

[Peter Carter OBE](#)



The Calocane Affair

I have been following the public inquiry into the events of the 13th June 2023 when Valdo Calocane stabbed to death three people and attempted to kill three others. It is known as the *Nottingham Independent Inquiry* and is Chaired by Her Honour Deborah Taylor.

Every evening the BBC East Midlands carries a synopsis of the day's proceedings. As each day goes by, I am increasingly concerned at the failings being revealed by all the agencies involved.

Without in any way anticipating the outcome of the inquiry there are a number of issues that I think are worthy of comment on at this time.

The management of Calocane's mental illness is littered with inconsistencies.

Here was a man with a diagnosis of paranoid schizophrenia with a long history of extreme violence, and a track record of non-compliance with his anti-psychotic medication.

With this background he should have been compelled to take the medication and if needed, by depot injection, even it would have to be administered by force if he refused to cooperate.

There are provisions under various Mental Health Acts to allow this.

Calocane told clinicians that he had a needle phobia, despite the fact that he had readily accepted a covid vaccine.

This reason appears to have been accepted by the clinicians involved. A psychiatrist had written in his case notes after a series of violent episodes:

"The danger is that it will happen again and perhaps Valdo may end up killing someone"

... with this explicit statement it is incongruous that Calocane should have been allowed to decline depot injections, especially when there was evidence from his family that he was not taking oral medication.

As a result of the Independent Inquiry, we now know that after being arrested Calocane refused to provide samples to test for drug or alcohol.

Bearing in mind three people were dead and three others seriously injured the police could have obtained samples by force as is permitted by the Police and Criminal Act 1984.

We know that Calocane had visited a drug dealer in the past which might explain his refusal to cooperate with the police.

However, a plea of diminished responsibility was accepted by the CPS.

When I first heard about this, I thought it was reasonable but now with further evidence I have second thoughts.

If it could have been demonstrated that Calocane was using cannabis then he is culpable of exacerbating his paranoid schizophrenia which we know is a highly probable consequence of cannabis use in those with severe mental illness.

If this was the case then in my opinion, he is responsible for his own actions.

Calocane and the authorities cannot have it both ways. On one hand he is allowed to decide on his own treatment-plan by refusing both to accept depot injections and to give a sample...

... whilst on the other pleading diminished responsibility in relation to killing three people and attempting to kill three others.

There is a further aspect of this case that is extremely worrying. It has been stated in evidence at the inquiry that there had been a reluctance to section Calocane because '*he was black*'.

Rachel Langdale KC said that a doctor involved in the assessment of Calocane said he had been "*leaning towards*"

sectioning him, however a team of mental health professionals were influenced by the long-known evidence that shows over-representation of young black men who are detained under the Mental Health Act.

I find this a chilling state of affairs.

Here we have a man with a litany of serious violent episodes and an apparent failure by clinicians to be guided by his clinical presentation.

Instead, they were influenced by a racist interpretation of research when it can be explained more correctly by socio-economic deprivation.

It is an undoubted fact that young black men are 3.5 times more likely to be sectioned than a young white man.

It is understandable that the initial reaction of many is that the system is prejudice against young black men.

However further analysis reveals a different picture.

First of all, let's look at the ethnicity of psychiatrists in the UK. In 2004, 21% of psychiatrists were from a BAME background. By 2021 this had risen to 39%. Would it be reasonable to argue that if the detention of black men was racially motivated then with an increase in the number of BAME psychiatrists the detention rate of young black men would go down?

However, the trend is in the opposite direction.

Research published in the British Journal of Psychiatry shows a dramatic increase in the number of people who

have been detained under the Mental Health Act between 1984 and 2016. Rates of detention have trebled since the 1980's and doubled since the 1990's.

In 2023 the ethnic group with the lowest rate of detentions per 100,000 people were the Chinese (52) followed by Indian (55) and then white British (63) followed by white Irish (69) with black people (228)

Psychiatrists do not roam the streets seeking to detain young black men. The pressure on services is such that every effort is made to prevent admission, if it is safe to do so.

So, what are the possible explanations for the disparity.

- Economic disadvantage and social deprivation. Where you have these factors there are higher levels of mental illness.
- Failure to access services. Far too often because of a lack of availability of services and distrust by some black people in the mental health system, it often means the first access to services is when there is a crisis. Earlier intervention might avoid this.
- The impact of substance abuse. Cannabis is often described as a soft or recreational drug. It is neither of these things. Heavy use of the cannabis derivative, Skunk, can inflict serious damage to the brain.

- Lack of culturally specific services.

In my experience Psychiatrists by nature are liberal minded and sensitive people. They chose this branch of medicine as they are interested in helping those who are mentally ill. The suggestion that they inappropriately section black people is in my opinion unfounded.

If the clinicians involved with Calocane declined to section him because he was black this is indefensible.

But... it is a matter of extreme concern that black men are detained at a greater level than those of all other ethnicities.

It is not a binary black v white issue. We need to seek to understand why and this will not be achieved by declining to detain black men when clinically it is in their interests and the public that they are.

Over many years I have lost count of the number of inquiries into homicides by people who are mentally ill. Each inquiry makes recommendations and those in authority state that lessons will be learnt. The reality is that lessons are not learnt and that these incidents continue to recur.

The inquiry Chaired by Her Honour Deborah Taylor is more thorough than any inquiry I have seen and I am optimistic that out of this tragedy some good will emerge.
