LINCOLN HOUSE CHAMBERS

Mental Health and the Criminal Law 2012 Review

Richard English
January 2013

In a speech[1] given in July at the Centre for Mental Health, Shadow Justice Secretary Sadiq Khan MP spoke about the scale of the mental health challenges in the criminal justice system; 70% of prisoners suffer from two or more mental disorders, male prisoners are 14 times more likely to have a psychotic disorder than in the population at large, for women it is 23 times. We have, he said *replaced the Victorian asylum with the Victorian prison*. And so, inevitably 2012 has produced a large number of appeal cases involving mentally disordered defendants.

The Court of Appeal make clear in Beeby, that they have no jurisdiction to interfere where a Defendant becomes ill after sentence, but there are a number of cases where a Defendant's mental illness was not properly identified at the time of sentence and in the light of later, and occasionally much later, new evidence, sentences of imprisonment have been quashed and hospital orders substituted or, as in the case of Petrolini after 18 years a murder conviction was overturned.

In R-v-B the Court of Appeal considered the relationship between *mens rea and actus reus*[2], where the Defendant is unfit to stand trial. There will be cases, voyeurism being one example, where the overt act and the subjective purpose go together, they are indissoluble[3], and to restrict the jury's consideration to simply decide if the overt act took place is wrong as a matter of law[4].

What follows are my summaries of some of the cases reported in 2012. At the end is a list of sources and resources. Mind and Rethink Mental Illness both have helpful and practical guidance for lawyers and clients. Mental Health Cop (Inspector Michael Brown of West Midlands Police) is an award winning blog

> one part "professional resource" for police officers, one part "awareness raising" for service users, their families and other professionals about the role of police as 'street corner psychiatrists'; and one part "argument" for any interested parties that we could all contribute to doing this better: by ensuring community for those who live with mental health disorders and, all too often, with stigma.

and well worth a look.
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[1] http://www.centreformentalhealth.org.uk/pdfs/Sadiq_Khan_Mental_Health_Speech_July2012.pdf

[2] ...imprecise terms in a foreign language (which) does not facilitate the resolution of the present problem. [2012] 2 Cr App R 15; Aikens LJ at para 62

[3] ibid, para 65

[4] ibid, para 69

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R-v-B(M) [2012] 2 Cr App R 15, [2012] EWCA 770; 20 April 2012

Appeal - Finding, Voyeurism, what has to be proved

The Appellant (A)[5] was charged with two counts of voyeurism contrary to section 67 (1) Sexual Offences Act 2003. He had been seen to look under doors in a swimming pool changing room where young boys were getting changed. A was unfit to be tried, so a jury had to decide to the criminal standard, if A had done the acts charged; they found he had done one but not the other. When summing the case up, the judge told the jury that they were not concerned whether A's motive was a sexual one, they simply had to decide what A actually did. The Court of Appeal considered what constituted "the act charged...as the offence" (s4A Criminal Procedure (Insanity) Act 1964) generally, and particularly where voyeurism was the allegation. There are four elements which have to be proved; the Defendant (i) must observe (deliberate, not accidental, careless or reckless) another person doing (ii) a private act (iii) for the purposes of obtaining sexual gratification (iv) knowing the other person does not consent. Deliberate observation of a private act for personal sexual gratification is the "injurious act" and is the "act...charged as the offence". While there are two components, they are indissoluble. The trial judge's direction: that the jury need only decide whether A deliberately observed the boys undressing, was wrong in law. The appeal was allowed.

R-v-Petrolini [2012] EWCA Crim 2055; 14 June 2012

Appeal - Conviction, Murder, Diminished Responsibility, Fresh Evidence as to mental health at time of offence

A was convicted of murder in 1994 when he was 19. Although during his trial there was discussion about whether A was suffering from the early (prodromal) stages of schizophrenia and whether that was an explanation for the offence, he was convicted of murder. Following sentence A was diagnosed while in prison as suffering from early stages of schizophrenia and was finally transferred to Broadmoor, sections 47 and 49 Mental Health Act 1983 (MHA). The issue was; had he been suffering from schizophrenia at the time of the killing? Two psychiatrists concluded he had and that A's responsibility was diminished. Their reports were received as fresh evidence. An application to extend time was granted, the conviction for murder quashed and manslaughter by reason of diminished responsibility substituted. A hospital order, s37 MHA with a restriction, s41 MHA, was made.

