treatment.

In 1986, he began to develop paranoid thinking in which he came to believe that his wife was deliberately spoiling the house and might be poisoning him. It was at this time that he was detained in Hackney Hospital under Section 2, following violence towards his wife. His family, both his own brother and sister and in-laws and his own children observed and were concerned about his mental state at that time. He seems not ever to have recovered his former effectiveness from that time.

From then on, he attended the psychiatric outpatient clinic at Goodmayes Hospital, seeing Dr Jacqueline Thomas, Clinical Assistant Psychiatrist, on forty-four occasions over eight years for continuing treatment and monitoring of his mental state. There were episodes of depression and paranoid thinking, which seemed to resolve either with medication or the passage of time. This pattern suggested a periodic disorder in which symptoms intensified but then resolved. Dr Thomas explored with Mr Hampshire his difficulties in expressing his emotions freely.

In 1993, he was again admitted to hospital, this time as an informal patient to Gregory Ward at Goodmayes Hospital. He had again expressed paranoid views about his wife but had this time gone to Devon with his dog, to avoid confrontation with her. The family, especially his children, were involved persuading him to enter hospital. The recorded diagnosis was one of a "paranoid illness".

The illness in 1994 was, to the clinicians observing him, clearly a depressive disorder, meeting almost all the criteria for severe "clinical" or "biological" depression. He withdrew to his bed and gave up his normal interests and pleasures, for example in training or exercising his dog. He lost a lot of weight, refused food and became withdrawn, unshaven and dishevelled. He slept poorly with early morning wakening. He complained of a loss of libido. This syndrome is described in the World Health Organisation`s International Classification of Diseases ICD-10 Classification of Mental and Behavioural Disorders, under F 32 Depressive Episode in the following way:

"........ these somatic symptoms are: loss of interest or pleasure in activities that are normally enjoyable; lack of emotional reactivity to normally pleasurable surroundings and events; waking in the morning 2 hours or more before the usual time; depression worse in the morning; objective evidence of definite psychomotor retardation or agitation (remarked on or reported by other people); marked loss of appetite; weight loss (often defined as 5% or more of body weight in the past month); marked loss of libido. Usually this syndrome is not regarded as present unless about four of these symptoms are definitely present."

page 120 The ICD-10 Classification of Mental and
Behavioural Disorders: WHO 1992.

Dr Margo told us that he was certain that Frank Hampshire was suffering from a severe depressive illness and that he ought to be in hospital. He was of the opinion that electroplexy was the treatment of choice and considered the use of prophylactic lithium carbonate as a means of keeping the mood stable once it had been restored to normal. As Mr Hampshire declined each of these options, Dr Margo prescribed fluoxetine (Prozac) and asked Mrs Lilley, the community psychiatric nurse (CPN) to try to persuade him to enter hospital.

Dr Margo was of the opinion that Mr Hampshire also suffered from a persistent delusional disorder and repeatedly looked for evidence that it was part of his mental state in early 1994. However, on several occasions, it is recorded in the notes that there was "no evidence of paranoid thinking". Dr Thomas recorded that on 25 May 1994 she asked Mr Hampshire whether he had any of "those thoughts". He replied "not more than usual". There seems to be little doubt that in the three months leading up to the killing of Mrs Hampshire that Mr Hampshire experienced a return of the paranoid thoughts about his wife which he had in 1986 and again in 1993. He was able to conceal them from his doctors and the CPN at interview, especially when the interview was brief or over the telephone.

It is of interest to look at the description of Delusional Disorder in the ICD-10 Classification under F22.0:

"This group of disorders is characterised by the development either of a single delusion or of a set of related delusions which are usually persistent and sometimes lifelong. The delusions are highly variable in content. Often they are persecutory, hypochondriacal, or grandiose, but they may be concerned with litigation or jealousy, or express a conviction that the individual`s body is misshapen, or that others think that he or she smells or is homosexual. Other psychopathology is characteristically absent, but depressive symptoms may be present intermittently, and olfactory and tactile hallucinations may develop in some cases. Clear and persistent auditory hallucinations (voices), schizophrenic symptoms such as delusions of control and marked blunting of affect, and definite evidence of brain disease are all incompatible with this diagnosis. However, occasional or transitory auditory hallucinations, particularly in elderly patients, do not rule out this diagnosis, provided they are not typically schizophrenic and form only a small part of the overall clinical picture. Onset is commonly in middle age, but sometimes .... in early adult life. The content of the delusion, and the timing of its emergence, can often be related to the individual`s life situation, e.g. persecutory delusions in members of minorities. Apart from actions and attitudes directly related to the delusion or delusional system, affect, speech, and behaviour are normal.

