



JUDICIARY OF
ENGLAND AND WALES

IN THE CROWN COURT AT WINCHESTER

REX

v

ALICE MACKEY

**Sentencing remarks of the Honourable Mr Justice Saini
at Winchester Crown Court
on Monday 6 October 2025**

1. Alice MACKEY, on 28 July 2025 you pleaded ‘*not guilty to murder but guilty to manslaughter*’ in relation to the single count on the indictment. That count alleged that, on 11 September 2023, you murdered Annabel Mackey, your daughter, then aged two years eight months. You were born on 22 February 1983. You are a 42-year-old woman of previously exemplary character. The prosecution accepted your plea on the basis of diminished responsibility. That means that the prosecution was satisfied that the evidence, taken as a whole, demonstrated that your ability to understand the nature of your conduct, to form a rational judgment or to exercise self-control when you killed Annabel was substantially impaired. It now falls to me to sentence you for manslaughter. My remarks will take some time to deliver. These oral sentencing remarks will be made available in writing by my clerk later this afternoon.
2. This is a tragic case. It is far from straightforward in terms of determining a just and appropriate sentence. Although there is a substantial mental health aspect to this case, sight must not be lost of the fact that you took the life of Annabel. Homicide cases are the most serious offences in our system. I have had a large amount of material including medical evidence drawn to my attention. I have also been greatly assisted by the submissions of Mr Vaitilingam KC and Mr Russell for the Crown and Mr Gibbs KC and Mr Yeo KC, your Counsel. I have been taken in some detail to the relevant sentencing guidelines which I am obliged to apply in your case. You and the members of Annabel’s family will hear me refer to various *steps* in my remarks - that is a reference to the *steps* which the sentencing guideline requires me to go through when deciding on your sentence. I was referred to the decisions of judges in other cases and

the approach in infanticide cases. Ultimately, I did not find that helpful because every case is different.

3. I have heard very moving victim personal statements from your husband Peter, Annabel's father and from her family members. Their loss is unimaginable. As they say, nothing will ever be the same for them again.
4. I begin by recording that there were certain matters of fact in dispute between the prosecution and your legal representatives. These concern the circumstances surrounding Annabel's death and in particular where she was drowned. However, the Crown did not ask that I have what is called a *Newton* hearing to resolve those matters. I am satisfied that the disputed matters do not require resolution for the purposes of my sentencing task. I will proceed on the basis of the version of events presented on your behalf in your defence statement and in your consultations with the psychiatrists instructed in this case. I would add that, I also cannot be sure to the required standard that the disputed facts as presented by the Crown are established by the evidence. In particular, the ecological evidence does not show your account as to the drowning in the pond to be untrue. In any event, even if I were to accept the Crown's version of the drowning, I am satisfied it would be further evidence of your disordered thinking as confirmed by the Crown's expert. Equally, I am not able to draw any safe conclusions from the limited evidence in relation to burn marks on the cot sheet or from the lighter. I turn to the facts. I am sure of those facts on the evidence.
5. Annabel was born in January 2021. She lived at the family home of 2 Sandrock Cottages, Kingsley, Hampshire. Her father, your husband Peter, worked in IT sales and you were employed as a teaching assistant at a school for 4 to 5 year olds, where Annabel attended an attached nursery. The family had previously lived in London before moving to Hampshire in 2020. You had been employed in a senior teaching position in London before the family moved to Hampshire. Your mother lived nearby and assisted with childcare. Annabel was lucky to have a truly devoted and loving family including her father, grand parents and aunt. She was a delightful child who showed maturity beyond her years.
6. The family home is a semi-detached house at the edge of a small village. Kingsley Common is directly opposite the house and is a large area of woods and heathland. The Common contains Kingsley Pond. The pond is used mainly for fishing and is about 300m to the west of the house, and is accessible through various pathways and tracks through the woods.
7. At around 5pm on Sunday 10 September 2023, you contacted the police to report that Annabel was missing. You said that you had put her to bed at approximately 3.45pm and had returned to her bedroom about an hour later to discover Annabel was not there. You said you had left the front door open because of the hot weather and had been watching television downstairs. None of this was true.
8. As the call with the police progressed you told the operator that you had gone outside and could not see your daughter, that you were walking to the pond, that you had found Annabel in the pond. You said that someone must have entered the house and taken Annabel. Again, this was not true. The police arrived rapidly - about 15 minutes after your call. They found Annabel next to the pond and carried out CPR. Paramedics arrived and were able to get a pulse. Annabel was taken to Southampton General

Hospital. Doctors were unable to save her life and she was confirmed dead on Monday 11 September 2023.

