

R v MAXIMILLIAN BOURNE

SENTENCING REMARKS

1. Maximillian Bourne (D) was charged with attempted murder of Joselia Pereira Do Nascimento (JN). Having been found unfit to plead by me he has now been found by the jury to have done the act charged against him. Owing to his medical condition D was not present during proceedings to determine that question nor is he present in court today. He remains in a secure hospital.

FACTS

2. The victim in this case was, JN. She was D's live in housekeeper. On the night of 25.2.24 she was watching television alone in her room. D was also present in the house. At about 8.30 pm he called her to come out of her room. She naturally assumed that he would ask her to cook him some food or perform some other task and so she did as she was asked. He then viciously and brutally attacked her, stabbing her repeatedly with a kitchen knife to her head and body.
3. JN tried to escape and fell over as she did. D then let go of the knife, got on top of her and strangled her with both hands around her throat. Thankfully JN was able to get free. She ran to her bathroom, locked herself in and tried to stem the bleeding with a towel. Eventually she was able to retrieve her phone and call for help and both the police and ambulance services arrived on the scene quickly.
4. This was without question an utterly terrifying incident for JN. She was attacked without warning and without provocation in the home in which she lived and worked. It was only through sheer good fortune that she survived the attack and was not killed. However, she suffered horrific injuries to her skull, her face, neck, chest, arms and hands.
5. I have read her victim impact statement with care. She is permanently scarred and those scars cause her intense pain. She suffers with mental health issues as a result of the attack including PTSD, panic attacks, anxiety and depression. She

finds it difficult to go out in public and covers her scars when she does. She feels hopeless about the future. I also note although JN worked for an extremely wealthy family they have offered her no help, no support and nothing but a single text message whilst she was in hospital. Having lost her home at Justice Walk she now relies on charity and the goodwill of others to get by. This must feel cold, unfeeling and unfair at a very difficult time in her life.

THE AVAILABLE DISPOSALS

6. It is important to note in cases where a court has determined that a defendant is unfit to plead and a jury duly find that the defendant did the act complained of against them the court does not have the power to impose a sentence of imprisonment as it would were the defendant convicted of the offence in the usual way. Instead my powers are limited to imposing an order which requires the defendant be treated for his mental health condition whilst also providing protection for the public. The only options open to me are therefore a discharge, a supervision order or a hospital order with or without restrictions. I make it plain that protecting the public is a paramount consideration.

PSYCHIATRIC REPORTS

7. When considering whether D was fit to plead I considered the detailed reports of 4 consultant psychiatrists – Dr Taylor, Dr Dujic, Dr Patel and Dr Alcock. All 4 agreed that D was suffering from paranoid schizophrenia at the time of the incident and that he continues to suffer from the condition today. He has little or no insight into his mental health problems. 3 of those doctors, Dr Dujic, Dr Patel and Dr Alcock have also provided their professional opinion on the appropriate sentence in this case. Dr Alcock has also attended court today via video link

Dr Dujic

8. In his report dated 22.1.25 at paragraphs 31 to 33 [M6] Dr Dujic states as follows:

31. *In my opinion, his mental disorder, namely Paranoid Schizophrenia is currently of a nature and degree that requires further treatment in hospital. Although this is a first episode of the psychosis, taking into the account the length of the episode, in the absence of use of illicit substances, and the limited response to medication, it is highly likely that his mental disorder is relapsing and remitting in its nature as this is the usual course of the illness. Mr Bourne is still experiencing psychotic symptoms. His insight into his illness is minimal and without detention under Mental Health Act, I am of opinion that he would discontinue his treatment immediately, which would lead to increase of the psychotic symptoms and escalate risk to self and others. I therefore respectfully recommend to the court ... to consider Section 37 of the Mental Health Act (Hospital Order).*

32. *In addition to Section 37 of Mental Health Act, taking into account the protection of the public from serious harm, I respectfully recommend to the court to consider Section 41 of Mental Health Act. Although Mr Bourne has no previous convictions, the violent nature of his act, combined with his minimal insight into his illness and risk associated with it, presents as a significant risk to the public. Section 41 of MHA is particularly essential following the discharge from hospital and this would include necessary restrictions such as continued adherence to the treatment and the psychiatric follow up. He would be a subject of a recall to hospital if the concerns were raised about his mental state and the risk to others.*

33. *I confirm that the treatment remains available for Mr Bourne at Three Bridges Unit, Uxbridge Road, Southall, Middlesex UB1 3EU.*

Dr Patel

9. In his report dated 4.2.25 [M7] at pages 12 – 14 Dr Patel echoes that view. He states as follows:

“In my opinion ... the most appropriate order would be a hospital order under the provisions of section 37 of the Mental Health Act 1983 with further restrictions under the provisions of section 41 of the Act.

The reason for this is that Mr Bourne is currently suffering from mental disorder, schizophrenia, of a nature and degree which makes it appropriate for him to be detained in psychiatric hospital (s37).

He goes on to state -

“When considering actuarial or static risk factors, it seems to me that Mr Bourne is in a group who present a high risk for future violent offending. The most relevant factors appear to be the nature of the current alleged offending, and, history of substance including cannabis misuse. With respect to dynamic risk, it seems to me that Mr Bourne is in a group who are also at high risk. He remains acutely unwell and his insight into his mental illness and risk of violence owing to it, are both poor. Overall, in my opinion Mr Bourne is in a group who present a high risk of further future violent offending”.

