

1
2 (10.08 am)

3 **MS TROUP:** Thank you. Today we will be hearing this morning
4 from Lisa Bates and later this afternoon from Stuart
5 Ringer. Before we hear that evidence, I want to point
6 to the fact that today's evidence is likely, in parts,
7 to be distressing and difficult to listen to. For some,
8 it may not be possible to sit through the session and
9 I want to make clear that anyone in the hearing room is
10 welcome to leave at any point.

11 I also want to remind people that emotional support
12 is available for all of those who require it. We have
13 support staff from Hestia, an experienced provider of
14 emotional support, here today and for each day of this
15 hearing.

16 There's a private room downstairs where you can talk
17 Hestia support staff if you require emotional support at
18 any point throughout this hearing -- the Hestia support
19 staff are wearing orange lanyards and scarves -- or,
20 alternatively, you can speak to a member of the Inquiry
21 team and we can put you in touch with them. All members
22 of the Inquiry team after wearing purple lanyards.

23 For those watching online, information about
24 available emotional support can be found on the Lampard
25 Inquiry website, at lampardinquiry.org.uk, and under the

1 "Support" tab near the top right-hand corner. We want
2 all those engaging with the Inquiry to feel safe and
3 supported.

4 Could we have the first witness sworn, please.

5 **LISA BATES (affirmed)**

6 **MS TROUP:** Thank you.

7 Lisa, you are the mother of Tillie-Anne King --

8 **THE WITNESS:** Yes.

9 **MS TROUP:** -- who died at home on 8 March 2020, just four
10 months after her 21st birthday?

11 **THE WITNESS:** Yes, I am.

12 **MS TROUP:** You have provided to this Inquiry a number of
13 things and I want to take you through those before we
14 begin. The first I'm going to deal with is that you've
15 provided to us a very comprehensive witness statement
16 under Rule 9.

17 **THE WITNESS:** Yes.

18 **MS TROUP:** And you should have a full printed copy of that
19 in front of you.

20 **THE WITNESS:** Yes.

21 **MS TROUP:** Could I ask you, please, it's 59 pages long, but
22 if you could please turn to page 58.

23 **THE WITNESS:** Yes.

24 **MS TROUP:** You'll see there that your witness statement is
25 dated 13 January 2026 and that is the page where you

1 made a statement of truth and signed, yes?

2 **THE WITNESS:** Yes.

3 **MS TROUP:** Thank you. Are you content, sitting here now,
4 that what you have written in that statement is true and
5 accurate?

6 **THE WITNESS:** Most definitely.

7 **MS TROUP:** Thank you.

8 Lisa, the other thing you have provided to us is
9 a commemorative account about Tillie's life and about
10 the impact of her loss on you and your family. What
11 we're going to do is that you're going to read that
12 first --

13 **THE WITNESS:** Yes.

14 **MS TROUP:** -- before you and I move on to talking through
15 the substantive evidence you've set out in your witness
16 statement.

17 The other thing that you have provided are a number
18 of photographs and videos.

19 **THE WITNESS:** Yes.

20 **MS TROUP:** What we're going to do is, when you have read
21 your commemorative evidence, we're going to show some of
22 those. We'll then take a short break and we'll move
23 into your substantive evidence, and at the end of that
24 we'll show the remaining photographs and videos?

25 **THE WITNESS:** Yes.

1 **MS TROUP:** All right?

2 **THE WITNESS:** Yeah.

3 **MS TROUP:** I want to note, though, that there are two
4 photographs you have submitted that the Inquiry will not
5 be showing.

6 **THE WITNESS:** Yes.

7 **MS TROUP:** The reasons for that have been explained to you
8 but I want to give you this assurance now that those
9 photographs have been seen and reviewed by the Chair.

10 **THE CHAIR:** I have seen them.

11 **THE WITNESS:** Thank you.

12 **MS TROUP:** When you're ready, would you like to start
13 reading your commemorative account?

14 **THE WITNESS:** Do I -- my opening statement?

15 **MS TROUP:** Of course. You can read those now.

16 **THE WITNESS:** So there are five points that I would like to
17 make before we start on Tillie's journey. There aren't
18 one or two words in the English dictionary that could
19 give Tillie's journey justice to explain how horrific
20 the entire journey has been from the very start, from
21 the very first day, when she put her little foot through
22 the office doors of CAMHS.

23 I supplied photos to show how horrific and dark the
24 journey really was but I understand these pictures can't
25 be shown here today. It's a pity, as these pictures say

1 more than words ever will. But I hope the very fact
2 that I cannot show them will resonate with you as to how
3 serious and destructive Tillie's life journey became.

4 Nonetheless, you have seen these photographs,
5 Baroness Lampard, so I am pleased about that.

6 We handed our most precious gift, Tillie, to the
7 people who were supposed to know best; who were supposed
8 to know their job. They turned a young, vulnerable
9 child into a using, reliant -- fast-releasing
10 medication.

11 That journey took her from being a troubled child to
12 a troubled adult, where her challenging illnesses and
13 issues became more devastating. Some of these,
14 insomnia, bulimia, anorexia, borderline personality
15 disorder, emotionally unstable disorder, anxiety
16 disorder, drink addiction, inability to regulate and
17 control emotions and repeated, ongoing self-harm.

18 We didn't just lose Tillie on 8 March 2020; we lost
19 her from her very first appointment at CAMHS.

20 We handed our daughter over to an already broken
21 system. If I knew back then what I know now, I would
22 never have done it. I would never have handed my baby,
23 my little girl, over to the people that were meant to
24 know what to do and how to help. They didn't help.

25 **MS TROUP:** Thank you.

1 Do you want to go ahead with your commemorative
2 account?

3 **Commemorative account of Tillie-Anne King (read)**

4 **THE WITNESS:** So this is my commemorative account of
5 Tillie-Anne King.

6 She was born on 23 October 1998. She died on
7 8 March 2020, 9.40 am.

8 This is a message from one of her best friends.
9 Actually, this is one that was helping her the night she
10 passed.

11 **MS TROUP:** Yes.

12 **THE WITNESS:** "Well, Tillie. She was one of the kindest
13 people I've ever met. She put everyone else's needs
14 before her own and had so many plans for the future, and
15 I was included in most of them. But we were best
16 friends and sometimes it felt like just me and her
17 against the world. We had plans to go see birds of
18 prey, go to the emo shops in town, playing Animal
19 Crossing together. We were going to have so many
20 sleepovers and have so much fun together. We had so
21 much love to give the world, even though the world
22 wanted to give her crap all the time.

23 "She went through so much and still managed to make
24 others feel special. Recently, before she passed, she
25 told me she didn't want to die any more and that she was

1 scared to die. She was going through so much mentally
2 and even physically but she wanted to be here. Every
3 time I think about her, I get angry and sad that she
4 didn't get to live out her plans and her death has
5 ripped a giant hole in my heart.

6 "She's an unforgettable person and I know this
7 because I have spoken to some business owners that she
8 bought from, and they said they have never forgotten
9 her. I could really go on about how amazing she was and
10 all the plans she had. I literally could write for days
11 on end. She deserved the absolute best and I am so glad
12 to have gotten to know how pure and kind she was.

13 "She made me feel so special and no one else had
14 done that for me. That's the kind of person that Tillie
15 was. She wanted me to be okay. She wanted everyone to
16 be okay. She was the best person I have ever met and
17 I will cherish that forever."

18 That's from one of her friends.

19 This is my account.

20 I struggled deciding how to approach this
21 commemorative account. It's not something any parent
22 ever prepares for. As parents, we all hope our children
23 live long and happy lives, achieving all the things that
24 they could ever dream of. But the unthinkable sometimes
25 does happen, and it has in my case, and now I'm here

1 having to talk about my beautiful daughter in the past
2 tense.

3 Every day since my Tillie has passed has been
4 a struggle, a fight to get up and keep going. But not
5 a single day has gone by without me thinking about her
6 and seeing her beautiful smile wherever I go. Her
7 wonderful soul has never left my side since the day that
8 she died.

9 As painful as it has been, I decided that I owe it
10 to Tillie just to tell it as it is today. I'm not going
11 to make it nice. I'm not going to pretty it up. I'm
12 going to say it as it is because, quite frankly, nobody
13 was really worried about offending my Tillie or us when
14 we was going through the journey and when her life was
15 at risk. Nobody cared then about ripping our lives
16 apart.

17 The only good I can hope for now is that this
18 Inquiry wakes people up so that more families do not
19 have to go through the agony that we, as Tillie's
20 family, have had to live with.

21 My beautiful, sweet daughter, dear little girl,
22 Tillie-Anne at 11.20 pm on Friday, 23 October 1998. She
23 was actually born with her waters intact, which is meant
24 to be lucky. I got the name "Tillie" from a midwife who
25 saw my eldest daughter in her crib when she was born.

1 She picked up her leg and shook it, calling her
2 "Tillie", and I thought to myself, "Oh, I like that
3 name. I'll have to remember that for my next one!" And
4 sure enough, when my next one was born, I instantly knew
5 she was my Tillie.

6 Before Tillie was ever a patient of CAMHS, when she
7 was just an infant, she was a delightful, bubbly and
8 passionate little girl. She had so much energy inside
9 her at such a young age. She wanted to experience
10 everything life had to offer. We enrolled her in
11 swimming lessons, she joined the Brownies, Rainbows, she
12 mastered karate and even learned how to play the violin
13 and guitar. Her interests and abilities at that young
14 age were truly endless.

15 Having an older sister for Tillie was also a real
16 blessing because that relationship gave her confidence
17 that she needed just to be herself. They were both
18 extremely close and I'll always treasure my memories of
19 them performing shows for us in the living room after
20 they'd been practising in their rooms for hours.
21 I would sit there, watching them, as a proud mum,
22 feeling so happy that my girls were enjoying life.

23 When Tillie found out that I was expecting, she was
24 so excited. She couldn't wait to meet her new baby
25 sister. Finally, she was going to be the older one!

1 And when my last born arrived, Tillie was right there,
2 ready for duty. She would sing to her, give her her
3 bottle. It was beautiful to see how naturally she
4 cared. That was one of Tillie's greatest strengths:
5 that she knew you were upset or that she was always so
6 caring. She would always pick up on other people's
7 emotions and vibes and, if she knew you were upset or
8 depressed, she would not leave your side until she found
9 a solution to make it better.

10 I cannot tell you how many messages I received from
11 people after Tillie died, who told me how much she
12 changed their lives: whether it was her just being there
13 for them; or her convincing one of her friends to call
14 the Samaritans when they were feeling suicidal; or her
15 raising thousands of pounds for charity. In her short
16 life, she was one of the most caring and impactful human
17 beings I know.

18 Then, as Tillie got a bit older, after CAMHS and
19 repeated failures by hospitals and the community adult
20 services, her mental health deteriorated and addiction
21 took hold. Life for Tillie then became much darker. At
22 one point, she wanted to be a tattoo artist, a big
23 contrast to the little girl who, at eight years old,
24 loved dressing up in every Disney Princess costume and
25 finding her dancing around in clippy-cloppy shoes. No

1 one of us could ever imagine that child, who once
2 radiated joy, would one day end up so dark, wearing the
3 darkest clothes, covering herself in the darkest
4 tattoos, having the deepest, darkest imaginable
5 thoughts, and cutting herself into pieces.

6 Still, even with that states of mind, she never
7 stopped being creative. Art became her passion, drawing
8 whatever was on her mind: her way of expressing herself
9 and she was very good at it.

10 I first knew that Tillie was self-harming when her
11 school reported it to me, after Tillie had told her
12 school therapist about her cutting, and it was such
13 a shock to me. I immediately blamed myself because how
14 could I have not noticed that? How could I have not
15 seen that? Soon after that, Tillie's mental health
16 began to spiral. Soon, she was in and out of inpatient
17 hospitals, in and out of A&E and her self-harming got
18 worse and more frequent over time.

19 I remember when Tillie's dad and I met the Head of
20 CAMHS for the first time and we said to him, "This is
21 our daughter that we are handing over to you, the most
22 precious gift we have in this world. So treat it as
23 such".

24 That is what we do as parents. We are not medical
25 professionals, after all. So when we don't have the

1 answers and we need assistance in keeping our child
2 safe, we put our faith and trust in the people who we're
3 told are trained to help us. As scared as I was at that
4 time, I knew I couldn't keep Tillie safe on our own.
5 I knew my beautiful girl was in trouble. So we did what
6 we needed to do: asked for help and support from the
7 so-called professionals.

8 But what was the outcome of that for this young,
9 impressionable child who had, just a few years prior,
10 been so full of life and so full of energy?

11 They placed her in unsafe, unsuitable, inpatient
12 hospitals like Rochford, where she started learning
13 tricks from other bulimia and anorexic patients about
14 how to disguise that illness;

15 CAMHS were cancelling her outpatient appointments
16 repeatedly when it was already a battle to get her in
17 the car because of her crippling anxiety.

18 I'm just trying to say -- I wanted to say more, but
19 obviously I've got to read what's on here. The anxiety
20 that that poor child went through to even try and attend
21 an appointment.

22 They pumped her with powerful mind-altering
23 sedatives for years and years to come, ensuring that she
24 developed a cycle of chemical dependence that stripped
25 away the girl she once was.

1 And the last thing, about the medication, was
2 perhaps the worst part of all. Tillie was 15 years old
3 when they prescribed her zopiclone and venlafaxine, and
4 in doses that only ever increased over time. These are
5 incredibly strong drugs. If you read the side effects,
6 among other things:

7 Venlafaxine can cause dizziness, insomnia,
8 long-lasting confusion, tremors, mania, unexplained
9 muscle weakness, suicidal thoughts, and the list goes
10 on.

11 Zopiclone can cause drowsiness, hallucinations,
12 unusual behaviours, mood changes and thoughts of
13 self-harm and suicidal ideation and, as we all know,
14 highly addictive.

15 I found out later that zopiclone should not have
16 been prescribed for someone suffering with borderline
17 personality disorder, let alone a child who was also
18 young and impressionable. And venlafaxine can, instead
19 of easing BPD symptoms, actually make them far worse.

20 Eventually, after spending years and years on these
21 drugs, Tillie ended up being so addicted to the feeling
22 of being high that she started to tolerate not -- not
23 being able to tolerate being sober. She told adult
24 services -- she told her adult service doctor this, and
25 what did they do? Kept her on them, added more on,

1 increased her doses, and even gave her weeks' worth of
2 supply in advance sometimes. And they wonder why she
3 became an addict.

4 And when Tillie was handed over to CAMHS and then to
5 the adult services, it was more the same issues. But
6 this time, even worse. She now was legally an adult,
7 which meant she suddenly had the freedom to do whatever
8 she wanted, whenever she wanted. That is when her
9 addiction to alcohol began. When she turned 18, she
10 could buy all the drinks she wanted and, as that
11 addiction got worse, so did her mental health.

12 But with any addiction, it can be resolved with
13 specialist treatment, but Tillie never had that
14 opportunity. For example, her bulimia, which got worse
15 and worse over time: why was she never referred for
16 specialist treatment for that? Why did the adult
17 services never try to address it? If you look through
18 the community health records, they hardly even mention
19 it, despite it being obvious that she was severely
20 underweight, just by looking at her. Do you know how
21 painful it is to watch your child have an eating
22 disorder, watching her fade to nothing before your very
23 eyes? The coroner at the inquest even made a point of
24 saying her body succumbed to the drug toxicity in part
25 because she was so underweight. Her tiny body just

1 couldn't fight the drugs in her system.

2 And yet, despite the downward spiral that she took,
3 EPUT and the adult services claim they did everything
4 they could for my daughter. Well, if that is true, can
5 you tell me this:

6 If a patient is in the middle of a crisis, do you
7 turn around and call them a "spoilt brat"?

8 If a patient is being difficult, or rude, or finding
9 it hard to engage, do you say to that patient, "I just
10 don't know what to do with you"?

11 If a patient is demonstrating signs of having
12 a breakdown or airing their frustrations about feeling
13 unsupported, do you put that down to them being
14 "hysterical" and "kicking off again"?

15 If a patient tell you that she feels "dead inside"
16 and "welcomes her demise", and that she is "quite
17 looking forward to [her] death", do you, as a mental
18 health professional, encourage her thoughts?

19 What about if a patient has taken an overdose so bad
20 she ends up in a coma for two days? Do you discharge
21 her home with so much -- without so much as a mental
22 health assessment because she tells you she's fine and
23 she won't do it again?

24 And what about if she's been admitted to a mental
25 health after yet another overdose, and tells you, after

1 one day of being there, "I'm fine now, I won't do it
2 again"? Do you simply let her go without any pushback?

3 What if she's been admitted to the same mental
4 health ward three times in the space of three months,
5 all serious overdoses: do you let her discharge herself
6 for the third time in a row, because she tells you "I'm
7 fine now, I won't do it again"?

8 Does that sort of person sound like she's fine?
9 Does it sound like she won't do it again? Does it sound
10 like she's safe to be in the community?

11 Well, that was the care my Tillie received from
12 CAMHS, from the adult services and from the inpatient
13 hospital she stayed in. For eight straight years she
14 was failed by the system and, when she died, the system
15 determined they did everything that they could.

16 On the 11 December 2018, I am quoted in Tillie's
17 community care records as having told her care
18 co-ordinator that they had "all given up on my daughter
19 and, when she is dead, I'll personally invite them to
20 her funeral".

21 That was 14 months before she died.

22 In that same month, I am quoted as having told the
23 doctor assessing Tillie on the Edith Cavell Ward at
24 Basildon Hospital that, "Tillie is at high risk of
25 killing herself" because it was "the second time that

1 she has taken a massive overdose", and I "would rather
2 have Tillie sectioned than have to go to her funeral".

3 That was 14 months before she died.

4 On 11 October 2019, I am quoted as having told
5 Tillie's dad, who then told the care co-ordinator, that
6 "I know one day we're going to find Tillie dead in her
7 bed".

8 That was four months before she died.

9 And they are the only warnings they have written
10 down.

11 As I said, these things -- I said these things not
12 to upset anyone. I said because I was desperately
13 trying to get them to know, and warn them, that I knew
14 what was fast approaching. But no matter how much
15 I said it, nobody seemed to take me seriously. I knew
16 what Tillie was going through; I lived it with her. Her
17 life became my life, her fear became my fear and her
18 trouble became my trouble. I knew her best and I knew
19 it wasn't going to be long before she ended her life.
20 I don't know how many more times I could have told them,
21 or in what tone of voice I could have said it to get the
22 message across. Nothing ever seemed to work. I felt
23 alone, I felt unheard and as though I was nothing but an
24 inconvenience and a nuisance to them.

25 Tillie died on 8 March 2020, just four months after

1 her 21st birthday. I was the one that found her: her
2 lifeless body in her bed. No one could ever truly know
3 what that feels like, to find your child dead in the one
4 place on earth that is meant to be safe. You just will
5 not know the pain unless you've been through the whole,
6 full impact and felt it. It's a grief that tears
7 through your soul. It is an indescribable devastation.

8 I called up the adult services team on 9 March, the
9 very next day, to tell them that Tillie had died and
10 immediately, they gave us the "We're sorry for your
11 loss". What was that meant for me? What use was that
12 to Tillie? And then, two weeks later, I get a letter
13 posted to Tillie, informing us that she has an
14 appointment booked for her medication review. That's
15 how "sorry" they were: they couldn't even be bothered to
16 update their system that my daughter had died.

17 And, just in case that wasn't enough, I also got
18 a letter from the Ambulance Service, again addressed to
19 Tillie, asking her to fill out the questionnaire about
20 the treatment she received on 8 March 2020. Yes, the
21 day she died, asking her to complete the survey about
22 how well they'd responded. And this was the only time
23 she ever received such a document, despite all the years
24 of her being taken by ambulance to A&E.

25 One more thing I have to mention is the inquest,

1 which ended up lasting barely half a day. It was
2 shocking. My daughter's eight-year battle with EPUT was
3 compressed into just a few hours and it only went ahead
4 because I was let down by my family liaison officer. It
5 was only after the inquest ended that I learned for the
6 very first time that I could have had legal
7 representation and could have requested to pause until
8 corrections were made to a Serious Incident Report. By
9 the way, that had 151 discrepancies.

10 The entire thing was a disgrace and caused me
11 immense heartache. I felt lied to and abandoned. They
12 treated Tillie as nothing more than a name on a piece of
13 paper. It wasn't personalised at all. And I knew that
14 this piece of paper was to be filed away and forgotten.
15 And it breaks my heart because I knew that it was my
16 last chance to seek accountability from those who had
17 failed her.

18 I already mentioned Tillie's relationship with her
19 older sister but she was adored by her younger sister
20 and her cousins too. Her older cousin won't forget the
21 day that he tried to give her CPR, screaming out her
22 name, while tears rolled down his cheeks. He will
23 never -- he will forever be traumatised by that. And
24 Tillie's younger sister really looked up to her.
25 Tillie's passing has had a devastating effect on her.

1 I've only just found out that the reason that she keeps
2 her phone on 'Do not disturb' is because Tillie used to
3 call her. She said that with tears rolling down her
4 face:

5 "When Tillie was alive, she would call me,
6 regardless of what time she was in crisis", said her
7 sister.

8 That was a huge burden for a child to have at the
9 age of 12. I didn't know that was happening at the time
10 but I can see how it's added to the trauma of her losing
11 her sister at that age.

12 Tillie went through so much in her short life but
13 never deserved the ending she got. Her life was cut
14 short before her time. Her passing has robbed our
15 family of more than a daughter: we lost a friend,
16 a confidante, a source of comfort and emotional support.
17 Tillie was robbed of the chance to have her own children
18 and grandchildren and get married, and achieve all she
19 ever dreamed of. She was robbed of the chance to see
20 her own daughter going swimming one day, or learning the
21 violin, or dancing around in Disney costumes.

22 I am here today because my daughter was failed by
23 the very system that was meant to protect her.

24 And now, she will always be forever 21.

25 **MS TROUP:** Lisa, thank you. I think at this stage we're

1 going to see -- I think it's six photos and two videos.

2 *(First photograph displayed)*

3 **THE WITNESS:** That artwork is when Tillie was in a good
4 place.

5 **MS TROUP:** Yes.

6 **THE WITNESS:** That is Tillie at the bottom.

7 *(Second photograph displayed)*

8 **THE WITNESS:** This is her artwork when she was in a darker
9 place.

10 *(Third photograph displayed)*

11 **THE WITNESS:** And so was this. This was while she was
12 actually having art therapy. And if you can see the
13 heart, what it says in the heart.

14 *(Fourth photograph displayed)*

15 That's her first birthday dress, which I've still
16 got.

17 *(Fifth and sixth photograph displayed)*

18 These are her favourite boots. She wanted to make
19 a statement, she wore those boots. She ended up in
20 hospital once where she twisted her ankle where they
21 were so high.

22 **MS TROUP:** Because of the boots?

23 **THE WITNESS:** Yeah.

24 **THE CHAIR:** Thank you very much indeed.

25 **MS TROUP:** I'm so sorry, Chair, I think there's a video.

1 through it line by line.

2 **A.** Yes.

3 **Q.** In any event, as you've explained, and certainly you and
4 I have discussed, from where you are sitting, these are
5 words, and you can do your best with your words but
6 there is nothing unless it has been lived --

7 **A.** Yes.

8 **Q.** -- that can truly explain the journey you are trying to
9 explain to us today?

10 **A.** Yes, yes.

11 **Q.** For that reason, what we're going to do is take some
12 points from this very detailed witness statement that
13 are very important to you to talk through and to share
14 publicly.

15 **A.** Yes.

16 **Q.** All right?

17 **A.** Yes.

18 **Q.** So Lisa, you've told us in your witness statement
19 a little bit how Tillie's mental health problems began
20 to develop.

21 **A.** Yes.

22 **Q.** And you've told us something in your commemorative
23 evidence about her experience with CAMHS and your
24 experience --

25 **A.** Yes.

1 Q. -- of CAMHS, as her mother. In summary, you say that
2 your experience with CAMHS was terrible?

3 A. Shocking.

4 Q. I think one of the things you've told us is that, given
5 that Tillie was suffering at the young age of 13 with
6 severe anxiety, the cancellation of appointments was
7 disastrous?

8 A. It was a disaster. I mean, not only did we struggle
9 with the CAMHS appointments, life in general: you know,
10 getting on a bus was unheard of and going to school.

11 Q. Yes, going to school. So you had this anxious child.
12 You could see she was suffering?

13 A. Yes.

14 Q. You had, you thought, put in place the right help?

15 A. Yes.

16 Q. Appointments were being made through CAMHS and, as
17 I understand it, sometimes you would put in all that
18 work and reassurance of trying to get her to an
19 appointment and they would be cancelled very last minute
20 and sometimes when you had already arrived?

21 A. Yes.

22 Q. The other principal issue, as I understand it, is that
23 it is your very strong view that, if we bear in mind
24 that Tillie was 13 years old when she set foot inside
25 a CAMHS office --

1 **A.** Yes.

2 **Q.** -- and she first attended there initially for a problem
3 sleeping?

4 **A.** Yes.

5 **Q.** Looking back, you are able to say that it is your very
6 strong view that her treatment under CAMHS, in fact, set
7 her on a path of chemical dependence?

8 **A.** Most definitely. One of her diary entries proves that
9 she manipulated the therapist to get a week's worth of
10 zopiclone to get a high.

11 **Q.** Yes. You understand that zopiclone is a sedative --

12 **A.** Yes.

13 **Q.** -- that was administered to her, I think, when she was
14 14 or 15 --

15 **A.** Yes.

16 **Q.** -- for her sleep problems but, by the time she left the
17 care of CAMHS, officially, on her 18th birthday, she was
18 firmly on a path of chemical dependence?

19 **A.** Firmly. Firmly.

20 **Q.** Not only that, as I understand it, Tillie was quite open
21 about that with those treating her?

22 **A.** She was very open. But that was Tillie, you know, she
23 said how she felt and she wasn't embarrassed or shy to
24 say what she, you know, felt or anything. She had no
25 filter sometimes.