Diagnostic guidelines

Delusions constitute the most conspicuous or the only clinical characteristic. They must be present for at least 3 months and be clearly personal rather than subcultural. Depressive symptoms or even a full-blown episode (ICD-10 F32) may be present intermittently, provided that the delusions persist at times when there is no disturbance of mood.

There must be no evidence of brain disease, no or only occasional auditory hallucinations, and no history of schizophrenic symptoms (delusions of thought control, thought broadcasting, etc.)

When he was interviewed by the police after the death of his wife, Mr Hampshire expressed clear paranoid ideas, again to the doctors at Pentonville Prison and to Dr McQuaid at Kneesworth House. They also emerged once more at Rampton Hospital when the withholding of medication eventually led to a return of active symptoms of paranoid illness after a period of some nine months. At the same time as the return of paranoid thinking, he again became depressed, retreating to bed and becoming listless and withdrawn.

There is therefore good evidence that Frank Hampshire suffered from a persistent delusional disorder from 1986 onwards and that he suffered also from intermittent and quite severe depressive episodes. He was able to conceal the paranoid thinking from his doctors and by avoiding contact with his family to present them from alerting the doctors to the realisation that his symptoms were once again advancing toward the violence of the episode which had led to his compulsory detention in hospital in 1986.

Mr Frank Hampshire - Patterns of illness and significant events.

Date		Symptoms and events	Low ← Mood → High X=plot of Mood P=Paranoia evident
Jan 1985			
Feb			
Mar			
Apr			
May			
Jun	4th 12th	Domiciliary visit Depression. Diurnal variation Stopped working. Lethargy/ sweats	X
July			
Aug	13th 22nd	Out Patients. Did Not Attend Out Patients .	X Diurnal
Sep	11th 18th	Did not attend Out Patients Did not attend Out Patients	
Oct			
Nov			
Dec	25th	Christmas - Children say odd	XP
Jan 1986	10th 17th	Wife requests urgent visit. Domiciliary Visit- Acutely paranoid- depressive ideation Paranoid also Very Depressed	XP XP
Feb	17th	GP visit - better but delusional	X
Mar	7th 10th 13th 24th	Mrs Hampshire to GP to Dr Margo - worsening. Anxiety for safety of wife. **ATTACK** on Mrs Hampshire **Admission Section 2 Hackney** **Modecate/ Largactil** **MHRT** maintain detention	X XP
Apr	10th 30th	Section expires. Mr H discharged home Out Patient - Sweating .Rather Low **DEPIXOL**	X
May	13th 27th	Out Patient - Depression some anxiety - **DEPIXOL** Out Patient - Looks better still depressed -talks of paranoia	X X
Jun	10th	Out Patient - Depression much better **DEPIXOL**	X
July	1st 29th	Out Patient with wife. Says he is much better. **DEPIXOL** Out Patient . Looks very well. Decided on retirement	X X
Aug			
Sep	16th	Out Patient. Accepts retirement. Lethargic.	X
Oct			
Nov	4th	Out Patient. Feels better. Well now, lacking in confidence **Amitriptyline starts** **DEPIXOL Stops**	X
Dec	17th 30th	CPN Reports deterioration. Mr H tries to cancel O.P Appt. Depressed . Brother died 2 weeks before. Diurnal moods. Not so depressed	X X
Jan 1987	21st	Still improving but nothing much to get up for	X
Feb	10th	Feeling very well . CPN discontinues	X
Mar	24th	Feeling well mainly but diurnal. Putting on weight	X
Apr	2nd	Letter to Mr H re volunteer bureau	
May	12th	Lethargic in the mornings otherwise well	X
June			
July	7th	Extremely well, full of energy, dieting	X
Aug			
Sep	15th	Very well enthusiastic about classes.	
Oct			
Nov	24th	He is at last enjoying life	X
Dec			

Mr Frank Hampshire - Patterns of illness and significant events.

