IN THE CROWN COURT AT MAIDSTONE

Date: 13/2/2026

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- and -

ANTHONY ESAN

Sentencing Remarks of Mr Justice Picken

1. Anthony Esan, you may remain seated until I tell you to stand up.

2. I must sentence you now in relation to three offences: one count of attempted murder; and two counts of possession of a bladed article in a public place. All of these offences arise out of a single incident.

3. On 23 July 2024, at 17.50 hours, Lieutenant Colonel Mark Teeton, the Chief Instructor in the Professional Engineering Wing working at the Brompton Barracks in Kent, left work to walk home dressed in full uniform, boots and beret, and carrying a backpack.

4. Unbeknown to Mr Teeton, you had shortly afterwards, at 17.52 hours, parked your moped at the top of Sally Port, the road where he lived. You took off your motorcycle helmet, but kept your balaclava on. You opened the box compartment of the moped and took two knives out of it, leaving other knives that you had purchased a few days before in the box compartment.

5. A minute later, at 17.53 hours, Mr Teeton passed you. You spoke to him as he did so, asking him if you could have his mobile telephone, lying to Mr Teeton that your moped had broken down and that you needed to call someone to come and help.

6. Mr Teeton, who was concerned that you might try to steal his mobile telephone, said that he would put the number into his mobile telephone himself. As he started to do this, you moved towards Mr Teeton, stabbing out at him repeatedly.

7. Mr Teeton shouted out 'Police' and kicked out with his legs to defend himself, managing to get to his feet and move off. You pursued him down the road and began stabbing him again, using the two knives as you set about Mr Teeton's head and neck area.

8. Mr Teeton was on the ground being attacked by you when Mr Teeton's wife, Eileen Teeton, came out of their home address having heard shouts for help. You continued to attack Mr Teeton, stabbing him again and again.

9. Mrs Teeton only realised that it was her husband who was being attacked when she got right next to you. Her actions were remarkable, CCTV footage showing her on the telephone to the police, whilst also trying to pull you away from her husband.

10. She described the attack as follows:

"The male turned back towards Mark and bent over him. From this bending position, he started pushing his knife towards Mark's face and neck … making short, pushing motions … as if he was trying to get the blade in the exact place that he wanted it. I would describe it as if he was trying to carve Mark's face".

Mrs Teeton was clear that your movements as you were attacking her husband were deliberate and not frenzied.

11. You then walked off. I am satisfied that this was because you must have concluded that you had killed Mr Teeton. You got back on to your moped, put your helmet back on and drove off, leaving one of your shoes and the two knives at the scene.

12. You drove home, arriving there by 18.10 hours. Seven minutes later, witnesses having provided the police with the registration number of the moped, you were arrested. As the police officers searched you, you referred to the *"devil"*, to *"Enoch"* and said: *"365 is the day of the devil"*; *"This is for Enoch"*; *"Karma"* and *"This is for the [inaudible] that's happened in my country"*. You also made the following comment: *"Cyberpunk.*

Have you not heard of it? Enoch, have you not heard of Enoch? 365 in the year. Have you not heard of that?".

13. You were then taken to a police station and put into a cell. During this period, you were asked for the PIN to your mobile telephone. You refused to give it. You became abusive towards officers and threw a drink at one of them. You were taken to an interview room where you said: *"Is this where I get to make my offer?"*. You were unco-operative with your solicitor and the police officers thereafter, and so it was not possible to conduct an interview with you. On more than one occasion, you asked police officers if you were *"on the news"*. After you were charged with the offence of attempted murder, you asked: *"Am I free now?"*.

14. Mr Teeton sustained multiple stab wounds across his body. His injuries were life-threatening. The fact that he did not die has rightly been described as miraculous, given their number, location and the force with which they were inflicted.

15. Having been treated at the scene by paramedics, an Air Ambulance was deployed and arrived at 18.28 hours. Mr Teeton was transferred to King's College Hospital for treatment, where he remained for a prolonged period.

16. As Mr Barraclough KC, on your behalf, rightly put it, this was a most appalling attack on a serving soldier; the horror of the attack is unimaginable.

17. The Court has heard eloquent and moving statements from Mr Teeton and Mrs Teeton, and has read no less eloquent and moving statements from their two daughters, Emily and Hannah. The dignity and courage shown by the whole family has been nothing short of remarkable.

18. There was never any doubt that you were the person who attacked Mr Teeton. It was, therefore, inevitable that you would be facing a count of attempted murder. It was not, however, until 8 January 2026, a year after this matter was originally due to come to trial, that you pleaded guilty to that offence (as well as the two counts of having an article with a bladed point).

19. The delay came about because it was not until 3 September 2025 that you were deemed fit to plead, the three psychiatric experts, Dr Nabi and Dr Alcock (instructed on your

behalf) and Professor Blackwood (instructed by the prosecution) all concluding that this is the position. It was on this basis that it was determined by the Court at a hearing on 3 September 2025 that you should be arraigned on 27 November 2025. In the event, however, at the hearing on 27 November 2025 it was indicated that you were not providing instructions and further concern was expressed as to your fitness to plead. This resulted in an adjournment, which Mrs Teeton described as leaving her feeling *"completely devastated"*, with her expectations that the family could move on *"shattered"*. Further assessments were then conducted by Dr Alcock and Dr Nabi in early January, which confirmed that you are fit to plead, leading you ultimately (during the course of the hearing on 8 January 2026 and following further consultation time) to enter guilty pleas.

20. I turn, against this background, to the sentencing framework within which I am required to approach the matter of sentence in your case.

