

Taskers End - Chapter One

Doctor Martin Young carried his tray with his empty plate, sandwich wrapper and bottle of mineral water to the trolley by the exit of the staff canteen and placed it with the rest of the neatly stacked trays. A heavy-set middle-aged woman, uniformed in an apron of a kitchen assistant, thanked him and started wheeling the trolley containing the remnants of people's lunches through the door marked 'Kitchen' for washing. He turned to address his colleague. "I don't know how people can eat a three-course meal at lunch time; I'd be asleep by two-thirty."

His co-panellist, Doctor Jane Melrose, a fellow criminal psychiatrist who was holding the door open for him, smiled in acknowledgment. "What time are we reconvening?"

"Two o'clock, this afternoon's case is an interesting one and I want us to make a good start; we may not finish it today." He looked back towards the canteen. "Where's Peter?"

"Gone for some fresh air I think," replied Doctor Melrose.

"Can you chase him for me? I've just got to make a couple of calls... I'll meet you back at the room?"

Doctor Young punched a number into his phone and walked down the corridor with his mobile seemingly attached to his ear. Doctor Melrose headed in the opposite direction towards the hospital entrance.

Trenton Court is classed as a medium secure mental hospital, a refurbished facility dating back to the thirties; not as high a category as Broadmoor or Rampton but acts as an intermediate stage for those who have progressed to the rehabilitation phase of their treatment. It is nevertheless a secure unit.

The administration area is quite separate from the main hospital which is surrounded by a high fence, with its own supervised entrance. The modernisation of the accommodation block has been managed in a way that it now resembles less of the

old-fashioned sanatorium it once was. It has excellent facilities including a library with internet access, spacious common room, canteen and a specialised medical unit. In keeping with the need to gradually integrate inmates back to society there are outdoor as well as indoor sports facilities available for the patients - they are not called prisoners, including a small 5-a-side soccer pitch and basketball court; interactive activities are encouraged. Visitors are generally allowed.

The whole complex is not visible to any casual passer-by; trees surround the facility and a long drive leads from the main road to the administration block where a large car park caters for staff and visitors. A shuttle bus visits at lunch time and at both ends of the day to ferry non-car users to and from the nearby town some three miles away. The grounds are well kept and provide a welcome relief to the rather austere external visage. It was a bright late spring afternoon 2007 and the lawns looked immaculate.

Doctor Melrose spotted the other panellist Doctor Peter Campbell, a dapper, fifty-something academic with a flamboyant taste in clothes, who was finishing the final drag of his cigarette.

“Peter,” she called, “Martin wants us back in five minutes.”

“I’ll be right with you,” said Campbell, stubbing out his cigarette and dropping it into the receptacle to the right of the front door. Other admin staff were similarly engaged, eking out every last second of their lunch hour before reconvening their duties.

Back in the admin block, they made their way to the room where the Board was in session. Martin was at the table shifting files from his leather document bag; Peter ushered Jane through and shut the door behind them and took his seat. The room, not large but would comfortably sit ten people, was light and airy and Doctor Young had opened one of the windows which allowed a welcome draft of fresh air to filter through from the grounds. The smell of newly-cut grass was evident as was the distant sound of lawn mowing. Campbell took off his jacket to reveal a garish red and white striped shirt; he had dispensed with a tie.

“You look like a deck chair, Peter,” teased Jane with a smile.

“Right, we best get cracking,” said Martin, a tall man in his fifties with lean angular features who as senior psychiatrist was officially chairing the panel. He was acknowledged in his field as a leading expert on criminal behaviour, an authority which commanded respect. His research spanned over twenty years specialising in cases where insanity had been offered as a defence for perpetration and had chaired a number of similar panels in recent years.

The role of the tribunal was to examine case notes and medical evidence from a variety of sources, including witness statements if necessary, which would lead to a decision whether to release a patient back into the community or, for those who had committed serious crimes, referred back to the courts to continue their sentence in a normal prison.

