**Neutral Citation No. [2015] NICC 9**

*Ref:* **WEI9666**

*Judgment: approved by the Court for handing down*
*(subject to editorial corrections)**

*Delivered:* **03/06/2015**

**Bill No: 14/72332**

**IN THE CROWN COURT IN NORTHERN IRELAND**

**SITTING AT BELFAST**

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**THE QUEEN**

**v**

**MICHELLE OWENS**

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**WEIR J**

[1] Ms Owens was charged with the murder of her son, Brendan Lee Owens, then aged 3¼, on 3 July 2013. Her plea of guilty to manslaughter on the ground of her impaired mental responsibility was accepted by the prosecution and following submissions by both prosecution and defence, hearing the evidence of Dr Bunn, Consultant Psychiatrist, and considering his reports and those of Drs Browne and Parrot, Consultant Psychiatrists, and further having afforded the Department of Health, Social Services and Public Safety the opportunity to make representations which it declined, I imposed a Hospital Order with Restrictions and without limit of time. I now set out the background to this sad matter and my reasons for the disposal that I made. I indicated when imposing the Order that Ms Owens need not be again brought from hospital for the giving of these reasons.

[2] Ms Owens was 27 at the time of this tragic event and lived alone with Brendan in a terraced house in Lisburn. She had had an unhappy childhood with her parents separating when she was 11 and her school days marked by bullying by her peers. She plainly had ability because she passed a number of GCSE's with good grades but she left school at that point and although she commenced a GNVQ in Health and Social Care at technical college she soon left it and began a series of fairly ordinary employments. It

appears that her pregnancy with Brendan was the result of her being taken advantage of by an older man who was a neighbour of her mother but that circumstance did not affect her love for her son and all the available evidence suggests that she brought him up to the best of her ability.

[3] There were however problems associated with drug misuse in the form of cannabis, solvents, ecstasy and prescription medication and although she managed to abstain from drug misuse during her pregnancy and for some months thereafter she then returned to the abuse of prescription medication, believing that it provided her with relief from stress.

[4] There was also a long history of mental health difficulties which were first noted in 2002 when she was prescribed an anti-depressant. Throughout 2003 there were a number of attendances including one in July of that year when, aged 17, she presented at A&E following an incident of self-harm. In 2004 she was thought to be better and was discharged by Mental Health Services but in 2005 she was referred to the Mental Health Assessment Centre. The GP referral letter stated as follows:

> "This girl has a several year history of being on anti-depressants. She has a history of poor sleep, initial insomnia, early morning wakening, thoughts of life not worth living, anxiety and deliberate self-harm x 2. Cut wrists in 2003. Chucked out of mother's house 8 months ago. Has used her mother's Temazepam and has requested frequently tablets from us. Has been on Zispin for 18 months and is currently taking Tramadol for a fractured foot. This girl appears to be suffering from mixed depressive-anxiety and ? disorder of her personality. I would appreciate your opinion."

[5] In 2006 Ms Owens attended at A&E having cut her wrists and reported feeling suicidal. In 2008 there were two incidents that suggested addiction to Tramadol. In 2009 there were a number of contacts with medical services mostly connected with the events that had led to her pregnancy. In April 2010 Brendan was born and there were no abnormal medical attendances during that year. However, between 2011 and early 2013 she was prescribed a variety of prescription drugs for a number of symptoms with their doses being gradually increased.

[6] In May 2013 Ms Owens' mental state was plainly disimproving. She contacted Lifeline, a telephone help organisation, following which police and social services were alerted. She was brought to A&E on 14 May and was subsequently assessed by a Community Psychiatric Nurse. It seems that a trigger for her distress was the move on the previous Friday to her new home where she was living without support but she told the CPN that she was feeling better. On 21 May she was with her GP to whom she reported that her mother was living with her and that she was feeling somewhat better though still anxious and not sleeping well.

