Postpartum Psychosis on Trial:

A Preview of *Commonwealth v. Clancy*

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I. Introduction

In the case of *Commonwealth v. Clancy*,[1] the deaths of three young children are the focus of the upcoming criminal trial. However, the identity of their killer will not be at issue. The children, Cora, Dawson, and Callan Clancy, were killed by their mother, Lindsay Clancy, who then attempted suicide, but survived with severe permanent injuries. The critical issue to be

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[1] Indictment, Commonwealth v. Clancy, No. 2383CR00198 (Mass. Super. Ct., Plymouth Cnty. Sep. 2023).

litigated is—*why?* Why did she kill them? Most fundamentally at issue is whether Lindsay Clancy was suffering from symptoms of a mental disease so severe that she should be found not guilty by reason of insanity.

The Commonwealth of Massachusetts charged Lindsay with three counts of intentional murder and remains steadfast in its prosecutorial theory that she planned and orchestrated the triple homicide of her children in a clear state of mind, thus bearing criminal responsibility and deserving of a lifelong prison sentence. However, the defense contends that the explanation of Lindsay's behavior is exponentially more complex, the result of severe postpartum psychosis, misdiagnosis, and overmedication. The defense plans to prove its theory by detailing Lindsay's state of mind, symptoms, behavior, and interactions of prescribed medications in the months leading up to the killings.

This trial, scheduled to begin in the summer of 2026, deserves the attention of legal, psychiatric, and medical practitioners across the United States. The deaths of the Clancy children were preventable with adequate medical intervention. But since they were not, the intensely disputed question remains as to whether Lindsay Clancy's mental health symptoms and overprescription of medication will be legally sufficient to support the rarely successful insanity defense. Further, the question as to whether the medical professionals that treated or prescribed medication to Lindsay Clancy bear any legal responsibility for the deaths of the children will later be determined in two civil lawsuits against both medical professionals and institutions, which will follow the criminal prosecution.[2]

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[2] *See* Compl. at 2, Clancy v. Tufts, Civ. Action No. 2682CV00081 (Mass. Super. Ct., Norfolk Cnty. Jan. 22, 2026) [hereinafter *Lindsay Clancy Action*] (suing Dr. Jennifer A. Tufts, Rebecca H.

II. Postpartum Psychosis and the Insanity Defense in a Criminal Trial

In the time leading up to the homicides, Lindsay Clancy and her husband, Patrick Clancy, repeatedly sought treatment for her symptoms from multiple psychiatrists and mental health providers.[3] She was hospitalized three times by her own choice but was released by medical staff to return home. She was prescribed at least eleven different medications, including antidepressants, antipsychotics, and anxiolytics. Lindsay exhibited the following symptoms: severe depression, extreme insomnia, hypomania, racing thoughts, dissociation, hallucinations in the form of a commanding voice, and suicidal thoughts and behaviors.[4] The symptoms she could recognize and identify, she reported. She reported other behaviors, but she lacked the expertise to identify them as symptoms of severe mental illness on her own. However, after all the sought-after treatment, hospitalizations, and prescriptions, she remained without a formal diagnosis,

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Jollotta, C.N.P., Aster Mental Health, Inc., South Shore Health System, Inc., McLean Hospital, and Women & Infants Hospital of Rhode Island for allegedly failing to diagnose and treat postpartum psychosis.); Compl. at 1, Clancy v. Tufts, Civ. Action No. 2682CV00071 (Mass. Super. Ct., Norfolk Cnty. Jan. 20, 2026) [hereinafter *Patrick Clancy Action*] (alleging that Dr. Jennifer A. Tufts, Rebecca H. Jollotta, C.N.P., Aster Mental Health, Inc., and South Shore Health System, Inc. failed to properly assess, diagnose, and treat postpartum psychosis).

[3] *See Lindsay Clancy Action*, *supra* note 2 (describing various treatments Lindsay completed); *Patrick Clancy Action*, *supra* note 2, at 1-2 (asserting liability due to Lindsay's prescribed treatments).

[4] *See Lindsay Clancy Action*, *supra* note 2, ¶¶ 30, 35, 61, 78, 85 (describing Lindsay's symptoms).

other than generalized anxiety and depression, and without medical warning of the potential escalation towards suicidal and/or homicidal behavior.

On January 24, 2023, after months of seeking psychiatric treatment and engaging in trial-and-error of prescription medications, Lindsay Clancy brutally strangled her three children to death, ranging in age from eight months to five years. She then slit her wrists and leapt out of a second-story window to the frozen ground of her home in Duxbury, Massachusetts, suffering vertebrae fractures and permanent paralysis below her sternum. In the immediate period following the deaths and her arrest, Lindsay reported that she heard a commanding voice telling her to kill herself and the children because it was her last chance.[5]

The defense plans to offer evidence at trial, through its expert witnesses, that Lindsay suffered from "Bipolar Disorder I, severe, with psychosis and anxious distress, with postpartum onset."[6] More specifically, her violent behavior was "precipitated by manic psychosis including compelling command hallucinations."[7] Lindsay claims her mental state, conduct, and treatment were complicated by polypharmacy—the use of multiple medications simultaneously. Members of her current treatment team have identified extreme failures in her treatment prior to the killings, including misdiagnosis and overprescription of medication.[8] However, to support its

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[5] *See id.* ¶¶ 76-80 (describing Lindsay's recollection of the incident).

