Judiciary of England and Wales

MR JUSTICE LINDEN

IN THE BRISTOL CROWN COURT

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V

YASMEEN ALI

SENTENCING REMARKS

1. Yasmeen Ali, you have pleaded guilty to the manslaughter of your three children in February 2024 by reason of diminished responsibility. For reasons which will become apparent, I am entirely satisfied that the Prosecution are right to accept those pleas.

2. It is now my sad duty to sentence you for these offences but before I do so I would like to extend the Court's condolences to you and your husband Mr Bash. As the victim personal statement which has been read to the Court clearly demonstrates, what has happened is a tragedy from which neither of you will recover and which causes you both unimaginable pain in your daily lives.

3. In considering what the appropriate sentence is I have been assisted by very thorough and detailed reports from three highly experienced consultant forensic psychiatrists who have each separately examined you: Dr Bradley Hillier whose report is dated 12 August 2026, Dr Callum Ross whose reports are dated 12 and 21 September 2026 and Dr Victoria Thom whose report is dated 18 October 2026. Dr Hillier has also given oral evidence at this hearing.

4. Drs Hillier and Ross were instructed on behalf of the Defence and the Prosecution respectively, and Dr Thom is your Responsible Clinician at the [ ] secure psychiatric unit where you are currently detained under the

Mental Health Act 1983. She has been involved in your clinical care for the nearly three years since your offences and she is therefore particularly well acquainted with your case. These witnesses owe a legal duty to the court to assist it by giving their expert opinions based on their impartial assessments of the evidence, and I am entirely satisfied that this is what they have done. Their views about your case are unanimous and I accept their evidence.

5. I have also had the benefit of Sentencing Notes from Mrs Anna Vigars KC and Ms Evans for the Prosecution and Mr Andrew Langdon KC and Ms Tallentire who represent you, dated 24 September and 18 October 2026 respectively. These Notes make reference to other materials and evidence in the case including statements made by PC Gaby on 8 April 2024 and the social worker for your family, Ms Wooding, on 16 July 2024. I have also been referred to the May 2025 report prepared after an independent investigation by Niche Health and Social Care Consulting into your care and treatment by Avon and Wiltshire Mental Health Partnership NHS Trust, and to a letter to you from the Chief Nursing Officer of the Trust dated 15 April 2026 apologising for failures in the care that you received and setting out the steps which have been, and will be, taken by the Trust to address the recommendations in that Report.

6. The detail which is provided in these documents, and the fact that the case has been summarised in open court by Mrs Vigars and responded to by Mr Langdon, means that I need not repeat all that has been written about you. But it is for me rather than the psychiatrists or anyone else to decide sentence, and it is therefore necessary for me to make findings and explain the conclusions which I have reached. This will take a little time. It will also inevitably be distressing to you and to your family, including Mr Bash. I will therefore say no more than I consider necessary and I ask you both and others in court to remain calm.

7. My sentencing remarks will be made available to you, the interpreters and the public in writing shortly after this hearing.

8. Finally, I have considered the Sentencing Council's Guideline on sentencing offenders for diminished responsibility manslaughter and the guidance in the case law which it reflects, including the authorities considered by the Criminal

Division of the Court of Appeal in its recent decision in *R v Ellis Coulson* [2026] EWCA Crim 1097.

9. You are currently 44 years of age. You went to school and university in Sudan where you trained as a nurse. You then worked as a dental nurse until you were married to Mr Bash at the age of around 29. He was living in the United Kingdom at the time, and the marriage was arranged by your family. You subsequently met him for the first time in Egypt in 2015 after which you returned to your family in Sudan whilst he remained in the United Kingdom. You gave birth to Fares on 17 July 2016.

10. You and Fares came to the United Kingdom on a spousal visa to join your husband in October 2018. Your immigration status meant that you had no recourse to public funds, and your understanding was that your ability to remain in this country depended on your remaining married to Mr Bash. You were not in employment, and you were therefore financially dependent on him. You moved into a house in Sea Mills, the tenancy for which was in your husband's name. You spoke very little English.

11. Your daughter, Joury, was born on 22 March 2020 and you had a son, Mohammed, on 17 April 2023.

12. It was whilst you were pregnant with Mohammed that you began to report difficulties in your marriage to family and local friends, and arguments about money. You told them that your husband was spending money on gambling rather than the family, and that he would be bad tempered and sometimes aggressive when he lost. You have told the professionals that you grew to be frightened of him. Staff at the children's primary school also had concerns about the children as we have heard.

13. In September 2023, the School raised concerns with Children and Families Social Services about possible domestic violence. The duty service made contact with you on 11 September and you reported that your husband had threatened you and, whilst you were breastfeeding, had slapped you and pushed his fingers into your eyes.

