

Monday, 16 February 2026

(10.00 am)

(Proceedings delayed)

(10.18 am)

THE CHAIR: Good morning, Ms Lloyd-Owen. How are you?

Thank you.

MS LLOYD-OWEN: Good morning, Chair. This morning we will hear evidence from Amanda Cook in relation to her brother, Glenn Holmes. As you will see, Amanda is appearing over the link this morning. Amanda would like me to refer to Glenn by his first name and to refer to her by her first name, as well.

Before we hear Amanda's evidence, I would like to point to the fact that today's evidence may in parts be distressing and difficult to listen to and, for some, it may not be possible to sit through this session. Anyone in the hearing room is welcome to leave at any point. I would like to remind people that emotional support is available for all those who require it. We have support staff from Hestia, an experienced provider of emotional support, here today and for each day of this hearing.

There is a private room downstairs where you can talk to Hestia support staff if you require emotional support at all throughout this hearing -- the Hestia support staff are wearing orange coloured lanyards and

1 scarves -- or you can speak to a member of the Inquiry
2 team and we can put you in touch with them. We are
3 wearing purple coloured lanyards.

4 If you are watching or participating online,
5 information about available emotional support can be
6 found on the Lampard Inquiry website at
7 lampardinquiry.org.uk, and under the "Support" tab near
8 the top right-hand corner. We want all those engaging
9 with the Inquiry to feel safe and supported.

10 Amanda, please can you read the wording of the oath,
11 which should be in front of you.

12 **AMANDA COOK (sworn)**

13 **Questioned by MS LLOYD-OWEN**

14 **MS LLOYD-OWEN:** Thank you. Amanda, please can you state
15 your full name for the record.

16 **A.** My name is Amanda Louise Cook.

17 **Q.** Amanda, you are Glenn Holmes' sister and you are here to
18 speak about your experience of Glenn's treatment and
19 care. Glenn tragically died on 7 July 2012 when he was
20 just 19 years old; is that right?

21 **A.** Yes.

22 **Q.** Due to an overdose of prescribed medication which the
23 coroner at Glenn's inquest concluded was an accident; is
24 that right?

25 **A.** Yes.

1 Q. You provided a witness statement dated 9 January 2026,
2 do you have a copy of that witness statement available
3 to you to look at whilst you give your evidence, should
4 you need to?

5 A. I do, yes.

6 Q. On the last page of that statement, you made a statement
7 of truth, and then signed the witness statement; is that
8 right?

9 A. Yes.

10 Q. Have you had an opportunity to read through that
11 statement recently?

12 A. I have, yes.

13 Q. I understand that there is one correction you would like
14 to make in relation to paragraph 28 of the statement.

15 A. Yeah.

16 Q. That is on page 13 of the statement. Where the
17 statement reads, "On 7 March 2012, Glenn was admitted to
18 A&E due to alcohol overdose", that should, in fact, say:
19 "... due to an overdose of prescribed medication and
20 alcohol."
21 Is that right?

22 A. Yeah, it should, yes.

23 Q. Aside from that correction, is that document true and
24 accurate to the best of your knowledge and belief?

25 A. Yes.

1 Q. As you know, that witness statement will therefore stand
2 as your evidence to the Inquiry. Although I'm going to
3 ask you some questions about that statement, I'm not
4 going to take you through it line by line or ask you to
5 read it out, but please be assured that the Chair and
6 Inquiry team have read and considered everything you say
7 in that statement very carefully, and it will form part
8 of the body of evidence on which this Inquiry will rely.

9 A. Okay.

10 Q. I'd also like to acknowledge that you've provided
11 a commemorative and impact account in relation to your
12 brother, Glenn?

13 A. *(The witness nodded)*

14 Q. The Inquiry is extremely grateful to you for that
15 evidence as well as the evidence that you're giving
16 today?

17 A. Thank you.

18 Q. Your evidence will focus on your concerns in relation to
19 Glenn's care and treatment under the care of the North
20 Essex Partnership University NHS Foundation Trust, which
21 we will be referring to as NEPT; is that correct?

22 A. Yes, yeah.

23 Q. I want to start just to understand a little bit about
24 Glenn's background and the environment in which he grew
25 up. You explain in your statement that the environment

1 Glenn grew up in was dysfunctional --

2 **A.** *(The witness nodded)*

3 **Q.** -- and that he witnessed traumatic events which you
4 believe are very much linked to Glenn's subsequent
5 mental ill health; is that correct?

6 **A.** Yes, that's correct.

7 **Q.** Is it right that Glenn's first contact with mental
8 health services was by way of a referral to family
9 therapy when he was four years old?

10 **A.** Yes, that's correct.

11 **Q.** Do you know whether, following that referral being made,
12 Glenn actually received any family or individual therapy
13 as a young child?

14 **A.** I believe myself and Glenn, we both received family
15 therapy to deal with our parents' separation.

16 **Q.** Your parents then divorced when Glenn was five years old
17 and Glenn had no contact with his biological father
18 after that time?

19 **A.** Yeah, that's correct.

20 **Q.** In terms of other aspects of your childhood, which you
21 feel may have impacted upon Glenn's mental ill health or
22 his issues with alcohol thereafter, is it right that you
23 spent a considerable amount of your childhood in a pub;
24 is that right?

25 **A.** Yeah, my mum ran a few different pubs as we were growing

1 up and we saw a lot -- we were around alcoholics every
2 single day.

3 **Q.** Is it your view that that contributed to Glenn's
4 difficulties with alcohol later on?

5 **A.** Yeah, I don't believe it's the right place for a child
6 to grow up.

7 **Q.** Now, Glenn was next in contact with mental health
8 services when he was 16 years old when he was referred
9 in November 2009 to the Child and Adolescent Mental
10 Health Service by his GP; is that correct?

11 **A.** Yeah, that's correct.

12 **Q.** I'm going to refer to that service as CAMHS from now on.
13 You comment in your statement that you understand from
14 records that you've seen that the reason for this
15 referral was due to depression, self-harm behaviours,
16 morbid thoughts and suicide ideation?

17 **A.** Yeah. Yeah, that's correct.

18 **Q.** From your perspective as Glenn's sister, what did you
19 understand at that time of what Glenn was going through?

20 **A.** I believe that me and Glenn had a really horrible -- we
21 had a hard upbringing. We have a lot of trauma in our
22 lives with around violence, aggression and alcohol and,
23 I think Glenn wasn't -- we were children in a household
24 but the household had ran around a pub. And we didn't
25 have the worst upbringing, sometimes, you know, we did

1 have good times but most of it, we'd see people drunk --
2 I mean, a child should not see adults constantly drunk,
3 falling over each other in fights. We constantly saw
4 fights. Our whole family were in arguments all the
5 time, we saw a lot of violence and I think that
6 contributed a lot to how Glenn felt, and I think he
7 didn't get the attention he needed. And I think that's
8 Glenn's trouble: he was asking for help and he never
9 received that from anyone, not just the professional
10 services.

11 **Q.** In your statement, you say that at this time, when Glenn
12 was 16 years old, he was reported to have been
13 experiencing severe difficulties with emotions,
14 concentration and behaviour, and to have been
15 experiencing this for over a year.

16 **A.** *(The witness nodded)*

17 **Q.** Does that fit with your observations of Glenn at the
18 time?

19 **A.** I mean, Glenn dealt with that a long time, not just
20 a year, he -- my mum did take him to see a GP when he
21 was younger because we were looking into ADHD with him.
22 He was a very active child and he did very much not know
23 what to do with his energy. He was a hard child but
24 a good child and that wasn't taken into account.

25 **Q.** Can you say when it was that your mother took Glenn to

1 the GP in relation to potential ADHD?

2 **A.** It would have been his young childhood. I imagine
3 around six or seven.

4 **Q.** Do you know what came of that: whether there was any
5 diagnosis or further steps?

6 **A.** I don't think there was a diagnosis. I didn't hear of
7 anyone but I know that it was ADHD that they were
8 looking into.

9 **Q.** Now, in terms of this further contact with mental health
10 services when he was 16, you refer to the referral in
11 November 2009, and then to Glenn being seen by
12 a behavioural nurse therapist under CAMHS in their
13 community team in Colchester on 19 November 2009?

14 **A.** *(The witness nodded)*

15 **Q.** As far as you're aware, was this the first time that
16 Glenn was being seen by the CAMHS community mental
17 health services, or indeed any other part of CAMHS?

18 **A.** Yeah, as far as I'm aware. As far as I'm aware, he
19 did -- he was having assessment for the ADHD. I don't
20 think he ever got an assessment and he was -- that was
21 it. He wouldn't hear anything else, as far as I'm
22 aware.

23 **Q.** That's, as you say, when he was much younger, say six or
24 seven; is that right?

25 **A.** Yeah, yeah.

1 Q. Now in terms of what Glenn reports at this stage when
2 he's 16 years old, you refer to him reporting having low
3 self-esteem and self-worth, usually self-harming at
4 night and having thoughts of either killing himself once
5 a fortnight, or stabbing himself, overdosing or
6 drowning. We will come to particularly the issue of
7 overdosing. Is it your understanding at this point
8 that, although he was having thoughts of overdosing, at
9 this stage he wasn't, to your knowledge, overdosing with
10 any medication or anything like that?

11 A. As far as I know, he wasn't at that time until one of
12 his best friends took his own life and that set
13 everything off.

14 Q. When you say one of his best friends took his own life,
15 can you say how old Glenn would have been at that point
16 in time?

17 A. Glenn would have been around -- between 15 and 16,
18 I believe.

19 Q. So, at that point in time, there's that element of real
20 change in his life, in that he's lost one of his best
21 friends --

22 A. Yeah.

23 Q. -- in such tragic and circumstances?

24 A. Yeah. But that's not -- that is not the only thing for
25 Glenn. You know, he lost his dad as a young -- as

1 a baby. He -- our siblings were in and out of our life
2 due to arguments in the family, with alcohol and drugs
3 and violence. So Glenn had a lot of loss through his
4 life. That was the big one for him.

5 **THE CHAIR:** Can I ask you, what is the age difference
6 between you and Glenn?

7 **A.** Four years.

8 **THE CHAIR:** You were younger than him or older than him?

9 **A.** I'm older.

10 **THE CHAIR:** Thank you.

