

## RESEARCH ARTICLE

### The fixated and the pursuit of public figures

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This paper considers the problem created by those who harbour unusually intense fixations on public figures. It examines the nature of such pathological fixations and how they differ from the wide range of normal concerns which lead people to communicate with, and even occasionally harass, politicians and other prominent persons. In those harbouring a pathological fixation, there often emerges a pattern of stalking-type behaviour, with repeated attempts at communication and/or contact which create concern. In a small number, the fixation either remains hidden or leads to attempts to communicate about, rather than to, the subject. Occasionally, such a fixation will come to attention with some dramatic approach, or even attack, on the individual with whom the fixated person has been preoccupied. Fixated people are of concern, not just because they create problems for public figures and their security systems, but because many are seriously mentally ill individuals in need of care, who in most cases cause harm only to their own lives and well-being.

**Keywords:** fixation; stalking; threats; public figures; risk assessment; mental health services

### Introduction

You don't need the mindrot . . . . [S]ome people can get fixated all by themselves . . . their will is so strong – or their mind is so rigid – that they exclude everything outside of the central fixation . . . . Recognise the problem. Don't throw your life away. (Vinge, 1999, p. 734)

This paper is concerned with a state of mind we term *fixation*, and its association with the persistent pursuit of public figures. Those in positions of power and prominence attract a variety of forms of wanted and unwanted

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attention. These include repeated attempts at communication to request favours, express viewpoints, or merely tender loyalty and affection. In addition, there are occasional physical intrusions. Such communications and intrusions create concern when they become threatening, or so eccentric and impassioned that they evoke fears of an attack. Such behaviour directed at the prominent is not new, but in our increasingly security-conscious world it has taken on a new significance. There are various reasons for repeatedly attempting to make contact with the powerful and influential; one reason is being driven by an abnormally intense fixation. Some of these intense fixations may arise from pre-existing psychotic disorders or, as they develop, take on the characteristics of a delusionally-driven preoccupation.

Public figures, who combine power and a media profile, are in today's world at risk of attack from four broad sources: terrorist organisations, political extremists, criminal conspiracies, and the fixated. The terrorist threat captures the greatest attention, for understandable reasons, but in Western nations terrorists account for only a minority of such attacks (Fein & Vossekuil, 1998, 1999, 2000; James, Mullen, Meloy, Pathé, Farnham et al.; Meloy et al., 2004; Scalora et al., 2002a, 2002b). This paper addresses the problems created by, and for, those in the grip of an abnormally intense fixation on a public figure. It arises out of work undertaken for the UK Home Office during a three-year research project on the fixated, the results of which currently remain outside the public domain.

### **The fixated**

Fixation (from the Latin *figo*, to be bound fast) describes an intense preoccupation with an individual, activity, or idea. Normal fixations are a part of everyday life and are found in such states as romantic love, parental and filial affection, intense loyalty, and adulation. People may also develop abnormally intense fixations on individuals or causes, these being obsessive pre-occupations pursued to an abnormally intense degree.

Fixation can be primarily attached to an individual or to a cause. Abnormally intense fixations on a cause not infrequently metamorphose gradually into a fixation on a specific individual and, during the transition, there can be a mixed focus on both cause and person.

The pathologically fixated spend much of their waking lives thinking about the object of their concern. They usually gather information from multiple sources, including newspapers, books, television, and, increasingly, the Internet. Most make repeated attempts to communicate with the object of their attention via lengthy letters, telephone, and email, with a few establishing web pages. The sheer volume of material produced by many of the fixated sets them apart from most other enthusiasts targeting the

prominent. The pathologically fixated often also seek close physical proximity to the objects of their attention, and may attempt to penetrate their homes and workplaces.

