

Independent Inquiry into the Care and Treatment of Peter Bryan

Part One

**A report
for NHS London**

September 2009

Panel members

Jane Mishcon was appointed as Chair of the Inquiry. She is a barrister at Hailsham Chambers whose main area of practice is clinical negligence. She has chaired nine inquiries following homicides committed by psychiatric patients.

The other Panel members appointed were:

- Dr Tim Exworthy, a consultant forensic psychiatrist at Oxleas NHS Foundation Trust.
- Stuart Wix is a forensic nurse consultant at Birmingham and Solihull Mental Health Foundation Trust.
- Mike Lindsey is a former deputy director of social services at Shropshire County Council.

Professor Tom Sensky, a Professor of Psychological Medicine and a consultant psychiatrist, provided expert advice to the Panel.

Acknowledgements

The co-ordination of this Inquiry was undertaken by Derek Mechen of Verita to whom we are indebted for his indefatigable support. His inordinate patience and efficiency made our difficult and lengthy task that much easier and his sensitive handling of the investigation progress benefited all concerned. He really was the 'backbone' of this Inquiry.

We also could not have done without the rest of the Verita team who provide an excellent service to Inquiries generally.

We are also grateful to the wonderful team from the Fiona Shipley Transcribing Service for their unflagging efforts in recording and transcribing the evidence for us. They endured long and tiring hours with efficient good humour.

We are grateful for the frank and open way in which the witnesses gave their evidence to us. Although some of the key personalities had already had to give evidence to the internal inquiry panel which investigated and reported shortly after the homicide of Brian Cherry, for most of the witnesses this was the first time that they had been questioned in any way about their involvement with Peter Bryan or (where applicable) their managerial responsibilities within the various services involved with him.

We appreciate the tolerance with which those who had already been put through the stress of an internal inquiry approached yet further questioning on a stressful topic.

We also wish to acknowledge the event which gave rise to this Inquiry. Although we have of necessity had to concentrate mainly on Peter Bryan in this Report, Brian Cherry must not be forgotten. It seemed as though it was only too easy to forget the man himself in the media frenzy which surrounded his shocking and untimely death.

If this Report and the Recommendations which we suggest can in any way prevent another such tragic event, then we hope that that will be a fitting memorial to a man much loved and missed by his family.

The decision to anonymise this Report was made by NHS London and not by the Inquiry Panel.

Statement on anonymisation

When the Report was handed to NHS London in early October 2008 it had been expected that the Report would be published as it was written, with the names of all those witnesses we interviewed included. The only reason which has been given to us for not doing so is that anonymisation of such reports is now NHS London's policy, as the practice of naming individuals might otherwise inhibit professionals from giving evidence to such Inquiries. All we can say is that the 62 witnesses who gave evidence to us did so openly and frankly even though they did not know at the time that the Report would be published without their identities being revealed. Those Panel Members who have been involved in other Homicide Inquiries where the reports have not been anonymised have also not encountered any apparent reluctance by witnesses to speak openly.

Unfortunately the anonymisation makes the Report difficult to read fluently, and it is sometimes hard to identify or remember the particular status of each professional. The Report deals with a very complex case in a protracted timeline of over 10 years, and clarity with regard to the roles and responsibilities of those professionals involved is extremely important. The potential confusion in identifying the many professionals we write about may mean that individuals are wrongly identified and thereby are wrongly and unfairly judged. There is also the risk that individuals may not even be able to recognise themselves and therefore will not learn the necessary lessons.

It is also regrettable that those professionals whose involvement with Peter Bryan we praised may not get the recognition they deserve.

Jane Mishcon

Dr Tim Exworthy

Stuart Wix

Mike Lindsay

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Introduction

In the early evening of 17 February 2004, Peter Bryan killed Brian Cherry in his own home by hitting him over the head with a claw hammer. He then dismembered the body and removed some of the exposed brain which he then fried in a frying pan and ate.

The homicide occurred within a very few hours of Peter Bryan leaving the acute psychiatric ward at Newham Centre for Mental Health where he had been an informal (voluntary) patient for the previous week.

As will be seen in the full report, Peter Bryan was in Hospital for his own safety, not because he was thought to be mentally unwell at the time.

Although he had been an informal patient and therefore able to leave the hospital at any time, Peter Bryan had not in fact done so over the previous week. That morning he had asked for permission to leave the ward for a few hours, and he had left the hospital somewhere around 15.00 that afternoon. Shortly after 18.00, Brian Cherry was killed and dismembered using tools (a claw hammer, a Stanley knife and a screw driver) which Peter Bryan had purchased on the way on to Brian Cherry's flat.

This was the second time that Peter Bryan had killed someone by hitting them over the head with a hammer.

On 18 March 1993, when he was 23 years old, he had killed NS, the 20-year-old daughter of his employer.

Although he was not known to the psychiatric services at that time, he was subsequently found to have been suffering from paranoid psychosis/paranoid schizophrenia at the time of the killing and was convicted of manslaughter on the grounds of diminished responsibility.

At the end of 1993 he was sent under Section 35 of the Mental Health Act 1983 (MHA)¹ to Rampton High Secure Hospital where he remained until July 2001. He then spent a period of six months at the John Howard Centre, a medium secure unit in Hackney before being conditionally discharged to Riverside House, a 24-hour supervised forensic hostel on the Seven Sisters Road, London N4.

¹ 35 MHA: Subject to the provisions of this section, the Crown Court or a Magistrates' Court may remand an accused person to a hospital specified by the Court for a report on his mental condition.

Peter Bryan had been a resident at Riverside House for almost exactly two years when he committed the second homicide.

When he was arrested at Brian Cherry's home within an hour or so of the killing, Peter Bryan was apparently quite calm and showed no obvious signs of psychotic illness.

The following morning, Peter Bryan was assessed by a consultant forensic psychiatrist who considered that he was fit to be interviewed by the police and did not need a hospital bed.

Peter Bryan was charged with the murder of Brian Cherry and was sent initially to Pentonville and then to Belmarsh Prison. There was, however, a gradual deterioration in his mental state over the next couple of weeks and his behaviour became so unpredictable that on 15 April 2004 he was transferred to Broadmoor Hospital under the provisions of section 48 of the Mental Health Act 1983.

He was originally placed in seclusion on Luton ward, the Admissions/Assessment ward, but three days later he was let out of seclusion because he was considered to have been "settled". He was placed on a regime of 'general observation'.

Just seven days later he attacked a 60-year-old fellow patient on the ward, Richard Loudwell. At first he tried to strangle him with the cord from his tracksuit bottoms but then he apparently smashed his head on the table and the floor. Richard Loudwell later died from his injuries.

Peter Bryan was charged with the murders of Brian Cherry and Richard Loudwell and in October 2004 an application was granted to join the two indictments so that the two counts of murder could be tried together.

In preparation for the trial, four psychiatrists (two for the prosecution and two for the defence) provided reports for the court expressing their opinion that Peter Bryan was seriously mentally ill, and the prosecution subsequently acknowledged that at that time of both homicides Peter Bryan was suffering from a severe mental illness and accepted his plea of not guilty to murder but guilty of manslaughter on the grounds of diminished responsibility.

On 15 March 2005 there was a sentencing hearing at the Central Criminal Court (the Old Bailey).

Because Peter Bryan had already previously been convicted of a serious offence, he was subject to the "two strikes" rule under Section 109 of the Powers of Criminal Courts (Sentences) Act 2000, and the judge had no option but to impose an automatic life sentence in respect of each homicide.

Peter Bryan was subsequently returned to Broadmoor after the trial where he has remained ever since.

This Report deals only with the care and treatment of Peter Bryan up to the time of the homicide of Brian Cherry. There is a separate Inquiry and Report which deals with the homicide of Richard Loudwell.

It is important to emphasise the atypical nature of Peter Bryan's mental disorder, which meant that he did not display the usual and expected signs of schizophrenia and appeared to behave normally even when seriously mentally unwell.

It must be appreciated that there is no objective test for mental illness.

Another important factor is that prior to the homicide of Brian Cherry, other than a couple of minor incidents during his early years at Rampton Hospital, Peter Bryan had not displayed any signs of aggressive or violent behaviour in the 11 years since he had killed NS.

He was described as a "model patient" during the 7 ½ years that he was at Rampton Hospital, and the Forensic CPN (community psychiatric nurse) who was part of the team responsible for looking after Peter Bryan when he was in the community, described him as *"one of the most compliant service users I have ever come across."*

On the day that he killed Brian Cherry, Peter Bryan was apparently behaving perfectly normally, and even when he was discovered by the police very shortly after he had killed and dismembered Brian Cherry and was cooking and eating his brain, he was calm and showed no obvious signs of mental disorder.

Part of Peter Bryan's innate dangerousness is his ability to appear 'normal' even when severely mentally disordered.

However, it is only with the benefit of hindsight that this has been recognised. Indeed, his diagnosis now includes a diagnosis of personality disorder as well as paranoid schizophrenia.

The Inquiry Panel are only too aware that a great deal of time has passed since the homicide of Brian Cherry, but the Inquiry process has been a long and time-consuming one. The Terms of Reference of this Inquiry can be found at appendix A.

We were unable to start our investigations before the completion of the criminal justice process, and Peter Bryan's trial was not over until 15 March 2005, a year after the homicide.

There was an enormous amount of documentation which we had to read and digest. This included all the police records and witness statements relating to the homicide of NS; the clinical notes (including the nursing notes which were recorded three times a day) for the 7½ years that Peter Bryan was at Rampton Hospital and the 6 months that he was at the John Howard Centre; all the reports (psychiatric as well as other specialties) from that 8 year period; the daily notes (again recorded three times a day) for the 2 years that he was at Riverside House; the notes for that two year period made by the Forensic CPN and the Social Supervisor, Social Worker 5; the notes made at Addaction and Day Opportunities; the police records and witness statements relating to the homicide of Brian Cherry; the records from Belmarsh Prison where he was originally held on remand following the homicide; the psychiatric reports prepared for Peter Bryan's trial for the homicides of Brian Cherry and Richard Loudwell; the transcript of the submissions and the judge's summing up at the trial; the clinical records and psychiatric/psychological reports from Broadmoor Hospital where he was sent some two months after the killing of Brian Cherry.

Some of the clinical documents which we received were in disorder and there were many duplicated documents which made them extremely difficult to access and digest. This added many hours to our consideration of them.

During the course of our investigations we also obtained policy documents from the Trust, the Local Authority and the Mental Health Unit at the Home Office (now the Ministry of Justice²) relating to the care and treatment of Peter Bryan, which all had to be considered.

We started interviewing witnesses in November 2005. We interviewed 62 witnesses over about an 18 month period (a list of interviewees can be found at appendix B).

The witnesses included Peter Bryan himself whom we saw at Broadmoor together with his current solicitor, Solicitor 3 (whom we later interviewed on her own); his father and brother; Brian Cherry's two brothers, sister and brother-in law; ten members of staff from Rampton Hospital including Peter Bryan's three RMOs; 15 members of staff from the John Howard Centre, including RMO4, who was also his supervising psychiatrist for the first six months in the community; RMO5, his community general psychiatrist; the Forensic CPN assigned to him in the community; Social Worker 5, his Social Worker and Social Supervisor; Solicitor 1, the solicitor who represented him from the first Mental Health Review Tribunal³ hearing at Rampton until the homicide of Brian Cherry; various members of staff from Riverside House, including the Manager; his drug counsellor at Addaction; members of staff from Day Opportunities; Home Office 8, Case Work Manager, Mental Health Unit at the Home Office; the detective sergeant who investigated the murder of Brian Cherry and one of the arresting police officers; and various former and current members of the senior management staff at the trust.

Unfortunately we were unable to contact any members of the family of NS. We had tried to do so because we were aware that the fact that Peter Bryan had killed two more people must have caused them great concern and must have brought back painful memories of the death of their much loved daughter, NS.

We interviewed Social Worker 5, RMO5, RMO4, Deputy Manager 1 and Solicitor 1 twice each as we had questions for them about matters we had not been able to deal with in their initial interviews, either because we ran out of time or because we had learned new information from

² Wherever there is reference to the Home Office in this report we mean the Mental Health Unit which is now based in the Ministry of Justice.

³ Mental Health Review Tribunals are independent judicial bodies that operate under the provisions of the Mental Health Act 1983 and the Mental Health Review Tribunal Rules 1983. The Tribunal's main purpose is to review the cases of patients detained under the Mental Health Act and to direct the discharge of any patients where the statutory criteria for discharge have been satisfied. In some cases, the Tribunal also has the discretion to discharge patients who do not meet the statutory criteria. These cases usually involve making a balanced judgement on a number of serious issues such as the freedom of the individual, the protection of the public and the best interests of the patient.

witnesses we had interviewed subsequently or because our views had changed about certain issues as we heard more evidence.

We are grateful for the frank and open way in which the witnesses gave their evidence to us. Although some of the key personalities had already had to give evidence to the internal inquiry panel which investigated and reported shortly after the homicide of Brian Cherry, for most of the witnesses this was the first time that they had been questioned in any way about their involvement with Peter Bryan or (where applicable) their managerial responsibilities within the various services involved with him.

For many the experience was cathartic, especially those who had never had the chance to discuss Peter Bryan and their involvement with him. We also appreciate the tolerance with which those who had already been put through the stress of an internal inquiry approached yet further questioning on a stressful topic.

Even though many of the witnesses had not been involved with Peter Bryan for several years, it was striking that almost all of them remembered him well and were able to provide a great deal of anecdotal evidence which helped us to build a clear picture of the man they had looked after.

We are also conscious of the fact that it could not have been easy for Brian Cherry's family to relive the memories of his tragic death, and we appreciate the fact that they came to talk to us.

Despite the fact that Peter Bryan had already killed once before, given that Peter Bryan had shown no evidence of violent or threatening behaviour for many years, it is arguable that it could not have been predicted that he would kill again. We are fairly certain that the extraordinary nature of the homicide of Brian Cherry could not have been predicted.

There are however many aspects of Peter Bryan's care and management which we consider should have been handled differently and we deal with these in the Commentary and Analysis section of this report.

We are however acutely aware that we have assessed his care and management with the benefit of hindsight, and with the benefit of access to all known relevant records covering an 11 year period.

Although we have been critical of several individuals' actions or lack of action, there is really no way of knowing whether the outcome would have been any different, had they done what we have suggested they should have done.

We have no doubt that the professionals involved in the care and treatment of Peter Bryan did what they considered was the right thing to do and was in his best interests, but we are confident that we have done our best to piece together all of the relevant and important information, so that our findings and recommendations can highlight what needs to be addressed to try to ensure that the tragedy which occurred in this case is not repeated in the future.

It is not our task or purpose to make judgments in a judicial sense on clinical competence. Our criticisms do not necessarily reflect inadequate practice in the legal sense, nor are our findings based on the standards of proof which would be necessary for a court of law.

Our aim is different from that of litigation. It is to make findings about the care and treatment afforded to Peter Bryan in order to ensure better and safer practice in the future, and to make recommendations for general guidance.

Because our main objective is to illustrate what lessons can be learned from this tragic story, we have at times taken advantage of the benefit of hindsight and also at times have speculated on matters which are inconclusive. We have tried to make it clear when we have done this.

We are aware that Peter Bryan was a particularly complicated individual whose mental illness presented in an unusual way.

If any single lesson can be learned from our analysis of the care of Peter Bryan, it should be that responsibility for managing and treating section 37/41 restricted patients should only be given to professionals who have sufficient experience and training to look after such individuals.

BACKGROUND

Every day from 18 March 1993 when Peter Bryan was admitted to hospital after killing NS until the homicide of Brian Cherry on 17 February 2004, daily (and nightly) notes were made about Peter Bryan by those responsible for his care and supervision.

These daily notes were recorded when he was in prison, in Rampton Hospital, in the John Howard Centre and at Riverside House.

In addition, once he was living in the community, records of all meetings with and communications about Peter Bryan were kept by the Forensic CPN (Community Psychiatric Nurse), and Social Worker 5, who was his Social Supervisor, as well as others involved with him at Addaction (the community drug service in Hackney) and Day Opportunities (the Rehabilitation Centre he attended).

All psychiatric/psychological interviews with him and assessments of him were also recorded, as well as the minutes of all CPA (care programme approach) meetings.

The Inquiry panel have read all of the notes recorded over this 11-year period.

Having done so, we came to the conclusion that it was crucial that as clear a picture as possible was given of Peter Bryan's mental state, personality and behaviour between the homicide of NS in 1993 and the homicide of Brian Cherry in 2004, so that the reader could get some understanding of the man the professionals had to deal with.

We have therefore attempted to give a detailed and comprehensive account of Peter Bryan's progress from his admission to the High Secure Hospital at Rampton to his conditional discharge to Riverside House, a forensic supervised hostel in the Seven Sisters Road, London N4, and an almost day to day account of how he was behaving once he was living in the community.

We believe that without this full background picture, it would not be possible to accurately assess the adequacy and effectiveness of the care and treatment given to Peter Bryan by the professionals who were responsible for providing it.

Any comments about the notes which the panel felt it was appropriate to make are in bold.

Therefore this background section is comprised of selected extracts from the daily notes which have been transferred almost verbatim from the records, as well as extracts from the rest of the clinical and social records.

Peter Bryan's family background and childhood history has been taken from various interviews that professionals had with him when he was at Rampton, the notes of which were to be found in the clinical records.

Information about the family of NS and the circumstances of Peter Bryan's attack on NS also came from such interviews and from the NS's family's and other witnesses' statements made to the police following NS's death.

There was no Independent Inquiry following the homicide of NS because such inquiries have only been mandatory since 1994 and in any event are only mandatory when a psychiatric patient commits the homicide. Peter Bryan was not a patient of the psychiatric services at the time of this killing.

Early Years and the Homicide of NS

1. Peter Bryan was born in London on 4 October 1969. He was the youngest of seven children. He has four brothers (two of whom suffer from mental illness) and two sisters and they are now widely dispersed between the UK, the West Indies and America.
2. Both his parents were born in Barbados and came to England in the 1950s - his father in 1956 and his mother one year later - leaving the four eldest children (three boys and a girl) to be cared for in Barbados by a maternal aunt. All but the eldest of these children came to the UK some 9 years later, but the older two left again in adulthood. Peter Bryan's two eldest brothers live in Barbados and his eldest sister in Florida. The youngest of those originally left in Barbados was a brother who was only 2 years old when his mother left him with her sister. He remained here and still lives in East London.
3. Peter Bryan had a disrupted childhood. When Peter Bryan was about 4 or 5 the family moved to Newham, which remained the family home from then on.
4. His mother had to go out to work and left Peter Bryan and the other two youngest children with childminders. She also used to be absent for long periods of time, visiting her eldest children in Barbados and America.
5. Peter Bryan attended primary school between the ages of 5 and 9. He is described in one psychiatric report (in 2004 after the homicide of Brian Cherry) as having said that he had few friends and being unhappy, primarily on account of his sense of shame and embarrassment at needing extra reading lessons. **[In 2002 it was discovered that he was dyslexic.]**
6. He recalled bullying other children from an early age, particularly those he perceived as being physically weaker than himself. He said that he enjoyed having power over weaker children and would force them to give him sweets and make them do things such as tying his shoelaces.
7. From ages 9 to 11 he attended another school where he recalls being frequently caned by the head teacher. When he was about 10, his bullying behaviour apparently became more intense and included physical aggression towards male peers and "*harassment*" of female pupils "*to try to get sex from them*".
8. From 11 to 15 he attended another London school. By his early teens he was getting involved in fights with older boys and admitted to being reprimanded on numerous occasions for "*feeling*

up girls” during the lunch hour. He was suspended on one occasion for allegedly slapping a female teacher.

9. He also described stealing sweets from a local shop with a group of his school peers. In other assessment interviews he stated that from the age of 12 he had carried weapons and committed street robberies (muggings) as part of a gang.
10. He said that this gave him “*something to do*” and that they generated feelings of power and excitement.
11. Towards the end of his schooling he described a pattern of repeated truanting. He also admitted first using cannabis at the age of 12.
12. In another (earlier) report he said that a teacher had described him as a bully because he obtained money from other children to pay for his lunches. He said that this was because his parents had not given him any money so he had to make up enough for meals from other children.
13. There are various reports which deal with his education and they are inconsistent: some state that he left school at 14 others at 15, and some state that he left without any qualifications, others that he had obtained CSE passes in woodwork, English and Maths.
14. He described himself in one report as very slow and unable to keep up with his peers, but he was literate.

When we interviewed him, we did not actually ask Peter Bryan about his school years as we wished to concentrate on more important matters without tiring or distracting him, but it is most likely that he left school with a pass in woodwork and obtained the passes in English and Maths when he went to college four years later at the age of 19.

15. In any event he left his secondary school before the legal school-leaving age.
16. On leaving school he began a part-time Sunday job at a clothes stall in Petticoat Lane market. This led to working as an assistant in a retail clothes shop owned by the family of NS.

17. However he told one psychologist that he continued to supplement his income by selling drugs, muggings, signing on for unemployment benefit whilst working (he was paid in cash by the NS's parents) and stealing from his employers.
18. He said that he had conned and manipulated people, primarily by telling them what they wanted to hear.

Manipulating people and telling them what they wanted to hear was a characteristic of Peter Bryan which persisted right up until the homicide of Brian Cherry.

19. However his only criminal conviction was for possessing a controlled drug for which he received a conditional discharge for 1 year at Snaresbrook Crown Court on 28 October 1992.
20. By the time he left school he was also experimenting more heavily with drugs, and his drug taking increased until by the age of 20 he was spending £30 to £40 per week on 'weed'. By the time he was about 23, he was spending all his money on drugs. He was never a heavy consumer of alcohol.
21. He said that he would be absent from work for days, sometimes stretching into weeks, due to his drug taking. He would visit friends' houses and spend all day consuming drugs.
22. According to an account given to one of the professionals by Peter Bryan's sister, their father insisted that the children should leave home at an early age and Peter Bryan left home and went briefly to a hostel when he was about 17 or 18. He also briefly lived with some friends some two years later but other than during these two short periods he lived at home with his parents in Newham.
23. At the age of 19 he also decided to go back to college to get some qualifications to better his chances of earning more money. He spent a year at West Ham College and passed exams in English and Maths (both at basic level).
24. Throughout these years he continued to work on an 'ad hoc' basis as a sales assistant in the shops owned by NS's family, firstly in Shaftesbury Avenue and then in the King's Road, Chelsea.

25. NS's parents both worked in the shops and they were helped when she was not studying by their daughter, NS who was some 3 years younger than Peter Bryan. They also had a young son who was 7 years younger than NS.
26. NS had obtained 3 A-Levels and in October 1992 had started to study a degree course in Social Science at the South Bank University.
27. Peter Bryan has always maintained that he had had an intimate relationship with NS, although it had never amounted to full sexual intercourse. Her family have always denied that this was the case.
28. On 18 March 1993 at about 6.50pm NS was in the family shop in the King's Road. Her brother, who was then 12 years old, was also in the shop. Their mother had just gone upstairs to prepare a meal for the family.
29. NS was on the telephone to a male friend when Peter Bryan came into the shop armed with a hammer. He first of all attacked her brother, hitting him on the head with the hammer causing a laceration which needed to be stitched, and then he pulled NS away from the phone and hit her several times with the hammer, causing extensive head injuries, so severe that the brain tissue was exposed. Tragically she died before reaching hospital. She was 20 years old.
30. NS's brother ran out of the shop and it was reported that Peter Bryan chased him for a while before running away, still clutching the hammer. He was pursued by a passer-by for a distance before his pursuer lost sight of him.
31. About an hour and a half later, he was seen hanging by his fingertips from the balcony of a third floor walkway about 30-40 feet from the ground at a block of flats in Battersea. He then fell feet first to the ground, suffering severe fractures to both lower legs and ankles.
32. He later said that he had intended to kill himself by throwing himself off the building head first, but had had second thoughts and had clung to the building before falling feet first.
33. He was taken by ambulance to the Accident & Emergency department of St Thomas' Hospital where the following day bilateral traction pins were inserted into his heel bones and he was placed on traction.

34. On arrival at the hospital Peter Bryan had repeated a telephone number over and over again and the nurse who admitted him wrote it down and handed it to a senior staff nurse who in turn contacted the police. It was the telephone number of NS's parents.
35. A 'random' urinary drug screen revealed a weak positive result for cannabis but no other illegal substances. This is consistent with having taken cannabis at least 2 to 3 days earlier. (A police report to the Home Office stated that there was a positive (high) result for opiates as well as the weak positive result for cannabis.)
36. On 20 March 1993 the police attended St Thomas's Hospital and formally arrested Peter Bryan for the murder of NS. He was cautioned and made no reply.
37. He remained in hospital until 30 April 1993 and then was transferred to Brixton Prison where he was held on remand charged with the murder of NS and the wounding with intent of her brother.
38. Eight days after the homicide, NS's mother gave a statement to the police in which she described how Peter Bryan's behaviour had become increasingly worrying over the previous four months.
39. She said that his mood would swing from calm to violent and he changed his appearance regularly. Sometimes he would grow a beard, then shave it off and then he shaved the hair from his head. His clothing was sometimes dirty and he often smelt as though he was not washing himself.
40. One day he smelt strongly of disinfectant as though he was washing his face with it.

When Peter Bryan was discovered soon after he had killed Brian Cherry, there was apparently a strong smell of disinfectant in the flat.

41. She would talk to him but get no response. He would wander around muttering to himself and when he spoke it was often as though he was talking in a language she could not understand and he would repeat a word over and over again.

42. She said that over the past year he would take a hammer from a tool box in the basement and would bring it upstairs to the shop and would leave it near the doors at the back. She even saw him with it tucked into his trousers. She never asked Peter Bryan why he kept moving it, but every time she put it away it would reappear upstairs.
43. On one occasion someone fixing their car outside the shop had left the boot open and Peter Bryan had taken a hammer from the car boot and put it in the shop.
44. During the two weeks prior to NS's death there were apparently several more worrying incidents. One afternoon he had come into the shop saying that he felt like killing someone. He looked different - terrifying - and NS's mother had felt very scared by him.
45. Around the same time he talked about how easy it was to take money from Pakistanis in East London, making it clear that he was robbing them because they would not fight back.
46. When her make-up case containing expensive items had disappeared, Peter Bryan denied having seen it and began laughing at her. NS's mother had complained to her husband but, although he spoke to Peter Bryan about it, she felt that her husband did not believe her because Peter Bryan was always polite when he was around.
47. On another day Peter Bryan was hanging around inside the shop and suddenly began kicking her on her shins. He then took a belt from the display behind the till and began to hit her around the legs with the buckle. She began to dial the police, telling Peter Bryan that she was doing so, and he grabbed the receiver from her, cut the call off and ran out of the shop.
48. Half an hour later he returned and asked if she had called the police and she said that she had not because he had run away. He then stood outside the shop for a few hours before coming back in and apologising to her.
49. She said that NS had told her that on 10 March 1993 Peter Bryan had come into the shop around closing time and had taken a pair of boxer shorts from the display and had put them in the waistband of his trousers. He put them back when NS told him to, but a couple of days later he took another pair of boxer shorts from the display.

50. NS told her mother who told her husband and he spoke to Peter Bryan about taking things from the shop. That evening Peter Bryan had apparently come into the shop when NS was alone and had grabbed her very hard by the wrist and said "*you big mouth*".
51. NS's mother said that after that she was very careful not to leave NS alone in the shop.
52. On 12 March NS's mother was serving in the shop and NS's brother was with her when Peter Bryan came in and asked where NS was. She said that she was at college. Peter Bryan showed her a pretty metal box and at first said that it was for NS's mother. NS's brother had apparently then asked Peter Bryan "*where did you nick it from?*" and Peter Bryan had then turned the box over, removed a label which was on the bottom and ate it. They had all laughed at what he had done.
53. Shortly afterwards NS came back and Peter Bryan gave her the box which she opened and there were some small flowers inside. NS's mother said that she had never seen him behaving '*nice and gentle*' before.
54. Peter Bryan did not come back to the shop at all during the following week as far as NS's mother was aware. She described it as 'peaceful' without him around as over the previous two weeks he had made her so angry that she had not been eating or sleeping properly. She found him so difficult to handle when he behaved badly.
55. The next time he came back to the shop was on 18 March when he killed NS.
56. Whilst on remand in Brixton Prison Peter Bryan made two unprovoked attacks on fellow inmates, despite still being in a wheelchair during one of the assaults.

We did not see any of the records from Brixton Prison. The information about what happened while he was there has been taken from the clinical records of Hackney Hospital.

57. It was thought that these altercations were suggestive of a paranoid response to others in his environment and he was visited and assessed by nurses from the department of forensic psychiatry at Hackney Hospital. They considered him to be paranoid and mistrustful of others and were concerned that he had the potential for violence to others.

58. He was therefore referred to Psychiatrist 1, consultant forensic psychiatrist at the (then) Interim Secure Unit at Hackney Hospital who assessed him for two hours in Brixton Prison on 5 October 1993.
59. During this lengthy interview, Peter Bryan told Psychiatrist 1 that he had worked for NS's parents on a casual basis since he was in his mid-teens, initially packing shelves and later serving customers.
60. He said that he had a '*love feeling*' for NS, but that every time he got within a certain distance her mother would send her away into their living quarters or else '*give him grief*'.
61. He claimed that NS shared his feelings and would come up to him and would rub her breasts against him, would kiss and touch him between the legs, but when he responded she would become frigid and timid and would run away.
62. He claimed that this had been going on for the past 5 or 6 years and that she had driven him into a state of sexual frustration.
63. On the day of the homicide, he had gone to the shop and she had started kissing him and had said to him "*make me...rape me*" in an intimidating manner. He said that he could not believe what she was saying.

After the homicide of Brian Cherry, Peter Bryan alleged to some people that Brian Cherry had said similar words to him during the attack which led to his death.

64. He said that it just happened that he had brought a hammer from his home which he said belonged to his father and he wanted to leave at the shop because he did not like it lying around the house. He happened to have it on him when this advance occurred and he lost his temper at a time when the hammer was in his hand. He firmly denied that he had brought it with him for the purpose of attacking her.
65. He said that looking back on the incident he had the strong impression that NS wanted him to kill her. She did not shout or say anything to him when he attacked her, but just stood there and took it. **Witness accounts contradict this. NS was said to have been screaming in a**

terrified manner. He continued to strike her after she fell as his emotions “*had built up so much*”.

66. Peter Bryan told Psychiatrist 1 that he had been in a number of stressful situations prior to the killing. He had just returned from Barbados where his elder brother had seriously attacked their mother (in late 1992 he set fire to the house in which she was sleeping and then attacked and injured her with a machete) when apparently she had taken him against advice out of a psychiatric hospital where he had been an inpatient. This had left him feeling very “*unstable*”.
67. Peter Bryan had then returned to the family home in Newham to find that the electricity had been cut off because the bills had not been paid and he had not received his giro cheque. He found that his sister was in a bed-sit with her children after she had been assaulted by her partner and one of his other brothers was on remand in prison charged with grievous bodily harm with intent. This brother was at the time a restricted patient on conditional discharge from Broadmoor Hospital following an offence of rape some years previously.
68. During the interview with Psychiatrist 1 Peter Bryan remained polite and cooperative and the doctor described him as ‘*a quiet and withdrawn man*’.
69. An hour and a half into the two-hour interview he spontaneously volunteered that his family and friends called him ‘OBI-One’. He said that he had a doll that he used to stick pins into whilst practising voodoo at home, putting the doll on a cushion, sticking pins into it and burning candles.
70. He said that he would write people’s names on paper - including that of NS’s mother and others he believed were against him - and would then burn the paper. He said that this process gave him a “*quicken*ing” and a “*rush*”.
71. He then went on to say that it had a lot to do with people “*turning the warheads*” and with the movement of the plates of the earth. The plates of the earth moved naturally and the chemicals in the warheads were oozing.
72. He said that he had to carry out the Voodoo to keep nature in its proper pattern. He knew that the warheads were turning because he felt pain in the veins throughout his body. There was a

relationship between the movement of the warheads and the pain, but he was unable to explain exactly what the connection was.

73. He described watching a TV programme about a man cooking a particular dish and said that *“men had died to try and eat that food...the way he cooked it - it has substance, it has punch in it, it has something in it!”*
74. He also said that dead souls could sometimes listen in to his conversations and that they hurt him when he was alone. During the interview the pain in his legs became worse and he was worried that it could be someone telling him not to say any more to the psychiatrist.
75. Psychiatrist 1 recorded that Peter Bryan said that he would think of things and someone else would be thinking out of his head for him. He was unable to elaborate on this further or describe clear examples of thought insertion. However he said that he felt a force pulling him and events that happened - including the homicide - were completely out of his own control.
76. He also claimed that the police had been watching and following him long before the killing and that there could have been cameras watching him when he went into pubs, but he was not entirely sure about that.
77. He alleged that his neighbours used to follow him and that he would get *‘grief’* from people around him wherever he went. This had caused him to withdraw into his room to get away from this persecutory experience.
78. Psychiatrist 1’s initial impression of Peter Bryan was that he was suffering from some form of paranoid psychosis which may well have been a schizophrenic illness. He recommended a referral for admission to Rampton High Secure Hospital for assessment prior to his court appearance which was due in the second week of December 1993.
79. On 18 November 1993, Peter Bryan was assessed at the request of Psychiatrist 2, Managing Medical Officer at Brixton Prison, by RMO1, Consultant Forensic Psychiatrist at Rampton Hospital.
80. Peter Bryan gave an account of his family history which was fairly consistent with the one he had given to Psychiatrist 1.

81. He also said that he had been convicted of possession of cannabis in 1990 and fined, but that just before going to Barbados he had deliberately defaulted on the payment of the fine hoping to be arrested on his return and sent to prison *“to give him time to sort himself out”*. He could not be specific about what he meant by this.
82. He also said that he had recently been charged with offences arising out of an incident when he spat at a female traffic warden on the grounds that *“she had bumped into him and was asking for it”*. He believed that the charges had been dropped.
83. Peter Bryan’s account to RMO1 of the killing was that over the 10 years that he had worked at the shop he had become increasingly attracted to NS, but was aware that her parents disapproved and that NS was frightened that, if he allowed his love for her to be too obvious, her father would send her back to relatives in India.
84. Consequently her parents would hardly ever let her out of their sight, but in spite of this their relationship had developed about 5 or 6 years ago to physical contact, which he said was always initiated by NS. However whenever he tried to take this further, she would pull away and he began to feel that he was being deliberately teased by her and he was left sexually frustrated.
85. These feelings of frustration had added to the increasing pressure he had felt since his return from Barbados. He had come home to find that money he had hidden under the floorboards had been stolen, his radio and other belongings smashed, the electricity had been cut off and his brother no longer lived there. He blamed these developments on his brother’s girlfriend whom he also accused of reading his diary and harassing him.
86. He also believed that the neighbours on either side were deliberately annoying him by standing at the dividing walls, listening to everything he was doing and copying all his actions - so that if he went upstairs he could hear them going upstairs too, and if he used his toilet they would simultaneously use theirs, and they did this because they wanted him to suffer because they no longer wanted him around.
87. Despite the fact that he had known both neighbours for many years - one was an elderly woman and the other a woman in her thirties - he did not accept that it was unlikely that they would

deliberately behave in this way, and he attributed it to them being jealous of him, although he could not say why this might be the case.

88. He said that the sexual frustration arising out of NS's behaviour towards him, the behaviour of his brother's girlfriend and the pressures at home, together with his feelings of belonging neither in Barbados or in England, had begun to get on top of him.
89. He became worried that a hammer he had at home could be as much a weapon as a gun was, and that he might be drawn into using it if people put him under a lot of pressure. He had therefore decided to take it to the shop and leave it there, as he had done earlier with two knives which had similarly worried him.
90. He said that after thinking about it all day he set off for the shop at about 5pm taking the hammer with him, and on the way he decided that it was about time that he found out where he stood with NS.
91. He had gone into the shop and walked towards her with the hammer in his hand and called her name, whereupon she had turned round and said "*rape me, make me*".
92. He had responded by hitting her with the hammer, his explanation being "*the relationship had to end or move on. My hand went up and that was that*".
93. He said that he was aware of hitting her four or five times and that she protected herself from the first two blows, but that she did not tell him to stop and only looked into his eyes "*because she really didn't give a damn and just wanted to get out*". He also said that at some time she said that he must jump off a building.
94. When she fell to the floor, he had hit her twice more and then walked away with no clear idea of what he would do, but that he eventually found himself in another part of London where he climbed some stairs in a tall building and on the third attempt had jumped off a stone ledge. His intention had been to go over head first and kill himself but in the end he had hung onto the ledge before letting go.
95. He denied having taken any drugs or alcohol that day, it being at least two or three days earlier that he had last smoked some cannabis.

96. When RMO1 questioned Peter Bryan about his family's nick-name of 'OBI-One' and the voodoo practices which he had told Psychiatrist 1 about, he said that he had been known as 'Patchwork' and that he burned candles because he had had no electricity and that "*Psychiatrist 1 asked if it was voodoo. I told him he could call it voodoo if he wanted*", but that there was no more to it than that.
97. However Peter Bryan agreed that he had felt that the police were watching him for some time before the alleged offence and he again described persecutory ideas about his neighbours and his brother's girlfriend, and said that in general he could not trust people.
98. RMO1's conclusion was that Peter Bryan continued to suffer from a paranoid psychosis which had developed at the time of the homicide, and that he required further psychiatric assessment in hospital. Given his potential dangerousness, the assessment should be carried out in conditions of maximum security and he therefore recommended that Peter Bryan should be admitted to Rampton Hospital under Section 35 of the Mental Health Act ('MHA') 1983⁴ in order to allow the assessment to take place.
99. On 22 November 1993 Peter Bryan wrote the following letter to NS's father from Brixton Prison:

"Dear (NS's father)

I am writing to say how very, very, very sorry I am. I would have liked to be a part of your family, but due to this situation this does not look possible. Telling NS that I love her over and over again just does not work. Really (NS's father), if there is a problem with the colour of me, you are selling yourself to cheap. So if you would be so kind to send my clothes to

*H.M. Prison
Jebb Avenue
Brixton
London*

⁴ Section 35 MHA 1983: "...the Crown Court or a magistrates' court may remand an accused person to a hospital specified by the court for a report on his mental condition...if (a) the court is satisfied, on the written or oral evidence of a registered medical practitioner, that there is reason to suspect that the accused person is suffering from mental illness, psychopathic disorder, severe mental impairment or mental impairment; and (b) the court is of the opinion that it would be impracticable for a report on his mental condition to be made if he were remanded on bail..."

SW2

I would be very, very, very happy. In my mind NS will always live and sooner or later I will meet her. And no one can tell me to keep away from my daughter.

Good luck [name of shop].

i.e. (1) C.17 jeans

(1) Bag

(1) Brown coloured leather jacket

(1) Twine lined leather jacket”

100. Peter Bryan’s solicitors also asked Psychiatrist 3, Consultant Forensic Psychiatrist, to see him and prepare a medical report for the Admissions Panel who would consider whether to offer a bed at Rampton.

101. On 24 November 1993, Psychiatrist 3 wrote to Psychiatrist 4, Consultant Forensic Psychiatrist at Brixton Prison:

“I found his mental state hard to assess. Although I am confident that he suffers from a psychotic illness the symptoms are not well defined and I found it impossible to come to a diagnosis. I have spoken both to (Psychiatrist 1) and to (RMO1) (Rampton) and they also have the same view.”

102. Psychiatrist 3 also supported the application for admission to Rampton for an assessment.

Rampton Hospital

1. Peter Bryan was transferred to Rampton Hospital on 17 December 1993.
2. On 8 January 1994 it was noted that Peter Bryan had become excited at the sight of blood and violence whilst watching the 'Alien 3' video.
3. A case conference was held in Rampton on 25 January 1994. The nursing report included the following:

"He presents few management problems and on the whole his behaviour and interactions are appropriate. At times he can become quite boisterous and theatrical in the company of his peers. Violence is a recurrent theme in Peter's conversations with his peers and he seems to be preoccupied with glamorised violence. He will state "I should be in America where kids of 8 or 9 go around with Uzis". These comments are usually accompanied by a grin, and appear to be attempts to create an impression..."

When discussing the index offence Peter often appears dissociated and vague in his references. He will go on to talk about staff "administering a big injection, to finish me off" stating "I can't possibly get away with it."

Peter's perception of the future often appears bleak. He has expressed a strong desire to return to prison and serve his sentence. He feels he is going to be "locked up for a long, long time, man."

4. The assessment unit reported that Peter Bryan had developed a rapport with a female technical instructor and had been talkative about his family. He also discussed the homicide and said that afterwards when he jumped off the high building he had felt a mixture of fear and excitement and that he could now understand how a serial killer felt.
5. He said that he had taken the hammer to his girlfriend for safe keeping because he believed the neighbours would use it against him.
6. He said that NS "turned on him" and following an argument he had hit her 6 times with the hammer and "she did not resist".

7. Again he expressed how “good” he felt at the time of the attack. He said that he would “take someone” in prison if he was incarcerated for a considerable time.
8. When he was invited into the case conference, Peter Bryan was again asked to describe the events leading up to NS’s death. He said that because he had no money or electricity in the home and no-one to look after him, he needed to steal some money. He said that there had also been an incident with his mother, which he was not prepared to discuss, adding that he “preferred to forget it” (This was presumably the recent attack on his mother by Peter Bryan’s older brother in Barbados, in which she was quite seriously injured).
9. He also claimed for the first time that on the day of the homicide his ankle felt ‘tight’ and he was feeling generally uptight.

Peter Bryan was later to describe his ankles ‘clicking’ as a relapse indicator. Of course, prior to the homicide his ankles had not been broken, so this sensation could not have had anything to do with that injury.

10. He went along and sat in the park where a gang came up behind him and ran off with his hat. Peter Bryan had retaliated by smashing up a car which belonged to one of the gang and subsequently retrieved his hat.
11. He said he had the ‘bolster’ (hammer) with him at the time. He then went to a friend’s house where he smoked dope and drank some wine which had been kept for special occasions. He admitted to feeling very tense.
12. He said that later he took the bolster with him to the shop, still feeling “buzzed - probably because of the wine and the dope”.
13. He said that he had asked NS for money and she had responded by saying that there was none for him. He claimed that she then asked him to rape her and then told him to jump off a building. He said that he then hit her with the bolster. He denied hitting her brother.
14. He said that when he started hitting NS he felt that he could not stop himself. He said that he did not understand her and that he thought that she may have used him to “get out...Some people are pushed and they want to get out”. He was smiling when he spoke of the attack.

15. There was also a report that when he had been in prison he was involved in an incident when he had refused to clean up his bed space and surrounding area and staff had to intervene.
16. He said that he thought that he was mentally stable. He was unsure how he was going to plead in court. He was aware that if he were to return to prison he would be likely to serve a long sentence, probably life. He said that *"If I get fed up though I will do something to get out of it"*.
17. On returning to discussion relating to the homicide he said that he had given NS's family £500 before he went to Barbados. On his return he had asked many times for his money to be returned to him and each time had been told that he would have to wait for another week.

He had originally told RMO1 that the money had been missing on his return from Barbados from where he had hidden it under the floorboards at home and he told others that he had had no money and therefore needed to steal some.

18. RMO1 made a supplemental report dated 27 January 1994 for Peter Bryan's court appearance. By the time of his report, RMO1 had had access to the depositions and witness statements relating to the homicide as well as the benefit of the case conference on 25 January 1994.
19. In the report RMO1 described how repeated discussions with Peter Bryan about the circumstances of the killing showed that he was consistent in his account and that he was unshakeable in his belief that he had reacted in response to NS's invitation to *"rape me, make me"* and her wish that he should kill her.
20. He expressed no remorse but he regarded the event as a matter of great regret as the outcome was that he was now crippled and facing a bleak future.
21. He had continued to display paranoid thinking since his admission. He had accused nursing staff of victimising him and racially abusing him, and he made complaints to the catering department because of his belief that attempts had been made to poison him.
22. A complaint by Peter Bryan in early 1994 that he had been racially abused and then punched on the top of his head by a male member of staff whom he could not name was the subject of an independent investigation. Various members of staff were interviewed and none of them were

aware of any assault having been made on him. His social worker and his solicitor were contacted to see if they could throw any light on the matter, but neither of them could recall Peter Bryan having mentioned such an assault to them. The conclusion of the investigation was that the complaint was unjustified.

23. However repeated mental state examinations did not demonstrate any other symptoms of schizophrenia.
24. RMO1's conclusion was that the inpatient assessment had confirmed that Peter Bryan was suffering from mental illness in the form of a paranoid psychosis, the symptoms of which were exacerbated by stress.

The fact that Peter Bryan did not display any symptoms of schizophrenia other than paranoia and that such symptoms were exacerbated by stress was an important factor in his presentation.

25. RMO1 reported that the available information suggested that Peter Bryan was more floridly psychotic at the time of the alleged murder and that he was of the opinion that he satisfied the criteria for diminished responsibility under Section 2 of the Homicide Act 1957 and that he was fit to plead.
26. He was however of the opinion that he required further treatment for his mental illness symptoms and recommended that the treatment should be carried out in conditions of maximum security and that he should therefore be admitted to Rampton Hospital under section 37⁵ and section 41⁶ of the Mental Health Act 1983.
27. At an interview with RMO1's Registrar on 18 February, Peter Bryan claimed that if he was "out" (not in custody) he had "*unfinished business*" which he would attend to and which would

⁵ Section 37 MHA: 'Where a person is convicted before the Crown Court of an offence punishable with imprisonment other than an offence the sentence for which is fixed by law... the court may by order authorise his admission to and detention in such hospital as may be specified in the order...'

⁶ Section 41 MHA: '(1) Where a hospital order is made in respect of an offender by the Crown Court, and it appears to the court, having regard to the nature of the offence, the antecedents of the offender and the risk of his committing further offences if set at large, that it is necessary for the protection of the public from serious harm so to do, the court may...further order that the offender shall be subject to the special restrictions set out in this section, either without limit of time or during such period as may be specified in the order; and an order under this section shall be known as "a restriction order".'

certainly lead to his re-arrest. He denied that it was a criminal act that he contemplated but refused to disclose what it was.

28. Psychiatrist 1 was also asked by the Crown Prosecution Service to prepare a further report at short notice. He was unable to examine Peter Bryan again but he had read all the depositions and statements and RMO1's report of 27 January.
29. Psychiatrist 1 also recommended a Section 37 MHA hospital order with the addition of a Section 41 MHA restriction order with admission to a high secure hospital.
30. On 25 February 1994 at the Central Criminal Court (the Old Bailey), Peter Bryan pleaded 'not guilty' to the murder but pleaded 'guilty' to the manslaughter of NS on the grounds of diminished responsibility and 'not guilty' to wounding NS's brother with intent but 'guilty' to wounding him.
31. The matter was adjourned until 4 March 1994.
32. On 4 March 1994 the final (sentencing) hearing took place at the Old Bailey. Peter Bryan was convicted of manslaughter on the grounds of diminished responsibility and wounding. He was sent under Sections 37 and 41 MHA to Rampton Hospital.
33. In the early months at Rampton there were several entries in the notes which described Peter Bryan's threatening and abusive behaviour to both staff and other patients, but it was usually short-lived.
34. On 25 March 1994 Social Worker 1, senior social worker attached to the clinical team responsible for Peter Bryan in Rampton, interviewed Peter Bryan's sister at her home in Plaistow.
35. She said that Peter Bryan was a favourite of their mother and was '*spoiled rotten*' by her. She said that there had always been violence in her family and recalled her father's violence to her mother (but not using any weapons). She said that he was also particularly violent to his male children. Peter Bryan experienced some of this but not to the same degree as the elder male siblings.

36. She described Peter Bryan as having left school at 14 to work for NS's parents. She said that he worked long hours for little pay. She described him as a hard-working young man, keen to make money but not earning high wages, with a fantasy about eventually earning a great deal.
37. She confirmed that he had a regular recreational use of cannabis or 'weed' but she knew of no other drug use.
38. She said that she believed that he had not experienced a full sexual relationship.
39. She said that he had loosely associated with other young men in the neighbourhood but that his close friend was a young man called P1, whose suicide at the age of 19 had particularly disturbed Peter Bryan.

Other people - including Peter Bryan in some interviews - have said that P1 killed himself by throwing himself from the upper stories of a tall building. This is, of course, what Peter Bryan attempted to do after killing NS.

40. Peter Bryan's sister described his pre-morbid personality as '*laid back*' '*always ready for a laugh*'. He gave good advice and was never violent to anyone. She was astonished at the violent nature of his offence.
41. She said that she was aware of her brother's feelings of inadequacy in the face of NS's family. She was also aware that he was fond of NS.
42. Social Worker 1 concluded his report:

"The fuller information offered by (Peter's sister)'s history does not make Peter's mental state and offence a great deal more explicable. He was not gregarious but neither was he reclusive. He had a sense of humour and some consideration for others. His life was not moving in a direction that pleased him but he was earning money. He seems to have had a strong inner or fantasy life which may have affected his subsequent actions."

43. At the beginning of April 1994 there was a note in the nursing records that Peter Bryan had taken his bedding off his bed and had slept on the floor.

Peter Bryan was to do this shortly before the homicide of Brian Cherry.

44. At an interview on 25 April 1994, Peter Bryan said that he felt that he should remain “*locked up*” either in prison or hospital for his whole life for what he had done, both to punish him and to prevent him reoffending. However he did not consider that he had any mental illness.
45. At a ward round on 3 May 1994 it was noted that it was currently difficult to establish Peter Bryan’s degree of dangerousness. He did not appear to be developing any signs/symptoms of schizophrenia.
46. However he was somewhat irrationally refusing to have a recommended operation on his ankles, saying that he would rather have his foot amputated than have external fixation.
47. He was started on depot antipsychotic medication: zuclopenthixol 10 mg on 17 May 1994. Before that he had not been given any antipsychotic medication.
48. On 5 May 1994 Social Worker 1 went to visit Peter Bryan’s father in his home in Newham.
49. The door was answered by a young woman who said that Peter Bryan’s father would be back shortly but that she knew Peter Bryan well.
50. She told the social worker that she had known Peter Bryan since the summer of 1991, they became friends and she saw him often. When she first met him she found him very friendly and nice to know. However about a year later he had changed - both in his use of drugs and in his mental state.
51. He had always taken cannabis but around the summer of 1992 he was smoking drugs all the time, smoking hash and weed mixed with little or no tobacco. She was not aware of him taking any other drugs and she never saw him drinking.
52. At the same time his mental state changed to the extent that she became reluctant to visit him. He was moaning about petty things and arguing all the time.

53. He began to stay in his room all the time. She described him as being paranoid at this time and he always kept a large “bolster” (hammer) there. He also kept repeating words over and over again.
54. He had changed markedly some months before the homicide. This change appeared to be associated with his heavy drug use at the time and it pre-dated the stress of his visit to and his return from Barbados.
55. The social worker later interviewed Peter Bryan’s father. He proved an *‘amiable though not particularly perceptive informant’*.
56. He indicated that Peter Bryan was an outgoing, good-looking child who was indulged particularly by his mother and also by himself. He said that Peter Bryan was the youngest son and the family placed their hopes in him. He praised Peter Bryan’s ability to save money.
57. He denied Peter Bryan’s claim to Psychiatrist 3 that he was called ‘Obi-One’ and that he had a doll into which he stuck pins.
58. He dated the change in Peter Bryan to between September and November 1993 **[It must have been 1992]** and said that in those two months Peter Bryan shut himself in his room. He was suspicious and always had a weapon with him, including a hammer. He said that on occasion, if he knocked at Peter Bryan’s door, Peter Bryan would open it holding the hammer.
59. On 24 May it was recorded in the Rampton notes that Peter Bryan would now consent to the orthopaedic surgery but he was refusing to wear underwear and was wearing his clothing inside out claiming that this was to reduce washing as he could turn his clothes the right way out if he needed to appear smart.
60. Three days later it was noted that Peter Bryan was complaining that other patients on his ward occasionally picked on him, took his possessions and put rubbish on his bed. The nurse who made the note commented that these claims were probably true rather than delusional.
61. By 14 July 1994 Peter Bryan was saying that he was much less keen to continue sessions discussing the homicide as he felt that this should *“be put behind me to let me get on with my life.”*

62. On 16 August 1994 RMO1 decided that Peter Bryan was showing no symptoms of mental illness and he directed that the antipsychotic medication should be gradually withdrawn and the situation would then be re-assessed.
63. In an interview on 4 October 1994, Peter Bryan said that he felt very satisfied with his life at Rampton. He saw the hospital as a sort of retreat from the '*pressures of society*'.
64. He talked about the homicide as being "*destined to happen*" and said that it had '*made a man of him.*'
65. He said that he had learnt not to reveal his innermost thoughts to others as they might use them against him.
66. He also talked a lot about his criminal friends whom he admired and said that he liked to think that he required maximum security as this conferred status.
67. Several days later he said that Rampton life was quite pleasant and better than life "*on the outside*".
68. The following month he again described himself as being very happy to stay in Rampton and thought that he needed to stay another 25-30 years and even then would probably prefer to stay on there.
69. At an interview on 17 January 1995 Peter Bryan stated that he shouldn't be working where there were (potentially) dangerous tools as "*I could hit someone or someone could hit me*" He said that he had not had the inclination to attack anyone but he seemed to be worried about the opportunity being provided.
70. The notes of the interview conclude with a comment that Peter Bryan seemed to have a paranoid stance with incongruity of affect. He seemed to get by on the ward and blended into the culture without drawing too much attention to himself.
71. At a treatment planning meeting held on 2 March 1995, the nursing staff reported that Peter Bryan was reluctant to commit himself to any ongoing therapeutic process or organised

work/activity placements and that he had a tendency to display an immature side to his nature, possibly as an avoidance strategy, testing the limits of the ward regime.

72. There was however no obvious sign of mental illness since the depot antipsychotic medication had been stopped in August 1994.
73. At the end of April 1995 Peter Bryan was transferred to Hawthorns Villa.
74. On 7 July 1995 Peter Bryan was seen early in the morning standing outside the toilets wearing only underpants. Later that day a female member of staff went to clean the shower and Peter Bryan was standing naked outside the shower cubicle with an erect penis. He denied any intention of exposing himself.
75. By 10 July RMO1 was noting a gradual but definite deterioration in Peter Bryan's behaviour since his transfer to Hawthorns Villa. He was being provocative towards others, was making minor threats to staff and he had exposed himself to the female domestic which was probably not accidental.
76. He was also expressing feelings of tension and said that he should have been placed on a long stay ward as he was going to end up as mentally ill as the worst of them. He was unable to articulate his feelings beyond this but appeared preoccupied and troubled.
77. Although RMO1 could not elicit any depressive symptoms he thought that Peter Bryan might benefit from the reintroduction of antipsychotic medication and prescribed the drug Trifluoperazine 5mg twice a day.
78. On 20 July 1995 Peter Bryan twice approached the principal clinical psychologist requesting to see a psychologist on an individual basis. The request was passed on to Peter Bryan's named nurse by the psychologist.
79. On 1 August 1995 Peter Bryan burned a male member of the domestic staff with his cigarette and then walked off laughing. When told by one of the nursing staff that that sort of behaviour would not be tolerated, he replied: "*What are you going to do about that, Guv?*" He did apologise to the man but continued to treat it as a joke, laughing and giggling.

80. On 20 September 1995 Peter Bryan approached a nursing assistant who was reading Peter Bryan's medical notes and said "*Are you enjoying yourself, Sir?*" The nurse explained what he was reading which brought about fits of inane laughter from Peter Bryan. When asked by the nurse what his feelings were about the homicide he laughed and said "*The Paki had it coming and she deserved everything she got.*"
81. He went on to say that if staff put any pressure on him he would make sure that it would not be for long, because he would maim or even kill the staff. He added that this could be done because after 20 years he would be a free man anyway.
82. By 25 September 1995 at a ward round with RMO1, Peter Bryan was requesting a reduction in his medication as he said that he was "*feeling better and well behaved*", but the nursing staff reported that he had been demonstrating confrontational behaviour over the previous 2-3 weeks.
83. The notes for this period record that Peter Bryan had been involved with a fight with another patient, had been making unprovoked physical and verbal attacks on others and had displayed inappropriate behaviour on several occasions.
84. The 25 September ward round note described how Peter Bryan had been expressing a lack of remorse for the homicide and was saying that he would do it again.
85. On 16 November Peter Bryan was seen by one of the nursing staff attempting to steal something but when questioned about it in private, he vehemently denied it, stating that the staff were idiots and also a set of liars. He then voiced the opinion that he was above the law and could do as he liked and that nobody could do anything to prevent him.
86. He later openly admitted the attempted theft but stressed that telling the truth would get him "*in bother*". He made no attempt to apologise for his behaviour.
87. The nursing notes over the next six months illustrate that Peter Bryan was pushing the boundaries with the staff a lot of the time. He showed great reluctance to participate in any meaningful treatment programme and by June 1996 was asking to come off medication.

88. In mid-June RMO1 noted that Peter Bryan's overall behaviour was less disinhibited and more reasonable when on antipsychotic medication but that he disliked taking it.
89. On 23 August 1996 Peter Bryan was noticed on two occasions standing completely naked outside the shower cubicle while female members of staff were using the facilities.
90. Four days later Peter Bryan told a fellow patient that he was going to murder someone. When asked about this comment by the nursing staff he said that it was a joke and that he meant only to shock his fellow patient.

Peter Bryan frequently made very inappropriate comments - often with a racial content - which he would then try to minimise as 'only a joke'.

91. There are numerous references in the notes over the years that he was at Rampton that Peter Bryan would take on the role of the 'class fool' and would indulge in what was described as 'horseplay'. At other times he spent long periods in his room, not joining in any activities.
92. On 23 October 1996, Peter Bryan was reviewed by RMO2, Consultant Forensic Psychiatrist at Rampton who took over as Peter Bryan's RMO from RMO1, who noted that Peter Bryan had relatively little insight and did not accept that he was or had been mentally ill. He tended to minimise his problems and had unrealistic expectations. He was poorly motivated to do anything.
93. Over the next months, Peter Bryan seemed to settle down a bit and there were no real management problems with him. He began to participate in ward activities and treatment classes.
94. In April 1997 a comprehensive (36 page) report was prepared by Psychologist 1, Assistant Psychologist and Psychologist 2, Consultant Clinical Psychologist.
95. This was as a result of Peter Bryan having approached Psychologist 2 requesting a number of sessions with a psychologist on a formal basis to address his problems. Psychologist 1 and Psychologist 2 saw Peter Bryan for a period of 12 sessions between January and March 1997. He was said to have attended the sessions well-dressed, he was punctual and polite and cooperative throughout.

96. He was asked how a friend who knew him intimately might describe him as a person and he replied:
- *“Outgoing*
 - *Bubbly*
 - *Caring*
 - *Understanding*
 - *Happy-go-Lucky (“best quality”)*
 - *Greedy (i.e. food)*
 - *Can be selfish sometimes*
 - *Gets angry easily - although he claimed to be able to cope better, and has been able to relax more and stop dwelling on events during his time at Rampton.”*
97. He stated that he would be truthful and open about events and would talk about anything that would give him greater insight and understanding. He also indicated that his anger might be a problem, but because he had two broken legs it was unlikely to result in anything physical.
98. He gave the following account of the homicide:
99. He was living in the family home alone as his parents were in Barbados and his brother spent most of his time with his girlfriend although he would occasionally visit and stay.
100. There had been no electricity for six days (the time scale varied between sessions, sometimes being as much as a month) and therefore the house was without any light and was constantly cold.
101. He was also low on food, his only source of income being two pence and one pence pieces he had stored in a jar.
102. All of this left him feeling *“unwell, and not right”* and he was wondering whether he would survive and what would become of him.
103. He was receiving without cost to him £10-£15 worth of *‘Ganja’* (cannabis) per day and this relieved the *“boredom and tension”*. He claimed to have last taken drugs two days before the offence.

104. He remembered thinking that he was desperate for money and would go and get the £575 he had lent NS's father before Christmas which had been promised back with interest after the New Year. He said that the amount of £575 had been his idea and that he had no idea why it was needed, what it would be used for and he had no receipt.
105. He said that he was unable to sleep on the night of the 17 March and felt worried, nervous, "*paranoid and unstable*", all of which was due to there being no light or warmth in the house.
106. On 18 March he got up early and remembered pacing up and down his room. He was unsure whether to go and get the money back, but felt he had no choice. He had asked for it back at least twice before but had been told by NS or her mother that her father was not around.
107. This led Peter Bryan to take the hammer with him as he thought that he might be able to threaten NS's father into giving him his money back by waving it about to frighten him.
108. He remembered sitting in a park that afternoon contemplating what to do. Whilst he was there some people he knew came up behind him and stole his hat, but he did not do anything about it because he "*couldn't be bothered to move*". After a while he decided to go after the man who had taken his hat and miraculously he found the man's car, smashed the windscreen with a brick and recovered his hat. He then returned home.
109. Later that afternoon he took a train at about 5pm to go to Chelsea. He got off at South Kensington rather than Chelsea because he needed more time to decide what to do and thought that this extra time might stop him "*from going to the shop and attacking (NS's father)*".
110. During his walk from South Kensington to Chelsea he recalled seeing "*loads of rocks on the floor*" and he thought that if he broke a few windows maybe the police would come along and arrest him, thus preventing him from going to the shop. He then claimed to have smashed six house windows but unfortunately the police did not arrive and so he decided to walk on and arrived at the shop at around 6.30 pm.
111. He claimed to have said hello to NS's brother and remembered NS being on the telephone. He then "*urged*" her to come off the phone which according to him she did, after banging the receiver on the desk three times.

112. He then asked NS if her parents were in so that he could get his money, and she replied that *“the money’s gone, never going to see it again”* after which she started to push him out of the shop.
113. At this point he just *“lost it, pulled out the hammer and just started hitting her with it”*. He remembers hitting her about six times.
114. Peter Bryan was adamant that throughout the attack NS did not scream although she did put up some initial resistance - placing her hands over her head to protect herself from the first blows - but Peter Bryan recognised this and threw a fake swing as if he were aiming for her face so that she covered her face and he then hit her across the head, after which she put up no more resistance. Peter Bryan’s thinking was that she was *“fed up trying to protect herself. Perhaps she wanted to die.”*
115. He remembered chasing her brother out of the shop because *“He was a witness - I had to deal with him”* - but gave up because her brother was too fast and he *“couldn’t be bothered”* to deal with him.
116. He remembered walking away from the scene of the incident and recalled a woman at the bus-stop outside the shop saying to him *“What about me?”* He thought that she said this because she wanted to die.
117. He continued walking and remembered putting the hammer down next to a flat door. He then continued over Battersea Bridge and asked a man where the police station was so that he could give himself up, but the man did not know.
118. He then came across a block of flats and decided to kill himself by jumping. He went into an unused storage room where he found an old boiler suit which he put on, having first removed his own bloodstained clothes and thrown away his rings. He could not give an explanation as to why he did this.
119. He was going to jump off the building to kill himself, but at the crucial moment changed his mind and was left dangling from the balcony, subsequently falling feet first to the ground.

120. He said that whilst he was lying there somebody took his bracelet from his wrist and others were searching his pockets. One person allegedly said “*Good. Serves you right,*” which he interpreted as being justification for jumping off the building.

121. Shortly afterwards he was taken to hospital.

122. The psychology report states:

“Mr Bryan displays remarkable unconcern and an eerie emotional detachment when talking about the killing. His coldness and indifference, though concerning, may be attributable to repeated questioning and recall of the event over the previous years, which causes emotional processing and the detachment of the emotions from the incident.”

123. The psychologists recorded in their report the many inconsistencies in his various accounts of the offence and also recounted his responses to important issues related to the killing. They also explored with Peter Bryan the nature of his relationships with NS, with his immediate family and with women.

124. He showed an immature attitude to sexual matters. The report states:

“Mr Bryan is, by his own admission, a sexually frustrated virgin, who judging by his past relationships seemed preoccupied with obtaining the ultimate goal of sexual intercourse. Mr Bryan claims to enjoy the challenge of chatting women up, but the chatting up “must lead to fucking up [sexual intercourse]”. Asked how he has chatted women up in the past, or would do in the future, Mr Bryan explained: “feel them up, kiss them...[ask them] can I fuck you?”

125. When dealing with cultural and racial issues, Peter Bryan said that he liked being black and that he would not want to be white because “*white was a hostile race.*”

126. It became evident that while Peter Bryan had been in Barbados in December 1992 and January 1993 he had felt a sense of isolation from both countries and cultures that he had regarded as home. The local youths in Barbados apparently teased him about his London accent, the large amount of gold jewellery he wore, and his prominent gold tooth (which he had had fitted relatively recently). He said that at one stage he was chased by youths wielding baseball bats.

127. When asked which country he considered more as home, he replied London - because he could understand the money system better.
128. Having explored in the sessions Peter Bryan's family background, his schooling and his social history, as well as the circumstances surrounding the homicide, the report then analysed what had been learned from the sessions:

"The above points highlight a considerable amount of stressors in Mr Bryan's life in the 6 month run up to the index offence. Coupled with Mr Bryan's positive (in psychiatric terms) family history, the above fits neatly with the stressor-vulnerability (or diathesis-stress) model of illness. In relation to the vulnerability part of the model, a person's degree of risk for illness increases as does his/her relatedness to the proband (person serving as the starting point for the genetic study of a family). Given that Mr Bryan has two brothers both with psychiatric diagnoses, Mr Bryan's risk for developing a mental illness is somewhat elevated. This elevation presupposes a genetic link for mental illness, which the literature has verified, certainly with relation to schizophrenia.

However, having a genetic risk does not guarantee that an illness will develop, it is a mere predisposition - the individual is predisposed, but the stressor part of the model is required for the predisposition to translate into a state of illness....

'Stress' occurs when demands, either external or internal, exceed or tax an individual's ability to cope, and judging by Mr Bryan's perception, translation, and interpretation of the above stressors, the pre-offence period is marked by increasing stress.

The above stressors are precipitant factors in the development of Mr Bryan's mental illness, and are deemed to be, in this particular case, both necessary, and sufficient, for the committing of the index offence."

129. The report questioned whether Peter Bryan's mental illness was being managed by medication and recommended a drug-free or a drug-reduced period to demonstrate the true nature of his present mental state.
130. The report concluded:

“Mr Bryan is a cheerful, and seemingly relaxed, young man who has co-operated fully with the psychological assessment to date. Mr Bryan appears to have spoken openly and honestly about his background, index offence and present situation.

It is likely that Mr Bryan has a predisposition for some form of mental illness which is precipitated and exacerbated by periods of stress, and there is little doubt that Mr Bryan was floridly psychotic at the time of the offence. At present there are no signs of florid psychosis, and he seems to be maintained by his current environment of limited stress and daily routine, but questions remain as to the nature and extent of his delusional thinking. Mr Bryan is fixed as to his view of the offence, and his rationalisation of it is rigid and has, to date, appeared inflexible.

Mr Bryan’s ward behaviour appears to have been within the normal range, with some incidents of inappropriate behaviour and a degree of boisterousness with fellow patients. Overall, Mr Bryan has posed no significant management problem, However, it is questionable as to what extent Mr Bryan is being managed by his medication.”

131. On 2 July 1997 Peter Bryan was interviewed and he gave a slightly different account of the homicide to some of the accounts he had given previously. He said that he could not recall NS saying *“Rape me, make me”* although in the past she had said something similar along the lines of *“If you want sex you’ll have to rape me”*.
132. He said that he was provoked by the failure to get his money back from NS’s family. He still denied that she had screamed and that he had attacked her brother.
133. He also denied having had persecutory symptoms in prison or in Rampton and he did not think that he needed medication. It was noted that there were no current symptoms.
134. Around this time it was also noted that there had been a great improvement in Peter Bryan’s motivation over the past few weeks. He had increased his participation in patient ward employment and actively wanted to engage in psychology sessions. His confrontational and demanding behaviour had also abated.
135. On 10 September 1997 there was a treatment planning meeting to identify Peter Bryan’s treatment needs and how to meet them over the next 12 months.

136. The meeting was headed by RMO2's senior registrar, Rampton Psychiatrist 1, who wrote a detailed note of the meeting.
137. It was identified that there had been fairly strong evidence of mental illness at the time of the homicide in 1993 but by the time Peter Bryan had been admitted to Rampton the mental illness was less apparent. He had had two medication-free periods since being in Rampton, both associated with deterioration in his mental state. He responded to treatment and became more reasonable and free from psychotic symptoms.
138. Rampton Psychiatrist 1 highlighted the main issues as:
1. *"The relationship between his illness and violence*
 2. *The relationship between personality development and offending particularly with respect to his relationship with women*
 3. *Insight into illness and dangerousness"*
139. Psychologist 2, Consultant Clinical Psychologist, then referred to the very comprehensive report which he and Psychologist 1, Assistant Psychologist had prepared in April that year.
140. Psychologist 2 said that it would appear that there were more questions than answers in relation to Peter Bryan's background, his index offence and his future disposal.
141. He said that Peter Bryan did not clearly demonstrate mental illness which he might be controlling or masking.
142. Social Worker 2 stated that Peter Bryan's attitude to violence and authority were hard to judge and had not yet been established. The family gave the impression of acceptance of the situation that two of the siblings were detained in conditions of high security.
143. The nursing staff reported that Peter Bryan interacted very differently with males than with females although the perception of him differed within the ward nursing team. His interaction with females tended to be over-familiar and he enjoyed banter with them. He had been known to walk around naked or semi-naked when he knew that females were about on the ward. He had no knowledge of appropriate boundaries in his contact with women.

144. His (female) named nurse reported that Peter Bryan's outlook remained immature and attention seeking. He was silly/eccentric, over dramatic, boastful, exaggerating but believed himself to be 'happy-go-lucky'. He tried to be sociable but often initiated interactions with insults or belittling comments. He admitted liking to be the centre of attention and often laughed too loud and long. He was also a poor competitor, becoming almost hysterical whether winning or losing.
145. The report from the Further Education Centre was that Peter Bryan's interaction with females, both staff and patients, had been appropriate in contrast to the reports of his behaviour displayed towards women in the ward setting. He socialised well and when he had conducted visitors around the classroom his behaviour had been exemplary.
146. It was surprising that he had failed the RSA English Level 1 examination and it was hoped that he would re-sit it. He had enjoyed the literature sessions on Macbeth and had had strong views on the character of Lady Macbeth, regarding her as "*an unsuitable partner for any man!*" He claimed that he could identify with Huck in 'Tom Sawyer' especially when Huck was beaten by his father.
147. He applied himself well in the Maths class and was working towards a basic numeracy examination. He contributed in a constructive, sociable and pleasant manner.
148. Peter Bryan was also reported to have been a lively contributor to the ward-based social skills group. It was felt that although he sometimes made remarks with the aim to shock, he did not always believe the statements he made. He had strong views on certain issues.
149. Employment services reported that Peter Bryan had attended the Upholstery Workshop for four sessions a week since May 1997. He was an excellent attendee and in the four months that he had been in the shop, the feedback had been favourable. He had a good sense of humour and accepted criticism and there had been no problems. No overt signs of mental illness had been observed. He had a good standard of work and had quite a lot to offer.
150. Peter Bryan then joined the meeting and was described as being very smartly dressed and cheerful.

151. He said that he would like to attend sessions for anger management as had been recommended by his named nurse. He said that he no longer felt an angry person but admitted that he had been an angry man in the past.
152. He also asked for sex education and for a medication-free trial period *“to see how I go”*. He had been stable for two years on a low dose of medication and now felt that he could cope without it. He persisted in this view despite being advised that there was a great risk of a breakdown in his mental health if his medication were to be reduced.
153. He claimed to be sorry about his offence but said that there was *“nothing I can do about it now”* and said that things could have been done to prevent the index offence. He said that at the time he was *“in dire straits”* due to his financial circumstances.
154. He said that at night he often thought about what he had done and got flashbacks and had dreams. He wished that he had not committed the offence because he *“wouldn’t be here in this situation”* and after a pause he said *“and she wouldn’t have died”*.
155. He thought that he was quite good in group situations and would be happy to discuss his offending behaviour in a group session.
156. He asked about the possibility of a transfer to a regional secure unit (RSU). He was advised by Rampton Psychiatrist 1 that certain issues relating to his offending behaviour needed to be addressed before such a move could be contemplated. He was however told that the feedback from all the disciplines at the meeting had been very positive and that everyone was pleased with his apparent motivation to accept treatment.
157. It was concluded that Peter Bryan presented as being remarkably more integrated with the hospital and seemed fully committed to what needed to be done in respect of his treatment. It was decided that it would be appropriate, if it were possible to arrange, for him to have more contact with females in off-ward areas. However until his attitude to women and sex education had been addressed, it was too early to consider him for attendance at a sex offenders’ group.
158. In respect of his request to undergo a medication-free period, it was noted that his mental condition had deteriorated on two previous occasions when his medication was discontinued. It was also felt that he would fail to recognise if and when he became ill.

