

Robert Wade: Commemorative Statement in respect of Richard Wade

Date of Birth: 13 April 1985

Date of Death: 21 May 2015

Richard was born early in the morning on 13th April 1985 in Newport, Gwent. The events of that day are firmly fixed in my memory; there was a thunderstorm with lightning filling the delivery room with a sharp clear light, and hence my name for him - Electric Blue.

Our second son arrived two years later and my wife, Linda, and I set about the joys and challenges of family life. Richard grew up healthy and strong with a sharp and agile mind. His early schooling was successful with all the accompanying issues to be expected with boys.

Throughout his too short life Richard was always keen on sports, and those he could not play he would study. Chess, football, rugby, tennis, boxing, kick-boxing, karate, weight training and cricket - he just loved sports!

His first major sporting interest was Formula 1. Books, models, Scalextric, magazines and visits to Grand Prix meetings followed. His hero being Michael Schumacher. Out of the blue Richard presented my wife with an invoice for a set of mock racing overalls. They were in the colours, and with the sponsorship badges, of Michael Schumacher. He had negotiated their production and price with the supplier - he was not yet ten. They were not too expensive, and how can one say no to such enterprise? He looked wonderful.

But Richard's king of sports was cricket. A competent player destined for village green non-league, Richard delivered a truly unique leg-spin style. Where he truly excelled was in the history of the game. For Christmas 1996 he requested a copy of Wisden Cricketers' Almanack, a record of every test match for a given year.

That Richard would find such a trove of data interesting was not surprising. What was surprising was that he methodically set about memorising its contents. He had discovered memory palaces and had decided to build one based on cricket data, amusing anecdotes and film clips. This continued for over a decade. His long-suffering friends not being allowed to leave his bedroom to play cricket until the latest palace contents were rigorously tested.

These friends were true through his school days, true through his successes and troubles, and still true after his death. Each year a Richard Wade Memorial Cricket Match is held between a Richard Wade Select XI and Leavenheath Cricket Club, where Richard and his friends played. For eight years the match has been a carnival day of competitive cricket. It is a testament to my wife Linda,

her friends, Richards's friends and the club that so much charitable good has come from such a dreadful death. But that dark matter is for later.

Richard was very successful in both his GCSE and A-level results. His undergraduate years were at Warwick University where he read economics. Although achieving honours, he never found comfort with his grade, having succumbed to undergraduate life and the rugby team.

One passion consumed Richard more than any other, reading. And with a vast memory palace at his disposal he would, across many years, absorb the contents of innumerable books. Today they are displayed in his bedroom, stored in several boxes in my garage, filling a bookshelf at his brother's house and given in at least equal numbers to charity shops.

For all his gifts Richard had a flaw, and it is that flaw that has led me here.

After returning from university Richard met a course friend for a break in London. To the surprise of my wife and I that friend brought Richard home. The friend explained that Richard's mental condition had deteriorated and it was necessary to get him home safely.

Given the unexpected nature of Richard's condition we were fearful of drugs or some event that may have brought about his condition. The friend assured us that nothing untoward had happened in London and Richard would explain no further. We thanked the friend for his kindness and he departed.

Richard was clearly agitated and deeply troubled but still closed on the matter. Over the coming days his mental state worsened and visits to doctors arranged.

Depression was diagnosed and anti-depressants were prescribed. But his mental condition continued to deteriorate. We were concerned for his mental health and noticed during this time, that Richard would pace around a lot. We also found that he was speaking to himself and was telling us that his body felt like it was on fire. Richard would also cry, continued to be agitated, was not resting and had extremely poor hygiene. This was surprising as before his mental health issues, Richard was an extremely clean person.

We did discover that the cause of his depression and now profound anxiety was Motor Neurone Disease (MND). Again appointments were made with doctors with no hint of MND being detected. But Richard's state of mind would not allow him to accept the diagnoses and his suffering continued.

Richard before his mental health issues, from a young age, was a completely rational person. However, he developed an irrational fear of MND. Any tremor that Richard would have, would reinforce his deep fear of MND. It would take us a long time to explain to him in a rational manner, that MND was not an issue for him. However, Richard was in a black hole of irrational behaviour that he couldn't get out from.

We believe that Richard's irrational fear of MND probably started in university.

In an attempt to allay Richard's fears we arranged a private consultation with a recognised MND specialist. The consultant concluded that Richard did not have MND adding, "...but I do not expect that you will be believe me." He was right, Richard's illness was elsewhere.

