What use insanity?

Andy Bain‡ and Megan Thomas†

‡ (Corresponding author) Institute of Criminal Justice Studies, University of Portsmouth, St George's Building, 141 High Street, Old Portsmouth, PO1 2HY, UK. Tel: +44 (0)23 9284 3941; email: andy.j.bain@port.ac.uk

†Institute of Criminal Justice Studies, University of Portsmouth, St George's Building, 141 High Street, Old Portsmouth, PO1 2HY, UK. Tel: +44 (0)23 9284 5071; email: megan.thomas@port.ac.uk

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Andy Bain *is based at the Institute of Criminal Justice Studies, University of Portsmouth, where he has been a member of the academic teaching staff for the past four years. He is currently undertaking a PhD in offender rehabilitation and support in the community. He has published on a number of topics including the Prison Service in England and Wales, rehabilitation and desistance and the history of crime and punishment. Additionally, he is currently research active in a number of independent studies including: aggressive driving behaviours and professional perceptions of role and responsibility.*

Megan Thomas *is based at the Institute of Criminal Justice Studies, University of Portsmouth, where she has also been a member of the academic teaching staff for the past four years. Her initial work was as a research assistant on a project looking at professional cultures in the criminal justice system. Currently, she is developing research into independent custody visiting, and the impact of the National Offender Management Service on probation and prison staff.*

Abstract

This short article looks to consider the use of punishment for those offenders suffering with a mental health issue and the particular difficulties inherent in a system that has little in the way of secure social provision (RCP, 2004). Particular attention is paid to the use of imprisonment, where clear guidance exists in the Mental Health Act 1983 for the diversion of such offenders from custody at the earliest opportunity. The article will consider the historic and current debate surrounding the role and use of capital punishment, looking to examples from within the United Kingdom and in the contemporary United States of America. Finally, the discussion will make reference to the argument of a moral panic (Cohen, 2002), which leads to a political and social discourse, and the media contribution to the debate of a return for capital punishment.

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INTRODUCTION

> A rethink is needed for offenders with mental health problems, with a shift from prison to more appropriate settings (RCP, 2004)

It seems evident that where questions arise regarding the appropriateness of punishment, it is never more important than when dealing with vulnerable offenders and those suffering some form of mental health difficulty. Historically, the debate has centred on the use of custody and capital punishment, in which numerous examples suggest caution is needed. In contrast to the findings

of the Rethinking Crime & Punishment (RCP) Report (2004), current legislation, namely the Mental Health Act 1983, suggests that the individual should be diverted from the criminal justice system as early in the proceedings as is possible.

DISCRETION AND DEFINITION

There seems to be an issue even in points as simple as definitions and in the use of key terms of reference. For instance, the Mental Health Act 1983 uses mental disorder and mental illness, almost interchangeably, leaving some room for professional discretion. This short discussion will consider mental health as being a construction of the social culture and of the times in which it is defined. In doing so the discourse will make use of a number of examples from the UK, a nation State that has not used the death penalty since the case of Peter Anthony Allen and Gywnne Owen Evans in August 1964. The discussion will also consider the situation in the United States and discuss contemporary arguments for the use of capital punishment. The discussion touches upon Cohen's *Folk Devils and Moral Panics* (2002) as a means of explaining the recurrent debate for the return of the death penalty in such cases as those of Derek Bentley and Peter Sutcliffe, and the media furore which accompanies such cases.

According to the Mental Health Act 1983, s. 1(2) mental disorder is defined as: '. . . "mental disorder" means mental illness, arrested or incomplete development of the mind, psychopathic disorder and any other disorder or disability of the mind'. However, Hollin (1992) notes that accordingly a criminal act is denoted by the fact that there is a guilty mind (*mens rea*) and a guilty act (*actus reus*). It is arguable, says Crow (2001), whether these are always present in an offender with a mental disorder, and although there are provisions in place to ensure that the individual is given an assessment at the earliest opportunity, usually at the pre-sentence stage, if the individual is not already known to the health/criminal justice service(s), it is not always the case that they are diverted from the criminal justice system (Flynn, 1998). Indeed, Flynn goes on to cite a number of reasons for this, concluding that the individual may not be diverted for reasons as simple as a lack of definition or lack of understanding. It is worth noting, at this point, that according to Hollin (1992), Peay (1997) and Hagell and Dowling (2001) there is no legal definition of insanity. Instead, it would seem that the legal system has preferred to leave medical matters and definitions to the medical world.