21. The starting point is the Sentencing Council's 'Sentencing offenders with mental disorders, developmental disorders, or neurological disorders' Guideline, which both the prosecution and the defence acknowledge is applicable in your case in view of the fact that all three experts agree that - as I shall come on to address in more detail later - you suffer from schizophrenia.

22. This Guideline notes at §10 that the sentencing judge should make an initial assessment of culpability in accordance with any relevant offence-specific guideline, before then considering whether culpability was reduced by reference to any impairment or disorder. In the present case, however, as both Mr Barraclough and Ms Morgan KC, on behalf of the prosecution, acknowledge, it makes no sense to do this. That is because the relevant offence-specific guideline, the Attempted Murder Guideline, includes at Step 1 (*"Determining the offence category"*), under the *"D-Lesser culpability"* category, a case where the *"Offender's responsibility [is] substantially reduced by mental disorder …"*. Since, as a result, any initial culpability assessment will necessarily involve a consideration of your mental disorder, it follows that the two-stage process envisaged by the Guideline is not feasible.

23. It further follows that it will only be necessary to consider the second aspect of Step 1 (concerned with Harm) or the other Steps set out in the Attempted Murder Guideline if

the Court were to decide that the appropriate disposal in your case is a hybrid order made under section 45A of the Mental Health Act 1983 ('the 1983 Act'), namely a sentence of imprisonment with a direction that you are detained in hospital rather than in prison for as long as it is necessary that you are detained in hospital. If the Court were to decide that, instead of an order under section 45A, the appropriate disposal in your case is a hospital order allied with a restriction order, under sections 37 and 41 of the 1983 Act, then there will be no need to consider the Attempted Murder Guideline because no sentence of imprisonment would be involved.

24. I turn, therefore, to address that question, namely whether to make an order under section 45A (a hybrid order) or under sections 37 and 41 of the 1983 Act (a hospital and restrictions order).

25. In this respect, I have in mind authorities such as ***R v Vowles*** [2015] EWCA Crim 45, ***R v Edwards*** [2018] EWCA Crim 595, ***R v Nelson*** [2020] EWCA Crim 1615 and, most recently, ***R v Calocane*** [2024] EWCA Crim 490. In particular, in ***R v Vowles***, Lord Thomas CJ said this at [51]:

"It is important to emphasise that the judge must carefully consider all the evidence in each case and not, as some of the early cases have suggested, feel circumscribed by the psychiatric opinions. A judge must therefore consider, where the conditions in section 37(2)(a) are met, what is the appropriate disposal. In considering that wider question the matters to which a judge will invariably have to have regard to include

(1) the extent to which the offender needs treatment for the mental disorder from which the offender suffers,

(2) the extent to which the offending is attributable to the mental disorder,

(3) the extent to which punishment is required and

(4) the protection of the public including the regime for deciding release and the regime after release.

There must always be sound reasons for departing from the usual course of imposing a penal sentence and the judge must set these out."

26. He continued at [52]:

"... a judge when sentencing must now pay very careful attention to the different effect in each case of the conditions applicable to and after release. ... this consideration may be one matter leading to the imposition of a hospital order under section 37/41."

27. Lord Thomas added at [53]:

"The fact that two psychiatrists are of the opinion that a hospital order with restrictions under section 37/41 is the right disposal is therefore never a reason on its own to make such an order. The judge must first consider all the relevant circumstances, including the four issues we have set out in the preceding paragraphs and then consider the alternatives in the order in which we set them out in the next paragraph."

28. Then, at [54] he said the following:

"Therefore ... a court should, in a case where (1) the evidence of medical practitioners suggests that the offender is suffering from a mental disorder, (2) that the offending is wholly or in significant part attributable to that disorder, (3) treatment is available, and it considers in the light of all the circumstances to which we have referred, that a hospital order (with or without a restriction) may be an appropriate way of dealing with the case, consider the matters in the following order:

(i) As the terms of section 45A(1) of the MHA require, before a hospital order is made under section 37/41, whether or not with a restrictions order, a judge should consider whether mental disorder can appropriately be dealt with by a hospital and limitation direction under section 45A.

(ii) If it can, then the judge should make such a direction under section 45A(1). ...

(iii) If such a direction is not appropriate the court must then consider, before going further, whether, if the medical evidence satisfies the condition in section 37(2)(a) (that the mental disorder is such that it would be appropriate for the offender to be detained in a hospital and treatment is available), the conditions set out in section 37(2)(b) would make that the most suitable method of disposal. It is essential that a judge gives detailed consideration to all the factors encompassed within section 37(2)(b)."

29. In ***R v Edwards***, Hallett LJ, VP, noted at [12] that a *"level of misunderstanding of the guidance offered in Vowles appears to have arisen as to the order in which a sentencing judge should approach the making of a s.37 or a s.45A order and the precedence allegedly given in Vowles to a s.45A order*", explaining:

"Section 45A and the judgment in Vowles do not provide a 'default' setting of imprisonment, as some have assumed. The sentencing judge should first consider if a hospital order may be appropriate under section 37(2)(a). If so, before making such an order, the court must consider all the powers at its disposal including a s.45A order. Consideration of a s.45A order must come before the making of a hospital order. This is because a disposal under section 45A includes a penal element and the court must have 'sound reasons' for departing from the usual course of imposing a sentence with a penal element. Sound reasons may include the nature of the offence and the limited nature of any penal element (if imposed) and the fact that the offending was very substantially (albeit not wholly) attributable to the offender's illness. However, the graver the offence and the greater the risk to the public on release of the offender, the greater the emphasis the judge must place upon the protection of the public and the release regime."

