

**REPORT TO THE NORTH EAST STRATEGIC HEALTH  
AUTHORITY OF THE INDEPENDENT INQUIRY INTO  
THE HEALTH CARE AND TREATMENT OF  
SEAN CRONE**

**January 2007**

## Contents

	<b>Pages</b>
Terms of reference	4
<b>1</b> Introduction	<b>7</b>
<b>2</b> Narrative of key dates and events from 3 July 1978 – 12 September 1994	<b>9</b>
Commentary upon Sean Crone's health care and treatment from 3 July 1978 – 12 September 1994	<b>16</b>
<b>3</b> Narrative of key dates and events from 13 September 1994 – 18 March 2002	<b>18</b>
Commentary upon Sean Crone's health care and treatment from 13 September 1994 – 18 March 2002	<b>38</b>
<b>4</b> Narrative of key dates and events from 19 March 2002 – 23 December 2002	<b>46</b>
Commentary upon Sean Crone's health care and treatment from 19 March 2002 – 23 December 2002	<b>50</b>
<b>5</b> Narrative of key dates and events from 24 December 2002 – 12 August 2003	<b>54</b>
Commentary upon Sean Crone's health care and treatment from 24 December 2002 – 12 August 2003	<b>59</b>
<b>6</b> Narrative of key dates and events from 13 August 2003 – 30 October 2003	<b>62</b>
Commentary upon Sean Crone's health care and treatment from 13 August 2003 – 30 October 2003	<b>84</b>
<b>7</b> Psychiatric commentary – Sean Crone	<b>90</b>
<b>8</b> Provision and delivery of mental health services in South of Tyne and Wearside	<b>95</b>
<b>9</b> Conclusions	<b>105</b>
<b>10</b> Recommendations	<b>122</b>



## TERMS OF REFERENCE

The inquiry panel was appointed by the Northumberland, Tyne and Wear Strategic Health Authority on 17 May 2005 to inquire into the health care and treatment of Sean Crone and to prepare a report and make recommendations to the authority. The members of the inquiry panel were:

- Mr Kester Armstrong - Barrister (Chairman)
- Dr Adrian Berry - Consultant Forensic Psychiatrist, South West Yorkshire Mental Health NHS Trust
- Mr Thomas Welsh - former Director of Nursing/General Manager of Mental Health Services, Craven, Harrogate and Rural District Primary Care Trust

The inquiry was established under the terms of Health Service Guidance HSG(94)27, following the conviction on 5 January 2005 of Sean Crone for the manslaughter of Ian Lawson and Simon Richardson on 30 October 2003 and his subsequent sentence to detention in hospital without limit of time.

The inquiry panel's terms of reference were to examine the circumstances of the health care and treatment of Sean Crone, in particular:

- The quality and scope of his health care and treatment, with specific reference to the assessment and management of risk.
- The standard of record keeping and communication between all interested parties.
- The quality of interface between primary health care and secondary mental health services.
- The extent to which his care corresponded with statutory obligations and relevant guidance from the Department of Health.

To prepare a report for, and make recommendations to, Northumberland, Tyne and Wear Strategic Health Authority.

The inquiry panel met between July 2005 and October 2006.

The panel heard evidence from 13 individuals and read substantial documentation from the relevant agencies that had involvement with Sean Crone. The panel further considered the internal serious untoward incident report compiled by the South of Tyne and Wearside Mental Health NHS Trust dated 28 April 2005.

All of the witnesses who gave evidence have had the opportunity to amend and approve the transcripts of their evidence.

The objective of the inquiry has been to endeavour to illuminate the events which gave rise to the deaths of Ian Lawson and Simon Richardson and to identify areas in which practice could be improved. For this reason, and in order to encourage uninhibited contributions to the inquiry, the professionals who came into contact with Sean Crone are not identified by name. Furthermore, insofar as it is practicable, the names of individuals who had personal relationships with Sean Crone are not identified.

The report has been prepared with the expectation that all witnesses have provided full and frank disclosure to the inquiry panel.

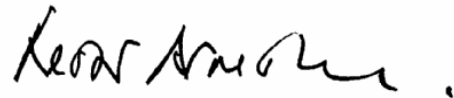
## **ACKNOWLEDGEMENTS**

The inquiry panel would wish to express its gratitude to the panel co-ordinator, Mrs Catherine Weightman, for all her assistance and hard work in her administration of the inquiry.

The panel also acknowledges its appreciation to the clerical support provided by Mrs Ann Hammond in the preparation of the report of the inquiry.

Finally, the panel wishes to thank Mrs Diane Budding for preparing transcripts of the oral evidence received in the course of the inquiry.

**Mr K Armstrong (chairman)**

Handwritten signature of Mr K Armstrong in black ink.

**Dr A Berry**

Handwritten signature of Dr A Berry in black ink.

**Mr T Welsh**

Handwritten signature of Mr T Welsh in black ink.

## 1. INTRODUCTION

On 30 October 2003, Sean Crone killed Ian Lawson and Simon Richardson in the course of two separate unprovoked attacks. At the time of the killings Ian Lawson and Simon Richardson were respectively 25 and 27 years old. Sean Crone was 25 years old. All three young men were known to each other, having attended the same school. Sean Crone had thereafter continued to have some intermittent social contact with each of the victims.

Ian Lawson died as a result of sustaining 24 wounds to various parts of his body inflicted with a kitchen knife. This attack took place at the flat occupied by Sean Crone at about 10 pm on 30 October 2003. Immediately before the attack occurred, the two men had been engaged in cutting up cannabis plants belonging to Sean Crone. Having killed Ian Lawson, Sean Crone then visited the property occupied by Simon Richardson and, having been invited in, armed himself with a disposable razor taken from Simon Richardson's bathroom, which he then dismantled. Sean Crone informed the panel that he thereafter used the blade from the disposable razor to inflict fatal injuries to Simon Richardson on the pavement outside the property. There was toxicology evidence that at the time of their deaths both Ian Lawson and Simon Richardson had consumed significant amounts of alcohol. Eye witness accounts suggest that Sean Crone had also been drinking heavily during the hours before the killing. There was also clinical evidence to suggest illicit drug use on the part of Ian Lawson and Sean Crone in the course of the days preceding his death. There is no evidence or credible indication, however, that either Ian Lawson or Simon Richardson was responsible for provoking the attacks to which they were each subjected.

Upon Sean Crone's arrest for the alleged murder of Ian Lawson and Simon Richardson he was not immediately diagnosed as suffering from a mental illness. During the course of the months that followed, however, an unequivocal diagnosis was reached by consultant psychiatrists instructed by both the defence and prosecution that Sean Crone was suffering from paranoid schizophrenia. The criminal court accepted this evidence and as a

consequence, Sean Crone's pleas of guilty to the manslaughter of Ian Lawson and Simon Richardson were accepted. Sean Crone was made subject to a hospital order, without limit of time.

During the course of his detention at Rampton Secure Hospital, a diagnosis of paranoid schizophrenia in relation to Sean Crone has been confirmed.

At the commencement of the inquiry, the panel met with members of the respective families of Ian Lawson and Simon Richardson. From those interviews it was apparent that, notwithstanding their profound sense of loss, their overriding concern is to establish the history of events which gave rise to the killings and to understand what, if any, lessons may be learned from what occurred. The panel would wish to express its condolence and appreciation to the family members for their respective contributions to the inquiry.

The panel was also assisted by members of Sean Crone's family who provided information relating to Sean Crone's history. The panel would wish to express its appreciation for these contributions.

In order to obtain any understanding of the extreme violence perpetrated by Sean Crone on his two victims, it is necessary to consider in some detail the significant events in his earlier years, the contacts that he had with health and other professionals, and the circumstances immediately preceding the killings on 30 October 2003.



## **2. NARRATIVE OF KEY DATES AND EVENTS**

### **3 July 1978 – 12 September 1994**

Sean Crone was born on 3 July 1978. He was the second oldest of four children of the family. Sean Crone's mother, informed the panel that she separated from Sean Crone's father when Sean was five years old. She alleged that the separation had been preceded by significant domestic violence in the parental relationship, which had been witnessed by the children, who on occasions tried to intervene to protect her from being assaulted. Other family members confirmed to the panel the history of domestic violence in the relationship. Sean Crone's mother stated that after their separation, her husband had no significant contact with Sean until after the offences were committed.

Sean Crone's mother stated that Sean Crone had been reluctant to commence nursery school. He had proved to be a clingy child who began to stammer. She spoke with a member of staff at the nursery who reassured her that it was first time nerves and would improve. She recalled, however, that the problem with stammering continued.

When Sean Crone was five years old he attended Red House primary school. Sean Crone's mother indicated that he had been a "naughty" child at school, taking things from other children. She attributed these difficulties to his reluctance to attend school.

Sean Crone's mother informed the panel that by the time Sean Crone was nine years old he was repeatedly getting into trouble. He was responsible for throwing stones at passing cars and buses. She would attempt to ground him but he would climb out of his bedroom window. She stated that by the time Sean Crone was 10 years old he had developed an interest in lighting fires on the window sill in his bedroom and outside in the garden. He would have regular nightmares. On one occasion he attempted to hurt his brother by sticking a knife through the mattress of the top bunk of the bunk beds which

they shared. On another occasion he woke early and saturated a sponge in very hot water so that his sister would be scalded when she picked it up to wash herself. She stated that Sean Crone was amused by his sister's discomfort.

On 7 December 1988, consultant psychiatrist 1, from the child and adolescent psychiatry service based at Sunderland District General Hospital, following a referral from Sean Crone's school, wrote to the educational psychologist stating:

"Thank you for asking me to see Sean who came with his mother for the appointment. She described how Sean had always been very high spirited and mischievous but that over the last five years his behaviour had deteriorated gradually until she now felt unable to deal with him. She described many episodes of destructive behaviour, fire setting, stealing and 'pranks' which involved hurting his siblings. He is always reluctant to admit these episodes but will show some remorse when confronted".

"Sean is the second oldest of four children and the eldest brother now plays some part in Sean's management as does Mrs Crone's female house guest. I gather that the marital relationship had always been a violent one and some two years ago Mrs Crone finally decided to seek a separation. It is interesting that Sean is seen as 'the spitting image of his dad' and that much of Sean's behaviour is similar to that of his father at his age. School also used to be a problem, but is somewhat less so probably due to a very tight control being exerted by the classroom teacher".

"During the interview Mrs Crone was close to tears on several occasions and although she felt very cool and rejecting towards Sean there still remained a sense of investment and commitment. She constantly worries about him but does not appear to have developed a clear controlling strategy for his misbehaviour. Sean himself had rather

indistinct speech which was complicated by a mild stammer. He described his behaviour as 'doing daft things' but on further examination these were adult descriptions which he had adopted rather than his own perception of his behaviour”.

“There seemed to be several possible themes underlying these difficulties. His similarity to his father, both physically and in behaviour, must influence Mrs Crone’s perception of him. The marriage was described as a chronically violent one which will have distorted Sean’s role models, and the present domestic situation with two ladies and a grandmother in parenting position may cause Sean to emphasise the ‘male traits’ which he has perceived in his father. As a first stage to understanding the situation I will arrange for Sean to commence our day unit for a period of assessment and I have agreed with the family that we will meet after this to decide what kind of assistance would be of value.”

On 17 May 1989, consultant psychiatrist 1 wrote to Sean Crone’s general practitioner (GP1) stating that:

“As you will recall we arranged to see Sean with his mother because of concerns about his deteriorating behaviour and ‘pranks’. To gain a better understanding of his functioning we arranged for him to attend the department’s day unit for an assessment which revealed that he was a boy who eagerly sought adult approval and would show minor behavioural problems if in a setting which did not offer close supervision. Sean had insight into his difficulties and recognised that they were grounded in friction between himself and his mother and his determination to resist his mother’s efforts to control him”.

“Over his period of attendance within the day unit we attempted to meet with Mrs Crone to discuss these issues but she unfortunately failed all of the appointments offered. In such circumstances it seems appropriate to discharge Sean from the clinic, but if his mother should feel able to offer

a greater commitment to seeking solutions for his behaviour we would be happy to consider seeing the family again.”

There is no evidence that Sean Crone’s mother took any further steps to access assistance from the child adolescent and family psychiatric service.

Sean Crone’s paternal grandparents told the panel that when Sean was 10 years old, his behaviour was so unruly that his mother would send him around to their house on occasions with a note asking them to take him in as she couldn’t cope with him. In due course she asked whether they could care for him for six months, which they agreed to do. During this six month period Sean Crone’s grandparents described how Sean Crone had difficulty obeying the rules of their house and was sometimes difficult to communicate with, but nevertheless they did not consider his behaviour to be out of the ordinary for a boy of his age. Eventually they found the strain of looking after him and dealing with his moods was proving to be too onerous for them and they informed his mother that he would have to return to her.

When Sean Crone was 11 years old he attended Red House Comprehensive School where he remained for nearly two years. Sean Crone’s mother stated that Sean Crone was unhappy at school; he did not want to be there; he did not get on with the other children and fell behind with his studies. He appeared to have no respect for the teaching staff and she was repeatedly asked to attend school to discuss his disruptive behaviour. She endeavoured to ensure that he attended school but he frequently truanted after being delivered to the premises.

On 15 June 1990, Sean Crone was admitted to Sunderland District General Hospital suffering from a lacerated spleen following a fall he had sustained in a quarry. He had also suffered a fracture to one of his ribs. Sean Crone had truanted from school when he had been playing in the quarry. He subsequently made an uneventful recovery from the injuries.

On 9 November 1990, when Sean Crone was aged 12 he was taken to see GP1 by his mother in relation to his continuing stammer. On 14 November 1990 a letter of referral was sent by GP1 to the speech therapist at the children's centre, Durham. There was a failure by Sean Crone and his mother however, to attend the appointments that were subsequently offered by the speech therapy department. Altogether there were three failed appointments. A letter was written asking if a further appointment was required. Another appointment was offered but this was not kept. On 15 April 1991, a letter was sent to GP2 discharging Sean Crone from the service but indicating that he should be re-referred "if the family's motivation for some help improves".

On 12 December 1990, Sean Crone received a police caution for an offence of shoplifting.

On 1 October 1991, Sean Crone received a police caution for an offence of burglary.

At the age of 13, Sean Crone moved to Springwell Dene School, a community special school for children with emotional and behavioural problems. He is remembered by staff at the school as being an unremarkable pupil and to have progressed reasonably well. No documentary records exist in relation to Sean Crone's years at the school as the panel was told that these are only retained for a period of 10 years.

On 10 August 1992, Sean Crone's family registered with GP2's practice. In April 1993, when Sean Crone was 14 years of age, he was responsible for an offence of theft at a local shop. The circumstances of the offence were disputed. Sean Crone claimed that he had been encouraged by another youth to run into the shop and steal some packets of cigarettes. In the course of leaving the shop, the female proprietor attempted to seize hold of him by grabbing his shoulder. He claimed that he resisted the attempt to apprehend him by pulling away before running out of the shop. This account of events was accepted by the Crown Prosecution Service resulting in conviction for theft and

common assault. A probation report dated 3 November 1993 was prepared for the purposes of sentencing by probation officer 1, which stated:

“In looking at the aggravating factors, this offence could initially appear a deliberate and potentially violent incident. However, having discussed the matter in some detail with Sean Crone it appears that it was a ridiculously juvenile act. One committed on an impulse with no premeditation or thought to the possible consequences. Sean now understands, only too well, how seriously such offences are viewed. He has been shocked by his attendance at court and is ashamed of the worry and upset he caused the store owner”.

“Sean Crone lives with his family and attends Springfield School [Springwell Dene]. He was at Red House School but due to difficulties with one of the members of staff was moved, on his mother’s request to Springfield. This establishment has a more sympathetic regime and Sean has adapted well. He is due to take his GCSE exams next year and intends to study joinery at college thereafter. The family although clearly disapproving of Sean’s actions have been supportive in assisting him to cope with the court case and, in particular, to look at his behaviour”.

“Sean Crone presents as a young man who has had a rude awakening. He does not like the label of a thief and is under no illusions as to the court’s power to affect his liberty. Both he and Mrs Crone confirm that the whole affair has had a salutary effect upon his attitude and behaviour. In practical terms he no longer associates with the same friend and avoids the area around the shop concerned. If he socialises it is at other friends or his older brother’s house. By his own admission he has been extremely foolish and now just wants to put the matter behind him.”

On 4 November 1993, Sean Crone was sentenced to spend 12 hours at an attendance centre in respect of the offences of theft and criminal damage

together with an offence of common assault and failure to surrender to bail. Sean Crone complied with the terms of this sentence, attending at the attendance centre as directed.

On 24 May 1994, a probation report was prepared in respect of Sean Crone by probation officer 2 in respect of an offence committed on 5 May 1994 of allowing himself to be carried in a motor car taken without the owner's consent. Again the facts of the offence were disputed. Sean Crone claimed that the offence came about inadvertently when he was asked by an acquaintance if he would like to be driven home. The report indicated that Sean Crone had made "a conscious effort to refrain from involving himself again in offending" since his last court appearance. His annual report from Springwell Dene School indicated that he was doing well in some subjects and was perceived to be an "asset" to the school. The report stated that Sean Crone intended to take his GCSE exams in July and then join a college later in the year to pursue a course in plumbing.

On 2 June 1994, Sean Crone was sentenced to a two year conditional discharge for the offence of allowing himself to be carried in a conveyance taken without the owner's consent.

In June 1994, Sean Crone left school and commenced a bricklaying course at Wearside College. Sean Crone's mother informed the panel that this employment only lasted about a month. She described how he lacked concentration and did not fit in with his work colleagues. He was later to tell a probation officer that he became disillusioned with the job and his mother was struggling to meet the travel expenses, so he decided to leave.

On a date unknown in the summer of 1994 Sean Crone was arrested for an offence of carrying a group 1 firearm (an air rifle) and an offence of common assault. There is no record as to the prosecution's account of what transpired. Sean Crone subsequently offered an explanation to the probation service that he and some other youths had an air rifle in their possession and were firing at old tin cans. Later they were sitting on a wall when some girls approached.

Sean Crone stated that he had known the female victim for about seven years. He expressed regret for the incident as a whole but denied that he actually fired the rifle at the victim.

## **COMMENTARY UPON SEAN CRONE'S HEALTH CARE AND TREATMENT**

**3 July 1978 – 12 September 1994**

- (i) Sean Crone's early years were marked by behavioural problems which are likely to have had their origins in the disharmony and domestic violence in his parents' relationship, to which he was exposed. From an early age there was an absence of a father figure. Sean Crone's mother clearly struggled to maintain control of him.
- (ii) Sean Crone's anti-social, anti-authoritarian and risk-taking behaviour reflected an absence of adequate parental boundaries. Sean Crone repeatedly defied his mother's attempts to impose parental control. The seriousness of the situation was evidenced by the incident when he truanted from school and injured himself in a local quarry.
- (iii) There was clearly a responsibility placed upon Sean Crone's mother to ensure that they attended the childhood appointments offered to Sean Crone by the child and adolescent psychiatry service and that he attended his appointments with the speech therapy department. The failure to attend these important appointments can only be described as a missed opportunity to address and obtain assistance for his difficult and challenging behaviour. Neither Sean Crone's mother nor Sean Crone was able to recall or offer any explanation as to why these appointments had not been kept.
- (iv) Notwithstanding Sean Crone's chaotic and impulsive behaviour during these years of his childhood, he did not stand out from his peers at school and importantly there is no evidence of the existence of any psychiatric illness at this time.



- (v) The criminal offences committed by Sean Crone during this early period of his life were a serious development. The probation service and the sentencing courts however, appear to have accepted that these offences were impulsive and reckless in their nature without any serious criminal intent on his part. This is reflected in the relatively lenient sentence of the magistrates' court on 4 November 1993 of 12 hours at an attendance centre. There was nothing to indicate any significant underlying risk of future violence at this stage.
  
- (vi) After Sean Crone left school in the summer of 1994, his attempts to secure employment were short lived and do not appear to have been pursued by him with any great enthusiasm. Thereafter he was unable to sustain any regular or meaningful employment but there was no apparent reason for this failure. There is no indication that at this stage in his life Sean Crone was unfit for work.

### **3. NARRATIVE OF KEY DATES AND EVENTS**

#### **13 September 1994 – 18 March 2002**

On 13 September 1994, when Sean Crone was 16 years old, he was seen by a GP from the doctors deputising service. He had taken a cocktail of drugs the previous day. He had been taken to the local hospital casualty department where he was noted to be manifesting paranoid and threatening behaviour. A diagnosis was made by the deputising GP of a possible drug-induced psychosis and he was referred back to see his own GP.

Sean Crone's mother informed the panel that the first she knew of the incident was when some of Sean Crone's friends arrived at her door, crying, having locked him in the flat they had been using, due to his strange behaviour. She had been aware that he had been associating with some older youths who she knew were drug users. She had warned him about mixing with these individuals. One of Sean Crone's brothers went to the flat and brought him home. His behaviour was very disturbed. He was searching the house for his father, looking in cupboards and in the loft. He did not recognise his mother and was shouting at the television.

A male person who had been present when Sean Crone took the drugs provided a statement to the police after the deaths of Ian Lawson and Simon Richardson, in which he described how Sean Crone had taken a much more substantial quantity of amphetamines than the other youths who were present.

On 14 September 1994, GP2 wrote a letter of referral in respect of Sean Crone to Cherry Knowle Psychiatric Hospital which stated:

“Thanks for seeing this 16 year old who apparently took a cocktail of drugs ('spiked drinks') three days ago at a friend's house. He was found sitting on church steps after wandering from friend's flat. He became paranoid associated with auditory and visual hallucinations and was a danger to himself. At home on Sunday night his behaviour towards rest

of family was threatening and abusive. Also confused and paranoid ideation (especially concerning his father). Appetite reduced agitated. Family unable to cope with behaviour. No previous episode. He has pending court proceedings against him. Always been paranoid about his dad? Also apparently assaulted last Sunday night. Previous laceration of spleen 1990. Parents divorced for 7 years. His mother says it is not a 'bad trip'. He can be rational most of the time. Been asking for 'speed' to stay awake. He thinks people are looking at him through the television. Voices in the cupboard in the kitchen. He also thought he saw his dad in the shed. No violence towards his family. Normally quiet teenager. Previous problems with police – stolen car + air rifle. Diagnosis? drug induced psychosis.”

