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RICHARD LAW

SENTENCING REMARKS

1. Richard Law, you can remain seated. I must sentence you for manslaughter by reason of diminished responsibility, to which you pleaded guilty on 16th May this year. You are entitled to full credit for that plea as it was entered as soon as was possible.

Facts of the offence

2. You and your sister Judith, who was aged 70 when you killed her, lived together in what had been your parents' house in Newton Poppleford. You were both quiet and private people although Judith was the more sociable. She has been referred to by those who knew her as loyal, kind, intelligent and bubbly. She had a longstanding relationship with a man named John that brought her some anxiety and frustration. Your sibling relationship was not always easy, as you had a difference of opinion about how to deal with your house following flood damage, amongst other things. She was taking antidepressants. You had both had mental health struggles in the past. When she was hospitalized for an unrelated matter in January 2024, she told medical professionals of her struggles with feeling stuck in the house and living with her brother.
3. It is clear from yours and Judith's communication with friends and with her partner John, that Christmas 2024 was a particularly difficult time. Judith had physical and mental health difficulties by then and was unable to get out of bed on Christmas Day. You had cooked a full meal which she was unable to eat. You referred repeatedly in emails to your friend Kenneth Knight, to your worry about Judith, citing her love life as the cause, and to the fact that you thought your "head was going as well". You said on 10th January that you were not coping with Judith's ongoing illness, and Kenneth responded that you should talk to someone, and your doctor would be able to help.
4. When Judith saw her partner John on 7th January this year, she told him that both of you were in a depressive state, that she was struggling to eat, something of which evidence was found at the post mortem, and that she was feeling very tired. On 15th January John spoke to her and she told him that both of you were contemplating suicide. She refused to allow him to come round and see her. Your emails to Kenneth became increasingly bleak.

5. On 17th January 2025 at 13:13 you rang 999, telling them you had killed your sister, that you had struck her with a hammer more than once and that you had both gone mad. You told the operator “I couldn’t cope with it all”, and that you had both wanted it to end. You expressed some remorse. I accept what both counsel have told me that you exhibited substantial signs of disturbance in your manner during that call. You have since told medical experts that your intention was to kill Judith and then cut your own throat with a Stanley knife, but you were unable to go through with killing yourself.
6. Police and ambulance staff arrived 10 minutes later and found Judith dead having suffered massive injuries to the left side of her skull, and the hammer lying next to her on the bed. You were compliant with the police. Having been cautioned you told the police that there had been a build up since Christmass day, although no argument that acted as a catalyst. You said you had repeatedly struck Judith to ensure that she was dead as you didn’t want to leave her, as you put it. Analysis of the scene suggests you may have paused at one point before continuing to strike her again, but I cannot find that definitely happened, nor reach safe conclusions as to what it would mean if you did. You told police you had both wanted to die, you expressed shock at how you could have done what you did, and said it was difficult for you to go out and talk to anyone or get help because of your reclusive tendencies. You repeated an intention to commit suicide because you were so overwhelmed by everything later on during your detention. You were silent in interview.
7. You were detained under the Mental Health Act, following an assessment in custody, and were transferred to the Langdon hospital on 19th January.
8. Post mortem concluded that there were at least six blows with a hammer, and analysis of the scene concluded that these were delivered whilst Judith was in bed.

Previous convictions

9. You are aged 68 and have no previous convictions.

Expert reports and evidence

10. Dr Sandford found in a report dated 31.03.25 that you were suffering from a severe depressive disorder at the time of the offence, with an underlying recurrent depressive illness, which impaired your ability to form rational judgment and exercise self control, and that such impairment of your mental functioning provided an explanation for the killing of your sister.

11. Dr Jawaickrama, in a report dated 23.04.25 reached the same conclusion, albeit he found that your severe depressive disorder was the only explanation for your actions in killing your sister. In his oral evidence yesterday Dr Jayawickrama said “the severity of the disorder is such that he was severely low in mood, felt hopelessness, lack of motivation and energy, suicidality that had persisted for some time that contributed to how he was feeling. Without that severe disorder Mr Law would not have carried out his actions on that day, and based on his presentation and the information available to me at the time of the report, his culpability was low. My opinion is that his depressive disorder was the explanation for his actions that day.”
12. He went on during cross examination to explain that, despite a severe depressive disorder a person can retain the ability to undertake some degree of organisation and planning, but that is within the context of the disorder which produces a desire to kill themselves, suicidality, hopelessness, lack of motivation, and severe pessimism.
13. Nothing was to be drawn from the fact that Mr Law did not end his own life, he said, noting that suicide is rare and a difficult act. His evidence was that the presence of the mental disorder, because it is so intrinsically linked to the decisions made, eclipses any consideration of planning when considering retained responsibility.
14. He was asked about your capacity when severely depressed to seek medical assistance. He said “In my view this could be personality, but once depressed, there is an inability to seek help that he has expressed.”

