

TRANSCRIPT OF PROCEEDINGS

Ref. T20197343

IN THE CROWN COURT AT MAIDSTONE

Barker Road
Maidstone

Before HIS HONOUR JUDGE ST JOHN-STEVENSON

R E X

- v -

JAMIE BURNETT

MS AMY NICHOLSON appeared on behalf of the Prosecution

MR R M BARRACLOUGH appeared on behalf of the Defence

SENTENCING REMARKS

21 MAY 2025, 12.04-12.47

DISCLAIMER: The quality of audio for this hearing is the responsibility of the Court. Poor audio can adversely affect the accuracy, and we have used our best endeavours herein to produce a high-quality transcript.

WARNING: reporting restrictions may apply to the contents transcribed in this document, particularly if the case concerned a sexual offence or involved a child. Reporting restrictions prohibit the publication of the applicable information to the public or any section of the public, in writing, in a broadcast or by means of the internet, including social media. Anyone who receives a copy of this transcript is responsible in law for making sure that applicable restrictions are not breached. A person who breaches a reporting restriction is liable to a fine and/or imprisonment. For guidance on whether reporting restrictions apply, and to what information, ask at the court office or take legal advice.

This Transcript is Crown Copyright. It may not be reproduced in whole or in part other than in accordance with relevant licence or with the express consent of the Authority. All rights are reserved.

A JUDGE ST JOHN-STEVENS: Jamie Burnett, you fall to be sentenced for manslaughter, that
is the unlawful killing of Leslie Spearing which occurred on 10th October of 2019. I have
already indicated but so you are aware what ultimately the sentence will be and mean for you
I will make it clear now. I will then go on to explain it in a little detail the law and how I
B have arrived at that sentence but I am sure that your legal team will explain the effect as I
know have your treating clinicians. The sentence will be one that you will be obliged, that is
held in that secure mental facility for an indefinite period until the doctors are satisfied you
are well enough to be released. If they do come to that conclusion it will be on the most
stringent conditions so that your day to day activity and your mental health will be
C monitored, and they would have the ability to recall you back to that secure accommodation
at any point. I will explain how I got to that but felt it was important you understood right
from the beginning what is going to happen. I will explain in more detail but it is also of
equal importance to the family of Leslie Spearing to understand that I appreciate their fears
and concerns about what would happen if and when this defendant is released.

D Before I deal with the substance of my reasons may I reflect upon the fact that the
defendant is not present physically in court today. There has been a degree of publicity
surrounding cases about defendants not attending court, whether they should be obliged to
and whether this in any way is disrespectful to the process and or the feelings of victims of
E crime. This is not that case in this respect. You did not appear throughout your trial
physically in court but there with your treating clinicians and medical staff viewing the case
remotely. The court is satisfied that each day you had time to speak to your legal team over
the link and sometimes personally. It was the view of the treating clinicians that for your
mental health and for the protection and security of others that you be permitted not to attend
F this trial. It was my view that position remains the position today for sentence, and it was the
court's decision that you should not be brought to this court fearing that you may become
unwell in some way because of those pressures. If that court's decision should be criticised
the court understands why but I hope that those in court understand the reason I took that
decision in this case and I will return to this later. It is my view it doesn't show any lack of
G remorse, it is perhaps a protective psychological function as it were trying to put to one side
the painful reality of what happened.

H As to what happened, tragically on 10th October 2019 you unlawfully killed your
mother, Leslie Spearing. You were convicted of manslaughter. There were two possible
routes the jury could arrive at that verdict, either as an unlawful act, you not having the
requisite attempt for murder or on the basis that murder was reduced to manslaughter as a

A result of the body of evidence demonstrating your mental ill health at the time, which engaged the partial defence of diminished responsibility.

B This was an unusual case in that the Crown accepted that position and ultimately murder was not left to the jury, the parties agreeing that there was not evidence that could permit such a verdict.

C I have to determine as to what basis you were convicted. I am sure on all of the evidence you had the requisite intent for murder, however I act upon the uncontroverted evidence of the psychiatrists and accept that you on the balance of probabilities may have been acting as a result of your mental ill health to the extent that diminished responsibility was the only route upon the evidence and you will be sentenced on that basis.