They had three options: deferment, where the decision would be put on hold for a further period; decline where the evidence did not warrant release in the foreseeable future, that is, they still posed a potential threat to the public; or third, release.

The release option did have strings attached. With the Government keen to get ‘care in the community’ working, there was growing pressure to free as many patients as was possible.

To help this happen, some form of supervision would in most cases be necessary. It was not a question of just unlocking the door and allowing the patient to get a taxi to the nearest station.

Many in-mates had no homes or relatives and had become institutionalised. Many long-term patients also had no money.

Half-way houses had been set up with the task of rehabilitating those released on parole and a social worker provided by the Local Authority would work with them to ensure their wellbeing and monitor their progress.

Doctor Young continued. “Our next patient is Gerald Perry, both of you know the case... We have a recommendation from the hospital board that he is now ready for release to the community. Who wants to go first?”

Jane Melrose was the youngest of the three panellists, an academic and in her mid-thirties, recently returned from

maternity leave. This was her first tribunal but had many years' experience as a psychiatrist, again having worked with some extremely difficult and violent offenders. Martin Young had specifically asked for her for this particular case as she had some first-hand background knowledge of Perry.

"I'll kick off, Martin, if you like. As you know I worked with Perry two years ago and I can give you a good insight into his background and where I think we are."

"Thank you, Jane... please carry on," said Doctor Young and started taking notes on an A4 writing pad.

Jane started her briefing. "Perry was transferred to Trenton three years ago from a high secure unit following several assessments on his progress. He was no longer considered a high category risk. My role with him was participating in the talking-treatment programme that was recommended as part of his rehabilitation to run alongside the medicinal support which Peter will be able to outline. I had several sessions with him over an eight-month period and found him to be articulate, with an air of confidence... not cockiness exactly, but self-assured, certainly.

He's very intelligent; when I was interviewing him, he appeared to analyse every word I was saying. He was also what I would call 'savvy'; he definitely knew what was going on around the hospital. He told me the nurses would regularly ask him for advice."

Martin looked up, raised his eyebrows then carried on writing.

Doctor Melrose continued. "He is, or was, an avid reader, always in the library, and was a keen observer of world events. This, of course, gave him a great deal of power around the hospital; I'm not sure whether that's still the case having not seen him for a while. I occasionally found him unsettling if I'm honest, he had a gaze that was not always comfortable. I'm sure he could be manipulative, but that's just an opinion, I have no factual evidence to back that up."

"Just for the record, can you give us some background into what caused him to be placed in Trenton?" asked Doctor Young, momentarily breaking Jane Melrose's recall.

"Of course," said Doctor Melrose quickly, and closed her folder, able to recite from memory. She looked at her fellow panellists in turn, maintaining eye contact which added an unintended dramatic effect to the proceedings.

"Gerald Perry's was an extremely sad case." She paused and poured herself a glass of water from the jug on the table and took a sip before continuing, partly to quench a dry mouth but also to galvanize herself for her recollections.

She continued. "You may remember the incident; it was widely reported in the press."

There were no looks of acknowledgement from her colleagues.

"He was just ten-years-old when his father shot Perry's mother, then blew his own head off with a twelve-bore shotgun."

She took another sip. "I don't think you can imagine the scene the young boy would have witnessed when he returned from school that afternoon. He just let himself in and found the carnage in his parents' bedroom."

More water; Doctor Melrose looked down at her desk, relating the account as if telling a story. “There had been family problems, of course. At the inquest, some of Mrs Perry’s friends said that Mr Perry senior was something of a control freak and routinely beat his wife and the boy. In the weeks leading up to the incident, she had confided in a close friend that she was having an affair with a work colleague. We will never know the true facts for certain, just hearsay.”

She paused again, and then continued. “Gerald was very close to his mother... a bit of a ‘mummy’s boy’ he was called, so as you can imagine the circumstances of her death had left him with severe trauma. Sadly, he blamed himself for his mother’s murder, which, as you know, is not unusual with children.”

