HUNDREDFAMILIES CASE REVIEW SUMMARIES ONLY

Contents

EAST ENGLAND

http://www.hundredfamilies.org/

1. Colin Obray

Summary: In November, 2001, university lecturer Colin Obray is first admitted to hospital due to physical ailments and a serious suicide attempt. He is given Haloperidol, citalopram, Lorazepam and Omeperazole. He experiences frightening delusions. On Dec 20 Dothiepin and Diazepam are substituted for the citalopram. About this, the review report notes: "Changing his medication was appropriate, but a phased withdrawal of the Citalopram would have been advisable", hinting that they believe that subsequent events were influenced by citalopram withdrawal. By this time CO is "confused", "irrational and aroused" and completely unable to function but his wife decides to care for him at home. The review report states that "Mr X (CO) undoubtedly had a mental disorder". On Dec 21 CO tries to strangle his wife and when the police arrive they find him to be in a "trance". His wife sends him to hospital for a medication review, and he is noted to be suffering bizarre ideas and delusions. He seems to be recovering and on Feb 13, 2002, he returns home, still on medication. On Feb 17 CO calls the police and calmly explains that he has murdered his wife. The news article contains no reference to the citalopram or other medication.

http://www.somersetcountygazette.co.uk/news/7201369.WIFE_KILLING__A_TRAGEDY_/

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/COLIN_OBRAY_FEB02.pdf

2. Jayne Helen Coulter

Summary: Teenager Jayne Coulter, 19, under NHS mental health care for at least 6 years, is taking citalopram. In the past she has attempted suicide by drinking alcohol and overdosing on citalopram. Four months before the tragedy a doctor added a neuroleptic drug for a reason that is unclear, since JC is not psychotic. On April 1, 2002 she stabbed her younger boyfriend to death. Mixing booze with her psych drugs was an obvious factor in the tragedy, and yet the independent case review is completely silent on the connection. The review report notes that: "The key conclusion of the inquiry is that the homicide was not a preventable event." Yet it probably would not have happened had the NHS refrained from prescribing an SSRI to a person under 18 years old, as the MHRA recommends. The SSRI is not mentioned in any news articles.

http://www.halifaxcourier.co.uk/news/calderdale/boyfriend-killer-jailed-for-life-1-1987019

http://www.hundredfamilies.org/wp/wp-content/uploads/2014/10/JAYNE_COULTER_APR02.pdf

3. Mark Corner

Summary: MC, a socially withdrawn adolescent, without family support for school attendance, is referred to NHS Mental Health Services. Before he turns 17 he is prescribed Prozac. He becomes withdrawn, angry, suffers hallucinations, is paranoid, develops agoraphobia and has thoughts of self-harm and suicide. Nobody connects the onset of these symptoms with Prozac. Until he is 24, he is prescribed various psychoactive medications, mostly "anti-psychotics", to deal with the Prozac side effects, and he often fails to take them as directed. He uses cannabis and drinks heavily. The mental health team blames his paranoia, lack of motivation and other problems on schizoaffective disorder, the cannabis, and drinking. When he complains that he feels worse and becomes aggressive, he is told to keep taking his meds. At 26 he attempts suicide in April by overdosing on a cocktail of illegal and prescription meds, including paroxetine, which has been added somewhere along the way. In July the same year he is arrested on suspicion of murder. A forensic psychiatrist decides that because his symptoms persist when he is not drinking and taking illegal drugs, he has schizophrenia. MC has never been observed while not under the influence of psychoactive medication. The forensic psychiatrist, who first meets MC after the murder, decides that while he is schizophrenic he is not insane in a legal sense.