Sean Crone was admitted to Cherry Knowle Psychiatric Hospital on the same day. Upon his admission he was noted to be very suspicious and believed that there was nothing wrong with him. His thoughts appeared to be of a delusional nature. He was difficult to communicate with. A plan was formulated by the treating clinicians to attempt to establish a trusting relationship so that he would be able to express his feelings and thereby to assess his condition.

Sean Crone's mother informed the panel that during the course of his admission to Cherry Knowle Hospital, Sean Crone went missing on one occasion and a search for him ensued. He was eventually found by one of his uncles sitting in a tractor cab in a field, naked, humming to himself. The contemporaneous nursing notes confirm this account.

As the admission to Cherry Knowle Hospital progressed, Sean Crone's behaviour became more settled although he had continued to display some paranoid ideas and looked a little perplexed at times.

On 23 September 1994, Sean Crone was discharged from Cherry Knowle Hospital into the care of his mother.

On 26 September 1994, a letter of discharge was sent by the senior house officer (SHO) in psychiatry working with consultant psychiatrist 2 at Cherry Knowle Hospital to GP2. It indicated that Sean Crone had apparently taken a cocktail of drugs immediately before his admission, including cannabis, speed and LSD. Since then he had been paranoid, thinking that the house and his clothes had been bugged and that there was an army at the end of the street. He did not know why the detectives drove past him in unmarked cars. He had been refusing to eat saying "What are you trying to do to me?" He also thought that his father was passing messages to him through the TV but did not know what those messages were. He had not been sleeping more than an hour per night.

The letter also stated that Sean Crone had fallen in with the wrong crowd for the past year and had started smoking cannabis on most nights. He also admitted occasional use of Ecstasy, speed and LSD.

In relation to his psychiatric assessment and progress on the ward, the SHO stated:

"He was casually dressed, appeared suspicious, and maintained good eye contact all through the interview. His speech was normal rate, tone, volume, but lacking spontaneity. His mood subjectively 'I am all right', he said. Objectively, euthymic. Evidence of paranoid delusions, ideas of reference, but no evidence of hallucination or suicidal ideation. Cognition mostly intact. Insight: none. He improved significantly while on the ward and said that it was a folly in the first place to take a cocktail of drugs and that he would never do it again. He was reviewed in the presence of his parents at the time of his discharge. He plans to take a few days off and to go down to Milton Keynes with his dad. He has also been offered counselling sessions by the community psychiatric nursing team."

The letter of discharge did not contain any account of the diagnosis, if any, that had been made. There appears however, to have been an assumption by the

health professionals who subsequently were to have contact with Sean Crone that he had probably suffered from a drug induced psychosis.

On 29 September 1994, community psychiatric nurse (CPN1) wrote to the SHO in response to the referral to her of Sean Crone, indicating that an appointment had been offered to Sean Crone for 17 October 1994. The letter indicated that she would keep the SHO informed of the outcome of Sean's assessment. On the same date community psychiatric nurse (CPN1) wrote to Sean Crone at his mother's home, offering him an appointment to see her on 17 October 1994 at Monkwearmouth Hospital.

On 17 October 1994, Sean Crone failed to attend his appointment with CPN1 at Monkwearmouth Hospital. On the same day CPN1 wrote to Sean Crone requesting that he contact her within the next week if he required a further appointment. She stated that if she did not hear from him she would assume that he required no further appointments and would inform his GP accordingly.

On 24 November 1994, CPN1 wrote to Sean Crone stating that as he had not made contact with the department she understood he no longer required the use of this service. She stated that she had discussed his case with consultant psychiatrist 2 and that a decision had been made to discharge him from her department. He was advised that if in the future, he felt that he did need this service he should either contact his GP or her department.

On 16 March 1995, Sean Crone appeared at Sunderland Youth Court. He had been convicted after a trial of an offence of carrying a group 1 firearm in a public place and an offence of common assault. Despite being warned that he faced a custodial sentence, he was sentenced to a supervision order for 12 months. A probation report dated 13 March 1995 prepared by probation officer 3 described the circumstances surrounding the offences as is set out earlier in this report. The probation report described how Sean Crone was unemployed but was actively seeking work and had made applications to several local employers.

Probation officer 3 made a recommendation to the court that Sean Crone should be made subject to a supervision order to offer guidance and support over a period of time, specifically to:

- (a) Address the consequences of offending, raising issues of victim awareness and self-responsibility.
- (b) Support him in his search for work, encouraging him to attend the Job Ready Club and visit the probation education liaison officer.
- (c) Work with Sean with regard to his attitudes and beliefs, bringing about a more mature and informed approach in the future.

On 22 May 1995, probation officer 3 prepared a further report in respect of proceedings commenced against Sean Crone for breaching the supervision order imposed on 16 March 1995. She reported that Sean Crone's attendance had been very poor. He had attended on only one occasion, on 31 March 1995, when he indicated that "things were not going well at home" and he was staying with friends but hoped to get a bedsit. He had failed to keep his appointment on 6 April 1995. A visit was made to Sean Crone's mother's home on 11 April when it was confirmed that he did not sleep there but called regularly to receive mail. He then failed to keep appointments on 1 and 9 May. A further home visit was made on 16 May when it was confirmed by his mother that he still lived there. A final appointment was given for 19 May, but Sean Crone failed to attend. Probation officer 3 concluded:

"The current situation leaves me with no option but to initiate breach proceedings. Having regard to Sean's age, immaturity and current lifestyle, however, if he is able to give the court an indication that he is willing to co-operate with the order then I would ask that he is given another chance. I would ask the court to bear in mind that as he is only 16 years of age he is not in a position to pay a fine today."

On 14 September 1995, Sean Crone appeared at Sunderland Juvenile Court and was convicted of two offences of burglary, another of aggravated vehicle taking and an offence of failing to surrender to custody at an appointed time. He was sentenced to a total of seven months' detention at a young offenders' institution. The offence of aggravated vehicle taking related to an incident when Sean Crone stole a vehicle and drove it into a shop window.

On 12 October 1995, Sean Crone appeared at Sunderland Magistrates' Court and charges of driving without a licence and no Insurance were withdrawn as he was serving a custodial sentence. The supervision order made on 16 March 1995 was discharged.

On 18 December 1995, probation officer 3 wrote to the social fund officer at the department of social security in anticipation of Sean Crone's scheduled release from custody on 20 December 1995. She stated that upon his release Sean Crone would be homeless. She further stated that she had been aware from the commencement of her supervision of Sean Crone in March 1995 that there were problems between himself and his mother. This had resulted in Sean Crone's mother asking him to leave the family home. At 16 years old Sean Crone had been unable to secure his own accommodation and had been living with various friends and on occasions his brother. He had remained in contact with his mother but they had been unable to resolve their differences. This unsatisfactory lifestyle led to Sean Crone becoming involved with older youths and drawn into a spate of offending. Probation officer 3 stated that she was anxious to avoid a situation where Sean Crone returned to the same circumstances and she identified the need to secure accommodation for him. She concluded:

"In my opinion Sean meets several criteria for priority group consideration, ie

- he is an ex-offender requiring resettlement
- he is a person with an unsettled way of life undergoing resettlement

- he is unable to live with his parents due to the irrevocable breakdown of their relationship.

I would be grateful if you would consider this letter along with Sean's application for a community care grant."

On 20 December 1995, Sean Crone was released from custody. Before his release he indicated to the probation service that he would be staying with his brother.

On 28 December 1995, the probation service telephoned Sean Crone's family who indicated that they were trying to locate him.

On 29 December 1995, Sean Crone telephoned the probation service.

On 4 January 1996, Sean Crone failed to telephone the probation service as planned.

On 5 January 1996, Sean Crone was sent a warning letter by the probation service reminding him of the conditions of his licence after repeated failed attempts to contact him. Sean Crone later turned up unplanned at the offices of the probation service and was seen.

On 17 January 1996, Sean Crone failed to attend an appointment with the probation service.

On 22 January 1996, Sean Crone attended the offices of the probation service unplanned and was seen. He indicated that he had been granted the tenancy of a flat in Witherwack.

On 29 January 1996, Sean Crone failed to attend an appointment with the probation service.



On 1 February 1996, the probation service sent Sean Crone a further warning letter in relation to his non-compliance.

On 5 February 1996, Sean Crone kept his appointment with the probation service and indicated that he had moved into his new flat.

On 8 February 1996, Sean Crone was seen at his new flat by the probation service and appeared to be settling in well and was noted to be spending his community care grant wisely.

On 12 March 1996, Sean Crone failed to keep an appointment with the probation service.

On 15 March 1996, Sean Crone kept his appointment with the probation service.

During the operation of Sean Crone's period of licence following his custodial sentence, the probation service did succeed in making occasional contact with Sean Crone and assisted him in accessing housing and a £480 community care grant to assist him in furnishing his flat but on 13 March 1996 a further warning letter was sent to him following a further failed appointment. On 19 March 1996 Sean Crone's period of licence following his custodial sentence ended and the probation service closed his case.

On 2 April 1996, Sean Crone attended his GP's surgery and received a tetanus and polio booster injection.

On 17 June 1996, Sean Crone was seen by GP2. Sean Crone was seeking a back-dated sick note for two weeks for work. GP2 noted that he hadn't seen Sean Crone for two years. Sean Crone told GP2 that he didn't feel like getting up in the morning. GP2 noted the earlier history of drug-induced psychosis. GP2 declined to provide a sick note but advised Sean Crone to see his employers first and then to see him again.

On 18 June 1996, Sean Crone attended GP2's surgery accompanied by his mother and a friend who described how during the preceding four weeks he "looks weird and stares at you all the time." It was said that he had lost interest in his surroundings. GP2 noted that there was no evidence of auditory or visual hallucinations.

On 21 June 1996, GP2 completed a letter of referral to the psychiatry department at Sunderland Royal Hospital. The letter of referral stated:

"Thanks for seeing this seventeen year old boy again, I was unable to get much of a history from him and very little from his mother and a close friend. His friends said that over the past four weeks he looked weird, was in a world of his own and easily agitated. He had no suicidal thoughts, auditory or visual hallucinations. He tells me that he had not smoked cannabis for months. Previous admission in September 1994. He was casually dressed, didn't maintain eye contact, hardly spoke, there was no evidence of hallucinations or suicidal ideation."

The referral was received by Cherry Knowle Hospital on 1 July 1996, having been addressed in the first instance to the psychiatric department at Sunderland Royal Hospital.

On 31 July 1996, Sean Crone was seen by GP2 and was provided with a sick note for three months for anxiety/depression.

On 29 August 1996, Cherry Knowle Hospital sent Sean Crone an outpatient appointment to see a Senior House Officer in psychiatry at Monkwearmouth Hospital on 5 September 1996.

There is an absence of documentation as to what transpired on 5 September 1996 but it appears that Sean Crone did not attend the appointment. There is no evidence that any follow-up letter was sent to Sean Crone.

On 18 October 1996, GP2 issued a sick note to Sean Crone for a further three months.

On 12 November 1996, Sean Crone was seen by GP2 following an alleged assault. He had been admitted to Bishop Auckland Hospital with a suspected fractured nose and an injury to his hand. No report had been forwarded from the hospital to the surgery. GP2 noted that the investigations had apparently proved negative. There is no information in the police or any other records relating to this alleged assault.

In 1996, Sean Crone commenced a relationship with a girlfriend (GF) which was to last until March 1998 which resulted in a child of the relationship being born in August 1997.

On 17 January 1997 GP2 issued a further sick note to Sean Crone for three months.

GF told the panel that at the time when they met Sean Crone was living in a flat in Witherwack. She described that whilst she spent a lot of time at his flat she did not move in with him as he wasn't looking after the property and it was dirty. GF described the majority of the time that she was involved in a relationship with Sean Crone in very positive terms. She stated that a local police officer had warned her that Sean Crone was "trouble". This view of Sean Crone did not accord with her own. She described how she found Sean Crone to be a loving and enjoyable companion. She stated that Sean Crone was popular amongst her friends. He didn't drink to excess and although he smoked cannabis regularly, he refused hard drugs as he knew they made him ill. She had seen no evidence that he had any mental health problems until much later in the relationship. She had been told about his admission to Cherry Knowle Hospital, although she never spoke to him about it as she considered that this was a "taboo" subject. She had found out about some of the detail of the admission from a mutual friend.

On 16 April 1997, Sean Crone was cautioned by the police having been found in possession of a quantity of cannabis resin.

GF told the panel that she and Sean Crone began to cohabit at an address in Runcorn Road, Sunderland, approximately two weeks before the birth of their child in August 1997.

GF was not aware of Sean Crone attending any doctor's appointments during their time together; she knew of no contact with the police or the probation service.

On 2 September 1997, Sean Crone attended the GP's surgery and was seen by GP2 with a rash. He complained of being itchy behind both ears and was prescribed medication.

GF stated that the relationship began to deteriorate at the end of 1997 after the sudden and violent death of her father. Sean Crone had taken the news of her father's death to heart, even though the two men had not been close. After her father's funeral in December 1997, she noted that Sean Crone began to act strangely. He would tell her that he could hear the noise of someone coming up the stairs. He had a "far away" look in his eyes. On one occasion he went out with their child and returned home having left the child outside a shop. She found him sitting in their flat rocking repeatedly muttering "pot the black, pot the white". The relationship ended when, on Mother's Day in March 1998, she asked him to get up in the morning and look after the child. Sean Crone refused and she terminated the relationship later that day.

Sean Crone provided the panel with a similar account of the history of the relationship including the earlier positive features. He described how his paranoid thoughts were less evident during the relationship until the death of GF's father in December 1997. He did not talk to GF about how he felt as he thought she would leave him. He did not seek any medical assistance as he thought any medication would make him worse. He described the events precipitating the end of the relationship in similar terms to GF. He stated that

he had not wanted the relationship to end and that it was as if “someone had taken a piece of him away”.

On 5 March 1998, Sean Crone was seen by GP2 in relation to a cough and swollen lymph glands. Clinically his chest was clear. He was prescribed codeine.

On 29 March 1998, on Mother’s Day, Sean Crone finally separated from his girlfriend, GF.

On 30 March 1998, Sean Crone attended his GP’s surgery and was seen by GP3 following a fall from a motor cycle. The incident gave rise to criminal offences described in the report prepared by the probation service on 24 November 1998.

On 29 May 1998, Sean Crone attended his GP’s surgery in respect of his incapacity for work benefit. The form was completed by the surgery without him being seen by the GP, as was standard practice.

On 29 October 1998, Sean Crone was bound over to keep the peace and be of good behaviour by Sunderland Magistrates’ Court having been charged with a public order offence of harassment, alarm and distress.

On 24 November 1998, probation officer 4 completed a report for Sunderland magistrates in respect of a number of offences committed by Sean Crone between March and May 1998. The offences included dangerous driving, drunk and disorderly, failure to surrender to bail and various related motoring offences. The circumstances of the dangerous driving offence were described by probation officer 4:

“According to Sean Crone he had spent the previous evening at his mother’s house watching videos. In the early hours of 30.3.98 he ran out of cigarettes and felt he needed more to calm down before going to bed. He therefore decided to travel to the all night garage. Sean Crone

describes how he was followed by an unmarked police car, believed that the people following him intended to rob him and so 'took off' resulting in the dangerous driving offences ... He disputes telling police officers that he had already fallen off the motor cycle twice that night".

In relation to the offences, Sean Crone cited the breakdown in the relationship with his girlfriend in the previous fortnight as the background to the offences. He described how his "head was in a state" and he was unable to sleep. Until the end of his relationship he had believed that he had a secure home life. He was temporarily living at his mother's house but was unhappy with this situation probation officer 4 wrote:

"The distress created by his personal situation appears to have impacted on his behaviour and the reckless nature of his actions."

The report set out Sean Crone's personal circumstances as at November 1998. He was living in a privately rented bedsit claiming job seeker's allowance. Sean Crone told probation officer 4 that he very much wanted a job but believed that his employment options were restricted because of a lack of training and his criminal record.

Probation officer 4 noted that Sean Crone was now on reasonable terms with his ex-partner and has access to his son two days per week. In relation to the potential risk to the public of re-offending and the risk associated with the dangerous driving offence, probation officer 4 wrote:

"The dangerous driving offence clearly put other road users at risk as well as Sean Crone himself. It is my view the risk he poses to the general public has reduced somewhat due to his developing realisation of the danger in which he placed himself and others and his stated determination to avoid motor vehicles."

The probation report concluded that Sean Crone had matured sufficiently to benefit from the imposition of a probation order and to be able to cope with the demands of supervision and group work.

On 27 November 1998, Sean Crone appeared before Sunderland Magistrates' Court and was made subject to a probation order for 18 months and was disqualified from driving for two years in relation to these offences.

Sean Crone's compliance with the requirements of his probation order in terms of his attendance for appointments became problematic from an early stage. He attended his first appointment on 30 November 1998 but thereafter failed to attend appointments.

On 30 December 1998, the probation service wrote to Sean Crone indicating that breach proceedings were to be instigated against him following his failure to attend appointments on 10 December, 17 December, 21 December 1998. Breach proceedings were subsequently commenced by the probation service.

On 6 January 1999, an internal referral by the probation service indicated that a pre-sentence report had been requested by the magistrates' court. The referral stated that Sean Crone had been residing at his mother's house over Christmas but was returning home that week. It was noted that Sean Crone "says he has mental health problems and is seeing a doctor but was unwilling to disclose any other details".

On 5 February 1999, Sean Crone was seen by GP2. He requested and was granted a three month sick note. GP2 stated that Sean Crone was suffering from anxiety and depression but noted that he was not interested in receiving help for his anxiety symptoms.

On 23 February 1999, the probation service faxed Sean Crone's GP's surgery with an authority signed by Sean Crone to enable disclosure of medical information for the purposes of the preparation of a pre-sentence report.

On 24 February 1999, the probation service prepared a pre-sentence report in respect of Sean Crone for Sunderland Magistrates' Court. The report was prepared by probation officer 4 in relation to one offence of driving whilst disqualified and two of driving with no insurance in November 1998. The report indicated that Sean Crone told probation officer 4 that he had obtained his mother's permission to drive her car and that she had not been aware that he was disqualified from driving. His mother confirmed this account. The commission of these offences placed Sean Crone in breach of the probation order made on 27 November 1998. Probation officer 4 had spoken to GP2 for the purposes of preparing the pre-sentence report. The report made reference to the 1994 admission to Cherry Knowle Hospital. The report went on to state "At present Mr Crone is not receiving treatment for mental health problems as he tries to deal with the situation himself." The report stated that Sean Crone had been living in a privately owned bed-sit for the past six months. He was now on reasonable terms with his ex-partner and was exercising access to his child two days per week.

The report suggested that there had been a settled period in Sean Crone's life between September 1995 and March 1998 which coincided with the establishment of a positive relationship. Whilst it was acknowledged that the earlier offence of dangerous driving clearly put other road users at risk as well as Sean Crone himself, "it is my view the risk he poses to the general public is of a level which can be managed in the community and it could be reduced further by a period of structured intervention. As Mr Crone did not comply with the probation order imposed in November 1998, all the work identified at that stage is still outstanding and I believe still relevant. In order to reduce the risk he presents in the future, the court may consider allowing him one further opportunity to comply with the probation service". The report concluded that a further probation order would inter alia enable work to be undertaken to explore "mental health issues with Mr Crone and encourage the use of appropriate community facilities aiming to treat and manage these problems". The report also recommended that a condition be attached to the probation order that Sean Crone attend the preventing illegal driving group work programme.



On 1 March 1999, Sean Crone appeared before Sunderland Magistrates' Court to be re-sentenced for the original offences as well as the breach of probation. On this date Sean Crone was sentenced to a further probation order for 18 months with a condition that he attend a group work programme to prevent illegal driving. This was the third probation order that Sean Crone had been made subject to.

On 12 April 1999, Sean Crone attended his GP's surgery and was seen by GP2 in relation to a skin complaint (impetigo on his chin).

At a relatively early stage in the operation of the probation order made on 1 March 1999 there was a significant degree of non-compliance on the part of Sean Crone.

On 22 April 1999, he was withdrawn from the prevention of illegal driving programme after failing to attend four sessions. Sean Crone had been advised that breach proceedings would be instigated.

On 27 April 1999, he failed to attend an appointment with his probation officer.

On 6 May 1999, Sean Crone attended an appointment with his probation officer who informed him that breach proceedings would be pursued. He explained that his poor attendance was due to sickness and access to his child who he saw on Mondays and Thursdays.

On 11 May 1999, there was a further failed appointment with his probation officer.

On 17 May 1999, Sean Crone was seen by GP2 at the surgery in relation to a genito urinary problem. He was advised to attend the sexual health clinic.

On 20 May 1999, Sean Crone was late for an appointment with his probation officer. He was unable to provide any reasons for his previous failure to attend on 11 May 1999. He was informed that the situation was unacceptable and

was told that the breach hearing was listed on 18 June at Sunderland Magistrates' Court. He was told that he had to demonstrate commitment to supervision by the probation service. Notwithstanding this warning he failed to attend a further appointment on 26 May 1999. As breach proceedings were already underway, no further action was taken in relation to this non-attendance.

On 3 and 4 June 1999, Sean Crone failed to attend appointments which had been made for him to see his GP.

On 7 June 1999, Sean Crone spoke to his probation officer giving rise to the entry in the records which states "Attended – forgot appointment due to poor memory. Discussed his failure to demonstrate any commitment to order – advised that he felt he had done little to overcome his 'poor memory' and attend appointments. Questions raised re the value he places upon supervisory process. Although further appointments made advised that we would not ask for the order to continue. Very occasional hints that he accepts responsibility for non-compliance. Highlighted his behaviour failed to support what he was saying regarding accepting that he had to complete supervision plan of work ..."

On 6 July 1999, the Sunderland Magistrates' Court found that the probation order had been breached and revoked it. Sentence in respect of the breach and re-sentencing for the original offences was adjourned.

On 16 July 1999, Sean Crone attended his GP's surgery and was seen by GP2 in relation to a skin complaint on his chin which was considered to be dermatitis.