1 Q. No. She was open about the fact that she was becoming
2 dependent on prescription medication?

3 A. Yes.

4 Q. And I think later we will see that she went so far as to
5 be open about the fact that, without taking something,
6 the words she used were that she felt "dead inside"?

7 A. Yes.

8 Q. In your mind, that ought to have been a very clear red
9 flag?

10 A. There were many, many red flags.

11 Q. Yes.

12 A. You know, I just quickly refer back to what the coroner
13 said --

14 Q. Of course.

15 A. -- when he was questioning the Serious Incident Report.
16 The health representative that was there at the inquest,
17 he asked her, "Why wasn't this seen as a red flag?"

18 Q. Yes. What was the answer, as far as you can remember?

19 A. I'm not sure. I'm not sure. I can't --

20 Q. That's all right.

21 A. I wouldn't like to say something that wasn't said, you
22 know.

23 Q. No, don't guess. I just wondered. I bear in mind that
24 you've already told us you were essentially alone at the
25 inquest?

1 **A.** Yes, well, I had my friend with me and Tillie's dad was
2 there, but I wasn't aware of any help or support that
3 I could have been given, or was entitled to, or could
4 have had, because I was let down by my family liaison
5 officer and, as I said, I'd only met the new one just
6 before we went into the inquiry.

7 **Q.** Moments before?

8 **A.** Moments before.

9 **Q.** I understand. We'll come to that but also we bear in
10 mind, stating the obvious, that you were in the depths
11 of grief at that time?

12 **A.** Yes.

13 **Q.** Coming back to CAMHS, we understand, I understand from
14 your witness statement, that there were some early
15 incidents of self-harm but that those escalated and
16 became more frequent while Tillie was a CAMHS patient?

17 **A.** Yes.

18 **Q.** Between the ages of, I think 14 and 15, there came
19 a series of inpatient admissions for Tillie that you've
20 set out in your statement.

21 **A.** *(Witness nodded)*

22 **Q.** There were three facilities over two years.

23 **A.** Yes.

24 **Q.** My understanding is that, ordinarily, those admissions
25 came about because of incidents of self-harm --

1 **A.** Yes.

2 **Q.** -- and you Tillie's father, then seeking help, asking
3 for her to be assessed and admitted?

4 **A.** Yes. We knew we couldn't keep her safe.

5 **Q.** Yes.

6 **A.** We knew that we had to ask for help and we trusted them.

7 **Q.** Because they were, as you've explained, professionals?

8 **A.** Yeah, you know, they're professionals. They're supposed
9 to know what they're doing.

10 **Q.** Yes.

11 **A.** But I do remember one man from the crisis team who said
12 that he didn't want her to go into hospital because she
13 would pick up bad habits.

14 **Q.** Let's come to that. You tell us that. So there was
15 a crisis support worker. I think Tillie's first
16 admission was to Rochford?

17 **A.** Yes.

18 **Q.** That was in May 2013.

19 **A.** Yes.

20 **Q.** She was, at the time, 14 years old?

21 **A.** Yes.

22 **Q.** Before that admission, a crisis worker had said to you,
23 "This is not going to be a good place for her"?

24 **A.** Yes, "She will pick up bad habits and she will learn
25 things".

1 Q. And, Lisa, that is what happened?

2 A. It is what happened. It is what happened.

3 Q. She learned -- the way that you phrase it is

4 "destructive habits" --

5 A. Yes.

6 Q. -- from other, older teens and, as you saw Tillie and

7 knew her best, she was very vulnerable --

8 A. Very vulnerable.

9 Q. -- to that sort of influence?

10 A. It was only after her death that I found out about the

11 dark web and that's when she found out all about that,

12 as well, the dark web.

13 Q. From her time at Rochford?

14 A. Yes.

15 Q. So she was 14 at that time and there also came, a little

16 later in November 2014 -- her second inpatient admission

17 as a child was to an adolescent unit, Thorneycroft.

18 A. *(Witness nodded)*

19 Q. Now, she was there for a few weeks, as I understand it,

20 before being transferred to the Priory?

21 A. Yes.

22 Q. And the reason she was transferred to the Priory is

23 because you insisted on that transfer?

24 A. Yes. Well, the reason that she was put into

25 Thorneycroft was, as I was made -- or told: there were

1 no beds in Essex. So to keep her safe, she was sent to
2 Thorneycroft, which was three hours away.

3 Q. Yes.

4 A. I didn't know what type of hospital it was until after
5 she passed. I found out what it was. But the
6 specialist who was looking after her stayed and saw me
7 at the weekend and said that "This place is no good for
8 her. This isn't suitable for her". She --

9 Q. Why was that? What was your understanding? Why did the
10 consultant feel that it wasn't suitable? Because it was
11 at the time -- or your understanding is that it was an
12 eating disorder treatment centre?

13 A. Yes, I didn't know at the time it was an eating
14 disorder --

15 Q. I see.

16 A. -- centre. I've only since found those things out
17 since, like, doing this and taking part in the Lampard
18 Inquiry. It's -- I just thought it was a hospital in
19 Stafford that looked after mental health children --
20 patients.

21 Q. Yes. Now, the particular relevance of the fact that it
22 was, as you've discovered, a centre for those with
23 eating disorders, it was an adolescent unit but with
24 that specialism, is that -- and I think you've explained
25 this -- throughout her young life, Tillie was very

1 underweight?

2 **A.** Yes.

3 **Q.** At times dangerously so?

4 **A.** Yes.

5 **Q.** I think, at her lightest, coming in at just under

6 40 kilos --

7 **A.** Yes.

8 **Q.** -- and suffered with both anorexia and bulimia?

9 **A.** Bulimia, yes. They were part of an eight-year journey.

10 I mean, all of those other labels that she got, these

11 ones never left.

12 **Q.** No.

13 **A.** They were on her shoulder the whole journey.

14 **Q.** That is incredibly important to you because of the

15 comments made at Tillie's inquest --

16 **A.** Yes.

17 **Q.** -- about her body's ability or inability to process or

18 to deal with the level of drugs that were in her system?

19 **A.** Yes.

20 **Q.** You must tell me if I'm understanding wrongly but,

21 I think, first of all, you can tell us that, throughout

22 the whole of that eight-year journey, Tillie really

23 received no specialist treatment to deal with those

24 eating disorders?

25 **A.** None.

1 Q. Including while she was at Thorneycroft.

2 A. Yeah, I mean, this is one of the things that I'm really
3 shocked about, is, you know, she's had this -- all these
4 labels and everything, and medication for this and
5 medication for that, but where was the help for the
6 bulimia and anorexia?

7 Q. Yes.

8 A. And if she didn't have issues with her weight, why would
9 CAMHS weigh her every time she went?

10 Q. Yes.

11 A. And why would she say, "I don't want to know, I can't
12 see it. Don't tell me"?

13 Q. So they took the step of weighing her, which tells you
14 that that was an obvious concern --

15 A. Yes.

16 Q. -- but provided no treatment in respect of her weight --

17 A. Yes.

18 Q. -- or any disorder around eating. I think, is this
19 right: when you were warned by the consultant at
20 Thorneycroft that the placement was not a good one for
21 Tillie, that was on the basis, you learned, that she was
22 picking up sort of tips from other inpatients about how
23 to disguise those conditions?

24 A. Yes, yes. Like walking. Walking round and round and
25 round. Things like that.

1 Q. Yes, I understand, that she wouldn't have known herself?
2 A. *(Witness shook head)*
3 Q. You made a call to the local authority to ask for her to
4 be relocated immediately for that reason --
5 A. Yes.
6 Q. -- and I understand that she was then moved to the
7 Priory.
8 A. She was moved to the Priory in Chelmsford.
9 Q. So closer to home --
10 A. Yes.
11 Q. -- because we bear in mind that you were, at the time,
12 a single mother --
13 A. Yes.
14 Q. -- with two other daughters to care for?
15 A. Yes.
16 Q. So the period that Tillie spent at Thorneycroft was
17 a six-hour round trip for you?
18 A. Yes, I didn't do it in six hours. I stayed overnight.
19 Q. What about her time at the Priory? Is there anything in
20 particular you want to tell us about that?
21 A. I find it very difficult for somebody who quite clearly
22 had complex mental health needs, that they didn't really
23 take on board what her mother said. And I was her carer
24 24/7.
25 Q. Yes, and she was a child?

1 **A.** And she was a child. And I'll say it again, as well,
2 how does her illness know that she's turned 18 --

3 **Q.** Yes.

4 **A.** -- and is capable of making these decisions?

5 **Q.** All of a sudden.

6 **A.** All of a sudden. You know, at one minute past midnight,
7 her illness doesn't say, "Oh, she's 18 now, she can look
8 after herself, she can make her own decisions, she knows
9 best".

10 **Q.** Let's come to that because one of the things that you
11 that have raised major concerns over is the transition
12 between CAMHS and adult services.

13 **A.** Yes.

14 **Q.** I want to come to that, but let's take a look, just so
15 that we know how Tillie was at the time that that
16 transition took place. Could you take a look, please --
17 we don't need to read it out, we'll go through it
18 together -- but at page 6 of your witness statement, and
19 paragraph 14.

20 **A.** Yes.

21 **Q.** Now, to summarise, here you have set out how Tillie was
22 presenting at the time preparations were being made for
23 her transition from CAMHS to adult services?

24 **A.** Yes.

25 **Q.** What is recorded by the CAMHS psychiatrist, in summary,

1 is this:

2 "A four-year history of low mood ... persistent
3 suicidal ideation, repeated acts of deliberate self-harm
4 ... intensely negative self-esteem ..."

5 It's noted that Tillie was "displaying features of
6 an emerging emotionally unstable personality disorder".

7 At (d), it has been recorded that Tillie herself, in
8 the open way that you and I have discussed, "told
9 professionals that her self-harm had become compulsive".

10 **A.** Yes.

11 **Q.** At the bottom of that paragraph, (d):

12 "... CAMHS reported that [Tillie's] 'risk of
13 self-harm or suicide is easily triggered and should be
14 considered to be [I think that's meant to say
15 "chronically"] high'."

16 **A.** Yes.

17 **Q.** It goes on:

18 "[Although Tillie] expects that she will kill
19 herself, she does not profess any immediate intent."

20 It's recorded that, by that time, so as she was
21 approaching 18, she had been on a long list of different
22 medications, each one without benefit in the past, and,
23 at the time of referral, Tillie was on venlafaxine for
24 anxiety and zopiclone and melatonin.

25 **A.** Yes.

1 Q. Then we see over the page some records about her
2 weight --

3 A. Yes.

4 Q. -- that you and I have discussed.

5 Now, that all being recorded at the time, the other
6 matters that are recorded, that you go on to set out in
7 the next paragraph, paragraph 15, is that it was
8 considered by those professionals that it was essential
9 that Tillie have a smooth transition from CAMHS into
10 adult services.

11 A. Absolutely.

12 Q. That was recorded in terms?

13 A. Yes.

14 Q. And, you must tell me if I'm summarising badly, the
15 opposite occurred?

16 A. Wherever we would go, Tillie would always hold on to my
17 arm.

18 Q. Yes.

19 A. Almost like holding my hand, really, even at the age of
20 18, 19, 20, for reassurance that I was there and I knew
21 that they would have to approach her in a certain way
22 and use a certain language, really, that wouldn't
23 trigger her.

24 Q. Yes.

25 A. And it just seemed very matter of fact, like she was

1 just another name on another document that was coming of
2 age and was coming into the adult services.

3 Q. Just somebody on a list?

4 A. Just somebody on a list that, you know, I'm seeing today
5 on a Monday morning.

6 Q. Yes. One of the things that's recorded, this is on
7 page 7 at paragraph 15(d), is that CAMHS made an
8 assessment at that stage of the risk to Tillie --

9 A. Yeah.

10 Q. -- and says there:

11 "We do feel that Ms Bates [you] may not easily be
12 able to keep Tillie safe in the community and therefore
13 [are] recommending a planned admission to a local unit
14 if at all possible. This would be for Tillie's safety."

15 A. Yes.

16 Q. So that is recorded about Tillie at age 17?

17 A. Yes.

18 Q. And we'll go on to see that there came many times --
19 I was going to say "there came a time" -- there came
20 many times later when you would be put in the position
21 of having to say to mental health professionals,
22 "I can't have her home"?

23 A. Yes.

24 Q. "I cannot keep her safe"?

25 A. Yes.

1 Q. And you would be put in the position of having to push
2 for a long-term inpatient admission --

3 A. Yeah.

4 Q. -- to keep her safe?

5 A. I was saying those things, that I cannot have her home,
6 and things like that, out of sheer fear.

7 Q. Yes.

8 A. But I was led -- or they made me feel like I was saying
9 it because I didn't care.

10 Q. I understand. So what I pick up is that one of the most
11 crucial things you want to note, is that when you told
12 professionals that --

13 A. Yes.

14 Q. -- it wasn't because you didn't love Tillie and didn't
15 want her home: it was because you did love her?

16 A. I did love her and I didn't want what happened to
17 happen. I wanted to keep her safe.

18 Q. Yes.

19 A. I knew -- I'd been on a course for parents of children
20 who self-harm. I knew, if I removed everything, if she
21 wanted to, she still could.

22 Q. She would find a way?

23 A. Exactly, yes. And, obviously, all the things that she
24 picked up in Rochford and Huntercombe, as well, it was
25 a very, very dark place for me watching my daughter and

1 trying to keep her safe.

2 **THE CHAIR:** Can I just ask something? We've seen what was

3 said by the psychiatrist at the time that the transfer

4 to adult services was being considered --

5 **A.** Yes.

6 **THE CHAIR:** -- and planned for. Was there ever any

7 suggestion of her going into inpatient care --

8 **A.** No.

9 **THE CHAIR:** -- at that stage?

10 **A.** No.

11 **THE CHAIR:** Did you ask for that at that stage?

12 **A.** I just wanted her safe.

13 **THE CHAIR:** Yes.

14 **A.** So I would have probably asked for it, yes, because

15 obviously, as well, I had my younger daughter to think

16 about.

17 **THE CHAIR:** So you think you probably would have said --

18 **A.** Yes, because --

19 **THE CHAIR:** -- could you perhaps think about inpatient care?

20 **A.** At that point I'm watching somebody I love absolutely

21 destroy theirselves and, as a mum, to another mum, you

22 will do your utmost to keep them safe.

23 **THE CHAIR:** Yes, I've got children myself.

24 **A.** You know, there was one time when I refused to take her

25 home from Basildon Hospital in the children's department

1 at A&E, because she couldn't get assessed. So -- and
2 I knew I couldn't keep her safe. So I refused to take
3 her home and I slept in the corridor at Basildon
4 Hospital because I was so petrified that the services
5 and everybody would then see me as an unfit mother and
6 not doing the right thing.

7 **MS TROUP:** And you were thinking, presumably also, about the
8 effect on your other daughters?

9 **A.** Yes, yes.

10 **Q.** Thank you. So all these matters were recorded, that for
11 Tillie's wellbeing or for her welfare, a smooth
12 transition to adult services was absolutely needed?

13 **A.** Yes.

14 **Q.** In fact, I think this is right -- I'm taking it from
15 your witness statement -- formally -- obviously Tillie
16 turned 18 on 23 October and became a formal patient of
17 adult services?

18 **A.** Yes.

19 **Q.** Thereafter, no care co-ordinator was assigned until well
20 over a year later.

21 **A.** Yes.

22 **Q.** So she spent almost 18 months with no care co-ordinator?

23 **A.** No. We'd have the appointments.

24 **Q.** Yes.

25 **A.** I think it was every three months or every six months

1 but, other than that, nothing.

2 Q. I understand. In fact, I think you tell us later, and
3 I do have this date correct and had to check it twice,
4 that it wasn't until July 2019 that any risk assessment
5 was carried out?

6 A. Yes. And, again, I'm going to go back to the fact that
7 that list of illnesses or labels that I read out to you,
8 you know, she approached CAMHS with maybe half of them,
9 I can't remember, but -- so she was already -- complex
10 mental health issues.

11 Q. Yes. Let's take a look at those. You list them at the
12 top of page 8 of your witness statement. This is as
13 Tillie was being transitioned, if we can put it in that
14 way, into adult services.

15 A. Yes.

16 Q. The CAMHS psychiatrist had listed: emotionally unstable
17 personality disorder; mental and behavioural disorder
18 due to polysubstance misuse; an unspecified eating
19 disorder --

20 A. Yes.

21 Q. -- and an anxiety disorder?

22 A. Yeah.

23 Q. Before transition into adult services?

24 A. Yes.

25 Q. Now, if we could take a look, because you summarise this

1 beautifully, if you could turn, please, to page 54 of
2 your witness statement and to paragraph 186. Lisa, you
3 must tell me, but I think this is a very neat summary of
4 your overall impression of Brentwood's treatment of
5 Tillie.

6 **A.** Yes.

7 **Q.** You say there:

8 "Tillie went three years under Brentwood's care
9 without a single care plan or risk assessment."

10 **A.** Yes.

11 **Q.** "Three years, despite repeated, life-threatening
12 overdoses and a clear escalation of her addiction."

13 **A.** Yeah.

14 **Q.** You describe it as the most vulnerable and destructive
15 period of her life?

16 **A.** Yeah. I mean, again, as a mother, I managed to keep her
17 safe up until she was 18 because sometimes I was
18 listened to. But then, in that short time that she was
19 with the adult social services, you can see the
20 escalation quite clearly.

21 **Q.** Yes. Let's come to that. I just want to note what you
22 say there and I think this does sum up your view of it,
23 is that the treatment or lack thereof over those three
24 years was "reckless and utterly indefensible"?

25 **A.** Yes. Yes, I mean we've spoken about it, and you know

1 and I know that, you know, she was being seen as
2 disruptive and unengaging and unreliable, all sorts of
3 things. They quite happily write that about her.

4 **Q.** Yes.

5 **A.** But they don't say about all of her illnesses that led
6 her to those emotions and those --

7 **Q.** Behaviours?

8 **A.** Yes, yeah. And we've said as well, the therapy was
9 quite biased, as well.

10 **Q.** Quite biased?

11 **A.** Yeah.

12 **Q.** Let's come to that, actually, because we're going to
13 come on to -- I want to talk through with you a couple
14 of the things that occurred after Tillie had turned 18
15 and formally become a patient of adult services, because
16 one of the things -- and I'm going to come to this -- is
17 that what you have been able to -- you knew it at the
18 time --

19 **A.** Yeah.

20 **Q.** -- but what you've been able to see, looking back over
21 the records, is not simply a gradual escalation or
22 a gradual deterioration in Tillie's mental health, but
23 a very substantial escalation in her addiction issues?

24 **A.** 100 per cent. She used her tattoos as ID. So if she --
25 because she looked quite young for her age, if she

1 wanted to go and buy alcohol, she would use her tattoos
2 because you have to be 18 to have them.

3 **Q.** Yes.

4 **A.** So that proved that she was 18. And it was easy, it was
5 out there. She didn't have to wait for an appointment.

6 **Q.** No.

7 **A.** She didn't have to say the right words to the
8 psychiatrist, or whoever it was. She could just go --

9 **Q.** She could just go and do it, yes.

10 **A.** -- and get it.

11 **Q.** Bearing in mind she had already been expressing, as
12 a child and a patient of CAMHS, that she had started to
13 get into a position where she couldn't -- it was very
14 difficult for her to cope with being sober,
15 essentially --

16 **A.** Yes.

17 **Q.** -- alcohol was then added into the mix at 18?

18 **A.** Yes.

19 **Q.** So let's take a look, please, at paragraph 28 of your
20 witness statement, and that's on page 10, Lisa. Because
21 what we see here you've set out, over the next few
22 pages, this is not a complete record of her
23 appointments -- sorry, I'll wait for you to come to it.

24 **A.** Sorry.

25 **Q.** Not at all.

1 **A.** Yeah.

2 **Q.** This is not a complete record but what you've done is
3 taken some dates to highlight what was happening over
4 the course of late 2016 and 2017 --

5 **A.** Yeah.

6 **Q.** -- in terms of the increases in Tillie's prescribed
7 medication?

8 **A.** Yes.

9 **Q.** So there you've highlighted a number of dates where she
10 was under the care of Brentwood adult services?

11 **A.** Yeah.

12 **Q.** Where, if I can summarise it in this way, Tillie is
13 continuing to be open about the fact that her mood is
14 deteriorating --

15 **A.** Yeah.

16 **Q.** -- her anxiety is escalating --

17 **A.** Yes.

18 **Q.** -- things are becoming darker and darker and, at every
19 one of these appointments, she requests increases in her
20 medication --

21 **A.** And gets them.

22 **Q.** -- and gets them?

23 **A.** And fast release.

24 **Q.** Tell us about that.

25 **A.** So I don't know if that's the right word, fast --

1 Q. Immediate release, maybe.

2 A. Immediate release, yes. So she obviously has had that
3 experience of the fast release, immediate release, as
4 far as back as CAMHS. So that's why -- I mean, how
5 would she know to ask for that? How would she know to
6 ask for immediate release? You know, you get your
7 tablets from your doctor, you get your -- I wouldn't
8 know. So is that something else that she learnt, being
9 in the places that she quite clearly shouldn't have been
10 in?

11 Q. Yes.

12 A. And also, how comes she got it every time she asked for
13 it? Why wasn't there, "We'll try a different approach"?

14 Q. Or some oversight or "Is this working?"

15 A. Yes, "This isn't working, we're not going to keep upping
16 it. You know, we're going to try a different avenue,
17 because, quite clearly, you need something different".

18 Q. Because what you could see, as her mother, living this
19 with her, and you tell us about it on page 12 at
20 paragraph 29, is that, actually, during that period, as
21 her prescribed medications were being increased and
22 increased, you could see that everything was only
23 getting worse?

24 A. Yeah.

25 Q. So she --

1 **A.** She would isolate, she would become -- she wouldn't get
2 out of her bed. She would get asked to go places but
3 she couldn't go. A lot of her interaction with people
4 was via social media, mobile phone, because she just --
5 she couldn't. She couldn't get dressed. She was just
6 constantly exhausted.

7 **Q.** Yes.

8 **A.** Again, that's another side effect of some of the
9 medication that she's on --

10 **Q.** Yes.

11 **A.** -- is the drowsiness and the not -- you know --

12 **Q.** Lethargy?

13 **A.** -- lack of enthusiasm.

14 **Q.** And a loss of motivation?

15 **A.** Yes.

16 **Q.** But also, one of the other concerns you raise is that,
17 again, we talked about Tillie being quite open with
18 professionals who were treating her --

19 **A.** Yes.

20 **Q.** -- these increases in her prescribed medication were
21 continuing, despite the fact that she was being open
22 about her use of illicit drugs?

23 **A.** Yes, she was -- I mean she was open about it. And yeah,
24 they were just piling it all on top of somebody who
25 quite clearly needed to get to the real bottom and the

1 nooks and crannies of why have we even started off here?

2 **Q.** Yes.

3 **A.** Which never happened. It was just, "Have another
4 tablet, we'll up it. We'll give you the immediate
5 release. Oh, go and buy some alcohol". You know, it's
6 shocking that health professionals knew that and were
7 facilitating it for her.

8 **Q.** Yes. I think that ties into one of the other major
9 problems that you identify as a factor in the escalation
10 after Tillie's transfer into adult services, which is
11 that because midnight that passed on her 18th birthday
12 and she was now 18, you were essentially excluded from
13 her care?

14 **A.** Yes.

15 **THE CHAIR:** Can I ask you: she was explicit about her
16 alcohol use. She was explicit about the sort of
17 medication she wanted from them.

18 **A.** Yeah.

19 **THE CHAIR:** Was she explicit -- just to be clear, was she
20 explicit about using illegal drugs, non-prescription
21 drugs?

22 **A.** Not to me but to the professionals she was.

23 **THE CHAIR:** You know that because?

24 **A.** It was in the SRI report.

25 **THE CHAIR:** Yes.

1 **A.** So she must have told them because how else would they
2 know?

3 **MS TROUP:** So if I can assist you there, Chair, if we look,
4 for example, at page 11, paragraph (d), the entry, the
5 summary of records from the 8 September 2017, in the
6 middle of that paragraph we can see that Tillie has told
7 the doctor that she was now using cannabis, MDMA and
8 cocaine once a week, and went on to report low mood and
9 so on.

10 So your understanding, Lisa -- you didn't know it at
11 the time --

12 **A.** No.

13 **Q.** -- but from the records -- is that Tillie explicitly
14 informed those treating her --

15 **A.** Yes.

16 **Q.** -- that, in addition to the prescribed medication, she
17 was using quite a list of illicit drugs, as well as
18 heavy alcohol use?

19 **A.** See, and also, before she died, she'd been abstinent
20 from those illicit drugs. She hadn't been taking
21 anything for over a year. She had an app on her phone
22 and she was really proud to show me that app. But
23 obviously, she had changed to alcohol so she'd gone from
24 the illicit drugs to the alcohol and it wasn't until
25 after she died that I realised or found out that she

1 could easily order all of this off the dark web.

2 **Q.** Yes. So thinking about the factors that you've listed
3 as contributing to the escalation, the medication
4 obviously, and we've just been through that, the fact
5 that because she was 18 you were formally excluded from
6 her care?

7 **A.** Supposedly, until that other bit that we're going to
8 talk about, the psychiatrist.

9 **Q.** Yes, we'll come to that. In fact, we'll come to that
10 now. Just to note the other things, and I think we have
11 covered it, that you consider very obviously contributed
12 to what was, in the end, a catastrophic escalation, was
13 the lack of a care co-ordinator --

14 **A.** 100 per cent. She had -- nobody had her -- well, apart
15 from me and the family -- had her back. There was no
16 one there. There was no one there to guide her that she
17 might need that service or that they've got these
18 interventions that you can have, or "We can do this to
19 make that bit a little bit easier", or "I'll come with
20 you to the appointment". None of that.