Kemshall, Canton and Bailey (2004) note that even defining who falls into the category of mentally disordered offenders is problematic '. . . and may include offenders whose mental health difficulties are significant but not necessarily of a type or severity to bring them within the remit of the Mental Health Act 1983'. Conversely, Yellowlees (1953) states that Blackwell made reference to a legal definition during the eighteenth century, suggesting that 'The lunatic, or *non compos mentis*, is one who hath had understanding, but by disease, grief, or other accident, hath lost the use of his reason . . .' (Yellowlees, 1953, p. 136). Yellowlees goes on to say that although it is not much of a definition, Blackwell was ahead of his time in attempting to define mental illness. Furthermore, Peay (1997, p. 664) has quoted Lord Devlin as saying:

> . . . it is reason which makes a man responsible to the law, reason and reason alone . . . It is what distinguishes him from the animals, which emotional disorder does not; it is what makes him a man; it is what makes him subject to the law. So it is fitting that nothing other

than a defect of reason should give complete absolution.

This then would seem to suppose that there is at least a legal *recognition* of the issues, if not a legal definition. Yet Peay also points out that such a clear distinction is in itself problematic. 'To argue for the existence of a discrete group of mentally disordered offenders, presupposes a category of mentally ordered offenders' (Peay, 1997).

Mental illness is a social concept and has in the past been used to explain many differing forms of behaviour that have fallen outside the norm of society. The concept, and its definition, are flexible and changeable over time and are governed more by the social morals and values attributable to 'normal behaviour' than by a set of discernible criteria. What is needed first is a definition of 'normal' and, second, of 'illness'. In fact a point for further discussion is the role that a social definition plays in mental health, and indeed in defining something likely to be linked with our genes.

It was not uncommon, says Carlen (1998), for women to be defined as mentally ill during the late eighteenth and the nineteenth centuries. Carlen continues that this was often the case if they did not meet or act in the socially accepted ways. Mason and Mercer concur, suggesting that women were often seen to be deviant, dysfunctional and altogether '. . . like the insane', if they did not conform with the moral and societal norms (Mason & Mercer, 1999). For instance, giving birth outside of marriage was often seen to be evidence of a weak mind and body, and cause enough for someone to be defined as mentally ill.

Consequently, sexual deviancy and promiscuity, immoral conduct or dependency on drugs and/or alcohol, are issues addressed under the Mental Health Act 1983 which goes some way to protecting the individual from misrepresentation and value judgement so common in the history of mental illness (Turner, 1996). Mason and Mercer (1999, p. 65) conclude that, 'for medical men of the nineteenth century, deviant women represented a threat to the stability of family life, and ultimately the social order . . . a "species" apart'.

Conversely, Yellowlees (1953) gives a complete admonition of the British legal system. He suggests that it has always been the position of the British legal system to divert the individual into medical care wherever possible; giving its emphasis more to the medical treatment of the criminally insane than to look for retribution. It is to the credit of the British legal system that the law has been unwilling to punish the insane. He continues (at p. 136), '. . . it is no more than the truth that at one time the law's treatment of criminal lunatics was not nearly as harsh as the doctors' treatment of unoffending ones'. However, this would seem to be anything but the truth, as such cases as Derek Bentley would seem to testify. Although a little after the work of Yellowlees, Bentley's case is testament to the miscarriages that have continued within the British legal system for centuries. Derek Bentley was hanged at Wandsworth prison on 28 January 1953, for the murder of a police constable in South London. However, at the time of the trial, it was known that, first, Bentley did not fire the fatal shot that took the life of the police officer and, second, that Bentley, aged 19, had the mentality of an 11-year-old child. Even though these facts were known, it took some 45 years for the British justice system to acknowledge any wrongdoing and grant a parsimonious pardon (Campbell, 1995).

A second such case is that of Timothy Evans who, in March 1950, stood trial, and was subsequently hanged, for the murder of his wife and daughter. Yet, Timothy Evans was said to be a loving husband and a caring father, not the picture of a murderer. In 1953 John Christie, the Evans family landlord, was arrested, tried and convicted of

the murder of his wife and six other women, including that of Beryl Evans, wife of Timothy Evans. In 1966, some 16 years after John Christie had acted as the chief prosecution witness in the Evans family murder case, Timothy Evans was given a grudging pardon (Gudjonsson, 2003). What remains of interest is that it appears no one thought to enquire of Timothy Evans's state of mind after finding his wife and daughter dead.