30. Following the approach described in these authorities, I must assess whether the evidence of the experts shows that you are currently suffering from a mental disorder and are in need of treatment for that disorder.

31. There is no issue about this. You have been detained at Broadmoor High Security Hospital since October 2024, having been transferred there from HMP Belmarsh under sections 48/49 of the 1983 Act. Your schizophrenia is treatment-resistant. You are being treated with clozapine which is used in cases such as yours when other anti-psychotic drugs have failed to address symptoms. This treatment needs, in the circumstances, to continue alongside other treatments identified by the experts, in particular the consultant whose care you are under, Dr Nabi, who described you as having *"a severe and enduring mental disorder which is resistant to treatment"* and who has provided the Court with evidence that appropriate facilities are available for that treatment, so satisfying the requirements of both section 37 and section 45A.

32. Turning to the second of the matters identified in ***R v Vowles*** at [51], I have in mind not only what Lord Thomas CJ there had to say but also the 'Sentencing offenders with mental disorders, developmental disorders, or neurological disorders' Guideline, which came after ***R v Vowles*** and which echoes the approach set out in that case. The Guideline states as follows at §§11 to 15:

> *"11. Culpability will only be reduced if there is sufficient connection between the offender's impairment or disorder and the offending behaviour.*
>
> *12. In some cases, the impairment or disorder may mean that culpability is significantly reduced. In other cases, the impairment or disorder may have no relevance to culpability. A careful analysis of all the circumstances of the case and all relevant materials is therefore required.*
>
> *13. The sentencer, who will be in possession of all relevant information, is in the best position to make the assessment of culpability. Where relevant expert evidence is put forward, it must always be considered and will often be very valuable. However, it is the duty of the sentencer to make their own decision, and the court is not bound to follow expert opinion if there are compelling reasons to set it aside.*
>
> *14. The sentencer must state clearly their assessment of whether the offender's culpability was reduced and, if it was, the reasons for and extent of that reduction. The sentencer must also state, where appropriate, their reasons for not following an expert opinion.*
>
> *15. Courts may find the following questions a useful starting point. They are not exhaustive, and they are not a check list as the range of offenders, impairments and disorders is wide.*
>
> - *At the time of the offence did the offender's impairment or disorder impair their ability:*
>   - *to exercise appropriate judgement,*
>   - *to make rational choices,*
>   - *to understand the nature and consequences of their actions?*

- *At the time of the offence, did the offender's impairment or disorder cause them to behave in a disinhibited way?*
- *Are there other factors related to the offender's impairment or disorder which reduce culpability?*

... ."

33. In considering this issue, I must have regard to all the available evidence. This includes the evidence given by the experts, but is not limited to that evidence since, as the Guideline makes clear, it is for the Court make its own decision and the Court is not bound to follow the experts' opinion if *"there are compelling reasons to set it aside"*.

34. Dr Nabi stated as follows in her report:

"191. It is clear that Mr Esan was mentally disordered at the time of the attack. There is evidence that he was unwell and had been under the care of mental health services for many years. There is evidence that he was unwell in police custody in the aftermath of the attack, in prison and later in hospital.

...

201. Mr Esan does retain some culpability for the offence. He understood that he was stabbing a person and that they would be hurt because of his actions. He carried knives to the scene and stopped Lt. Col. Teeton to ask to use his phone before launching the attack.

...

203. Mr Esan's mental disorder is likely to have had a significant impact on his culpability. There is clear evidence that he has been unwell for a number of years. I note the comments that there was no evidence of mental disorder on 19.07.2024 when he attended for administration of the depot. The focus of this contact with mental health services would have not been to complete a thorough mental state examination.

...

208. He has repeatedly and consistently reported that he believed that he was in a film or game. This is consistent with the witness statement of his mother who says that he spent a lot of his time watching violent films and games. He said that he thought that Lt. Col. Teeton was against them within the context of the game but admitted that he knew he would hurt him when stabbing him.

209. There is evidence that he was driving around the area prior to the offence, that he took knives to the scene, engaged Lt. Col. Teeton in conversation around his phone and launched a measured and sustained attack on him. It is possible that he was suffering from a significant deterioration in mental state at the time. This level of planning does not exclude mental disorder. The motivation behind the planning could be secondary to delusional beliefs and thus have an impact on culpability.

210. It is my view that his mental disorder would have had a significant impact on his decision making around committing the offence, but that he retained some culpability as he knew he was attacking a man and that he would hurt this man by stabbing him."

35. Dr Alcock's opinion, as explained in his report, was as follows:

"2.2 ... it is evidently possible that Mr Esan was psychotic at the material time in relation to current matters and that his actions were driven by psychotic paranoid delusional beliefs, as a consequence of undiagnosed and therefore untreated mental illness that had developed in the preceding months, and probably years, prior to the index offence.

...

3.6. ... In my opinion, it is more likely than not that his mental illness was the key driver of this offence and therefore would be the main risk factor for any future violence. ...

...

4.3 a. The extent to which the offending is attributable to the mental disorder.

In my opinion, the degree of Mr Esan's symptoms of psychosis that were evident immediately after the index offence and thereafter, make it more likely than not that these symptoms were present at the time of the index offence. In my opinion, there is no obvious motive as to why Mr Esan may have acted in the way [he] did, based on logical reasoning. In my opinion, there is no evidence of any personality abnormality or Mr Esan being an inherently antisocial individual, or any other drivers for violence. It is not clear whether Mr Esan had taken any illicit substances at the relevant material time. That said, if he was in the throes of a drug induced psychosis, it is unlikely that his symptomatology would have persisted to the extent that [it] did thereafter. In conclusion, in my opinion, the index offence was, on the balance of probabilities, entirely attributable to Mr Esan's mental disorder, driven by psychotic delusional beliefs and/or perceptions."