[5] throughout Applicants and Appellants are referred to as A and Claimants as C

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R-v-Fox [2011] EWCA Crim 3299; 15 December 2011

Appeal - Sentence, GBH, Hybrid Order

For offences including GBH and kidnapping, A received an indeterminate sentence for public protection with a minimum of eight years, together with a hospital and limitations directions (s45A MHA and s41 MHA), a hybrid order. At the time of the offences A was suffering from undiagnosed paranoid schizophrenia, and was volatile and unable to control his anger. The risk of further violence was likely to increase if he did not receive proper care and treatment. The medical evidence at the sentence hearing was to make a hospital order (s37) with restrictions (s41). If A was transferred to prison there was a high risk of relapse. The court imposed a hybrid order; this was not, the Court of Appeal said wrong in principle. Criminal culpability was not completely absent and the offences were very serious. A custodial sentence was required in the public interest.

R-v-S [2012] EWCA Crim 92[6]; 19 January 2012

Appeal - Sentence, Rape, Hybrid Order

A received ten years detention following his conviction for sexual assault and rape. A suffered from Aspergers Syndrome. The sentencing judge rejected submissions that a hospital order was appropriate as it would not reflect culpability or properly protect the public. Within three months of being sentenced A was transferred to hospital (s47 MHA). The appeal was allowed; while the custodial element would remain it was appropriate that A remain in hospital where treatment would more easily be provided. A hybrid order, s45A MHA, was substituted.

[6] also reported at [2012] MHLR 58

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R-v-Chiles [2012] EWCA Crim 196[7]; 2 February 2012

Appeal - Sentence, Arson, Restriction Order (s41 MHA)

A pleaded guilty to arson. When in custody he was diagnosed with acute paranoid schizophrenia and was sent to hospital under an interim hospital order (s38 MHA). The medical evidence was that he should remain in hospital but, a restriction order (s41 MHA) was not necessary. The sentencing judge decided a restriction order was required, she could not be sure that, given the state of the Health Service, without it A would receive appropriate care as would ensure suitable protection for the public. A appealed. His appeal was dismissed. While the judge was wrong to take account of concerns about the Health Service, where there was no evidence to justify those concerns, a restriction order was warranted. A suffered from a severe and enduring illness into which he had limited insight. There was a moderate risk of further fire setting. It would be irresponsible to disregard the risk that he might not comply with his medication upon release.

R-v-Levey [2012] EWCA Crim 657; 13 March 2012

Appeal - Sentence, Murder, mitigation from a mental disorder

On the date listed for trial A pleaded guilty to murder. He received a life sentence with a minimum term of 24 years. Psychiatric reports concluded that A suffered from a personality disorder. A statutory mitigating feature is the fact that an offender suffered from a mental disorder which, though not falling within s2(1) Homicide Act 1957, lowered his degree of culpability[8]. The Court thought the sentencing judge made insufficient allowance for A's personality disorder. This, with other factors, allowed the Court to reduce the minimum term to be served.

[7] also reported at [2012] MHLR 60

[8] paragraph 11, schedule 21, Criminal Justice Act 2003

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R-v-Lavender [2012] EWCA Crim 1179; 18 May 2012[7]

Appeal - Sentence, Arson

In 2010 A pleaded guilty to arson and was committed to the Crown Court for sentence. She received an extended sentence; 12 months imprisonment with an extended licence of three years. When arrested A was offered a caution which she refused; stating she had mental health problems and needed treatment in hospital. She was charged and remanded in custody. An application for permission to appeal was refused, following which a further report was obtained from A's clinician. A had been transferred to hospital (sections 47 and 49 MHA). The doctor was of the opinion that if A's existing but, undiagnosed psychiatric conditions had been taken into consideration at sentencing, the result might have been very different. Leave to appeal was granted and in the light of the reports now available, the sentence of imprisonment was quashed and a hospital order (s37) with a restriction (s41) was substituted. Although such an order might be considered punitive, following *Crozier*[9], as the purpose is assistance and help for the future, it is not to be regarded as such.