However, examples abound, and not just from history. More recently there have been cases such as that of David Bradley who had been suffering from mental illness for a number of years. Bradley shot four members of his own family before calmly walking into the local police station, placing a home-made bomb on the counter and informing the duty officer of what had happened and that he wished to hand himself in (Wainwright, 2007). Do these (and so many other) cases show more evidence of a critical reaction on the part of the State and a need to convict in such distressing cases? It may be so that in such cases we see reflections of Cohen's (2002) 'moral panic'.

Peter Sutcliffe is an example of how the system may work against itself in the need to support justice and foster social calm. Prior to Sutcliffe's arraignment, says Peace (2003), both the counsel for the defence and prosecution had agreed that Sutcliffe had been suffering from paranoid schizophrenia at the time of the murders, yet the trial judge made the decision that it should be left to the jury to decide upon Sutcliffe's mental state at that time and not be reliant upon the psychiatric reports. This followed one of the most horrific periods in British homicide, which was sensationalised by the press, following every aspect and detail of the case and the trial. Prior to Sutcliffe's arrest and subsequent conviction, the media had reported continually and sensationally on the murders, yet such is the fascination for the British media that they have continued to report in such a fashion throughout recent years. For Cohen (2002), once the action takes place and the reporting begins, it is the social reaction which will inevitably drive the 'fear of crime' and the panic which ensues. It is interesting that months after the trial had concluded, says Peace (2003), Sutcliffe's mental capacity was again questioned. To this, Hollin (1992) adds that three years after conviction Sutcliffe was removed from the prison system and placed into a secure unit.

Cases like these are not hard to find throughout history (eg Evans, Bentley, Lattimore and Leighton (in the Confait murder) and Bradley) and not all lead to the death penalty, but certainly leave questions over the basis of conviction. Indeed what seems to cause difficulty is giving a reason for the continued use of capital punishment. Hollin (1992, p. 112) quotes Gerald Gardiner QC as saying that 'Capital punishment is a convenient phrase: but what it really means is that once a month they take some man, woman or youth out of a cell and kill him or her on a gallows'. This would seem to suggest that even during a period in which the British legal system had the use of the death penalty, its popularity was greatly waning. Two points would arise from this: first, given that once the death penalty has been used the decision cannot be rescinded, the hanged man cannot be brought back to life. And second, if there is no possibility of the death penalty, then why have a plea of insanity in the first place?

The plea of insanity stems from the need to recognise that in any number of cases those accused do not always comprehend what has happened and even in those cases where they do, they may not have the mental capacity to realise right from wrong (Hollin, 1992). Crucially, in Britain there must be criminal intent, ie individuals must have known the act is wrong and recognise

that they are doing wrong. Consequently, without the concept of *mens rea* the system begins to falter. Mason and Mercer (1999) concur, concluding that *mens rea* calls for an acceptance that all of us have the free will to act as we choose, where in fact this is not always the case. This questions how responsible an individual can be held for any action when suffering some form of mental illness. In such a case, although a guilty act (*actus reus*) may present itself, with no guilty mind the accused cannot legally be said to be in a fit state to stand before the courts. However, this would seem to be debatable in the case of Stefan Kiszko. In October 1975, Kiszko was questioned about the murder of an 11-year-old schoolgirl from West Yorkshire. Kiszko was told that if he agreed to sign the confession he could return home to his mother that evening. Yet at the age of 26 years, Kiszko was known to have a mental 'retardation', having the understanding of a 12-year-old child (Campbell, 2006). Therefore, it is debatable whether Kiszko (even though he was in the vicinity of the crime) had both a guilty mind and took part in a guilty act. Even at the time of his arrest and questioning it was doubtful if Kiszko was capable of having the requisite *mens rea* for this particular *actus reus*.

A plea based upon the notion of diminished responsibility, or insanity, then gives the court an option that may not have presented itself at any other time. This alone allows the court to recommend hospitalisation or community supervision as a viable alternative to a prison sentence. Yet, for the most part what is being called for is a moral judgement. Is it morally right to place a person into a regime in which they are unable to function? Sim (1990) has suggested that mentally disordered offenders are incapable of conforming with the strict regimes enforced within the prison system, to which Heller et al. (1996) add that prison is an inhumane setting in which to hold the mentally disturbed. It could be argued that when placed into an inappropriate setting the mentally disordered offender, or indeed one who has not experienced such a regime in the past, is more likely to feel alienated and depressed which all too often leads to a deterioration in the mental condition (Mason & Mercer, 1999). Indeed the Penal Affairs Consortium, reporting on the period 1991–1997, estimated that in 1991 '. . . 3% of the sentenced prison population (approximately 1,100 prisoners) were suffering from psychiatric disorders warranting transfer to an NHS hospital' and concluded that with regard to remand prisoners '. . . 9% of the sample needed transfer to an NHS hospital' (Penal Affairs Consortium, 1998, pp. 1–2).