...

Respectfully, and in my opinion, in considering the catchment area assessments of him, the most appropriate disposal is that of a hospital order under the provisions of section 37 of the Mental Health Act (MHA) 1983 with further restrictions afforded by section 41 of the aforementioned Act to protect the public from serious harm.

In further considering the merits of a hospital order with restrictions, with inpatient assessment, it has become clear that Mr Bourne continues to suffer from a mental illness of a nature and degree that warrants his ongoing detention in hospital for treatment in the interests of his own health and for the protection of others. He requires significant psychological intervention to reduce his risk of reoffending and such work would include insight orientated work, offending work and relapse prevention including in relation to substance misuse. Such work will be best delivered within a secure inpatient setting.

Dr Alcock

10. In his report dated the 10.2.25 [M8] at paragraphs 10.29 to 10.36 Dr Alcock also dealt with the question of disposal and confirmed that the criteria for making a HO under s.37, MHA, 1983 are met in that D is suffering from paranoid schizophrenia, a mental disorder within the meaning of the MHA and it is of a nature and degree that makes it appropriate to be detained in a hospital for medical treatment and that such treatment is available for him.
11. In particular, I note what he says at paragraphs 10.30 – 10.32 in which he states as follows:

“10.30 - I concur with the opinion of Dr Dujic that although this is Mr Bourne’s first documented episode of psychosis, taking into the account the likely length of time he had been mentally unwell and unmedicated, in the absence of use of illicit substances, and his current limited response to medication, it is more likely than not that his mental disorder would appear to be treatment resistant rather than of a relapsing and remitting nature. Mr Bourne is continuing to experience a range of ongoing psychotic symptoms. He is devoid of any meaningful insight into his illness. In my opinion, if Mr Bourne was not compulsory detained in hospital he would be true to his word and discontinue his treatment immediately, which would lead to an escalation of his psychotic symptomatology and associated risk to self and others.

10.31 - In addition to Section 37 of Mental Health Act, taking into account the protection of the public from serious harm, I also concur with the opinion of both Dr Patel and Dr Dujic that an additional Section 41 Restriction Order is warranted under the said Act. I concur with the opinion of Dr Dujic that although Mr Bourne has no previous convictions, the violent nature of his conduct in the context of current matters, combined with his total lack of insight into his mental illness and risk associated with it, presents as a significant risk to the public of serious harm.

10.32 - I concur with the opinion of Dr Dujic that a Section 41 Restriction Order is essential following if Mr Bourne were to make a recovery in his mental health that allowed consideration for a Conditional Discharge. This would require Mr Bourne to comply with any necessary restrictions imposed such as continued adherence to the treatment and the psychiatric follow up. He would be a subject to recall to hospital if the concerns were raised about his mental state and the associated potential risk to others”

12. Dr Alcock has given evidence before me this morning. He explained that when actively psychotic D is prone to act upon his delusions in the way he did towards JN. He is therefore at particular risk of harming others in the future. Dr Alcock also explained that D has not responded to treatment at all and there is no guarantee that he will ever make a full recovery.

SENTENCE

13. As I have mentioned already owing to D's mental disability it is not open to me to impose a sentence of imprisonment. Had he been fit to stand trial and had he been convicted by a jury in the normal way it inevitably follows that I would have imposed an extremely long prison sentence on him today. As it is I intend impose a Hospital Order with restrictions.

14. Having regard to all that I have been told by the 4 consultant psychiatrists to whom I have referred I am satisfied of the following:

- 1) D is suffering from a mental disorder, namely paranoid schizophrenia
- 2) This disorder is of a nature which makes it appropriate for him to be detained in hospital for medical treatment
- 3) Appropriate medical treatment is available

15. I am also of the opinion that because of the circumstances of the case, including the nature of the offence, D's character and the nature and degree of his mental illness that the most suitable disposal is a Hospital Order made pursuant to s.37 of the Mental Health Act, 1983.

16. I have also considered whether this order should be subject to special restrictions specified in s.41 of the MHA, 1983. Having heard the evidence of Dr Alcock I am further satisfied that because of the nature of the offence and having regard to D's history of mental illness and the risk that he will commit further offences if not detained it is necessary for me to protect the public from serious harm and it is not possible to say today how long that will be the case. Accordingly I direct that D will be subject to the special restrictions set out in s.41.

17. D will therefore be detained at the Three Bridges Unit in West London. I am satisfied that arrangements have been made for D to be admitted within 28 days, he having been an in-patient there for many months.

18. What this means is that D will remain in a secure hospital indefinitely. He will not be released unless a specialist Tribunal considers it appropriate. Were he ever to be released it would be under strict conditions and a high degree of oversight. However, as Dr Alcock noted it is likely that D will remain in hospital forever.

MISS NASCIMENTO

19. Finally, I would like to note that in dealing with D in the way that I have always had at the forefront of my mind the pain and suffering caused to JN. Today is the 1 year anniversary of the attack. JN, I have seen that you have been present in court throughout these proceedings. I would like to thank you for attending, something which must have taken great bravery and courage. I sincerely hope that your physical and mental scars heal and that, with time, you are able to move on from this truly awful incident. I wish you all the very best for your future.

HHJ G Perrins
Southwark Crown Court
25.2.2