Pathological fixations can emerge autochthonously out of pre-existing delusional beliefs, or develop gradually. Such abnormal development usually begins with the belief that the individual's interest in a prominent person in and of itself establishes mutuality and a right to reciprocal concern. This autistic engagement with the other progresses to a belief that they are entitled not just to acknowledgement, but to active support. Frustration and anger may follow when neither the recognition, nor the support they believe is owed, are forthcoming. The intense preoccupation drives out everything else, alienating friends and relatives, undermining any social networks the fixated person may have had, making continued employment impossible, dissipating financial resources, and typically leaving them isolated and destitute, with every moment taken up with their quest (see Table 1).

### **The fixated and stalking**

Stalking refers to a constellation of behaviours involving repeatedly imposing unwanted communications and/or contacts on another in a manner which occasions fear or distress. Stalking may emerge on the basis of a range of motivations and states of mind (Mullen, Pathé, & Purcell, 2000). Stalking is a pattern of behaviour, in contrast to fixation which is a state of mind. The fixated often indulge in stalking behaviours, and stalkers may well have a state of mind which can be described as fixated, but these are not coextensive. Here we focus on the state of mind, fixation, because a significant minority first come to notice when they attempt contact and only then does the long history of fixated preoccupation come to light. One approach does not constitute stalking, but months or years of dedicated preoccupation does constitute fixation.

### **Towards a typology of the fixated**

A review of a large number of case files suggested that it is possible to identify five broad types of fixation. The examples provided are either taken from cases already in the public domain, or from cases that have been suitably anonymised.

#### ***Relationship seekers***

Relationship seekers believe they have, or are destined to acquire, a special relationship with the prominent person. This claimed relationship can be amorous, as with those possessed by erotomaniac or morbid infatuations (Mullen & Pathé, 1994). The morbidly infatuated typically propose

Table 1. Fixation.

Normal range	Pathological extensions
<p>The individual:</p> <ul style="list-style-type: none"> <li>● Usually focuses on interests or concerns, although occasionally may centre on an individual such as a pop star.</li> <li>● Recognises that what they are fixated on is important to them without making them important to it.</li> <li>● Does not expect reward or recognition beyond that which comes from admiration of fellow fans.</li> </ul> <p>The individual's attention:</p> <ul style="list-style-type: none"> <li>● Fits with the individual's personal and social background.</li> <li>● Enhances the individual's life.</li> <li>● Usually promotes contact with like-minded people.</li> <li>● May direct priorities but not to total detriment of mundane needs and commitments.</li> <li>● May reflect or generate loyalty and/or gratitude to individuals or organisation on which fixated.</li> <li>● Can produce conflict with family and friends, usually over expenditure of time and resources.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>● Fixations on sports teams, media and entertainment figures, royalty, motor cars, activities like fishing and sailing, and collectables.</li> </ul>	<p>The individual:</p> <ul style="list-style-type: none"> <li>● May focus initially on issues or organisations, but ends up with exclusive focus on an individual.</li> <li>● Believes their expenditure of time and resources entitles them to reciprocal attention.</li> <li>● Tends to become angry and resentful when hopes are not fulfilled.</li> </ul> <p>The individual's attention:</p> <ul style="list-style-type: none"> <li>● Is often out of keeping with prior personal and social background.</li> <li>● Comes to dominate all other interests and concerns, to the detriment of personal and social functioning.</li> <li>● Is isolating, as idiosyncratic with a nature and intensity which alienate others.</li> <li>● Is productive of expectation and sense of entitlement directed at object of fixation.</li> </ul> <p>Examples:</p> <ul style="list-style-type: none"> <li>● Fixations on politicians, heads of state, or other public figures who they believe could advance their interests or who have injured those interests.</li> </ul>

marriage, or more bucolic forms of union, while the erotomaniacs assert their right to an already existing union. A second type, the amity seekers, desire a confiding friendship which entitles them both to tender advice and share in power and influence. The amity seekers often appoint themselves councillors and confidants and can become enraged when this is not acknowledged.