21 **Q.** That is reflected in the fact that -- so there was no
22 one co-ordinating the care --

23 **A.** No.

24 **Q.** -- that Tillie might need or building a relationship
25 with her to sort of cross services and assist her.

1 I think a good example of that is the fact that, despite
2 a very long recorded history of addiction issues,
3 Tillie's first appointment with any drug and alcohol
4 service did not come until January 2020.

5 **A.** Exactly. And that was only six weeks. She could only
6 attend for six weeks. That's all you were allocated.

7 **Q.** I see. It was a course of, what was it, group treatment
8 or --

9 **A.** Yes --

10 **Q.** -- or group therapy?

11 **A.** -- group therapy.

12 **Q.** Thank you. There's another matter that I think it's
13 very important for us to note, which is that you tell us
14 that when Tillie was moved into adult services under
15 Brentwood, you having understandably your own struggles,
16 were under the care of a particular psychiatrist there?

17 **A.** Yes.

18 **Q.** And the same psychiatrist was allocated to Tillie?

19 **A.** Yes.

20 **Q.** Now, you go through this in considerable detail in your
21 witness statement and I think that some of the reports
22 that have been prepared after Tillie's death essentially
23 say this, do they, "Well, they didn't complain".

24 **A.** Yes.

25 **Q.** "Nobody said it was an issue".

1 **A.** Yes.

2 **Q.** Lisa, your view of that answer is what?

3 **A.** Well, I was also told that there wasn't enough staff at
4 the resource centre to give us our own.

5 **Q.** I see.

6 **A.** So I was told that, as well. I was also made aware
7 that, you know, what I spoke about in mine was
8 confidential.

9 **Q.** Yes.

10 **A.** But what I spoke about in mine was Tillie.

11 **Q.** Yes.

12 **A.** And why wasn't Tillie's confidential, then? And that,
13 also, why was her confidentiality, while she was alive,
14 kept, but then when she died they could say and write
15 what they wanted?

16 **Q.** Yes, I understand. I think one of the points you make,
17 you must tell me if this is right, is that it's no
18 answer to say, "Oh well, they didn't complain", because
19 you are not the professionals.

20 **A.** I didn't know any different.

21 **Q.** It shouldn't --

22 **A.** I took their advice. I listened to what they say. And
23 also, you know, they did say that there wasn't enough
24 staff for one each.

25 **Q.** Yes. I understand. So, in fact, it was presented to

1 you, at one stage at least, as a resource issue?

2 **A.** Yeah.

3 **Q.** The actual knock-on effect of you and Tillie having the
4 same psychiatrist, you tell us about in your witness
5 statement, and is this right, it meant that Tillie, in
6 your view, didn't have her own independent treatment --

7 **A.** Yes.

8 **Q.** -- that was wholly separate from her relationship with
9 you?

10 **A.** Yes. She knew, when she went into her appointment, that
11 woman was seeing her mum.

12 **Q.** Yes.

13 **A.** And with Tillie and her trust issues, Tillie would also
14 wonder just how much would be divulged, even though you
15 say it's confidential.

16 **Q.** Of course. So the safe and confidential space that it
17 ought to have been was compromised, effectively?

18 **A.** Yes, and could that be another reason why she
19 disengaged?

20 **Q.** Yes. Let's talk about that because I think we're going
21 to come on to some of the very serious self-harm
22 incidents and some of Tillie's attempts to take her
23 life.

24 One of the threads that runs through your account of
25 this period of Tillie's life and your experience is

1 that, very frequently, when you tried to seek further or
2 better or additional help for Tillie, the response to
3 you was something along the lines of, "Well, what are we
4 supposed to do?"

5 **A.** Yes.

6 **Q.** "She's not engaging"?

7 **A.** "She's not engaging what are we supposed to do?" Well,
8 I wish I knew back then what I know now because, you
9 know, I would say, "It's your duty. It's your duty of
10 care. You have -- you know, you're failing her".

11 **Q.** Yes.

12 **A.** You have a right -- you take an oath, to look after
13 whoever you are going to look after --

14 **Q.** Yes.

15 **A.** -- and how can you not take notice of a mother who has
16 watched her child since the age of 13, who knows this
17 mental illness --

18 **Q.** Yes.

19 **A.** -- who understands it, who lives it? Why are her words
20 unimportant?

21 **Q.** Yes.

22 **A.** Why do you know better because you might have some
23 letters after your name? Why do you know better because
24 you might have done this course and read this case
25 study, and read this and read that? Why can't you take

1 on board what her mum, who feels, sees, sleeps, eats it?

2 Q. Was there any time during the whole of this period that

3 we are discussing, that you felt, as Tillie's mother,

4 that you were being heard?

5 A. No. I would just like to point out that I am a lasting

6 power of attorney for my dad, medically, financially.

7 He has dementia.

8 Q. Yes.

9 A. I have rights; I can say things.

10 Q. Yes.

11 A. Why wasn't, or isn't, a child with illnesses like that

12 seen the same?

13 Q. Yes. And it's --

14 A. How can she make the right choices to protect herself?

15 And I say "No, I know what she's going to do", and they

16 blank that. Yet if I have make decisions regarding my

17 father, I'm listened to.

18 Q. Yes. And your point is: what is the difference?

19 A. What is the difference? What is the difference?

20 Q. I understand. If we can, I'd like to come to -- quite

21 a lot of what you set out for us is that -- so we've

22 been through what you observed in terms of an escalation

23 and what might have contributed to that and, actually,

24 one of the factors was that Tillie's attempts to harm

25 herself or to end her life grew in both severity and

1 regularity?

2 **A.** Yes.

3 **Q.** So what we have, I think, from November 2017, right up
4 until Tillie's passing, are a series of Tillie either
5 self-harming very seriously or making an attempt on her
6 life?

7 **A.** Mm-hm.

8 **Q.** Being admitted --

9 **A.** Yes.

10 **Q.** -- via A&E --

11 **A.** Yes.

12 **Q.** -- because of her injuries --

13 **A.** Yes.

14 **Q.** -- to Basildon?

15 **A.** Yes.

16 **Q.** And then being discharged very quickly, often within
17 24 hours?

18 **A.** Yes, because she said she wouldn't do it again.

19 **Q.** So could we have a look, please, at page 44 of your
20 witness statement, and at the top paragraph there,
21 because we're going to come to some of those short
22 admissions, Lisa, but your summary here is absolutely
23 crucial, I think. This is where you describe the
24 vicious cycle of these repeated, short admissions.

25 **A.** Yes.

1 Q. Just take us through that, if you can, or I can do it.
2 Tell us -- because this cycle was repeated over and over
3 again and there are certain stages that you take us
4 through there.

5 A. Yes. Yeah, well, there were quite a few occasions but
6 there was one occasion when she was in intensive care,
7 on life support. I asked -- well, I asked to speak to
8 the mental health team who were going to assess her.

9 Q. Yes.

10 A. I wanted to speak to them before they went to assess
11 her.

12 Q. Was this in November 2017? So this was following a very
13 serious overdose?

14 A. Yes.

15 Q. And Tillie was placed in an induced coma?

16 A. Yes, she was, yeah.

17 Q. Go ahead, sorry, I didn't mean to interrupt.

18 A. No, no. I mean, at that point, I didn't know how she
19 was going to wake up, if she was going to wake up.
20 Yeah, really quite shocking. I had found something and
21 I wanted to make the mental health services aware of
22 what I'd found. So I spoke to the head of intensive
23 care and he did question what I'd found and did ask
24 a few questions about it, and I said that I would like
25 to speak to the mental health team before they come and

1 see her because I know what Tillie is like. Tillie will
2 say, "Oh, I'm okay now", you know, "I'm all right,
3 I didn't mean to, it was an accident", or whatever,
4 because that's what Tillie had learnt to do.

5 **Q.** Yes.

6 **A.** Tillie had learnt to say the right thing in order to get
7 herself out as quick as she could. So yes, it was an
8 ongoing cycle. I never did get to speak to the mental
9 health team. I never did get to share my point or to --
10 my concern because Tillie was 18.

11 **Q.** Yes. And I think, on that occasion, the one we've just
12 described, where Tillie was placed in an induced coma,
13 that was the beginning of a series of these cycles of
14 a life-threatening event occurring.

15 **A.** Yes.

16 **Q.** Tillie being admitted for those injuries --

17 **A.** Yes.

18 **Q.** -- and assessed?

19 **A.** Yes.

20 **Q.** Tillie minimising what had occurred --

21 **A.** Yes.

22 **Q.** -- knowing what to say --

23 **A.** Yes.

24 **Q.** -- knowing what to do to get herself discharged?

25 **A.** Yes.

1 Q. And professionals taking what she said at face value?

2 A. Face value.

3 Q. I think --

4 **THE CHAIR:** Sorry. Did anybody ever give you any

5 explanation as to why you weren't being able to speak to

6 psychiatrists?

7 A. No. All I got given was, "She's 18 now, she's an adult.

8 She makes her own choices. She makes her own

9 decisions". I was never ever once told, "She's got

10 quite complex issues here, quite" -- you know, that --

11 and they're not just a year, these are years. Nobody

12 ever took that on board and said, "Do you know what, we

13 will listen to mum and dad", you know.

14 **THE CHAIR:** Nobody ever approached you and said --

15 A. Nobody.

16 **THE CHAIR:** -- could we just ask you about --

17 A. No, I was just made to feel a neurotic mum.

18 **THE CHAIR:** Thank you.

19 A. You know, I was made to feel that I was adding bits on,

20 I was making bits up, you know, it really wasn't that

21 bad.

22 **THE CHAIR:** Right, okay.

23 **MS TROUP:** So if we go to November 2017 and the event that

24 we've just been speaking about, I think that was really

25 the start of this cycle of short admissions, which were

1 sort of a crisis reaction --

2 **A.** Yes.

3 **Q.** -- with the cumulative picture that was building --

4 **A.** Yes.

5 **Q.** -- never being addressed?

6 **A.** Never being addressed.

7 **Q.** So it wasn't the case that there was one incident where

8 a serious overdose occurred and then Tillie said, "I'm

9 fine", and was discharged. There were a large number of

10 those and, as far as you can see, at no point did any

11 professional say, "Hang on, we've been here five or six

12 times. Let's have a look at what's happening here".

13 **A.** Yeah, I think it was three weeks after one event, she

14 was back in intensive care.

15 **Q.** Yes. On that first occasion in November 2017, I just

16 want to note -- and you know, Lisa, that we're not going

17 to refer to the amount -- but Tillie had taken an

18 overdose of mixed medication that was very

19 substantial --

20 **A.** Yes.

21 **Q.** -- in terms of the amount of medication that she'd

22 taken. One of the things that I think remains

23 unfathomable to you --

24 **A.** Yes.

25 **Q.** -- is that clinicians assessing her thereafter

1 categorised the event as "accidental" and "low risk"?

2 **A.** Yes. How can you categorise that amount? You know the
3 amount. I know the amount.

4 **Q.** Yes.

5 **A.** You know, how can you categorise that as an accident?
6 How can you? There are no words. I just do not
7 understand how someone can stand there and go, "Mm,
8 yeah, okay, so that happened to you, you've been in an
9 induced coma. You're this, you're that. Oh, but it was
10 an accident".

11 **Q.** Yes. There is one occasion that I'm keen to take you
12 to. You've described it in detail in your witness
13 statement and this was after a very serious self-harm
14 event in October 2018, when, in fact, even the language
15 used is important, because what you have found is that
16 some of the records use quite minimal phrases around
17 Tillie's injuries but, in fact, the A&E records reflect
18 reality, which is that she had attempted to slash her
19 throat?

20 **A.** Yes.

21 **Q.** Now, in the aftermath of that event, you tell us about
22 an assessment that took place by a trainee psychiatrist?

23 **A.** Yes.

24 **Q.** If you want to take a look at it. You don't need to,
25 but so that you know where I am, we're looking at

1 page 21 of your witness statement and paragraph 63.

2 So following that injury, Tillie had been admitted,
3 just to set it in context, on 16 October 2018.

4 **A.** Mm-hm.

5 **Q.** And, as was the pattern, within two days, she was asking
6 to be discharged?

7 **A.** Yes.

8 **Q.** Your experience, other than this one, is that -- well,
9 other than this one for that day, I should say -- is
10 that when Tillie had asked to be discharged, whatever
11 had happened, and whatever her injuries were, it would
12 occur?

13 **A.** Yes.

14 **Q.** But on this occasion, and you do highlight this as what
15 you consider to be an example of good practice --

16 **A.** Yes. When I saw that, I was -- someone has got their
17 eyes open and has got their ears open, and is seeing
18 past it, past her mask.

19 **Q.** So what happened on this occasion is that Tillie said
20 all the things she would ordinarily say?

21 **A.** Yes.

22 **Q.** "I'm fine now, I felt low", or sometimes she would say,
23 "I had a bad break-up" --

24 **A.** Yes.

25 **Q.** -- or "I won't do it again"?

1 **A.** Yes.

2 **Q.** And those words would be taken at face value. On this
3 occasion, you see from the notes, and they're set out in
4 your statement, that this trainee psychiatrist thought
5 very hard about what lay behind Tillie's words --

6 **A.** Yes, she did.

7 **Q.** -- had another clinician present to take a second
8 opinion from --

9 **A.** Yes.

10 **Q.** -- and gently but appropriately probed what Tillie was
11 saying?

12 **A.** Yes.

13 **Q.** Did her due diligence?

14 **A.** Yes. She saw past the sweetness and the -- even Tillie
15 learnt what language to use --

16 **Q.** Yes.

17 **A.** -- what they would like to hear.

18 **Q.** Yes.

19 **A.** So she saw past it and she questioned it.

20 **Q.** Yes. She's even recorded that Tillie appeared overly
21 polite --

22 **A.** Yes.

23 **Q.** -- and knew all the right things to say?

24 **A.** Yes.

25 **Q.** And to you, I think I'm right in saying that that is the

1 only time in your experiences, as you lived them at the
2 time or in what you've looked at in the records, that
3 a clinician was prepared to look past what Tillie was
4 saying?

5 **A.** Yes.

6 **Q.** That trainee psychiatrist then decided -- she
7 essentially persuaded Tillie to stay --

8 **A.** Yes.

9 **Q.** -- as a voluntary patient?

10 **A.** Yes.

11 **Q.** But recorded her decision, which was that should Tillie
12 press it or push for discharge, then she should be
13 sectioned?

14 **A.** Yes. Yeah, I mean, Tillie was certainly engaging there,
15 wasn't she?

16 **Q.** Yes.

17 **A.** So because that was being approached in the right way
18 with the right language and even body language, you
19 know. When you use the wrong body language to somebody
20 that's struggling emotionally and mentally is
21 detrimental.

22 **Q.** Yes. The effect of her, of the trainee doctor, working
23 with Tillie in that way was that Tillie agreed to stay
24 because she didn't want to be sectioned?

25 **A.** Yes.

1 Q. And what you've recorded is that, to your horror, at the
2 next assessment, the following day --

3 A. The next -- the very next day, less than 24 hours.

4 Q. -- Tillie repeated what she would ordinarily repeat?

5 A. Yes.

6 Q. And was discharged?

7 A. And was allowed to go home. Discharged.

8 Q. And as far as you can see from the records, nobody the
9 following day took account of either the sort of agreed
10 plan that had been made --

11 A. Yes.

12 Q. -- which was that if Tillie sought discharge again, she
13 should be sectioned?

14 A. Yes.

15 Q. That had sort of disappeared into the ether?

16 A. Yes.

17 Q. Nobody took account of the information that you had
18 given directly to that trainee psychiatrist --

19 A. Yes.

20 Q. -- about your inability to keep her safe at home?

21 A. To keep her safe, mm.

22 Q. It was as though all of that had not occurred.

23 A. And my question is: how does that person the next day
24 have more authority over what was decided that
25 afternoon?

1 Q. Yes.

2 A. What -- why was that, you know, not taken seriously
3 enough to think, "Well, actually, no, we need to keep
4 you here a bit longer"? Why was it, just because she
5 said the right thing and appeared calm, and appeared in
6 her sweet little manner, that it was different? What
7 didn't they see that that lady the day before did see?
8 And why didn't they see it, if they all had the same
9 training?

10 Q. Yes. Thereafter, I think there were a number of similar
11 events and, as far as you know, there was no
12 professional -- at any of the rest of the short
13 admissions Tillie had --

14 A. No.

15 Q. -- there was no professional who did what that trainee
16 psychiatrist in October 2018 had done again?

17 A. No. That's the first and last in her eight-year
18 journey.

19 Q. Yes. And after it, the cycle that you've described
20 continued?

21 A. The cycle just kept going round and round and round.

22 Q. Yes. One of the things I want to note is that
23 obviously, as her mother, you were, at the time and
24 throughout, seeking help for her with increasing
25 desperation?

1 **A.** Yes.

2 **Q.** And --

3 **A.** Because I was watching it unfold, in front of my own
4 eyes. I was watching the failure, you know, and I could
5 never understand why -- the root cause. Why isn't that
6 being looked at? Why isn't it being dug deep into? Why
7 is it just a few sessions here and a few sessions there?

8 **Q.** Yes.

9 **A.** Why did it take that long for a care co-ordinator?

10 **Q.** Yes.

11 **A.** Why did -- why did -- or why were they allowed to talk
12 to her in a certain way? Why was that acceptable?
13 Would they let someone talk to them like that?

14 **Q.** I understand. One of the things that I think is
15 important to highlight is that you were never suggesting
16 that mental health services were doing nothing?

17 **A.** *(Witness nodded)*

18 **Q.** What you observed is that frequently, as we discussed,
19 the fact that Tillie was chaotic, if I can put it in
20 that way in her --

21 **A.** Manic, her care co-ordinator used, manic.

22 **Q.** Manic, all right. But she didn't always attend
23 appointments; she didn't always attend art
24 psychotherapy --

25 **A.** *(Witness nodded)*

1 Q. -- she didn't always engage. But I think your view, is
2 this right, is that that was used as some sort of shield
3 by mental health services to defend the fact that what
4 they were doing wasn't, in fact, working?

5 A. But Tillie actually asked her care co-ordinator if she
6 could have later appointments because I think you've
7 seen one of her diary entries where it says how she
8 struggles to get up in the morning and how she struggles
9 to just do the everyday things that you just do first
10 thing in the morning.

11 Q. Yes.

12 A. And that is a side effect of the medication.

13 Q. Yes.

14 A. She asked her care co-ordinator for later appointments.
15 I said to the care co-ordinator, "Let me know the
16 appointments as well" --

17 Q. Yes.

18 A. -- "and I can help make sure that she turns up. I give
19 you permission". Tillie gave her permission to call me.

20 **THE CHAIR:** We know that for some time she didn't have
21 a care co-ordinator.

22 A. Yes.

23 **THE CHAIR:** Who would you be able to talk to before then?
24 I'm thinking about, for instance, the discharge you
25 talked about in October 2018, where somebody had

1 identified the masking that she was engaged with. Was
2 there anybody at that time that you could say, "Why have
3 you let her out? Why don't you consider it again?"
4 **A.** No.
5 **THE CHAIR:** Did you have to anybody you could talk to?
6 **A.** No. As you probably heard many times, it's a very, very
7 lonely journey as a parent and you feel like you are the
8 only one. It's only after, you find out that so many
9 other people -- at the same time as you -- are going
10 through what you've gone through. But you're just not
11 told about it.
12 **THE CHAIR:** Thank you.
13 **MS TROUP:** Thank you.
14 Thinking about what you said just now about it
15 seemed to you that nobody ever addressed the root
16 cause --
17 **A.** Yes.
18 **Q.** -- what had caused Tillie to become so unwell?
19 **A.** Yeah.
20 **Q.** And my understanding is that, although you and she were
21 under the same psychiatrist, and we've been through the
22 obvious problems that that caused, very little was done
23 in terms of either treating addiction --
24 **A.** No, nothing.
25 **Q.** -- or treating eating disorders --

1 **A.** Absolutely nothing.

2 **Q.** -- or talking therapies?

3 **A.** *(Witness shook head)*

4 **Q.** In fact, having been set down a path of what you see
5 very clearly as chemical dependence, Tillie became stuck
6 on it?

7 **A.** Yes.

8 **Q.** Could we just have a look, please, at page 10 of your
9 witness statement and paragraph 26. I think it's
10 relevant, Lisa, because you were talking a moment ago
11 about Tillie's diary.

12 **A.** Yes.

13 **Q.** This is an entry about the inadequacy or lack of therapy
14 and talking therapy because we've just been referring to
15 your view that nobody sought to understand why this was
16 happening?

17 **A.** Yes.

18 **Q.** I was going to read that section, or would you like to
19 read it, as it comes from Tillie's diary?

20 **A.** If -- you can read it but there is one part that I don't
21 want read right out.

22 **Q.** Fine, I won't, then. I understand. Essentially what
23 she says is that, across the whole of those years,
24 nobody ever addressed with her what the real issues
25 were?

1 **A.** No, they didn't.

2 **Q.** It was a sort of chat, "How have you been this week?"

3 **A.** Yes.

4 **Q.** And it never went below that surface level?

5 **A.** No.

6 **Q.** Was that also true -- we've heard obviously there was
7 a delay in allocating a care co-ordinator to her, but
8 tell us about the relationship between them when that
9 did happen. Was there some sort of therapeutic or
10 supportive relationship built?

11 **A.** No. As we're sitting here, I've had another memory come
12 forward of when we actually had an appointment at the
13 adult centre, and we sat for -- I think it was a good
14 hour, waiting to be told apparently we had the wrong
15 day.

16 **Q.** Right.

17 **A.** Again, that would be another reason why Tillie wouldn't
18 be able to engage with this care co-ordinator.

19 **Q.** Of course.

20 **A.** Because -- it's hard. There's so much I would love to
21 say, you know, obviously but I have to be careful and
22 I'm not allowed to say too much about the individual or
23 the person.

24 **Q.** No.

25 **A.** But it didn't seem in a professional sort of way.

1 I mean, Tillie had a little part-time job in Superdrug
2 and that professional would go and approach her in --
3 Q. While she was at work?
4 A. Yeah.
5 Q. I see.
6 A. Yeah, um, whether that was her way of building up --
7 Q. Some sort of rapport?
8 A. Yeah, or not, I don't know, but depending on the day,
9 Tillie might not have wanted to see that woman.
10 Tillie --
11 Q. No, and possibly not while she was working.
12 A. Yeah.
13 Q. I understand. I think the overall point is, although
14 there's obviously a major concern about the absence of
15 a care co-ordinator over a very extended period of time,
16 the actual result of a care co-ordinator being allocated
17 did not, in your view, in fact assist?
18 A. No, it didn't. It hindered.
19 Q. How did it hinder?
20 A. There was no rapport. There was no connection. There
21 was -- I guess she'd waited so long, she probably
22 thought, "What's the point anyway?"
23 Q. Yes. There came several occasions, I think, where you
24 would call or Tillie would call the care co-ordinator
25 during a period of utter crisis --

1 **A.** Yes.

2 **Q.** -- to find that she was on leave?

3 **A.** Yes.

4 **Q.** And there was no substitute care co-ordinator --

5 **A.** Yes.

6 **Q.** -- during those periods?

7 **A.** Or, if there was, you would have to go through the whole

8 story again.

9 **Q.** I see.

10 **A.** The whole, you know --

11 **Q.** From the beginning?

12 **A.** From the beginning. It wasn't -- there wasn't that

13 continuity there --

14 **Q.** No.

15 **A.** -- of having to relive, re-go through it, go through it,

16 you know.

17 **Q.** Yes.

18 **A.** If you're meant to care and you're a care co-ordinator,

19 at least know something about who you're looking after.

20 **Q.** Of course. I think the other thing I wanted to note is

21 that we've talked a little about the thread that runs

22 through some of these records and communication with you

23 about Tillie disengaging and, well, she doesn't come,

24 and she's got to engage, and I think is this right,

25 Lisa: your point is that the obvious problem, given that

1 there were so many short admissions, it was a sort of
2 crisis response and then she was discharged?

3 **A.** Yes.

4 **Q.** That included life-threatening attempts?

5 **A.** Yes.

6 **Q.** Detention under Section 136 --

7 **A.** Yes.

8 **Q.** -- when the police took her?

9 **A.** Yes.

10 **Q.** Couldn't be more serious and yet nothing changed.

11 **A.** Nothing changed.

12 **Q.** So is this right: your point is that it wasn't that
13 nothing was being done. It was nobody stopped and
14 thought, "We need to have something of a reset" --

15 **A.** Yes.

16 **Q.** -- "because what we are doing is not working"?

17 **A.** Yes.

18 **Q.** And, equally, no one thought, "Perhaps that's why this
19 young woman is not engaging"?

20 **A.** Yes. It's almost like they've only got one approach.
21 Mental health illness is unique to that individual, so
22 that one approach might not work for that one.

23 **Q.** Yes.

24 **A.** Might not work for that one. Let's try a different way.

25 **Q.** Yes.

1 **A.** You know, that's what I say about the Serious Incident
2 Report: it wasn't personalised. It was a template
3 filled in.

4 **Q.** Yes, and as you said, I think you counted 151 errors?

5 **A.** Discrepancies, errors. And when I discussed it with the
6 head at Basildon, I even questioned if it had been
7 proofread because there were so many mistakes.

8 **Q.** When you had that report, when it was provided to you
9 and before the inquest, is this right: although you were
10 well aware of all of the errors in it, it became clear
11 to you that it was being used as the basis of events --

12 **A.** Yes.

13 **Q.** -- for the inquest. And you were not legally
14 represented?

15 **A.** Yeah.

16 **Q.** You were not aware that you could have legal
17 representation?

18 **A.** That's right.

19 **Q.** You were not aware that you could ask for the SI report
20 to be corrected before the inquest went ahead?

21 **A.** Well, I knew it wasn't enough time for it to be
22 corrected. The lady said we could put a short paragraph
23 in the front.

24 **Q.** Yes.