The plea of insanity then allows the criminal justice system the opportunity to recognise that there are other issues that may need to be resolved before any punitive sentence can be sought. Indeed, Hollin (1992) questions whether a punitive punishment should ever be sought in the case of mentally disordered offenders. It is an ethical dilemma that exists for all psychologists and psychiatrists in countries that still have use of the death penalty. 'In countries where the death penalty is used', says Hollin, '. . . should clinical treatment be made available to a psychotic prisoner so that when he or she is returned to normal functioning they can be executed?' (Hollin, 1992, p. 114). Where individual mental health remains at question the appropriateness of retributive punishment remains for the victim, the accused and society in its widest sense.

Where there is a case for the abolition of the death penalty — whether because of the plea of insanity or for other reasons — others have argued for its 'protected use'. Indeed, Dudley Sharp (1997) has questioned the position of the abolitionists, stating that it is 'morally untenable' to suggest that '. . . if two acts have the same ending or result, then these two acts are morally

equivalent'. For instance, Sharp argues that although legal incarceration and kidnap result in the same outcome (ie imprisonment against one's will), one takes place as a result of the legal process, where the other takes place as a result of an illegal act.

The argument would seem to gain momentum when notions of deterrence and incapacitation are added. John McAdams, of the Marquette University, Department of Political Science, states that, 'If we execute murderers and there is in fact no deterrent effect, we have killed a bunch of murderers. If we fail to execute murderers, and doing so would in fact have deterred other murderers, we have allowed the killing of a bunch of innocent victims. I would much rather risk the former. This, to me, is not a tough call' (McAdams, 2001). Sharp (1997) concurs, indeed gives the argument growing emphasis stating that 6 per cent of young adults convicted of murder were arrested and convicted of a second murder, within six years of the date of parole. This, says Sharp, equates to an estimated 810 convicted persons having killed a further 821 victims. If, however, these previously convicted murderers had received the death penalty, then all 821 victims lives would have been saved. Although it is impossible to know which 6 per cent of murderers would take a second life, if all murderers were to be executed, as Sharp is suggesting, then there would be no question of further harm or death of an innocent, only a politically (in)defensible position.

Similar discussions can be held following the statements made by David Davis who, as the Shadow Home Secretary, said, 'I would bring back capital punishment for serial murderers . . .' concluding that, 'The reason why people are against the death penalty very often is because of the risk of getting it wrong. With serial murders, that is unlikely to happen' (Watt, 2003). Does this then provide for the defensible position?

Interestingly, Cole (1995) notes that in all the 38 states of North America with the death penalty, there are certain standards to be observed before the death penalty can be imposed. First, the accused cannot be insane and second, criminal intent — as in Britain — must be proved. Indeed, Cole goes on to say that in cases of mental retardation the death penalty is rarely imposed. Various reasons are cited by Cole, yet what seems to stand out is the recognition that through retardation it is unlikely that fair representation can be achieved in such cases. It would seem that debate on the moral problems surrounding the use of the death penalty and the position of the mentally disordered offender has reached much the same conclusion in the United States as it has in Britain. There must be both a guilty mind and a guilty act and, with the absence of either, the accused must be diverted from the criminal justice system to the more humane setting of hospitalisation and treatment. The United States, and Britain, would seem to argue for the role of treatment when there is clear evidence of mental illness.

In Britain, as in those states in North America plus the District of Columbia, that do not have the use of the death penalty, there arises the question of what is to be done with offenders who do not receive the death penalty. Sharp (1997) states that there is a continued escalation in the costs of imposing life sentences for those who would have otherwise received the death penalty. He reports the figure for the United States as standing in the region of $1.2 million to $3.6 million over an estimated 50-year period for those sentenced to 'life without the possibility of parole' (Sharp, 1997). This does not include those undergoing appeal on the grounds of insanity or diminished responsibility. Figures for Britain reach a similar position. According to RCP (2004), life imprisonment for a single offender costs in the region of

£37,500 per annum. If taken over the same period of 50 years, this would take the estimated costs to £1.875 million for that same prisoner.

