

31 July 2024

Lampard Inquiry  
[Contact@LampardInquiry.org.uk](mailto:Contact@LampardInquiry.org.uk)

Dear Baroness Lampard

**Commemorative Account**  
**Bethany (Beth) LILLEY DOB 12/09/1990, Died 16/01/2019 (28yrs)**

Thank you for the opportunity to provide a commemorative account for the Lampard Inquiry regarding my sister, Bethany Lilley (Beth), who died in January 2019, aged 28, whilst an inpatient on Essex Partnership University NHS Trust's Thorpe Ward, Basildon.

In order to write this account, I have referred to and included information that was submitted to the Essex Coroner following my sister's death, with the input of my siblings and mum, together with our recollections of our experience. We are very happy to provide any additional information or evidence or greater detail of our experience at any point.

Beth was born on 12<sup>th</sup> September 1990. The youngest of a set of twins, and the youngest of six siblings from Dr John Guille and Mrs Julia Guille. Beth was born in the breech position and had one arm over her head. As a consequence, she got 'stuck' until the consultant manually moved her arm, causing it to break, to allow her to be born. It is not clear whether there was any impact of this period of oxygen starvation on Beth. Although it did not affect her physical development, the family have always felt it may have impacted her emotional development.

Beth lived in the family home, with the exception of a short period when she lived on her own, until she married her childhood sweetheart in 2015. They lived in one bedroom in the family home, sharing kitchen and bathroom facilities, until they could rent their own place in Colchester which they did for approximately one year until they separated during an intense period of Beth's mental illness.

As a child, Beth was impulsive. Due to her behaviour, she was asked to leave the secondary school she attended with her brothers, and was moved to an alternative school in Clacton, from which she was frequently truant. Her Dad then paid for Beth to attend a private school in Colchester. Aged 16, Beth was diagnosed with and treated for ADHD. She dropped down an academic year and left the private school with five GCSEs.

There were few things Beth enjoyed more than spending time with her cat named Smirnoff, usually in front of an episode of EastEnders or some kind of comedy series (anything from Miranda to the Gilmore Girls was good with her!). She was also an enormous fan of music, especially the rapper Eminem, even getting to see him perform live on one occasion.

Beth experienced several severely traumatic events during her teenage years and into her early 20s, the details of which another family member has asked me not to include. We now understand that these events impacted Beth's mental health severely and began the start of her involvement with the services provided by Essex Partnership NHS Foundation Trust.

Despite these experiences, Beth worked first as a care assistant at a care home. She really enjoyed her job and loved looking after people, [personal/sensitive]

[personal/sensitive]

She spent a short time as a domiciliary care assistant and then managed to secure a job at her Dad's GP surgery as a Health Care Assistant and phlebotomist from 2012. She was widely regarded as brilliant at her job, loved by all of her patients and the staff. Due to her struggles with her mental health, she had to leave the role. At one point she spoke to the surgery about returning to her job, which she really wanted to do. She returned for a period of a week on admin duties, but her mental health was such that she was not able to continue.

In 2014 she studied for a short time at Anglia Ruskin University to become a qualified nurse, with the intention to specialise in Mental Health, but unfortunately did not pass the academic assignments. Beth was diagnosed with dyslexia around this time. Beth continued to want to train as a nurse and applied for information about nursing qualifications with the Open University in 2018.

During 2014/15 Beth's mental health declined quite suddenly. She spent blocks of time as an inpatient on the mental health wards, at one stage she was resident for over eight months. After this admission, she had great difficulty readjusting to the world outside the ward and ended up yo-yoing backwards and forwards in and out of the inpatient wards.

[personal/sensitive]

Beth's dad, was a local GP and worked extraordinarily long hours. When Julia was unwell, Beth's Granny on her Dad's side would often visit from Guernsey to stay and support the family.