Dr Alcock, it should be noted, explained when giving oral evidence that the word *"entirely"* should be replaced with the word *"primarily"*.

36. As for Professor Blackwood, in his report, he had the following to say:

"The relationship between his mental disorder and the index offence

8. Schizophrenia is associated with a significantly increased risk of violence to others …

9. … the treatment resistant nature of the illness resulted in significant residual symptomatology including (at least) conceptual disorganisation and negative symptoms of the disorder (blunted affect, lack of drive), a preoccupation with an internal world of fantasy (with his emerging interest in knives informed by video games and potentially auditory hallucinations, and religious ideation concerning 'esan' and 'karma'), and the personality deterioration that is evident in more severe forms of the disorder.

10. He has only shared a rudimentary/fragmentary account of the reasons for the assault with instructed psychiatrists: he has alluded to a loss of contact with reality (considering that he was in an action movie, in which he assaulted others, or a video game such as Cyberpunk; his role in the same was to 'deliver,

stab and shoot') at the material time. He has described reality distortion symptoms of psychosis (hearing voices telling him to kill himself and 'jab' others). He has spoken of experiencing anger at the material time.

...

12. Other potential preoccupations revealed by his internet searches also emerged in the context of, and were likely to be coloured and partially informed by, his psychotic illness. Thus, psychotically informed murderousness together with a potential animus toward the Army/ his brother leads inexorably to an interest in the Lee Rigby assault; religiously informed disorganised thinking underpins searches for the devil/enoch/karma/ 365 etc. The note on his phone on 20 July 2024 is conceptually disorganised/ thought disordered. The varied nature of his watched material on 23rd July 2024 again shows a degree of disorganisation. The lack of coherence speaks to his psychotic disorganisation. These to me are thus psychotically informed internet searches/ notes rather than separable evidence of cold-blooded rational searches which could be considered 'motives' for the assault, distinct from his psychotic illness.

13. The nature of his under-treated psychosis does not entirely preclude the presence of some organised behaviours (the purchase of the knives, reconnaissance behaviours on 22 and 23 July 2024, if such they were, focusing on military buildings in his moped driving). Nor is it inconsistent with a cursory clinical assessment concluding that there were 'no symptoms of active psychosis' on 19 July 2024.

...

16. I therefore conclude that Mr. Esan was suffering from an abnormality of mental functioning at the time of the index offence, namely a psychotic state characterised by reality distortion symptoms (grandiose delusions of a religiose nature, potential auditory hallucinations), disorganisation symptoms (perplexity, conceptual and thought disorganisation), negative symptoms (blunted affect) and personality deterioration (lack of emotional empathy and remorse). The psychotic state arose from a recognised medical condition, namely schizophrenia. His abnormality of mental functioning substantially

impaired his ability to form a rational judgement and to exercise self- control, and was a highly significant contributory factor in causing him to assault the victim. The partial defence of diminished responsibility would therefore have been available to him had he murdered Mr. Teeton."

37. Later, in a section headed *"the relationship between his mental disorder and the index offence"*, Professor Blackwood expressed his conclusion in this way:

"75. *I therefore conclude that Mr. Esan was suffering from an abnormality of mental functioning at the time of the index offence, namely a psychotic state characterised by reality distortion symptoms (grandiose delusions of a religiose nature), disorganisation symptoms (perplexity, conceptual and thought disorganisation), negative symptoms (blunted affect) and personality deterioration (lack of emotional empathy and remorse). The psychotic state arose from a recognised medical condition, namely schizophrenia. His abnormality of mental functioning substantially impaired his ability to form a rational judgement and to exercise self-control, and was a highly significant contributory factor in causing him to assault the victim. The partial defence of diminished responsibility would therefore have been available to him had he murdered Mr. Teeton. Only the actions of Mr. Teeton and his wife to defend themselves, combined with prompt medical intervention and great good luck, resulted in his survival and a consequent conviction only for attempted murder."*

38. He added this when addressing *"Potential disposals"*:

"77. In deciding whether a penal element to the sentence is necessary, the defendant's culpability and the harm caused by the offence should be assessed. The harm caused in this matter brooks no argument. However, I consider that Mr Esan's retained responsibility for his acts was at the lower end of the spectrum as a result of his under-treated psychotic illness."

39. In arriving at their conclusions, the experts variously refer to evidence which, in their view, indicates reality distortion at the time of the commission of the offence, such as internet searches that you conducted for 'enoch' and '365 days'; the lack of coherency in a note to yourself that was made or modified on 20 July 2024; the words you spoke in the immediate aftermath of the attack to the arresting officer, when you used words

including *"This is for enoch"*; and a later suggestion made by you during the course of last year that you may have felt like you were in the film 'Kingsman' at the time of the attack and so may have felt the need to attack others as part of the playing out of that film, or alternatively the video game 'Cyberpunk'.