159. It was agreed that he would benefit from depot medication and that this could be discussed with him.

There is nothing in the notes about any change to depot medication and Peter Bryan appeared to be still on Trifluoperazine (an oral antipsychotic drug).

Over the next 12 months there was nothing remarkable in the nursing or medical notes. Peter Bryan continued to pose no management problem and attended most of the classes and activities he was supposed to.

160. On 9 September 1998 Psychologist 2 sent a memo to RMO2 updating him about the Psychology department's involvement with Peter Bryan since his joint report with Psychologist 1 in April 1997.
161. Peter Bryan had been asked to keep a 'mood diary' because he had said on a number of occasions that his mood fluctuated quite dramatically and he had no explanation as to why this should be. His mood varied from being pleasant and co-operative to being immature, occasionally mildly racist, rude and selfish.
162. His mood diaries suggested that on most days he was in a good mood, at least on a self-assessed basis. That was generally when he had social activity to look forward to, for example going to a dance or having a particularly good day in upholstery classes. Bad moods were indicated by being on the receiving end of any form of admonishment from almost any member of staff. When this happened he recorded that he felt tension and could shout in response or be un-cooperative at the time.
163. Psychologist 2 was certain that this needed further assessment. The simultaneous diary which the nursing staff had been asked to keep indicated that Peter Bryan became "very excited" during a community meeting in February 1998 when he was informed that a new team leader on the ward was black. This seemed to trigger some racist remarks.
164. At the beginning of September 1998 RMO3 took over responsibility for Peter Bryan from RMO2.
165. At a ward round on 7 October 1998 it was noted that Peter Bryan wanted to stop taking neuroleptic (antipsychotic) medication but that in view of the research evidence which

supported long-term prophylactic use of neuroleptics, his index offence, his long history of psychosis and his family history, it was considered necessary for him to remain on such medication, although the dose could be reviewed at his next care planning review (CPR)

166. Peter Bryan began the male personality disorder service's anger management group sessions on 11 November 1998.
167. The focus of the group was centred on three core learning themes:
 - Education about his own anger as well as that of others, including how such anger impacted on individuals
 - Exposure to cognitive, affective and behavioural skills to deal with anger
 - Practice and utilisation of such skills, both by hypothetical learning situations and real life experienced events
168. He also participated in the thinking skills group (a problem solving group), the men's talking group (a group which looked at attitudes to gender roles and stereotyping) and social skills and educational skills groups. He was on the waiting list for substance misuse therapy but it was a long waiting list.
169. On 27 January 1999 there was a further main treatment planning review headed by RMO3. The various group leaders gave their reports as well as the nursing staff.
170. The nursing staff reported that Peter Bryan was a very popular patient with both staff and patients. He was "*a pleasure to have on the ward*".
171. A written nursing report describes his "*infectious smile and sense of humour*" but also highlights his "*naivety and immaturity*".
172. By this time Peter Bryan tended to take a passive role and was at times the butt of jokes and humour from the other patients that could be cruel, racist and offensive, but he did not take offence or 'rise to the bait'. It was noted that his "*happy go lucky attitude*" helped him as a coping mechanism, but acted as a delaying factor to developing maturity.

173. Nurse 1, Clinical Nurse Specialist, who led the anger management group, reported that Peter Bryan's participation in the group was admirable. He was willing to learn, admitted to wanting change and indicated that he had specific clinical needs in terms of his anger.
174. He was not someone who often showed anger, but, if one looked deeper at his clinical presentation and his own self reporting, much of his anger was cognitively mediated and the subject of active suppression, as well as determined efforts to be self-controlled.
175. The Further Education Centre teachers described Peter Bryan as "*always friendly, cheerful and socially appropriate*", and "*a diligent student and pleasant member of the group*".
176. In respect of future plans Peter Bryan was told that the eventual goal of the clinical team was for him to be transferred to an appropriate hospital or unit and eventually be transferred from there into the community.
177. RMO3 asked Peter Bryan what length of time he envisaged he would remain at Rampton and he replied that he did not believe that he would move on for about four to five years.
178. He was asked how he felt about returning to his home area when eventually discharged into the community, and he said that he would like to live in or very close to the Hackney area as he would eventually like to work with his brother as a painter and decorator.
179. It was planned to continue to liaise with the appropriate health authority and relevant social services department and it was noted that clarification should be sought as to which was the appropriate regional secure unit (RSU) - this is now known as a medium secure unit (MSU) - responsible for Peter Bryan.
180. On 6 April 1999 Peter Bryan went on a 're-socialisation' shopping trip to the nearby town of Retford escorted by two nurses. The nursing staff felt afterwards that the input required to help Peter Bryan overcome any problems he encountered was minimal. They reported that he had given a "*mature and confident display of social interaction with everyone he came into contact with, showing genuine and not institutionalised politeness...A good first re-socialisation exercise on his part.*"

181. On 16 April 1999, RMO3 wrote to the Home Office requesting authority for a package of six escorted day leaves of absence from Rampton to be taken by Peter Bryan during the course of 1999. The purpose was to visit local towns for shopping and maintaining community contact. He would be escorted by two hospital staff and would travel in hospital transport.
182. In the spring of 1999, Peter Bryan was referred to the forensic services at the John Howard Centre, an MSU in Hackney.
183. On 16 June 1999 he was assessed on the ward at Rampton by JHC Psychiatrist 1, Honorary Specialist Registrar in forensic psychiatry at the John Howard Centre and Forensic Social Worker 1.
184. Although much of his account of the events leading up to the homicide was similar to accounts he had given previously, there were yet further inconsistencies in his telling of the actual attack.
185. He told JHC Psychiatrist 1 and Forensic Social Worker 1 that when he entered the shop, NS's brother had come over to say that he had a nice cap. He said that he had asked NS to sort out his electricity problem for him but she had told him to get out of the shop because he did not work there anymore.
186. He said that she had tried to push him out of the way and after this he had started to hit her over the head with his hammer. He told them that he had taken the hammer because he thought that her father and brother might be in the shop.
187. He said that he saw blood and immediately thought "*Jesus. What am I going to do now?*" He then walked out of the shop, dumped the hammer at a nearby shop, and suddenly realised that he might have to spend the rest of his life in prison. He then contemplated suicide which led to him jumping from the balcony of a block of flats.
188. JHC Psychiatrist 1's opinion was:

"Although Mr Bryan has clearly made good progress at Rampton Hospital, the nature of his condition suggests he is liable to relapse. It is encouraging to note that he currently presents with good insight into his need for medication, but it is nonetheless clear that his mental

state and compliance will require very close supervision should he leave conditions of maximum security...

I am of the opinion that Mr Bryan does not currently present a grave and immediate danger to the safety of other persons, and consequently that it would be appropriate to consider moving him from conditions of maximum security for a trial period in the first instance.”

189. Forensic Social Worker 1 agreed with JHC Psychiatrist 1 that Peter Bryan was ready to be transferred to a medium secure unit.
190. JHC Psychiatrist 1 subsequently asked his nursing and psychology colleagues at the John Howard Centre to assess Peter Bryan at Rampton with a view to such a transfer.
191. On 2 August 1999, Peter Bryan said that he - and others - had been smoking cannabis whilst at hospital dances in the recreation hall. There was no other evidence to confirm whether this was true and a drug screen performed on 17 August was negative.
192. On 3 August 1999, Peter Bryan was assessed by Psychologist 3, Chartered Clinical Psychologist, and Nurse 2, Senior Nurse at the John Howard Centre.
193. Peter Bryan presented as very well dressed in a suit he had recently purchased. He was talkative, cooperative and polite throughout the interview.
194. He seemed very aware of differences between himself and other patients on the ward, who were almost all patients with personality disorders and he gave an excellent description of the features of a psychopath.
195. He described himself as a ‘*trainee psychopath*’ and was keen to tell them how he helped the staff by informing on the misdemeanours of other patients.
196. The events leading up to the homicide were again discussed and Peter Bryan seemed very much of the opinion that the offence had taken place in the context of a psychotic breakdown, triggered by many stressors in the preceding six months.

197. It seemed to Psychologist 3 that by inference Peter Bryan seemed to be suggesting that violence was out of his character. However he also told them of his previous criminal and aggressive behaviour and said that he made his money by loaning money to drug dealers who repaid him with a premium. Psychologist 3 commented in his report that this meant that he was likely to be in rather a key position in any drug-dealing circle conveying power and status.
198. Peter Bryan said that he regularly carried a flick knife for protection, and then later the bolster hammer he used to kill NS. He said that before the homicide he had tried to obtain a gun but had been unsuccessful, as his potential suppliers had considered him “*too hot*”, which he understood to mean that he was a high risk for getting caught.
199. He told them that the offence took place within a context of him trying to get help for himself. He made reference to having visited his doctor in the week before the killing but that his doctor had said that he could do nothing for him. He also reported having smashed some windows on the way to the shop in the hope that the Police would be called.
200. He described the involvement of drug use in his development of psychosis and the homicide and said that he had been withdrawing from drugs in the days immediately prior to the offence, but that he had been using cannabis. Only after repeated and direct questioning did he acknowledge that cannabis was unlikely to have lead to the severity and nature of the symptoms he was describing and admitted to the use of crack and heroin.
201. Psychologist 3 commented in his report that Peter Bryan had been keen to attend anger management groups but that the nursing staff had reported that he was not a patient who was objectively felt to have problems with his anger, and that this was an issue worthy of further assessment.
202. Psychologist 3 concluded his report:

“Although he maintains some fixed beliefs about his offence and his account differs in various aspects to witness statement, he demonstrates some insight into mental illness and agrees the offence took place within that context. However, Mr Bryan was relatively unknown to services prior to the offence so there is little objective evidence of his conduct, his own accounts suggest a degree of offending and aggressive behaviour. Whilst at Rampton he has engaged in his rehabilitation programme. He has previously engaged to some extent in psychological

sessions and he expressed a wish to re-engage if transferred to the John Howard Centre, however his previous psychologist questions Mr Bryan's commitment to change.

Recommendations

R1 As has been stated by (Forensic Social Worker 1) and (JHC Psychiatrist 1), it seems appropriate for Mr Bryan to be transferred to an environment of lower security. Mr Bryan needs to move to a more challenging setting to further his rehabilitation.

R2 Areas for further assessment and intervention should include beliefs about the events of the offence, its impact on the victim's family and his racial gender attitudes.

R3 Although objectively drug free for many years relapse prevention in terms of substance misuse should be undertaken."

203. At a ward round on 5 January 2000 headed by RMO3, it was noted that work related to the homicide still needed to be undertaken and that any moves on the placement in an MSU should be suspended until this work had been completed. The work was to be undertaken by Psychologist 4, Clinical Psychologist. Peter Bryan was still waiting to begin participation in the substance misuse group.
204. There was a further main treatment planning review on 2 February 2000. The attendees included from Rampton: RMO3 (Peter Bryan's RMO), Psychologist 4, and Social Worker 2, and from the John Howard Centre: JHC Psychiatrist 2 (Specialist Registrar to RMO4) and Forensic Social Worker 1 who had assessed Peter Bryan in June 1999 with JHC Psychiatrist 1.
205. The nursing report concluded that throughout his time in Rampton Peter Bryan had made considerable progress in his behaviour, attitude, maturity, relationships, anger management and insight, although further work was required in the areas of substance misuse, the index offence and relationships with women. To Peter Bryan's credit he was keen to engage in therapy and recognised his current deficits.
206. His mental state had been stable for a number of years although it would require ongoing monitoring because of the nature of his illness. Peter Bryan accepted the need for medication.

207. He presented no management problem with only one recorded incident of aggression in the last year, three in the last two years.
208. He did however appear to be vulnerable to peer pressure and further assertion work might be indicated. His admission that he had smoked cannabis could be viewed as both negative and positive in that he appeared to recognise that this was not acceptable.
209. His named nurse was of the opinion that Peter Bryan could be treated within conditions of medium security should the facility be able to meet his current needs.
210. Nurse 1, the anger management group facilitator, updated the meeting on Peter Bryan's progress in the group.
211. He was the only patient who had attended all 36 sessions of the 10-month course and had proved to be the most consistent member in terms of active participation and was keen to use homework as an effective learning tool.
212. One area of concern was that he seemed to gain considerable pleasure in seeing one particular (less able) group member struggle with some of the group's concepts. This apparently proved increasingly amusing to Peter Bryan the more the member continued to show his inadequacies, particularly in relation to interaction with another group member. This stance was said to be the only flaw in his participation, which on the majority of occasions was said to be '*exemplary*'.
213. He did also continue to get a degree of excitement out of in depth discussion relating to violence. In his more relaxed times, he was still admitting that he did find that violence promoted a certain "*buzz*" in his life and that he found it beneficial, although he was quick to stipulate that he would not resort to using violence as a medium for solving any problems he faced in the hospital.
214. When probed further he had been concerned that his views might affect the length of time that he had to remain in high secure care.
215. He was usually unwilling to reveal whether he would return to being violent when in the community.

216. Nurse 1's report stated that there seemed to be a need to further evaluate Peter Bryan's views on violence per se and the potential impact that this may have on his future behaviour. Otherwise there did not appear to be any need for further specific anger related input from his team.
217. The Acorn Further Education Centre gave a glowing report of Peter Bryan's efforts. He was described as an "*excellent student*" who had "*surprised (sic) expectation*". He was "*always pleasant, cheerful and good humoured*".
218. He had achieved an RSA stage 1 pass in English in the summer and this had given him the boost and confidence to try for a GCSE in the subject. He was also following a modular course which hopefully would lead to him taking GCSE Maths.
219. Social Worker 2 reported that he visited the family of Peter Bryan on an annual basis and they were always very welcoming and, although his parents took an interest in their son's case, they had only visited him when he was first admitted to Rampton.
220. The social worker questioned how much support Peter Bryan's family could offer him when he returned to the community.
221. Peter Bryan said that he would like to get his driving licence and perhaps work as a courier or a porter, working with his brother at weekends in his painting and decorating business.
222. RMO3 highlighted that a support system needed to be clarified for Peter Bryan in readiness for future placement at the John Howard Centre and probable eventual transfer back into the community.
223. Social Worker 2 commented on the need for tight follow up particularly given Peter Bryan's family's inability to pick up serious mental illness symptoms and to request professional help at the time of the homicide.
224. Peter Bryan had also continued to attend the Upholstery Workshop twice a week where he renovated old furniture, and the report on his participation was again positive. Peter Bryan said that he wanted to increase the number of sessions in the workshop and that he had drawn

some designs and had them framed and was considering putting them forward for the Kostler Award (successful entrants received £250 prize money).

We were told by some of the Rampton staff that Peter Bryan had won a couple of these awards, but that it had later transpired that he had submitted under his own name artwork created by fellow patients whom he had intimidated into handing over their work to him.

225. Psychologist 4 had only seen Peter Bryan for two psychology sessions by the time of the meeting, but said that he appeared to be motivated and was open to fairly challenging questions.
226. RMO3 explained that following the assessment by JHC Psychiatrist 1 and his colleagues from the John Howard Centre, Peter Bryan had been identified as a suitable patient for future placement at the centre and his name had been placed on their waiting list.
227. However transfer could possibly take up to two years and during the intervening period Peter Bryan would be encouraged to work on offence related issues which, if not completed at Rampton, could be continued at the centre.
228. JHC Psychiatrist 2 informed Peter Bryan that his name was discussed on a weekly basis at the John Howard Centre and that his case would be considered fairly.
229. In the medical notes RMO3 emphasised the importance of commencing offence related work and substance misuse work before the move to the John Howard Centre.
230. On 18 February Peter Bryan's named nurse, Nurse 3, played snooker with Peter Bryan. This was something he did quite regularly and it was something that Peter Bryan was very good at.
231. Nurse 3 noticed that Peter Bryan's playing seemed more erratic than usual and that he was drinking something which smelt of fermenting wine. When challenged, Peter Bryan said at first that he was drinking 'Iron Bru' but then changed this to orange and blackcurrant. He then quickly drank the remains of the drink.
232. Peter Bryan's room was searched and two containers were found which were filled with fruit mulch which smelt of fermenting wine. When questioned about this over the next few days,

Peter Bryan seemed alternately smirkingly amused by what he had done and flustered and anxious that he might be “*sent back to the blocks*” or that his transfer to a medium secure unit could be affected by his behaviour.

233. At a one-to-one session with Nurse 3 on 25 May 2000 Peter Bryan’s alleged virginity was raised. Peter Bryan stated that the nurse was naïve to believe every thing that was written about him but would not elaborate further.
234. In a room search five days later, some explicit (top shelf) magazines were confiscated from Peter Bryan’s room.
235. At a ward round the following day, RMO3 discussed the matter with the clinical team and they decided to allow him to receive such magazines and those which had been confiscated were returned to him. He expressed some anxiety that he might be in trouble and hardly slept at all that night.
236. On 6 June Peter Bryan discussed with one of the nurses the prospect of moving to an MSU and he said that he was confident that he would resist peer pressure if released into the community. He acknowledged the danger of associating with criminal elements but admitted to being attracted to a criminal lifestyle as it created “*easy money*”.
237. A week later in a one-to-one session with Nurse 3 he continued to recall his past criminal lifestyle with affection although he appeared to have some insight into areas of risk associated with it.
238. At a ward round on 16 August 2000 RMO3 noted that Peter Bryan had entrenched criminogenic views and got a ‘buzz’ over fraudulent dealings and pulling one over staff. His risk for general reoffending was high although he was saying that street crime was a young man’s game, and that he would no longer be able to run fast enough (because of his fractured ankles).
239. Peter Bryan had still not started the substance misuse group although he had filled in all the forms and it was planned that he would start the course that year. It had been thought that he would have started in June. It was also hoped that he would start sex education classes.

240. In September 2000 there was a complaint made by a fellow patient that Peter Bryan had accosted him on the stairs and asked him to go to his room to engage in sexual activity.
241. When challenged by the nursing staff about this, Peter Bryan said that he had made the proposition to “*wind up (patient A)’s boyfriend*” whom Peter Bryan claimed was jealous of anyone talking to patient A.

There is nothing further in the notes about this incident.

242. On 29 September 2000 Psychologist 4 produced a report following a psychological assessment.
243. Peter Bryan had told her during this assessment that from the age of 12 he had carried weapons and had committed street robberies as a member of a gang. He said that he had started committing street robberies as ‘*something to do*’ and that they generated feelings of power and excitement. He said that they became like ‘*second nature*’ to him and were a means to fund his drug use and dealing. He said that he used to target white and Indian men and that from the age of 16 he had started targeting women as he realised that they carried money. He told her that he would not return to street robberies as this was ‘*a young man’s crime*’ and because he could no longer run because of the injuries to his ankles.
244. He said that he had been accused of physically assaulting a female teacher when he was 14 years old, but he denied that he had.
245. He also reported that he had attacked two fellow prisoners when he was on remand. He stated that the first attack had taken place when his mental state had not been good and his thoughts had been of ‘*getting the prisoner*’ before the prisoner ‘*got him*’. He said that he attacked the second man in response to provocation.
246. He said that the sub-culture he came from led him to use violence otherwise he would have been a victim.
247. Psychologist 4 reported that these beliefs appeared to be exacerbated by his mental illness which included strong feelings of paranoia and she commented that it had been noted on several occasions that Peter Bryan appeared excited when talking about violence and weapons, although it appeared to have decreased somewhat over recent years.

248. Peter Bryan described to her a significant history of substance abuse. He claimed to be generally more relaxed after taking cannabis.
249. He also told her that he had worked for the family of NS for approximately eight years on a 'cash in hand' basis. He said that he had been in trouble for arriving late for work and they did not like him going near their daughter.
250. He supplemented his income through selling drugs, muggings, signing on whilst working and stealing from his work. He acknowledged that he had '*conned*' and '*manipulated*' people, primarily by telling them what they wanted to hear.
251. Psychologist 4 commented that he appeared to enjoy 'getting one over on people', highlighted earlier that year when he had made his own alcohol and played snooker with a specific member of staff whom he thought would not be '*wise enough*' to notice.
252. She further commented that he did not appear to understand clearly the link between attempting to dupe ward staff and his previous offending. He identified that he was more likely to attempt to deceive somebody if he was bored and that he got a '*kick*' out of the process.
253. When describing the killing of NS, Peter Bryan recalled feeling anxious about money, thinking that he needed to get hold of some so that he could have the electricity reconnected, and he also had not been sleeping well.
254. He described going to the park to get out of the house as he was having '*bad memories*' from his youth regarding his siblings.
255. He recalled an incident when he was in the park, involving two male acquaintances which highlighted his paranoid state and his use of violence as a means of both punishment and of preventing further victimisation.
256. He stated that he was feeling more '*uptight*' and was thinking that he needed to sort out the electricity and that he could only do this by getting his money back from NS's parents. He claimed that he had no thoughts about NS other than thoughts about good times.

257. He remembered thinking that NS's parents would be at the shop so he had better take a 'tool' as he might have to intimidate them into giving his money back.
258. He said that as he approached the shop he walked past a building site and thought '*Here's a chance to get out of this*' and started to smash windows, hoping that this would attract the police and he would get help. He said that at this point he had images of NS's mother and himself fighting and felt frightened in case something went wrong. He recalled waiting for the police before getting fed up and going to the shop.
259. He said that when he entered the shop NS was on the phone. He urged her to put the phone down as he wanted to talk to her. He also recalled that NS's brother was talking. He said that NS slammed the phone down three times and apparently the person on the other end said that she did not put it down properly.
260. He described NS coming round from behind the till and he told her that he needed money as he had no electricity. NS turned on him, telling him that there was no money, nothing there for him and told him to get out. He said that he felt let down and betrayed by NS and her family after eight years of working for them.
261. He said that she started to push him out of the shop. He took out the bolster and told her that if she pushed him one more time he would hit her. She pushed him again and said '*Go on then*'.
262. He said that he then hit her and she did not run or scream. He then hit her again and her eyes closed and he must have hit her again as she fell to the floor.
263. He said that he wanted to stop but he could not. He thought at the time that she had wanted to die as he could not recall her screaming.
264. He said that he had been told that he had attacked NS's brother. He offered two explanations: that as NS's brother was running out of the shop he hit a bus stop post; or that he got hit while trying to stop him hitting NS. He maintained that he could not have deliberately attacked NS's brother as "*he would not hit a kid of (his) age.*"

265. When asked whether he now thought that NS had said 'Make me. Rape me', he stated that, with hindsight, he was not sure. Following further questions he said that asking him to rape her may not have been real as she would not have wanted to be raped.
266. He recalled walking away from the shop thinking about being locked up in prison and that if he died he would be with NS and that both these thoughts were reasons to kill himself. He went to throw himself off the top of a three storey building, however he could not bring himself to commit suicide, so he dropped feet first after hanging over the edge.
267. In this psychological assessment Peter Bryan highlighted the following factors as contributing to his index offence:
1. Financial: *On his return from Barbados, the family home had been burgled and his money had been stolen. The electricity had been cut off and he had no money. He had lent (NS's father) £575 (which he had acquired mainly through selling drugs) but acknowledged that he had no proof of this.*
 2. Drug Use: *He described himself prior to the offence as 'drained from the drugs'. He said that he had been taking 'hash' two or three days prior to the offence, but not on the day of the offence. He stated that he did not think that his drug taking was a major influence on his index offence, although drugs were a factor in the street robberies.*
 3. Mental Health: *He stated that at the time he was having flashbacks of his mother after she had been attacked by his brother and was wondering why his brother had done this. He said that he was also feeling abandoned by NS. He stated that he had previously seen Barbados as his 'home', however when he was there he was treated as an outsider and had been attacked by some of the 'local lads', leaving him feeling shocked and alienated.*
 4. Relationship with the Victim: *He stated that NS had told him that they were 'boyfriend and girlfriend' and that a previous psychologist had said that this was not true. He said that he thought that it was true and that they met when she was on her way to college and when he was at work. He said 'She let me do so much, but stopped before sex'. He said that he had thought that this was a game on her part, whereas now he thinks that she may just not have wanted to.*

268. Peter Bryan also identified to Psychologist 4 the following as an increase in risk:

1. *Thoughts: ruminating on 'wrong doings' done to him or to his family; only thinking of one solution to a problem; thinking people were out to get him; escalating thoughts*
2. *Feelings: down or depressed and paranoid*
3. *Situations: stressful events eg. electricity being cut off; hanging out with bad company; lack of formal employment; being involved in the crime scene*
4. *Behaviours: drugs and carrying weapons*

269. In the long-term he identified job stability and long-term positive relationships as likely to reduce his risk of reoffending.

Unfortunately Peter Bryan did not achieve job stability or a long-term positive relationship in the two years that he was living in the community prior to the killing of Brian Cherry. Immediately prior to the homicide he was under considerable stress.

270. Psychologist 4 commented that it appeared that Peter Bryan attempted to over-control his anger and he stated that he did not express anger as he was not sure when he would stop. He reported that it had been several years since he had been aggressive and therefore was not clear what circumstances would provoke him to be aggressive. He went on to say that insulting his family was a likely trigger. He said that he tried to talk his way out of situations that upset him, whereas in the past he would have used violence if he thought he could win.

271. He stated that he had concerns about being able to not reoffend and about developing intimate relationships. He said that he did not want help from his family as he needed to look after himself at 30 years of age. He described himself generally as a loner and said that he did not want friends as they always let you down.

272. Psychologist 4's conclusions in her report were:

"Mr Bryan appears to have two separate yet linked offence patterns, his index offence and his street robberies. His history has shown an extensive use of instrumental violence to elicit

money. He stated that he did not cause severe injuries and he has no convictions for violence other than the index offence. It is probable that this extensive use of violence contributed to his reactive violence, which was triggered by increasing emotional difficulties, environmental stresses, drug abuse and severe mental health difficulties. While he has made considerable gains in terms of understanding his index offence and appears to have engaged in treatment in this area, he appears to minimise his lifestyle prior to the index offence, nor does he see any links between these two areas. Mr Bryan's offending history and criminal lifestyle, combined with his enjoyment in 'getting one over' on others, indicates a high risk of resuming a criminal lifestyle.

Mr Bryan has shown an improvement in terms of his understanding of his index offence. He appears to be somewhat more realistic about his relationship with NS, and acknowledges discrepancies between his recollection of the offence and information from witnesses. He remains unable to consider that he may have attacked NS's brother, giving alternative hypothesis which absolve him of responsibility. He did not attempt to place responsibility for NS's death on to anyone else, whereas, he has previously blamed (her father). However he appears to hold strong beliefs about women and relationships, which may place him at risk in future relationships. Mr Bryan is able to identify probable triggers to his index offence, although he would benefit from developing a full offence cycle and relapse prevention plan. This indicates a moderate risk of reoffending in a similar way to his index offence, with specific factors indicating an increase in risk, including deterioration of mental health, relapse of mental illness and drug and alcohol abuse, as outlined previously. Mr Bryan's overall risk is such that he could be managed in conditions of medium security. However, it is important that he engages in the drug and alcohol intervention, as this is one of his risk factors and there is likely to be more opportunity to have access to drugs and alcohol in conditions of lesser security.

The positive gains Mr Bryan has made in treatment are a strong basis on which to develop a more detailed awareness of his substance abuse and dealing and his overall offending pattern, especially attitudes to violence and a criminal lifestyle."

273. On 1 November 2000 Peter Bryan requested a Mental Health Review Tribunal (MHRT) hearing.

274. On 3 November he complained about the delay in starting the drug and alcohol groups. It was explained to him that there was only one drug and alcohol specialist for the whole hospital and he had other teaching commitments as well, so his time was very limited.
275. Peter Bryan said that he felt that his progress was being hindered by the delay, preventing him from moving to a MSU.
276. On 11 December 2000 Peter Bryan attended the first meeting of the substance misuse group. He reported some anxiety before attending.
277. RMO3 prepared a detailed report dated 11 December 2000 for the MHRT. In it he described Peter Bryan's progress at Rampton. As far as his mental health was concerned he wrote:

“By August 1994, in view of a stable picture of mental health, the decision was taken to taper off his medications. However within three months of this he was described as opting out of all aspects of his treatment and making requests to receive a lethal injection as punishment for his crimes. He developed marked paranoid stance with incongruity of affect. He became confrontational again and of particular concern became sexually inappropriate by exposing himself naked to a ward domestic worker. In September 1995 antipsychotic medication was recommenced and over the next months there was an improvement in Mr Bryan's mental state again. Currently he is in stable mental health, without any evidence of paranoid thoughts, incongruity of affect or other symptoms such as perceptual disturbance or thought disorder. He is typically affable and amenable. He is described sometimes as the ward clown, given to occasional horseplay but without any evidence of major psychiatric disturbance.

While Mr Bryan remains in stable mental health and is for the most part an amenable and engaging individual, Mr Bryan, through disclosures in different settings, demonstrated that he is fairly comfortable with an antisocial lifestyle. His behaviours prior to the index offence, for example selling drugs, muggings, signing on whilst at work etc are indicative of this. He has also acknowledged that he has ‘conned’ and ‘manipulated’ people. He appears to enjoy ‘getting one over on people’. An example of the latter was in February 2000 he made his own ‘home brew’ and played snooker with a specific staff member who he thought would not ‘wise up’ to the situation. While these attitudes and behaviours have not been a source of major concern in Rampton Hospital, they are likely to contribute to his risk in the future, particularly when he is at liberty.”

278. RMO3 concluded his report:

“It is the opinion of the clinical team looking after Mr Bryan that he no longer requires care under conditions of high security. He has been referred and accepted in principle for a transfer to the John Howard Centre.”

279. The Home Office received this report on 18 December and on 20 December sent a statement by the Home Secretary for the consideration of the Tribunal. The Home Secretary’s observations were:

“The Home Secretary has seen (RMO3)’s report dated 11 December 2000 and notes that there is no recommendation made for discharge.

In the light of this report and all other evidence in the case, the Home Secretary is satisfied that Mr Bryan continues to suffer from mental illness and to require detention in hospital both for his own health and safety and for the protection of others.”

280. On 3 January 2001 Social Worker 3 visited Peter Bryan’s parents in their home in Newham to report on their home circumstances. Her report is dated 19 February 2001.

281. Both parents said that they felt that they would be able to accommodate their son Peter Bryan on a temporary basis should he be discharged by the Tribunal.

282. They said that due to their advancing years and in particular Peter Bryan’s mother’s physical disability, they had been unable to visit Peter Bryan in Rampton as regularly as they would have liked, however they received regular telephone calls and were kept informed about his progress.

283. The social worker’s report described Peter Bryan’s parents as appearing to be very realistic in their assessment of their son’s progress and would obviously like him to be discharged eventually however they stressed that they would like him to be thoroughly prepared for that day and fully supported.

284. On 19 January a letter was sent to Rampton by Solicitor 1 informing the hospital that he had been instructed to represent Peter Bryan in connection with the forthcoming Mental Health

Review Tribunal (MHRT) in place of Peter Bryan's former solicitors. He enclosed an application to have access to Peter Bryan's medical records.

285. On 1 February 2001, Peter Bryan was seen by Solicitor 1.
286. On 21 February 2001 there was a further main treatment planning review meeting. RMO3 and Social Worker 2 were unable to be present on behalf of Rampton Hospital, but Psychologist 4 and Nurse 3 were there, amongst others. The meeting was chaired by Psychiatrist 5, Locum Staff Grade Psychiatrist in the personality disorder unit.
287. The note of the meeting records that invitations to attend had been issued to the John Howard Centre and the social services department of the East Ham Community Mental Health Team, but that no response had been received from either.
288. Psychologist 4 reported that there appeared to be a considerable improvement in Peter Bryan's insight into the homicide if one compared her assessment to that of Psychologist 1 in 1997.
289. She concluded her report:

"He appears to hold strong beliefs about women and relationships, which may place him at risk in future relationships. Mr Bryan is able to identify probable triggers to his index offence, although he would benefit from developing a full offence cycle and relapse prevention plan. This indicates a moderate risk of re-offending in a similar way to his index offence, with specific factors indicating an increased in risk, including deterioration in mental health, relapse of mental illness and drug and alcohol abuse, as outlined previously. Mr Bryan's overall risk is such that he could be managed in conditions of medium security. However it is important that he engages in the drug and alcohol intervention, as this is one of his risk factors and there is likely to be more opportunity to have access to drugs and alcohol in conditions of lesser security.

The positive gains Mr Bryan has made in treatment are a strong basis on which to develop more detailed awareness of his substance abuse and dealing and his overall offending pattern, especially attitudes to violence and a criminal lifestyle."

290. The nursing report prepared by Nurse 3 stated that Peter Bryan had displayed no threatening behaviour or aggression over the past year.
291. The work with the substance misuse group had been postponed after only two sessions due to staffing problems, although it was hoped that it would restart soon.
292. Ongoing rehabilitation, re-socialisation and de-institutionalisation were needed in preparation for Peter Bryan's planned move to conditions of lesser security. Peter Bryan had had one successful shopping trip to Lincoln in April 2000 during which he showed excellent financial control and verbal and non-verbal interaction with both males and females. Dinner had been eaten in a busy restaurant without causing him any anxiety. He did not appear to demonstrate any institutionalised behaviours.
293. Further re-socialisation visits had been postponed because of staffing restraints.
294. Peter Bryan's horseplay was identified as a recurring problem. This and his criminalised attitudes remained a problem, with Peter Bryan constantly attempting to 'get one over' fellow patients, the nursing staff or the institution. Examples of this were: bartering with tobacco he had reclaimed from used cigarettes or his allocation of tea or coffee; attempting to gain a clothing allowance he was not entitled to; consuming home-brew in front of his named nurse believing that he would not notice. Peter Bryan required reminding what was considered appropriate behaviour on occasion.
295. The report concluded:

"Peter remains motivated to engage in therapy and is taking a proactive role in the transfer process. Peter's mental state has been stable for a number of years though will require monitoring due to the nature of his illness. Mr Bryan accepts the need for medication. As previously stated Peter presents as no management problem with no recorded incidents of aggression in the last year, one in the last two years.

Peter remains vulnerable to peer pressure in relation to his horseplay though does listen to advice by nursing staff. Peter continues to manipulate his situation in relation to claiming for things he is not entitled to.

Peter remains on the waiting list for the John Howard Centre and this appears to remain the most appropriate course of action.”

296. The Acorn Further Education Centre reported that Peter Bryan worked steadily and seriously and was making progress in working towards sitting GCSE Maths. His persistent diligence on a rigid homework programme for English meant that he was well on target to sit GCSE English that June.
297. His un-moderated coursework scores ranged from 36-40 out of 50, a good grade B. His oral work was in the top range of grade B.
298. The English tutor’s report concluded:

“Peter has a delightful sense of humour and is well capable of putting across arguments persuasively just to watch other’s reactions. He can easily mask the real Peter. I think sometimes he is afraid to let us see who he really is. However Peter is an excellent student and works very hard and while he has a sense of humour and shows off a bit to the female students he has never been found to be out of order, uncooperative or unreliable. He is a friendly sociable man and it is a pleasure to tutor him.”

299. Social Worker 2’s social work report stated that when he paid his annual visits to Peter Bryan’s family, they showed considerable interest and concern in his progress although contact remained very limited. He expected that when Peter Bryan was transferred to a MSU in London, his family support network would re-establish itself, but he doubted whether they could provide the level of support and understanding that Peter Bryan might need from them should he return to live in the family environment.
300. Since particular concern surrounded Peter Bryan’s view and opinions relating to women and relationships, Social Worker 2 believed that it was important that these reactions were successfully addressed before he was ready to progress to a MSU.
301. Given the nature of the index offence, the lack of any knowledge or information concerning the victim’s family and the clear need for a ‘tight’ through-care role, he recommended that serious consideration should be given to the potential for the involvement of the probation service as well as ongoing mental health supervision.

302. The conclusion of the team meeting was that the clinical team would continue to support the argument that Peter Bryan no longer needed to be detained in a high secure environment such as Rampton and therefore they would continue to pursue his placement at the John Howard Centre.
303. His MHRT was fixed for 28 March 2001 and the team wished him well for it.
304. On 23 February Peter Bryan was visited by his solicitor Solicitor 1, but he gave no feedback or information to the nursing staff.
305. On 27 February the Home Office submitted a supplementary statement for consideration by the MHRT. It stated:
- “The Home Secretary has noted Social Worker 3’s social work report dated 19 February 2001. In particular he notes that no recommendation is made for Mr Bryan’s discharge from hospital*
- The Home Secretary would therefore refer the Tribunal to his original statement dated 20 December 2000, and does not wish to make any further comment at this time.”*
306. On 28 February Psychiatrist 5 wrote on behalf of RMO3 to RMO4, Consultant Forensic Psychiatrist at the John Howard Centre, informing him of the forthcoming MHRT on 28 March and asking him if he would be able to give an indication before that date of when a bed was likely to become available.
307. On 2 March RMO3 sent the Home Office a required annual report.
308. The report was basically a summary of the report dated 20 December 2000 for the MHRT.
309. On 17 March Peter Bryan was interviewed by Psychiatrist 6, Consultant Psychiatrist, at the request of Peter Bryan’s Solicitor 1, in order to prepare an independent psychiatric report for the MHRT.
310. When asked various questions by Psychiatrist 6 about the homicide Peter Bryan stated the following:

"I am remorseful. I have mashed up, destroyed NS's life, her family's life and the thing that gets me most is that they say I attacked (NS's brother) and I don't have any recollection of it. I remember him running into a post. But I must have been seriously ill. I went to persuade (NS's father) to get my money back. But I got rejected by NS - she said she didn't like me, there is no money here for me and get out of the shop. It was her rejection and her pushing me. Of course it is not (justifiable) I was ill at that time. Most definitely the (illicit) drugs were part of it."

311. Peter Bryan provided the following answers to Psychiatrist 6's further questions:

- Have you ever suffered from a mental illness - *most definitely.*
- What is your illness - *I was diagnosed as suffering from drug-induced psychosis, but I thought I was over-paranoid. Paranoid Schizophrenia - a form of schizophrenia. It is now in remission.*
- When were you last unwell - *1993-1994. I was unstable, but since then I have picked up.*
- What did you suffer from when mentally unwell - *Getting paranoid. I believed my neighbours were following me around. Because I had drugs on my premises, I believed the Police were going to bust me anytime. Before the offence, I was paranoid as to where my life was leading.*
- Do you think this hospital admission was required - *Most definitely*
- Why - *Well, I was unstable and I was a danger to society and I needed stabilising*
- What has made you well - *stability, medication, Going through my conscience, made me understand more, made me stable. My Groups - Anger Management, Thinking Skills, Mens Talking - made me understand myself better and where I was going wrong. I have attended two sessions of Drug & Alcohol Group - it has been cancelled for past six weeks. Could you suggest that I could finish (the Group) at Hackney RSU?*
- Do you think you need to be in Rampton now? - *I don't believe that I do.*
- Will you continue to take the medication - *Most definitely. I don't want to slip back into illness. Most probably they will put me on a depot at the RSU - I have no problems with that*
- What about illicit drugs - *I haven't taken any for seven and a half years*
- What do you eventually intend to do - *Painting and decorating...GCSE level Mathematics (he went on to explain that he was already doing GCSE level in English - currently studying Shakespeare's 'The Merchant of Venice').*

312. Psychiatrist 6 stated in his report that he had had a discussion with RMO4 at the John Howard Centre who had said that, even after Home Office authorisation for Peter Bryan's transfer to the unit had been granted, it could be anything between six to nine months before any proposed transfer could be effected in terms of a bed becoming available.
313. As a result of his interview with Peter Bryan and his perusal of the medical records, Psychiatrist 6 recommended to the MHRT that Peter Bryan should be granted a deferred conditional discharge - the deferment to allow for all the facets of the multidisciplinary aftercare package for him to be firmly established, which would also allow for his transfer from Rampton to the John Howard Centre, prior to his eventual discharge from hospital.
314. Psychiatrist 6 also recommended that the following conditions should be part of the discharge order:
- *“That Mr Bryan resides at a specified address, which should be a 24 hour staffed/supervised accommodation having the approval of his RMO and Social Supervisor*
 - *That he complies with whatever ‘treatment’ which may be advised by his RMO or deputy*
 - *That he abides by the requirements of his Social Supervisor*
 - *That he allows access to his accommodation to any member of the multidisciplinary team responsible for his aftercare in the community.”*
315. He also recommended consideration being given to imposing the condition of an ‘exclusion zone’ in relation to NS’s family and the location of the homicide.
316. Solicitor 1 prepared a detailed skeleton argument (written submissions prepared - and usually handed in - in advance of a hearing to set out what arguments you will be putting forward) dated 22 March 2001 for the MHRT. He did not seek an absolute discharge on behalf of Peter Bryan.
317. The skeleton argument began:
- “Peter Andrew Bryan (“PB) has been detained under the provisions of Section 37/41 of the Mental Health Act 1983 (“the Act”) at Rampton Secure Hospital since the 4th March 1994 (and before this date under Section 35 of the Act).*

He now seeks his discharge on the basis that he no longer meets the criteria for detention as set out in S 72(1)(b)(i) of the Act as applied by S 73(1)(a).

It is his case that he continues to suffer from a mental illness which as a consequence of medication is (and has been for in excess of five years) in full remission and in consequence is no longer of a nature or degree making him liable for detention.

Because there remains a possibility that he could in the future relapse it is not part of his case that he should not remain liable to recall to hospital and in consequence the discharge should be conditional and not absolute.”

318. Solicitor 1 set out in his skeleton argument the conditions he sought as being appropriate to impose on any discharge order, namely:

“1. The patient reside in an aftercare hostel staffed 24 hours a day and experienced in the care of conditionally discharged restricted patients.

2. The patient should be under the supervision of a Social Supervisor and shall co-operate with this supervision including attending at such activities that are part of the patient’s care plan

3. The patient shall comply with the treatment prescribed by his Community Responsible Medical Officer.

In addition the Tribunal requires further information from the community care team as to whether it is appropriate to impose any exclusion area to minimise the patient coming into contact with the victim’s family.”

319. Solicitor 1 also submitted in his argument that, as no after care plan had as yet been formulated in accordance with the obligations imposed by s117 MHA⁷, the Tribunal would be

⁷ Section 117 MHA: “(1) This section applies to persons who are detained under section 3 above, or admitted to a hospital in pursuance of a hospital order made under section 37 above... and then cease to be detained and (whether or not immediately after so ceasing) leave hospital.

(2) It shall be the duty of the Health Authority and other local social services authority to provide, in cooperation with relevant voluntary agencies, after-care services to any person to whom this section applies until such time as the Health Authority and the local social services authority are satisfied that the person concerned is no longer in need of such services...”

obliged either to exercise its power under s73(7) MHA⁸ to defer the direction for a conditional discharge or to adjourn the MHRT in accordance with its powers under Rule 16(1) Mental Health Tribunal Rules 1983 (as amended)⁹ and to give directions in accordance with the guidance given by Lord Justice Kennedy in **R v MHRT & Another. Ex parte Russell Hall: TLR 5.10.99.**

320. Solicitor 1 submitted that the Tribunal should decide the matter as follows:

*“Had the appropriate aftercare planning been undertaken (in accordance with the NHS Guidance on the discharge of Mentally Disordered Patients), the Tribunal would grant a conditional discharge with the above conditions and in the event that it was satisfied that the conditions could not be met on the day of the hearing but had been identified and could be satisfied within a reasonable time, would have granted a conditional discharge deferred under the provisions of S 73(7) of the Mental Health Act. In the absence of any aftercare planning it has decided to follow the guidance provided by the Court of Appeal in the case of **Russell Hall** and adjourn the application to [a date in approximately 3 months time] and give the following directions:-*

1. The RMO convene a CPA meeting to identify the appropriate CRMO, Social Supervisor and suitable accommodation.

2. That copies of the minutes of the meeting together with a report from the proposed social supervisor detailing the proposed accommodation and confirmation that funding has been approved be lodged with the MHRT not later than 21 days before the date of the resumed hearing.

3. That the RMO consider applying to the Secretary of State to treat the patient as though subject to a deferred conditional discharge for the purpose of granting Section 17 leave to visit proposed hostels without the necessity of obtaining specific authority for such visits.

Nothing within this decision should be construed in such a way as to inhibit the Patient from moving to lesser security in order to make discharge planning easier.”

⁸ Section 73 (7) MHA: “a tribunal may defer the directions of a conditional discharge of a patient until such arrangements as appear to the tribunal to be necessary for that purpose had been made to their satisfaction...”

⁹ Rule 16(1) MHTR: “The tribunal may at any time adjourn the hearing for the purpose of obtaining further information or for such other purposes as it may think appropriate”

321. On 27 March a supplemental statement was submitted by the Mental Health Unit of the Home Office for consideration by the MHRT. It read:

“The Home Secretary has seen (Psychiatrist 6)’s independent psychiatric report dated 21 March, and notes that he recommends Mr Bryan’s conditional discharge from hospital. The Home Secretary notes the progress made by Mr Bryan and would like to see this continue. It is, though, apparent that progress needs to be in a hospital setting. Issues such as relating to women, attitudes to substance abuse and a greater understanding of the offence and its precipitators require further exploration before discharge into the community could be considered. The Home Secretary is prepared to consider any detailed proposal for a move to another hospital. So far none has been made. In the meantime the Home Secretary remains satisfied that Mr Bryan is appropriately detained in Rampton Hospital.”

322. The Tribunal sat at Rampton Hospital on 28 March.

323. Having heard all the evidence, the Tribunal concluded that:

- Peter Bryan continued to suffer from a mental illness
- the illness had been fully controlled by medication over the past 5 years
- as a consequence of the medication the illness was no longer of a nature or degree warranting liability to detention
- therefore Peter Bryan was entitled to be conditionally discharged from detention (and therefore liable to recall)
- appropriate conditions would include co-operation with medical and social supervision and submitting to random drug testing. There may also be a need to exclude him from certain areas
- there would need to be a condition that he resides at a suitable hostel which will need to include 24 hours per day staffing by staff experienced in the care of restricted patients.

324. As no such arrangements were yet in hand and to avoid the potential delay which can take place on a deferment of conditional discharge, the Tribunal decided that it was appropriate, in the light of recent case law, to take a proactive role and to adjourn the granting of the discharge until appropriate steps had been taken and arrangements made. This was to take place by the adjourned hearing.

The Tribunal had therefore only adjourned the granting of the conditional discharge, they had not granted it. However it appears that they were minded to discharge Peter Bryan from detention straight into supervised residential accommodation in the community.

325. The Tribunal also gave directions, following almost exactly the wording for directions suggested by Solicitor 1 in his skeleton argument.

326. It was further directed that the adjourned hearing was to take place on 29 August 2001.

327. On 17 April 2001 RMO3 wrote a letter to the Home Office headed for their urgent consideration as RMO4 had verbally offered a bed at the John Howard Centre in Hackney for Peter Bryan within approximately 4 to 6 weeks.

328. He asked them formally to consider Peter Bryan's transfer on trial leave from Rampton Hospital to the John Howard Centre.

329. The letter contained the following:

“Please note that in Mr Bryan’s case there appears to be two separate patterns of risk. The first relates to his mental illness, delusions and his behaviours thereof. This area of risk appears to be well contained in that he is stable in his mental health on medication and there has been no recurrence of behaviours suggesting acting out of delusional thinking. The second and perhaps the more pertinent in terms of risk to re-offend in the future is his history, unrelated to his illness, of his lifestyle that included the use of instrumental violence to obtain money, street muggings, functioning at the fringes of gangs, use of and selling drugs, an acknowledgement of conning and manipulating people and a relative comfort with a criminalized lifestyle. It would be this area that would concern me more in terms of future risk and to manage this I would suggest supervision through Probation Services, including random drug screening and monitoring his associates and activities (when he is eventually

released into the community). I would recommend this in addition to standard mental health follow-up.”

330. RMO3's letter was copied to RMO4 who responded:

“Thank you for copying me into your letter to the Home Office dated the 17th of April 2001. There is a significant degree of movement of patients in our service at the present time. I cannot specify a date for an empty bed but would say that Mr Bryan stands a good chance of being admitted into our service at some point over the next four to six weeks. It is imperative that you are able to secure permission for trial leave from the Home Office as soon as possible. Once this permission is in hand, we can exercise flexibility about patient movements. Mr Bryan is in any case on our priority waiting list for admission.”

331. RMO4's letter was forwarded to the Home Office by RMO3.

332. At the beginning of June 2001 Social Worker 4, an Approved Social Worker (ASW) from the Community Mental Health Team (CMHT) East based in East Ham, contacted several hostels to see if they would be available as a suitable placement for Peter Bryan. In the course of those enquiries he requested that Peter Bryan be placed on the waiting list for Riverside House, a 24 hour supervised hostel in the Seven Sisters Road, London N4.

333. On 13 June 2001 there was an interim treatment planning review. At that time there had been no response from the Home Office to RMO3's request for trial leave to the John Howard Centre and, as the adjourned MHRT was due to be heard in August, RMO3 anticipated that if the Home Office refused the trial leave, the Tribunal might conditionally discharge Peter Bryan into the community and therefore there was a need to start looking for appropriate placements and to plan for such a discharge.

334. RMO3 stressed the need for all professionals to be aware that Peter Bryan would need both mental illness and criminogenic follow up in the community. This would require full multi-agency working.

335. Social Worker 2, the social worker with the Rampton team, noted that at the time of the index offence Peter Bryan had been living with his parents and that, even though he would not answer his bedroom door without arming himself with a hammer, they had not sought

professional help. He noted his concern and said that this needed to be flagged up in the future.

336. One of Peter Bryan's brothers worked as a painter and decorator and apparently had offered him employment.
337. Reports from the nursing team and the Acorn Further Education Department were both positive.
338. Solicitor 2, a solicitor standing in for Solicitor 1, said that they were still seeking a conditional discharge and that if Peter Bryan were to be granted Home Office permission for a trial period at the John Howard Centre, this would only be an intermediate measure until appropriate placements were in place.
339. Social Worker 4 explained that he had been trying to find a suitable placement and was under the impression that the trial leave at the John Howard Centre may not even happen.
340. Social Worker 4 reported that he had discussed Peter Bryan's case with the Forensic CPN from the CMHT West, based in Stratford, in respect of locating an appropriate future placement for Peter Bryan if he were to be conditionally discharged.
341. He said that the facilities were independent providers but that his team would provide funding.
342. He confirmed that appropriate supervision would be arranged for Peter Bryan in the community - a social worker, CPN, CMHT and an allocated responsible medical officer (RMO) who would see him at out-patient clinics.
343. Social Worker 4 noted that he had been allocated Peter Bryan's case but would have to hand it over to a colleague in the near future. However he said that he would refer Peter Bryan to all three community facilities and liaise with the Forensic CPN. He noted that the appropriate medical contact in respect of Peter Bryan would be RMO5, Consultant Psychiatrist at East Ham Memorial Hospital.
344. RMO3 noted that in terms of future risk and follow-up he would like to highlight that Peter Bryan had recently become quite upset about people of Asian race. He had made off the cuff

remarks and had become quite agitated; he was awake through the night, pacing up and down. RMO3 noted his concern that this related to the index offence.

345. Social Worker 4 agreed that this needed to be noted, as there was a large Asian population in the East Ham area.
346. It was agreed that a Section 117 meeting would be scheduled when appropriate.
347. On 15 June 2001 a pre-admission assessment was carried out by two nurses from the John Howard Centre, the Acting Ward Manager, and Nurse 4, a staff nurse, to assess Peter Bryan's suitability to be transferred to the Colin Franklin Ward which had the remit of a pre-discharge facility.
348. Peter Bryan apparently initially thought that he was being interviewed for admission to the Park Lodge Hostel, and expressed surprise when informed that the interviewers were from the John Howard Centre (JHC).
349. He then asked in an apparently light-hearted manner why they did not have tea and biscuits ready for him stating '*She (Nurse 4) looks like she would make a good cup of tea*' and addressing this remark solely to Acting Ward Manager, the male nurse.
350. He then went on to offer information about his index offence which did not differ much from previous accounts given by him. He stated that he was aware that he had been ill at the time of the offence and that he was aware in the moments following that there would be considerable consequences for his actions. It was noted that he showed insight into stressors he had been experiencing and how this had affected his mental health, and he was keen to reiterate to the nurses that there were many features affecting his actions that resulted in the homicide.
351. When asked about his relationship with staff, Peter Bryan said that he felt that they did not like him very much, but he was reluctant to expand more fully on the subject. He said that he had no friends, only acquaintances on the unit, making reference to the other patients' diagnoses of personality disorder. He made repeated references to the colour or ethnic background of the people he was referring to.

352. In relation to drug use, Peter Bryan stated that he had remained abstinent throughout his stay at Rampton and discussed his past drug use and his concern that, should he be offered illicit substances while at the John Howard Centre, he did not know if he would be tempted or not.
353. The structure and purpose of the John Howard Centre was then explained to him and he was asked what he would hope to gain from the unit. He appeared to become anxious at this point and he said that he felt that he would need *'the most secure ward in the unit'*. When questioned further about this statement, Peter Bryan leaned slowly towards Nurse 4 and said *'I don't know where you come from but where I'm from makes me rough and dangerous.'* It was noted that, strikingly, this was one of only two occasions throughout the interview that Peter Bryan directed any comment towards the female nurse.
354. When it was put to him that he appeared unsure of his reactions should he be placed in a situation that was unfamiliar to him, Peter Bryan referred to the degree of violence involved in his index offence, saying that he was unsure about the possibility of exhibiting similar behaviour in the future, concluding *'Although I am not a promoter of violence, I'm a promoter of love and peace.'*
355. He then informed the interviewers that it was time for tea and biscuits on the ward and that he did not want to miss it. He then ended the interview.
356. The following was the opinion of the nursing assessors in their report:

"Mr Bryan has shown himself to be very motivated in attendance to all aspects of his current rehabilitation programme and appears to have exhausted the opportunities available to him within such a secure environment.

It is well documented that Mr Bryan's mental health is susceptible to stress. Mr Bryan himself has directly and indirectly expressed high levels of anxiety re transfer to a less secure unit. Admission onto a ward within the main unit of the JHC would provide a greater degree of security and sense of safety for Peter and facilitate a smooth, less stressful transition into the medium secure setting.

There have been frequent episodes of manipulative behaviours towards others and periods of aroused behaviour. These have been contained within a well structured maximum security

Personality Disorders Unit at Rampton Hospital. A question mark exists on how Mr Bryan will respond in a less structured environment. A period of adjustment within the security of the main JHC would be beneficial for Mr Bryan prior to transfer to a less secure and highly independent environment such as Colin Franklin Ward.

The reoccurring issue of Mr Bryan's issues relating to gender and race are also areas that require thorough assessment. Fixed delusional ideas persist in relation to his relationship with his victim eg the belief that she wanted to die as she knew it was the only way they could be together (as she was Asian and he was Black). He also appears to harbour stereotypical views of women and has repeated incidents of inappropriate, over-familiar interactions with female staff. This coupled with his past lack of and unsuccessful relationships with women is an area that will require active interventions and long term assessment.

To date Mr Bryan has only completed three community leaves. Admission to Colin Franklin Ward may lead to frustration due to lack of opportunity for leave unescorted. He has also been used to evening socialisation with his peers at Rampton and as an initial transfer may feel isolated on the ward. Admission directly on to the main JHC unit will enable him to build on his leaves eg. commencing with unescorted courtyard parole and to socialise and familiarise himself with others in the unit.

In relation to substance misuse his attitude remains unclear although he does not promote use or trivialise its harmfulness. He does report awareness of its negative effects on his mental health prior to his index offence and in view of the nature of this offence extensive work would need to continue in this area."

Unfortunately the nurses' views did not prevail and when Peter Bryan was transferred from Rampton Hospital he was admitted to the Colin Franklin Ward at the John Howard Centre rather than to the main unit.

357. By letter dated 15 June 2001 the Home Office responded to RMO3's letter of 17 April by stating that in accordance with S41(3)(c)(i) MHA, the Home Secretary consented to Peter Bryan being granted a period of 6 months trial leave in the care of RMO4 at the John Howard Centre.
358. The same day the Home Office wrote to RMO4:

“The Home Secretary has agreed that the above-named patient at Rampton Hospital should have a period of six months trial leave at your hospital. I enclose a formal letter that has been sent to (RMO3) at Rampton Hospital. As you will see, the trial leave arrangement means that (RMO3) remains the patient’s responsible medical officer but that we suggest that he transfers some of his functions to you.

The Home Secretary wishes the patient’s progress to be monitored very closely during the trial period and would be grateful to receive a progress report from you (through (RMO3) if you prefer) after three months and a full report after five months. If both you and (RMO3) are able to report that Mr Bryan has made satisfactory progress, we will consider whether the trial leave should be converted to full transfer.

The trial leave arrangement means that, if necessary, the patient can be returned to Rampton Hospital without delay or formality and, if there is cause for serious concern, we would expect you to get in touch immediately with us and with (RMO3).

It is important to stress that the consent of the Home Secretary is required before the patient may be allowed leave of any kind from the hospital.”

359. On 27 June Social Worker 4 had a telephone conversation with the Manager of the residential hostel, Riverside House, in which the Manager expressed her concern about meeting the psychiatric aspects of Peter Bryan’s case. Social Worker 4 then spoke to RMO5 (who was to be Peter Bryan’s community RMO) who advised him that the psychiatric care would come from the local team.
360. On 6 July 2001 Social Worker 4 and the Forensic CPN interviewed Peter Bryan and the ward staff at Rampton Hospital in order to assess his needs and what community follow-up package and placement he should be offered should the Tribunal grant the conditional discharge he was seeking at the adjourned MHRT on 29 August 2001. Their report of this visit is dated 24 July 2001.
361. While they were at Rampton that day, staff from the Colin Franklin Ward at the John Howard Centre telephoned to say that RMO4 had received confirmation from the Home Office permitting Peter Bryan to be transferred to the John Howard Centre for a 6 month trial period. Arrangements for his transfer the following week were made.

362. Social Worker 4 and the Forensic CPN also spoke on the telephone to Solicitor 1, and he said that he was happy with the proposed transfer as an interim measure, but he warned them that he would still be seeking a conditional discharge at the adjourned MHRT hearing on 29 August and that a 24 hour supervised hostel placement would still need to be found.
363. Social Worker 4 and the Forensic CPN discussed Peter Bryan's progress with one of the female staff nurses on Hawthorns Villa. She said that she had known him for over two years and that he had been on the ward since April 1996.
364. She said that since she had known him he had not been involved in any aggressive incidents (verbal or physical) and described him as a friendly and outgoing person. She said that there had been times when other patients had tried to provoke him but he had never responded.
365. She said that he was fully compliant with his medication and did not need reminding to collect his tablets. However there were no self-medication programmes on the ward therefore his compliance had not been fully tested.
366. His leaves were also going well and in recent weeks he had been given unescorted ground leave for short periods during the day. Since April 1999 he had had a few shopping trips with two members of staff as escorts and these had gone well.
367. She reported that there had been no incidents of him taking illicit drugs on the ward, and that when staff had been suspicious that he might have done, drug screening always tested negative. He attended the drug and alcohol group and had stated to staff that he intended to abstain totally from drugs in the future.
368. The ward staff felt that overall he was ready to take the next step to a medium secure rehabilitation unit but that it would be too much for him to cope with a move straight into a hostel in the community.
369. Social Worker 4 and the Forensic CPN then interviewed Peter Bryan.
370. They informed him of the plans to transfer him to the John Howard Centre which he seemed very pleased about. He said that he had no worries or anxieties about moving out of Rampton,

and said that, if he were to be conditionally discharged at the adjourned MHRT, he felt that he would be able to cope with living in the hostel which was found for him.

371. He said that his solicitor had explained to him that the two available options were either two small steps - the John Howard Centre and then a hostel - or one large one straight from Rampton to a hostel.
372. He gave them an account of the index offence similar to ones he had previously given and when asked what he felt about it now, he said that it still upset him when he talked about it and therefore he tried not to think about it. He said that he felt guilty and bad about what he had done and that every few months he woke up in a cold sweat after dreaming about the incident.
373. When asked whether he felt that he had been mentally ill at the time of the homicide, he said that he had been, and said that he had been taking cannabis and drugs for a while and was becoming increasingly paranoid and felt very edgy and irritable.
374. He believed that he had also been very paranoid when in prison after the event and that as he believed that people in the cells were going to attack him, he attacked them first. He added that whilst he was in Rampton he had written to the Prime Minister, John Major, asking for the death penalty to be imposed on him.
375. As far as medication was concerned he said that he believed that he needed to take medication, and that if people did not believe him, he would be happy to take depot medication. He said that he had discussed medication with other patients at Rampton and he agreed with them that he would need to take medication even when well, as if he stopped it might take up to a few months for the symptoms to come back.
376. He stated that he had given up drugs and would not take them again. He stressed that he was attending a drugs and alcohol programme at Rampton and was keen to follow a similar type of session if he were to leave Rampton.
377. When asked about his feelings towards Asian women, he said that he had no problem with them but accepted that it was probably not a good idea to have a relationship with them again.

378. When asked about a recent incident when he had become increasingly restless and unable to sleep at night after some of those issues had been discussed with him, he responded in a slightly suspicious manner by saying that RMO3 had said recently that he was showing traits of a psychopath and needed more medication. He felt that RMO3 was trying to ‘mess his discharge up’ and that was what was upsetting him.
379. Social Worker 4 and the Forensic CPN’s Report contained the following under the section headed ‘Opinion/Recommendations’:

“Although he has been stable in his mental state and compliant with his medication for the past few years, he has never been tested out in a lesser secure environment as part of his rehabilitation, so how he would react is still unknown. It is clear from his history that prior to the Index Offence he was under considerable stress which appeared to precipitate the onset of his psychotic illness.

We feel it is important that Mr Bryan is transferred as soon as possible to the Colin Franklin Unit (John Howard Centre) under Section 17 leave. This is so that he can participate in an active rehabilitation programme and be closely assessed by the Team and how he copes with stress and if there are any risk factors evident.

When he is assessed and accepted for an appropriate (hostel) placement we would recommend for gradual periods of Section 17 leave to the placement so that he can be assessed on how he is coping in his new environment.

Mr Bryan appears to have gained a lot of insight into his mental illness and how it contributed to his Index Offence. He also appears to have a good compliance with his medication and understands the need to take it. Factors that would increase his risk of re-offending in a similar way to his Index Offence are a relapse of his mental illness and drug and alcohol abuse. To try and minimise these risk factors we recommend that he continues to have psycho education, which should also include his family. Following on from this it may be prudent to do some work around early warning signs and to draw up a relapse contingency plan with him and the hostel staff.

As highlighted in Psychologist 4’s (Clinical Psychologist) risk assessment dated 29th September 2000, it was felt that when he leaves hospital he would be a high risk of returning to the

criminal lifestyle which he had prior to his Index Offence....To minimise the risk of this happening it is important that he is closely supervised and monitored in the community. This would include close monitoring by hostel staff for any evidence of this type of criminal activity and regular visits from his Social Supervisor and Forensic CPN at his placement..."

380. At some stage before leaving Rampton Peter Bryan completed an application form to Park Lodge, a supervised hostel. In it he made the following 'Personal Statement':

We have transcribed all of Peter Bryan's notes/letters as he wrote them, with the original spelling and format. After his discharge into the community it was discovered that he was dyslexic.

"I Mr Bryan have been a bad-man in the past but I have learned from my mistakes. What helped me was THINKING SKILLS, MENS TALKING, ANGER MANAGEMENT, and DRUGS AND ALCOHOL. I have been attending Education, Art, Craftes ie upholstery and I have a health will for sports. Sports include football, basketball, cricket, weights. I also like draughtes, chess, table tennis, cards, dominoes and pool and snooker. I also enjoy board games. I sometimes read books but I have to be in the mood."

381. On 10 July a 'Trial Leave Handover Report' was prepared by Psychiatrist 7, Associate Specialist in the personality disorder service. The report contained details of Peter Bryan's current medication (Trifluoperazine 5mg bd), his weekly off ward activities (Acorn Further Education Centre three times a week, day centre twice a week and the drug and alcohol group once a week) and his current leave (ground parole at Rampton plus specific Home Office leave for 6 escorted day leaves although only one had been taken on 6 April 2000).
382. The background information was said to be contained in an enclosed report which was from the interim treatment planning review held on 13 June 2001.
383. Under the heading of 'Recent Events and Mental State' Psychiatrist 7 wrote:

"Mr Bryan's mental state remains stable. He is amenable and engaging. No instances of aggression or violence have been reported recently. The last reported incident occurred in February 2000 when he was caught making 'homebrew'.

Mr Bryan has a programme of off-ward education, vocational and leisure activities that he uses regularly. He keeps in contact with his parents by letter and telephone calls.

The Home Office approved a package of resocialisation/rehabilitation visits and he had four previous shopping trips in which he was noted to be confident in social interaction and use of money”.

384. Peter Bryan was transferred to the John Howard Centre in Hackney on 12 July 2001 under the care of RMO4, Consultant Forensic Psychiatrist.

The John Howard Centre

1. On 12 July 2001 Peter Bryan was escorted to London by three staff from Rampton and was admitted to Colin Franklin Ward at the John Howard Centre (JHC).

Colin Franklin Ward was the Pre-Discharge Unit and was geographically separated from the main unit of the John Howard Centre and was in fact a locked ward within Homerton Hospital which is a general hospital.

2. Nurse 5, a staff nurse, was appointed as his primary nurse.
3. On 13 July Peter Bryan was visited by Forensic Social Worker 1 from Hackney Social Services. She described him in her notes as perplexed as to what was going on. He was asking to have some fresh air and was anxious to start OT (occupational therapy) and the education programme. She also noted in the nursing notes that he urgently needed escorted leave so that he could use the gym at the John Howard Centre.
4. The nursing notes for the afternoon of 13 July describe Peter Bryan leading the patient community meeting well. He had plenty of ideas and was not afraid to bring them up.
5. He had a one-to-one session with one of the nursing staff and stated that he liked the ward a lot and could not believe that such a place existed. He was encouraged to think how he could get involved more in his care.
6. On 15 July Nurse 5 completed a lengthy pro-forma risk assessment. The following extracts are taken from that risk assessment:

“Peter has a history of illicit drug taking. He started using cannabis at 13 years of age. By the time he was 20, he was consuming about £40 a week on cannabis, and experimented with other drugs such as crack cocaine. Peter said that he has never had a problem with alcohol.

Mr Bryan has a history of carrying weapons since he was very young (12) and belonging to gangs which would commit street robberies. He was reported to attack a female teacher when he was 14 years old, which he denied. Mr Bryan has admitted that the sub-culture he came from led him to use violence, and if he had not, he would have been a victim. In a psychology report from Rampton Hospital, it was noted on several occasions that Mr Bryan appeared excited when talking about violence and weapons, although this appears to have decreased

somewhat over recent years. Mr Bryan reported that, whilst he was on remand, he attacked two fellow prisoners. He stated that his mental state had not been good at the time. The most violent behaviour was the actual killing of a female in 1993, in the context of a mental illness.

Mr Bryan is currently managed on a low dose of neuroleptic medication, namely 5mg Trifluoperazine b.d. There is not a problem with compliance. However, it is yet to be seen what would be the effect on Mr Bryan's mental state if he is managed without any neuroleptic medication.

There had been a trial period without medication when Peter Bryan was in Rampton and his mental state deteriorated significantly when he was not on neuroleptic medication.

From previous reports, it appears that there might be a linkage between the violence he has exhibited in the past and drug taking. However Mr Bryan says that smoking cannabis makes him feel as he put it 'nice and relax'.

The plan (to prevent risk escalating in the future) consists mainly of continuing monitoring his mental state, and observing his behaviour towards others. This is provided by routine observations, and engaging him in 1:1 sessions to explore issues related to past and present behaviours where violence and anger took place.

Mr Bryan looks forward to going back into the community. He talks about finding a job, possibly painting and decorating. Also wants to have a relationship with a female, and lead a settled life.

Mr Bryan said that he is looking forward to his freedom in the community, and take the opportunity while in the outside world to catch up with his life and live reasonably contented without having to return to hospital ever again.

Mr Bryan has expressed that he has been abused and attacked verbally because of his colour, and in turn he has attacked people before he becomes a victim.

There is not an existing (management of risk) plan, as there is not a perceived risk at present. Will continue to be routinely reviewed as part of his overall care plan while in hospital."

7. Forensic Social Worker 1 visited again on 18 July and noted that RMO4 agreed that Peter Bryan needed fresh air as well as an escort to the John Howard Centre for activities.
8. That afternoon he was visited by his parents and it was noted that the visit went well.
9. Also on 18 July a pro-forma nursing assessment was completed which contained the following mental state assessment:

“Peter has adjusted well to his new environment. He is well orientated to time, place and person. He dresses appropriately and his speech is coherent. His conversation is appropriate and interaction good. He initiates conversations although at times is very sarcastic in his remarks.

His insight into his illness is good. He tries to monopolize the other clients on the ward and it is observed that he encourages other clients to split staff as he sits quietly and then laughs at the whole situation.

His mood always appears to be bright and his perceptions are good as he expresses his views as he sees same. Is very active in community meetings and tries to control the group.

Peter says that he has this dream and he gets this massive erection and that he is ‘shagging’ Indian woman.”

10. The report also described Peter Bryan’s appearance as *‘Well dressed and poised and very stylish’*.
11. On 19 July the Clerk to the MHRT wrote to confirm that the adjourned hearing which was due to be heard on 29 August at Rampton, would now take place on 24 October 2001 at the John Howard Centre.
12. That afternoon Peter Bryan was escorted to the hospital grounds which he said he enjoyed thoroughly. He was also informed that he had been granted escorted leave to the John Howard Centre on Saturdays to attend pool tournaments and Sunday for bingo sessions. He was very pleased about this and expressed his pleasure at the current developments in his treatment.

13. On 20 July Peter Bryan had a one-to-one session in which he discussed (amongst other things) his sleep pattern. He said that he normally went to bed between midnight and 1am but did not fall asleep. He puts on the radio or TV until he loses interest and has the habit of leaving his light on. There was not a set time for him to fall asleep and when he did, it could be just for a few hours, ranging from 2 to 5 hours. He said that he had established this sleep pattern from the age of 15.
14. On 23 July there was a clinical team meeting at which it was decided to seek to delay the adjourned MHRT due on 29 August as Peter Bryan was not yet known to the team. He was introduced to the members of the team and RMO4 discussed his medication with him which he said that he was happy to continue to take.
15. The nursing report prepared by Nurse 5 for the meeting stated:

“He settled very quickly into the ward routine, and there have not been any major problems in his presentation since his admission. His mental state appears stable. His perception of the ward has been positive as he regards the transition from Rampton to a Medium secure Unit as a big step forward. He has come across as an inquisitive type of person always asking questions about different policies and procedures of his new environment.

He has been able to establish superficial relationships with other fellow patients and has engaged in activities with them, like for example, playing pool and utilising the communal areas of the ward. He is quite keen to participate in the patients’ community meeting and volunteered to chair it.

Primary Nurse discussed with Mr Bryan his feelings about the Index Offence. Mr Bryan was quite willing to be engaged in such a type of discussion. His primordial opinion is that the Index Offence took place because he was mentally ill at the time. He admitted that he was feeling paranoid prior to the Index Offence as he was preoccupied with the police looking for him, and the neighbours looking at him. He did not see as relevant the possibility that having taken drugs two days before the Index Offence may have been a contributory factor in the murder.

A strong sense of remorse or guiltiness was not detected while he was talking about his Index Offence. This is an aspect that needs addressing during his stay in this unit.”

16. On July 25 Social Worker 4 met with Peter Bryan and Forensic Social Worker 1. Peter Bryan said that he was settling in well. He was not attending any groups as yet but had a job in the ward kitchen.
17. He said that he was keen to move on. It was noted that a good rapport had been established with him and that he seemed willing to cooperate with whatever care plan they devised.
18. They discussed with him the kind of residential placement they were looking to get him into and advised him that Riverside House or Cascade House were the most appropriate.
19. After the meeting, Social Worker 4 raised his concern with Forensic Social Worker 1 over his impression that Peter Bryan's attitude towards his index offence was very matter of fact. This was also the impression of his key nurse, Nurse 5 who was planning to do CBT (cognitive behavioural therapy) with him to address this issue.
20. Both social workers were also concerned that Peter Bryan had expressed an interest in smoking marijuana which had clearly played a major part in him becoming ill. Social Worker 4 suggested the possibility of having a psychological profile done of Peter Bryan as part of a risk assessment.
21. On 28 July it was noted that Peter Bryan was being closely monitored by the nursing staff as a result of the way in which he interacted with female members of staff. In a discussion on the subject, one of the female nurses reported that he would initiate amiable social interaction, but in response to her reaction would often reply in a curt or, to a certain extent, a condescending fashion. She had noticed that there was very little eye contact.
22. She said that she did not perceive his attitude as hostile or aggressive, but that it was more like a psychological game - almost like a contest. However at that point it was hard to pinpoint for what gain it was taking place.
23. In a one-to-one session with Nurse 5 the same day, Peter Bryan talked about the Index Offence and said that after he had killed NS he had felt '*terrible*'. He said that he could still remember clearly the scene of the homicide - he could see the hair, the girl's head and the blood.