D It is of note in terms of your medical history which I will return to that the offence was committed in October of 2019, some six years ago. That provided the start point where you have been in a secure hospital for all or most of that period of time. You appeared in front of this court in October of 2019 and on 16th or thereabouts you were transferred to the Trevor Gibbons Unit, the secure hospital that you have been in ever since. It was determined that you were unfit to be tried and there was a trial as to whether you had committed the act which was concluded in October of 2020 and you returned under a hospital order with restrictions. It came about that you were remitted back to this court in March of 2024 when it was

E concluded you were well enough to stand your trial, and the trial proceeded in March 2025 in front of this court when on 12th March you were convicted by a jury of manslaughter. That provides a back drop as to why this case is only being concluded now some six years after, or five and a half years after the incident and also underpins the considered perspective of the experts who have been treating you over that significant period of time. Over that period of

F time it does not as it were reflect the whole of your engagement with mental health services. Members of your family including your brother noticed when you were around 16 years of age that you were suffering from mental ill health. You were 27 when you committed the offence, 32 years of age now. You were caused to be held in mental health hospitals, often referred to as being sectioned over a number of occasions. Your family would visit you in

G hospital. Leading up to the period of the tragic events in October of 2019 you had been released from hospital into supported living accommodation and you were living at that supported accommodation when the events occurred. Your mother and your whole family stood by you trying to provide you with support for your mental ill health in their understanding of schizophrenia and psychosis. You would go to your mother's house, you

H would see your brother and also others that lived in that house. What is clear leading up to

A the events of the death of your mother is that those around you were becoming more and more concerned as to your ill health and the behaviour that you were exhibiting. Even on the afternoon and hours leading up to it they were reflecting upon what you were doing and the concerns that they had. Indeed reflective of your mother's love and support for you and all

B your family, it was her concerns was the very reason she didn't go and play darts that evening but thought it better to stay to look after you. But what happened there was a time when in the kitchen of your mother's house you took a knife and inflicted the fatal stab wound to her neck which caused her to lose her life so tragically almost instantaneously, despite all the

C efforts of your brother and Kirrie Burnett who did everything they could possibly have done to try and save the life of Leslie Spearing. Thereafter they forced you to leave the address even though after stabbing you were trying to kick and cause more harm to your mother, and then perhaps indicative of your ill health as you made your way from the scene of that killing

D did acts such as leaving your name in blood in the road and other acts which perhaps are beyond understanding save and unless they are put in the context of your florid psychotic episode that you were having at the time.

The effect of that act taking the life of Leslie Spearing has had profound impacts on your family. What is clear from everything I have read that she was an immensely strong, loving and supporting mother and aunt, that the tragic loss of her life has left unfillable voids in their lives and had an impact on the family, the immediate family and indeed others. I

E have read and considered everything in the victim personal statements and what is clear is that Leslie Spearing, that caring person perhaps only happened to her because she was caring. If she had gone and played darts and wasn't so she would have not been in that house.

It is clear that a loss and an unexplainable loss when it is caused by a son killing their

F mother is too much for anyone to bear, but I hope that the position that we leave this court today will give them some reassurance in terms of anxieties which were set out within the victim personal statements concerning what would happen if and when the defendant was released. The court has taken account of everything that is read. No words, no sentence can bring back Leslie Spearing and explain what had happened that day.

In terms of sentence the court must consider the appropriate sentence in relation to all the material and indeed any sentencing guidelines that are relevant in any case. The

G sentencing guidelines that I have considered and if I do not refer to each one are the sentencing guidelines in relation to manslaughter by reason of diminished responsibility and the guideline in relation to sentencing offenders with mental disorders and general guidelines

H in relation to sentencing when considering the seriousness of any offence.

A

In terms of manslaughter by reason of diminished responsibility I refer to that guideline, because ultimately a question that the court must consider is whether there is any residual culpability and whether a punitive, that is a term of imprisonment should not be imposed rather than the sentence that the court has already indicated. Of course the potential

B

length of a sentence has a bearing in that determination when looking at the length of incarceration and future risk.

The court agrees that the first step is to assess the degree of responsibility which is retained. Of course a conviction of manslaughter necessarily involves the fact that an offenders culpability has been reduced from the position which would permit a conviction for murder, but considering retained or residual responsibility there is no issue between the parties or the court that this is lower culpability. In relation to the harm, the harm is inevitable. It is the utmost serious in the context of any offending, but in relation to diminished responsibility the court does not identify any aggravating factors, save of course the statutory aggravating factors which I must of the previous convictions. But the starting point would be a starting point of seven years increased for that aggravating factor the use of a weapon, but also of course then reduced for any mitigation and also mental ill health and the engagement of sentencing offenders with metal disorders, development or neurological impairments.