On 20 August 1999, Sean Crone appeared before Sunderland magistrates for an offence of handling stolen goods and as a consequence of the breach of his probation order he was re-sentenced for the offences of driving whilst disqualified and the breach of probation. A pre-sentence report dated 27 July 1999 prepared by probation officer 4 was before the court. The report stated that "Mr Crone accepts he has been irresponsible in his actions and failed to

respond to the disqualification from driving and probation supervision. This seems to have been his negative response to feelings of anxiety and depression which he was experiencing.” The report recited the earlier history of Sean Crone’s admission to Cherry Knowle Hospital and went on to state “At present Mr Crone is not receiving treatment for mental health problems as he prefers to try to deal with the situation himself. At times he has attempted to use his mental health problems as an excuse for not attending probation appointments. I am of the opinion however that his mental health status is not sufficient to prevent his co-operation with the order.” The report outlined the sentencing options available to the court. In relation to the possibility of a custodial sentence being considered it was suggested that the court may wish to consider a suspended sentence “on the grounds of the likely impact on his mental health”. Sunderland Magistrates’ Court did not accept this recommendation and sentenced Sean Crone to an immediate term of imprisonment for three months. At the time when this sentence was imposed Sean Crone was 21 years of age.

On 4 October 1999, Sean Crone was released from custody having served six weeks of the three months’ sentence of imprisonment.

On 18 January 2000, Sean Crone attended his GP’s surgery and saw GP2 in relation to a continuing problem with impetigo. He was prescribed a course of flucloxacillin.

On 26 January 2000, Sean Crone attended the accident and emergency department at Sunderland Hospital with an injury to his right ankle. The ankle was x-rayed but no fracture was evident.

On 8 February 2000, Sean Crone failed to attend an appointment to see his GP at 4.00 pm but arrived late at 4.28 pm and was seen by GP2. He was requesting antibiotics for an asymptomatic throat infection. No abnormality was detected and he was reassured.

On 29 February 2000, an attendance allowance form was completed by GP2 and returned by the GP's surgery. Sean Crone would not have been seen by GP2 for the purposes of this exercise. The completion of such a form did not require the patient's presence.

On 21 March 2000, Sean Crone was seen by GP2 in relation to recurrent impetigo.

On 14 August 2000, Sean Crone was seen again by GP2 in relation to recurrent impetigo and was prescribed erythromycin. He was to be reviewed in a week if there was no improvement.

On 16 October 2000, Sean Crone attended his GP's surgery complaining about the treatment he had been receiving for impetigo. He complained that GP2 had not done his job properly as the impetigo had re-occurred. He addressed his complaint to the practice manager. He claimed that he had spoken to someone at the genito urinary medicine clinic who had suggested there may be a problem with his teeth or gums and that he should see a dentist. He had not consulted with a dentist as yet. After speaking with the practice manager, Sean Crone was seen by GP2 who noted the recurrence of an impetigo lesion on the chin and indicated that a referral to the dermatology and oral surgery departments at Sunderland Royal Hospital would be appropriate.

On 28 October 2000, GP2 completed a written referral to the oral surgery department. The letter of referral included reference to Sean Crone's history of anxiety and depression and the earlier psychotic symptoms experienced in 1994 resulting in his admission to Cherry Knowle Hospital.

On 17 November 2000, Sean Crone failed to attend an appointment to see a consultant at the oral/maxillo facial surgery department at Sunderland Royal Hospital. He was written to and advised that any further appointment would have to be directed through his GP.

On 20 November 2000 and 29 November 2000, Sean Crone failed to attend appointments made for him to see his GP.

On 21 November 2000, Sean Crone failed to attend an out-patients appointment at the dermatology department at Sunderland Royal Hospital.

On 13 February 2001, GP2 completed a Department of Social Security severe disablement benefit form in relation to Sean Crone. The form was completed without Sean Crone being seen by GP2, as was standard practice. GP2 provided a brief account of Sean Crone's earlier history of drug and mental health difficulties but did not offer any view as to the current position.

On 12 August 2001, Sean Crone attended the accident and emergency department at Sunderland Royal Hospital. He alleged that he had been hit on his head with a baseball bat by his brother. There was noted to be a three cm laceration to his head. He received a tetanus injection but refused analgesic medication. The written hospital record relating to this incident was forwarded to Sean Crone's GP surgery, arriving on 13 August 2001.

On 27 November 2001, Sean Crone was seen by GP3 in relation to a recurring lesion on the side of his chin. A swab and blood tests were taken as he was thought to have a herpes infection.

On 30 November 2001, the result of the blood test was received by the surgery. GP3 advised that the test be repeated in 14 days and a message was left with Sean Crone's mother to this effect.

On 12 and 14 December 2001, Sean Crone failed to attend appointments with his GP.

On 19 December 2001, Sean Crone attended his GP's surgery requesting the results of his earlier tests. He was advised that the swab test had been normal and that the test results for viral antibodies were still awaited.

On 4 January 2002, Sean Crone failed to attend an appointment made for him with his GP.

On 23 February 2002, Sean Crone attended his GP's surgery and received vaccination in relation to meningitis.

On 27 February 2002, GP2 completed a written referral in relation to Sean Crone to the department of respiratory medicine at Sunderland Royal Hospital. The referral was made requesting that a BCG vaccination was administered to Sean Crone as he had not received this vaccination whilst he was at school. It appears that the referral was instigated by Sean Crone's mother.

On 18 March 2002, a consultant physician at the department of respiratory medicine wrote to GP2 declining the request to administer the vaccination and indicating that current Department of Health guidance dictated that only adults considered to be at high risk would be offered a BCG vaccination.

### **COMMENTARY UPON SEAN CRONE'S HEALTH CARE AND TREATMENT 13 September 1994 – 18 March 2002**

- (i) At the time of Sean Crone's admission to Cherry Knowle Hospital in September 1994 he was 16 years of age.
- (ii) There have been contradictory accounts provided by Sean Crone and family members as to the precise nature of the drugs taken by Sean Crone during the course of the incident in September 1994. Although there was a suggestion by his mother that his drinks had been spiked with drugs, an account from one of the youths who was present at the time suggests that Sean Crone took the drugs voluntarily and took a more substantial quantity than his friends.
- (iii) The psychiatric significance of the suspected drug-induced psychosis suffered by Sean Crone in September 1994 is addressed in more detail in the 'psychiatric commentary in respect of Sean Crone' later in this

report. However, the panel consider that this was a serious episode and one which required his discharge to be carefully managed. The discharge letter sent to GP2 did not contain any account as to what diagnosis, if any, had been made during his period of admission to hospital. Furthermore, this letter was the basis for the follow-up work that was meant to have been undertaken by the community psychiatric nurse (CPN1). The absence of any indication as to the likely diagnosis presented an unclear picture as to the nature of Sean Crone's difficulties to CPN1 and subsequent health professionals. It is clear however, that in the course of Sean Crone's subsequent contacts with professionals, including the probation service, it was assumed that this episode was likely to have been a drug induced psychosis.

- (iv) The decision to discharge Sean Crone back into the community following his hospital admission in September 1994, was made having regard to the fact that his condition had stabilised. The plan was to follow him up in the community with counselling to be provided through the community psychiatric nurse service. In the absence of a diagnosis and a detailed after care plan, the inquiry panel has been unable to identify the objectives underpinning the discharge plan.
- (v) The letter of discharge sent by CPN1 to Sean Crone following his failure to attend appointments with her was not forwarded to GP2. In these circumstances, GP2 was in ignorance that Sean Crone was not receiving the follow-up treatment in the community that had been planned upon his discharge from hospital.
- (vi) The failure of Sean Crone to attend his appointment with CPN1 prevented an assessment being undertaken as to his mental state after his apparent recovery following his admission to hospital or any appraisal being made of any other after care needs that he may have had. It has made the task of ascertaining whether or not this recovery was in fact complete very difficult.

- (vii) There appears to have been no attempt made by CPN1 to make contact with Sean Crone's mother by telephone or otherwise after his discharge from Cherry Knowle Hospital.
- (viii) There is no evidence that the failure of the health professionals to engage with Sean Crone following his discharge from Cherry Knowle Hospital in September 1994 gave rise to any immediate risk to the safety of the public or to himself.
- (ix) After Sean Crone's discharge from Cherry Knowle Hospital in September 1994 there follows a 19 month period when he did not make contact with any health professional until his routine appointment at the GP's surgery in April 1996 for a tetanus and polio injection. This effectively prevented GP2 from addressing with Sean Crone his failure to keep his appointment with CPN1 or of assessing whether or not a further referral to secondary mental health services was required.
- (x) On 17 June 1996, when Sean Crone attended his GP's surgery requesting a back-dated sick note for two weeks, this was the first meaningful contact that he had with a health professional since his discharge from Cherry Knowle Hospital in September 1994. The only complaint made by Sean Crone during this consultation was that he didn't feel like getting up in the morning.
- (xi) GP2's consultation with Sean Crone on 18 June 1996 gave rise to the referral of Sean Crone by GP2 on 21 June to the psychiatry department at Sunderland Royal Hospital. The panel consider that this referral was an appropriate course of action taken by GP2. The presentation of non-specific symptoms such as these rendered a meaningful diagnosis by GP2 difficult but warranted a referral to the local specialist psychiatry service, which is what occurred.
- (xii) It is clear that Sean Crone's attendance at GP2's surgery on 18 June 1996 was brought about by his mother, who accompanied him to the



surgery. There is no indication at this stage that Sean Crone was motivated to obtain help for himself other than to attempt to obtain a sick note.

- (xiii) There was no apparent indication of urgency in the letter of referral sent by GP2 to the psychiatry department at Sunderland Royal Hospital on 21 June 1996 but, even so, there was an unexplained lapse of two months until 29 August when an appointment was sent out to Sean Crone by Cherry Knowle Hospital for 5 September 1996. The appointment sent to Sean Crone therefore, only provided him with a few days' notice of the date of the appointment. This period included the August bank holiday, which may have disrupted the postal service, so that it is possible that notice of the appointment was further truncated.
- (xiv) There are no records relating to the appointment on 5 September 1996 at Cherry Knowle Hospital. Neither Sean Crone nor any of his family have any recollection of him attending that day. It has to be assumed that the appointment was not kept by Sean Crone.
- (xv) There is no indication in Sean Crone's medical records that a follow-up appointment was provided by the psychiatry department at Cherry Knowle following his failure to attend on 5 September 1996. Furthermore, there is no indication that Sean Crone's GP was ever informed about his non-attendance.
- (xvi) Despite the fact that Sean Crone attended his GP's surgery for the purposes of obtaining a sick note from October 1996 until March 1997 and then in respect of injuries following an alleged assault in November 1996, GP2 did not make any enquiry during these consultations as to the progress or outcome of the earlier referral to the psychiatric department at Sunderland Royal Hospital made on 21 June 1996.
- (xvii) GP2's consultation with Sean Crone on 17 June 1996 indicates that he was in employment at that time. The panel has been unable to establish

with Sean Crone or his family the nature of this employment. The history provided however, suggests that any such periods of employment were infrequent and short-lived.

- (xviii) The imposition of a custodial sentence by the court on 14 September 1995 reflected an escalation in the gravity and the frequency of Sean Crone's criminal offending. It is important to observe however, that there was nothing in the offences themselves at this stage that suggested any heightening of the risk to himself or the public at large or that the picture was in any way remarkable for a youth of his age.
- (xix) During the course of the period under consideration, Sean Crone's relationship with his mother had become progressively strained and volatile and there was little, if any, stability in his day to day life. At the end of the custodial sentence in 1995 the probation service had identified his vulnerability upon his release.
- (xx) Upon Sean Crone's release from custody in December 1995, he was subject to a period of licence with the probation service. The probation service was able to assist Sean Crone with securing independent accommodation and to obtain financial help in relation to furnishing his flat, but his overall engagement with the probation service was limited and sporadic in its nature. Sean Crone appears to have shown a disregard for the attempts made by the probation service to work with him.
- (xxi) During the early part of this period Sean Crone had left home and when he was still only 17 years of age he was living in his own accommodation.
- (xxii) Sean Crone's relationship with his girlfriend (GF) between 1996 and March 1998 appears to have resulted in significantly greater stability in his lifestyle. Both Sean Crone and GF have described the relationship in positive terms. Sean Crone told the panel that he was reluctant to

discuss his mental health with his girlfriend. GF stated that she only became aware of the existence of continuing difficulties between December 1997 and March 1998. There is no indication however, that at any stage in the relationship either Sean Crone or GF presented any of his mental health difficulties to any health professional.

- (xxiii) Notwithstanding Sean Crone's account to the inquiry panel of experiencing underlying symptoms during this period, they do not appear to have been of a magnitude so as to prevent him from leading a relatively normal life. This was despite the fact that he was a regular cannabis user, which had the potential to destabilise his mental health.
- (xxiv) During the period under consideration, illicit drugs were not identified by Sean Crone's GPs or probation officers as being a significant issue. On 21 June 1996, he denied any current cannabis use when seen by GP2. Sean Crone however, told the panel that throughout this period his cannabis use was continuing. His family confirmed the accuracy of this account.
- (xxv) Upon the relationship between Sean Crone and GF terminating, there was a marked and immediate deterioration in the stability of his lifestyle. He became involved in criminal offending on the day that the separation occurred, sustaining injury in the course of a motor cycle accident. The offences committed between March and May 1998 were attributed by him to the fact of the breakdown of the relationship. Furthermore, at this time he attended his GP's surgery requesting assistance in securing incapacity benefit which was a further reflection of his difficulty in coping with his changed circumstances.
- (xxvi) Sean Crone's compliance with the requirements of the second probation order imposed in November 1998 was no better (and was in fact more unsatisfactory) than it had been with the first. Sean Crone showed a reluctance to talk to the probation service about the details of any mental health problems that he had. The probation service had become aware

that Sean Crone was said to have mental health difficulties and obtained Sean Crone's consent to contact GP2. GP2 was unable to recall what he told the probation service but probation officer 4 recalls reference being made to anxiety and depression. Sean Crone told probation officer 4 that he wasn't interested in receiving help.

- (xxvii) In the probation report prepared by probation officer 4 on 24 February 1999, it was stated that one of the objectives under the probation order being recommended to the court would be to explore mental health issues with Sean Crone. The panel would have been assisted if it had the opportunity to discuss the manner in which the probation service pursued its stated objective in this respect under the probation order imposed on 1 March 1999, but the probation service regrettably declined the opportunity to meet the panel.
- (xxviii) There appears to have been no attempt made by the probation service in 1999 to utilise the mentally disordered offenders scheme to attempt to engage Sean Crone in relation to his mental health difficulties.
- (xxix) Sean Crone's failure to engage with the probation service in 1999 was marked by lame excuses from him for his non-compliance. He demonstrated a disregard for the serious consequences of his actions, which placed him in breach of the order. There do not appear to have been any cognitive deficits that would explain his poor compliance. All the indications suggest that he was not motivated to comply and that he attributed no value to the role of the probation service.
- (xxx) Upon Sean Crone's release from his second custodial sentence in October 1999 he did not initiate contact with any health professional for over three months. Thereafter, his repeated attendances at the surgery of GP2, including the complaint that he made to the surgery on 16 October 2000, demonstrated Sean Crone's ability to access and obtain medical treatment when he so desired. The panel was told by family members that Sean Crone was embarrassed by the appearance of his

condition of impetigo, which had disfigured his facial complexion. He was both assertive and accusatory in the manner in which he pursued treatment for this complaint. This conduct was in marked contrast to his reluctance to address mental health issues to any extent, if at all.

Notwithstanding this distinction, Sean Crone failed to follow up a number of specialist and GP's appointments to address his impetigo after his complaint made to the surgery and there was a 13 month interlude before he returned to see his GP in November 2001 in relation to a recurring lesion.

- (xxxi) Although there are clear indications that in 1999 Sean Crone considered that he had mental health difficulties, his unwillingness to allow them to be explored, together with the lack of progress made in intervening with these problems under the probation order, renders it difficult now to determine what the exact nature or extent of these problems were at this time. It is also likely that his apparently low mood and apathy at this time could at least, in part, have reflected his regular (daily) cannabis use.
- (xxxii) During this period Sean Crone received routine injections from his GP in respect of tetanus, meningitis and provided two blood samples for testing. There was no suggestion that at this time he suffered a phobia of needles as was suggested by members of his family to the inquiry panel.

#### **4. NARRATIVE OF KEY DATES AND EVENTS**

##### **19 March 2002 – 23 December 2002**

On 2 April 2002, Sean Crone was seen by GP2. The record of the consultation states “increasingly irritable for a while, unable to cope. History of paranoid ideas. Thinks people are talking about him, poor concentration, no hallucinations, alcohol social, no drugs, (‘soft in head’), lives alone, socially isolated, not suicidal, previous history of psychiatric referral.” GP2 deemed it appropriate to refer Sean Crone to a primary care community psychiatric nurse based at Monkwearmouth Hospital and on 3 April 2002 completed a written referral. The referral stated “I am hoping that you may be able to help with the management of this twenty-three year old poor historian. He tells me that he has been irritable for a while and is unable to cope with life, he also complains of poor concentration and ? paranoid ideas and thinks people are constantly talking about him. He denies any auditory or visual hallucinations. He was admitted to Cherry Knowle Hospital in 1994 after taking a cocktail of drugs including speed and LSD, denies drug abuse and drinks only socially. He is not suicidal, lives alone, is unemployed, no drugs, no other illnesses of note.”

On 3 May 2002, a community psychiatric nurse (CPN2) wrote to Sean Crone offering him an appointment to see her on 24 May 2002. The letter instructed Sean Crone to confirm by telephone before 14 May 2002 whether or not he was able to attend the appointment. He was told that if he did not telephone to confirm, she would assume that he was not attending and the appointment would be allocated to another patient.

On 17 May 2002, after Sean Crone had failed to confirm his intention to attend the appointment that had been offered, CPN2 wrote to GP2 stating that as he had failed to confirm his attendance for his initial appointment she had discharged Sean Crone from her caseload as not seen.

On 24 May 2002, despite having failed to respond to the letter of 3 May 2002 from CPN2, Sean Crone attended the clinic of CPN2 and was seen by her

notwithstanding the fact that he had not been allocated an appointment. CPN2 undertook an initial assessment of Sean Crone. The typed record of the assessment states “Sean identified needing a bit of help. Some days feels things are too much for him. Can often experience increased feelings of paranoia, nervousness, feels life just passing him by. Stays in most of the time ... admitted to Cherry Knowle Hospital following being spiked in 1994 (understand) can’t touch anything as affects his head. Paranoia ? Psychotic – drug-related – never right since ... lost weight – can’t put weight on, worries ... unemployed at the moment. Stays in house – calls in at mam’s. Enquired about college ... Feels people talking indirectly about him – hears laughs etc and feels it is about him. Heightened anxiety levels - ? hyper-vigilance ... can’t talk properly about how he feels as no one understands, fairly relaxed despite noted anxiety levels when first arrived ... Feels distant, tries to keep social networks – nothing to do all day. Pushed down – feels hot – has to get out of situations ... can’t concentrate for two minutes, since early school noticed this. Short term memory terrible, long term memory poor ... Hanging about with older kids sitting drinking, smoking cannabis – wallop didn’t know what happened. Says drink spiked – psychotic episode since then felt strange.”

CPN2 made contact with GP3 and suggested that Sean Crone be prescribed a low dose of the anti-psychotic medicine risperidone. She told the panel that she hoped that this would ameliorate his anxiety and agitation before she saw him again.

On 28 May 2002, GP3 prescribed a 14 day prescription of risperidone to Sean Crone.

At the conclusion of the screening assessment on 24 May 2002, Sean Crone was offered subsequent appointments by CPN2 but failed to attend any of these appointments.

CPN2 told the panel that she considered it necessary for Sean Crone to be seen by a consultant psychiatrist but stated that she was not in a position to make a direct referral of Sean Crone to see a consultant psychiatrist as all such

referrals had to be made via the GP. The only means of her achieving an urgent referral without the involvement of the GP would have been to send the patient to the accident and emergency department of the local hospital. She informed the panel that she considered that a referral of Sean Crone to a consultant psychiatrist was appropriate because of the length of time that he had experienced difficulties.

As Sean Crone failed to attend any further appointments with CPN2 if standard procedure had been followed, he would have been sent a letter reminding him of his failure to attend and requesting him to contact the primary care community psychiatric nurse and that failing which he would be discharged from the service. There is no evidence that any such correspondence was sent to Sean Crone at this time. CPN2 was about to leave the service to take up a new appointment. Before doing so, she prepared an assessment document which incorporated the detail of her first (and only) consultation with Sean Crone. The document, which was handwritten and was submitted for subsequent typing, stated inter alia:

#### “Screening Assessment

Some personality traits suggestive of ? schizoid type behaviour. Mild paranoia symptoms ‘feels invisible’ no thoughts of self-harm or suicide identified. Needs further assessment preferably by consultant psychiatrist.

#### Recommended Action by CPN

1. To see again for further assessment with view to referring as soon as possible.
2. Recommend Sean be referred to a consultant psychiatrist at earliest convenience for more in-depth assessment.



## Notes

Sean failed to attend his subsequent appointments with myself but would request CPN (to) contact to confirm if further support required by Sean in the interim.”

CPN2 told the panel that whilst she did not believe that Sean Crone was going to hurt himself or anyone else at that point in time or that he posed an overt or immediate risk, she was concerned that he would be another young man who would be allowed to slip out of the system if he wasn't referred to secondary care (ie to see a consultant psychiatrist) and that if he were so referred some of his needs would be identified. She recalls that Sean Crone told her that the only reason he had attended the appointment on 24 May 2002 was because his mother had made him attend.

The notes of the screening assessment on 24 May 2002, which included the recommendation that Sean Crone be referred to a consultant psychiatrist for more in-depth assessment were not received by Sean Crone's GP surgery until 11 October 2002. The community psychiatric service was unable to offer any clear explanation as to why there was such a significant delay in forwarding the notes of the screening assessment to the GP's surgery.

Upon receipt of the document, GP2 marked his copy of the screening assessment document “To see”.

On 11 November 2002, Sean Crone failed to attend the GP's appointment that had been made for him.

On 11 November 2002, CPN3, who had assumed responsibility for the case after CPN2's departure, wrote to GP2 stating that Sean Crone was initially assessed by CPN2 who no longer worked in the primary care community psychiatric nurse team. She stated, “I have written to Mr Crone to ask if he would like to have a further appointment but as he has not been in touch, I can

only assume he no longer wishes to be seen. If you feel he needs a further appointment in future please let me know.”