*Case example: amorous relationship seeker, erotomaniac type*

A middle-aged lady was convinced she had a longstanding intimate relationship with a young member of the royal household. Over several years she sent hundreds of letters detailing their supposed relationship and responding to the coded communications she received from him via the radio and television. She made several attempts to approach the object of her affections, including a carefully planned intrusion into one of the royal palaces. She was out of contact with mental health services, and living a squalid existence as a result of expending all her resources on pursuing her love.

*Case example: amity relationship seeker*

A woman wrote regularly over some years to the Queen. The letters were conversational and intimate in tone, describing events in her own life and offering advice and encouragement to the Queen. As time passed, the woman's expressions of disappointment and irritation increased at not having received adequate responses to her epistles. Eventually she announced she was coming to the palace for tea to sort out this problem. When refused entry she became indignant and assaulted an officer who attempted to prevent her entry.

***Petitioners***

Petitioners are of two general types: those requesting, or more usually demanding, support for a cause, and those who are entreating assistance with a personal problem. These unusually persistent petitioners often believe that they are social reformers or whistleblowers acting as the aids or agents of the powerful on whom they have fixed their hopes. This leaves them peculiarly vulnerable to any supposed ingratitude or slight. While the original grievance in many cases will be rooted in some real experience and injustice, this group also includes those with bizarre delusional systems which appear to have little, if any, relation to reality.

*Case example: petitioner pursuing a cause*

A middle-aged man developed the belief that he, and many like him, had been damaged by the effects of a particular manufacturer's electrical appliances. He

attempted unsuccessfully to pursue complaints against the company through the courts and various complaints organisations. He became totally preoccupied with his quest for justice, writing numerous letters to prominent people on a daily basis, setting up an Internet site, and bombarding newspapers with letters. He became increasingly threatening towards individual MPs. Eventually he was arrested following a potentially dangerous incident during a sitting of the House of Commons. Again this man had laid waste to his life prior to his arrest and consequent referral for treatment.

*Case example: petitioner entreating personal assistance*

A middle-aged professional man ran into financial problems as a result of buying and extensively renovating a large family home. He became convinced the resultant mortgage foreclosure was the result of a personal vendetta against him, initially by the bank but later by the local council, police, and Inland Revenue. He wrote repeatedly to his MP requesting help and turned up regularly at the constituency surgery. When the MP failed to deliver the help he demanded he became, over a period of months, first insistent and then threatening. Eventually he came to the surgery armed, and launched an attack on the MP which ended in fatal injuries being inflicted on the MP's agent, who tried to restrain the man. At trial he was found to be of diminished responsibility on the grounds of mental disorder and made subject to a hospital order.

***Pretenders***

Pretenders assert a claim to a position or title. This group are virtually confined to the pursuers of royalty. They claim either to be the monarch or to be the monarch's heir or close, but unacknowledged, relative. Such beliefs are almost exclusively delusional in nature. Pretenders may present at a palace claiming to live there and attempt to enter. Some fixated pretenders are disorganised, with no other activities associated with their belief in their true identity and no apparent internal need to justify what to them appears self-evident. Others will attempt lengthy and often incomprehensible justifications, or conduct elaborate researches into their ancestry – many featuring claims about births that were kept secret or children that were confused or deliberately exchanged in infancy.

*Case example*

A man presented at Buckingham Palace claiming to be King Ronald, the son of Edward VIII, and the rightful King. He stated he was going to kill the Queen because she had had an electronic crown inserted into his head which tortured him and prevented his sleeping. A violent confrontation ensued. He

was taken by police to a local hospital where he was evaluated and admitted under section to his local mental health service. He was subsequently discharged and abandoned his medication. A few weeks later he stabbed and killed a charity mental health worker. On appearing in court all he would say in response to questions was 'King!'

### ***The persecuted***

The persecuted are either convinced a prominent person is persecuting them or are entreating support or protection against those they believe are out to harm them and who they believe the prominent person can control, thwart, or punish. This latter group are fixated on someone they believe to be their only hope of salvation.