Her two colleagues’ attention was total.

“How long ago was that?” asked Doctor Young.

“That would be... 1985, the day before “Live Aid” – July 12th. I remember Perry telling me he was looking forward to seeing all the groups. He had taken up the piano, and music was his only hobby at the time.”

Doctor Melrose looked up, her face reflecting the sadness having recalled the events and remembering her emotional interviews with Perry.

“What about his parents, what did they do for a living?” asked Doctor Young.

Doctor Melrose took another drink and continued; her voice now more composed and assertive.

“His father was a technician at the local Aerospace works, a responsible job by all accounts. His mother worked in a building society; it was the manager she was allegedly having the affair with. They seemed comfortable enough, nice house, nothing ostentatious, a three-bedroomed detached in a good neighbourhood; several witnesses said they were honest, hardworking, and outwardly stable, but, from what I gleaned in my interviews with Perry, not what I would call an affectionate family.”

“What do you mean?” asked Doctor Young.

“Well, as I said, at the inquest Gerald’s father was painted as a domineering bully but, interestingly, his work colleagues didn’t see him that way at all. They said that no-one seemed to know him that well; he had no close friends and didn’t mix with them socially. Not standoffish or anything, he was a good worker, just got on with his job and went home, you know, kept himself to himself.” Doctor Young nodded.

Jane continued. “His work colleagues said the incident had come out of the blue, completely out of character. They were really shocked that he would do such a thing. According to his GP there was no history of depression or any mental illness in the family; no-one could have predicted the events, but this was clearly premeditated. Perry senior had written what amounted to a suicide note saying that he couldn’t go on living a lie and if he couldn’t have his wife, no-one else was going to; all very sad. He must have just sat there waiting for his wife to come home and then....” she let the words resonate around the room.

“This affection issue you mentioned,” prompted Doctor Young. “Can you expand further; this could be important?”

Doctor Melrose replenished her glass from the jug of water and half-filled the other two glasses to the gratitude of her colleagues.

She continued. "At my meetings, Perry would never talk about his father, only his mother; and it was clear that she was the affectionate one of the family; as I said they were very close. It's possible there might have been some jealousy of the boy from the husband which could have contributed to the beatings but its pure speculation, we can't tell."

"What about his recovery from the shootings, how did he cope with that?" asked Doctor Young.

"I looked up some old case notes from the time and it appears he was referred to a counsellor to get him through the tragedy but only attended a couple of sessions. Not much information to add. Luckily his grandparents on his mother's side were still alive and he went to live with them just outside Sheffield after the funeral and he made a gradual recovery."

The room was warm, despite the air from the open window, and her colleagues were now taking on water.

"Despite everything, he actually went on to do well in his exams; became a bit of a swot it seems. He didn't socialise much and there was a suggestion of bullying at school, according to his notes... no real friends until he got to University. He told me after the shooting he gave up his music and just concentrating on his studies."

"He went to university?" said Doctor Young, with a look of surprise. Campbell was also making notes and listening intently to Doctor Melrose's account.

"Yes, did well. Studied forensic science at Leeds and was training to be a doctor. Showed a talent for it, according to his tutor at his trial."

"Ah yes, the trial... as you've mentioned it, we better start looking at this in some detail, can you give us some background into the events that led to his arrest?" asked Doctor Young, who by now had made a couple of pages of notes.

"Of course," said Doctor Melrose, again without referring to her notes.

"June 2001, he was two years into his course at Leeds Medical School."

"So, he'd left the University and moved to the Medical School?" asked Doctor Young.

"That's right," replied Doctor Melrose. "He got a 2.1 BSc with Honours in forensic science and then continued his studies in Medicine."

Doctor Young looked up from his notes and looked at Peter Campbell, clearly impressed not just at the achievements of Gerald Perry but also Doctor Melrose's powers of recollection. She continued. "While at Medical School he met a fellow student called Lindsey Jones and they started a physical relationship."