C

D

E

The starting point in the region of seven years would mean that a defendant would serve two thirds and then released on licence, but that is the range and the type of sentence in terms of its length that the court reflects upon. In relation to the guideline of reducing culpability the court acknowledges that setting culpability does involve the engagement of that enterprise. There is no issue that this defendant was suffering from that mental ill health falling within annexe A of that particular guideline, and all of the treating clinicians and doctors who have opined upon you are under no - there is no disagreement and are all in agreement that because of the mental disorder you did not have the ability to exercise proper judgment to make rational choices, or to understand the nature and consequences of your actions.

F

G

I turn now to the approach that the court must take. There are available sentences in this case of life imprisonment, an extended sentence, a determinate custodial sentence, a hybrid order or a Section 37 Hospital Order with or without restrictions.

H

The court reminds itself as the sequential approach the court must take in determining the correct sentence as set out in the case of *Rv. Edwards*. I must consider whether a Hospital Order may be appropriate and then if so the sentencing judge will consider all sentencing

A options, including the Section 45(a) Hybrid order and the court in deciding the appropriate sentence must remind themselves, as I do, of the importance of a penal element in the sentence and to decide whether that is necessary assessing your culpability, the harm and the fact that you would not have committed the offence but for the mental illness does not of itself necessarily relieve a court the responsibility of passing a punitive element or the B responsibility of the defendant for their actions. Another feature is whether there is a failure to take prescribed medication, whether if a judge decides that there should be a hospital order they must explain the reason why a penal element is not appropriate and also the court acknowledging that the release of an offender on licence from a hybrid order is different from C the regime when a defendant is released, if they are released, on a Section 37 41 Order. I have read the recent authorities of *Rv. Callacone* and also *Rv. Nelson* in reflecting the application of that staged approach.

D In terms of the psychiatric opinion, I do not descent into every detail because all of the doctors are and have been in agreement in this case. At page 239 of the Digital Case System there is a summary of the psychiatric opinion from a number of doctors; Dr Teriq who gave evidence before me today, so that he had prepared a report in February of 2020 being his responsible clinician since October of 2019. What is clear looking at the defendant's personal background and forensic histories at that stage you continued to held delusion or E beliefs around the nature of the offence and to the identify of his mother, who remained fixated on the idea he did not kill his mother.

F The doctor noted the numerous admissions to psychiatric hospital and the theme around paranoia delusion and the fact that he didn't believe his mother was his mother, that is an imposter, but the doctor concluded that it provided a well-established diagnosis of schizo-effective disorder of a nature and degree that warranted his ongoing detention in hospital and at that stage your mental state remained fragile.

G Dr Teriq made an addendum report on 20th July 2020 and again of the same opinion about the delusional believes and your psychosis and the fact that you had relapsed, offered a clear explanation of your conduct at the time. Dr Jagmohan Singh, another doctor examined you in February of 2020 and came to a similar conclusion as to your psychotic mental state as a consequences of established diagnosis and schizo effective disorder.

H Dr Bernard Chin provided a report in April of 2020, again in agreement with the other doctors of diagnosing an effective disorder. His opinion was that you were suffering from a severe and enduring mental illness at the time of the killing. He said in this deeply

A distressing and delusional state it was likely that you convinced beyond any doubt that indeed
it was not your mother but an imposter who was in that room and who was killed and the
doctor opined that there would have been a sudden rush of delusional thought about the
victim which led to the killing. Dr Khan Veer Singh who gave evidence before the court
B again has made a number of statements has set out in that document he agreed that even on
the defendant's initial admission he didn't come and still has not come to terms that it was his
mother who had died, demanding to see the death certificate.

The most recent reports which were ordered post the conviction, the first one of
Dr Khan Veer Singh who gave evidence orally today and as it were endorsed the contents of
C that report. Again when vexed with a question to provide the court with evidence as to the
degree of responsibility retained set out at paragraph 4.2 that Mr Burnett, you were floridly
psychotic at the time and in the months leading to the index offence and lacked insight into
your mental disorder. He said to quote: "A review of the past psychiatric history suggests
D that despite his long contact with Mental Health Services since the age of 16 and the
treatment of anti-psychotic medication, Mr Burnett had never been completely free of
psychotic symptoms and had continued to lack insight into his mental disorder in the months
leading to the index offence. Mr Burnett had repeatedly negotiated a reduction in the dose of
his depo medication. Due to his belief he had not suffered from a mental disorder and did not
E require treatment. It goes on to say that he lacked insight into his mental disorder and the
doctor to quote said: "It is extremely unlikely that he let the ability to make decisions around
the need for treatment in engaging with mental health services. He was on a low dose of anti-
psychotic medication." He said that at paragraph 4.6 his opinion was that Mr Burnett was
extremely unwell at the time and completely lacked insight into his mental disorder, therefore
F that doctor's opinion was that the degree of responsibility retained is low. The Court is in
agreement with that opinion of that doctor. He reinforced that when giving evidence to this
court.