25 **A.** That's what she said, didn't she? A short paragraph in

1 the front. And I questioned and said, "But you've
2 portrayed Tillie to be a person she absolutely isn't".

3 Q. Yes.

4 A. "People are going to read that information, make their
5 mind up, but have a short paragraph in there that says
6 that, 'This little bit, that's wrong, that's wrong and
7 that's wrong'."

8 Q. Yes.

9 A. "I want each page, each section corrected."

10 Q. Yes.

11 A. So, as I said, her inquest went ahead with the wrong
12 Serious Incident Report.

13 Q. Yes.

14 A. So the coroner would be referring to her, like we are,
15 but it was wrong.

16 Q. Yes. I want to -- Lisa, we've been running now for
17 I think about 1 hour and 15 minutes. It goes quickly,
18 doesn't it?

19 A. It does.

20 Q. What I think I'd like to do, as long as you're content
21 as of course as long as the Chair is content, is just
22 take you now to discuss the potential referral to The
23 Cassel?

24 A. Yes.

25 Q. Then I'm going to suggest that we perhaps take a break

1 before we move on to your recommendations?

2 **A.** Okay.

3 **Q.** Is that all right?

4 **A.** Yeah.

5 **Q.** So The Cassel is, you understand it to be, what kind of
6 facility?

7 **A.** Now, I know it as an eating disorder hospital.

8 **Q.** Yes. If we look, please, at page 38 of your witness
9 statement and at paragraph 125, what happened, we see
10 there, bearing in mind that we saw recorded by CAMHS
11 much earlier, when Tillie was much younger, that there
12 were signs of an emerging personality disorder?

13 **A.** Yes.

14 **Q.** The Cassel is record here as a specialist personality
15 disorder service and it's my understanding that it first
16 came to be mentioned as a possibility for Tillie in
17 around about May 2018.

18 **A.** Mm-hm.

19 **Q.** Because, as I understand it, at that time, Tillie was --
20 she had a care co-ordinator in place and she also had an
21 art psychotherapist?

22 **A.** Yes.

23 **Q.** Both of whom, in May 2018, began to flag very serious
24 concerns about the fact that she was -- things were not
25 improving?

1 **A.** Yes.

2 **Q.** Now, you know that a referral was made in around about
3 May 2018 for The Cassel to consider admitting Tillie?

4 **A.** Yes.

5 **Q.** And Tillie was aware of it at the time?

6 **A.** Yes.

7 **Q.** Is it right that she became very keen on that idea?

8 **A.** Yes. She didn't want to carry on like this.

9 **Q.** No.

10 **A.** You know, she wanted to feel better.

11 **Q.** Yes.

12 **A.** She wanted to do what normal 16, 17, 18-year olds would
13 quite happily go along and do.

14 **Q.** Of course. She wanted to be well?

15 **A.** Yes.

16 **Q.** My understanding is that the discussions about it, she
17 was quite keen on that because she saw it as specialist
18 treatment that might help her --

19 **A.** Yes.

20 **Q.** -- and perhaps lift her out of the cycle of crisis
21 response?

22 **A.** Yes.

23 **Q.** Now, importantly, what you know now, but did not know at
24 the time, is that there was contact between Brentwood
25 and The Cassel?

1 **A.** Yes.

2 **Q.** But that, in August 2018, that facility made very clear
3 to Brentwood --

4 **A.** Yes.

5 **Q.** -- that, in order to be accepted at The Cassel, Tillie
6 would have to very substantially reduce her use of
7 illicit drugs and alcohol?

8 **A.** Yes.

9 **Q.** As far as you are aware, that fact and that sort of
10 criteria or condition was never communicated to Tillie?

11 **A.** She wasn't prepared for it. She wasn't -- like, if they
12 knew that, why did they wait until January 2020 for her
13 to have the treatment that she needed to reduce it?

14 **Q.** Yes.

15 **A.** Why didn't they prepare her, so that she would be ready
16 to go in, if they knew that that was the criteria?

17 **Q.** One of the things I think you've asked yourself is
18 whether, in that way, your daughter was almost being set
19 up to fail?

20 **A.** Yes, I have asked that. They knew she wouldn't meet
21 that criteria because of how open she was on taking the
22 recreational drugs and the alcohol.

23 **Q.** Yes, that was not something she hid.

24 **A.** She didn't hide it.

25 **Q.** Do you think it is possible -- and we'll never know --

1 but do you think it is possible, looking back, that
2 given that Tillie was quite keen to take that placement,
3 that, if she had known that there was that conditional
4 criteria, it might have served as motivation for her to
5 reduce her use of illicit drugs and alcohol?

6 **A.** Yes, I do. I do. Tillie was just as tired of this
7 hamster wheel --

8 **Q.** Of course.

9 **A.** -- as we -- you know, we all were. Tillie didn't know
10 any different, in the end. It was becoming her
11 normality.

12 **Q.** Yes. In fact, she was not accepted for placement at The
13 Cassel?

14 **A.** She had two assessments and, no, she wasn't.

15 **Q.** That news came to her by letter on 7 March 2019?

16 **A.** Yes.

17 **Q.** It's your view, I think, that, given how much it had
18 been discussed between Tillie and her care co-ordinator,
19 and others responsible for her care, they would have
20 known --

21 **A.** Yes.

22 **Q.** -- that that rejection was devastating to her?

23 **A.** Yes.

24 **Q.** Nonetheless, as I understand it, no contact was made,
25 after she received that letter, by any of those caring

1 for her, for 15 days?

2 **A.** Yes, for 15 days after. And you just saying the date,
3 7 March 2019: a year later, she died.

4 **MS TROUP:** Yes.

5 Chair, as long as you are content, I was going to
6 propose that we take a 10 or 15-minute break now.

7 **THE CHAIR:** Yes, thank you.

8 **(12.25 pm)**

9 **(A short break)**

10 **(12.42 pm)**

11 **MS TROUP:** Chair, thank you.

12 Lisa, before the break we were talking about the
13 fact that The Cassel, having assessed Tillie, decided
14 that it was not going to be an appropriate placement for
15 her.

16 **A.** Yes.

17 **Q.** One of the things I wanted to mention was that you have
18 become aware from records, looking back over records,
19 that one of the other places that was then being
20 considered by Brentwood was the Maudsley?

21 **A.** Yes, but I didn't find that out until after Tillie had
22 passed.

23 **Q.** No. So it's not something that anyone discussed with
24 you at the time?

25 **A.** No.

1 Q. As far as you are aware, did anyone discuss the
2 possibility of the Maudsley as a sort of back-up plan or
3 a plan B at the time?

4 A. With Tillie?

5 Q. Yes.

6 A. I think Tillie's disappointment with Cassel wouldn't
7 have been as bad if she'd known that there was
8 a back-up.

9 Q. Yes.

10 A. Had she been aware of that, she wouldn't have pinned all
11 of her hopes and dreams on the Cassel.

12 Q. Yes, but she didn't know?

13 A. She didn't know.

14 Q. And, in any event, it doesn't appear from the records
15 that anybody did anything other than consider the
16 idea --

17 A. Consider it, yeah.

18 Q. -- of the Maudsley?

19 A. Yeah.

20 Q. One of the things you say was that they always appeared
21 to be considering things --

22 A. Yes.

23 Q. -- but not doing --

24 A. Not doing things.

25 Q. -- any of the things?

1 **A.** Yes.

2 **Q.** I want to make clear, because you have made it very
3 clear in your witness statement, that it wasn't
4 simply -- I think the way I might have put it before the
5 break when we were talking about it, was that Tillie was
6 kept on going to The Cassel. In fact, I think it was
7 her last hope?

8 **A.** Yes. She knew that, you know, she'd gone around and
9 around and around in circles, and nothing was changing.

10 **Q.** Yes.

11 **A.** No approach towards her, no medication -- just
12 increased. Nothing was changed.

13 **Q.** Yes.

14 **A.** So who wouldn't pin all their hopes up on something that
15 might work?

16 **Q.** Something different?

17 **A.** Yes.

18 **Q.** A different approach?

19 **A.** Yes.

20 **Q.** Yes. You've noted that that rejection letter -- I'm
21 calling it a rejection letter --

22 **A.** Yes.

23 **Q.** -- it was kinder than that, I think --

24 **A.** Yes.

25 **Q.** -- but it was effectively a letter that said, "I'm

1 afraid no" -- came through on 7 March, almost a year to
2 the day before Tillie's passing.

3 **A.** Yes.

4 **Q.** You also told us earlier that, by the time Tillie died,
5 she had been clean of drugs for quite some time?

6 **A.** Yes.

7 **Q.** She was still very much addicted to alcohol?

8 **A.** Yes.

9 **Q.** But you want to be clear, and it's reflected in the
10 coroner's remarks, that what happened to Tillie was that
11 her body succumbed, because she had had a period clean
12 of drugs, to drug toxicity?

13 **A.** Yes, yes.

14 **Q.** I'd like to turn -- we're going to go through the
15 recommendations that you've set out, but I'd like to
16 turn first, please, to what you tell us about Tillie's
17 last appointment with her care co-ordinator, and that
18 came -- there was a phone call on 27 February 2020 --

19 **A.** Yes.

20 **Q.** -- and then a visit to Tillie from her care co-ordinator
21 the following day, the 28th?

22 **A.** Yes.

23 **Q.** So if you take a look with me please, we're at page 46
24 of your witness statement, and it's paragraph 158.

25 **A.** Yes.

1 Q. Now, what Tillie had said to her care co-ordinator
2 during their call on the 27th is recorded at the
3 paragraph above --

4 A. Yes.

5 Q. -- that she had no faith with anyone any more and did
6 not feel she was receiving the support she needed.

7 A. Yeah.

8 Q. A visit took place the next day from the care
9 co-ordinator at 9.30 am and you've listed out there, and
10 I think we will go through those, what the care
11 co-ordinator noted at the time.

12 A. Yes.

13 Q. So, first of all, she records Tillie's behaviour in this
14 language, "rather hysterical"?

15 A. Yeah.

16 Q. Your view of that type of language about Tillie's mental
17 state is what?

18 A. It's shocking because she's clearly in crisis. She's
19 clearly crying out for help. If it comes across as
20 hysterical, why didn't she see -- why didn't the care
21 co-ordinator see that? Why would you say, "Oh, you're
22 hysterical"? Why wouldn't you say, "I can see you are
23 upset" --

24 Q. "You are suffering"?

25 A. -- "and you are suffering, how can we deal with this?"

1 Q. If we go on, Tillie explained that she had not slept for
2 two days?

3 A. That's right.

4 Q. She had not had any proper food for over three days?

5 A. That's right.

6 Q. She was living on lollipops, I think.

7 A. Yes.

8 Q. She said that her father had paid for her to see
9 a psychoanalyst --

10 A. Yes.

11 Q. -- but she'd only seen that professional once?

12 A. Yeah, just once.

13 Q. And then the list of sort of what I think you see as
14 very clear warnings goes on. She told her care
15 co-ordinator that all her friends had abandoned her?

16 A. Yes.

17 Q. That she had disengaged with all of them and that she
18 considered that she had agoraphobia?

19 A. Yes.

20 Q. You have told us that she struggled to go out and to
21 engage with the world?

22 A. Yes.

23 Q. By this time, 28 February, we can see that that has
24 reached a severity point of crisis?

25 A. Yes.

1 Q. She felt she needed independent living support?

2 A. Yes.

3 Q. And that, am I right, to you, reflects the fact that

4 Tillie was trying to say to her, "I can't function"?

5 A. Yes.

6 Q. She was not complying with her medication, and said so?

7 A. Yes.

8 Q. And said that she disagreed with her diagnosis.

9 A. Yes.

10 Q. Now, what's record there is that she disagreed with her

11 diagnosis of "bipolar personality disorder". That's not

12 something I had seen before in the records, Lisa.

13 A. No.

14 Q. Do you think that's an error?

15 A. I think that might be an error, yeah. I haven't seen

16 that.

17 Q. No. And as far as you are aware, Tillie was never given

18 a diagnosis of bipolar disorder?

19 A. No.

20 Q. No.

21 A. I think, with all of her diagnoses and all of her

22 different illnesses, I do feel that there's one that

23 should be there that isn't there.

24 Q. Right?

25 A. And I think it -- she would have been seen a lot

1 differently with this one. I don't know if I spoke to
2 you about it before.

3 **Q.** Tell us now. What do you think it is?

4 **A.** I truly believe that Tillie did show signs of autism.
5 I really do. I work within the education system and
6 I do see a lot of different -- I don't want to call them
7 traits but different --

8 **Q.** Yes, neurodiverse traits and different symptoms?

9 **A.** Yes, and if you look at her story and look at the start
10 to finish, a lot of it is under that umbrella.

11 **Q.** Yes. Is that something that you thought at the time or
12 is it something you're thinking now, looking back over
13 it all?

14 **A.** Looking back.

15 **Q.** Yes, I see.

16 **A.** Yeah, looking back. I mean, I was quite shocked,
17 looking back, as well, how many labels she actually was
18 given.

19 **Q.** Yes.

20 **A.** And still being treated as disengaging.

21 **Q.** Yes, or a hysterical --

22 **A.** Hysterical, yes.

23 **Q.** -- woman, yes.

24 **A.** You know, it's just shocking that someone can get that
25 far in their illness and be spoken about in that way.

1 Q. Yes, we'll come to that, the use of language, because
2 it's very important. If we go to the very bottom
3 paragraph at page 46, this is also important. What we
4 say is that the care co-ordinator -- no, I'm so sorry,
5 Tillie kept repeating, and then, turning the page, that
6 she has no suicidal thoughts but felt like bashing her
7 head in and was not frightened of the physical pain any
8 more.

9 A. Mm.

10 Q. Now, to you, those two things don't go together?

11 A. No.

12 Q. Tillie was plainly saying, "I'm not frightened of
13 hurting myself any more"?

14 A. Yes.

15 Q. So whether or not she was also saying, "I don't have any
16 suicidal thoughts", the two things don't sit together?

17 A. They don't. They don't sit together.

18 Q. Yes, particularly worrying to you, apart from the
19 inappropriate use of language and calling her
20 "hysterical" in her presentation, is that what is also
21 recorded -- this is quoted in paragraph 159 of your
22 witness statement -- is that the care co-ordinator
23 overall had no significant concerns on Tillie's
24 appearance as she did not look any different to how she
25 always had.

1 **A.** That's after she's just said that she appears
2 hysterical, not eating --

3 **Q.** Yes.

4 **A.** -- not sleeping, not going out, but she seems herself.
5 So if she seems herself, that shows you how ill she was.

6 **Q.** All is not well, yes. Do you think there was some --
7 given the severity of Tillie's condition by then, do you
8 think there was some aspect of her care co-ordinator and
9 others treating her becoming sort of desensitised to how
10 unwell she was?

11 **A.** Yes, definitely. Definitely. They weren't seeing the
12 clearer picture. Perhaps if new eyes had looked in on
13 it, they would have, you know, seen more and, again,
14 Tillie's illness became our normality.

15 **Q.** Yes.

16 **A.** So --

17 **Q.** But what is reflected here is that it became normality
18 for treating professionals --

19 **A.** Yes.

20 **Q.** -- in such a way that they felt able to record, perhaps
21 in better words, "Well, everything is as dreadful as it
22 has always been".

23 **A.** Yes, yes.

24 **Q.** That's really the effect of that, isn't it?

25 **A.** It's definitely that. There is no change in eight

1 years.

2 **Q.** To you, that makes it more pressingly urgent, not less?

3 **A.** Yes.

4 **Q.** If you turn the page, please, I just, before we go on,
5 want to cover this with you. What you have learned is
6 that, as part of the route cause analysis
7 investigation -- I'm looking, Lisa, at paragraph 165 on
8 page 48 -- what you have learnt to your alarm is that,
9 after that visit on 28 February, the care co-ordinator
10 did alert the team doctor --

11 **A.** Yes.

12 **Q.** -- to what had happened during the visit?

13 **A.** Yes.

14 **Q.** And what records have showed you is that, when being
15 asked about that, for the purposes of the root cause
16 analysis investigation report, the team doctor explained
17 that it was not the case that the doctor had been
18 informed that Tillie was not eating or not going out.
19 In fact, what the doctor was informed, by the care
20 co-ordinator, was, in this language: that Tillie was
21 "kicking off again".

22 **A.** Again, yes.

23 **Q.** And to you, and you've put it in terms, understandably,
24 that language, to summarise the matters we've just been
25 through --

1 **A.** Yes.

2 **Q.** -- is disgusting?

3 **A.** Yes, it's inappropriate.

4 **Q.** Yes. You've told us about the circumstances in which

5 Tillie died and the contact you had had with the Trust

6 thereafter?

7 **A.** Yes.

8 **Q.** I want to move, Lisa, as long as you're content, because

9 they're very important, to the section of your witness

10 statement where you set out the things that you think

11 need to change?

12 **A.** Yes, please.

13 **Q.** So those start on page 56, at paragraph 195. You have

14 set out, over the course of the next few pages, very

15 carefully thought through, very detailed recommendations

16 for change. I want to note that in all of our

17 discussions and our meetings, what you express is that

18 the reason you have done that is because part of your

19 purpose and part of what drives you is the hope that

20 other mothers will not now be sitting where you are

21 sitting today?

22 **A.** Yes. I'm really passionate about that.

23 **Q.** Thank you.

24 **A.** Because I think I felt so alone on that journey, that's

25 why I thought so long and hard about this because, if

1 any of these recommendations are taken forward, that
2 means another human being isn't feeling the pain that
3 I'm feeling.

4 **Q.** Yes, thank you. Let's go through these together. So
5 you grouped them into sort of themes, and the first, at
6 paragraph 195, the first section comprises
7 recommendations about the individual patient?

8 **A.** Yes.

9 **Q.** Take us through those, please. So at (a), I think we
10 might have covered this, what you're warning against is
11 a sort of blanket or one-size-fits-all approach?

12 **A.** Yes, yes. I mean, I saw so many times that it wasn't
13 individualised. It wasn't -- yeah, just another name
14 and another file and, "I'm looking after you today".
15 It's -- one of the things I really pride myself on when
16 I'm working is I get to know that child and I get to
17 know how and what might affect them.

18 **Q.** Yes.

19 **A.** I didn't see that.

20 **Q.** No. And is what you're looking for is tailored
21 specialised care --

22 **A.** Yes.

23 **Q.** -- that suits that person --

24 **A.** Yes.

25 **Q.** -- that human?

1 Next, and we've talked about that a little, you
2 describe how strongly you feel it's so important to be
3 careful in the use of language with mental health
4 patients?

5 **A.** Yes. They have such a low opinion of themselves and
6 self-worth and self-belief and, you know, someone talks
7 to you in a detrimental way, that only adds to what
8 they're already feeling.

9 **Q.** Of course. Next, importantly, and we have covered this:
10 the ability of staff to recognise masking?

11 **A.** Yes.

12 **Q.** Is there more that you want to say about that now?

13 **A.** How -- or is it even in their training, that the
14 examples -- and, you know, the body language,
15 everything. It's not just about reading or writing down
16 the notes and it's about how they present themselves,
17 and to know that, with someone who has got a mental
18 health issue, there are going to be side effects with
19 that and, just because they have said the right word,
20 doesn't mean they're feeling it, or thinking it.

21 **Q.** Yes, and that it's almost inherent and should be
22 expected that a person who is so unwell might say
23 something to minimise the situation --

24 **A.** Yes.

25 **Q.** -- or achieve something that might not, in fact, be in

1 their best interests?

2 **A.** And my question is, as well, if it is in the training
3 and they are -- you know, that is part of what they
4 learn, why was it used here?

5 **Q.** Yes.

6 **A.** Why was it acceptable to use it on my daughter?

7 **THE CHAIR:** If they had had an individualised approach to
8 her care --

9 **A.** They would have known.

10 **THE CHAIR:** That she was masking?

11 **A.** Yes, and she was susceptible to -- she picks up on body
12 language and things that were said and the way they're
13 said.

14 **MS TROUP:** As we've noted, and we spent a little bit of time
15 on it, in all of those eight years, you saw one
16 professional, or you have learnt of one professional,
17 who did not take Tillie's words at face value?

18 **A.** Yes. Just one professional.

19 **Q.** You also suggest that community mental health teams
20 should have a 24-hour helpline that is answered?

21 **A.** Yes.

22 **Q.** What was your experience that leads you to make that
23 recommendation?

24 **A.** Well, if it was in between the hours of 9 to 5, Monday
25 to Friday, you would get an answer. If not, it's "Go to

1 A&E" or "Ring the Samaritans" or, you know, "Ring
2 another agency". But, I mean, come on, when someone's
3 in crisis, are they going to think, "I need to ring that
4 number"? They're not thinking of that.

5 Q. No.

6 A. They're thinking of what they want to achieve or what
7 they want to happen.

8 Q. Yes. Thank you.

9 Then last in that section, you say that services
10 should be pre-emptive not reactive.

11 A. Yes.

12 Q. This ties into a lot of what we have covered about
13 a sort of quick crisis response, back to normal, and
14 another, and another?

15 A. We used the terminology just now: "Just put a plaster on
16 it".

17 Q. Yes.

18 A. Just put a plaster on it, just put a plaster on it, but
19 not get down to what we need. We might need more than
20 just a plaster.

21 Q. And deal with the wound?

22 A. Yes.

23 Q. Yes. What you never saw was proactive treatment --

24 A. No.

25 Q. -- or pre-emptive treatment that joined all the dots --

1 **A.** No.

2 **Q.** -- and that had sort of umbrella oversight of all of
3 Tillie's very complex needs --

4 **A.** Yes.

5 **Q.** -- and difficulties.

6 **A.** There was never a smooth path. There was always
7 something that would upset the path.

8 **Q.** Yes.

9 **A.** For instance, someone being off ill, so you have someone
10 else -- so you have to go through it all again. Then
11 your time's up, so you have to go.

12 **Q.** Yes. I think at times it might be fair to say that
13 there was no path?

14 **A.** No.

15 **Q.** You just stumbled about hoping that someone would set
16 you onto one.

17 **A.** Mm, which nearly happened with that lady.

18 **Q.** Yes. Looking at the next section where you're dealing
19 with CAMHS treatment and community teams, your first
20 recommendation is that the length of time between
21 appointments needs to be minimal?

22 **A.** Yes.

23 **Q.** Tell us about that.

24 **A.** I get that the system is broken. I understand that.
25 And I understand that there are many, many children and

1 many, many adults that are suffering now. More
2 staffing. More staffing, more training and dedicated
3 staff to dedicated labels.

4 **Q.** Yes.

5 **A.** So that one member isn't trying to fit and look after
6 three different, four different, with all different
7 varying needs.

8 **Q.** Yes.

9 **A.** I don't know.

10 **Q.** You've suggested at the top of the next page, page 57,
11 that CAMHS should always introduce a family liaison
12 worker --

13 **A.** Yes.

14 **Q.** -- to act as essentially co-ordinator --

15 **A.** Yes.

16 **Q.** -- between the child and the mental health service?

17 **A.** Yes.

18 **Q.** To you, I think that seems an obvious gap; is that fair?

19 **A.** Yeah, hugely, hugely. We get people who advocate for
20 people. Why haven't these children got that?

21 **Q.** In the same way that you were explaining about advocates
22 for, you know -- or I think it's elsewhere in your
23 statement. I'm so sorry. In fact, it's here, we'll
24 come on to it -- we talk about the fact that advocates
25 should be more widely used in the way that they are for

1 Alzheimer's or dementia patients --

2 **A.** Yes.

3 **Q.** -- and that that support and that voice can be

4 invaluable insisting those patients?

5 **A.** And that advocate could be the only constant because the

6 other employers or whatever could be changing or --

7 **Q.** Come and go?

8 **A.** Come and go.

9 **Q.** Yes.

10 **A.** An advocate hopefully would be there and they build up

11 that trust.

12 **Q.** Yes. The other recommendation that you make at the top

13 of page 57 -- and this ties in with what we have said

14 about those occasions on which Tillie's care

15 co-ordinator was off on leave --

16 **A.** Yes.

17 **Q.** -- you consider that it should work a little bit like it

18 does in schools: that if a teacher is off,

19 a substitute --

20 **A.** Yes.

21 **Q.** -- is naturally ready to take the class?

22 **A.** Yes, yes, definitely. Because, again, no one knows what

23 that person has been through to actually attend that

24 appointment.

25 **Q.** Yes.

1 **A.** To attend it when they suffer with anxiety, that -- what
2 effort it takes to actually get up and get out of bed.

3 **Q.** And get there, yes.

4 **A.** And get there.

5 **Q.** In the next section about mental health inpatient
6 facilities, we've talked a little bit advocates, but
7 I think here your key points relate to some of Tillie's
8 early inpatient admissions as a child?

9 **A.** *(Witness nodded)*

10 **Q.** There you recommend that it should be a priority that
11 inpatient admissions are local to the family --

12 **A.** Yes.

13 **Q.** -- and that proper checks have to be made as to whether
14 or not the environment in that inpatient facility is
15 appropriate?

16 **A.** Yes, yes. I mean, for Tillie to go to that hospital
17 that was three hours away, she already knows in her head
18 that I'm three hours away.

19 **Q.** Yes. Then at paragraph 198, Lisa, you're dealing with
20 A&E departments.

21 **A.** Yes.

22 **Q.** Bearing in mind what you have said, which is that, if
23 you ring a crisis line out of hours, generally, the
24 first recommendation is to go to A&E?

25 **A.** Yeah.

1 Q. You therefore consider, if that's where patients are
2 going to be directed when they're in crisis, that when
3 they do get there, there should be a safe, supportive
4 space to accommodate them?

5 A. Yes. We was put in a long, thin room at Basildon
6 Hospital and we had to wait there. That was lonely.
7 You felt no one -- in fact, you felt forgotten about
8 because you're in no one's vision.