Date		Symptoms and events	Low ← Mood → High X=plot of Mood P=Paranoia evident
Jan 1988	19th	Sometimes getting in a bit of a trough. Denies depression. **Amitriptyline reducing**	X
Feb			
Mar	15th	Seems well, occasional ups and downs	X
Apr			
May	17th	**Stopped taking Amitriptyline** - Distressed mother's death	X
Jun	7th	Bereavement counselling. Periods of feeling low	X
July	12th	Low on occasions. **No medication - referred to CPN**	X
Aug	9th	**Mr H discontinues CPN**	
Sep	13th	No evidence of depression. No medication. Has a dog	X
Oct	22nd	Taken to Bed - Very Depressed GP -Anti-biotics	X Physical?
Nov	29th	Physical Symptoms being explored. No evidence of Psychiatric disorder.	X
Dec			
Jan 1989	18th	No paranoia, anxiety or depression - generally bored	X
Feb			
Mar		Cancelled appointment for Outpatients	
Apr		Cancelled appointment for Outpatients	
May			
Jun	8th	Very Low ? Lithium for several depressive episode **Amitriptyline prescribed**	X
July			
Aug	1st	Not clinically depressed but labile moods. Death of friend	X
Sep	10th 12th	Jane writes to GP/ Reply 18/9 Dr T does not feel he was depressed	X X
Oct	14th	**Mr H stopped taking medication**	X
Nov	14th 16th	Dr T predicted that he may develop more clear-cut paranoid ideas in the future Dr T to GP - quite well- No clear paranoia (Dr T not happy)	**XP?**
Dec	14th 18th	Dr Margo - also Dr Thomas O.P. -believed wife was poisoning him. No evidence of depressive illness, but paranoid, possibly due to slight hypomania. Refused In patient. Prescribed **DEPIXOL TABS** Did not attend Out Patients	**XP**
Jan 1990	23rd	Missed appointment - Out Patients	
Feb	20th	Relieved to find that he is back to normal. Took Depixol for 10 days. Noted that he stopped all amitriptyline one month prior to episode.Felt betrayed by Dr Thomas.	X
Mar			
Apr		Some paranoia noted in May 1st Interview. Suspicious about wife	**XP**
May	1st	Cheerful/ happy, but anti-Claire and refusing to go to Spain - no psychotic features.	X
Jun			
July	31st	Interview. Well -No evidence of paranoia or depression. Unforgiving about Claire.	X
Aug			
Sep			
Oct	17th	Brooding on family. Some chronic paranoid ideas. **Refusing medication**	**XP**
Nov			

Mr Frank Hampshire - Patterns of illness and significant events.

Date		**Symptoms and events**	**Low ← Mood → High** **X=plot of Mood P=Paranoia evident**
Dec			
Jan 1991	15th	Still not speaking to Claire. Vague. Suspicious about wife. Relaxed and cheerful. No clear-cut paranoia	X
Feb			
Mar			
Apr	16th	No depression or paranoia, looked well and optimistic. Believed his wife betrayed him by getting him admitted to hospital.	X
May 1991			
Jun			
July	2nd	Still well. Discussion on his attitudes and trust. **No Medication**	X
Aug			
Sep			
Oct	8th	Reconciled to Steven not Claire. Treatment for Angioplasty proceeding	X
Nov			
Dec	25th	Christmas Row with wife - anxiety	XP?
Jan 1992	14th	Discussed the marital relationship as dead. Anxiety Xmas, Now low. Talking of wife taking facing off door. **No Medication**	X
Feb			
Mar			
Apr	7th	Did not attend outpatients. To be discharged	
May			
Jun		Mr H reports he is well in letter	X?
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Jan 1993			
Feb			
Mar	29th	GP Night sweats - Tense- Prescribed Depixol, took only 1 tablet.	X
Apr	3rd - 11th 19th 30th	Letter from Jane to GP. Re-referral return of paranoia Paranoid against wife. No insight, Will not accept medication but desperate. Nothing much Dr T could do, but predicts domiciliary visit. Left home and went to Devon. Paranoid about wife	 **XP** **XP**
May	7th 10th 12th 14th 17th	G.P. visited Mrs Hampshire to G.P. Domiciliary visit Dr Margo. At sisters house. Paranoid but mood improving due to Largactil prescribed by GP. Clinically "not sectionable" Referred for CPN visit for monitoring drugs and mental state. Case review (DV) with family at out patients. Bed is offered and expectation is of admission. **Admitted to Gregory Ward informally but under family pressure.** Tense and low ebb **Sulpiride prescribed**	 **XP** X
Jun	7th 29th	**Discharged home** Well. No Paranoid ideas. Family relationships improved	 X
July	1st	Extremely well. No paranoid ideas. **Sulpiride continues.**	X
Aug			
Sep	2nd 23rd	Very well. Morning lethargy GP complains of sweats and insomnia	X

Mr Frank Hampshire - Patterns of illness and significant events.