http://news.bbc.co.uk/2/hi/uk_news/england/merseyside/3306841.stm

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/MARK_CORNER_JULY03.pdf

4. Paul Khan

Summary: PK has been under mental health services since 1983. Reference is made to a "conduct disorder" when he was a boy so he has probably been medicated since that time. At the age of 26 he is diagnosed with paranoid schizophrenia by the NHS. On January 25, 1996 PK's GP assesses him as paranoid without delusions, and with "moderate depression and retardation" and prescribes Cipramil (citalopram). Feb 10, 1996: Inpatient psychiatric notes indicate that he has been readmitted to hospital having been referred by his GP for reporting violent urges to attack people. GP continues the citalopram but adds Zuclopethixol and Diazepam. Two days later PK makes statements that indicate he is delusional. On Feb 13, in a library, PK grabs a stranger by the throat and slashes his face with a cut-throat razor. PK is incarcerated.
From 2000 to 2002 PK is maintained on Olanzapine and is reported to be doing well. He moves to outpatient status. However, he has "poor concentration, broken sleep pattern, lack of energy, a reduction in motivation and negative thoughts". So, PK is started on Sertraline 50mg daily increased to 100mg after 1 week. On March 14, 2003 PK's girlfriend reports that he is "not himself" and "something is not right with him". On Mar 24 his father reports that he is withdrawn and seems unwell. The next day, March 25, 2003, PK stabs to death an older man who is walking his dog. In news articles there is no

mention of the SSRIs. In both the independent review and the news, mental illness is blamed and the potential contribution of the SSRIs is not explored.

http://www.telegraph.co.uk/news/1445473/Schizophrenic-gets-life-for-stranger-killing.html
http://hundredfamilies.org/wp/wp-content/uploads/2014/07/PAUL_KHAN_MAR03.pdf

5. Keith McDonald

Summary: An ordinary young man, Keith McDonald, goes to his GP for pain from a car accident, and is prescribed psychoactive medications, starting with Dothiapin. After 5 months Zolpidem is added. A little over two months after starting Zolpidem, he becomes uncharacteristically aggressive and slaps a woman in line at a bank, and puts chewing gum in her daughter's hair. After this, his GP prescribes citalopram for anxiety and insomnia. When KM reports his anxiety and insomnia are not improving, Paxil is tried. KM reports that he cannot tolerate Paxil, so the GP puts him back on citalopram. Seventeen days after this medication adjustment KM complains to the GP about "abnormal extreme thoughts" which worry him. The GP does not suspect the SSRI, so the medication is continued and KM is referred to a psychiatrist. After several visits, the psychiatrist discharges KM Aug 21, 2002. The discharge notes appear to indicate that the psychiatrist does not think that KM is mentally ill, or in need of medication. It is not clear if KM continues taking citalopram or stops taking it at that point. On Sept 9 – on citalopram or in two weeks withdrawal - he attends a job centre (he has recently lost his job), is verbally abusive and assaults a man. Two days later he murders a shopkeeper with a machete. When that happens, he is diagnosed with schizophrenia, and the potential role of the medications in his problems is never considered.

http://news.bbc.co.uk/2/hi/uk_news/england/west_midlands/2976687.stm

http://www.hundredfamilies.org/wp/wp-content/uploads/2014/10/KEITH_MCDONALD_SEPT02.pdf

6. Thomas Gallagher

Summary: After several years of a deteriorating relationship, TG's wife Elizabeth leaves him in August 2002. During the marriage breakdown, TG has started to take antidepressants and has become a heavy drinker. The independent review report is confusing in places and contains inconsistencies. However, it appears that TG has been prescribed fluoxetine and Diazepam. Shortly after Elizabeth moves out, TG attempts suicide by overdose but he calls her and is rescued. On Sept 3, 2002, his antidepressant is changed to paroxetine (Paxil, Seroxat). Some time between Sept 3 and 19 he smashes up the house, because on Sept 19th 2002, he expresses regret for having done this. He also makes threats to stab his wife, repeated several times over the next few days. On Sept 22 he makes good on his threat, stabbing Elizabeth over 30 times and killing her. While news articles make reference to the overdose, they do not mention the SSRIs. The independent review mentions the SSRIs but does not explore any potential link between the meds, the suicide attempt and the killing.

http://www.chroniclelive.co.uk/news/north-east-news/wife-killers-care-probe-1666522