9 Q. Yes. Then, finally, you have a section about what
10 should be done for the parents of those with mental
11 health problems and you ask that consideration be given
12 to recommendations about free classes --

13 A. Yes.

14 Q. -- to help parents --

15 A. Yes.

16 Q. -- who are generally not medical professionals?

17 A. Yes.

18 Q. Assistance in educating parents so that they don't feel
19 so isolated --

20 A. Yes.

21 Q. -- and that they're not questioning themselves about
22 whether they're taking the right path?

23 A. I mean, this is becoming an epidemic, isn't it, with
24 this mental health. There are so many children and
25 adults out there suffering. So, surely, provisions to

1 help the family and the wider ripple effect support
2 would benefit so many people because, otherwise, you are
3 just out there on your own.

4 **Q.** Yes, and that, in turn, has an effect on the child or
5 young person you are attempting to support?

6 **A.** Yes.

7 **Q.** You consider that when a child turns 18 and leaves the
8 care of CAMHS, there should not be an automatic
9 switch-off where parents' views are no longer sought or
10 your input is not valued?

11 **A.** *(Witness nodded)*

12 **Q.** Because, I think, putting it very frankly, you consider
13 that that represents a danger to that child who's just
14 become an adult?

15 **A.** You spend four years, three years, keeping your child
16 safe --

17 **Q.** Yes.

18 **A.** -- to then hand over to the adult services, who are
19 meant to -- I mean, after all, all through this, she's
20 still my child.

21 **Q.** Yes.

22 **A.** She's 18 but she's still my child. And for, like I say,
23 three years before that, I could -- or four years --
24 I could keep her safe. So I obviously was doing
25 something positive.

1 Q. Yes.

2 A. So handing over to the 18-year old, she couldn't keep
3 herself safe.

4 Q. No.

5 A. So why was it just not enough to listen to a mother's
6 voice --

7 Q. Yes.

8 A. -- and dad's, father's voice as well.

9 Q. I understand. Support networks in general, close
10 family.

11 You also point out that parents in the situation
12 that you were in have to take time off work to
13 accommodate appointments.

14 A. Yes.

15 Q. There is an effect on the whole of the family?

16 A. Yes, there is.

17 Q. And I think, is this fair: you consider that there has
18 to be a sort of cultural shift about that --

19 A. Yes.

20 Q. -- and some understanding as to the toll it takes on
21 you?

22 A. Yes, yes. Luckily I had, you know, an understanding
23 boss and everything but, even moving forward, and if you
24 wanted to find a new job, the gaps in your employment
25 that you've taken to look after your child, you have to

1 explain.

2 Q. Yes.

3 A. And then you're divulging that you've been through
4 issues, the mental health side of things, and then that
5 fetches along the stigma, "Oh, are they going to be
6 reliable? Are they going to turn up? Are they" --
7 I don't know, I just feel that it's sad that that has to
8 go on after you've lost a loved one.

9 Q. Yes. In the same vein, you point out that where a young
10 person is so mentally unwell, the emotional wellbeing of
11 their parents is absolutely key?

12 A. *(Witness nodded)*

13 Q. And that more support is needed for those parents?

14 A. Yes.

15 Q. Your experience, I think, is that that was entirely
16 absent for you until after Tillie had died?

17 A. Until I met up with a lot of other families that had
18 been through the same thing and had -- had witnessed and
19 experienced what I'd witnessed and experienced. So
20 I knew that it really did happen --

21 Q. Yes.

22 A. -- and that it wasn't something that they -- I mean,
23 they led me to believe that I was making things up and
24 it wasn't real, when it really, really was real and it
25 really, really was happening.

1 Q. Yes.

2 A. And to have a group of people behind you to say, "No,
3 you're right, carry on", is essential for parents
4 because us, as parents, we want to do the right thing
5 for our children. We want to give them the right things
6 in life, and to not be heard when inside you feel like
7 you're screaming from the rooftops, "You must listen,
8 you've got to stop, I know this isn't right", but you're
9 just looked at as if, "No, we know best", you know.

10 Q. And that increases your sense of isolation further,
11 I think?

12 A. Yes.

13 Q. Something as simple as signposting you to a parent
14 support group --

15 A. Yes.

16 Q. -- in those years?

17 A. Yes.

18 Q. Could have made a world of difference to you?

19 A. Big difference.

20 Q. Lisa, I have come to the end of my questions for you
21 and, in a moment I'll ask the Chair whether she has any
22 further questions for you.

23 We've got another photograph and another video to
24 show, but is there anything else that you would like to
25 say now before we move to those final photographs and

1 videos?

2 **A.** I think we've covered it, haven't we?

3 **Q.** I think so. I think so.

4 **A.** Yeah, I think we've covered it. I mean, it's just sad
5 that it's come to this and had, you know, my voice been
6 listened to, it could have been a completely different
7 story. Not only my voice, but there's so many other
8 poor families out there that are still being failed now,
9 and I feel sad for them and my heart hurts for them
10 because I -- it's horrendous to live through it.

11 **MS TROUP:** Thank you. Chair, do you have any other
12 questions?

13 **Questions from THE CHAIR**

14 **THE CHAIR:** I have got one last question and it is on this
15 question of your voice being heard and you being
16 involved. You've told us that the response, when you
17 asked questions was, "She's 18, she's an adult". Do you
18 know if she ever signed anything to suggest that you
19 should be able to discuss her case?

20 **A.** No, I don't think she signed anything to say that
21 I could but she never said --

22 **THE CHAIR:** You couldn't?

23 **A.** -- I couldn't. And the psychiatrist that was treating
24 me and treating Tillie knew how open our relationship
25 was and knew that Tillie would be quite open to

1 discussing.

2 **THE CHAIR:** Thank you. That's very helpful.

3 **THE WITNESS:** Thank you.

4 **MS TROUP:** Lisa, after we've shown the last photograph and
5 video, that will conclude your evidence but what I need
6 to ask you to do is just to wait in the building, not
7 here, just for ten minutes or so whilst we see if there
8 are any other questions for you.

9 **THE WITNESS:** Okay.

10 **MS TROUP:** If not, we'll let you know and you'll be free to
11 go.

12 **THE WITNESS:** Thank you.

13 **MS TROUP:** So could we have those now, please?

14 *(Video played)*

15 *(Photo displayed)*

16 **MS TROUP:** Thank you, Chair. I'm being asked if we could
17 rise now and return at 2.15, please.

18 **THE CHAIR:** Before we do, thank you very much indeed.

19 **THE WITNESS:** Thank you.

20 **(1.18 pm)**

21 **(The Short Adjournment)**

22 **(2.15 pm)**

23 **MR GRIFFIN:** Thank you, Chair.

24 **STUART RINGER (affirmed)**

25 **QUESTIONED BY MR GRIFFIN KC**

1 **MR GRIFFIN:** Please provide your full name.

2 **A.** Stuart Martin Ringer.

3 **Q.** Stuart, were you friend of Malgorzata Elzbieta

4 Breczko-Nowak?

5 **A.** I was.

6 **Q.** What did you call her?

7 **A.** Gosia.

8 **Q.** Is that spelled G-O-S-I-A?

9 **A.** It is indeed.

10 **Q.** Is that, in fact, a short version of her first name,

11 Malgorzata?

12 **A.** Correct. It's a Polish name.

13 **Q.** Was she also known by a different name to certain other

14 people?

15 **A.** Yes, she would often introduce herself as "Ela", which

16 is an abbreviation of "Elzbieta".

17 **Q.** Her second name?

18 **A.** Yes.

19 **Q.** Stuart, you have provided the Inquiry with two witness

20 statements. Dealing with the first statement, is it

21 dated 24 April 2025 and is it seven pages long?

22 **A.** It is indeed.

23 **Q.** Dealing with your supplementary or second statement, is

24 it dated 30 July 2025 and is it 22 pages long?

25 **A.** Well, I won't count them but, yes, it looks that way.

1 Q. Yes, well, you can take that bit from me. Does this
2 second statement, your supplementary statement, in fact
3 incorporate three exhibits from your earlier statement,
4 namely a short written note by Gosia on 4 April 2019
5 about a meeting she had with a woman we're referring to
6 as Care Co-ordinator A, who worked as part of the team
7 at the Chelmsford & Essex Centre. That's your exhibit
8 SR3?

9 A. That's in the long version, the 22 pages.

10 Q. Yes. Also a letter you sent on 7 June 2019 to the care
11 co-ordinator, your exhibit SR2, and a letter you sent on
12 16 April 2021 to the head of the Chelmsford & Essex
13 Centre together with a statement of fact. That's your
14 exhibit SR1. Those three exhibits have been
15 incorporated into the body of your statements.

16 A. In they're in there, I -- I know the ones you're
17 referring to, yeah.

18 Q. Yes. Have you had the opportunity to read through the
19 statements recently?

20 A. Yes, I have.

21 Q. Are there a couple of corrections you'd like to make at
22 this stage to the supplementary statement?

23 A. Yeah, mainly spelling mistakes on my part, but yes.

24 Q. Okay. Let me take you to it. We don't need to pull
25 this up but at page 21 of your second statement, at

1 paragraph 17, you refer to the note, the handwritten
2 note that Gosia wrote, and the typed version gives the
3 date as 4 October 2019. In fact, should that be 4 April
4 2019?

5 **A.** Correct.

6 **Q.** On the same page, you say:

7 "I understand there are protocols in place as I am
8 not related or her partner, however she does not live in
9 my property."

10 In fact, should that say, "However, she does live in
11 my property"?

12 **A.** Correct.

13 **Q.** So those are both corrections to page 21 of your
14 supplementary statement. Can you confirm that subject
15 to those corrections, your statements and the documents
16 that they incorporate are accurate to the best of your
17 knowledge and belief?

18 **A.** They are indeed.

19 **Q.** Stuart, you're welcome to refer to them as you wish?

20 **A.** I will refer to her as Gosia.

21 **Q.** Those statements will stand your evidence, so we don't
22 need to go through every sentence in them but I will
23 today take you to parts of them and ask you questions.

24 Stuart, is it right that you also provided a written
25 commemorative and impact account to the Inquiry and, in

1 fact, in September 2024, you came to Chelmsford and you
2 read it to the Chair?

3 **A.** I did.

4 **Q.** Thank you. Before we go any further, can we identify
5 the community mental health teams and the inpatient unit
6 that will be at the heart of the evidence that you're
7 going to give today. First of all, dealing with
8 a period around 2012/13, was Gosia under the care of the
9 Brentford community mental health team?

10 **A.** Brentwood.

11 **Q.** Brentwood?

12 **A.** Yeah.

13 **Q.** At this time, was Brentwood part of the SEPT trust, the
14 South Essex Partnership University NHS Foundation Trust?

15 **A.** SEPT. Indeed, yeah.

16 **Q.** Just moving forward to another period that we'll be
17 focusing on, 2018/19, was Gosia then under the care of
18 the Chelmsford & Essex Centre community mental health
19 service in Chelmsford?

20 **A.** She was.

21 **Q.** As we'll hear, did she spend two different periods of
22 time in the Peter Bruff unit in Colchester?

23 **A.** In Colchester, yeah.

24 **Q.** So she was a mental health inpatient at Peter Bruff?

25 **A.** Yes.

1 Q. Both the Chelmsford & Essex Centre and the Peter Bruff
2 Unit, are they part of EPUT, Essex Partnership
3 University NHS Foundation Trust?

4 A. That is my understanding.

5 Q. I want to now, please, deal with a difficult element in
6 Gosia's past before we move on to your evidence. You've
7 explained in your written evidence that she had a happy
8 enough childhood. Those were the words that you used.
9 Was that in Poland?

10 A. Yes, it was.

11 Q. But this was until a period when she began to experience
12 emotional, physical and sexual abuse?

13 A. Correct, from the age of 12.

14 Q. From the age of 12 through to?

15 A. 16.

16 Q. 16.

17 A. *And, if I can -- 12 to 16, the only reason that stopped*
18 *is the perpetrator, (... redacted ...).*

19 Q. But the effect of the abuse was profound on Gosia; is
20 that correct?

21 A. I think that would be an underestimation, yeah.

22 Q. It remained profound throughout her life?

23 A. Yeah, I mean, I wouldn't find out about it -- I met her
24 until 2001 but I wouldn't find out about it until 2010,
25 so she buried it deep within herself.

1 Q. For reasons that will become clear a little later on,
2 that aspect to her life, that tragic element to her
3 life, you feel is really important to understanding the
4 future trajectory of her life?

5 A. Absolutely. It's fundamental.

6 Q. You just mentioned 2001; is that when you first met
7 Gosia?

8 A. Correct.

9 Q. Was that in Spain?

10 A. Yes.

11 Q. In your written evidence, you've explained that, at the
12 time, you had a brief relationship, then went your own
13 separate ways but remained friends; was that correct?

14 A. That's correct.

15 Q. Can we now move forward to June 2010, and is that when
16 Gosia actually came over to England?

17 A. No, she'd been in England since 2003, end of 2003.

18 Q. What happened in June 2010, as far as you can recall?

19 A. I was going off abroad for a number of months and
20 I needed someone to look after my property here in
21 London, and she said that she would house-sit for the
22 time that I was going to be away, which was meant to be
23 six months, but it ended up being three and a half, or
24 something like that.

25 Q. So she's moved in to house-sit --

1 **A.** Correct.

2 **Q.** -- you've gone away and you've come home earlier than
3 expected?

4 **A.** Correct.

5 **Q.** Was there therefore a period of time that you were
6 cohabiting?

7 **A.** When I came back, then we were cohabiting, yeah.

8 **Q.** Over the next nine years or so --

9 **A.** Sorry, Mr Griffin, if I can just drill down a little bit
10 there.

11 **Q.** Please do.

12 **A.** It's when I came back, I'd sort of got the impression
13 that she was drinking more than perhaps was normal but
14 it wasn't until I came back that I was faced with she
15 was alcohol dependent, and that was the start of a very,
16 very steep learning curve about alcoholism. So it
17 wasn't until I -- when she came to house-sit, I didn't
18 know she had a drink problem; when I came back,
19 I definitely did.

20 **Q.** Just take a step back.

21 **A.** Yeah.

22 **Q.** She's come to house-sit, you've come home a little
23 earlier than expected. Is it at that stage that you've
24 learnt about her addiction?

25 **A.** Correct.

1 Q. I'm just going to make sure that everyone can hear what
2 you're saying.

3 A. Am I speaking loud enough? Hear me at the back?

4 Q. Yes, perfect.

5 So from that time on, over the next nine years or
6 so, were you in contact with Gosia for most of that
7 period?

8 A. Sure. Yes, I was.

9 Q. Did she remain in England for that time?

10 A. Yes, yeah.

11 Q. So we will move on to talk about Gosia, about her mental
12 ill health and about her alcohol addiction.

13 A. Yeah.

14 Q. Before we do that, could we talk about your relationship
15 with her and how you would describe it over the next
16 nine years or so from that time in June 2010, when she
17 moves in with you. For example, you've mentioned in
18 your written evidence that you looked after her?

19 A. Yeah.

20 Q. Would that be correct?

21 A. Yeah, I became, I guess involuntarily, her carer,
22 because she just descended into a malaise of depression
23 and anxiety. It was sometimes worse than others but it
24 was -- became very clear to me that she wasn't able to
25 stand on her own two feet in life. At times, it was

1 almost like she'd just given up.

2 **Q.** You mentioned the word "carer". You refer in your
3 written evidence at stages as being her primary carer.
4 Is that how you regarded yourself sometimes?

5 **A.** I would say -- but, you know, just to clarify why the
6 word "carer", it wasn't like I had to make her meals or
7 anything like that but she wasn't able to stand on her
8 own two feet in life. So -- but at times I would have
9 to -- she would be very seriously ill, there were
10 various elements of having fits because she would
11 withdraw from alcohol, trying to quit. But "carer" is
12 the only word I can come up with that encompasses it.

13 **Q.** Were you also responsible at times for financial aspects
14 of her life?

15 **A.** Very much so, yeah.

16 **Q.** Could we look at something else that you have said in
17 your written evidence about your relationship. I'm
18 going to ask for something to be put up on the screen.
19 Could we put up, please, supplementary -- that's
20 fantastic. So this is supplementary statement page 3
21 and the fourth paragraph. Just for the transcript, this
22 is HJA008848_0003, and this is a part of a letter you
23 wrote in 2021.

24 **A.** Yes.

25 **Q.** What I'd like just to do is to read it out, please:

1 "I know the truth of my relationship with
2 Ms Breczko-Nowak and I am comfortable that I did my
3 utmost to care for her, even under the most challenging
4 of circumstances. I had no training and no experience
5 of helping someone with addiction and mental health
6 issues; I received almost zero help or guidance ..."

7 It then says "in to your life". What did you mean
8 just with those last few words?

9 **A.** I think taking the one paragraph, it's slightly taking
10 it out of context perhaps and, just to explain that last
11 bit on the end, I'm not 100 per cent sure without
12 reading the whole thing.

13 **Q.** Well, if we need to, we can look at the context.

14 **A.** All right.

15 **Q.** But for present purposes I wanted to focus on this
16 because it may bring up some of the themes that you want
17 to bring out during the course of your evidence, as we
18 go through it. First of all, the challenging
19 circumstances that you faced and having to do so without
20 actually being trained --

21 **A.** Yes.

22 **Q.** -- and with receipt of very minimal assistance
23 elsewhere?

24 **A.** Absolutely. My experience is that when you contact the
25 mental health team and there was -- it was in London, it

1 was in Essex, two of them, no one gave you guidance as
2 a carer. There is no help and assistance. You've got
3 the person living in your property, you're responsible
4 for them on a day-to-day basis but no one says, "Okay,
5 Stuart, this is what -- this is the help we're going to
6 offer you to make it easier for that person". How do
7 I care for that person? There is nothing. That's my
8 experience. Other people, it may differ, but that was
9 my experience.

10 **Q.** Thank you. Could you take that down, please.

11 We're going to move on now to consider relevant
12 parts of the period from 2010 on to 2019. So June 2010
13 or thereabouts, Gosia comes and moves into your home.
14 How long were you -- you'd come back a little bit
15 earlier. How long were you cohabiting at your home?

16 **A.** Until the very early stages of January 2011. The
17 property that we were cohabiting in, I'd sold. So
18 I moved out to my father's property in Brentwood in
19 Essex, and Gosia moved into a small apartment in
20 Whitechapel.

21 **Q.** The period, sort of 2011/12, you describe in your
22 written evidence as being marked by you helping Gosia
23 from time to time to find accommodation --

24 **A.** Yes.

25 **Q.** -- and sometimes even helping to fund it?

1 **A.** Correct.

2 **Q.** A "period of calm", those were the words that you used,
3 for about six months?

4 **A.** Correct.

5 **Q.** What was that followed by?

6 **A.** Sinking into a greater reliance on alcohol and one of
7 the biggest -- I don't know if "problem" is the right
8 word -- but Gosia wouldn't engage with the mental health
9 services and a lot of it out of fear. I think partly
10 because they -- maybe she felt like they were going to
11 dig into something that she didn't want them to dig in
12 because she was scared of that childhood trauma. So she
13 wouldn't answer the phone to -- when they phoned her
14 because they would use withheld numbers and she was --
15 partly because of an ex-boyfriend had been causing her
16 problems, so she wouldn't answer the withheld number,
17 but she wouldn't even open her mail. So she would miss
18 appointments, effectively they would say she wasn't
19 engaging with them.

20 That was a constant theme. That went on for the
21 next good few years.

22 **Q.** In around September 2012, did you and Gosia discuss her
23 coming back to live with you in your home in Brentwood?

24 **A.** Yeah, I naively thought that, if she lived with myself,
25 I could engage with the mental health teams because,

1 between 2010 and 2012, I would say her mental health
2 deteriorated and her reliance on alcohol had gone up,
3 even though she was medically alcohol dependent, she was
4 drinking a lot more. So I felt that it was right for me
5 to intervene. But I said to her, "You can come and live
6 with me but you must engage with the mental health
7 team".

8 **Q.** Did you suggest that she should also engage with an
9 organisation, such as Alcoholics Anonymous?

10 **A.** I did, but she was very anti Alcoholics Anonymous
11 because they were a bit too religious and, because of
12 her upbringing in Catholic Poland, she was, I would say,
13 anti-religion. In part, because when she was -- when
14 her abuser had passed away and she told her family what
15 had happened, she was criticised and shamed by the
16 family, and almost to the point where -- this is
17 obviously anecdotal, this is what she told me -- that
18 they said she was responsible. And that came a lot from
19 Catholicism and original sin, and stuff like that. So
20 when she was originally exposed to Alcoholics Anonymous,
21 they can be a little bit on the religious side and so
22 she didn't like that.

23 **Q.** Once she'd move into Brentford --

24 **A.** Brentwood.

25 **Q.** -- thank you -- the mental health team there, that was

1 the Brentwood mental health team that she came under?

2 **A.** That was SEPT, yeah.

3 **Q.** What I want to do now is move into 2013 and events then,
4 Stuart?

5 **A.** Yeah.

6 **Q.** Before we do, I want to make sure, because there are
7 certain allegations during this period and other
8 difficult evidence, that these are -- this is a period
9 that you think it's important to be covered?

10 **A.** I find it highly pertinent for what happened then later
11 on in 2019, yes.

12 **Q.** So this is something you've thought about and, of
13 course, you've got your own legal team to support you
14 and advise you.

15 **A.** Yeah.

16 **Q.** So you could confirm clearly that this is a period and
17 these are events that you absolutely want to cover?

18 **A.** Correct.

19 **Q.** So I want to move to around April 2013. Was Gosia still
20 at your home in Brentwood?

21 **A.** Correct.

22 **Q.** Can I just ask you this: around this time, about how
23 much of your time was spent, one way or another, looking
24 after Gosia?

25 **A.** A lot. A lot. Yeah. I mean, I don't know if you're

1 going to touch on it separately but I'll touch on it
2 now. To be in contact with SEPT, you have to go through
3 the general practitioner. So I'd registered her with
4 the GP and he'd prescribed various drugs for depression,
5 anxiety. When she engages with SEPT, they look at her,
6 and they don't correspond with the GP. They then give
7 her more prescription drugs.

8 I looked at these prescription drugs and all of them
9 said, "Do not consume with alcohol". She's an
10 alcoholic. So she's been double medicated and she's an
11 alcoholic. So that is a challenging environment when
12 someone is intoxicated, day in, day out, and that made
13 going to work, running a business, et cetera, et cetera,
14 very, very challenging.

15 **Q.** So that was clearly an area of concern for you. Were
16 there other concerns arising from her treatment, either
17 by SEPT or the local GP?

18 **A.** Yeah, if I just dwell on that point for a moment,
19 Mr Griffin --

20 **Q.** Please do.

21 **A.** -- is that I wrote to SEPT and I wrote to her GP, asking
22 them to communicate, because I said, "This is the
23 situation. She's been double prescribed". They never
24 wrote back to me. Never corresponded.

25 **Q.** So this is 20 April 2013, the letter you wrote to the

1 Chief Executive Officer of SEPT, correct?

2 **A.** Forgive me, I don't remember the exact date but there is
3 a copy of the letter in the evidence I supplied to the
4 Chelmsford Centre, of me writing to the GP and to SEPT
5 saying, "You need to communicate" but they never
6 responded.

7 **Q.** Can we look at one of those communications?

8 **A.** Yeah.

9 **Q.** Can you put up, please, page 7 of the supplementary
10 statement and expand the top paragraph.

11 **A.** Yes.

12 **Q.** So this is part of your written evidence from the
13 16 April 2021. It says this, that during a discussion
14 that you'd had, you were:

15 "... informed that Ela had made a comment that I may
16 have used physical force on her and protocol said that
17 due to this SEPT were not able to communicate with me,
18 hence lack of recent communication."

19 So during a meeting with the CEO of SEPT, you
20 discussed whether this comment may have been truth or
21 a result of medication and alcohol.

22 **A.** Correct.

23 **Q.** So had the situation been that, in the Brentwood area,
24 the community team had been liaising with you in
25 relation to Gosia and then stopped?

1 **A.** Correct. So I was questioning why they'd stopped.
2 Gosia was also telling me that her care co-ordinator at
3 the time, she didn't like her. She wasn't responding to
4 her phone calls. So she asked for that person to be
5 changed. I was -- I believe, there's letters in
6 there -- so I'd written asking could this be changed and
7 then there's no communication with me.

8 **Q.** Let's follow this through --

9 **A.** Yeah, sure.

10 **Q.** -- because there's certainly more about that later in
11 your evidence.

12 **A.** Yeah.

13 **Q.** What did you think when you heard about the allegation
14 about the use of physical force?

15 **A.** Well, firstly I knew it not to be true because there's
16 just no way on earth I would have hurt her. That's just
17 not me as a person. So I then brought the subject up of
18 the double medication and the drinking at the same time.
19 And, look, Mr Griffin, if I turn up to give evidence
20 here and I'm clearly intoxicated, are you going to allow
21 me to give evidence? I don't think you are. So that's
22 what I questioned with the head of the CEO and he took
23 that on board and he said they would open up a line of
24 communication and they would also change the care
25 co-ordinator.

1 Q. Well, we can see, can't we, the last sentence of the
2 paragraph that's up on the screen:
3 "It was decided that we should in the interest of
4 Ela [Gosia], restart her care and communication with
5 myself."
6 Correct.

7 Q. You refer there to a protocol. What did you mean about
8 the SEPT protocols that were in play at this time?
9 A. To my understanding, if there is allegations of physical
10 abuse or proof of physical abuse or mental abuse, they
11 won't talk to the perpetrator.

12 Q. Do you accept that it's important, where that kind of
13 allegation has been raised, that there should be some
14 procedures governing communication?
15 A. Absolutely because it is, unfortunately, more
16 commonplace than, I guess, any of us would like but
17 I also think it's important to look at whether that is
18 true or not, not just block someone out.

19 Q. As far as you're aware, following your conversation with
20 the CEO of SEPT, was any further action taken in
21 relation to the allegation of abuse?
22 A. No.

23 Q. As you've touched on, I think, were there positive
24 repercussions of that meeting?
25 A. Absolutely. Their new care co-ordinator was, frankly,

1 a much nicer person and easier to communicate, and Gosia
2 got on with her much better.