In relation to a further report received today of Dr Tariq who also gave evidence, that
doctor was of a similar view. His opinion was that he had been his treating clinician for a
G period of time and that his assessment was that this defendant you, Mr Burnett, the primary
diagnosis was schizo effective disorder and it is of note he opined that the disorder is
treatment resistant which is a factor when looking at future risks. He said when Mr Burnett is
unwell he presents with the first rank psychotic symptoms including thought disorder,
auditory hallucinations, paranoid persecutory delusions, delusions of reference, somatic
H delusions, delusions of control, misidentification agitation and aggression. The effective

A symptoms of his mental disorder include elated mood, pressure of speech, (inaudible), poor sleep and irritability. Of note that doctor still reports that Mr Burnett continues to question paranoid thoughts in relation to previous solicitors and (inaudible) inquests report.

B At paragraph 6.5 Dr Tariq states: “Mr Burnett’s insight into his mental illness remains quite limited. He does not believe he suffers from schizo effective disorder and believes his psychosis was linked to his use of illicit drugs. He believes that as he stopped using drugs it would stop. The doctor disagrees with that assertion.

C It is upon that body of evidence and the evidence that the court heard during the course of the trial when Dr Tariq gave evidence that this defendant was suffering from a florid psychosis at the time with an array of other symptoms, other thought disorders and persecutory beliefs, including for example he was being controlled from a voice from the television. He had not responded to anti-psychotic medication and when he finally did the symptoms began to improve.

D It is on that basis that the court is driven to conclude that the residual culpability is low and to further conclude that there does not have to be a punitive element in this sentence. In making that decision the court also reflects in relation to the position of a period of imprisonment under a hybrid order rather than a Section 37/41 disposal in this case. In that regard the court has considered a number of authorities flowing from the case of *Rv. Voles* and this court acknowledges that the court must examine with care the broader issues of the need to protect the public and the regime on release. Of course looking at that different regime engages consideration of what happens in effect, and the doctor gave evidence today in relation to that. Of course the doctors in relation to determining whether somebody under a Section 37/41 restricted order does release anyone. They noted of course there would be strict conditions, but they are of course guided by the code of practice issues for the Mental Health Act 1983 which governs the recall of conditionally discharged restrictive patients. Paragraph 22.79 requires quarterly reports from the patient’s clinical and social supervisors which deals with progress, current presentation, any concerns about risk to themselves or others. It is of note that that order goes without limit of time and if at any other time the clinical team becomes concerned over a patient’s behaviour or presentation they must investigate them and contact the Ministry of Justice straightaway, and paragraphs 22.82 sets out that a patient will be recalled when it is necessary to protect the public and that public safety will always be the most important factor and recall does not require evidence of deterioration in the patients mental health, only a change since the discharge decision.

H

A Of course in relation to the position of a hybrid order when a term of imprisonment has concluded, then there is no legal supervision of a defendant. There would be a period on licence but thereafter there would be no supervision and therefore no immediate mechanism that somebody would be recalled if they were exhibiting any mental ill health or deemed to be presenting a risk to themselves or anyone else. The decision initially on the licence position would be determined by the Parole Board following recommendations rather than the tribunal in relation to mental health.

B

C In this case due to the level of retained responsibility which was low and the schizo effective disorder, each of the two doctors who gave evidence today both orally and in their reports were clear and there is no dispute between the prosecution and the defence as to the most appropriate sentence in this case. Dr Tariq at paragraph 6.8 of his report dated today said the most appropriate disposal would be via a hospital order under Section 37 with a restriction order. This would allow Mr Burnett to continue to receive his treatment without returning back to prison, until a time when he is ready to be safely discharged into the community. He goes on with regards to the hospital order, Mr Burnett's primary diagnosis of schizophrenic disorder meets the criteria of mental disorder and the current nature of it warrants his ongoing detention in hospital, and he would opine that his detention is necessary for his own health and also the protection of others. He goes on to be satisfied that he is concerned at the nature and severity of the index offence, the ongoing experiences of psychotic nature and the poor insight into the mental disorder and ongoing treatment and is under the opinion that Mr Burnett would be at high risk of committing further offences if set large without appropriate treatment.