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/THOMAS_GALLAGHER_Sep02.pdf

7. John Peters

Summary: John Peters has a history of abusing amphetamines. He comes to the NHS in 1993 at the age of 25, complaining of suicidal thoughts and depression. Instead of helping him get off the speed, the NHS loads him up with neuroleptic medication. By May, 2001 he is also taking 100 mg sertraline (Zoloft/Straline), an SSRI. He continues with the SSRI and Olanzapine but stops showing up for his depot shots of other medication. He continues to use amphetamines. On May 1, 2002 the NHS receives reports from neighbours that Mr Peters is behaving strangely, flashing, setting fires and ranting. It seems he is becoming delirious/psychotic. On May 12 Peter murders a neighbour for no reason. He is convicted of manslaughter, pleading diminished responsibility and confined in two psychiatric facilities. He is released back into the community in 2005. In 2010 he is charged and convicted of trafficking amphetamines.
The stated NHS position is this: "Although we monitor and maintain our service users in the community, we cannot be responsible for criminal behaviour that is not linked to an individual's mental health." Had the amphetamine addiction been addressed instead of giving Mr Peters additional psychoactive drugs, the murder of Mr Warnes might never have happened.

http://news.bbc.co.uk/2/hi/uk_news/england/devon/3897239.stm

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/JOHN_PETERS_May02.pdf

http://www.bbc.com/news/uk-england-devon-11202960

8. Sherzad Muhamed

Summary: A homeless Iraqi man with language and employment challenges goes to his GP complaining of physical problems. The GP prescribes citalopram. The GP does not ask about SM's experience with the medication when he was on it for one month in the past. Nor does he explain what the drug is for, or the side effects. Seven months later Muhamed stabs a pensioner to death in a motiveless crime at the flats where he had previously lived. The press reports the murder but makes no mention of the SSRI. The Independent investigation report notes the medication but ignores it completely as a potential contributor to the tragedy.

http://www.kentonline.co.uk/maidstone/news/man-convicted-of-frenzied-knife--a15120/

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/SHERZAD_MUHAMED_JULY03.pdf

9. Dennis Foskett

Summary: DF is given psychoactive drugs at the age of 15, and ever since experiences episodes of low mood. For many years, he takes lithium and amitriptyline. When in 1985 his GP adds mianserin, a tetracyclic antidepressant "known on occasion to aggravate psychotic symptoms, such as feelings of persecution", "Mr Foskett report(s) feeling worse, reckless and agitated". Less than a week later, he calls his GP urgently requesting a home visit. The GP complies but DF batters both her, and his beloved wife, to death with a hammer. He remembers nothing about these killings. He is diagnosed with psychotic depression.

There appears to be a connection between the introduction of mianserin, the akathisia it immediately produced (about which DF complained to his GP), and the killings. However the independent review, which purports to consider the role of medication, dismisses this important issue, noting: "the level of any contribution, if any, of mianserin is impossible to determine". They quote Dr David Healy in support of their contention that there is no established connection between violence and antidepressants: "the more severe the mood disorder, the greater the likelihood that the disorder rather than its treatment led to the violence". However, Dr Healy would probably not automatically assume that a disorder that appeared after starting a medication was independent of its introduction. Also, they did not notice that Dr Healy has often said the risk of adverse medication reactions increases following medication introduction or dosage increase.

In 1995 Mr Foskett is absolutely discharged. He remarries. In 2003, a couple of weeks after his amitriptyline dosage is increased, he reports insomnia and increased anxiety. Within another week, he murders his 2nd wife. The review dismisses the role of medication in this instance, also, noting that: "Mr Foskett had been treated with amitryptiline [and lithium] for many years without any recorded problems. This allows for a fairly conclusive opinion that it is highly unlikely that medication contributed to Mr Foskett's actions in July 2003."

http://www.bucksfreepress.co.uk/news/493588.print/

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/DENNIS_FOSKETT_LON_07.03.pdf

10. Richard Loudwell

Summary: In July, 1994, a GP prescribes antidepressants to a man, RL, worried when his job disappears as the result of a dockyard closing. The antidepressants make him impotent and he is consequently unhappy. His GP refers him to mental health services because he is having "relationship problems associated with impotence". From 1997 to 2002, RL goes off and on antidepressants, and continues to complain of depression and impotence throughout. In April 2001, the NHS doctor prescribes Viagra for RL to help with his continuing sexual dysfunction.