Date		Symptoms and events	Low ← Mood → High X=plot of Mood P=Paranoia evident
Oct	26th	Outpatients - Depressed almost suicidal In bed. No Paranoia. Largactil at night. Poor appetite/ sleep. Drenched in sweat.	X
Nov	5th	GP Sweats, lethargy and chest pain	X
	18th	Lethargy gone .Main feature anxiety. Increase Sulpiride.	X
Dec			
Jan 1994			
Feb	5th	GP(Locum) Mrs H very concerned- might be physical as well?	X
	10th	Anxious all the time- no energy, motivation - sweats. **Stopped medication.** Refuses admission- Prescribes Depixol.	X
	18th	**Dramatic improvement.** Took Depixol for only one day. **Diazepam prescribed** at his request	X
Mar	1st	Mrs H says Frank is paranoid and depressed to GP	XP?
	2nd	Referral Dr Margo DV - GP says recently agitated and depressed.	X
		Dr M says "not sectionable". Not paranoid. Is depressed. Prozac is prescribed. CPN to visit.	X
	4th	CPN visit Urgent home assessment.	X
	5th	Got up occasionally	X
	11th	Took to bed	X
	14th	CPN visit	X.
	24th	**Outpatient appointment broken. Mrs H attended** Mrs H says Frank not better. She is worried about self harm. Mrs H supported.	X
	28th	Reluctantly agreeing to Hospital. Bed available next day	X
	29th	Asked wife to kill him. Lost a stone in weight. Refused to go to Hospital. Dr T and Dr M phone him	X
	30th	CPN visit. Felt a little better (FH). Wife says not better and concerned for her own safety. Wife now believes he should be admitted. CPN only monitoring.	X
Apr	7th	Dr Thomas on phone. Frank feels better. Questions Prozac.	X
	8th	CPN visit Not much better, but not feeling so sorry for self. Wife and F.H. request convalescent home for F.H.	X
	21st	CPN visit. Said not depressed but tense. Going on about a leakage. Wife scored progress 3/10. Mr H. 5/10	XP?
May	4th	No change since 24/4	XP?
	6th	Mrs H phones GP- Taken to bed again	X
	9th	GP visits Frank jovial and teasing	X?
	25th	Mrs Hampshire phones Dr Thomas. Dr T phones back talks only to Mr H. Frank sounded bright and cheerful. Paranoid ideas -not more than usual (FH)	XP
	31st	**Frank Hampshire murders his wife**	XP
Jun	1st	Mr H telephones Police, after Court at Pentonville	
	14th	Mr H admitted to Kneesworth House on Section 48/49. Social Services involved.	
July			
Aug			
Sep			
Oct			
Nov			
Dec	5th	Mr H. Placed on Section 37/41 following Central Criminal Court Hearing	
	8th	Transferred to Rampton Hospital.	

Gregory Ward, Goodmayes Hospital

The members of the Inquiry panel visited Gregory Ward at Goodmayes Hospital, at the invitation of Dr Margo, to see the conditions in which the psychiatric services work, and to meet members of the ward team. The panel was also curious to see what kind of ward environment Mr Hampshire was refusing to enter, despite the strong advice of the doctors and nurses who were trying to treat him.

Let it first be said, that we were impressed by the quality and the caring approach of the clinical staff, whom we met both on the ward and at other times during the Inquiry. Many of the key staff have worked together over a long period, which we took to be evidence of enjoyable teamwork and of mutual respect. Good work is clearly possible, despite the poor staff ratios, the low numbers of consultant staff and the serious inadequacy of community alternatives to inpatient management of mental illness in the district.

The Ward Manager who showed us round said that she was embarrassed to do so. We could see why. The ward was so primitive by comparison with psychiatric units in other parts of the country; the corridors were grimy; the rooms were dirty with a depressing unimaginative decor and featureless walls. There is no continuity in domestic staff and no obvious supervision of standards. The chairs were of the design seen in geriatric wards a generation ago. The bathrooms were freezing and there were a small number of wash-hand basins with little privacy for so many people. The dormitories were bare with old fashioned metal tube beds, surrounded, not by cubicles, but by curtains on a rail. There was a clear glass window between the dormitories for men and for women: privacy was clearly not a priority. The "quiet room", supposed to be a place for peace and relaxation was drab and claustrophobic. This we learnt was the former seclusion room. There was nowhere for the middle aged or elderly to retreat from the noisy exuberance of younger patients. In truth it was like walking into a mental hospital ward of forty years ago. It must be almost impossible to practise modern psychiatry in such surroundings. We cannot believe that either members or executive from the purchasing Health Authority or the providing Trust can know anything of the conditions in this ward for the admission of vulnerable and mentally distressed people. We thought them to be disgraceful. We can well understand why Mr Hampshire was so reluctant to agree to be admitted and, indeed, Mrs Hampshire's reluctance to have him admitted.

