

## **Statement to The Lampard Inquiry - Re: Ellen Elisabeth Armstrong 13.11.1976-18.06.2018**

### **Background**

Ellen was born on 13<sup>th</sup> November 1976. She was the second of four surviving siblings. The cot death of a younger brother when Ellen was seven years old and the birth of a sister when she was eight culminated in the breakup of my marriage. Until that time, we lived in East Sussex and then in Tamworth until September 1985 when we returned to Beccles where we lived with my parents until I bought a house locally. All four children were educated in Beccles until the age of 18. During that time I started teaching in September 1989 and remarried in April 1991. The children all had a very good relationship with their stepfather and were all very close to their maternal grandparents.

Despite all of the changes during their formative years all of my children grew up as stable and well-rounded individuals. They had regular contact and holidays with their father both in Suffolk, at his home in the Midlands and with their maternal grandmother in Yorkshire.

Ellen grew up to be a very empathic and caring person. She had a big heart and a fearless attitude to life. She could be stubborn and wouldn't give up on anything she thought worth fighting for.

Ellen always said that she had a happy childhood, with a great love of the big outdoors and anything adventurous especially if it involved water! Along with her siblings she was a strong club swimmer and loved sailing. School holidays usually involved visits to distant family members, youth hostelling or house swaps. She participated in many trips offered by her Middle and High Schools. The most memorable was a three-year exchange programme to Kenya run by her High School when, in the first year all participants had to raise the money during the first year, go to Kenya in the second year and to pay for Kenyan students to come to England in the third year. Ellen spent a week at a High School in Nairobi and two weeks working in a school for disabled children in Mombasa. The following year each of the participants hosted a Kenyan student for three weeks.

Ellen was an accomplished clarinet player in her school orchestras at Middle and High schools. Although she followed the sciences academically, she was imaginative and creative. bubbling over with ideas.

Following her 'A' levels Ellen undertook a TEFL course in London followed by six months in Romania living with a family while teaching English to young children in a local school. During her stay she had holidays in Transylvania and Egypt. On her return she taught English to foreign students until she went to Liverpool University to study for her degree in Marine Biology, where her final year was spent on the Isle of Man. While there she learnt to Scuba dive with her partner, also a marine biologist. They both continued to build their PADI qualifications while working to support themselves eventually getting work as Scuba instructors in the Dominican Republic and then in Cyprus with Ellen specialising in teaching young children. They both scuba-dived around the world and visited the elephants in Chiang Mai, Thailand (a long-held dream).

Ellen and her partner continued to work together. They spent two years working in Bulgaria until the summer of 2006 when their relationship ended [as a result of serious traumatic incidents] Ellen came home and got medical help. For the first time she was prescribed with anti-depressant medication which had to be modified to a low dose as she experienced debilitating side effects from the original dosage.

In 2007 she returned, alone, to Bulgaria to work for 2 years until the summer of 2009. Although she continued to take anti-depressants the following years were good ones for Ellen, living a full and happy life. To help her recovery she bought a wonderful rescue dog (Trail Hound) and spent hours walking the local marshes. By the following spring she was recovered enough to return to Bulgaria by herself to live and work until 2011 when she came home to work as a carer until the birth of her son in 2013. She was very popular with her clients, some of whom she maintained contact with after she had left.

In June 2011 Ellen embarked on a new relationship. All went well until four months before the birth of her son in 2013

[when a number of serious problems developed, all of which Ellen had to cope with while pregnant, and led to the end of the relationship. As a family we did everything we could to help.

In June 2014 Ellen had to leave the rented accommodation and took the opportunity to find housing for herself and son. Close to the beach and sea she was happy and started to make a new life for herself.

Between late September 2014 and January 2015 Ellen was devastated by the loss of her beloved maternal grandparents within three months of each other. At the time I was often with her to help out with her highly energetic little boy who was still a very poor sleeper. [personal/sensitive]

Despite our warnings that she needed time and space to help her fully recover from the trauma she had experienced over the previous year; Ellen started a new relationship in May 2016. She was very happy and in October 2016 she announced her pregnancy. By mid-November she became increasingly anxious. Looking for causes of her anxiety she continuously researched online for side effects of [personal/sensitive] an antidepressant that she had stopped then restarted in early pregnancy. She convinced herself that her actions had caused her permanent brain damage causing the disconnect with her emotions

From early January 2017 Ellen's anxiety was so debilitating that she could not be left alone. I spent weekdays with her and weekends when her partner could not make it (he lived and worked 30 miles away). Following a severe panic attack in mid-March I took her to her ante natal clinic at the local hospital where she was assigned to a psychiatric paediatric nurse. A nurse who was with her throughout her illness and became a trusted and wonderful support. Ellen was hospitalised a few days before the birth of her baby in May 2017.