In 2002, there is an incident of drinking followed by mania and strange behaviour. His family complains that he is not taking his medication. Now, he is a man in possible antidepressant withdrawal, on Viagra, and drinking. Now diagnosed with manic depression, there are a number of incidents of inappropriate sexual behaviour, including raping a man. He becomes suicidal. In December he rapes and murders Joan Smythe, an elderly neighbour.

The Independent review is critical of RL's "non-compliance" with his prescribed antidepressant, despite the fact that it never helped, and addresses the decision to add Viagra rather than help RL get off the antidepressant, as follows: "Viagra would not 'cause' sexual disinhibition and whilst it was prescribed, there was no clear evidence to suggest that in RL's case it was used either to facilitate offending or contributed to inappropriate behaviour."

http://www.kentonline.co.uk/kent/news/broadmoor-patient-admits-killing-a12695/

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/RICHARD_LOUDWELL_DEC02.pdf

11. Abdur Choudhury

Summary: Abdur Choudhury, in common with most people forced to take neuroleptic medication long-term, most recently Abilify, suffers side effects such as cognitive impairment, social withdrawal, loss of motivation, and probably many other side effects. He attacks his mother twice, once with a knife in 2009, and in a fatal beating June 26, 2010. Sudden outbursts of anger, and periodic assaults, are not uncommon for people who have been on these drugs a long time, and have nothing to do with inherent mental illness. Yet the independent review and the news articles refer only to AC's diagnosis and make no mention of the drug or its possible contributory role. '

http://www.cps.gov.uk/thames_chiltern/cps_thames_and_chiltern_news/man_who_killed_mother_sent_to_secure_unit___luton/

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/CHOUDHURY_A_EEng_6.101.pdf

12. Mark Robinson

Summary: Mark Robinson takes citalopram. He reports to his GP that the drug is not helping and he feels anxious, conflicted, and has insomnia and panic attacks. So on October 15, 2010, his GP doubles his dose. In mid-Dec he tells a CMHT psychiatrist he needs help, explaining that he bought a baseball bat and a knife and went to the home of Albert Wright with the intention of killing him. The psychiatrist duly informs the police and for weeks officials talk about doing something. The psychiatrist reacts by changing his diagnosis and on Feb 17 increases MR's dose of citalopram again. On Feb 25 MR murders Albert Wright. MR is sentenced and jailed for life with no chance of parole for 21 years. The news article blames a grudge but no mention is made of medication. The independent review provides details of the prescription but does not consider it a potential contributing factor.

http://www.ilfordrecorder.co.uk/news/crime-court/hainault_pensioner_s_killer_jailed_for_21_years_minimum_1_1183466
http://www.hundredfamilies.org/wp/wp-content/uploads/2016/06/MARK_ROBINSON_Feb11.pdf

13. Stephen Jacobs

Summary: In 1999, Stephen Jacobs' GP prescribes him citalopram for Irritable Bowel Syndrome and complaints of back pain. SJ has left his job to become full time carer for his wife who has various diagnoses and is on psych meds. He takes the citalopram erratically and over time becomes mentally ill and suicidal. Feb 18, 2011, the couple have numerous problems and SJ is feeling suicidal. His GP renews his citalopram prescription. Two days later, SJ drowns his wife and takes an overdose of her Stelazine (a neuropleptic). SJ is found guilty of manslaughter, not murder, by reason of diminished responsibility. The mental illness, not the citalopram, is blamed. The medication is not mentioned in news articles. The independent review notes the prescriptions but does not consider their possible role in events.

http://www.ipswichstar.co.uk/news/ipswich_needham_market_man_detained_indefinitely_after_pushing_wife_to_her_death_in_lake_1_1386615

http://www.hundredfamilies.org/wp/wp-content/uploads/2015/12/STEPHEN_JACOBS_Feb11.pdf

14. Lee Anstice

Summary: Lee Anstice, a man with no history of aggression or violence, is upset by breaking up with his wife, Tracy. He feels suicidal in June, 2011 and so is admitted to Albany Lodge for mental health services. Around this date he is prescribed citalopram and zopiclone. He is diagnosed with psychotic depression (although a separate letter notes he is not psychotic) and discharged July 10. By mid-August LA is not doing well, complaining of anxiety, suicidal thoughts, and insomnia. August 24 he sees his GP who calls the Trust to ask why LA has been discharged, perhaps an indication that the GP has concerns about LA's mental state. Two days later he stabs his estranged wife to death, after approximately two months on citalopram. No mention of the medication is made in the news article, and the independent review does not consider its possible role in the tragedy. It finds that the incident was not preventable.