Beth's parents divorced in 2003, when Beth was 12, and Julia was moved out of the family home into a flat [a few] miles away). [personal/sensitive]

Beth's Dad died in October 2018, after which her destructive behaviour reached new heights as her struggles to cope with his death went unrecognised by the teams supposed to be supporting her. Beth eventually succeeded in taking her own life whilst an inpatient in January 2019, when she ligatured [personal/sensitive] [Details to be considered at the substantive stages of the Inquiry's investigations]

Beth did not have children, although she wanted nothing more than to be a mum. She was incredibly close to all of her nieces and nephews, as well as the children of her close friends, who all knew her as 'Aunty Beth'. Beth was fiercely loyal to her friends and would be there no matter what time of day or night to provide emotional or practical support. Beth's six nieces and nephews were aged between 10 and 2 when she died. She absolutely adored them and requested photographs of them while she was an inpatient, as she recognised that thinking of them helped her through her days. Beth saw them almost daily when at home, and never missed a family gathering.

My personal recollections of Beth are limited as I went away to university during Beth's teenage years, and then moved away from the area, for a period of ten years. I remember hearing about her struggles from my Dad and even considered whether I could support her if

she moved in with me, giving her a change of scene and people. I still wonder whether this could have made a difference.

Beth supported me during a particularly difficult period of my life, when other people told me to 'just get on with it'. She could see how much I was hurting and tried to help. I will never forget that kindness when I needed it most.

She was such a kind and loving aunty to my daughter, who regularly told me that Aunty Beth was the only one who understood her. My daughter was 10 when Beth died. She was devastated and asked me how it happened. I asked if she knew that Aunty Beth used to hurt herself. My daughter replied that yes, she knew that. I sadly explained that Aunty Beth had hurt herself too much this time. My daughter looked at me and said simply 'I thought so'. She wrote this poem after Beth died:

Amazing  
Unique  
Nice  
Terrific  
Intelligent  
Exciting

Beautiful  
Excellent  
Totally Brilliant  
Helpful

I love you.

[details to be considered at the substantive stages of the Inquiry's investigations]

Beth's inquest took three years to reach the Coroner's court. It was three weeks long and held under Article 2 of the Human Rights Act, with a jury. During those three years, we attended every single meeting and I worked extremely closely with our solicitor and barrister preparing for the case, spending many hours reading disclosure, making notes and asking questions, on top of my full-time job. My own family did their best to support me while I poured my heart and soul into working out where things had gone so terribly wrong while they constantly worried about the impact on my mental and physical health as barely a day went past when I did not suffer from anxiety-induced migraine, for which I required prescription medication, and drank alcohol to excess with worrying frequency.

We would say we are a close family, but there are many things we do not know about each other's lives, and we would say this is appropriate. However, during the course of preparing for the inquest, all the details of Beth's life were laid bare. To begin with, this was in some ways positive, as it helped us to piece together just why she became so unwell. But details such as her post-mortem report detailing the weight of each of her organs was too much to bear.

I read every single page of her 10,000 pages of medical records. Including the sentence that a member of staff thought necessary to record in perpetuity that 'Beth gets on well with all of her siblings, apart from Sarah'. I cannot unread those words and can never fix that relationship that I did not even realise Beth felt was so broken.

We were six siblings, now we are five. And no mother should have to bury her child. Losing Beth continues to affect us all in different ways, particularly for Julia, <sup>[who lived with Beth during her most difficult times and constantly, towards the end of her life]</sup> and Matt, Beth's twin, feels her loss most acutely. We have individually suffered in different ways. Panic attacks, depression, relationship struggles, and physical health problems that can be directly attributed to our grief. Several of us have sought counselling and some are continuing with it, five years later.

Every time I think of Beth, see a photo of her, or visit her grave, I feel an overwhelming wave of sadness because I just always believed she would 'make it' and I still can't believe that she didn't.

