Prins was obviously sufficiently pleased with the reception of the first two editions of this book (25 and 10 years ago respectively) to think that another would be welcome. He is probably right: as he points out, the last decade has seen an avalanche of criminal justice legislation, in the context of, in his view, “an almost morbid governmental preoccupation with, and over-reaction to, the need for public protection”. In this climate, the market for books such as his is extremely healthy, with potential readers – he lists them – in the fields of forensic psychiatry and psychology (including trainees), the police, advocates, probation officers, prison and hostel staff, mental health nurses, social workers, the voluntary sector, the Parole Board, Mental Health Review Tribunals and the civil service. Not forgetting, of course, members of the public, who are “very puzzled about and may be made very anxious by” the behaviour of some of their fellow citizens.

Prins acknowledges that the presence of the word “deviants” in the title may be offensive to some. His defence is captured in the words of the late Dr. Peter Scott: these are the “unrewarding, degenerate, not nice offenders”. Prins points out that those who work with such individuals, like the public, can be reluctant to face up to “issues of treatment versus punishment ... and the dilemmas inherent in distinguishing between normality and abnormality, sickness and sin, care and control”.

In part, this book provides an overview of some of the major topics relevant to mentally disordered offenders. Although other writers have dealt with these at greater length, the author’s analysis of some of the uncertainties and ambiguities both in the law and in clinical practice is shrewd. There are chapters on legal aspects of responsibility; sentencing options; the evidence for a link between different types of mental disorder and crime; sexual offending; arson; and on “bloody deeds” of violence towards others (the book is peppered with quotes from Shakespeare, no doubt a result of the author’s acknowledged debt to the late Dr. Murray Cox). In the latter chapter, Prins critically examines the government’s response to violence as a public health issue, including the controversial guide issued by the Department of Health in 2001, entitled: “Withholding Treatment from Violent and Abusive Patients in NHS Trusts: We Don’t Have to Take This”. In postulating that some staff could actually be responsible for provoking some incidents – and providing evidence that this might be so – he is challenging those of us who work in allegedly caring institutions to face up to difficult truths.
Prins also proposes a new, “socio-legal” classification with 13 categories of unlawful killing, although the basis for it is unclear, with motive, international politics, mental disorder, marital status, childhood and sex all potentially playing a part. He has a particular objection to Harold Shipman being labelled a serial killer, in the light of what is known about the behavioural and other characteristics of those he believes to be the genuine article. In his own typology, Shipman was guilty of “carer killings”, sometimes committed by those with severe personality disorders, as in the case of the former nurse Beverley Allitt.

Recent and proposed legislation are usefully – and briefly – outlined. However, Prins also provides us with a personal and thoughtful commentary on some of the difficulties and dilemmas inherent in this field of work. Often these are illustrated by rich case vignettes, which bring alive the dangers both of over-optimistic clinicians who fail to spot warning signs, and of those who remain in denial – and therefore unconscious of – their distaste and even hatred for some of the patients they have to treat. Prins is frank in his critique of the growing dominance of the clinical governance culture and its’ preoccupation with ticking the boxes: “such clinical oversight has its uses but, increasingly, one suspects that it may be sapping individual initiative and activity. It also tends to lower professional morale and engender a ‘looking over one’s shoulder’ attitude”.

The chapter on personality disorder gives a theoretically broad and informed account of the origins of the concept, and adds three key characteristics to the 16 famously outlined by Cleckley: “super-ego lacunae” rather than a total lack of conscience; a greater than usual need for excitement and arousal; and a “capacity to create chaos among conscience, friends and those involved in trying to manage or contain them.” Again, it is in the clinical sphere that Prins offers his most interesting insights: he is very aware of the serious impact that personality-disordered patients can have upon professionals, and of “the need to tolerate, without loss of temper, the hate, hostility, manipulation and ‘splitting’ shown by such individuals, and an ability not to take such incidents as personal attacks”. This is not an area of work, warns Prins, that “should be characterised by ‘prima donna’ activities ... for there are dangerous workers as well as dangerous patients”.

Also discussed are some of the legal, moral and clinical challenges presented by the government’s new proposals for the legal and clinical management of personality-disordered offenders. One of the most significant of these is the prospect that individuals with severe personality disorder could be detained in hospital on an indeterminate basis, on the grounds of the risks they pose to others. What happens, asks Prins, if staff in one of the new specialist units consider that such a person is “untreatable”? The question, in this book at least, remains unanswered.

A later chapter on risk gives a number of useful definitions, and discusses the growing use of structured risk assessment tools, pointing out that these may say much about groups, but less about individuals. While Prins has comments to make about the prevalent “culture of risk and blame”, he also points out that failures of communication often lie behind tragedy. These have been listed repeatedly by those conducting Homicide Inquiries into killings by the mentally disordered, but with an emphasis on the faults of individual professionals rather than any attempt at a more sophisticated analysis. There is a need, Prins argues, for improved communication between clinician and patient: ambivalence, hostility, fear and denial are not the sole prerogative of the latter. Also for improved communication between professionals: “case conferences and public protection committees sometimes fail to work as effectively as they could because of the mistaken belief that multi-agency is synonymous with multidisciplinary, when, in terms of role perceptions and territorial boundaries, it clearly is not.”
The author acknowledges that “issues of confidentiality are prominent in relation to inter-agency functioning and often impede it”, but merely refers the reader to another author's writings on the subject. A discussion about confidentiality would have been a useful addition to this chapter, since this is a topic on which the General Medical Council, the National Health Service, the medical defence unions, and a number of other bodies all give different – and sometimes conflicting – advice.

This is an extremely perceptive book, which provides a good overview of the literature as well as challenging professionals to improve their practice, and government to improve its law-making. The references are drawn from a broad spectrum of thought and research. I will be buying a copy for the staff library in our service.

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