http://www.bbc.com/news/uk-england-beds-bucks-herts-33614396

http://www.hundredfamilies.org/wp/wp-content/uploads/2015/12/LEE_ANSTICE_AUG11.pdf

15. Terence Kirby

Summary: Chauffer TK has been married for 30 yrs to his 5th wife, Myrna. He has reported being depressed before; in 1990, when his son died, and again in 2008. In 2008 his GP prescribed him Fluoxetine and Diazepam for one month without following up. Myrna finds him difficult and controlling and is considering leaving him. Upset over this, and feeling mildly suicidal, he goes to his GP in late November 2012, and his GP prescribes Prozac (fluoxetine) again. On 10 December he returns to his GP who advises him re: alcohol use and blood pressure. On 16 December TK presents with active suicidal thoughts and plans. On Dec 17, 2012 he is admitted to a mental health service for older people. Dec 24 2012 TK is discharged and transferred to the care of the South East Crisis Assessment and Treatment Team (CATT). On January 4, 2013 the CATT team speaks to him on the phone. On Jan 11 his son finds his parents dead at their home; TK has suffocated his wife and hanged himself. The BBC reports the murder-suicide but Prozac is not mentioned. Similarly, the independent review notes the medication without considering whether it was a potential contributing factor.

http://www.mirror.co.uk/news/uk-news/pensioner-killed-fifth-wife-hanged-4117980

http://www.hundredfamilies.org/wp/wp-content/uploads/2015/12/TERENCE_KIRBY_JAN13.pdf

16. David Clairmonte

Summary: David Clairmonte has Crohn's disease, and is prescribed sertraline by his GP. He becomes suicidal, threatens to jump off a cliff, gets into serious debt, takes illegal drugs, and breaks up with his girlfriend. His GP sends him to Luton & South Bedfordshire CRHTT. "Non-compliant with medication", he quits taking the sertraline in late May, 2011. He becomes agitated and disturbed, and on June 17 he burgles his father's home, entering by breaking a window. A few days later, he bludgeons 69-yr-old neighbour Fred Hodson to death during an attempt to get his PIN and steal from him. The independent review does not explore the potential role of the medication in the violence, and the news article does not mention it.

http://www.bbc.com/news/uk-england-beds-bucks-herts-17268847

http://www.hundredfamilies.org/wp/wp-content/uploads/2015 /12/DAVID_CLAIRMONTE_Jun11.pdf

17. Tony McLernon

Summary: TM has been under the care of mental health services since the age of 8. He has a history of heavy drinking, violent outbursts, poor self-control and domestic abuse. Already taking "anti-psychotic" meds for an undisclosed period of time, in March 2010 his "low mood" is attributed to alcohol abuse. In

October 2010 he is prescribed antidepressants for "mild depression", and he is subsequently sectioned for self-harming in public, and threatening suicide. He continues to drink heavily, argues with girlfriend Eystna Blunnie and gets her pregnant, after which they break up. She reports being afraid of him when he is drinking. After a few violent episodes he kills her. The medication is not mentioned in news articles, and the review report does not consider its possible role in contributing to the tragedy.

http://www.huffingtonpost.co.uk/2012/06/30/tony-mclernon-charged-wit_n_1639676.html

http://www.hundredfamilies.org/wp/wp-content/uploads/2013/12/TONY_McLERNON_Jun12.pdf