14. Ms Wooding was assigned to your case on 13 September 2023 and, as a result, regularly saw your children and you in your home setting. Her evidence, which I accept, is that you were very motherly, loving and affectionate towards your children. Up until early February 2024 she never had any concerns about how you interacted with them. However, it was clear to her that you were desperate for help. There were occasions when you told her that you wanted to leave your husband, but you were also fearful of the potential consequences of doing so. You were concerned that you may no longer be able to live with your children, and you worried about your immigration position if you left him and that you would lose your source of financial support.

15. On 31 December 2023, the police received a call from Mr Bash in which he said that he had had an argument with you and that he was going to be kicking you and the children out of the address. A few minutes later, you called the police and told them that you believed that Mr Bash was going to kill you. A baby could be heard crying loudly in the background. PC Gaby, who went to your home describes you hiding behind her and visibly shaken and crying. On examination you were found to have scratch marks across your chest and red finger marks around your neck. Joury also gave officers to understand that your husband had strangled you. Mr Bash said that you had had an argument and he repeated that he did not want you or the children living with him. Fares also told the police that there had been frequent arguments between the two of you.

16. Mr Bash was arrested, charged and remanded into custody where he remained at the time of the deaths of your children. Subsequently he was given conditional bail on 1 March 2024 and, on 10 June 2024, the Prosecution offered no evidence in the case against him and the prosecution was discontinued.

17. The effect of Mr Bash being remanded into custody was that you had no access to funds and for some time you were dependent on foodbanks and hand-outs from a charity. Pressure was also brought to bear on you by members of the community to withdraw your complaint against him. You were frightened about what would happen on his release and you were worried that you would be evicted from the house.

18. On 6 February 2024, Ms Wooding received a number of calls and messages about your presentation that day when you had gone to children's school on a number of occasions and when you had gone to collect a payment from the office of the asylum team. Rachel Green, who was a good neighbour and a friend to you throughout, reported that your behaviour had changed abruptly. Ms Wooding and a colleague visited you at home. She and others who saw you were very concerned about your erratic, paranoid and somewhat aggressive behaviour. You were no longer wearing the hijab. You were also saying things which did not make sense such as that Tesco vans were being used to monitor you and that there was a camera in the tumble drier. You said that you felt that there was something in your body and were saying "lucky number three" repeatedly.

19. The mental health crisis team were called and they came to the house that afternoon, as did police and paramedics. You would not engage with a mental health assessment and you remained upstairs. You were recording them on your phone speaking without stopping, repetitively telling them to leave, laughing to yourself sporadically and talking about being a "power". The mental health practitioners eventually agreed to leave because they considered that they were increasing your agitation. They noted that you were very paranoid and needed mental health support. Because of your reluctance to engage they requested the Emergency Duty Team to carry out a full Mental Health Act assessment to decide whether you needed treatment in hospital. However, this assessment was not progressed at this stage owing to the lack of an available hospital bed in the event that you needed to be detained under the 1983 Act. A safety plan was put in place whereby a neighbour would stay with you overnight and take the children to school the next day and you would be reviewed regularly by the crisis team.

20. The crisis team saw you again at home on 7 February, at which point your condition appeared to have improved markedly and your presentation was quite different. You told them that you had slept well the night before and said you had no concerns about your mental health. You no longer appeared to have symptoms of psychosis. The clinicians thought that you had had an acute stress

reaction arising from concerns about a plea and case management hearing which took place that day in the Crown Court proceedings against your husband.

21. When the crisis team visited you on 8 February they were told that you had been visited by a number of women, one of whom you felt was pressurising you to withdraw your complaint against your husband, and that you had heard them making remarks about your children being taken away. In the course of the visit, you suddenly became overwhelmed and were speaking rapidly in Arabic with your eyes closed. You then asked the student nurse to take Mohammed away and began spitting towards the clinical team before lashing out towards the student nurse. The assessment was brought to an end.

22. However, when the clinical team visited you again later that day your condition appeared to have improved significantly. You were now making good eye contact and speaking logically and coherently and you were apologetic about your behaviour in the morning, explaining that it was the result of stress which you felt as a result of visits from women in the community and that you had believed that the mental health staff were there to take your children away.

23. You were reviewed again by the crisis team on 9 February. You greeted them warmly and said that you had been under a lot of stress and you gave an account of recent events in which you explained what had happened. Your mental health appeared a good deal better, and you said that you were back to your normal self. You were seen to be interacting appropriately with your children. The Mental Health Act assessment which was scheduled for 9 February was therefore cancelled.

24. Your mental health appeared to be much the same when you were reviewed on 10 February. You said that you still had some odd thoughts at times but that you were not concerned.