3 **Q.** Did communication between you and that community mental
4 health team improve from that time?

5 **A.** It did.

6 **Q.** Thank you, can you take that down, please.

7 **THE CHAIR:** Can you remind me of the date of that?

8 **MR GRIFFIN:** This is part of your SR1 exhibit, and is this
9 a letter or part of communication in relation to
10 a period in -- 10 April 2013, or thereabouts.

11 **A.** Yes.

12 **THE CHAIR:** Thank you.

13 **MR GRIFFIN:** Thank you. I think there was a subsequent
14 meeting -- you've given the date in your written
15 evidence of 31 May 2013 -- with the new care
16 co-ordinator, where it was agreed that the mental health
17 team might actually become a little bit more involved in
18 helping to look after Gosia; do you remember that?

19 **A.** Yeah, I mean, I was asking for help, going back to what
20 you earlier put up there. I didn't know how -- I really
21 thought, naively, that having her living with me, me
22 engaging with the mental health team, that we could get
23 somewhere. But I was, like, "Please help me help her".

24 **Q.** How were you at this time?

25 **A.** I was -- yeah, I was struggling.

1 Q. You've explained how relations improved with the mental
2 health team and communications improved. Was there any
3 positive effect on Gosia and how she was at the time?

4 A. No.

5 Q. No?

6 A. No. It was just easier for me -- if they're
7 communicating with you, you at least can see there might
8 be a path forward. But with no communication, you are
9 just left flailing in the wind.

10 Q. Stuart, I'm going to move on now to events in June
11 2013 --

12 A. Yeah.

13 Q. -- all right? It's right, isn't it, that, in fact, some
14 of what we're about to discuss is quite distressing?

15 A. Yeah, it's okay.

16 Q. Well, in fact, I'm also giving a warning to other people
17 who might be watching or listening.

18 A. Yeah.

19 Q. Could you put up, please, the second statement,
20 supplementary statement, page 7. Thank you. So this is
21 from the second full paragraph. What you say here is
22 that:

23 "Over the following weekend, Ms Nowak was in
24 a medicated haze and on Monday, 3 June, I called [the
25 care co-ordinator] requesting that she speak to

1 Ms Nowak's GP to find out what was going on."

2 So we've moved forward to this period in early June
3 where, clearly, you're concerned about how Gosia is, and
4 you refer there specifically to her medication. What
5 was the issue and what information were you hoping to
6 get back via the care co-ordinator at this time?

7 **A.** The level of medication. I understand that, if somebody
8 is suffering depression and anxiety, they need a level
9 of medication if they're that bad but, if they can't
10 function, then you've got to question the level of
11 medication. Now, I'm unsure at this stage of whether
12 she was still being double medicated but, if a person
13 can't function and they are almost unable to get out of
14 bed and just do daily stuff, go to the bathroom,
15 whatever they're doing, and that is being caused by
16 medication and alcohol, then you've got to question what
17 this person is being given.

18 **Q.** So you were seeking clarification. Did, in fact, the
19 care co-ordinator get back in touch with you?

20 **A.** Not to the best of my recollection.

21 **Q.** We can see just what's up on the screen, reading on, you
22 also informed her that:

23 "... Ela had [I think that should be 'an'] extremely
24 black eye ..."

25 **A.** Correct.

1 Q. "... a condition that Ela would not give a clear or
2 coherent answer to where she acquired the injury, merely
3 stating that she'd fallen, which was clearly not the
4 truth. That evening Ela was so heavily medicated, that
5 she became trapped in the bath, she had let the water
6 out and was unable to lift herself out of the tub."

7 A. Yes.

8 Q. Did you then say:

9 "I came home and found her almost passed out and had
10 to physically lift her out; she was covered in bruises."

11 A. Yeah, I had to open the -- you can open a bathroom lock
12 with a screwdriver, in case someone locks themselves in.
13 So I knew she was in the bath. So I came home, she was
14 in the bathroom, said she was having a bath. After half
15 an hour she's still not out, so I knocked on the door,
16 nothing. So I'm like, "Right, I've got to do
17 something", so I unlatched the door and I went in, no
18 water in the bath and she's just laying there. She's
19 semi-conscious and she's covered in bruises. So I had
20 to physically lift her out of the bath and put her into
21 bed.

22 Q. Did you have any idea where or how Gosia had received
23 her injuries?

24 A. I had no idea at all and, frankly, at this stage, she
25 could hardly speak. So, you know, to try to get

1 a sentence out of her was a struggle.

2 **Q.** You say in the passage that we've just looked at that,
3 in relation to the black eye, she stated that she'd
4 fallen --

5 **A.** Correct.

6 **Q.** -- and, as you said there, "which was clearly not the
7 truth". Why did you think that wasn't the truth?

8 **A.** We've all fallen over. It's pretty challenging to get
9 a black eye when you fall over. You'll bruise an arm,
10 you'll bruise a shoulder. Getting a black eye from
11 falling over? That's pretty unusual.

12 **Q.** Can we take that down, please.

13 So that paragraph that we've just looked at refers
14 to events on 3 June 2013. Were you again in touch with
15 the care co-ordinator the next day, 4 June?

16 **A.** Yeah, I called her and I asked her to come to the
17 property because I was concerned for her safety.

18 **Q.** Now, we're going to come on to this but, as I understand
19 it, it's significant in your view that you were the
20 person making this communication --

21 **A.** Correct.

22 **Q.** -- and calling the care co-ordinator; is that right?

23 **A.** Yeah, I instigated the call and I instigated them --
24 I asked the care co-ordinator to turn up -- to come and
25 visit, and she brought the CEO from SEPT with her.

1 Q. So this is at your house, where Gosia was staying at the
2 time?

3 A. Correct. Can I just add, though, this not a house, it's
4 an apartment. It's a ninth floor apartment with an
5 outside balcony, and I had pointed out that she had
6 threatened to throw herself off this balcony in previous
7 months. So for me to leave the property and leave her
8 in there, mentally, every day, I was preparing for
9 a phone call from the police, that she'd actually done
10 something. That's where we were at that point.
11 I thought she was a threat to her own life.

12 Q. Did the care co-ordinator and the SEPT CEO both come to
13 your house to see Gosia?

14 A. They did.

15 Q. Was that on the same day, on 4 June?

16 A. It was, yeah.

17 Q. Did you have an opportunity to discuss Gosia's condition
18 with them?

19 A. Yes.

20 Q. Do you remember what was said about her injuries?

21 A. They said that she needed to go to hospital, to which
22 I agreed, and -- so the care co-ordinator was a lady, so
23 she took her into the bedroom and got her to undress,
24 I presume, and she said, "She needs to go to hospital".
25 Gosia didn't want to go to hospital but eventually they

1 persuaded her to do that.

2 Whilst that is going on, I'm talking to the CEO and
3 he accused me of taking drugs because he said, "It
4 smells of incense in here", and I'm like, "Okay, what's
5 that got to do with the price of eggs?" And he said,
6 "Well, a lot of people who do drugs, cannabis, put that
7 on", and I went, "No, I don't do drugs. I do it because
8 I do yoga".

9 It was just the tone that they were coming at me.
10 It was very accusational, right off the bat, and I said
11 to him, "You need to get more involved here because
12 I can't cope". I said, "You need to do something". And
13 his reply was -- it might be in the evidence, I believe
14 it was -- was that, "Well, you brought her into your
15 life".

16 I'm like, "What's that got to do with it?" I said,
17 "I might have bought her into my life but I'm saying
18 she's a mentally ill person and I need help". Didn't
19 seem to care.

20 **Q.** Did you discuss with him or the care co-ordinator, or
21 indeed both of them whilst they were there at the house,
22 how Gosia may have sustained her injuries?

23 **A.** Probably but I would have probably given the same
24 answers I'd give now. I don't know how she sustained
25 them. One would presume, if she's intoxicated, she has

1 fallen in some way. I don't know how she got them.

2 **Q.** In your written evidence, you speak about how you were
3 at this time. We've touched on it already but you say
4 this:

5 "I'll be very clear at this point. I could not
6 cope."

7 **A.** Correct.

8 **Q.** "This was breaking me as a person."

9 Those were the words you used.

10 **A.** Yes.

11 **Q.** Are they accurate?

12 **A.** Yes.

13 **Q.** Is Gosia taken to hospital?

14 **A.** Yes.

15 **Q.** To the A&E?

16 **A.** Yeah, at Basildon Hospital.

17 **Q.** Did you then consider whether it was appropriate for
18 Gosia to come back after hospital to stay with you
19 again?

20 **A.** Yeah, I can't remember the exact timing but I think it
21 was within about an hour that I called the care
22 co-ordinator and said, "I'm sorry but I can't let her
23 back in". I said, "You need to intervene here".

24 I think what I was really trying to say was she
25 needs sectioning because I felt that she was a threat to

1 her own life. I didn't word it that way at the time and
2 maybe that's really what I've just come to think in my
3 head but that is what should have happened to her and
4 that was the help I was asking for.

5 **Q.** Was Gosia released from hospital later that same day?

6 **A.** Well, we're skipping on a bit but, no, the chronology --
7 the timeline was after I called the care co-ordinator
8 and said, "I'm not going to let her back", she said,
9 "Okay, I'll look at what we can do".

10 And I think it was approximately 2.00 pm, it is in
11 my statement, that I got a phone call from the hospital,
12 from somebody that I knew there because we'd engaged
13 with them, the detox team there, or alcohol team there,
14 it is named in there, I said, "No, look, I've said to
15 the mental team I'm not going to come and get her".
16 I said, "She can't come back to the house. I need
17 someone to help".

18 **Q.** So pause there.

19 **A.** Yeah.

20 **Q.** In your written evidence what you say is this: that at
21 around 16.45 or 4.45 pm --

22 **A.** Okay.

23 **Q.** -- a person we're referring to as "Mr D" --

24 **A.** Yes.

25 **Q.** -- but you're absolutely right, someone from the

1 Basildon Hospital Alcohol Unit --

2 **A.** Yeah.

3 **Q.** -- called you to come and collect Gosia --

4 **A.** Correct.

5 **Q.** -- as she was free to leave the hospital. You've just
6 explained what your response was to that suggestion.

7 **A.** Yes.

8 **Q.** Now, the time, I think you feel, is quite significant of
9 this exchange, 16.45, 4.45 pm; is that right?

10 **A.** Yeah, I mean, I think it's highly pertinent to what
11 happened later.

12 **Q.** Gosia was discharged from hospital. Is it right that
13 she did not go back to your house at that time?

14 **A.** That's correct.

15 **Q.** I want to move ahead, please, just three hours and I'm
16 going to ask that something else is put up on the
17 screen. Could you put up supplementary statement
18 page 8, please, the penultimate paragraph, starting
19 "I returned home". So this is your description of what
20 happened next. Can we read this and then we can talk
21 about what you've said there.

22 So this is also part of the statement of fact you've
23 previously provided and now is incorporated in your
24 witness statement. So you say this -- remembering that
25 you'd received the phone call from the man at the

1 Alcohol Unit at 16.45 about collecting Gosia, you say
2 this:

3 "I returned home at [approximately] 19.45 and was
4 met by two officers from Brentwood Police Station and
5 arrested on a charge of GBH!"

6 So this is just three hours after that phone call,
7 correct?

8 **A.** Mm-hm.

9 **Q.** Did that arrest relate to Gosia's injuries?

10 **A.** Indeed.

11 **Q.** What were you being accused of?

12 **A.** Grievous bodily harm.

13 **Q.** Were you being accused of causing them, of beating her?

14 **A.** Yeah.

15 **Q.** We can see that this continues:

16 "I was detained in a cell at Grays Police Station
17 for 23 hours. Despite asking both the detectives that
18 interviewed me and writing to the Chief Constable on
19 27 July 2013, I have never had a clear explanation as to
20 why I ..."

21 I think there should be a "was" there, can you
22 confirm that:

23 "... as to why I [was] called by the hospital to
24 collect Ela ..."

25 **A.** Correct, yeah.

1 Q. "... then within hours being arrested, as I was a danger
2 to her, other than we had once been in a relationship;
3 10 years prior. The timeline of these phone calls in my
4 opinion is highly relevant."

5 What did you mean there by the timeline of the calls
6 being "highly relevant"?

7 A. If at 4.45 in the afternoon you are a safe person to
8 collect somebody and take them back into your home, how
9 are you not a safe person two hours/three hours later?
10 Something changed in those hours and the one thing that
11 changed was me refusing to pick her up. A decision got
12 made to say that I had beaten her. Before that, I was
13 a safe person to collect her. Someone made a decision
14 to contact the police and make an accusation, a false
15 accusation.

16 Q. We'll come back to that very point, if we may. Just
17 dealing with your arrest and interview, was any further
18 action taken against you by the police, following the
19 arrest and the interview?

20 A. No, no. It was dropped. Insufficient evidence.

21 Q. No charges were brought?

22 A. No, and I would argue that it's not insufficient
23 evidence: it's no evidence.

24 Q. Was Gosia in fact taken to a shelter?

25 A. She was, in Harlow.

1 Q. Was that a shelter for women who'd suffered domestic
2 abuse?

3 A. It was.

4 Q. Now, you have touched on your concern about what had
5 happened that led to your arrest. Can we go into that
6 now --

7 A. Oh, yes.

8 Q. -- in a little bit more detail.

9 You suggest -- picking up on something you have just
10 said, you suggest in your written evidence this, these
11 are the words that you use:

12 "I assert that SEPT made false and serious
13 allegations against me with a view to placing Gosia in
14 a sheltered housing property."

15 Now, is that something that you stand by today?

16 A. Absolutely, yeah.

17 Q. You --

18 A. If I can just dwell on that for a moment. I understand
19 the position I put them in. I understand that Gosia was
20 a highly vulnerable person. I understand that they
21 wanted to get her housed but not at all costs, and the
22 cost that got paid later on down the line -- and I know
23 we'll come to that -- but the cost of making false
24 allegations, which are completely illegal and a crime to
25 lie to the police, that crosses a line.

1 Q. So let's be clear. Your suggestion is that SEPT are
2 making up allegations about you and reporting them to
3 the police?

4 A. Correct.

5 Q. You've said in your written evidence that SEPT made
6 a false report so that they could get Gosia rehoused.
7 Can you help me with this --

8 A. Yeah, sure.

9 Q. -- why would Gosia's accommodation be a matter of such
10 concern to SEPT that they'd make a false report to the
11 police?

12 A. I guess their option was that they either did that or
13 they put her out on the street but what I don't
14 understand is why, if she's a threat to herself, which
15 I believed she was, if she's threatened to throw herself
16 off a ninth-floor balcony, which they know about, why
17 was she not sectioned?

18 Q. So picking up again on something you touched on a few
19 moments ago, your concern is that this whole incident
20 had serious repercussions a little later down the line;
21 is that correct?

22 A. Absolutely. Look, I've got broad shoulders. I can take
23 it on the chin. It's not very comfortable being
24 arrested but it's like -- I know I didn't do it, so it
25 doesn't really bother me. But what I learnt is when you

1 go up against the establishment, how you can get slapped
2 down, and I would have nothing to do with them for the
3 next six years because I didn't want to go anywhere near
4 them. I didn't trust them. But it was only -- and I'm
5 sure we'll get to it -- at the end of 2018, I had no
6 choice but to get them involved again because her
7 situation was so dire.

8 **Q.** Let's just unpick that, if we may.

9 **A.** Yeah.

10 **Q.** So she's currently under the care of a team in Brentwood
11 and under the care of SEPT, and there is this serious
12 allegation that's made against you?

13 **A.** Yeah.

14 **Q.** If we move forward a few years to 2018/19 she comes
15 under the care of a different mental health team,
16 Chelmsford & Essex Centre team but is it your concern
17 that information about this allegation was passed on to
18 that team and, in some way, led to them treating you in
19 a way that meant information wasn't going to be shared
20 with you?

21 **A.** Absolutely. I mean, I can't see their files but the way
22 I was treated, it was as if Gosia living at my
23 property -- because she -- we'll come to it, how she
24 ended up back at my property in 2016 -- is -- I got the
25 distinct feeling I was being treated or viewed as an

1 abuser and the relationship was therefore toxic.

2 Q. So your view is that what happened in 2013 set the scene
3 for what was to happen --

4 A. It completely covered --

5 Q. -- a few years down the line?

6 A. Yes.

7 Q. I would like to ask you this question: what did you
8 think it was appropriate for SEPT to do after the care
9 co-ordinator and the CEO of SEPT had seen Gosia with
10 your injuries at your home?

11 A. I think she should have been sectioned at a psychiatric
12 unit.

13 Q. Do you agree that there's an argument that SEPT might
14 have been criticised if they hadn't made a report to the
15 police in those circumstances?

16 A. Possibly.

17 Q. In your view, with your experience, do you think there
18 was any reason why they should be contacting the police?

19 A. I'll come back to the timeline, is if they're calling me
20 at 4.45, saying, "It's okay for you to come and get
21 her", but that's when I stipulate, "No, I'm not coming
22 to get her", something changed in those two hours.
23 I was either a safe person for her to be with or
24 I wasn't a safe person for her to be with.

25 Q. If I've understood your evidence correctly, your

1 suggestion is that what changed is that SEPT made
2 a report to the police --

3 **A.** Correct.

4 **Q.** -- and that their motivation was to get her --

5 **A.** To get her housed.

6 **Q.** -- rehoused?

7 **A.** Correct. And if I can touch on that, is they put her in
8 a centre in Harlow, which was -- you said is for people
9 that suffered domestic abuse. She is a highly stressed
10 person who is an alcoholic. That place was dry. She
11 was there for, I think, three to five days. I can't
12 remember the exact time. They threw her out on the
13 street.

14 **Q.** So in your written evidence I think you refer to
15 a couple of weeks but she's --

16 **A.** It might be that, yeah.

17 **Q.** But the result is that she's sent to a facility that
18 doesn't allow drinking and she was an alcoholic?

19 **A.** No, and, by this time, she's now in Harlow. Well, SEPT
20 didn't re-engage with her. It's like, "Well, she's over
21 there now, it's not our responsibility any more". It's
22 like, "We don't need to be engaged with her".

23 **Q.** Was she then in various properties in Harlow --

24 **A.** Yes.

25 **Q.** -- until the end of 2016?

1 **A.** Correct.

2 **Q.** During this time were you still in touch?

3 **A.** Yes.

4 **Q.** In fact, would she sometimes come and stay with you and
5 did you continue in certain ways to support her?

6 **A.** I did, yes.

7 **Q.** In fact, during this time, did you move home yourself?

8 **A.** Yeah, I'd moved from Brentwood to Chelmsford.

9 **Q.** In fact, did Gosia start doing cleaning jobs in the
10 Chelmsford area?

11 **A.** Yeah, she would come over, she'd either get the bus on
12 a Sunday or I'd pick her up, and she would do various
13 cleaning jobs on a Monday to Friday basis and then she'd
14 either get the bus or I'd drop her back. But Chelmsford
15 had a lot more opportunities than Brentwood and
16 certainly Harlow. And she started -- I really felt she
17 was on the road to recovery. She had a bounce in her
18 step and she was earning money, and she felt like she
19 had a purpose.

20 **Q.** In fact, you've referred to 2016 and her moving back in
21 with you; is that correct?

22 **A.** Yeah, I think it was December '16, but she was getting
23 made homeless. So the property that she'd been living
24 in Harlow was a Housing Association, it was paid for via
25 benefits but, again, this thing -- we're going back to

1 the not opening the mail, not opening -- or taking
2 a call from a withheld number. She was doing that. At
3 the same point, she's also being taken to court by her
4 estranged daughter in Poland. We'll come back to that.

5 **Q.** Well, rather than going into that --

6 **A.** Yeah, sure.

7 **Q.** -- there were personal issues that she had. I think
8 debt may have been another one?

9 **A.** Very much so.

10 **Q.** Were you helping her out with those matters as well as
11 others?

12 **A.** I wouldn't help with the financial side of it but I'd
13 help with -- I'd do my best to administer it but I did
14 ask her to deal with it a lot because there needed to be
15 a sense of responsibility in her own actions. So I was
16 doing my best to encourage her to be aware of life.

17 **Q.** So you say in your evidence -- in fact, confirming it
18 was December 2016 when she moved back in with you?

19 **A.** Yeah, she got made homeless so there was a writ and she
20 had an eviction notice.

21 **Q.** You said that things were looking up, and this is how
22 you describe it in your written evidence, relating to
23 the period in January 2017, that you felt -- and these
24 are your words -- "really felt we had turned a corner"?

25 **A.** Yeah.

1 Q. "She had three jobs and for the first time in seven
2 years [these are your words] she had a smile on her
3 face."
4 A. Yeah.
5 Q. Stuart, was there unfortunately a relapse when she
6 started drinking again and, in fact, lost her jobs?
7 A. Yeah. Look, I will -- I went off travelling. I like
8 doing various rides around the world on my motorbike and
9 this time it had taken me to Australia and New Zealand,
10 so I'm halfway round the world and this trip had been
11 planned for quite a time, and that was in February 2017.
12 So she'd only been living back at my accommodation for
13 a few months but, because I felt that she'd turned the
14 page, turned a corner, and was happy again, I felt safe
15 to leave her. And I'm always going to regret that.
16 Q. When you came back, did you do what you could to help
17 her? For example, was it you who assisted her -- she
18 went on a detox programme, I think?
19 A. No, I didn't help her with that. That was -- I can't
20 remember the name of the charity in Chelmsford.
21 Q. Open Road?
22 A. Open Road, well done. Thank you. But they got it
23 funded by a charity called Action on Addiction.
24 Q. In fact, did she then go into rehab with Action on
25 Addiction in Billericay?

1 **A.** Yes, it was a non-residential, it was a day rehab. So
2 they would pick up in the morning and take her over
3 there in the afternoon. But detox is eight days, or
4 something of that nature. This was ongoing, so it was
5 detox rehab. I think it lasted six weeks, or something
6 of that nature.

7 **Q.** Were you doing extra stuff to assist her? For example,
8 did you engage a private clinician to assist her?

9 **A.** I did. A private psychologist -- psychotherapist,
10 sorry.

11 **Q.** Psychotherapist?

12 **A.** Yeah.

13 **Q.** Thank you. What I'd like to do now, please, Stuart is
14 to move towards the end of 2018, okay.

15 **A.** Yeah.

16 **THE CHAIR:** Can I just ask one question. After the incident
17 of your arrest and you then continued to see Gosia, did
18 you at any time have the opportunity to ask her how she
19 had sustained those injuries?

20 **A.** That's a very good question. I don't think I did.

21 **THE CHAIR:** Did she at any other stage sustain serious
22 injuries as a result of ...?

23 **A.** Not to the best of my knowledge. One of the problems
24 that we always -- or I always faced -- is that sometimes
25 I'd ask her a question and she'd say, "I've got no

1 recollection of that period".

2 **THE CHAIR:** She'd say, sorry?

3 **A.** "I've got no recollection of that period."

4 **THE CHAIR:** Right.

5 **A.** So her memory -- you know, it's why we quite often don't
6 remember what happened the night before. If you're
7 intoxicated, your memory is not always that good and so
8 much of her life at that point was under intoxication so
9 there would be often blanks for weeks. She couldn't
10 remember what had happened. So I don't recall asking
11 her but --

12 **THE CHAIR:** And you don't recall an incident subsequently of
13 any sort of injuries --

14 **A.** Not to that extent, no.

15 **THE CHAIR:** Thank you.

16 **MR GRIFFIN:** Thank you very much, Chair.

17 We've talked about Open Road and Action on Addiction
18 earlier on in 2018.

19 **A.** Yes.

20 **Q.** Moving towards November 2018, did Gosia unfortunately
21 start to drink again?

22 **A.** I don't think she ever quit, I don't think she was ever
23 completely dry but things started to deteriorate, yes.
24 And things also became very challenging being around --
25 for me, being around someone who is drunk a lot.

1 Q. You say this in your written evidence. You make the
2 point about things becoming very difficult at home
3 around this time. You say that your patience broke and
4 you asked Gosia to find alternative accommodation --

5 A. Yeah.

6 Q. -- because you couldn't cope; is that right?

7 A. Yeah, I think there was -- at one point I asked her
8 about the psychologist -- psychotherapist, and she would
9 always be very dark after the time she was there. So
10 she -- the psychotherapist -- psychologist --
11 psychotherapist -- would come to the house but
12 I wouldn't -- I'd make sure I wasn't there so they'd got
13 privacy but when I come home she'd quite often be in
14 a dark mood because she probably touched on something
15 she didn't want to touch on. But one day she just
16 wasn't, and I asked her, I said, "Are you only seeing
17 her to keep me happy?" And she just almost laughed.
18 I was like, "You are, aren't you?" She wasn't doing it
19 for herself, and I went, "You're not engaging", and that
20 I found difficult.

21 Q. Did things reach a head at the end of November 2018?

22 A. Yeah.

23 Q. What was Gosia's physical health like at this time?

24 A. Very poor. She wasn't eating a great deal but what
25 I noticed mainly is she wasn't drinking water. She

1 wasn't taking on fluids. So I haven't got a medical
2 background but she was clearly dehydrated. And then if
3 you add in alcohol, I don't know what her medication
4 levels were at this point maybe none, so she was
5 self-medicating, but she wasn't drinking water. And
6 I noticed -- I can't remember the exact dates but she
7 was just laying on the sofa just doing nothing.

8 **Q.** Did you call an ambulance?

9 **A.** I did.

10 **Q.** Was she taken to Broomfield Hospital A&E?

11 **A.** Yes. And when the medical -- when the ambulance team
12 were there, I pulled one of them aside and I said --
13 I gave them a bit of background, and I said, "I think
14 you need to make a phone call to the mental health
15 team", and I can assure you, Mr Griffin, how challenging
16 that was for me, given the history, to make that call
17 because I didn't want those people anywhere near her and
18 I didn't want them anywhere near me.