40. There are, however, features of the evidence which are not consistent with the only explanation for the attack on Mr Teeton being reality distortion. These include the fact that you were coherent, polite, bright and not exhibiting any symptoms of psychosis on the morning of 19 July 2024, just a few days before you attacked Mr Teeton, when at Argos purchasing the knives and when you met with your care worker; the fact that not all of your internet searches were incoherent - in particular your searches for information about the murderous attack on Lee Rigby and other terrorist attacks using knives; the fact that you watched a documentary about the controversial killings carried out by Kyle Rittenhouse on the morning of the attack; and the fact that (as the experts all accepted when the point was put to them as they were giving their evidence and as Mr Barraclough also accepts) the attack on Mr Teeton, as a representative of the British Army, was deliberate, planned and targeted.

41. As to this last point, the evidence is overwhelming. First, your brother was in the Army; you had a significant dispute with him in the months before the attack, which led to the two of you not speaking. Whether or not on 25 July 2024, two days after the attack on Mr Teeton, you told Dr Hogan, a consultant psychiatrist at HMP Belmarsh, that your brother was in the Army and that you had had an argument and so had gone looking for an officer to attack, which Mr Barraclough submits is not borne out by the documents, is not critical. What matters is that there was clearly some sort of issue between you and your soldier brother. Secondly, you had had three applications to join the Army rejected. Thirdly, you carried out searches for the specific type of engineering work conducted at the Brompton Barracks. Fourthly, as previously mentioned, you were searching on the internet for information about the attack on Lee Rigby just days before you yourself attacked Mr Teeton, a soldier. Fifthly, you carried out significant reconnaissance of the area of the attack the day before and on the day itself, repeatedly driving around the streets near the Brompton Barracks and Sally Port specifically.

42. I am sure, in the circumstances, that Mr Teeton was only attacked because he was wearing military uniform and so was obviously a soldier.

43. No expert has been able satisfactorily to explain how this targeting was a manifestation of any particular reality distortion applying to you. Nor have the experts been able satisfactorily to explain how it was that you could retain sufficient control of your thoughts, whilst also acting as a result of a reality distortion, to lie to Mr Teeton about your mobile telephone not working in order to distract him and enable you to launch your attack upon him.

44. Mr Barraclough submits, nonetheless, that the Court should accept the expert evidence on the basis that there is no compelling reason, in the language of the Guideline, not to do so. He warns against the risk of engaging in amateur or pseudo psychiatry and highlights, in particular, how the experts were consistent in saying that, but for your psychosis, the attack on Mr Teeton would not have happened; or, as Dr Alcock put it when revising what he had to say in his report at paragraph 4.3, it is the psychosis that is the primary or key driver.

45. I do not agree with Mr Barraclough about this. It is, to repeat, for the Court to make its own assessment as to culpability, taking into account all the available evidence - not limited to the expert evidence that is before it. That evidence includes the evidence of targeting to which I have referred, and for the Court to form a judgment based on that evidence does not entail engaging in amateur or pseudo psychiatry.

46. In any event, although Professor Blackwood, Dr Nabi and Dr Alcock were each clear that, without the psychosis, the attack would not have happened, what they did not say was that, without whatever grudge or animus you had as regards the Army, the attack would have happened, in any event, owing to your psychosis. On the contrary, in their reports (in contrast to the position in ***R v Calocane*** where the evidence of Professor Blackwood was that what was done was *"entirely driven by the psychotic process"* (see [85]), the experts (including Dr Alcock after he revised paragraph 4.3) each speak of your psychosis in terms which point to the psychosis not being the entire cause of the attack on Mr Teeton. Thus, as already mentioned, Dr Nabi refers to your mental disorder having *"had a significant impact on [your culpability]"* (paragraph 203); Dr Alcock describes the attack being *"primarily attributable"* to your mental disorder (paragraph 4.3, as modified); and Professor Blackwood refers to it as being *"a highly significant contributory factor in causing [you] to assault the victim"* (paragraphs 16 and 75)

47. Furthermore, in his oral evidence, Professor Blackwood agreed with Ms Morgan that, were the Court to conclude that what you did entailed you targeting Mr Teeton because he was in Army uniform, then the degree of your retained culpability would be higher than that described by him in his report. This was Professor Blackwood, therefore, acknowledging that the targeting as a result of your having a grudge or animus against the Army should not be discounted. When asked by Ms Morgan about the targeting, Dr Nabi's evidence was to similar effect: she stated that what was behind the attack was your psychosis but that you are *"not absolved of all culpability"*. As for Dr Alcock, he considered that whatever issue you had with your brother and the link to the Army *"is in the mix"* but that it was *"not the primary driver"*.

48. It is open to the Court, in these circumstances, without departing from the expert evidence that has been heard, to reach the conclusion that it would not be appropriate to approach the matter of culpability on the basis simply that, but for your psychotic disorder, you would not have done what you did, and that the grudge or animus that you held against the Army at the time of the attack should play no part in the assessment of your culpability which it is for the Court to make, albeit assisted by the evidence given by the experts. The psychotic disorder is part of the context for the attack, but it is not the entire context since the context also includes the fact that you targeted Mr Teeton and that you did so having carried out searches in relation to other knife attacks, including, most notably, the killing of Lee Rigby, another soldier.

49. In my judgment, the animus or grudge that you held towards the Army worked in tandem or in combination with your psychosis, and it was that combination which resulted in the attack on Mr Teeton. This targeting increases your level of culpability, although I accept that, in the language of the Attempted Murder Guideline, your *"responsibility [is] substantially reduced by mental disorder …"*.

50. I must then consider the third and fourth aspects identified in ***R v Vowles*** at [51], namely *"the extent to which punishment is required"* and *"the protection of the public including the regime for deciding release and the regime after release"*, bearing in mind that there *"must always be sound reasons for departing from the usual course of imposing a penal sentence"*.