**Julia Guille, Bethany's mum, has asked me to include these words:**

*Beth's death has meant that when in conversation the subject of families comes up, I feel very uncomfortable when talking about my children. I can never decide whether to say I have six or five children. I feel as if I am lying when I say six, but feel disloyal to Beth when I say five. I'm never sure if or even how I can explain that Beth has died and the reason that she has died.*

*I am constantly reliving the evening I was told that Beth had died. I received a phone call from her doctor describing all the events surrounding her death, how she was found with a ligature, attempts to resuscitate, but not actually telling me she was gone. It took a direct question from me before I was told the truth, that Beth had died. Even after all this time, it doesn't seem real.*

**Matthew Guille, Bethany's twin brother, has asked me to include these words:**

*Looking back, I am so privileged to be Beth's twin. She proudly took immense pleasure in sharing she was a twin with everyone she met and would often refer to me as her 'Twinny,' which I wasn't too fond of at the time but now, I really miss it.*

*Growing up with Beth as my twin is all I've known but I would describe our relationship as unique. She had such a vibrant personality, and she was just so funny. We would squabble as all siblings do but we were always together. We went to a small village primary school and were in the same class, so we literally spent all our time together. We shared a bedroom growing up and as we were the same age; attended most things together (Sunday school, swimming lessons etc) we really were a pair, right down to the matching outfits our mum would dress us in as babies.*

*When we went to secondary school, we didn't have any lessons together and we hung around with different friendship groups. This is around the time when we started to unfortunately grow apart. However, the close bond remained. After secondary school we began to grow closer again before I moved away to Yorkshire to attend university and raise my children with my fiancé. We did still communicate and visit each other from time to time but not enough.*

*I have two young children who were 6 and 4 at the time of Beth's passing. We try to talk openly about Beth and when my son <sup>[personal/sensitive]</sup> asked what I was doing while writing this, he asked if he could add something too, I asked what he wanted to add and he said, "she was really sweet and always lovely."*

[My son] is the eldest of my two children and Beth's death has had a lasting impact on him. He was 6 at the time of her passing and started to show a disconnect with the world around him. The issues he faced impacted his education and his mental health. Luckily for us my partner [personal/sensitive] managed to arrange counselling for him; the school were very understanding and set time aside for these sessions as well as supplying additional support with his schoolwork.

My daughter<sup>[personal/sensitive]</sup> often expresses how much she misses her. She is often distraught about how she does not have much memory of her, it is very upsetting to hear that she wishes she were still here. She used to ask when Aunty Beth was going to come back. It took a few years for her to finally understand, this was extremely hard for her, myself, and my partner.

So, to summarise, years on we feel her loss greatly and regularly. Be that through the children's emotions or our own memories, the death of my twin has impacted myself and my family massively. Since Beth's passing, I have received one set of counselling, and I have recently had an assessment while I await further counselling. I struggle with her loss greatly and I am acutely aware these feelings will no doubt be a part of me forever.

### **Jo Stevens, Beth's Sister, has asked me to include these words:**

As a family we have come to the agreement of writing separate statements if we so desire, as to the impact of Bethany's loss on us as individuals. We have been through this process for nearly 5 years as a family which has been tough on us all. We are all individuals and have different memories, different feelings and sometimes different opinions on things, so we thought it only fair we got to have our say as different family members.

I've never had the opportunity to really put down in words the effect it has had on just me before. I have attempted bereavement counselling but wouldn't open up and was told that I seemed to be doing ok so I didn't really need it. I was told that the images I was seeing in my head of my sister's body in the chapel of rest weren't flashbacks, they were just memories. So, I continue to live my life because we all know life goes on! I think about her often but rarely visit her grave. I don't know whether it is just down to having a busy life or otherwise.

Beth was my little sister, I loved her dearly! I remember her for being a lively, fun-loving young girl. We missed our flight to Guernsey one year and at the time we were devastated, however we soon laughed about it once our dad came to the rescue. I fell over in the mud just before our flight coming home too, she really did laugh at me! The person that she turned into wasn't Beth, and I do not want to remember her as this shadow of herself.