R-v-Fletcher [2012] EWCA Crim 1550; 4 July 2012

Appeal - Sentence, Arson, IPP, Fresh evidence

A pleaded guilty to arson in 2006; he set fire to his room in a shared house. Psychiatric reports said A suffered from a personality disorder, there was limited assistance by way of treatment, and a hospital order was not recommended. A was, the sentencing judge decided, dangerous and met the criteria for an indeterminate sentence for public protection (IPP), with a minimum term of two years and 188 days. After sentence, a psychiatric report from A's clinician was obtained, A was suffering from a mental disorder within the meaning of the MHA (s1). A sought permission to appeal and to introduce the new report as fresh evidence; his condition was susceptible to treatment and, without that treatment it was unlikely he would ever progress through the prison system.
Permission to appeal and to introduce the new report was allowed. There was only one report, so funding was allowed for a second report.

[9] [1990] 12 Cr App R (S) 206

R-v-Channer [2012] EWCA Crim 1667; 6 July 2012

Appeal - Sentence, GBH, IPP, Fresh Evidence

A was sentenced in 2005 following a guilty plea to an offence of attempting to wound with intent; he tried to stab a Police Officer. Although A's GP was very concerned about his mental health a psychiatric report concluded that he was not suffering from any mental illness; the suggestion was he suffered from Acute Transient Psychotic Disorder[10]. A received an IPP with a minimum term of 23 months. In 2008 A was transferred from prison to hospital (s47 MHA) after a deterioration in his health. He was diagnosed as suffering from paranoid schizophrenia. His illness had progressed in an atypical manner, unstable and apt to relapse and remit rapidly, this explained the earlier misdiagnosis. The Court of Appeal received the new psychiatric reports as fresh evidence, and quashed the original sentence, substituting a hospital order (s37) with restrictions (s41).

[10] http://www.psych.gr/documents/psychiatry/13.4-EN-50.pdf

R-v-Teasdale [2012] EWCA Crim 2071; 15 August 2012

Appeal - Sentence, Criminal Damage, Fresh Evidence

A had received two discretionary life sentences; in 1998 for criminal damage and s18 OPA, and in 2000 for an offence of GBH committed while in custody. At his trials A had refused to plead or to be assessed. In prison A was diagnosed as suffering from paranoid schizophrenia and was transferred to hospital (s47 MHA); he accepted treatment and his mental health improved. The Court of Appeal allowed fresh evidence by way of new psychiatric reports. Had what was now known about A been known when he was sentenced, he would have received a hospital order. The Court quashed the life sentences and substituted a hospital order (s37) with a restriction (s41), this would result in a cleaner and clearer management pathway[11].

[11] paragraph 26

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R-v-Beeby [2012] EWCA Crim 2636; 9 November 2012

Appeal - Sentence, s 18 OPA, Fresh evidence

In 2008 A pleaded guilty to an offence of wounding with intent, an alternative to attempted murder. He received 12 years detention. Three co-accused had trials and were convicted. An appeal against sentence was refused by the single judge in 2008, and was not renewed until an application was made in June 2012. The main ground of appeal was that, unknown to the sentencing judge, A was suffering from a mental disorder. A report prepared before sentencing discussed A's medical needs and queried whether he should remain in prison or if he needed treatment in hospital. The Court of Appeal said it was troubling that no attempt had been made to invite the court to consider transferring A to hospital (s38 MHA) for assessment. During the time he was detained A had been moved from detention to hospital and back. Hospital produced periods of stability and improvement, prison caused a downward spiral[12]. The psychiatrists believed A should have had reports prepared before sentence; that this did not happen was unfortunate and surprising[13]. Had reports been available, the Court was of the view the sentencing judge would have considered a hospital order (s37) with restriction (s41) to be appropriate. The Court stated that what gave it jurisdiction to interfere was the evidence that A was suffering from a mental disorder that could be treated, at the time he was sentenced. It was not the role of the Court to manage the sentences of prisoners who become ill after they are sentenced. The new reports were admitted as evidence, the sentence imposed was quashed a hospital order with restriction substituted.

[12]paragraph 16

[13]paragraph 17

R-v-Logan [2012] EWCA Crim 2542; 14 November 2012

Appeal - Sentence, Arson, Fresh Evidence

Within nine days of her release from an earlier sentence A started two fires at the home of friends with whom she was staying. In 2000 she pleaded guilty, a psychiatric report was of the opinion she was suffering from an untreatable personality disorder, not as has been thought a schizoaffective disorder, and a hospital order was not an option. A was not prepared to allow any further delays and her case proceeded to sentence. She received life. Although her mental state caused concern in prison it took some time before she was transferred to hospital. The case was referred to the Court of Appeal by the CCRC who commissioned up to date reports which agreed that A did suffer from a schizoaffective disorder. The sentencing judge had been, inadvertently, misled by an incorrect diagnosis. The sentence of life imprisonment was wrong. It was quashed and a hospital order (s37) with a restriction (s41) was substituted.