25. You were seen again by the mental health team on 12 February when you still appeared to be well, and you said that you did not think that you required any further assistance from mental health services. The team felt that you had had an acute stress reaction on 6 February which had now resolved. You were therefore discharged.

26. Ms Wooding also saw you on 12 February and she spoke to you again on the 16th. On neither occasion did your presentation give her cause for concern.

27. However, as Mrs Vigars has told the court, shortly after midnight on 18 February 2024 the police received a 999 call from Ms Green who was clearly very alarmed indeed about your mental health after she had received a call from you, and very concerned about the safety of your children. The police attended your address. They could hear screaming and chanting coming from within the property. They entered the house, where they found you in a clearly very disturbed state, sitting on the bed with your children and looking, they said, like a zombie. You were wearing only a pair of black leggings and had serious injuries to your throat and your abdomen which you had inflicted on yourself with a knife. Mrs Vigars has touched on the conditions in the house, which was in chaos. I need not repeat the details of the terrible injuries to your children, save to note that they are clearly consistent with you being in a psychotic state when you inflicted them.

28. You were taken to the Accident and Emergency Department at Southmead Hospital where staff described you as "flailing around making noises", apparently in a psychotic state. You were intubated for the neck wound, and you underwent immediate surgery for your injuries and were then in intensive care. You were at Southmead for 2.5 weeks before being discharged on 6 March 2024 and detained at [ ].

29. You told a nurse at Southmead that you "got a message in your head to kill them at 12 o'clock" and later got a message on your phone saying "kill us today, midnight, 12 o'clock". You told the nurse that "the message controlled my head, but no one died and I asked Allah for forgiveness." It is evident that you did not realise what you had done.

30. The psychiatrists agree that by the time of these offences you had developed a recognised medical condition known as schizoaffective disorder. This disorder is characterised by episodes of psychosis i.e. severe abnormality of mental functioning which render the sufferer detached from reality. Dr Thom explains in her report that:

"13.3.0 I have made a diagnosis of **schizoaffective disorder**. There have been multiple episodes and the disorder is currently in partial remission…

13.3.1 Schizoaffective disorder is categorised as a primary psychotic disorder. It is an episodic disorder in which the diagnostic requirements of both schizophrenia and an affective episode (mania or depression) are met. Onset of both symptom clusters is simultaneous or within a few days of each other.

13.3.2 There have been two episodes where, in my opinion, Ms Ali has simultaneously fulfilled the diagnostic criteria for schizophrenia and mania. The first was in February 2024. The second was in September 2024. The episode in February 2024 exceeded one month duration requirement that needs to be met during a first episode….

13.3.3 Symptoms of schizophrenia have included persistent delusions (persecutory, grandiose and perceptual in nature), disorganised thinking, hallucinations and grossly disorganised behaviour. Symptoms of mania have included an extreme mood state, lability, pressure of speech, disinhibition, reduced need for sleep and impulsive, reckless behaviour. During the episode in September 2024 there was also evidence of catatonia including echopraxia, posturing and stupor."

31. Dr Ross explains that the nature of your condition is such that you had no insight as to the nature and degree of your deteriorated mental state at the time of the offences:

> "She did not know that she was experiencing symptoms of a mental illness. She could not identify her perceptions or beliefs as being symptoms and not real."

32. Dr Hillier notes that since being admitted to [ ] you have experienced:

> "..rapid fluctuations in mood and acute symptoms of psychosis and mania at times, warranting periods of intensive and assertive treatment, including against [your] will through the form of injection antipsychotic

medication. [Your] illness abolishes insight, and by nature of psychosis and mania, [you] are unable to appreciate that [you are] unwell or experiencing delusions or hallucinations at the time [you are] doing so. Similarly, [you are] susceptible to depressive episodes, during which [your] mood deteriorates rapidly and significantly, to the extent that [you are] actively suicidal and may make plans to harm [yourself], despite [your] strong faith."

33. As far as treatment is concerned, the psychiatrists agree that it is appropriate for your condition to be treated using medication alongside psychological, occupational, social and other interventions. Whilst these interventions will manage your symptoms, and help you to manage them, the prognosis is uncertain.

34. The psychiatrists agree that your psychotic illness explains the offences which you committed. Whilst you were acutely unwell with psychosis at the time and your thinking was subject to significant distortion, so that the first limb of the legal test for insanity was satisfied, they have not been able to conclude that the test is fully satisfied because there is some evidence that, in a physical or practical sense, you understood the nature of the act that you were doing and that it was wrong. However, Dr Thom's view is that your offending was almost entirely attributable to your mental disorder and Dr Ross has described it as "driven by" your psychotic illness and your depressed mood at the time. It is, in my view, inconceivable that you would have done what you did if you had been well. You have no previous convictions nor any history of violence or any other antisocial behaviour. Your actions came as a total shock to those who knew you and saw you on a regular basis, precisely because you were clearly a loving mother to your children and cared deeply for them.