24. However Nurse 5 noted that he sensed that when Peter Bryan talked about the killing there was a kind of detachment from the reality that it was he who had killed NS, as he sometimes gave the impression that he was talking about somebody else who had killed her. He noted that this needed to be investigated further.
25. When discussing dreams in the session, Peter Bryan began to smile and when asked why he was so amused, he laughed and told Nurse 5 that he had had such a vivid and enjoyable dream in which he had '*a massive erection*' and was '*shagging*' Indian girls.
26. When he was asked to sign a disclaimer form for his belongings, Peter Bryan said that while he was in Rampton he had made several claims for items of clothing and shoes which he had claimed to have lost and was paid money in compensation. He admitted to Nurse 5 that it had all been lies to obtain money and assured the nurse that he would not do the same at the John Howard Centre.

This was however something he continued to do when he was at Riverside House.

27. He was then asked to give a urine sample and looked surprised, saying that he had only been tested about once at Rampton (**which was not true**).
28. Nurse 5 concluded his note:

“Clearly what is emerging is that Peter is a character who indulges in a lot of lying for which nursing staff need to be aware.”

This was a significant remark which, had it been heeded once he was discharged into the community, should have meant that Peter Bryan’s version of events was treated with a higher level of suspicion, as much of his management depended on self-reporting.

29. Forensic Social Worker 1 and Social Worker 4 (the forensic and the community social workers) visited Peter Bryan’s parents on 30 July, but only his mother was present. She told them how Peter Bryan used to smoke marijuana and crack cocaine. They told her that to remain well he would have to stay off drugs and take his medication.

30. She told the social workers about Peter Bryan's friend P1 who had killed himself by jumping off a building before Peter Bryan became ill.
31. On 1 August Social Worker 4 and the Forensic CPN visited Peter Bryan to discuss what sort of community support he felt he would need. When they discussed his cannabis use he appeared ambivalent, and Social Worker 4 expressed his concern given that heavy cannabis use had contributed to the circumstances around his index offence. Peter Bryan suggested having urine tests fairly regularly. He also suggested that group work or counselling might be a good idea.
32. The nursing report for a clinical team meeting on 6 August included the following:

“Tendency to display inappropriate interactions with certain members of staff, related possibly to unresolved psychological issues. Peter has the pattern of making inappropriate remarks towards nursing staff, eg on 27.07.2001, he remarked that the staff administering medication was ‘serving it as if she was picking rice’ (meaning - she does not know what she is doing). He was not challenged on that occasion, but was firmly spoken to when he offered a similar comment to another staff. Peter responded by laughing.

His interaction with female staff is closely monitored, as he continues to initiate amicable sociable conversations, then becoming sarcastic, condemning fashion.”
33. At the team meeting Social Worker 4 expressed his concern about Peter Bryan's dream of 'shagging Indian women' as this could be a risk when he went into the community.
34. The manner of his approach towards female staff was also discussed and they were advised to be firm when setting boundaries with him.
35. On 7 August Peter Bryan was visited by his parents and an aunt and appeared very happy after the visit.
36. Forensic Social Worker 1 met his parents that day and talked to them further about their son. She noted that his father appeared unrealistic about Peter Bryan's ambitions to stay off drugs and when she asked him what indications of Peter Bryan's mood or behaviour would make them think whether he was becoming unwell again, he said that he would never be unwell again.

37. They talked about his large cocaine habit and said that he had worked hard and saved up a lot of money. Because he worked such long hours he did not have many friends, and the social worker noted that P1's suicide seemed to have had a great impact on the entire family.
38. On 13 August Peter Bryan was escorted to a local shop and also to the John Howard Centre.
39. On 14 August 2001, JHC Psychiatrist 3, a specialist registrar in forensic psychiatry, wrote to the Home Office requesting some escorted community leaves for Peter Bryan at the RMO's discretion.
40. JHC Psychiatrist 3 highlighted the fact that there was the adjourned Mental Health Review Tribunal scheduled for 29 August 2001 and that it appeared likely that the Tribunal would recommend conditional discharge without deferment, and therefore she emphasised that they were very keen to facilitate his rehabilitation as soon as possible. She concluded by saying that Peter Bryan's mental state was presently stable.

The MHRT hearing scheduled for 29 August had been adjourned on 19 July. JHC Psychiatrist 3 appeared to be unaware of this. She should have been told about the adjournment.

41. On 14 August Peter Bryan was assessed by the Manager and Deputy Manager 1 of Riverside House, a 24-hour supervised hostel in the Seven Sisters Road, London N4 to see if he was a suitable resident.
42. The Manager of Riverside House's assessment report following that meeting firstly described what they had been told by the nursing staff on Colin Franklin Ward:

“Ward staff informed us that Peter has shown some institutionalised behaviour on the ward: he persuades fellow patients to purchase tea, coffee and cigarettes from him. The nurse also expressed that staff observed racist tendencies in Peter such as rebuking, condescending and sarcastic behaviour. Staff said that Mr Bryan is a pleasant and friendly man, he mixes well with staff and patients. There have been no incidents since his admission and he is very co-operative with all of his care. There has been no illicit drug use and he is always compliant with all of his therapies and medication. Peter receives escorted ground and community leaves. He is always co-operative with his leave and there are no recorded problems. Staff

said that all members of the team agree recommendations to the MHRT that he be conditionally discharged to a community placement.”

43. When the staff from Riverside House interviewed Peter Bryan, he assured them that he intended to stay clear of illicit substances in the community, as he was aware of the potential damage they could cause him.
44. He also said that he understood the importance of continuing to take prescribed medication and appeared to understand that to discontinue medication would cause a relapse in his mental health.
45. He stated that he wanted to resettle in the community by staying at Riverside House for some months and that he then hoped to obtain his own flat and “*do his own thing*”. He said that he hoped to get a conditional discharge from the MHRT and that he intended to maintain contact with his social worker and his solicitor.
46. He also told them that he intended to maintain contact with psychiatric services but was unable to express any other long-term goals. He was not able to say how he proposed to occupy himself while at Riverside House, but asked that he should be told if he did anything wrong so that he could correct it.
47. He said that he did not intend to contact his old friends when discharged as he thought that they would be a bad influence on him.
48. The Riverside House report set out a detailed care plan for Peter Bryan in the knowledge that there was a high potential for relapse as he had not yet been tested in a community setting.
49. The report’s conclusions and recommendations were:

“He has a psychiatric history dating back to 1993 and Peter himself admits to having paranoid thoughts since 1991. His clinical teams record that he has been free from delusions and hallucinations since 1995. He demonstrates good insight and has aspirations to remain free of illicit drugs. He has posed no management problems in Rampton Hospital or during his time at the John Howard Centre.

Having read his history and met with him, we are of the opinion that for Peter to remain safely in the community for any period of time will take much staff input and support as detailed in the proposed care plan above.

We feel he will fit in well with the current residents in the home and that he will be compliant in the short term with house rules in regards to illicit drug use and antisocial behaviour. We feel however that as Peter gains confidence and time elapses, he will begin to drift back to using and dealing with drugs and that it will be difficult to keep him mentally stable and safe in the community. To prevent such a relapse will require robust input from all those responsible for his care in the community.

We are however concerned that Peter currently persuades fellow patients to purchase items from him on the ward. This suggests similarities of his money lending to drug dealers prior to the index offence.”

50. The report concluded that they were prepared to offer Peter Bryan a place at Riverside House and that the following were some of the action plans prior to his eventual discharge:
 1. *“To commence day visits*
 2. *Overnight stays*
 3. *His social worker to confirm who Peter’s probationary Officer was/would be*
 4. *RSH staff to attend Peter’s (section)117 meeting prior to his MHRT*
 5. *RSH staff to attend Peter’s MHRT*
 6. *To confirm if victim’s family was aware of his proposed discharge.”*
51. During the night shift on 16 August, Nurse 5 held a one-to-one session with Peter Bryan during which he discussed the staff concerns about his feelings and fantasies towards Indian women.
52. Peter Bryan admitted that he had a ‘soft spot’ for Indian women but that he did not see this as abnormal, explaining that different men have different tastes. When he was asked whether he would develop a relationship with an Indian girl, he said that this was difficult to predict as he could equally fall for a white or a black girl.
53. He said that he had a magazine in his room which contained photographs of naked white women and he used it to ‘release’ himself. He explained that he initially got aroused by looking

at the pictures, but later might imagine an Indian girl as a fantasy to obtain an orgasm although he did not always fantasise about Indian girls. He 'self-released' about twice a week, although sometimes less.

54. Nurse 5 noted that Peter Bryan appeared quite open about how he expressed his sexuality and that he considered it quite healthy.
55. He also noted that a psychologist should further explore Peter Bryan's fantasies in the context of the index offence. At the ward round on 20 August Nurse 5 requested that the psychologist Psychologist 5 should conduct such a psychological assessment.
56. At that ward round, Peter Bryan's request for his escorted ground leave to be extended was granted, the leave being extended to one hour twice a day, subject to staff availability.
57. On 3 September there was a CPA (Care Programme Approach) meeting in the afternoon.
58. Present were: RMO4, Consultant Forensic Psychiatrist and Peter Bryan's consultant at JHC; RMO3, Peter Bryan's RMO at Rampton Hospital; JHC Psychiatrist 3, Specialist Registrar in forensic psychiatry; SHO1, SHO to RMO4; Nurse 6, a nurse on Colin Franklin Ward; Occupational Therapist 1; Psychologist 5, Clinical Psychologist; Psychiatrist 7, Associate Specialist from the personality disorder unit at Rampton (who had prepared the 'trial leave handover report'); the Manager and Deputy Manager 1 of Riverside House.
59. SHO1, SHO in forensic psychiatry, prepared a report dated 31 August for the CPA in which he stated:

Treatment and Progress in Rampton Hospital

Following his admission, he was initially described as being low in mood. Over a period of several weeks various symptoms of a paranoid psychosis emerged. He had persecutory thoughts about staff and neighbours, incongruity of affect and challenging and confrontational behaviour. He also refused to take orthopaedic treatment for his leg injury. A therapeutic trial of antipsychotic [sic] was commenced in May 1994 and he improved markedly over the next two or three months. In August 1994 he had a normal mental state and his medication was stopped. Within three months of this, he had relapsed into a psychotic state with

suicidality and sexually disinhibited behaviour. Antipsychotic medication recommenced in September 1995 and since then his mental state has been stable. No instances of aggression or violence has occurred. He participated in problem-solving groups, anger management classes and social and employment skills. He had three successful escorted community leaves to go shopping, which passed without incidence.

Progress at the John Howard Centre

Nursing staff reported that he has been settled apart from inappropriate comments to female staff and an episode where he encouraged another patient to intimidate staff. He has mentioned several times his sexual attraction to Indian girls. He started his occupational therapy programme. His mental state has remained stable with no evidence of psychosis. He has not had contact with our psychologist, but will be referred with regard to the relation between his index offence and current sexual fantasies.”

60. JHC Psychiatrist 3 prepared minutes dated 18 September 2001 of the CPA meeting. The following are extracts from those minutes:

“Nursing

Mr Bryan has been settled since he has been on Colin Franklin Ward and his mental state is stable. However, a female member of the nursing staff perceived him as intimidating and sarcastic on occasion.

Concerns have been raised about Mr Bryan reporting dreams in which he has intercourse with Indian girls and it is felt that a psychologist should explore this in context of their real meaning and its implications in terms of his risk when he is discharged into the community.

The nurses are generally of the opinion that a more comprehensive assessment of his mental and social needs is required before discharge into the community. They do not feel that Mr Bryan has been in the unit for a sufficient length of time in order for different disciplines to assess him thoroughly. Furthermore, a comprehensive package of care will need to be put in place before his discharge into the community. Mr Bryan has not been given any escorted or unescorted community trips, which will enable the clinical team to assess how he behaves in the community.

Therapy and Education

Staff feel they have only been able to develop a superficial rapport with Mr Bryan, that he has always been polite and appropriate, but mainly on a superficial level.

It has not yet been possible to gain an awareness of his strengths and needs and there is an ongoing assessment for this. Mr Bryan has been motivated to attend the introduction programme, attending all sessions.

It is generally felt that as Mr Bryan has not been here for very long, his assessment is incomplete. He finishes the induction programme on September 14 2001 and after this will be asked to complete a functional assessment, an educational assessment and partake in an occupational therapy initial interview. After this, it is anticipated he will have a therapy programme specifically designed to help him achieve his goals.

Views of others

- 1. It was generally felt by most disciplines, including nursing, his medical team from Rampton and therapy and education that a further period of time is needed in medium security in order to get to know Mr Bryan and allow adequate time for disciplines to assess him thoroughly. A request has also been made for escorted community trips, but we are still waiting to hear from the Home Office.*
- 2. It was also noted that Mr Bryan has admitted to having dreams about Asian women. It is at present unclear as to whether this is related to his index offence and whether they are significant in their content.*
- 3. It was raised by the medical team from Rampton Hospital that his previous cannabis misuse should be addressed before discharge. He apparently attended eight substance misuse groups, which were introductory ones out of a total of 48 sessions whilst at Rampton.*

Interview with Patient

Mr Bryan presented as a well-dressed, well kempt gentleman who was polite and appropriate and friendly in his manner. He did respond in a rather sarcastic manner on a couple of

occasions during the interview, but was generally settled and appropriate. There was no evidence of any psychotic symptoms.

(Psychiatrist 8) explained to Peter our feelings about his current progress and future management and Mr Bryan did seem happy with them.

PLAN

- 1. At the Mental Health Review Tribunal on 24.10.01, it will be recommended that Mr Bryan remains on his Section 37/41 for a further period in order for us to get to know him better and complete our assessments.*
- 2. We are still waiting to hear from the Home Office regarding escorted community leave in order that we can make attempts towards gradual reintegration into the community.*
- 3. Mr Bryan's sexual fantasies and dreams will be explored by (Psychologist 5) in the context of their meaning, their relationship to the index offence and future risks.*
- 4. Mr Bryan's previous cannabis use, his current attitude towards it, its relationship to his mental state and index offence and how we can prevent further use once released into the community will be explored.*
- 5. We will continue to look for an appropriate placement in the community, bearing in mind that it will have to be outside the Newham catchment area, as that is where his victim's family live."*

61. The nursing note of the CPA states:

"The team is not sure what went on in the last tribunal and they felt that they were pressurised to have Peter discharged.

His lawyer (Solicitor 1) has his agenda - Agree that things have to be put in place Human rights that he should not be retained (sic)

Take six to nine months to fulfil conditions"

62. On 7 September Nurse 5 held another one-to-one session with Peter Bryan to explore his feelings about his 'self-esteem and self-concept'.
63. Peter Bryan said that he was probably thought of as a bad person because of what he had done but was reminded by the nurse that he could not go on judging himself purely in terms of his index offence because he had been suffering from florid mental illness and was under the influence of illicit drugs at the time of the incident.
64. Peter Bryan then said that he did not consciously think of or regard himself as a bad person, but agreed that he might unconsciously have a less-than-good 'self-concept', judging by all the bad experiences he had had, his previous chaotic life-style and the family background of mental illness.
65. He was advised to think about how positive he could become and to make something of his life.
66. He said that he was looking forward to living in the community and to living in it successfully in the future.
67. On 10 September Peter Bryan had an initial interview with Psychologist 5, the clinical psychologist, who noted that Peter Bryan had engaged extremely well, gave a well-reasoned, coherent account and agreed to further meetings. He had, however, become momentarily tearful regarding NS's death. Psychologist 5 took a copy of the psychologist's report from Rampton to photocopy and use for future discussion with Peter Bryan.
68. On 11 September Forensic Social Worker 1 met Peter Bryan's parents again with Forensic Social Worker 2 who was to take over from her as Peter Bryan's social worker on the forensic team.
69. They talked about Peter Bryan growing up and what a hard worker he had been. They described him as a loving son.
70. They said that at first they had not noticed the signs of him becoming unwell but they would know now what the signs were. They said that they thought that their son was determined to remain well and get work.
71. Forensic Social Worker 1 then handed the case over to Forensic Social Worker 2.

72. At a ward round on 17 September, Psychologist 5 expressed his concern that Peter Bryan had not received much psychology input to address issues which were currently arising, such as sexual fantasies and the Index offence. Psychologist 5 also said that Peter Bryan should be assessed psychologically again. In Rampton he had been rated as having a borderline IQ.
73. The therapy and education team reported that in their second assessment he did not express any remorse for his index offence.
74. He was also perceived as making racist remarks such as *"When you put your white magic on me..."* He had also appeared somewhat aggressive towards two of the team and also at times became over-familiar.
75. On 17 September Psychologist 5 had a second psychology session with Peter Bryan. He noted that Peter Bryan was cooperative and engaged but easily provoked to laughter - perhaps too easily to the point of being fatuous.
76. He passed his initial impressions to JHC Psychiatrist 3 for the MHRT.
77. From 17 September Peter Bryan was allowed 30 minutes escorted leave to the local shops twice a day.
78. On 18 September 2001 SHO1 wrote to the Home Office:
- "This gentleman is currently on six months trial leave from Rampton Hospital on Section 37/41 of the Mental Health Act 1983. He is currently on Colin Franklin Ward and request was made over a month ago for some escorted community leaves. It is the opinion of the M.D. (multi-disciplinary) team that this would be appropriate. There are no current concerns about his mental state, behaviour or risk to himself or others.*
- I tried following this up by phone, but so far with no luck. I would be grateful if you could look into it as soon as possible. Please do not hesitate to contact me if you require further information"*
79. The Home Office responded on 20 September:

“Before I can consider this request fully I require some further information and would therefore be grateful if you could answer the following points:

- *What are the proposed destinations of the leaves and for how long will Mr Bryan be absent from the hospital?*
- *Has Mr Bryan had any ground leave during his time at the John Howard Centre and, if so, has this been escorted or unescorted ?*
- *How many escorts would accompany Mr Bryan during the proposed leave?*

Moreover, leave should relate to the overall care and treatment programme and set personal objectives for Mr Bryan to achieve. I would therefore be grateful if you could explain the aims of the proposed leave and the planned benefits to Mr Bryan’s treatment and/or rehabilitation. In addition, I would be grateful for an up-to-date report on his progress and mental state following his move to the John Howard Centre.”

80. During the night shift of 25 September Nurse 5 asked Peter Bryan to come out of his room and sit at the table in the lounge to discuss trips to the community and possible destinations.
81. The nurse recorded in the notes that as he approached the table, Peter Bryan half-smiled and said: *‘Are coloured people allowed to sit here?’* When asked what he meant, he replied that he sometimes made sarcastic comments to see how people reacted. When asked what type of reaction he was expecting, he said that he *‘was like that’* and it was his way of dealing with people sometimes.
82. He was warned that his sarcasm might be interpreted in many ways by different people either as a racial issue or as having poor self-esteem.
83. Peter Bryan then told Nurse 5 that he should not make such a big thing out of nothing and explained that in the past he had behaved like that to several members of the nursing staff, particularly females. This prompted the nurse to try to analyse his comments with him.

84. He asked Peter Bryan whether he was annoyed in any way that he had been called quite late in the evening to discuss his community trips, and Peter Bryan said that he had been getting ready to go to bed.
85. The nurse noted that he felt that Peter Bryan was slightly annoyed, but that he was very skilful at hiding his annoyance, which came out in a sarcastic comment as his guard was low at the time. Usually he was choosy about those he made sarcastic comments to - for instance people he did not perceive as being very relevant to his case.
86. Nurse 5 explained that by discussing his behaviour he could have a better understanding or insight into the way he related to people. Peter Bryan then said that he hoped that Nurse 5 was not going to write in his notes about what had gone on, but was told that the nurse would record what he considered to be important.
87. The conversation moved on to planning his first trips into the community. Nurse 5 said that initially the trips should be to local areas and suggested Stratford and Victoria Park. Peter Bryan said that he did not mind Stratford but that he thought that going to parks after the age of 35 was for 'nunces'(sic).
88. Psychologist 5 had his third session with Peter Bryan on 26 September. Peter Bryan at first thought that the session had been called at short notice and that he was in trouble because of what he had said the night before to Nurse 5. He seemed surprised when Psychologist 5 said that race and ethnicity seemed very important to him as he kept referring to it.
89. The session concentrated on sex education in the past, his psychosexual development and his experiences with women. This highlighted a clear need for social skills training, but there appeared to be other issues which were less easily addressed.
90. That night, Nurse 5 resumed his discussion with Peter Bryan about his planned trips to the community. Peter Bryan expressed strong views that he should not have to spend any money when going on these trips. He wanted to complain to the commissioners that the hospital should provide the money for the transport, entertainment and food when on such trips.
91. It was explained to him that he needed to budget for the trips as the hospital did not provide everything and that part of his rehabilitation was learning how to budget and use his own

money. However, Peter Bryan refused to accept this and needed a lengthy explanation as to why the trips were planned as part of his assessment, treatment and rehabilitation.

92. In the end six trips were planned and details were sent to the Home Office for approval, but Peter Bryan still gave the impression that he was unhappy that he was expected to pay for his own food and fares.
93. The proposed trips were to be taken over the course of the month between 11 October and 15 November and were (i) a 2 hour trip on foot to a local shopping area (ii) a 3 hour trip to Hackney Wick Market to purchase some clothes (iii) a 4 hour trip to the cinema in Stratford (iv) a 3 hour trip to Roman Road Market for general shopping (v) a 4 hour trip to the British Museum as Peter Bryan said that he was interested in ancient cultures and (vi) a 2 hour trip for a pub lunch.
94. On 27 September Occupational Therapist 2 prepared a report following three separate assessment sessions over a 4 week period. It was a detailed report which contained the following extracts:

“General Presentation

The first session was facilitated by a female therapist. During this session Peter was relatively appropriate and able to answer most questions in detail. In the second and third sessions the interviews were also co-facilitated by a male therapist. In both of these sessions Peter presented with veiled hostility and “splitting” behaviours. Peter attempted to make it clear he did not like the female therapist and exaggerated the friendliness of his interactions with the male therapist. The female therapist asked the majority of the questions in the interview.

These behaviours were particularly apparent in the second session. When Peter was asked questions regarding his mental health and skills he began pacing the room complaining of pins and needles in his ankles, he made racial remarks and described his potential for controlled physical aggression. Despite his evident difficulty in coping with these questions Peter remained in the room and agreed to meet the following week to complete the interview. In the third session he was more relaxed although continued to display splitting behaviour.

It is unclear why Peter began to display these behaviours, he did not appear to be psychotic at any time throughout any of the interviews. It may have been due to a combination of the questions becoming more challenging, anxiety and/or Peter feeling the need to “show-off” to the male therapist.

Personal Causation

Peter views his main difficulty as being in the MSU and this leaves him feeling out of control. He feels that he is 40% in control of his life and the Home Office controls the rest. Peter stated that he does not understand the Mental Health Act....

Peter perceives he has learnt to control his temper. He identified that if he feels that he has a lack of choices or is “backed into a corner” he is likely to become angry. Peter states that when he becomes angry his ankles become tense. However in Peter’s descriptions of how he manages his anger he describes the amount of violence that would be necessary to use, rather than solving the situation rationally.

Values

When asked what he values Peter said that he had not thought about it and after a while gave the answer “life and one’s health”. Peter stated that he and his mother are the most important people in his life.

Personal Narrative

Peter feels that his life has had “its ups and downs with some bad luck”. He described the worst time in his life being when his brother attacked his mother in Barbados. Peter was in England at the time and felt powerless, he reported after this event he “stopped caring”....

Motor and Process skills

...Peter was asked about his coping strategies regarding his mental health. At this point of the interview he began to complain of pins and needles in his ankles and began pacing the room. He stated that he finds it difficult to remain feeling confident about himself, this fluctuates from day to day. He also describes anxiety as being a problem. When he feels panicky he

states he ponders things over, paces up and down and will smoke a cigarette. Peter reports that when he feels depressed he tries to think logically and weighs up the pros and cons. Peter stated that unwanted thoughts or voices are controlled by medication. He stated that he still has his “fantasies”.

Social and Interaction Skills

Peter generally presents in a friendly manner, which can appear to be slightly over-familiar. Although Peter was willing to complete the interview, he found certain aspects of it challenging and this can lead to a change in Peter’s demeanour, he paced the room and became defensive and hostile. For example:

- *When asked about his skills he made racial remarks. Making statements such as “you know us darkies can’t keep anything clean” and “us darkies can’t read”. Referring to his ‘pins and needles’ he stated that the therapists must have put some “white magic” on him.*
- *When asked how he manages anger Peter stated he “weighs up each individual situation, with you (indicating the female therapist) you would need a slap whereas he (indicating the male therapist) would need a punch”.*
- *Peter displayed ‘splitting’ behaviours and attempted to make it clear he did not like the female therapist. For example he stated in the past when he worked in a clothes shop he would have charged the female therapist a very high price and the male therapist slightly less and at the end of the last two sessions he would thank and shake the hand of the male therapist, attempting to ignore the female therapist...*

Summary and Conclusion

Areas of potential risk:

- *In the interview Peter found it difficult to cope with questions that he found challenging and displayed verbal hostility. Peter was particularly hostile to the female therapist who was asking the majority of the questions*

- *Peter appears to have maladaptive coping strategies regarding anger management. He had a poor perception of what anger management involved. Describing it in terms of controlled aggression rather than employing strategies other than violence*
- *In the past Peter had a lack of structure and lack of clear roles in his life. His habitual behaviours revolved around crime and drug taking. Without clear structures in place for Mr Bryan on his release, there is a likelihood that he will relapse and/or reoffend.”*

95. A nursing note dated 30 September ward round has a sentence which reads:

“IDR assessment shows borderline personality disorder.”

There appears to be no other reference in the clinical notes which indicates that Peter Bryan was ever diagnosed as having a personality disorder, although he was given this diagnosis following the homicide of Brian Cherry.

96. A typed ward round note dated 1 October reported that Peter Bryan continued to show keenness and motivation and was usually prompt in attending his therapeutic activities at the John Howard Centre. His behaviour was reported as being appropriate in his interactions with both staff and fellow patients. No inappropriate sexual fantasies were reported and there had been no evidence of any expression of low-esteem over the past fortnight. He had accepted an invitation to welcome the ward’s newest patients during the community meeting and had informed them of all the rules and regulations of the unit to which they had to adhere.

97. On 2 October 2001, SHO1 wrote to the Home Office enclosing details of the planned destinations for Peter Bryan’s community leave and their planned benefits for his treatment and rehabilitation. He also informed them that Peter Bryan had been having escorted ground leave for half an hour a day and escorted local shop leave twice weekly, on all occasions accompanied by one member of staff, and that such leave had passed without incident.

98. The letter concluded:

“Regarding his mental state since arriving at the John Howard Centre, there have been no signs of his schizophrenic illness. In addition, there have been no incidents of violence or other

behavioural disturbances. He is fully co-operating with his treatment plan, which includes medication, occupational therapy and psychological work regarding his index offence.”

99. On 4 October 2001 JHC Psychiatrist 3 wrote a report for the Mental Health Review Tribunal.

100. The following are relevant extracts from that report:

“Progress at the John Howard Centre, Medium Secure Unit

Mr Bryan was transferred from Rampton Hospital to Colin Franklin Ward, on July 12 2001. Since his transfer, Mr Bryan's mental state remains stable with no evidence of psychosis. He has been compliant with his medication, Trifluoperazine 5 mg bd, and he also takes medication for asthma and eczema.

According to the nursing staff, Mr Bryan's behaviour has generally been settled since he has been at the John Howard Centre, apart from a few sarcastic comments and one report from a female nurse that she perceived him as intimidating on one occasion.

Concerns were raised by the nursing staff about Mr Bryan reporting a dream in which he had intercourse with an Indian girl, and it was felt that a psychologist should explore this in the context of the dream's real meaning and its implication in terms of his risk when he is discharged into the community.

In terms of therapy and education, Mr Bryan has engaged in a six-week introduction programme and an occupational therapy initial interview, which was carried out over three sessions. Areas of potential risks were outlined. In the interview, Mr Bryan found it difficult to cope with questions he found challenging and displayed verbal hostility, particularly to the female therapist. Mr Bryan also demonstrated maladaptive coping strategies regarding anger management with poor perception of what anger management involves. He described it in terms of controlled aggression, rather than employing strategies other than violence. It was also highlighted that Mr Bryan has had a lack of structure and lack of clear roles in his life. His habitual behaviours revolved around crime and drug taking, and without clear structures in place for Peter, there is a likelihood that his mental state will deteriorate and that he will start taking drugs again with a risk of re-offending. The occupational therapy team feel that a further assessment is necessary of his activity of daily living skills and further assessment of

social and interaction skills. They feel that they need to continue to build a rapport with Mr Bryan in order to work with him to develop adoptive coping strategies to manage stress, anger and anxiety. They also believe that he needs further work to develop budgeting and money management skills.

Mental State Examination

Mr Bryan presented as a well-dressed, well-kempt gentleman, who was polite and appropriate and friendly in his manner. He did respond in a rather sarcastic manner on a couple of occasions during the interview, but was generally settled and appropriate. There was no evidence of any psychotic symptoms. I explained the opinions of the clinical team to Mr Bryan about his current progress and future management and he generally seemed satisfied with them...

Current Leave

Escorted leave in the hospital grounds 30 minutes daily unescorted local shop leave twice weekly. Escorted leave to the John Howard Centre for therapy and education activities.

A request has been made to the Home Office for some unescorted community leave at the responsible medical officer's discretion. We are still waiting to hear from the Home Office.

OPINION and RECOMMENDATIONS

- 1 Mr Mr Bryan is a 32-year-old Afro-Caribbean gentleman with a history of antisocial behaviour, including Street robberies, muggings and significant cannabis use. He also has a diagnosis of schizophrenia, which has been made since his admission to Rampton Hospital in December 1993. He received a section 37/41 of the Mental Health Act 1983 following his conviction of manslaughter on the grounds of diminished responsibility. The victim was a young Asian woman whom he battered to death using a hammer. He had harboured delusional beliefs about her and her family prior to killing her.*
- 2 On July 12, 2001. Mr Bryan was admitted to the John Howard Centre on trial leave from Rampton Hospital. It was the opinion of the clinical team looking after Mr Bryan in Rampton Hospital that he no longer required care under conditions of maximum security.*

- 3 *Since Mr Bryan was transferred to the John Howard Centre, his mental state has been stable, free of psychotic symptoms and he has been compliant with his antipsychotic medication. He has also been generally appropriate and willing to engage in structured therapeutic programmes which have been available to him.*

 - 4 *It is the opinion of the clinical team caring for Mr Bryan, including his medical team from Rampton Hospital, that a further period of time is needed in medium security to allow time for disciplines to complete thorough assessments and construct clear and structured treatment programmes. These will include:

(i) *Psychological interventions which have started to address sexual development, premorbid personality and substance abuse in the context of his index offence and future risk.*

(ii) *A referral to the Tower Hamlets drug and alcohol outreach team for an assessment and advice about management and with the aim of their involvement in Mr Bryan's future care in the community.**
- 5 *Our ability to assess the risk he poses in the community is limited and we still have not heard from the Home Office regarding escorted community leave to enable us to make attempts towards gradual re-integration into the community.*

 - 6 *We would like to recommend that Mr Bryan remain on his Section 37/41 in the John Howard Centre for a further period so that we can undertake the above tasks.”*

101. Peter Bryan had another wide-ranging session with Psychologist 5 on 8 October. The psychologist challenged him quite strongly regarding his animosity towards women and he was quite unsettled by this at first. He was then made to realise that he could feel intimidated or threatened by women, even through seduction, and that he responded by being intimidating towards them, and that this had class and race aspects to it.

102. Peter Bryan was apparently very concerned about Psychologist 5's report and the psychologist reassured him in relation to the forthcoming MHRT.

103. He did not want to end the session, partly because of what Psychologist 5 described as the “unsafe” note, but also because of engagement.
104. Later that evening, Peter Bryan called Nurse 5 aside and told him that he was feeling a bit uptight after the issues he had covered with Psychologist 5. He was reassured that it was normal to feel a bit anxious after discussing the kind of issues they had covered.
105. In preparation for the MHRT Nurse 5 wrote a report dated 4 October addressed to JHC Psychiatrist 3, specialist registrar to RMO4 in which he stated:

“There has not been a great deal of overt changes in Mr Bryan’s presentation since his last CPA meeting on the 3rd of September. His behaviour on the ward does not present a management problem.

Mr Bryan is quite co-operative in the ward activities, and is keen to participate in the several psychotherapeutic activities and sessions he is expected to attend with his P/N (Primary Nurse), psychologist and T&E (therapy and education) department. He seems to relate well with other fellow patients and with nursing staff, except when he occasionally makes sarcastic comments which seem to form part of his style of relating....

Regarding the sexual fantasies that he expressed in the past, he has not talked about this subject recently, particularly since he started having sessions with his psychologist. However he made a passing comment recently in which he said that the big mistake he made in his life was to start fantasising about the girl which he ended up killing. This is a very relevant comment which indicates that before Mr Bryan can be considered for discharge, a comprehensive study of the nature of his fantasies have to be made in the context of the risk he may present when he is discharged into the community.

In conclusion, Mr Bryan should be expected to spend enough time in this unit to enable the clinical team to analyse and interpret the type of psychopathology which contributed to the Index Offence, and how it relates to the fantasies that he has expressed in the past. This will enable the team to produce a package of care which will eventually enable Mr Bryan to be released into the community with the minimum risk.”

106. On 8 October Peter Bryan was granted escorted ground leave of up to 45 minutes in the grounds of Homerton Hospital.
107. On 12 October 2001 Forensic Social Worker 2 wrote a social circumstances report for the MHRT. The following are relevant extracts:

"FAMILY HISTORY

...Previous reports suggest that during Mr Bryan's infancy his parents separated for some time and his father lived with another woman. His father returned to the family home when Peter was about 5 years old. In my assessment Mr Bryan denied his parents were ever separated through disharmony and only recalled times that one or both of them visited Barbados.

Mr Bryan recalls happy memories having a childminder and attending local primary school and Boys Brigade. This is in conflict with previous reports that suggested the children were left unattended for long periods at any time or left with childminders, one of whom Mr Bryan thought tried to poison him.

Mr Bryan stated that he recalled his older brother getting into bother with the police. He followed this up by describing his parents as very strict especially about the friends that were allowed back.

When talking about secondary school Mr Bryan recalled a time when he was suspended for 3 days being accused of slapping a teacher. He described himself as a bully ponsing money and teasing school friends. He truanted in the later years at secondary school.

Mr Bryan remained living at home whilst working at the shop and market stall of the victim's father. It was at this work he met the victim and formed a friendship. I have not been able to establish any other views on this "friendship" from other people, apart from Mr Bryan and his parents. Reports suggest that Mr Bryan holds the view that he felt more intimate feelings towards the victim.

His parents described him as a hard-working young man who spent some free time with friends otherwise worked long hours, leaving the family home at 7 a.m., and sometimes not returning until 10 p.m. and working seven days a week on occasions.

PSYCHIATRIC HISTORY

There are no reported psychiatric admissions or referrals prior to the index offence. In the months prior to the index offence family in hindsight reported that Mr Bryan had become quite paranoid and suspicious of people including family. When he was not at work he isolated himself in his room and this time had begun to arm himself with a hammer or other tool when going out or answering the door...

PROGRESS SINCE ADMISSION

Since Mr Bryan was transferred to the John Howard Centre, he has settled well. The initial difficulties were securing leave for him to attend the John Howard Centre for Therapy and Education Groups. He was quite reserved at first, but in the last few weeks has made alliances on the ward with other patients. He appears to be liked by the other patients as well as commanding respect from others. He is always known to have cigarettes and money when other patients have run out. He is quick-witted and humorous with an element of sarcasm at times. He is known to lend money to other patients and always keen to help others out. In return he adds interest on what he has lent. His parents describe that this is Mr Bryan's typical sharp businesslike brain. There is a sense that he will always do well in whatever line of business he goes into.

More recently he has begun talking about the index offence and has been open about his desires for young Asian women. These matters will be explored below.

VIEWS OF PATIENT

I interviewed Mr Bryan on Colin Franklin Ward in a private area. On interview, the patient was fully cooperative and answered the questions put to him in a direct manner. The patient was serious in his demeanour and he addressed sensitive questions such as the index offence and drugs misuse in a factual manner.

The patient informed me that he had settled onto the ward without problem and had made a good alliance with the staff and fellow patients. Since returning to London he had not experienced any negative remarks relating to the index offence, and he was surprised that an Asian patient on the Ward had no knowledge of his case. In terms of his work at the John

Howard Centre the patient spoke of his engagement with the Education and Therapy Department and this is work looking at activities of daily living. Mr Bryan feels he has little to learn in this respect as self-care, in terms of cooking, budgeting and hygiene, do not present problems. In terms of budgeting the patient has experienced problems in receiving benefit but he has raised these issues with appropriate staff.

In the future, the patient hopes to use escorted leave in the community to "get back into the swing of things". Mr Bryan cannot see any problems in achieving the goal of a community transfer. Specific goals might be seen in the patient's attendance at College to learn painting and decorating, cooking or attending the gym.

The patient spoke positively about his session with a psychologist in terms of "where I went wrong". He also spoke of the benefit of expressing his thoughts and feelings linked to the index offence. Although Mr Bryan described these sessions as "testing", he also said that the therapy was "giving me something".

On the matter of the index offence, the patient spoke of remorse for the act and he volunteered a wish not to enter areas where the victim's family might reside, although he was not sure where that might be. When this was explored in more detail with the patient he spoke of not wanting to cause distress, however, the patient did not consider members of that community might recognize him.

The prospect of forming a future relationship was raised and Mr Bryan talked of a possible relationship with a white or black woman. When this comment was discussed in detail, the patient said he was still attracted to Asian women because of their "skin colour, gentleness and mystical attraction". Mr Bryan added that he would not form such a relationship because of problems linked to culture and the women's family expectations.

In terms of mental health, the patient indicated compliance and raised current issues around side-effects. These issues were brought to the attention of the clinical team. Illicit substances were raised for discussion and the patient confirmed that he had been offered drugs on the ward, but declined.

I asked the patient to outline to me his relapse indicators and he responded with some guidance. In summary, the following was disclosed: relapse might occur after two weeks off

treatment and be associated with low mood, hostility, paranoia, poor self-care. Abnormal experience in terms of auditory hallucinations was denied.

In the event of concern the patient spoke of seeking help from his clinical team and if that did not work "I would break a window and get arrested".

CARE PLAN

Accommodation

If the Mental Health Review Tribunal were minded to discharge detention, I would ask that a deferred conditional discharge were considered in order that the forensic hostel might consider the needs presented. At this time placements have not been considered, as such action would be in advance of a full evaluation at this hospital...

Risk Indicators

Risk in this case might be seen in a number of areas based upon history and as yet testing of these risk factors has not yet been completed at a medium secure level of care.

There is risk of relapse in mental health when exposing the patient to new challenges in the lesser restricted environment of the John Howard Centre and community. A gradual process of exposure will test the patient's capacity to manage anxiety and problem solving without reverting to maladaptive methods, which had been used in the past.

There is a need to acknowledge the potential for the patient using either illicit substances or alcohol during this trial period of leave, because of the greater ease of access to these substances at a lower level of security. The patient has indicated a wish to undergo a controlled drinking assessment during this period of leave, as it is his plan to drink alcohol upon discharge.

The context of the index offence occurred within a relationship whilst the patient was mentally ill. There is a need for the clinical team to explore this important factor in order to gain a greater understanding of the offence prior to discharge. Mr Bryan speaks of forming future relationships with women and he continues to express an attraction towards Asian

females. Since such women fall within a potential victim group there is a need to work with Mr Bryan on these issues. Psychology sessions are in the early stages of addressing victim issues.

In the past the patient has reverted to crime in order to live and use substances. This is another risk factor, which must be understood in terms of the patient's past need to obtain money to finance drug use and its influence upon mental state. Once again the patient had used a maladaptive method to solve problems, which contributed towards a downturn in social circumstances.

RECOMMENDATION

Mr Bryan is a patient who suffers from a profound and enduring mental illness, which in the past had been linked to criminal activity and substance misuse. The patient has made significant gains whilst at Rampton Hospital, and in my opinion there is now a need to evaluate these skills in a more challenging environment at a lower level of security.

The patient is now in the process of assessment and in my view it would be premature to consider discharge prior to the completion of that work. I would therefore ask the Mental Health Review Tribunal to uphold detention subject to section 37/41. If the Mental Health Review Tribunal were minded to discharge detention I would ask that a deferred conditional discharge is considered."

108. JHC Psychiatrist 3's and Forensic Social Worker 2's reports were sent to the Home Office.
109. At the next ward round on 15 October it was noted that Peter Bryan was continuing to engage himself in various activities on and off the ward. He was said to be dominant in the football group.
110. He complained of gynaecomastia (enlarged breasts) and was reassured about this.
111. It was recorded that it had become apparent that he liked his day to be structured, as he liked to plan his activities ahead.

112. Peter Bryan's comments about trusting him with knives while he was being assessed for cookery skills were also reported. It was also noted that he had at times tried to engage a new female student nurse in conversation with the objective of "sussing her out".

113. On 18 October a supplementary statement was submitted on behalf of the Home Secretary for the consideration of the MHRT. It stated:

"The Home Secretary has noted (JHC Psychiatrist 3)'s undated report and (Forensic Social Worker 2)'s social work report dated 12 October 2001. In particular, he notes that no recommendation is made for Mr Bryan's discharge from hospital.

The Home Secretary would wish to reiterate the comments made in his original statement dated 20 December 2000, and his supplementary statements dated 27 February and 28 March 2001, and does not wish to make any further comment at this time."

114. The same day the Home Office granted Peter Bryan 12 escorted day leaves at his RMO's discretion.

115. In October Forensic Social Worker 3 took over from Forensic Social Worker 2 as Peter Bryan's forensic social worker.

116. On 22 October there was a 'mini CPA meeting' attended by JHC Psychiatrist 3, SHO1, Psychologist 5; Occupational Therapist 2; Forensic Social Worker 3, and the Community Social Supervisor from Newham, Social Worker 4).

117. The team discussed Peter Bryan's MHRT on 24 October. The nursing notes record that JHC Psychiatrist 3 and the team agreed on a deferred conditional discharge as he had only been on the ward such a short time and needed more assessment and sessions. Also he had not yet had any unescorted leave and could not be assessed properly.

118. It was further noted that a community psychiatrist, RMO5 had been identified to supervise Peter Bryan in the community and that the Manager at the hostel, Riverside House, had agreed in principle to take him.

119. Nurse 5 had a one-to-one session with Peter Bryan later on 22 October. Peter Bryan started the conversation by saying that it was his opinion that he should get a conditional discharge because he regarded himself as mentally stable and had spent enough time in hospital. He said that he did not have a problem with illicit drugs contrary to what JHC Psychiatrist 3 had said during his mini CPA.
120. He also said that the psychology work which he was doing with Psychologist 5 was something he would like to continue while he was living at the hostel and was willing to continue this work as an outpatient.
121. He said that he was not about to damage anyone if he were to be allowed into the community, as he had been mentally ill when he committed his index offence and now he was not.
122. He was also seeking information about Stelazine (also known as Trifluoperazine).
123. The MHRT to decide Peter Bryan's appeal against detention sat on 24 October at the John Howard Centre. The Tribunal consisted of three different members from those who had sat on the MHRT panel at Rampton on 28 March 2001.
124. Peter Bryan's solicitor, Solicitor 1, challenged the Tribunal's right to hear the matter, arguing that as the original MHRT had been adjourned, it was part heard and should be heard by the original three members.
125. The hearing was therefore adjourned yet again to allow the Tribunal to investigate the legal position, for Solicitor 1 to prepare a written skeleton argument setting out the basis of his legal challenge, and to give the Home Office four weeks to respond as well to the skeleton argument.
126. The MHRT was to be heard on the first available date after six weeks.
127. Following the hearing Forensic Social Worker 1 wrote to Social Worker 4:

"The tribunal yesterday was an interesting one from legal points of view!"

Basically, Peter's solicitor began by requesting an adjournment. He stated clear reasons why he wanted an adjournment rather than a deferment on grounds that Peter is likely to be discharged sooner by having this tribunal adjourned rather than insisting that this Tribunal grant a conditional discharge that would have to be deferred.

The reasons for requesting the adjournment are as follows:

- 1. This Tribunal board are not to enquire further into Peter's mental state with regard to detainability. (This evidence has already been heard by the Tribunal at Rampton that as good as said he should have a conditional discharge)*
- 2. To give the Health Authority and Local Authority an opportunity to get the conditions met.*

The Tribunal considered these requests and on deliberation agreed to the adjournment as the solicitor was challenging a major point of law that this Tribunal did not feel able to address without advice from their own counsel..."

128. On 25 October, Social Worker 4, from the Newham Community Mental Health Services who was to be Peter Bryan's Social Supervisor following his discharge, completed a 'comprehensive assessment', a pro-forma document which he had begun in January 2001 when Peter Bryan was still in Rampton. The following are relevant extracts from that assessment:

"Peter is very resourceful. He is cooperative but in a superficial way and mostly complies because he believes that this is the best way to achieve conditional discharge."

"Currently he is not in a relationship but is continuing to express bizarre and worrying fantasies about Asian women which are currently being addressed in psychotherapy."

"DETAILS OF CURRENT CARE PLAN

Riverside House is well recognized as having experience in dealing with mentally disordered offenders. Peter will have (RMO5) as his CRMO (community responsible medical officer). (Social Worker 4) will be his social supervisor and the Forensic CPN (will be) his community mental nurse and he will have weekly visits. Peter will also be invited to attend psychology at

the John Howard Centre. He will have a key worker at Riverside House and will be CPA'd regularly"

"SUMMARY OF SAFETY AND RISK ASSESSMENT

Peter's mental disorder is no longer considered to be sufficiently risky to keep him detained in conditions of security. Peter is very compliant with his medication and drug screening and has agreed to drug screening in the community. Peter will be well supervised and any difficulties will be noted quickly and dealt with appropriately. Peter has on the available evidence not presented a significant risk to others and has not expressed any suicidal ideation or intent.

However Peter has not had any unescorted ground leave while at the John Howard Centre and myself and his treatment team are concerned about this and expressed these concerns to the Tribunal. We therefore feel that initially he will need intensive supervision to monitor his welfare and risk to others."

129. At a ward round on 29 October the main discussion was about the adjournment of the MHRT. It was decided that the social worker would write to the Home Office about the legalities as Peter Bryan had already been granted a conditional discharge by the MHRT held when he had still been at Rampton.
130. The thinking of the team appeared to be that a conditional discharge could not be facilitated at Rampton because it was a high secure hospital, and that this was the reason why Peter Bryan had been transferred to the John Howard Centre.
131. The plan was to start his community leave as planned with his primary nurse and the social worker was to arrange for him to attend a drug awareness group. According to the notes, he was to be referred to the substance misuse group at the day hospital.
132. It was also recorded that Peter Bryan was selling his clothes on the ward.
133. On 29 October SHO1 sent the Home Office another copy of the report prepared by JHC Psychiatrist 3 for the MHRT and asked for it to be regarded as the annual statutory report in respect of Peter Bryan and also as the report on his trial leave from Rampton Hospital.

134. On the afternoon of 30 October Peter Bryan requested to be escorted to the local shop but when he was asked to wait because the agency nurse had not arrived on the ward and the ward was not settled, he became angry. He said that he would complain to the MIND advocates that he had been refused his escorted leave because patients were under observation and that patients on observations should not be admitted to the ward.
135. When it was explained to him that every patient had the right to be placed in a safe environment, he 'stormed off' to his room and was seen complaining to the Senior Nurse. He was later escorted to the shops.
136. At 22.00 on 31 October Peter Bryan asked for a knife to butter some toast. He was asked to return it when he failed to do so, and he said that he had given it to another patient. When he was asked to ensure that it was returned, he became angry, asking why he should return it. He 'stormed off' into the kitchen, took the knife from the other patient and left it on the environment audit file. He then went to his room.
137. On 4 November Peter Bryan was escorted to Hackney Wick Market and the two-hour trip was noted to have gone well.
138. At a session with Psychologist 5 on 7 November he raised his concern that the nursing staff thought that he was short-tempered. He explained that there had been two incidents when he had been outspoken and they then discussed how that might affect a successful outcome to his MHRT.
139. Psychologist 5's note states that Peter Bryan had chosen to continue with these sessions with him in spite of his MHRT because he felt that he was making good progress.
140. They discussed the possibility that he had memory difficulties and his assessment at Rampton.
141. They also explored future issues relating to drug use and Peter Bryan repeated his request to attend the East 9 Drug Awareness Group.
142. The same day Social Worker 4 confirmed to Forensic Social Worker 3 that funding had been agreed for Riverside House and that he would call the hostel Manager to confirm that Peter Bryan was still accepted there and to arrange a visit if he was.

143. On 9 November Peter Bryan asked the ward Manager for reimbursement of his fare to Hackney Wick and produced a ticket for £7.50. When asked why he had bought a weekly ticket he said that he had done so by mistake. He was given the money.
144. When the ticket was checked it transpired that it had been issued on 29 October whereas the trip was on 4 November. When challenged, Peter Bryan said that he must have made a mistake and would look for the correct ticket, but he was unable to find it. He then insisted that the ticket he had given them was the ticket he had bought for the trip, but when he was told that weekly tickets are not sold in advance, he laughed and accepted that he would have to repay £6.10 he had been overpaid.

Peter Bryan repeatedly tried to obtain money when it was not actually owed to him. Sometimes it was by 'trying it on' as in this example, or by asking for 'compensation' for things that he said had been stolen or damaged when in fact they had not.

145. On 10 November he was escorted to the cinema in Stratford. He chose to see the film 'Kiss of the Dragon' and enjoyed it. He respected all boundaries imposed for the trip.
146. There was a ward round on 12 November. Most of the feedback was good although Occupational Therapist 2 reported that Peter Bryan appeared evasive and he queried whether he needed to work on anger management and stress management.
147. Peter Bryan had told the OT that he wanted to work on his drug and alcohol problems and it was noted that an organisation called Addaction in Hackney would be checked out in this regard. He would then be referred to them and the information about drug placements should be fed back to Psychologist 5 and the Social Worker.
148. Peter Bryan then joined the ward round. He had a long list of requests and queries. He requested that as one of his trips he would like to go to a jeweller to get his watch fixed and he would like to have a meal out. He also said that he would like to visit a war museum and also to visit his brother in Broadmoor Hospital.
149. He was confronted about trying to defraud the ward out of money for the weekly bus pass which he admitted. He was reassured that he would not be returned to Rampton because of his recent manipulative behaviour, but he was cautioned about his behaviour.

150. He was also confronted about having been overheard receiving a request from another patient for cocaine. He explained this by saying that the other patient was mad. A random drug test was carried out because of staff suspicion about illicit drug use on the ward.
151. On 14 November he had a further session with Psychologist 5 to which he brought notes from his previous anger management course at Rampton to discuss. He also drew a diagram that his solicitor had done for him regarding transgressing boundaries which was apparently very helpful.
152. They also discussed in some detail other aspects of his criminal background and life style and his attitude to it now, as well as trust issues at the John Howard Centre, and Psychologist 5 noted that he maintained a positive outlook.
153. On 17 November Peter Bryan went on an escorted trip to Walthamstow Market and was said to have enjoyed the trip.
154. On 21 November Peter Bryan had a further session with Psychologist 5. This time the discussion focused on his experience of relationships with carers in hospital and his feeling that medication and other aspects of treatment were an experiment.
155. They explored the implications for the unreal or 'as if' quality to this. He was able to link it with his parents and a feeling that they too were not settled and still experimenting. They also discussed a recurring nightmare and its link to his conscience.
156. At a ward round on 26 November it was reported by Psychologist 5 that Peter Bryan had described the whole hospital experience as '*an experiment*' and had said that he would always be a confidence trickster.
157. Once again Peter Bryan came to the ward round with a list of requests. From that day he was given 15 minutes unescorted ground leave twice daily.
158. On 28 November Peter Bryan went on an escorted leave to the National Gallery in Trafalgar Square. He was observed to be polite and to have good social skills when interacting with members of the public.

159. He felt that the gallery was too large to see everything in one trip and so concentrated in looking at paintings of the 18th and 19th centuries. He returned to the ward just after 2pm and said that he had enjoyed the trip and had lots of ideas for painting.
160. Psychologist 5 had a further interview with Peter Bryan later in the afternoon of 28 November. He recounted the highlights of his week and had clearly enjoyed the trips into the community and the increased ground leave.
161. He said that while he was out he had made fleeting contact with a woman and this led to a discussion about future contacts, the need to go slow, and negative attitudes he had from his parents' marriage. They particularly discussed his attitude to Asian women and the value of differentiating between personal rejection and racially motivated rejection.
162. They also discussed what might happen if his threshold for resisting criminal activities was diminished in the light of the recent issue of the bus ticket, and he was warned about this kind of matter leading to bigger things.
163. It was agreed that there would be two more weeks of sessions and then they would end. Peter Bryan said that he would like to see another psychologist in the future.
164. Psychologist 5 noted that Peter Bryan was largely settled and well but that there was still some evidence of cognitive distortion or faulty reasoning, possibly due to stress or excitement. He queried whether this was the basis of his illness or was pre-morbid.
165. On 4 December at lunchtime, Peter Bryan handed a member of staff a kitchen knife which he said that he had found on the dinner trolley. The kitchen manager informed the nurse that it was not a standard kitchen knife, but that he would investigate the matter further. An incident report form was completed.
166. At his session with Psychologist 5 on 5 December Peter Bryan raised his concern regarding disclosure of his index offence to future prospective partners and options were explored (but not noted).
167. He also discussed his plan to improve rehabilitation on the ward with proposals for incentives. He also discussed his discovery of the knife.

168. He asked Psychologist 5 about his report for the MHRT which was set for 11 January 2002 and what would happen to it.
169. Then, because Peter Bryan made some sarcastic comment, they went on to discuss his sensitivity to power dynamics, issues of racial discrimination and the possibility that this can lead to rationalisation regarding criminal behaviour.
170. Peter Bryan felt that he had learnt things from being on a ward for psychopaths for 5 years.
171. When they talked about the sessions ending the following week, Peter Bryan said that he needed a mentor in future.
172. On 5 December Forensic Social Worker 3 noted that he had received the legal Submissions prepared by Peter Bryan's solicitor, Solicitor 1, for the MHRT.

The clinical team appear to have also received it that day and it is likely that all the other interested parties were sent it at the same time.

173. On 7 December Peter Bryan was visited by his sister who said that she felt that he had improved compared to his time in Rampton.
174. On 8 December Peter Bryan had an escorted trip to a local pub. He was allowed to drink a pint of beer and he then played pool. The trip apparently went well.
175. At a ward round on 10 December Psychologist 5 said that he would hand over Peter Bryan's care to Psychologist 6, as he was leaving the team. The opinion was however that he might not need a psychologist long term if he had a key worker. Nurse 5 was to write to the Home Office to report on the community leave outings that had taken place and was also going to find out what would be a suitable place for drug counselling in the community.
176. Peter Bryan was then seen and was closely questioned about the knife that he had found on the trolley.
177. He presented well and gave a Christmas card to the team, thanking them all for their help. This was later contrasted with the negative responses which he had given in the patient's

satisfaction survey which he had completed just two days before and the discrepancy in his original claim that he had had items stolen from his room was also addressed.

178. The team felt that there was no compelling reason why Peter Bryan should not be discharged by the next Tribunal hearing scheduled for 11 January 2002. However the date of the conditional discharge might need to be deferred to allow arrangements for follow-up care. A CPA meeting was arranged for 7 January.
179. On 12 December he had a further escorted trip to Walthamstow Market, this time with Nurse 5, his primary nurse. It was explained to him before the trip that it would have to be cut short because of staffing levels on the ward. He was given the choice of changing it to another day but chose to go ahead. It was said to have been a successful outing.
180. On 15 December there was another escorted leave, this time to the National Portrait Gallery. Peter Bryan was apparently fascinated by the paintings and said that he wanted to get some ideas for his own artwork. Again the trip went well and he behaved appropriately at all times.
181. On 20 December Peter Bryan was escorted by three members of staff to Broadmoor High Secure Hospital to visit his brother. He was very much looking forward to seeing him as he had not seen him for six years.
182. When they met, pleasantries were exchanged and they then both talked about their respective index offences.
183. At one time Peter Bryan was heard advising his brother to change his personality by getting rid of his dreadlocks and starting a new life when he got out of hospital. He then tried to make his brother understand that most of his (Peter Bryan's) problems were as a result of what he had learned from his elder brother, and that he had now realised that this was very unfair - particularly on their mother.
184. They both agreed to stay out of trouble when they were discharged from hospital.
185. Once again it was reported that Peter Bryan had behaved appropriately throughout the trip.

186. On 21 December JHC Psychiatrist 3, specialist registrar to RMO4, wrote an addendum report for the MHRT. It was signed by RMO4. This is the report in full:

“This is an addendum report for the Mental Health Review Tribunal, which should be read in conjunction with the original report, dated 4th October 2001

Progress at the John Howard Centre since 4th October 2001.

Mr Bryan’s mental state has remained stable, free of psychotic symptoms and he has been compliant with his antipsychotic medication.

He has been polite and appropriate and has not been a management problem on the ward.

Mr Bryan has been seen individually by a consultant clinical psychologist on 12 occasions between 10th October and 12th December 2001. Important recommendations for future management were made which will be outlined below.

Mr Bryan has been consistently attending individual sessions with the occupational therapists and has been clear of what needs he would like to address. These include community activities, stress management, budgeting and drug and alcohol management. Mr Bryan interacts well and has been willing to look more in depth at his needs.

Current Medication

Trifluoperazine 5 mg bd.

Current Leave

Mr Bryan has now been granted escorted community leave by the Home Office and has had ten escorted trips so far. Mr Bryan has coped very well during these and he has been appropriate throughout without incidence. We are now seeking Home Office permission for unescorted leave.

OPINION

1. *Mr Bryan's mental state has remained stable and he has continued to engage well in structured therapeutic activities which have been available to him.*
2. *Disciplines have now completed their assessments and he has been having successful community trips enabling re-integration into the community.*
3. *We would now support a conditional discharge from his Section 37/41 of the Mental Health Act 1983. However, we would request time to arrange for his aftercare, and aim to begin planning in a CPA meeting on 7th January 2002. The prospective community RMO, RMO5 (Newham locality) is aware of the plans. Funding and availability of the hostel are being addressed."*

187. Also on 21 December Peter Bryan was escorted to the cinema in Stratford to see a Harry Potter film, which he enjoyed.
188. On 22 December Peter Bryan was visited by his friend, P2, who according to Peter Bryan's brother was the brother of Peter Bryan's friend, P1, who had committed suicide and had been part of the 'street gang' of which Peter Bryan had been a member before his index offence. After the visit Peter Bryan was searched but nothing was found on him.
189. There was a ward round on 24 December. Peter Bryan wanted to know (i) if his unescorted ground leave could be increased from 15 to 30 minutes (ii) if he could start having unescorted local shop leave (iii) if Forensic Social Worker 3 had found a suitable place in the community to address his illicit drug problem (iv) if he could attend Core Arts and (v) when he would get unescorted community leave.
190. As far as the leave was concerned RMO4 informed him that he was still on trial leave from a high secure hospital and that the Home Office was concerned about the ground leave, however a letter would be sent to the Home Office asking for permission to be granted for unescorted leave.
191. Peter Bryan seemed to think that his solicitor might ask for a deferred conditional discharge at the MHRT, but RMO4 told him that the Tribunal would go for a conditional discharge.

192. On 24 December 2001 RMO4 wrote to Home Office 1 at the Home Office:

“Thank you for your letter of 12.12.2001. Mr Bryan remains well in mental health and has used escorted leave in the community without incident. An adjourned MHRT on 28.03.2001 (at Rampton Hospital) indicated that Mr Bryan could be granted conditional discharge; it adjourned to allow for transfer to medium security and it reconvenes on 11.01.2002.

In the circumstances, it would now be appropriate to formalise Mr Bryan's transfer to John Howard Centre.”

193. On 28 December 2001 RMO3 wrote to Home Office 1:

“Thank you for your letter of 12 December 2001, in regard to Mr Bryan's trial leave at the John Howard Centre. I attended a case conference in which Mr Bryan's progress at the John Howard Centre was discussed on 3 September 2001 and I have also had sight of (RMO4)'s letter to you.

It is my understanding that Mr Bryan remains in stable mental health, is compliant with medications and for the most part does not pose any management problems (occasions when he is inappropriately sarcastic were noted at the case conference). He has also used leave within the hospital grounds and escorted leave in the community without incident.

In the circumstances, I believe that it would be appropriate to formalise Mr Bryan's transfer to the John Howard Centre.

I would reiterate my comments made to the case conference about keeping a close eye on Mr Bryan's mental state, with particular emphasis on his preoccupation/delusions relating to Asian women and the relationship of such phenomena to his index offence and future risks. It would also be useful for him to participate in a substance misuse programme.”

194. Peter Bryan was settled and cheerful throughout the Christmas and New Year period.

195. On 2 January 2002 Forensic Social Worker 3 telephoned Riverside House and spoke to the Manager. She informed him that he could bring Peter Bryan to visit the hostel that afternoon but that there were no vacancies for at least one to two months, although the situation could

change quickly. The social worker noted that this would mean that a deferred discharge might have to be asked for at the MHRT.

196. Forensic Social Worker 3 took Peter Bryan to visit Riverside House that afternoon and they met with the Manager of Riverside House and were shown around the hostel. Peter Bryan appeared interested and apparently saw some familiar faces from hospital and seemed optimistic about the future.
197. On 5 January 2002 he had a further escorted leave, this time to the Imperial War Museum. He was said to have thoroughly enjoyed the trip and was glad that he had chosen it.
198. On 7 January there was the final CPA meeting before the MHRT. It was headed by RMO4 and JHC Psychiatrist 3, SHO1 and another SHO were also present as were Forensic Social Worker 3, a nurse from Colin Franklin Ward, a MIND advocate and a pharmacist.
199. The consultant clinical psychologist Psychologist 5 had prepared a lengthy report for the CPA meeting. The following are relevant extracts from this document:

“RELEVANT FEATURES OF MENTAL STATE AND BEHAVIOUR

Mr Bryan was always appropriately dressed, punctual for each appointment and appropriately apologetic when he arrived late for reasons beyond his control. He made intense eye contact, related warmly and established an easy rapport. His level of engagement did not falter when the issues to be addressed were uncomfortable for him, if anything he increased his engagement because he expressed how eager he was to press ahead into new and unexplored territory in terms of his understanding of the events which led to his incarceration. While Mr Bryan was appropriately serious at times his initial contact was sometimes jokey and over-familiar. These interactions may possibly have had a fatuous quality to them. Mr Bryan showed the capacity to express himself well at times, using subtle distinctions and showing adroit reasoning capabilities. He also demonstrated sophisticated inter-personal skills and a capacity for immediacy and integrity in his emotional relating...

There were no other overt signs of a psychotic disorder or a mood disorder. Mr Bryan's cognitive functioning was not formally tested. He showed the capacity for sustained concentration although it did require an effort from him and he remarked upon being tired

after sessions. On occasion Mr Bryan did not recall detailed discussions that we had had previously. He showed considerable insight into aspects of his mental health difficulties, the symptoms that manifested when he was most ill and the role of medication in establishing and maintaining his mental health...

Mental State

The presentation described above suggested to me that Mr Bryan is well treated on a low dose of anti-psychotic medication. However there is evidence of an on-going underlying vulnerability to psychotic thought processes. The stress of psychology sessions and the shifts in the delusional components of his account of the index offence indicate the slowly resolving nature of his delusional thinking processes. It is difficult to know the extent to which this has completely resolved in relation to incidents in the past and this may account for some (but not all) of the outstanding discrepancies between his current account and those in the depositions. This suggests that Mr Bryan's ego resources remain to some extent impaired by his illness and that his capacity to cope with various forms of stress will be an on-going vulnerability in need of support.

Cognitive functioning assessment

...Mr Bryan appeared to manifest non-specific memory encoding problems and there is a strong possibility that some of his errors in social judgement are manifestations of dys-executive syndrome that presents in persons with a diagnosis of schizophrenia. What is described as 'immature' behaviour has at times seemed fatuous to me and there have been occasions of incongruity of affect. Aspects of Mr Bryan's social interaction style could thus be seen as residual features of his schizophrenic illness...

Index Offence

Mr Bryan's account of the index offence remains inconsistent with the depositions in some respects. A review of successive reports show that some of the inconsistencies resolve over time and can thus be attributed to the influence of his psychosis at the time. It has not been my impression that these inconsistencies are a form of denial of culpability or diminishing of his responsibility for his index offence. They may more accurately be seen as a psychotic

denial informed by residual delusional memories. Many statements attributed to Mr Bryan in the past he now considers to be a reflection of how ill he was at the time of saying them...

With regard to the question of indifference in his account of the index offence, there was no suggestion of this in his account during this assessment. It is significant that there are reports of him experiencing flashbacks and nightmares in Rampton Hospital reports. He also reported writing to the Prime Minister to ask to be executed. He described feeling that seven years in hospital did not seem long enough, but that if he was offered a chance to leave he would take it. Mr Bryan showed appropriate feelings of guilt and grief regarding the loss of someone he cared for, in such a violent and horrible manner at his own hand. There was no evidence during this assessment of an attempt on his part to diminish the significance of what he did to his victim and her family in any way.

Substance Misuse issues

Mr Bryan was eager to attend whatever substance misuse treatment our service was able to offer. He reported having gained a lot from the groups he had in Rampton Hospital. He also asked to be tested routinely for drugs even though he has never been tested positive since his admission in 1993. He was able to describe in detail the ease with which he could have used drugs while in hospital but that he chose not to. However on a recent community outing he had one beer in accordance with his care plan. Afterwards he reported that he would have liked to have had at least 2 more beers as he wanted 'more of a buzz'. This is a very strong indicator of the extent to which Mr Bryan continues to be vulnerable to the use of substances in order to alter his mood state and that this is paramount over any more simple pleasures. Mr Bryan was able to acknowledge this when I pointed it out to him.

Personality Style

Mr Bryan has in the past remarked to previous assessors that he was a "psychopath in training" when resident on a ward for personality disorders for 5 years in Rampton Hospital. He also remarked that a previous reference to psychopathic traits in a MHRT report "thrown out by the judge" [sic]. In the context of a severe and enduring mental illness it is important to distinguish between "trait versus state" issues. As described above, aspects of Mr Bryan's current presentation can not fail to be influenced by his primary diagnosis and this should

temper inferences regarding his personality, not least of which because they stigmatise without offering understanding...

There have been reports of Mr Bryan engaging in “power games” with staff and fellow patients at Rampton Hospital and there have been instances of this here at the John Howard Centre. At Rampton Hospital Mr Bryan showed a concerning interest in weaponry and an excitability when speaking of violence by others. However it is also noted that this has decreased over the years. He was observed to say things to shock his audience and at times this gave offence. Aspects of Mr Bryan’s behaviour could be attributed to a “thrill-seeker” trait.

In Mr Bryan’s favour regarding his personality style are reports that he maintained warm and productive relationships with a wide range of staff members over a period of many years. He engaged in activities whole-heartedly and did not give the impression that he did so simply for instrumental gain but that he had concern and respect for members of staff. He is described as having a “lovely sense of humour” at Rampton Hospital. He has demonstrated to me that he does not tolerate without comment anyone who he sees as disrespectful towards him. This can bring him into conflict with authority...

Criminogenic needs

The history of offending described in previous reports places Mr Bryan at significant risk of further criminal activities. This included assaults and muggings of specifically targeted vulnerable people, the carrying of knives from a young age, attempting to procure a gun prior to his index offence, drug dealing and various types of fraudulent activities. In the course of this assessment it became clear that Mr Bryan has not completely worked through the range of cognitive distortions and justifications available to him to justify illegal activities, petty or otherwise. However 7 years in hospital has provided him with a very different perspective on his relationship to society and the wider community...During this assessment we explored the grey area where entrepreneurial behaviour, which he shows in abundance, can shade into activities that are not entirely legal. We also addressed to some extent the problem of how these activities can escalate and create more and more risks of harm to others of various kinds. As a result of these discussions Mr Bryan has shown that he is capable and interested in such reflection but not that this is a completed piece of work...

Heterosexual relationships

Mr Bryan showed the full range of features described in previous reports regarding his psychosexual development... described a wide range of sexual experiences and a blasé attitude towards talking about sex. He had contact with pornographic films from a young age and these appear to have been formative of his outlook towards women and intimidating at the same time. He described a number of genital sexual experiences but that he has always stopped short of full sexual intercourse...

It is not clear to me that it is significant in terms of specific risk factors that his victim was Asian. It may be significant in this regard that while on remand in Brixton Prison Mr Bryan made 2 apparently unprovoked attacks on fellow in-mates. It has become clear in the course of this assessment that Mr Bryan has a sexual preference for Asian women and that he is likely to be attracted to Asian women in the future. However, he is also attracted to women from other ethnic groups. Where ethnicity is an issue would be if he were spurned by a woman he was interested in and she was Asian or white, he may attribute this to racism on her part. This would add insult to injury, so to speak, and may provoke a response from him. During the course of the assessment I did provoke Mr Bryan with questions regarding an underlying hostility towards women. He was initially shocked by this but eventually responded positively in the sense of acknowledging that his sense of vulnerability and fear of humiliation may make him more verbally aggressive than if he did not anticipate rejection. He was interested in this avenue and wanted to explore it further.

The need for on-going psychology work

On the need for further psychology work, I have been struck that all three of the main psychology contacts have been assessments rather than interventions. All his therapeutic interventions as such have been group-based. Nevertheless, there have been significant indicators of behaviour change and growth in spite of this. In the course of this assessment it was not possible to gain real access to his experience of the early familial context and the affective quality of his relationships with his mother or father. It is clear that Mr Bryan would like to have a better understanding of himself in some areas. However, the apparent vulnerabilities in Mr Bryan's mental state and the degree of stress he feels when sessions are more emotionally challenging would suggest that a "sealing over" approach is more appropriate at present. If Mr Bryan were to enter into a relationship, given the nature and

circumstances of his index offence, it would be appropriate to consider a referral to a psychology service to assist him in managing the relationship and the stress it would bring.

Relapse Signature

Arising out of the above, features of a “relapse signature” that can be identified are as follows:

- *Low mood*
- *Irritability*
- *Subtle signs of an increase in paranoid ideation*
- *Illogical statements or disorganised reasoning*
- *Escalating social inappropriateness and sexually disinhibited behaviour*
- *Ideas regarding racism towards him or the expression of racist ideas himself towards others*

It has been noted in Rampton Hospital reports that Mr Bryan’s family were not able in the past to respond appropriately to overt signs of distress and paranoia in the past. However, even on a ward at Rampton Hospital his symptoms were difficult to detect. It is possible that the subtle signs of a breakdown in his mental health could mistakenly be attributed to personality features.

RECOMMENDATIONS

1. *It may be important in discharge planning to obtain the reports that are not available referred to above.*
2. *A Treatment Planning Meeting of 13 June 2001 at Rampton Hospital indicated a need for mental health needs to be addressed in community follow-up and this will require “full multi-agency working”. Financial hardship will put Mr Bryan at risk of engaging in illegal activities to boost his income. He would therefore be at risk of returning to drug dealing as he did before, even if he is not using drugs himself. It may be necessary to consider the involvement of the probation services at an early stage.*

3. *The meeting of his educational needs may have been interrupted in his transfer to the John Howard Centre and this may need to be addressed.*
4. *Mr Bryan engaged well at Rampton Hospital with the education department. How our service will address Mr Bryan's employment and vocational needs remains unclear at this point.*
5. *Mr Bryan will require active support in the community if he is to avoid a return to substance misuse. He has expressed a willingness to attend any services we are able to arrange for him.*
6. *Further psycho-education regarding relapse indicators and how to respond when in the community should be clarified.*
7. *Mr Bryan indicated to me that he does not wish to live with his family. However, the treating team at Rampton Hospital made considerable efforts to maintain contact with his family and at one point there was the suggestion that Mr Bryan could explore the possibility of work with his brother who runs a painting and decorating company. It may be necessary to consider re-initiating this contact.*
8. *Mr Bryan has requested a mentor, a service user, for support were he to be discharged into the community. This is a very appropriate request and could be initiated while he is still an in-patient through a befriender scheme.*
9. *Consider a re-test on WAIS-III if concerns regarding cognitive functioning become clinically relevant.*
10. *Consider referral to psychology or counselling services should Mr Bryan enter into a relationship or if there are other sources of stress that threaten the equilibrium he has attained at present."*

200. As was his custom, Peter Bryan dressed smartly for the CPA.

201. The following are the relevant extracts of JHC Psychiatrist 3's note of the CPA meeting:

"FEEDBACK - NURSING

Mr Bryan has remained settled since he has been on Colin Franklin Ward and his mental state is stable. There has been no evidence of any psychotic symptoms.