Moreover, the question seems to be, what is to be done in such cases when prison is inappropriate? The Mental Health Act 1983 clearly states that those suffering from mental illness should be diverted from the criminal justice system at the earliest opportunity. However, in many instances, the prison may be where those convicted end up, at least for part of their time, if there are no places available in hospitals or secure units. Indeed the Penal Affairs Consortium (1998) took issue with the fact that, contrary to Home Office circular 66/90 which states that mentally disordered offenders should never be remanded to prison, in 1995, 2,481 people were remanded for psychiatric reports. This would seem to suggest that the recognition exists that prison is inappropriate to support the needs of those with mental health issues. Indeed, just four years later the Department for Health (1999) reported that there were up to 10,000 individuals suffering mental health issues that needed to be addressed under the provision for health care in prisons (Home Office, 1999, para. 11), yet there is no discussion of improvements in facilities which must be made available.

Morally, there can be no question as to the appropriateness or otherwise of incarceration for individuals who are suffering some form of mental illness. However, this still leaves the notion that there is such a thing as a mentally ordered offender. What then is the value of such a defence for the accused? For Kemshall, Canton, and Bailey (2004), the value is found in the fact that, for many individuals, it is the first time that there has been recognition of their difficulties and that once recognised help can be offered. Again, the defence of insanity can raise the awareness of the judicial system, and the recognition that but for a psychological impairment the individual would have acted in an altogether different way.

Conversely, it is the work of Erving Goffman (1968, 1990) that offers an explanation of why an individual may not enter a plea of insanity. Goffman (1990) suggests that in the recognition of insanity or any other social stigma, society places a label upon such individuals as a way of explaining their behaviour. Yet this label, says Goffman, is almost impossible to remove. The label of insanity creates a stigma around the individual, which may preclude or exclude them from certain social settings, or even social inclusion. For instance, the application of such a label may place barriers in the path of the individual in the work place, with questions arising as to the ability, reliability, trust, and even the level of understanding and education (Social Exclusion Unit, 2002), even though these assumptions may not be warranted, or appropriate.

Just as importantly for individuals may be the belief that once made subject to a hospital order, they can be held at the discretion of the medical staff, and held without important information. Lord Justice Woolf (1991) suggested that any offender given a custodial sentence lasting more than one year should be given access to a structured sentence plan and a release date. However, this does not seem to be the case for persons held within the medical system. Conversely, there is the advantageous position of having the case dismissed, or the sentence given over to a community punishment, if the defendant is found to be suffering from a form of mental illness. Yet, even with the opportunity to supervise individuals in the community and therefore to support them in the environment to which they are most accustomed, and even though Kemshall et al. (2004) note that the Royal College of Psychiatrists estimate that '. . . at least 3,000 offender-patients would benefit from community supervision . . .',

'. . . despite cautious advocacy from Her Majesty's Inspectorate of Probation . . . for its increased use, it remains infrequent'.

As to the value of the plea of insanity, it would seem that the evidence is double-edged. The area of insanity is not well defined, so far as the law is concerned, which leads to problems of consistency in judgement and application. Society is still influenced by the labels that may be applied and the accused may be placed inappropriately, as has been noted by the Penal Affairs Consortium (1998). For Goffman (1990) this is due to the labelling process: he points out that, once released, offenders may still be viewed with an air of caution or disdain.

David Davis, the former Shadow Home Secretary, would argue that there is a strong case for the protected use of the death penalty and, as has already been noted, the victim is of paramount importance. However, it is when the system gets it wrong that not only will victims and their families suffer, but also the family of the innocent condemned. The grief experienced, and the injustice felt, by the families of Timothy Evans, Derek Bentley, Stefan Kiszko and many others stand testimony to this fact. This point is underlined by the RCP report (2004), where it states that: 'Research on the prison population by the Office for National Statistics in 1997 found that 14 per cent of women, 10 per cent of men on remand and 7 per cent of sentenced men had a functional psychosis such as schizophrenia or manic depression in the year leading up to their imprisonment'. Perhaps, as Cohen (2002) has suggested, it is not necessarily the individual that is at fault, but the media and social representations which drive the social panic and the need for closure. It is this need for justice which produces the convictions of a questionable nature. As Lord Fellowes (see RCP, 2004) said: 'asking the prison system to care for these offenders is "a gross imposition", because it is a job for which it is unqualified and ill equipped, and for which it is not funded'.