35. I therefore accept that your level of retained responsibility for the purposes of the Sentencing Guideline is in the "lower" category. I have outlined some of the circumstances which led up to your psychotic episode and which I also consider to be relevant to your culpability. Moreover, this is not a case in which, for example, alcohol or drugs may have played a part in the deterioration in your

mental health. Nor is it a case in which you had any history of issues with your mental health or knew or ought to have known that you were developing a very serious condition. Nor is it a case in which you failed to undertake treatment which was offered to you, or to take medication which had been made available to you to control your symptoms.

36. Tragically, there were also deficiencies in the assessment of you by mental health services, partly as a result of the lack of an acute psychiatric bed at the time, when a less cautious approach to the question of voluntary admission to hospital or detention pursuant to section 2 of the Mental Health Act 1983 might have protected you and your children from yourself. The lack of an impartial interpreter for the purposes of the assessments of your mental health which were carried out at the time also compromised your ability to engage with mental health services.

37. The effect of my findings is that the starting point for a single offence on the Sentencing Guideline would be 7 years' custody with a range of 3 to 12 years. Given the number and nature of your offences, however, in other circumstances the court would be minded to find that you are dangerous and to pass a life sentence. However, in view of the centrality of your psychiatric disorder to your offending, and the conclusion I have reached as to the appropriate disposal, an assessment of the precise sentence which the court might have passed if the facts were different is highly artificial.

38. I turn to the question whether I should make a hospital order pursuant to section 37 of the Mental Health Act 1983 and to the statutory criteria which must be satisfied if such an order is to be made.

39. As I have said, all of the psychiatrists agree that you suffering from a recognised mental disorder. They also agree that appropriate medical treatment is available to you. Dr Thom has confirmed that a bed and suitable treatment remain available at [ ].

40. I also agree with the psychiatrists that the nature and degree of your disorder is such that detention for the purpose of treatment is appropriate. You have a

severe mental disorder, and significant further treatment is required that can only be delivered in hospital. There are a number or risk factors in relation to relapse. You continue to demonstrate only partial insight, and you lack capacity to consent to medical treatment. Your history shows that when you are acutely unwell and experiencing symptoms of mental illness there is a risk of sudden and serious violence, and that risk is continuing. Having regard to all the circumstances including the other available methods of dealing with your case, I am satisfied that the most suitable method of doing so is by means of an order under section 37.

41. Having reached that conclusion the law requires me to consider all of the sentencing options which are open to me. For all practical purposes the options are a restriction order under section 41 of the Mental Health Ac 1983 or a so called "hybrid order", pursuant to section 45A, which would require you to be transferred to prison to serve a sentence of imprisonment in the event that you were well enough to leave hospital. The court must have good reasons to depart from the usual course of passing a sentence with a penal element given that the punishment of offenders is one of the purposes of sentencing specified under section 142(1) of the Criminal Justice Act 2003. I have therefore considered the extent to which punishment is required in this case and the protection of the public.

42. Having considered the evidence as a whole, including the views of the psychiatrists, I do not consider that a hybrid order is appropriate. The psychiatrists' view is that the very fact of such an order would be harmful to your recovery and that transferring you to prison if you were released from prison would be very likely to lead to a relapse, whereupon it would be necessary to return you to hospital. To the extent that punishment is needed, for the rest of your existence you will live with the knowledge of what you have done and the loss of your beloved children. I am quite sure that you are heartbroken by what has happened. The view of the psychiatrists is also that your risk of suicide will be significantly higher for a prolonged period and most likely for the remainder of your life and this, in itself, is a contraindication to your release from detention.

43. I also consider that a restriction order under section 41 of the 1983 Act will afford greater protection to the public for the reasons discussed in the *Ellis Coulson* case. Under a section 41 order, on an indefinite basis you may only be released on the authority of the Secretary of State, with the Responsible Clinician or a Mental Health Tribunal making recommendations. If you were to be released from hospital this would typically be a conditional release and the range of conditions available to manage you thereafter is greater and potentially more restrictive than under a licence following release from prison. The Secretary of State would have the power to recall you for breach, and the range of circumstances in which you could be recalled is potentially more extensive than under the power to recall you to prison. The degree and level of specialism of the supervision to which you would be subject is higher and better able to detect the signs of an approaching relapse than it would be if you were to be released on licence after a prison sentence.

44. So for all of these reasons I will order that your must be returned to [ ] pursuant to section 37 of the Mental Health Act 1983 and you will be subject to the special restrictions set out in section 41 of that Act without limit of time. These orders will be concurrent for the 3 counts on the indictment.

45. The victim surcharge applies in this case.

Mr Justice Linden
23 October 2026