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R-v-Searles [2012] EWCA Crim 2685; 22 November 2012

Appeal - Sentence, Robbery

A, no previous convictions, received two years detention after trial, for an offence of robbery. While a pre-sentence report expressed concerns about A's mental health and suggested a psychiatric report should be obtained, the sentencing judge did not believe this would be of assistance[14]. The Court of Appeal adjourned the appeal so that an expert report could be obtained. A suffered from chronic, relapsing/remitting paranoid schizophrenia. After several months in hospital significant progress had been seen. The risk of further offending was low if A's mental state continued to be controlled. The Court quashed the sentence imposed and substituted a hospital order (s37 MHA). It was unnecessary to impose a restriction. Although the order now made would mean A's detention for a greater period than he would have served under the sentence of detention; the order was intended to be ameliorative and remedial and so, did not offend against the terms of s11 Criminal Appeal Act 1968[15].

R-v-Smith [2012] EWCA Crim 2566; 29 November 2012

Appeal - Sentence, restraining order

During a long haul flight, A had become upset and very disturbed; he damaged seats and moved 'round the cabin trying to get off the 'plane before he was restrained. He was charged with criminal damage and aviation offences. A was later examined by psychiatrists, he was suffering from a psychosis characterised by delusions and hallucinations. A made a swift recovery and showed no signs of mental illness at trial. He was found not guilty by reason of insanity. The judge decided a restraining order was necessary; A's conduct had been fairly extreme, and there was no definite explanation for it. The judge did not want this to happen again, so made A subject of a restraining order preventing him from travelling on any commercial flight for three years. A's appeal against the making of a restraining order succeeded. Amongst other reasons, the Court stated; the order had to be truly necessary and could not be used as an adjunct to the Mental Health Act as a means of protecting the public against the possible recurrence of a mental illness. It was an unlawful and unjustifiable restraint on A's liberty.

[14] see section 157 Criminal Justice Act 2003 which requires the court to obtain and consider a medical report before passing sentence where the offender is, or appears to be, mentally disordered unless (subsection 2) the court comes to the conclusion it is unnecessary to do so. *Archbold* 5 -20

[15] (3) On an appeal against sentence the Court of Appeal, if they consider that the appellant should be sentenced differently for an offence for which he was dealt with by the court below may—
(a) quash any sentence or order which is the subject of the appeal; and
(b) in place of it pass such sentence or make such order as they think appropriate for the case and as the court below had power to pass or make when dealing with him for the offence;
but the Court shall so exercise their powers under this subsection that, taking the case as a whole, the appellant is not more severely dealt with on appeal than he was dealt with by the court below.

R(ex parte W)-v-Larkin [2012] EWHC 556 (Admin)[16]; 22 February 2012

Judicial Review - return to prison from hospital

Claimant (C) had been transferred to hospital from prison (s47 MHA). He had done well in hospital and his clinician was of the view he no longer required treatment, and in any event the ward was due to close. C was not suitable to be moved to a medium secure unit as there was no appropriate treatment. Accordingly an application was made (s50 MHA) to return C to prison. C sought permission to challenge the decision of the Secretary of State to return him to prison. C was not entitled to the relief sought; there was no conflict between the two limbs of s50 (1); there was no effective treatment where he was, and another facility would not take him.

R(ex parte NM)-v-Islington LBC [2012] EWHC 414 (Admin); 29 February 2012[17]

Judicial Review - Local Authority Assessment, s47 NHS and Community Care Act 1990

Under the NHSCCA local authorities must carry out an assessment for any person who may be in need of community care services, for example upon release from hospital. C, who was serving a sentence of imprisonment for public protection, applied for judicial review of the decision of the local authority to refuse to carry out such an assessment. The local authority said, by way of explanation, they did not know if C would be released and so his need for care was neither predictable nor imminent. Permission was refused. There was insufficient certainty that C would soon need the services of the local authority to justify scarce resources being wasted on carrying out an assessment for no purpose.