Recommendations

To The Trust and Health Authority

1. Mental Health Care must be given a higher priority within the Trust and the Health Authority.

2. The Chair of the Trust and the Chair of the Health Authority must make a joint visit to Gregory Ward to see for themselves the unacceptable conditions to which patients are being admitted.

3. The Health Authority in conjunction with other local agencies must take steps to secure radical improvements to Mental Health services. The following should be taken into account:

(a) the implications of the new Mental Health (Patients in the Community) Act 1995,

(b) the N.H.S.E. Guidance on the Care Programme Approach and the development of a spectrum of mental health services

(c) the adverse observations about mental health services within the area made over several years by the Mental Health Act Commission and the local Community Health Council

(d) the lack of community facilities and alternatives to in-patient care

(e) The deplorable state of Gregory Ward.

4. As soon as possible after an incident involving a homicide by a patient (including an outpatient) in the care of the psychiatric services, there should be:

(a) a clinical audit at immediate service level under the management of a clinician not involved in providing care for the patient, and

(b) an internal inquiry. The treating clinical staff (including any Community Psychiatric Nurses who have been involved in the care of the patient) should be interviewed and detailed statements taken from them.

5. Professional debriefing and access to counselling should be offered by the Health Authority to any member of the clinical team who expresses a wish to receive it.

6. The immediate family of the patient should be invited at the earliest opportunity to discuss any matters relating to the care and treatment of the patient. Support should be offered to any member of the clinical team who agrees to meet with any such relative.

7. Counselling or alternative support should be offered by the Health Authority to any member of the patient's family who expresses a need for such help.

8. An Independent Inquiry must be set up at an early enough stage for the Panel to be able to start its investigations as soon as the outcome of any criminal proceedings is known.

9. The consent of the patient to the release of all relevant records should be obtained at the earliest possible date and all such records should be obtained and delivered to the Inquiry Panel members in advance of the commencement of the Independent Inquiry.

10. The Trust should ensure that all members of the clinical psychiatric team (at all levels) have access to proper clinical supervision, preferably entirely independent of their own workload. We do not consider the present arrangements (monthly formal meetings between the consultant psychiatrist and the CPN team manager and informal discussions between the treating doctors and the CPNs at weekly ward rounds)to be adequate.

To the Clinical Team

1. The clinicians have a clear responsibility to seek the views of the immediate family in a situation where the medical opinion is that the patient should be in hospital and the patient refuses informal admission. The family should be involved if possible in the taking of any history and in the assessment of the patient's current condition especially when the patient is being cared for in the community and is refusing or unable to attend outpatient appointments. A proper risk assessment should always include the views of the family where possible.

2. If a patient has missed more than 2 outpatient appointments, the clinical team must follow up to establish the reason for such non-attendance.

3. If the treating doctor examines the patient and is of the opinion that the patient needs hospitalisation, is not at that time sectionable and is refusing to be admitted informally, there must be a continuous process of risk assessment which must include regular face to face review by the clinicians. Part of that assessment must include the health and safety of any carer. Clinicians should be encouraged to try to identify patterns in the patient's mood and behaviour.
An assessment must not be made over the telephone.

4. As part of the risk assessment which must be carried out by the clinical team, consideration should be given to referral to an Approved Social Worker to carry out an assessment.

5. The clinical team should inform the patient's nearest relatives of their right to request such an assessment themselves where the carer believes that the patient should be in hospital and the patient is refusing any admission offered.

6. Relatives must be made aware that they have free access to the clinical team and should be encouraged to contact them with any concerns about the patient or his/her carer.

7. Any proper care plan must contain a contingency plan to be put into effect in the event of the failure of the primary plan. A multi-agency case conference should be held if the situation is complex enough to warrant it.

8. Where a Community Psychiatric Nurse (C.P.N.) is sent in by the treating doctors to assess the patient who they believe should be in hospital ie. to be the eyes and ears of the clinical team, a detailed record of what is seen and heard at each visit must be sent to the doctors as soon as possible with copies to the G.P..

9. All relevant clinical information about the patient should be passed between the treating psychiatrists, the G.P., the C.P.N. and Social Services, where involved.