Sentencing guidelines

15. I find that Mr Law’s responsibility was greatly diminished by his mental disorder at the time of his offending.
16. The Guidelines recognise, under the question of the extent to which a defendant retained responsibility for their actions, that the degree to which the offender’s actions or omissions contributed to the seriousness of the mental disorder at the time of the offence may be a relevant consideration. The examples given are that where an offender exacerbates the mental disorder by voluntarily abusing drugs or alcohol, which does not apply here, or by voluntarily failing to seek or follow medical advice, this may increase responsibility. In considering the extent to which the offender’s behaviour was voluntary, the extent to which a mental disorder has an impact on the offender’s ability to exercise self-control or to engage with medical services will be relevant.
17. I agree with the defence submissions on culpability. There was not a culpable failure to self-refer for treatment. Lack of insight as an illness deteriorates is a feature of mental ill health, and although you had an awareness of your illness it would be unjust to additionally punish you for failing to appreciate the consequences, in the absence

of them receiving clear warnings that they required treatment. Your reticence to seek help was in part a product of your personality in combination with your illness – you had not been to the doctor *at all* for over 30 years. As a result, there was no failure to follow medical advice.

18. There was not culpable action on your part which contributed to the deterioration in your mental health, such as to increase your culpability. On the contrary, you appear to have voluntarily stopped drinking after Christmas.
19. I do not find that the method you chose to perpetrate the violence, nor the limited actions you took to clear up after the event are indicative of elevated retained responsibility, in the form of a significant degree of planning. I cannot find, in the face of two medical experts whose view is that but for his mental illness he would not have committed this act, that this manner of perpetration negates that low level of responsibility. Equally, your behaviour in the aftermath may have been considered a rational and culpable attempt to cover up your actions were it not for the fact that you openly confessed to all that you had done immediately. In context, the changing of your clothes and washing your hands are of no significance in assessing the extent to which you retained responsibility. The fact that you were capable of some seemingly normal behaviour does not detract from the finding of experts that you would not have behaved in this criminally abnormal way were it not for his mental disorder.
20. My conclusion is therefore that your culpability is at the low level.
21. Harm is of course, tragically, at the highest level.
22. This produces a starting point of 7 years' custody and a range of 3 to 12 years.
23. The seriousness of what you did is aggravated by the use of a weapon, and by the fact that your sister was particularly vulnerable, because of her weakness and the fact she was in bed, even if she was not actually asleep, which is unclear.
24. I have considered whether premeditation is an aggravating feature, and find that because the premeditation was all in the context of the mental disorder, I do not consider it an aggravating factor.
25. Mitigating factors are, firstly, your remorse. I have read your letter and the reports of what you expressed to psychiatrists of your feelings about what you have done, and I accept that you are genuinely remorseful. Secondly, your previous good character.

Appropriate disposal

Dr Sandford's addendum 16.05.25

26. His recommendation is that the Court make a Hospital Order under s37 of the Mental Health Act because you are suffering from a mental disorder of a nature and degree that makes it appropriate that you are detained in hospital for treatment.
27. His view is that a Restriction Order under s41 is appropriate. In his opinion a hybrid order under s45 of the Mental Health Act would not be appropriate, because you were previously a law abiding citizen, your actions in killing your sister are largely secondary to your mental illness, and your culpability is low. He goes on "Furthermore the interests of the offender and the safety of the public rely on him having treatment for this illness, and then on discharge having specialist psychiatric supervision ensuring that any deterioration in his mental status is picked up quickly. A prison sentence followed by release under the probation service is unlikely to provide the expert psychiatric support and supervision that he requires. Therefore a Hospital Order is preferable to a Hybrid Order".

Dr Jayawickrama's Addendum

28. He noted that at the time of your care being transferred to Dr Kadri, that you were responding to treatment for mania, through the adjustment of your sertraline medication and use of quetiapine. There was a concern that you were not keen on continuing with medication, and what this might mean for long term adherence. That is particularly important factor when considering future risk, in my judgement.
29. He also recommends a s37/41 Order. He says of a hybrid order "Mr Law was unwell with a severe depressive episode at the time of the killing, there is no previous history of criminal offending and he continues to need assessment and treatment in a hospital setting. Based on the information I am presented with, Mr Law's actions on the day... was largely due to his severe depressive disorder and in my view the killing of his sister would not have occurred if he was not suffering with the symptoms/manifestations of a severe depressive disorder. Therefore, in my opinion, Mr Law's culpability to the offence is low".
30. He wrote that S37/41 is preferable to custody/s45 because:
 - a. The severe mental health disorder requires treatment and compliance with medication. In the custodial setting the risk of non-compliance, and therefore the risk to himself and to others, rises, without the power to administer medication available under Mental Health Act disposal.
 - b. Upon release into the community under the conditional release provisions of s37/41, supervision is available from an allocated consultant psychiatrist,

community nurse and social worker. They can monitor mental health more effectively and arrange recall more quickly in the event of deterioration, again minimising the risk to the public which would result from that deterioration.