Concerns were raised in the last care programme approach meeting, dated 3rd September 2001. These included Mr Bryan reporting dreams in which he had intercourse with Indian Girls. This was explored by (Psychologist 5), Consultant Clinical Psychologist, in the context of their real meaning and its implication in terms of his risk when he is discharged into the community.

Mr Bryan has had ten escorted community trips, which have all gone very well without incidents.

Medical

Mr Bryan's mental state remains stable with no evidence of psychosis...A request will be made to the Home Office for unescorted leave at the RMO's discretion. However, before this happens Mr Bryan needs to sit down with his primary nurse to identify places he wants to visit during the leave and send this on to the Home Office.

(RMO4) will be Mr Bryan's community RMO, but his care will be transferred over to (RMO5), General Psychiatrist in the Newham catchment area after a few months....

Psychology Report

Mr Bryan has been seen individually by (Psychologist 5) on twelve occasions between 10th September and 12th December 2001. Important recommendations for future management were made. These included considering a referral to psychology or counselling services should Mr Bryan enter into a relationship in the future and also that he will require active support in the community if he is to avoid a return to substance misuse.

Interview with Mr Bryan

Mr Bryan presented as a very well-dressed, well kempt gentleman who was polite and appropriate. He came to the interview with several questions. He asked for clarification about his community support once discharged from hospital and it was explained to him that firstly (RMO4), then (RMO5) would be his responsible medical officer in the community and (Social Worker 4) would be his social supervisor. It was also explained that it may be possible for him to be allocated a community psychiatric nurse once discharged into the community. He also asked about support in the community for his previous substance misuse. It was explained to him that this could be arranged once he was discharged from hospital.

PLAN

- 1. Mr Bryan will have a meeting with his primary nurse to plan his future unescorted community trips. This plan will then be sent to the Home Office for approval.*
- 2. (Social Worker 4), Mr Bryan's social supervisor to visit Mr Bryan before his discharge from hospital.*
- 3. (RMO4) will contact (RMO5) to inform him of our plan*
- 4. (Forensic Social Worker 3) will look into funding for Mr Bryan to make day visits to his future hostel.*

Relapse Indicators

- 1. Developing paranoid ideas. For example thinking that people are following him and spying on him.*
- 2. Becoming infatuated with females leading to inappropriate sexual behaviour*
- 3. Abusing drugs, leading to a risk of deterioration in his mental state.*

Risk Communication

1. *Risk to himself - No current risk*
2. *Risk to others - A history of risk to others, but nil currently*
3. *Exploitation by others - Not Currently*
4. *Risk of self- neglect - Nil”*

202. Forensic Social Worker 3’s note of the CPA meeting stated that Peter Bryan’s care had been completely transferred from Rampton Hospital to Colin Franklin Ward at the John Howard Centre and that he was no longer a trial leave patient.

203. His notes also recall that although both JHC Psychiatrist 3’s report and Forensic Social Worker 2’s report recommended a discharge, circumstances suggested that Peter Bryan’s discharge was a “fait accompli”.

204. On 9 January 2002 the Home Office sent a supplementary statement by the Home Secretary for consideration by the Mental Health Review Tribunal. It stated:

“The Home Secretary has noted (JHC Psychiatrist 3)’s report dated 21 December 2001. In particular, he notes that Mr Bryan is considered to be suitable for conditional discharge from hospital.

The Home Secretary notes the progress made by Mr Bryan but feels that discharge from hospital would be premature at this time. Mr Bryan has only been tested on a limited amount of community leave so far, and the Home Secretary would wish to see his suitability for discharge thoroughly tested with a further series of escorted and unescorted community leaves, including overnight leave to any proposed discharge address.

He also considers it important that work is carried out to address Mr Bryan’s substance misuse before discharge from hospital is considered.”

205. On 10 January 2002 Home Office 2 of the Home Office wrote to the chief executive of the East London and the City Mental Health NHS Trust:

“I am writing about the transfer of Mr Bryan to the John Howard Centre from Rampton Hospital, after a period of trial leave to the John Howard Centre.

He should continue to be detained in pursuance of the hospital order made at the Central Criminal Court on 4 March 1994 under section 37 of the Mental Health Act 1983, together with an order under section 41 of the Act restricting discharge without limit of time.

The effect of the special restrictions and the role of the Home Office is explained in the Annexe to this letter.

Leave of absence from hospital requires the consent of the Home Secretary and a detailed proposal should be submitted in writing sufficiently in advance of the proposed leave.

A copy of this letter has been sent to (RMO4) who is to be the patient's responsible medical officer at the John Howard Centre.”

206. By a separate letter dated 10 January 2002 to the chief executive of the Trust, Home Office 2 wrote that the Home Secretary agreed to Peter Bryan's transfer to the John Howard Centre from Rampton Hospital.

Until the Home Office had agreed to the transfer from Rampton to the John Howard Centre, RMO3 remained Peter Bryan's RMO. RMO4 only became his RMO on 10 January 2002.

207. On 11 January 2002 the MHRT Panel sat at Homerton Hospital. This was the same panel which had adjourned the hearing in October 2001 to consider Solicitor 1's legal submissions and objections further.

208. In his written submissions which had been sent in early December to all interested parties, Solicitor 1, Peter Bryan's solicitor, sought the following decision from the Tribunal, despite submitting that the panel were either unable to hear the matter because they were not the

original panel members who had adjourned the hearing or that they were bound by an irrevocable decision of the earlier tribunal panel:

“The Tribunal having considered the evidence has concluded that the Patient continues to suffer from a mental illness which has been fully controlled by medication for the past five years. As a consequence of the medication the illness is no longer of a nature or degree warranting liability to detention and in consequence the Tribunal is satisfied that the Patient should be discharged from detention. Should the Patient relapse for any reason his history in particular the nature of the index offence is such that he becomes dangerous to others and in consequence it is appropriate that he remains liable to recall to hospital. For this reason his discharge should be conditional and not absolute”

209. The Tribunal heard oral evidence from JHC Psychiatrist 3, Social Worker 4, Forensic Social Worker 3, Deputy Manager 1 of Riverside House and Peter Bryan. They also considered the October report from JHC Psychiatrist 3, her addendum report, the report dated the 11th of December 2000 from RMO3, (Peter Bryan’s RMO at Rampton Hospital), Psychiatrist 6’s report of 21 March 2001 and Forensic Social Worker 2’s social circumstances report dated 12 October 2001.
210. The MHRT decided that Peter Bryan, should be granted a conditional discharge. The following are relevant extracts from their detailed reasons:

PRIOR HISTORY OF APPLICATION

“On March 28, 2001, a Mental Health Review Tribunal sitting at Rampton Hospital, Nottingham, adjourned an application dated November 7, 2000 for a further hearing on August 29, 2001 at the same location. It is quite plain from the detailed reasons provided and directions then given in the Notice of Adjournment

- (a) There had been a full hearing on the evidence then available.*
- (b) The tribunal were minded to grant a conditional discharge, only adjourning the hearing for further steps to be taken to facilitate that conclusion.*

However, the adjourned hearing did not take place as anticipated. On July 12, 2001, the applicant Peter Bryan was transferred for a trial period to John Howard Centre, London.

Thereafter a new Tribunal sitting with members from a different region was convened. On October 24, 2001, this tribunal adjourned the hearing for further legal representation to be obtained on issues arising from the submissions of the applicant's solicitor.

Today, on January 11, 2002, this tribunal indicated at the outset that in view of the full hearing on March 20, 2001 as set out in the Notice of Adjournment, including the Directions then given, we would give the fullest consideration to those details, without deciding that we were obliged as a matter of law to follow completely the views which must then have been formed. We also indicated at the outset that we would have in mind the clear progress made on the information now before us since the application had been transferred to the John Howard Centre. Thereafter, the solicitor for the applicant did not seek rulings from the court on his helpful written submissions. The tribunal proceeded as a full independent hearing, with a particular examination on the practical issues raised by a conditional discharge. This tribunal thought ultimately to form its own view, whilst at all times giving the fullest consideration to the apparent views of the previous tribunal. In the outcome, we reached independently the same conclusion.

PRESENT HEARING

The diagnosis of Peter Bryan is one of mental illness, specifically paranoid schizophrenia. His condition is fully controlled by medication and he is very compliant under supervision. He had a history of mental illness beginning at the time of the Index offence and characterised by psychotic paranoid beliefs and an abnormal preoccupation with his principal victim, a young Asian girl to whom he was attached. The index offence which caused him to be detained was manslaughter by reason of diminished responsibility and wounding, convictions recorded on March 4, 1994 at the Central Criminal Court. Thereafter the court made an order under section 37 of the Mental Health Act 1983 authorising his detention in Rampton Hospital, with a restriction order under section 41...

Today, Peter Bryan seeks a Conditional Discharge, following the adjournment of his earlier tribunal. The view of the Specialist Registrar, (JHC Psychiatrist 3) in a report dated December 21, 2001 and confirmed in evidence is that:

(1) Mr Bryan's mental state has remained stable, and he has continued to engage in structured therapeutic activities which have been available to him.

(2) Disciplines have now completed their assessments and he has been having successful community trips enabling gradual reintegration into the community.

(3) The multidisciplinary team would now support a conditional discharge from section 37/41. The prospective community RMO was aware of the plans.

(JHC Psychiatrist 3) further supported the concept of the present medical team continuing overall his care and supervision for the next six months, before a transfer to a community medical team is considered.

The view of an independent Consultant Psychiatrist (Psychiatrist 6) by report dated March 21, 2001, which had been before the previous tribunal, supported a conditional discharge.

We heard oral evidence from the Community Social Worker (Social Worker 4) (ASW), which impressed us considerably. He stressed the need for continued drug monitoring, as he believed, on empirical evidence, that there was a direct link between the taking of illicit drugs and the mental condition of the applicant at the time of the index offence. We entirely agree. (Social Worker 4) also emphasised the potential risk of Mr Bryan returning to the community and the need for long-term close supervision. He himself indicated that he would continue to be directly involved with Mr Bryan closely and he supported Conditional Discharge.

We have considered the statutory criteria in the light of all the evidence including that of Mr Bryan. In particular, we noted that his evidence showed considerable insight into his illness and the need for continuing medication to prevent relapse. He showed an awareness of symptoms if he did relapse. He openly stated his preference to go out with Asian girls, if only to show that he was accepted by the Asian community. At the same time, he would disclose any problems with a future relationship to his key worker or other members of the clinical team. He expressed remorse for the Index offence and accepted himself that illicit drugs had contributed to his illness.

The view of the tribunal is that he no longer suffers from mental illness which makes it necessary to him to be detained in hospital for treatment, but that he should be liable for recall.

Accordingly, there should be a Conditional Discharge under the following conditions:

(1) Residence in a 24 hour staffed hostel, staffed by staff experienced in the care of restricted patients.

(2) Such a placement must be approved by the RMO and the Social Supervisor.

Residence at Riverside, where a placement has been offered and funding agreed, would satisfy those criteria.

(3) He attends on his RMO as required and follows his advice about medication and other therapeutic actions

(4) The present clinical team to continue his supervision for the next six months before considering transfer to the community team, to provide continuity of discharge and to reduce any risks.

(5) He attends on his Social Supervisor as required and follows his instructions.

(6) He is to comply with the programme arranged by the clinical team to address the problem of substance abuse. In such an ongoing programme, he must comply with regular drug testing.

In reaching our conclusion, this tribunal is well aware that he has not had unescorted leave in the community and that his move to an approved hostel has taken place within six months of a move to a medium secure unit. The potential risk that creates can, in our view, be met by the comprehensive conditions imposed, including residence at a specialised hostel.”

211. On 15 January RMO4 wrote to RMO5 to inform him of Peter Bryan’s conditional discharge by the MHRT. He told him that he would now use increasing periods of leave, including overnight leave to Riverside House, over the next three weeks with a view to discharge from hospital after that. RMO4 suggested a section 117 aftercare meeting on 4 February.

212. On 17 January 2002 Peter Bryan visited Riverside House. He arrived three-quarters of an hour early and was shown the facilities and also the bedroom that would be allocated to him. Peter Bryan told staff that he was "starving" and asked them to make him a sandwich. Staff made Peter Bryan aware that he was expected to cook for himself and clean up after himself. Peter

Bryan made a sandwich and spent his time either watching television, listening to music or playing pool. A staff member escorted him to a local shop, where he bought a drink and Rizla cigarette papers.

213. Peter Bryan asked if he could cook a meal at lunchtime, which he did under staff supervision. The Manager of Riverside House had a meeting with Peter Bryan, and made him aware of the rules and expectations of Riverside House. Peter Bryan returned to Colin Franklin Ward in the afternoon.
214. On 18 January Peter Bryan visited Riverside House again in the morning and watched television with other residents. One of the Deputy Managers of the hostel had a one-to-one talk with him and he then prepared himself lunch, and chatted with residents and staff. He left the hostel for Colin Franklin Ward in the early afternoon, after having played pool with one of the residents.
215. On 19 January Peter Bryan visited his mother for the day. When he returned, he reported that the visit had gone well but that his mother had become emotional at seeing him in her home for the first time in 10 years. He said that he had found Newham changed after all that time.
216. Around this time, Social Worker 4 wrote to the East London and the City Mental Health Trust and Newham Social Services to inform them of Peter Bryan's imminent conditional discharge from the John Howard Centre and to urgently arrange joint funding for Peter Bryan's placement at Riverside House. He concluded his email:

“Because of the potential risk this man poses to the community his care plan is comprehensive and has stringent conditions attached including random drug screening and drug counselling. His CRMO will continue to be (RMO4), John Howard Centre, and (the Forensic CPN) will be his care co-ordinator. I will be his social supervisor and he will have intensive key worker support at Riverside.

Myself and the team will also be drawing up a comprehensive risk assessment, risk management and contingency plan shortly. The purpose of Riverside is for a clear rehab focus with a view to independent living in the future subject to Home Office approval.”

217. On 21 January 2002 Nurse 5 prepared a clinical team nursing report. The following are relevant extracts:

“RELAPSE INDICATORS

The relapse indicators will be divided in four major parts:

MEDICATION

Peter knows that when he came off medication when he was in Rampton, his mental health deteriorated. He started to feel paranoid, started talking irrationally, and expressed irrational ideas. For instance he wrote to an MP asking to be killed off by lethal injection. Peter did not have any insight that he was having a psychotic episode. Therefore, he knows that it is extremely important to continue taking his medication, as he is likely to relapse should he decide to stop taking it after his discharge or after a few months or years. Peter has had many sessions with his P/N to discuss reasons why he will need to be on medication to keep his mental health in a good state in years to come.

FANTASIES

Peter identified certain behaviours which would tell him that he might be relapsing. Chasing up women and becoming infatuated with them is a behaviour that he needs to recognise as a relapse indicator. Developing fantasies about such females and having constant thoughts about them. Misinterpreting normal male-female interactions by convincing himself that the female has a sexual interest in him. Becoming easily obsessed. Having constant sexual fantasies with a particular female, wanting to possess her. Peter will be encouraged to discuss his feelings with his social supervisor to make sure that he keeps his thoughts regarding unhealthy fantasies in check.

ILLICIT DRUGS

Peter has recognized that smoking cannabis exacerbated his mental illness. He said that if he happens to smoke a joint while in the community, he would inform his social supervisor. Peter does not believe that smoking a joint will not as he put it "make him mad" (sic). However, he was encouraged by his P/N to maintain total abstinence of all drugs, especially cannabis. But somehow, in the way Peter expressed himself he seems to think that it is inevitable that he will be exposed to situations in which he will have the opportunity to consume some drugs.

Thus, this need to be seen as a strong relapse indicator, if Peter started to indulge in drug taking, especially large quantities.

BAD COMPANY

Peter has recognized that some of the people he has related to the past have a criminal background like himself. Therefore, he will be at risk of taking drugs and possible criminal behaviour if he starts to see these people, whom he has called friends. Seeing these people may not be a relapse indicator per se, but the fact is that he might be under peer pressure to take drugs while in the company of them, which may lead to relapse and antisocial behaviour should he be asked to do them favours, or tempt him to earn money by drug dealing and so forth.

SUMMARY

The major event in the past two weeks is that Peter was successful in his MHRT and he was granted a conditional discharge on the 11th of January.

CP(care plan)1: Peter has utilised his unescorted leaves to the grounds, shop and community, and he has returned to the ward at the pre-arranged time

He visited Riverside Hostel on the 17th and 18th Jan. Peter has stayed at the hostel from 10 a.m. to 3 p.m. as pre-arranged. (Nurse 5) contacted the hostel to enquire how the visit went. Staff at the hostel said that Peter's behaviour was appropriate when interacting socially with the residents of the hostel and the staff there. He spent his time chatting, playing pool and cooking his own meal. Peter also visited his mother on the 19th Jan. Again, Nurse 5 contacted his mother to get feedback from the visit. His mother said that she was pleased to see him. She was asked how she found him, and she stated that he is back to his "normal" self as he can hold a conversation as he used to before he became ill. Peter was also asked how he felt about the visit to his mother. He said that it was the first visit in 10 years and he found the area (Newham) somewhat changed as he noticed that the route of the buses were different and it appeared that the Indian population had increased in that area. He said that his mother was a bit emotional and cooked some food for him, but he did not eat it as he thought the food was a bit rich.

Peter did not express any problems related to being in the community, and interacting with members of the public.

CP2: Peter has discussed with his P/N the importance to maintain appropriate interactions without the use of sarcasm, particularly now that he was successful in his tribunal and he will be out of the hospital environment soon. At times, he had attempted to make sarcastic remarks, but he was immediately asked to reflect on his behaviour, and he quickly modifies his approach.

CP3: this care plan related to risk of Absconson has been discontinued as Peter no longer into regarded as an absconson risk.

CP4: Peter has not expressed a great deal of anxieties is regarding his discharge into the community. He occasionally asks appropriate questions like who was going to be his GP and his CPN.”

218. A section 117 aftercare meeting was scheduled for 4 February and RMO5 (Peter Bryan’s future community RMO) the Forensic CPN and Social Worker 4 were invited to attend.
219. Peter Bryan was then seen and informed the meeting that he had signatures of Colin Franklin Ward patients and was seeking signatures of other John Howard Centre patients as he was canvassing for patients to be paid for attending group sessions in an effort to save money as an incentive.
220. Later that day Peter Bryan used his unescorted parole to go to the local shops and attend football.
221. On the 22 January Peter Bryan, visited Riverside House again for day leave and enjoyed the day. After his return Nurse 5 had a one-to-one session with him in the evening to discuss his relapse indicators.
222. The following day, he had another day visit to Riverside House when he played pool and interacted with both staff and residents and made his own lunch.

223. On 24 January the Manager of Riverside House telephoned to inform the ward staff that Peter Bryan, should attend the hostel on 29 January, and 1 February.
224. She said that she was still waiting for the funding and that when it was received Peter Bryan could start his overnight leaves.
225. On 26 January Peter Bryan left the ward for a day visit to his parents. He was expected back at 17.00 hours. He was asked to call the ward when he had reached his parents' house, but he did not. On his return he told staff that he could not get through to the ward, despite having tried five times and having both phone numbers. He also did not get back to the ward until 17.30, saying that traffic made him late.
226. Throughout this time, Peter Bryan presented no management problem and the nursing notes show that he was pleasant and compliant, using his ground and shop parole appropriately. There was said to be no risk of him absconding.
227. On 28 January, Peter Bryan, visited Riverside House for his day leave and had another good day, playing pool with staff and residents and making his own lunch.
228. He had another day visit to the hostel the following day which again went well.
229. On 31 January Peter Bryan was preparing himself to go to a cafe with his OT therapist. One of the nursing staff called him because he had a letter and he retorted, "*What did you call me for?*". He was informed that it was the staff member's responsibility to hand him any mail and that he should not address members of staff in that manner. The letter was from Hackney library informing him that he had three items overdue. He flung the letter in the bin saying that he did not want it. He then went out to the cafe with his therapist.
230. That evening Peter Bryan greeted the night staff pleasantly enough at the start of the shift, however when he was asked a question, he responded in a sarcastic manner. When staff commented upon this, he apologised and was settled for the rest of the shift.
231. The nursing care plan prepared by Nurse 5 on 31 January 2002 highlighted that Peter Bryan had had anxiety at the prospect of being discharged into the community. It stated that he would be able to cope with the idea of being discharged into the community in the future and would

develop strategies to mitigate any anxieties and concerns produced by his discharge. He would commence a period of preparation for his eventual discharge, and this would take place in one-to-one sessions with his primary nurse and associate nurse, and also members of the MDT (multi-disciplinary team). He would be encouraged to ventilate his anxieties and concerns.

232. Nurse 5 considered that Peter Bryan's anxiety about his discharge had gradually being replaced by outward optimism and the wish to be discharged into the community.
233. The planned visit to Riverside House for 1 February was cancelled due to a lack of funding. However, Peter Bryan arrived at the hostel that morning unaware of the cancellation and Riverside staff asked him to return to Colin Franklin Ward, which he did.
234. That afternoon he had a busy time taking both shop and ground parole, playing pool with staff, serving supper and taking an active part in the community meeting. His social interaction was positive and socially appropriate according to the nursing notes. The nursing staff were informed that Peter Bryan's overnight leaves to Riverside House would start on Monday 4 February.
235. On 4 February the Section 117 aftercare meeting took place. It was attended by RMO4, RMO5, JHC Psychiatrist 3, SHO2, SHO1, Social Worker 4, the Forensic CPN, Forensic Social Worker 3, the Colin Franklin Ward Manager, Occupational Therapist 1 and Peter Bryan himself.
236. The meeting was minuted by SHO1, RMO4's SHO, and the following are relevant extracts of those minutes:

“Plan

Mr Bryan is for discharge to the community and will reside at Riverside Hostel. He has been on several day visits to the hostel and overnight hostel visits will be arranged for him before discharge. His RMO for the first six months upon discharge will be (RMO4) and thereafter (RMO5) will take over as his RMO in the community. His Care Manager will be (the Forensic CPN) and his social supervisor (Social Worker 4). His Care Manager will arrange for him to have a GP while in the community. The hostel will be provided with drug screening kits to test his urine for possible drugs. His anti-psychotic medication will be prescribed by his GP. He will be reviewed regularly by (RMO4) and subsequently by (RMO5) upon discharge. He will have

continual outpatient follow up with the dermatologist whom he is currently seeing. The Social Worker will arrange for regular reviews over the next three months. He will be attending the Worland Day Centre for Occupational Therapy activities. He will be referred to VITAL drug rehabilitation services in Newham by his Social Supervisor.

Relapse Indicators

- 1 Paranoia and suspiciousness*
- 2 Infatuation, especially with Asian girls*
- 3 Drugs and alcohol misuse*
- 4 Irregular compliance with medication*

Conditions of Discharge

- 1 That he resides in a 24 hour staffed hostel, staffed by staff experienced in the care of restricted patients*
- 2 Such a placement must be approved by the RMO and Social Supervisor*
- 3 He attends on his RMO as required and follows his advice about medication and other therapeutic activities*
- 4 The present clinical team to continue his supervision for the next six months before considering transfer to the community team, to provide continuity on discharge to reduce any risks*
- 5 He attends on his Social Supervisor as required and follows his instructions*
- 6 He is to comply with the programme arranged by the clinical team to address the problem of substance abuse. In such an ongoing programme he must comply with regular drug testing.*

Discharge Plans

To arrange for at least two overnight leaves at his hostel over this week and the next before his discharge. Scheduled for discharge next week -- Monday or Tuesday. Next CPA review date has been arranged on 2 April 2002 at 2 p.m. at 1 Kempton Road, London.

Arrangements for Re-admission or Crisis

RMO will assess when patient is in relapse and decide on best treatment either in the community or admission to either an acute psychiatric ward or to a more secure environment on an ordinary Section. If his condition is serious then he might be recalled under Section 37/41 of the Mental Health Act.

Summary

Mr Peter Bryan has been scheduled for discharge next week to Riverside Hostel after he has undergone two overnight visits there. He will be followed up by (RMO4) who will be his RMO for the first six months and will provide regular statutory reports as required by the Home Office, and thereafter (RMO5) will take over. (The Forensic CPN) will be his Care Manager and will be coordinating his care needs in the community. His Social Supervisor will be (Social Worker 4) who will arrange for his occupational therapy and art therapy activities as well as linking him up with drug rehabilitation services. His Social Supervisor will also be responsible for reviewing him regularly to provide statutory reports as required by the Home Office. He will have a GP whilst in the community and he will continue follow up with his dermatologist. His Social Worker will continue to follow up on his case on a regular basis. His next CPA review date has been decided upon. In crisis RMO will assess and decide on best treatment.”

237. Peter Bryan arrived at Riverside House at 6pm on 4 February for his first overnight leave. He was to stay for two nights. He was given the key to his bedroom and he handed his medication over to staff.
238. He cooked his evening meal and played pool with other residents. He spent the early hours of the night resting in his room, took his night medication at 10pm, and then watched a film on TV until 11.30pm when he retired to bed. He woke up once during the night and went to the lounge to smoke a cigarette.
239. When he got up at 8am the following morning, he did some ironing and had a shower after he had had breakfast. He spent the morning in the hostel except for going out for a short 10-minute walk. He made himself lunch with a little assistance.

240. That afternoon he attended an arranged outpatient appointment at the Homerton Hospital about a skin condition. That evening he cooked a meal under staff supervision and was observed to be interacting with both fellow residents and staff. The Manager of Riverside House discussed with him how he should get in contact with his social worker, Forensic Social Worker 3, at the John Howard Centre to arrange his discharge from hospital.
241. On 6 February Peter Bryan had his breakfast, took his medication, had a bath and then watched television with fellow residents. He bought a newspaper for the house. He returned to the Colin Franklin Ward in the late morning.
242. Later that day the Manager of Riverside House received a phone call from Social Worker 4 and she gave him feedback about Peter Bryan's overnight leaves at Riverside House. Funding was also discussed and Social Worker 4 told her that he hoped to have confirmation from the health authority by the end of the week. Social services had already agreed to fund the placement.
243. The Manager informed Social Worker 4 that the Riverside staff had not been aware of the Section 117 meeting which had taken place on 4 February. She had also told Forensic Social Worker 3 on that day that she was not happy that the Riverside Managers had not been invited to the Section 117 discharge planning meeting.
244. The Manager also telephoned Colin Franklin Ward to inform them that Peter Bryan's overnight leave had gone well with no untoward incidents. She said that she would make contact with Forensic Social Worker 3 to arrange the date that Peter Bryan would move to the hostel. She said that she would inform the ward when this had been arranged and that he would need two weeks medication. A message was left for SHO1 on his pager to contact the ward to write up the medication prescriptions.
245. The ward staff were later contacted by Forensic Social Worker 3 to inform them that they should contact Social Worker 4 to inform him that Peter Bryan's discharge was to be on 12 February and that he should liaise with the Riverside staff to coordinate the discharge.
246. Later that night Peter Bryan told staff that he was looking forward to his impending discharge to the hostel. He retired to his room at midnight and seemed to have slept undisturbed.

247. In the afternoon of 7 February Social Worker 4 was contacted to discuss Peter Bryan's discharge on 12 February. Social Worker 4 said that he had spoken to the Manager of Riverside House who had confirmed that Peter Bryan was expected to move in on the planned date. The relevant prescriptions for his medication had been made up and sent to the pharmacy. The Unit van driver had been booked to take Peter Bryan to the hostel. Peter Bryan was to go to the pathology laboratory the following morning to have blood samples taken and he was informed about this.
248. In the afternoon Peter Bryan went out with the occupational therapists and also utilised his ground leave. He was said to have interacted well with staff.
249. On 9 February Peter Bryan left the ward to visit his mother and once again made no contact with the ward when he arrived as he had been told to do. He returned later that afternoon looking cheerful and bright in mood, had his evening meal and played a game of table tennis. Later that night he played a game of pool before going to bed and expressed no anxiety.
250. On 10 February he behaved well throughout the day and showed no anxiety about his impending discharge.
251. During the night shift of 11 February Nurse 5 had a one-to-one session with Peter Bryan to discuss his imminent discharge the following morning. He was said to be positive about remaining in the community and said that he would look out for relapse symptoms once he had been discharged. He retired to bed and appeared to sleep well.
252. On the morning of 12 February Peter Bryan got up for his morning medication and breakfast and stayed in the day area until he was discharged that afternoon. He was accompanied by two of the Colin Franklin Ward staff to Riverside House.
253. Nurse 5's discharge summary stated:

"Peter's mental state on discharge is considered to be settled and stable. He was instructed on relapse indicators and what to do if he feels that his mental state starts to deteriorate. Peter is willing to continue taking his prescribed medication, and will keep in contact with his Social Supervisor and FCPN. He will require his mental state to be assessed periodically by the above

professionals to ensure that he maintains a good level of mental health, and any adverse changes should be reported and dealt with immediately.”

Riverside House

1. Peter Bryan moved into Riverside House at 13.00 on 12 February 2002. His medication was handed over to the Riverside staff. His property was recorded and a list kept on his file. His Abbey National savings books were put in the office safe for safe keeping. His key worker at Riverside was Riverside 1.
2. Later that afternoon Peter Bryan had his hair shaved by a fellow resident. He later went to the local shops with another resident and a member of staff to find out where to buy cheap tobacco. On his return to the house he cooked his evening meal with staff assistance, played some pool, watched TV, requested his medication at 22.00 and went to bed about 00.40.
3. On 14 February Peter Bryan went with Riverside 1 to the CMHT offices in Newham and saw the Forensic CPN who explained both his role and that of Social Worker 4 and went over the CPA Care Plan which had been drawn up at the CPA meeting on 4 February.
4. It was decided that Peter Bryan:
 - (i) would attend the Worland Day Centre
 - (ii) would attend VITAL Drug Agency
 - (iii) would have regular follow-up with the Forensic CPN and Social Worker 4, with visits alternating between Riverside and the CMHT office in Kempton Road, Newham.
 - (iv) would have regular urine testing for evidence of drug taking
 - (v) would have a review CPA organised at the CMHT office
 - (vi) would have his bus pass organised by Forensic Social Worker 3.
5. The Forensic CPN planned to visit Peter Bryan at Riverside House two weeks later on 28 February.
6. On 19 February Forensic Social Worker 3 was approached by Occupational Therapist 1, a member of RMO4's team at the John Howard Centre, who informed him that she had received a letter from Peter Bryan. She said that it contained nothing of obvious concern although she was concerned because her contact with him had been limited to one assessment after his transfer to the John Howard Centre.

7. She said that she did not feel under any immediate danger but she wondered about Peter Bryan's motives and would prefer to wait to see if there was any other contact before taking any action.
8. Forensic Social Worker 3 sought advice from Forensic Social Worker 1 (his predecessor as Peter Bryan's forensic social worker) who read the letter and was of the opinion that there was a tone to the letter that might warrant further investigation.
9. Forensic Social Worker 3 visited Peter Bryan at Riverside House later that day but did not feel it was appropriate at that time to inform him about the concerns which they had because letter writing was not necessarily an unhealthy pastime as long as the content did not reflect any risk. Peter Bryan did not mention the letter when the social worker visited him but updated him on his progress and showed him his room.
10. Forensic Social Worker 3 showed the letter to the clinical psychologist Psychologist 5 who did not feel that there was anything which suggested any risk and advised the social worker that it was better to wait to see if Peter Bryan wrote again before reacting punitively.
11. The social worker also contacted the Mind Advocate and briefly explained to her that he was doing a risk assessment exercise and asked if she could let him have a look at a letter that Peter Bryan had also written to her on the 15 February. Having read the letter, Forensic Social Worker 3 did not think that it was inappropriate and the Mind Advocate said that she had not felt particularly threatened and explained that Peter Bryan had promised that he would write to let her know how he was getting on.
12. On 27 February the Forensic CPN was informed by one of the John Howard Centre social workers about the letter sent to Occupational Therapist 1 and she advised the Forensic CPN to contact Forensic Social Worker 3 for further details.
13. The letter from Peter Bryan was in the medical records and was dated 12 February, the day that Peter Bryan moved to Riverside House. It said:

“Hello (Occupational Therapist 1),

Hope you are fine and in good spirit and in good health. As I am fine and in good health and fine spirits. Occupational Therapist 1 may-be you can tell J how I am getting on as I don't know her surname. Anyway the room is very small not really it's just I have too many clothes. The staff are very fall of help and very kind and helpful. However the Manager keeps telling me to keep aWay (sic) from DRUGS and No Drinking Alchol on the premises but I don't think you need to worry I am impowered, and know when to Say No. I have a meeting on 14th February 2002 at 10 with my MENTAL COMMUNITY HEALTH TEAM, wish me Luck! I will be writeing (sic) to H from ADVOCACY as would like to know how I am getting on. Anyway (Occupational Therapist 1) Take care as I will try very hard to get out of Riverside and will also be trying to keep the good behaviour up.

Your sincerely

Peter Bryan

PATCHWORK”

14. On 28 February the Forensic CPN visited Riverside House as planned. First of all he met with Deputy Manager 1, and Peter Bryan's Keyworker, Riverside 1, who expressed their concern about the lack of activities and structure for Peter Bryan at Riverside House. They felt that he needed to attend a Day Centre or a work-training centre.
15. The Forensic CPN informed them that applications had already been made to the Worland Centre and to VITAL drug agency and that they should be in contact with him soon. He also gave the Riverside staff urine testing strips so that they could carry out random drug testing on Peter Bryan.
16. They told him that Peter Bryan's bus pass application was also being processed and that Peter Bryan would need to follow this up.
17. The Forensic CPN rang RMO4's secretary to find out when an outpatient appointment had been made for Peter Bryan and was informed that it was for that day, but it appeared that the appointment had been sent to the wrong address. He gave them the proper address and it was agreed that a new appointment would be sent.

18. The Forensic CPN then spoke with Peter Bryan who said that he felt that he had settled in quite well, but he expressed a wish that he would like to attend some activities during the day as he got bored a lot of the time. He said that most of the other residents were out doing activities for most of the day so that he was very often the only resident left in the hostel during the daytime.
19. The Forensic CPN told him about the referrals that had already been sent to the Worland Centre and VITAL drug agency. Peter Bryan also expressed an interest in Core Arts, which was a day centre which concentrated on music and art activities. This apparently would require funding and the Forensic CPN told him that this would be considered when the other programmes were established.
20. The next visit was planned for 13 March when Peter Bryan would go to the CMHT, and a joint visit with the Forensic CPN and Social Worker 4 was arranged for 20 March at Riverside House.
21. Peter Bryan settled in well during his first few weeks at Riverside House and the notes made by the hostel staff showed that he was no management problem. He attended House Meetings and from the outset opted to take the Minutes.
22. On 5 March a letter arrived from RMO4 informing Peter Bryan that he had an outpatient appointment on 15 March.
23. On 13 March Peter Bryan went to the CMHT office accompanied by Riverside 1 for his meeting with the Forensic CPN. He arrived half an hour late for his appointment due to traffic problems and so the session was a short one. The Forensic CPN noted that Peter Bryan's mental state appeared stable and that there was no evidence of any psychotic symptoms. Feedback from his key worker was that he had settled in to Riverside House quite well.
24. Peter Bryan was told that his community social worker and Social Supervisor, Social Worker 4, would be handing over his care to a new Social Supervisor, Social Worker 5.
25. The main issue which was discussed at the meeting was the lack of activities and structure at the hospital. He was still waiting for an appointment from the Worland Centre and VITAL drug services. The Forensic CPN told him that he had spoken to Social Worker 5 and that he would be following those referrals up.

26. Peter Bryan expressed his frustration at being at Riverside House with regard to the level of supervision and monitoring. He felt that the Riverside staff were constantly asking about his whereabouts, were always watching over him even when he was doing basic skills such as cooking, and he was unhappy at not being able to take female friends back to his room, as no visitors were allowed in his room in the late hours. He said that he was a male with physical needs and would like the opportunity to develop relationships with women.
27. The Forensic CPN noted that Peter Bryan had agreed to discuss these issues with Riverside House so that they were aware of his feelings about these issues. Peter Bryan said that he felt he needed to discuss those issues with the Forensic CPN first so as to make some sense of those anxieties and also to give him confidence to be able to tackle those issues himself with the Riverside staff. It was agreed that if he just 'bottled things up' this would affect his mental state as it had in the past.
28. He was told that on the next visit on 20 March at Riverside House, Social Worker 5 would accompany the Forensic CPN.
29. Immediately after that appointment, Peter Bryan went to visit his parents and returned to Riverside House in the late afternoon. The Manager of Riverside House had a one-to-one talk with him and he then cooked his dinner before refereeing a game of pool between the residents.
30. On 14 March Home Office 3 of the Mental Health Unit of the Home Office wrote again requesting the Social Supervisor's report for the Home Secretary which was required initially after a month and then every three months for Section 37/41 patients who had been conditionally discharged.
31. On 15 March Peter Bryan kept his appointment with RMO4 at Homerton Hospital's outpatient department, accompanied by Riverside 1. Following that appointment RMO4 wrote to Peter Bryan's GP as follows:

"I met with Peter in an outpatient follow up today, together with his senior carer (Riverside 1) from Riverside House Hostel. This was our first outpatient appointment since Peter's discharge from forensic services.

Peter appeared well and was casually dressed with neat appearance. There were no mental health concerns and I noted that he was mentally stable. He talked about his move into the hostel and having to grapple with a range of guidelines around residency. This is clearly a key point of change to any patient leaving secure hospital facilities, and it appeared to me that Peter was taking the change rather well. He continues to comply with his medication which is Trifluoperazine...

(Riverside 1) advised that her activities programme would shortly be in place in order to ensure that Peter did not become bored as a resident at Riverside House.

I hope to see Peter again in about three weeks. We are likely to discuss and review his overall care in the community in a future CPA meeting. I understand that this has been scheduled for 2 p.m. on 2 April 2002 at the Newham East Team based at 1 Kempton Rd. I will be attending myself."

32. On 19 March Forensic Social Worker 3 telephoned Peter Bryan at Riverside House. Peter Bryan said that he was fine although a bit bored, but was treating it like a holiday until his activity programme was in place.
33. He informed the social worker that he had visited his parents when he had gone to Newham, and that his father had spoken to him about the index offence and had told him that he was very lucky to be out in the community, albeit on a conditional discharge, and he said that he took the same view. He said that he avoided any situations which could put him in trouble.
34. On 20 March Peter Bryan was visited by the Forensic CPN and his new Social Supervisor, Social Worker 5. At that time, Social Worker 5 was a locum social worker, employed by an agency.
35. They met first of all with Deputy Manager 1 whose feedback was on the whole good. The only problem that Riverside staff had encountered was that Peter Bryan had been trying to push the boundaries, but staff had spoken to him about this and the problem now seemed to be resolved.
36. Social Worker 5's notes of the visit state that Peter Bryan was doing well and was compliant (though at times reluctantly) with the rules and regulations of the hostel.

37. Social Worker 5 spoke to Peter Bryan about structure and day activities and told him that he was dealing with the referrals to the Worland Centre and VITAL drug services.
38. Peter Bryan wanted to know how long he would be at Riverside House and when he could get his own flat. It was explained to him that the Home Office received progress reports periodically and that the aim of all those looking after him in the community was to help him function as independently as possible.
39. They explained to him that it would be a gradual process whereby he would be tested and assessed during the various stages of his progress. He was also informed that he would have to appeal to the Mental Health Review Tribunal if he wanted to get any of his conditions changed, including his residency at Riverside House. He was told that this was his right and that he could do this every year, but that the support of the professionals looking after him would depend on his progress and risk assessment.
40. It was also decided that Peter Bryan would join the local leisure centre that he attended while at the John Howard Centre and Social Worker 5 was going to take Peter Bryan to the Worland Centre the following week to have a look at it.
41. He said that he had not taken any drugs since his discharge from the John Howard Centre and was adamant that he would not take them again. As yet he had not been tested for drugs and it was planned that the Riverside staff would test his urine for drugs.
42. The notes for the nightshift of 26 March show that Peter Bryan had exchanged a few unpleasant words with another resident on two occasions and had been advised by staff to take it easy. It appeared that there was no love lost between the two.
43. The following morning he was spoken to by the Manager of Riverside House about his behaviour the previous night and she advised him to inform staff if he had a problem. Peter Bryan responded that he did not feel that he should be in Riverside House as he had been in hospital so long. Once again he was reminded that Home Office conditions of his discharge provided that he was to reside at Riverside House, but that he had a CPA meeting coming up soon which would be an appropriate venue for him to air his concerns. It was noted that he appeared restless and fed up for the rest of that morning.

44. On 2 April Deputy Manager 1 had a one-to-one talk with Peter Bryan about arguing and lending money. Peter Bryan then had his hair cut, smartened himself up and left the hostel to see his mother before the CPA meeting at Kempton Road.
45. The CPA meeting was attended by RMO4, RMO5, Social Worker 5, the Forensic CPN, Deputy Manager 1 and the Manager of Riverside House, and Peter Bryan. Minutes of the meeting were taken by the Forensic CPN who noted that the feedback from Riverside House was very positive although there had been some difficulties with regard to Peter Bryan testing the boundaries at the hostel and having problems with motivation.
46. It was noted that he had challenged the Riverside staff regarding the amount of supervision and monitoring he received, although recently he had appeared to be more accepting of the reasons and rationale behind this.
47. Due to the lack of activities being available for him, he had been spending a lot of time in his bed or watching TV. This was currently being addressed and Social Worker 5 was going to try to get him started at the Worland Centre and VITAL drug services.
48. Peter Bryan raised some questions about his own care. Some of the issues raised by him highlighted that he still had unrealistic plans for his future care and a lack of understanding about the reasons for his conditional discharge and the level of support which had been set up for him.
49. He wanted to know when he could have his Section removed, when he could have overnight leave to his parents' house, and when he could leave Riverside House and get his own flat. He was hoping that this would be in July of that year.
50. RMO4 tried to explain to Peter Bryan that these plans were unrealistic and what he would need to do to achieve some of them. He was also reminded, however, that he had a right of appeal to the Mental Health Review Tribunal.
51. It was agreed in the meeting that prior to asking the Home Office for overnight leave, Peter Bryan should have a structured Daytime Programme. The Forensic CPN and Social Worker 5 would also visit his parents' house to assess what their attitude was to overnight leave. This

would then be discussed with RMO4 prior to him making a request to the Home Office for overnight leave.

52. The next CPA meeting was scheduled for 17 September 2002 at Kempton Rd. It was noted that this was intended to be a CPA Transfer Meeting when RMO4 would hand over RMO responsibilities to RMO5.

53. The Care Plan was:

- 1 *“to reside at Riverside House as part of the conditions of his discharge*
- 2 *to be assigned a key worker at Riverside and participate in daily programmes at the hostel*
- 3 *regular random drug testing*
- 4 *continue to see (RMO4)*
- 5 *(The Forensic CPN) and (Social Worker 5) to see Peter Bryan every two weeks at Riverside or at Kempton Rd*
- 6 *(The Forensic CPN) and (Social Worker 5) to visit Peter Bryan's parents*
- 7 *to attend the Worland Centre following referral by (Social Worker 5)*
- 8 *to attend VITAL drug services following referral by (Social Worker 5)”*

54. In the section of the Care Plan form for the views of the service user, Peter Bryan commented that he agreed with the Care Plan, but made the following comments (as he wrote them):

“However the care plan is taken over three month to put into action and still has floors. I am very interested in overnight visit at parent and more important when I will move to own accommodation.”

55. That evening Peter Bryan appeared quite low in mood according to the Riverside notes.

56. On 9 April Peter Bryan was advised to go to the Red Robinson Centre to enquire about daytime activities and he told the Riverside staff that he was not interested in doing so. He said that he had been writing letters to the drugs and alcohol services to see if he could get a place, and complained that his social worker was not doing anything. He was advised to take the matter up with his social worker and also advised to attend the Day Centre.

57. On 10 April Social Worker 5 wrote a letter referring Peter Bryan to the VITAL drug project. In the referral letter, the social worker stated:

“Peter is a jovial man who appears to be easily compliant, but he does have a tendency to try and push boundaries and your staff need to be aware of this. Once he is reminded of these however he complies without too much fuss.

Peter presents very little risks at present, however I would want immediate communication from your colleagues at Vital should there be any change in his behaviour. This is very important.”

58. On 12 April Social Worker 5 met Peter Bryan at the Worland Centre, but unfortunately they were not able to have an extended visit as the staff were in a meeting. They were allowed in for a short period and Peter Bryan was pleased with what he saw. However they were then informed that the Worland Centre would not be in existence for much longer as it was closing down, and many of the activities currently held there would subsequently be held in the community.
59. Later that evening Peter Bryan asked the Deputy Manager of Riverside House if he could go out for a walk at 8 p.m. but was advised that it was a bit late to do so. A little later he informed staff that he was opposed to the Deputy Manager's point of view and that he would be going out for a few minutes. He went out at 8:15 p.m. and returned at 8:30 p.m. fuming.
60. He told staff that he wanted to see the Registrar (**we believe that this was a reference to the National Care Standards Commission**) and his solicitor as he felt he was being oppressed and treated differently from anyone else in the house. He said that he felt that the Manager had treated him unfairly and that on two occasions staff had turned away his friend who was visiting him. Staff assured him that the Manager was not against him, but was only concerned and was adhering to the rules of the house.
61. On 15 April Peter Bryan received a telephone call from the Drugs and Alcohol Services in Tower Hamlets (Addaction) and was informed that he could attend the drop-in service between 2 - 4 p.m. Monday to Friday. He was also told that he could attend Drug and Alcohol Anonymous meetings and that this was to be organised.

62. The same day Forensic Social Worker 3 telephoned Riverside House and spoke first of all to Deputy Manager 1 who said that Peter Bryan had made a few requests which had not been accommodated yet as it was judged to be too soon. These requests were to be allowed overnight visits at his parents' home and to be moved to his own flat.
63. The social worker then spoke to Peter Bryan who said that he did not feel that he should stay at the hostel too long, arguing that he was able to look after himself and had been good and not got himself into any trouble. He had not tested positive for any drugs either.
64. He felt that there were too many rules and regulations at the hostel and described the staff as *"too watchy-watchy and interfering"*.
65. Forensic Social Worker 3 explained that the process of moving on to his own flat would not be as simple as that as he was subject to conditions under Section 37/41. He would have to stay in the hostel for at least about a year before consideration could be given to him getting a flat of his own, and that would probably only happen after an absolute discharge.
66. He was also told that overnight visits to his mother would be considered in a few months' time after the Home Office had received a few satisfactory reports.
67. The next day Forensic Social Worker 3 telephoned the Forensic CPN and discussed some of the issues brought up by Peter Bryan in the CPA meeting, such as getting his own flat and staying overnight with his parents. The Forensic CPN informed the social worker that these issues had been discussed with Peter Bryan at length and that RMO4 had also explained the way that the Home Office works.
68. The Forensic CPN said that, from the discussions at the CPA meeting, it seemed clear that Peter Bryan had an unrealistic view of the future by expecting to be in his own flat by July. He had also demonstrated a lack of understanding and insight into his index offence which was a concern to the Forensic CPN.
69. On 18 April Peter Bryan saw RMO4 at the outpatients' clinic at the John Howard Centre. Following the appointment, RMO4 wrote to Peter Bryan's GP on 22 April:

"I saw Mr Bryan in the outpatient clinic on 18 April 2002. He continues to remain well in mental health. We completed together an application for attendance at a day centre based in the Homerton Hospital. I have sent the referral form through (the forensic CPN to reach the day hospital. (The Forensic CPN) is the Care Co-ordinator for Peter.

Peter continues to comply with Trifluoperazine 5mg BD. He remains resident at Riverside House Hostel. At a recent CPA meeting, we agreed that I would continue to see Peter on a regular basis. Looking ahead to the next CPA meeting, we are expecting that Peter will transfer to the psychiatric supervision of the locality consultant."

70. RMO4 sent a copy of this letter to Home Office 3 at the Home Office.
71. On 19 April Peter Bryan went for an initial assessment at Addaction where he was seen by the Drug Counsellor. An appointment for a full assessment was made for 29 April.
72. On 23 April he failed to remember that he had an appointment at VITAL drug project, and after debating whose responsibility it was, he finally agreed that it was his responsibility. A member of the Riverside staff gave him a lift to VITAL, but he arrived too late and another appointment was made.
73. On 23 April Forensic Social Worker 3 faxed a letter to Social Worker 5 to inform him that he would be ending his involvement and closing Peter Bryan's file at the end of the month. The letter explained that his involvement with Peter Bryan had begun in October 2001 just prior to the MHRT and that as a result, most of the work that he had done with him had been practical, involving facilitating and supporting his move into the community and providing minimal follow-up.
74. The letter concluded:

"I am going to see Peter at Riverside on Wednesday 1st of May 2002 at 11 a.m. I was ringing you for a chat to answer any questions you may have. If you need to talk to me please contact me at the above number. I work Mondays to Wednesdays."

75. The same day, Home Office 3 of the Mental Health Unit of the Home Office wrote again to RMO4 (she would not yet have received his letter of 22 April) and Social Worker 4 (she

obviously did not know of the change in Social Supervisor) requesting the RMO's and the Social Supervisor's reports for the Home Secretary.

76. On 25 April Peter Bryan had his fortnightly meeting with the Forensic CPN at Kempton Road. He told the CPN that he had an appointment with Addaction on 29 April and it was noted that they were a community drugs project in Hackney. He also had an appointment with VITAL on 30 April. He was still waiting for an appointment at the Worland Centre.
77. Peter Bryan told the Forensic CPN that while he was at Riverside he went for walks and trips to see places of interest in London. He had made friends with another resident in one of the other hostels and visited him regularly. He had also attended residents' meetings and had cooked and shopped. He had seen RMO4 the previous week and no problems were reported.
78. During the rest of the session, they discussed Peter Bryan's family and personal history and events leading up to the index offence.
79. Peter Bryan said that prior to going to Barbados he had still been involved with the gang he had hung around with at weekends and was smoking a lot of cannabis as well as selling it to others. He claimed to have made a lot of money doing this and in addition, the street robberies had continued.
80. He said that he had gone to Barbados as he felt stressed and under pressure. He felt that neighbours were looking out of the window at him and felt that the police were watching him. He also claimed that prior to going to Barbados he had invested £600 with the victim's father to help him out with a business venture.
81. When he had got to Barbados he said that he had become stressed out when he saw his mother's injuries. She had been brutally attacked with a knife by his brother who had later been arrested and sent to a secure psychiatric unit. He said that he wanted to harm his brother for what he had done to his mother.
82. When asked by the Forensic CPN if he had started to notice any changes in his mood or behaviour, or if his parents had, he said that they had told him that he was folding his arms a lot and that he kept repeating things to them. He said that he also felt more paranoid when he

saw his mother's injuries and felt '*tense, uptight and angry*'. He said that when he smoked cannabis, this feeling got worse.

83. He said that he remembered becoming preoccupied with Asians and that he had started to wonder why there were Asians in Barbados but no blacks in Pakistan. He admitted that he started to have feelings of resentment towards Asians.
84. He said that he had returned to England after a couple of months and was on his own, as his father had stayed in Barbados with his mother.
85. In the morning of 26 April 2002 Peter Bryan went to the British Museum and was expected back by 17.00. However he returned to the hostel at 13.45 and then left again, telling staff that he had an appointment at 14.00 with a lady friend.
86. He returned shortly afterwards with a woman, P3, whom he introduced to staff and other residents. After sitting in the lounge, he asked if he could take his female friend to his room and was told that he could go ahead as long as he was not indulging in illicit drugs and alcohol.
87. However the staff then sought advice over the phone from Deputy Manager 1, who told them that Peter Bryan was not allowed to have female friends in his room, and he was advised accordingly. He expressed his reservations and concern but he and his friend then spent the rest of the day watching television and playing pool in the lounge. Peter Bryan saw his female friend off at 17.00 hrs and then made himself dinner and appeared in a jovial mood.
88. On 29 April Peter Bryan met with his Drug Counsellor at Addaction for a full assessment. The Drug Counsellor noted that it appeared from Peter Bryan's drug history that he did have issues with cocaine and cannabis prior to committing his index offence which was manslaughter. He had spent over eight years in Rampton Hospital. They discussed the level of support that the Drug Counsellor was in a position to offer and how this could benefit Peter Bryan with his reintegration back into the community. A further appointment was made.
89. On 30 April Peter Bryan went to the VITAL drug project and when he came back he was told that if he was going to Addaction, he should stop going to VITAL.

90. On 1 May Forensic Social Worker 3 met with Peter Bryan and explained that he would be closing his case. He briefly discussed issues about the future and then referred him to his new team. He noted that they had ended on good terms.
91. During the night of 5 May Peter Bryan found it difficult to sleep and came downstairs at 02.20 to smoke a cigarette. He told the Riverside staff that he was unable to sleep as he felt he was not making any progress at Riverside and wanted to move on.
92. He was advised to take it one step at a time, as it was a process not an event. He went back to his room and came back again at 03.45 still unable to sleep. It was noted that the major problem appeared to be the lack of daytime activities.
93. On 7 May Peter Bryan had another appointment at Addaction. He told the Drug Counsellor that he had been doing okay over the past few weeks and asked him to get involved in his CPA. The Drug Counsellor said that he would write up notes on their meetings but would need more sessions to get a better feel for the work that needed to be done. He asked Peter Bryan to consider taking on some voluntary work to keep him occupied.
94. On 9 May Peter Bryan came back with another resident at 22.15 and the Riverside staff suspected that he had been drinking alcohol, even though he did not smell of alcohol. His eyes were red and he did his best to avoid eye contact for a long time.
95. The next day a random urine test was carried out and was negative for illicit drugs.
96. On 14 May the Forensic CPN and Social Worker 5 visited Peter Bryan's parents. Both parents told them of their surprise when they had heard about the index offence.
97. Both said that he had been a good, well-behaved child at home and at school, and that he used to get on well with people living in their street. They told the professionals that they had taken Peter Bryan to Barbados in 1991 and that he had stayed there for four weeks. They were not sure whether he had used drugs whilst he was out there.
98. It was after his return to the UK that Peter Bryan had committed his index offence. Both parents said that Peter Bryan had never shown any signs of mental illness. They had two other

sons with mental illness, one who was in an institution in Barbados and another who was in Broadmoor.

99. They said that they had heard that the family of the victim had owed Peter Bryan about £3,000 and that when he had gone to collect his money, he was apparently chased out of the shop by the girl, and he had then become annoyed and had attacked her which had led to her death.
100. They said that he had shown remorse for what he had done and that they had no concerns for him because he was doing very well. They said that they would be happy for him to stay with them at weekends.
101. On 14 May Forensic Social Worker 3 wrote to Social Worker 5 to inform him that he had officially ended his involvement with Peter Bryan and had closed the case.
102. On 15 May Peter Bryan had another one-to-one session with his Drug Counsellor at Addaction. He told the counsellor that he had had a relatively easy week and had had no involvement with drugs or the culture of drugs.
103. He expressed his discomfort at being kept at Riverside House as he felt that most people that are found guilty of manslaughter got off with four to five years but he had been detained for over 10 years.
104. Later that night he went out from the hostel and came back smelling of alcohol.
105. On 18 May Peter Bryan complained to the Manager about a member of staff "*having been on my case... treating me like a child*". He was advised to address his concerns to the member of staff and if he were still unhappy then he should come back to see the Manager. He said that he would do that.
106. On 21 May Peter Bryan attended the drop-in facility at Addaction and asked for help with a passport application. He saw a volunteer (his Drug Counsellor was on sick leave) who gave as much help as possible, but did not sign any part of the application. Peter Bryan was said to be happy with the situation.

107. On 23 May Peter Bryan had a session with the Forensic CPN at the CMHT office. During the interview he was slightly angry and was full of complaints about his Care Plan.
108. His first grievance was regarding the Worland Centre. Apparently they had lost his application which had been sent by Social Worker 5 and he had now been informed that they were taking on no new referrals as they were going to close the Centre.
109. The Forensic CPN went through his application to the East 9 Day Centre at Homerton Hospital which RMO4 had filled in for him. This centre offered a wide range of activities and he was told that he would be appointed a key worker there.
110. The rest of the interview was taken up by Peter Bryan complaining about his lack of progress which he blamed on everyone involved in his care. He stated that he had been stable for a long time in Rampton Hospital and should have gone straight from there to Riverside House, instead of going to the John Howard Centre.
111. He said that he did not consider himself a danger to the public and that his index offence was caused by him becoming ill whilst on drugs.
112. He went on to say that he now considered himself ready to live in his own flat and that he was hoping that by September he would be ready, if the professionals hurried up and granted him overnight leave.
113. The Forensic CPN noted that it was very apparent that Peter Bryan had a lack of understanding and insight into his illness and the relationship between his illness and his index offence and future risk.
114. This was further highlighted when Peter Bryan talked about his illness whilst in Rampton and tried to play down the fact that he had relapsed when they had stopped his medication briefly.
115. He believed that the new medication had caused the relapse and also believed that he would not relapse again.
116. Another concern noted by the Forensic CPN was Peter Bryan's manipulative behaviour whereby he tried to blame the team for sending him on leave to his parents' home when in fact it was

his own choice. He had said that he felt that his parents' house brought back unhappy memories as he had suffered abuse there, and he did not particularly enjoy himself when he went there

117. He had got the impression that the team were insisting that he went on overnight leave before they could consider him living independently and therefore they had given him no choice.
118. He also handed the Forensic CPN a list of all the day trips that he had done over the last three months. He admitted that he did not enjoy some of these visits to the museums in London but was only "going through the motions" to please the team, as he had understood that he had to have so many day trips under his belt before RMO4 would consider him for overnight leave.
119. On 23 May Home Office 3 from the Mental Health Unit at the Home Office wrote to Social Worker 4 reminding him that on 14 March and 23 April she had sent letters requesting a report on Peter Bryan and she asked if he were yet in a position to let her have a reply.

It appears that the Home office were still unaware that Social Worker 4 was no longer Peter Bryan's Social Supervisor and that Social Worker 5 had taken over this role.

120. On 27 May Social Worker 5 completed a proforma Safety and Risk Profile which contains the following relevant entries:

"Current Warning Signs

Peter has been in Rampton and John Howard Centre. He has recently been discharged to the Riverside House Residential Home from the John Howard Centre. Relapse indicators show him to resort to drug use when he relapses. He is not using drugs at the moment. He is compliant with medication

Risk History

Psychotic illness, leading to manslaughter with diminished responsibility of a young woman, attempted suicide and substance misuse.

Relapse and Risk Management Plan

Details

It is part of Peter's conditions that he attends appointments and all other commitments arranged with his social supervisor. Should he fail to do so his social supervisor should be notified.

Target signs, vulnerable periods (such as anniversaries) or behaviour suggestive of risk/relapse:

Peter is known to succumb to peer pressure on occasions. He is also known to have a manipulative personality and will manipulate situations

Action to be taken in the event of relapse/risk

(Social Worker 5) or CMHT East or other members of staff to be contacted immediately.

Safety factors for consideration by carers, all professionals

In light of Peter's index offence it is very important that he is not approached when showing signs of relapse."

121. On the same day Social Worker 5 wrote to the Mental Health Unit at the Home Office sending them his Report to the Home Secretary (which was dated 17 May 2002) which he was required to do as Social Supervisor of a conditionally discharged restricted patient. The following are relevant extracts from that Report:

"Frequency of meeting with the patient since last report

Initially weekly, and then every two weeks. He is presently seen twice a month and this responsibility is shared between his forensic CPN and myself. He sees his RMO at CPAs which are held every three months.

Does the patient show signs of becoming a danger to himself or others?

Presently Peter does not present any risks to himself or others. He has been engaging with services and has complied with all conditions to date. He is known as someone who pushes the boundaries but there are no concerns about him at present.

REPORT TO THE HOME SECRETARY

Peter continues to be compliant with all conditions as set out by the tribunal. He takes his medication as prescribed and complies with policies and procedures of Riverside House. Peter attends meetings and CPAs and keeps all appointments. Neither the home nor the projects he attends have raised any concerns to me about his behaviour or mental health.

Peter participates in all activities that take place in Riverside House, and he is very proactive in seeking out resources that have a positive influence on his mental health.

He is in regular contact with his mother and father and according to them he is doing well and they are happy with the progress he's making. They speak highly of him.

SUMMARY

Peter remains compliant with medication and continues to attend CPAs and other meetings. He is quite motivated to participate in any day activities and he has good insight into his mental health disorder. He accepts the need for regular drug testing and complies with this with little protest. At the moment Peter is making good progress, he poses no risks at the moment and is highly motivated to do well. His last CPA was positive, though there were concerns about his desire to push boundaries, though he withdraws when this is discussed with him. His next CPA is due soon and the hope is that he will continue to make further progress.”

122. On 30 May Peter Bryan met with Social Worker 5 to discuss some of the things that he was currently doing. He had sent forms to his GP for him to complete so that he could apply for a passport and driver's licence. He had also applied to Core Arts and was waiting for a place.
123. He had also applied for a mentor to help him to gain self-confidence.

124. He said that he was attending counselling at Addaction and this was helping him to deal with his previous drug-related problems. He attended for one hour each week.
125. Peter Bryan suggested that Social Worker 5 should get his Drug Counsellor to write to him about his progress and also to RMO4 and the staff at Riverside before the next CPA in September.
126. He said that he had been to a few museums including the 'Queens House' where he saw pictures of naval officers. He commented that not one of them was "*black*".
127. He said that he had had some problems at Riverside with different staff telling him different things. He said that his relationship with his key worker, Riverside 1, was indifferent and that he sometimes thought that they were against him.
128. On 6 June Peter Bryan met with the Forensic CPN at the CMHT office. They discussed precipitating factors leading up to the index offence, the index offence itself, and Peter Bryan's insight into his illness.
129. He claimed that after Christmas (two to three months prior to the index offence) he had come back from Barbados and he described himself as being "*unhinged*" after he had seen what his elder brother had done to his mother.
130. He described this feeling as pacing about the house, not sleeping and feeling angry and wanting to take his anger out on his brother.
131. At this time he was smoking three or four joints a day. He had no money for food and electricity when he returned from Barbados.
132. He said that he had gone to the shop of the victim's father many times for the £575 he had lent him prior to his trip to Barbados, but said that he was fobbed off.
133. On the day of the offence he was feeling agitated, so he went over to a nearby park and while he was there, an Asian man had stolen his cap and had run off with it. He knew who the man was and went round to his house, smashed the man's car windows and took the cap back. When he got back to his house he was feeling very angry and needed money. He decided to get back the £575 that he was owed by the victim's father.

134. He took his father's bolster (hammer) with him and went by tube to the shop. He said that as he walked to the shop he smashed the windows of a house along the way in the hope that he would be arrested by the police.
135. When he got to the shop, NS was on the phone. He asked her three times for the money he was owed but she refused, saying that they had not got any money.
136. He said that she had slammed down the phone and had started to push him. He said that he had warned her not to push him, but she had said that she hated him and kept pushing him.
137. He said that he then had pulled the bolster from his jacket and had hit her six times over the head. He said that he had been informed afterwards that he had also hit her brother over the head but he could not remember this.
138. Following this attack he said that he saw "*blood and brains everywhere*" which he described as horrific. He decided then that he might as well kill himself as this would be the only fair justice. He said that he had been brought up to believe in "*an eye for an eye*".
139. He then climbed up a block of flats on to an arch and dropped himself off from 90 feet. He said that he had broken both his ankles and was in hospital for 34 days on traction before being transferred to Brixton prison. He said at the time he felt full of remorse for what he had done and just wanted to kill himself.
140. He admitted that in the months leading up to the index offence he had been mentally ill and not himself. He said that he had been paranoid (which he described as '*diggy*') since the age of 18 and that when he smoked cannabis he thought the police were going to come into the room.
141. He said that even though he sometimes used to carry weapons when he was doing street robberies, he had been doing this more regularly because of his paranoia. However he denied hearing voices or feeling that people were following him or after him in the weeks leading up to the index offence. Apparently he became sarcastic and added:

"No - I didn't see Jesus or Queen Elizabeth coming out of a light bulb!"

142. On 12 June Peter Bryan attended an assessment interview at the Day Opportunities Service at the Worland Centre, Stratford with Social Worker 5. He was interviewed by Day Opportunities 1 who noted that he had said that he was upset that the referral had taken so long, but that he was keen to go there.
143. He asked for help to get back his budgeting skills. He said that he had £1,000 saved but that he should have had more. He also chose to join the Mental Health Discussion Group and the Photography Group. He said that he was interested in going to college and getting some training for the future.
144. He also requested help to deal with stress and anger management. His trigger points/ Coping Strategies were recorded as being:
- “Hygiene drops, appearance dazed. Repeat phrases”*
145. On 18 June he had a session with his Drug Counsellor at Addaction. He told his key worker that all was going well and that he did not need to chat so much that week as he wanted to get back to his hostel to watch the World Cup. They chatted for about 15 minutes and then he left.
146. On 25 June Peter Bryan went to Day Opportunities at the Worland Centre for the ‘Structured Support Group’. The notes state that he seemed well and spent a short time in the smoking room. He was introduced to some of the other service users before his group started.
147. He participated fully in the group and said that it was good to talk about his mental health needs and past experiences when he was admitted to hospital.
148. He informed the group that he had committed manslaughter, but did not want to give any details.
149. From then on he was attending two groups per week at the Centre.
150. On 26 June Peter Bryan met the Forensic CPN at Kempton Road. He told him that he was now attending the Worland Centre on Tuesdays and alternate Fridays for discussion groups and was also attending Addaction for counselling on drugs.

151. They discussed in more detail his mental state prior to the index offence. Peter Bryan said that when he had come back from Barbados, he was even more paranoid than he had usually been. He said that he had started to carry a knife around with him to protect himself. He felt that the police were trying to harass him and were trying to arrest him for taking cannabis. He also thought that his neighbours were looking at him through the curtains.
152. He described himself as very angry - mad at the world and "*unhinged*". He said that he was also getting images of his mother's injuries which she had sustained at the hands of his brother, which made him even angrier.
153. He said that he believed that there had been a gradual build up over the previous couple of years caused by his drug taking and other stressful factors. He did not believe that his mental illness was solely caused by his drug taking but felt that it was the main factor, along with other contributory factors.
154. He pointed out that at the time he had been unaware that he had a mental illness, but said that he would recognize some of the symptoms now if they happened again. He acknowledged that his paranoid and angry feelings and thoughts were major contributing factors to his index offence and said that he would seek help if he got them again.
155. When the Forensic CPN asked him whether he was more prone to violence when he was feeling like that, he was unable to answer and said that he did not know. He made it clear that if someone tried to attack him, he would use violence to defend himself. He said that he had been violent in the past when he was carrying out street robberies when he was not mentally ill, so he would have it in him to defend himself if he were attacked.
156. The session was finished off by doing the K.A.S.I. plan (knowledge about schizophrenia interview plan) and a meeting was scheduled in three weeks time to finish the plan off.
157. On 27 June Home Office 3 wrote to thank Social Worker 5 for his report to the Home Secretary and reminded him that a further report on Peter Bryan's progress and condition was due on or before 17 August 2002.

158. On 4 July Peter Bryan saw both RMO4 and Social Worker 5 (separately) at the John Howard Centre. The Riverside notes record that he returned to the hostel later that day in a positive mood.
159. On 10 July Peter Bryan met his Drug Counsellor at Addaction for a one-to-one session. The key worker noted that Peter Bryan was stable at the moment and getting on with life as best he could whilst being restricted to the residential hostel.
160. Peter Bryan told the Drug Counsellor that he was a little worried about how much he had been drinking as he had progressed from drinking two cans of beer a week to five cans. They chatted about why this was happening and Peter Bryan said that he felt that it was due to boredom. However he had been accepted onto a day programme for activities and would soon be taught to DJ.
161. They then chatted about Peter Bryan's family and about the fact that he had one brother who was in Broadmoor and another who was imprisoned in Barbados. It was noted that all the brothers seemed to have issues with their mental health, mainly paranoia. Peter Bryan then felt that the session was getting a bit deep and asked if they could stop the conversation and continue another day.
162. They then chatted about his ideas about women and how he had got confused or misled in the past.
163. On 12 July Peter Bryan went to meet Social Worker 5 but returned to Riverside House in the late afternoon, saying that the social worker had failed to turn up.
164. On 16 July Peter Bryan was referred for an assessment for dyslexia at the Dyspel Project after an initial screening had shown indications of dyslexia. The Diagnostic Report completed following the assessment concluded that there was clear evidence that Peter Bryan was dyslexic.
165. It stated:

“He has problems with auditory working memory, phoneme discrimination, and processing and word retrieval. These difficulties will have made it extremely hard for Peter to learn how to

read and write and to function in a classroom situation. Peter's experiences of learning have affected his confidence and he has clearly underachieved and not yet begun to realise his potential. However, there is no reason why he should not make significant progress if given appropriate support and encouragement."

166. On 17 July Peter Bryan attended a meeting with the Forensic CPN at Kempton Road and gave him feedback from the last few weeks.
167. He said that he continued to progress well and that he was attending the Worland Centre on Tuesdays and alternate Fridays, Addaction once a week and Core Arts on Fridays. He also said that he was attending a support group run by ex-addicts in Bethnal Green and the Forensic CPN asked him for an information leaflet about this group.
168. The CPN noted that overall Peter Bryan felt quite motivated and wanted to demonstrate that he was willing to cooperate with his treatment plans, but that maybe he was trying to take on too much, in the belief that this would speed up his move out of Riverside House.
169. He said that he had outgrown the hostel and felt resentful that he was there. He told the Forensic CPN about a couple of incidents where Riverside staff were questioning his whereabouts when he came in and were asking him how much he was drinking. He also said that when he had a girlfriend round the staff used to watch him.
170. The Forensic CPN advised him to discuss the issues with his key worker as they were rules and regulations of the hostel but also a question of the level of supervision and support that they felt he needed. He agreed to discuss the issues with his key worker and have regular sessions with her.
171. The session was finished off by completing the K.A.S.I. plan and it was then decided that at the next session they would do some psycho-education around his illness and that the Forensic CPN would provide him with some reading material.
172. On 22 July Peter Bryan had another appointment at Addaction and he told the Drug Counsellor that he had been fine and did not have much to chat about. He said that he had gone to his sister's wedding at the weekend and had drunk 3 pints and his head had started spinning. The Drug Counsellor asked him if anyone had ever discussed with him what was a reasonable

alcohol unit limit for him to stay within whilst he was at the hostel. He said that he would try to be more aware of how much he was drinking.

173. The Drug Counsellor noted that Peter Bryan appeared to be doing well on all accounts, but that he still had concerns that Peter Bryan could be led astray by one of the sex workers he had been communicating with on the Seven Sisters Road. Apparently a girl had asked him that morning to "*half her with a bit of hash*" but he told her not to make such requests as he was not in a position to be taking part in that kind of behaviour.
174. On 28 July Peter Bryan reported that his bottle of Ribena was missing from the fridge and was advised to raise the matter at the house meeting. He was reimbursed £1.99 for the missing drink.
175. On 30 July Peter Bryan met the Forensic CPN at Kempton Road. He was complaining about his key worker, Riverside 1, at Riverside House, saying that he did not get on with her and could not talk to her about his problems. The CPN advised him to speak to one of the Managers at Riverside about changing his key worker and he agreed that he would.
176. No other problems were identified and the rest of the session was spent talking about his illness and how it related to common symptoms.
177. That afternoon Peter Bryan met with Deputy Manager 1 at Riverside, and Riverside 1 and said that he would like to change his key worker. Deputy Manager 1 told him that another key worker would be allocated to him and that he would look into it.
178. On 31 August he had a further meeting with the Forensic CPN at Kempton Road.
179. On 1 August Peter Bryan spent the day out, returning at 21.45. He had a sandwich, took his night medication and left the hostel again five minutes later with a fellow resident. He returned an hour later without the other resident and when asked about him, he said he had no idea where the other resident was. He later apologised to Riverside staff, claiming that he had not realised that the other resident had not told staff that he was going out.
180. The next day it was noted that Peter Bryan appeared low in mood. That evening he went out for about three quarters of an hour at 21.00, returned briefly for his medication before going

out again with the same resident. They returned to the hostel before midnight and Peter Bryan appeared to be in high spirits and a bit loud but otherwise all right.