10. No C.P.N. with primary responsibility for a patient should go on leave without making cover arrangements for high priority patients and without notifying the patient's G.P.

List of Witnesses Interviewed

Dr A Margo	Consultant Psychiatrist Goodmayes Hospital
Dr J Thomas	Clinical Assistant to Dr Margo Goodmayes Hospital
Mrs M Lilley	Community Psychiatric Nurse Redbridge Healthcare NHS Trust
Ms C Adams	Assistant Directorate Manager (Redbridge Services)
Ms H Allen	Mental Health Act Monitoring Officer
Mr P Gocke	Director of Operations Redbridge Healthcare NHS Trust
Mr P Duncan	Associate Director Mental Health Redbridge & Waltham Forest Health Authority
Mr K Mullins	Associate Director Mental Health Redbridge & Waltham Forest Health Authority
Ms A Hawkes	Commissioning Director Mental Health and Learning Disabilities Redbridge and Waltham Forest Health Authority
Mrs E Cowell	
Mr C Cowell	
Mrs M Edgley	

Mr F Hampshire

Mr L Hampshire

Dr J Hampshire

Dr D Hampshire

Dr Wickremesinghe	General Practitioner Newbury Park Health Centre
Mr B Holmes	Ward Manager Rampton Special Hospital
Dr Ian Wilson	Consultant Psychiatrist Rampton Special Hospital
Dr A McQuaid	Consultant Psychiatrist Kneesworth Hospital
Dr H Lim	Consultant Psychiatrist Goodmayes Hospital

List of Inquiry Dates

6 December 1995

19 January 1996

24 January 1996

25 January 1996

26 January 1996

2 February 1996

1 March 1996

7 March 1996

8 March 1996

27 March 1996

28 March 1996

2 April 1996

10 April 1996

30 April 1996

Background Reading

Mental Health Services casefile of Mr Francis Hampshire
Redbridge Healthcare NHS Trust

Mental Health Policies and Procedures
Redbridge Healthcare NHS Trust

Mental Health Act Commissioner's Reports and Responses - Goodmayes Hospital
Redbridge Healthcare NHS Trust 1993/94/95

Plan for a Comprehensive Mental Health Service
Redbridge & Waltham Forest Health Authority 1995/96

Extracts from DHA reports on mental health services in Redbridge
Redbridge and Waltham Forest Health Authority, 1995

Local Implications of the Clunis Report
Redbridge & Waltham Forest Health Authority 1994

Mental Health Taskforce Plan
Redbridge & Waltham Forest Health Authority 1995

Reports of visits to Hunter and Gregory Wards
Redbridge Community Health Council 1994

Policies and Procedures relating to Mental Health Services
London Borough of Redbridge

Social Services casenote file of Mr Francis Hampshire
London Borough of Redbridge

Healthcare casenote file of Mr Francis Hampshire
HMP Pentonville Prison

Casenote file of Mr Francis Hampshire
General Practitioner

Casenote file of Mr Francis Hampshire
Rampton Hospital

Transcript of the trial proceedings re Mr Francis Hampshire
Central Criminal Court 1994

The Care Programme Approach for people with a mental health illness referred to
the specialist psychiatric services
Health and Local Authorities Circular 1990

Risk taking in Mental Disorder - Analysis, Policies and Practical Strategies
Edited by David Carson, SLE Publications 1990

Good Medical Practice in the Aftercare of Potentially Violent Patients Discharged
from Inpatient Psychiatric Treatment
Royal College of Psychiatrists 1991

The Code of Practice pursuant to the Mental Health Act of 1983 - Published 1993

Guidance on the discharge of mentally disordered people and their
continuing care in the community
NHS Executive HSG (1994) 27

The Report of the Inquiry into the care and treatment of Christopher Clunis
North East and South East Thames Regional Health Authorities 1994

Learning the Lessons. Mental Health Inquiry Reports published in England and
Wales between 1969 and 1994 and their recommendations.
The Zito Trust 1995.

The Grey Report
East London and The City Health Authority, 1995

The Falling Shadow "One Patient's Mental Health Care"
Duckworth 1995

Report of the Inquiry into the circumstances leading to the death of Jonathan Newby
Oxfordshire Health Authority 1995

Building Bridges - A guide to arrangements for inter-agency working for the care
and protection of severely mentally ill people.
Department of Health 1995

Report of the confidential inquiry into homicides and suicides by mentally ill people
The Royal College of Psychiatrists 1996

Finding a Place - A Review of Mental Health Services for Adults
Audit Commission 1994