11 **MS LLOYD-OWEN:** Now, you describe in your statement that, on
12 7 December 2009 Glenn was seen by a specialty doctor in
13 child and adolescent psychiatry, who we're going to
14 refer to as "Dr A", and that he attended the appointment
15 with your mother, his mother --

16 **A.** *(The witness nodded)*

17 **Q.** -- but didn't want to speak to Dr A in front of her; is
18 that right?

19 **A.** That's right, yes.

20 **Q.** Can you say, at this point in time, how involved your
21 mother or you or other family members were in the
22 interactions that Glenn had with CAMHS?

23 **A.** I don't believe he wanted my mum involved at all. He
24 didn't want to upset my mum. He did -- he very much
25 cared about our mum but I don't think he felt like the

1 feeling was mutual, and I don't think he felt like he
2 had that support.

3 Q. So, at this point, is it your understanding that your
4 mother was there taking him to the appointment but she
5 wasn't invited into the meetings or the consultations?

6 A. Yes, yeah.

7 Q. At this point, you're four years older, so you're around
8 20; is that right?

9 A. Yes.

10 Q. What involvement at this stage did you have in any of
11 Glenn's care or an awareness of what was going on for
12 him at the time?

13 A. So when I moved out -- I moved out when I was 18 years
14 old, and Glenn -- Glenn's very much within his issues
15 then, and he used to spend every single weekend at my
16 house. We'd keep an eye on him. Every time that Glenn
17 was in hospital, it was me looking after him. Our mum
18 was basically told, "It's either me or Glenn", by her
19 husband at the time, and she chose her husband. So
20 I saw Glenn out on the street and I didn't want him on
21 his own. So I took on this role.

22 Q. So would it be fair to describe you as a confidante for
23 Glenn?

24 A. Yes.

25 Q. Do you feel that he trusted you with information about

1 what was happening for him?

2 **A.** Yeah, myself and my husband -- my husband at the time --

3 he was really close to. We helped him, moved him around

4 and ...

5 **Q.** Now, in this appointment that he has with Dr A, the

6 first appointment he has with a consultant psychiatrist,

7 Glenn, you say in your statement, requested

8 antidepressants as his depression and sleep pattern had

9 gotten worse. What is your understanding that, at this

10 point at the end of 2009 when Glenn is 16, he was taking

11 in terms of prescribed medication?

12 **A.** Sorry, can you repeat that?

13 **Q.** Sorry. At this point in time he asked for

14 antidepressants from Dr A?

15 **A.** *(The witness nodded)*

16 **Q.** Do you know if he was prescribed antidepressants at that

17 point?

18 **A.** I don't, at that point, no.

19 **Q.** Dr A then told Glenn that he would be reviewed in

20 a week.

21 **A.** *(The witness nodded)*

22 **Q.** But you comment in your statement that he didn't discuss

23 or propose any immediate follow-up by phone or visit.

24 **A.** *(The witness shook head)*

25 **Q.** What do you believe should have happened at this point

1 when Glenn had had that first appointment with Dr A?

2 **A.** I think, like with anyone, you know, you go to the
3 doctors, you see your GP and ask for help because you're
4 depressed and you've got these thoughts of hurting
5 yourself. I think it's -- it should have been taken
6 seriously. He should have immediately been assessed for
7 depression, for anxiety and for his own risk.

8 **Q.** You comment that Glenn had reported that he had thoughts
9 about choking himself with vodka but is noted to have
10 denied active suicidal ideation or planning at that
11 time?

12 **A.** Yeah, I think that still needs to be taken seriously.

13 **Q.** Then on 17 December 2009, Glenn is again seen by Dr A --

14 **A.** *(The witness nodded)*

15 **Q.** -- to have had reported feeling depressed with poor
16 sleep and suicidal ideation but no active plan?

17 **A.** Yeah.

18 **Q.** Glenn continued to feel depressed and had started
19 self-harming a few days ago and admitted to taking more
20 zopiclone --

21 **A.** *(The witness nodded)*

22 **Q.** -- which I believe is a sleep aid, a sleep tablet; is
23 that right?

24 **A.** Yes, it is, yeah.

25 **Q.** Then there's a further review booked in for 18 days

1 later. What is your view as to whether the pacing of
2 this care and the support he was being given at this
3 early stage was sufficient and appropriate for Glenn?

4 **A.** I don't think it was sufficient at all. I mean, if
5 anyone walks in -- off the street and says, "I'm having
6 these thoughts about hurting myself but I'm not actually
7 going to do it", I don't think that -- that should be
8 taken seriously. It shouldn't be, "Okay, we'll give you
9 this drug, we'll see you in a week, in a month", and
10 just left to walk out the door. You know, even if you,
11 at that moment, say, "But I'm not going to do it", that
12 doesn't mean they're not going to do it. You know,
13 their situation could get worse within seconds.

14 **Q.** Would it be fair to say that you were concerned there
15 might be impulsive self-harm --

16 **A.** Yeah.

17 **Q.** -- that could put Glenn at considerable risk?

18 **A.** Yeah, Glenn was very impulsive with his -- as soon as --
19 I mean, the anxiety could come on very quickly and he
20 would end up hurting himself.

21 **Q.** Before Glenn's next appointment on 4 January 2010, you
22 comment in your statement that he'd reported
23 self-harming five further times?

24 **A.** *(The witness nodded)*

25 **Q.** You have some concerns about whether there was

1 consideration and a recognition that he may impulsively
2 self-harm again; is that right?

3 **A.** Yeah, I don't think it was taken seriously.

4 Self-harming is a cry for help and I believe -- I mean,
5 many times when we was in -- we'll get into that but,
6 when he was in the hospitals, I was told that it was
7 artificial and that he was looking for attention and
8 I think, even if they are looking for attention, that
9 still needs to be taken seriously because they're
10 harming themselves and it's not normal.

11 **Q.** At this point, what do you believe should have been
12 happening for Glenn in terms of care beyond the
13 medication?

14 **A.** Yeah, I can't say -- you know, I'm not a professional.
15 I can't say what they could have put in place to help
16 him but I don't think that they did enough to help him.
17 They shouldn't have let a child that's saying he's going
18 to hurt himself walk out the door.

19 **Q.** You refer to the records from that 4 January 2010
20 appointment with Dr A, in which Glenn explains that one
21 of the reasons he self-harmed was because he felt he was
22 making his mum more depressed and anxious because of his
23 behaviour, but then records that he denied any active
24 suicidal ideation or plan or intent?

25 **A.** *(The witness nodded)* Yeah.

1 Q. You comment that there seems to be no recognition that
2 self-harm can, in fact, lead to death?

3 A. Yeah.

4 Q. It's that point, is it, from not recognising the risk
5 from self-harm --

6 A. Yeah, I think it's not taken seriously enough. You
7 know, even if someone one harmlessly tries to -- you
8 know, there's way of doing it, like Glenn did. Even if
9 they artificially go to do that, accidents happen. They
10 could easily hurt themselves and it can cause death.
11 It's not -- they're not looking for attention; they're
12 looking for help. That's one thing that's always been
13 stuck in my head. I was always told he's attention
14 seeking, seeking attention. Yes, he was, Glenn, because
15 he wants help. It's not because he wants attention
16 because he wants people to have a laugh with him and,
17 you know, give him -- have a conversation with him. He
18 just wanted to live his life and he couldn't because he
19 was so in his head.

20 Q. I want to turn now to your concerns regarding the period
21 of transition for Glenn from CAMHS to adult mental
22 health services. You explain in your statement that on
23 1 April 2010, when Glenn was 17, a referral was made for
24 Glenn by the CAMHS psychiatry service to the adult
25 psychiatry team.

1 **A.** *(The witness nodded)*

2 **Q.** What did you understand to be the reason why he was
3 transferred at that point?

4 **A.** I believe it was because he had left school and it was
5 just his age. My massive -- I have a massive issue with
6 this because, you know, at 19, you are still a child.
7 Whether you're legally -- you know, you're coming to 18
8 and you're told that you're an adult, you're not. Until
9 you're 30 -- no one knows themselves until they're in
10 their 30s. You know, I got married very, very young and
11 in my 30s I decided actually this is not what I want for
12 my life, and I think that happens for most people. And
13 I don't understand how you can go from saying, "You're
14 a child", to the very next appointment saying, "No,
15 you're an adult, and we're going to transfer you to
16 an adult service", at 19 years old. Even in your 20s
17 you don't know yourself. It's not enough.

18 **Q.** In fact, in this case, this transition was taking place
19 and the discharge from CAMHS --

20 **A.** *(The witness nodded)*

21 **Q.** -- when Glenn was just 17 years old?

22 **A.** Yes.

23 **Q.** At this point, you set out in your statement that,
24 although the discharge -- the referral is made on
25 1 April 2010, almost two months later on 28 May 2010,

1 Glenn's GP had to contact NEPT requesting an urgent
2 appointment for him and reporting that Glenn had been
3 waiting for an appointment for nearly two months --
4 **A.** *(The witness nodded)*
5 **Q.** -- following his discharge from CAMHS; is that your
6 understanding?
7 **A.** Yes, it is, yeah.
8 **Q.** Then on 1 June 2010, Glenn's GP makes a further referral
9 to the adult psychiatry team writing to a consultant
10 psychiatrist, who we'll be referring to as "Dr C"?
11 **A.** Yeah.
12 **Q.** That letter noted that Glenn had depression, was
13 intermittently self-harming but superficial cutting,
14 but, more worryingly, he has recently started to
15 overdose on his medication, fluoxetine and, about
16 a month ago, drank a large amount. Is it your
17 understanding that this was the point at which Glenn had
18 begun to take overdoses of medication or other
19 substances; is that right?
20 **A.** Yeah, and I believe Glenn did go to the extreme when it
21 came to his medication because he wanted help. I think
22 if he would have even been listened for a second, he
23 would have never got to that extreme. He took it into
24 his own hands.
25 **Q.** Was it your impression that the only time Glenn was

1 getting help was when he took these extreme steps of
2 overdosing and then received attention or support from
3 services?

4 **A.** Yeah, I mean, it was the -- the two times that Glenn was
5 put into The Lakes, sectioned into The Lakes, Glenn was
6 actually really excited. I would go in to visit him and
7 he was so happy to be there then because he thought he
8 was finally being listened to. And then nothing came of
9 it and I think that's when he got to the point, you
10 know, he was calling the crisis team a lot, looking for
11 help, and even the crisis team turned around to him and
12 said, "You're calling too much".