There is no remaining trace of the letter apparently sent to Sean Crone by CPN3 or indication as to the date on which it was sent. There was no explanation provided for the delay until 11 November 2002 in CPN3 in contacting GP2 to advise him of the failure of the community mental health team to make any further contact with Sean Crone.

On 12 November 2002, Sean Crone was seen by GP2 in relation to a further episode of impetigo affecting his face. He was prescribed a course of flucloxacillin. It is not clear whether or not the letter from CPN3 would have arrived at the surgery by the time of this consultation. The initial screening assessment undertaken by CPN2 (including the recommendation that Sean Crone be referred to a consultant psychiatrist) would however have been seen by GP2 by this date. There appears to have been no attempt made by GP2 to address the conclusions of the screening assessment during this consultation.

On 23 December 2002, Sean Crone was seen by GP3 at the surgery in relation to clustered spots. It was noted by GP3 that he was anxious and reluctant to accept the diagnosis of suprapubic acne. It was also noted that he had been referred to a dermatology specialist in 2000 but failed to attend.

## **COMMENTARY UPON SEAN CRONE’S HEALTH CARE AND TREATMENT**

**19 March 2002 – 23 December 2002**

- (i) In the course of Sean Crone’s consultation with GP2 on 2 April 2002, it became apparent that Sean Crone was suffering from psychiatric problems. These were the first such difficulties to be reported by Sean Crone to GP2 for three years. It was the first occasion upon which Sean Crone had volunteered any suggestion that he was paranoid.
- (ii) During the course of the consultation with GP2 on 2 April 2002, Sean Crone denied any use of illicit drugs. This account is at variance with

Sean Crone's evidence to the inquiry panel, to the effect that by this time he was a regular user of cannabis and an occasional user of other illicit drugs.

- (iii) The response of GP2 following 2 April 2002, was to refer Sean Crone to a primary care community psychiatric nurse (CPN). The panel consider that this was an appropriate referral. The primary care CPNs provided an effective service that was easy to access. The panel consider that the content of the letter of referral sent by GP2 was also appropriate.
- (iv) The mechanism for discharging patients who did not confirm their intention to attend their first appointment was in accordance with the policy of South of Tyne and Wear Mental Health NHS Trust at the time.
- (v) On 24 May 2002, Sean Crone attended the clinic of CPN2 unexpectedly but, notwithstanding this, he was seen by CPN2, who by doing so demonstrated flexibility.
- (vi) It is significant that Sean Crone only attended the screening assessment because his mother had pressurised him into doing so.
- (vii) CPN2 was able to engage Sean Crone in the course of the screening assessment which was undertaken. This was achieved notwithstanding his reticence and his agitated demeanour.
- (viii) CPN2 did not find the pro forma screening assessment helpful and therefore adapted it to a more open style of interviewing. The purpose of the exercise was to provide an initial contact to identify what, if any, further treatment may be necessary. It was not intended or designed to be an in depth psychiatric assessment. The assessment was in fact quite detailed and stands as the most informative psychiatric assessment of Sean Crone following his discharge from Cherry Knowle Hospital in 1994 until the reports prepared after his arrest for the killings in 2003.

- (ix) The inquiry panel considers that CPN2 made reasonable plans for Sean Crone's future care, namely to see him again and to arrange for a referral of him to be made to a psychiatrist, via his GP. Furthermore, CPN2 spoke with GP3 and suggested that a low dose of risperidone should be prescribed in order to ameliorate Sean Crone's anxiety and agitation before she saw him again. The inquiry panel considers that this was an appropriate course of action.
- (x) The screening assessment raised significant suspicions that Sean Crone may be suffering from a mental illness and indicated that he required further investigation. The symptoms did not appear however to have been so acute as to have warranted immediate hospital admission.
- (xi) The inquiry panel was advised by a senior nurse in the primary care CPN team that it would have been standard practice for the "Worthing" risk assessment to be undertaken in the course of a screening assessment such as that carried out on 24 May 2002. No such assessment was undertaken but notwithstanding this, the inquiry panel accepts that CPN2 did exercise a reasoned judgment as to the level of risk that Sean Crone may have posed in the course of the relatively detailed screening assessment.
- (xii) The inquiry panel has not been provided with a clear explanation for the significant delay on the part of the primary care CPN team in sending out the screening assessment (and its recommendation that Sean Crone be referred to a consultant psychiatrist) to GP2. It is likely that the delay was at least partly attributable to a delay in submitting the handwritten notes for typing. This resulted in a complete fracture of the treatment plan for Sean Crone in 2002. GP2 was kept in substantial ignorance of the outcome of the referral for over five months in the course of which the rationale behind the original referral and the identification of the need for Sean Crone to be seen by a psychiatrist were both lost sight of. In reality the treatment plan came to a standstill. The situation was compounded by the failure on the part of Sean Crone to attend his

follow-up appointments with CPN2 and the subsequent unsuccessful attempts by the primary care CPN team to make further contact with him. Furthermore, Sean Crone did not himself make contact with the GP's surgery during this five month period.

- (xiii) The absence of a written recording in Sean Crone's GP notes of the rationale on the part of GP3 in relation to the prescription of risperidone on 28 May 2002 obscured the position and made it more difficult for colleagues to pursue a coherent treatment plan in the course of subsequent consultations.
- (xiv) There is no record of what, if any, steps were taken by the GP's surgery to arrange an appointment for Sean Crone to see GP2 in accordance with GP2's note on the screening assessment document "to see". An appointment was made for GP2 to see Sean Crone but this was not until 11 November 2002 (which he failed to attend, although he was seen by GP2 the following day) whereas the screening assessment had been received at the surgery on 11 October 2002.
- (xv) The consultation with Sean Crone on 12 November 2002 afforded an opportunity for GP2 to address with Sean Crone the recommendation of CPN2 that a referral be made to a consultant psychiatrist and also to establish why the follow-up appointments offered by CPN2 had not been kept by Sean Crone. GP2 acknowledged to the inquiry panel that this opportunity was not taken and that the prescription of risperidone made by GP3 on 28 May 2002 was not discussed with Sean Crone in the course of the consultation on 12 November 2002. GP2 informed the inquiry panel that on 12 November 2002 Sean Crone was not manifesting any signs of psychosis and made no reference to any anxieties or problems other than his facial complexion.
- (xvi) The inquiry panel was advised that primary care CPNs were unable to make a direct referral to a consultant psychiatrist. Any such referral would have to be routed via the GP.

## **5. NARRATIVE OF KEY DATES AND EVENTS**

### **24 December 2002 – 12 August 2003**

On 7 January 2003, Sean Crone failed to attend an appointment which had been made for him to see his GP.

On 5 February 2003, probation officer 5 had completed an assessment in the course of compiling a pre-sentence report for the court. The panel was informed by the probation service that the offender assessment system (OASys) is used by both the prison and probation services and is designed to assess how likely it is that an offender will re-offend. The assessment combines both static factors, concerning an offender's past offending behaviour and dynamic offence-related factors, such as personality characteristics, cognitive and behavioural problems. This is a general risk assessment tool that is focussed on risk of re-offending and risk of harm to self and others. The OASys assessment can indicate the need for further specialist assessment.

The OASys assessment completed by probation officer 5 stated that Sean Crone noted to be an occasional cannabis user and occasional drinker. He was also noted to have had a previous psychiatric hospital admission after a drug induced psychosis and to have had problems with anxiety and depression, lethargy and forgetfulness. It was recorded that he had no energy, had low self-esteem and feelings of being distracted. It is recorded that there were "issues around anger" and that he was not happy to talk about his mental health problems. Sean Crone's GP had been spoken to and stated that he had failed to keep appointments, and hadn't attended follow-up appointments with a psychiatrist two to three months earlier. Sean Crone told probation officer 5 that driving was the only thing that excited him and that he had very poor concentration and memory. Sean Crone told probation officer 5 that he occasionally drank but stated that he drank so little he could "get drunk" on two pints. He stated that he had a poor memory but probation officer 5 considered that this may be linked to depression. Sean Crone had missed four

appointments for the purposes of preparing a pre-sentence report and did not attend court. This was believed to be because “he does not read his post”.

The OASys assessment undertaken in relation to Sean Crone indicated a score of 75 which placed him in the band of medium risk insofar as re-conviction was concerned.

The assessment also recorded that Sean Crone recognised that driving without a licence or insurance was wrong but justified it by stating that he had no memory, public transport was expensive and he enjoyed driving. He accepted that what he had done was wrong. He admitted driving the car on previous occasions.

On 6 February 2003, Sean Crone attended an appointment with GP3 in relation to a continuing rash which had not responded to antibiotics. He was advised to attend the genito urinary medicine clinic.

On 12 February 2003, probation officer 5 prepared a short pre-sentence report in respect of the offences of driving whilst disqualified and driving with no insurance stating that Sean Crone had failed to attend a pre-sentence report appointment on 5 February and had arrived one hour late for a subsequent appointment on 10 February. He had been asked to return on 11 February, but had failed to attend. In the circumstances it had proved impossible to prepare a full pre-sentence report.

On 21 February 2003, Sean Crone failed to surrender to court in relation to offences of driving with no insurance and driving whilst disqualified.

On 27 February 2003, Sean Crone appeared before Sunderland Magistrates' Court in respect of offences of driving whilst disqualified, driving with no insurance and failing to surrender to bail. The offences had been committed in January 2003. The court adjourned the case and requested a pre-sentence report indicating that all sentencing options (including custody) were open.

On 13 March 2003, probation officer 5 prepared a pre-sentence report in relation to the offences of driving whilst disqualified and driving with no insurance. The report was based upon three interviews with Sean Crone and a conversation with GP2. The report described how Sean Crone had purchased a car cheaply in the full knowledge that he only had a provisional licence and that he did not have insurance. Sean Crone justified his actions by stating that it was cheaper to maintain a car than to rely upon public transport. Furthermore, he stated that he enjoyed driving and felt that it helped him escape from feelings of depression. He felt focussed and “awake” when driving and considered himself to be a good driver.

The report described how Sean Crone was living at his own rented property on the Red House Estate in Sunderland, in receipt of benefits and pessimistic as to the prospect of obtaining employment. Sean Crone attributed his poor memory to the incident in 1994 when he “inadvertently” consumed a cocktail of drugs resulting in a drug-induced psychosis. He had been initially reluctant to talk about his mental health problems, but described long-standing problems with anxiety and depression which appeared to be manifested in problems with poor concentration, forgetfulness, disrupted sleep patterns and fluctuating moods. He had been referred by his GP to a psychiatrist for assessment but failed to keep follow-up appointments and this appeared to be part of a pattern of behaviour. One of the reasons given by Sean Crone for this reluctance to pursue the offer of help for his mental health problems was that he refused to consider the use of pharmacological treatments.

The report indicated that whilst Sean Crone’s life appeared to be directionless, he described some positive pastimes including regular weekly contact with his child, jogging and taking his dog for walks. He described moderate alcohol consumption and watching DVDs with friends, most of whom were not offenders. The report concluded that there was no evidence to suggest that Sean Crone posed a risk of serious harm either to himself or the public. His previous convictions did not indicate that the most recent offences were part of an emerging pattern or an escalation of seriousness in his offending. The report concluded with a recommendation that an electronic curfew order would



be an appropriate sentence for the court to consider imposing in relation to these offences.

On 21 March 2003, Sean Crone appeared before Sunderland magistrates. His case was adjourned because the court considered that “all options” (including custody) had not been addressed in the probation pre-sentence report of 13 March 2003 and the failure to attend court on 21 February had not been addressed in the pre-sentence report.

On 24 March and 28 March 2003, Sean Crone failed to attend appointments that had been made for him to see his GP.

On 1 April 2003, probation officer 5 wrote to Sean Crone advising him that he had failed to keep his appointment for the purpose of preparing a further pre-sentence report and offering him a further appointment on 7 April. He failed to attend this appointment but attended the offices of the probation service on 8 April without an appointment.

On 9 April 2003, probation officer 5 filed an additional report dealing with failure to attend court on 21 February and addressing the possibility that a custodial sentence may be considered by the court. In relation to the failure to attend court on 21 February 2003, Sean Crone told probation officer 5 that he simply forgot to attend court on this date adding that he “cannot hold dates”. It was in response to a letter from his solicitor reminding him about the appearance that he surrendered himself to the court the following week. The report indicated that Sean Crone was no longer in possession of the vehicle in which the offences had been committed. The vehicle had been stolen and then crashed. It was the view of probation officer 5 that this would substantially reduce the likelihood of further offending. The report concluded:

“During my contact with Mr Crone he has appeared to struggle with feelings of depression, does not appear to cope well when faced with problems and this may indicate that he may face difficulties in coping with custody ... There is ample evidence from my attempts to make

contact with Mr Crone that he does have difficulty in keeping appointments ... and is perhaps supportive of his explanation that the failure to attend on 21 February was 'absentmindedness' rather than a deliberate refusal to comply with the court's requirements of him."

The report repeated the recommendation made in the earlier report that an electronic curfew order would be an appropriate disposal for the court to consider.

On 10 April 2003, Sean Crone attended an appointment at his GP's surgery. He was seen by GP3. The note in Sean Crone's GP records in relation to this consultation states, "patient to phone psychiatrist for another appointment". Sean Crone was prescribed a 28 day course of the antidepressant medication fluoxetine (20 mg) (Prozac).

On 11 April 2003, Sean Crone appeared before Sunderland magistrates and was sentenced to a curfew order with electronic tagging 8.00 pm – 8.00 am seven days per week for four months and was disqualified from driving for six months in respect of the offences of driving whilst disqualified, driving without insurance and failure to surrender to custody at the appointed time. He was also ordered to take an extended driving test before being permitted to drive again.

On 16 April 2003. Sean Crone attended his GP's surgery and was seen by GP2 in relation to suspected impetigo. He was prescribed a course of flucloxacillin.

On 27 May 2003, Securicor, who were responsible for undertaking the electronic tagging of Sean Crone, wrote to the probation service indicating that Sean Crone had breached the curfew order by removing or damaging the tagging device from his ankle.

On 10 June 2003, Sean Crone appeared before Sunderland Magistrates' Court in relation to the breach of the curfew order. He pleaded guilty. The court took

no action in relation to the breach but directed that the curfew order should continue.

On 16 July 2003, Sean Crone appeared before Sunderland magistrates and was convicted of an offence of being drunk and disorderly and was also sentenced for his earlier failure to surrender to custody. He received a fine of £40 and was ordered to pay £60 costs.

On 18 July 2003, Sean Crone attended his GP's surgery and was seen by GP2. He was continuing to suffer from impetigo. GP2 prescribed further antibiotics and re-started a prescription of fluoxetine (Prozac). He was asked to attend the surgery in seven days' time for the purposes of a review.

GP2 told the inquiry panel that he re-started the prescription of Prozac because Sean Crone had not been taking the drug for the appropriate duration for it to be effective. GP2 did not recall having had any concerns about Sean Crone's mental health at the time.

On 25 July 2003, Sean Crone failed to attend an appointment that had been made to review him at his GP's surgery.

On 1 August 2003, Sean Crone attended his GP's surgery requesting a further prescription of flucloxacillin in relation to his impetigo. The prescription was issued administratively by the surgery without him seeing a GP.

On 12 August 2003, Sean Crone appeared before Sunderland Magistrates' Court and was fined £50 in respect of another breach of the curfew order.

## **COMMENTARY UPON SEAN CRONE'S HEALTH CARE AND TREATMENT 24 December 2002 – 12 August 2003**

- (i) Throughout this period Sean Crone appeared to be willing to attend a number of medical appointments in relation to his impetigo. This

contrasted with his attitude to appointments with the probation service and mental health professionals.

- (ii) The suggestion made in the probation report dated 9 April 2003, that Sean Crone's failure to attend appointments with the probation service may be explained by absentmindedness rather than deliberate non-compliance, is not substantiated by the totality of the psychiatric evidence considered by the inquiry panel. Sean Crone told the panel that he did not value his contact with the probation service, describing it as "useless".
- (iii) The probation service's management of Sean Crone during this period has to be set in the context of the relatively unexceptional nature of Sean Crone's offending at this period and its own assessment of risk, which did not identify any major concerns. Having established that Sean Crone had been referred for mental health assessment by his GP but had failed to attend for appointments and had no interest in receiving treatment, the probation service may have considered that there was little more that it could do to persuade Sean Crone to engage with mental health services.
- (iv) The inquiry panel was informed that a mentally disordered offenders scheme was not available to the probation service at this time. Such a service was previously in place up until June 2001 when it was disbanded. A mentally disordered offenders scheme would have offered the opportunity to have Sean Crone assessed by a mental health professional with a view to providing the court with an opportunity to attempt to engage him and to address any mental health issues as part of the court's sentencing options, if this was considered to be appropriate. Such a service may have been able to constructively utilise Sean Crone's enforced contacts with the courts, brought about as a result of his offending.
- (v) There is little evidence that the prescription of anti-depressant medication by GP3 and GP2 respectively, emanated from a considered

plan of treatment. There are no records of the rationale underlying the initial prescription nor what symptomatic benefit was expected. GP2 acknowledged in evidence to the inquiry panel that he did not know why GP3 had prescribed the drug previously. GP2 told the panel that he had recommenced the prescription in July on the basis that the original prescription would have run out in May 2003. GP2 considered that a longer period of treatment should be undertaken although he stated that he re-prescribed the drug notwithstanding that he had no concerns in relation to Sean Crone's mental health at the time.

- (vi) The inquiry panel infers that the recording in Sean Crone's GP's notes made by GP3 on 10 April 2003 "patient to phone psychiatrist for another appointment" related to Sean Crone's previous contact with CPN2 which had effectively ended in May 2002. The advice to Sean Crone to make contact with the psychiatric service himself however, would not appear to be consistent with the letter of discharge from CPN3 dated 11 November 2002 which requested the GP to re-refer Sean Crone to the service if this was necessary. Furthermore, the advice of CPN2 had been to refer Sean Crone to a psychiatrist, but this was not acted upon at the time or as a result of the consultation with GP3 on 10 April 2003.
- (vii) On 16 April 2003. Sean Crone was seen by GP2 in relation to suspected impetigo and a course of antibiotics was prescribed. There is no record of any attempt being made by GP2 to follow up the suggested self-referral of Sean Crone to the psychiatric service made by GP3 six days earlier on 10 April 2003.

## **6. NARRATIVE OF KEY DATES AND EVENTS**

### **13 August 2003 – 30 October 2003**

On 17 September 2003, Sean Crone was allegedly involved in a violent incident involving a male asylum seeker. He was said to have approached the victim shouting at him that he should leave the country and go back home. He then threw a bicycle at the man before picking it up and riding off on it. Sean Crone was never spoken to by the police or arrested in relation to this alleged incident but witness statements taken subsequently, linked him with it.

On 22 September 2003, Sean Crone failed to attend an appointment that had been made for him to see his GP.

The inquiry panel was provided with accounts from a number of people who knew Sean Crone and had contact with him, who observed an increase in his consumption of drugs and alcohol and a deterioration in his presentation in the weeks immediately preceding the deaths of Ian Lawson and Simon Richardson. These accounts were provided to the police after the killings but were not communicated to the police or health professionals at the time.

On an unspecified date in October 2003, a female witness observed Sean Crone mixing cannabis and LSD in a joint. He explained to her that it was a “trip”. He stated that someone had “spiked” him a week earlier and that he intended to use the “trip” to get his own back on that person.

Sean Crone was described by another witness to have been very open about his drug taking and was observed on one occasion walking along the street with a cannabis plant in his hand.

The senior investigating police officer informed the inquiry panel that after Sean Crone’s arrest in respect of the killings a large quantity of cannabis plants (between 30 and 50) was recovered from Sean Crone’s address and that this magnitude of cultivation clearly represented a business enterprise.

Sean Crone appeared to have become possessive about his cannabis plants, describing them to one friend as his “babies” and telling another friend “If anyone tries to steal these plants I’ll kill them.”

On a further unspecified date in October, Sean Crone was seen by one of his male friends to take an ecstasy tablet. He was described as being “out of his head” on drugs. Another witness stated that at about this time, Sean Crone was observed to be taking ecstasy tablets, cocaine, cannabis and consuming alcohol.

A male friend of Sean Crone provided a statement to the police after the deaths of Ian Lawson and Simon Richardson, in which he stated that on an occasion in or about the middle of October 2003, he was present with Sean Crone at a party. During the late hours of the party he observed Sean Crone dancing to music and noticed that he had a 6” Stanley type retractable knife in his left hand. When he challenged Sean Crone as to why he was carrying the knife, Sean Crone put the knife into his pocket but made no reply.

On 24 October 2003, Sean Crone was involved in a fight with another man. There is no clear evidence as to how the fight commenced. Some witnesses have suggested however, that it occurred in the late hours of that evening and that Sean Crone became involved because one of his brothers had been threatened by the other man involved in the fight. In the course of the incident, Sean Crone sustained a significant injury to his right hand. There was no police involvement as a result of the fight as the incident was not drawn to the attention of the police.

In the aftermath of the deaths of Ian Lawson and Simon Richardson, a witness to the fight on 24 October 2003 provided a statement to the police in which she described how a number of other youths became involved in fighting with the other man. She also described how during the course of the incident she was threatened by Sean Crone with what she believed was a knife. She alleged that Sean Crone, who appeared to believe that she was associated with the other man involved in the fight, said to the man “I’m going to stab your lass

straight through her neck.” As he said this, he was waving his arms around and she noticed that he had what appeared to be a knife concealed in the right sleeve of his jacket. She could see the blade of the knife protruding from the sleeve. She stated that she had been scared that he would use the knife on her. The following morning she alleged that she saw Sean Crone again and challenged him about his threat to stab her the previous evening. He denied that this had happened and sought to make light of the incident. He also spoke with the man with whom he had the fight and the two men shook hands, it being acknowledged that Sean Crone had come off the worse of the two with his injured hand. The allegation that Sean Crone had made threats with a knife was not brought to the attention of the police until after the deaths of Ian Lawson and Simon Richardson. None of the other witnesses to the fight made reference to Sean Crone being in possession of a knife that night. One other witness however, later told the police that Sean Crone had been responsible for punching the other man and kicking him as he lay on the ground.