EAST MIDLANDS

18. Khalid Peshawan

Summary: In April, 2007 Khalid Peshawan, originally from Iraq, visits his GP complaining of low mood and anxiety stemming from a situation at work. He has suffered an injury and his employer is pressuring him to return. His GP prescribes sertraline (Straline/Lustral/Zoloft) 50 mg with other meds. Two weeks later KP reports that the antidepressant is not helping so the GP doubles the dose. May 24 the dose is doubled again to 200 mg and Diazepam is added. KP's mood does not improve but he becomes suicidal and angry. He states that he is "worried that he might 'lose control and hurt his close friends'". Some time in the summer he drinks, almost hits a police cruiser, is verbally abusive and has his driving license revoked. By Oct, KP is not doing well. He has serious financial problems and he wants to return to work now but his employer refuses to allow him to, because of his medication. It appears the concern is about Diazepam. On Oct 1 he sees a Consultant Psychiatrist at the Trust and admits that he has suicidal thoughts. The psychiatrist decides KP needs to change antidepressants, and the plan is to add venlafaxine and wean KP off the sertraline. Zopiclone is added and the Diazepam continued. After this he breaches his Community Order (which he got in 2003 after he stabbed a man in the leg during an altercation at a night club), fails to keep appointments with his care coordinator, and is scheduled for a mental health assessment in mid-Oct. KP continues to be suicidal. By Oct 15 he has successfully weaned himself off the sertraline and is taking venlafaxine but needs the Diazepam to make him feel better. On Nov 26 his friend sees him, and he is suicidal - drinking and taking tablets. When KP leaves, his friend calls police but KP kills his former girlfriend and hangs himself. The news article reports that the killing was preventable but there is no mention of the SSRIs that appear to have caused suicidal thinking.

http://news.bbc.co.uk/2/hi/uk_news/england/derbyshire/7664352.stm

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/PESHAWAN_K_EMid_10.08.pdf

19. Karl Tett

Karl Tett, 35 has been seen by mental health services for 16 years, and for most of this time he has taken antipsychotic medications, apparently prescribed for anxiety. He is functioning well up to October, 2004. Probably on this date, but possibly after, he is prescribed sertraline with the plan to reduce his risperidone. KT is an ODP. In Feb 2005 he interrupts an operation saying the consultant should be arrested. For this he loses his job and eventually his license. By the time he is seen next by mental health services, in April 2005, he has deteriorated markedly and has become extremely paranoid and has developed odd beliefs. After an incident in a pub Aug 11 in which he announces the drinks have been poisoned and refuses to leave, he is sectioned and admitted to hospital the next morning. There, they decide he should not take any medication other than Lorezepam until after the weekend (3 days hence) so that the psychiatrist can "conduct a full and proper assessment of his mental state". Thus, KT has not had his usual medications for at least 1 ½ days – and possibly longer - when he stabs fellow patient Michael Green to death with a pen on Aug 13. The investigation team never considers the potential role of the drugs / withdrawal in KT's troubles, and concludes that it was not possible to know if the incident was preventable.

http://news.bbc.co.uk/2/hi/uk_news/england/nottinghamshire/4174392.stm

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/TETT_K_EMid_08.05.pdf

LONDON

20. Hakim Abdillahi

In 2004, Hakim Abdillahi comes to the attention of London mental health services due to difficulties with his neighbours, and his statement that he would jump off a bridge. He is diagnosed with anxiety and later with a personality disorder. He is prescribed a variety of antipsychotics over time, and rotated through 3 antidepressants: paroxetine, sertraline, citalopram and back to sertraline again at a daily dose of 150mg. During this treatment he becomes antisocial, paranoid, and aggressive. Prior to 2010 he had no history of violence but in Oct that year he assaults 2 people. By 2012 he is not doing well, but in Aug he is discharged back to the care of his GP, who he sees Aug 6. After seven years on various SSRIs, his GP agrees he can stop taking them and sets a plan to wean him off his sertraline within 6 weeks. On Aug 14 he is "delusional" (delirious) and phones emergency services. Nobody tells his health team and the next day he brutally stabs a friend/neighbour to death. The news article appears to believe that HA stopping his medication was the reason for the murder, but this is not the same as suspecting that withdrawal might have played a role. The review report focuses on coordination among services and does not consider the medication potentially relevant.

http://www.dailymail.co.uk/news/article-2343362/African-killer-entered-Britain-false-passport-butchered-pensioner-stopped-taking-medication-personality-disorder.html

http://www.hundredfamilies.org/wp/wp-content/uploads/2013/12/HAKIM_ABDILLAHI_Aug12.pdf