[16]also reported at [2012] MHLR 161

[17]also reported at [2012] 2 All ER 1245

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R(ex parte L)-v-West London Mental Health NHS Trust [2012] EWHC 3200 (Admin); 13 November 2012

Judicial Review - transfer from medium to high security hospital

C was detained in a medium secure psychiatric hospital. He was assessed as being dangerous to himself and others, and a recommendation was made that he be transferred to high security conditions. C was not shown any documentation and knew nothing of the factual or clinical basis for the transfer. C commenced proceedings on the basis that the transfer decision did not comply with common law standards of fairness, and involved a final determination of his civil rights without access to adjudication by an independent decision maker. Although C withdrew the application it proceeded as the issues raised were thought to be of general importance. Where a transfer of this sort (medium to high security) was contemplated, fairness required (i) the patient and his advisors to be informed (ii) a summary of the reasons should be given together with (iii) enough information to allow meaningful and focussed representations to be made (iv) with additional information to be provided to avoid the risk of concern or grievance (v) ii and iv to take place before the admissions panel meet (vi) if disclosure is not made before a decision is taken then it is required immediately upon the transfer taking place (vii) transfer decisions should be sufficiently detailed (viii) there should be an opportunity before transfer, or if not possible immediately after, to make written representations (ix) an oral hearing should take place and (x) the referring hospital should be satisfied that the above requirements have been complied with. A decision to transfer a patient to a high security unit was not a determination of his civil rights. And, while high security conditions were more restrictive and release was likely to be delayed, the connection between a decision to transfer and the continuation of the loss of liberty was too remote for a decision to be construed as a determination of a right to liberty.

ZH-v-Commissioner of Police for the Metropolis [2012] EWHC 604 (QB); 14 March 2012

False Imprisonment and Assault, Disability discrimination

C was 16, severely autistic and epileptic. At a swimming pool he became fixated by the water and refused to move. The Police were called. C's carers told the Police about his condition and that he had an aversion to being touched. The Police took the view that C was at risk and approached him. C jumped into the pool where he remained for five to ten minutes before being lifted out. C's carers asked that C not be restrained and tried to calm him. They were asked to move away and C was restrained with handcuffs and leg restraints and put in the back of a Police van. C took proceedings alleging assault, battery and false imprisonment and disability discrimination on the basis that reasonable adjustments to cater for C had not been made. C was successful. The Police could not have believed they were acting in C's best interests and their actions were not proportionate. The Police should have sought information and advice from C's carers and to have made the reasonable adjustment of allowing C to speak to his carers throughout the incident and, to have been allowed to move away from the side of the pool at his own pace. A calm, controlled and patient approach was required; force should have been a last resort. C had suffered a deprivation of liberty and the interference with his Article 8 rights was not proportionate. £28,250 in damages.

MS-v-UK; European Court of Human Rights (24527/08); 3 May 2012[18]

Police Detention; s 136 Mental Health Act

In the early hours of 6 December 2004, A was found in a public place, in a highly agitated manner. He was arrested, and his detention was authorised under s136 MHA. He was assessed as suffering from a mental illness which warranted detention in hospital. The local psychiatric intensive care unit (PICU) would not admit him, but recommended a local medium secure unit. A consultant psychiatrist believed that A would be charged and remanded, so an assessment was not required at that stage. On 7 December the CPS decided that A should not be charged. A remained in Police custody. On 8 December the psychiatrist assessed A. A's condition had deteriorated dramatically. A was admitted to hospital on 9 December. He had been detained for longer than the 72 hours permitted by the Mental Health Act. Claims in the domestic courts were refused, as was an appeal. The ECtHR upheld A's complaint. The mentally ill are particularly vulnerable and clear issues of respect for their dignity arose when they are detained. While there was no intention to breach his article 3 rights, A's dignity had been diminished during his time in custody, time that exceeded both best medical practice, and the statutory maximum. The conditions were an affront to human dignity and reached the threshold of degrading treatment. €3,000 awarded[19].