9. After the police arrived, you called your mother and told her that Annabel had drowned in the pond. When your mother arrived at the scene you said that someone must have entered the property and taken Annabel, as she was unable to get out of her cot. You also told an attending police officer that you found Annabel in the water and went in to get her. The last evidence of Annabel being alive was at around 4.15pm. There was a baby camera that streamed to your mobile phone, and an image on your mobile phone from that time showed Annabel sitting up in her cot. She was wearing the clothes in which she was later found.
10. Having conducted a post-mortem, forensic pathologist Dr Delaney's conclusions were that the clinical and post-mortem/histological findings were consistent with death arising due to hypoxic-ischaemic damage to the brain and bronchopneumonia, both of which can be explained by prolonged cardiac arrest with subsequent return of spontaneous circulation and a period of ventilated survival in intensive care. Dr Delaney was not able to make a confident diagnosis that these changes to the brain were due to drowning but it is agreed that I should proceed on the basis that you drowned Annabel in the pond, thus causing these injuries leading to her death.
11. You were arrested on suspicion of murder and answered no comment to all questions asked. When first produced in the Crown Court, it was indicated on your behalf that you accepted that you had caused the death of Annabel. Whilst the Crown's pathology evidence was equivocal as to mechanism, you told psychiatrists and set out in your defence statement that you had drowned Annabel in Kingsley Pond. Your plea to manslaughter was entered immediately upon the Crown having considered the psychiatric reports and indicating that it would accept such a plea. I turn to the mental health issues.
12. In the opinion of Professor Don Grubin, the Crown's expert in forensic psychiatry, at the time of the offence you were suffering from "*mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms*". He explains that *disorder developed in the aftermath of Annabel's birth but never fully resolved in spite of treatment, [your] symptoms intensifying in the days before the killing*". Professor Grubin's opinion is that this medical condition substantially impaired your ability to form a rational judgment and provides an explanation for the killing. Accordingly, he concluded that the requirements of diminished responsibility were met. He states: "*I have considered the possibility that Mrs Mackey could have killed her daughter in a calculated, planned manner in a clear state of mind, perhaps to be rid of her. In my opinion, however, this is highly unlikely. She is not antisocial or psychopathic in nature, which would be expected if this was the case, and she has no history of behaviours that might signal the risk of something like this occurring in the absence of an abnormal mental state.*"
13. Dr Phil Hopley, the expert instructed on your behalf also concluded that the requirements of diminished responsibility were met by reason of a post-natal psychotic medical condition - that is a form of psychotic depression. I note that Prof Grubin agreed that this depressive symptomology was present, just that it was not as significant as the condition he had determined. I have also considered the earlier report of Dr Alcock.

14. It is accordingly agreed between the medical experts that at the time you killed Annabel your ability to form a rational judgment was substantially impaired by reason of your mental illness. To the extent that the two experts differ on certain diagnostic issues, it is not suggested by Mr Vaitilingam KC or Mr Gibbs KC that it is necessary for me to resolve that difference for the purposes of sentencing. You killed Annabel on the basis of a delusional belief that the best way to protect her from a bad mother was to kill Annabel. You wrongly believed she was not flourishing under your care and was suffering.
15. I am required to determine the degree of your retained responsibility under Step 1 of the relevant guideline for manslaughter by reason of diminished responsibility. I will deal with this issue in a broadly chronological manner. I will not set out all of the evidence but have taken it into account.
16. Having considered that evidence as a whole, I am satisfied that you have been severely mentally unwell since the birth of Annabel in January 2021. Between 23 May 2021 and 19 August 2021, you were a psychiatric in-patient in Melbury Lodge Perinatal Mother and Baby Unit, having been detained under the Mental Health Act 1983. Then, between 19 August 2021 and 4 July 2022, you were treated by the Community Mental Health Team. Between your release from police custody after initial arrest on 13 September 2023 and your discharge into the care of your parents on 25 September 2023, you were again a psychiatric in-patient, this time in Antelope House Psychiatric Hospital, having again been detained under Mental Health Act.
17. I am satisfied that the normal level of your mental functioning after your treatment in 2021-22 was substantially below what it had been before Annabel was born. Whilst it varied in intensity, I am satisfied that the mental illness with which you suffered in the first 18 months of Annabel's life was the same illness that affected you on 10 September 2023. I am also satisfied that it never fully resolved in spite of treatment. It is striking that even after 14 months of treatment, your health care worker continued to be concerned by the marked contrast between Annabel's healthy presentation without "*any trace of neglect*", and your misplaced anxiety about Annabel's welfare. As explained by Prof. Grubin, whilst "*in 2021, her delusional disorder led to her attempt to run away, in September 2023 it manifested itself in the idea that if Annabel was not there she would no longer feel so overwhelmed*".
18. The evidence shows that the continued impairment of your mental health was apparent to all those around you. Your husband, Peter, states "*Alice eventually returned home but she was never the same Alice that she was before, she seemed more distant*". He shared concerns with his close friend, Angela Clow, that you were not well enough to return to work and seemed "*switched-off / vacant*". Your mother, who had previously been a health visitor, noticed that you "*would seem distant from Annabel*".
19. The scale of the deterioration in your mental functioning is illustrated by the marked contrast between your highly successful teaching career prior to Annabel's birth and your return to teaching after it. You taught at a London School from September 2007 until maternity leave in January 2021. Alongside classroom teaching, you were appointed Head of Year, Head of Lower School English and Head of Lower School Curriculum. The records give a sense of your natural affinity to children and how you presented in those days. I will give some examples: (i) during your training, you were praised for your "*warm manner*" and "*good rapport with the children*"; (ii) in June

2018, your head teacher endorsed an application for promotion and assessed you as follows: *“Alice is an exemplary, professional leader with clear knowledge and understanding...[her] lessons are consistently excellent... [her] classroom is a joy to visit... [she] makes an outstanding contribution to the school and is an exemplary practitioner”*; (iii) your resignation, after maternity leave, was accepted with *“deep regret”*. After Annabel was born you returned to teaching only in the role of a teaching assistant.