[6] *See id.* ¶¶ 85, 96, 107 (providing diagnosis post-incident and explaining Lindsay's planned defense).

[7] *See id.* at 2 (noting symptoms at time of killings).

[8] *See Lindsay Clancy Action*, *supra* note 2, ¶¶ 86-91 (remarking on shortfalls of previous treatment plans).

prosecution theory, the Commonwealth maintains that Lindsay was lucid on the day of the killings. She interacted appropriately with several people outside of her family, and played with and took care of her children right up until the dinner-time killings, when her husband stepped out of the home for a short period of time.

The defense has steep legal hurdles to climb in order to be successful. The insanity defense is rarely used and rarely successful, especially within the context of horrific and devastating crimes, such as this one. "Insanity" is not a medical term, nor is it a diagnosis. It is a legal determination, to be made by the factfinder, which is most often the jury in a criminal trial. Asserting the insanity defense increases the number of possible verdicts from two to three: guilty, not guilty, and not guilty by reason of insanity. A defendant found not guilty by reason of insanity is not legally responsible for the alleged offenses due to mental illness and is committed to an in-patient psychiatric facility for treatment, as opposed to a prison.

In the Commonwealth of Massachusetts, the insanity defense is formally called Lack of Criminal Responsibility and the associated statute provides that: the defendant lacks criminal responsibility if at the time of such conduct as a result of a mental disease or defect he lacks substantial capacity to appreciate the criminality of his conduct or to conform his conduct to the requirements of the law.[9] In Massachusetts, once evidence of possible insanity is introduced, the

[9] *See* Mass. Dist. Ct., Model Jury Instructions, Instruction 9.200, Lack of Criminal Responsibility (2022) (providing name of defense); MASS. GEN. LAWS ch. 123 §15 (2001) (explaining competence required for criminal responsibility); Commonwealth v. McHoul, 226 N.E.2d 556, 546-47 (Mass. 1967) (quoting Model Penal Code § 4.01(1), Am. L. Inst., Proposed Official Draft (1962)).

prosecution bears the legal burden of proving beyond a reasonable doubt that the defendant was sane, or "criminally responsible," at the time of the crime.[10] The defense does not have a burden to prove insanity, as the defense would in states where insanity is considered an affirmative defense. The fact that the prosecution bears the burden of proof throughout the entire trial may serve to strengthen the likelihood of prevailing with an insanity defense in states like Massachusetts.

Also unique to Massachusetts, the presiding judge is not required to provide a list of acceptable mental diseases or defects, or even to define the term, as the subject is deemed so complex and obscure that definitions and explanations may mislead, confuse, or limit the jury.[11] These Massachusetts-specific rules are written into the Commonwealth's jury instructions, which will be read to the jury prior to deliberations.[12] Therefore, the jury will be free to interpret Lindsay Clancy's history of symptoms, current diagnosis, and/or side effects from the multiple prescribed medications as a mental disease or defect absolving her from criminal responsibility—even though she did not have a formal diagnosis more serious than generalized anxiety and depression at the time of the killings.

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[10] *See* Commonwealth v. Lawson, 62 N.E.3d 22, 28 (Mass. 2016) (describing burden).

[11] *See* Commonwealth v. Sliech-Brodeur, 930 N.E.2d 91, 113 (Mass. 2010) (providing Judge has discretion to define terms to jury); Commonwealth v. Fuller, 657 N.E.2d 1251, 1258 (Mass. 1995) (explaining definition of terms not required due to risk of complexity).

[12] *See* Mass. Dist. Ct., Model Jury Instructions, Instruction 9.200, Lack of Criminal Responsibility (2022)

While the prosecution bears the burden of proof, it is expected that both sides will provide expert testimony and evaluations about Lindsay's mental state before the killings. Psychiatric expert witnesses and extensive psychiatric records will likely be needed to present such evidence because juries consist of ordinary people, who do not have the knowledge, training, or experience with mental illnesses, side effects of prescription medications, or the effect of multi-drug interactions on a person's mental state and behavior. The members of the jury will also likely share common misunderstandings and biases about mental illness. Thus, the defense's presentation of symptoms of postpartum depression and psychosis, and the effects of overprescription, is paramount for a successful defense.