D

E

F In terms of what drove that doctor to conclude that a 45A disposal would not be appropriate he is concerned that Mr Burnett's mental disorder was a significant factor in events and if he was returned to hospital because he hasn't an insight and would not be required to take medication that his position would be, and I quote: "This may involve him stopping his prescribed medication leading to a sudden relapse of his mental illness. This will pose a serious risk not only to his own safety but also to the safety of others. Therefore in my opinion the disposal of the case via a hybrid order may not be an appropriate option." The court respectfully agrees with that doctor.

G

H In relation to Dr Quran Singh paragraph 5.10 and 5.11 deals with that. He says in terms of the disposal: "Mr Burnett's lack of insight into his mental disorder puts him at an increased level of future non-compliance with treatment and disengagement from mental health services. This along with the (inaudible) illicit substances and alcohol is likely to lead

A to further relapses of his mental illness. During this time Mr Burnett is likely to pose a serious risk of harm to others if set large. As outlined above it is my opinion that Mr Burnett fulfils the criteria for imposition of a restricted order under Section 41. In my opinion a combination of hospital order with restriction is likely to achieve the best possible outcome
B both in providing treatment from his mental disorder and managing future risks of harm to others.” He shies away from the possibility of a hybrid order because of the lack of insight of this defendant and the likely increase of non-compliance and disengagement with mental health services both whilst in prison and upon release.

C Having heard the medical evidence during the trial, having read the summary and indeed the full psychiatric reports upon you, Jamie Burnett, and the oral evidence today I am satisfied that firstly each one of those doctors are approved under Section 12(2) of the Mental Health Act. I am satisfied that you are suffering from a mental disorder, namely Schizo
D Effective Disorder and the disorder is of a nature that makes it appropriate for you to be detained in a hospital for medical treatment, and that medical treatment is available for you at the Trevor Gibbons Unit where you are presently under the responsible clinician of Dr Quran Singh. I am also of the opinion that because of all the circumstances of the case and the longstanding complicated history of mental illness, this is the appropriate disposal of this case by making a Section 37 of the Mental Health Act Order. I therefore make the order, you will
E be as it were remain where you are, readmitted to that Trevor Gibbons Unit within 28 days, although that order is irrelevant in the sense you are already there. I have also considered whether this order should be subject to a special restriction specified in Section 41 of the Act. On all the medical history I am quite satisfied that that section is fulfilled in terms of its requirements and the nature of the offence and the past history and the risk you will commit
F further offences if you are not detained, it is necessary to protect the public from serious harm and it is not possible to say how long that will be but you will be under that restriction. Accordingly you will be subject to special restrictions set out in Section 41 of the Mental Health Act.

G As one of the doctors expressed in their report echoed by Mr Barraclough, this is a tragic case. It perhaps is beyond the comprehension to the family of Leslie Searing how a son could kill their mother. Perhaps the report provides some foundations to understand and comprehend that. You, Jamie Burnett, were very unwell having a psychotic episode. It is clear you did not even believe and perhaps do not believe now that it was your mother who you stabbed. Perhaps for those members of the family it was not Jamie Burnett who stabbed
H his mother, but it was Jamie Burnett who was having a florid psychotic episode, acting as it

A
B
C
D
E
F
G
H

were in a way that is beyond comprehension but understood by the medical practitioners that that tragic event happened. I reiterate that the court has considered carefully the impact of your offending, Jamie Burnett, and I repeat again the effect of the order that I impose that you will be held and restricted and held at that hospital for an indefinite period of time. You may be well enough to be released, you may never be well enough to be released. That will be a matter for the doctors. If you are ever well enough to be released you will be under strict supervision and being monitored and that you could be likely to be recalled straight back into that secure hospital at any point. Perhaps that was the overriding reason that the court shied away from a Section 45(a) imprisonment, well once you had served that you would be out without being monitored and I hope that that brings some reassurance and I hope the family of you, Jamie Burnett, understands why the court has taken the course it has, and I hope that at least today they can begin to try and move on from the tragic events that happened in October of 2019. Thank you. I make no further order in light of that. Miss Nicholson, Mr Barraclough, can I thank you both and of course Mr Seamison for your extraordinary help during a difficult trial, Mr Barraclough. Thank you. I will rise. Thank you.

eScribers hereby certify that the above is an accurate and complete record of the proceedings or part thereof having used our best skill and ability in its production.