21. Richard Henry

Richard Henry comes to the attention of mental health services in March 2011 because he tries to enter a house, has a stand-off with police and throws objects at them. Mental health officials suspect he has been using street drugs. They decide that he was experiencing psychosis and that whatever its cause, he should take antipsychotics. RH resists taking these meds and a treatment order is issued to force him to take an antipsychotic, starting April 5, 2011. Eventually RH's care including the antipsychotic prescription reverts to his GP, who is not aware of the treatment order. RH frequently does not take his medication and for a while he seems to be doing fine taking it off and on . Nov 9, 2011, he reports not having taken it for a week (i.e. since approximately Nov 2), and also reports housing problems. A new prescription is issued but it appears it is not filled, and he missed his meeting with London Probation Trust. On Nov 19, he stabs his girlfriend to death. Whether or not he was experiencing medication withdrawal, or whether the frequent starting and stopping the medication was a problem is not clear, and the issue is not explored. The BBC report implies that because he has "paranoid schizophrenia" – a diagnosis never mentioned before the incident – that he needed the medications. However the actual role of the medication is impossible to determine given the information provided and the perspective of the review.

http://www.bbc.com/news/uk-england-london-21544890

http://www.hundredfamilies.org/wp/wp-content/uploads/2013/12/RICHARD_HENRY_Nov11_DHR.pdf

22. Adel El Hage

Summary: The independent review speculates about AH's mental state in the summer and fall of 2002, although they note that: "understanding of his mental state was incomplete". This is retroactive, speculative diagnosis. However it is known for sure that on Jan 18, 2003, AH went to his GP requesting, and getting, medication (the case review report does not specify what kind of medication, or the condition it is intended to treat). On Feb 22 he stabs his wife to death. In jail, he commits suicide by electrocuting himself. There is not enough available information to determine what happened, including what role may have been played by medication.

http://news.bbc.co.uk/2/hi/uk_news/england/2905745.stm

http://hundredfamilies.org/wp/wp-content/uploads/2013/12/ADEL_EL_HAGE_MrA_LON_02.03_Summary.pdf

NORTHEAST ENGLAND

23. Nicholas Rought

In 1994, Nicholas Rought is released from prison after serving a sentence for assault, and is treated by the NHS. While in prison, he has become "mentally unwell". Since before his sentence, he has used cannabis and other illicit drugs and his psychiatrist and his mother are pretty sure that he is suffering drug-related psychosis due to the illicit drugs. He is treated with chlorpromazine and diagnosed bipolar. The report, casually mentions in a different place that he is still taking fluoxetine, which he started while in prison. Just after his release, he is suffering serious thought distortion and he "threatened to kill [his mother and carer] and believed that he had been talking to God." There is no other mention of fluoxetine in the entire report, aqnd no consideration of a possible role in his "mental unwellness". It is not clear when NR stopped taking it, assuming he did. In 1996 NR is sent to prison for inflicting grievous bodily harm, and he is released in 1999. Later his psychiatrist decides that he has schizoaffective disorder unrelated to drug use. For years, NR resists taking neuroleptic ("antipsychotic") medication and has a number of good years where he works and does fairly well in spite of his mother and the NHS, who are determined to get him, and keep him, on some neuroleptic. They try to get him to take olanzapine, risperidone and aripiprazole, at different times. They also give him multiple prescriptions for diazepam which NR takes willingly, even buying extra on the street, and by 2011 his mother is "concerned he is becoming dependant on diazepam." Street drugs are a complicating factor in his case, but it is odd to note the NHS disapproval of his street drug use while they are pushing psychoactive drugs at him constantly. By 2013 he has had several short stints on olanzapine, which he does not like. (Among the many side effects of olanzapine frequentlyreported to the FDA are aggression, agitation, delirium, paranoia, psychotic disorder and schizophrenia. Homicide and homicidal ideation are less common but happen more often on olanzapine than on other drugs (RxISK.org)). On 1 August 2013 "It was recorded in the clinical notes that Mr B was taking his olanzapine intermittently." By Sept he has stopped the medication altogether. Those who have seen him since August claim he appears to be fine, but on Sept 16 he savagely beats a man to death with a baseball bat, inflicting horrific injuries, with no motive. The news article makes reference to NR receiving mental health services, but there is no mention of medication. The review is highly critical of NRs illegal drug use, and also of his failure to take neuroleptics. They conclude that the fatality was neither predictable nor preventable.