Richard's condition moved towards crisis. When it came we called for a doctor's home visit, which was granted. Richard was given a sedative and he slept. He continued to sleep for weeks, catching up on all that he had lost over the unknown duration of his mental torment. That single dose of a sedative would prove to be the only effective intervention Richard would receive for his mental ill-health.

I do not remember the doctor's name but would belatedly like to thank him for the eight wonderful years he gave Richard.

While Richard was recovering from his sleep deprivation he was watched over by Linda, his brother, me, uncles and aunts, cousins and friends. In time we provided private counselling and he moved towards his recovery and future.

He first decided to return to study, choosing a history MA at Essex University. That was followed by a PhD in Politics, earning his doctorate in the minimum time permitted. Immediately upon completing his PhD Richard embarked on authoring a book on economic policy, published by Palgrave Macmillan in 2013.

To help support himself while researching Richard lectured in US politics. He also project managed the launch of a student research journal and found time to play rugby for the university. But one achievement left a legacy that is truly reflective of Richard's nature.

I heard the story from an Essex student who studied under Richard. A courteous and gentle man who confessed to a restrictive shyness. The day was Richard's funeral. A day on which I was to learn so much about my son from those who shared his life.

When Richard inaugurated, selected, trained and led Essex University's debating society he did not see his student's shyness as a barrier to success. The student was recruited. And the effects went well beyond the university, the ex-student now had his own show on an Asian radio network based in the Midlands.

His studies now being over, Richard turned to the world of work, securing a trainee accountant role with a major international consultancy, intending to specialise in auditing. All was going well and his life was on the move. Work and martial arts were his cornerstones in this period. To stay in touch with some school friends a self-imposed challenge was set to visit all 96 of the FA's league grounds - the purpose being to rate the meat pies.

Things were going well for Richard, with final qualification as an accountant almost in his grasp. It was at this time that my wife and I started to notice some changes in Richard, followed by the return of some of the troubling symptoms of his earlier encounter with mental illness - anxiety, pacing, insomnia and a constant need of reassurance.

Richard confessed the return of his irrational fear, MND, and once again we trod the path of GPs, out-of-hours surgeries and Accident and Emergency units. The treatment provided was anti-depressants, a long-term approach to the chronic aspects of his mental illness; what Richard needed was relief from the rapidly accelerating downward spiral of his acute symptoms. Sleeping tablets were ineffectual, he had long passed the point of that return.

For two weeks, and with much help from family and friends, we coped as best we could, but Richard's direction of travel had long been set, the rate of his deterioration would only increase and we were incapable of keeping pace.

On the afternoon of 16 May 2015, Richard moved himself into the street outside the family home and refused to reenter. My wife and I were physically and mentally exhausted and out of ideas. We called our younger son who came home and we discussed our options while a neighbour oversaw Richard; having only one, we called Suffolk Mental Health Services for an emergency visit.

We thought we were about to welcome respite into our home, what entered was the prelude to a nightmare.

When the emergency team arrived Richard resolutely refused to enter his home, for personal safety reasons he wanted to be admitted to a mental health institution. Put simply, he was having suicidal thoughts.

As he grew increasingly agitated and fearful of his condition, Richard became ever more desperate. Perhaps to precipitate a conclusion, perhaps out of confusion at his prolonged suffering, Richard accused me of intending to kill him. With utter shock and no warning I found myself being peremptorily questioned for conspiracy to murder my own son. My PC interrogator quickly realised the true cause of the accusation.

For a further four hours Richard was left outside as the temperature dropped, pacing the streets with a police escort. Tea, sandwiches and warm clothing were all sent out to keep the cold at bay. Finally NEPT capitulated and Richard had an admission to a mental health ward as a place of safety at The Linden Centre, Chelmsford.

Richard kissed his mother goodbye, he and I being kept apart by events earlier that evening. He was then driven away by Essex police to what we were told and believed to be a place of safety.

[Details of the family's efforts to make contact with ward staff on the morning after Richard's admission]

[Details of the circumstances of the family's visit to the ward on the day after Richard's admission, a search by staff for Richard when it appeared that he could not be found and the discovery of Richard in a bathroom]

We were ushered away to a family room. The enormity of our tragedy was beginning to engulf us.