References

Campbell, D. (1995). Justice at last, 45 years too late. *Guardian Unlimited*. Retrieved July 13, 1998, from http://innocent.org.uk/cases/derekbentley/index.html.

Campbell, D. (2006). Stark reminder of how an innocent man can be railroaded into spending years in jail. *Guardian Unlimited*. Retrieved April 17, 2007, from http://www.guardian.co.uk/crime/article/0,,1945325,00.html.

Carlen, P. (1998). *Sledgehammer: women's imprisonment at the millennium*. Basingstoke: Macmillan.

Cohen, S. (2002). *Folk Devils and Moral Panics* (3rd ed.). London: Routledge.

Cole, G. (1995). *The American System For Criminal Justice* (11th ed.), New York.

Crow, I. (2001). *The Treatment and Rehabilitation of Offenders*. London: Sage Publications.

Flynn, N. (1998). *Introduction to Prisons and Imprisonment*. Winchester: Waterside Press.

Goffman, E. (1968). *Asylums: Essays on the Social Situation of Mental Patients and other inmates*. Middlesex: Pelican Books.

Goffman, E. (1990). *Stigma*. London: Penguin Books.

Gudjonsson, G. (2003). *The Psychology of Interrogations and Confessions — A Handbook*. Chichester: John Wiley & Sons Ltd.

Hagell, A., & Dowling, S. (1991). *Scoping Review of Literature on the Health and Care of Mentally Disordered Offenders* (CRD Report 16). York: NHS Centre for Reviews and Dissemination.

Heller, T., Reynolds, J., Gomm, R., Muston, R., & Pattison, S. (1996). *Mental Health Matters: A Reader*. Milton Keynes: Open University Press.

Hollin, C. (1992). *Criminal Behaviour: A Psychological Approach to Explanation and Prevention*. Hove: Psychology Press.

Home Office. (1999). *The future organisation of prison health care* [Electronic version]. Retrieved April 13, 2007, from http://

www.dh.gov.uk/en/Publicationsand statistics/Publications/Publications PolicyAndGuidance/DH_4006944.

Kemshall, H., Canton, R., & Bailey, R. (2004). Dimensions of Difference. In A. Bottoms, S. Rex, & G. Robinson (Eds.), *Alternatives to Prison – options for an insecure society.* Cullompton: Willan Publishing.

McAdams, J. (2001). Quotation cited on Pro-death Penalty.com website. Retrieved March 28, 2007, from http://www.pro deathpenalty.com/.

Mason, T., & Mercer, D. (1999). *A Sociology of the Mentally Disordered Offender.* London: Longman.

Peace, D. (2003). The night of the hunter, *The New Statesman* [Electronic version]. Retrieved April 14, 2007, from http:// www.newstatesman.com/200303240036.

Peay, J. (1997). The Mentally Disordered Offenders. In M. Maguire, R. Morgan, & R. Reiner (Eds.), *The Oxford Handbook of Criminology* (2nd ed.). Oxford: Clarendon Press.

Penal Affairs Consortium. (1998). *An Unsuitable Place For Treatment: Diverting Mentally Disordered Offenders From Custody.* London: Author.

RCP. (2004). *Rethinking Crime & Punishment: The Report*. London: Rethinking Crime & Punishment.

Sim, J. (1990). *Medical Power in Prisons — the prison medical service in England 1774–1989*. Milton Keynes: Open University Press.

Social Exclusion Unit. (2002). *Reducing re-offending by ex-prisoners.* (Report by the Social Exclusion Unit). Home Office: London.

Turner, N. (1996). *Hyper GUIDE to the Mental Health Act: Scope and Definitions*. Retrieved March 28, 2007, from www.hyperguide. co.uk/mha/overview.htm.

Wainwright, M. (2007). Unstable Gulf War veteran killed family. *Guardian Unlimited*. Retrieved March 29, 2007, from http:// www.guardian.co.uk/frontpage/story/ 0,,2001839,00.html.

Watt, N. (2003). Execution row bogus, Tories tell Davis. *Guardian Unlimited*. Retrieved April 17, 2007, from http://www.guardian. co.uk/crime/article/0,,1086645,00.html.

Woolf, Lord Justice. (1991). *Prison Disturbances April 1990* (Report of an inquiry CM 1456). London: HMSO.

Yellowlees, H. (1953). *To Define True Madness*. Middlesex: Penguin Books.