13 So even -- from Glenn's point of view, there's no
14 one. There's no one that can help him. So he did -- he
15 took his medication as he felt like he needed.

16 **Q.** So, to your mind, Glenn was not somebody who was seeking
17 to push services away; he was actively seeking to get as
18 much support from them as they were willing to give him?
19 Was that your sense of it?

20 **A.** Yeah, he was desperate. He would say he was desperate
21 for help. He wanted to live his life. He wasn't --
22 like I said before, Glenn wasn't scared of dying at all
23 because he knew what he was doing. But he did want to
24 live. He wanted to live his life.

25 **Q.** Turning back, then, to the summer of 2010, Glenn is

1 17 years old. There has been these chasing
2 correspondences from the GP. Glenn is then seen by
3 Dr B, so the CAMHS consultant he'd previously seen?

4 **A.** Yeah.

5 **Q.** Are you able to help as to why at this point, when he's
6 supposed to have been discharged and transferred to
7 adult psychiatry, he goes back to seeing the
8 psychiatrist from CAMHS? Do you know at all?

9 **A.** I don't, no.

10 **Q.** At this point, at that consultation, you say in your
11 statement that Glenn is reported to have self-harmed by
12 using medication and some sort of solvents to make him
13 feel high.

14 **A.** Yeah.

15 **Q.** Do you know what treatment was proposed for Glenn at
16 that consultation?

17 **A.** No, I don't.

18 **Q.** If it helps, I think in your statement you say that
19 Glenn was taught techniques of DBT?

20 **A.** Yeah, sorry, he was taught to use an elastic band and
21 tomato ketchup which, you know, I can't see how that's
22 going to solve something for someone so extreme.

23 **Q.** You say he was also prescribed an increased dose of
24 fluoxetine, which was the antidepressant medication --

25 **A.** Yeah.

1 Q. -- because he reported that actually that prescription
2 was helping him?

3 A. He did report that it was helping him but then, if you
4 look -- obviously, we'll go further into it -- he does
5 get more extreme and they seemed to just be constant
6 with this medication, rather than actually doing --
7 giving him like other therapies to help him.

8 Q. So your concern was about the risk of overdose, is that
9 right, from being given these medications?

10 A. Yeah, I mean, as far as I know, it wasn't limited, the
11 amount of medication he was given at that time. They
12 knew that he was taking more than he should have and, as
13 a child -- you know, it's bad enough as an adult but, as
14 a child, you're not going to learn from that mistake
15 very quickly and it should have been -- you know, you
16 see people turning up to a pharmacy every single day to
17 get their medication. There are ways of getting around
18 someone being able to get hold of that medication or
19 enough to hurt themselves. But it wasn't looked into.

20 Q. You say that, on this occasion, Glenn was given a repeat
21 prescription for the fluoxetine medication on a two-week
22 basis?

23 A. Yeah.

24 Q. So that there was, at this point -- but we'll perhaps
25 talk about later whether that was the case --

1 **A.** Yeah --

2 **Q.** -- efforts to safeguard it being used as an overdose?

3 **A.** Yeah, I do think two weeks is still too much. You know,

4 you can seriously hurt yourself with two weeks' worth of

5 medication.

6 **Q.** It's right that he was also on the zopiclone medication

7 at that point?

8 **A.** Yeah.

9 **Q.** Do you know whether any changes were made to that

10 prescription or similar steps taken to safeguard against

11 an overdose for the zopiclone?

12 **A.** No, not at that point.

13 **Q.** The day following this appointment, you explain that

14 Glenn was seen by the crisis team, having overdosed on

15 the prescription medication zopiclone; is that right?

16 **A.** Yes, yeah.

17 **Q.** It's noted that Glenn had only taken the tablets to aid

18 him to relax, to help him to sleep --

19 **A.** *(The witness nodded)*

20 **Q.** -- and he was assessed as not having had any suicidal

21 ideation?

22 **A.** Yeah.

23 **Q.** Can you tell us about what you know of Glenn's

24 presentation to the crisis team on that occasion and the

25 help he was given?

1 **A.** Yeah, I mean, Glenn looked after himself. Outside of,
2 you know, his mental health problems, he did look after
3 himself: he exercised, he ate well, he dressed up nicely
4 and I think, because he presented himself in such a way,
5 he wasn't seen to be mentally not well. He was -- you
6 know, he turns up everywhere in a shirt and that does
7 come across like this person has got their head
8 together. But it's not always the case. He liked to
9 look nice; he was vain.

10 **Q.** At this point -- and we'll come to talk in a little bit
11 more detail about drug and alcohol use and the impact
12 that had on his care -- can you help us as to when it
13 was that Glenn's problems with drug and/or alcohol
14 developed?

15 **A.** Yeah, I think -- obviously, I think it was developing as
16 we were growing up because, you know, we lived around
17 alcohol. Alcohol was nothing different to what -- it's
18 nothing out of the ordinary. And, as Glenn got into
19 secondary school, as a normal child would do, Glenn did
20 get into going to parties, going round friends'. I know
21 he'd be round friends who their parents would be there
22 but they would control how much they were drinking. So
23 Glenn would -- Glenn wasn't new to alcohol.

24 What I did notice with Glenn is he could drink, say,
25 beer -- he could drink beer and he would be completely

1 fine. But if Glenn went on to spirits, we knew there
2 was an issue because Glenn very quickly worked out that
3 spirits would help him more and, if he wanted to harm
4 himself, he would go to spirits, and they would also
5 bring out his depression more.

6 And I don't want everyone to think that Glenn was an
7 alcoholic. I don't believe he was an alcoholic. He
8 wasn't waking up at 9.00 in the morning going, "Oh,
9 I really need a drink", and he wasn't drinking every
10 single day. Glenn used alcohol as something to help him
11 relax when he went through -- when he was going through
12 psychosis.

13 **Q.** So, to your mind, it was less an alcohol dependence and
14 more alcohol being used to self-medicate?

15 **A.** Yeah, yeah. He wasn't dependent on alcohol. He only
16 used it, really, for that type of thing, when he was
17 feeling out of control.

18 **Q.** In terms of references to drugs, you comment on cannabis
19 in the statement?

20 **A.** *(The witness nodded)*

21 **Q.** Is that the extent of any problems or difficulties he
22 had with drug taking, or were there other difficulties,
23 in terms of other substances?

24 **A.** No, as far as I know, Glenn wasn't on anything else.
25 The only thing he would use was, like, cannabis to relax

1 himself, and his prescription medication. As far as I'm
2 aware, there was nothing else.

3 **Q.** Going back to this summer of 2010 when Glenn's 17 and
4 he's attended the crisis team on 18 June, you explain
5 that a risk assessment was completed the following day
6 because Glenn appeared confused and disoriented and to
7 be suffering from hallucinations --

8 **A.** Yes.

9 **Q.** -- when he attended on the 18th, and that the plan that
10 was made following that risk assessment was for Glenn to
11 go home with your mother?

12 **A.** *(The witness nodded)*

13 **Q.** Who would lock all of his medication away --

14 **A.** Yes.

15 **Q.** -- and give him appropriate medication at the right
16 time?

17 **A.** Yeah.

18 **Q.** Is that your understanding?

19 **A.** That is, yeah, and I don't feel like that was enough.
20 I think, you know, it was the very next day they did
21 a risk assessment. They should have done it on the day
22 that he was dosed because I think that is the risk: that
23 you're looking at the risk there. You know, he's just
24 going to go home and do it again.

25 **Q.** But in terms of this plan to try to safeguard against

1 overdosing --

2 **A.** Yeah.

3 **Q.** -- do you know how successful that was? Was your mother
4 able to lock that medication away and give him the
5 appropriate medication at the right time? Did that
6 element work?

7 **A.** No, I don't believe so no.

8 **Q.** You refer later in your statement to records that Glenn
9 was seen by the CAMHS crisis team for eight weeks,
10 following his overdose in June 2010 and that, during
11 this time, it gave him the opportunity to explore his
12 thoughts and feelings around overdose and identify more
13 adaptive ways to manage this feeling. Can you recall or
14 can you, from seeing the records subsequently, say
15 anything about what support he was given during these
16 eight weeks by CAMHS?

17 **A.** No, I don't believe so.

18 **Q.** That's no problem at all. He is, during that period,
19 seen by a community psychiatric nurse at his school, to
20 whom he reports taking antihistamine tablets to get high
21 the previous night?

22 **A.** *(The witness nodded)*

23 **Q.** So is that the sort of thing when you say he was taking
24 medication, rather than it being illicit drugs --

25 **A.** Yes.

1 Q. -- it was over-the-counter medications or prescription
2 medications that he was using?

3 A. Yeah, as far as I know, he didn't use anything that
4 wasn't prescription medication or over the counter.

5 Q. You express a concern in your statement that the entry
6 records that Glenn is overdosing so he can relax?

7 A. Yeah.

8 Q. Can you say a bit more about what your concern is there?

9 A. Yeah, I'm concerned because that's not normal. You
10 know, it's not -- that should not be taken as -- you
11 know, that's written down in a doctor's note that Glenn
12 was taking this and that to relax. Why -- I don't see
13 why that wasn't taken so seriously that -- you know,
14 that should have been and a -- "You can't go home".
15 It should have been -- you know, "How can we let
16 this child go when he's taking medication that
17 potentially could kill him?" And, you know, it has
18 killed him. And that -- this is what I was so worried
19 about: it's taken as attention seeking and it's not.

20 Q. Was it your impression, at this point -- you may have
21 had less contact in terms of CAMHS but was it your
22 impression at this point that Dr B, the psychiatrist
23 seeing him, saw the behaviour as attention seeking and
24 was dismissive of it?

25 A. Yeah, the whole way through, even when he was in The

1 Lakes, it was seen as attention seeking.

2 **Q.** You comment in your statement that the records indicate
3 that Dr B was told about the overdose of
4 antihistamine --

5 **A.** *(The witness nodded)*

6 **Q.** -- and, in his letter to Glenn's GP, noted that:
7 "On further exploration, the high is indeed
8 a desperate attempt to lift Glenn's low mood. He was
9 quite agitated and hoped the overdose would allay his
10 agitation. This is a desperate act of self-medication."