- c. Trial release periods would be possible, to approved premises, which would ensure better management of your compliance, your mental health, and risk.

- 31. Both Dr Sandford and Dr Jayawikrama noted that the history you gave was indicative of intermittent, episodic depression and that this had been untreated. I note this background both because I have considered it when addressing the question of whether there was a culpable failure to seek treatment, but also because it is relevant to the likelihood of recurrence of an episode of mental ill health in the future.

Dr Kadri's report, 25th July

- 32. Dr Kadri provided a report dated 25.07.25 and gave oral evidence yesterday. He became involved in your care in mid-May. By this stage, the diagnosis and treatment for you had changed. You were no longer being treated simply for a depressive disorder, but the mania and hypomania that Dr Jayawickrama wrote of in his report had resulted in a diagnosis of bipolar affective disorder and treatment with a reduced level of antidepressants and a mood stabiliser. His opinion, given orally and in writing, is that you suffer from an affective disorder of a remitting and relapsing nature and of a degree that warrants treatment in hospital. This opinion was given within the confines of a relatively short period of clinical responsibility for you, but echoes that of Dr Whitworth who was your treating clinician from your admission in January until mid-May, to whom he had spoken.
- 33. He gave written and oral evidence that there have been reports of you engaging in behaviour suggestive of attention seeking and un-boundaried behaviour following achieving stability in your mental state, which did not appear to be in the context of a mental disorder, which he said was irrelevant to the decisions I must make as to disposal. He also, very fairly and to give a complete picture, referred to the differing views amongst the medical team treating you as to matters on which they have been neither instructed nor qualified to give evidence to the court: the relatedness of Mr Law's mental health condition to the offence, and whether once treatment is complete (assuming that is possible) a return to prison is appropriate. I pause to note that there is no registered consultant psychiatrist, whether independent or in the role of your treating clinician, who has concluded anything other than that your mental health disorder is responsible either entirely or to a large extent for your offence, and that it is of a nature and degree that warrants treatment in hospital. When asked about this by the prosecution Dr Kadri said that staff could work with a s45A order, if that was what was ordered, but cited no specific advantage in terms of treatment or reduction

of risk that such an order would provide. He agreed that the medications you are prescribed can be prescribed in custody, but Dr Jayawikrama gave evidence that 'treatment' is not limited to pharmacological prescription, and that treatment in a hospital differs significantly in terms of its breadth and depth from what is available in a prison setting, whether in relation to helping patients to have insight, reintegration into the community when applicable, or psychological aspects of treatment.

34. Dr Kadri confirmed that a bed is available in Langdon Secure hospital.

35. Dr Jayawickrama who had heard all Dr Kadri's evidence and read his report confirmed in oral evidence that his recommendation remained a s37 Order with s41 Restriction.

Disposal

36. I have considered whether to make an order under Section 45A of the Mental Health Act 1983. My concern is that such an order if made alongside a sentence of imprisonment, will lead to the limitation direction ceasing to have effect at the automatic release date of the determinate sentence. This would, in my judgment, leave you insufficiently closely monitored, and the public insufficiently protected from the risk that you may suffer a spontaneous deterioration in your mental health, or one brought about by non compliance with your medication.

37. In this case therefore, I have concluded that the protection of the public is not best served by passing a penal sentence, which would be of relatively short duration given the guidelines, in light of your low culpability, and the maximum credit to which it is agreed you are entitled. Rather, the justice of the case and the public are better served by the making of a hospital Order under s37 of the Mental Health Act 1983. I am satisfied, on the written evidence of Drs Sandford and Dr Jayawikrama and oral evidence of Dr Jayawickrama and Dr Kadri that you are suffering from a mental disorder of a nature and degree which makes it appropriate for you to be detained in a hospital for medical treatment. I am satisfied on the oral evidence of Dr Kadri that appropriate treatment and a bed are available to you at The Langdon. In my judgement, having regard to all the circumstances, including the nature of the offence, being extremely serious, your character and lack of antecedents, and the other available methods of dealing with you, that a Section 37 Hospital order is the most suitable disposal.

38. I have considered whether it is appropriate to make this order subject to the special restrictions set out in Section 41. I consider that having regard to the utmost seriousness of this offence, in spite of your lack of previous convictions, there being a significant risk of relapse and potentially of non compliance with medication, and thus a risk of your committing further offences if set at large, it is necessary for the protection of the public from serious harm to add a Restriction under section 41.

Accordingly the sentence I pass is one of a section 37 Hospital order accompanied by a section 41 restriction.

Days on remand are not relevant in these circumstances

The Victim Surcharge does not apply

HHJ Anna Richardson

25th July 2025