[7] Problems further increased in frequency and gravity during the month of June with repeated attendances with the out of hours service and her GP and mental health services. Significantly, she reported feelings of paranoia at attendances on 4 and 13 June and appears to have believed that her new neighbours were watching her. There was evidence of self-harming and overdosing and on 26 June her mother reported to the Community Mental Health Team that she had taken over the role of parenting Brendan. On 27 June Ms Owens was assessed by a speciality doctor in psychiatry. She said that she felt anxious and was concerned that people were observing her. She was having difficulty sleeping and had bought Vodka intending to overdose and had cut her wrists. The doctor however felt "there was no strong evidence of psychosis", diagnosed an anxiety disorder and continued her on anti-depressants.

[8] On 2 July Ms Owens and Brendan stayed overnight with her mother who was then, as she had consistently been, trying to help her daughter with the care of Brendan. On 3 July Ms Owens went to see the psychiatric nurse where nothing of significance seems to have been noticed. She went home having bought a bottle of gin and later her mother brought Brendan back to Ms Owens' home and left him in her care, going to her own home at about 1:30pm. By now Ms Owens was also suspicious of her mother and had feelings of paranoia and inadequacy. She closed the blinds as she felt under attack. She then appears to have formed the delusional view that it would be better to end Brendan's life as she felt unable to protect him and that neither her mother nor social services could be trusted to look after him. She fetched a pillow from upstairs and smothered Brendan as he played with his cars on the living room floor. According to Ms Owens she then intended and attempted to kill herself by overdosing but vomited, an account confirmed by later findings in the home. Thereafter, Ms Owens took Brendan's body to her bed and stayed with him until the early hours of the next morning when she phoned the emergency services.

[9] The cause of Brendan's death could not be established at autopsy and it was not until mid-September while Ms Owens was still a voluntary patient in hospital that she first told a psychiatrist and then a nurse that she had killed Brendan to protect him. It seems that she was prompted to make this admission by the fact that there was then discussion of potentially discharging her back to the community, a step which she feared. She then made full admissions to the police.

[10] She was charged and initially remanded to HMP Hydebank which regime had a markedly adverse effect upon her already precarious mental state. This eventually seems to have been recognised but not until she had attempted suicide in February 2014 and she was at long last transferred to Shannon Clinic on 8 April 2014 where she came and has remained under the care of Dr Bunn.

[11] In this case I have a body of helpful reports from the psychiatrists and from the Probation Service. There is no disagreement between the medical experts – all are agreed that Ms Owens suffered from schizophrenia, a disorder of the mind that affects how a person thinks, feels and behaves, at the time of Brendan's death and that she continues to do so. Dr Bunn's oral evidence to me to that effect was unchallenged.

[12] The Probation Service provided a thoughtful report which concluded that, while the likelihood of re-offending is currently assessed as being in the high range, that risk should reduce in tandem with long-term improvements in the defendant's mental health. It, correctly in my view, declined to assess the risk of serious harm because the serious harm model that informs such probation assessments cannot apply to an offence of this nature where medical experts are of the opinion that the defendant was mentally unwell when the offence was committed.

[13] A number of possible options for the future care of Ms Owens were discussed between the medical experts and ultimately they jointly recommended the course which I have adopted, namely the imposition of a Hospital Order with Restrictions without limit of time. The effect of the addition of restrictions is that, when the time comes for the Mental Health Review Tribunal to recommend Ms Owens' discharge from hospital, conditions of discharge can be imposed to ensure that she engages fully thereafter with her treatment and care plan with the power to recall her if there should be a risk of further offences and in order to protect the public from serious harm. I agree with the doctors that such a restriction order is

required in view of the seriousness of the present offence and the need for on-going treatment of Ms Owens' illness.

[14] The death of Brendan by his mother's hand was unspeakably tragic. Whether the grave deterioration in her condition should have been detected by the mental health professionals who saw her repeatedly in the days before the event and action taken is unclear to me and is probably now pointless to debate after this terrible event. What I am entirely persuaded of, as I told Ms Owens on the day when I imposed the Order, is that she committed this act when she was very unwell and that she very much loved and cared for her son as well as she could during his short lifetime. I am also satisfied that but for her serious illness this tragedy would never have happened and that she bitterly regrets causing the death of Brendan and will do so as long as she lives.