She turned to me initially at the very beginning of her real mental health struggles. However, she soon drifted away as her mental health deteriorated. There will always be the questions in my mind 'could I have done more?' 'Should I have done more?'

Losing Beth really took its toll on my family too. I struggled for months following our dad's, and then her death. I wandered around in a trance, and it wasn't until my Husband finally confronted me about me feeling sorry for myself, but not doing anything about it, that I actually started to take note and realise I needed to snap out of it. My daughter doesn't remember my sister but knows who she is in photographs, my two sons do remember her but their memories fade as they were still so young when it happened. [personal/sensitive]

*So, in conclusion, it really affected me and still does in many ways. I'm not sure I can actually put everything in words. It obviously had a massive affect on my personal life, but it also affects my work life too sometimes. Having to stay professional with people at the lowest points in their life knowing deep down they probably won't actually get the help they require from the mental health services. It makes me sad!*

**Paul Guille, Bethany's brother, has asked me to include these words:**

*The impact of Bethany's death on me personally is difficult to quantify.*

*When you are told that your sister is going into hospital because of her deteriorating mental health, the immediate response should be one of relief and gratitude. It should be assumed that this is the place where she will get the support and care that she needs. In our situation, Bethany's hospital admissions served as a signal that her situation was getting worse, and that it would likely worsen during her stay — whichever ward she would be staying on.*

*Bethany's death felt so inevitable. When I would visit her on the ward when I was still living in the UK, and when I would video call her from my apartment in Raleigh, she would talk about taking her own life flippantly. "I tried to kill myself today, but the nurses stopped me. So that's good," was something I heard more times than anyone ever should from someone they love. This carefree attitude and the obvious signs that Bethany was not okay has often led me to question whether I did enough to help her. Did I ignore those signs and become desensitised to her pain? Could I have raised those concerns earlier? Should I have taken them more seriously? If I had, might she still be alive today?*

*These painful and lingering questions are still difficult to manage, but immediately after her death they were deafening. I took to drinking alcohol nightly. Without doing so, I was fearful of not sleeping at all or being woken regularly by nightmares. It took until lent of 2020 until I was able to relearn how to manage my relationship with alcohol again.*

*I also took a financial impact after Bethany's death, paying hundreds of dollars in flights home, lost earnings and therapy sessions. When my father died, months before Bethany, I was offered the chance to see him in the hospital mortuary. I turned this down and regretted it. When Bethany passed, I could only get back to England days before her funeral and never had the chance to see her. To not have had the chance of this closure is an especially painful outcome from the darkest period of my life, and is something that is never going to be fixed.*

*Up until I moved back to the UK, I had one last message from her on our WhatsApp chat. I had told her that I thought she was strong. She replied to say thank you and that she hoped to believe it one day. It seems unlikely that she felt strong in the days before she passed, but that is how I think of her. To live how she did, to achieve what she did, to touch the lives that she did and to keep going in the face of everything like she did, took a kind of resilience that most people could never even imagine having to show. She is not just missed, she is remembered and she is an inspiration.*

Beth had such a way of connecting with people on their level - meeting them where they were at and engaging with their interests and values even if they did not match her own. Everyone who had the privilege of spending time with her has different memories of her and different ways of understanding what a truly special soul she was.

Beth's immediate family numbers 15 people. However, the loss of her life extends far beyond her family to include her greatest friends, those who she would drop everything for when they needed help, and all of the patients she looked after. Even those she came into contact with over the course of her illness, both staff and patients, valued her friendship, her personality, and her passion. We were told over and over whenever we met people from the Trust, 'we all loved Beth'.

Thank you again for the opportunity to provide this Commemorative Account and for the work you are doing.

Yours sincerely

Sarah Back  
With Julia Guille, Joanne Stevens,  
Alexander Guille, Paul Guille  
Matthew Guille