#### *Case example: persecuted by a prominent person*

A man believed that the Queen was at the centre of a criminal terrorist conspiracy, which threatened not only him but the security of the Western world. He wrote repeatedly to a variety of agencies, but not to any representatives of his persecutor. In these communications, he outlined his evidence in great detail. Finally, in order to make his point, he decided that the gates of Buckingham Palace must be blown up. He commandeered a taxi, filled it with jerry cans of flammable liquid, had it driven to the gates, and attempted to set the fuel on fire. Fortunately he had economised by buying diesel, which is difficult to ignite.

#### *Case example: seeking help by the persecuted*

A middle-aged woman became convinced she had been the object of a campaign of persecution by a government agency. She appealed to her MP for assistance and was so impressed by the apparently concerned response that she pinned all her hopes on him. Over the next year she wrote to him repeatedly, attended the MP's surgery regularly, attended the House of Commons, and began turning up at the MP's home and following him around. She regarded him as her saviour. When attempts were made to dissuade her from these repeated intrusions into the MP's privacy, she became enraged, began repeatedly attempting to force herself onto the MP, and made death threats.

### ***The chaotic***

Here, motivation remains unclear, because communication is either so disorganised that no coherent theme can be identified, or so cryptic that the meaning remains obscure.

*Case example*

A young Frenchman had come across the Channel in response to command hallucinations; he was penniless and sleeping rough. He believed that he was in telepathic communication with the British Prime Minister. He made repeated attempts to climb security barriers around the House of Commons and Buckingham Palace for purposes that he appeared unable to describe. At interview, he was thought-disordered to the point of incoherence, and his motivation appeared confused and obscure, as much to him as to everyone else.

### **Separating the fixated from fans, legitimate campaigners, and political extremists and terrorists**

*Fans*

Similarities exist between the thoughts and actions of some fans and the fixated. Celebrities from the worlds of sport, entertainment, and the media may acquire numerous dedicated fans. European royalty continues to attract widespread affection and, occasionally, intense loyalty from members of the community. Presidents, and even on occasion prime and senior ministers, may attract similar attachments, albeit in smaller numbers and rarely abidingly. Fans who give their loyalty and admiration to the famous usually do so alongside co-enthusiasts, and derive pleasure and mutual support from their shared interests and concerns. Fans may hope for reward for loyalty, but they do not as a rule feel entitled to such recognition. In contrast, the fixated relationship seeker believes that, through their enthusiasm and abiding interest, they establish a debt; the prominent person owes them reciprocal affection and concern. They believe that, by having expressed and demonstrated fealty, they have earned a right to fealty in return. The fixated act alone, believing their relationship to the prominent person to be unique and quite unlike that of other admirers. Relationship-seeking fixation is often associated with stalking behaviours, and forms the basis for much celebrity stalking. It is the celebrity status of the prominent person that attracts this type of fixation, rather than their role as mediators of power and influence.

*Political campaigners*

The fixated petitioner need to be distinguished from legitimate campaigners, social activists, and ordinary citizens enthusiastically asserting their democratic rights. A central part of the democratic process is that citizens can communicate their views to their representatives. Freedom of communication with politicians is not only usually enshrined in law, but is highly valued by most politicians. Heads of state are also usually at pains

to ensure they are open to receiving communications. This is particularly the case for royalty who, for many citizens, literally embody national identity and represent the ultimate legitimising power. The right to bring grievances to the attention of rulers and the opportunity to express loyalty and support is essential to open societies. The abuse of such rights and privileges by the overenthusiastic and insensitive is part of the price to be paid for maintaining our kind of political structure.

Abnormally fixated petitioners are typically pursuing an idiosyncratic agenda whose claimed relationship to any wider social good is obscure at best. They often claim to represent a wide constituency, but in reality rarely work with others or through others. The fixated, when they take action, do so to draw attention to themselves or to give expression to their personal feelings rather than to any wider public agenda. As time passes, their aims typically become more diffuse and grandiose, losing any connection they may once have had to the ideas and aspirations of their fellow citizens.