51. It should be noted in this context that the Guideline lists various factors which the Court should consider at §23. These include:

- *"The need to protect the public. In deciding on a sentence, courts should also carefully consider the criteria for and regime on release. It should not be assumed that one order is better than another, or that one order offers greater protection to the public than another. Careful analysis of all the facts is required in each case, including what is practically available, before deciding on the appropriate disposal. The graver the offence, and the greater the risk to the public on release of the offender, the greater the emphasis the court must place upon the protection of the public and the release regime.*
- *Other protective factors that are available."*

52. As to this, I am satisfied that, all other things being equal, punishment is called for in your case. To repeat, the attack on Mr Teeton was targeted and deliberate; you were looking for a soldier with the intention that that soldier should die, as underlined by the fact you had looked up the killing of Lee Rigby on the internet. It is, however, necessary to balance this with the protection of the public issue, and it is in this context that it is necessary to consider the differing regimes involved in, on the one hand, the making of a hybrid order under section 45A and, on the other hand, the making of a hospital and restriction order under sections 37 and 41.

53. The experts were agreed as to their preference for the latter type of disposal. Professor Blackwood, for example, said this in his report:

"79. The hospital order with restrictions (Section 37/41) better assures the protection of the public in my view than the alternative 'hybrid' (Section 45A) order. Considering each in turn:

80. A Hospital Order made subject to a Restriction Order under section 41 of the MHA effectively prevents the defendant from being released from hospital unless and until either the Secretary of State or the First Tier Tribunal confirms that he no longer poses a risk arising from his medical condition. Given the gravity of the index offence, it is likely to be some years before any such application to be released would have any realistic chance of succeeding: all those involved in Mr. Esan's care are likely to be cautious in his progress

through the secure system, with some years at each of the requisite levels of security (medium and low) before potential onward progression to the community after careful independent tribunal consideration. Each step down in security would be contingent in the progress made in terms of stabilisation of his illness, improvement in his understanding of the same, compliance with medication and wider aspects of his treatment plan (such as psychological work and substance misuse work). Equally, such projected progression is entirely contingent on his response to treatment.

81. *It is important to reiterate that while clinicians may ultimately support an application for a conditional discharge from a hospital order after some years of stability in each level of hospital security, and drawing on a careful and prolonged period of consideration of his mental state and behaviours, the decision is taken by a judge led independent tribunal, who carefully consider all case materials and the views of the victim's families (through the victim support officer mechanism).*

82. *I would view the possibility of absolute discharge from the hospital order with restrictions by an independent tribunal as extremely unlikely in view of the gravity of the index offence. I would expect Mr. Esan to be managed for much (if not all) of the rest of his life under the auspices of the order: the psychiatric equivalent of a 'life sentence'. Any potential release would rather be subject to strict conditions and the patient would be carefully supervised by a responsible clinician embedded in a community forensic team, and liable to recall to hospital if those conditions were not complied with. Such conditional discharge conditions typically include compliance with a regime to take prescribed medication, residence in an agreed supervised setting, and engagement with his supervising team. The supervising community team are required to account for their work and to document their progress in regular reports to the supervising Ministry of Justice. A failure by the patient to comply with such community conditions results in prompt recall to an inpatient hospital setting, and a further period of inpatient care to re-establish medication and wider aspects of a safe community management plan.*

83. *In the alternative, under a Section 45A disposal, after a period of treatment in hospital and return to prison, the timing and mechanism of release would be for the consideration of the Parole Board, informed by reports from supervising offender managers. The sole consideration determining release would be that the Board is satisfied that it is no longer necessary for Mr. Esan to be detained in order to protect the public from serious harm. Once such a prisoner is released, that prisoner on licence can only be returned to custody when they breach their licence conditions or commit a further offence. Community forensic services would likely become involved in his community supervision, but would not have access to a restrictive framework to ensure that appropriate treatment is maintained, or that prompt rehospitalisation obtained in the event of mental state deterioration. Both of those factors would serve to increase the risks posed to others in the community.*

84. *The powers available under the Section 37/41 for the clinical team to recall the defendant to hospital either if his mental health appears to be deteriorating, or if he fails to maintain his prescribed medication, are both important powers that are not available to the probation service who would be responsible for his supervision were he to be released on parole. It can therefore be seen that given that the principal driver of his risk to others is his psychotic illness, the protection of the public is increased, rather than diminished, by a hospital order with restrictions disposal. This reduction obtains during the (long) period of treatment: consider, for example, the risk to other prisoners were he returned to prison after a period of hospital treatment and fail to comply with medication; while a return to hospital would of course be possible through the Section 47/49 mechanism, he has previously demonstrated his ability to avoid detailed assessment prior to conducting a lethal act informed by his psychosis. It is the understanding and careful treatment of his psychotic illness that is best conducted by psychiatric and allied caring professions in hospital and the community, rather than prison and probation staff. The comparative reduction in risk to others afforded by the hospital order disposal continues to obtain were Mr. Esan to be released into the community.*

...

86. Thus, having regard to all the circumstances including the nature of the offence and the character and antecedents of the defendant, and to the other available methods of dealing with him, I consider that the most suitable method of disposing of the case is by means of a hospital order with restrictions. … .”