181. On 4 August he once again complained that his Ribena drink had been taken and was again given money to get himself another one.
182. On 5 August Peter Bryan attended his appointment at Addaction and told his Drug Counsellor that he had requested a new key worker because he felt that the lady who had been working with him had been ineffective and wanted to argue all the time.
183. He also said that he had been to his first party and had had three half pints whilst he was there, which was more than he normally liked to have in a week.
184. He said that he was "*pulled*" at the party because he was making his rollup cigarettes look like joints. The Drug Counsellor said that he had asked him to address this before as he was giving people the wrong impression.
185. They then chatted briefly about relationships and how he might feel if he got involved with one of the girls he was chatting to. The main issue was that most of the girls he was meeting were sex workers because of the road that he was living on.
186. Peter Bryan complained that he still felt that he should be living more independently.
187. On 6 August Deputy Manager 1 met with Social Worker 5 at Homerton Hospital and they discussed Peter Bryan. They both felt that an urgent CPA meeting should be called and Social Worker 5 said that he would organise one as soon as possible.
188. On 8 August Home Office 3 of the Home Office wrote to RMO4 asking for his next report which was now due.
189. Deputy Manager 1 and Social Worker 5 met again on 13 August at Kempton Road when they discussed the issues that needed to be aired with Peter Bryan when they met with him on 15 August.

190. Deputy Manager 1 told the social worker that new information had come to his attention during supervision with one of the staff and that apparently Peter Bryan had made comments to the effect that if any female member of staff upset him, he could take the matter into his own hands as he *“had a reputation”*.
191. On 13 August the Manager of Riverside House received a letter from the National Care Standards Commission (NCSC) informing her that they had received a complaint about Riverside House from Peter Bryan on 8 August. A copy of the detail of the complaint was enclosed and she was advised to investigate the issues raised using the hostel’s Complaint Process and to respond to Peter Bryan in writing.
192. Peter Bryan had apparently made three visits to the NCSC offices on 7, 9 and 12 August and had made a total of 14 complaints about the hospital and its staff. This was the list of his complaints:

Complaints
(the manager)¹⁸⁻⁶¹

- 1) MARCH 1st 2002 COULD NOT GO OUT AFTER DARK (the manager)
- 2) 13th MARCH manager "I THINK YOU'RE STUPID" IS IT GOOD TO GO FORWARD WITH PROBLEM LIKE THIS
- 3) MY MEDICATION FOR MY SKIN WAS THROWN IN BIN WHEN FINISHED WITH-OUT TAKING NOTE NOW 9th OF MARCH 2002 UNTILL ^{MARCH} 14th I HAVE HAD NO CREAM FOR SKIN 9th APRIL THEN 23rd APRIL GOT CREAM FOR SKIN ON 15th MAY AFTER 66 DAYS
- 4) 13th MARCH 2002 (the manager + Riveside 3) THE RESIDENTS MEETING NO RESIDENTS WAS ASK IF THEY WOULD LIKE TOO.
manager "YOU HAVE YOUR CREAM NOW PETER"
"YES BUT IT TOOK TWO MONTH"
manager "YOU GO ON AND ON"
manager "YOUR ONE FOR THE PAPERS" 15/05/02
PETER LOOKED SURPRISED (NEED TO FIND OUT.)
7) ASKED FOR MEDICATION '10' TO '10' "WRITE UNTILL TEN"
manager COME BACK AT TEN TWO RESIDENTS IN OFFICE.
WENT TO EAT manager NOT TO EAT COME FOR MEDICATION
WENT ON "SHE'S THE MANAGER" R

② LATE MARCH the Manager STARTED ON ABOUT LET TALK ABOUT
WHAT'S YOUR SEX LIFE LIKE UNDER HER BREATH
IN SMOKE ROOM. PETER " I ASKED "WHAT ARE YOU
TALKING ABOUT (Manager) (the Manager) SHUT UP".

(the Manager) SAID " I SHOULD ATTEND RESIDENT MEETING "

PETER I SAID " TOLD (Riverside 1) I WOULD NOT BE THERE AND
WOULD TRY TO COME BACK ON TIME ".

(the Manager) SAID ' SHE " DID NOT WISH TO HEAR MY WORD
IN MY DEFENCES " AND (the Manager) SAID THE MANAGERS WORD
IS FINAL OR AS SHE THE MANAGER P.



193. A meeting was held at Riverside House on 15 August attended by Peter Bryan, Social Worker 5, the Manager of Riverside House and Deputy Manager 1.
194. Peter Bryan told the Riverside staff that he was unhappy about the way that the hostel was run and that some of the residents had been using drugs including heroin. He said that because the hostel was run by the a family (the Manager of Riverside House, her husband and daughter) it presented him with some difficulties because he felt that he could not say anything in confidence to one member of staff without another finding out.
195. He said that it was run in a similar manner to the place where his index offence took place, and that as it was a very similar situation which had got him into trouble, they should have known better than to send him to Riverside House.

196. He said that he was afraid of confrontation but that he was having problems with some of the residents. He said that he was prepared to defend himself if any of the residents interfered with him. He stated that he was unhappy with the way that the hostel was at present, that some of the residents were using drugs including heroin, and that he did not like it. He said that he had dealt with his drug problem and was seeking help for it and he did not want anyone to put pressure on him, and he did not see why he should put up with it.
197. He said that he was dissatisfied with the hostel and lacked confidence in the management.
198. He had been upset when his mobile phone was apparently taken and had sought compensation from the hostel but had been told that it was a matter for the police and that he ought to be more responsible. He claimed that he had had food taken, but acknowledged that where that had been proved, he had been compensated by Riverside House.
199. He said that because of that and the drug culture that went on in the hostel, he would like to move as quickly as possible.
200. Although he said that he did not get on with some of the residents, he also told the Riverside staff that some of the residents went to him for help because he was "*The Don*".
201. He also stated that he was unhappy at the way that some of the staff spoke to him, for example questioning his sexuality. He was angry when he asked for a change of key worker and had become frustrated because this had not happened as quickly as he had expected. He had approached Deputy Manager 1 to discuss this, but when he had raised his fists at his key worker in a threatening manner and "*threatened to do her*", Deputy Manager 1 had become concerned and decided to change his key worker.
202. Concerns about his behaviour were then expressed by the Manager of Riverside House and Deputy Manager 1. Both of them said that they were concerned both by his behaviour and his tendency to be secretive.
203. It was highlighted that he had been going out at about 20.00 each night either to meet or hoping to meet a young girl of about 16 years old, without letting staff know. They had only discovered this through another resident. He had also bought a Czechoslovakian woman to the

house and wanted to take her to his room and was annoyed that he had to seek permission from staff.

204. They also described an incident in which he was preparing a meal in the kitchen, something had happened that had upset him, and he had become angry. They became concerned because he had a knife and his eyes had become glazed.
205. They were also concerned that he was deliberately trying to undermine the management of the hostel. For example he claimed that he had found a pill in the bin, but instead of handing it over to the staff, he kept it and then took it with him to the NCSC. He had also been keeping a list of complaints since he first moved into the home, and had taken this list to the NCSC. Some of the things on the list he had raised with members of the Riverside staff, mainly Deputy Manager 1, but there were other complaints that neither Deputy Manager 1 nor the Manager of Riverside House had known anything about.
206. At the end of the meeting, Peter Bryan stated that he did not want to stay at Riverside House and that he would prefer to move quickly.
207. An urgent CPA meeting was therefore arranged for 20 August.
208. On 15 August Day Opportunities 1 telephoned Social Worker 5 on three occasions, each time leaving messages for him to return her calls. She was seeking more information about Peter Bryan.
209. On 16 August Social Worker 5 met with Peter Bryan at Homerton Hospital. Peter Bryan said that he had no intention of hurting anyone or himself. He said that when he became animated, his eyes and body position changed. He said that he felt depressed sometimes because of the environment at the hostel, and he did not like the drug culture and had made several complaints.
210. He said that he was going to do his best and *"do his time"*.
211. Deputy Manager 2, who was based at Newton House, the sister hostel to Riverside House, also met with Peter Bryan on the 16 August and explained that he was going to investigate the complaints that he had made and gave him a copy of the complaints procedure.

212. The night shift notes for the 17 August record that Peter Bryan watched TV until 22.00. He then took his prescribed medication and went out for a walk, returning an hour later.
213. He was asked why for several days he had gone out for about an hour around 22.00, and he said that he had been waiting for a girl who was around 16 or 17 years of age to pass by on her way home. He said that he usually went there in order to chat to the girl, said that she lived near the hostel and that he saw her parents as well. He said that he did not always see the girl at that time and that was why he took the fellow resident with him to keep him company.
214. The following night Peter Bryan went out at 20.10, telling staff that he was going out and would be back 1½ hours later and then would go out again. The Manager advised him that it would be good if he did not go out but he refused. He went out and in fact returned within eight minutes, finished his laundry, did some ironing and at 22.00 took his medication and then left the hostel with a fellow resident. They both returned at 23.30 and staff noted that Peter Bryan smelt of alcohol.
215. On 19 August Social Worker 5 sent Day Opportunities 1:
- (a) The MHRT decision and reasons
 - (b) JHC Psychiatrist 1's assessment of Peter Bryan carried out at Rampton Hospital on behalf of the John Howard Centre dated 13 July 1999
 - (c) Psychologist 4's psychology report dated 29 September 2000
 - (d) The minutes of the Section 117 Discharge Planning Meeting dated 4 February 2002
 - (e) The CPA Care Plan and the minutes of the CPA meeting dated 2 April 2002
 - (f) Social Worker 5's Safety and Risk Profile dated 27 May 2002.
216. On 20 August there was an urgent CPA meeting held at the John Howard Centre with RMO4, Social Worker 5, the Manager of Riverside House and Deputy Manager 1 which Peter Bryan attended.
217. Social Worker 5's note of the CPA meeting recorded that the management staff at Riverside House had asked for the meeting because they were concerned by some of Peter Bryan's recent behaviour and that there was a feeling that he was showing signs of relapsing.
218. Their concerns were:

1. Peter Bryan had raised his fist to his key worker and had told Deputy Manager 1, showing his fist, that if he did not change her "*she would get some of this*". He also said "*Don't blame me. You know what I can do.*"
219. Deputy Manager 1 said that he had taken the threat seriously and was concerned by Peter Bryan's action. Because of the seriousness of the threat, he felt that he had to take swift action to change Peter Bryan's key worker.
220. Peter Bryan said that he had raised his fist out of frustration because he was not being listened to when he had asked for a change of key worker.
2. Peter Bryan had become annoyed when a sharp kitchen knife had been taken away from him.
221. The Manager of Riverside House said that Peter Bryan had got into a rage after he believed that the knife had been removed from the kitchen because of him.
222. Peter Bryan said that he had got upset, because he had cleaned the area for himself and another resident had taken his seat.
3. Peter Bryan had claimed that his mobile phone had been stolen from the hostel and wanted the hostel to pay him compensation or buy him another, but Deputy Manager 1 had told him to report the matter to the police. It seemed that Peter Bryan was unhappy with this advice and wanted the hostel to be responsible, but was told that he should accept responsibility for his own mobile phone.
 4. Deputy Manager 1 had become concerned after a member of staff told him that Peter Bryan had made threatening remarks to his sister who worked at Newton House, the sister hostel to Riverside House.
223. Peter Bryan said that he had wanted to know who she was, because he wanted to make a complaint about her because she had been rude to him on the telephone. Apparently Peter Bryan told the member of staff that if she was his sister "*I'd do her in*".

224. Peter Bryan denied saying any of this, however it was put to him that if he was unhappy with the way that some staff spoke to him, then he should inform the Managers about it.
5. Peter Bryan had been going out at 22.30 most nights to meet a young woman (P4) who was 16 years old.
225. Peter Bryan claimed that nothing had happened between them and that he was just getting to know her, and he did not think that the staff at Riverside House needed to know. He said that he took a fellow resident with him when he went to see her.
226. Peter Bryan was told that some of his recent difficulties at Riverside had stemmed from his very secretive behaviour. For example, during the meeting, Peter Bryan produced copies of an assessment he had had for literacy that nobody knew about.
227. Social Worker 5 and RMO4 told him that they were unhappy with this type of behaviour because they were supposed to be informed about everything that he did.
228. Peter Bryan said that he had been surprised to be sent to Riverside House because they knew his history, and he said that he found it difficult to function properly in a family situation, but he did not want to talk about them. He also believed that he had been singled out by his previous key worker.
229. Social Worker 5 noted that Peter Bryan did not like restrictions or constraints. He felt that the team was holding him back and he did not seem to realise or understand that any restriction on him was to do with his index offence.
230. He had a tendency to blame others or his dyslexia for his wrongdoing. He often behaved in a flippant manner, using sarcasm and what could be described as a lack of serious regard for the offence which he had committed.
231. At the conclusion of the meeting, the Manager of Riverside House and Deputy Manager 1 indicated that they were not very happy to have Peter Bryan staying at Riverside House in the light of his remark that he should not have been sent there because his team knew his history. However it was agreed that he would remain there for the foreseeable future.

232. RMO4 said that he did not think that Peter Bryan was relapsing, but rather that his current actions and behaviour were just signs of the way that Peter Bryan was.
233. RMO4 said that he planned to write to the Home Office but would not ask for a recall, although the Home Office may decide to recall Peter Bryan, based on the content of the letter.
234. Social Worker 5 also expressed his concerns about some of Peter Bryan's behaviour, but noted that Peter Bryan accepted that this was not the first time that Social Worker 5 had spoken to him about his concerns, and he was now fully aware that the team would not tolerate any behaviour that appeared to put others at risk.
235. According to the Manager of Riverside House's note of the meeting, the action plan arising out of the meeting was that RMO4 would meet with Peter Bryan on 27 August and that Social Worker 5 was to meet Peter Bryan at Riverside House in future rather than at the CMHT office in Kempton Road.
236. Also all involved in his care would have a meeting at Riverside House to discuss and implement a Care Plan.
237. That afternoon the Manager of Riverside House met with Peter Bryan and Riverside 2 who had been allocated as his new key worker at Riverside. They briefly discussed the morning's meeting and Peter Bryan said that he was shocked that he was so near to being recalled back to hospital.
238. His future at Riverside House was then discussed and he was told that he must comply with the rules and expectations of the hostel. He should inform staff of his whereabouts when he was going out and he should meet with his key worker Riverside 2 for a one-to-one session for a period of half an hour on a weekly basis. The Manager agreed to meet with Riverside 2 on a regular basis.
239. It was agreed that Peter Bryan would take responsibility for his behaviour towards fellow residents and staff, that any issues causing concern should be documented and that his consultant RMO4 and his social worker Social Worker 5 should be informed of them.

240. Later that evening Peter Bryan received a telephone call from his solicitor to discuss the meeting which had been held that morning. He was given advice over the phone as to how best to manage the situation.
241. Later Peter Bryan had dinner, watched TV, and then took his medication at 22.00 before going out. He told the members of staff that he was going to the shops briefly and that he would then sit on the fence outside the house to have a cigarette. He assured them that he was not going looking for any girl or visiting anyone.
242. He came back into the house at 23.00 and expressed his concern to members of staff about almost having been recalled under the terms of his conditional discharge. He was advised about how to progress and move on instead of regressing and being recalled.
243. He said that he was going to give it his "best shot" and that "*Though it's like starting from scratch again, it's going to be hard to gain the confidence of others*".
244. On 21 August Day Opportunities 1 noted that Peter Bryan had informed her that day that he might be recalled. He said that this was because he had not kept people informed about a young woman he had been talking to on the street. He said that he had just been saying 'good morning'.
245. On 21 August Home Office 3 wrote to Social Worker 5 asking him to send the further Social Supervisor's report to the Home Office which was now due.
246. During the night shift of 22 August Peter Bryan told his key worker that on 24 August he was planning on getting some photos taken with a woman friend (P3) who had earlier visited Riverside. He then said that on the same day he was also planning to take another woman friend (P5) to a pub for a few drinks. She was apparently a mature woman with two children whom he had met that day and had befriended. She lived in a block of flats not very far from the hostel.
247. On being questioned about how he was going to handle the situation given that there was also the 17-year-old friend (P4) nearby, [P4's age was sometimes given as 16 and sometimes as 17] he said that he was no longer visiting that particular young friend.

248. The night shift notes for 23 August described how Peter Bryan played pool with the staff, and took his medication before saying that he wanted to go out for a few minutes to see his friend P4, commenting that he had not seen her since the CPA meeting. He wanted to advise her of his situation - that he would not be seeing her in the future. He came back after 10 minutes saying that he could not see her as it was raining.
249. On the 25 August Day Opportunities 1 spoke to Riverside House to arrange a meeting between herself and the hostel staff.
250. On 27 August Peter Bryan went to his appointment with RMO4 at the John Howard Centre and also went in the afternoon to see his Drug Counsellor at Addaction.
251. When he returned to Riverside House, he said that RMO4 would send the notes from the meeting through the post.
252. On 29 August the Riverside notes state that Peter Bryan had gone to meet his mentor, although he later called to say that the mentor had not been there so another appointment had been made for the following Tuesday.

We believe that the 'mentor' was the Drug Counsellor at Addaction.

253. Also on 27 August, Deputy Manager 2 wrote to the Inspector of the National Care Standards Commission with the results of his investigation into the complaints made by Peter Bryan, including copies of statements taken from all the Riverside staff involved. His investigation revealed that no evidence had been found to support the allegations.
254. On 1 September Peter Bryan told the night staff at Riverside house that he had met up with his girlfriend P4 and her family on his way to the shops.
255. On 3 September Peter Bryan had a one-to-one session with the Drug Counsellor at Addaction. According to the Drug Counsellor's notes, he presented as a bit down in mood and said that he had been having problems at the hostel and they had threatened to send him back to Rampton this week.

256. Apparently this had resulted from Peter Bryan having a relationship with a girl under the age of 18 and keeping the relationship secret. He said that it felt close to the situation leading to his index offence, as the victim was a girl under the age of 18.

NS was in fact 20 when she died.

257. They discussed the situation and how it had come about, and Peter Bryan said that he liked to take a walk out of the hostel when he had had his medication to buy a 'super malt' and to get some fresh air. He said that there was a group of younger adults there and they had started chatting to him. He said that he knew the mother of the girl, and that there was no inappropriate emotion going on as the girl was too young for him.

258. They chatted about crushes, fixations and obsessions and where they go when they are kept secret, and how other people caring for him might view those situations.

259. Peter Bryan said that there had also been an incident where he had had a minor confrontation with another resident. The hostel staff felt that, because the incident had happened in the kitchen and Peter Bryan had had a knife on him at the time and his eyes had gone all cloudy, he was becoming a danger to others and himself. He said that the Riverside staff and his doctor were concerned about him at the present time.

260. The Drug Counsellor noted that there was a CPA review on 17 September which he would be attending. He had asked Peter Bryan to adopt a new level of honesty as he could not afford to be messing around with under 18-year-olds or seeming to be aggressive in any way, as he would just be recalled back to Rampton.

261. He noted that Peter Bryan left the session more positive than before as he had been able to explore everything that had been going on with him with ease, care and clarity.

262. On 3 September Peter Bryan told the night shift staff that he was still seeing P4 but was thinking of getting someone older as he had been advised by several other people. He also said that he had gone to the GP for a routine check after meeting up with a woman at his sister's home.

263. On 4 September the Forensic CPN spoke with Social Worker 5 prior to meeting Peter Bryan at Kempton Road. Social Worker 5 told him about Peter Bryan's complaints to the NCSC and gave him feedback about his meeting at Riverside House and the urgent CPA meeting with RMO4.
264. The Forensic CPN then met with Peter Bryan and they discussed what had been happening.
265. The Forensic CPN's notes show that Peter Bryan generally accepted that he had been wrong to go above everyone's head when making his complaints and that he should be more open with the Riverside staff and should discuss his grievances with them.
266. He said that he was also sorry that he had upset some of the female staff, and accepted that his body language may have come across as threatening, but that he had not been aware of it.
267. He did not feel that he was in the wrong over a lot of the incidents and felt that he had been *"put down and treated disrespectfully"* by some of the hostel staff.
268. As an example, he accused Deputy Manager 1 of making insensitive remarks to him about his length of sentence, when he had tried to compare it to an example in the newspaper of a woman getting a shorter sentence.
269. He also felt that the other residents had a funny look in their eyes, which made him feel uncomfortable, and were always going into each other's rooms.
270. He minimised the knife incident by saying that another resident had sat down in his place in the kitchen, which had made him feel angry, resulting in a *"red mist"* coming over him. However he maintained that he had called staff to deal with the situation before they had come into the kitchen and observed him standing aggressively in front of the other resident with a knife in his hand.
271. With regard to meeting the girl at night without telling staff, he acknowledged that he should have informed staff of his whereabouts, but denied that she was a girlfriend. He said that he had known her for 3-4 months and that she was just a friend.

272. He informed the Forensic CPN that things had improved since the last meeting. He now had a new key worker whom he saw weekly, but he accepted that he needed to be more open with staff and to participate in the running of the home, rather than being against them.
273. He also accepted that he needed to develop more awareness of his illness and behaviour towards others and that he would need to be more realistic about his goals.
274. He accepted that he would need to be in a 24 hour supervised hostel until he was felt by the team to be ready to move on to a less supervised form of accommodation.
275. The Forensic CPN visited Peter Bryan again on 9 September at Riverside House.
276. On 11 September the Manager of Riverside House wrote to Peter Bryan to express her pleasure that his complaints about the Riverside staff and herself had been resolved amicably. Apparently he had spoken with the NCSC Inspector and had confirmed to him that he wished to work with the Riverside staff to achieve his goal of moving to independent living in the foreseeable future.
277. She told him in the letter that she and other members of staff had observed that he had made great progress with his rehabilitation in recent weeks and that they looked forward to continuing to work with him and assisting him to achieve his aspirations.
278. On 12 September Home Office 3 of the Home Office wrote again to RMO4 chasing his report.
279. Peter Bryan had a one-to-one session with the Drug Counsellor again on 16 September. He said that he had been doing well and that the hostel Manager felt that he had scored more plus points than negative ones in the last month.
280. They chatted about the CPA review meeting the following day, which they were both attending, and how he felt about it, and Peter Bryan said that he was confident but worried due to the *"scary nature of the scene"*.
281. Peter Bryan asked the Drug Counsellor what he thought of his progress, and the drug counsellor's note reflected that Peter Bryan seemed to have strong defences when it came to

people he knew could present him with trouble, but that he seemed to have lowered defences when it came to those people approaching him.

282. They also chatted about his use of day programmes, work dependency and Addaction, and concluded that all in all Peter Bryan was doing well.
283. On 16 September Day Opportunities 1 noted that Peter Bryan was only attending one group every two weeks.
284. The CPA meeting took place on 17 September attended by Psychiatrist 8 standing in for RMO5, Social Worker 5, the Forensic CPN, the Drug Counsellor and Peter Bryan. According to the Forensic CPN's note, RMO4 also attended but arrived late - after Peter Bryan had left. Deputy Manager 1 of Riverside House had sent his apologies for not being able to attend but had given feedback on Peter Bryan's progress.
285. The discussion centred on the already documented incidents at the hostel the previous month which had resulted in the urgent CPA.
286. It was reported that since the CPA things seemed to have settled down and there were no concerns about his behaviour being expressed at that time, although it was agreed that Peter Bryan would need to be monitored closely over the next few months.
287. RMO4 reported after the meeting had finished that Peter Bryan was expressing a lot of anxiety and stress about his index offence and would benefit from further work at the Trauma Clinic at St Bart's Hospital. He said that he would refer him and see him at this clinic.
288. As far as the Care Plan was concerned, most items continued as before. However in relation to relapse prevention work it was planned that the Forensic CPN should undertake psycho education, stress management and early warning signs work and that RMO4 would refer Peter Bryan to the Trauma Clinic to explore his index offence.
289. 'Contingency Planning' was that Peter Bryan should continue to reside at Riverside House where the staff would provide monitoring and support. If there were any concerns by the professionals involved in his care then they should contact the Forensic CPN or Social Worker 5.

If Peter Bryan became involved in any criminal behaviour and was arrested, the police should liaise with the RMO, Social Supervisor and Care Coordinator before prosecuting.

290. The early warning signs/relapse indicators were given as (1) paranoia and suspiciousness (2) drug use, especially cannabis and (3) increased irritability and hostility towards people.

291. Peter Bryan's comments written on the CPA Review Form were:

“Very concerned that (RMO4) did not attend, and Riverside staff did not attend and it Riverside who suggested that I am relapsing. And at the end of the day will not attended CPA meeting” (sic)

292. Peter Bryan returned to Riverside House that afternoon after the CPA and complained bitterly that he had felt let down as people did not attend his CPA. He was informed that Deputy Manager 1 had telephoned all concerned because he could not attend as he was seeing another resident who had a problem at Homerton Hospital.

293. The Forensic CPN had completed a Risk Assessment Report (using the HCR 20 format), dated 17 September 2002.

The HCR 20 is a checklist of risk factors for violent behaviour. It consists of 20 items organised around 10 past (historical) factors, 5 present (clinical) variables and 5 future (risk)management issues. Each of the 20 factors is given a risk score of 0, 1 or 2.

294. Peter Bryan was assessed by the Forensic CPN as having a score of 14 out of a possible 20 for past risk.

295. These are the relevant extracts for the five clinical (present) and five risk (future) items:

“C1 - LACK OF INSIGHT

Mr Bryan admits to having a mental disorder around the time of the Index Offence but doesn't accept that this caused him to become violent in the past, and that it was a strong factor in his Index Offence. He believes that drugs and stress were the main reason he was in this paranoid state. He doesn't fully accept the need for medication in keeping him well. He is

unhappy with the side effects which he feels he experiences and would like his medication reduced and eventually coming off it. He found it difficult to accept that when he came off medication in the past, he relapsed quickly. He lacks full understanding how his psychotic illness has presented in the past and more work around this area needs to be done.

C1 Score = 1. Possible/Less Serious Lack of Insight

C2 - NEGATIVE ATTITUDES

Mr Bryan's present attitude to his Index Offence is that he expresses sorrow and regret for what he has done and says he finds it painful to talk about it in any detail, except that he was mostly responsible for what happened. This expression of remorse is sometimes contradicted when he expresses that he has done his time and punishment and just wants to get on with his life. A lot of the time he feels resentful towards Mental Health Services as he sees them as preventing him from living independently. He is also unrealistic about his future plans ie. feels that he should be living in a flat and doesn't need to be in a hostel. Recently, this hostility has been shifted towards hostel staff in that he feels that there is some conspiracy in sending him there, as it was a family business. This has led him to complain to staff that he is being put in a similar situation as when he committed the Index Offence, as this was a family-run business. This has been perceived by the hostel staff as a slight indirect threat.

Mr Bryan also has negative attitudes in the form of resentment towards having to tell staff where he is going or where he has been. Mr Bryan also doesn't deny that he would use violence towards others in the future if he had to. He explained that he would only do this to defend himself and doesn't feel that this type of behaviour would be unacceptable.

C2 Score = 2. Definite/Serious Negative Attitude.

C3 - ACTIVE SYMPTOMS OF MAJOR MENTAL ILLNESS

Since he was commenced on Stelazine 10 mg in November 1994 at Rampton Hospital, following a relapse, he has remained stable in his mental state. However, recently there have been concerns regarding his mental state in that he was becoming suspicious and critical of the way he was being treated by the hostel staff, resulting in him making threats and complaints towards them. He was also expressing suspiciousness towards the other residents in the hostel

in that they were going into each other's rooms to take drugs, and he could tell from their eyes that they were showing some hostility towards him. Although he was found by RMO4 not to be relapsing when he recently assessed him, there is still a possibility that this could be some early warning signs that his mental state is deteriorating. When he was first admitted to Rampton and his medication was stopped, his behaviour became more challenging and confrontational and he started to have more persecutory thoughts towards staff.

C3 Score = 1. Possible/Less Serious Active Symptoms of Major Mental Illness.

C4 - IMPULSIVITY

Since Mr Bryan's discharge from hospital, there has been little evidence of dramatic fluctuations in his mood and behaviour, which would indicate that he was becoming more impulsive. However, his recent behaviour of becoming more angry towards staff at the hostel, and making complaints to the Care Standards Department regarding the hostel's care, would indicate that he is starting to display some signs of impulsivity.

C4 Score = 1. Possible/Less Serious Impulsivity

C5 - UNRESPONSIVENESS TO TREATMENT

Since his Conditional Discharge from hospital, Mr Bryan has shown a lot of motivation to attend his appointments and treatment facilities that have been organised for him. He attends the Worland Centre on Tuesday and alternate Fridays, Addaction one day a week and Core Arts on Friday. He has also logged all his day trips to art galleries and museums in London and his day trips to his parents' house to try and demonstrate to the Team that he doesn't need the level of supervision he is getting. He has admitted that some of his trips to London and the sessions at the Worland Centre he doesn't really enjoy but feels he has to do them in order to move on as quickly as possible. The same is said regarding his visits to his parents, which he claims brings back bad memories, but says that he needs to do this to please us. He is also compliant with medication which is supervised by staff, but he is unclear whether he is still benefiting from this now and would like to have his medication reduced. He will, at some stage, need to be tested to see what his level of compliance with medication is.

C5 Score = 0. Responsive to Treatment

R1 - PLANS LACK FEASIBILITY

Currently, Mr Bryan is residing at Riverside 24-hour hostel. He has an identified Key- worker at the hostel that he meets regularly, so as to evaluate his Care Plan and progress. His RMO is (RMO4) whom he also meets regularly at the John Howard Centre. As his Forensic CPN, I meet Mr Bryan either the hostel or at the Community Mental Health Team Locality, East, on a monthly basis. His Social Supervisor (Social Worker 5) also meets him every month but there is usually a gap of only two weeks between both our visits. He also attends the Worland Centre, Drugs Counselling (Addaction) and Core Arts. On top of this, he visits his parents regularly.

The Care Plan has been working reasonably well and, in fact, (Mr Bryan) has shown a willingness and motivation to attend his groups in the community, and is eager to demonstrate this to all staff involved in his care. However, the problem lies with the fact that (Mr Bryan) resents the level of supervision he is getting at Riverside and finds it difficult to accept that he needs to be there. He feels that staff are always watching him and cannot understand why he has to inform staff where he is going.

He has already stated that he didn't think he should have gone to the John Howard Centre from Rampton, and feels he could have gone into the community straight away. This has now led him to become resentful towards staff at the hostel and which has resulted in him making a complaint about the hostel to the Care Standards Department. He is unrealistic in his plans for the future as he sees himself as ready to live independently in his own flat, and feels that he has already demonstrated that he is capable of doing this. He doesn't accept that there is a risk of him becoming ill again and said he would be able to seek help if he did. He also doesn't accept that his rehabilitation should be a gradual graded plan over a period of time, to see how he copes with increased independence and responsibility.

R1 Score = 1. Moderate Probability That Plans Will Not Succeed.

R2 - EXPOSURE TO DE-STABILISERS

Over the past six months since his discharge from hospital, Mr Bryan has done reasonably well while he has been in the community. This is mainly due to the level of professional supervision and support and the type of supported accommodation he is getting at the moment. However, this level of supervision is necessary at this stage as he is now exposed to more hazardous

conditions than he would have been getting during his period in hospital. Potential destabilisers will be access to cannabis and other substances and mixing with peers who may have a bad influence on him, all of which could lead to a similar situation to that prior to his Index Offence. The risk of exposure to these dangerous situations is increased by his lack of acceptance and understanding of the level of support he is getting at the moment. This appears to be leading to increased anger and resentment in him towards professionals involved in his care and having unrealistic plans for the future

R2 Score = 1. Moderate Probability of Exposure to De-Stabilisers

R3 - LACK OF PERSONAL SUPPORT

Mr Bryan's parents live in East Ham at the family house. The mother is quite frail and walks with the aid of a frame. Mr Bryan has visited them on a regular basis as part of his day leave while at Riverside. His parents have stated that they are happy for Mr Bryan to continue with his day leaves and he has a room upstairs if he is given overnight leave. However, although he has been pushing the Team to give him more leave to his parents' house in the form of overnight, he has also expressed negative views about his parent's house and blames the Team for making him do things he doesn't want to do. He said that going back to his parents' house brings back unhappy memories of the abuse he suffered in the past, and he is under the impression that if he has overnight leaves, then he is more likely to get a flat for himself much quicker...

R3 Score = 1. Moderate Probability of Lack of Personal Support

R4 - NON-COMPLIANCE WITH REMEDIATION ATTEMPTS

Mr Bryan has shown a willingness to comply with outside therapeutic activities such as the Worland Centre, Drug Counselling and Core Art. His motivation behind attending these groups is to try and demonstrate to the Team that he is willing to comply with the conditions of his discharge in order to live more independently and eventually to get an Absolute Discharge. He is also participating in relapse prevention work with me in the form of psycho-education, identifying early warning signs and stress management. Even though in the early stages, he is quite happy to look at these issues. However, on a negative side, he has expressed resentment at the amount of supervision and control he perceives is being given to him at the hostel. This

has resulted to him, at times, challenging the rules and the care given at the hostel and making complaints to other agencies and professionals about them. This may be related to his lack of insight and underlying paranoia, which could also be linked to his mental illness. Therefore, there is a strong possibility that even if Mr Bryan was living in a less supervised accommodation, he would still resent and challenge the amount of supervision he would be getting and may be less likely to engage in therapeutic work.

R4 Score = 1. Moderate probability of Non-Compliance with Remediation Attempts

R5 - STRESS

The main source of stress Mr Bryan may be at risk of encountering over the next six months is difficult to predict. However, now that he has moved out of hospital and is now living in the community, he will be more exposed to stressful situations. This is minimised at the moment as he resides in a 24-hour hostel which provides support and supervision, and he is also getting input from other agencies and professionals.

Some of the main sources of stress which he will be exposed to, and which will need support and supervision, are mixing with peers who participate in drug taking and criminal activities and future relationships with women. There is a danger that Mr Bryan will be easily led by this group of people and could lead to participating in similar behaviour prior to his Index Offence. At the moment, the hostel and the other support he is getting from professionals and agencies, is reducing the risk of this happening. Once this level of support and supervision is reduced, then the risk of exposure to these factors increases.

R5 Score = 1. Moderate Probability of Stress

Overall Score = 24

Pro-rated Score = 25.3

Moderate Risk of Violence over the next 6 - 12 Months

OPINION/RECOMMENDATIONS

Mr Bryan has been rated as a moderate risk of violence over the next 6 - 12 months and is in the HCR 20. He scored quite high in the Historical Section (14/20) which tends to anchor the risk assessment. This suggests that in the past there is a strong link between violent behaviour, substance misuse and paranoid illness.

As historical factors anchor risk assessment, clinical items are dynamic and changeable and can be moderated to adjust the risk. Although Mr Bryan has some insight in that he had a mental illness around the time of the Index Offence, he doesn't fully accept that this may have led him to behave violently. He also lacks understanding in how his illness presents itself and the need for medication in the future. More psycho-educational work needs to be done with him around his illness, which should incorporate identifying early warning signs and developing a relapse signature.

Mr Bryan's mental state appears to have been fairly stable for nearly 7 years while he was in hospital. The last time he showed clear signs of relapse was in 1994 when his medication was stopped for a short time. However, over the last few months he has exhibited some paranoia and hostility towards staff and other residents in the hostel. Even though it was felt by RMO4 not to be symptoms of relapse, they are of concern and will need further assessing and monitoring by staff over the next few months. These may be early warning signs of relapse or personality trait which are exacerbated by the stress of adjusting to his new environment. If early warning signs are exhibited, then an early mental health assessment will need to be done by his Social Supervisor and RMO with a view to admission to hospital under the Mental Health Act 1983. In the event of relapse, Mr Bryan will need to be admitted initially to a PICU environment due to his propensity to violent behaviour and referred to Forensic Services for a psychiatric assessment.

Mr Bryan will need to continue to reside at Riverside 24-hour hostel, as he still requires this level of support and supervision. In the community, he will need to demonstrate more openness and show less challenging behaviour towards staff before he is ready for less supportive accommodation. While at the hostel, he would also benefit from a gradual self-medication programme at some point in order to assess his level of compliance under less supervision.

Mr Bryan should continue with his therapeutic programmes and activities in the community. In particular he should continue with his drug counselling as part of preventative work around his substance misuse issues. Despite being tested negative for drugs over the past few years, the risk of becoming involved in drugs will increase more with a decrease of supervision and the move towards more independence. He should still be tested randomly for drugs by the hostel staff, with an urgent review being set up if he is tested positive.

As there is a strong link between his past criminal activity (robberies, carrying weapons and drug dealing) and his Index Offence, then any evidence of criminal behaviour should be treated with caution by those involved in his care. If there is any evidence of criminal activity, and then an urgent CPA review would need to be called and should also involve the police (Mental Health Liaison Officer). There are various options open to the RMO and Social Supervisor, such as admission to hospital for further assessment or contacting the Home Office with a view to recall. If he is arrested for any offences, then it is important that he is charged and that the police and Mental Health Service work in conjunction with each other, as diversion to hospital may be necessary at a later date. This should involve the Public Protection Team at Hackney, to whom Mr Bryan is already known and a referral to the Multi-Agency Public Protection Panel meeting may be necessary.

Before Mr Bryan is considered for overnight leaves to his parents' house, his Social Supervisor and RMO will need to explore further his anxieties around going to his parents' house because of what has happened to him in the past. If it is then decided that he can have some overnight leaves, his parents will need to be involved in the decision-making process, and their needs will need to be assessed further if they are to become involved in his care.

Given the nature and degree of Mr Bryan's Index Offence, if he enters into another relationship with a woman, it is important to assist him in the managing of the relationship and the stresses that it could bring. Due to these factors, the Team should consider a referral to Psychology Services once he enters into a relationship with another woman."

296. On 20 September Home Office 3 of the Home Office wrote again to Social Worker 5 chasing his report.
297. In the morning of 23 September, a young girl and boy turned up at the front door of Riverside House asking for Peter Bryan. The Riverside House notes state that the girl informed staff that

she was the daughter of 'P4', the lady that Peter Bryan visited in the flat across the road. (The young girl was in fact 'P4', who was the daughter of 'P6').

298. They said that they wanted £2 from Peter Bryan. Staff asked how old the girl was and she said that she was 16, although apparently she looked much younger according to the Riverside notes.
299. The Riverside staff asked Peter Bryan not to give the children any money and asked them to leave and to ask their mother to visit Peter Bryan to ask for money.
300. Peter Bryan went out to do his food shopping and on his return, he asked to speak to the Deputy Manager. He expressed his unhappiness about what had happened with his visitors. He was advised that he should be wary of any friendships with underage children and that they should not visit Riverside House again.
301. Day Opportunities 1 spoke to Peter Bryan on the telephone and he said that he was attending the Moving On group and the Mental Health Discussion group every two weeks.
302. That afternoon he had a one-to-one session with his key worker and expressed his concern about how his visitors had been turned away from the door that morning.
303. He felt that he should have been allowed to talk to his visitors and then, after they had gone, he could have been told never to allow visitors to come asking for money, especially at their tender age.
304. He said that he had felt insulted when his visitors had been sent away in front of him and he said that he had lost his dignity and trust.
305. When staff explained to him that the hostel was not a suitable place for young children of 12 to 16 years of age, he explained that he was not a paedophile and was responsible enough for his actions.
306. He was reminded that it was an offence to associate with girls under the age of 16, especially when people considered what had happened in the past.

307. He explained that he was not having any sexual relationships and did not feel that it was fair to be reminded of his past. He said that he was fully aware of his offence and he did not and would not put anyone in danger.
308. The night staff noted that Peter Bryan appeared to be in a low mood that evening and they talked to him about his behaviour in the hostel and encouraged him to try to curb his anger which they pointed out to him was a weakness. He apparently then cheered up, had a bowl of spaghetti, and played pool and cards with staff members before watching television and going to bed.
309. The following day Peter Bryan reported to Deputy Manager 1 that he had been lending money to other residents and also had exchanged money for tobacco. He then apologised and said that it would not happen again.
310. The night shift notes for 26 September record that Peter Bryan had gone out and returned at 21.20, appearing extremely cheerful. He told staff that he had had an "*amazing day!*"
311. When asked to explain he said that he could not tell the staff as they might be embarrassed but that he would tell his key worker, Riverside 2. He would only say that he had got a girl's telephone number.
312. During a game of pool with his key worker during the night shift of 27 September, Peter Bryan said that he needed to have a second visit to his GP since he had had sexual contact. He said that a few days previously he had been walking past his friend P5's flat when she summoned him in.
313. She was with another female friend and he was offered coffee and later was told by P5 that she fancied having sex with him and her friend wanted to join in as well. He then took on both women.
314. When asked whether he had had any protection on him, he declined to answer, but it was noted that it appeared that he did not have the need to visit the GP.
315. On 30 September Peter Bryan talked to the Drug Counsellor on the telephone and said that he was getting on better at the hostel and the Drug Counsellor said that he was going to be away

on leave for 2 weeks. Peter Bryan said that he would call again in 2 weeks time to book an appointment.

316. On 2 October Home Office 4 wrote again to Social Worker 5 requesting his overdue Social Supervisor's report.
317. On 3 October Peter Bryan had a meeting with Social Worker 5 at the John Howard Centre. He returned to Riverside House that afternoon and told staff and residents that he had started a rumour about a man putting a knife to his throat but that it was not true and he was only joking.
318. On 6 October Peter Bryan went out to the shops after taking his evening medication and returned after 23.00. He later told staff that he had gone to P5's place and had found her with her former boyfriend. He was introduced as a friend.
319. When a member of staff asked how the boyfriend had reacted at seeing him or how he had reacted himself, he said that there were no reactions as the other man was no longer having a fling with P5. When asked whether he was not afraid that the man might want to challenge him to a fight, he said that he did not think that he was the type to fight as he was shorter than him (Peter Bryan).
320. He told the member of staff that when the other man had left the room, P5 had told him that she was pregnant with his child. However he believed that she was pulling his leg because, even if she were pregnant, she knew that he was not responsible.
321. However he went on to say that he needed a child, but not that way.
322. On 11 October Peter Bryan complained that once again a female visitor had been sent away by the hostel Manager.
323. On 12 October he told staff that his female friend P5 had visited him earlier in the evening and that she had stayed for a short time.

324. On 16 October Peter Bryan arrived early for the Moving On group session at the Worland Centre. When he was told that he could not go in until the time the group was meant to start, he appeared angry and left, saying that he was not coming back again.
325. When Day Opportunities 1 telephoned him later that afternoon, he said that he was too cold to wait around so he had left, but he said that he would be back the following week.
326. On 19 October Peter Bryan successfully completed a six-week course in computer skills and received a Certificate.
327. On 21 October the Forensic CPN visited Riverside House. First of all he spoke with the Manager of Riverside House who informed him that Peter Bryan's mental state was much more settled and that he was doing quite well. He was seeing his key worker weekly for one-to-one sessions and also met with the Manager monthly with the key worker.
328. She also said that he had been involved with two women over the past few weeks and he had admitted having casual sex with both of them. One of the women, who had six children, had told him that she was pregnant, but this turned out to be a hoax.
329. There had also been another incident which had highlighted Peter Bryan's devious and manipulative behaviour. Peter Bryan had told some other residents that he had been attacked in the street and a knife had been pulled on him. He apparently falsely told them this to see which of the residents told the Riverside staff, as this would confirm to him which of them was "a grass". He was subsequently warned by staff about this behaviour.
330. The Forensic CPN then saw Peter Bryan for about an hour. They spent most of the session doing 'psycho education' about his illness.
331. The Forensic CPN noted that Peter Bryan found it difficult to remember some of the symptoms of his paranoid illness, but with prompting and further discussion, they were able to increase his awareness of what was happening to him at the time.
332. He admitted that he was having paranoid thoughts prior to the index offence and that they had continued to worsen while he was in prison and Rampton Hospital. He elaborated this by saying

that he thought at the time that the police were going to arrest him and that he thought the neighbours were keeping an eye on him.

333. He gave an example of his next-door neighbour following him from room to room in the house, and said that if he was in his kitchen, she was in hers.
334. He also felt that people were looking at him in the street in a funny way. He admitted that he still got these paranoid feelings of people looking at him in the street, but acknowledged that when he was ill this was greatly magnified.
335. He denied that he had other disturbances of thinking such as his thoughts being interfered with or thought broadcast.
336. They discussed how the illness had affected his feelings and he admitted feeling "swamped" by those paranoid feelings, which in turn had made him very edgy, irritable and angry. He briefly acknowledged that this had made him more prone to being violent.
337. He denied having auditory hallucinations or perceptual disturbances of any kind.
338. He also admitted to having problems with motivation in the past and that at times he still did. He also admitted that in the past he had neglected his personal hygiene and appearance and that this could have been part of his illness.
339. For the rest of the session Peter Bryan went on to discuss some of his grievances with Riverside House and the other residents which the Forensic CPN described in his notes as '*slightly paranoid and suspicious in nature*'.
340. He said that he was still angry with the staff for saying that he had relapsed a few months ago when he felt that he had had genuine complaints.
341. He said that he still felt that there was drug taking going on amongst the residents which staff at the hostel did little about.

342. He was also unhappy about having had Asian consultants from Rampton to RMO5, as he felt that they might have negative feelings towards him and a dislike of him because his victim was Asian. He said that he would like a change of consultant because of this.
343. He said that he was unhappy with RMO4's review of him as he had suggested that he may have shown some signs of relapse and in a way he had colluded with the Riverside staff.
344. the Forensic CPN planned to review Peter Bryan again in four weeks time and noted that Social Worker 5 was going to see him in a couple of weeks to discuss overnight leaves with him.
345. The night staff recorded on 21 October that quite late at night they had overheard a resident telephoning a woman on Peter Bryan's behalf. While the telephone conversation was taking place, Peter Bryan was "*watching out*" for staff and he appeared embarrassed when staff told him that they knew what was going on. The other resident later informed staff that the woman on the phone was a prostitute who lived/worked in a house nearby.
346. On 31 October Peter Bryan had a meeting with the Manager of Riverside House and said that he was very unhappy with his consultant, RMO4, claiming that he had failed to answer his letter. He also complained that he had failed to grant him overnight leaves to his parents' home.
347. The plan of action was for Peter Bryan to visit the MIND advocacy service to request someone to act on his behalf in relation to his complaints.
348. The Manager of Riverside House informed Peter Bryan that she would contact the Forensic CPN to let him know what Peter Bryan was intending to do. She left a message for the Forensic CPN to contact Riverside House.
349. Later that afternoon Peter Bryan asked to see the Manager of Riverside House's husband about his complaints. They were:
1. His RMO had not signed his driving licence application
 2. His RMO had not signed the two photos
 3. His RMO had not signed his passport application
 4. His RMO had not considered his request for weekend leaves.

350. On 1 November with the help of the Riverside staff Peter Bryan contacted the MIND advocacy service and they told him that his details would be passed on and that somebody would get back to him.
351. A member of the Riverside staff tried to contact the Forensic CPN and left a message for him to contact Riverside for information about Peter Bryan's complaints. The message was also left for RMO4's secretary to contact Riverside House.
352. On 3 November Peter Bryan wrote a letter to Social Worker 5 complaining that he was having problems with RMO4 regarding overnight stays, his driving licence, his passport and weights and gym.
353. He said that he had written to RMO4 on more than one occasion and had had no reply. The rest of the two-page letter detailed his complaints.
354. The letter concluded:

"I did not feel comfortable on the meeting we had 1:30 p.m. JOHN HOWARD CENTRE 27th August. (RMO4) said "HE CANNOT WORK ME OUT, AND WHERE DO WE GO FROM HERE". Said I was being flipant with (JHC PSYCHIATRIST 3), then started Examining my hand writing. I did not know he was a hand writing expert. He also put me under stress, and then asked me if I am under stress like I am his human toy. Then he did not attend CPA 17th of September 2 p.m. 1 KEMPTON Road EAST HAM. I have not seen or heard from him, 17th September onward it now 3rd November and I have not see (RMO4) or my community Doctor. So I have decided to complain. As I was told in my tribunal I would see a Doctor once a month. I feel it is him whom is being secretive and has a secret agenda."

355. On 4 November the Forensic CPN sent RMO5 a copy of the HCR-20 Risk Assessment he had completed in September 2002. The covering letter stated:

"Using the HCR-20, it is my opinion that Mr Bryan is a moderate risk of violence over the next 6-12 months, assuming he remains at his current placement and is receiving the current level of support from Mental Health Services. From the Risk Assessment there appears to be two separate but linked patterns of his violence and offending behaviour."

The first pattern of violence is part of his criminogenic traits displayed quite clearly in the past and a long time before he developed a psychotic illness. From the age of twelve years of age, he used violence to obtain money from people when he was involved in Street robberies as part of a gang, which also involved carrying weapons.

The second pattern of violence was linked to his deteriorating mental state in which he was becoming increasingly more paranoid, suspicious and hostile towards others and eventually led to his Index Offence.

His first pattern of violence is very much linked to his past criminogenic behaviour and from a Mental Health Services perspective, there is little that can be offered in reducing the risk in future. That is why it is important to involve the police and for Mr Bryan to be dealt with by the Criminal Justice System if he starts to repeat his offending behaviour again.

With regard to his pattern of violence which stems from his mental disorder, I have suggested a few recommendations that may help to reduce his risk of violence in the future. In brief, the most appropriate strategies to manage and reduce his violence risk, is to continue with adequate monitoring and treatment of his mental disorder and to also continue with the relapse prevention work already being done around his mental health and substance misuse issues.

These dynamic variables are changeable and will need to be reviewed again in eight to twelve months time.”

356. On 5 November the Forensic CPN was finally contacted by Deputy Manager 1 at Riverside House who informed him that Peter Bryan was making a complaint about RMO4's lack of involvement with him and that he had still not had his passport and driving licence. He had also complained to the Citizens Advice Bureau about having Asian doctors.
357. The Forensic CPN contacted Peter Bryan to see what the problems were. He repeated the same complaints to the CPN and added that he should have seen RMO4 monthly.
358. The Forensic CPN explained to him that RMO4 was no longer his RMO and that this had been explained to him at the last CPA meeting. He said that RMO5 was his new RMO and that he would only be seeing him every three months at his CPA reviews.

359. Peter Bryan said that he was still waiting to get an appointment to see Social Worker 5 as he was also asking for overnight leaves to his parents' home and it was noted that this would need to be explored fully with him due to his ambivalent feelings about this arrangement.
360. During the night shift of 13 November, Peter Bryan complained to staff about the lack of progress he was having with his RMO. He told them that he had submitted his passport forms, driving licence forms and photographs to the RMO about four months previously but had not had any response.
361. He also wanted to know who had turned away his sister, as he had not been given an answer.
362. He asked staff if they were happy with his progress and also told them of his wish to change his doctor. He was told that the staff had no complaints about him and that he could change his doctor at any time.
363. On 13 November Social Worker 5 sent the required report to the Home Secretary as Social Supervisor of a conditionally discharged restricted patient. In this report, Social Worker 5 stated:

"Frequency of meeting with the patient since last report:

(The Forensic CPN) and I see Peter twice each month. He sees his RMO on a regular basis and at the CPAs which are held every 3 months.

Does the patient show signs of becoming a danger to himself or others?

In August 02, there were some concerns that Peter was expressing thoughts of harming his key worker and making general threats to other staff at Riverside. This was after he reported that his mobile phone had been stolen and he had developed a belief that staff was not listening to him as he had been complaining to them that non-prescribed drugs were being used on the premises. Peter had also complained about these and other matters to the National Care Standards office in Stratford.

If the answer is yes, what action does the supervisor recommend?

A meeting took place between the management staff at Riverside House and me. We looked at all the issues that were affecting Peter including that he wasn't happy living in the home because this impinged on his freedom. A follow-up meeting took place that involved his RMO (RMO4), (Deputy Manager 1) and the Manager of Riverside House both from Riverside House and me. Again Mr Bryan talked about what issues he had and both the Manager of Riverside House and (Deputy Manager 1) expressed their concerns that included that Peter had made threats to staff because he perceived the home to have some of the characteristics that led to his index offence. For example, that Riverside was a family run home and Peter had said that the environment was similar to that which led to his index offence.

Although Peter had some legitimate concerns the home staff were also concerned that Peter was secretive and that he was seeing a young female who was perhaps underage although there was no proof. And this was indicative of his behaviour that led to his index offence. However, neither (RMO4) or me considered that Peter was relapsing and therefore did not warrant admission. It was decided that Peter should be given a chance and supported to work things through, and to approach the staff at Riverside or his RMO, social supervisor or Forensic CPN if he has any concerns about his mental well-being. Since then there has not been any further report about Peter all reports since then have been positive.

REPORT TO THE HOME SECRETARY FROM THE SOCIAL SUPERVISOR OF A CONDITIONALLY DISCHARGED PATIENT

Since the aforementioned incidents Peter has settled down again, and there has been no more reports of concerns by the staff at Riverside. He continues to be compliant with all his conditions and takes his medication as prescribed.

He continues to participate in a wide range of activities, he has sought activities that are positive for his mental health. He continues to have regular contact with both parents and they are happy with his progress. They presently have no concerns about him.

SUMMARY

As mentioned earlier there were some concerns expressed about Peter's mental health in August that warranted close observation and monitoring. Fortunately he was able to overcome some of his problems with support and guidance from the community team. He now seems to have made a full recovery, and this has resulted in the positive feedback that I have had from staff at Riverside House. He is not considered to be a risk presently and he continues to comply fully with all instructions, his progress continues to be good."

364. Social Worker 5 sent copies of this letter to both RMO5 and RMO4.
365. A letter dated 14 November 2002 (presumably drafted on his behalf by a MIND advocate) was sent by Peter Bryan to Sheila Foley, then the Chief Executive of the East London and City Mental Health Trust. It read:

"Dear Ms Foley,

I am writing to you because I have to make a formal complaint about my consultant, (RMO4). I am a mental health service patient detained under section 41 of the Mental Health Act and am on conditional discharge living at the above address. I have been living here for the past nine months. I have asked someone to type this letter for me because when I wrote previously to (RMO4) he said he could not read my writing. I am dyslexic which as you are probably aware affects writing as well as spelling and reading.

I have not seen (RMO4) since the summer and I have not been assigned to another community consultant psychiatrist. I am meant to be seen once a month by a consultant psychiatrist. I had a CPA meeting on 17 September but (RMO4) did not attend. A Locum psychiatrist I had never seen before attended.

There are a number of outstanding issues that (RMO4) has not dealt with. He has had my passport photograph and driving licence application since July and I have applied for overnight leaves so that I can visit my parents. This has not been sorted out. I am on antipsychotic medication and also an inhaler for my asthma. This would not be a problem if I stayed overnight at my parents as I am responsible for taking my own medication. (RMO4) also agreed to refer me to a gym for weight training. He has not done this.

I am very unhappy about the way I have been left without proper consultant support which I was supposed to have after I left Colin Franklin Ward, at East Wing Homerton. I would be grateful if you could investigate this for me. I need to have a community psychiatrist who I can see on a regular monthly basis, and which was agreed when I moved.”

366. On 20 November, the Complaints/Claims Officer of the Trust responded to say that his concerns had been forwarded to the relevant Manager who would carry out an investigation and they would then send a full response to his letter.

367. On 26 November the Home Office wrote to (RMO4), remarking that his report had been due on 22 July and that they had sent him chasing letters in August and September which had gone unanswered. The letter stated:

“Whilst we fully appreciate the demands on your time, I must emphasise that the Home Secretary relies on full reports from the supervisors to enable him to monitor the progress of conditionally discharged patients and to carry out his obligations regarding public safety. I should be most grateful, therefore, if you could let me have a full report on Mr Bryan’s progress since your letter to his GP dated 22 April 2002. Would you also please note that, whilst we are happy to receive copies of correspondence with the patient’s GP, the statutory report should be addressed directly to the Home Office.”

368. On 27 November Social Worker 5 telephoned to cancel the appointment he had with Peter Bryan that morning. A meeting was arranged for the following day with the Forensic CPN.

369. As soon as Peter Bryan walked into the meeting with the Forensic CPN on 28 November, he handed back the CPA Care Plan which had been formulated after the September meeting, telling the CPN that it was not valid as RMO4 had not been present.

370. The Forensic CPN tried to explore Peter Bryan’s feelings about RMO4 further and noted that he appeared quite angry towards him as he said that he had booked appointments to see him and had written to him, only to be ignored. He also stated that RMO4 had his driving licence and passport and he wanted them returned.

371. The Forensic CPN tried to explain to Peter Bryan once again that RMO5 was now his RMO and that the agreement had always been for RMO4 to be his RMO only for the first six months. Peter

Bryan found this difficult to acknowledge and went on to give further examples of how he felt RMO4 had treated him badly.

372. He said that he felt angry with him because when he did see him he treated him like a '*guinea pig*' and then got rid of him.
373. He said that RMO4 tried to work him out in his sessions which put him under a lot of stress. He said that he had made an official complaint to MIND about this.
374. He also felt angry with the people who had not turned up for his last CPA and this had included RMO5.
375. When the Forensic CPN tried to explain that RMO5 had nominated his SCMO to stand in for him, he went on to say that he had not seen him since and that he had expected to and he was not very happy about it.
376. He then went on to say that he had had enough of Asian doctors and he wanted to change his current RMO to a non-Asian consultant.
377. The Forensic CPN noted that he had the impression that Peter Bryan was beginning to harbour suspicious ideas regarding RMO4 and RMO5 and that he felt that they were trying to harm him deliberately by the lack of treatment they were giving him. This conspiracy theory seemed to have now developed to include all Asian doctors involved in his care - past and present.
378. The CPN noted that it was not clear whether this was delusional and it would need to be further assessed by his psychiatrist.
379. The rest of the session was taken up with psycho-educational work that concentrated on the possible causes of schizophrenia/psychosis.
380. Peter Bryan apparently still had a fixed idea that his illness was solely down to drugs, and that if he stayed clear of drugs he would not relapse again. He also expanded on this to say that he would also like to come off medication in the future as he felt that the side-effect of breast enlargement was down to the medication.

381. Following this session, the Forensic CPN contacted RMO4 and RMO5 to arrange an urgent CPA meeting on 12 December. He left a message with Social Worker 5 and the Manager of Riverside House to attend the meeting.
382. On 29 November Social Worker 5 telephoned Peter Bryan to arrange a visit the following week and he told him that they would need to discuss a number of issues including overnight stays and the letter he had sent him.
383. Later that day Social Worker 5 also received a telephone call from the Forensic CPN to inform him that when he had met with Peter Bryan the previous day, Peter Bryan had said some things that had raised concerns including that he seemed to have a fixation against Asian people and that the Forensic CPN felt that this could be dangerous because it was this that had caused the index offence. The Forensic CPN informed him that his concern had led him to ask for a meeting with RMO5 and RMO4 which would take place the following week
384. On 1 December Peter Bryan informed the Manager of Riverside House that he was starting a 'Photography and Video' course at Newham College in January.
385. On 2 December he had a one-to-one session with the Drug Counsellor at Addaction. He told the drug counsellor that he was getting bored of Riverside House and wanted to access overnight leave as he was starting to feel trapped or detained where he was.
386. He said that his doctor was supposed to apply to the Home Office for overnight leave but nothing had come back to him as yet.
387. He said that he had got frustrated with his previous doctor, RMO4, as he had asked him to apply for his driving licence and passport but he had not got back to him in over three months.
388. He also said that he wanted to change to a black or white doctor rather than an Asian doctor. He said that he was not being racist, but one of the reasons was that the person he killed was an Asian woman. He was afraid that Asian doctors who took on his care were aware of his index offence and that he had killed an Asian girl, and that this left them with issues in relating to him.

389. He also told his Drug Counsellor that the two girls that he was seeing had been arrested and remanded in prison. The Drug Counsellor noted that he had asked Peter Bryan to be careful whom he mixed with as he could be going back to a house with one of these girls innocently, but in fact was entering a crack house, and the place could be raided by the police and he would then be recalled back to Rampton for associating with known criminals.
390. Peter Bryan also told the counsellor that he had met an Asian woman who had asked him for his telephone number and again the Drug Counsellor warned him to be aware how this could look to others.
391. In the afternoon of 3 December, Peter Bryan expressed his anxiety to the Manager of Riverside House about the urgent CPA meeting which had been arranged and as to what his future might be. She reassured Peter Bryan that the action was being taken to avoid any risk as he was subject to section 37/41 of the Mental Health Act.
392. On 4 December he met with Social Worker 5 at Kempton Road.
393. The night shift notes for 5 December record that Peter Bryan returned looking a little bit upset after accompanying female visitors who had visited him and a fellow resident.
394. When staff asked him why he looked upset, he said that the lady he was after had turned out to be a lesbian. Apparently she was the same woman who was a friend of another resident, and when it was pointed out to him that it was rather odd that he should be after his colleague's "girlfriend", he said that he did not care.
395. He later discussed his forthcoming CPA with a member of staff and said that he was rather upset that CPA meetings were convened when the team thought he was relapsing, instead of to assess his progress. He was advised to take it up with the team.
396. On 6 December he again said to one of the Riverside staff that the only time that CPA meetings were arranged were when he was held back ie they were not to praise him on any progress he had made.
397. He also had drawn up a list of things he wanted to bring up at the meeting and said that he felt "*less stressed*" after talking things through.

398. On 9 December Peter Bryan went out in the morning to meet a woman in Whitechapel. When staff enquired who she was, he said that she was the mother of a patient in Homerton Hospital and that he had met her there.
399. That evening he went out again with a fellow resident and later returned saying that the fellow resident had threatened him after they had exchanged a few harsh words. The matter was reported to the Manager on call who later came to the home, talked to both residents and resolved the matter amicably.
400. On 11 December the Manager of Riverside House received a telephone call from the Forensic CPN to inform her that Peter Bryan had left a message on his answer-machine asking him to call back to discuss an emergency incident at the home. She gave him feedback for discussion at the CPA meeting the following day and informed Peter Bryan of the CPN's telephone call.
401. Later that evening when Peter Bryan was called for his medication, he came down complaining that staff knocking on his door was like being in a prison.
402. On 12 December the urgent CPA meeting was held at Kempton Road attended by both RMO4 and RMO5, Social Worker 5, the Forensic CPN, the Manager of Riverside House and Riverside 2, Peter Bryan's key worker at Riverside.
403. The Forensic CPN's note of the meeting was as follows:

“This was an urgent CPA which had to be called because of Peter's behaviour over the past few weeks. He had been making complaints about his treatment by (RMO4). He felt that he had been badly treated and treated like a ‘guinea pig’. He also expressed his dissatisfaction about having Asian doctors involved in his care and felt that he had been mistreated by them in the past and present.

He was also making unrealistic demands about when he could have a flat on his own as he felt controlled at Riverside and didn't feel he needed this level of supervision.

He had also made a complaint about (RMO4) to MIND who he claims has his passport and driving licence and has ignored requests by himself to have them returned.

(RMO4) explored these issues in more detail during the CPA. Although (RMO4) concluded that these were not delusional they were paranoid ideas which would need careful monitoring.

It was clear that Peter expressed unhappiness and anger about being in the "system" and said he feels like he is still locked up. He gave examples of how he felt angry and resentful like when the hostel staff were knocking on his door to get him up in the morning and asking him to declare his whereabouts when he goes out.

When (RMO4) explored Peter's paranoia towards him it was clear that he was misinterpreting what he said and did in his sessions but this was not delusional as he was accepting of explanations e.g. he accused (RMO4) of being hostile and bringing his fist down on the table in the last session -

Linking in with this theme of feeling mistreated by the system and professionals, Mr Bryan has also changed his GP to a GP who according to Mr Bryan is not Asian.

It was put to Peter that he was being unrealistic regarding his plans to live independently away from Riverside and that this would need to be granted anyway by a MHR tribunal. Peter understood this even though he was unhappy with what we are saying.

(RMO4) apologised for not completing the forms for his passport and driving licence and would do this ASAP. Peter would keep his passport for safekeeping at Riverside House.

Medication was discussed. Peter expressed unhappiness of having "enlarged breasts" which he feels are caused by the medication (Stelazine). It was felt by (RMO5) that this was a possible side-effect and plans to introduce Olanzapine before stopping the Stelazine.

Peter discussed overnight leave over Christmas period. His sister lives in Stratford and would like to stay 24/12 → 26/12 and 31/12/02 → 2/1/03

Plan

- *(RMO5) has written to GP to introduce olanzapine 5mgs E/D. To review with myself in further 2 weeks and increase olanzapine to 10 mgs.*

- *(Social Worker 5) and myself to visit Peter's sister in Stratford. If everything is satisfactory (Social Worker 5) will write to the Home Office*
- *Riverside staff to discuss Peter's Section 41 Conditional Discharge with him in more detail*
- *To continue with care plans. CPA to be arranged for 3 months."*

404. The Riverside House note of the CPA meeting stated:

"Peter expressed his unhappiness with everything around him ie RSH, Consultants, GP etc. After long deliberations the team agreed that staff and his team in general should open up channels of communication while at the same time be vigilant."

405. On 18 December Peter Bryan attended the Moving On Group's Christmas Lunch and was seen to be in high spirits throughout.

406. However he told one of the staff members that he was awaiting a decision as to whether he would be allowed to stay at his sister's over the New Year period. He said that if he was given leave, his intention would be to go into London on New Year's Eve and to arrive at his sister's on New Year's Day.

407. Day Opportunities 1 subsequently telephoned Social Worker 5 and told him what Peter Bryan had said. He said that he would contact the Forensic CPN and that Peter Bryan would probably not be able to stay overnight at New Year as he had lied about what he intended to do.

408. On 19 December Social Worker 5 and the Forensic CPN paid a visit to Peter Bryan's sister to discuss with her his request for overnight leave at her home. She said that she was quite willing and able to accommodate him for an overnight stay.

409. They informed her that there was a requirement on her part to ensure that Peter Bryan complied with all conditions laid down for his overnight stay, that he must not consume too much alcohol, that he should return at agreed times and that he should contact the staff at Riverside House to let them know the time that he would return on the given days.

410. Peter Bryan was involved in this conversation and agreed to abide by those plans for his two periods of overnight leave.

411. On 20 December Peter Bryan left Riverside House at 16.30 to go to Stratford, telling staff that he would return by 19.00. The Riverside notes record that he smelt of alcohol prior to going out but informed staff that he had only had one can of lager.
412. He did not return to the hostel until 21.15 when he dropped off his bag and told staff he was going out for a walk. He then returned at 00.15. He apparently smelt of alcohol.
413. The night shift notes for 22 December also recalled that Peter Bryan had returned to Riverside with a fellow resident at 21.00 smelling of alcohol.
414. On 23 December Social Worker 5 telephoned the Mental Health Unit at the Home Office and was told that he and the Forensic CPN could agree overnight leave for Peter Bryan without permission from the Home Office team.
415. Social Worker 5 then telephoned Riverside House and told staff that Peter Bryan had been given permission to go on two 2-night overnight leaves to his sister over Christmas and New Year on the conditions which he had agreed, namely that he would telephone Riverside to tell staff what time he would be back, to return at a reasonable time and not to be drunk on his return.
416. On the morning of 24 December Peter Bryan was up early, took his medication, bought papers for the hostel and then asked for his TTOs (medication to take out) to be prepared.
417. When he was told of the conditions of his leave, his mood changed from being pleasant and he said that he had not been told about the conditions by Social Worker 5 and that he was not going to telephone the hostel and that he would prefer not to go on leave at all.
418. He went to his room where he remained until 13.00, when he came downstairs. He then left Riverside House for his sister's home at 15.35. He returned to the hostel in the afternoon of 26 December.
419. The night shift notes for 28 December record how he had asked if he could wash his clothes at 19.15 and had been told of the inconvenience it would cause to other residents. He therefore asked to speak with the Deputy Manager about this and was told not to do his laundry until the next day. It was noted that he appeared to be low in mood.

420. He went out for a couple of hours and when he returned it was noted that he smelt of alcohol and his mood appeared pleasant.
421. He watched television and went to bed at 00.30 and came downstairs at 05.45, put his clothes on to wash, made himself sandwiches and then went back to his room.
422. On the evening of 29 December Peter Bryan went out with one of the other residents and returned three hours later, again smelling of alcohol. He appeared to be in a jovial mood and came down later to watch television.
423. At 01.50 he was still downstairs with one of the other residents. He made himself a sandwich and turned on the television.
424. When asked what he was doing by one of the members of staff, he said that as it was the festive season he could watch television. When asked about getting up early in the morning for his 08.00 medication, he said that he was going to have a sleep in and would not get up.
425. Sensing that he was going to have an argument, the member of staff told him that he knew it was wrong and left him alone. Within 10 minutes, he turned off the television and went to his room where he remained.
426. The following evening Peter Bryan again went out with another resident and returned two hours later smelling of alcohol. He ate a takeaway which he had bought, took his medication and went to his room.
427. At 01.30 he came downstairs for a cigarette and an hour later he came down again and turned on the television.
428. He had apparently earlier asked both staff on the night shift if residents were allowed to watch TV until late since it was the Christmas period and had been told that they could not.
429. A member of staff asked him to turn off the television but he said that it was his opinion that residents should be allowed to watch TV until late during this one-week festive period.

430. When told to bring it up at the residents meeting, he said that there was not going to be one, and that the festive period would be over before the next residents meeting.
431. It was noted that the programme which he was watching was the same he had been watching the previous day and was on an X-rated channel showing blue movies.
432. The following afternoon the Deputy Manager of the hostel had a one-to-one talk with him about the previous night's events and he then collected his TTO medication and left the hostel for his New Year's leave. He returned on the morning of 2 January 2003.
433. On 31 December 2002, a further letter was written by the Home Office to RMO4:

“Mr Bryan is a conditionally discharged patient subject to the provisions of section 37 and 41 of the Mental Health Act 1983. We have not received a statutory quarterly report relating to his progress since May 2002 despite several requests.

The Home Secretary has an obligation to ensure the safety of the public, and therefore relies on supervisors' reports to inform him of the progress, or lack of progress, of conditionally discharged patients. I should therefore be most grateful to your assistance in providing an up-to-date report so that the patient's progress can be properly monitored.”

434. On 6 January there was a review at the CMHT office attended by RMO5, the Forensic CPN, Deputy Manager 1 of Riverside House and Peter Bryan.
435. Peter Bryan was meant to have gone to his GP after the December CPA meeting for his prescriptions of Olanzapine so that there could be a review of his medication. There appeared to have been a breakdown in communications with the hostel, as Peter Bryan had not gone. He was advised to go to his GP again that week which he agreed to do.
436. It was noted that the overnight leave to his sister's home over the Christmas and New Year period appeared to have gone reasonably well.
437. Deputy Manager 1 reported that Peter Bryan was trying to push the boundaries and had become argumentative and challenging over telephoning the hostel about his progress during his overnight leaves. He felt that it was the hostel's duty to telephone him rather than the other

way round, despite it having been agreed before he went on leave that he would initiate contact.

438. Staff were remaining firm with him in their approach and had reminded him that he would put his future leaves in jeopardy if he continued with this attitude.
439. He was requesting further overnight leave to his sister's home and it was agreed that RMO5 would write to the Home Office requesting overnight leave to cover a party that he wanted to attend on 1 February.
440. It was planned that he would contact the Forensic CPN as soon as he had got his prescriptions for Olanzapine so that the CPN could book an appointment with RMO5 in four weeks time.
441. Once again he raised the issue of his passport and driving licence and the Forensic CPN said that he would contact RMO4 about getting them returned.
442. On 7 January 2003 the Forensic CPN received a message on his answering machine from Peter Bryan requesting to come off all medication as he was feeling flushed when he started his new medication.
443. The CPN telephoned Peter Bryan and he repeated what he had said on the answer machine. The Forensic CPN noted that he did not seem to have comprehended what was explained to him at the last two meetings regarding his medication, and he also appeared to have totally misunderstood and misinterpreted what the Forensic CPN had said to him about his medication.
444. The CPN reminded him that the doctors were changing his antipsychotic medication to Olanzapine because of the side-effect of breast enlargement which he had reported. He informed him that to reduce the risk of relapse and to avoid hospitalisation while changing his medication, he had to be on a therapeutic dose of the Olanzapine before the Stelazine could be stopped. He noted that this had been explained to him only the previous day.
445. He also reminded him that he had always told him that he would probably have to remain on medication for a long period of time, possibly for many years.