11 **A.** Yeah.

12 **Q.** Do you agree with that assessment of what was going on
13 for Glenn and why he was doing what he was doing?

14 **A.** I do. I just don't feel like enough was done. I don't
15 think he should have ever been allowed home that day
16 without help. Sorry.

17 **Q.** No, no. In terms of therapeutic care, care beyond the
18 medication, what do you understand the care to have been
19 given to Glenn at this point?

20 **A.** To be honest, I don't remember any more care that he was
21 given. I just remember a lot of appointments where he'd
22 go in for medication reviews and that was it. I don't
23 remember anything else.

24 **Q.** I want to come now to his transfer to adult psychiatry.
25 He was obviously referred on 1 April 2010 but he is not

1 seen by the adult psychiatry team until 6 August 2010 --

2 **A.** Yeah.

3 **Q.** -- when he is seen by Dr C, the adult psychiatrist; is
4 that right?

5 **A.** Yes, that's right.

6 **Q.** Were you or another family member contacted to get
7 collateral information about Glenn or to contribute to
8 an assessment of his mental ill health or risk?

9 **A.** No. Because he was an adult, they wouldn't speak to us.

10 **Q.** So just to understand your impression of how much of
11 a cliff edge the move from CAMHS to adult psychiatry
12 was, can you tell us a little bit about, from your
13 perspective, what that was like?

14 **A.** Yeah, I mean, like I said before, we are not adults at
15 that age. We're not. We don't -- you know, we don't
16 have the life experience to say that, "I'm an adult".
17 But he was a child at that age and he was -- they were
18 treating him as if he -- they were still treating him as
19 if he was a child under an adult's care. So they were
20 saying, you know, "This is just like a child that's
21 walking in off the street; he's not getting enough
22 attention at home", which he wasn't getting enough
23 attention at home and they were treating him like he was
24 spoilt and he wasn't. He was desperate; he was asking
25 for help all the time and it wasn't taken seriously.

1 Q. At this point, Glenn is still 17 years old?

2 A. Yeah.

3 Q. Where was he living at this point in time, can you
4 remember? Was it still at home with your mother?

5 A. Yeah, he was at home with our mum at that time.

6 Q. He has an assessment, he sees Dr C, and you refer in
7 your statement to a letter from Dr C that's sent to
8 Glenn's GP following that appointment, where he
9 describes frequent thoughts of self-harm, occasional
10 suicidal ideas. However, he admitted that he can be
11 quite impulsive and then, later in that letter, Dr C
12 comments that he is worried that he may die
13 accidentally.

14 A. Yeah.

15 Q. We'll come to whether that was treated seriously enough
16 but do you believe that Dr C's assessment of what was
17 going on for Glenn was broadly accurate?

18 A. No. I believe that they haven't taken into
19 consideration his upbringing, the losses he'd had
20 through his upbringing, and the other child that took
21 his life, that Glenn was very close to. His background
22 wasn't looked into. It was just looking at him, you
23 know, as he presented on that day.

24 Q. So would it be fair to say that you don't feel that the
25 trauma that Glenn had experienced was dealt with or

1 addressed through any kind of therapeutic care?

2 **A.** No, I don't believe so.

3 **Q.** I think you also say that you don't feel that Dr C was
4 addressing Glenn's frequent overdosing in a meaningful
5 way; is that right?

6 **A.** Yeah, yeah, that's right.

7 **Q.** Now, at this point, according to your statement, Glenn
8 has disclosed to the doctors four overdose incidents,
9 two of which involved his prescribed medication?

10 **A.** *(The witness nodded)*

11 **Q.** Do you know what steps Dr C took to try and safeguard
12 against future overdose risk when she saw him?

13 **A.** As far as I'm aware, the only thing that he was put on
14 was -- like, he could get a week's worth of prescription
15 or two weeks' worth of prescription. There wasn't
16 actually anything else that they could do for him.
17 Because he was an adult, it wasn't a case of saying,
18 "Mum, can you look after his medication", at that point,
19 because he was being treated as an adult, and I don't
20 think that would have helped anyway.

21 No. I believe in all of this -- his care, he was
22 left to -- it was basically, "Here's another
23 prescription for your medication, we'll see you next
24 time".

25 **THE CHAIR:** You've talked about him wanting care and

1 treatment, very much asking for help.

2 **A.** Yeah.

3 **THE CHAIR:** Was he good at articulating what his trauma was,
4 what his past was, how he felt?

5 **A.** Yeah, I believe -- Glenn went into a lot of how, you
6 know, he'd hear his father's voice, and he -- I think he
7 did have that time to say to them, you know -- he might
8 not have used the words, "I've got this trauma from my
9 childhood", but from saying, "I hear voices of my
10 father", I think that would have opened up the questions
11 for them and maybe they weren't asked.

12 **THE CHAIR:** Did you ever hear him talking to them about what
13 he wanted?

14 **A.** I didn't, no.

15 **THE CHAIR:** You didn't accompany him?

16 **A.** I wasn't allowed to.

17 **THE CHAIR:** Did he ever tell you in detail what it was he
18 had told the psychiatrist?

19 **A.** Yeah, me and Glenn were very close. He told me a lot,
20 so much so that Glenn would actually call me during an
21 event. He called me a few times and Glenn was gone,
22 Glenn was our father, and he had this deep, deep voice.
23 And you could tell it wasn't right; it wasn't Glenn
24 right there. And I know Glenn did go in and he did say
25 that he's told them, you know. This person would -- or

1 something would overtake his body. So they were aware
2 of it. I just don't know if the questions were asked
3 that needed to be asked.

4 **THE CHAIR:** Thank you.

5 **MS LLOYD-OWEN:** You comment in your statement about this
6 happening where Glenn would be taken over, as you saw
7 it, by the voice --

8 **A.** Yeah.

9 **Q.** -- of his father and that this happened quite
10 frequently; is that right?

11 **A.** Yeah, nearer the end it was getting worse and worse. It
12 was quite scary.

13 **Q.** At this point, Glenn, you understand, is being treated
14 like an adult and that means things aren't being shared
15 with you?

16 **A.** Yeah.

17 **Q.** To what extent, when Glenn is first seen by adult
18 psychiatry, by Dr C, was there any contact with your
19 mother or with you about how you might be able to
20 support him to manage the risk of overdose?

21 **A.** No, we went into The Lakes. They basically said to us,
22 "We can't talk to you but you both need to step back" --
23 my mum was there at the time -- "you both need to step
24 back. He is attention seeking and you need to let him
25 get on with it", was their attitude.

1 Q. Now, after Glenn's appointment with Dr C in
2 September 2010, the next outpatient review took place
3 three months later on 13 December 2010; is that right?

4 A. Yeah.

5 Q. As far as you're aware, was Glenn referred to the
6 community mental health team at this stage or given any
7 other community support?

8 A. As far as I'm aware, the only thing -- the only other
9 support that Glenn got was the crisis team and even the
10 crisis team turned round to him and said, "You're
11 calling us too much".

12 Q. Was that later on or was that around September/December
13 2010, when he's still 17 years old?

14 A. Around -- the whole time. I don't believe he ever had
15 any other support. I could be wrong but I don't think
16 so.

17 Q. You explain that then that appointment happens in
18 December 2010, and then there was a further face-to-face
19 review arranged for 14 February 2011 but that Glenn was
20 discharged from the service at that point and that he
21 didn't attend the appointment. Do you know whether he
22 wasn't able to attend or whether he missed that
23 appointment? You may not be able to say.

24 A. I'm not sure. I'm not sure.

25 Q. As far as you're aware, what steps were taken following

1 this period when he's 17 -- he's now being treated by
2 adult psychiatry -- to refer Glenn to appropriate
3 support in terms of alcohol misuse, use of drugs, be
4 they over-the-counter medication; were you aware of any
5 support from those services for Glenn?

6 **A.** No, he wasn't offered any support and, actually, when he
7 was in The Lakes, Glenn was told that they couldn't help
8 him because he's relying on alcohol too much, and,
9 actually, Glenn didn't have an alcohol issue; he used it
10 as a relaxant.

11 **Q.** So it was your impression that any difficulties he may
12 have had using alcohol to relax were seen as his
13 problems to deal with?

14 **A.** I think he was more seen as an alcoholic and that they
15 just refused to help him because, apparently, it was
16 their policy not to help anyone on alcohol in a mental
17 health hospital.

18 **Q.** That's whilst he's at The Lakes; is that right?

19 **A.** Yeah, yeah. I was actually given -- whilst he was in
20 there, I was actually given a leaflet because I argued
21 why are they discharging him just because of alcohol?
22 And they said, "It's in our policy. Here's a leaflet to
23 go and get him some help", and that was the end of it.
24 He was discharged.

25 **Q.** Just before we come to the period when he is at The

1 Lakes, there is then a period between the February
2 appointment, which he didn't attend, in 2011, and the
3 June/July, when you suggest in your statement that he
4 didn't appear to have any contact with mental health
5 services; is that right?

6 **A.** I believe so, yes.

7 **Q.** At that point he's 17 and then 18.

8 **A.** *(The witness nodded)*

9 **Q.** Do you know if he was receiving any support through his
10 school at the time?

11 **A.** No, I believe at that time he'd left. Yeah.

12 **Q.** Did he leave when he was 17? Do you know what age he
13 was?

14 **A.** Yeah, he left -- yeah, he would have been 17 when he
15 left.

16 **Q.** Whilst he was at school, is it right that he got support
17 from a school counsellor?

18 **A.** Yes, she was amazing with him. She helped him whenever
19 he needed it.

20 **Q.** He, is this right, was very -- he engaged very fully
21 with those school counselling meetings?

22 **A.** Yeah, he would go every single week and, if he needed
23 the help whilst he was in class or within school, he
24 could go there whenever he needed to.

25 **Q.** Once that stopped, when he leaves school, is it your

1 understanding that there isn't any equivalent regular
2 input, in terms of Glenn's contact with mental health
3 services?

4 **A.** No, there was nothing. There was no transfer to
5 anything.

6 **Q.** Now, there's renewed contact with mental health services
7 in the June or July 2011. Do you know why that came
8 about at that time?

9 **A.** I believe because Glenn was in a bad place and I believe
10 my mum had taken him to get some help.