19 **Q.** Did you learn that Gosia was transferred from Broomfield
20 Hospital to the Peter Bruff unit in Colchester?

21 **A.** Gosia called me and told me that, yeah.

22 **Q.** As far as you're aware, was that a voluntary admission?
23 Did she go there of her own free will?

24 **A.** She was -- in the phone call she said, "I was given --
25 I either volunteer or they're going to make me go".

1 Q. Did she remain there for about ten days?

2 A. Ten days exactly.

3 Q. So was this end of November 2018, start of December

4 2018?

5 A. Correct.

6 Q. Were you able to visit Gosia or at least talk to her

7 during this time?

8 A. Yeah, yeah, I saw her.

9 Q. Did you have any observations about her time on the

10 Peter Bruff Ward during this stage?

11 A. I thought the care was -- seemed absolutely fine.

12 I didn't see any -- I know there's been various

13 complaints from other people but there's nothing

14 I witnessed. There was an event that happened in there

15 but that was between her and another patient, and

16 I believe the police were called. The other patient had

17 hit her.

18 Q. Well, we'll come on to that in just a moment, if we may.

19 A. Okay.

20 Q. Where did Gosia go after she was discharged from Peter

21 Bruff?

22 A. Back to mine.

23 Q. Were staff aware that she'd be coming back to your home?

24 A. Yes.

25 Q. Was there any discussion with you in advance of her

1 discharge to facilitate that?

2 **A.** No.

3 **Q.** Were you aware of any discharge plan?

4 **A.** No, they just called me and said -- sorry, I think Gosia
5 called me and said, "I'll be home at this time". I had
6 to make sure I was there because she didn't have keys.

7 **Q.** You just mentioned something and I want to come back to
8 that now please. I'm going to ask that something else
9 is put up on the screens. Could you put up page 4,
10 paragraph 21 of Stuart's first statement, please.

11 I think this is what you were just talking about. Can
12 we see what you said in your first statement:

13 "In terms of Gosia's safety as an inpatient, it is
14 my belief that during her stay at Peter Bruff in
15 December 2018 she was physically assaulted by another
16 patient. I only have anecdotal evidence that Gosia gave
17 me at the time. Gosia was asked if she wanted the
18 police involved and she said no."

19 So a moment ago you said you thought the police
20 might have been involved but is this likely to be more
21 accurate?

22 **A.** No, no, that's the accurate, yeah.

23 **Q.** Did you get any more information from Gosia or indeed
24 anyone else about the nature of this assault?

25 **A.** No. No, no one from the medical team, no one from the

1 hospital called me and gave me any information.

2 **Q.** Thank you. Could you take that down, please.

3 How was Gosia when she returned to your home after
4 the stay at Peter Bruff.

5 **A.** Highly medicated. I mean, when she was medication,
6 depends -- obviously depends on what medication she was
7 taking, but the prescription drugs seemed to make her
8 more disconnected with life and dysfunctional. Whatever
9 they were giving her in the hospital made her just seem
10 okay with life, if that makes sense, like she --
11 whatever demons were going on in her head, it seemed to
12 placate those and she was just calm. And I wouldn't say
13 that was the case when she was taking whatever drugs she
14 would get from the GP.

15 **Q.** You've said in your -- well, can I just ask you this: if
16 she was on strong medication, would she normally also be
17 drinking?

18 **A.** She's an alcoholic. Yes. However, that said, when --
19 obviously she can't drink in a unit, so she wasn't
20 alcohol dependent at this time. So there is
21 a difference between dependency and alcoholism. So if
22 you're dependent, you have to drink every day, but you
23 can be an alcohol without needing to drink every day.
24 And when she'd recently come out, she certainly wasn't
25 drinking. I think the medication was enough to keep the

1 demons at bay, so she didn't feel the need.

2 Q. Thank you.

3 What I'd like to do now Stuart is move to 2019, if

4 that's all right?

5 A. Yeah.

6 Q. Was Gosia still living with you at this time?

7 A. Yeah.

8 Q. As we've heard, under the care of Chelmsford & Essex

9 Centre community mental health team. Did she have

10 a care co-ordinator there that we're sometimes referring

11 to as Care Co-ordinator A?

12 A. Correct.

13 Q. I want to ask you about a meeting with Care

14 Co-ordinator A in January 2019. May I just read to you

15 something that you've said in your statement?

16 A. Sorry, if we can just back up for the timeline?

17 Q. Of course.

18 A. In December, when she first came out, this same care

19 co-ordinator visited the property and I made sure I was

20 there because I wanted to engage with them, and this

21 woman looked at me like she absolutely hated me.

22 Q. So this is Care Co-ordinator A --

23 A. Yeah.

24 Q. -- meeting at your house?

25 A. Yeah.

1 Q. You felt a hostile atmosphere?

2 A. Yeah.

3 Q. Was there any discussion or words to go with that?

4 A. No, no.

5 Q. So that's an impression that you drew from the way that

6 she was acting generally when she was there?

7 A. Yeah, the way when someone looks at you -- you can tell

8 if someone doesn't like you, sometimes they don't need

9 words, and she just looked at me with -- like I say, she

10 hated me.

11 Q. Can just moving on then, following that meeting in

12 December, to January 2019, and this seems to be

13 a further meeting with Care Co-ordinator A, unless it's

14 the same one. You say she attended your property to

15 visit Ela and spent approximately 15 minutes talking to

16 her. You say:

17 "I made it very clear that, as Ela's primary carer,

18 I needed to be kept informed of her care and medication

19 programme."

20 You say this:

21 "I was both disappointed and extremely distressed

22 that on several occasions I was never included in these

23 discussions."

24 So have we got to the situation again that

25 information was not being shared with you --

1 **A.** Correct.

2 **Q.** -- that you felt it was necessary to have, if you were
3 properly to look after Gosia whilst she was staying with
4 you?

5 **A.** I didn't understand how a highly medicated person can be
6 given a lot of drugs and be relied upon to take them at
7 the right time and the right dosage. And I know, for
8 a fact, that Gosia would take more on a day. She would
9 forget that she'd taken something. So it wasn't
10 malicious. She wouldn't think, "I just need to drown it
11 out". But she couldn't remember if she'd taken her
12 medication in the morning or the afternoon.

13 **Q.** Did anything change in terms of the amount of
14 information you were being given after you spoke to --
15 Care Co-ordinator A?

16 **A.** Absolutely not. I never got any information whatsoever.

17 **Q.** I'd like to move to March 2019.

18 **A.** Yeah.

19 **Q.** During this month did Gosia need to go into Broomfield
20 Hospital in relation to a physical health issue?

21 **A.** Yeah, gallbladder problem.

22 **Q.** You say in your written evidence that she was there for
23 around nine days?

24 **A.** Thereabouts.

25 **Q.** Do you remember this: how did Gosia react to the fact

1 that she needed to go back -- to go into hospital?

2 **A.** Well, it was a normal hospital, it wasn't a psychiatric
3 unit. I mean, she was very worried. For someone that
4 abused herself so much, she was always worried about her
5 health but, yeah, she was really stressed about -- if
6 you've got anything internally wrong with you that you
7 don't understand and the doctors and -- she was put in
8 a unit -- there's special wards that you're put on if
9 there's an imminent medical procedure needed doing
10 because they're monitoring you. So it's not ICU but
11 they're like, "We've got to have this person prepared
12 all the time, in case we need to operate", and she was
13 on one of those. So she's heightened stress levels.

14 **Q.** During the period that she was in hospital, was she
15 trying to get in touch with Care Co-ordinator A, as far
16 as you're aware?

17 **A.** She was and she -- partly because of the medication she
18 was on, partly because she couldn't see that well, and
19 she'd had an alcoholic withdrawal fit whilst in Basildon
20 Hospital, I think in about 2013, and she collapsed in
21 A&E and fractured her eye socket. So her vision at
22 times wasn't great. So with the medication, she asked
23 me to send a text to her care co-ordinator. So we typed
24 it out on the phone. She read it, I sent it. No reply.
25 And that was detailing where she was, how long she'd

1 been in there, how concerned she was and she needed to
2 speak to someone from the mental health unit. No reply.

3 **Q.** Generally speaking, did you discuss with Gosia what she
4 thought of Care Co-ordinator A and the assistance she
5 was getting there?

6 **A.** Yeah. She didn't like her and she didn't trust her.

7 **Q.** What was your suggestion that Gosia should do in those
8 circumstances?

9 **A.** I said, "You need to ask to change". She asked me to do
10 it. I said, "Well, they won't talk to me", so I said,
11 "It's got to come from you".

12 She was concerned that by making what she saw as
13 a complaint, it would be seen as a negative for her.

14 I said, "It's got to come from you".

15 **Q.** So can we now move to April 2019.

16 **A.** Yeah.

17 **Q.** I want to ask you about a meeting that Gosia had with
18 Care Co-ordinator A on 4 April. Was this after her
19 release from Broomfield Hospital?

20 **A.** Yes.

21 **Q.** Again, I'm going to ask for something to be put up on
22 the screen, please. Could you put up page 21 of the
23 supplementary statement, please, and expand
24 paragraph 17.

25 So this is exhibit SR3. This is the handwritten

1 note from Gosia that has been typed up and incorporated
2 in your witness statement, correct?

3 **A.** Yes.

4 **Q.** Meeting with her Care Co-ordinator A. Now, we've
5 established already that that should say 4 April 2019,
6 right?

7 **A.** Yeah.

8 **Q.** I just want to read this with you, please:

9 "Exhibit SR3 -- Gosia's handwritten note of her
10 meeting with her care co-ordinator, Care Co-ordinator A
11 ..."

12 The note starts:

13 "Meeting with [Care Co-ordinator A] on [4 April
14 2019]. We talked about me moving to safer placed,
15 I explained that it would be difficult without an
16 eviction note or claiming that I'm being physically,
17 verbally or mentally abused at my current address. If
18 I claimed any of the above, I would be immediately be
19 given alternative accommodation but it would also mean
20 that Stuart will have a criminal record."

21 That's very helpful and we can see it continues over
22 the page:

23 "To that she answer 'so what' and suggest that
24 I should cut all the ties with Stuart ASAP ... to move
25 on."

1 **A.** Do you have the actual note there; can you show that?

2 **Q.** We can't because there have been certain redactions that

3 have been made to it. Is there a particular point that

4 you want to bring up?

5 **A.** No, I just thought that it might add more context for

6 the audience, rather than just reading that.

7 **Q.** Can we work with this for now --

8 **A.** Yeah.

9 **Q.** -- because there are a few things that I want to ask you

10 about.

11 **A.** Yeah, yeah, sure.

12 **Q.** Can you see at the top.

13 "We talked about me moving to safer placed ..."

14 **A.** It's Safer Places, so she's missed -- they probably

15 couldn't read her handwriting.

16 **Q.** So is this a reference to a place called "Safer Places"?

17 **A.** Correct, it's a refuge.

18 **Q.** So this is -- and, again, history repeating itself --

19 **A.** Domestic violence --

20 **Q.** -- it's a conversation about Gosia moving into a refuge?

21 **A.** The reason I got her to write that down, when she came

22 home from this meeting with Care Co-ordinator A, and

23 told me what she'd said, at which point the alarm bells

24 start going off in my head. I've come up against the

25 establishment once. I'm now really worried about my

1 safety. If they're making -- coercing her into making
2 accusations against me, that can affect huge amounts in
3 my life. It can affect my liberty. That's the kind of
4 thing you can go to jail for.

5 **Q.** So with that in mind, you wanted her to record the
6 conversation --

7 **A.** Correct.

8 **Q.** -- that she'd had?

9 **A.** Correct.

10 **Q.** Can we look at if it in a little bit more detail?

11 **A.** Yeah.

12 **Q.** So this is Gosia saying:

13 "... I explain it would be difficult without
14 eviction note or claiming that I'm being physically,
15 verbally or mentally abused at my current address."

16 So this note suggests that Gosia is explaining these
17 things. Now, you'd spoken to Gosia about the
18 conversation. What is your understanding about what
19 happened?

20 **A.** The care co-ordinator was asking her to make allegations
21 against me.

22 **Q.** So is it your understanding that instead of "I explain",
23 it should say that "the care co-ordinator explained"?

24 **A.** I guess that's why I'm asking for it to be put up and
25 people can see the way it's written. You've got to

1 remember this is a person that's intoxicated writing
2 things down, and she's Polish, so it might not be the
3 clearest English in the world.

4 **Q.** Well, put this note to one side. You'd have
5 a conversation with her?

6 **A.** Yeah.

7 **Q.** What had she said to you in that conversation?

8 **A.** She said that the care co-ordinator had suggested to her
9 or asked her to make allegations against me. She
10 believed that the care co-ordinator had believed that
11 the relationship was toxic and that she needed to break
12 all ties with me. Now, this is extremely relevant, not
13 just of how it might have affected me but there's only
14 two men in the world that she ever trusted. One was her
15 grandfather, who she moved in with when she was 16, and
16 this is -- I put this in clear perspective in my
17 commemorative statement -- but this woman -- I shouldn't
18 say that -- this care co-ordinator -- was putting
19 a wedge between me, the only person alive, the only man
20 alive that she cared for or trusted, and her.

21 And I believe that that anxiety that that set off in
22 her head, that she was going to potentially lose not
23 only just the only man that she trusted, her only
24 friend, pretty much in the world, that really, really
25 caused her a disturbance mentally and I think -- it's my

1 belief, my assertion, that that led to her demise in the
2 way she was mentally and her drinking.

3 **Q.** So we'll follow the timeline through. But is your
4 point, essentially, that a wedge is being driven between
5 you and Gosia, and the result of that was, essentially,
6 that her sole source of support outside the clinical
7 situation was you?

8 **A.** Yeah.

9 **Q.** Is this therefore history repeating itself, in your
10 view, because we've spoken about the situation in 2013
11 where you assert that SEPT made false allegations or
12 a false report against you, in order to get Gosia
13 rehoused?

14 **A.** Yeah.

15 **Q.** Are you saying here that something similar is happening
16 but with Care Co-ordinator A doing it?

17 **A.** Yeah, and I think what she was probably -- again, sorry,
18 apologies, I said "she" --

19 **Q.** That's all right.

20 **A.** -- what they were claiming was based on, reading this
21 document here, or their files, that he abused her. So
22 the person that -- this is 2013. Then in 2019 they're
23 looking and going, "She's living with the same abuser,
24 we need to get her out". So this falsification from
25 2013 has run down through history and is affecting their

1 view on our relationship in 2019.

2 **Q.** How were relations between you and Gosia at this time?

3 **A.** At that point very good. After she came out of the unit
4 in 2018, I spent a lot of time just sitting with her,
5 saying, "You're clearly very unwell. We need to get you
6 better". And things had calmed down a lot.

7 One of the things I agreed to do is, she was in
8 a lot of debt, there was this court case that her
9 daughter had taken against her in Poland but won it, and
10 that was then being applied through the British court
11 system.

12 **Q.** So, generally speaking, you were assisting in ways that
13 you could?

14 **A.** She was highly stressed over her financial situation, so
15 I said, "You concentrate on getting better. I will deal
16 with the various court cases that are ongoing".

17 **Q.** Stuart, we're going to take a break in a moment but,
18 before we do, could we just finish off on this note.

19 **A.** Yeah.

20 **Q.** Would there have been any truth in the suggestion that,
21 as we can see here, you'd been physically, verbally or
22 mentally abusing Gosia at your address or anywhere?

23 **A.** No.

24 **Q.** Had you done anything that you're aware of that could
25 justify Care Co-ordinator A's suggestion that Gosia, as

1 we can see just at the bottom there, should cut all the
2 ties with you?

3 **A.** Absolutely not.

4 **MR GRIFFIN:** Can you take that down, please.

5 Chair, that might be -- we've been going for an hour
6 and a quarter -- that might be time for a 10-minute
7 break. So to 3.45, I'm informed.

8 So ten minutes, Stuart, if that's all right.

9 **THE WITNESS:** Perfect, thank you.

10 **MR GRIFFIN:** Thank you very much.

11 **(3.33 pm)**

12 **(A short break)**

13 **(3 45 pm)**

14 **MR GRIFFIN:** Stuart, can we just tie up the various points
15 we were --

16 **A.** Of course.

17 **Q.** -- talking about before the break. I want to just read
18 from your second statement. It's page 13 for people
19 that have it in front of them, and ask you if there's
20 anything else you think it's important to say about
21 those particular events.

22 **A.** Yeah.

23 **Q.** You say this, near the top of page 13:

24 "Given by previous treatment by Brentwood mental
25 health team, I found this particularly alarming

1 behaviour [we're talking about Care Co-ordinator A] for
2 two reasons."

3 **A.** Yeah.

4 **Q.** "1. Ela was being asked to walk away from the only
5 friend that had stood by her throughout her troubles,
6 she had no other support system, in the UK, one friend
7 who lived in Australia ..."

8 And we'll come back to her.

9 **A.** Melanie.

10 **Q.** "... and was estranged from her remaining family. This
11 had the potential to heighten her anxiety."

12 So that's the first point you make here. Then the
13 second point you make is this:

14 "The possibility of having my name again falsely
15 tarnished. If Care Co-ordinator A that the slightly
16 insight into Ela's condition, she would have realised
17 that a sense of abandonment was one of her biggest
18 fears. She was now asking her to lose her only friend."

19 **A.** Correct.

20 **Q.** Do you stand by what you wrote there?

21 **A.** Absolutely.

22 **Q.** What, in your recollection, was the effect of all of
23 this on Gosia?

24 **A.** Just the deterioration in her mental state. There was
25 almost a franticness, if there's such a word, in her

1 behaviour at times. A lot of almost panic, just with
2 the most routine, daily chores. Yeah, I'd say "frantic"
3 would describe her state of mind.

4 **Q.** What I'd like to do now, please, is move to May 2019?

5 **A.** Yeah.

6 **Q.** You describe in your written evidence how you attended
7 a meeting at the Chelmsford & Essex centre with Gosia
8 with Care Co-ordinator A and with a doctor, which Gosia
9 made it clear she wanted to be readmitted to Peter
10 Bruff?

11 **A.** If I can just go back a couple of days?

12 **Q.** Yes, of course.

13 **A.** So, bear in mind I've already had conversations with
14 Gosia around Care Co-ordinator A and her view of me, and
15 I'm starting to take notes of things Gosia is saying and
16 getting her to write notes, she, Gosia, sat me down and
17 said, "I've got an appointment with Care Co-ordinator A.
18 I want you to come", which was very unusual. And,
19 frankly, it was a little reluctant because I knew
20 I wasn't -- I was a bit *persona non grata*. And Gosia
21 then said, "I'm going to ask to go back to that place",
22 that place being the psychiatric unit, and I said,
23 "Well, why? It's not like you enjoy being there". And
24 it really struck me as it being an unusual thing for her
25 to say, to which she replied, "I can't just can't

1 control my mind".

2 Q. Was she drinking at this time, as far as you're aware,
3 more than usual?

4 A. No, she wasn't actually drinking at this point.

5 Q. Do you remember the meeting now?

6 A. Yeah, yeah.

7 Q. Do you remember what Gosia said? You said, "I can't
8 control my mind". Did she give any other information to
9 the clinicians who were present at that meeting?

10 A. That sentence wasn't used in the meeting but she did say
11 to the clinicians that she wanted to be -- go back into
12 the psychiatric unit, to which there was, frankly, quite
13 a bit of pushback and reluctance, to which Gosia
14 replied, "If I don't go in there, I might do something",
15 and the inclination was that she meant take her life in
16 some way, shape or form. To which I replied, "No, no,
17 Gosia, you're not going to do that". And she replied,
18 "Oh, believe me, I have enough stuff," and I presume she
19 meant medication from that.

20 So she is threatening to take her own life in
21 a meeting with her care co-ordinator and a psychiatrist,
22 and neither of them took any notice. They just carried
23 on with what they were doing.

24 Q. You say in your written evidence that she did actually
25 say, "I just can't control my mind".

1 **A.** Oh, right, yeah.

2 **Q.** They were words that she used at the meeting. Is that
3 likely to be more accurate?

4 **A.** Yeah, it was a term she -- I definitely remember it when
5 we were sitting down on the sofa because it was the
6 first time I'd ever heard her say it.

7 **Q.** So she said this. It's clear that she had suicidal
8 thoughts?

9 **A.** Yes.

10 **Q.** Did you get the impression that the clinicians present
11 accepted what she was saying and thought she should be
12 readmitted?

13 **A.** They didn't seem in much of a hurry about it. They
14 didn't seem to think -- the reaction I got from them was
15 not what I expected, and she wasn't admitted until about
16 two days later, and it was -- there was an impatience
17 from Care Co-ordinator A. It was like it was an
18 inconvenience.

19 **Q.** How was, in your perception, Care Co-ordinator A acting
20 towards you during this meeting?

21 **A.** Frostily would be an underestimation. She didn't want
22 me there. Gosia hadn't told her that I was going to be
23 there. We just walk in to the centre and then this
24 lady -- sorry, person -- comes out and she looked -- you
25 can see when someone's eyes open wide. It was a bit of

1 a shock that I was there but Gosia said, "I want Stuart
2 in this meeting".

3 **Q.** In your written evidence, you say that Care
4 Co-ordinator A also -- these are your words -- "accused
5 me of being an enabler"?

6 **A.** Correct.

7 **Q.** Do you remember, what did you think she meant by that?

8 **A.** That was about the financial elements of Gosia's life.
9 So what I'd said to Gosia is that, "You concentrate on
10 getting better, I will deal with all of these debt
11 matters". And I had, and very successfully. I'd got
12 some of the loans or the debts completely written off,
13 and we got the courts to back off on this application
14 for debt recovery from the Polish courts. And when
15 I told this person that, she just said, "You're not
16 letting her stand on her own two feet, you're enabling
17 her" -- yeah, just called me an enabler. That wasn't
18 constructive.

19 **Q.** You gave evidence about the position in 2013 when you
20 were dealing with SEPT --

21 **A.** Yeah.

22 **Q.** -- and what the CEO of SEPT had said to you about
23 inviting her in?

24 **A.** Yeah.

25 **Q.** Did this sort of mirror that: you're being accused now

1 of being an enabler?

2 **A.** Yeah, I think there were different -- they're different
3 perspectives. Me asking for extra help from SEPT, that
4 was like, well, she's partly your responsibility, and
5 I do get that but if you've got someone who's
6 threatening to take their own life, I believe that is
7 what a mental health team is there to help prevent and
8 when somebody is saying, "I need help", as a carer,
9 I think it's appropriate it's given.

10 But I think it was a different viewpoint when they
11 were calling me an enabler. It was almost like, "Well,
12 you're not letting her stand on her own two feet,
13 therefore she's never going to be able to stand on her
14 own two feet". And I know what happens when I don't --
15 when I let her try to do that, she falls on the floor.
16 So I thought: if I can take away the stressful aspect of
17 the finances and let her focus in on herself, I thought
18 that was a good thing to do, and there I am being told
19 "You're wrong".

20 **Q.** In fact, two days after that meeting on 25 May 2019, was
21 Gosia readmitted to the Peter Bruff unit?

22 **A.** Indeed, yeah.

23 **Q.** As far as you recall, again, was this technically at
24 least a voluntary admission?

25 **A.** Oh, yes, she'd asked to go. She wanted to be in there.

1 Q. Did she remain on the unit until 5 June?

2 A. Unfortunately only ten days, yes.

3 Q. We'll come on to deal with the length of time she was

4 there but that does mean that both of her stays at Peter

5 Bruff were for about the same period of time?

6 A. Correct, ten days.

7 Q. Just ten days?

8 A. Yeah.

9 Q. Were you able to visit her during her second stay at

10 Peter Bruff?

11 A. Yeah, yeah, I went to see her.

12 Q. Do you have any observations about the way she was cared

13 for when she was on the Peter Bruff Ward?

14 A. I don't have any complaints. It seemed -- the nurses

15 seemed nice. My only issue is that they released her

16 too early and I believe we're going to come to that.

17 Q. We'll come to that.

18 A. Yeah.

19 Q. Whilst she was still on the ward, did you become aware

20 of the intention to discharge her from Peter Bruff?

21 A. She had appointment with Broomfield Hospital for -- this

22 was to do with her gallbladder, so what she'd been in

23 hospital for in March, and I questioned the nurse about

24 that because they said they're going to take her down

25 there, and I was like, "Okay, well, are you going to

1 take her down there and bring her back?" And they said,
2 "Well, no, we can't keep a bed open".

3 And I'm like, "Well, you're not keeping a bed open,
4 you're just taking her down there and bringing her back
5 to the bed. It's the same thing". And they went,
6 "Well, we'll look into that but I don't think we can do
7 that".

8 And I just couldn't get my head around that
9 thinking.

10 **Q.** So is your understanding this: the trigger for her
11 leaving an inpatient mental health unit was simply the
12 fact that she had a physical health appointment
13 somewhere else?

14 **A.** Correct, yeah.

15 **Q.** What did you say about -- this is all ahead of the
16 time --

17 **A.** Yeah.

18 **Q.** -- what did you say when you learned that they weren't
19 planning to readmit her after the appointment at
20 hospital?

21 **A.** Well, I can't remember what I said but, you know, I was
22 only speaking to a nurse. She's only -- she's not
23 dictating what happens on the time that people are in
24 there. But I just thought it was completely and utter
25 madness.

1 Q. Why did you believe it was too early for Gosia to be
2 discharged?

3 A. I just don't see what they got to the bottom of in ten
4 days when someone is saying, "I need help", has
5 threatened to take their own life in front of
6 a psychiatrist. Ten days of medication changes nothing.

7 Q. You say this in your first statement, it's paragraph 39.
8 These are your words:
9 "She was clearly vulnerable and in need of an
10 extended period of care."
11 A. Yeah.

12 Q. Does that encapsulate the point you've just made?

13 A. Absolutely, yeah.

14 Q. But she was, in fact, discharged on 5 June 2019. She
15 did go to hospital for that particular appointment; is
16 that correct?