### ***Political extremists and terrorists***

Petitioners and the persecuted who fall in the fixated category are almost all loners pursuing idiosyncratic quests which, as time passes, become increasingly diffuse and self-referential. Political extremists and terrorists are struggling to advance political agendas which reflect the ideas of the groups with which they identify. Their ideas over time tend to become more focussed and simplistic. Extremists and terrorists may invest great personal energy and make personal sacrifices – even the ultimate sacrifice. Unlike the fixated, however, they do not transform social agenda into personal agenda. Terrorists are distinguished in large part from mundane extremists by their focus on extra-legal action and the politics of the act and spectacle (Boal, Clark, Matthews & Watts, 2005; Pape, 2005; Stallabrass, 2006). In resorting to individual acts of violence, extremists typically alienate themselves from their group; in contrast, the terrorist realises the fundamental tactic of the group. When the fixated resort to violence, it is usually either an impulsive response to frustration or part of an obsessive pursuit of their goals, without consideration of the implications for themselves or others.

### **The fixated and mental health**

That fixated individuals, whether or not they actively stalk their victims should arouse the interest of protection services is easy to understand. A concern from mental health professionals is also justified because a high proportion of the fixated have a major mental illness.

Fixations may be rooted in delusional beliefs. The post-bags of public figures are overflowing with the writings of the floridly psychotic, and the residences and workplaces of the prominent are magnets for the mentally ill.

Many fixated individuals have received treatment in the mental health services, but are usually out of contact with services at the time they are actively pursuing their victim. The fixation dominates their lives and disrupts every aspect of their individual and social functioning, as well as creating a potential public nuisance and, occasionally, a serious public danger. Quite simply, most are in need of mental health care if they are to recognise they have a problem, not throw their lives away, and have any chance of overcoming their fixation. In effect, attention to fixated communications or approaches to the prominent serves a public health function: it acts as a tool for detecting people in need of treatment, many of whom appear to have fallen through the care net.

### **The fixated and risk**

The fixated create three broad domains of risk for public figures. The risk of being attacked is the most obvious. There is also the risk of a publicly embarrassing incident. Finally, there is the risk of dissipating the resources of the protection services in monitoring and evaluating the fixated. Incidents which involve prominent people, however apparently trivial and absurd, can attract media attention which, in turn, may trigger copycat behaviours from pranksters and from the publicity-hungry, which place increased pressure on protection services. The incident at Windsor Castle in which Aaron Barchak managed to obtain entry to a private royal birthday party dressed as Osama Bin Laden spawned a rash of copycat attempts at intrusion into royal palaces, stretching the resources and patience of the royalty protection police.

Security agencies find the risk from the fixated difficult to assess, in contrast to the other main sources of risk to prominent people – terrorists and political extremists, whose motives are usually relatively easy to understand, and whose *modi operandi* tend to follow predictable patterns. The fixated, by contrast, are difficult to understand in terms of motivation, their actions are often unpredictable, and they do not fit easily into standard means of assessing or managing threat.

### **Mental health services and managing risk**

The priority as regards the pathologically fixated from the mental health perspective is to ensure that those individuals who are suffering psychologically and socially as a result of serious mental illness receive the care and treatment they require. Security services have quite different priorities, centring on the protection of public figures from harm. In this particular situation, the two sets of goals may be not only compatible, but complementary.