[18] also reported at [2012] MHLR 259

[19] for a trenchant criticism of this decision see Rosalind English's article in the Guardian http://www.guardian.co.uk/law/2012/may/03/strasbourg-wrong-ms-uk

Sources/Resources

Westlaw
http://www.westlaw.co.uk

Bailli
http://www.bailii.org

Mental Health Law Online
http://www.mentalhealthlaw.co.uk/Main_Page

Mental Health Cop
http://mentalhealthcop.wordpress.com

Mind
http://www.mind.org.uk/help/rights_and_legislation/statistics_8_the_criminal_justice_system

Rethink Mental Illness
http://www.rethink.org/living_with_mental_illness/criminal_justice/index.html

Centre for Mental Health
http://www.centreformentalhealth.org.uk/criminal_justice/index.aspx

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Richard English has a predominately defence based practice. He qualified as a solicitor in England in 1996, Ireland in 1997, and was called to the Bar in 2003.

He is instructed in a wide range of criminal offences, and also appears in the Mental Health Review Tribunal. He has a particular interest in Human Rights and Mental Health and has written and lectured on both subjects.

He was born and brought up in Dublin. He graduated from Trinity College, Dublin with a degree (MA) in history. Prior to becoming a solicitor he worked in bookselling and publishing. He worked for Garret Sheehan and Co, Dublin before moving to Manchester. A partner at Burton Copeland, amongst other cases, he was involved in the appeal of Sally Clark and a massive duty diversion prosecution popularly known as the London City Bond case. In 2007 he spent time with New York Public Defenders in the Bronx. He is currently studying for an LLM in Mental Health Law at Northumbria University.

Member of the Criminal Bar Association and the Mental Health Lawyers Association.

Recent and Notable Cases:

Mentally Disordered Defendants

R-v-G; suffering with schizophrenia charged with multiple rapes against wife; hospital order with restrictions. Instructed by Tranters

R-v-J; 12 year old defendant charged with rape, unfit to plead; supervision order. Instructed by J Whittle Robinson

R-v-P; suffering with schizophrenia charged with causing death by dangerous driving, found "not guilty by reason of insanity"; absolute discharge. Instructed by Morgan Brown & Cahill

R-v-B; youth with catastrophic brain injury charged with rape, unfit to plead; hospital order. Instructed by Keith Dyson & Co

R-v-A; suffering from schizophrenia, charged with false imprisonment and s18 assault; community order with MHTR. Instructed by Mary Monson solicitors

R-v-A; suffering from schizophrenia, charged with arson with intent; hospital order with restrictions. Instructed by J Whittle Robinson

R-v-I; suffering from paranoid schizophrenia, charged with threats to kill and criminal damage. Found unfit to stand trial. Jury found had done the acts. Hospital order with restrictions. Instructed by Amal Solicitors

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Murder

R-v-Richards; the Defendant stabbed her domestic partner after a row. Instructed by the CPS

R-v-S; neighbour dies following a robbery, causation the issue. Defendant was a youth. Instructed by O'Donnells

R-v-Yates; deceased is kicked to death and robbed. Instructed by J Whittle Robinson

R-v-Malliband; allegation of joint enterprise. Instructed by J Whittle Robinson

Serious Sexual Offences

R-v-McH; allegations of rape and indecent assault against daughter and step-daughter. Instructed by Tranters

R-v-C; allegations of indecent assault against step-sisters and step-daughter. Instructed by JMW

R-v-L; alleged defendant was a participant in a gang rape. Instructed by Morgan Brown & Cahill

R-v-H; one of four alleged to be responsible for multiple rapes and sexual assaults of family members over a twenty five year period. Instructed by Roebucks

Financial Crime and Confiscation

R-v-Brook; international conspiracy to defraud £175m by means of a "Ponzi scheme". Instructed by DLA Piper

R-v-Scragg; construction industry fraud. Instructed by Burrows Bussin

R-v-D; car industry, allegation of fraudulent trading. Instructed by JGT

FSA-v-D; advised Defendant in relation to proceedings commenced in the High Court under the Financial Services and Markets Act 2000. Instructed by Madden & Finucane Solicitors.

Appeals

R-v-Alkazraji [2004] 2 Cr App R (S) 55; pregnant defendant, length of sentence

R-v-Almond [2007] EWCA Crim 486; confiscation, meaning of "free property" and period in default

R-v-Blackshaw and others [2012] 1 WLR 1126; August 2011 riots; length of sentence for handling

R-v-Brennan [2012] EWCA Crim 2000; drugs, methadrone; length of sentence

Publications

Mental Health and the Criminal Law, a brief introduction

Mental Health Update