

# Madness

[Peter Carter](#)



**On the 17<sup>th</sup> of Dec 1992 Jonathan Zito was killed by Christopher Clunis whilst standing on the platform at Finsbury Park station. Jonathan had never met Clunis. This was a random attack by a man with a diagnosis of Paranoid Schizophrenia.**

**Following this tragedy Jane Zito, the wife of Jonathan, conducted a high-profile campaign that highlighted the failures in mental health care.**

**An inquiry was conducted by Jean Richie QC and a catalogue of missed opportunities to prevent the killing were revealed.**

**T**here was much handwringing and ministers at the time pledged to implement measures to prevent further incidents of this nature.

The Richie report blamed psychiatrists, social workers, the police, community psychiatric nurses, the Crown Prosecution service, hostel staff and private sector care workers.

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*There were failures in communication and Clunis was allowed to fall through the cracks.*

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Over the decades since this tragedy there have been many similar incidents committed by people suffering from severe mental illness.

There have been copious policy initiatives such as, the supervisor register and the care programme approach, all designed to keep people such as Christopher Clunis properly supervised and thus preventing similar killings.

On the 13<sup>th</sup> of June 2023, 31 years after the Clunis incident, Valdo Calocane stabbed to

death three people and attempted to kill three others by ramming them in a stolen van.

He pleaded guilty to manslaughter on the grounds of diminished responsibility and is now in a high secure mental hospital.

The Calocane and the Clunis cases are a virtual mirror of each other, and I find the whole scenario extremely depressing.

Already we know the following:

- Since 2020 Calocane was sectioned four times due to his violent behaviour.
- He had a diagnosis of paranoid Schizophrenia. Whilst many people who have a diagnosis of schizophrenia are not in any way violent, we know that when combined with paranoia the incidence of violence is raised dramatically.
- A psychiatrist in July 2020 wrote in his medical records "*there seems to be no insight or remorse, and the danger is that this will happen again and perhaps Valdo will end up killing someone*"
- He had a history of refusing to take his anti-psychotic medication.

- By the summer of 2022 he was missing appointments and despite his forensic history which included severe violence in September 2022 his mental health team discharged him back to his GP.

Psychiatry is not a precise science, and psychiatrists must work on the balance of probability. In this case the probability that he would relapse and become violent again was almost certainly predictable.

Surely rather than discharging him you would have thought the team would have been doing everything possible to locate him.

To have involved the police, to have contacted the family. None of this happened and we now know the shocking consequences.

I saw an interview with Calocane's brother. In the interview he explained the frustration of the family who knew how unwell his brother was but that they felt excluded from involvement.

At the conclusion of the interview, he was asked how his brother is now, to which he replied by saying he 'has his brother back'. This did not surprise me. Because Valdo is now taking his anti-psychotic medication, he will be well.

Patients who default on medication are best served by having regular injections of anti-psychotic drugs.

These injections obviate the need to take tablets several times a day and compliance is not a problem. The fact that he did not wish to have an injection should not have been an option that was open to him.

His forensic history was such that it would have been quite reasonable to have compelled him to have the injection. Had he done, so the tragedy might well have been averted.

I am a great believer in what is known as "service user involvement" however we must come to terms with the fact that the very

nature of paranoid schizophrenia is that people have no insight into their condition.

When we speak of the sensitivity around the use of the word 'madness', for me the madness is that we have a system that can allow someone of Valdo's diagnosis to, in effect, decide his treatment programme...

... when he does not have the capacity to do so.

We will await to see the outcome of the inquiry that government is about to set up. I sincerely hope that there will be action that is based on common-sense and an acknowledgement that those who have a history like Valdo Calocane need help, even if it is against their will.

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*Now, we have the spectre  
of a new mental health act  
that may become law in  
the not-too-distant future.*

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There is widespread optimism that the new act will ameliorate many of the difficulties that we face in our mental health services.

The UK mental health service has faced cuts in bed provision at an alarming level over the past few decades.

We have one of the lowest bed provisions to comparable counties.

For example, Germany has 120 beds and France 98 beds per 100,000 of population. Whereas the UK has 42 beds per 100,00 of population.

In my experience, no amount of legislation will be a substitute for a properly resourced mental health system and a pragmatic acceptance that for some people decisions must be made for them.

**If not, similar acts of violence will continue.  
Sometimes I truly question where the real  
madness is to be found.**