On Saturday 25 October 2003, Sean Crone was seen by a male witness at about 11.00 am in the vicinity of Ramillies Road in Sunderland. Sean Crone stepped out without looking in front of the car that the witness was driving, causing him to brake suddenly. The witness considered that Sean Crone appeared to be under the influence of drugs.

Later that day Sean Crone’s mother became concerned about the condition of his right hand which appeared cut and swollen near the knuckle as a consequence of the fight. At 6.29 pm she took Sean Crone to the accident and emergency department at Sunderland Royal Hospital. He was seen by casualty staff at 7.45 pm. He initially claimed to have injured his wrist in the course of a fall but later admitted having injured his hand having punched someone in the mouth. His right hand was noted to be painful, red and swollen. It was noted that he looked fit and well. He stated that he drank 20 units of alcohol each week. Blood tests were taken but whilst it was intended to administer an intravenous antibiotic, this did not occur as there was no such medication available in the casualty department at the time. He was referred to the orthopaedic department at the hospital.



Sean Crone was seen in the orthopaedic department of Sunderland Royal Hospital later that evening, at 10.30 pm by the orthopaedic senior house officer (SHO). It was noted that he was not very forthcoming and his history was obtained from his mother. He had apparently had a fight and injured his fist on somebody's mouth. There had been progressive swelling of the hand since then. The SHO queried whether Sean Crone was taking recreational drugs and was told that he was taking ecstasy, cocaine and cannabis "on and off". Sean Crone's mother described how he had been admitted to Cherry Knowle Hospital when he was 16 years old with a drug-induced psychosis. Since then he had suffered from short term memory loss. It was stated that he lived on his own but in the future would be living with his mother. It was said that he wasn't sleeping. An x-ray revealed that there was a suspected fracture of the ventral aspect of the second metacarpal. Sean Crone was prescribed and administered intravenous antibiotic medication.

The plan of the medical staff was to admit Sean Crone to the orthopaedic ward at hospital for treatment, but at 11.00 pm this was thwarted when he insisted that the antibiotic drip in his arm should be removed, whereupon he went downstairs with another patient to have a cigarette but did not return to the ward. A nurse and a number of the hospital security personnel searched the hospital premises but could not locate him. A study of CCTV footage also proved negative. There is a note in the nursing notes that the hospital staff contacted the police and advised them as to what had transpired and that Sean Crone was wearing a bandage on his right hand. Sean Crone's brother was spoken to by hospital staff, but he did not know of Sean's whereabouts. Sean Crone's mother told the inquiry panel that the police attended her property but were unable to offer any further assistance.

Sean Crone's ex-girlfriend, GF, informed the inquiry panel that Sean Crone had attended her home at 11.45 pm that evening. She could not understand the reason for his attendance and sent him on his way.

On Sunday 26 October 2003, Sean Crone's mother telephoned the accident and emergency department at Sunderland Royal Hospital at 1.20 am to inform

the hospital that Sean Crone had arrived at her home. She was advised that he should have nothing to eat or drink in anticipation of him undergoing surgery later that day. She was advised to telephone the hospital later in the morning.

In a witness statement provided to the police after the deaths of Ian Lawson and Simon Richardson, a female friend of Sean Crone recalled him stating that he had left hospital because he was petrified that the doctors would sexually interfere with him whilst he was under general anaesthetic and he wouldn't be able to protect himself.

At 1.00 pm on 26 October 2003, Sean Crone returned to the orthopaedic ward in the company of his mother. A note in the nursing notes indicates that he was due to attend theatre later that day. He was observed to be restless and agitated and shortly afterwards left the hospital. Consultant orthopaedic surgeon 1 spoke to Sean Crone's mother and advised her that if she could get him to return to the ward the following day he would be able to have his surgery. Oral antibiotics were prescribed for Sean Crone and handed to his mother. Both Sean Crone's mother and Sean Crone told the inquiry panel that he did not comply with this treatment as he feared he was being poisoned. Sean Crone did not at any stage return to hospital for the surgery that had been deemed necessary to his hand.

Sean Crone's mother told the inquiry panel that after he had left the hospital she drove around looking for him and eventually found him but was unable to persuade him to go back to hospital. She believed that he returned home after she had retired to bed at 10.00 pm. She described how Sean Crone had been shouting at the hospital staff during the time that he was present in hospital. She stated that on 26 October 2006 she had expressed her concerns to consultant orthopaedic surgeon 1 and to the sister on the ward, who she stated shared her concerns and told her that an attempt would be made to obtain some psychiatric help for Sean Crone from within the hospital, but that he had absconded before any such help had materialised. There is no record in the hospital notes of this conversation and consultant orthopaedic surgeon 1 informed the inquiry panel that he had no recollection of this conversation, or

indeed of Sean Crone's admission to hospital. On the same day Sean Crone was seen by a male witness walking along Ringwood Road in Sunderland. He appeared to have a blank expression on his face and didn't recognise the witness, who was known to him. The witness formed the impression that Sean Crone was under the influence of drugs.

On Monday 27 October 2003, a letter was sent by the orthopaedic and fracture clinic at Sunderland Royal Hospital offering Sean Crone an out-patient appointment at 9.55 am on 11 November 2003.

On Tuesday 28 October 2003, Sean Crone's mother telephoned Cherry Knowle Hospital at 8.20 am and spoke to the senior nurse on call. The Cherry Knowle contemporaneous notes of the telephone conversation state, "Phone call from a lady whose son was admitted 10 years ago due to a drug-induced psychosis and was admitted to the East Willows ward and discharged with no follow-up. States that he has become paranoid and unco-operative and she is unable to cope. Has been to casualty with no result. Advised to see a GP urgently this morning and request referral to psychiatrist today so that he could be assessed."

At 8.38 am Sean Crone's mother telephoned his GP's surgery and spoke to a member of staff at the practice. The contemporary note of the conversation states, "Re Sean Crone says she has been on to Cherry Knowle Hospital and has got a severe case wanting psychiatrist out today. Advise her to ring back just before 9.30 am."

Later that morning Sean Crone's mother spoke to GP2.

The note of the conversation that GP2 had with Sean Crone's mother as contained in Sean Crone's GP notes states, "As above, after conversation with mother over the phone, Sean apparently agitated and she is not coping, requesting to be seen by psychiatrist. Known history of paranoid ideation. ? Drug-related in the past. Spoke to consultant psychiatrist's secretary over the phone and will arrange urgent clinic appointment."

As a consequence of speaking to Sean Crone's mother, GP2 completed a written referral to Cherry Knowle Hospital requesting that Sean Crone be seen by a consultant psychiatrist. The referral was written on the standard GP referral form and had the 'Urgent' box ticked. The referral stated, "Thank you for seeing this twenty-five year old man who is increasingly agitated for some time now. He now lives with his mother who is unable to cope. Some days he feels things are too much for him and often experiences feelings of paranoia and nervousness. He feels life is passing him by and he stays in most of the time. Admitted to Cherry Knowle in 1994 after (query) drinks were spiked with speed/LSD query psychotic drug-related. He says he has not been right since then. Not suicidal ... No drugs/allergies."

GP2 told the inquiry panel that he recalled the conversation that he had had with Sean Crone's mother. He understood from what he was told by her that Sean Crone was agitated and that she wanted him to see a psychiatrist. It hadn't been suggested by her that she was worried that he might "do something really nasty" to himself or someone else. GP2 considered Sean Crone's mother to be a highly anxious person at all times so there was nothing in the manner in which she spoke to him that conveyed any particular urgency on this occasion. He stated that he believed that she wanted Sean Crone seen by a psychiatrist as soon as possible because he was agitated and she was unable to cope with him. He accepted that he had been told about Sean Crone exhibiting paranoid behaviour. He therefore made an urgent referral for Sean Crone to be seen by consultant psychiatrist 3. He stated that he considered that the urgency of the situation emanated from the earlier history of suspected psychosis and Sean Crone's failure to access follow-up appointments. He described that in these circumstances "alarm bells were ringing". He explained that the use of the word 'urgent' in the referral was meant to denote a need for Sean Crone to see a consultant "as soon as possible". He was of the view that Sean Crone's mother could have accessed the out of hours service if she had been worried about him pending him being seen by the consultant.

In addition to the faxed referral GP2 telephoned and spoke with the secretary to consultant psychiatrist 3. He explained to the panel that he was not told how

long it would take for an appointment to be offered but he was under the impression that it would be “days”.

GP2 told the panel that there was no facility in place in October 2003 to have a patient under the age of 60 years seen by a consultant psychiatrist on a domiciliary visit, other than for the purposes of arranging for the detention in hospital of a patient with a mental illness pursuant to the Mental Health Act 1983. He understood that domiciliary visits by consultant psychiatrists could be requested by a GP in respect of elderly patients but not in respect of someone of Sean Crone’s age.

Sean Crone’s mother told the inquiry panel that she recalled being advised by GP2 that a domiciliary visit by a consultant psychiatrist would not be possible and these were only available for elderly patients.

In October 2003, GP2 was unable to refer Sean Crone to a crisis intervention team as no such service had been established at this stage for which Sean Crone would have been eligible. Such a service would have offered access to specialised mental health services for people in crisis. It would also have provided the opportunity for immediate assessment of the person’s mental health needs and could either provide treatment or arrange for admission into hospital, as appropriate. The inquiry panel was informed that this service was operating only on a pilot basis and was restricted to existing secondary care patients with severe mental illnesses and therefore was not accessible to GP2 in relation to Sean Crone.

GP2 informed the inquiry panel that had such a service been available at that time he would have considered having had recourse to it and may have referred Sean Crone to the crisis intervention team.

GP2 told the inquiry panel that he did not consider undertaking a home visit himself to see Sean Crone. The reason that he gave for this was that his intention was to refer Sean Crone to secondary care as soon as possible. GP2

accepted that had he carried out a home visit and been able to see Sean Crone, this may have changed the urgency with which he made the referral.

The written letter of referral by GP2 was faxed by GP2's surgery to Cherry Knowle Hospital at 1.30 pm that day. There is documentary evidence to show that the referral was faxed at this time.

Later that same day, Sean Crone's mother telephoned the surgery of GP2. She spoke with a member of staff at the surgery and enquired whether the referral had been faxed through to Cherry Knowle Hospital, stating that she had telephoned the hospital and it hadn't arrived. She was reassured that the referral had been faxed through to the hospital and a fax transmission report seen by the inquiry panel confirmed this. Sean Crone's mother asked for proof that the fax had been sent but was told that the surgery needed to retain the copy of the fax report confirmation as proof that the fax had been sent.

Sean Crone's mother stated to the inquiry panel that she recalled making a number of other telephone calls to the surgery that day enquiring as to the progress of the referral. The practice manager told the inquiry panel that she did not believe that any further telephone calls had been received that day and that the surgery log, which did record the initial telephone contact, and which was shown to the inquiry panel, did not disclose any evidence of any further telephone calls having been made by Sean's mother that day.

Sean Crone's mother told the police after the deaths of Ian Lawson and Simon Richardson that she saw little of Sean Crone on 28 October 2003.

On 29 October 2003, at 9.32 am a letter was sent to GP2 by fax by the orthopaedic department at Sunderland Royal Hospital informing GP2 that Sean Crone had attended hospital with an injured right hand and that he had refused theatre and had then failed to attend a second appointment. The details of the antibiotic medication prescribed and supplied for Sean Crone at hospital were attached to the letter.

On the same day a letter was sent to Sean Crone offering him an appointment to see consultant psychiatrist 3 at his office at Cherry Knowle Hospital at 2.00 pm on 13 November 2003. The appointment was scheduled to last for one hour. The letter was sent to the home address of Sean Crone's mother.

Consultant psychiatrist 3 informed the inquiry panel that the referral of Sean Crone by GP2 was one of a number of referrals received by him at the time and that he therefore had to prioritise such referrals. He considered that the background history of previous psychotic illness and the current presentation of paranoia and nervousness required an earlier appointment than could be facilitated through the out-patients department. Accordingly, an appointment was made to see Sean Crone in the consultant's office on 13 November 2003.

Consultant psychiatrist 3 told the inquiry panel that if GP2 had any heightened concerns then the appointment could have been brought forward.

Consultant psychiatrist 3 informed the inquiry panel that a routine referral may have taken between four to six weeks but that, in the circumstances of this case, he considered that Sean Crone needed to be seen significantly sooner than that, resulting in the appointment being offered on 13 November 2003. Consultant psychiatrist 3 stated however that the information contained in the referral was not of sufficient concern to warrant an immediate assessment being arranged. This analysis of the urgency or otherwise of the situation was based upon consultant psychiatrist 3's preliminary assessment of risk from the letter of referral alone.

On 29 October 2003, there is no record of Sean Crone's mother making contact with any of the health professionals in relation to Sean Crone's condition. In a police statement made after the killings she described how Sean Crone had returned to live in his flat and that she had visited him there after having driven around in search of him, as she was concerned for his well-being. She stated that she was disgusted with the condition of the property. There were cannabis plants distributed around the property and all the doors were open. Sean Crone came into the property whilst she was present and she prevailed upon him to

return home with her and he did so. Later that evening, however, at about 9.45 pm he returned to his own flat to feed the cannabis plants.

At about midday, a female witness who had known Sean Crone for many years, having attended school with him, met Sean Crone out in the community and spoke with him. She informed Sean Crone about a friend of hers who was interested in buying some cannabis. Sean Crone agreed to come to her property at 5.00 pm in order to sell this man some cannabis. She formed the impression that Sean Crone may possibly have been under the influence of cannabis as he was hard to talk to and was mumbling and she was aware that he smoked cannabis on a daily basis. During this conversation, Sean Crone told her that he was worried about attending the hospital in relation to his hand in case the doctor sexually interfered with him.

Sean Crone's paternal grandparents informed the inquiry panel that on the day before the offences (29 October 2003) Sean Crone had arrived at their home with his mother's dogs. Both he and the dogs were dirty and covered in mud. They described how he appeared to be "in a different world" and that he had allowed the muddy dogs into the house which caused them to remonstrate with him. They noticed that Sean Crone's hand was badly swollen and assumed that he had been fighting. When Sean Crone's grandmother asked him about the injury he stated that he had been to hospital the previous day but had walked out because he was afraid of what the doctor had told him would have to be done.

At 5.00 pm on 29 October 2003, Sean Crone attended the property of the female witness as arranged and met the man who was interested in purchasing some cannabis. The two men went to Sean Crone's flat and returned with a cannabis plant which they then cut up. Sean Crone was paid £200 for the cannabis. The female witness thereafter considered that Sean Crone appeared eager to spend some of the money he had received and invited her to go to the pub with him. She told him that she had already arranged to watch a football match on television at the home of a mutual friend. She and Sean Crone went to this property and spent the evening there watching the game. She observed



that Sean Crone appeared to be quiet during the course of the evening. He stated that he wasn't allowed to drink as he was taking medication in relation to his injured hand. He described how he had pulled the canula out of his arm whilst at the hospital because he was frightened that the doctors would sexually interfere with him whilst he was subject to general anaesthetic. She later described how Sean Crone's behaviour that evening was strange. He was staring at her and talking in obscene terms about a female on the television. At one stage in the evening Sean Crone left the property and returned with food that he had purchased from a local fish and chip shop, which he shared with the female witness. As Sean Crone left the property he gave a small amount of a cannabis plant to one of his male friends who was present.

On Thursday 30 October 2003, Sean Crone's mother telephoned the surgery of GP2 to enquire if the surgery staff were sure that the referral to Cherry Knowle Hospital had been made. She spoke with a member of staff at the surgery who reassured her that the referral had been sent and that a transmission report confirmed that it had been sent. The member of staff then telephoned the secretary to consultant psychiatrist 3. The note of this conversation as recorded in Sean Crone's GP's records states, "Rang secretaries that afternoon. The secretary who had first taken referral was now off until next week. Advised the urgency. Another secretary will pick up and follow through." In the course of this discussion no mention appears to have been made of the fact that a letter had already been sent out from Cherry Knowle Hospital to Sean Crone the day before offering him an appointment on 13 November 2003.

On 30 October 2003, Sean Crone was observed in a significant number of different locations throughout both the day and evening by witnesses who later provided police statements.

At 11.00 am, he was seen by a female witness entering off licence premises on Redmond Road in Sunderland. He laughed and joked with her. She described him as being "hyper and excited" but stated that this was how he normally presented.

At 11.30 am, a male witness saw Sean Crone in a hairdresser's shop in Southwick. Sean Crone spoke with him and stated "I'm out of it." Sean Crone appeared to be very sleepy or drowsy. His speech was slow and slurred. From Sean Crone's demeanour, the witness concluded that Sean Crone had taken drugs. Sean Crone remained in the hairdresser's for only five minutes and left without having his hair cut. He told the witness that he intended to go to Springs Leisure Centre for a massage. His appearance appeared unkempt which was in contrast with his usually clean and tidy presentation. As he left the premises, the hairdresser commented to the witness that Sean Crone looked "out of it" i.e. under the influence of drink or drugs.

At 12 midday, Sean Crone entered a butcher's shop. He explained that he had just got up and requested a salad sandwich with three slices of ham. He was told that this would cost extra and he said that this was acceptable. He left a few minutes later. The butcher who had known Sean Crone since he was aged 5 or 6 years considered that Sean Crone appeared to be "just his normal self". He described Sean Crone's personality as being witty and self-confident.

Between 1.30 and 2.30 pm, Sean Crone called in to see one of his brothers at his flat. His brother didn't consider that Sean Crone's behaviour that day was out of the ordinary and they didn't talk about anything in particular. He could not recall how long Sean Crone stayed. He described, however, that in the course of the previous week and a half he believed Sean Crone's behaviour had deteriorated and, in his opinion, was similar to that immediately prior to his admission to Cherry Knowle Hospital in 1994.

At 2.45 pm, Sean Crone attended Springs Leisure Centre. A member of staff noticed him in the entrance lobby and thought that he was acting suspiciously. He then entered the premises and requested a swim, sauna and massage. He was told that there was no vacancy that day but was handed membership application details. He then pointed to the appointment book and purported to be another man who was booked in for a massage at 4.30 pm.

At about 3.45 pm, he came back to the reception desk at the leisure centre and indicated that he was a little late for his appointment. He was reminded that the appointment was not until 4.30 pm. He replied "I need to be out by 5." Staff at the leisure centre became reluctant to deal with Sean Crone as his behaviour was by then giving cause for concern. Sean Crone remained at Springs leisure centre drinking at the bar. The staff resolved to inform him that alcohol would raise his blood pressure and that therefore a massage would not be recommended.

At approximately 4.00 pm, Sean Crone was observed in the lounge area drinking a pint of lager and laughing at himself. He finished his drink and then ordered another one. At 4.45 pm the man who was booked in arrived at the leisure centre for his appointment and the staff realised that Sean Crone didn't have an appointment. Sean Crone left the leisure centre at about 4.45 pm. He was noted to be staring at a female member of staff as he left the premises.

At 5.00 pm, Sean Crone was observed by a male witness in Quincey's restaurant. He was noted to be behaving in a strange manner, pointing and shooting an imaginary handgun in the direction of Springs Leisure Centre. He appeared to be muttering something, but the witness could not ascertain what this was. Sean Crone spoke to the witness, inquiring what he was eating and whether the food was "OK". Whilst on the premises Sean Crone was observed to be asking customers and staff for cigarettes which he would pay for. Staff became concerned that Sean Crone may have been offering drugs to some customers although there were no direct observations of him doing so. During the time that he was in the restaurant he consumed two pints of Kronenburg lager. He left at about 6.00 pm. Before doing so, he requested the staff to order him a taxi stating that he wanted to go "anywhere". It appears, however, that the request for a taxi was not pursued by him.

At approximately 6.00 pm, Sean Crone was seen by a female witness walking from the direction of Retford Road towards Rhodesia Road. He spoke to her briefly. She did not notice anything particularly untoward in his demeanour.

Between 6.30 pm and 7.00 pm Sean Crone attended the home of a family known to him on the Redhouse Estate. Whilst at the house he was offered and accepted a bottle of Holstein lager. He appeared to be cheerful and talkative. He stated that he had been to Springs Leisure Centre and had had a swim and a massage. The female occupant noted that he was talking constantly, which was in contrast to his behaviour on other occasions when he sometimes would say nothing. She attributed his more animated behaviour to the fact that he had clearly been drinking. She was cutting up a pumpkin whilst Sean Crone was present. He stated to her "You're stabbing the hell out of that pumpkin aren't you?" Sean Crone left the house between 7.00 pm and 7.30 pm with her male partner, with whom he walked up the street.

There is a further recorded sighting of Sean Crone at about this time as it appears that he next visited the home of one of his brothers. He was seen there by his sister between 7.00 pm and 7.20 pm. She described his appearance as being very untidy.

Sean Crone was observed by a female witness at about 7.30 pm walking towards the Shipwrights public house. He greeted her by name.

At about 8.00 pm, Sean Crone was observed in the Shipwrights public house. He was seen ordering a pint of lager and a whisky. Also present was Ian Lawson. Witnesses describe the two men speaking to each other. At one point a witness overheard Sean Crone talking to himself saying "get us to sleep tonight" whilst looking at his pint of lager. According to witnesses there did not appear to be any ill feeling between Sean Crone and Ian Lawson whilst they were at the public house.

As the evening progressed Sean Crone was overheard inviting Ian Lawson back to his flat. He stated that he had a lot of cannabis plants and invited Ian Lawson to go with him to help chop them up. There are accounts that indicate that Ian Lawson had been in the public house since lunchtime and had been drinking heavily. Shortly before leaving the public house, Ian Lawson

purchased two cans of lager to take out. The two men left together at about 10.00 pm.

Shortly after leaving the Shipwrights public house, Sean Crone made a very brief visit to his mother's home and was seen briefly by his mother. This had been her only contact with him that day. She had been unwell that day and had been confined to bed. He left within minutes having requested and been provided with a cigarette. His sister, who saw him during the course of this visit, described his behaviour as being "all right". She did not consider him to be agitated in any way. This proved to be the last sighting of Sean Crone by a third party before the violent events of 30 October 2003.

The extent of Sean Crone's consumption of alcohol on 30 October 2003 could not be scientifically established due to the absence of a contemporaneous blood test, but there are eye witness accounts which describe Sean Crone drinking heavily throughout the day.

From the witness statements taken by the police from third parties, it is likely that Sean Crone had consumed a minimum of six pints of lager and one measure of whisky.