Traditionally, security services have responded to persistent communicators or insistent intruders by attempting to assign to such individuals a risk

level which determines the level of subsequent surveillance, and occasionally the level of close protection provided to the public figure concerned (Borum, Fein, Vossekuil, & Berglund, 1999; Fein & Vossekuil, 1995, 1998; Meloy et al., 2004). The US Secret Service, for example, interviews most of those who raise concerns through inappropriate correspondence or attempted contacts with the President, and carries out extensive background checks before deciding on whether they merit ongoing surveillance and if so at what level. This is an enormously expensive undertaking, which can involve continuing commitments to the surveillance of seriously mentally ill people, with no capacity to intervene to ensure they have mental health treatment. Even those fixated individuals who break the law through threats or trespass are rarely prosecuted for fear of the adverse publicity and the potential for evoking copycat behaviour, thus foregoing the chances of obtaining treatment and containment via a court order. Security services around the Western world are well aware that many, if not most, of those who create problems for them are seriously mentally ill. However, they feel by and large impotent to intervene, and the mental disorder is regarded primarily as a factor complicating risk assessment, not as a pointer to a solution.

The pathologically fixated present the problem to security services of a large group of individuals who, although they may be a nuisance, very rarely progress to seriously disruptive behaviours, let alone overt violence. However, as they are such a large group, from their ranks will come most of the perpetrators of significant attacks on public figures. Terrorists are obviously far more likely to progress to attack, but a high proportion of a very small population can actually generate fewer attacks than a tiny proportion of a very large group. Applying any actual or conceivable risk assessment procedures to a population with such a low eventual violence rate will, however, inevitably generate high numbers of false positives.

There are two broad approaches to reducing risk in a population: first, try to identify those individuals presenting the highest risk and either contain them or take actions to reduce their level of risk; or second, act on the population as a whole, targeting a known risk factor in a manner likely to reduce the level of risk. Both approaches can make a contribution to reducing risk. The first is resource-intensive, as it involves individual attempts at risk prediction and management for each person in the entire at-risk population. The second approach involves attempting to lower risk in the whole population, irrespective of each individual's particular risk level.

In general, the more widespread the target risk factor in the population, the better the results of population-based interventions (e.g., obesity, hazardous drinking). Conversely, the rarer the risk factor, the better the results of individual interventions. If the risk factor is rare in the population, but when present often leads to a high risk, the individual identification of at-risk individuals is the approach of choice (e.g., lung lesions in TB, terrorist affiliations).

The majority of the fixated are driven by delusional beliefs based in potentially treatable mental disorders. We have a common risk factor (severe mental disorder), but a low level of high-risk individuals. This suggests that strategies aimed at reducing the widespread risk factor (active psychosis) in the fixated population as a whole should have priority. In other words, treating those with evident mental illness will have an important effect in reducing the level of risk to public figures, without it being necessary to predict which individuals are likely without intervention to become a real threat. This is not to abandon the search for a method of identifying high-risk individuals, but to ensure that what can be done relatively easily is done – rather than focusing exclusively on the far more problematic task of spotting among the many the few who may go on to violence. Adopting such a population-based strategy would improve the health and functioning of the whole group.

### **Ethical issues**

Medical professionals have clear ethical obligations to the health both of their patients and of the wider community. Less clear is any obligation to the safety of either their patients or the community. Their ethical duty would be crystal clear if only the health of the patient and community were not on occasion intertwined with issues of safety.

Those fixated persons whose preoccupations are driven by psychotic processes are, in our opinion, primarily a health problem. If there is no intervention, most will continue to be harmless to others but destructive to themselves. The nature of their disorders will usually bring them to the attention of mental health services eventually. All that employing their harassment of prominent people as a trigger accomplishes is earlier intervention.

The other element that at least requires consideration is that the fixated often commit criminal offences by virtue of their harassing behaviours. In many cases, prosecutions are brought more readily if the victim is an ordinary member of the community rather than a prominent politician or royal. In the latter case it is the victim's public role and the fear of evoking copycat behaviours which inhibits criminal prosecution. The use of a mental health intervention can be justified, therefore, both on a claim to be in the interests of a potential patient and as an alternative to a criminal justice solution.