17 A. Yeah, I mean, I argued my case with the nurse but she
18 was only a nurse at the psychiatric unit. But I wasn't
19 informed by the hospital or by anyone that she would
20 actually be released on that day. I was hoping they
21 weren't, and that they would take her back but Gosia
22 then called me later that day to say, "I'm home".

23 Q. And this was back to your home?

24 A. Back on the 5th, yeah, to my home.

25 Q. I want to put up on the screen something you've said

1 about all of this if that's okay.

2 **A.** Yeah.

3 **Q.** Could we put up, please, the first statement at
4 paragraph 17. I'm just going to read this:

5 "I do not think that decisions about Gosia's mental
6 health treatment were appropriate. She was discharged
7 against her will on 5 June 2019. The reason for
8 discharge was to attend an outpatients appointment at
9 Broomfield Hospital. Given that she had expressed
10 suicidal thoughts in her meeting with her care
11 co-ordinator on 23 May 2019, I do not believe a ten-day
12 stay at Peter Bruff was sufficient."

13 Now, you've picked up on most of that already in
14 your evidence to the Chair today.

15 **A.** Mm.

16 **Q.** There's one thing I wanted to ask you about that we
17 haven't covered yet. It says here that she was
18 discharged against her will. So we've heard your views;
19 how did you come to discover that this was also against
20 her will?

21 **A.** Because she said she didn't want to come home. She
22 wanted to stay there.

23 **Q.** Do you know if that view was also communicated to people
24 on the ward?

25 **A.** I don't know.

1 Q. Can you take that down, please. Now, what I want to do
2 is go back to the day before she was discharged, 4 June,
3 please.

4 A. Mm.

5 Q. Were you contacted that day, do you recall this --

6 A. Yeah, I do.

7 Q. -- from someone at the Peter Bruff Ward?

8 A. Yeah.

9 Q. What was the purpose of that, please?

10 A. She asked me to write a letter saying that Gosia wasn't
11 welcome back at my property.

12 Q. How did you feel about that?

13 A. Well, I thought it was a fabrication. She was asking me
14 to fabricate something. She was asking me to write
15 a letter so they could present it to the council, asking
16 for independent housing for her, to which I replied,
17 "That's not my intention and it's not my feeling", but
18 I said, "She is not in receipt of public funds". So
19 I said, "You can put anything you want in front of the
20 council, they are not going to fund it because she's not
21 eligible for funds". So I said, "You're wasting your
22 time".

23 But they insisted almost. They said, "Well, can you
24 please do it".

25 Q. And did you?

1 **A.** Yeah, I did.

2 **Q.** In your written evidence, you describe it in this way,
3 you say:
4 "Only under duress did I agree to write this."

5 **A.** Yeah, I knew -- (1) it's not what I felt was appropriate
6 for me or her but I also knew it would be rejected. So
7 if you're telling someone, "We're going to get you
8 housing", knowing they can't get housing, you're
9 slightly elevating their expectations and then you let
10 them down. I just don't know where their thinking was.

11 **Q.** Had Gosia, in fact, raised the possibility of separate
12 accommodation with you whilst she was still at Peter
13 Bruff?

14 **A.** She hadn't raised it with me, no.

15 **Q.** Do you know what Gosia's preference was at the time?

16 **A.** I don't, Mr Griffin, no.

17 **Q.** You say this in your second statement:
18 "On 25 May Ela was picked up from my property by
19 ambulance and taken to Peter Bruff."
20 You then describe some of what happened there. Then
21 you say this:
22 "I visited her there and we spoke about this issue
23 ..."

24 This is housing, separate housing.

25 **A.** Yeah.

1 Q. "... as I could not understand why this became
2 a pre-occupation for her. It appeared to me that she
3 was being pressured to move from my property, even
4 though she was not in receipt of public funds, therefore
5 not a realistic prospect ..."

6 A. Mm.

7 Q. So this suggests that this might have been something
8 that Ela did pick up with you on the ward?

9 A. It certainly sounds familiar without me reading through
10 it all, but yes.

11 Q. In fact, on the day of Gosia's discharge, were you
12 contacted by Chelmsford Council?

13 A. Yes.

14 Q. What did they say to you?

15 A. Well, I'm quite amazed they actually phoned me but they
16 just said, "Very sorry, Mr Ringer, she's not eligible
17 for funds, therefore we're not going to house her".

18 Q. That's what you predicted would be the case?

19 A. Absolutely, yeah.

20 Q. In your view, what was the effect on Gosia of the
21 possibility of separate housing being raised but then
22 removed?

23 A. I just think they were toying with her mind and when
24 you've got someone who's vulnerable, I would have
25 thought the thing that you need is consistency, not

1 irregularity.

2 **Q.** As far as you're aware, had any discharge plan been put
3 into place before Gosia was released from Peter Bruff.

4 **A.** Well, I'm sure there was one given to the Chelmsford
5 Centre but none was given to me.

6 **Q.** As you've said, it was actually Gosia who told you that
7 she was back at your home --

8 **A.** Yes, it was.

9 **Q.** -- having been released.

10 **THE CHAIR:** Why was she not eligible for public funds?

11 **A.** Ooh, well, that's complicated. A lot of it is because
12 she'd never paid -- in her time in England, she'd never
13 paid tax, or certainly not enough. So because she was
14 a Polish national, you have to have paid X amount, this
15 is my understanding. But -- let me phrase it another
16 way. Sometimes she seemed to be eligible for public
17 funds and other times she didn't, and that is
18 a conversation you'd have to have with the DWP to
19 understand why. They quite often change their rules and
20 regulations on a weekly basis so one minute you can be
21 eligible for benefits and the next minute not.

22 **MR GRIFFIN:** I'd like to ask you now, Stuart, about a letter
23 that you wrote shortly after Gosia was discharged from
24 Peter Bruff, this is on 7 June 2019, and you're writing
25 this to Care Co-ordinator A.

1 **A.** Yeah.

2 **Q.** Can we put up the supplementary statement, please, at
3 page 21, and can we expand -- that's perfect. So what's
4 missing is "Dear Care Co-ordinator A", then we come
5 here:

6 "This Wednesday, 5 June, Ela was released from the
7 psychiatric unit in Colchester and back to my property,
8 after a brief visit to Broomfield Hospital ...

9 "I have had no communication from any department to
10 convey why she was released, what were the findings or
11 what is the plan going forward. I am deeply concerned
12 at this lack of information. I have asked Ela for
13 information, however, and, quite naturally, given that
14 she is on medication, she is confused and unclear of the
15 current standing."

16 So this is you expressing concern that you'd not
17 receive any communication after Gosia's release,
18 correct?

19 **A.** Yes.

20 **Q.** Can you provide a little more information about the
21 difficulties you were experiencing at home with Gosia
22 that led you to write this letter?

23 **A.** It was really around the medication side of things,
24 is -- well, one, there's no diagnosis. So it's easy to
25 say, "Oh she suffers from depression and anxiety,"

1 I know these things. But I would have thought if you've
2 been inside a psychiatric unit and been examined by
3 a psychiatrist, there's a little bit more in-depth
4 there. So I felt that, as her carer, if I was given
5 some information -- all right, I'm not a clinician but
6 it would at least give me some insight into what I'm
7 trying to do and look after. But it was more the
8 medication. There was no meds plan whatsoever and
9 I think that, you know, that is dereliction of duty.
10 It's not quite the right term but, you know, how can you
11 hand someone over to a carer and not give them a meds
12 plan when they're highly medicated? You haven't even
13 got tablets for, "Well, this needs to be taken this day,
14 that day, at this time, can't drink this, can't eat
15 that, nothing". So you're expecting to medicate -- the
16 person just to self-medicate themselves. It's just
17 bonkers.

18 **Q.** Can we just read on:

19 "I understand there are protocols in place as I am
20 not related or her partner, however ..."

21 Now, we've established already that that "not" that
22 we see where shouldn't be there.

23 **A.** Yeah.

24 **Q.** So it should read:

25 "... I am not related or her partner, however she

1 does live in my property ..."

2 **A.** Correct.

3 **Q.** "... she has no access to public funds currently, so
4 I cover all her living costs, as well as doing my best
5 as an untrained person, to offer support. This support
6 takes its toll on me at every level; the hardest thing
7 for me to deal with is a lack of information or
8 knowledge of a plan for Ela going forward.

9 "As I've just expressed, I understand you as an
10 organisation will have your protocols, however I don't
11 think it unreasonable for me to be included in solutions
12 for Ela's future. I would appreciate an open line of
13 communication and perhaps a meeting to discuss how I can
14 better help in this."

15 So you're back to a position that you experienced
16 before, is that right, where you're not getting
17 information and that translates into it becoming very
18 difficult for you to help Gosia?

19 **A.** The status quo remained.

20 **Q.** Is there another point here? Were you ever asked to
21 provide information to healthcare professionals about
22 Gosia?

23 **A.** Nothing.

24 **Q.** Would you have been able to provide relevant and helpful
25 information to them, if they had asked?

1 **A.** Well, I'd certainly been willing. I mean, it's a deeper
2 factor and failings of the mental health system but,
3 unless you're understanding the root cause of someone's
4 mental health problems, it's how do you try and deal
5 with them, cope with them? If someone's got cancer, you
6 don't rely on painkillers to make them better. You look
7 after the cancer but give them painkillers.

8 At the moment, we have a situation, and certainly in
9 Gosia's situation, they're just giving her medication
10 without dealing with the cancer of her brain.

11 **Q.** Can we come back to that point because I know that's
12 a very important point for you --

13 **A.** Yeah, sure.

14 **Q.** -- so maybe we'll end up with that point?

15 **A.** Of course.

16 **Q.** So I promise you I will come back to it.

17 **A.** But I could certainly have given them insight into her
18 daily life. Would I have given them the information
19 that I knew about her sexual abuse? Certainly not
20 without her permission but, unless we deal with that
21 aspect, then we're banging our head against the wall.

22 **Q.** After you sent this letter, did communication with you
23 improve?

24 **A.** No, I didn't get anything.

25 **Q.** Could you take it down, please.

1 **A.** I know we're skipping forward here, Mr Griffin, but I've
2 had one piece of communication from them and it was
3 a few hours after she died. They asked me if I wanted
4 any help. I said, "You're a bit bloody late". Excuse
5 my language.

6 **Q.** How was Gosia after her discharge, this second time from
7 Peter Bruff?

8 **A.** Heavily medicated.

9 **Q.** I think you may have said in your written evidence that
10 she did actually start to engage with Alcoholics
11 Anonymous?

12 **A.** We tried. I went with her to a couple but, again, this
13 religious aspect would come up. She seemed to be better
14 balanced. She wasn't drinking at this point. Again, if
15 you're on enough medication, the alcohol -- as long as
16 you're not dependent, it hides, masks, the demons that
17 you've got buried and that keep raising up. So that
18 side of things did actually seem slightly controlled and
19 she was trying to get some work, but I think she felt
20 like she was normal and everyone else was looking at her
21 like, "You're drugged".

22 **Q.** You describe in your written evidence a home visit on
23 16 June --

24 **A.** Yeah.

25 **Q.** -- from a support worker?

1 **A.** Yeah.

2 **Q.** As you understood it, was it someone from the Chelmsford
3 & Essex Centre?

4 **A.** It was. I can't remember her name. I think she was --
5 "trainee" would be too strong a word but she was much
6 younger than the normal and, you know, I made it very
7 clear to her I'm not getting any communication from any
8 of the care co-ordinators and I need help and assistance
9 in that. And she said, "Oh I'll speak to somebody", but
10 I never got anything.

11 **Q.** Once Gosia had returned to you, was there any further
12 conversation about her finding alternative
13 accommodation?

14 **A.** No. Well, there was one conversation. We were walking
15 back from one of these Alcoholics Anonymous and it was
16 a lovely summers evening. I won't swear but she said,
17 "Please don't let them put me in some ... hole". You
18 can put the word before that, if you want. And it was
19 quite a joking conversation but I think -- I got the
20 feeling that she'd almost thought it was inevitable that
21 they would move her out in some way, shape or form.

22 I do remember one conversation and she said, "Maybe
23 if I live somewhere else, I won't lose you as a friend",
24 which hurt.

25 **Q.** In your written evidence you say this -- so we've just

1 been talking about a home visit on 16 June.

2 **A.** Yeah, sorry.

3 **Q.** You say in your written evidence that on 21 June -- so

4 a few days later -- Gosia called you in the afternoon in

5 what you describe as a state of hysteria. Do you

6 remember that?

7 **A.** Yes, I do remember.

8 **Q.** She'd just been at the Jobcentre Plus and been told that

9 she'd been refused benefits?

10 **A.** Yeah.

11 **Q.** Her conversation -- these are your words -- was fixated

12 on the fact that if she could not get benefits she could

13 not be moved to another property.

14 **A.** Yeah.

15 **Q.** "... and she said 'Care Co-ordinator A wants me to

16 move'."

17 So do you now recall that?

18 **A.** I remember that call, yeah.

19 **Q.** Did all that, in your words here, contribute to a state

20 of heightened anxiety?

21 **A.** Hugely.

22 **Q.** The next day, 22 June 2019, a Sunday, did you find Gosia

23 intoxicated at home?

24 **A.** I did, yeah, in the late afternoon.

25 **Q.** This was the day before a friend of hers -- we saw,

1 actually, in one of the documents that was put up on the
2 screen reference to a friend from Australia?

3 **A.** Am I allowed to use her name?

4 **Q.** Well, shall we call her -- use her first name?

5 **A.** Melanie.

6 **Q.** Yes.

7 **A.** Yeah.

8 **Q.** This the same friend, is it, who is now coming over for
9 a visit?

10 **A.** Correct.

11 **Q.** Was Gosia a little bit anxious about seeing her friend?

12 **A.** I didn't think she was but the fact that she was
13 intoxicated made me believe that it was actually
14 Melanie's visit -- this is an assumption, I can't back
15 this up with any evidence but I think that she was
16 really concerned about when Melanie would have seen her
17 last time, it would have been 10 years prior and the
18 difference of where she was in life 10 years on, I think
19 she felt as if she was a failure.

20 **Q.** Did Melanie come over to visit Gosia? Did Melanie also
21 stay at your home?

22 **A.** Yeah, so that was the -- so I found her intoxicated on
23 the Saturday. I went off to work on the Sunday, very
24 early, and I left a note for Gosia, saying, "Melanie's
25 arriving today, she's flown halfway round the world,

1 partly to see you". I said, "Just look after the
2 property and the home and make her room up for her, and
3 just be happy that your friend's coming to see you".

4 **Q.** Now, do you believe there was a further meeting with
5 Care Co-ordinator A -- between Care Co-ordinator A and
6 Gosia, but at a time when Melanie was present as well?

7 **A.** Yeah, it was on the Tuesday, I remember.

8 **Q.** Were you present at that meeting?

9 **A.** I wasn't, no.

10 **Q.** Did you learn about it afterwards?

11 **A.** I did.

12 **Q.** Was that from talking to Melanie?

13 **A.** Yeah. I mean, if we can just dial back a day or so. So
14 Gosia didn't do as I asked on the -- that would have
15 been the Sunday, the 23rd. Melanie calls me and said,
16 "Well, that's been quite the effort". She's meant to be
17 meeting Gosia at the station; Gosia's not there. She
18 finally gets her on the phone. She's intoxicated and
19 she eventually finds where -- the property and Gosia was
20 drunk again, yeah.

21 **THE CHAIR:** When you said she hadn't done what you asked,
22 what had you asked?

23 **A.** Just make there her bedroom up, do a little bit of
24 housework. Yeah, that was it really. Just welcome her
25 friend.

1 **MR GRIFFIN:** Just going back to the meeting with Care
2 Co-ordinator A, where Melanie was present but you
3 weren't, what information was provided to Care
4 Co-ordinator A at that meeting?

5 **A.** I don't know exactly what information was --

6 **Q.** I understand, through your lawyers, that the information
7 was that Gosia had been scratching herself?

8 **A.** Well, that had been ongoing for a little while but the
9 statement in the file of paperwork given from Melanie --
10 and it's important to note that Melanie is a qualified
11 nurse. She's Australian but she practised in Australia,
12 she's also practised in the UK. So she has dealt with
13 mental health in various aspects of being a nurse. And
14 so she wrote, after Gosia passed away -- I know we're
15 jumping on a bit --

16 **Q.** That's fine.

17 **A.** -- is that she wrote a statement for the coroner because
18 we thought at the time it was suicide and, in that, she
19 details -- and it's in all the paperwork -- that Gosia
20 was self-harming in front of Care Co-ordinator A.

21 **Q.** Was that the scratching?

22 **A.** Yeah, scratching her arm.

23 **Q.** Thank you. Was that at the meeting on 26 June?

24 **A.** Yeah, according to Melanie, that the care co-ordinator
25 was more concerned about Gosia's getting benefits than

1 she was in her scratching her arm and self-harming.

2 **Q.** So later that day, 26 June, did you see Gosia when you
3 came back from work?

4 **A.** Yeah. So at this point when she's in the meeting, she's
5 not drinking but she has drunk over the weekend. On the
6 Monday she was sober -- I believe it's the Tuesday --
7 and I've been out working. I phoned Melanie, said, "Do
8 you want me to bring in some food?" And she went "Well,
9 it's been a bit of a challenging day. We've had the
10 meeting". She described in a little detail what went
11 on, and she said, "Gosia's in the living room and she's
12 drunk".

13 **Q.** Did you have a conversation with Gosia?

14 **A.** Very brief one.

15 **Q.** Do you remember it?

16 **A.** I do.

17 **Q.** What was the brief conversation?

18 **A.** I asked her why she did it, as in drink, and she said
19 "I don't know".

20 **Q.** So what you've said in your written evidence is that she
21 replied --

22 **A.** Sorry, let me just recall it, if you don't mind.

23 **Q.** Yes.

24 **A.** She said, "It's the only thing that makes it stop", to
25 which I replied, "Make what stop?" And she said,

1 "I don't know". They're the words.

2 **Q.** Stuart, were those the last words that Gosia said to
3 you?

4 **A.** They were.

5 **Q.** We're going to move on, Stuart, to the next day and to
6 Gosia's death. Is it right that on the morning of
7 27 June 2019, you went into Gosia's room at 8.00 am and
8 you discovered that she was dead?

9 **A.** Yeah.

10 **Q.** Was this shortly before her 42nd birthday?

11 **A.** Yeah.

12 **Q.** Was this therefore around three weeks after her
13 discharge from the Peter Bruff unit?

14 **A.** Yes.

15 **Q.** Was Gosia's death deemed to be from natural causes and
16 was there therefore no inquest?

17 **A.** That's correct.

18 **Q.** What's your view about deeming the death to be of
19 natural causes?

20 **A.** Well, if it's natural causes, it's natural causes but,
21 you know, I can't argue against that. But it felt more
22 like, to me, that it was overdose on alcohol. You know,
23 if a liver is that damaged, it's not going to last
24 forever. But if she'd shot up a load of heroin and
25 died, that would have been an overdose. But you take

1 a load of alcohol, and it's not an overdose. Maybe
2 I could drink that much alcohol and I'd have a hangover
3 but it wouldn't kill me but, if your liver is knackered,
4 then it's a different matter altogether.

5 The most disappointing factor out of that is that --
6 I mean, it felt like a relief at the time, but there was
7 no inquest and if there'd been an inquest we could have
8 had questions raised over how someone can have a meeting
9 with their care co-ordinator and then go out and
10 effectively kill themselves.

11 **Q.** In fact, as you say, no inquest. Are you aware of any
12 other form of investigation, for example within EPUT, in
13 relation to Gosia's death?

14 **A.** They've never communicated with me at all and so I would
15 have no idea.

16 **Q.** What I want to do now, we're coming right to the end of
17 your evidence but I want to ask you -- in fact, I want
18 to read something that you've written to you, and ask
19 you about that. Can I do that now, please?

20 **A.** Yeah, sure.

21 **Q.** So for those present, this is page 3 of the
22 supplementary statement. This is what you say:

23 "I'm supplying the attached information, for a very
24 simple reason."

25 Thank you very much. It's been put up on the

1 screen.

2 "People deserve better. Nothing will bring my
3 friend back, but I do want her to have a legacy,
4 a legacy of change. It is my belief that the care
5 Ms Breczko-Nowak received from both Brentwood and
6 Chelmsford mental health unit's staff was far below the
7 required duty of care that both the organisations and
8 their staff are required to provide and this resulted in
9 a level of care that was continually unacceptable."

10 So you speak here about Gosia's experience being
11 part of a legacy of change.

12 **A.** Yeah.

13 **Q.** Is there anything more you'd like to said about that?

14 **A.** Well, how you want me to -- or what I'd like to see the
15 NHS to change?

16 **Q.** Well, we'll come on to that point.

17 **A.** Yeah.

18 **Q.** You talk about the community teams of Brentwood and
19 Chelmsford --

20 **A.** Yeah.

21 **Q.** -- and the care there being unacceptable. You don't
22 criticise there Gosia's care as an inpatient on the
23 Peter Bruff Unit, is that correct, that you don't
24 criticise that --

25 **A.** No, I didn't see any failings at the mental health unit

1 in Peter Bruff.

2 **Q.** Other than the points that you've raised potentially in
3 relation to a premature discharge?

4 **A.** Yes -- yeah.

5 **Q.** You say a little bit lower down in the passage that we
6 can see on the screen:

7 "My hope is that by reviewing my information, this
8 will empower you to address the severe disconnect that
9 exists between your service and [the] friends and
10 families that care for these vulnerable people."

11 Is the point being made here again about failures to
12 share information with people like you, as Gosia's
13 carer?

14 **A.** Absolutely. I don't think there's any support
15 whatsoever for those that support those that are
16 suffering mental health. I can only speak for my own
17 case. However, I have spoken to plenty of other Core
18 Participants and it's a theme, and this constant feeling
19 that you're going to be -- have a finger pointed at you.
20 There might not be the situation where they're being
21 accused of assault but being told you're an enabler,
22 that doesn't help you as a carer, to care for that
23 person.

24 I mean, if I speak to any of my friends and they say
25 "I've got somebody in my family that's suffering from

1 mental health" -- "Go private. Just don't go anywhere
2 near the NHS", because you suddenly find out that
3 they're pointing the finger at you saying, "Well, you're
4 part of the problem".

5 **Q.** Could that be taken down, please.

6 So you haven't suggested any recommendations in your
7 written evidence for the Chair to consider.

8 **A.** Mm.

9 **Q.** Earlier in your evidence you touched on a point that
10 I now want to come back to, please --

11 **A.** Okay.

12 **Q.** -- and it's to do with the use of medication, rather
13 than probing deeper.

14 **A.** Yeah.

15 **Q.** I'm summarising it, but would you let the Chair know
16 what your point is about that, please?

17 **A.** I can only talk about -- mental health is a broad
18 spectrum but I can only speak from the -- what I've seen
19 and confine it to mental health around addiction.
20 Alcoholism is not a life aspiration. You know, it is
21 a disease but it doesn't get treated like one.

22 From the addicts that I've met, including Gosia and
23 other addicts or alcoholics that I've met working with
24 mental health charities, behind every alcoholic or
25 addict there is a story and it's normally a very tragic

1 one, a very sad one. It's normally from childhood. But
2 unless -- you can't medicate out of that. That is
3 trauma that's deeply entrenched. Unless we're going to
4 set up and the NHS is going to have a strategy to deal
5 with that embedded trauma, we're never ever going to
6 solve mental health. So it's incumbent upon the NHS to
7 change its strategy.

8 I hate to say it, I don't believe it will because
9 it's so difficult to get this Leviathan to change its
10 ways. But, unless we can come up with a root and branch
11 change, you just cannot give enough medication to
12 people. And I touched on it earlier, if you've got
13 a patient with cancer, you can't give them painkillers
14 and expect them to get better; you've got to deal with
15 the cancer. And mental health and, especially childhood
16 trauma, that is a mental cancer.

17 **MR GRIFFIN:** Stuart, those are the questions that I have for
18 you. In a moment, we're going to see a photo of Gosia,
19 but before we move on to that, I just want to ask you if
20 there is anything else that you think we haven't covered
21 that you'd like to cover now?

22 **A.** Just briefly, and I think this is relevant to the
23 Inquiry, I think it's relevant to MPs and ministers, and
24 I don't know if there's any members of the press here,
25 but I think it's incumbent upon you to look at this with

1 a greater aspect of the tragedy involved. And there is
2 a saying, and you may be familiar with it, but it's: one
3 death is a tragedy; a million deaths is a statistic.
4 Some people attribute that to Joseph Stalin, which is
5 quite unfortunate, but other historians disagree. But
6 the meaning behind it is that each death is a tragedy
7 but the way it's been looked at is it's just a number.
8 It's 2,000; it could be 1,500; it can be 2,500.

9 We're becoming sanitised to that volume of death and
10 I think the media, the Inquiry, politicians need to look
11 at this as 2,000 individual tragedies and, unless we do
12 that, I feel that -- we're not going to get change
13 unless we get political will and political will, it
14 won't come from convictions, although I'd like to see
15 convictions for neglect, criminal act. The media have
16 got to get more behind this, and if the media would get
17 behind it, politicians will get behind it and then we
18 might get systemic change. But without that systemic
19 change, the status quo is going to remain.

20 **MR GRIFFIN:** Thank you very much.

21 Chair, do you have any questions?

22 **THE CHAIR:** No, I don't. Thank you, and thank you for your
23 evidence.

24 **MR GRIFFIN:** Stuart, we're just going to finish by showing
25 a photo of Gosia. After that, we'll pause briefly to

1 see information there are any more questions.

2 *(Photograph displayed)*

3 Stuart, we'll rise. It may not be necessary for you
4 to come back. We're just going to check if there are
5 any further questions. Thank you. Five minutes.

6 If we don't come back, we're reconvening on Monday
7 at 10.00 am.

8 **(4.31 pm)**

9 **(The Inquiry adjourned until at 10.00am**

10 **On Monday, 9 February)**

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