After his arrest, Sean Crone admitted having taken a cocktail of LSD and ecstasy before the offences were committed, but due to the delay which arose in obtaining a blood sample from him after his arrest, this account could not be verified. Tests which were subsequently undertaken however, established that Sean Crone had used cannabis and had been exposed to cocaine in the months preceding the attacks.

Sean Crone told the inquiry panel that he had taken a "line of coke" the night before the killings which he alleged had been "spiked" with LSD and that he had not been able to sleep that night and explained his significant consumption of alcohol on 30 October 2003 as an attempt to "down the buzz" and ensure that he was able to sleep. He suggested that he was not normally a heavy drinker.

Toxicology reports undertaken after their deaths established that Ian Lawson and Simon Richardson had each consumed a significant amount of alcohol. Further tests established that Ian Lawson had taken ecstasy and diazepam and may also have taken cannabis in the course of the days preceding his death. There was further evidence that Ian Lawson may have been exposed to cocaine in the months preceding his death.

In the course of the detailed police interviews undertaken with Sean Crone after the killings, Sean Crone made admissions in respect of the killing of Ian Lawson. He denied any knowledge of or responsibility for Simon Richardson's death. It was only on the date when Sean Crone's case was listed for criminal trial in January 2005 that he made a formal admission to killing Simon Richardson.

Sean Crone told the investigating police officers that Ian Lawson had accompanied him back to his flat and that the two men had harvested his cannabis plants with scissors. He described how he had smoked a couple of "joints" of cannabis before returning to his flat. Whilst at the flat he described how Ian Lawson had taken two tablets of a drug with a microdot appearance. Sean Crone stated that he himself did not take any of these other drugs as he wanted to be in a fit condition to cut up the plants. He described how he became increasingly afraid of Ian Lawson stating that Ian Lawson's "face went all funny" and his eyes were red. He said that he had thought that Ian Lawson was advancing towards him in what he perceived to be a menacing manner. Sean Crone told the inquiry panel that he recalls hearing voices at the time that he carried out the attack. He admitted repeatedly stabbing Ian Lawson with a kitchen knife. He then chased Ian Lawson out of the house into the street outside. Ian Lawson, who was by now seriously injured, was able to reach a neighbouring property and banged on the door. When the occupier opened the door at about 10.20 pm he observed Ian Lawson collapse onto the ground. As the man was telephoning for the police and an ambulance he heard the raised voice of Sean Crone outside, who was talking in an aggressive manner. When the man challenged Sean Crone as to whether he was responsible for Ian Lawson's injuries, Sean Crone shouted back in a threatening manner "I know

you've got a young daughter" before jumping over a small wall in an agitated manner and running away. Ian Lawson died shortly thereafter, before any medical assistance could be tendered. He was later found to have sustained 24 stab wounds to his body.

After running from the scene, Sean Crone went to the property occupied by Simon Richardson at Rutherglen Square in Sunderland. There is no independent evidence as to what then transpired. Simon Richardson's body was found lying on the doorstep at 5.20 am the following day. A subsequent post-mortem examination of Simon Richardson's body revealed a number of lacerations. There were multiple wounds to the neck and one significant wound which had damaged a medium sized vein in the neck. As stated in the introduction to this report, Sean Crone informed the panel when he was interviewed in the course of the inquiry that he had dismantled a disposable razor taken from Simon Richardson's bathroom before carrying out the attack. He could provide no motive or explanation as to why he had killed Simon Richardson, other than he was hearing voices at the time.

Sean Crone was arrested by police in the early hours of 31 October 2003. This occurred before the discovery of the body of Simon Richardson. At first, the police investigating the two killings were unsure as to whether or not they were connected.

On 31 October 2003, at 12.50 pm Sean Crone was seen by consultant psychiatrist 3 at Gilbridge Police Station, Sunderland for the purposes of a psychiatric assessment as to Sean Crone's fitness or otherwise to be interviewed by the police. During the course of the examination, Sean Crone denied any responsibility for either of the killings and stated that he did not know why he had been arrested, although he appeared to have some recollection of the moment of his arrest. He stated that he was unaware as to how his clothing was blood-stained. He refused to answer a number of questions put to him and he demanded proof of the identity of consultant psychiatrist 3. The assessment of consultant psychiatrist 3 concluded that Sean Crone's speech presented as rational and coherent, but his demeanour

was rather hostile and mildly agitated. It was difficult for consultant psychiatrist 3 to fully explore Sean Crone's thought process due to a lack of co-operation on his part. Consultant psychiatrist 3 considered that the content of Sean Crone's thought process may be paranoid, ie hostile, irritable and angry, and that this may account for his lack of co-operation.

Consultant psychiatrist 3 formed the opinion that Sean Crone may have been under the influence of illicit drugs at the time of the assessment and advised that tests should be undertaken for such substances as soon as possible (preferably that same day).

Consultant psychiatrist 3 considered that Sean Crone could be interviewed by the police but that any such interview would not lead to substantial positive information due to Sean Crone's mental state. He believed that if further time was allowed to elapse, Sean Crone would become more settled and regain insight into events leading up to his arrest. He suggested that it may be appropriate to undertake a further psychiatric assessment in the course of the next 24 – 72 hours.

Consultant psychiatrist 3 informed the inquiry panel that he considered that under normal circumstances Sean Crone's presentation at the police station would have warranted his admission to hospital for assessment, if necessary as an involuntary patient pursuant to the Mental Health Act 1983.

At 4.15 pm on 31 October 2003, police officers interviewed Sean Crone in relation to the killing of Ian Lawson. He claimed to have no recollection as to why or how he had been arrested or any explanation for the blood on his clothing. He was able to recall some aspects of the days leading up to his arrest but said the last time he had spoken to Ian Lawson had been about two months ago.

At 9.20 pm on 31 October 2003, Sean Crone was further interviewed by the police. He gave an account of his movements on 30 October 2003. He described visiting Springs Leisure Centre and then meeting Ian Lawson in the



Shipwrights public house. He went on to describe how he had become scared of Ian Lawson whilst the two men were cutting up the cannabis plants at his flat. He admitted killing Ian Lawson in the circumstances described earlier in this report.

On 1 November 2003 at 9.31 am, Sean Crone was interviewed by police officers and repeated his admission to having killed Ian Lawson.

On 11 November 2003 at 12.20 pm, Sean Crone was examined again by consultant psychiatrist 3 at Gilbridge Police Station, Sunderland. Consultant psychiatrist 3 considered that Sean Crone was much calmer than he had been during the first examination. His demeanour and rapport were much friendlier and he was able to engage with consultant psychiatrist 3, albeit reluctantly. He described experiences suggestive of psychosis, namely his mind being interfered with, not being in control of himself, and having fluctuations in his mood. He was still unable to state clearly why he was being detained and was uncomfortable talking about this, but acknowledged that he had confessed to doing something although he was unsure what this was. He was reluctant to talk about his personal circumstances. He described his admission to Cherry Knowle Hospital in 1994 but stated that he did not attend the follow-up appointments because people would think that he was "crazy".

Consultant psychiatrist 3 suspected that Sean Crone was engaged in a denial process in relation to the offences themselves as a defence mechanism. He was still manifesting a suspicious paranoid disposition. Notwithstanding this, consultant psychiatrist 3 concluded that Sean Crone was fit to be interviewed by the police and that any such interview would be likely to be more productive than when he examined him on 31 October. This was because his mental state had become much more amenable to such an interview. He was less disturbed and his hostile and paranoid mood and demeanour had shown a marked improvement.

On 11 November 2003 at 1.30 pm, Sean Crone was interviewed by police officers in relation to the killing of Simon Richardson. He made no reply to the questions put to him.

At 3.30 pm on the same day, Sean Crone was further interviewed by police in relation to the death of Simon Richardson. He admitted knowing Simon Richardson and described the social contact that he had had with him. He described how he was good friends with Simon Richardson and had in the past stayed at Simon Richardson's home on occasions when his mother had "kicked him out". He described how he and Simon Richardson had been friends at school and had socialised together since. He claimed to have no recollection of visiting Simon Richardson's home on 30 October. When asked about the specific details of Simon Richardson's death, Sean Crone made no reply.

On 12 November 2003 at 4.10 pm, consultant psychiatrist 3 was asked by the police to review Sean Crone whose behaviour had given cause for concern. He had been exhibiting moments of strange behaviour intermixed with apparently more normal behaviour. This situation was interfering with the interviewing process. Sean Crone denied that there was anything the matter with him and stated that he was definitely in control of himself. He denied having any strange or paranoid ideation. He stated that he felt a lot better after having something to eat and that he was able to cope with being interviewed by the police. Consultant psychiatrist 3 concluded that Sean Crone was lucid and able to follow questions and be interviewed. He could not establish any acute psychopathology in the course of the interview.

On 12 November 2003 at 4.37 pm, Sean Crone was further interviewed by police officers. He denied having any knowledge of the death of Simon Richardson. He was asked about the accounts provided by witnesses which suggested that he had been observed to be carrying a knife during the days preceding the killings. He gave an account of having removed a knife being carried by another youth. He stated that he had disarmed this youth, who was about to use the knife in a fight. He stated that it was a carpet-type knife. He claimed that he threw the knife away one or two days later.

At 5.45 pm, police officers undertook a final interview with Sean Crone. He denied visiting Simon Richardson's property on 30 October 2003 and denied that he had killed him.

Forensic scientific evidence subsequently established a clear link between Sean Crone and Simon Richardson's death.

Sean Crone was subsequently charged with the murders of Ian Lawson and Simon Richardson.

In the course of the preparation for Sean Crone's criminal trial for both murders, he was examined by two consultant psychiatrists in order to assess his mental condition and fitness to plead.

On 8 March 2004, consultant psychiatrist 4 submitted a psychiatric report following three psychiatric examinations of Sean Crone in December 2003, January and February 2004. The report described how Sean Crone's behaviour in custody had given cause for concern. He was described as being "bizarre" upon his admission to HMP Durham. He was reported to be smiling incongruously, giving inappropriate answers to questions and responding to external stimuli. He had been disruptive and aloof, barricading himself in his cell on 7 November 2003, brandishing a chair leg. Within the first two weeks he had made two attempts to escape, on one occasion making a hole in the ceiling of his cell. On 1 January 2004, he had barricaded himself in his cell and lit a fire. He had then covered himself with butter, brandished a metal bar and was subsequently removed under restraint and taken to the segregation unit.

On 7 January 2004, Sean Crone was observed to block the camera in his cell with wet tissue paper and was behaving in a bizarre manner. On 8 January 2004, he was noted to spend most of the time under his bed with a towel around his head. On 24 April 2004, he assaulted another prisoner on the wing.

Consultant psychiatrist 4 was concerned about Sean Crone's presentation during his examination and considered that, having regard to his history, it

would be appropriate for him to be assessed by a psychiatrist from Rampton Hospital. Consultant psychiatrist 4 believed that there were indications of an underlying mental illness.

Sean Crone was examined on 8 March 2004 by consultant psychiatrist 5, from Rampton Secure Hospital. Consultant psychiatrist 5 examined Sean Crone in order to ascertain whether it would be appropriate to transfer him to Rampton Hospital. Sean Crone was admitted to Rampton Hospital on 5 August 2004. In his report to the court dated 1 December 2004, consultant psychiatrist 5 concluded that there was clear evidence that Sean Crone was suffering from an enduring mental illness, namely paranoid schizophrenia, characterised by auditory hallucinations in a variety of forms, persecutory delusions, thought interference and passivity phenomena. His symptoms had been maintained in custody despite repeated negative drug tests. Consultant psychiatrist 5 did not think that Sean Crone's use of cannabis, although it may have precipitated episodes of psychosis in the community, could be seen as fully accounting for the perpetuation of his symptoms both in prison and in hospital. Consultant psychiatrist 5 concluded that in his view this abnormality of mind substantially impaired Sean Crone's mental responsibility at the time of the killings.

On 5 January 2005, Sean Crone pleaded guilty at Newcastle upon Tyne Crown Court to the manslaughter of Ian Lawson and Simon Richardson on the grounds of diminished responsibility. The prosecution accepted these pleas. He was sentenced by the court to be detained in hospital indefinitely pursuant to hospital orders, to run concurrently, in respect of each offence.

## **COMMENTARY UPON SEAN CRONE'S CARE AND TREATMENT**

### **13 August 2003 – 30 October 2003**

- (i) Various witnesses describe Sean Crone's deteriorating presentation in the weeks leading up to the killings of Ian Lawson and Simon Richardson. The inquiry panel also heard evidence from members of his family which corroborate these accounts. Sean Crone's paternal

grandparents described him during these weeks as being very quiet at times but on occasions as talking too much and laughing inappropriately. Sean Crone's ex-girlfriend (GF) informed the inquiry panel that she became concerned about his presentation in the two weeks before the offences, so much so that she refused to allow him to have unsupervised contact with their son.

- (ii) It is clear that there was a further and more marked deterioration in Sean Crone's presentation in the days immediately preceding the killings. At the time of his attendance at hospital on 26 October 2003 his behaviour, according to his mother, was clearly abnormal. This was also allegedly observed by members of staff at hospital. An acquaintance of Sean Crone recalled that Sean Crone told her that he feared that he was going to be sexually abused by staff at the hospital. Witness accounts of Sean Crone's demeanour on 29 and 30 October 2003 provide further evidence of his disturbed, albeit variable, presentation.
- (iii) Although Sean Crone had not been arrested or convicted in relation to any offence involving violence since March 1995, it has become apparent from information that has emerged since the killings, that Sean Crone was involved in two significant violent incidents in the course of the six weeks preceding 30 October 2003.
- (iv) The information that Sean Crone was involved in an alleged violent incident with a male asylum seeker on 17 September 2003 was not formally investigated by the police and Sean Crone was not questioned or arrested in relation to the incident. The limited details of what occurred are confined to police intelligence records, which only came to light in the course of the inquiry.
- (v) The fight that Sean Crone was involved in on 24 October 2003 was not brought to the attention of the police at the time. The inquiry panel considers that this was a significant incident in that it involved considerable violence, sufficient to cause injury to Sean Crone's hand.

Furthermore, Sean Crone was allegedly in possession of a knife which he flourished at one stage during the incident.

- (vi) The only information as to how long Sean Crone was present at hospital on 26 October 2003 was provided to the inquiry panel by Sean Crone's mother, who stated that he remained for two hours before he walked out.
- (vii) Sean Crone's mother has a specific recollection that whilst she and Sean were present at hospital she was told that an attempt would be made to obtain psychiatric help for Sean during the course of his admission.
- (viii) Consultant orthopaedic surgeon 1 was interviewed by the inquiry panel and stated that he would have seen Sean Crone during the course of his admission but has no recollection of the encounter. He stated that the description of Sean Crone's disturbed behaviour during the course of his brief admission was not an uncommon presentation within the orthopaedic department, and that staff are frequently confronted with situations where young people under the influence of alcohol attend hospital with injuries and then discharge themselves before their treatment is complete.
- (ix) There are only limited records available in relation to this hospital admission and the medical staff involved at the time do not have any specific recollection of Sean Crone's admission.
- (x) The inquiry panel has found no reason to doubt the account given by Sean's mother to the police shortly after the fatal incidents and subsequently to the inquiry panel that she had raised concerns about Sean Crone's mental health with staff at the hospital on 26 October 2003 and that she was told that an attempt would be made to obtain psychiatric help for him.
- (xi) If Sean's mother is correct in her recollection that Sean Crone only remained in hospital for two hours on 26 October 2003, then this would

have afforded very little time or opportunity to arrange a mental health assessment during the course of the admission. Notwithstanding these time constraints, there is no evidence that any attempt was made by the medical staff at hospital to arrange for any such assessment to be undertaken.

- (xii) It is apparent from the medical notes relating to Sean Crone's visit to hospital on 26 October 2003 that the treating staff retained some hope that Sean Crone would return the following day for his outstanding treatment to his hand. After Sean Crone had failed to attend on 27 October 2003, a fax was sent to the surgery of GP2 at 9.32 am on 29 October 2003. The fax included details of the antibiotics prescribed at hospital and the fact that Sean Crone had refused theatre and did not attend the follow-up appointment.
- (xiii) Whilst the inquiry panel considers that the orthopaedic department demonstrated good practice by faxing the information to GP2's surgery so that the information would be available to GP2 at an early stage, none of the concerns raised by Sean Crone's mother with the orthopaedic staff, nor their acknowledgment that a psychiatric assessment was warranted, are recorded in the fax sent to GP2 on 29 October 2003 or in the hospital notes. Furthermore, there is no evidence that the circumstances of the injury to Sean Crone's hand sustained in a fight or the subsequent refusal to accept treatment in hospital were conveyed to GP2 by Sean's mother at the time or before the killings.
- (xiv) The fact that a home visit was not undertaken by GP2 on 28 October 2003 or thereafter resulted in a situation where GP2 was necessarily placing substantial reliance upon Sean Crone's mother's account of the situation when he was evaluating the urgency of the situation.
- (xv) GP2 informed the inquiry panel that he had previous significant contact with Sean Crone's mother and that he viewed her as a highly anxious individual. As a consequence of this, whilst he considered that Sean's

mother was very worried, this did not necessarily indicate that the situation was such that an immediate admission to hospital was warranted. The inquiry panel considers that GP2's perception of the urgency of the situation on 28 October 2003 and in the following days was influenced by this assessment of Sean Crone's mother.

- (xvi) The panel consider that the urgency of the situation in relation to Sean Crone's presentation as perceived by his mother by 28 October 2003 does not appear to have been conveyed to consultant psychiatrist 3 through the GP referral process. The referral itself indicated at the top of the letter that it was urgent, but the content of the letter did not of itself suggest any immediate need for intervention.
- (xvii) GP2 told the inquiry panel that he did not consider that it was either appropriate or necessary for him to undertake a home visit. He explained that his priority was to make a referral to the psychiatric service in accordance with Sean Crone's mother's wishes as soon as possible. He acknowledged that had he been able to see Sean Crone himself he may have formed a different opinion about his treatment needs and/or the urgency of the situation.
- (xviii) GP2 told the inquiry panel that he believed that a domiciliary visit to see Sean Crone by a consultant psychiatrist was not an available option. This accords with Sean Crone's mother's recollection that GP2 stated this to her at the time. The inquiry panel however, heard evidence from consultant psychiatrist 3, the clinical director of the service at the time and from the surgery practice manager, that this was not the case and that domiciliary visits were routinely undertaken.
- (xix) As will be considered in more detail at a later stage in this report, had a crisis intervention team been fully operational in October 2003 this may have presented a significant opportunity to have Sean Crone assessed rapidly by specialist mental health professionals. The crisis intervention



team was at a less advanced stage of development in Sunderland than would have been expected in accordance with government policy.

- (xx) The suggestion that Sean Crone had been the victim of a drug “spiking” incident on or about 29 October 2003 is the second such allegation in his history. There is no independent evidence to support this assertion. It is clear however, from Sean Crone’s own account, that on 30 October 2003 he was intoxicated with both alcohol and a variety of illicit drugs.
  
- (xxi) Consultant psychiatrist 3 gave evidence to the inquiry panel that when he saw Sean Crone in police custody in the immediate aftermath of the killings Sean Crone’s “acutely disturbed” presentation would have warranted detention in hospital. The inquiry panel considers that it is difficult to reconcile this statement with consultant psychiatrist 3’s view expressed at the time that Sean Crone was fit to be interviewed by police officers.

## 7. PSYCHIATRIC COMMENTARY

Sean Crone's first contact with psychiatric services occurred when he was ten years of age. Although the clinical notes from this time are not available it would appear that he was presenting with behavioural difficulties with which his mother could no longer cope. It was felt that these problems may arise from difficulties within the family but the service was not able to engage with Mrs Crone and he was discharged from the clinic. It is unlikely that Sean Crone's presentation at this time had any direct relevance to his later mental health difficulties other than to highlight the problems evident within his family from an early age. Further evidence of Sean Crone's difficult behaviours in the ensuing years arose in terms of his offending and difficulty maintaining employment.

More significant contact with mental health services did not occur until Sean Crone was sixteen years old and this episode was also the only time that he was admitted to hospital for assessment. There is no doubt that Sean Crone presented at this time with the sudden onset of a psychotic illness. In his case the illness was characterised by firmly held but abnormal beliefs of persecution. He was also said to be confused, agitated and the original referral letter stated that he had been both hearing and seeing things. There is strong evidence that immediately prior to this episode Sean Crone had consumed a considerable quantity of stimulant drugs, probably amphetamines. It was thought that his psychotic illness had been directly caused by the use of amphetamines and, in this case, it would be expected that his symptoms may well resolve spontaneously without the need for medication as the effect of the drugs wore off. Although there is a relative lack of detail in the notes from this period it would seem that his florid symptoms of mental illness did resolve and he was discharged from hospital after 10 days. After his discharge the diagnosis was assumed to be a drug induced psychosis.

Drug induced psychosis is a well established disorder, though at times it can be difficult to distinguish between a situation in which a long term mental illness is made worse by the abuse of illicit drugs as opposed to an illness wholly caused

by drug use. It is also well established that some illicit drugs are far more likely to cause abnormal mental states, with stimulant drugs such as amphetamine being more likely to cause such reactions. In this case, Sean Crone was noted to develop symptoms of psychotic illness immediately after taking a considerable quantity of stimulant drugs. The symptoms had not been present previously and resolved without treatment within a matter of days. This episode of illness would therefore have followed a course typical of a drug induced psychosis rather than the first presentation of a long term mental illness, such as schizophrenia. There is, however, a lack of evidence with regard to his state of mind following this episode because no formal diagnosis was made or follow-up undertaken and there was no objective description by mental health professionals of his mental state until many years after this episode.

The inquiry panel heard conflicting accounts of his state of mind and level of functioning in the years that followed his suspected drug induced psychosis and there was no formal assessment of his mental state in the ensuing eight years. The panel is aware that two years after his suspected drug induced psychosis, his general practitioner was sufficiently concerned about his state of mind to refer him to local psychiatric outpatient clinic. This was on the basis of information obtained from Sean Crone's mother and a friend. No obvious symptoms of mental illness were present at this time but he was thought to be agitated and to be staring at people. He was also said to have lost interest in his surroundings. It is impossible to describe what Sean Crone's state of mind may have been at this time as he did not subsequently attend for assessment in the psychiatric clinic.