The defense must be prepared to elicit information from experts ranging from the foundational understanding of postpartum disorders to rare or extreme behaviors. Postpartum psychosis is a severe mental health condition that affects the mother's perception of reality, leading to symptoms of hallucinations, delusions, paranoia, and extreme sleep deprivation. This disorder affects just one or two in a thousand women, and untreated postpartum psychosis is associated with a 4% infanticide rate.[13] Symptoms can fluctuate over time, and sufferers can experience psychosis while appearing lucid. Women are unlikely to report suicidal or infanticidal thoughts, for fear of being hospitalized or separated from their children. According to evidence-based psychiatric literature and professionals, it is erroneous to assume that a person cannot experience a psychotic episode if they are able to perform routine functions. A person

[13] *See* Alexandria Y. Alford et al., *A Systematic Review of Postpartum Psychosis Resulting in Infanticide: Missed Opportunities in Screening, Diagnosis, and Treatment*, 28 ARCH. WOMEN'S MENTAL HEALTH 297, 297 (2025) (noting prevalence of postpartum psychosis in women).

may behave routinely while experiencing hallucinations or delusions. If these symptoms become overwhelming, behavior may be altered. Improper diagnosis and treatment would result in worsening symptoms, increasing the risk of adverse impacts, including suicide and homicide.[14] The jury may need to be educated by expert testimony that in the rarest of cases, a mother can strangle her own children while in the throes of psychosis, even though it goes against the laws of nature and nurture.

Further, the jury may need an explanation as to why postpartum psychosis is not listed as its own diagnosis in the Diagnostic and Statistical Manual of Mental Disorders,[15] not because it does not exist, but because current studies are proving that it is more similar to bipolar disorder, rather than a mood disorder, and is still being evaluated for proper placement in the manual.[16] Bipolar disorder—Lindsay Clancy's diagnosis determined after the homicides—is characterized by extreme shifts in mood, and during these episodes, psychosis can occur.

For these reasons, expert testimony will be significant to the jurors' understanding of the medical and legal issues at this trial. However, the jury remains the ultimate factfinder. They

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[14] *See* Alfred, *supra* note 14, at 298 (highlighting heightened risk for suicide and infanticide from perinatal mood and anxiety disorders).

[15] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2022).

[16] *See* Kate Johnson, *Make Postpartum Psychosis a Distinct Disorder in DSM? Expert Panel*, MEDSCAPE (Oct. 2025), https://www.medscape.com/viewarticle/make-postpartum-psychosis-distinct-disorder-dsm-expert-panel-2025a1000tue?form=fpf [https://perma.cc/UDD7-V6U9] (recommending postpartum psychosis be classified in bipolar disorders chapter of DSM).

retain the power to accept or reject expert testimony, and they will determine whether Lindsay Clancy lacks criminal responsibility for the deaths of her children—and whether justice requires her to be in prison or a psychiatric institution. After all, Lindsay Clancy is *not* asking for a "not guilty" verdict. She is *not* asking for freedom. She has admitted that she caused the deaths of her children. She is asking to be committed to a psychiatric institution to receive the treatment she needs: treatment she needed but was denied until it was too late. For the overwhelming responsibility she must bear, she is asking to be free just from the criminal responsibility.

III. Conclusion

Lindsay Clancy was described by her family, friends, and colleagues, as a loving and devoted mother. She dreamed of becoming a nurse and having a family, both of which she accomplished. She had no prior criminal record, did not engage in violence, and had no history of abuse towards her children or others. But she brutally strangled her children. Within the criminal and civil courts in Massachusetts, the determination will be made as to who, if anyone, is legally responsible for the deaths. First to be litigated is Lindsay's murder trial, the result of which will undoubtedly impact the following wrongful death civil trials.

Severe mental illnesses do not begin with the most severe symptoms. They begin with ordinary symptoms such as anxiety and depression. However, suicidal thoughts, extreme insomnia, repeated hospitalizations, and everchanging prescribed medications are not within the normal sphere of generalized anxiety and depression. Lindsay Clancy may have been the rarity; perhaps the one in 1,000 who experience postpartum psychosis.[17] She begged for help, but the

[17] *See* Alfred, *supra* note 13, at 297 (reiterating frequency of perinatal mood and anxiety disorders).

mental healthcare system failed her. She did not receive a formal diagnosis until her children were already dead. Now, the focus of her mental health has become a legal battle in court. The ultimate legal determination will decide how she will live the rest of her life.

The criminal and civil trials over the deaths of the Clancy children are crucial reminders for legal, psychiatric, and medical professionals to evaluate former procedures and determine changes required for the future. Unless changes are made in women's postpartum psychiatric healthcare, the system will continue to fail mothers and children. Their lives and deaths will be reduced to litigation in court. If there could be one positive outcome of the prosecution of Lindsay Clancy, it should be putting the mental health system for postpartum mothers on trial and seeking accountability for psychiatric treatment failures that result in horrific acts of violence.