http://www.chroniclelive.co.uk/news/north-east-news/county-durham-dads-murder-could-11003759

http://www.hundredfamilies.org/wp/wp-content/uploads/2016/06/NICHOLAS-ROUGHT-_-Sep13.pdf

24. Daniel Johnson

Daniel Johnson, 32, spent 12 years in jail, starting at age 16, for participating in a violent murder, (DJ's his co-accused was the one who actually stabbed the victim) when he was 15. In 2008 he meets Gemma Finnigan. By all accounts they are very happy together and there is no domestic violence. DJ abuses Subutex (buprenorphine – a drug sometimes prescribed for opioid addiction). How and why he came to be on this medication is not addressed in the report. This medication has the known side effects of insomnia, depression, hostility, agitation, paranoid reaction, abnormal thinking, and confusion. Anxiety and nightmares are mentioned as uncommon effects in the Butran medication guide. It carries a black box warning for abuse. RXisk.org lists "drug effect increased" as one of the side effects most frequently reported to the FDA. Yet despite DJ fitting the profile of a person suffering buprenorphine psychiatric side effects, this drug is not explored as a potential contributor to the psychotic episode that he experiences on Sept 13, 2103, in which he kills his girlfriend. Nor is there any consideration of the potential effect of the antidepressant that he was prescribed and took from November 2010 to mid-February, 2013, for which he did not get a prescription after that time. The antidepressant is not considered important enough to name. In the days leading up to the tragedy of Sept 13, DJ is reported by several people, especially Gemma, as not sleeping, and behaving very strangely. Despite 3 days of increasingly bizarre behaviour, which is reported by Gemma to DJ's GP, nothing is done and he murders her while in this state. He is found guilty of murder with diminished responsibility and sentenced to 20 years. The review finds that the death was not predictable and it cannot conclude whether it was preventable. Several news articles refer to DJ as a "paranoid schizophrenic", a diagnosis he never had before the killing. No mention of medication is made in the news.

http://www.mirror.co.uk/news/uk-news/schizophrenic-murderer-possessed-devil-freed-4626188

http://www.hundredfamilies.org/wp/wp-content/uploads/2016/04/DANIEL_JOHNSON_-Sept_13-DHR_Full.doc

25. James Stokoe (murder-suicide)

In December, 2012, a 79-year-old pensioner, James Stokoe,married 56 years, learns that he has invasive bladder cancer. Radical radiotherapy is recommended, to commence March 7, 2013. On March 6, he attempts suicide by running a hose from his car exhaust into his car, but his daughter-in-law happens by and rescues him. He is taken to hospital and a special team for Older Persons Mental Health gets involved. Over the next two months, this team constantly grills JS frequently about thoughts of harming himself or others. He is considered at high risk of suicide. JS reports significant marital disharmony and

does not want his wife involved in his treatment. The independent review makes reference (See S 4.5) to JS reporting thoughts of harming his wife, but supporting detail provided are not compatible with this statement. A psychiatrist takes a statement from JS to mean that he is troubled by intrusive thoughts and on March 11 prescribes Olanzapine to him, despite being aware there is no evidence of hallucinations or psychosis. On March 27 JS states that he is not longer taking the olanzapine. He appears to be fine for several weeks. On April 15 he reports that the atmosphere in his home is "bad". On April 29 appears anxious and frightened, and it comes out that he has accused his wife of having an affair with the neighbour across the road, and a bin man, and of spending all his money. The reaction to this dramatic change in JS was to review his diagnosis, a response that the review team confirms as appropriate. The following day a CSW from the Trust team visits JS who is in a state of extreme anxiety. On May 1 he stabs his wife to death, and commits suicide. The news never mentions the olanzapine, and the review decides that the death was neither predictable nor preventable.

http://www.bbc.com/news/uk-england-tyne-29048571

http://www.hundredfamilies.org/wp/wp-content/uploads/2016/04/JAMES-STOKOE-May-13.pdf