[Details to be considered during the substantive stages of the Inquiry's investigations].

I will not go into the details of the catastrophic treatment Ellen was subject to as a patient in her final two hospital stays. She took her own life on 6<sup>th</sup> April 2018.

[Details to be considered during the substantive stages of the Inquiry's investigations]

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During those few weeks, until her death, I spent every day with Ellen. It was heart-breaking. She had lost her appetite, was unable to sleep and didn't want to get up in the mornings. Although she felt completely disassociated from her emotions, she appeared most responsive to her children playing with them and taking her son to bed every night. To them and to anyone who did not know her Ellen appeared perfectly normal responding with her lovely smile and warm nature. Her inability to emotionally connect exacerbated her deep distress. She persistently reiterated that she couldn't go on using phrases *'the worst nightmare for me, .....I've been transported to a place of no return, where every second is hell.....my head can't process anything ..... It's like a fog that has physical attributes.....Thoughts are on a roundabout and come and go.....whirling around.....on the periphery of my consciousness .....there's no emotion.*

To anyone who didn't know her, Ellen presented as normal. But to me, whenever we were alone, she continuously reiterated her inability to 'feel'. She believed she was letting her children down. Nothing could shake her belief that she would ever recover from her permanent brain damage and the loss of her connection to the world around her.

[Details to be considered during the substantive stages of the Inquiry's investigations].

Ellen was desperate to live. Her last, long letter, is completely rational and demonstrates a deep awareness of the consequences of what she intends to do.

I am in no doubt that the reliance on medication is oversubscribed by far too many psychiatrists including every one of them responsible for Ellen's care. There are far too many patients where it does more harm than good, indeed it costs lives. The boundaries between psychiatry and psychology are not distinct. They overlap and all practitioners should be fully aware of that. It amounts to a national scandal.

### **Loss and bereavement**

Ellen had an optimistic outlook on life. She was compassionate with a wonderful zest for life and adventure. She had a lovely smile, and was always friendly and a good listener drawing people to her. Everyone who knew her remembers her sunny personality and infectious giggle. As a family we are learning to live with those consequences together, trying to do what Ellen would have wanted us to do.

Grief is multi layered and such a difficult journey. We are lucky to have such a close knit and supportive family. Together we cry and together we laugh. Although we still cry the happy memories rise to the surface more often. Within the close family losing Ellen has changed our lives forever, but her love of life and positive outlook underpins the value of family and friends that help us move forward. To our family every day brings back a myriad of memories, family time spent with her wonderful children (now 7 and 11) who now live apart with their respective fathers but spend time together with us on holidays and short stays. A memory box that Ellen put together with quotes from both her and her siblings of times remembered from childhood. Small, thoughtful gifts.

Hindsight has been hard and difficult to deal with. The last eighteen months of Ellen's life were her worst nightmare. Every clinical intervention failed to lift her from what she called 'a living hell'. For most of the time when Ellen was not in hospital, I was with her. Although very aware of how ill Ellen was, I never lost hope that a solution could be found. In the end she found a small window of time when she knew that it would not be me who found her. Her last four A4 page long letter is rational and full of love for her family and her desire to live. She had lost all hope and was completely aware of what she was doing

Such a devastating and preventable loss inevitably raises feelings of guilt and so many questions. How could this happen? What went wrong? And always, what could I have done to prevent it? At the time I was very aware of many things that had gone wrong with her treatment and other serious concerns raised by the RCA report.

The anger I experienced was overwhelming. The impact it had, not only on myself but on my close family made me determined to do something about it. I undertook a six-week course of CBT which allowed me to start doing something practical about finding answers to those questions. That journey has been cathartic and helped me in so many ways but would not have been possible without the support of my family, especially my husband and some wonderful new friends along the way, people fighting for change.

Hindsight is a wonderful thing. I only wish I knew then what I know now. I now have two goals in mind:

- 1) For the NSFT to acknowledge that they knew about but did not act on a pattern of serious concerns that had been evident for years. Concerns that cost far too many preventable deaths.
- 2) For all psychiatric clinicians to realise that medication can do more harm than good and to be open to alternative treatments. They should all be fully aware that psychiatry and psychology are not mutually exclusive disciplines.

[personal/sensitive]