446. He also repeated what he had been told in the past, which was that, if he wanted his medication reduced, this would have to be done under the supervision and agreement of his RMO.
447. However Peter Bryan was adamant that the Forensic CPN had told him that he could come off his medication for a trial period if he wanted to. The Forensic CPN noted that this "*paranoid thinking*" and misconstruing what people had said to him was very similar to his attitude and behaviour towards RMO4 recently. However he noted that the paranoid ideas were not fixed as in being delusional, and that Peter Bryan had accepted an explanation.
448. Peter Bryan had a one-to-one session with the Drug Counsellor on 13 January. He said that he had been doing OK. The Drug Counsellor asked him how his CPA meeting had gone and he told him that his medication had been changed to Olanzapine because he believed that the last drug which he was taking was causing him to grow breasts.
449. He said that the CPA had been called because his CPN, social worker and doctor felt that he was relapsing as he was becoming highly resistant to being treated by an Asian doctor. He said that he felt uncomfortable being treated by an Asian doctor for so long, as he thought they viewed him badly because they were of the same ethnicity as his victim.
450. The Drug Counsellor noted that it looked as though this would be an ongoing issue for Peter Bryan with no quick results and that he had put in a complaint about his RMO.
451. Peter Bryan then chatted about women and his feelings, and the Drug Counsellor noted that he believed that Peter Bryan had low self-esteem, was lacking in confidence and had a poor self-image.
452. He recorded that he had asked Peter Bryan to think about what he wanted to get out of their sessions so that they could gather some direction. This was because the women that Peter Bryan was attracted to were either crack users or sex workers or they were of an extremely young age ie 16-year-olds.
453. He asked Peter Bryan to look closely at what the danger signs would be if he got into a relationship on that level and said that they would discuss it at their next session.

454. Social Worker 5 was due to see Peter Bryan on 16 January but was unable to do so because he was unwell. The social worker telephoned on 20 January to apologise and said that he would see him on 29 January with the Forensic CPN.
455. Peter Bryan told him that he was doing okay and that he was not having any problems at that time.
456. On 27 January Peter Bryan had another one-to-one session with the Drug Counsellor at Addaction. He said that he had had his medication changed but that he was now on two different drugs, the original Stelazine and also Olanzapine.
457. He discussed the frustrations he experienced staying in a hostel. The Drug Counsellor advised him to refrain from taking on the "janitor role" and he then might find that he got less frustrated with other residents.
458. The counsellor once again asked Peter Bryan to avoid associating with crack users as he could face recall if the police raided one of the houses.
459. It was noted that Peter Bryan had now been allocated monthly appointments at Addaction.
460. Social Worker 5 saw Peter Bryan briefly before his meeting with the Forensic CPN on 29 January and he told him that he was feeling good about his progress, but that he sometimes felt that they were holding him back.
461. Social Worker 5 told him that he would have to be patient, but he said that he felt that they should just leave him. He believed that because he lived in the community he was entitled to do what he pleased, however he did say that he understood that they had policies and instructions and that they had to follow them as much as he did. He did say that he would continue to attend his appointments as usual and would try his best to do what was required of him.
462. Peter Bryan then met with the Forensic CPN who noted that he was slightly hostile and challenging about his need for treatment and the level of supervision which he was under.

463. The CPN noted that Peter Bryan showed very little insight into his need for treatment and his condition and played down and minimised the risk he could potentially pose if he were to stop his medication.
464. He expressed his anger about being on his current medication regime and said that he was unhappy about the side-effects he was experiencing, such as feeling bloated, flushes and dizziness when he stood up.
465. He wanted to know why his medication was not reduced at the last meeting and felt that he did not need to be on it any more.
466. He gave examples of patients in Rampton Hospital and more recently at the John Howard Centre who had committed serious crimes and were not on any medication.
467. The Forensic CPN noted that he did not appear to recall asking the doctors at the last CPA meeting to change his medication because of enlarged breasts and that they had agreed to introduce Olanzapine first before stopping the Stelazine.
468. He also had difficulty remembering being told that the risk of relapse would be too high to just stop the Stelazine and then start Olanzapine, and that that could only be done as an inpatient in hospital.
469. Peter Bryan then demanded to go back into hospital so that his medication could be reduced and then stopped.
470. He seemed to calm down slightly when he was informed that his medication would be reviewed on 3 February and that his Stelazine would be stopped as planned.
471. They then went over the symptoms of his illness when he had been unwell at the time of his index offence and later in Rampton, and how he had responded to treatment when he was put on medication.
472. Apparently Peter Bryan could not acknowledge this, and felt that he was only put on medication because he had been boisterous and loud.

473. He denied feeling persecuted by staff and said that they were racist towards him and denied that he was also challenging and argumentative towards them.
474. He also felt aggrieved towards RMO4 because he had not received his passport and driving licence. He did not really accept any explanation that RMO4 had probably sent off the forms and that it might take a while for them to come back.
475. He felt that RMO4 had "got it in for him" and did not like him. He said that his consultant at Rampton was the same, and the reason for this was that he had killed an Asian girl and they had victimised him because of this.
476. He said that RMO3 had looked at him and smiled at him in a funny way at Rampton, and he said that he was going to make a complaint again about RMO4. He denied that he planned to do anything else.
477. Finally they discussed his leave and the fact that Social Worker 5 had spoken with the Home Office and they had agreed that he could go on overnight leave on 1 February for his sister's 40th birthday party.
478. When the Forensic CPN put this to him, he started to push the boundaries, stating that he would be sleeping at his sister's home but that he was going to visit a girlfriend P7 until 01.00 and that his sister might not be having a party anyway.
479. When the Forensic CPN called Social Worker 5 in to reiterate what he had originally requested and what had been agreed, Peter Bryan changed his story to say that he was only going to visit a friend for a short period and would spend most of his time at his sister's.
480. On 3 February the review of Peter Bryan's medication took place, attended by RMO5, the Forensic CPN, Deputy Manager 1 of Riverside House and Peter Bryan.
481. The feedback from Peter Bryan was that he had been on Olanzapine 10 mgs for the past two weeks and he said that initially he had suffered side effects such as feeling flushed and dizzy, but they had now subsided.

482. He made it clear to RMO5 that he wanted to come off all medication eventually and would like to see his Olanzapine reduced in the next few months because he felt that he did not need medication any more as he was well, and he did not feel that he would become ill again. He said that the medication had also made him gain weight.
483. His lack of insight was highlighted further when he stated that he had only been put back on medication at Rampton Hospital because he was felt to be boisterous and not because he had symptoms of mental illness.
484. RMO5 explained to him that he was now going to stop the Stelazine and that he should see how he got on with his new antipsychotic medication, Olanzapine.
485. He explained that, because of his susceptibility to stress and a high risk of relapse, if a reduction was made while he was participating in his community rehabilitation programme, now was not the time to do it. He said that the ideal time to look at a change of medication would be once his permanent accommodation had been sorted out and that might be a long way off.
486. Peter Bryan did not really acknowledge this, and believed that his medication would be reduced over the next few months.
487. The Forensic CPN noted that he had been on overnight leave to his sister's house on 1 February and that the only problem was his negative attitude to taking responsibility to telephone the hostel to let them know that he had arrived at his sister's home and that there were no problems. He had refused and expected the hostel to telephone him.
488. It was pointed out to him that this could jeopardise further leave if he continued to refuse. His reply was that he did not care.
489. The Forensic CPN noted that he would discuss the matter with Social Worker 5 so that those issues could be explored. The plan was for Social Worker 5 to see him the following week.
490. Social Worker 5 met with Peter Bryan at Homerton Hospital on 6 February and they had lunch together.

491. Peter Bryan said that he was well and pleased that he had spent Christmas at his sister's home. He said that he did not want to spend too much time with his parents because they were getting old and they "nagged" him quite a lot.
492. He said that he was happy with his life and that he had a girlfriend whom he saw often. He also said that he got frustrated sometimes because he was not as free as other people, including those at Riverside House. However he recognized that he was not in the same category because he was a restricted patient.
493. He said that he was beginning to understand and would continue to do what he was doing, which Social Worker 5 told him was the right way for him to go.
494. On 7 February 2003, Home Office 5 of the Home Office wrote to the Chief Executive of the John Howard Centre:

"I am writing to you about the lack of reports from Mr Bryan's responsible medical officer, (RMO4), in the hope that you will be able to help resolve the matter.

Mr Bryan was detained under section 37/41 of the Mental Health Act 1983, and was conditionally discharged in January 2002. As you know, we need regular reports to enable the Home Secretary to fulfil his obligations in respect of conditionally discharged restricted patients to ensure the safety of the public. There is a statutory requirement for these reports to be provided and this is done initially one month after the patient's discharge and quarterly thereafter.

I am sorry to have to write to you, but despite five written reminders to (RMO4), we have received no report from him on Mr Bryan's mental state and progress since April 2002.

I should be most grateful if you could pursue this matter, in the hope that regular reports can be commenced without further delay."

495. On 8 February Peter Bryan complained to Riverside staff that he was unable to find his purse and that he suspected one of the residents who stayed in the room opposite his. Staff advised him to double check because it would be a wrong accusation if at the end of the day he found the purse. 10 minutes later he came down to say that he had still not found it and that he was

sure he had left it on his video. When he informed staff that his bank card and the PIN number were in his purse, he was advised to call the bank immediately to cancel his bank card. Peter Bryan refused and told staff that instead he would go to the bank to cancel it, despite staff telling him that telephoning would be quicker.

496. He was seen by the Manager of Riverside House who advised him that the hostel could not be held responsible for any loss as he had a key to his bedroom door and had previously been reminded that his room and contents were his responsibility. He accepted that it was his fault as he had left his door unlocked. She advised him to immediately inform the police which he did.

497. On 10 February Social Worker 5 wrote to Deputy Manager 1 at Riverside House:

“Request by Peter for overnight leave has to be authorised by me as the social supervisor or (the Forensic CPN) the Care coordinator. All requests for overnight leave must be made at least one week in advance. It is expected that when leave is granted that Peter stay at the address that leave was given for and that Peter returns to Riverside House at a time agreed with the home Manager. Any failure by Peter to comply with overnight leave conditions could lead to leave being suspended and the Home Office being notified.

Leave will be granted in accordance with the recommendations of the Mental Health Review Tribunal, compliance with care plans and compliance with previous overnight leave arrangements.”

498. On 13 February 2003 RMO4 responded to Home Office 5 of the Home Office:

“I am very sorry indeed that I have not responded to your letters.

At a CPA Meeting on 17.9.2002 in Newham, it was agreed that (RMO5) would take over from me as the Community RMO.

(RMO5) was represented at that meeting by his colleague, (Psychiatrist 8). I was late in arriving at the CPA and although I missed seeing Mr Bryan I was able to continue in discussions with (Social Worker 5) and (the Forensic CPN).

In view of outstanding issues, which Mr Bryan continued to be concerned about in subsequent months, we convened a further CPA Meeting on 12.12.02 attended by all members of the team, including (RMO5) and I.

I am now dealing with some of these outstanding issues, namely Mr Bryan's application for a driving licence and passport, (the latter about which I have reserved taking early action in order to fully consider all risk matters around Mr Bryan).

Once again, I do apologise for the delay in your receiving comprehensive feedback. I am sorry that I did not inform you earlier about the handover of RMOs. I intend to close my involvement formally by week commencing 17th of February 2003 and will write to you about this."

499. On 20 February Social Worker 5 gave permission for Peter Bryan to have overnight leave the following Saturday 22 February. Permission was given on the understanding that he complied with the instructions set out in Social Worker 5's letter clarifying overnight leave and Social Worker 5 specifically asked for Peter Bryan to be shown the letter in case he stated that he did not know as he had not received his copy.
500. Peter Bryan had an appointment with the Forensic CPN at Kempton Road on the 26 February. The theme of the session was medication as part of psycho-education.
501. They discussed the different types of antipsychotic medication and some of the main side-effects.
502. They also talked about the main reasons why people wanted to come off medication and the options open to the psychiatrist, being changing the medication and reducing the dosage to minimise the side-effects.
503. They also talked about the risks of relapse if medication were to be stopped, and how a small dose of antipsychotic medication could give a significant protection against relapse.
504. The Forensic CPN tried to get Peter Bryan to describe how he was at the time of his index offence and also beforehand. He acknowledged that he had felt paranoid, that he had taken to carrying a knife to protect himself and had felt that he was being victimised by people, including the victim's father.

505. However he felt that this was down to the stress he was under and the drugs he was taking at the time and that this would not happen again.
506. He reiterated that he believed that he was put on medication again in Rampton, not because he had relapsed, but because he had confronted the doctor and charge nurse about why he was in hospital if he was not on medication.
507. He found it difficult to accept that he was put on medication again because he had started to become paranoid again.
508. For those reasons he now wanted to come off medication and he wanted his medication reduced from the next month.
509. He did not see himself as a risk to society and was prepared to go back into hospital in order to come off medication.
510. He blamed the medications for giving him enlarged breasts and making him put on weight, and despite his medication having been changed the previous month, he still wanted a reduction leading to it being stopped altogether.
511. The Forensic CPN noted that this attitude highlighted Peter Bryan's lack of insight into his condition and treatment and the relationship it played in his index offence. He unrealistically believed that this would not happen again, and appeared to minimise the severity of his paranoia at the time and the consequences that this led to.
512. Peter Bryan had a one-to-one session with the Drug Counsellor on 26 February.
513. He said that he had been doing well, but he had had a bit of friction in the hostel as one of the other residents had gone into his room, had taken his key card and had withdrawn £400 from his account. The Drug Counsellor advised him to put his PIN numbers under a phone number in his phonebook, and then he would be able to disguise what his PIN number was.
514. Peter Bryan then said that he had met a new girl who was 18 and just out of Holloway Prison. The counsellor explained that he was not keen on him dating such a young woman or for him to be mixing with girls who were so closely linked to the criminal justice system.

515. He asked Peter Bryan if there were any drugs around the people he was mixing with, and he said that there had been but that he had never been tempted. Once again the Drug Counsellor warned him about being caught in one of those situations and facing recall irrespective of his innocence.
516. On 4 March Day Opportunities 1 noted that Peter Bryan was attending the Moving On group regularly and that the feedback was that he participated very well and was focused about his future and putting the past behind him.
517. On 4 March Sheila Foley, Chief Executive of East London and The City Mental Health NHS Trust, responded to Peter Bryan's letter of complaint about RMO4 dated 14 November 2002. Her letter stated:

“Firstly, I am very sorry for the delay in my response to you, this was due to your letter having not been received by (RMO4) until the New Year. Since you wrote your letter, I understand that you have had a follow up CPA meeting on 12 December 2002, and I hope that this helped to resolve your concerns. However, your complaint has been formally investigated and I would like to respond as follows:

(RMO4) advises me that you may have misinterpreted his comments with regard to him not being able to read your handwriting. He advises me that this was not the case, but that your handwriting appeared to change and was erratic during the course of the year.

I am sorry you feel that you were not seen regularly by (RMO4). I understand that you had face-to-face contact with (RMO4) throughout the Spring and Summer last year, in addition to your regular CPA meetings. At the CPA meeting on 17 September 2002, I understand that you were transferred to the care of (RMO5)'s team. (Psychiatrist 8), a member of (RMO5)'s team was present during this meeting. Again, I am sorry if this was not made clear to you.

I understand that your passport and driving licence issues were sorted out at your CPA meeting on 12 December. Both (RMO4) and I offer our apologies for the delay in this been actions.

In relation to your referral to the gym, it was initially thought that it might be possible for you to attend the day hospital at East Wing, Homerton Hospital. Unfortunately, as you are a Newham resident, this was not possible, as East Wing only takes clients from the Hackney

locality. I understand that you have since made alternative arrangements with a local leisure centre.

Once again, I am sorry for the problems you have experienced and I hope that my letter has addressed your concerns. If you have any further queries, please contact the complaints department at the above address.”

518. On 17 March there was a CPA meeting attended by Peter Bryan, the Forensic CPN, Social Worker 5 and Deputy Manager 1. RMO5 was on sick leave.
519. Social Worker 5's note of the meeting stated that Peter Bryan was doing well but that his persistent complaints and oversensitivity to remarks and comments, which were often meaningless, made him appear as a persistent complainant.
520. It was also reported that he had failed on at least one occasion to comply with overnight leave conditions in that he had failed to arrive at his sister's home at the agreed time and had been seen at 21.00 at a hostel on Saturday 8 March 2003 with two girls, one believed to be under age. Peter Bryan admitted this at the meeting.
521. No plans were made to change his overnight stay arrangements, but it was planned to contact his sister for her to contact Riverside House when Peter Bryan arrived at her home and to call again when he left to return to the hostel.
522. Peter Bryan came with a list of items he wanted to discuss with RMO5, the main one being his medication. He was seeking to reduce it further or to come off it altogether, but since RMO5 was not present at the CPA, Peter Bryan was advised that now was not the right time to discuss a reduction or withdrawal because he had only recently had his medication reduced. Social Worker 5 advised him that the best way forward for him was to continue with the good work that he had been doing and not to rush into things because of what other residents told him.
523. The Care Plan was reviewed and it was noted that it did not need to be changed as Peter Bryan needed a period of stability before his care plan could be further reviewed. The Forensic CPN noted that more work and support needed to be given on improving his insight into his illness and his need for treatment.

524. On 20 March Day Opportunities 1 spoke to Peter Bryan and he asked her to refer him to some sports groups, which she did. He said that he was okay.
525. On 25 March the Drug Counsellor had a one-to-one session with Peter Bryan and noted that he was still doing well and had not been using drugs.
526. Peter Bryan said that he had been having "*a few little nigglng problems*" and was debating about his medication as he felt that he was growing breasts from taking it.
527. He said that he had attended his CPA meeting but it was not very productive because his doctor and his CPN were not there. **(The notes state that the Forensic CPN was in fact present)**
528. He was told that he was asking for the wrong things as he was always asking for his passport and driving licence, and he should be asking for ways to move on and out of the hostel. It was noted that he was doing well.
529. On 28 March the Mental Health Unit of the Home Office wrote to Social Worker 5 asking him for the further report which was now due concerning Peter Bryan's progress and present condition as a conditionally discharged patient.
530. The same day they wrote to RMO4 asking him to supply his report which was now due.
531. On 1 April, Social Worker 5 telephoned Riverside House to remind Peter Bryan of his appointment to see him on 3 April.
532. Social Worker 5 was informed by the Manager of Riverside House that Peter Bryan was doing well, that his complaints had reduced and that his focus appeared to be on improving himself.
533. She said that the Forensic CPN had refused Peter Bryan's request for overnight leave at his parents' home as he did not feel it was appropriate as they had not yet been prepared for this. Social Worker 5 told her that overnight leave at his parents' home was out of the question as far as he was concerned until better compliance was shown by Peter Bryan in respect of his overnight leave to his sister's home. He had also previously indicated that he did not wish to continue to visit them, so overnight leave would have to be discussed further with them before it could be approved.

534. The planned meeting on 3 April did not appear to have taken place but Social Worker 5 completed a lengthy pro-forma Risk Assessment on 9 April 2003. The following are relevant extracts from that document:

“Dangerousness/Risk to Others

Diagnosis: Paranoid Psychosis - Peter was convicted of manslaughter of a young Asian woman the daughter of his employer. He was said to be acting rather strangely. Reports suggest that he had an infatuation with the woman that was not reciprocated. But it is reported that the attack with the hammer took place, after her father refused to pay back £500 he apparently borrowed from Peter. Before the index offence he was reported as having thoughts of persecution, and started walking with a hammer believing that his neighbours were following him and that he was being watched by the police.

Should Peter relapse, he is likely to become paranoid with persecutory thoughts and suspicions - this could lead to him carrying weapons and involved in fights with possible use of weapons

Warning signs or triggers, if any?

Paranoid, persecutory thoughts and suspicions

What intervention has reduced risk behaviour in the past, if known?

Peter is known to relapse very quickly when he doesn't take his medication. Therefore medication should be immediately enforced and monitored and admission should be considered also depending on the assessed risks at the time. This is of serious consideration particularly if he is around Asian women. The reason for this is that it is believed that Asian women are most at risk because of what is believed to be a preoccupation with Asian women.

Management Plan

Peter to continue living at Riverside, should he show signs of relapse his Social Supervisor and RMO should be informed with a view to admission likely to be a PICU due to the risks he poses to others particularly those of Asian origins. He should be encouraged at all times to take his medication and continue with all therapeutic activities including random drug testing. He

should be discouraged from using cannabis or any other non-prescribed drug. If he is suspected of involvement in criminal activity then all involved in his care and treatment should be informed at once. Work should continue to encourage him to identify early warning signs of relapse.

Vulnerability

Peter is likely to be a risk to others than they to him.

Are there any active symptoms that indicate an increased risk of harm to self or others?

Peter is quite stable at the moment he is fully compliant with his medication and treatment plan. Staff at Riverside residential home report that he is doing (sic) and is not a cause for concerns and neither is he considered a risk to himself or anyone.

There are no concerns expressed by anyone at present. Peter has frequent contacts with (the Forensic CPN) and together with staff at Riverside House we would be able to quickly identify any changes in Peter's mental state and behaviour."

535. Social Worker 5 next met with Peter Bryan at Homerton Hospital on 11 April.
536. The social worker's notes show that Peter Bryan looked well but had put on weight and he was concerned that his breasts were getting larger. He said that he wanted his medication reduced and Social Worker 5 said that he would discuss the matter with RMO5, however he reminded him that he had only recently had his medication reduced and that he should give it time to work to his advantage before requesting another reduction.

In fact the medication had not been reduced. It had been changed from Stelazine 10 mg to Olanzapine 10 mg, although there had been an 'over-lapping' period when he had been on lesser doses of both drugs before he was weaned off the Stelazine.

537. Social Worker 5 advised Peter Bryan of the Weight Watchers Club and he said that he would attend.

538. Peter Bryan then said that he would like to have overnight leave to his parents' house but was told that the Forensic CPN and Social Worker 5 would need to discuss this with his parents so that they were aware of their responsibilities if and when he was allowed to stay with them overnight.
539. He asked for overnight leave to his sister's home from Good Friday 18 April until the Bank Holiday Monday. Social Worker 5 said that this would be OK as long as he and his sister complied with their agreement.
540. He also said that he would like to visit his brother who was in Broadmoor on 18 May and Social Worker 5 said that he would discuss this with the Forensic CPN and that one of them would let him know the outcome.
541. Peter Bryan said that he was losing interest in Core Arts and that he did not realise how difficult it was to make music. He said that he had made a CD of his musical ideas but he did not want to be involved any more. He was advised to continue for the foreseeable future, as it was a learning process for him in relation to being patient and motivated. He said that he would continue and would see how things went.
542. Social Worker 5's note of the meeting concluded that Peter Bryan was well and continued to make good progress.
543. On 15 April Peter Bryan attended a F.A.C.E group assessment at Day Opportunities but concluded that, as he was only interested in go-karting, the group was not for him.
544. On 16 April Day Opportunities 1 spoke to Peter Bryan and noted that he was attending groups regularly and said that he was doing OK.
545. On 15 April Peter Bryan drew up an agenda to discuss with the Forensic CPN the following day. First on the agenda was medication. He wanted a reduction as a first step but was hoping for a period off medication altogether. Secondly he wanted his leave extended from one night to a weekend and thirdly he wanted to discuss his activities.
546. On 16 April Peter Bryan met with the Forensic CPN at the CMHT office. The CPN noted that Peter Bryan still remained very preoccupied with his medication and how it was affecting him.

Because of this he still wanted to have his medication reduced and eventually stopped, even if that meant he had to go into hospital.

547. The Forensic CPN noted that Peter Bryan had little insight into the need for medication in the long-term and did not believe that he would relapse if he stopped taking it. He firmly believed that stress and drugs were the cause of his relapse which had led to his index offence, and he rationalised that, as he was now off all illicit drugs, the risk of relapse was very low. He believed that if he stayed off illicit drugs, he would not become unwell again.
548. He proceeded to give the Forensic CPN examples of people he knew at Rampton who were not on medication and had never relapsed. He said that his brother in Broadmoor was also off all medication and it was felt that he did not need it any more, and he therefore could not understand why he could not be given the chance.
549. He still did not acknowledge that he had had a relapse during his admission to Rampton despite the Forensic CPN having described many times how he was behaving at the time. He firmly believed that he was put on medication again in Rampton only because he was being boisterous and had challenged the charge nurse about his need to be in hospital if he was not on medication.
550. He also repeated that all his doctors had been Asian and that they might be keeping him on medication unnecessarily.
551. He said that since he had been started on Olanzapine in January 2003 he had gained 1½ stone in weight and he believed that he was more bloated and that his breasts had become even bigger. He said that he was dieting and going to the gym once a week.
552. The Forensic CPN suggested that Peter Bryan should have his medication reviewed again by RMO5 so that the dose could be adjusted or his medication could be changed to another anti-psychotic.
553. The session was concluded by the CPN giving Peter Bryan an 'Early Signs Questionnaire' to fill in with his key worker before his next session in 4 weeks time.

554. On 18 April a Care Plan was drawn up at Riverside House as Peter Bryan had gained two stone in weight since he had moved into the hostel. He now weighed 15 stone. It was noted that he enjoyed his food, including sweets and ice cream. The agreed objective was that he should go to the gym every Wednesday in order to keep fit and to shed some weight.
555. He was to cook and eat more healthy foods such as fruit and vegetables and to decrease his intake of sugar, carbohydrates and fried food, and should try to cut down on his habit of eating late in the evening and during the night time.
556. On 22 April Peter Bryan completed the 'Early Signs Questionnaire' that the Forensic CPN had given him. It consisted of a list of 20 common early warning signs and Peter Bryan was asked to evaluate each sign by circling the relevant number for each sign - (1) being 'No', (2) being 'slightly', (3) being 'somewhat', (4) being 'very much' and (5) being 'Extremely'.

The Questionnaire was designed to be given to other patients and family members to evaluate early warning signs observed before the patient experienced a relapse, but was given to Peter Bryan to evaluate his own estimation of his early warning signs before his relapse which led to his index offence.

557. This is how Peter Bryan completed the Questionnaire:

"1. Did the patient lose interest in doing things? 2: Slightly

2. Did the patient lose interest in the way he/she looked or dressed? 1: No

3. Did the patient feel discouraged about the future? 4: Very Much

4. Did the patient have trouble concentrating or thinking straight? 4: Very Much - mind going in 8 different directions

5. Were the patient's thoughts so fast that he/she couldn't keep up with them? 2: Slightly

6. Did the patient feel distant from friends and family? 3: Somewhat

7. Did religion become more meaningful to the patient than before? 1: No

8. Did the patient have trouble making everyday decisions? **2-3: Preoccupied with Asians in Barbados**
9. Was the patient bothered by thoughts he/she couldn't get rid of? **3: Somewhat**
10. Did the patient have trouble sleeping? **5: Extremely: pacing at night all restless and agitated. 2 months**
11. Was the patient seeing friends less? **4: Very Much: wasn't sociable. Getting away from drugs**
12. Was the patient feeling badly for no reason? **4: Very Much. Not knowing what destiny. Uncertainty about future - felt frightened,**
13. Was the patient tense and nervous? **5: Extremely. Pacing a lot & thought that someone might harm him - keep guard up - vigilants**
14. Did the patient have trouble sitting still and had to keep moving or pace up and down? **5: Extremely**
15. Did the patient feel depressed or worthless? **4: Very Much: Couldn't get jobs - no suicidal - feeling very sad - felt gloomy (?)**
16. Did the patient have trouble remembering things? **3: Somewhat**
17. Was the patient eating less? **2: Slightly**
18. Did the patient have trouble getting along with family members or friends? **4 Very Much. Didn't understand certain things. Agitated. Makes hostile**
19. Did the patient feel that people were making fun of him/her? **3: Somewhat: people seems had low opinion -- felt should be doing better**
20. Did the patient's personal appearance deteriorate? **2: Slightly**

558. The final question asked 'Were there additional special feelings that the patient experienced other than the ones above? If "yes", please describe them below and rate them using the 5-point scale.'

559. Peter Bryan listed the following:

Depressed: 4

Stressed: 2

Angry at the hole (sic) world: 5

What will become of me: 4

Black man can not win: 5: No Black Prime Minister. No one to look up to. Thinking 'fuck'

560. On 22 April the Forensic CPN spoke to RMO5 about Peter Bryan's medication and the doctor said that he would review it.

561. An appointment was arranged for Peter Bryan on 28 April. The following day RMO5 wrote to Peter Bryan's GP:

"A CPA meeting was arranged for Peter on the 28th of April 2003. Unfortunately (Social Worker 5), his care coordinator was unable to attend so we just had a review meeting. (Deputy Manager 1) a support worker from Riverside had accompanied him.

This meeting had been arranged after Peter was complaining to (the Forensic CPN) about the side-effects of the medications. As you know Peter had complained about gynaecomastia as the side-effects from trifluoperazine, which he was on before. As a result of this we prescribed olanzapine to Peter. Unfortunately there hasn't been any marked difference in the size of his breasts and he has also gained a bit of weight with the olanzapine. (The Forensic CPN) was also concerned that Peter had expressed unhappiness that his psychiatrist was once again an Indian Psychiatrist. This was of course wrong because in the past Peter has had delusions focusing on Asian people.

(Deputy Manager 1) reported that there were no concerns about Peter's behaviour. He had been progressing quite well and he kept himself busy attending a number of activities. The only concern at the time was that he had on occasion been visited by a girl who appeared to be under the age of 16, and on another occasion he was accompanied a young woman who had apparently behaved inappropriately at the Home. There were no indications that any of his behaviour suggested a relapse of mental illness. Peter also reported that he was now not very happy to visit his sister regularly as he felt that they often ask for money and he was unhappy about that. He was hoping to speak to (Social Worker 5) about arranging a visit to his mother.

Once again Peter raised the issue about reducing or stopping the medication as he has always maintained that for many years while he was in Rampton, he was not on medication and it was only started much later. I did explain to Peter that as he is quite settled it would not be a good idea to change the medication especially when he was going through a phase of transition when he was being placed in the community. He accepted the explanation quite well. I have asked for the reduction in the dose of the olanzapine, however in the hope that this will reduce the weight gain. If this does not help then I will suggest a change in the medication.

I had occasion to examine his chest and it does appear that he has enlarged breasts. I was hoping that this could be investigated, and I would be grateful if you could refer Mr Bryan to an endocrinologist and also request a serum prolactin. I am sorry to impose this request on you, but I examined Mr Bryan at the CMHT (E) where the appropriate forms were not available. I would be very grateful for your help.”

562. Therefore from 28 April 2003 Peter Bryan's medication was reduced from Olanzapine 10 mg daily to 5 mg which he took at night time.
563. On 6 May the Home Office wrote to both RMO4 and Social Worker 5 reminding them that they had been sent letters on 28 March 2003 requesting their reports on Peter Bryan.
564. On 7 May the Forensic CPN visited Peter Bryan at Riverside House. The CPN noted that the meeting began with Peter Bryan having a list of complaints about his care that he wanted to bring to the Forensic CPN's attention.

565. First of all he was unhappy about his overnight leave. He said that he had wanted to go to his parents' house from Friday to Sunday the previous week but because he was not able to get in contact with Social Worker 5, he was not able to go. He was unhappy with those restrictions and felt that the hospital staff or the Forensic CPN could have made a decision in Social Worker 5's absence.
566. The Forensic CPN noted that it appeared that Peter Bryan was being quite manipulative as he was fully aware that Social Worker 5 was working out a programme of leave with him and that Social Worker 5 had to meet his parents again before agreeing leave to their house. The Forensic CPN informed Peter Bryan that he needed to address those issues with Social Worker 5.
567. Peter Bryan told the Forensic CPN that his medication had been reduced from 10 mg to 5 mg and the CPN noted that he had in fact arranged this medication review urgently with RMO5 prior to him going away on five weeks leave. He noted that he had spoken with RMO5 prior to the meeting on 28 April and had informed him of Peter Bryan's concerns and had given him an update on his mental state, as the CPN was going to an urgent assessment in Manchester that day.
568. Peter Bryan stated that he was upset that neither the Forensic CPN nor Social Worker 5 had been present at that appointment. The reasons were explained to him and he was also informed that this was not a CPA meeting.
569. Peter Bryan also informed the Forensic CPN that three residents at Riverside House had been smoking cannabis and other illicit drugs. He said that he was going to bring it up at the next residents' meeting and would inform the hostel staff.
570. Once again he brought up the fact that he felt that he was ready to leave Riverside House as he had been there long enough. The Forensic CPN noted that, as repeated before many times, he said that he had served his time for his manslaughter charge and should be living in his own flat and free from supervision. He felt that his mental illness was caused by his drug taking and as he was no longer taking drugs any more, the risk of relapse would be low.
571. With regard to medication, he still felt that he should be off it entirely and had little insight into the need for it.

572. The Forensic CPN noted that Peter Bryan still held paranoid ideas about why he was put on medication in Rampton. Once again he gave the example of people he knew in Rampton who were mentally ill, who were not on medication and felt that the same should apply to him. The note also stated that he was quite paranoid about the way patients were treated at Rampton and said that he knew of patients with heart conditions who were denied treatment.
573. The rest of the session was spent going over the Early Signs Questionnaire which Peter Bryan had completed. The Forensic CPN noted that this would be discussed in more detail when they went through the questionnaire.
574. The CPN planned the next appointment for three weeks time on 27 May and noted that he intended to contact Social Worker 5 about Peter Bryan having overnight leave to his parents' home.
575. On 20 May Peter Bryan attended his monthly appointment with the Drug Counsellor at Addaction. He said that he had been doing well and had not used any drugs. He told the counsellor that he had managed to negotiate a reduction in his Olanzapine from 10 mg to 5 mg a day. He repeated that ideally he would like to come off all medication as he felt that he was developing breasts as a side effect.
576. He spoke about his discontentment about being in the hostel for so long and that he had been told that he would be there for at least two years. This issue was discussed as he sounded resistant and this was not what he was intending to portray.
577. The Drug Counsellor noted that realistically Peter Bryan needed to talk to the Forensic CPN and Social Worker 5 about an exit plan and resettlement so that he could move away from the two-year issue. He explained to Peter Bryan that if he showed resistance, then the team would be resistant to his suggestions. He advised him to move away from complaining about his length of stay to discussing future support and resettlement.
578. Peter Bryan also discussed a photography course that he had been attending and said that he was worried about taking pictures of people. The Drug Counsellor suggested that he should go around London taking photographs of graffiti art or stencils and in that way he could be non threatening and would not need to worry about people being concerned as to why he was taking photos of them.

579. Peter Bryan also reported that he had been engaging well with his dyslexia therapist and was now learning algebra. The notes record that he was doing well.
580. On 27 May the Day Opportunities notes record that Peter Bryan was not happy about attending the Mental Health Discussion Group. It was noted that this would be discussed with the team. He said that he was attending his photography course on a regular basis. He also complained that he was not very happy where he was living and he wanted his medication cut down. However he had eight months more in the hostel and his medication would not change just yet. He seemed to accept this.
581. On 27 May the Forensic CPN visited Peter Bryan at Riverside House. Peter Bryan was expressing a lot of unhappiness about his care and treatment from the Mental Health Services. He went through a list of things he was unhappy with which was similar to those he had gone over with the CPN many times before.
582. He complained about his overnight leave. He was currently going to his sister's home every two weeks. He said that as the last weekend's Bank Holiday did not fall on one of those leaves, he was annoyed and blamed the hostel and Social Worker 5 for not making him aware of this. He was reminded that it was his responsibility to let the team know when he went on leave.
583. Once again he brought up the issue of going on leave to his parents' house and was reminded again that he needed to speak to Social Worker 5 about that, as he was his Social Supervisor.
584. He continued to be unhappy about taking his Olanzapine even though it had been reduced to 5 mg. He believed that the medication had given him breasts and said that girls he had gone out with had made comments about it.
585. The Forensic CPN noted that Peter Bryan had limited insight into his illness and its link with his offending behaviour and index offence. He believed that drugs and stress had caused his paranoia in the past, but that since he had stopped taking drugs he was a different person.
586. He said that he did not carry a weapon around with him for protection and did not have possessive and harmful thoughts. He did not feel that he was a risk to the public and believed that coming off his medication would not make any difference to this risk.

587. He did not believe that he would get ill again as long as he stayed off drugs. He stressed that he would only come off medication if the doctor told him to, but he would always keep asking.
588. He was still fully compliant with his treatment programme and care plans. He attended his dyslexia classes, his photography course and a mental health discussion group at Day Opportunities. He also attended Addaction once a month and Core Arts.
589. He felt that he should now move to his own flat as he was more than capable. The Forensic CPN noted that again he was full of complaints about Riverside House, complaining that staff were not seeing him regularly, that he was not allowed to bring females back to his room and that other residents were taking drugs. He was thinking of reporting the hostel to the NCSC because of this.
590. The plan was to discuss leave to his parents' house with Social Worker 5 and to discuss a self-medication programme at the next CPA. The next visit was planned for two weeks time.
591. On 29 May, the Forensic CPN had a discussion with Social Worker 5 about Peter Bryan's development and progress. The CPN told the social worker that although Peter Bryan was doing well, he still had a negative attitude about his treatment, believing that the team were trying to keep him down and hold him back.
592. The Forensic CPN informed Social Worker 5 that Peter Bryan would like overnight leave to his parents' home and Social Worker 5 said that he would contact Peter Bryan's family as soon as possible.
593. On 31 May Peter Bryan went on overnight leave to his sister's home.
594. The Riverside House notes for the night of 3 June stated that Peter Bryan had complained to a member of staff about his chest getting large and said that he would ask his doctor to stop his medication the next time he visited him.
595. On 4 June, one of the Riverside House staff telephoned Social Worker 5 about Peter Bryan's overnight leave to his parents and the social worker informed the member of staff that he would contact Peter Bryan's parents that day.

596. Social Worker 5 did in fact telephone that day and spoke to Peter Bryan's mother who said that she was quite happy for him to stay with them overnight. Social Worker 5 reminded her of her responsibilities and that her son should arrive at prearranged times and return to Riverside House at an agreed time. He then telephoned Riverside House and informed staff that an agreement had been reached for Peter Bryan to have overnight leave at his parents' home.
597. On 6 June Peter Bryan had to be woken and reminded about his Core Arts Group that day but he failed to come downstairs and spent all morning in his room. However he had got up in the early afternoon and left to go to the Group.
598. On 12 June the Home Office sent a chasing letter to Social Worker 5 for his Social Supervisor's report.
599. On 13 June Social Worker 5 sent his report to the Home Secretary. The following are relevant extracts from it:

"He is seen on a regular basis by (the Forensic CPN). He has regular contact with his RMO, and he attends CPA meetings that are held every 3 months.

There has not been much change in Mr Bryan's presentation since the last report. However despite treatment with medication there remains some residual effect of his illness highlighted in his persistent paranoia particularly with regard to people of Asian origin.

However, in other areas of his treatment, care and development he has made good progress, for example, his overnight stays to his sister's address have now been extended to include overnight stays to his parents' home. It is to be noted that early in his rehabilitation in the community he had decided against visiting his parents because of stress that this had caused him.

Peter continues to push the boundary as far as his need concerned. (sic) He is persistent in asking for move to his own accommodation quickly because he is a "grown" man without seemingly willing to accept that he needs to make further progress as well as there being a need to continue to monitor him in a residential environment as part of his treatment due to some ongoing concerns held by the multidisciplinary team that he may still pose a risk to some Asian members of the community. (sic)

He had some insight into his illness but remain ambivalent about taking medication. One of the reasons is that he feels that a side-effect of the medication is that he has enlarged breasts and because of this he would like to come off his medication.

He doesn't use drugs and seems to have benefited from the drug counselling that he has been receiving. His alcohol intake is not of concern at the time of writing. He seems able to cope with everyday life situations and this is exemplified in recent reports from Riverside House that indicates that he is making good progress.

SUMMARY

As previously stated Mr Bryan progress has been good since he returned to the community from hospital. His mental health remains stable and he complies with his treatment and care plans. He continues to be somewhat demanding at times wanting his medication reduced. A couple of months later he was asking for his medication to be further reduced and requesting that he should be allowed to live in his own accommodation. This highlights his lack of understanding of the importance and significance of his treatment and level of supervision needed.

The team is uncertain whether this is part of his personality or residual symptoms of his illness. However, members of the multi-disciplinary team will continue to monitor his progress over the coming months in the hope of helping him to develop awareness of the circumstances leading to the index offence and gain more insight and understanding of his illness.”

600. On 14 June Peter Bryan had overnight leave at his parents' home.
601. On 16 June the Home Office wrote to RMO5 requesting his RMO's report. The letter was addressed to RMO5 at the John Howard Centre **(which was not where he worked)**.
602. On 16 June Peter Bryan kept an appointment with the Forensic CPN at the CMHT office. He remained very preoccupied and distressed about his chest size and firmly believed that it was the medication that had caused this over the past two to three years and he repeated that he wanted to come off all medication.

603. He was also resentful about the level of supervision he was getting at Riverside House. He believed that he could live on his own and compared his current situation to still being sentenced.
604. The rest of the session was spent doing relapse prevention work around early warning signs. Peter Bryan had completed the Questionnaire and was able to identify a few early warning signs that he had had a couple of weeks prior to relapse. The Forensic CPN noted them as:
- *"trouble concentrating/thinking straight*
 - *problems sleeping at night - pacing at night*
 - *feeling restless and agitated. Pacing up and down*
 - *feeling tense and nervous*
 - *feeling angry and hostile towards everyone*
 - *thoughts were preoccupied about Asian people and black people being oppressed"*
605. The next appointment was planned for 7 July.
606. Later that day the Forensic CPN discussed Peter Bryan's care with Social Worker 5 and said that he was hoping to do some more work with Peter Bryan about personal development with a focus on more positive parts of his personality and about coming to terms with his illness and offending behaviour. Social Worker 5 noted that he hoped to see Peter Bryan in the next two weeks.
607. On 17 June Peter Bryan was sent a letter informing him that his new named worker would be Day Opportunities 2 instead of Day Opportunities 1.
608. On 17 June Peter Bryan was supposed to attend a one-to-one session with the Drug Counsellor at Addaction but according to the Drug Counsellor's notes he failed to attend. However the Riverside House notes that day show that he was reminded of his appointment and left the hostel to go to it.
609. On 19 June, Day Opportunities 2 tried to speak to Social Worker 5 on the telephone but he was not available. He left a message that Peter Bryan had not attended Day Opportunities since 18 May and he would like to discuss this with the Social Supervisor. Social Worker 5 returned his call and suggested that Day Opportunities 2 invited Peter Bryan for a review of his current

progress. The social worker then phoned the Riverside staff to inform them that Day Opportunities 2 had spoken to him about Peter Bryan's non-attendance at Day Opportunities.

610. On 23 June the Manager of Riverside House noted that she had left a message with Social Worker 5 about Peter Bryan having permission for overnight leave on 28 June but that the social worker had failed to telephone back.
611. On 24 June Day Opportunities 2 spoke with Peter Bryan on the telephone and requested his Bank Sort Code to process a grant for his college attendance, but Peter Bryan could not locate his card and said that he would bring it or correspondence on his next visit. An appointment was arranged for 3 July to discuss and review his progress.
612. The nightshift notes at Riverside House record that on 24 June Peter Bryan went out after his medication at 21.30 and was asked by staff to return at 22.00. He told staff that it had been agreed at the residents' meeting that he could take his medication at 21.30. As staff were checking the residents' meeting book, he said that he was going out.
613. At 23.00 Peter Bryan telephoned the hostel to say that he was in the pub and would be back soon.
614. He returned at 00.25 complaining loudly that he could not get in because staff had locked the door. He would not lower his voice when asked to do so. After taking his medication he asked if he was in trouble for returning after midnight and was told that the hostel Manager would be informed.
615. He had returned to the hostel with a take-away meal which staff reminded him he could not eat in his room. He said that he would put it in the fridge, which he then pretended to do, but took it upstairs anyway. It was noted that the hostel staff did not challenge him about this.
616. It was also noted that he was steady on his feet and had spoken coherently but gave the impression that he was inebriated.
617. On 28 June Peter Bryan had overnight leave at his parents' home.
618. On 30 June Peter Bryan attended the Named Worker Group at Day Opportunities.

619. On 3 July Peter Bryan attended the review meeting with Day Opportunities 2 and told him that he was very concerned about developing breasts as a side effect of his medication. He said that he had raised this with the Forensic CPN.
620. He agreed (1) to attend the Moving On Group, (2) to attend the Named Worker Group and (3) he said that he was interested in collaborating on the Community Arts Project.
621. He said that he would like to attend the Mental Health Discussion Group which was not running at the present time. Day Opportunities 2 suggested an open IT session which would help his long-term employment goals, but he declined this.
622. He said that he would recommence his Photography course at college in September and a Maths course when his Addaction worker felt that his skills were good enough.
623. Day Opportunities 2 informed Peter Bryan that he would be monitoring his attendance and would inform the Forensic CPN of any non-attendance or any concerns. He noted that Peter Bryan was OK with this.
624. On 7 July Peter Bryan met the Forensic CPN at the CMHT office. Once again he had a list of grievances and complaints about his care and treatment that he wanted to discuss.
625. The Forensic CPN's note shows that these covered the same themes that he had brought to the team's attention before, namely:

“(i) medication - he was preoccupied that it was causing him to develop breasts and bloating him and he wanted to come off all of his medication as he did not believe he needed it any more. He felt that he was wrongly put on medication when he was well in Rampton and should have come off it years ago. He suggested that he went into hospital in order to come off medication. He also complained that Riverside House would not let him self medicate.

(2) accommodation - he was unhappy being at Riverside House and saw this as still being in Rampton because of the restrictions on his freedom. He saw it as an extra two years on his sentence and said that he had already paid for his crime and should be free.

(3) mental health services - he did not feel that he needed mental health services in the future and could look after himself in his own flat. He believed that he would not get ill as his problems in the past were caused by taking drugs.”

626. The Forensic CPN informed him that he could appeal against his Conditional Discharge and suggested that he went to see his solicitor which he said that he would. He also said that he would go to MIND’s legal department regarding his complaints.
627. The session ended by finalising his ‘Early Warning Signs’ work and the Forensic CPN noted them as:
- *“Being preoccupied with injustices directed towards himself and other black people*
 - *feeling restless and agitated, especially at night, for more than four consecutive days*
 - *frequent episodes of feeling angry and hostile towards others.”*
628. The Forensic CPN noted that he planned to discuss these issues in further detail at the CPA on 14 July.
629. On 7 July in the evening Peter Bryan met with his co-key worker at Riverside House and they discussed his request to stop taking medication and to move on from Riverside House. He was advised to ensure that he talked about all of these issues at his CPA review which had been arranged for the following week. It was noted that staff were given the impression from that meeting that Peter Bryan did not think that he had a mental illness any longer.
630. On 8 July the Drug Counsellor saw Peter Bryan as he walked past the Addaction building heading for MIND. Peter Bryan went in and had a chat with his counsellor about his CPA review the following week (to which the Drug Counsellor had been invited) as the Drug Counsellor wanted to get a feel for where Peter Bryan was at and what he was feeling about his review at that time. Peter Bryan said that he had an agenda for the meeting, as he needed to get some clarification about his medication, his accommodation and his use of drugs services.
631. The Drug Counsellor advised him to write down all his ongoing issues and present them in a clear way for RMO5, Social Worker 5 and the Forensic CPN so that they could get a better understanding of where he was at.

632. On 11 July the Riverside notes record that Peter Bryan spoke about his new solicitor (**There is no evidence that Peter Bryan changed his solicitor from Solicitor 1**) and his unhappiness at the side-effects he was experiencing from his medication. He said that he intended to air his thoughts regarding this at the next CPA meeting.
633. On 12 July Peter Bryan went on overnight leave to his parents' home.
634. On 14 July Peter Bryan was up early and dressed in his smart suit to attend the CPA.
635. The CPA review was attended by RMO5, the Forensic CPN, Social Worker 5, Peter Bryan, Deputy Manager 1 of Riverside House and the Drug Counsellor.
636. It was recorded that Peter Bryan wanted to move into his own flat as soon as possible and that the team felt that he was ready to move to a 9 to 5 (semi-supported) hostel.
637. Deputy Manager 1 said that he had no problem with Peter Bryan's request to move to less secure accommodation as he had seen him progress since being at Riverside house and also felt that he had a high level of motivation.
638. It was noted that Peter Bryan's care coordinator was to look at the availability of hostels and the Home Office was to be informed of the plan by RMO5.
639. Medication was still an issue with Peter Bryan and he said that he wanted to come off medication altogether as he felt that it was causing him side-effects and also that he did not need it. It was noted that RMO5 had recently reduced the dosage of his medication to 5 mg Olanzapine and that he would like him to continue with medication until he had been living independently for one year.
640. It was noted in the care plan that at this CPA the role of care coordinator was transferred from the Forensic CPN to Social Worker 5, who from this point in time became both care coordinator and Social Supervisor for Peter Bryan.
641. The Drug Counsellor recorded in his note that Peter Bryan had left the CPA review a lot happier than he had been previously.

642. On 14 July 2003 Social Worker 5 completed a pro forma Full Needs Assessment:



Full Needs Assessment

ASSESSMENTS UNDER CPA AND NHS COMMUNITY CARE ACT (1990).

MUST BE ACCOMPANIED WITH BASIC PATIENT INFORMATION & INITIAL ASSESSMENT FORMS

Name:	Bryan, Peter <small>Family Name, Forename</small>	DOB:	04/10/1969 <small>DD/MM/YYYY</small>
	<small>Other Names</small>		
MH System No:		NHS No:	
PAS No:		NI No:	1
SSD Ref No:	(

1. Current Mental Health State	Need Identified	Further Assessment
1.1. Appearance and Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Peter's appearance and behaviour are good and give no cause for concerns at present		
1.2. Speech Pattern and Content	<input type="checkbox"/>	<input type="checkbox"/>
All patterns of speech and content are appropriate		
1.3. Thought Content (including abnormal beliefs and strange ideas)	<input type="checkbox"/>	<input type="checkbox"/>
No abnormal beliefs identified at present		
1.4. Mood	<input type="checkbox"/>	<input type="checkbox"/>
Changeable but usually euthymic		
1.5. Perceptions	<input type="checkbox"/>	<input type="checkbox"/>
Normal at present		
1.6. Orientation and Memory	<input type="checkbox"/>	<input type="checkbox"/>
Peter is oriented in time and space his memory is good		
1.7. Attention and Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Attention and concentration is normal		
1.8. Motivation	<input type="checkbox"/>	<input type="checkbox"/>
Peter has good motivation and shows eagerness to comply with and to seek out activities that are not only in keeping with his conditional discharge but also for his own personal development		
1.9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>
Peter states that he sleeps well		
1.10. Appetite and Diet	<input type="checkbox"/>	<input type="checkbox"/>
Peter states that he eats well and has a good balanced diet		
1.11. Physical Health Factors (current illnesses, drug sensitivities, etc)	<input type="checkbox"/>	<input type="checkbox"/>



Peter walks with a limp caused when he attempted to jump from a building in what has been recorded as a suicide attempt although Peter denies this. Peter apparently thought that there was no way out of his situation and did not wish to spend the rest of his life in prison, he stated that if he knew what he knows now that would not have happened		
1.12. Alcohol and Drugs (specify quantities and frequencies)	<input type="checkbox"/>	<input type="checkbox"/>
Peter is an occasional drinker. He does not use any other drug. Part of his conditional discharge includes random drug testing and it is this that prevents him from using non prescribed drugs		
1.13. Current Medication (specify last review date)	<input type="checkbox"/>	<input type="checkbox"/>
Peter has recently had a medication review he remains on Olanzapine 10mgs		
1.14. Mental Health History (specify last admission dates)	<input type="checkbox"/>	<input type="checkbox"/>
Peter's one and only admission was in relation to his index offence		

2. Current Social Situation	Need Identified	Further Assessment
2.1. Accommodation (including housing type, floor/level, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peter currently lives in a residential home - Riverside House		
2.2. Finance and income	<input type="checkbox"/>	<input type="checkbox"/>
Peter receives Income Support and DLA		
2.3. Occupation (Employment / Education / Training)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peter is not in employment or training for work programmes. But he attends literacy classes to improve his literacy		
2.4. Living Skills	<input type="checkbox"/>	<input type="checkbox"/>
Peter has good living skills. he is able to perform tasks and take care of his personal hygiene without prompting		
2.5. Language and Communication	<input type="checkbox"/>	<input type="checkbox"/>
Peter's language and communication are appropriate		
2.6. Religious, Cultural, and Belief Requirements	<input type="checkbox"/>	<input type="checkbox"/>
2.7. Social Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Peter has a variety of social contacts some he has known for a long time others he has recently met		
2.8. Dependent Children (specify Names, DOBs, and whereabouts)	<input type="checkbox"/>	<input type="checkbox"/>
no children		
2.9. Other Relatives	<input type="checkbox"/>	<input type="checkbox"/>
2.10. Any specific issues related to children listed in 2.8?	<input type="checkbox"/>	<input type="checkbox"/>
not applicable		

3. History	Need Identified	Further Assessment
3.1. Family History (including mental health problems)	<input type="checkbox"/>	<input type="checkbox"/>
Peter parents lives in Upton Park, he is the youngest of 7 children 2 of his brothers suffers psychosis and are in mental institutions one in Barbados in the West Indies the other in Broadmoor Special Hospital. Peter has regular contact with one of his sister who lives in Stratford. He presently goes there for overnight stays from Riverside House where he lives		
3.2. Early History (childhood, working history, relationships)	<input type="checkbox"/>	<input type="checkbox"/>
Peter was born in the UK it is reported that his development was normal. He said that he enjoyed his primary school days and when he moved to secondary school he wanted to be "Jack the lad" taking the mickey out of other pupils. He truanted towards the end of his schooling, leaving school without taking exams. However, it is reported that Peter went back to school where he was able to get CSE passes in English, maths and woodwork. After leaving school for the last time he got a job with (NS's father) selling clothes in the West End. He remained there for 2 years before finding employment in the Kings Road also for (NS's father)		
3.3. Alcohol and Drug Use History	<input type="checkbox"/>	<input type="checkbox"/>
Peter has a history of drug and alcohol use, he claims that he used to deal in drugs and that he has tried a "bit of everything"		
3.4. Contact with Police	<input type="checkbox"/>	<input type="checkbox"/>
It is not known how many times Peter came into contact with the police, but he is known to have only one previous conviction apart from the index offence for possessing cannabis in 1989. His next conviction was the index offence in 1993 for manslaughter on the grounds of diminished responsibility		
3.5. Relevant Medical History	<input type="checkbox"/>	<input type="checkbox"/>
Peter suffers from asthma which is well controlled he also walks with a limp after he fractured his ankles in a fall/jump following an attempted suicide after the index offence		

4. Specific Service User Views	Need Identified	Further Assessment
4.1. User Strengths and Resources (skills, motivations, coping strategies)	<input type="checkbox"/>	<input type="checkbox"/>
Peter is highly motivated to do things for himself. He is not afraid to take up issues and challenge the status quo he attends his appointments, adhere to care plans and follow instruction.		
4.2. User Expectations, Goals, and Comments	<input type="checkbox"/>	<input type="checkbox"/>
4.3. Service User Views of Mental Health State	<input type="checkbox"/>	<input type="checkbox"/>
Peter accepts that he has a mental illness, however he doesn't seem to appreciate the need to for medication to control the symptoms. Peter doesn't states that he doesn't like taking medication mainly because of the side effects.		

5. Specific Carer Views		
5.1. Is there an identified carer?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5.2. Age Band of Carer?	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 64 <input type="checkbox"/> 65 - 74 <input type="checkbox"/> 75 - 84 <input type="checkbox"/> 85 + <input type="checkbox"/> Not Known	
5.3. Carer's Comments and Needs	Not Applicable - significant care for Peter is provided by staff at Riverside House Residential home	
5.4. Is a comprehensive carer's assessment required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



5.5. Has the Carer agreed to an assessment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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6. Statement of Needs
All areas where needs have been identified should be summarised here as a statement of need. All areas where risks have been identified must also be included.
Peter has a variety of needs including those identified by the MHRT when they granted him a conditional discharge in January 02. Move to residential home, drug testing and counselling, need to improve literacy levels. Peter is described as risk to people of Asian origin, he seems to have developed a negative attitude towards this group believing that they are too involve in his life. For example he has changed GPs recently, because he did not want another Asian professional. He is receiving counselling support for this and other negative perceptions from (Drug Counsellor) at Addaction Drug Services. So far this has gone well and Peter has benefited.

Service User:	Signature:	Date:	DD/MM/YYYY
Does the service user have a copy of the Statement of Needs?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

7. Summary of Assessment
Peter has been complying with his treatment and care plans since discharge from hospital. his needs have been met he attends a lot of projects and participate in a number of activities in and out of the residential home.

8. Initial Action Plan
Include areas where further assessment has been indicated throughout this assessment. Indicate plans regarding referrals to, or involvement with, other agencies and services.
Peter has been referred to Vital drug Project, The E9 Day Service in Hackney, he attends literacy classes and the Core Arts Project in Hackney, where he learns to play musical instruments, and Addaction Drugs Project in Hackney.

Date Assessment Started:	07/04/2003 DD/MM/YYYY	Date Assessment Completed:	12/08/2003 DD/MM/YYYY
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Initial CPA Level:	Enhanced	Legal Status	section 37/41 MHA 83
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Completed By:		Team Leader:	
Print:	(Social Worker 5)	Print:	(CMH Manager)
Date:	12/08/2003 DD/MM/YYYY	Date:	DD/MM/YYYY
Team:	CMHT EAST		



CPA Contact & Crisis Form

Include all people and organisations involved in the support of service user and family.
(e.g. mental health trusts, other social services departments, housing, GP, voluntary services, probation services and carers)

Name:	Bryan, Peter <small>Family Name, Forename</small>	DOB:	04/10/1969 <small>DD/MM/YYYY</small>
	<small>Other Names</small>		
MH System No:		NHS No:	
PAS No:		NI No:	
SSD Ref No:			

Name	Organisation / Relationship	Address / Contact Number
(Deputy Manager 1)	Riverside House - home manager	
(RMO5)	NCMH RMO	
(Social Worker 5)	Social Worker	
	GP	
(Forensic CPN)	CPN	
(The Drug Counsellor)	ADDACTION Drugs Project	
Sister	Sister	
	Parents	



<p>Contingency Planning How to prevent a crisis; detailed arrangements to be used when care plan component cannot be provided</p> <p>Peter is currently living in a residential home with 24 hour staff cover. Staff would be able to identify and respond quickly to a crisis. Staff there are also aware of whom to contact in an emergency or if they have concerns about a deterioration in Peter's mental health. In the recent past staff there have been quick to respond to situations before they developed into crisis.</p>
<p>Crisis Planning Early warning signs; relapse indicators; triggers</p> <p>Non compliance with medication, leading to swift relapse in days. When he is relapsing his eyes bulge, he becomes over concerned about things of little insignificance, he starts to complain frequently about anything as he becomes more paranoid.</p>
<p>Agreed service response to crisis, including out-of-hours; who to contact and how to reduce risk.</p>
<p>Staff at Riverside is fully aware of who to contact in a crisis and have all the contact numbers for EDT and EHS</p>
<p>Service User and/or Carer Views</p> <p>Peter is convinced that he won't suffer a relapse, because he is well. However he has been asked to learn to identify triggers and signs should he have a relapse and the importance have been imparted to him, particularly as he wish to live on his own as soon as possible.</p>

Completed By:		Service User:	
Print:	(Social Worker 5)	Print:	Peter Bryan
Date:	14/07/2003 DD/MM/YYYY	Date:	DD/MM/YYYY

643. On 16 July RMO5 wrote to Peter Bryan's GP:

"I reviewed Peter for his CPA on 14 July 2003. His care coordinator (Social Worker 5) arranged the CPA and the meeting was attended by (the Forensic CPN), (Deputy Manager 1) from Riverside House and (The Drug Counsellor).

Peter brought up the issue of coming off his medication altogether. He has discussed this matter before with (the Forensic CPN) and it is quite clear that it is extremely important for Mr Bryan to get the feeling that he should be off all medication as this would mean that his psychiatric problems are now in the past. One consistent theme emerging from regular reviews with Peter is his belief that while in Rampton for several years he had been on no medication, but had been restarted on medication after some incidents on the ward where he felt that he had been in some ways victimised.

In addition Mr Bryan was on trifluoperazine for several years and for some time had been complaining of gynaecomastia. It was for this reason his medication was changed to olanzapine and he is currently on 5 mgs of olanzapine at night. He continues to complain that his breasts are enlarged. It is extremely unlikely that he would continue to suffer from this side effect with olanzapine and I was therefore wondering if you could investigate him for any physical reason for his gynaecomastia or even perhaps arrange a referral to the appropriate Endocrinologist who serves Hackney.

From all accounts available he has remained quite well while on this medication and a change in medication has not really adversely affected his mental state in any way. Reports provided by Deputy Manager 1 and by the drug counsellor suggested that he is coping very well. This is despite the fact that where he currently lives he comes across a number of people who abuse drugs, but has managed to stay away from abusing drugs himself.

With regards to his request to come off the medication altogether I explained to Mr Bryan that any possibility of his coming off medication would have to be considered seriously only after he has stabilised in the community whilst living independently in his own flat for at least a year without any difficulties. Until then he would have to continue to be on medication. Moreover the period when he does come off medication if at all would have to be accompanied by close monitoring. In the meanwhile I have told him that I would consider the possibility of reducing the olanzapine further during our next review.

The other issue we discussed was the possibility of Mr Bryan moving into a less supervised and less supported accommodation as means towards eventually moving to his own accommodation. All the professionals who attended the meeting agreed that this would be a suitable way forward and (Social Worker 5) would look into the matter. He continues to attend all the activities, which have been organised for him, and finds it very useful especially to get treatment for his dyslexia. I shall see him for his CPA review in three months time.”

644. On 21 July the Home Office sent RMO5 a chasing letter about his supervising psychiatrist's report. Once again it was sent to the John Howard Centre.
645. On 26 July Peter Bryan went on overnight leave to his parents' home.
646. On 31 July Social Worker 5 noted that he had been due to meet with Peter Bryan that day (a meeting arranged for 24 July had been cancelled by Social Worker 5) but Peter Bryan had not turned up.
647. The Riverside House notes record that on 1 August, Peter Bryan was reminded of his meeting that morning with Social Worker 5 and he left the hostel for this appointment at 11.15. He returned later and complained to staff that his social worker had given him an appointment and then was not there when he turned up for it.
648. The records show that one of the Riverside House staff telephoned Social Worker 5's office that day and left a message for him to call back. It appears that Social Worker 5 did not return the call until 5 August, when he made an appointment to see Peter Bryan on 8 August at Homerton Hospital.
649. The nightshift notes at Riverside House for 7 August showed that Peter Bryan left the hostel at 20.15 with a lady called P5 and had returned at 22.13 and left again five minutes later. He telephoned the hostel three times at 00.10, 02.18 and 04.00, saying that he would be back in one hour's time, but he did not return until 07.50. The member of staff had a one-to-one session with him about this.
650. Peter Bryan kept his appointment with Social Worker 5 on 8 August. The social worker noted that he was smartly dressed but he complained about his weight and the increase in the size of

his breasts. Again he stated that he wanted to come off his medication, but Social Worker 5 told him that this would not be possible at that time.

651. Peter Bryan also discussed moving to his own flat in a few months time and was told that this would not be appropriate because the plan was to move him on in stages, from high support to low support accommodation so that they could assess his abilities before eventually moving him to his own flat. He was reminded that this had been the plan which had been formulated from the CPA review.
652. Peter Bryan asked for extended home leave to his parents' home and this was discussed. He was told that the team would monitor the outcome of his first request for a long weekend stay over the August Bank Holiday weekend and that if he did well, Social Worker 5 would review all of his requests in his favour, subject to him following the protocol which had previously been agreed. Peter Bryan said that he accepted this.
653. Social Worker 5 noted that Peter Bryan did not express any other problems or issues and that he felt that all was well with him and the staff at Riverside House.
654. Social Worker 5 informed Peter Bryan that, in addition to being his Social Supervisor, he was going to become his care coordinator, taking over the role from the Forensic CPN. Peter Bryan said that he was happy with this.
655. Peter Bryan gave the social worker a list of items that he would like to discuss further at their next meeting. It was dated 1 August 2003 and was presumably prepared by Peter Bryan for the meeting which he had believed would take place on that day. The list was:

“(1) UNLIMITED LEAVE

(2) OR FRIDAY TO SUNDAY OR MONDAY OF BANK HOLIDAY WEEKEND

(3) REDUCTION IN MEDICATION OR COME OFF ALTOGETHER

(4) If I am to move to half-way house and then one year in flat before I come off medication - I Patchwork (the nickname he called himself) think it 2 years of medication which is not needed

(5) Size of my chest and belly and dry mouth

(6) Passport needs sorting out

(7) How do I complain about social worker and CPN

(Social Worker 5) - have not seen in 3 months

(The Forensic CPN) - don't like his ideas and the way he is teaching me relapse prevention"

656. On 11 August Peter Bryan attended Day Opportunities and it was noted that he continued to attend the Moving On Group and had expressed an interest in attending the Mixed Media Group and the Electronic Music Group.
657. The Riverside notes for 16 August show that Peter Bryan's female friend, P5, came to the hostel mid-morning and called for Peter Bryan several times but left angrily when he did not respond. About an hour later Peter Bryan left with his medication for overnight leave to his sister's home.
658. At 17.15 on 18 August P5 came to the door of Riverside House asking to see Peter Bryan. She was informed that he was in his room and that she could not come in at this time. When she demanded to know why she was not allowed in, she was told that the previous Saturday when she had visited the hostel, she had left in a very angry manner and the management would like to discuss this with Peter Bryan to ask for an explanation.
659. P5 then became very angry and threatening and called the member of staff a racist name and asked whether the car parked outside the hostel belonged to one of the members of staff. She then left.
660. Peter Bryan then came downstairs and wanted to know why he had not been called when P5 had arrived. It was explained to him that the Manager wanted to see him to ask about the incident the previous Saturday. It was noted that Peter Bryan failed to understand that this was a residential home shared by nine people and that there were certain rules and regulations.
661. Later that evening Peter Bryan went to the gym and when he returned at 20.00 he complained about Deputy Manager 1 and said that he always sent away his guests and that he would be going to the NCSC to complain about how he was being treated by the Deputy Manager. He also said that the Deputy Manager was always on holiday and would then come back and want to change everything. He said that he had had enough.

662. The member of staff advised him to speak to the Deputy Manager about his feelings but he said that he would not do that. He said that he was going to the NCSC because he had been pushed far enough.
663. The following morning Peter Bryan got up early and spoke to one of the staff members and complained about what had happened the previous day. He then went back to complain about incidents that had happened months ago and had already been dealt with.
664. However later that morning, he approached Deputy Manager 1 and said that they should sort out their differences. They went over what had happened the previous day, and Deputy Manager 1 told Peter Bryan that the situation remained the same and it was therefore agreed that a care plan would be started for his visitors and he appeared to be happy with the outcome of the discussion.
665. Deputy Manager 1 then telephoned Social Worker 5 to inform him that he believed that Peter Bryan might be showing early signs of relapse in the light of some of his recent actions/behaviour.
666. He reported that a girlfriend of Peter Bryan had visited the hostel and he described her as inappropriately dressed. When he attempted to explain the nature of the residents in the hostel, the woman became abusive and threatened him.
667. Social Worker 5 told Deputy Manager 1 that he would discuss the situation with Peter Bryan and would remind him of the responsibility that he had to the hostel and to the other residents when he had visitors. He also advised Deputy Manager 1 to discuss the situation with RMO5 and to let him know the outcome.
668. That day Peter Bryan attended his monthly session with the Drug Counsellor but was in a rush as he was going off to another part of London with a friend. He said that he had not been near any drugs and that he felt good within himself.
669. The nightshift notes for 20 August state that Peter Bryan returned to the hostel at 21.30 and told staff that he felt that he had been mistreated when one of his visitors was turned away. He said that he was still considering going to the Care Standards Commission to raise the issue.

He was apparently restless overnight talking about the same issue constantly, but settled down at 03.00.

670. The following morning staff talked to him about a Care Plan to cater for the visits of his female friends, but Peter Bryan said that he felt he would argue with the plan and was informed that the matter would be discussed with the Managers.
671. The Riverside House notes for 22 August show that Peter Bryan came down in the morning and talked about his unhappiness about the way that he felt his visitor had been treated. He had been through the house policies and felt that they needed to be further clarified. He wanted advice on what to do. It was agreed that the options open to him were (1) approaching an advocacy worker to take up his issues (2) speaking to the Managers at Riverside House to clarify the hostel's policies (3) asking advice of the NCSC. He said that he was happy with the outcome of the discussion and felt that he had *"got it off his chest"*.
672. On 22 August 2003 Peter Bryan made an official complaint to the National Care Standards Board at their East London office. Following were the details of his many complaints as recorded by the NCSC duty officer:
- 1. On June 16, 2003, (Riverside 3) failed to wake Mr Bryan up from sleep. At this time Mr Bryan did not complain to any of staff member of the home, but feels that this incident is indication of the home's lack of routine.*
 - 2. Mr Bryan feels that there is poor communication between staff at the home. He commented that on June 17, 2002 there was no handover meeting and staff failed to communicate that there had been a change to his medication. Mr Bryan believes the manager of Riverside House not be aware of this change (sic).*
 - 3. Managers stated that Mr Bryan is "too lippy" on December 10th 2002 in front of (another patient).*
 - 4. February 23rd, 2002, Mr Bryan found a tablet that he returned to staff, and was not thanked for doing so.*
 - 5. March 11th, 2002, Mr Bryan says he told (Deputy Manager 1) he was concerned about his chest, which he thought was enlarged. Mr Bryan says (Deputy Manager 1) had remarked that his own chest was just as big as Mr Bryan's, which made Mr Bryan feel that his chest complaint was not taken seriously.*

6. *March 20th, 2003, Mr Bryan says Social Worker 5 informed him that the manager of Riverside House had sent his visitor away.*
7. *30/31st December 2002, Mr Bryan says (Deputy Manager 1) said he should not watch television at 1.45 p.m. that afternoon.*
8. *April 3rd, 2003, Mr Bryan says that between 5.30-6.00 p.m. Riverside 3 sent P5 and P7 away and he was told to "answer the door myself".*
9. *Wednesday 22nd, 30th, or 24th, 31st, Mr Bryan said a female guest was "sent away". Staff say "they can do nothing about it". "The Manager said best to forget about it".*
10. *May 24th 2003, Mr Bryan says (Deputy Manager 1) told him that it was too late to make arrangements for him to be on home leave on the Saturday. Mr Bryan said he had previously told staff to note in the diary that he wished to go home on that day.*
11. *August 15 - 16 2003, Mr Bryan said (Deputy Manager 1) had sent his visitor away. The (female) visitor has told Mr Bryan that she asked three times to see him and she lost her patience. Mr Bryan acknowledges that his visitor was inappropriately verbally abusive to staff. Mr Bryan feels that (Deputy Manager 1) is trying "to do one-to-one on the front doorstep". Furthermore, Mr Bryan said he was in the home at the time his visitor had called to see him and feels he should have been called. Mr Bryan said staff were yet to apologise to him for this incident.*
12. *Mr Bryan says he has been denied access to review his care plan documented on file.*
13. *Mr Bryan said he has brought many of these issues to the attention of staff in the home, has received no or a poor response and wants an apology from the home's managers."*

673. On 28 August Social Worker 5 spoke to Deputy Manager 1 who told him that Peter Bryan had made a complaint to the National Care Standards office in Stratford because he was unhappy with the way that Riverside House staff had spoken to a girlfriend of his when she had visited him dressed inappropriately.
674. According to Deputy Manager 1, Peter Bryan had been complaining about staff, demanding to see the Manager and was talking about coming off medication.
675. Deputy Manager 1 said that Peter Bryan appeared to be relapsing again and that the pattern of behaviour was similar to his behaviour in August 2002 which had caused concern among the care staff.

676. Deputy Manager 1 wanted Social Worker 5 to organise a CPA meeting so that they could discuss these issues with Peter Bryan.
677. Social Worker 5 discussed these issues with Peter Bryan and told him that the hostel had a duty of care to all its residents, and that if visitors were abusive or were reluctant to take advice from members of staff, then the hostel had a responsibility to act in the best interests of all the residents as well as the staff. Peter Bryan stated that he understood that, but that it was not the first time that the Riverside staff had asked his visitors to leave.
678. Social Worker 5 suggested that they should meet to discuss those and other issues, and an appointment was arranged for them to meet on 4 September. Social Worker 5 also gave Peter Bryan permission (after having spoken to Deputy Manager 1) to have extended leave from the following day, subject to him abiding by all previous agreements.
679. On the morning of 29 August Peter Bryan was still grumbling about his disagreement with the care plan for his visitors and said that he had gone to NCSC who were going to get back to him.
680. He said he wanted to go on leave for three days over the Bank Holiday weekend, but happily accepted that this would need to be negotiated with the Manager. He left to go to his sister's home until Sunday afternoon.
681. He returned from his leave at 22.40 on 31 August and told staff that he was seriously considering buying a car and had found one for £650. He said that he would be sourcing cheaper insurance during the week.
682. On 1 September the Home Office wrote to RMO5 (again at the John Howard Centre) chasing his report.
683. On 3 September Peter Bryan came down in the morning in a very upset mood and started accusing the hostel staff of giving him medication that was making his chest become like women's breasts.
684. The notes record that even after explaining to him that this issue had been discussed in the last CPA meeting, he was still saying that Riverside House should not be giving him medication.