"Was this his first?" asked Doctor Young.

"It's difficult to say. Perry was extremely reticent to talk about his relationships even when I explained it was part of the procedure to try to get to the root of his illness. He would tend to just clam up when I broached the subject."

"Can we pick that up later, Jane, I want to concentrate on

the trial for the moment?" said Doctor Young.

"Of course, where was I?" said Jane.

Doctor Young checked his notes. "You were saying about a relationship with this Lindsey... Jones girl."

"Ah yes," she recovered her thread. "As I said, when I tried to introduce the subject with him during counselling sessions it was very difficult for me to get anything from him; all the information I had, came from the trial transcripts. As you probably know Lindsey was chief witness for the prosecution and in her testimony, she said she'd become wary of Perry in the weeks leading up to the attack. His behaviour had changed."

"In what way?" asked Martin.

"Apparently, he was becoming more and more obsessive.

They had been going out for about six months, but the relationship was starting to show signs of strain. He started drinking and became abusive. She had begun seeing another student who was also a friend of Perry's called Andrew Caldwell, known to everyone as 'Drew'. After a bitter row, Lindsey confessed she was seeing Caldwell and wanted to end their relationship. Perry went mad, literally. Something snapped, he tried to throttle her, and she lost consciousness.

Luckily, he fell short of killing her and left her in her flat to go after Caldwell. Lindsey's flatmate found her lying on the sofa and called the ambulance and the paramedics saved her.

Drew Caldwell was not so lucky. Perry went around to the house Caldwell shared with three other students just around the corner. It's not clear for certain what happened but, according to the police, he forced his way in when Caldwell opened the door and plunged a screw driver into his eye."

Young and Campbell looked at each other and Campbell made a wincing sound.

"He hit him with so much force it punctured his brain and he died almost instantly."

"What happened next?" asked Doctor Young.

"According to the police, Perry went back to his flat and ran a bath. As soon as Lindsey had regained consciousness she was able to tell the police what had happened, and they went around to Perry's place and found him in the bath singing loudly."

"What was he singing?" asked Doctor Young. "Do we know?"

"Afraid not; is that relevant, Martin?"

"Possibly not," he replied, "but there has been some research done in the States about the affect certain types of music, like thrash metal for instance, has on vulnerable minds, and some people claim to have heard voices in songs telling them to kill. That's all," said Doctor Young.

"There's nothing documented," said Jane.

"Going back to the trial, when did they decide to use the 'fitness to plead' defence?"

"Very early on in the trial. It became clear that Perry had or was having a complete breakdown. After Lindsey's testimony he began to mumble incoherently, and started reciting the Ying Tong Song," Young looked at Campbell.

"You know the one by the Goons," clarified Jane, noticing the glances.

“I know the song,” replied Doctor Young.

“The more the trial went on, the worse Perry became, to the extent that the judge accepted that he was unfit to continue. There was overwhelming evidence that he had killed Drew Caldwell and tried to strangle Lindsey, the motive was jealousy according to the prosecution, but the court accepted a ‘murder’ charge was not appropriate and ‘manslaughter on the grounds of diminished responsibility’ was recorded. After extensive medical reports and tests, he was sent to a high secure unit for an indefinite term. That was in February 2002. He was transferred to Trenton in 2004.”

“I see, so, he’s been here for around three years... Where are we in terms of his medication, treatment and present prognosis by the medical team?” asked Doctor Young. “Peter this is your domain, I believe.”

“Yes,” said Doctor Campbell. “But before I continue can I suggest we take a break”

Doctor Young looked at his watch. “Good idea; its three fifteen. Reconvene in say fifteen minutes.”

Doctor Young put down his pen and joined his two colleagues for the walk to the coffee machine.

“Just going outside,” said Campbell waving a packet of cigarettes. Doctor Young was back on his mobile.

Fifteen minutes later and they were back in the room.