54. Professor Blackwood expressed similar views for the purposes of the sentencing hearing that took place in ***R v Calocane***, as made clear by what the Court of Appeal had to say at [51]:

“… The judge accepted the evidence of Professor Blackwood who concluded that, because the offender's risk to others was driven by his psychotic illness, the risk he posed was best managed by forensic psychiatric services. Periods of leave and progress through the secure hospital system would be effected by his responsible clinician in close communication with the Secretary of State; any potential discharge to the community would be subject to the independent consideration of the Tribunal; any release would be subject to conditions, including compliance with medication, and monitoring by a forensic team; and any deterioration in the offender’s mental condition, which was the driver of the risk, would lead to a prompt recall to a psychiatric hospital. The regime under a hospital and restrictions order avoided situations in which the risk posed by the offender might increase, or his mental condition worsen, because of delays in recalling and re-hospitalising him.”

55. In that case, the Lady Chief Justice expressed the Court’s conclusions in this way:

“86. The judge properly took into account, first, that under the s.45A regime, the Parole Board would be likely to follow the release recommendation of the clinicians and Tribunal; secondly, that monitoring thereafter would be carried out principally by a probation officer rather than a mental health practitioner; and thirdly, that recall to prison, and subsequent transfer to hospital, might take some time. He reached what was the perfectly reasonable conclusion that a period of imprisonment, as might follow the making of a hybrid order, risked non-compliance with medication, a deterioration in the offender’s mental state, and a consequential increased risk to others.

87. By contrast, as the judge said, the ss. 37/41 regime avoided situations in which the risk posed by the offender might increase, or his mental condition worsen,

because of delays in recall and re-hospitalisation. Such an approach, focussing on the question of public protection, was entirely in line with the comments in Edwards at [12] as set out above, namely 'the graver the offence and the greater the risk to the public … the greater the emphasis the judge must place upon the protection of the public'."

56. Mr Barraclough invites the Court to take the same view in your case as the sentencing judge did in ***R v Calocane***. The Court is not, however, obliged to do this; and nothing that the Court of Appeal had to say in that case suggests otherwise. It should furthermore be noted in this context that, unlike in your case, in ***R v Calocane*** there was no dispute that the retained responsibility was at the lower end of the spectrum, there was no motive for the attacks (see [48], [81] and [84]) and the evidence was that what was done was *"entirely driven by the psychotic process"* (see [85]).

57. Each case will depend on its own facts and on an assessment of the evidence that was before the Court at the time of sentence. As to the latter, in the present case the Court has been able to explore in some detail the likely approach that would be adopted in the event that a hybrid order is imposed in conjunction with a life sentence.

58. There are two main aspects to consider here. The first concerns the respective release regimes applicable to the two different forms of disposal; the second relates to the position post-release.

59. As to the former, based on the evidence heard by the Court this week, the position is as follows. If a life sentence is imposed on you and once the minimum term has been reached, you will only be released when the Parole Board considers that you no longer present a risk to the public. This consideration of risk will include, aided no doubt by experts in psychiatry, the impact of your mental disorder but also any residual risk presented as a result of your motives for the attack (including, therefore, the targeting to which I have made reference) and any potential mental health relapse.

60. The position is, accordingly, not the same as described by Hallett LJ, VP, in ***R v Edwards*** at [8] in relation to a determinate sentence where, if there has been no improvement at the automatic release date, the limitation direction aspect of section 45A falls away and the patient remains in hospital but is treated as though they are

subject to an unrestricted hospital order *"so that the point at which he is discharged from hospital is a matter for the clinicians, with no input from the SoS"*.

61. Turning to the post-release position, you are unlikely ever to be released back into the community where there is a risk of reoccurrence. This means that concerns about a scenario where you might not take medication are of limited significance since, if there is a significant risk, including a risk presented by your failure to take medication, then it is difficult to imagine how, in the section 45A context, a future Parole Board would conclude that you should be released.

62. I am clear that the particular circumstances of this case and its gravity are such that your state of mental health and arrangements to monitor you would receive the most careful attention in the event that you are being considered for release. In this respect, it should, furthermore, be borne in mind that conditions can be imposed on a life licence and Multi Agency Public Protection Arrangements can be put in place, which should allow for effective protections. It is not, therefore, the case that, if released into the community, you would be in an unrestrictive and unsupported position since, on the contrary, release would only be countenanced if safeguards are able to be put in place so as to mean that you are not in an unrestrictive and unsupported position. I do not, therefore, accept that, in practical terms, the position will be so starkly different if an order is made under section 45A compared with the position were a section 37/41 order to be made.

63. It follows that the concerns expressed by the experts are not ones which, in my judgment, should mean that a section 45A order is not made in your case notwithstanding the conclusion which I have reached concerning your level of culpability and the need for there to be a penal aspect to the disposal in your case.

64. I am, accordingly, satisfied, on the evidence, in the particular circumstances of this case and for the reasons I have given, that the appropriate disposal in your case is an order under section 45A of the 1983 Act, namely a sentence of imprisonment with a direction that you are detained in hospital rather than in prison for as long as it is necessary that you be detained in hospital.

65. In the light of this, I must now return to the Attempted Murder Guideline, starting with Step 1. I have previously touched on this but it is clear that yours is a Category D (Lesser Culpability) case because your responsibility is *"substantially reduced by mental*

disorder". Ms Morgan accepted that this is the position, just as Mr Barraclough acknowledged that, in terms of Harm, the offence falls into Category 1. What you did to Mr Teeton was deeply traumatic for him, his wife and family. It has caused considerable and ongoing trauma for them all. It has altered Mr Teeton's ability to perform his employment. It has led to significant lifestyle changes for the whole family. Mr Teeton is permanently scarred as a result of the wounds that were inflicted, albeit ongoing physical consequences are thankfully limited.