Between 1996 and 2002, the inquiry panel is aware that both Sean Crone's GP and the probation service had some concerns about his mental health. These concerns were usually described in terms of anxiety, depression or problems with his memory. At no point during this time was a formal diagnosis made nor did he receive any treatment. The panel heard contradictory accounts of his mental state and day-to-day functioning and it is not possible retrospectively to reach any definitive conclusion about his mental state during this time period. Neither Sean Crone's general practitioner nor the probation service had highlighted illicit drug use as a significant cause of concern. It would seem likely from the evidence

collected that Sean Crone did continue to use illicit drugs during this period of time, mainly in the form of cannabis. Mood disturbance, impaired concentration and lack of motivation can be associated with the chronic use of cannabis and this would further complicate any assessment of his state of mind.

In 2002, Sean Crone had contact with a community psychiatric nurse during an initial brief assessment interview. No clear cut symptoms of severe mental illness were elicited but there was evidence of paranoid thinking, agitation, nervousness and a lack of motivation. It would appear that the purpose of this intervention was to make a preliminary assessment of his mental health needs; this was complicated by his failure to attend the appointments subsequently offered. Nonetheless, the community psychiatric nurse felt that he did require assessment by a consultant psychiatrist and that his level of agitation and paranoid thinking may be helped by the prescription of a low dose of the antipsychotic medication risperidone. Although risperidone is only licensed for the treatment of psychotic illness, such as schizophrenia, it is often used in clinical practice in a low dose for the treatment of agitation or heightened emotional arousal. Whilst this medication was prescribed, it was not prescribed for a length of time likely to have been effective nor does it seem likely that Sean Crone complied with this treatment.

It is important to understand, in this context, that the term paranoia is not a single entity but can describe fearfulness arising from a number of different causes. Whilst paranoid ideas can result from severe mental illness, such as drug induced psychoses or schizophrenia, it can also arise from strong feelings of anxiety or intoxication with illicit drugs.

In April 2003, Sean Crone was seen by a general practitioner and was prescribed the antidepressant fluoxetine (Prozac). Although this was not Sean Crone's regular general practitioner it was the doctor who had previously prescribed a low dose of the antipsychotic risperidone. The medical notes, and subsequent enquiries, have not been able to shed any light as to the rationale for the prescription of this medication. It may, however, be that Sean Crone's longstanding presentation with depression or anxiety had prompted the GP to attempt treatment with antidepressant medication. It is unclear whether Sean

Crone took this treatment nor whether it yielded any benefit to him. The medication was re-prescribed in July 2003 but it appears unlikely that antidepressant treatment was taken for long enough to be effective.

No further assessment of Sean Crone's mental health then took place until after the offences, which limits the understanding of his mental state at this crucial time. Sean Crone's own account, which was given after the effective treatment of his mental illness in hospital, is that he had longstanding and worsening paranoid thoughts for a number of years leading up to the offences. He has also described the emergence of hearing voices (auditory hallucinations) over a period of years preceding the offences.

Whilst the accuracy of a retrospective recall of emerging symptoms has its limitations, it seems likely that symptoms of serious mental illness were evolving and being experienced by Sean Crone in at least one to two years before the offence. It seems clear from his account, and the account of professionals who had seen him during this period of time, that he was extremely reluctant to discuss his mental health and did not disclose these symptoms.

Whilst it is difficult to have any degree of certainty as to the timescale of the emergence of symptoms over this timeframe there is little doubt that his mental health deteriorated dramatically in the weeks prior to the offences. His own account, confirmed both by members of his family and associates who gave witness statements, is that his mental state and behaviour deteriorated significantly in the one to two weeks before the offences. Of particular note was the development of a belief that hospital staff treating his hand injury were going to sexually abuse him and this led him to refuse urgent medical treatment. This type of clearly defined and strongly held abnormal belief is typical of acute psychotic illness. Many of his associates ascribed his worsening mental state solely to the abuse of illicit drugs but in retrospect it seems more likely that this also represented a sudden and marked deterioration of his mental health. It was in this context that his family sought assessment by psychiatric services; the offences, however, took place prior to the assessment being carried out.

Following Sean Crone's remand into custody and subsequent transfer to hospital it has been established that he suffers from a severe long-term mental illness in the form of paranoid schizophrenia. This is characterised by disturbances in his thinking, particularly the presence of firmly held paranoid beliefs, disturbance of mood and abnormal perceptions, such as hearing voices.

Assessment of Sean Crone some six weeks after his remand into custody was prompted by his quite evidently disturbed and bizarre behaviour. Although there were strong indicators that his mental state was abnormal it was still not possible to reach a clear diagnosis and it was only some three months after his remand into custody that he described hearing voices and paranoid ideas that he was going to be killed. He also described having thoughts in his head which were not his own. It was at this stage that antipsychotic medication was commenced and he was subsequently referred to hospital.

It is reasonable to assume that his deteriorating mental state in the weeks prior to the offences represented worsening symptoms of paranoid schizophrenia. It is, however, of considerable note that Sean Crone was assessed immediately after the offences on a number of occasions by a consultant psychiatrist. Although there were features of his presentation which suggested an abnormal mental state, none of the clear cut diagnostic symptoms of schizophrenia were elicited. It seems likely that Sean Crone was experiencing symptoms of illness at this time but was not disclosing them. This also continued to be the case in the early part of his remand in custody and it was only some months later that a definitive diagnosis of a severe mental illness was made and treatment instigated.

Whilst it is likely that the use of alcohol and illicit drugs would have significantly exacerbated both symptoms of illness and his chaotic behaviours, the persistence of these features while, drug and alcohol free, in custody militates against substance use being the underlying cause of his presentation. It was accepted by the court that, at the time of the offences, his mental state was abnormal and that this significantly diminished his mental responsibility for his acts.

## **8. PROVISION AND DELIVERY OF MENTAL HEALTH SERVICES IN SOUTH OF TYNE AND WEARSIDE**

### **Provision of services**

- **Primary care**

Primary health care in South of Tyne and Wearside was throughout the history under consideration provided through general practitioners and other health care professionals attached to practices.

Attachment of mental health staff to practices was a relatively recent development which commenced in pilot form in the mid to late 1990s and has since been introduced across each of the localities. Teams consisted predominately of mental health nurses who were available on a sessional basis and were provided and managed by South of Tyne and Wearside Mental Health NHS Trust.

GPs could also refer directly to the secondary mental health services including specialist services, but in October 2003 access to the crisis intervention service or a first episode psychosis service was not available.

- **Secondary mental health care**

Most secondary mental health services in the area were provided by South of Tyne and Wearside Mental Health NHS Trust which was founded in April 2002. Prior to this, services had undergone significant organisational change and had been managed by Barton Memorial Unit until 1994, when Priority Healthcare Wearside was formed.

Services were provided on a locality basis across three sectors in the district, namely, North, South and West.

Planning mechanisms were in place to deliver national service frameworks and this was undertaken with the service commissioners (Sunderland Teaching Primary Care Trust) and Northumberland, Tyne and Wear Strategic Health Authority.

Within South of Tyne and Wearside, secondary mental health services which were available in the key period leading up to the offences included:

- multi-agency community mental health teams
- crisis intervention service (on a limited pilot basis only)
- primary care mental health teams
- deliberate self harm team
- drug and alcohol services
- acute inpatient psychiatric services.

All of the above services were managed by the South of Tyne and Wearside Mental Health NHS Trust.

## **Delivery of services**

- **Primary care**

Sean Crone was registered with a GP who had looked after the family since 1992. This was a single handed practice and the incumbent GP was the constant key health care provider apart from occasions when locum cover was provided during absences and for a period between April 2002 to June 2003, when a salaried GP (GP3) joined the practice and had contact with Sean Crone as outlined elsewhere in this report.

There is evidence in the records that Sean Crone had seen both GPs on a number of occasions and these were for childhood issues, dermatological problems and mental health issues. There is clear evidence from the records that Sean Crone failed to keep numerous booked appointments and



on occasions only attended the surgery with the encouragement of his mother. There is no evidence from the GP notes that any home visits were ever undertaken although GP2 has advised the panel that he would have been willing to undertake them should the circumstances require.

The interface between the GP and mental health services followed the traditional route through referral to psychiatrists at Cherry Knowle Hospital in Sunderland. In the latter part of the period under consideration there was the facility to refer to the primary care mental health team provided by the mental health trust who undertook sessions at the surgery and indeed Sean Crone was referred to this team in 2002. The ability to access the community mental health teams was available to GPs, but referrals were channelled through the consultant psychiatrists at Cherry Knowle Hospital.

The inquiry panel was informed that during the period leading up to the offences, relationships between GP2's practice and the secondary mental health services were reasonable. Despite this there was a perception on the part of a number of primary care health professionals who gave evidence to the inquiry panel that access was not sufficiently flexible since access to most services had to be channelled through a consultant psychiatrist and there was a relatively long wait for outpatient appointments. The panel also heard that direct contact between the GP and consultant was unusual, most communications were made through the consultant's medical secretary.

- **Secondary mental health care**

Sean Crone had contact with the secondary mental health services as a result of his admission to West Willows ward at Cherry Knowle Hospital in September 1994. The admission lasted for a period of 10 days and he was treated for what staff believed was a drug induced psychosis. The course of his admission to Cherry Knowle Hospital was unremarkable apart from an episode where Sean Crone absconded and had to be recovered from a farmer's field.

There is little evidence that there was any significant therapeutic intervention during this admission. Furthermore, there is no indication that Sean Crone was subject to the care programme approach (CPA) during this period. However, a post discharge appointment was made to be seen by the local community mental health team, which Sean Crone failed to attend.

- **Crisis intervention service**

This service commenced in pilot form in November 2001 and was restricted to patients active within the service and subject to the care programme approach. Due to the limited brief of the team, the service was not promoted or accessible to GPs.

The remit of the team was to respond to psychiatric crisis, provide an assessment and signposting service and if required either arrange for urgent admission to hospital, engage the patient in a home environment for time limited periods or refer on to relevant services/agencies.

In accordance with guidance from the Department of Health such a service could be seen as 'gatekeepers' for the mental health service and would be used by GPs as the first point of contact for people who are in psychiatric crisis. At the time Sean Crone was referred to the GP by his mother for urgent attention in October 2003, this team was not fully functional and the GP would not have been able to access it. The team became fully operational in July 2005 and the inquiry panel has heard in evidence that this was later than would have been expected due in part to a legacy of delayed investment in services and due to difficulties caused by the migration of staff within existing services.

- **Deliberate self-harm team**

This team provided a liaison service through the accident and emergency department at Sunderland Royal Hospital and as the name suggests focused on people who have self-harmed, often involving drugs/alcohol and

self-mutilation. The team was established in 2001 and comprised doctors, nurses and social workers.

- **Primary care mental health service**

Primary care mental health teams were established by South of Tyne and Wearside.

Mental Health NHS Trust to provide a service to people presenting at GP surgeries with mental health problems. This provided a direct referral opportunity for GPs to access community mental health services, albeit restricted to either patients who were not known to the mental health services and who required screening, or patients with non severe mental health issues (for whom brief intervention may be therapeutic). For patients who were seen by the team and required secondary care input, the team could recommend to the GP that an onward referral be made. In the case of Sean Crone the team had the opportunity of seeing him on one occasion which resulted in psychotropic medication being prescribed by the locum GP and some time later, when the full report was typed up, a recommendation was made to the GP that Sean Crone would benefit from referral to the secondary mental health services.

- **Community mental health teams**

Community mental health teams (CMHTs) were long established within the South of Tyne and Wearside Mental Health NHS Trust and were comprised initially of nurses with input from medical colleagues but later developed into multi-agency concerns with the inclusion of colleagues from social services and other staff from the health community. Originally teams would take referrals from consultant psychiatrists to engage with patients suffering from a broad spectrum of psychiatric problems but since the late 1990s there have been policy changes so as to focus on those with more severe and enduring conditions. Much of the work undertaken would be either in the

patient's home or at a clinic on local health premises. The only engagement CMHTs had with Sean Crone was following his discharge from Cherry Knowle Hospital in 1994. A post discharge referral was made from the ward but Sean Crone did not keep the appointments and was subsequently discharged.

- **Community drug and alcohol team**

This long established team within South of Tyne and Wearside Mental Health NHS Trust comprised medical, nursing and social care staff.

Principally, its remit was to engage with people who were referred for the management of drug and alcohol problems and the referral route into it was open to all.

A key element of its role was to assess the degree of drug/alcohol abuse and to engage with the patient in devising coping strategies or signposting to more relevant agencies.

Sean Crone had a long history of drug abuse and in the latter part of the history considered by the inquiry panel was apparently cultivating, consuming and supplying cannabis.

Sean Crone was not referred to this service, following his admission to Cherry Knowle Hospital. His subsequent reluctance to disclose or discuss his continuing drug use obscured the true position from health and other professionals and effectively precluded a referral of Sean Crone to the drug and alcohol team. Had his drug abuse been more clearly identified, an appropriate referral could have been made to this service.

- **Acute psychiatric inpatient services**

In keeping with the modernisation of mental health services, South of Tyne and Wearside Mental Health NHS Trust are continuing with decommissioning Cherry Knowle Hospital to a stage where only essential services remain on site and others are devolved to more appropriate environments. At the time of Sean Crone's admission in 1994, there were approximately 700 beds, the position at the time of this report is that further reduction has taken place down to approximately 170 beds.

The inquiry panel was informed that this reduction and the introduction of new teams and facilities in the community provided a more modern and less stigmatised service than that provided through old Victorian asylums.

The only other involvement with Cherry Knowle Hospital was in the days immediately prior to the fatal incidents, when Sean Crone's mother telephoned the hospital for advice on how to cope with what she described as Sean Crone's deteriorating behaviour. This is addressed more fully elsewhere in the report.

## **Potential additional services**

- **Early intervention in psychosis service**

This relatively new service commenced in Sunderland in 2005. Known in other areas as the 'first episode service' it was created through Department of Health policy guidance with a remit to identify, at an early stage, individuals on GP lists who had an untreated diagnosis of psychosis. The service is particularly targeted at individuals in the 14-34 age range. In this particular case, the development of the team took place later than the events in 2003 and therefore would not have been available at that time. Such a service may have presented an alternative avenue for assessment to GP2 in relation to Sean Crone in October 2003.

- **Assertive outreach service**

This is another new service that has emerged from the mental health national service framework. Its remit is to provide intensive treatment for the relatively small numbers of people with severe mental illness who have difficulty engaging with services. Typically a caseload per member of staff will be low, ie 10 -16 patients, and there may be lengthy periods of engagement, usually in the patient's home over the course of a week, including such issues as compliance with medication, domestic management, employment, social and recreational pursuits.

Because Sean Crone was not diagnosed at this time as suffering from a severe mental illness requiring assertive engagement it is very unlikely that had this team been in place in 2003, it would have been relevant to his care.

- **Mentally disordered offenders team**

The inquiry panel was informed that a mentally disordered offenders' team did exist but was disbanded in 2001 due to staffing issues. The remit of a mentally disordered offenders team is to identify offenders who potentially have a mental illness and to divert them in the course of their contact with the criminal justice system into health/social care.

The mentally disordered offenders team would have provided an opportunity to the probation service to obtain a psychiatric assessment of Sean Crone and to access mental health services for him, given his history of offending and apparent mental health needs.

There appears to have been no attempt made by the probation service to utilise the mentally disordered offenders team up until its disbandment in 2001, notwithstanding the knowledge that the probation service had in respect of Sean Crone's mental health difficulties, having discussed the matter with GP2.

- **Care programme approach (CPA)**

The care programme approach applies to all who came into contact with secondary mental health services in South of Tyne and Wearside Mental Health NHS Trust.

The care programme approach was introduced in 1990 to provide a framework for effective mental health care. Its four main elements were:

- Systematic arrangements for assessing the health and social care needs of people accepted into the specialist mental health services.
- Arrangements for the formulation of care plans which identify the health and social care required for the patient from a variety of providers. Depending on the level of need, patients are assigned a minimum, medium or complex care approach level.
- Appointment of a key worker to co-ordinate care.
- Regular review and where required, revision of care plans.

The care programme approach co-existed with the day to day management of care. Following publication of the national service framework for mental Health in 1999, the NHS Executive issued new guidance called '*Effective Care Co-ordination in Mental Health Services*' which set out to modernise the care programme approach.

It is clear from the records that Sean Crone was not considered for management through the care programme approach during his admission to Cherry Knowle Hospital in 1994. The inquiry panel has heard in evidence from a senior member of the nursing team that had there been a diagnosis of drug induced psychosis then it would be surprising for the care programme approach not to have been applied. The panel believe however, that in the absence of any diagnosis of mental illness by the clinical team,

the decision not to make Sean Crone subject to this approach was consistent with the existing policy guidance.



## 9. CONCLUSIONS

1. Sean Crone clearly experienced difficulties from a young age accepting boundaries that his mother, his school and, in later years, the probation service sought to put in place.
2. The inability of Sean Crone's family to ensure his attendance for appointments with health professionals in his early years introduced a pattern of behaviour which he continued in his adulthood.
3. The lack of engagement on the part of Sean Crone's mother with the child and adolescent mental health services in 1988 precluded the potential for any meaningful intervention in relation to Sean Crone at this important stage of his life.
4. Sean Crone's unwillingness to attend appointments with health professionals throughout the history considered by the inquiry panel, was selective in its nature. On occasions he assertively sought treatment in relation to physical ailments, but was invariably reluctant to access assistance with problems relating to his mental health. Sean Crone cited his fear of the stigma associated with mental health difficulties as the reason for this non-engagement and his non disclosure of symptoms.
5. Sean Crone's relatively fleeting contact with mental health professionals yielded little opportunity for a formal risk assessment to be carried out. Although CPN2 did not complete a standardised 'Worthing' risk assessment, the inquiry panel considers that a reasoned clinical risk assessment was conducted by her. The probation service, by contrast, did undertake a standardised assessment of Sean Crone's risk of re-offending. These conformed with national probation service standards.
6. Whilst Sean Crone was placed under the supervision of the probation service on a number of occasions between 1995 and 2003, his

compliance with the statutory requirements of these orders was negligible. The inquiry panel considers that this lack of co-operation was related to the low regard that he had for the involvement of the probation service.

7. There is no evidence that Sean Crone's failure to attend appointments with the probation service or with health professionals was attributable to any impairment of his memory.
8. It is well-recognised that services face significant challenges in circumstances where an individual is unwilling to co-operate with any attempted intervention. The inquiry panel has concluded that there were occasions during the history under consideration when attempts by mental health services to engage Sean Crone did little to encourage or facilitate his involvement.
9. The arrangements for follow-up care for Sean Crone after his discharge from Cherry Knowle Hospital in 1994 were ineffective. It was recommended in the letter of discharge that he should receive counselling from a community psychiatric nurse. His failure to attend the one appointment offered or to contact services requesting a further appointment however, resulted in his immediate discharge. No attempt was made by the mental health services or the GP to liaise with each other or to make any further enquiry of Sean Crone's mother as to the reason for his non-attendance. The attempts to engage Sean Crone in any aftercare arrangements should have reflected, his relatively tender age, the serious nature of the episode preceding his admission and the possibility that he had suffered from a psychotic episode.
10. The subsequent attempts to involve Sean Crone with mental health services were hampered by the procedures involved in arranging appointments and managing subsequent non-attendance. In 1996, Sean Crone was sent a single letter offering him an outpatient appointment at very short notice, two months after the initial referral. When he failed to

attend no further action ensued. In 2002, Sean Crone was discharged before being seen by the primary care community psychiatric nurse team when he failed to respond to another single letter offering him an appointment. Although he was seen when he unexpectedly attended the premises of CPN2, his subsequent failure to attend appointments with CPN2 was not acted upon or even reported back to GP2 for over four months. On 11 November 2002, CPN3 notified GP2 of the fact that Sean Crone had been discharged from the service, as she assumed that he no longer wished to be seen, having failed to respond to a letter inviting him to make contact with her.

11. The inquiry panel acknowledges that agencies have to balance the need to make services as accessible as possible with the constraints placed upon the resources available. The approach taken to Sean Crone's failure to attend appointments however, demonstrated a lack of persistence on the part of the community psychiatric nurse service in its attempts to engage him. The inquiry panel considers that the automatic mechanism for discharging patients who did not confirm their intention to attend appointments, whilst in accordance with South of Tyne and Wearside Mental Health NHS Trust policy, placed an additional obstacle in the way of any patient seeking to access mental health services, particularly in circumstances where the patient was reluctant to engage.
12. The probation service, by reason of the three periods when it undertook statutory supervision of Sean Crone, was one of the agencies most involved in attempting to engage him. There is little evidence to suggest however, that these contacts had any real impact upon his behaviour or the stability of his lifestyle. Any further exploration by the inquiry panel as to whether there could have been more effective intervention by the probation service was inhibited by the unwillingness of the probation service to meet with the panel. The probation service elected instead to respond in writing to a number of questions asked of it by the inquiry panel.

13. The inquiry panel concludes that the potential for mental health services to intervene in relation to Sean Crone, particularly given his unwillingness to respond to traditional outpatient appointments was further significantly impaired by the relative lack of alternative service provision available.
14. The inquiry panel was informed that a mentally disordered offenders team was in existence until 2001. Sean Crone had repeated contact with the criminal courts and the probation service. In these circumstances the presence of an operational mentally disordered offenders team may have allowed an alternative route of entry into mental health services. There is no evidence however, that the probation service sought to access this specialist team in relation to Sean Crone, notwithstanding its awareness of his mental health problems during its contact with him in 1999. The panel has not received any explanation from the probation service as to why this route of referral was not explored and the probation service had no comment to make in relation to the value of the mentally disordered offenders team. The inquiry panel has concluded however, that the provision of a mentally disordered offenders team could have provided an opportunity to attempt to engage Sean Crone with mental health services by reason of his mandatory involvement with the criminal justice system resulting from his offending.
15. The inquiry panel was informed that the mentally disordered offenders team was disbanded in 2001. The panel was not provided with any clear account as to why this service was withdrawn. In the circumstances however, this potential route of referral was no longer available, as no alternative provision was established. There was therefore, no recognised process by which the probation service could engage directly with local mental health services. The inquiry panel considers that this did not facilitate effective multi agency working.
16. The absence of a fully functioning crisis intervention team represented a significant deficit in the options available to GP2 in October 2003. The

inquiry panel considers that a crisis intervention team, had one been available, may have been able to make a significant contribution to the assessment and subsequent management of Sean Crone's deteriorating mental health in the days preceding the deaths of Ian Lawson and Simon Richardson.