Despite our repeated requests no information about Richard was forthcoming and staff avoided speaking to us.

With Richard's brother now with us we moved to join Richard in A&E. It was here that the true extent of Richard's condition was beginning to be revealed, and it was following his transfer to ICU that that agonising nail was driven home and hope driven out.

Nothing could have prepared us for what had been done to our son and brother. Little more than twelve hours before Richard was physically strong and handsome, now his head was swollen with blood, purple-red from burst blood vessels and the structure of his eye breaking down. On first sight no one could bear looking at him for more than a few seconds.

It was our family's great misfortune that our beloved Richard should fall victim to this Trust's dangerous practices, as it has been for so many other families. Given the scale of suffering caused, there will be no painless solution in righting this Trust and its broader operating environment, if indeed it can survive. For my part, I am willing to give this Inquiry every assistance within my compass in finding that solution.

But to get here and make that commitment my family has suffered greatly. We spent too many years fighting to uncover the truth about Richard's death: too many years spent campaigning to get the people that mattered to listen. Those years took their toll.

Having changed to an academic career later in life, and being in good health, in 2015 I had many wonderful opportunities and years ahead of me. On 17 May of that year all my professional ambitions ceased to be. Indeed, they no longer mattered.

The psychological, physical and financial consequences of a loss by suicide are devastating. At the time when you can least cope you are confronted by a deluge of inquiries, inquests and probate. And through unimaginable trauma you must pore through every detail of a loved one's life to resolve the consequences of their passing.

My recovery, whatever that means, was supported by anti-depressants, sleeping tablets and wise guidance. But such crutches can only take you so far. At some point ones demons must be faced. Mine were my warmest memories of Richard, and they were there at every turn. The only way I could find to peace was to confront them. Whatever triggered the memory, a piece of music, a picture, I would listen or look at until no more tears could flow.

Cleansing in turn each treasured memory of its sorrow was the only way I could find to cope, giving me space to see lost happiness between the sadness. But everything has its price, and for me the years of unremitting stress have left me with an untreatable heart condition. But it was for my son, and so I have no regrets for the decisions I made.

Immediately upon our loss my wife relinquished her voluntary work with the Citizen's Advice Bureau, unable to face another's troubles while embroiled in the tempest of her own sorrows. It took her two years of counselling and innumerable hours of the support of family, friends and doctors to help her cope with her terrible situation.

She too suffered terribly because of the long-term consequences of stress; needing to be admitted to Papworth Hospital with Takutsubo syndrome. The British Heart Foundation recognises an alternative name: broken heart syndrome. The consequence of her loss being too great to bear.

Yet carry on she must, and I am proud and grateful that she has. My constant companion through my darkest days, and a trusted hand in trying to correct my errors. She is a remarkable woman.

Richard and his brother, allowing for fraternal competition, grew always as the best of friends. Each was proud of his brother's successes and ready to help when needed. They played sport together in their youth and later would meet every New Year's Eve they to discuss the year that had passed and that to come.

Richard's loss was devastating to his brother. Our younger son had to resolve the consequences of his loss while fulfilling his duties without let. It is a testament to his inner strength that he did so.

At Richard's funeral his brother, despite his own distress, honoured the coffin at its arrival, led the pall-bearers and gave Richard the most touching of eulogies. A eulogy that ended in an epitaph that was both true of Richard's life and likely his future: "An extraordinary man."

At his wedding, Richard's brother kept one important seat vacant - that of the Best Man. Loyalty and brotherly love decreed that one person, and one person only, could have the honour of that singular role. Nothing had diminished their friendship.

We have never received a satisfactory explanation of Richard's death from the Trust. Piecing that story together fell upon us. It was a long and debilitating journey. A journey that no one should ever again have to take.

With regards to my family's loss I am not sure what individual justice for Richard would mean. But with the passing of years, and with the number of deaths to be considered, I am left with one overriding certainty: the deaths must stop.

If the deaths are to stop, what attribute must the Trust display?

There can be only one acceptable target for non-natural deaths - zero. Any other arbitrary number would be tantamount to a quota, a moral dilemma if ever there were one. Even beating a national average, however low, would be at best nothing other than accepting worse practice elsewhere. It must be zero.

All those souls that have been lost scream silently for that change, is it not deafening?

Please find attached to my statement pictures of Richard I would like to submit to the Inquiry.



Robert Wade -
Commemorative Exh