“Before we start,” Doctor Young referred to his notes. “Jane, can I just go back to something that you said earlier about the trial. You mentioned that it was after Lindsey Jones’ testimony that Perry started showing signs of distress. Is there anything that might suggest that this girl might still be in danger?”

“Nothing from my interviews and observations; although the last I heard she had married and moved away. She’s a GP now somewhere so I don’t think that will be an issue.”

“Thanks, Jane... Peter?” and it was Doctor Campbell’s turn to brief the panel.

“As Jane has said Perry was committed to a high security unit after his trial and he was examined by a number of practitioners both medical and psychiatric and was diagnosed with schizophrenia. All the symptoms and his family background fit this diagnosis. In one interview...” Campbell referred to his notes, “June 2002, he said at the time of the incident he felt an overwhelming compulsion to kill; his emotional detachment from the act was quite remarkable... just going home and running a bath. No sense of guilt or any differentiation between right and wrong... just this... need to kill, that’s how he described it.”

“Were these urges specific or general?” asked Doctor Young.

“How do you mean?” asked Campbell.

“Well was he compelled to kill indiscriminately or specifically?”

“Ah, I see what you mean. No, it was triggered by the girlfriend’s infidelity, so it was quite specific. He felt he needed to seek retribution in some way. There was a striking similarity to his father’s actions except Perry didn’t try to take his own life as his father had done,” said Campbell. Doctor Melrose listened intently, and she too took notes.

Doctor Young clarified. "So, just to confirm, his behaviour was prompted by a specific event, in this case his girlfriend's affair."

"Yes, that's right," Campbell confirmed.

"Well, there's no question he demonstrates the classic signs of schizophrenia. From what you say, he was quite clearly detached from reality."

Doctor Young paused and wrote something on his pad.

"What about paranoia was there any sign or symptoms?"

"You mean thoughts of mind control or voices?" clarified Campbell. "No, as Jane has said, only this 'uncontrollable compulsion' was how he described it."

"Thank you," said Doctor Young and continued to write vigorously on his notepad. He finished and looked at Campbell.

"I have read the notes relating to his release from the high secure unit and transfer to Trenton. It appears he has made good progress in the time he has been here," said Doctor Young.

"Can you give us a brief outline of the treatment?"

"You will have seen from the notes, when he first arrived at the previous facility after the trial, he was given neuroleptic drugs to control the 'positive' symptoms; but, as you know, they do have unpleasant side effects, particularly in high doses. Unfortunately, he suffered a great deal with shaking and muscle stiffness as well as blurred vision and rapid heartbeat. The muscle spasms were a real problem, and he came off those drugs after a few months. He had various other medicinal interventions but responded better to talking therapy and the drug programme was gradually withdrawn. After the success of the combined treatment he was eventually reassessed as a low category risk and transferred here."

Campbell referred again to his notes before continuing.

"Since arriving at Trenton he has been on an extensive course of cognitive behaviour therapy. No continual requirement for drugs apart from the usual sexual depressants. He now enjoys human interaction; very different to his time at the secure unit and even before that to his college days. He was considered quite remote by his fellow students, although they did say he began to come out of his shell after he started his relationship with Lindsey Jones. It seems to have been a bit of a turning point for him."

He looked again at his notes. "His records do say he could be capricious at times and as a result was prescribed less invasive drugs, but his mood swings have gradually subsided."

Jane interjected. "Yes, I can confirm this. The sessions I had with him were always positive, apart from any mention of the relationship with Lindsey when he would just close up, but he was starting to show signs of recognising his problems. Before I left he was doing well with developing coping strategies; and learning how to prevent crisis situations from happening."

"Given the same circumstances what are the chances of him regressing and having the same reaction?" asked Doctor Young.

Doctor Melrose answered. "This is a difficult one to predict; the circumstances surrounding his breakdown could be classed as unique and extremely unlikely to recur."

“He could get rejected again,” said Doctor Young.

“But it is almost impossible to measure the degree of risk that he would respond in the same way,” said Doctor Melrose.