20. I find it significant that the impression you made at the new school is in stark contrast to that positively commented on when you taught in London as a highly successful senior teacher over a 14 year period. By contrast, the head teacher at your new school observed that you *“often lacked engagement”*, appeared *“vacant”* and *“she rarely smiles”*. You seemed to be *“very different to the person that was recommended”* by the head of your London school. I note that the teacher to whom you were an assistant stated *“her demeanour was quite unusual, her mouth would regularly hang open which several staff commented upon. Her resting face was unusual, she would find it difficult to get up from the floor and was not mobile. She seemed like she wasn’t really there, and she didn’t smile. She wasn’t cuddly or warm towards the children”*. It is clear to me that something profoundly negative had happened to your mental health following Annabel’s birth.
21. You sought help from medical professionals for your mental health on multiple occasions. I find that you are generally someone who does not shy away from seeking help when you are conscious that it is what you need. You did not seek help when you began to feel more anxious in the period leading up to September 2023 as described to Dr Alcock. However, the evidence satisfies me that you were not aware of the severity of your condition, nor indeed that what was going on may have been something more than severe anxiety.
22. I do not accept the Crown’s submission that you failed to comply with medical advice. You were compliant with Olanzapine - an antipsychotic drug. You had previously been prescribed Sertraline - an antidepressant - until February 2023, but not thereafter. In April 2023, you told the GP that you had stopped taking Sertraline around January 2023. The records do not suggest that this was contrary to advice or that there was any suggestion that you should again take Sertraline. That you approached your medical regime responsibly is illustrated by the fact that you did not reduce Olanzapine (when told that you could) because you did not feel comfortable about doing this.
23. I am satisfied that the severe mental breakdown on 10 September 2023 had been developing over a period of weeks, possibly longer. You told the psychiatrists that your mental state began to worsen in the month before Annabel’s death. This accords with the timing of a consultation with your GP, on 16 August 2023, which records discussion about attempting to conceive a second child. Overall, I am also satisfied that there is considerable support for your account of your declining mental health in the Crown’s evidence. It shows a downward spiral evidenced by statements of third parties with whom you had contact. You did also however also act at this time in a way which suggested you were enjoying the social aspects of life.
24. I do not accept that your failure to seek medical help in August 2023 should be held against you in the assessment of the level of your retained responsibility. The evidence rather suggests to me that you lacked insight into the extent of your mental illness and

ascribed your symptoms to anxiety. By contrast, when you were conscious that you needed help in the past, you had sought help. Your strange detachment, a blank lack of emotion, and confusion, are plain on the body worn footage of the events at the pond. I turn back to the guidelines.

25. In relation to Step 1 in the guideline, my conclusion is that your level of retained responsibility is at the lower level. Step 2 is the starting point for sentence. For the lower level, the starting point is 7 years with a category range of 3 – 12 years' custody. I next turn to consider the factors increasing seriousness and factors reducing seriousness and matters of personal mitigation. Those factors can move the starting point of 7 years up or down.
26. As to factors increasing seriousness, there are a number of aggravating factors: first, the vulnerability of Annabel due to her age, second the distressing form of the killing of a toddler by drowning, and third the abuse of trust although that is closely related to Annabel's vulnerability as your young child. I have not taken into account the lies you told as an aggravating factor because I consider they were an aspect of your delusional state.
27. There are substantial factors reducing seriousness and reflecting personal mitigation. So, you have no previous convictions and a positive character, and I accept your remorse as expressed through Mr Gibbs KC this morning. You considered in your delusional state that this was some form of act of mercy to Annabel. You have also made good progress in prison.
28. Having taken these matters into account, I am satisfied that the starting point should be reduced but to a modest extent. Standing back from all the facts, before your guilty plea a sentence of immediate imprisonment of 6 years would have been appropriate.
29. I do not find assistance in the infanticide analogy and consider the sentencing guideline itself provides sufficient flexibility. I do not consider the facts justify reducing the sentence further as argued by Mr Gibbs KC.
30. Step 7 of the guideline requires me to consider your guilty plea. You entered a guilty plea at the earliest stage after medical evidence. It is agreed that you are entitled to one third credit for plea. That brings your sentence down to 4 years' imprisonment.
31. Alice MACKEY, please stand. I sentence you to 4 years' imprisonment. You must serve two thirds of this custodial term before you may apply to the Parole Board for release on licence. The 216 days served on remand will be deducted from the term. When you are released, you will be on licence for the remaining part of the custodial term. A Victim Surcharge Order will be made in the usual terms.
32. That concludes these remarks, which as I have said will be available in writing later today.