11 **Q.** Glenn is prescribed, you explain in your statement,
12 medication for 28 days and was referred to anger
13 management services?

14 **A.** Yeah.

15 **Q.** It's acknowledged that Glenn is at ongoing risk of
16 suicide, albeit this risk is deemed to be low?

17 **A.** *(The witness nodded)*

18 **Q.** What is your view as to whether Glenn's risk was low at
19 this point?

20 **A.** I think at that point it was, and it was very much
21 artificial but, again, it wasn't taken into
22 consideration, his upbringing and then the loss of his
23 friend, just a year or two before, and how he lost his
24 friend.

25 **Q.** As Glenn's family when he moved from the care under

1 CAMHS to adult psychiatry, did you notice any difference
2 in terms of how he was treated by those psychiatrists or
3 anything else you think that we should be aware of in
4 terms of differences?

5 **A.** Yeah, I do believe that, you know, it -- when he was
6 seeing a GP or anyone under CAMHS, they would take into
7 account what the family was saying. They would speak to
8 my mum and my mum would say, you know, "I'm having
9 trouble, help me", and they would, they'd take that all
10 into consideration. But, as soon as you're an adult,
11 that line is not to be crossed and, you know, unless
12 Glenn said so, no one is allowed to speak to anyone
13 involved in his care.

14 **Q.** In terms of whether Glenn wanted family involvement,
15 you've explained that the relationship with his mother
16 was such that he didn't want her to know everything?

17 **A.** Yeah.

18 **Q.** But in terms of whether Glenn wanted you to be involved
19 in his care, what do you understand to have been the
20 position?

21 **A.** Yeah, so Glenn, he didn't want -- Glenn was a nice
22 person and I don't want anyone, you know, listening to
23 this thinking, you know, this boy had issues, he had
24 anger issues, he must have been, you know, a nightmare.
25 He wasn't. Glenn was a really lovely boy and me and

1 Glenn especially were extremely close and, as I said
2 before, he used to stay at mine every single weekend
3 after I'd moved out. I couldn't wait to move out of
4 home and, you know, he used to spend as much time with
5 me as he could. And I think Glenn appreciated that
6 I was listening to him and, you know, I would visit him
7 every single day. Even after work I'd go up as late as
8 I could. Whatever time it was, I would go up and see
9 him to make sure he wasn't alone. And Glenn -- I would
10 always ask the staff, "Can I have an update? How's he
11 been?", and they said, "I can't talk to you unless Glenn
12 gives an approval", and Glenn would always say, "Yes,
13 that's fine".

14 And then they'd speak to me and it was very brief.
15 I didn't get too much detail from them. And, I mean,
16 that's when they would speak to me. I mean, I used to
17 stand outside their office for about an hour trying to
18 get their attention, whilst they're playing games on
19 their computer. I'd knock on the door and there's
20 a window, and they can see me, and they just completely
21 ignored.

22 **Q.** So was it your impression that, effectively, you were
23 being constantly asked to reconfirm with Glenn that he
24 consented to share information?

25 **A.** Yeah, every single time he had to give his consent.

1 Q. So at this point, before he's admitted to The Lakes,
2 what contact was there from psychiatrists or others to
3 find out whether or not they could share information
4 with you?

5 A. None. I had no other contact until I was in The Lakes
6 and I basically said to them myself, "I want to know
7 what's going on".

8 Q. So just before we get to The Lakes, on 21 December 2011,
9 Glenn has a further overdose. He's, by then, 18 years
10 old and on 21 December he's referred to the mental
11 health team by the emergency assessment unit, following
12 an overdose of prescribed medication and alcohol. What
13 happened at that point?

14 A. I believe that was the night where Glenn had lost
15 control and he took himself off to the woods down the
16 road and we had to get police helicopters out to find
17 Glenn.

18 Q. So he's -- he's taken to A&E; is that right?

19 A. Yeah, he's taken to A&E and he's had -- he was having
20 visions. And Glenn -- when we was in A&E, I couldn't --
21 I completely understand like, you know, it's frustrating
22 sometimes when you're a doctor or a nurse, you know,
23 you're very, very busy, but Glenn was treated as if he
24 was just some stupid child. And the attitude of the
25 nurse is, like, he didn't want to know, just let him lay

1 in the bed. Glenn was having hallucinations that there
2 were chickens standing behind me and there were worms
3 everywhere, and it was taken as if, like, "Oh, he's done
4 it to himself, let him get on with it", rather than
5 actually, "This child is not well, let's help him".

6 **Q.** When this happened at the end of 2011, did you attend
7 hospital with Glenn? How were you involved in that?

8 **A.** Yeah, obviously, we'd had the helicopter out so everyone
9 was out looking for him. I believe it was that time.
10 And, yeah, we just -- I went up to A&E with him and my
11 mum was there as well that time.

12 **Q.** So you were able to observe the ways in which he was
13 treated by staff on that occasion?

14 **A.** Yes, in A&E we was but not once he'd transferred.

15 **Q.** So he is seen by a community mental health nurse,
16 assessed by that nurse, and you explain that he was
17 advised to self-refer to Beacon House for anger
18 management; is that right?

19 **A.** Yes.

20 **Q.** From what you've seen of the records, the nurse informed
21 Glenn that they would attempt to book Glenn for an
22 outpatient appointment with Dr C; is that right?

23 **A.** Yes, yeah.

24 **Q.** Beyond that, are you aware of any other support that was
25 offered or whether he was considered for an informal

1 admission to a psychiatric unit at that time?

2 **A.** No, not that I know of.

3 **Q.** There was obviously this reference to self-referring to
4 anger management. Are you aware whether, at this point,
5 he had received any support with his managing of his
6 anger?

7 **A.** No.

8 **Q.** You were obviously at A&E. Do you know whether any
9 contact was made with you or other family members to
10 obtain collateral information or to notify you of the
11 plan for Glenn's care whilst he was being assessed?

12 **A.** I don't ever remember them really talking to us. I just
13 remember him basically put on a chair until everything
14 had worn off, into a bed until everything had worn off.

15 **Q.** The medication that he'd taken --

16 **A.** Yeah.

17 **Q.** -- which was seen to be affecting his behaviour and
18 hallucinations; is that right?

19 **A.** Yeah, that's right.

20 **Q.** You explain that the next consultation that Glenn had
21 was with his GP on 6 March 2012.

22 **A.** *(The witness nodded)*

23 **Q.** So it appears that there wasn't a further outpatient
24 appointment with Dr C?

25 **A.** Yeah.

1 Q. Is that your understanding?

2 A. Yes, yeah.

3 Q. So between that December and March, as far as you're
4 aware, was there any input from mental health services
5 for Glenn?

6 A. No, not as far -- that I'm aware of.

7 Q. On 6 March, Glenn attended his GP practice for an
8 emergency consultation because he'd run out of
9 medication, you explain in your statement; is that
10 right?

11 A. Yes.

12 Q. He reported feeling low and depressed and they discussed
13 his previous suicide attempts and he reported some
14 recent -- it's described as "superficial cutting" that
15 he said he regretted?

16 A. Yeah.

17 Q. But the following day, on 7 March, Glenn was admitted to
18 A&E due to an overdose of medication and alcohol; is
19 that right?

20 A. Yeah, that's correct.

21 Q. You understand from the Serious Untoward Incident report
22 that followed, that Glenn had left a suicide note at the
23 time of that overdose?

24 A. Yes.

25 Q. You have seen from a 9 March 2012 review, during his

1 inpatient stay, that he reported that, three weeks prior
2 to admission, he made a perfect plan for suicide, is how
3 it's recorded; is that right?

4 **A.** Yeah, Glenn had put together an item that he could have
5 used that we found under his bed.

6 **Q.** At this point, Glenn was offered an inpatient admission
7 in the mental health unit and he was taken to The Lakes
8 mental health unit in Colchester on an informal basis;
9 is that right?

10 **A.** Yes, that's correct.

11 **Q.** Do you know which ward Glenn was in at that time?

12 **A.** It was the Gosfield Ward.

13 **Q.** Thank you. I'm going to suggest -- we're going to come
14 on to just discussing his inpatient environment and
15 a little bit more about The Lakes.

16 **A.** Yeah.

17 **MS LLOYD-OWEN:** I wonder, Chair, whether now would be a good
18 moment for a break?

19 **THE CHAIR:** Ten minutes?

20 **MS LLOYD-OWEN:** Yes.

21 Amanda, I'm going to ask that you mute your
22 microphone and turn off your camera, we're going to have
23 a break of ten minutes and we'll let you know when to
24 reappear on the screen.

25 **THE WITNESS:** Okay, thank you.

1 **THE CHAIR:** Thank you.

2 **(11.17 am)**

3 **(A short break)**

4 **(11.38 am)**

5 **MS LLOYD-OWEN:** Thank you, Chair.

6 Amanda, we were just turning to Glenn's inpatient
7 stay at Gosfield Ward, at The Lakes mental health unit
8 in Colchester, where he first stayed, is this right, on
9 an informal basis from 7 March to 4 April 2012.

10 **A.** Yes, yes.

11 **Q.** During Glenn's admission, this first admission, how
12 often did you or other family members visit him?

13 **A.** I visited him pretty much every single day.

14 **Q.** What was your impression of the physical environment
15 that Glenn was in on the ward?

16 **A.** From walking in, that I didn't see any staff around.
17 The staff were very much in their office. It is
18 a windowed office but it can't see into their TV room,
19 and it's a very narrow hallway with rooms off of there.
20 So if you're in that staffroom, you're not going to see
21 anything apart from a window where you walk past in the
22 hallway.

23 There were patients that were -- they were basically
24 sitting around, so there didn't seem to be any
25 activities going on. There didn't seem to be any

1 exercise, which I actually think is a massive thing for
2 mental health. There was no games, there was just no
3 one around. It was just like a ghost town. They were
4 all just sitting in a little TV room, getting into
5 arguments, which -- the patients were getting into
6 arguments with each other and, yeah, that was it. There
7 was nothing that I could say that, "Oh, I really noticed
8 this, this was really good". There is no care at all.

9 **Q.** So would it be fair to say that it was your impression
10 that staff weren't accessible and available to patients
11 and to visitors?