There remains a problem, in that the approach advocated here may contribute to a trend towards giving community safety greater emphasis in mental health care. For those who do not believe in mental disorder, or who believe the mad should have their right to pursue their disordered choices limited only by the law, the proposal to identify and treat fixated people with psychotic disorders will be anathema. For the majority of health

professionals who recognise a role for intervention in achieving care and treatment for those rendered incapable by mental disorder, the main anxiety created by these proposals may be more resource-based than ethically grounded.

As always in health care, resource issues should be a matter of priority not of precedent or simply joining the back of the queue. The priority of the fixated, we argue, comes first and foremost from the extent of their need for care, and secondarily from the need for the mental health services to play their proper role in minimising the damage to the wider community suffered as a result of failing to treat adequately the seriously mentally ill.

### **The current situation**

Currently, the police and security services in the UK are aware of several hundred fixated individuals who are pursuing, with varying degrees of enthusiasm, campaigns directed at specific prominent people. The communications from these people make it probable that many, if not most, are seriously mentally ill. A detailed review of a large sample of those making repeat communications and approaches with evidence of intense fixations on a prominent person suggested more than 80% were actively psychotic. Usually, mental health services have had prior contact with these people but they are no longer in active treatment, or in the few cases where they are then their treating teams are usually unaware of their fixated behaviours. Ensuring that mental health services learn of this population of mentally disordered people and become actively involved in their care potentially contributes both to the fixated individual's health and their target's safety.

This apparently simple and elegant solution to a troubling and costly social problem raises practical questions, as well as ethical questions. A mechanism would be required to identify those among the fixated who can be regarded as probably mentally ill. Currently such evaluations are carried out by security personnel who, in our experience, have a limited ability to diagnose mental illness or organise appropriate treatment interventions. Those who generate substantial concerns over their mental health require assessment by the mental health services and, if indicated, treatment. Treatment will, in practice, require the use of compulsory powers in many cases. Mental health services would need to have a reasonable level of confidence that referrals were appropriate, in the sense of these individuals being almost certainly mentally ill and in need of treatment. Security services would need some assurance that if the fixated person were taken into care, or rejected as unsuitable, they would be kept informed. Fears of mental health professionals being used as agents of social control would need to be addressed, as would security services fears that mental health professionals will renege on their responsibilities to ensure that the risks to others presented by their patients are properly assessed and managed. Only a

service which retains as a primary purpose the identification of people seriously disabled as a result of mental illness will be ethically acceptable and clinically sustainable. Such a service would have as a by-product an improved, less costly security service.

There are mechanisms available in the UK through which these aims could be accomplished. Psychiatric diversion services at police stations and magistrates' courts have proved an effective means of identifying mentally ill people and arranging their admission to hospital for treatment (James, 1999; James et al., 2002). New multi-agency public protection arrangements (MAPPAs) were established under the Criminal Justice and Court Services Act 2000, and NHS trusts and primary care trusts are working with the police and probation on MAPPAs and related matters, following the requirements of the Criminal Justice Act 2003. Issues of standards and confidentiality have been addressed (Royal College of Psychiatrists, 2004). Other countries, such as the USA and Sweden, have arrangements whereby mental health professionals formally work with police in evaluating and managing the risk to prominent people posed by the fixated (Scalora et al., 2002a, 2002b).

There is an opportunity in the UK to build upon the diversion and MAPPAs precedents and establish a specialist multi-agency mechanism to meet the mental health needs of those fixated on the prominent. Such a service is currently under development.

## Conclusion

The issue of the fixated is capturing increasing attention in both law enforcement and mental health. Future initiatives in this area fit in with other recent multi-agency developments, and the issue is one where the interests of public security and those of people's mental health coincide. For psychiatrists, attention to the fixated need not be seen primarily as part of a public protection agenda; the majority of those in question are so severely ill that few could doubt the duty of doctors to ensure that they receive appropriate care. Psychiatrists should be more aware of the problem of fixation in their patients, and look for evidence of such tendencies in those for whom they care. It should be recognised that the writing of letters to, or the approaching of, prominent people by the mentally ill is an activity to be viewed with concern.

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