685. He asked the hostel staff to telephone his RMO and to make an appointment for him to see the RMO.
686. Social Worker 5 telephoned Deputy Manager 1 that morning and was told about Peter Bryan's intention of buying a car. Deputy Manager 1 also told Social Worker 5 that he suspected that Peter Bryan might be showing signs of deterioration in his mental health.
687. Social Worker 5 said that there was nothing to stop Peter Bryan buying a car, however RMO5 might have some concerns about his driving ability, especially in the light of what Deputy Manager 1 had said about him possibly showing signs of relapse.
688. The social worker said that he would be seeing Peter Bryan the following day and would discuss the car with Peter Bryan and he would also discuss the matter with RMO5 when he was at the hospital.
689. Peter Bryan met Social Worker 5 on 4 September and said that he was well and ready to move from Riverside House. He said that he thought that he was ready for his own place.
690. Social Worker 5 reminded him of the discussion they had had at the last CPA meeting when he was told that his move from Riverside House would have to be planned and structured and done in stages. Peter Bryan said that he did not realise he had to go through "*all that*".
691. He said that he wanted to complain about the Riverside staff's treatment of him and his visitors. He said that he did not know why residents had to know people for three months before they could visit. He was also concerned that staff sometimes turned his visitors away without consulting him. He mentioned two occasions when Riverside 3 had refused entry to two of his friends because they came to see him too early or were dressed inappropriately.
692. Social Worker 5 told him that he should exhaust the complaints system in the hostel including the house meetings to air any issues he may have, and that if he did not get any satisfaction to let him know.
693. They also discussed matters including Peter Bryan's wish to see RMO5 to discuss his enlarged breasts, which he said had become a serious concern for him.

694. Peter Bryan also stated that he had bought a car and Social Worker 5 warned him of the perils of driving without the necessary documents, such as insurance and MOT and tax, but Peter Bryan told him that he would not drive until he had the paperwork. It was noted that the car he had bought was a Fiat Punto.
695. Social Worker 5 noted that he did not see any signs of relapse and that Peter Bryan looked well. He recorded that he had no issues at present about his mental health.
696. On 4 September the Manager of Riverside House had a meeting with Peter Bryan to discuss his car purchase and the importance of having the car insured before he drove it. She told him that it would not be possible to park the car on the hostel's forecourt between the hours of 8 a.m. and 6 p.m.
697. They also briefly discussed the issue of his visitors and the Manager of Riverside House explained that, when he had visitors and left them alone, he needed to discuss the matter with the staff member on duty to avoid any conflict.
698. She also explained that the house safe was not for residents to use as a bank or building society and that he should not leave large sums of money in the safe as he had a building society account and should at all times deposit his money in that account.
699. The following day Peter Bryan requested £650 of his money and his driving licence from the hostel safe and then left Riverside House in the early afternoon to commence his weekend leave at his sister's home.
700. Later that afternoon the Manager of Riverside House received a telephone call from Social Worker 5 and they had a brief discussion about the complaints which Peter Bryan had made to the National Care Standards Commission, including having an external person to investigate the complaints. They also discussed the car that he was intending to buy.
701. A meeting was arranged for 12.30 on 10 September at Riverside House.
702. That evening Peter Bryan's brother-in-law phoned at 22.00 to inform staff that Peter Bryan was on his way back to Riverside House. He arrived an hour later and said that he had had an argument with his sister and decided to come back rather than stay for his weekend leave.

703. The following morning Peter Bryan came downstairs and informed the hostel staff that he had bought a car the previous day and was going to the insurance broker. He returned later that afternoon and said that he had driven the car from Stratford and had parked it in a side road near the hostel. He had obtained a cover note for the insurance.
704. It was noted that he was very elated in mood. He was advised to calm down and relax and he said that he had been sweating when driving the car. It was explained to him that it would take time to get familiar with the car.
705. On 7 September the Manager of Riverside House gave Peter Bryan a letter informing him that she was arranging for an external neutral person to investigate his complaints.
706. On 8 September the Manager of Riverside House telephoned Social Worker 5 to inform him that Peter Bryan had purchased a car. The social worker advised her to find out from Peter Bryan whether he had all the necessary documents.
707. She also informed him that Peter Bryan had had an argument with his sister about the car, that the sister wanted him to give the car to her husband, but he disagreed and therefore had left his sister's to return to Riverside House instead of staying with her for the weekend.
708. On 9 September Peter Bryan had an appointment with the Forensic CPN. He told the CPN that he had got some information on his medication and his illness from MIND and they spent some of the session discussing his Olanzapine in more detail. He was still concerned and preoccupied that he had large breasts which he believed had been caused by the medication and wanted this looked into further. He was concerned that his GP had not received a letter requesting these investigations.
709. He said that he had some complaints about Riverside staff not letting him have girls in his room, but said that this had now been resolved, as they had drawn up a care plan with him allowing the girls to visit his room.
710. He acknowledged that one of his female visitors had been abusive towards the Deputy Manager, Deputy Manager 1, but felt that the hostel staff had caused this to happen because of their attitude towards his visitors.

711. He informed the CPN that he was now driving a Citroen car and that he had insurance and tax and that RMO5 had informed the DVLA about his mental illness.
712. He said that he was attending his programme of activities in the community.
713. He also said that he had fallen out with his sister over an argument about his car. He informed the Forensic CPN that he would only be going on leave to his parents' house until this had been sorted out.
714. The Forensic CPN noted that he would give Social Worker 5 feedback about this session, that he would chase up the letter to the GP and that Peter Bryan's next appointment would be on 25 September.
715. That evening Peter Bryan discussed the meeting with the Forensic CPN with the Manager of Riverside House. He said that the issues discussed were the side effects of his medication, his mental health, paranoia and how it affects people with mental health problems, and the question of his moving on from Riverside House. This was to be followed up by Social Worker 5.
716. He also briefly discussed with the Manager of Riverside House the argument that he had had with his sister. They talked about the situation and the exchange of words between the two of them and the stress that he might have experienced with the buying of a car. The Manager of Riverside House suggested that on another occasion his sister might have used the same words but he may not have become upset and may have talked it through and negotiated to avoid an argument. She emphasised to Peter Bryan the importance of communication.
717. She also informed him that due to staff changes he would be allocated a new co-key worker in a couple of days time and also apologised to him for the inconvenience caused in getting his new bed.
718. The following day the Forensic CPN telephoned Social Worker 5 to find out if he was aware that Peter Bryan had purchased a car and also that he had had an argument with his sister. Social Worker 5 informed him that the Manager of Riverside House had put him in the picture.

719. On the morning of 11 September one of the Riverside staff reminded Peter Bryan that his room had to be cleaned once a month and she offered to help him clean it. He said that he was not happy with that and would do it himself, which he did.
720. On 12 September Peter Bryan left for weekend leave to his parents' home.
721. On 13 September the Manager of Riverside House noted that she had received a review of Peter Bryan's care plan from the Forensic CPN.
722. On 16 September the Manager of Riverside House had a meeting with Peter Bryan and they had a general discussion about him moving on, as he felt that he had met all his objectives. She explained to him that Social Worker 5 would have to arrange a CPA meeting and would also have to find a suitable placement in the community for him and that that would take time.
723. They also discussed employment as Peter Bryan mentioned the Harmony Project, which employs black African males. He said that he intended to visit the Project.
724. He was told that at any time he could have access to his file and care plans if he wished to read them. He was also encouraged to discuss any issues which concerned him.
725. On 18 September the Forensic CPN contacted Social Worker 5 after having been informed that Peter Bryan had made a number of complaints against the hostel about his care. The person from Riverside House, Riverside 4, the Manager's husband, who had called him, had enquired if he knew of anybody independent who could carry out an investigation into those complaints.
726. Social Worker 5 told him that he was aware of these complaints and had arranged for someone from social services to carry out the investigation.
727. The Forensic CPN then had a further telephone call with Riverside 4 who said that he did not feel that Peter Bryan was relapsing and that this was manipulative behaviour from him to try and move out of Riverside house.
728. On 18 September RMO5 wrote to Peter Bryan's GP:

“Mr Bryan is currently a patient of mine who has been attending his CPA meetings regularly at the Community Mental Health Team (East). He has a previous diagnosis of paranoid schizophrenia and has been well maintained on olanzapine 5 mgs at night.

For a long time Mr Bryan has complained of gynaecomastia, which is apparent on visual examination...I was wondering whether there might be an independent endocrinological reason for his gynaecomastia. It is this reason I would like to request you to make a referral to the Endocrinologist at Homerton Hospital. In addition I would be grateful if you could also request his serum prolactin level under appropriate endocrinological investigations.”

729. On 19 September Peter Bryan spoke to staff at Riverside about his plans to move on to independent accommodation, but said that he generally felt a bit more settled in the house and was pleased that his complaints were being investigated.
730. On 22 September it was noted that two young girls called at the house at 19.30 for Peter Bryan and that half an hour later, Peter Bryan left the hostel alone.
731. On 24 September Peter Bryan was asked to give a random specimen of urine to check for illicit substances. He did so and the result was negative for all substances tested.
732. On 25 September the Forensic CPN telephoned to cancel his appointment with Peter Bryan.
733. The following day Peter Bryan went for weekend leave with his parents.
734. On 2 October Peter Bryan had a meeting with the Manager of Riverside House and she explained to him that she would be requesting that his wish to move on from Riverside House should be discussed at the CPA meeting. Peter Bryan said that he was unhappy about his situation and the Manager of Riverside House explained to him that both the Home Office and his consultant had the responsibility for his future in the light of his conditional discharge. She said that his Riverside House care plans had been reviewed and that he should sign them on his return from weekend leave.
735. Peter Bryan asked if there was anything that he needed to work on and they then had a general discussion about him talking to Riverside House staff to enable him to refrain from bottling up his thoughts. He asked about his progress and the Manager told him that he was taking more

responsibility for his own actions, and also now that he had a car he was not only responsible for himself but also for other road users.

736. On 2 October the Home Office wrote to Social Worker 5 to remind him that they had written to him on 20 June requesting his report and to ask him to respond.
737. On 4 October Riverside 4 completed his investigation into Peter Bryan's complaints which had been made to the National Care Standards Commission. His report is as follows:

Riverside House

4 October 2003 Residential Care Home

Peter Bryan
Riverside House



Dear Mr Bryan,

Re: Your Complaints-August 2003

I have now completed my investigations into the 13 complaints you made to
, National Care Standards Inspector on 22nd August 2003 concerning
your care at Riverside House.

I must apologise for the delay with the response to your complaints. As I explained to
you, I made efforts to have the complaints departments at either the Newham Social
Service Department or the Newham Mental Health Trust, (both of who jointly fund
your placement at Riverside House), to investigate the complaints you made. For
various reasons those departments were unable to provide an officer to conduct the
investigations. I have therefore conducted the investigations myself.

I have interviewed the three staff concerned in your complaints and they have also
provided statements. I also met with yourself on four occasions and now provide you
with my written responses.

Of the 13 complaints, you informed me that complaints numbered 1, 2, 4 and 9 should
be withdrawn; you said you only mentioned them, as you were trying to show a
pattern of a build up to your frustrations with the care and management at Riverside
House.

Concerning complaint no 3, you explained to me that there were two service users and
two staff present and that (the Manager) made comments to (Riverside 3) about your girlfriend in
the presence of the other service users, which caused you embarrassment. (The Manager)
contradicts this account and states that there was only the other service user present
and that she was being jovial, but clearly you found the comments upsetting. You
informed me that a similar incident has not occurred since then. As this incident
occurred eight months ago it is difficult at this stage to discover exactly what
happened or indeed if the incident occurred on that date. It would have been better
had you raised the issue at around the time it occurred.

You explained complaint no 5, that time needs to be made available by a male staff
when you wish to discuss private and intimate details about your health. I note you
currently have two female co/key workers. I suspect this problem would not have
arisen had you a male key worker, as time then would be allocated on a regular basis
for you to discuss private and intimate issues. I have asked the manager to review
your co/key workers and to allocate you a male staff.

I could find no evidence in the records that a visitor came to Riverside House to see
you on 20th March 2003 and that the visitor was sent away. I would suggest to you

Directors
(the Manager)

Registered Mental Nurse (SEN) Manager

1

Deputy
Manager 1

Registered Mental Nurse (RMN) Deputy Manager

that should a similar incident occur in the future that you address the issue immediately with the manager.

In complaint number 7, you state you were asked not to watch television at approximately 1.45 in the morning. You explained to me that this upset you and you left the room immediately. I have found that the staff in question had not worked night shifts previously, and has not worked a night shift since that night. I have been informed by the manager, that on that night 30/31st December 2003, the allocated night staff phoned in sick at the time he should be reporting for duty; therefore Deputy as the manager on call had to come in to cover the shift at very short notice. You confirmed to me that such an incident did not occur prior to that night and has not occurred since then. I have asked the staff in question to make himself aware of all policies and procedures covering the whole 24-hour period.

When investigating complaint 8, I have found that there are detailed records concerning 3rd April 2003 and that it is recorded in your notes that P5 visited you, but did not enter the house and that you and a fellow service user left the house with her. When I met with you, you suggested that it might have been on a different date that the incident occurred. I would advise in future you bring any inappropriate staff behaviour to the attention of the manager immediately.

In complaint 10 you informed me that you could not go on weekend leave, as the staff had not contacted your social supervisor during the week to confirm permission. The manager apologises for this lapse in communication, but advises me that she would have expected you also to follow up on your request.

Complaint number 11 concerned an incident between Deputy Manager 1, the deputy manager, and your visitor, that occurred at the front door of Riverside House. My investigations concerning this complaint found that there was a previous altercation between a staff member and that particular visitor the previous week-end, when you left her alone in the communal areas of the home and went to your room for some time. D. Manager 1 explains he had just returned from days off and staff had reported the incident to him. During this handover period, your visitor arrived at the front door of the house and D. Manager 1 answered the door and therefore did not have time to discuss the previous incident with you. He explained that he was asking your visitor that he could not let her in until he fully investigated the previous incident. Your visitor then became abusive, threatening and made racist comments to D. Manager 1. I myself was in the car park at the time of this incident and over heard the discussions between D. Manager 1 and your visitor. I was concerned for D. Manager 1's well being as your visitor was extremely abusive to him. I was pleased to note that a care plan has been developed with you concerning your visitors and that you feel this issue has now been resolved.

On complaint number 12, you acknowledge that you reviewed your file two days prior to you making the complaint and expressed at the time "I am surprised there is nothing detrimental written about me," the care plans were then offered to you but you said, "I know what's in them." When I met with you, you could not provide me with a satisfactory answer as to the nature of this complaint, I therefore cannot uphold this complaint.

On complaint number 13, the manager explains that you do frequently bring issues to the attention of staff and that when relevant the issues are dealt with.

I note you have several appropriate forums: service users meetings, one to one meetings with key/co workers, informal meetings with staff, weekly meetings with your social worker and community psychiatric nurse. Rather than “save up” issues as you appear to have done with this list of complaints, I would advise and encourage you to have the issues addressed at the time they occur, you will then receive a more satisfactory response and resolution to any problems. I would also encourage you to read the complaints policy, a copy of which you will find in the policy folder in the lounge.

I trust the above is helpful and I wish you well with your forthcoming CPA meeting and your aspirations to move on to more independent living.

If you do not agree with any aspect of this investigation into your complaints you have the right to ask ^(Forensic CPN) Social Supervisor to arrange a further review of your care at Riverside House.

Please do not hesitate to contact me should you require any further information.

Yours sincerely

(Riverside 4)
RMN, BSC (Nursing Practice).

Copied to:
(The Manager) National Care Standards Commission.
(Forensic CPN) Registered Manager, Riverside House
(Social Worker 5) Social Supervisor
Social Worker

738. On 6 October Peter Bryan was given the report and took it to his room to read. He later came down and asked to see Riverside 4. Riverside 4 was not in the hostel at that time so Peter Bryan left the report on the desk and said that he was not happy with the way that it had dealt with the issue of his female friend P5.

739. He said that he did not care if they wanted to keep him under section or put him to sleep with medication, but he was not going to accept what the report had said about her.

740. The following day he was asked to sign his care plan and declined to sign the aspect of the care plan based on his visitors. He was advised to discuss this matter at his meeting with his key worker and co-key worker.
741. On 8 October Peter Bryan went for a job interview and later met with his co-key worker for a one-to-one session. He later discussed his day with another member of staff, talked about his job interview and said that he planned to have several more.
742. Later the same day the Manager of Riverside House met briefly with Peter Bryan and discussed with him his wish to move on from Riverside House. She explained that she would be in contact with Social Worker 5 prior to the CPA meeting on 20 October to discuss looking at community placements that may be suitable for him.
743. The following morning the Manager of Riverside House tried to contact Social Worker 5 by telephone but noted that he was unavailable. She then met with Peter Bryan and his co-key worker to discuss any areas of concern.
744. Peter Bryan again stated that he felt that he no longer required medication. He was advised that the current dosage of his medication was very low and that it was his consultant who had prescribed the medication and that it could be discussed again at his CPA meeting. It was noted that Peter Bryan's GP had referred him to the neurologist (sic) at Homerton Hospital in relation to his enlarged breasts.
745. Peter Bryan said that he had been informed by the Passport Office that the time for his application to be progressed had run out due to the fact that his consultant had not completed the form. The Manager advised him to discuss it at his forthcoming CPA meeting.
746. They then had a general discussion about him moving on from Riverside House and the Manager informed Peter Bryan that she had been trying to contact Social Worker 5 to discuss this matter prior to the CPA to enable his care team to have the relevant information as to what was available in the community, if it should be agreed at the CPA meeting that he was ready to move on.

747. Peter Bryan stated that he was not happy with the care plan about his visitors and was told that it would be reviewed when his complaints were investigated. A further meeting was arranged for one month's time.
748. On 10 October Peter Bryan went on weekend leave to his parents' home after attending a music surgery at Day Opportunities.
749. Later that day Deputy Manager 2 of Riverside House, telephoned Social Worker 5 to inform him that Peter Bryan had expressed reluctance about moving to a semi-independent flat in Glenarm Road and that the Manager had wanted to discuss with him prior to the CPA meeting the question of looking for a community placement that might be suitable for Peter Bryan.
750. He said that Peter Bryan had also told him that he no longer required medication. Social Worker 5 said that he would have to discuss everything with Peter Bryan and look at other options with him.
751. Deputy Manager 2 also noted that he had informed Social Worker 5 that Peter Bryan had been referred to the Homerton Hospital "*regarding a swollen chest and side effects*".
752. Social Worker 5 said that he would review the information.
753. On 13 October the Manager of Riverside House discussed with Peter Bryan one of his complaints about the fact that she had been in the sitting room with a fellow resident when Peter Bryan had joined them. She explained that at the time it was only herself, the other resident and Peter Bryan, but he had stated in his complaint that others were in the room. He apparently commented, "*You know me -- stirring it*".
754. Peter Bryan also stated that when his leg or foot was causing him discomfort, it reminded him of his index offence.
755. On 16 October Deputy Manager 1 telephoned Social Worker 5 to say that Peter Bryan did not want to move to Glenarm Road because he did not want to pay any contribution towards his keep. Social Worker 5 said that if that was his decision they would have to look at other options. He said that it would be discussed at the CPA meeting which was arranged for the following week.

756. On 17 October the Home Office wrote to RMO5 again (still addressed to him at the John Howard Centre) chasing his report which had been due on 28 March 2003.
757. On 17 October Peter Bryan went on weekend leave to his parents home and returned on the Sunday night because he had the CPA meeting the following day.
758. He received a letter from the NCSC in reply to his complaints. He asked a member of staff to keep the letter in his file.
759. On 20 October there was a CPA review at 1 Kempton Road attended by RMO5, the Forensic CPN, Social Worker 5, Deputy Manager 1 and Peter Bryan.
760. The Forensic CPN's notes describe a discussion about Peter Bryan's recent complaints to the NCSC which had been fully investigated with no further action to be taken. It was noted that his main complaint was around a female visitor who had been asked to leave because of her abusive behaviour towards members of staff at Riverside House. His complaint was that the staff should have called him as he was upstairs.
761. The Forensic CPN noted that this highlighted Peter Bryan's mild paranoid attitude towards Riverside House and his care and that he felt aggrieved and victimised. He also did not accept that he needed the level of supervision that he had, and described this as "*a prison sentence*".
762. He was reassured that he had made some significant progress and that the team were ready to look at a lower level of supervised accommodation such as a semi-supportive hostel which was staffed from 9 am-5 pm. However Peter Bryan felt that he could manage in a flat on his own.
763. Medication was also discussed. The Forensic CPN noted that Peter Bryan was partially compliant in that he was taking his medication but would like to come off it due to his belief that it was causing him to have enlarged breasts. It was noted that he had been given an appointment to see an endocrinologist at Homerton Hospital.
764. It was also noted that he was going on leave to his sister's and his parents' homes but he was complaining that the team were making him go to his parents when he did not want to. Social Worker 5 informed him that it was his choice.

765. Social Worker 5's note of the CPA review stated that Peter Bryan was doing well and continued to be motivated and was adhering to his care and treatment plans.
766. The negatives were also noted as continuing and persisting in not consulting with mental health professionals including his Social Supervisor and CPN.
767. It was noted that Peter Bryan had continued to pile up complaints that he might have and then had taken them to the NCSC who had carried out investigations on his behalf but had found against him. He did this rather than discussing these issues with the Riverside House staff or in residents' meetings.
768. Social Worker 5 noted that he had discussed these matters with him many times, but it did not seem to register with him.
769. He noted that Peter Bryan was also looking for work and he was told that he needed to work within government guidelines.
770. He also recorded that Peter Bryan wanted his medication reduced and that RMO5 would review this matter over time, especially in the light of his complaint of having developed enlarged breasts, which he blamed on the medication.
771. Social Worker 5 noted that it was agreed that work should start to move Peter Bryan on from Riverside House to more independent accommodation.
772. Later that day Peter Bryan briefly discussed his CPA meeting with the Manager of Riverside House. He said that he felt he would never be able to get his own flat at the rate things were going and he also was upset that the income support that he was now receiving was less, due to a change in the benefit system. He said that he may have to get some kind of employment to make up the shortfall in his finances as the cost of running his car was expensive.
773. The following evening he was asked by a member of staff how his weekend leave had gone and he said that it was okay but he was concerned about his mother.
774. On 21 October Peter Bryan met with one of the Day Opportunities workers, Day Opportunities 3, because he wanted help to find a part-time job. He said that his benefits had been reduced

and he needed the extra money as well as wanting to move into employment. He was referred to Plaistow Job Centre for a vacancy at the Excel Centre in Docklands.

775. He also said that he needed advice on literacy and numeracy courses as he was dyslexic, and was told about a course in Custom House in which he expressed interest. He said that he had a lot of certificates but no CV and was given some ideas on how to prepare one.
776. There was a note made by Day Opportunities 2 in the Day Opportunities records which states that Peter Bryan was applying for work at the Excel Centre and that Day Opportunities 2 had agreed to meet with him and to notify him of his responsibility to get permission from the Home Office to do this work.
777. On 22 October Peter Bryan went to fill in application forms for employment at the Job Centre. That afternoon he sought permission from the Manager of Riverside House to check the diary for appointments and activities as he planned to go on leave from noon on Friday 24 October for three nights. The Manager praised him for having communicated with her appropriately.
778. On 23 October Peter Bryan completed a form for jury service which he had received some time previously. It was noted by the Manager of Riverside House that she had observed him to be seeking a lot of attention.
779. That afternoon Peter Bryan presented Deputy Manager 2 with a written list for discussion at the residents' meeting that evening. It was noted that some of the issues needed to be addressed outside of the meeting in one-to-one sessions with Peter Bryan.
780. Peter Bryan apparently did not attend the meeting and was later asked by Deputy Manager 2 why he had not and if he was pushing the boundaries. In response he apparently smiled and said that he was pushing and testing the boundaries.
781. Deputy Manager 2 also went through the list which Peter Bryan had written earlier. Some of the issues related to his CPA. He also sought clarification about his visitors and relationships with staff.

782. Deputy Manager 2 advised him that it was not helpful to push boundaries and that if he wanted to get on, he needed to discuss any issues with his key worker and should concentrate on other things such as his cooking and personal shopping skills.
783. On 24 October Peter Bryan got up early to go to Core Arts before going to his parents' home for weekend leave. He returned in the early morning of 27 October and appeared a bit low at first, but later on as the morning progressed he appeared to be more cheerful.
784. He asked to speak with Deputy Manager 1 about his care and said that he did not need a care plan around anger management as it was all down to communication.
785. He also requested a meeting with his key worker and co-key worker about his visitors care plan, and said that if it was not dealt with soon, he would not follow the care plan. The meeting was arranged for 30 October at 16.00.
786. Later that evening while Peter Bryan was out, P4 - the young girl who lived nearby - arrived at Riverside House asking to meet with Peter Bryan. When she was told that he was not in, she left a message to say that her mother, P6, would like to see him. The message was later passed on to Peter Bryan.
787. The following evening it was noted that Peter Bryan's 'female friend' came to see him and he spoke with her outside the hostel. He then informed staff that he was going out and left.
788. On 30 October Peter Bryan had his meeting with his key worker and co-key worker about his care plan for his visitors. This was apparently resolved. They also discussed his laundry and cleaning of his room, as it had been noticed that for the past few weeks he had had lots of clothes to wash and at the same time lots of appointments to attend on the same day. It was agreed that he would do his laundry and clean his room on Mondays and shop on Wednesdays and do any excess washing on Thursdays. Peter Bryan then cleaned his room and finished his laundry with help from the staff.
789. On 3 November Peter Bryan asked to meet with the Manager of Riverside House to discuss issues that were causing him to be unhappy. Peter Bryan had apparently arrived 45 minutes late for his meeting with his key worker and co-key worker on 30 October and did not like the

fact that the Manager of Riverside House had asked him to apologise for being late. He also felt that the meeting was rushed.

790. He said that he was not happy with the way that his care team dealt with his problems at the CPA meeting and that afterwards he had felt that nobody cared.
791. The Manager of Riverside House explained to him again that he should have voiced his opinion when he was at the meeting, but she was unable to comment further as she was not present.
792. Later that day Peter Bryan asked for help to compile a CV for job applications and that help was given. He then left for a badminton lesson.
793. The following morning it was noted that he made telephone calls regarding references for employment and that he was also working on his CV with staff assistance.
794. That afternoon he asked for the addresses of Social Worker 5 and the Forensic CPN for references.
795. On 6 November Peter Bryan asked advice from members of staff on how to fill in the form for a Barbadian passport. He was told he would need his birth certificate and photographs first.
796. On 7 November he went for weekend leave to his parents' home, returning on 9 November.
797. On 10 November Peter Bryan set off the fire alarm at 07.30 by trying to burn unwanted paper in his room. He was told that he should not do that again as it put his own life and others at risk.
798. Later that afternoon a former resident wanted to visit Peter Bryan but was refused because he had a past history of drug misuse. It was noted that this refusal irritated Peter Bryan and Deputy Manager 2 explained to him that staff had the power to refuse visitors in accordance with house policy and that the on-call Manager had been consulted about the decision. It was noted that later Peter Bryan '*cheerfully picked himself up*'.
799. That evening he met with his co-key worker and discussed some issues that he had on his mind. He talked about his visitor having been declined entry to the hostel to visit him and said that

he did not know why this always happened. He was asked whether he had been told why his visitor had been declined entry, and he said that he had not, and asked why it always had to be Deputy Manager 2 who did so.

800. He also said that he had asked the Manager to photocopy some papers for him and he was still waiting for them.
801. He was advised to air his concerns with the Deputy Manager the next day and he agreed to do so. He was also advised not to bottle up his concerns for some time in the future.
802. He also complained that two members of staff had been on duty all day and there was no toilet paper in the toilets.
803. The following day he said that he would like to speak to the Deputy Manager and when he was about to be put through to him, he said words to the effect: *"I don't know why I should still be in this fucking place as they have cut down my money."* He then spoke to the Deputy Manager and went out.
804. On 11 November Peter Bryan again met with Day Opportunities 3 for employment advice. He was advised to write a new CV and to visit his local job centre to look for vacancies and was offered help in preparing his CV and in identifying a suitable job vacancy.
805. At 11.00 on 13 November Peter Bryan's girl friend, P5, visited him. He introduced her to members of staff. Five minutes later he took her up to his room. A member of staff politely asked him at his bedroom door to bring her down stairs, as the rules of the house stated that female visitors were not permitted in the residents' rooms.
806. Peter Bryan informed the member of staff that this was not the case for him and that he had a Care Plan about allowing visitors to his room. He was told that this was not the case and he told the member of staff to contact the duty manager. He was told that Deputy Manager 1, had already been informed and that they had been instructed by him to ask him to take his visitor downstairs. He then said that he would come down *"in one minute"*. The member of staff then went downstairs and Peter Bryan and P5 did not come down stairs for some 25 minutes. He made her a sandwich and she then left the hostel.

807. Later that afternoon a female visitor called to see Peter Bryan while he was out.
808. On 12 November the Home Office wrote to RMO5 acknowledging receipt of copies of his letters to the GP dated 29 April 2003, 16 July 2003 and 18 September 2003. The Home Office reminded RMO5 of his obligations to provide them with reports on Peter Bryan's progress at quarterly intervals, sending copies to the supervising social worker on each occasion. The letter suggested that the content for such a report was outlined in the notes which were enclosed with the Home Office letter. RMO5 was reminded that the next report was due on or before 18 December 2003.
809. The same day the Home Office wrote to Social Worker 5 chasing his report which had previously been requested on 20 June and 2 October.
810. On 14 November Peter Bryan politely apologised to the member of staff over the past complaint. He also apologised for the state of his room, saying he had too many things in it.
811. On 17 November Peter Bryan had an appointment to see the Forensic CPN at the CMHT office. The CPN noted that Peter Bryan still lacked insight into his need for treatment and supervision and continued to protest about staying at Riverside House. He was also constantly questioning what the team was doing for him. He felt that he should be living independently and that he did not need supportive housing.
812. It was also noted that his compliance with his medication was again partial. He insisted that he would take his Olanzapine until the doctor told him otherwise, but would like to come off it. He still felt that the medication was causing him to grow breasts and pointed out that other patients at the hostel had the same symptoms.
813. He expressed his despondency about being turned down for job applications because of his past and he did not feel that there was much hope in him getting work. However he also denied applying for work.
814. It was noted that his weekend leave to his parents' home appeared to be going well and that no problems had been reported. In the past two months he had been going on leave from Friday and was self-medicating during the two nights that he was on leave.

815. Following a discussion he agreed to try a self-medication programme at Riverside House. The Forensic CPN's plan was to discuss a self-medication programme with the hostel and to see Peter Bryan again in a month's time.
816. The following day the Forensic CPN contacted Deputy Manager 2 at Riverside House and they agreed to start Peter Bryan on self-medication.
817. On 19 November the Riverside notes record that Peter Bryan was visited by his girlfriend for 20 minutes in the morning although she remained downstairs. After she had gone, Deputy Manager 2 asked Peter Bryan for a random urine specimen which later tested positive for amphetamines. Peter Bryan challenged this and therefore the test was repeated within an hour with the same result. He said that he wanted it to be tested again later.

There is no note which shows that any further test was carried out that day or at any later time.

818. On 20 November the Manager of Riverside House noted that Peter Bryan returned to the home around 16.30 with a female friend, P8. He wanted to take his visitor to his room but was reminded that the care plan which had been agreed following his complaint to the NCSC was for him to have his regular girlfriend visit him to enable the Riverside staff to get to know her, and then to discuss and negotiate about her having access to his room. During the previous two weeks he had had a female friend visiting named P5 whom he had led the staff to believe was his girlfriend, and she had therefore been allowed access to his room.
819. The Manager told Peter Bryan that he needed to take into account other residents within the hostel. She also met with him and his friend P8 to explain the situation and welcomed P8 to Riverside House and offered her a cup of tea. They both left after a short period of time.
820. Peter Bryan returned for the Residents' Meeting and later asked to discuss the evening's incident with the Manager and she again explained the importance of communication and negotiation. They also discussed his Christmas leave.
821. The following day Peter Bryan was visited by two females in the early afternoon and he asked if he could offer his visitors tea, which he did, and he then played pool with them. He left them in the lounge on the arrival of his solicitor. The two females left shortly afterwards.

822. Peter Bryan collected his TTO medication for his weekend leave and left Riverside House at 15.30 with his solicitor.
823. Peter Bryan returned to Riverside House the following Monday morning, 24 November, and advised the Manager that he now had a cleaning job which he had started over the weekend. He was apparently working for a cleaning agency 15 hours a week.
824. The Forensic CPN was contacted by the Riverside staff and the CPN stated that Peter Bryan should have informed his Social Supervisor, Social Worker 5, before starting work. He also said that he would organise a Professionals Meeting on 15 December.
825. The Forensic CPN contacted Social Worker 5 to inform him that Peter Bryan had started a job and Social Worker 5 confirmed that he was not aware of the fact, but that he would speak to Peter Bryan about it. The work was apparently overnight until 07.00 and they discussed the possible difficulty that this could create for compliance with his care plan, although Social Worker 5 noted that they did not object to him working as long as it was within the DSS guidelines. He also noted that he planned to speak to Peter Bryan to discuss this issue and also the issue of moving on.
826. The Manager of Riverside House noted that Peter Bryan had been resting throughout the evening of 24 November after having been working through the night. She was to start the first stage of his self-medication that night.
827. On 25 November the Drug Counsellor had a session with Peter Bryan at Addaction. He told the counsellor that he had been doing OK and had not touched any drugs. He said that he had had a scare when the random drug test had shown positive for MDMA (Ecstasy) but said that the Riverside staff thought that it was just the medication he was on showing up in the test.
828. They discussed the issue of his relationships with street girls because the Drug Counsellor thought that Peter Bryan was a '*walking risk assessment*' and that if something happened with any of these girls he would get a recall back to a special hospital.
829. Peter Bryan said that he had about three girls/women whom he saw on a sporadic basis, but said that nothing was going on yet with them.

830. On the evening of 25 November, Peter Bryan asked to borrow £1 from the on duty member of staff at Riverside House but was told that she did not have any money on her. He then went out with another resident at 21.20 and they both returned at 23.10.
831. At 00.15 he told the member of staff that he was going out again for a few minutes and was asked to hold on for a moment so that she could open the middle door for him. He then asked why the door was locked and was told it was for security reasons so that no one would be able to come in even if they had the keys to the front door.
832. Peter Bryan then said that he was fed up with the system of locking doors since this was not a prison. He went upstairs for a short time and then came back down to go out. When he came back it was noted that he was restless.
833. At 03.15 he came downstairs to the lounge and when he was asked if everything was all right, he replied that '*nothing was all right*'. He said that the member of staff on duty should tell the Manager or whoever was on duty in the morning that he was not happy with the way that they normally locked the door.
834. He said that he was very upset, and talked about how the Manager had not allowed his friend P8 into his room. He said that two other residents were allowed to take their girlfriends into their rooms, but when it came to him he was refused. He said that the care plan needed to be changed.
835. It was noted that he settled down in his room at 03.35 but that when the fire alarm went off at 06.30 he did not respond. A member of staff even went to alert him, but he did not come down stairs.
836. The following morning Peter Bryan asked to have a meeting with the Manager of Riverside House about allowing his visitors to his room. She explained to him that once he had brought his girlfriend on a regular basis and the staff and fellow residents had got to know her, she would have no problem letting her go to his room. However at present he was bringing different girls to the hostel and she explained that Riverside House was not a '*halfway home*'.
837. She also explained that there was a risk factor in not knowing who was coming into the home and the effect that this may have on other residents.

838. They also discussed his income support appeal form that had been sent back to him and the Manager of Riverside House telephoned the income support department on his behalf, informing them that the form had been delayed in the post.
839. Later that night Peter Bryan left Riverside House at 23.15 saying that he was just '*popping out*' and was asked to call the member staff on duty if he was going to be late back. He telephoned at midnight saying that he would be back soon and returned at 00.30 and went to his room.
840. At 01.20 he came downstairs again, said that he was just going out and went out until 04.30. When asked if he had gone out to do his job he said that he had not, he had gone to see P8.
841. The following evening during the Residents' Meeting, Peter Bryan offered to write the minutes and said that he felt that the Manager should be brought over from Newton House (a "sister" hostel to Riverside House) as he was getting mixed messages from the Deputy Manager and Manager at Riverside House. He was asked to deal with this matter outside the meeting and to talk about it afterwards.
842. Afterwards Deputy Manager 2 met with Peter Bryan and another member of staff. Peter Bryan said that people were talking at him and not to him, and that one Manager was saying one thing and another something else.
843. Deputy Manager 2 advised him about communication, talking and listening as well as anger management, which Peter Bryan said that he understood. Deputy Manager 2 explained that he would pass on his comments to the Manager and asked him to keep them informed if he was worried and to maintain communication with them. Peter Bryan thanked him and left the office.
844. On 27 November Social Worker 5 telephoned Riverside House and spoke to Deputy Manager 1 who informed the social worker that Peter Bryan had started work as a cleaner working nights from midnight until 07.00 twice a week. Social Worker 5 asked if he was working within the 14-hour guideline and was told that he was, but that the work was with an agency.
845. Social Worker 5 requested a meeting at Riverside House to address this issue and any other issues that the hostel might have, and a meeting was set for 5 December at midday.

846. Deputy Manager 1 also told Social Worker 5 that Peter Bryan had gone on leave to his mother's and had gone from there to his place of work, thereby breaking his overnight stay conditions and, in addition, he had not told anyone. Deputy Manager 1 also said that Peter Bryan seemed to be a little agitated recently but that these issues could be discussed at the meeting.
847. The following afternoon Peter Bryan met with Deputy Manager 2 and another member of staff to discuss: his comments from the previous evening's Residents Meeting; issues relating to working at weekends; and his perception of his meeting with the Deputy Manager the previous evening.
848. Peter Bryan was informed that the Manager from Newton House would not be coming to Riverside House. He told staff that he felt as though he did not know where he stood. This was then discussed and Deputy Manager 2 asked Peter Bryan to let staff know if he felt that he could not understand anything or if he felt that there had been a problem with communication between himself and Deputy Manager 2. He agreed to do this.
849. As far as working at weekends was concerned, Deputy Manager 2 suggested that Peter Bryan should wait until this had been discussed at the meeting that he was due to have with Social Worker 5 on 5 December, as permission had to be given for him to do this. He was also asked to clarify with Social Worker 5 about him going out at 04.30 as this was outside the overnight leave agreement which the Riverside House management had to agree to as well.
850. At 15.10 that afternoon Peter Bryan went on overnight leave with his TTOs. He returned on the morning of 1 December, complaining of being hungry, and had breakfast before leaving to attend his appointments.
851. Later that day Social Worker 5 telephoned Peter Bryan to remind him of the forthcoming meeting on 5 December and to discuss his employment. Social Worker 5 noted that Peter Bryan told him that he could not attend the appointment because he had been asked to work on 4 December. The Social Worker reminded him that he was subject to conditions and that they would have to meet to discuss him working and other issues and that this was his priority. He told him that he needed to get his permission before he could take up employment and that he should have been consulted.

852. Social Worker 5 also informed him that he considered his attendance at the meeting a priority and therefore he could not give him permission to work the night beforehand because he would need to be alert at the meeting. He said that he would pass on his decision to the Riverside House staff.
853. Peter Bryan responded by putting down the phone.
854. Social Worker 5 then spoke to the Manager of Riverside House and told her of his decision that Peter Bryan was not to work on the night of 4 December. He also said that he felt that he might be able to work a few hours to avoid it having an effect on his benefits. He said that having spoken to Peter Bryan earlier, he felt that he was not happy. It was agreed that these issues would be discussed at the meeting on 5 December as well as him moving on from Riverside House.
855. Later that afternoon Peter Bryan had a one-to-one talk with Deputy Manager 1 about his work and moving on.
856. During the night of 2/3 December Peter Bryan came down from his room at 22.00 to take his medication and have something to eat and then went back to his room. At 02.30 he came down again for something to eat, and again came down at 04.09 for more food. When asked if he was all right, he said that he was.
857. At 05.20 he brought down his hair clippers and said that he wanted to have a haircut. He was up and down in the kitchen taking chocolate but it was noted that he seemed to be okay.
858. During the evening of 3 December Peter Bryan was called to take his medication at 22.20 but did not come down until 22.35 and he then went into the dining room. He was asked to come to take his medication first because the night staff wanted to be able to sleep in the office, but he would not listen to their explanation and loudly responded that staff should give him a break and should not push him around.
859. When he was ready to get his medication he asked if he could now have it and was told he could and was given it. A few minutes later when the staff had shut the office door, he asked if they could check in the diary if he had any appointments for the following day or whether it was not possible to check because the night staff were sleeping in the office. They said there

was no problem and checked the diary for him and told him that he had no appointments. It was noted that the member of staff had remained calm with him.

860. About 30 minutes later he went into the kitchen and apologised for being rude to the member of staff. He said that that was the way he behaved, that at first he would appear to be angry but once he had thought it over he would calm down.
861. He said that he wanted to move on, that he could not understand why they were keeping him at Riverside House. He said that perhaps the Manager wanted him to go back to taking drugs but said that he could never go back to drugs. He said that it was no wonder that two residents that had left had gone back to taking drugs because she did not let them move on.
862. On 4 December Day Opportunities 2 telephoned Social Worker 5 to ask for an outpatient appointment or a planning meeting to discuss Peter Bryan's recent employment - for which he had not had Home Office permission.
863. Day Opportunities 2 also informed Social Worker 5 that Day Opportunities 3 had told him that Peter Bryan had been drinking (although he was not actually drunk) before his Moving On Group.
864. That night Peter Bryan had a very unsettled night and told members of staff that he was a bit worried about his forthcoming meeting the following day. He said that he was just eager to leave Riverside House and have his own flat.
865. On 5 December Peter Bryan had his meeting with Social Worker 5, the Manager of Riverside House, Deputy Manager 1 and his co-key worker. The Riverside House notes say that all relevant issues were discussed.
866. Social Worker 5 noted:

"Suspect he may be relapsing.

1. *Breaking down - challenging almost everything wanting his own way as to visitors and who comes and what time.*
2. *Not registering he is on licence -*

challenging whether he should consult with me or let me know what he is doing. Walks away when advised about rules.

(Manager) - suggest he is difficult (?)

Pushing the boundaries, gets angry, wants a break, persistent complaint.

Pushing boundaries - wishes to move on. Manipulating.

No more 117 money (?)

Move to Glenarm Road) same ground rules -- staff would monitor

Visitors -- Peter would need to comply with rules. Drug test. Let staff know he is staying out overnight

Must inform staff of visitors. Staff have right.

Work 11 -- 7 a.m. in Earl's Court. Gets tired

Feel stressed, frustrated, limited especially about visitors.

Peter doesn't see why he should not have any visitors. He should have visitors when he wants.

Peter told and agreed not to continue to challenge rules and (the Manager of Riverside House) told Peter he needs to comply with rules.

Moving on -- Glenarm Road -- Peter does not want to pay

Peter felt he could move on -- frustration about moving on

Other (?) blood drugs tests negative

emphasise that he needs to let us know he admits to responsibility

His expectation -

smooth, what is expected of him, imagine like Riverside but less rules. Much more stable. Agrees that staff has helped”

867. Peter Bryan left after the meeting for his weekend leave at his parents' home.
868. He returned early in the morning of 8 December and explained that he could not do his personal laundry as he had appointments to attend to and left, saying that he would be back in the late evening.
869. That day Day Opportunities 2 held a case review and discussed Peter Bryan's employment with him. He explained that Peter Bryan needed to communicate with the mental health professionals and to obtain Home Office permission because of his Section 37/41. He also explained that he needed to inform the DSS and to get a 'permit' to work. An appointment with Day Opportunities 3 was arranged so that he could get support with those issues.
870. Peter Bryan returned to the hostel briefly in the early evening and went out again. He later phoned to say that he had got delayed in the community and would be back later and he returned at 21.10. He told staff that he was tired and needed to rest. He then took his night medication, had some food and retired to his room at 21.30, where he remained until 08.20 the following morning.
871. On the evening of 9 December the Manager of Riverside House had a discussion with Peter Bryan about self-medication as she was going to take his dosage box to his room as from that night. His care plan was amended accordingly.
872. On 10 December Day Opportunities 2 left a message for Social Worker 5 to call him to discuss Peter Bryan's case.
873. In the evening of 10 December, Peter Bryan went out for a Christmas dinner and returned at 21.00 with a fellow resident, but they did not come into the hostel. It was observed that Peter Bryan drove away in his car with the other resident. They both returned at 23.00.
874. Peter Bryan told a member of staff that he was going to have his medication up in his room and then get himself ready to go to work. He left the hostel at 23.15.

875. Peter Bryan returned to the hostel at 08.30 on 11 December, did his laundry and chatted to staff. At 10.00 he was visited by his two female friends, P6 and her daughter P4. They stayed for 10 minutes before leaving the house with Peter Bryan.
876. He went to Day Opportunities and gave Day Opportunities 2 his bank statement details, his student number and his payslip. Day Opportunities 2 completed a SEN Grant form with him and passed it on to be processed.
877. Later that day Day Opportunities 2 telephoned Peter Bryan to arrange an appointment for 15 January 2004.
878. That evening Peter Bryan informed staff that he had taken his medication before leaving at 21.00 for his night shift. He returned at 07.15 the following morning.
879. The Riverside notes show that that morning Peter Bryan made several comments about a member of staff's appearance and also '*came close to the personal space*' of the member of staff who recorded the note.
880. Peter Bryan then left Riverside House for his weekend leave and was due back on the Monday. He returned at 13.30 and was observed to be sleeping on the sofa. He left again an hour later for his weekend leave.
881. Social Worker 5 telephoned and spoke to the Riverside staff and they asked him what was happening about Peter Bryan moving on. He said that he was still waiting for an answer. He was also asked if Peter Bryan could go on leave to Glenarm Road pending his move there and said that he had to get permission from the Home Office.
882. Social Worker 5 recorded that on 12 December he had a discussion with the Forensic CPN and they suspected that Peter Bryan might be relapsing as he was challenging almost everything at Riverside House. He was pushing boundaries and was not listening to advice.
883. He was also working at night and Social Worker 5 noted that he had advised him before about working as this could cause him a degree of stress. It was noted that otherwise there were no problems with Peter Bryan's mental health although it would be necessary to monitor his progress.

884. On 13 December a female friend rang the doorbell and asked for Peter Bryan but was told that he was not in and she left.
885. Peter Bryan returned to Riverside House at 21.00 on the evening of 14 December and then went out with another resident. When he returned he informed the Riverside staff that he had taken his night medication and he brought in his empty dosage box.
886. He watched television until midnight and then went to bed and got up at 06.20, put his clothes in the washing machine and prepared himself breakfast.
887. On 15 December Peter Bryan had an appointment with the Forensic CPN at the CMHT office. The CPN noted that Peter Bryan continued to be sarcastic at times in his attitude towards his care and treatment.
888. Peter Bryan informed the Forensic CPN that he had seen the specialist endocrinologist at Homerton Hospital the previous week and that the specialist had told him that his medication (Olanzapine) had caused his breasts to become enlarged. He said he had been given three options - to reduce the medication, to stop the medication or to have surgery. The specialist had taken blood samples and wanted to see him again on 23 February 2004.
889. This had reaffirmed Peter Bryan's belief that he was a "*guinea pig*" and that he had been over medicated by RMO5. This belief was fixed despite being reminded that his medication had been changed, reduced and that he was on a minimal dose.
890. Peter Bryan said that he was now working 15 hours a week cleaning at Earl's Court. He said that he was meeting the employment officer the following day to find out if this would affect his benefits. He said that if it did, then he was going to work full-time and come off benefits.
891. When advised by the Forensic CPN that he should discuss this matter with his Social Supervisor first to see if this affected his supervision and care plans, he said that he did not see why he should do so. He was strongly advised to discuss the matter with Social Worker 5 and the Forensic CPN informed him that he would be discussing it with Social Worker 5 himself after the meeting.

892. Peter Bryan was aware that Social Worker 5 was looking at low support accommodation at the Glenarm Project. He said that he was not happy to go there as he wanted his own flat.
893. Peter Bryan informed the Forensic CPN that he had tested positive for a class A drug twice a month ago, but he denied taking any drugs and was very concerned about this result and how it would affect him. The Forensic CPN said that he would look into it further as he had been unaware of this result.
894. Following the meeting with Peter Bryan, the Forensic CPN telephoned Social Worker 5 who told him that Peter Bryan had tested positive for a class A drug, but that when the test had been repeated it had been negative. He said that the first test appeared to have been done incorrectly. Peter Bryan had been informed but appeared not to have understood what this meant. The Forensic CPN said that he would contact Riverside House to explain.
895. On 15 December the Forensic CPN rang Riverside house to request a random drug screen for Peter Bryan and said that if it was negative, there was no need to contact him. This was then discussed with the Manager of Riverside House who advised that the drug screening should be referred back to the Forensic CPN for him to arrange. A message was left with the Forensic CPN to ask him to ring Riverside House about this.
896. Social Worker 5 also noted that day that Peter Bryan wanted to move out of Glenarm Road in eight months but that the Manager of Riverside House had told him not to have that in mind because that was the attitude, of having a fixed time in his mind to move on, which had affected him at Riverside House.
897. That evening at 22.20 Peter Bryan said that he was going out and was asked if he had taken his medication. He said that he had. He went out and returned about half an hour later, and spent a short time in the dining room before retiring for the night. He was called by a member of staff the following morning at 08.40.
898. In the afternoon of 16 December Peter Bryan was visited by P4 and a little girl aged about four years. They spent about 20 minutes in the dining hall and the rest of the afternoon Peter Bryan remained in the hostel. The Manager of Riverside House had a one-to-one talk with him and it was noted that he was going to tidy his room the following day. The notes state that he appeared 'fine'.

899. That evening Peter Bryan went out at 22.35 with two other residents. Before he went he informed staff that he had taken his medication. He returned half an hour later but went out again at 23.45 saying that he would telephone if he was not coming back. In fact he returned 10 to 15 minutes later and went to his room.
900. He came downstairs again at 03.30 and put some clothes on to wash. When he was told that it was not his washing day he said that he had made a mistake.
901. The morning shift note records that Peter Bryan was seen in the house at 10.15 on the morning of 17 December but that, prior to that, there had been no response from his room and therefore two members of staff had checked his room, which had been empty. When asked about this, he said that he had told the night staff that he was going out at 06.30.
902. When seen at 10.15, he said that he was in a hurry to have a shower, and to fill in a Carer's Allowance Application form as he wanted to claim for caring for his mother (**He, of course, was not a carer to his mother**).
903. He said he did not know what to do with his laundry, as he had to go to a Christmas Dinner that afternoon. He was also reminded about an appointment he had that day.
904. He said that he had no time to tidy his room and he left the hostel at 11.00 saying that he would be back at 18.00.
905. Deputy Manager 2 telephoned the Forensic CPN that afternoon and discussed drug screening and whether the CPN could arrange a random drug test. The Forensic CPN said that it could be arranged with the Addaction team and the Drug Counsellor as long as he was screened before 5 January 2004 in time for the CPA review.
906. Deputy Manager 2 advised the Forensic CPN that Peter Bryan had been up all night, that he was in a rush today and that his bedroom was very untidy and disorganised. The Forensic CPN questioned whether he was relapsing and wondered if he could be screened for drugs that day. He was told that Peter Bryan had said that he would be out until 18.00.
907. During the morning of 18 December Riverside House staff helped Peter Bryan clean and tidy his room, and it was noted that this would continue another time.

908. The notes record that Peter Bryan spent the afternoon at Riverside House. He was observed roasting potatoes for his dinner, and when asked by another resident, he said that his grandparents ate monkey.
909. That evening he went out with a fellow resident and returned at 22.00. He informed staff that he was going to take his medication. He watched television until midnight and then went to bed, but the notes record that time and again he was up and down between his room and the lounge throughout the night, eating food from time to time. He finally settled down at 04.00.
910. The following afternoon he left for his weekend leave at his parents' home. At 21.00 that evening his friend P5 came to visit him but was told that he was away until Monday and she left. At 23.30 another female arrived at the hostel looking for him, and was also told that he would not be back until Monday, and she then left.
911. On 19 December RMO5 wrote to the Mental Health Unit of the Home Office:

"1. Patients Name: MR PETER BRYAN...

5. Length of time since patient's conditional discharge: 1 year 10 months

6. Frequency of meeting with the patient since last report: Patient not seen by Psychiatrist

7. Does the patient show signs of becoming a danger to himself or others: No

Since the last report there has been no CPA meeting arranged for Mr Bryan. However I have had discussions with his care coordinator (Social Worker 5). Mr Bryan has continued to remain stable in his mental condition and has displayed no symptoms of his illness. He is compliant with his medication.

The current plan is to transfer Mr Bryan to a hostel, which provides less supervision than the present one. A hostel has been identified on Glenarm Road in Hackney. This is the first phase of a planned eventually discharged into independent living in the community (sic)

In the meanwhile Mr Bryan has also started employment in a part-time capacity as a cleaner.

I will be reviewing Mr Bryan in January for his CPA, but in the meanwhile he continues to be supervised by his care coordinator, (Social Worker 5). If any need arises he will be seen urgently. In his current state there are no reasons to recall Mr Bryan to the hospital.”

912. Also on 19 December Social Worker 5 wrote his Social Supervisor’s report to the Home Office:

“Peter was detained under section 37/41 in 1993 for manslaughter on the grounds of diminished responsibility. He was given a conditional discharged (sic) by the Mental Health Review Tribunal on 11 .01.02 and he was moved to Riverside House on 10.02.2 where he has continued to reside.

Mr Bryan continues to be seen regularly by (the Forensic CPN) and myself. He also has regular contact with his RMO particularly with regard to his medication. Mr Bryan attends all meetings arranged to look at his care and treatment including CPAs and meetings organised by staff at Riverside House.

Mr Bryan continues to be compliant with his treatment and care plan, including those he has instigated himself, for example he has recently through his own volition signed up with our day opportunities employment project, so that he could get back to work. Despite this there remains the impression that Mr Bryan’s paranoia about people of Asian origin still remains and there is a feeling amongst the multidisciplinary team that the persistence of his paranoia places some members of the Asian community at risk although this is deemed to be low.

However, recently there were concerns that Mr Bryan was showing signs of relapsing because he was challenging home policy, wanting his own way, particularly with regard to his friends visiting the home. It appears that Mr Bryan wanted his friends to be able to visit him any time regardless of the policy of the home. He is seen as someone who pushes the boundary and doesn’t see the need to consult with his social supervisor or care coordinator for example he started work part-time without consulting with his care team.

A meeting was called recently to discuss these and other issues that relate to Mr Bryan’s care, during the meeting Mr Bryan stated that he was frustrated having to live in such restrictive condition (sic). Mr Bryan was made aware of the reasons for this that it was his own action that placed him in such a situation. The meeting concluded with Mr Bryan agreeing to comply with home policy and to abide by the rules. In his defence he agreed that the support he has

received from the multi-disciplinary team has helped him significantly and he would now like to move on to become more independent.

The team agreed that Mr Bryan has done as well as he can at Riverside House and that we should look to move him to more independent type accommodation to see how he respond (sic). This is of course subject to Home Office approval and a formal request to move Mr Bryan to a low support accommodation will be made once an appropriate placement is identified.

SUMMARY

Despite some of the problems identified above the multi--disciplinary team agrees that Mr Bryan has done quite well since his discharged from hospital (sic) he has started a part-time job as a cleaner 2 nights each week working a total of 13 hours. This has helped his confidence and his self-esteem; I have informed Mr Bryan and the home that he should not work more than these hours in any one week. Mr Bryan remains compliant with treatment and care plans, he is on a self-medicating plan and this has been going well, he still has reservations about taking his medication mainly due to him developing enlarged breast (sic) for which he has been seeing a specialist at Homerton Hospital, Hackney.

He has made good use of his home overnight leave, he has requested overnight leave over the Christmas period dates are 24 to 29 -- 03 and 31 to 02 -- 04 which has been granted. Plans are to be made to move him to a low support accommodation at 112 Glenarm Rd, Hackney E5. This is managed by the owners of Riverside House. This is seen as a natural progression for Mr Bryan but any move is subject to Home Office approval. Mr Bryan has agreed to discuss with the home staff and his key worker any issues that he has relating to his stay. He knows what is expected of him and has agreed to abide by all the policies and procedures of the home before any move is agreed and approved by the Home Office and his multi-disciplinary team.”

913. Peter Bryan returned to Riverside House at 21.00 on 21 December and retired to his room at midnight. However once again he kept coming down stairs intermittently, either for food or to smoke. He settled down around 03.00. He then came down at 06.00 and put his clothes into the washing machine. He later told staff he was going out to help his lady friend push start her car.
914. The nightshift notes show that Peter Bryan did not sleep much throughout the night and said that he was not tired. He had something to eat at 04.00 and went back to his room at 08.00.

915. On 23 December the Home Office sent chasing letters to both RMO5 and Social Worker 5 for their reports.
916. In the afternoon of 23 December Peter Bryan returned to the hostel at 16.00 with a female visitor who remained in the lounge. They then both left at 16.50, and Peter Bryan left with his self-medication TTOs as he was about to be on Christmas leave for three nights.
917. On Christmas Day he returned briefly in the evening and then left at 21.10. At 23.00 he came back again - this time with a female friend - and dropped off some CDs which he said belonged to another resident and then left again.
918. Peter Bryan returned after his leave at 21.15 on 27 December and told staff that he could not find his room keys and demanded duplicate ones. He was given duplicate keys but he handed them back rudely, saying that he needed the proper keys to open his door.
919. He was asked to exercise some patience because the keys were the right ones and the member of staff used the same keys to open his door. He then said that maybe he had been rushing because he needed to go out and he left at 22.30. He returned at midnight and apologised to the member of staff, saying that he had acted "*in the heat of emotion*".
920. Once again it was noted that Peter Bryan was up all night and had breakfast at 07.00.
921. At 08.30 on 28 December Peter Bryan came downstairs and told staff that he had dreamed that he was fighting a dog and had woken up kicking the wall and punching it. He said that he had kicked out one of his toenails.
922. That evening he went out at 21.30 and returned at 22.00 and told staff he was going to take his medication. He later watched television until midnight and then went to bed. He came down at 03.00 for a cigarette and asked if he could start doing his laundry. He was told he could start at 05.00 at the earliest, which he did. He also started cleaning his room.
923. The following evening Peter Bryan went out with another resident at 21.50. At 00.30 he called the hostel to inform staff that they were both fine and that he would make sure that the other resident was all right. They both returned at 01.20 and Peter Bryan informed staff that he

thought that his fellow resident was all right that evening and that he thought that he did not smell strongly of alcohol.

924. Once again it was noted that Peter Bryan came down three times during the rest of the night and settled only at 05.00.
925. He was up and about at 08.00 the following morning and appeared cheerful and alert. New wooden slats were fitted to his bed by members of staff.
926. A random urine specimen taken at 09.00 revealed the presence of morphine and a second result was inconclusive an hour and a quarter later. It was noted that he had not been followed to the toilet for the drug test.
927. Peter Bryan was reminded by Deputy Manager 2 of his CPA on 5 January and he said that he thought that he would be ready to move in September 2004 and that he had no issues for discussion at the CPA except about moving on.
928. That afternoon Deputy Manager 2 left a message with the Forensic CPN to telephone him.
929. In the afternoon of 31 December Peter Bryan left for leave at his parents' home. He returned in the afternoon of 2 January 2004. Later that evening, he left the house at 22.15 with another resident saying that he would take his medication when he came back. He returned at midnight and went to bed immediately and did not reappear until 11.57 the following morning, although he had responded from time to time from his room when staff had checked on him earlier.
930. That evening Peter Bryan went out at 22.20 and telephoned at midnight to say that he was running late and he then returned at 01.00. He had some food and told staff that he did not need to go to bed as he was waiting for another resident who was still out. He had a long chat with the resident until 04.00, and then had some more food before going to his room at 04.30. He came down again at 05.30 saying that he could not sleep as he was worried about his forthcoming CPA. He finally went to his room at 06.30 and stayed there until 08.30.
931. When he came downstairs the member of staff on duty asked him how he was, and he replied that he was not okay because he could not understand why he was still in Riverside House when

he had been told that it was time for him to move on. He started talking about other former residents who had their own flats just after coming out of prison.

932. He also said that perhaps his team was waiting for him to do something so that he could go back to prison. He also mentioned his index offence and said that he was sorry for what he had done but he felt that he was still being punished.
933. That evening Peter Bryan went out again with another resident at 21.30 and telephoned at midnight to say that he would be late. He returned at 01.20 and went straight to his room. At 03.00 he came downstairs to have a cigarette and then came down again at 05.30 to put his laundry in the washing machine. He came down at 07.30 with more laundry.
934. On 5 January there was a CPA review attended by RMO5, the Forensic CPN, Social Worker 5 and Deputy Manager 1 of Riverside House.
935. The Forensic CPN's note records that the main themes discussed were Peter Bryan working, moving on from Riverside House, illicit drugs and medication.
936. It was noted that over the past three months his mental state had been stable with no areas of concern observed. The feedback from Riverside House was positive and he was attending his groups in the community.
937. He said that he was working as a cleaner for less than 15 hours a week, mainly on the night shift. His employment officer was looking into whether the amount that he was being paid would affect his benefits and he might have to reduce his hours. However it was noted that Peter Bryan was unrealistic in his plans to work full-time and to contribute to his rent at Riverside House. He was advised to wait until he was living in a more independent setting.
938. Peter Bryan expressed his wish to move on to semi-supportive accommodation in Glenarm Road as soon as possible. He was told that there should be a vacancy in a couple of months and that Social Worker 5 and RMO5 had written to the Home Office about this.
939. It was reported that again on 30 December 2003 there had been a positive result of amphetamines, however the trace was not very clear on the drug testing strip and RMO5 felt that it might be a false positive. Peter Bryan adamantly denied taking illicit drugs and was

concerned what the test was showing. It was agreed to discuss this further with the Drug Counsellor at Addaction in order to come up with a more accurate way of testing such as sending a sample to a laboratory.

940. Peter Bryan was still unhappy about being on medication due to his concerns regarding his enlarged breasts. He said that he had had an appointment with a specialist and was due to go to see him again on 22 February. He said that he was awaiting an opinion.
941. RMO5 again reminded Peter Bryan that his dose of Olanzapine (5 mg) was very low and that he would not consider taking him off medication altogether until he had been living independently for at least a year.
942. The plan noted by the Forensic CPN was that they would continue with the current care plan; the Forensic CPN would discuss alternative drug testing with the Drug Counsellor; RMO5 had written to the Home Office regarding semi-supportive accommodation and Social Worker 5 would liaise with Glenarm Road about funding and a placement referral.
943. After the CPA meeting, Peter Bryan returned to Riverside House at 20.15 and had a one-to-one session with his co-key worker about the meeting.
944. He said that he did not know what else to do because he was still being punished and that was the only way that he could look at things. He also wrote a letter of complaint about his care team and asked his co-key worker to request staff in the morning to find out the person in charge over the Forensic CPN and RMO5.
945. He went out for a short time with another resident and then returned and went to bed at midnight and spent the rest of the night in his room.
946. At 08.30 the following morning Peter Bryan spoke to Deputy Manager 2 of Riverside House and asked him to provide him with details of how to report the Forensic CPN and RMO5 to their superiors. He said that he was not satisfied with the outcome of the previous day's CPA meeting - that he was still waiting for his passport and there had been a delay in moving out of Riverside House. Peter Bryan had come to the office and Deputy Manager 2 asked him to close the office door, but he said that he wanted everyone to hear.

947. At 11.00 the Forensic CPN returned Deputy Manager 2's call and was told that Peter Bryan wanted to lodge a formal complaint about RMO5, the Forensic CPN and Social Worker 5 because he was very unhappy about the previous day's meeting, particularly about their responses to his concerns about medication and accommodation.
948. The Forensic CPN said that Peter Bryan could make a complaint to the Community Mental Health Manager at Kempton Road, but that if his concerns were about his discharge conditions, he should discuss them with his legal representative and should be reminded of his right to appeal against his conditional discharge.
949. He also said that he felt that Peter Bryan was drawing attention to his mental state and, as he had been on self-medication, he questioned if he had been taking his medication. If he had not, then staff should continue to observe him for changes in his behaviour and signs of paranoia.
950. That evening Peter Bryan appeared low in mood. He collected his laundry from the washroom and prepared some food which he ate, and then informed staff that he had taken his medication and was going to bed.
951. He came downstairs at 00.35 and put some laundry in the washing machine and went straight back to his room where he remained for the rest of the night.
952. In the morning of 7 January Peter Bryan informed the member of staff on duty that he was not happy with the CPA, and when the member of staff advised him to take it easy and have patience, he responded saying *"I think you're talking a lot of nonsense"*.
953. The Forensic CPN spoke again to Deputy Manager 2 that afternoon and advised him that if Peter Bryan was still not happy staying at Riverside House then he could contact a solicitor through MIND to appeal against the conditions which formed part of his conditional discharge. Peter Bryan later discussed these matters with the Manager of Riverside House.
954. Peter Bryan went out for a couple of hours that evening, returning at 23.35 and went to his room shortly afterwards. He came downstairs at 04.15 and put some washing in the washing machine and then went back to his room. He was down again at 06.30 and checked his laundry and interacted with staff and went back to his room at 06.55.

955. It was noted that that morning he was up and about and appeared cheerful. He played pool with members of staff and did not report any problems.
956. In the early evening the Manager of Riverside House met with him and explained that at present he needed to get confirmation from the Home Office about moving on to other accommodation, which was being taken care of by Social Worker 5. She informed him that Glenarm Road had no bed available at present.
957. They also discussed the effect that his employment might have on him and his benefits and had a general discussion on day-to-day issues. She agreed that he could go on weekend leave from the following day until Monday 12 January. Peter Bryan informed the Manager of Riverside House that he was working that night. He then attended the residents' meeting and took an active part in the taking of the minutes.
958. On 9 January 2004 Social Worker 5 wrote to the Home Office:

"I am writing to request permission for Mr Bryan to be moved from his current address at Riverside House a high support residential home to a more independent low support accommodation. This is because Mr Bryan has made significant progress since his conditional discharged (sic) in Jan 02.

The multi-disciplinary team is of the opinion that Mr Bryan is ready to move on and should be given an opportunity to live more independently to see how he cope (sic) living in a different and more independent environment. There would be staff on site at the new home 112 Glenarm Rd, Hackney, E5 but only between 9 a.m. and 5 p.m. the remainder of the time they would be on-call.

If this new arrangement is agreed, Peter could be moved within the next two weeks. Please let me know of your decision as soon as possible so that arrangements could be made to move Mr Bryan.

Should you require more information about Mr Bryan or the new placement please do not hesitate to contact me."

959. On receipt of Social Worker 5's letter Home Office 4 sought the permission of a senior caseworker, Home Office 6, to move Peter Bryan to less secure accommodation. He responded:

"The move does not seem a particularly ambitious one but I would feel much happier endorsing it if we had more concrete evidence of the "significant progress" made by B since discharge. I would feel more comfortable if we had had more comprehensive reporting but feel that we at least need (RMO5)'s confirmation that the risk to members of the Asian community remains low and this move will not increase the risks. We should also double check whether there are any concerns about drug taking. He appears to have made a clean break but it is not clear whether he is still closely monitored in this area. Condition 6 (which required drug testing) appears to have been linked to a particular drug programme and it is not clear whether this is still required. I raise this concern only because he has been described as pushing boundaries, having underage girls and other "friends" to his room and complaining when this is objected to. We should clarify whether these friends are known drug users and whether it is likely they will have more access to B at the new accommodation. Please write to (RMO5) and let me see the draft."

960. Peter Bryan returned to the hostel at 09.00 on 9 January and spent some time chatting to staff before going up to his room where he spent the morning. He remained at the hostel until he left at 18.00 with his self-medication tablets to go on leave for the weekend.

961. Peter Bryan returned from weekend leave at 11.00 on 12 January and the Manager of Riverside House gave him a new supply of medication and also informed him that a new carpet would be fitted in his room that day. He said that he felt very tired.

962. That day he received information in the post about a painting and decorating course at the John Laing Training Centre, which was due to start on 19 January. It was recorded in the diary.

963. Following the new carpet being fitted in his room, members of staff offered four times to help Peter Bryan to clean and tidy his room. On the last occasion he declined saying that he had had a busy day and was tired. He also remarked that to keep asking him was bordering on intimidation.

964. He spent the afternoon sorting out his laundry and cooking an evening meal and he then played pool with another resident. It was noted that he appeared cheerful.

965. At 19.45 he advised staff that he was popping out for four hours and would return about 23.00, which he did. It was noted that he appeared to be in an unhappy mood and told the member of staff on duty that when he had been out that evening, the police had stopped and searched him. He said that they were harassing him as if he were a drug dealer. He came back with the stop and search paper and angrily threw it on the floor. The on call Manager was informed.
966. Peter Bryan went to bed at 11.35 and came down at 02.00 to check his clothes. It was noted that he was observed nodding his head in the kitchen.
967. He took some chocolate and a spoon and went back to his room. At 06.40 he went back down to check his clothes in the laundry room and then went back upstairs.
968. On 13 January he met with the NCSC. Later that evening he asked staff to view his room with ideas about reorganising it to save space.
969. On 14 January Peter Bryan asked to see the other managers. They were not around and therefore the Manager of Riverside House asked if she could help. He said that his clothing had been damaged by paint and that a sum of money had been stolen from his room when it was being painted.
970. The Manager explained to Peter Bryan that at the previous week's residents' meeting there had been a discussion about him taking responsibility in giving permission to allow the painting of his room to be done while he was on weekend leave. He said that he had brought back two items of clothing that had been damaged by paint and the Manager said that she would not deal with that issue that day. Apparently Peter Bryan had discussed the same matter with the staff team on duty and also with the NCSC Inspector when she had visited him the previous day.
971. That afternoon the Manager received a telephone call from the administrator in the Mental Health Office at the John Howard Centre to say that Peter Bryan had requested a form to complete about his section 37/41 to be sent to the Home Office. The Manager gave the administrator the telephone number of Social Worker 5 as Peter Bryan's Social Supervisor. She then tried to contact Social Worker 5 but was unable to speak with him. She left a message asking him to contact her either at Riverside House or on her mobile phone.

972. Deputy Manager 2 also offered to tighten up Peter Bryan's bed because he had complained that part of the fittings had come loose. Peter Bryan declined the offer and asked if his bed could be dismantled as he said that he preferred to put the mattress on the floor and sleep on just the mattress. Deputy Manager 2 discussed this with the Manager and then explained to Peter Bryan that his bed could not be dismantled as it was a standard of care to provide him with a proper bed. He said that he had expected this response and made no further comment about it.

973. On 14 January, Social Worker 5 was sent a letter by the Mental Health Assistant at the John Howard Centre, informing him that Peter Bryan's MHRT was to be heard on 1 March 2004.

974. On 15 January Day Opportunities 2 e-mailed Social Worker 5 as he had not heard from him. He informed him that Peter Bryan had told him that he was starting on a Painting and Decorating training scheme from 19 January and that he might not be able to attend Day Opportunities from the following week. Day Opportunities 2 wanted to know if this was acceptable in terms of his Section 37/41. He ended the e-mail:

"Although I understand Peter's need to maintain his independence, I am concerned that Peter has been making arrangements around employment and training without consultation, leading him away from MH (mental health) services with professionals in terms of his legal status."

975. Social Worker 5's e-mailed response was:

"I returned your call but you were out got your message there is nothing wrong with Peter doing the course however I would need to speak to him to see if there could be a compromise but I am off until next Tuesday will contact you on my return."

976. On 15 January Peter Bryan attended the residents' meeting and raised his concerns about his clothes having been damaged by paint while the painters were in his room and also that items were missing from his room. The Manager explained that these were issues that had already been dealt with outside of the meeting.

977. He then raised the issue of his weekly grocery shopping and said that his shopping was checked by the Manager and he felt that he had been singled out. The Manager explained that she had spoken to him in the past that the money given to him was to buy food items of his choice, but

instead he was buying soft drinks, crisps and energy drinks and that she had to make sure that he had a staple diet.