12 **A.** Yeah. I went to speak to them -- tried to speak to them
13 daily, just to find out how my brother's day had gone
14 and, like I said before, I would knock on the door, they
15 could see me standing there because it was all windowed,
16 and I could see on their computers they were sitting
17 playing card games. And they would leave me there for
18 half an hour, up to an hour, just waiting outside the
19 office to speak to them, and they'd look at me and then
20 just turn back to their computer.

21 **Q.** Was this something that happened on one occasion or
22 a repeated occurrence when you went to try to speak to
23 them?

24 **A.** Every single time. I remember only one member of staff,
25 it was a male member of staff, who I only saw once or

1 twice in there. He was very good and he did interact
2 with the patients but, again, I saw him very rarely.
3 The others, they were just in the office.

4 **Q.** You've mentioned patients being in the TV room and
5 having arguments and fights amongst themselves?

6 **A.** Yeah.

7 **Q.** Is this something that you saw happen?

8 **A.** Yes, I was there. Glenn tried to get involved. I had
9 to pull him back at one point and say, you know, "You do
10 not get involved; you're in here to get treatment".
11 Glenn worried about everyone. He worried about everyone
12 more than himself (... redacted ...) If he saw
13 (redacted) in trouble because, you know, that's what we
14 were brought up with (redacted) Glenn would get really
15 upset.

16 **Q.** So this is a mixed-sex ward; is that right?

17 **A.** Yes.

18 **Q.** You've obviously mentioned that Glenn tried to get
19 involved and help?

20 **A.** Yes.

21 **Q.** What was your experience of how staff got involved in
22 these scenarios?

23 **A.** They wouldn't be around. It would either -- it would
24 take a lot of noise for the staff to actually come out
25 of the office and get involved and to separate them into

1 each rooms. But it would take a lot.

2 **Q.** You comment specifically in your statement about the
3 sleeping arrangements on the ward. Can you tell us
4 something about that?

5 **A.** Yeah, there was a few times that I went in and staff
6 were -- patients were sleeping in the hallway, in this
7 long narrow hallway on mattresses. I mean, Glenn slept
8 without a mattress in the hallway a few times.

9 **Q.** What, if anything, were staff doing about this?

10 **A.** Nothing.

11 **Q.** You've explained that the facilities were limited. You
12 also comment in your statement about the lack of snacks
13 available for inpatients; is that right?

14 **A.** Yeah, I used to take in food every day for Glenn, just
15 to make sure that he was -- and he was eating. He was
16 quite well that way.

17 **Q.** To what extent do you think this ward environment was
18 a therapeutic space, somewhere conducive to recovery?

19 **A.** I believe there should be therapeutic activities for
20 them to do all throughout the day but I didn't see
21 anything like that. The only one time that I saw
22 anything was when, like I said, this male member of
23 staff was there and he did entertain them, I believe for
24 half up hour to an hour. But, I mean, I was in there
25 for a long time every single day and it was the only one

1 occasion that I saw them -- I believe there was a quiz
2 they were doing on the TV. I saw nothing else. There
3 was no -- you know, they could have done fitness
4 activities out in the garden, they could have -- silly
5 things like drawing. There was nothing. There was no
6 resources at all.

7 **Q.** You've described sometimes waiting half an hour or an
8 hour to speak to staff. How long would you be there
9 visiting with Glenn when you attended the ward?

10 **A.** I would stay a good few hours.

11 **Q.** Two hours, did you say?

12 **A.** A good few hours. Yeah, two, maybe even more sometimes,
13 until they'd kick me out.

14 **Q.** You comment in your statement that, from your
15 understanding and your recollection, patients could
16 easily escape from the ward?

17 **A.** *(The witness nodded)*

18 **Q.** Can you say a little bit more about why you reached that
19 view?

20 **A.** Yeah, the main door to get in, it did have a magnet on
21 it to stop them getting out but it was easily pulled
22 apart and, especially with someone strong like Glenn, he
23 managed to get out. You know, he had -- a good tug on
24 it and it would come apart. And there was also no one
25 monitoring the door so, if I went in as a visitor, there

1 was no one at the door to stop any patient walking out
2 past me.

3 **Q.** So, equally, anybody could have gone on to the ward,
4 even if they weren't a visitor for somebody in
5 particular --

6 **A.** Yeah --

7 **Q.** -- there wasn't monitoring?

8 **A.** Yeah.

9 **Q.** You describe an occasion where Glenn was able to abscond
10 from the ward, leave the unit and tried to step in front
11 of a moving car?

12 **A.** Yes.

13 **Q.** Can you say a little bit more about that incident and
14 how that came about?

15 **A.** Yeah. This is something that will always hurt my heart
16 and I'm really sorry if I get emotional.

17 **Q.** No problem.

18 **A.** I did get a phone call from Glenn's consultant that
19 day --

20 **Q.** Is that Dr C?

21 **A.** Dr C. She phoned me, for the first time ever I'd been
22 able to speak to her, and she said to me that they were
23 going to discharge Glenn and I was to let her know very
24 clearly over the phone that, if I was to say that Glenn
25 didn't -- couldn't come home with me, they would get

1 Glenn more help and she made it very, very clear. She
2 was like, "Only if you tell me that he cannot come home,
3 I will get him more help. I will get him housed and he
4 won't be able to leave". So I said to her "Okay, Glenn
5 cannot come home to me", because, in my thoughts, I was
6 thinking, "Okay, great, they're going to do something.
7 They're going to get him what he needs".

8 So she hung up and then, a little while longer,
9 I got a phone call back. She'd actually gone to Glenn
10 and said to him, "Your sister said you cannot go home
11 with her". So Glenn had obviously panicked and escaped
12 and run in front of a car to try and kill himself.

13 And I said to him, "That's not how it happened.
14 I was told, if said that to her, she will get you help".
15 And I said, "Of course you can come home".

16 And because all of that kicked off, and where
17 Glenn -- so he's got all this anxiety and all this pain,
18 he wouldn't come home with me that day. And they did
19 nothing; they didn't house him.

20 **Q.** So, in that situation, you've been contacted out of the
21 blue by the psychiatrist?

22 **A.** Yeah.

23 **Q.** You have been given the strong impression that the best
24 way to help Glenn is to say he can't come home with
25 you --

1 **A.** Yeah.

2 **Q.** -- and you weren't told that this would be relayed to
3 Glenn?

4 **A.** *(The witness nodded)* Yeah.

5 **Q.** Thereafter, when he puts his life at risk, running in
6 front of a car --

7 **A.** Yeah.

8 **Q.** -- in fact, he no longer trusts that he can come home
9 with you; is that right?

10 **A.** Yeah, that's right, yeah. And we had such a good bond
11 and I was -- we were really working together to get him
12 sorted, and I think -- I do think that really harmed our
13 relationship.

14 **Q.** Do you feel that Dr C and other members of staff valued
15 the role you could play in keeping Glenn safe?

16 **A.** No. They wouldn't speak to me. I was surprised that
17 I got that phone call. You know, I went in there and my
18 mum actually came with me a couple of times. And
19 I remember there was two nurses -- and, obviously,
20 I won't say their names -- but they both sat outside the
21 office with us after waiting for so long to speak to
22 them, and they said the best thing that we need to do is
23 step back and let Glenn get on with it. He was
24 attention seeking, he was just acting his age and that
25 he's not doing anything serious to himself. His cutting

1 is superficial and all he's done is gone to the kitchen
2 and get a fork and graze it across his wrist, that we
3 needed to just step back.

4 That hurt my mum because my mum did step back after
5 that time. I mean, she didn't have a lot to do with it
6 anyway because, you know, she was suffering with it.
7 I didn't step back and I'm so glad that I didn't listen
8 to them because he would have had no one. And they just
9 didn't understand him at all. They didn't understand
10 that, you know, even if he is slightly putting a fork
11 across his wrist, he's asking for help. He's in this
12 place for a reason. He's not just in there for
13 a holiday and he was very happy to be in there and he
14 thought he was going to get the help.

15 **Q.** What did Glenn say to you about whether he was getting
16 help at The Lakes?

17 **A.** Glenn very much thought he was getting help just by
18 being in there. He did feel safe being in there because
19 he wasn't on his own. He wasn't -- Glenn didn't enjoy
20 staying at mine. He didn't stay at mine for long,
21 especially after the car incident, because he was
22 worried that I would go home one day and find him
23 deceased. I -- it's really -- it's really difficult.

24 It's really difficult to tell everyone and explain
25 to everyone just how caring Glenn was because he did

1 have all these problems but Glenn was a really lovely
2 boy, and I'm not just saying that. Like, people say to
3 me, "Oh you're just putting him up on a pedestal". I'm
4 not. Genuinely, Glenn was a gorgeous boy and, if anyone
5 was in trouble, he would step in and he would put anyone
6 else before himself. He was just asking for help.

7 **Q.** Was it your impression that Glenn was safe on Gosfield
8 Ward?

9 **A.** No. No. With no staff around, with the fights and
10 arguments that were coming out and how I knew that Glenn
11 could escape, he definitely wasn't safe.

12 **Q.** You refer to an incident -- you've spoken to us about
13 Glenn being described as attention seeking, your family
14 being encouraged to not support him and to step back?

15 **A.** Yeah.

16 **Q.** You also say that it may be the same staff member said,
17 "He's only going to do it once, isn't he?"

18 **A.** Yeah. That was because I -- like I said, Glenn very
19 much looked after himself. He liked to wear a shirt,
20 he'd do himself up, he liked his new trainers, which is
21 quite funny because for his birthday he was actually in
22 The Lakes and we bought him new trainers and, because he
23 had heated flooring, it made his trainers smell and it
24 was a massive issue for Glenn.

25 But he asked to have a shave; he liked to keep

1 himself well. So I walked in one day and said, "Look,
2 I've got a razor, can I stand with my brother so he can
3 clean himself up?" And, you know, it's a good thing,
4 he's looking after himself, that shouldn't be seen as
5 a negative thing, and this member of staff turned round
6 to me and said, "Well, he'll only do it once". And
7 I was gobsmacked, I could not speak after that.
8 I just -- who says that?

9 **Q.** At any point whilst Glenn was at The Lakes, did you
10 raise your concerns about these kind of comments, this
11 treatment or make any complaints?

