Better care for Michael Stone might still not have prevented the killings

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Serious mistakes were made in the care and treatment of Michael Stone, the killer of Lin and Megan Russell, but better care might still not have avoided the killings, the report of an independent inquiry has concluded.

Robert Francis QC, who chaired the inquiry into the involvement of the health, probation, and social services with Mr Stone before he bludgeoned the mother and daughter to death on a country lane in Kent in 1996, said: “This is emphatically not a case of a man with a dangerous personality disorder being generally ignored by agencies or left at large without supervision.”

He added: “We have made criticisms, some of them in strong terms, but we are unable to say that the murders could have been avoided by a better standard of care in these respects.”

Mr Francis said Mr Stone was “among the most difficult and challenging” patients and had a combination of problems: “a severe antisocial personality disorder, multiple drug and alcohol abuse, and, occasionally, psychotic symptoms consistent with adverse effects of drug misuse and/or aspects of his personality disorder.”

There was no suggestion that he was deprived of any service that would have made him less of a danger to the public, Mr Francis said.

The report was handed over to the commissioning agencies—West Kent Health Authority (now the South East Coast Strategic Health Authority), Kent Social Services, and Kent Probation Service—in 2000, but publication was held up until this week while Mr Stone fought an ultimately unsuccessful legal battle to try to keep his medical records secret.

It lists a catalogue of failings, including failures by the different agencies to share information and coordinate risk assessment. Although Mr Stone spent a substantial part of his adult life in jail, the prison service lost most of his prison medical records. Addiction services ignored his repeated requests for detoxification, and a consultant thought he was too dangerous for the community mental health trust to become involved.

Responsibility for his treatment was left with a GP, who changed dosages and prescriptions without telling the specialists concerned.

Five days before the murders Mr Stone had an “aggressive outburst” in which he told a nurse he wanted to kill someone. The nurse phoned the GP, who said he had increased the
dosage of Mr Stone’s treatment but failed to mention that Mr Stone had missed an injection three days earlier.

But the inquiry concluded that delays in giving the drugs “did not have any adverse effects on Mr Stone.”

The report said that the professionals dealing with Mr Stone did not have a complete picture of him: “His presentation to the many professionals who attended him during the period in question was for the most part compliant and apparently needing help; less often, he could be frighteningly aggressive.”

The report concluded: “We are satisfied that the agencies and professionals involved here all did what they perceived at the time to be for the best. We doubt that much more would have been attempted anywhere else in the country.”

Tony Zigmond, honorary vice president of the Royal College of Psychiatrists, said: “The report emphasises the need for properly resourced, multi-agency services for people with mental health problems and drug dependencies. Mental health services have long been under-resourced, and the current reduction in funding will make matters worse.”

Mr Stone, 45, who was convicted of murdering Dr Russell, 45, and her daughter Megan, 6, and seriously injuring Megan’s 9 year old sister Josie, maintains his innocence and has asked the Criminal Cases Review Commission to refer his case back to the Court of Appeal on the basis of new evidence.

The Mental Health Alliance, a coalition of 78 mental health bodies, said: “Michael Stone had a range of mental health and substance misuse problems. He sought help but was lost between health, criminal justice, and substance misuse services. This is an all too common problem.”

The government has dropped plans to allow people with dangerous personality disorders who are untreatable to be detained indefinitely even if they have committed no crime. Those who had opposed the change contended that the definition of “treatability” is wide enough to allow many people—and certainly those like Mr Stone who ask for help—to be sectioned under the Mental Health Act for treatment.