17. Effective communication between services is essential, particularly in circumstances where an individual is reluctant to engage. This assumed even greater significance in relation to Sean Crone as his contacts with services were both erratic and short-lived in their nature.
18. GP2 was the only health professional who had any degree of continuity of involvement with Sean Crone. Notwithstanding the significance of his role in co-ordinating such treatment as Sean Crone was willing to accept, GP2 was on occasions deprived of important information arising from Sean Crone's involvement with other services:
  - (i) In 1994 the letter of discharge sent to GP2 by Cherry Knowle Hospital following Sean Crone's admission, did not disclose what diagnosis, if any, had been made. Health professionals thereafter assumed that he had suffered from a drug-induced psychosis, however there was an absence of clarity in relation to the diagnosis which endured throughout all his subsequent contacts with mental health services.
  - (ii) GP2 was not informed about Sean Crone's discharge from community psychiatric nurse follow-up in 1994 as a result of his non-attendance, nor that he had failed to keep his psychiatric out-patients appointment in 1996.
  - (iii) In 2002 there was a significant and unexplained delay in GP2 being informed of the outcome of the assessment undertaken in respect of Sean Crone by CPN2 and his failure to attend all but an initial appointment. This resulted in a complete loss of momentum

in the progression of the recommendation made by the community psychiatric nurse service that Sean Crone be referred by GP2 to a consultant psychiatrist.

These examples of poor communication impaired the potential for GP2 to respond effectively to the outcome of his referrals to mental health services.

19. The inquiry panel considers that the care provided to Sean Crone by GP2's practice was at times disjointed, resulting in a number of missed opportunities for more effective intervention by mental health services:
  - (i) Following Sean Crone's discharge from Cherry Knowle Hospital in 1994 he made no contact with GP2 for the following two years. This lack of contact, combined with GP2's lack of knowledge as to the failed appointments with CPN1 effectively prevented GP2 from intervening further at this stage.
  - (ii) Subsequently, GP2 did not take the opportunities which arose in the course of later consultations to enquire as to the outcome of the referral that he made in respect of Sean Crone to the psychiatric services in 1996.
  - (iii) In 2002, having referred Sean Crone to the primary care community psychiatric nurse service, GP2 belatedly received a written recommendation that Sean Crone be referred to a consultant psychiatrist. GP2 however, neither made the referral nor did he review Sean Crone's mental health needs when he next examined him on 12 November 2002.
  - (iv) The recorded instruction by GP3 to Sean Crone in April 2003 "to phone psychiatrist for another appointment" was ill-informed, in that Sean Crone had already been discharged by the mental health services. There is no explanation in the GP notes as to

why GP3 thought that it was necessary for Sean Crone to see a psychiatrist. This lack of clarity inevitably obscured GP2's subsequent understanding as to GP3's assessment of Sean Crone and his treatment needs during this consultation.

(v) There is no evidence that GP2 explored the outcome of GP3's instruction to Sean Crone when GP2 next examined him on 16 April 2003.

20. The inquiry panel established further evidence of disjointed care on the part of GP2's practice during the later part of the period under consideration. On two separate occasions Sean Crone was prescribed psychotropic medication by GP3. There was no communication between GP3 and GP2 or record in the medical notes as to the rationale for these prescriptions. GP2 was accordingly unaware why these treatments were commenced and therefore was in no position to monitor the effectiveness of the medication.
21. The inquiry panel was informed that the primary care community psychiatric nurse was not able to refer Sean Crone to a consultant psychiatrist and that any such referral would have to be instigated by the general practitioner. The inquiry panel considers that this inflexible approach was not conducive to facilitating patient care. It had the effect of impeding the assessment process and militated against any effective care co-ordination.
22. Caution must be exercised when reconstructing the course of Sean Crone's illness. In retrospect however, it is most likely that the first episode of illness he suffered at the age of sixteen was a drug-induced psychosis. There is no evidence of the existence of any psychiatric illness before this time. Whilst the florid symptoms of this illness resolved spontaneously without treatment, it is uncertain what impact this illness had on his subsequent level of social functioning. There is no clear evidence of psychotic symptoms persisting immediately following this episode and the

most likely explanation is that in the later years leading up to the offences Sean Crone developed a gradual, insidious onset of abnormal paranoid beliefs and more latterly auditory hallucinations, none of which he disclosed. It was only when he was detained in prison after the offences that a formal diagnosis of schizophrenia was made.

23. Whilst the inquiry panel has identified a number of deficits in the care and treatment of Sean Crone in the years prior to 2003, as set out above, in reality Sean Crone's fleeting contact with health professionals, his lack of engagement and unwillingness to disclose his feelings and experiences, rendered any assessment of his mental state very difficult. This was further complicated by his use of illicit drugs and his chaotic lifestyle to which many of his difficulties may have been attributed. For all these reasons, even in the absence of such deficits, it would have been extremely difficult for health or other professionals to have intervened effectively even if the opportunity had arisen. Furthermore there is no evidence to suggest that compulsory treatment pursuant to the Mental Health Act 1983, would have been justified during these years. In these circumstances, no clear connection can be established between these shortcomings and his deteriorating presentation in October 2003 or the fatal outcome in this case.
24. The inquiry panel has considered in particular detail the events immediately preceding the deaths of Ian Lawson and Simon Richardson. It is acknowledged that when circumstances such as these are subject to close scrutiny, with the benefit of hindsight, there is a risk of reviewing the history of the case with idealistic and unrealistic expectations of the agencies involved. The inquiry panel, having taken account of this potential risk, nevertheless considers it appropriate to make a number of observations relating to the management of the critical events in relation to Sean Crone, as they unfolded in October 2003.
25. The inquiry panel heard evidence that clearly suggests that there was a marked deterioration in Sean Crone's presentation in the days



immediately preceding the killings. This was manifested by increasingly erratic and, at times, violent conduct. Whilst this was observed by members of his family and acquaintances, none of this behaviour was brought to the attention of any health or other agencies, including the police, until limited information came to light during the course of his treatment in the orthopaedic department of Sunderland Royal Hospital on 25 October 2003, that he had injured his hand in a fight.

26. When Sean Crone presented to the accident and emergency department at Sunderland Royal Hospital on Saturday 25 October 2003, this was the first contact he had had with health services since July 2003. The inquiry panel has accepted the account of Sean Crone's mother that both she and staff in the orthopaedic department expressed concern about his mental health during the course of his brief admission on 26 October 2003. The inquiry panel further accepts Sean Crone's mother's account that she was told that an attempt would be made to obtain psychiatric help for Sean Crone from within the hospital. Evidence received by the inquiry panel established that a mental health assessment could only have been accessed in these circumstances via the on call psychiatrist at Cherry Knowle Hospital. The inquiry panel acknowledges that the very brief duration of this admission effectively precluded any such intervention being accomplished. The panel consider however, that the orthopaedic department should have passed on these concerns to GP2, but no reference was made to them in the faxed communication sent to GP2 at 9.32 am on 29 October, detailing the injury and prescribed medication. There had clearly been sufficient concern on the part of hospital staff to warrant their involvement of the police following Sean Crone's departure from the ward on 25 October 2003, but none of this history was made available to the GP in the fax or by any other means.
27. The response of GP2 to the telephone conversation with Sean Crone's mother during the course of the morning of 28 October 2003, was to send a faxed letter of referral to consultant psychiatrist 3, rather than to

attempt to assess Sean Crone's mental health by undertaking a home visit or inviting him to attend the surgery.

28. At the time that the letter of referral was written, GP2 was completely unaware of the history of Sean Crone's recent contact with Sunderland Royal Hospital or the violent episode that gave rise to it. Sean Crone had not attended the surgery of GP2 for over three months. Therefore, in the absence of GP2 seeing Sean Crone, his appraisal of the degree of urgency of the situation rested upon his earlier knowledge of Sean Crone and the information provided by Sean's mother. As has been highlighted earlier in this report, GP2 perceived Sean's mother as being a highly anxious individual and the inquiry panel considers that this influenced his evaluation of the true urgency of the situation.
29. At the time of writing the letter of referral GP2 had in mind Sean Crone's earlier psychiatric history and as he told the inquiry panel "alarm bells were ringing". Furthermore, GP2 considered that the circumstances justified the significant step of an urgent referral being made to a consultant psychiatrist. For these reasons the inquiry panel concludes that, upon the information that was available to him, GP2 should have made an attempt to see Sean Crone on 28 October or in the days that followed. GP2 acknowledged to the panel that if he had been able to see Sean Crone himself, he may have formed a different opinion about the appropriate management of the situation.
30. The inquiry panel acknowledges that Sean Crone's chaotic lifestyle in the days immediately preceding the fatal incidents may have made it difficult for GP2 to locate Sean Crone, in order to see him. Witness statements taken by the police following the killings suggest that there was no consistency as to his whereabouts during these days. This is particularly so in relation to his movements on 30 October 2003. It is unlikely that Sean Crone could have been persuaded to attend the surgery of GP2. A home visit however, to his flat or his mother's address may have helped

to determine the reality of the situation, even if this had been confined to speaking to family members in Sean Crone's absence.

31. The inquiry panel heard evidence from Sean Crone's mother that his presentation deteriorated dramatically in the days before the killings. The panel has had the unique advantage of having been able to assemble a detailed and comprehensive account of the developing situation from multiple sources, many of which only came to light after the offences. It is clear from this information, that in retrospect, by the time that Sean Crone's mother telephoned GP2 on 28 October 2003, Sean Crone was clearly in need of intervention by the mental health services.
32. The inquiry panel heard evidence from consultant psychiatrist 3, the clinical director of mental health services and GP2's practice manager that it would have been possible for GP2 to request a domiciliary visit to Sean Crone by a consultant psychiatrist. GP2 however, told the panel that he believed that such domiciliary visits were not routinely available, other than in the case of elderly patients. This accords with Sean Crone's mother's recollection of what she was told by GP2 at the time. The panel consider that in all the circumstances, GP2 could have requested a domiciliary visit by a consultant psychiatrist, but that he appears to have been unaware that this was an available option.
33. Had GP2 been aware of the true urgency of the situation, he may have decided to instigate an assessment of Sean Crone under the Mental Health Act 1983. This would have involved assessment by an approved social worker, a psychiatrist and a GP. Depending on the outcome of such an assessment, this may have led to Sean Crone being detained in hospital under the Mental Health Act. GP2 informed the inquiry panel however, that he did not consider that a Mental Health Act assessment was an appropriate course of action, based upon the information provided to him by Sean Crone's mother.

34. GP2's options for managing the situation in October 2003 in relation to Sean Crone, were limited by reason of the mental health services available locally. In particular, the crisis intervention team was not sufficiently developed at the time so as to allow direct referrals from general practitioners. A number of factors, namely, staffing issues and delayed investment in this service were cited to the inquiry panel as reasons for the relatively late establishment of a fully functioning crisis intervention team. The panel considers that such a team, had one been established, would have provided an appropriate route of referral for Sean Crone into mental health services.
35. GP2 informed the inquiry panel that, in his judgment, an urgent written referral to consultant psychiatrist 3 was the most appropriate course of action and that this also accorded with Sean Crone's mother's request made to him. Despite marking the referral as 'urgent', the content of the letter did not in fact convey any particular degree of urgency. GP2 accepted in his evidence to the panel that this may be the case. The panel consider that the combination of GP2's incomplete knowledge of the current situation, combined with the tenor of the letter of referral, resulted in the true urgency of the situation not being effectively communicated to consultant psychiatrist 3.
36. The letter of referral from GP2 represented the only information placed before consultant psychiatrist 3 to enable him to evaluate the urgency of the referral and any identified risk factors which would both serve to determine the appropriate response. The inquiry panel considers that, having regard to the content of the letter, the decision by consultant psychiatrist 3 to offer an early appointment, as opposed to arranging an immediate assessment, was reasonable in all the circumstances.
37. There is clear evidence that the abuse of illicit drugs was a persistent and significant feature of Sean Crone's presentation. The inquiry panel heard evidence from Sean Crone that he was a regular user of cannabis and an episodic user of other drugs. Although his family were aware of

his continued drug use after discharge from Cherry Knowle hospital, this was not brought to the attention of professionals from whom help was sought for his apparent mental health difficulties. GP2 and the probation service had regular contact with Sean Crone over many years, yet seemed unaware of the extent of his drug use. Given his well known history of having suffered from a suspected drug induced psychosis it would appear that little thought was given to the possibility that he continued to abuse illicit drugs. Potential involvement of drug treatment services was effectively therefore precluded by non disclosure on the part of Sean Crone and his family and an apparent lack of curiosity on the part of professionals. It is accepted that even had a referral to the community addiction team been made it is unlikely that Sean Crone would have attended appointments or engaged with the service.

38. The inquiry panel concludes that in the days before the offences, Sean Crone developed a marked worsening of his symptoms almost certainly representing a florid episode of paranoid schizophrenia. There is evidence that Sean Crone was both intoxicated with alcohol and under the influence of illicit drugs at the time that he killed Ian Lawson and Simon Richardson. The inquiry panel considers that it is likely that this significantly exacerbated and compounded the impact of his mental illness upon his behaviour at this time.
39. The families of Ian Lawson and Simon Richardson are understandably concerned as to whether or not their killings could have been predicted or prevented.
40. In relation to the issue as to whether the fatal outcome in this case was predictable, the inquiry panel has undertaken a detailed examination of the care and treatment afforded to Sean Crone between 1978 and 2003 and carefully considered his personal history. It is clear from all the evidence considered by the inquiry panel, that there were no indications in the information made available to any of the professionals involved with Sean Crone, to suggest that he posed a risk of extreme violence,

such as that perpetrated on 30 October 2003. The nature of Sean Crone's previous criminal offending did not suggest that this was a realistic concern. Furthermore, there is no evidence to suggest that the killing of either Ian Lawson or Simon Richardson was premeditated.

41. The issue as to whether or not the deaths of Ian Lawson and Simon Richardson could have been prevented, requires separate consideration.
42. The inquiry panel has concluded that there were opportunities for agencies to have been involved more effectively in the care and treatment afforded to Sean Crone throughout his history. These findings, which are set out above, are reflected in the recommendations made by the panel in this report. It is important to note however, that any such intervention would have been extremely difficult to achieve for the reasons previously considered. In particular, his limited contact and non engagement with services, together with his non disclosure of symptoms when he was seen, culminated in a paucity of information available to the professionals who had contact with him.
43. The inquiry panel has concluded that the only intervention that would have ensured that Sean Crone could not have carried out the fatal attacks would have been his compulsory detention in hospital in the days prior to 30 October 2003, pursuant to the Mental Health Act 1983. No other course of action was likely to have contained the consequences of his deteriorating condition.
44. The inquiry panel has concluded that a Mental Health Act assessment of Sean Crone would only have been initiated if GP2 had had a better understanding of the developing situation. This was not the case, due to a number of factors, namely:
  - (i) Sean Crone had not attended the surgery of GP2 for over three months. The nature of his earlier attendances was sporadic. There was a reluctance to disclose his symptoms of mental ill health when

he did attend.

- (ii) Important information regarding Sean Crone's disturbed behaviour at Sunderland Royal Hospital was not made available to GP2 either by the hospital or Sean Crone's family.
  - (iii) GP2's perception of the true urgency of the situation as described by Sean Crone's mother, was influenced by his assessment of her as being a highly anxious individual.
  - (iv) GP2's lack of first hand knowledge of Sean Crone's condition at the material time by reason of his decision not to attempt to see Sean Crone at home or in the surgery, notwithstanding any difficulties there may have been in locating him.
  - (v) Information suggesting an increased level of violent behaviour being manifested by Sean Crone, including allegations that he was carrying a knife, was not made available to GP2 and this information only emerged during the subsequent police investigation.
  - (vi) The fact that neither Sean Crone nor his family informed GP2 of Sean Crone's continuing and escalating drug abuse in October 2003.
45. It appears therefore, that there were a number of reasons why the professionals responding to the developing situation in relation to Sean Crone, in the days preceding the killings, did not have a full appreciation of the true urgency of the situation. Whilst the inquiry panel has concluded that an attempt should have been made to have Sean Crone seen by a health professional during this period, as this may have helped to illuminate the situation, there was a body of important information that was not available to the key professional, GP2, during this period, to enable him to establish an accurate picture of what was happening and to formulate an appropriate response.

46. The presence of a fully established crisis intervention team may have allowed for a more comprehensive assessment of Sean Crone's clinical needs and any associated risk factors to be undertaken. This could have provided an alternative route to the initiation of a Mental Health Act assessment in respect of Sean Crone.
47. The inquiry panel has concluded that even if a Mental Health Act assessment of Sean Crone or a domiciliary visit by a consultant psychiatrist had been considered to be appropriate, it may have proved difficult, in reality, for such an assessment to have been successfully undertaken, for the following reasons:
- (i) There was only a relatively short period of time in which to undertake an assessment from the occasion when Sean Crone's mother contacted the surgery of GP2 on 28 October 2003, until 30 October 2003 when the killings occurred.
  - (ii) Sean Crone's chaotic behaviour at this time may have prevented mental health professionals from locating him.
  - (iii) It is likely that Sean Crone would have actively avoided any attempts by any such professionals to contact him. His longstanding antipathy to engagement with services had been heightened by his irrational fear that medical staff had sought to harm him, whilst he had been in hospital.
  - (iv) In the event that an assessment had taken place, Sean Crone may not have exhibited or disclosed any marked symptoms of his mental ill-health. There are contradictory accounts as to Sean Crone's presentation in the days and hours preceding the offences, some of which suggest that, on a number of occasions when he was seen by people who knew him, he was not manifesting any obvious signs of mental illness. When seen by consultant psychiatrist 3 at the police station at 12.30 pm on 31



October 2003, Sean Crone, whilst exhibiting signs of hostility and agitation, was considered by consultant psychiatrist 3 to be well enough to be interviewed by the police and no formal diagnosis of mental illness was made. A diagnosis of schizophrenia was not made until a much later stage of his detention in custody.

- (v) There is a well-established history of non-disclosure of symptoms by Sean Crone, both before and after the offences. Whilst any such refusal to divulge his symptoms would not have precluded a decision to detain him in hospital for assessment, it may however, have significantly reduced the likelihood of this outcome.
- (vi) Sean Crone's significant drug and alcohol use at this time may have obscured both the nature and the extent of his underlying mental health problems.

48. The inquiry panel has concluded that whilst it is possible that an effective Mental Health Act assessment, carried out in the days immediately prior to 30 October 2003, could have resulted in Sean Crone's detention in hospital before the killings occurred, this can only be a matter for speculation, with the benefit of hindsight. As has been considered above, there were a number of factors that militated against this being the most likely outcome. In these circumstances, the inquiry panel has concluded that a causal link cannot be established between the actions of the professionals involved in Sean Crone's care during this critical period (or the availability of services at the time) and the deaths of Ian Lawson and Simon Richardson.

## 10. RECOMMENDATIONS

1. The inquiry panel recommends that mental health services in Sunderland develop a strategy which recognises the need to engage those individuals who are reluctant to access services. Within such a strategy, policies and procedures should be put in place, which allow the identification of those unwilling to work with services and the utilisation of more flexible approaches to encourage engagement. In this context it is particularly important that the process of managing those patients who fail to respond to offers of appointments should be reviewed.
2. The inquiry panel recommends that a mentally disordered offender strategy is developed within Sunderland which both fosters inter-agency working and supports the provision of mental health services for mentally disordered offenders. There is an urgent need to provide a service which allows access to those within the criminal justice system who may have mental health needs, outwith the traditional referral pathways. This service should include both a liaison service to the courts and the probation service and a model of health care delivery to offenders in the community.
3. The inquiry panel recommends that service development in mental health should be supported and robustly monitored to ensure progress in line with national priorities. In particular alternative models which may aid the treatment of patients such as Sean Crone, including crisis intervention, early intervention in psychosis and assertive outreach teams should be prioritised and the efficacy of their development closely monitored. This is a joint responsibility between mental health service providers and the commissioners of services.
4. The inquiry panel recommends that the commissioners of primary care services utilise appropriate clinical governance arrangements to promote detailed record keeping in general practice so as to facilitate continuity of

patient care.

5. The inquiry panel recommends that mental health services in Sunderland work actively with primary health care and partner organisations to set and monitor appropriate standards of clinical information exchange. This should occur within a multi-agency protocol for information sharing. The inquiry panel recommends that procedures be put in place to monitor the quality of clinical information communicated between primary and secondary care services. The need for effective communication between professionals involved in the care of patients such as Sean Crone is universally accepted, but improvement may be most effectively managed through systematic auditing. This should also ensure that accurate diagnostic information is contained in all correspondence from mental health services to general practitioners.
6. It is essential that professionals from all agencies have a common understanding as to the available and appropriate care pathways between services. The inquiry panel recommends that enhanced priority should be given to establishing and maintaining a programme of education designed to ensure that this objective is met.
7. The use of existing processes, in particular the care programme approach, should facilitate appropriate information exchange. The inquiry panel recommends that mental health services should ensure that the care programme approach is utilised in appropriate cases, particularly for those patients suffering from mental illness and who are engaged with other agencies.
8. Pathways of care should be free from unnecessary obstruction. The referral of cases to consultant psychiatric staff should not be unduly restricted, particularly for those patients already in contact with mental health professionals. The inquiry panel recommends that mental health services put in place protocols which allow the direct referral of cases from non medical mental health professionals to senior medical staff.

Furthermore, there should be a more direct route of referral available, for appropriate cases, from primary care to the community mental health service.

9. The inquiry panel recommends that clearly defined processes for the referral of urgent cases to mental health services should be developed with the participation of primary care and secondary acute health services. Health services in Sunderland should determine and agree appropriate standards of information required for the referral of urgent cases. This should include jointly agreed criteria for assessing risk and clinical urgency, upon which mental health services can then appropriately prioritise resources.
  
10. Individuals with mental health needs commonly attend acute hospital services, particularly accident and emergency departments. The inquiry panel recommends that effective arrangements should be in place to enable ready access to mental health professionals in these circumstances. This would facilitate not only appropriate referral of cases to mental health services, but also more effective communication of any concerns identified in the course of such contacts.