“But this is the crux of the decision, trying to establish the likelihood of him re-offending,” said Doctor Young. “Can you throw any light on this Peter?”

“I agree with Jane. It would be impossible to say he would never react in the same way again, but he has responded well to the treatment,” said Doctor Campbell. “I have seen him recently and I can see why the hospital board have recommended him for review. Talking to him you would have no idea that he was or had been schizophrenic.”

“So, are we saying he is cured?” asked Doctor Young.

His two colleagues looked at each other and Doctor Melrose took over. “Cured is a difficult definition to apply. All we can do is to try to assess the degree of risk that the patient poses and in my professional opinion it is very small.”

“I would concur with that,” said Doctor Campbell.

“You talked about him enjoying social interaction earlier; what about visitors, since he arrived. Did he get any, you know, family, old friends?” asked Doctor Young.

“He has no family, he was an only child and the grandparents who brought him up are both dead, killed in a fire a couple of years ago,” replied Doctor Melrose.

“How did he react to that?” asked Doctor Young.

“Well, he wasn’t told the full circumstances for obvious reasons, but he seemed to just accept it. He had had no contact from them for three or four years, but his solicitor is a regular visitor, at least once a month since the accident. Gerald has inherited their house and rumour has it that he is quite wealthy now. How right that is I don’t know, but the ward nurses seemed to think so.”

“Hmm, that’s interesting.” The chairman made more notes.

“As you’ve mentioned it, what about his relationship with the nurses and staff here, have we any information on that? How does he interact with them?” asked Doctor Young.

“Funny you should say that; I don’t know whether you picked up on this Peter, but they seemed almost reverential when speaking about him. One called him the ‘Guvnor’,” said Doctor Melrose.

“I know what you mean,” said Campbell. “He does have a certain aura about the place now you come to mention it.”

“Thank you,” said Doctor Young who was looking down continuing to make notes without eye-contact.

“One final point before we break. Jane, you mentioned that he would...” he checked his notes for the correct wording and looked at Doctor Melrose, “‘close up’ when you mentioned his relationship to Lindsey Jones. Is he still reticent? If he’s still repressing these feelings it could still be a problem.”

“Well, from the notes I’ve read, he does appear much more open in recent sessions. It could be he felt more comfortable discussing it with a male counsellor. Derek Filbert took over the case while I was on maternity. Or, of course, it could just be his treatment was working,” replied Doctor Melrose.

“Thanks Jane, I’ll give Derek a call to get his thoughts.”

Doctor Young was starting to shuffle the papers in front of him into some sort of order.

“There was something else,” said Doctor Melrose.

“Something from the trial that has always interested me. In her testimony, Lindsey Jones said that the physical side of their relationship was ‘primeval’, which was a strange word to use. According to her account there was little sign of emotion or affection, just a functional, process. He could also be quite rough, not beating up or anything; just very... aggressive, I think she said. I recall this was one of the reasons for the break up. My guess is, he has difficulty in expressing emotion, particularly when it comes to physical relationships with women.”

Doctor Young digested the information. “Yes, that would make sense and entirely consistent with his behaviour patterns.” He looked at his watch; it was five o’clock, and then to his colleagues.

“Thank you very much; we’ll call it a day there. We’ve got a great deal of information to pore over.”

He picked up his notes from the desk and started fiddling with his briefcase.

“We’ll reconvene tomorrow, nine o’clock. Everybody happy with that?” There were nods of concurrence from his two colleagues.

The panel met again the following day to complete their deliberations and, over the next few weeks, Doctor Young compiled a detailed report of their findings.

In his summary, he wrote that in the panel’s view Gerald Perry posed little threat to society and recommended him for release subject to him reporting to a social worker, who would continue to monitor his progress for twelve months, and regular sessions with a psychiatrist.

Given the criminal offence, the courts would also have to concur.

The report went around the various interested agencies before, eventually, a final decision was made to confirm Gerald Perry’s release.