12 **A.** At the time I didn't but then, after Glenn had died,
13 I did have a meeting with The Lakes and I did express,
14 like, I wasn't happy about the treatment. I didn't feel
15 at the time -- because we wasn't -- I just seemed like
16 a burden. I didn't feel like I could talk to anyone.
17 And then, when we did finally get that meeting after he
18 died, you know, we was asked -- we was sent -- I was
19 sent a form to fill out and it was, "What do you want
20 out of this?", and it was very much sounding as if I was
21 looking for money. But it's not. I wanted my brother
22 listened to; I wanted my brother to have help.

23 **Q.** During Glenn's first admission to The Lakes, did the
24 ward team ever contact you, beside that call from Dr C,
25 to ask for any collateral information about his mental

1 health presentation, his history?

2 **A.** No, no nothing.

3 **Q.** Were you ever informed or invited to any ward reviews?

4 **A.** No.

5 **Q.** Were the views and opinions of you or other family
6 members sought to help when considering his future care
7 at all?

8 **A.** No. When Glenn was discharged and I said to them, "He
9 hasn't got anywhere to live because he won't come back
10 with me", they gave us another leaflet, told us to go to
11 a charity and we were basically told he'll have to live
12 on the streets until he's housed. There was no
13 aftercare.

14 **Q.** When he was discharged, were you notified he was going
15 to be discharged? Were your views sought about the
16 appropriateness of the timing of that discharge?

17 **A.** No, Glenn would let me know he was being discharged.

18 **Q.** So he's discharged on 4 April 2012 with a prescription
19 of pregabalin for his anxiety, together with
20 sertraline --

21 **A.** Yes.

22 **Q.** -- and clonazepam.

23 **A.** Yes.

24 **Q.** What was your view as to the appropriateness of
25 prescribing these medications?

1 **A.** Glenn shouldn't have been on this cocktail of
2 medications. When you look into the research on
3 medications, with someone with the dangerous
4 representations that Glenn showed, the -- basically, the
5 cocktail of the medications destabilises the nervous
6 system and it can cause confusion, disassociation,
7 hallucinations, impulsive acts and accidental overdose.
8 That is everything that Glenn was doing and that's what
9 led to him being sectioned, what led to him needing
10 help. So I don't understand how he could be put on all
11 these medications together, when they're causing -- it
12 seems to be that he's been put on these medications and
13 he's just getting worse, and it does make sense when you
14 look into the research, the scientific research of it
15 all. It doesn't make sense why he was on them.

16 And what worries me is he could have taken --
17 I believe it's diazepam. Diazepam can last 48 hours in
18 your system and, even if you separate these medications
19 by taking one in the morning, one in the evening, you've
20 still got one of those medications in your system, so
21 they're still going to collide together, they're still
22 going to cause a lot of the problems. So there's no way
23 that even over 48 hours they should be taken together.

24 **Q.** We'll come to -- his medication then changes, later,
25 from the clonazepam to the diazepam, which is the

1 medication you just spoke about?

2 **A.** Yes.

3 **Q.** Beyond discharge with medication, were you made aware of
4 any specific plan for managing Glenn's risk to himself
5 in the community upon his discharge?

6 **A.** No, the only thing that Glenn was given was the crisis
7 team and then, nearer the end, he was told that he was
8 getting assisted living.

9 **Q.** As far as you were aware, were any referrals made in
10 relation to the alcohol issue, which certainly staff
11 appeared to think was a central problem for Glenn?

12 **A.** No, nothing. I was given a leaflet to get Glenn help on
13 the *(video feed glitched)* independently.

14 **Q.** I think we missed a few words of that. You were given
15 a leaflet so you could get Glenn help independently; is
16 that right --

17 **A.** Yeah.

18 **Q.** -- about alcohol --

19 **A.** Yeah.

20 **Q.** -- dealing with alcohol issues?

21 **A.** Yeah. They treated him as if he was an alcoholic and he
22 wasn't.

23 **Q.** I want to turn now to your concerns. Is it right there
24 was a further overdose incident on 19 June 2012?

25 **A.** Yeah.

1 Q. When Glenn overdosed on prescribed medication and had
2 drunk bleach; is that right?

3 A. Yeah, that's right.

4 Q. Glenn is then admitted again to The Lakes on an informal
5 basis?

6 A. *(The witness nodded)*

7 Q. Was it again to Gosfield Ward?

8 A. Yeah, he'd only stayed on that same ward.

9 Q. You understand from the Serious Untoward Incident report
10 that Glenn felt that his father had possessed his body
11 and was controlling his thoughts and actions --

12 A. Yeah.

13 Q. -- and that he also reported that -- because he had an
14 anxiety attack, he smashed a glass, made cuts to his
15 arms and there was blood everywhere when he called the
16 police; is that right?

17 A. Yeah, that's right. There was even -- Glenn had also
18 cut his tummy, because I went round one of those days
19 to -- or just after -- to cut his hair for him and he'd
20 taken his top off and he had this massive deep gash on
21 his tummy, and I said, "How on earth have you done
22 that?" And it was one of those points that I had to
23 really step back from him for a minute, because I was
24 so -- not disgusted with him, just like how on earth has
25 he done this, and drinking bleach: how does someone do

1 that and still be seen as attention seeking?

2 Q. So is it your view that this was a clear escalation of
3 risk for Glenn --

4 A. Yeah.

5 Q. -- over this period of time?

6 A. Yeah, and I believe that's where the medication comes
7 into it, as well, and the effects that they were causing
8 him.

9 Q. Having seen the Care Programme Approach assessment, this
10 document was completed following Glenn's second
11 admission, you have a number of concerns; is that right?

12 A. Yes.

13 Q. Can you say a little bit about what your concerns with
14 the approach was?

15 A. I just don't think that he was ever taken seriously.
16 I believe this was a time -- Glenn died not long after
17 this time, I believe.

18 Q. Yes, if it helps you, he's admitted for four days from
19 19 June, you say in your statement, to the 22nd?

20 A. Yeah.

21 Q. Then his death tragically happens on 7 July?

22 A. Yeah, so what concerns me is they knew that Glenn was
23 waiting to move into this assisted living. He had
24 a lovely new flat coming and the only reason that he
25 couldn't move into it straight away was because they

1 were changing carpets. So Glenn died on -- I believe it
2 was the Friday night/Saturday morning, and it was the
3 Monday he was going to be moving in. And my concern is
4 he's had this massive overdose, he's drunk bleach, he's
5 cut himself up excessively and they've discharged him
6 with the crisis team's number, but the crisis team is
7 telling him, "No, you're calling too much". Where is
8 the care between that time to moving into the assisted
9 living? Because, surely, if you're moving someone into
10 assisted living, they should not be left alone because
11 you know that they need an adult around them at all
12 times.

13 The other thing that concerns me is that Glenn --
14 through that time, Glenn was not on alcohol and I can
15 honestly say the day Glenn died, I went to his flat, and
16 I checked everywhere in his flat: there was no alcohol,
17 there was nothing; there was no drugs, nothing. The
18 only thing that there was, I could see, which again is
19 why it concerns me about the medication, Glenn had had
20 a panic attack that night but on his sofa -- so his sofa
21 was here and straight behind his sofa -- because he
22 lived in a studio flat -- was his bed. And you could
23 see Glenn had laid down on the sofa. He had on the end
24 of this sofa, he had clean clothes for the next day laid
25 out, he had a roly on top of it and at the bottom of

1 the sofa, there was a knocked over glass of Coke. Coke
2 is also known to double the effects of the medication,
3 so I don't think that would have helped either.

4 But you can see Glenn has gotten up, tried to clean
5 up this Coke, gone around to his bed because he's dizzy
6 from all this medication, he'd laid back and he'd gone.
7 I just feel like if he felt ...

8 *(Video feed disruption)*

9 **MS LLOYD-OWEN:** Amanda, if I can just ask you to pause for
10 a moment, we're just having a little bit of technical
11 trouble.

12 **THE CHAIR:** Shall I rise while we sort this out?

13 **MS LLOYD-OWEN:** Yes.

14 Amanda, if you can hear us, we are just going to
15 take a brief break to allow our technical issues to be
16 resolved. Thank you, Chair.

17 **(12.02 pm)**

18 **(A short break)**

19 **(12.07 pm)**

20 **MS LLOYD-OWEN:** Thank you, Chair.

21 Amanda, we were just talking about Glenn having had
22 a second period at The Lakes, and being discharged on
23 22 June. Is it right that he was discharged into the
24 care of the Crisis Resolution and Home Team?

25 **A.** I believe so, yes.

1 Q. Again, was your view, as Glenn's family, sought in terms
2 of the timing or appropriateness of his discharge?
3 A. It wasn't appropriate at all.
4 Q. Did any of the staff raise this with you or discuss the
5 discharge with you?
6 A. No. We didn't get the option.
7 Q. You've commented that one of your concerns was about
8 Glenn's living situation?
9 A. *(The witness nodded)*
10 Q. Was that something you were able to raise with staff?
11 A. No, the staff basically said that Glenn's living
12 arrangements were up to Glenn, they didn't want to get
13 involved and that, if he didn't have anywhere to live,
14 he would have to go to a shelter or stay on the street.
15 Q. The discharge summary --
16 A. *(Unclear)*
17 Q. The discharge summary that you include reference to in
18 your statement refers to a final diagnosis of
19 emotionally unstable personality disorder for Glenn?
20 A. *(The witness nodded)*
21 Q. Were you aware of this diagnosis before Glenn's death?
22 A. No, all I was aware of at one point during Glenn's stay,
23 that Glenn said to me that they were looking at
24 schizophrenia but that nothing ever come of that and
25 then they never told us about an actual diagnosis.

1 I didn't know up until a couple of years ago that he had
2 been diagnosed.

3 **Q.** Beyond discharged with medication -- this time diazepam
4 rather than clonazepam -- were you made aware of any
5 specific plan for managing Glenn's risk to himself in
6 the community?

7 **A.** No, nothing. Glenn was seen as an adult and we had to
8 treat him as an adult.

9 **Q.** So Glenn, at this point, moves into the care of the
10 Crisis Resolution and Home Team, do you know whether
11 a detailed risk assessment was carried out for Glenn by
12 that team?

13 **A.** I don't believe so.

14 **Q.** You've commented about Glenn's feelings about
15 potentially having schizophrenia, and you talk in your
16 statement about Glenn's reports that he was hearing
17 voices?