978. Peter Bryan then asked to leave the meeting and then came back into the sitting room where the meeting was being held, showing a tablet which he said that he had found on the staircase. He refused to hand it back, saying that he was going to take it to the NCSC. The Manager recorded in the notes that prior to the meeting she had been checking the new supply of medication and whilst transporting it to the medication cupboard on the first floor, a tablet may have dropped from one of the boxes.
979. Peter Bryan left the hostel at around 19.45 and one of the members of staff reported that he had pushed the door leading to the staircase at her. He returned to Riverside House at 20.45 and told the Manager that he had brought the tablet which he then handed over to her. He then said he still needed to go out to meet up with another resident and left at 21.00. He returned at 01.20 and went to bed shortly afterwards, where he remained for the rest of the night.
980. In the afternoon of 16 January Peter Bryan had a one-to-one session with his co-key worker and he told her that he had had a quarrel with the Manager because he had asked for compensation for the damage to his personal property and the money that had gone missing from his room. He said that he just thought that he should inform her of what was going on.
981. He collected his TTO medication and left the hostel for his weekend leave.
982. He returned early in the morning of 19 January and left the house at 07.30 for his 08.30 appointment at the John Laing Training Centre.
983. He returned to the hostel that afternoon and was reminded by Deputy Manager 2 to bring his dosage box to the office later to restock his weekly medication and to sign his self medication chart. They then played a game of pool together and Peter Bryan said that he was having a "shitty day". He then said that he was working that night.
984. At 21.15 he went to the hostel office shouting at staff and saying that he had asked them to call him at 20.00 and that his medication should be ready for him. The member of staff on duty explained to him that he was supposed to be with staff when his medication box was being

filled and they also reminded him that the Manager had spoken to him about this the previous week. Peter Bryan then said that the Riverside staff were not organised and that he did not need to be taught how to put the medication in the box. He then said he would report the hostel to the Home Office and that the staff were making him late for work. He then had his medication and left, but before he left he could be heard shouting in the lobby as he was going out.

985. He returned to Riverside House at 07.05 and went to the office asking what last night was about and why a member of staff had to be present while his medication was being put into his dosage box. The member of staff explained to him what she had explained the previous night. He came back to say that he did not understand and she therefore took the medication policy and read it to him and advised him to speak with the Manager when she came in. He then said that he understood and he did not need to see her. He was then overheard to say that this was a lot of nonsense.

986. On 20 January 2003 Peter Bryan wrote a letter to the Manager of the CMHT at Kempton Road:

“(CMHT Manager),

I have been trying to get out of Riverside Hostel now for 21 month at the taxpayer expense of 9.36 pounds (sic) a week. However my team based at 1 Kempton Road are on a very go slow track. I am not happy about the following:

1. (RMO5)

(1) regarding medication I think this doctor is over medicating me.

(2) Will not reduce or take me off medication

(3) Everytime I ask him to sign my passport he say he has done so and by the time it gets to the passport office, it is out of time to process my passport. He also keep talking about the seriousness of my offence as if I was never part of the community. And I can not stop thinking he is personalizing the crime, as for apart from reducing the medication he has done nothing but shout me down. 3 meeting before one can move on and still 20/01/04 I am still at Riverside.

(The Forensic CPN) - as followers (sic) - it has taken him 19 ie nineteen month to get me on self-medication and apart from about 6 week or 10 week going over relapse prevention I

cannot see how he is helping me. All the time his approach is go slow because to the seriousness of the offence. I have to keep on telling him I am doing my best to respond to rehabilitation.

(Social Worker 5) - to me he just keep on agreeing with (the Forensic CPN), (RMO5) whatever they decide he just runs along with it.

Please could you find out why it take like twenty month to sort out a passport. As I phoned them 20/01/04 and the (sic) said it has been cancelled once again.

Hope to here from you soon Peter Bryan”

987. On 21 January Peter Bryan came downstairs at 07.40 and said that he was going to his training course. When he was asked for the days and times of the course so that it could be put in the diary, he said that he would know at the end of the week. He left at 07.45, saying that he would be back at 16.30 to 17.00.
988. On 21 January the Manager of Riverside House telephoned the Forensic CPN to express her concerns about Peter Bryan's recent behaviour and told the CPN that she felt that he could be relapsing. She said that over the last couple of weeks she had noticed significant changes. She said that he had become more hostile to and suspicious of staff at the hostel and had expressed more grievances about things that had been done to him.
989. She gave an example of the fact that Riverside House had had decorators in recently and Peter Bryan had made a complaint that they had spilt paint on his jumper and damaged his stereo for which he was demanding compensation. She said that the jumper had a lot of paint on it as if somebody had deliberately poured paint directly over it and that this possibly suggested that Peter Bryan could have done this himself.
990. None of the other residents had reported any damage to their property and there was also no obvious damage to his stereo.
991. Peter Bryan had also accused somebody of stealing £350 from his room and was demanding compensation for this. Again there was little evidence to suggest that this had actually happened.

992. She also reported that his room was messy and disorganised with clothes and other items thrown across the floor. His medication box was also thrown on the floor. She said that his room was always tidy and clean and that this marked a contrast to how it was normally.
993. She also reported that he had come back drunk on one of the nights of the previous week which was also unusual for him.
994. The Forensic CPN said that he would inform Social Worker 5 of the situation and would arrange for one of them to see Peter Bryan as soon as possible. In the meantime he advised the Manager of Riverside House to put staff back on dispensing his medication and to cancel his self-medication programme until after he could be reviewed.
995. He then called Social Worker 5 and updated him.
996. Peter Bryan came back at 16.15 and went out again half an hour later with another resident. At 18.00 a female visitor called to see him and left immediately.
997. Peter Bryan rang the hostel at 21.20 informed staff that he would be returning late. When asked how late he said around midnight. He returned at midnight and informed staff that he was drunk.
998. On 22 January 2004 Home Office 4 of the Home Office wrote to RM05:

"I am writing with regard to the recent letter I have received from (Social Worker 5) in which he has requested permission from Mr Bryan to move to independent accommodation.

Before this can be considered, I would be grateful for your comments on whether Mr Bryan's risk to the Asian community remains low and that this move will not increase the risks.

I would also be grateful if you could confirm whether there are any concerns about Mr Bryan's drug taking and whether he is still closely monitored in relation to this. Condition six of his conditional discharge relates to compliance with a substance abuse programme but it is not clear whether this is still required. Mr Bryan has been described as previously pushing boundaries, by wanting his friends to visit at any time regardless of home policy, and it would

be helpful if you could confirm whether Mr Bryan's friends are known drug users and whether it is likely that they will have more access to him at the new accommodation.”

999. In the morning of 22 January Peter Bryan left the house at 07.10 for IT training. That morning, thinking that he was still in the hostel, members of staff checked his room at 09.00 to see if he was in. There was no response. They went in and found that his room was in a state of disarray and was profoundly untidy with evidence that he was not using his bed to sleep on. A pillow and a pink thermal woollen blanket were thrown on the floor and it appeared that he had been using it to sleep on or under.
1000. That day Peter Bryan telephoned Day Opportunities 2 to inform him that he would not be attending Day Opportunities again as he was now on his training course. Day Opportunities 2 said that he would have to talk to Social Worker 5 about this as it might affect the terms of his conditional discharge. He also told him that he was only entitled to one term's grant money.
1001. Day Opportunities 2 spoke with Social Worker 5 who said that he had discussed the matter with the Forensic CPN and it was okay for Peter Bryan to attend the training course but he asked that Peter Bryan's file should be kept open for a few weeks until this had been finalised.
1002. Peter Bryan returned to the hostel and attended the residents' meeting and was asked to meet with the Manager after the meeting. She said that she would like to meet in his room. At first he did not agree but he then said that it was all right. The Manager recorded in the notes that on entering his room he made a comment that his room smelt and she described his room as in a state of disarray. His dosage box was lying on the floor with all his other personal items.
1003. The Manager said that the state of his room was a health and safety issue and that as the Manager of the hostel she felt that he was not responsible enough to be on the self medication programme. She said that she was going to take his medication to the medication cupboard in the office. He replied "*Do what you have to do*".
1004. The Manager recorded that during their conversation she observed Peter Bryan to be making reference to Rampton Hospital, saying that even his clothing reminded him of the time he spent at Rampton. She had not heard him say anything like that before.

1005. He also said that he was unhappy at Riverside House and fed up with not being discharged as he felt that he had met all that was asked of him and nobody in his care team was doing anything.
1006. Peter Bryan showed the Manager his diary which had a spot of paint on it and she said that he should have put his belongings in the cupboards. He then went on to talk about compensation for other personal items - clothing and a music centre which had been damaged and also a sum of money which was missing.
1007. The Manager explained that she was not going to take any action on this matter and Peter Bryan said that he was not happy with either her or Deputy Manager 1 asking about his welfare. The Manager explained to him that she had concerns and would be informing his Social Supervisor the following day and would request an urgent meeting.
1008. Peter Bryan then said that he would sort out his room if it made the Manager happy and maybe then he could have his medication back. The Manager asked him why he did not take the support that had been offered by the Riverside staff who had offered to assist with sorting out his room. He was also asked if his behaviour meant that he wanted to go back into hospital.
1009. Shortly after the Manager left his room, Peter Bryan came downstairs and put his clothes in the washing machine even though residents had been asked not to use the washing machine after 20.00 so as to avoid any disturbance to other residents who were sleeping.
1010. He apparently continued with his laundry throughout the night. He went out briefly at 07.00 and then returned and continued doing his laundry. He left the hostel at 07.50 saying that he would be back around 16.00.
1011. While he was out the Forensic CPN telephoned and asked him to contact him on his return.
1012. Peter Bryan returned to the hostel around 13.30 and after a short period of time he went out again. On his return he sorted out his laundry.
1013. The Manager had called the Forensic CPN that morning and he called her back in the afternoon.

1014. She aired her concerns about Peter Bryan's behaviour and also explained that she had handed back responsibility for his medication to the Riverside House staff as at present he was not taking enough responsibility to continue being on a self-medication programme.
1015. The Forensic CPN informed the Manager that he had spoken to Social Worker 5 and updated him on what had been happening. Social Worker 5 had an appointment to see Peter Bryan on 27 January and the Forensic CPN was also going to visit him at Riverside House on 2 February.
1016. At 19.00 Peter Bryan left the hostel with his TTO medication for his weekend leave. He informed the Manager of Riverside House that he had cleared up his room.
1017. He returned at 20.50 on 25 January and handed over his medication box. He went to bed at midnight and was up three times during the night for a smoke.
1018. Peter Bryan left the hostel at 07.55 for the John Laing Training Centre and returned at 17.00. He asked the Manager if he could go on leave from Wednesday 28 January and was told to speak to Social Worker 5 about this. He also advised staff that he would be working that night.
1019. He was reminded by Deputy Manager 2 of his appointment to see Social Worker 5 and the Forensic CPN the following morning and was encouraged to keep this appointment if possible. He responded that he could not keep his appointment. He was therefore advised to contact Social Worker 5 and the Forensic CPN before cancelling and was asked to let Deputy Manager 2 know the outcome of this, but he said he would not do this to help them out.
1020. Later Deputy Manager 2 asked him how his room was and he said that it was in a mess and the Deputy Manager offered to help him tidy it up, but he declined.
1021. He left the hostel at 20.45 for work, taking his medication with him. He returned at 10.15 the following morning.
1022. On 26 January a further letter was sent to Social Worker 5 by the Mental Health Act Assistant at the John Howard Centre informing him that Peter Bryan had appealed against his detention and that the Tribunal had asked that Social Worker 5 should prepare a Social Circumstance Report which should be submitted at least three weeks prior to the date of the hearing.

1023. The letter stated that the hearing had been arranged for 1 March 2004 at the John Howard Centre and that Social Worker 5 was expected to attend.
1024. On 26 January the Community Mental Health Team Manager acknowledged Peter Bryan's letter which he had received on 22 January, and said that he would be discussing his comments with colleagues and would write to him again shortly.
1025. At 09.30 on 27 January the Forensic CPN telephoned Riverside House and Deputy Manager 2 discussed Peter Bryan's recent behaviour with him. The CPN said that Deputy Manager 2 should update Social Worker 5 and when the Manager telephoned Social Worker 5 the social worker said that he had been telephoned by Peter Bryan at 10.15 who had said that he felt very tired. Social Worker 5 had told him that he must see him at the Homerton Hospital at 13.00 that day.
1026. Deputy Manager 2 told Social Worker 5 about the state of disarray in Peter Bryan's room and his refusal of Deputy Manager 2's offer to help him tidy it; his drunkenness the previous week; the fact that he was not taking good care of his self-medication which therefore had now been taken over by staff; his recent conversations with members of staff which at times had been confrontational and non-cooperative; and also his request to have leave from Wednesday of that week.
1027. Social Worker 5 said that he had the choice of recalling Peter Bryan to hospital if it were appropriate.
1028. Later that day the Forensic CPN had a telephone conversation with the Drug Counsellor in which he discussed the problem with testing Peter Bryan's urine for drugs at Riverside House, and asked if they could regularly test his urine in the laboratory at Addaction. The Drug Counsellor agreed to do so and was able to say that a recent urine test had come back negative from the laboratory.
1029. Later that morning Peter Bryan signed for some post which he had received and complained about having to sign it, saying that he should not have to and that he could not wait to get out of Riverside House. He then left for his appointment with Social Worker 5.
1030. Social Worker 5's note of his meeting with Peter Bryan at Homerton Hospital on 27 January states:

“We discussed some of the issues that (Deputy Manager 2) informed me about. The impression that Peter gave is that everything was okay. However I informed Peter that if he continued to break or question the rules that I would consider recalling him to hospital. He stated that anything is better than Riverside House. I reminded him that I could and would not move him until I get permission from Home Office. Peter was still not happy

Please see further note taken at meeting of Peter's complaints:

- 1. Peter is unhappy and dissatisfied about being at Riverside*
- 2. Damage caused by decorating include hi-fi, picture artwork, clothes, diary.
Money £375 missing from room.
Karaoke machine Mic holders damaged.*

*Handed in £600 at one time but was told they were not insured, that he should take to bank.
Decided not to put £375 in as they were not insured.*

Peter complained that (the Manager) has searched his shopping.

- 3. Peter denied being drunk last Wednesday*
- 4. Reason sleep on mattresses is because slats on cot keep getting broken. These have been repaired several times. So feel more comfortable just sleeping on a mattress.*
- 5. Reason for room in this state is because he is rebelling against the home for not paying him compensation*
- 6. Peter state that he likes to keep his meds in sight so he can remember to take it. He denies not taking his meds.*
- 7. He is not going to day opps, because he is doing course.*
- 8. Peter denied being angry and agitated that Day Opportunities 2 asked him for his payslips*

9. Peter earns £69.00 per week. Need to contact benefit office.”

1031. At around 18.15 Peter Bryan met with the Manager of Riverside House and briefly talked to her about his meeting with Social Worker 5. He said that he had discussed the conditions of his section 37/41, his medication and the expectations and rules of Riverside House.
1032. Peter Bryan informed her that he had received a telephone call from the agency and that he had agreed to work that night. The Manager explained to him that she had observed that he had had very little rest that day after working the night before and discussed the health and safety aspect of working all night and the risk factor of him being very tired.
1033. They then had a general discussion about his employment which at that time was two nights a week, returning to the hostel at around 07.00 - 07.30 in the morning and she emphasised that it should not affect his daily appointments.
1034. That morning he had returned around 10.30 saying that he had got caught up, and the Manager advised him to return in time the following morning. She noted that he seemed to be finding it slow to get around and was dragging his left leg.
1035. Peter Bryan returned to the hostel at 07.20 the following morning and was reminded of his appointment in the diary.
1036. It was observed by staff that his eyeballs were reddish and he said that he had been taking cannabis, and repeated this three times and asked the member of staff what they thought.
1037. At 14.00 on 28 January Deputy Manager 2 telephoned Social Worker 5 to update him on Peter Bryan's behaviour the previous night and that morning. He requested an urgent meeting for 2 or 3 February.
1038. Social Worker 5 said that he had asked Peter Bryan not to work more than two nights a week and not during the nights before any daytime appointments. He said that he would try to attend the meeting with the Forensic CPN at Riverside House on 2 February at 10.00.
1039. The Forensic CPN discussed with Social Worker 5 his meeting with Peter Bryan on 27 January. The social worker said that he had some concerns about Peter Bryan's mental state as he

continued to express paranoid ideas about items of his being damaged and money being stolen from his room.

1040. They agreed to see him jointly after the Forensic CPN had seen him on 2 February at Riverside House. The Forensic CPN said that he would also arrange for RMO5 to assess Peter Bryan's mental state.

1041. When Peter Bryan returned to the hostel later that afternoon he appeared to be in a cheerful and friendly mood and played pool with members of staff. After taking his medication at 22.00 he went to his room where he remained for the rest of the night.

1042. On 29 January one of the members of staff made a note of a one-to-one session they had had with Peter Bryan on 19 January when Peter Bryan stated that his care team both at Riverside House and in the community did not want him to move on. He mentioned his index offence and said that he could see why some people re-offend because the system wanted them to do so.

1043. He was advised not to think about the past but to work towards the future. He said that he had done everything that was expected of him and would continue to do so because that was what his care team wanted.

1044. Another retrospective note dealt with the occasion (on 13 January) when Peter Bryan had asked to see one of the Deputy Managers about compensation regarding his damaged property and had asked him to go to his room to see it. He had shown the Deputy Manager a pair of old jeans and an old yellow jumper which was stuck together with paint and it was noted that it looked to have been done deliberately.

1045. Peter Bryan also showed him an old hi-fi system with a broken bracket and a touch of paint on a picture frame. He also had said that he had had £365 in his room which he now could not find.

1046. The Deputy Manager had asked Peter Bryan if he had mentioned this issue to the Manager of Riverside House and he had said that he had and that she had said that she was not going to take any action.

1047. On 29 January the Forensic CPN telephoned RMO5 to inform him of Peter Bryan's recent behaviour and RMO5 agreed to see him at Kempton Road on 2 February. He also advised that Riverside House should increase his medication from 5 mg Olanzapine to 10 mg.
1048. The CPN then telephoned Deputy Manager 1 at Riverside House and asked him to bring Peter Bryan to Kempton Road on 2 February and also to increase his medication to 10 mg.
1049. Deputy Manager 1 told the Forensic CPN that Peter Bryan appeared to have some kind of grievance against him but he would not say what it was. He was ignoring him and refusing to speak to him, but when he was asked whether there was a problem he denied any.
1050. Deputy Manager 1 said that he was aware that if Peter Bryan was becoming paranoid towards him then that this would increase the risk of Peter Bryan becoming violent towards him.
1051. The following day the Deputy Manager saw Peter Bryan in the TV room and, when asked again about the damaged property, he asked him whether he had a receipt for the hi-fi. Peter Bryan said that he had thrown it away and he was then confronted with the fact that the hi-fi had been given to him by one of the other residents. At that point Peter Bryan stopped talking about compensation.
1052. The Deputy Manager met with the Manager of Riverside House and they both agreed that Social Worker 5 and the Forensic CPN should be informed and they did so.
1053. On 29 January the Deputy Manager noted that, since he had met with the Forensic CPN and Social Worker 5 earlier in the week, Peter Bryan had been avoiding him and when he had asked him that morning why he was doing so, he had said that he did not trust the Deputy Manager, did not want to talk to him at all and that he had "*stabbed him in the back*", but he would not elaborate. He then left the hostel.
1054. He returned at 16.35 saying that he had to pop out again, which he did, returning at 18.45 to attend the residents' meeting.
1055. He left again after the meeting at 20.05, but before he left, Deputy Manager 2 asked him how his day had been. He described the painting and decorating course and how he had been learning about wallpapering and had laid four rolls of paper.

1056. That evening the hostel staff were told by Deputy Manager 2 of the measures they should take should Peter Bryan's mental state give concern. They were told to give him space if he became provocative or excited, not to get drawn into an argument or conflict with him but to alert the Manager and on duty social worker. He could also be referred to the emergency clinic during normal hours.
1057. If he made any threats or suggestions of violence, they should alert the emergency services. Otherwise they should continue to involve him via his care plans until he was seen by his clinical team on 2 February.
1058. That night Peter Bryan returned at midnight, took his medication and had some take-away food before going to bed at 00.30. He came down at 06.00, prepared himself breakfast and left the hostel at 07.45 for his daily activities.
1059. He returned to the hostel at 16.30 and spent most of the time in his room. He asked a member of staff to remove his picture from the frame on the wall. The Manager was informed and staff were told to tell Peter Bryan that it was part of the Christmas pictures from the Christmas dinner. Peter Bryan was not happy about this.
1060. He collected his TTO medication and left at 18.30 for his weekend leave at his parents' home.
1061. The emergency meeting took place on 2 February 2004 and was attended by RMO5, Social Worker 5, the Manager of Riverside House and Peter Bryan. The Forensic CPN was unable to attend. As it was an important meeting we will record all of the available notes which describe what took place.
1062. Social Worker 5's note is as follows:
- "Room -- Peter stated room is always messy -- but extra messy.
Medication -- relapsing
Peter stated that he doesn't like staying at Riverside Hse
Concerns remain about his behaviour and how he perceives things to be
We have to be satisfied that he is well.
Confrontational
Peter stated that he fell out with (Deputy Manager 1)*

Sleep deprivation -- reduce confrontation

Peter will have to make an effort.

I advised Peter that he would have to start complying and to keep his room cleaned and to comply with the home. He said that he would do his best but he is not happy. Peter doesn't think he is relapsing. I told him that there are signs and I am becoming concerned and that if it continues I would have to recall him to hospital."

1063. The Manager of Riverside House wrote:

"Peter attended his emergency meeting this a.m. with his care team. Issues discussed were his behaviour within the home.

Medication discussed no change.

Moving on from R S H. it was explained to Peter that if he fails to comply with the home rules it would be necessary to recall him to hospital while awaiting a placement in another community home and this would set him back rather than going forward to moving on. Home Office in relation to his community placement also the condition of his discharge they have to be informed of any changes and agreed to the action. If Peter is recalled to hospital it may take four to five months or longer to find suitable accommodation.

Passport discussed. It appears that his social worker may have failed to give it to his consultant to sign. (Social Worker 5) to act on this issue straight away.

Drugs. The team felt that Peter was not taking any street drugs. Results showed negative from the screening done by an outside agency.

Peter expressed throughout the meeting that he was not happy living at RSH.

Action plan for Peter to avoid having any conflict and adhere to the rules of the home.

Agency work. Only to work on Monday night and Friday night. Any change in his programme he should inform his social worker and social supervisor.

A meeting to be followed up in 4 -- 6 weeks time."

1064. Following the meeting (RMO5) wrote to Peter Bryan's GP on 4 February:

"I reviewed Peter urgently on the 2nd of February 2004. This review was arranged at the request of (the Forensic CPN), who was himself unfortunately unable to attend. The Manager of the Residential placement at Riverside House and (Social Worker 5), his care coordinator attended the meeting along with Peter.

The background to this meeting was that there was an increasing concern that there have been certain changes in Peter's behaviour. It was felt that his room was messier than usual and also he had been complaining that his clothes and a music system was damaged by paint during a spate of redecorating which went on at Riverside House. This was in contrast to the experiences of most of the residents who did not feel that anything that had happened (sic). In addition Peter also complained that a certain sum of money had disappeared from his room.

In addition Peter's tablets were found on the floor of his room next to the mattress and although there was no clear evidence to suggest that Peter had actually stopped taking his medication, the managers felt it was appropriate that Peter stops self-medicating. In addition the staff clearly experienced that Peter was pushing the boundaries with them and at times taunting them about having taken cannabis. In addition concerns were also raised that he went out at nights to work as a cleaner thus disrupting his biological cycle.

During the review all the factors were clarified. It is certain that Peter has not used any drugs although it would be beneficial to continue with the random testing to be arranged by the specialist drug unit, as the hostel randomised testing process is not working properly. Secondly a lot of the problems appear to be related to Peter's continue frustration at living with the hostel (sic). This have been recorded from before as Peter has always felt that he would like to move on to an independent accommodation as soon as possible. It is very difficult to convey to Peter that there is due process involved which involves decisions making directed by the Home Office (sic). Peter appears to be aggrieved that residents who have come to Riverside House after him have been sent to the Community much before him. He feels that he has spent two years in a Residential home and thinks that this is an extension of his prison sentence. He also feels that the managers of the Riverside House are particularly harsh towards him but is unable to comprehend that he has to abide by rules and regulation of the hostel.

With regard to his employment he said that he cannot work during the day time as this jobs are already taken (sic) so his only option is to work at night. So far he has not agreed to working only on weekends as suggested by the hostel staff. He feels that working is important to him and in his own way it is an act of redemption for his offence.

There is no obvious evidence of any psychotic symptoms in terms of delusions or hallucinations. However the very fact that there have been changes in behaviour noticed as mentioned earlier could indicate that these are early symptoms of his relapse. As no firm conclusions could be drawn at the point when the review took place it's a state that needs to be monitored closely. What was concluded at the time of the review was that Peter put in an effort to comply with the rules and regulations of the hostel and work with the staff at making up for the breakdown in the relationship. He will be reviewed in three weeks time at which point if there is a further deterioration in his behaviour and mental state this would result in recall to the hospital. If the breakdown in the relationship with the staff was irrevocable that this would result in Peter having to be found another residential placement and in this event as it takes time he would have to be recalled to hospital when a placement is being found."

1065. The Riverside House nightshift notes record that Peter Bryan left the hostel at 21.00 in the company of a friend and returned at 23.45 and requested his medication. He told his co-key worker that his care team had said that he should behave or he would be recalled. He also said that they wanted him to spend at least another six months in Riverside House. He was advised by his co-key worker to work with his care team and Riverside staff and things would be better for him.
1066. According to the Riverside House notes, on 4 February the Forensic CPN spoke with Deputy Manager 2 to update himself on what had happened at the 2 February meeting that he had not been able to attend.
1067. The nightshift note on 4 February described how staff had observed Peter Bryan talking to himself although he also interacted with staff about his training course.
1068. It was noted on 5 February that Peter Bryan left with another Riverside resident at 20.30 and returned at 21.50. He then took his medication and went to bed at 22.40.

1069. At approximately 14.30 on Friday 6 February two male "street crime wardens" and a woman called P6 (the mother of P4 - both were friends of Peter Bryan) turned up at Riverside House looking for Peter Bryan who was not in at the time. They informed the Manager that a serious allegation had been made by P6's daughter P4 against Peter Bryan.
1070. As Peter Bryan was not there, the full details were not revealed and a meeting was arranged for Monday 9 February when he would be present.
1071. The Manager spoke to one of the wardens who said that an incident had taken place with the 17-year-old girl in a flat on the nearby estate. He said that the girl and her mother wanted to see Peter Bryan at Riverside House on the evening of 9 February.
1072. Peter Bryan returned to the hostel at about 16.00 and the Manager and Deputy Manager 2 informed him about the visit earlier that afternoon.
1073. Peter Bryan seemed very shocked and explained that he had been to the flat in question prior to coming back to Riverside House that afternoon to collect his mobile phone and that P6 had shouted at him to go away.
1074. When asked if he wanted to discuss what had happened the previous night, he said that he had gone to the flat to watch DVDs and that while he was there his mobile phone had gone missing and it might have fallen out of his pocket. He said that there was then an argument and he had left the flat and had returned to Riverside House. At the time he did not feel bothered as he had planned to collect his mobile phone that afternoon.
1075. The Manager advised Peter Bryan not to visit the estate over the weekend and to stay at Riverside House rather than going to his parents' home for weekend leave as planned.
1076. The Manager also received a telephone call from the wardens on the estate requesting that Peter Bryan should not come to the estate and this message was passed on to Peter Bryan.
1077. Shortly after this meeting one of the residents asked to talk to the Manager of Riverside House and was obviously very angry with Peter Bryan. He said that he had gone the previous evening with Peter Bryan to the flat of the girl in question (P4) and said that prior to their visit, Peter Bryan had telephoned P4's mother to ask if P4's father was around as she lived with her father.

The mother had informed Peter Bryan that P4's father was visiting another member of the family.

1078. The resident said that when they arrived at the flat, the first question that Peter Bryan had asked P4 was if her father was around, even though he already knew from her mother that he was not. He explained to the Manager that he had felt very uncomfortable being in the flat with P4 and her friend who was around the same age ie. 17 years old. He said that he had told Peter Bryan that he was not feeling well and therefore he was leaving and that Peter Bryan had encouraged him to go. He said that on Peter Bryan's return to Riverside House he had knocked at his door to tell him that his mobile phone had gone missing.
1079. He then said that that morning he had visited the flat and was told by the family about the allegations against Peter Bryan. He said that apparently after he had left, P4 had gone into the bedroom and Peter Bryan had 'come on' to her, feeling her breasts and private parts. She had asked him to leave the flat but he had refused and so she had produced a knife. After some time Peter Bryan left the flat.
1080. He said that the family were afraid to get the police involved because the girl in question had protected herself with a knife. He said he felt so angry towards Peter Bryan that he felt like fighting with him.
1081. The Manager noted that she had informed Peter Bryan's Social Supervisor of the incident (**in fact she telephoned the Forensic CPN not Social Worker 5**) and the Forensic CPN was going to inform the public protection office in Newham as Peter Bryan might be on their list. She noted that the Forensic CPN also planned to meet with Peter Bryan on Monday 9 February.
1082. The Forensic CPN noted that he had received a telephone call late on Friday evening from the Manager who had informed him of an incident that had taken place the previous night and that Peter Bryan had allegedly sexually assaulted a 17-year-old girl at a block of flats near the hostel. He noted that Peter Bryan had known the girl and her mother for about two years and often went to see them.
1083. The Manager had told him that two security guards from the housing estate had come to Riverside House with the alleged victim's mother wanting to speak to Peter Bryan about what

had happened. As Peter Bryan was not in at the time they had said that they would be back on Monday to see him.

1084. The Forensic CPN noted that he had informed the Manager to tell them to go to the police and to report the incident and also to try to discourage them from coming to the hostel as it was very unpredictable what might happen.
1085. He said that he would contact Hackney Public Protection Team and give them details of the incident and the alleged victim and he asked the Manager of Riverside House to fax over a report on the allegations. He also noted that he planned to see Peter Bryan on Monday 9 February with Social Worker 5.
1086. At around 19.00 that evening (Friday 6 February) Peter Bryan informed staff that he was working that night and he left the hostel at 21.00. However he returned at 22.40 and told staff that his agency had given his shift to somebody else as they had not been able to confirm with him during the day that he would manage to do the shift. They had tried to contact him on his mobile phone as usual, but could not reach him as his mobile phone was not with him at the present time. He had some food and retired to his room for the night at 23.00.
1087. He came down the following morning at 11.30 and left the hostel at midday saying that he had something to do with his car. It was noted that he said nothing more about what had happened the previous day.
1088. He returned at 13.15 and spent the afternoon at the hostel except for a few short trips into the community. He played pool with other residents. He spent the evening at Riverside House, took his medication and was noted to appear 'chatty in mood'. He went to bed at 01.40 after watching a movie on television.
1089. On Sunday 8 February Peter Bryan remained in his room for most of the day and then prepared a light meal for himself and spent the evening in the lounge watching television. It was noted that he appeared pleasant in mood.
1090. He asked the Manager of Riverside House if he could have a urine test done as he wanted to make sure that his urine was clear. She explained to him that he should know what to expect if

he was not taking street drugs and also explained that the drug screening tests were expensive to use.

1091. They then discussed his prescribed medication and he informed her that he was taking it on a regular basis.
1092. They also spoke about the allegations about the previous Thursday night and that he was to discuss it with the Forensic CPN the following day.
1093. Peter Bryan remained in the hostel throughout the evening, watching television and interacting with other residents.
1094. On the morning of Monday 9 February Peter Bryan went to his GP to collect his repeat prescription.
1095. The Manager received a telephone call from the Forensic CPN (still described by her in the notes as Peter Bryan's Social Supervisor) and they had a general discussion about the allegation made against Peter Bryan and also the risk factors. The Forensic CPN asked the Manager to fax through her notes written on 6 February when she had heard details of the allegation, and she did so.
1096. The Forensic CPN and Social Worker 5 met with Peter Bryan at the Homerton Hospital later that day. He admitted going to the girl's flat with another resident but said that he had gone in on his own and had watched DVDs with the girls. He said that they had started to play act and had stolen his mobile phone and would not give it back.
1097. He admitted 'play acting' with the alleged victim P4 and "*blowing a raspberry on her stomach*". He denied any sexual activity. He said that he had then left without his phone.
1098. He said that he was aware that he had been accused of something by the girl the next day, but he did not know what.

The girl, P4's, version of events in her statement to the police was that about 21.00 on 5 February she was outside her home with a friend when Peter Bryan and two friends approached and asked where her father was. When she said that she did not know, Peter

Bryan asked if he could come in and use their DVD player as he had just got a new DVD and wanted to see if it worked. She said that he could and they all went in to her flat.

She went into her bedroom with her friend, Peter Bryan and one of his friends. One of Peter Bryan's friends had already left. His other friend left shortly afterwards saying that he did not feel comfortable being there without her father present.

At that point P4 and her friend were sitting on the bed and Peter Bryan was standing up. He then started coughing in P4's face -something he knew annoyed her - so she stood up. He then grabbed hold of her wrists and threw her on the bed.

He then put both of his knees on to her arms so that she could not move and then slapped her face. She told him to get off her but he would not move. She felt she could not breathe and was getting agitated. She managed to get one hand free to push him away, but as she did so he grabbed both her hands with one of his hands and then started biting her. She again told him to get off her, but he would not move and slapped her around the face again.

When he finally let go, she realised that one of her fake nails had broken and the toenail was bleeding so she went into the bathroom to wash it. Peter Bryan followed her into the bathroom, came up behind her, cupped his hand under the water and threw water in her face. She turned round and slapped him and he said "*Don't mess around with me. You don't know what I'm capable of.*" She said "*I don't care what you're capable of. Get out of my way*".

She then pushed past him and went into the kitchen and started to rinse out a cup which had been left on the side earlier. Peter Bryan followed her into the kitchen, walked up behind her, put his left hand across her face covering her mouth so that she could not scream and then put his right hand down her trousers (they had an elasticated waistband) although he had not yet touched her knickers.

At this point she felt really scared and picked up a knife that was on the side in the kitchen. Peter Bryan said "*Don't mess about with that*". She said "*Get out of my house*".

Peter Bryan grabbed her hand again and made her drop the knife. She started punching and kicking him and he just stood there covering his face with his hands. She ran into her bedroom and picked up a pot of cream and threw it at him as he was coming towards her and it went all over him and the floor. He still kept coming towards her, so she picked up some wood that was in her room and hit him on the face and shoulder. The piece of wood broke, so she picked up one of the bits of wood and hit him again.

He ran into the bathroom and she shouted at him to get out of the house. He came back again, so she hit him again. At this point her friend grabbed the bit of wood and told P4 to stop hitting Peter Bryan. P4 told her to let go of the piece of wood which she did.

Peter Bryan then shouted *"Stop hitting me. You don't know what I'm capable of"*

P4 managed to push him towards the front door, still hitting him, and pushed him out, saying *"Get out of my house"*. He left saying *"You better mind yourself"*.

1099. The Forensic CPN noted that as Peter Bryan was denying that anything untoward had happened, they had told him that they would be discussing the incident with RMO5 and the Police Public Protection Team (MAPP) so that they could investigate the incident in more detail.
1100. Social Worker 5 noted that Peter Bryan would remain at Riverside House until Social Worker 5 had heard from the Home Office, but that he was fully aware that Social Worker 5 was considering recalling him to hospital and that he would be discussing the matter with RMO5.
1101. The Riverside House notes record that Peter Bryan returned to the hostel at 16.30 and told staff that the meeting had not gone well regarding the recent allegations and that he could be recalled to hospital. He said that the Forensic CPN was looking into the matter and that he had advised him not to meet the wardens from the estate. He was therefore going to stay indoors for the rest of the day.
1102. Peter Bryan also told the Manager of Riverside House that he was feeling scared by the recent events.
1103. He remained at Riverside House for the rest of the evening, took his night medication and went to his room where he remained for the rest of the night.

1104. The following morning he came downstairs at 09.15 and played pool with staff. He said that he did not have much on that morning but that he planned to visit the training centre that afternoon for an update on his CV.
1105. The Forensic CPN telephoned the hostel at 09.40 and asked for the daily progress record sheets to be faxed to him. He also asked for the name and address of the girl making the allegation and this was provided by Peter Bryan. The Forensic CPN said that he would pass on those details to the Police Public Protection Team.
1106. At 10.20 hours Peter Bryan left Riverside House saying that he was going to the training centre and would be back soon. He returned at 12.20 hours.
1107. When the Forensic CPN telephoned again at 12.45 hours Deputy Manager 2 informed him of an incident that had happened the previous night. He said that when he was leaving the hostel at 22.00 hours his car was flashed by one of two cars which were parked across the road facing Riverside House. The cars had contained several men.
1108. That morning this incident had taken on more significance because one of the residents had told a member of staff and that he had been one of the men sitting in the cars and that the others had wanted him to point out Peter Bryan as they had planned to pick him up to take him somewhere to kill him. They had also planned to enter Riverside House by using the resident's key to access the hostel. They were apparently going to put Peter Bryan into the boot of one of the cars to take him away, 'sort him out' and kill him. The resident was very upset and apparently demanded to leave Riverside House because of this.
1109. The Forensic CPN then talked to the Manager of Riverside House who expressed her concern about Peter Bryan's safety and also the risk element towards other residents and members of staff. They both agreed that the police should be informed and the Manager contacted Stoke Newington police station and gave a statement over the telephone. They also discussed the issue of confidentiality and a police officer gave a crime number for Peter Bryan and it was agreed that a police officer would visit Riverside House that afternoon.
1110. The Forensic CPN then spoke to Social Worker 5 and updated him about what was happening.
1111. Social Worker 5's notes record the following entries on 10 February 2004:

“10.2.04 informed by (the Forensic CPN) that some people went to Riverside House to confront Peter re: the allegation of indecent assault against a young 17-year-old girl. I informed (the Forensic CPN) that I intend getting Peter into hospital immediately for his safety. (The Forensic CPN) agrees with this plan. I suggest to (the Forensic CPN) that I would speak to (RMO5) today, and let him know the situation and my plan to move Peter to hospital.”

“10.2.04 T/C to (RMO5) informed him of what (the Forensic CPN) told me and my plan to move Peter to hospital for his safety and for a risk assessment. (RMO5) reluctant because there is no relapse but told him I could not take risk with Mr Bryan because the girl's friends could hurt him. (RMO5) advised that I speak to the Topaz Ward Manager because Peter is unlikely to be admitted to John Howard Centre or Crystal Ward. I suggested Bevan (Ward) but unlikely as no signs of psychotic illness. Agreed to ring Topaz Ward.”

“10.2.04 T/C to the Topaz Ward Manager advised him of my discussion with (RMO5) and our plan to admit Peter informally for his safety and to do a risk assessment because of allegation and people going after him. (The Topaz Ward Manager) stated that he was reluctant to take him because he is 37/41 and advised that he goes to a locked ward. Informed him that this wasn't possible because Peter was not showing any signs of relapse but there was a risk to him from family of the girl so he had to come in and (RMO5) agrees with me. (The Topaz Ward Manager) said he would speak to the MHA office to get advice and let me know.”

“10.2.04 discussed the situation with (the Forensic CPN) and (Social Worker 6). Consulted the supervisor's Handbook and (Social Worker 6) authorised cab fare. T/C to (the Topaz Ward Manager) he agreed that Peter could come in. T/C to Riverside House informed (the Manager) that if Peter is there to tell him that I would like him to come into hospital informally To let him know that he is not being recalled but it is for his safety. I requested (the Manager) call cab immediately if Peter agrees. (The Manager) spoke to Peter and I ask her to call me when cab leave with him.”

“10.2.04 T/C to Home Office 4 to inform her of decision to get Peter to hospital informally. Promised to fax letter by tomorrow and keep her inform (sic).”

“10.2.04 T/C from (the Manager of Riverside House) to tell me that Peter has left in a CAB. Promised to keep (the Manager) informed of events.”

“10.2.04 T/C to duty nurse he is aware of action to admit Peter to Topaz Ward informally.”

“10.2.04 T/C from (the Topaz Ward Manager) to let me know that Peter has arrived in taxi and driver is asking for £25 plus for fare. Advised (the Topaz Ward Manager) that we would pay and ask him to send cab driver to CMHT office.”

1112. The Manager of Riverside House noted that Peter Bryan was pleased that he was not being recalled under Section 37/41.

1113. He was put in a taxi on his own to go to the hospital.

Topaz Ward

1. Peter Bryan was admitted as an informal patient to Topaz Ward, the acute adult general psychiatric ward at Newham Hospital, in the late afternoon of 10 February 2004.
2. The Admission Information Form gave the Forensic CPN as Peter Bryan's Care Co-ordinator. There was no mention of Social Worker 5.
3. That evening SHO3 carried out an assessment and completed the Admission Summary/Assessment form. He recorded that the reason for the admission was "relapse", that Peter Bryan had a diagnosis of paranoid psychosis/paranoid schizophrenia and that on the previous Thursday he had been accused of indecently assaulting a 17-year-old girl. It was noted that there was currently no paranoid ideation, delusions or hallucinations and that he had been compliant with medication.
4. SHO3 carried out a mental state examination and recorded that Peter Bryan was talkative, made good eye contact, that his speech was clear, coherent and communicative, that his mood (subjective) was 6/10 and his affect (objective) was euthymic. There was no paranoid or suicidal ideation and no FTD (formal thought disorder) and there were no signs of delusions or hallucinations and he had insight.
5. The Management Plan was to admit him as an informal patient and to carry out intermittent observations.
6. A routine urine drug test was carried out and showed no illicit drugs.
7. A Risk Assessment was carried out by one of the ward staff, Nurse 7, which gave the following indicators of risk:

"Peter is likely to become paranoid with persecutory thoughts and suspicions if he relapses. He then may lead him to carry offensive weapons and involved in fights possible using the weapons (sic)."

8. Warning signs or triggers were stated to be:

"Paranoid, Persecutory thoughts and Suspicions"

9. It was further noted that:

“He relapses very quickly when he is non-compliant with his medication. Administration of medication and monitoring of pharmacological effects. Admission to psychiatric unit depending on risk factors, especially if he is around Asian women with whom he has a pre-occupation.”

10. The Management Plan in the Risk Assessment was:

“(1) to be cared on strict INTERMITTENT OBSERVATIONS ensuring of his whereabouts all the time

(2) to be encouraged to take his medication on all times, and observe and monitor pharmacological effects and adverse effects

(3) to carry out regular checks whenever he leaves the Ward and returning back

(4) random drug screening

(5) engage him with ward/OT activities

(7) (sic) inform the team (MDT) if he is suspected of any criminal activity”

11. It was further noted under the heading ‘Vulnerability’:

“He is likely to be at Risk to others than they to him.” (sic)

12. The nursing Progress Notes have the following Admission Summary timed at 21.30 on 10 February:

“Peter is a 33 year Afro Caribbean gentleman admitted to Topaz Ward informally however he is on section 37/41 in the community. Peter was transferred from Riverside Residential Care Home for relapse, evidenced by incident on Thursday 5/2/04 when he was accused of indecently assaulted a girl of 19 years old (sic). Peter was diagnosed as suffering from Paranoid Schizophrenia and was convicted of the manslaughter of a young Asian woman who was the daughter of his employer. He attacked her with a hammer because the father refused to pay back £500 to Peter. Before the offence he was reported experiencing persecutory delusions walking with a hammer and believing his neighbours were following him and police watching him. On the ward Peter appears settled and was assessed orientated to ward.”

13. The nightshift notes record that Peter Bryan appeared settled in mental state and calm in mood. He had his night-time medication before he retired to bed and he appeared to have slept well.
14. The following morning the notes record that a telephone call had been made to clarify Peter Bryan's status. It was noted that he was on section 37/41 in the community but that this was an informal admission because he had agreed to come to Topaz Ward and had not been recalled by the Home Office.
15. It was recorded that if Peter Bryan wanted to leave he should be treated as any other informal patient.
16. The notes record that Peter Bryan spent part of the morning in his room and then spent the rest of the morning shift in the Day Area where he was observed reading the newspaper. He appeared calm. He remained settled for the remainder of the day, interacted well with the ward staff and was no management problem.
17. Care Plan 1 (which was a pro forma plan which merely required the patient's name to be inserted and a choice to be made of what was to be observed, assessed and reported on) dated 10 February was:

“Client’s problem: 72 hour assessment of social, mental and physical state.

Agreed Goal: to obtain a comprehensive picture of Peter’s social, mental and physical state and use it to formulate an individualised plan of care.

Agreed Action Plan: to orientate Peter to the ward environment, staff and fellow patients.

To provide a safe and therapeutic environment.

The nursing staff to build a therapeutic relationship with Peter based on trust, empathy and warmth

The nursing staff to observe, assess and report on the following:

- A. *Altered thoughts +/- or sensory perceptual alterations.*
- B. *Mood and activity levels.*
- D. *verbal/Physical aggression.*
- G. *Diet and fluid intake*
- J. *Compliance with medication.*
- L. *Physical state”*

18. On 11 February Social Worker 5 wrote to Home Office 4 at the Home Office:

“Further to our conversation yesterday, I am writing to inform you that Mr Bryan was admitted to the Newham Centre for Mental Health informally on the 10.02.04.

This situation arose following an alleged incident of indecent assault on a girl of 17 years old. Mr Bryan has denied the allegation, but apparently some friends or relatives of the girl went to the residential home where he lives yesterday to “sort” him out. Fortunately Mr Bryan was not at home at the time. So far the police have not been informed, but we have taken steps to inform the Multi-Agency Public Protection team (MAPP). Following discussion with his RMO RMO5, a decision was made to admit him informally for his own safety.

A full risk assessment of Mr Bryan will be undertaken while he is on the ward. Any indication of risks will be forwarded to you.

In light of the above allegation coming to my attention, I intend to put on hold my previous application to move him to a low support accommodation. I would also like to take this opportunity to seek permission to move Mr Bryan to another appropriate residential home that offers 24-hour support before he is discharged from hospital. I will keep you inform of events as soon as I have more information.

Should you require further information on this matter, please do not hesitate to contact me.”

19. On the morning of 12 February it was noted in the ward notes that the Forensic CPN had telephoned to report that Peter Bryan had been accused of sexually assaulting a woman at the hostel where he had been living (**which was not correct**) and that she was going to press charges and that the nursing staff should be aware that the police might visit Peter Bryan on the ward. The Forensic CPN had also stated that it had been reported that some strange men

had been seen around the hostel and that they wanted to kidnap Peter Bryan, take him to a lonely place and beat him and kill him.

20. The Forensic CPN requested that the nursing staff should be cautious about who visited Peter Bryan on the ward and that all visitors should be vetted.
21. A nursing entry that afternoon described a one-to-one session with Peter Bryan who stated that he was reflecting on his behaviour when he was at the hostel and felt that he should have acted more calmly and should not have lost his temper. He also spent time watching television in the company of other patients and appeared calm.
22. A later entry described him as "showing a bright face" and that there was no sign of aggression towards others. It was noted that he appeared to have slept well, although he stated the following morning that he had had some difficulty sleeping.
23. Just after midday on 13 February RMO5 saw Peter Bryan on the Ward round. It was noted:

*"Doesn't feel did have any sex with the lady (who is alleging)
Not happy that had to spend two years in Riverside.
Has been charged by a lady (indecent behaviour)
Doesn't want to go back to Riverside.
Not taking any drugs
Told him that will not have visitors.
Feels like hands are tied."*

24. A nursing note a couple of hours later stated:

"Peter seems settled on the Ward, no psychotic symptoms have been observed. Adequate diet and fluid intake. No management problems. Seen in the Management round and he was informed as to why he is on TOPAZ ward. It is for his "SAFETY" as there are allegations about him and possibly some individuals may want to do some harm on the Ward.

The nursing entry: Peter had visitors and was informed before they came on to the ward. Happy to see his visitors. Request for a fax to be sent to his accommodation this was done. Received a T/C from staff at the home states that Peter should not send anyone to the home

to get his belongings and that they will be coming on Monday to see him. Peter did not expressed any anger (sic). Spent time in day area. All well."

25. Peter Bryan's Named Nurse wrote the following in the Care Plan Evaluation/Review Record:

"Following observation in the last 72 hours Mr Bryan has not displayed any altered thoughts, physical/aggression behaviour. Adequate diet and fluid intake and presented no management problems. It is therefore of my opinion that the Care Plan number 1 be discontinued."

26. A new Care Plan 2 was devised dated 13 February:

"Needs/Area of Concern: Peter has a diagnosis of paranoid psychosis.

Goal: To monitor Peter's mental state while on the ward. If he is displaying any psychotic ideation.

Intervention: (1) staff to monitor if he displays any paranoid ideation

(2) Named nurse to have a one-to-one with him at least 15 minutes every two days

(3) Peter to express his feeling to allocated Nurse if he feels unwell."

27. There is a Care Plan 3 which was also dated 13 February:

"Needs/Area of Concern: Peter is on Topaz ward due to his own "SAFETY".

Goal: to provide a safer environment while his (sic) on the ward.

Intervention: (1) staff to monitor the visitors that come to see him while on the ward

(2) staff to encourage him to provide some information if he feels threatened whilst on the ward

(3) staff to encourage him to meet occasionally to discuss about issues that arise on the ward and outside about his safety.”

28. There is also a Care Plan 4, the date of which appears to have been altered to 10 February:

“Needs/ Area of Concern: Placed on intermittent observation

Goal: to monitor his well-being while on the ward as he is a new patient

Intervention: (1) to monitor his mental state

(2) staff to observe the environment in which Peter is placing himself

(3) to be observed every 15 minutes due to the new environment”

29. The Riverside House notes for 13 February record that Peter Bryan rang the hostel at 18.00 and sent a fax requesting that one of the residents should clear out his room. Deputy Manager 2 noted that he had advised Peter Bryan to speak to the Forensic CPN first and make all arrangements in writing and through the Manager of Riverside House.
30. It was noted that the Manager was planning to visit Peter Bryan the following Monday to collect his keys etc and to make arrangements to remove his property from his room.
31. The night shift notes on Topaz Ward record that Peter Bryan remained settled and spent time in the smoking room before retiring to bed around 23.00. He appeared to have slept throughout the night.
32. He remained settled on 14 February and appeared bright in mood. He was visited by his family. The nightshift notes also record him to be settled in mood and friendly on approach. He retired to bed after eating an Indian take-away and watching a football match. He slept well.
33. Throughout 15 February he remained settled and compliant and interacted well with both staff and patients. He remained on intermittent observations for his safety. No psychotic behaviour was observed and he was no management problem. He spent the day on the ward and was

apparently polite and pleasant. His mental state was noted as being stable and he reported that he felt fine.

34. A note timed at 19.50 that evening stated that at that time he was listening to music in the quiet room. He declined a one-to-one session with one of the nurses.
35. The night shift record states that Peter Bryan was apparently awake until 02.00 and had expressed some anxiety over the fact that the Manager of Riverside House was to visit that day. However he settled after that and slept. Intermittent observations were maintained through the night.
36. On 16 February Home Office 4 of the Home Office wrote a note to her casework Manager, Home Office 7:

“B has allegedly been involved in an incident of indecent assault on a 17-year-old girl, which he has denied. Friends and relatives of the girl went to confront B but he was not at home. The police have not been informed, but steps are being taken to inform MAPP. A decision was made to informally admit him and full risk assessment will be undertaken + any indication of risk will be forwarded to us. In the light of this, the S/W has asked that the application for independent accommodation be put on hold but has asked for him to be moved to another appropriate 24-hour support residential home (which I assume is so that an assault on B cannot be carried out). I have spoken with (RMO5) who has said that they have admitted him for observation only. He is not displaying any psychotic symptoms & his treatment has not been changed. It does not seem that another placement has been identified and I assume that this would be for the team to sort out. I would be grateful to your advice on how to progress with this.”

37. On 16 February Peter Bryan spent most of the day in the communal area watching television. The notes record that he was settled and that no psychotic symptoms were observed and that he complied with his treatment. He posed no management problem.

We now know that on 16 February Peter Bryan posted the following letter to a fellow resident at Riverside House. It arrived after the homicide of Brian Cherry and his distinctive handwriting was recognised by the Manager of Riverside House who opened it and handed it to the police. We have reproduced the letter as it was written:

P. S.
MOUNTAIN GLENVIEW HOSPITAL
TOPAZ WARD

also P.A.

Hope you are fine and
keeping well. Well (the manager) got her
way, but I can not stop
thinking who will be next.
Nick & Dennis may well be next
now the two Scotts are
running thing. The problem is
there is not enough accomma-
dation, but well, I still
have my A&E card to play.
Still if I am not happy
with it I can still play
my best card of all
sit and wait and see
what around the corner.
Life is full of twist

and turns, it's about
how you cope with them.
Still the food is o.k and
time just ticks by.
Anyway take care and
if you can look out
for ~~Sasquash~~ Squash, tell him
keep out of trouble
and hold it down.
Life is still not going
to be easy, it's like
Rampton is still around
my neck, and slowly
getting tighter but it
doesn't matter because
I can not die.

Take care
Patchwork
P.S. thank to the Jan I
cooking, to the Max.

"Dear PA

Hope you are fine and keeping well. Well (the Manager) got her way, but I cannot stop thinking who will be next. Nickademus (a nickname for one of the Riverside residents) may well be next now the two Scotts (Peter Bryan told us that this word was 'Scouts' and referred to two other Riverside residents) are running thing. The problem is there is not enough accommodation, but well, I still have my ACE card to play. Still if I am not happy with it I can still play my best card of all. Sit and wait and see what around the corner. Life is full of twist and turns, it's about how you cope with them. Still the food is okay and time just ticks by.

Anyway take care and if you can look out for Squash (another resident), tell him to keep out of trouble and hold it down.

Life is still not going to be easy, it's like Rampton is still around my neck, and slowly getting tighter but it dose not matter because I can not die.

Take care

Patchwork

PS thanks to the Jam (Jamaican) I cooking, to the max."

38. The night shift entry describes Peter Bryan as settled and friendly on approach and that his mood appeared to be stable. He was said to be interacting appropriately with other patients and staff. He watched television until just after 01.00 and then retired to bed and slept well.

The nurse who made that entry, Nurse 7, told the police later that he remembered that Peter Bryan was up again between 02.00 and 03.00 reading a newspaper and again at about 04.00 when he had a cigarette with him, but he had not recorded this in the notes.

He told us that the newspaper that Peter Bryan was reading was The Sun and he took it to his room with him. When Nurse 7 retrieved it later, he noticed that there was an article in it about the man in Germany who advertised on a 'cannibal website' for somebody whom he could kill and eat.

The German cannibal was sentenced in January 2004 and there had been considerable media coverage of this story then and prior to that when the trial was covered, but we can not find any reference to this around 16 February 2004 in The Sun or in any other newspaper but it may have been an old newspaper which Peter Bryan was reading.

39. The morning shift nursing entry for 17 February describes Peter Bryan as having been calm on the ward and that he had not expressed any concerns about Care Plan 3.
40. There was a Ward Round Meeting that day to discuss Peter Bryan attended by RMO5, Psychiatrist 8, SHO4, the Forensic CPN, Social Worker 5, the Topaz Ward Manager, Nurse 8 (Peter Bryan's Named Nurse), an Occupational Therapist and various medical students.
41. Peter Bryan was not invited to participate in the meeting, apparently because RMO5 felt that there were too many people there.

42. There are two records of the Ward Round Meeting, one a pro forma with handwritten notes prepared by SHO4 and the other a typed note prepared by Peter Bryan's Named Nurse, Nurse 8.

43. SHO4's note states:

"Nursing Report: well. Settled. No problem as such.

(The Forensic CPN) → Police investigating allegations. Also reports that Peter in last 2/12 getting paranoid.

(RMO5) says no psychotic symptoms apparent. Peter said relationship at Riverside broke (?). (RMO5) feels he is improving and may be beneficial to find alternate accommodation.

His safety is of concern.

(The Topaz Ward Manager) mentioned about proper Care Plan.

Not present at interview today (not called)

Vulnerability: yes

*Plan: 1. (RMO5) said if any concern about safety of staffs etc may need to go to Crystal Ward.
2. (Social Worker 5) to look for alternate accommodation.
3. John Howard to assess him.
4. (The Forensic CPN) will find from Police about outcome of investigation
5. Visitors need to be restricted/monitored
6. If he wants to go out - up to him*

He need to consent about his safety"

44. Nurse 8's note of the Ward Round Meeting was:

"Peter's care was discussed as to why he ended up on TOPAZ ward. (The Forensic CPN) informed the Ward round that there had been a breakdown of relationship between Peter and the residential home [Riverside House]. He went further to say that there is an ongoing

investigation in regards to an alleged incident, which happened at the neighbour near where Peter reside. Furthermore, (the Forensic CPN) said that the Family of the victim were interviewed by the police as well as the service users. This made the service users unhappy about Peter, as they didn't want to be involved. (The Forensic CPN) said that the police might be coming soon to interview Peter.

(The Forensic CPN) pointed out, that Peter had not displayed any aggressive behaviour or taking illicit drugs probably in the last 2 years. He is self-medicating and working for 3 days in a week, which may have contributed to what happened. (The Topaz Ward Manager) asked about the plan for Peter and how long are we going to keep him here for his safety bearing in mind that he is informal patient on an ACUTE WARD.

The team pointed out that since his admission he had been settled, calm and complying with medication. The patient's status was discussed while on the Topaz Ward. (RMO5) informed the team that it was discussed with Peter and he is aware that he is informal but he is here because of his safety. Therefore, it is up to him if he leaves the ward, he will be responsible for his safety.

PLAN:

- *(RMO5) agreed to refer Peter to John Howard Centre for assessment*
- *(The Forensic CPN) informed the meeting that he will give feedback to the ward as to the progress of the investigation and when the police will be coming to interview Peter*
- *(Social Worker 5) informed the meeting that he is going to try to look for another residential accommodation as soon as possible. This will enable Peter to move out of the ward”*

45. Following the meeting, the Forensic CPN went to see Peter Bryan and had a chat with him about what had been discussed at the Ward Round Meeting. The Forensic CPN told him that he was likely to have to remain in hospital for quite a while. They also discussed the allegations that had been made and the fact that the police were probably going to come to see him on the ward, and that a forensic assessment would have to be made.
46. Social Worker 5 also told the Panel that he briefly said hello to Peter Bryan after the meeting.

47. RMO5 did not see Peter Bryan that day.
48. The Forensic CPN described Peter Bryan as quite relaxed. He was not showing any thought disorder nor was he in any way agitated.
49. Sometime that afternoon, probably just before 15.00, Peter Bryan telephoned the Manager of Riverside House and told her that staff on the ward were saying that there was a shortage of beds and that he would have to come back to Riverside House.
50. The Manager explained to Peter Bryan that he would not be able to return to Riverside House and that they would take care of his belongings.
51. At about 15.00 one of the nurses, Nurse 9, was in the ward office when Peter Bryan approached him and briefly discussed the outcome of the Ward Round Meeting.
52. Peter Bryan told the nurse that he had been informed after the Ward Round that he could go out if he wanted to. Nurse 9 had not been aware of this decision and therefore went to check the Ward Round summaries. Having clarified that it had been agreed that Peter Bryan could go out if he wanted to, it was agreed that he could go out as long as he was back on the ward by hand over time.

Nurse 9 told us that Peter Bryan was behaving completely normally and this was confirmed to us by Social Worker 6, a Senior Practitioner in Social Work, who was a member of the same CMHT as Social Worker 5. She happened to be in the ward office as she was visiting one of the other patients on Topaz Ward and she told us that she remembered Peter Bryan coming in to ask if he could go out. She described him as quiet and unassuming with no signs of being unwell.

53. Peter Bryan left Topaz Ward some time between 15.00 and 16.00.

The account of what happened after Peter Bryan left Topaz Ward is taken from the witness statements of people interviewed by the police, from our own interviews with the arresting police officers, from the Court transcripts at his trial in March 2005, from accounts given by Peter Bryan to various professionals and from Peter Bryan himself when we interviewed him at Broadmoor Hospital.

54. On leaving the hospital Peter Bryan took a bus to Stratford where he went in to a branch of the builders' merchant Jewson and purchased a claw hammer, a Stanley knife and a screwdriver. The till receipt was timed at 16.22 and a CCTV camera showed Peter Bryan leaving the store at 16.27.

55. From Stratford Peter Bryan took another bus to Walthamstow and went to Brian Cherry's flat.

The Homicide of Brian Cherry

Peter Bryan had apparently met Brian Cherry through a young girl, P8, whom he had befriended some two years previously. They had met through her friend P7, who was a friend of one of the residents in Riverside House.

According to her witness statement to the police, P8 was a habitual user of drugs, mainly crack cocaine. She had known Brian Cherry for over a year and it was clear that he was infatuated with her. He believed that she was his girlfriend although there was never any sexual relationship between them. She admitted that she took advantage of this fact and his loneliness to extract money from him to pay for her drug habit.

She would visit him with her friend P7 about four times a week at any time of the day and he would allow them to drink and take drugs in his flat.

She said that Brian Cherry would give her more than £100 a week. She would tell him that it was for minicabs because she was banned from driving. She understood that the money came from compensation that he had received for an injury which he had suffered and his disability benefit. She believed that he had given her between £4,000 and £5,000 in total over the period that she had known him. He never asked for anything in return.

1. It is likely that Peter Bryan arrived at Brian Cherry's flat sometime just after 18.00 on 17 February 2004.
2. P8 told the police that she had telephoned Brian Cherry that evening at 18.00 and told him that she would be coming to his flat soon to pick up her cigarettes. (Earlier that day she and a friend P9 had gone with Brian Cherry to Walthamstow Market so that he could draw out some money from a cash machine for them. When he could not get any money from the machine, he went with P9 into Sainsbury's to purchase three bottles of 'After Shock' and some cigarettes for P8 on his credit card. P8 and P9 then went to an off-licence and sold the three bottles for £40 - a profit of £10. They then used the money to purchase drugs).
3. Brian Cherry said that he would see her later. Her impression was that he was on his own at the time. P8 telephoned Brian Cherry again three times between 18.30 and 18.45 but got no answer.

4. Brian Cherry apparently opened the door to Peter Bryan and let him in. After a short while, Peter Bryan killed him by hitting him over the head with the hammer.
5. At about 19.30 P8 arrived at Brian Cherry's flat. She had been driven by a friend P9 who remained in the car while she went in to the flat to get the cigarettes and some more money from Brian Cherry.
6. P8 rang the doorbell to Brian Cherry's flat but got no answer. She could hear movement inside the flat and so she pushed the front door open (it had been damaged previously and did not shut properly unless it was double-locked).
7. Immediately she opened the front door she smelt disinfectant which she had never smelt there before. As she walked into the flat, Peter Bryan came out of the front room. He had no clothing on the upper half of his body and he was sweating. He had what looked like a kitchen knife in his hand.
8. P8 asked him what he was doing there and where Brian Cherry was and Peter Bryan told her to go away.
9. When she asked again where Brian Cherry was, Peter Bryan said "*Brian Cherry is dead*". He went towards the front door as if to close it, and P8 momentarily looked into the front room and saw Brian Cherry lying on the floor, naked. He was lying on his back and his right arm had been dismembered and was lying a few inches from his body.
10. P8 tried to act as normally as she could and told Peter Bryan that she was leaving, saying "*I'll see you later*". She then left the flat and Peter Bryan closed the front door behind her.
11. P8 went back to her friend P9 who was waiting in a car outside the flat and told her what she had seen. P9 told her to call the police but P8 was extremely distressed and told her friend to drive her to her mother's house. However on their way they stopped at another friend P4's house and she told him and another male friend (P10) what she had seen and asked what she should do. They also told her to call the police.

12. She then went to her mother's house and told her what she had seen. She said that she was afraid to call the police because she thought that there was a warrant out for her arrest and she would be arrested. Her mother called the police.
13. P8 and P9 then went back to P4's house and then later went on to another friend's house. Even later P8 telephoned her mother to say that P9 was going to come round to collect some money and clothes for her and the two girls drove back round the corner from P8's mother's house and P9 went in to pick up P8's things. A short while afterwards both girls were arrested.

They were not however charged with any offence.

14. Police Constable 1 and Police Constable 2 were on duty in a police car when at approximately 19.45 they received a call to go to Brian Cherry's flat. They were told that a man had been seen there who had been seriously assaulted and that his arm had been ripped off and it was not known whether he was dead or alive.
15. On arriving at the block of flats they approached the front door of Brian Cherry's flat and knocked loudly on the door, identifying themselves as police officers. After repeatedly knocking three or four times, they got no response and therefore they forced entry to the property.
16. As the door opened, they saw that the hallway was in darkness. There was an overwhelming smell of disinfectant.
17. Almost immediately they were confronted by Peter Bryan who was bare-chested and just wearing denim jeans and trainers. He was sweating profusely and his arms from the elbows downwards were covered in dried blood and his jeans and trainers were heavily bloodstained.
18. Peter Bryan looked quite startled and shocked to see them and for several seconds there was an awkward silence.
19. At first the police officers assumed that he was probably the man who had been injured and asked him if he was all right and if he had been injured. He replied that he was okay.

20. The police officers then asked him if he lived at that address and when he said that he did not, they asked him what he was doing there. He said that he had broken in to the flat - that he had knocked on the door and pushed his way in and that there had been a bit of a struggle.
21. Police Constable 1 told Peter Bryan to stay where he was and to keep his hands where he could see them and Peter Bryan apparently remained calm and quiet and responsive. Police Constable 2 went to search the rest of the flat and found Brian Cherry's body in the living room.
22. At this point two other police officers arrived and Police Constable 2 explained that there was a lifeless body in the room he had just come out of. Police Constable 1 then went into the room and saw that both Brian Cherry's arms and his right leg had been completely severed from his body and his head was completely covered in blood. The left leg appeared to be partially cut off as well.
23. There was a Stanley knife lying under the severed leg and another kitchen knife on a chair leading out of the room. Just above the head there was a claw hammer. All these instruments were bloodstained. A later search revealed a saw behind the living room door, although there was no obvious blood staining on this, and a blood stained Stanley Screwdriver on the draining board by the sink in the kitchen.
24. When Peter Bryan was asked if he had severed the limbs, he calmly replied that he had. When asked whether Brian Cherry had been alive when he had arrived, Peter Bryan replied: *"Yes. He opened the door to me when I knocked"*. When asked if he had killed Brian Cherry, Peter Bryan replied: *"yeah"*.
25. Peter Bryan was then arrested and placed in handcuffs. While they were waiting for a police van to arrive, he said unsolicited *"I did it, yeah... I don't know why I did it"*.
26. When one of the police officers went into the kitchen, he watched her go in and said with a slight smirk: *"I ate his brain with butter. It was very nice."*
27. In the kitchen the police officer found a plastic plate to the right of the cooker on which there appeared to be flesh with human hair coming from it. On the cooker was a frying pan containing a white substance with a yellow tinge to it which appeared to have been cooked. There was an open tub of Clover near the cooker.

28. Subsequent analysis of the contents of the pan and plate showed that they were almost certainly brain and a full DNA profile of Brian Cherry was obtained from the matter in the frying pan.
29. He was then asked whether he had attacked anyone else that day, to which he replied "No". He was also asked which way he had come in to the flat and he replied that he had jumped over the fence at the back.
30. According to the transcript of the Prosecution Counsel's account of the homicide to the Court at the Old Bailey trial, when Peter Bryan was asked why he had dismembered Brian Cherry's limbs, he replied:

"I wanted to carry him out bit by bit and get rid of the body. I used a Stanley knife to cut them off and some other kitchen knives, but I had to stamp on them to break the bone."
31. It was later confirmed at the post mortem examination that the limbs were partly sawn off and partly fractured by use of force.
32. Police Constable 1 told us that while they were waiting for the police van to arrive, Peter Bryan said *"I wanted his soul"*.
33. The police van then arrived and Peter Bryan was taken to Barkingside Police Station where he was remanded in custody. Whilst there Police Constable 1 noticed that Peter Bryan had a cut to his right index finger which was causing him to wince as if in pain, and he asked him what had happened. He replied *"It's where he bit me"*.
34. At 01.44 on 18 February a principal Forensic Medical Examiner, attended Barkingside Police Station to examine Peter Bryan.
35. On examination he found a small puncture wound on the first interphalangeal joint of his right index finger and superficial grazing on the top of his right shoulder and the medial side of the adjoining part of his right arm. Both his hands were heavily bloodstained and there was dried blood on the front of his right forearm.

36. The Forensic Medical Examiner certified that Peter Bryan was fit to be detained and in his opinion was fit to be interviewed in the presence of an appropriate adult. However he advised the police that as Peter Bryan had had serious mental health issues, they should consider asking his known psychiatrists to carry out a mental state assessment before any interview was carried out.
37. On 18 February Peter Bryan was interviewed and assessed by JHC Psychiatrist 2, Locum Consultant Forensic Psychiatrist at the John Howard Centre and Nurse 10, Senior Nurse Manager at the John Howard Centre.
38. The purpose of the interview was to assess whether Peter Bryan was fit to be interviewed by the police and to go through the criminal justice system, or whether he needed to be in hospital.
39. For the initial part of the assessment, RMO5 was also present, but was understandably upset by the situation and he therefore left.
40. Peter Bryan was interviewed by JHC Psychiatrist 2 and Nurse 10 on their own without the necessity for a police chaperone or even handcuffs.
41. He asked whether or not it was necessary for him to be interviewed in the presence of his solicitor, Solicitor 3. She had been present at first but it was decided that she would leave and she went to a nearby café.
42. Both JHC Psychiatrist 2 and Nurse 10 concluded that Peter Bryan was fit to be interviewed and did not need a bed on a psychiatric ward.
43. Peter Bryan was subsequently interviewed by the police, charged with the murder of Brian Cherry and remanded in custody, initially at Pentonville Prison and then on 23 February he was transferred to Belmarsh Prison.
44. There was, however, a gradual deterioration in his mental state over the next couple of weeks while he was remanded in prison charged with murder, and by 8 March 2004 he was becoming agitated and violent and was clearly unwell.

45. His behaviour became so unpredictable that on 15 April 2004 he was transferred to Broadmoor Hospital under Section 48/49 of the Mental Health Act 1983.¹⁰
46. Just 10 days after his arrival at Broadmoor Hospital, Peter Bryan violently attacked a fellow patient, Richard Loudwell, who later died from his injuries.
47. Peter Bryan was charged with the murders of Brian Cherry and Richard Loudwell and in October 2004 an application was granted to join the two indictments so that the two counts of murder could be tried together.
48. In preparation for the trial, four psychiatrists (two for the prosecution and two for the defence) provided reports for the court expressing their opinion that Peter Bryan was seriously mentally ill, and the prosecution subsequently acknowledged that at that time of both homicides Peter Bryan was suffering from a severe mental illness and accepted his plea of not guilty to murder but guilty of manslaughter on the grounds of diminished responsibility.
49. On 15 March 2005 there was a sentencing hearing at the Central Criminal Court (Old Bailey).

Normally, a conviction for manslaughter gives the sentencing judge some discretion and he can impose a discretionary life sentence, a determinate sentence of imprisonment or a Hospital Order under the Mental Health Act.

However, because Peter Bryan had already previously been convicted of a serious offence, he was subject to the "two strikes" rule under Section 109 of the Powers of Criminal Courts (Sentences) Act 2000, and the judge had no option but to impose an automatic life sentence in respect of each homicide.

50. He therefore imposed concurrent life sentences which he said should mean the rest of Peter Bryan's natural life.

¹⁰ Section 48: removal to hospital of a prisoner on remand if the Secretary of State is satisfied that that person is suffering from mental illness or severe mental impairment of a nature or degree which makes it appropriate to him to be detained in hospital for medical treatment and that he is in urgent need of such treatment

Section 49: the Secretary of State, if he thinks fit, may by warrant further direct that that person shall be subject to the special restrictions set out in section 41 MHA.

51. Having given the life sentences, the judge was then required to set the minimum period of imprisonment that the offences would have warranted had a determinate sentence been passed. This was held to be 35 years.
52. Peter Bryan was returned to Broadmoor under Sections 47/49 of the Mental Health Act¹¹ after the trial. His RMO at Broadmoor, RMO6, had recommended this on the basis that “*his risk can only safely be managed in a ‘special hospital’.*”
53. Peter Bryan appealed against the 35 year tariff which had been imposed and the Court of Appeal, presided over by the Lord Chief Justice, reduced the minimum term to 15 years because of the fact that the killings were committed when Peter Bryan was suffering from a severe mental illness, but the Court indicated that it was unlikely that Peter Bryan would ever be released.

¹¹ Section 47: removal to hospital of persons serving sentences of imprisonment, if the Secretary of State is satisfied that the person is suffering from a form of mental disorder of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment (is known as a ‘Transfer Direction’).