66. Step 2 involves the Court looking at the starting point identified in the Guideline for a Category D1 offence and reaching a sentence within the category range by adjusting the starting point upwards or downwards as may be necessary to reflect particular features of culpability and/or harm. The starting point identified in the Guideline for a Category D1 offence is 14 years' imprisonment, with a sentencing range of 10-20 years' imprisonment.

67. Mr Barraclough submits that your mental disorder means that your offence should be treated as coming at the bottom of that 10-20 year category range. However, since the fact that Category D includes a case where an offender's responsibility is *"substantially reduced by mental disorder"* and that there is a starting point of 14 years, this means that Mr Barraclough cannot be right about this.

68. What the Court is required do, nonetheless, is to consider whether there are factors which mean that there should be a further upward or downward adjustment.

69. As for the relevant factors increasing seriousness which are listed in the Guideline, there are two factors of relevance. The first is the fact that the offence was committed against a person working in the public sector or providing a service to the public; the second is the fact that others were put at risk of harm by the offence – most notably Mrs Teeton but also other people who came upon the scene as you were attacking Mr Teeton in the street.

70. As for the factors reducing seriousness or reflecting personal mitigation which are listed in the Guideline, there are two which are relevant, bearing in mind that your mental disorder has already been taken into account as part of Step 1: first, the fact that you have no previous convictions (although it is clear that you have possessed knives previously); and, secondly, your relatively young age.

71. I am clear that the aggravating factors substantially outweigh the mitigating factors. This leads me to conclude that there should be a significant increase from the 14-year starting point to a notional sentence (prior to credit for guilty plea and subject to Step 5) of 18 years' imprisonment.

72. This brings me to Step 4, namely the appropriate reduction that should be made to reflect the fact that you have pleaded guilty to the attempted murder offence. In this respect, I have had regard to the Sentencing Council's 'Reduction in sentence for a guilty plea' Guideline. Since you did not enter a guilty plea at the first stage of proceedings, which I take to be the hearing which was listed for 27 November 2025, and instead waited until the hearing on 8 January 2026 before deciding to plead guilty, the appropriate reduction for guilty plea is 25% rather than the one third which would have been available had you pleaded guilty on 27 November 2025. As a result, the notional 18-year sentence prior to credit for guilty plea is (subject to Step 5) reduced to 13 years and 6 months' imprisonment.

73. Turning to Step 5, this requires the Court to consider the matter of dangerousness and, specifically, whether it is appropriate that there be a life sentence. I am entirely satisfied that this is the position in your case. Having regard to section 285 of the Sentencing Act 2020, you present a significant risk to members of the public of serious harm occasioned by the commission of further specified offences, and the seriousness of the offence for which I am sentencing you is such as to justify the imposition of a life sentence.

74. The minimum term is calculated by reducing the 13 years and 6 months' notional determinate sentence to which I have referred by one third to reflect the fact that you would have been entitled to be released at the two-thirds point of that determinate sentence had it been the sentence imposed on you. Accordingly, the minimum term is 9 years' imprisonment, from which will be deducted the 568 days which you have already spent on remand in custody, so that the minimum term which you will serve is 7 years and 162 days.

75. I should, lastly, deal with the two offences of possession of a bladed article in a public place, namely the knives that you used in the attack on Mr Teeton. These are offences in respect of which the maximum sentence is 4 year's imprisonment and in respect of which the Sentencing Council has published a guideline. Applying that guideline, I am

satisfied that the offences fall into Category A2 and so have a starting point of 6 months' imprisonment with a sentencing range of 3 months to 1 year's imprisonment. Concurrent sentences of 6 months' imprisonment would be appropriate in your case – each of those sentences being made concurrent with the sentence in respect of the attempted murder count.

Please stand.

76. For the offence of attempted murder, I sentence you to life imprisonment with a minimum term of 7 years and 162 days and I direct, under the provisions of section 45A of the Mental Health Act 1983, that in the light of the psychiatric evidence, namely Professor Blackwood, Dr Nabi and Dr Alcock, the criteria for a hospital order are met; and so instead of being removed to and detained in a prison, you will be re-admitted to and detained at Broadmoor High Security Hospital. You will be subject to the special restrictions set out in section 41 of the Mental Health Act 1983.

77. What this means is that you will be detained in hospital for as long as necessary. If and when it is no longer necessary, you will be transferred to prison. Once in prison, you will serve the remainder of the sentence which I have imposed.

78. As for the minimum term which I have identified, this is the minimum term which you will serve in custody, before the Parole Board may first consider your possible release. The Parole Board will then decide whether you can leave custody at that stage, and if so on what terms. If you are refused parole at that time, you will remain in custody, subject to regular reviews by the Parole Board. If and when you are released you will be on licence for the rest of your life. If you break the terms of your licence, you will be liable to return to custody. In addition to the conditions on your licence you will also be subject to the conditions of your release from hospital.

79. As for the two counts of possession of a bladed article in a public place, you are sentenced to 6 months' imprisonment in respect of each of these counts – each of those sentences being made concurrent with the sentence in respect of the attempted murder count.

80. You will also have to pay the statutory surcharge.

Go with the officers.

81. I would like to commend everybody who came to Mr Teeton's assistance on that awful day in July 2024 – in particular, of course, Mrs Teeton, and, indeed, Mr Teeton himself, both of whom showed immense courage and who, with their daughters, form what is clearly a very loving and supportive family unit.

82. I would also like to thank all members of the counsel teams and their solicitor colleagues for the skilful way in which the cases have been presented.