18 **A.** Yeah.

19 **Q.** I just want to ask you about how that was dealt with?

20 **A.** I don't think it was dealt with. I don't know if they
21 completely believed him. I don't think they believed
22 him on a lot of things because I don't feel like
23 anything was taken seriously with him. You know, they
24 didn't take into account that he needed alcohol. They
25 gave us a leaflet to say "Go and deal with this

1 elsewhere". They didn't deal with alcohol. But, at the
2 same time, Glenn wasn't an alcoholic, Glenn was using it
3 to relax himself, which was a massive issue that should
4 have been looked into.

5 Yeah, no.

6 **Q.** I think if this helps you, in the discharge summary, you
7 refer to Glenn being concerned that he had schizophrenia
8 and requesting antipsychotic medication. Do you know
9 whether he was ever trialled on or commenced on any
10 antipsychotic medication?

11 **A.** I don't believe so. The only medication that I had down
12 was the pregabalin, diazepam, as I said, that he
13 shouldn't have been on because it can cause some of the
14 issues that he had.

15 **Q.** Then you refer to an appointment that Glenn has as an
16 outpatient on 25 June, so three days after his
17 discharge --

18 **A.** Yeah.

19 **Q.** -- when he is seen by Dr E, who is a CT1, so he's in his
20 core training, year 1 --

21 **A.** Yes, yeah.

22 **Q.** -- when Glenn reported hearing voices of his father most
23 of the time --

24 **A.** Yes.

25 **Q.** -- and that usually his father's voice will command him

1 to harm himself and also tells him about different ways
2 of killing himself?

3 **A.** *(The witness nodded)*

4 **Q.** Can you say a bit about how this was dealt with by that
5 doctor and whether you think that was the right
6 approach?

7 **A.** I don't believe it was actually dealt with. It was
8 a case of, you know, we'll listen to Glenn but there's
9 not really much we can do for him, apart from give him
10 medication and send him on his way with the crisis team
11 number.

12 **Q.** Were you in contact with the crisis team at all? Had
13 they reached out to you?

14 **A.** *(The witness shook head)*

15 **Q.** Had you tried to make contact with them?

16 **A.** No, nothing. The -- I don't know if my mum was in --
17 was in contact. I personally wasn't in contact with
18 them but I do know that on the day Glenn died, my
19 stepdad did get in contact with the crisis team and
20 said, "We can't get hold of Glenn". That's as much as
21 I know with that one.

22 **Q.** So it sounds like, would this be fair, as far as the
23 family were concerned, they were to contact in a crisis,
24 rather than somewhere you might get information from
25 more generally?

1 **A.** Yeah, there was no one that would actually phone up and
2 say, you know -- like we've said before, look at his
3 history, what is actually going on with Glenn, what do
4 you see that's going on with Glenn? You know, it should
5 be -- it should be a family thing. If there's family
6 there and if there's family that are dealing with the
7 problems they should be taken into account because we
8 can tell them a whole lot more than what the actual
9 patient can actually tell them because the patient is
10 not in the right mind, whether they're an adult or
11 a child.

12 **Q.** Just turning back to that issue around alcohol and
13 certainly the assumption that staff made about the
14 problems with alcohol --

15 **A.** Yeah.

16 **Q.** -- was it your experience that ward staff
17 mischaracterised Glenn's issues as primarily substance
18 misuse related or primarily to do with alcohol?

19 **A.** Yeah, I believe they were using it as a -- "Glenn's
20 a child, Glenn's looking for attention. He's just being
21 a child that's getting alcohol because he wants
22 alcohol". They didn't look into why he's using the
23 alcohol, when he's using the alcohol, and they did see
24 him as an alcoholic.

25 **Q.** You say in your statement in relation to Dr E, who saw

1 Glenn on 25 June, that:

2 "There appears to be a lack of concern or compassion
3 fatigue with patients who have a history of substance
4 misuse."

5 **A.** Yeah.

6 **Q.** Is this a view you've reached in relation to Dr E or is
7 this a broader view you have about how Glenn was treated
8 more generally?

9 **A.** No, this was a broader view. I believe, if anyone would
10 have been in The Lakes and, you know, had the same
11 issues as Glenn, it would have been an excuse, almost,
12 like, "Come on now, this person is on alcohol, it's in
13 our policy that we can't help them, so we're just going
14 to discharge them because they've gotten hold of
15 alcohol". You know, they're not actually looking at the
16 reasons why they're needing the alcohol. It's -- they
17 didn't want to deal with.

18 **Q.** So rather than dealing with things holistically, those
19 two problems were seen as separate and the --

20 **A.** Yeah.

21 **Q.** -- alcohol was not the problem of mental health
22 services?

23 **A.** Yeah, it was very much, "It's not in our policy, so
24 we're not going to deal with it". And that's why they
25 discharged him one of the times. They said they can't

1 help him because he's using alcohol, so they discharged
2 him.

3 Q. Can you remember whether that was the first time when he
4 had the long stay, or the second time --

5 A. I believe it was the second time. Well --

6 Q. Don't worry if you can't say.

7 A. Yeah, sorry. It was either the second time or it was
8 just a day visit because Glenn -- yes, because Glenn was
9 asking to be sectioned and they said, "No, we won't
10 section you because you're on alcohol".

11 Q. I see. If we look at that period of time just after,
12 when Glenn is being looked after by the Home Treatment
13 Team, you mentioned earlier that Glenn was told by the
14 crisis team that he was calling them too much?

15 A. Yeah.

16 Q. Can you remember whether that was at this point, when he
17 was supposed to be being looked after by the Home
18 Treatment Team, or another time?

19 A. I think it may have been another time because, at that
20 time -- at that time, Glenn was sorting himself out. He
21 was in a much better place. He was looking at --
22 looking for a job and he wasn't drinking. There was
23 none of it in his flat. Like I said, I'd gone through
24 the flat, even behind his bed, to make sure there was no
25 alcohol. He really wanted to sort himself out and,

1 where he was moving into this assisted living, he was
2 excited. He thought, "Yes, I'm getting there, I'm
3 finally getting the help". He was extremely excited
4 about that, so I believe that wouldn't have been that
5 time. It would have been before.

6 **Q.** So at this point, he's making forward plans?

7 **A.** *(The witness nodded)*

8 **Q.** He's looking forward to this new accommodation. Where
9 was he living, when he's just been discharged and before
10 he has the assisted accommodation, where was he living
11 then? What was his flat?

12 **A.** He had a little studio flat in Colchester.

13 **Q.** And he was living on his own at that point?

14 **A.** At that time, yeah. We did go up and see him and he
15 had -- his friends -- he was friends with a couple of
16 girls and their mum really looked after Glenn. She was
17 amazing with him because at the time I was on my
18 honeymoon and Glenn was dealing with just finding out
19 (... *redacted* ...) and it had really rocked Glenn. And
20 he did actually go to stay with my mum for a few days
21 whilst I was on my honeymoon because I wasn't there to
22 help him.

23 But this lady would come over; she'd take him to the
24 cinema; she'd take him shopping; she'd bought him stuff
25 for his flat. It wasn't even his mum and she was really

1 taking care of him and he was so excited.

2 Q. This is all at the time when he's just been discharged
3 from The Lakes?

4 A. *(The witness nodded)* Yeah.

5 Q. He is then discharged from the Home Treatment Team, back
6 to outpatient care on 3 July.

7 A. Yes.

8 Q. What's your view as to whether that was the right
9 decision for Glenn at that time?

10 A. I think they'd seen that he was in a good place but they
11 didn't take into account over the last year how much
12 he'd been through, and I think they were very, very
13 quick to discharge him and they shouldn't have,
14 especially knowing that he was moving into assisted
15 living. He should have had that daily care until he
16 moved into that place where he's got adults around him.

17 Q. So at this point, within two months, there have been two
18 serious incidents --

19 A. *(The witness nodded)*

20 Q. -- of overdosing? They discharge him on 3 July. Do you
21 have any understanding of what assessment was done
22 around the risk of impulsive overdose?

23 A. No, and, if anything, I don't believe there probably was
24 one because, if they had have done a proper risk
25 assessment, then he wouldn't have been discharged.

1 Q. Do you consider that adequate account was taken of that
2 risk of death from an impulsive overdose?

3 A. No, not at all.

4 Q. Glenn tragically died on 7 July 2012, following an
5 overdose of prescribed medication. I want to turn now
6 to what happened after Glenn's death.

7 A. Yeah.

8 Q. You explain in your statement that you did not initially
9 hear anything from the Trust.

10 A. *(The witness nodded)*

11 Q. Can you tell us a little bit about how contact was first
12 made?

13 A. Yeah, I remember getting in contact with them and
14 saying, you know, "You've let my brother down; I want to
15 come in and have a chat". So we arranged a date to go
16 in. My mum did attend with us. And we turned up. The
17 doctor that we was meant to see, Glenn's doctor, wasn't
18 there. We got told he wasn't there and we had to wait
19 around for a good half an hour until they made space for
20 us to sit down with a team of two people and talk about
21 what had gone wrong.

22 We -- I said how I wasn't happy; you know, how he
23 had been let down; he shouldn't have been left on his
24 own. I spoke about the treatment he had whilst he was
25 in the hospital, how there was no staff around, how

1 I was treated, like I was being too much and you know
2 how I should have stepped back. I spoke about how they
3 said he was attention seeking, how a member of staff had
4 told me that he'd only do it once, and this member of
5 staff, I did know the name, and they told me, "Oh, no,
6 a person with that name doesn't work here".

7 So everything was very much put -- blown under the
8 carpet. They said I can pay £50 to have a record of his
9 hospital notes but that it would take a few months to
10 get hold of them because they had to take out a lot of
11 things that we weren't allowed to see, and that was
12 basically it.

13 They said they would do a risk assessment to try to
14 stop this in the future, and I got something through the
15 door, which was a chart of just one note to say that
16 they were going to make sure that there was staff on the
17 ward, or something like that.

18 **Q.** So this is one meeting you have where you're expecting
19 to see the psychiatrist. Is it Dr C that you were
20 expecting to see?

21 **A.** Yeah, yeah.

22 **Q.** You had a meeting with two other staff members. Were
23 you told anything at that time about the fact that there
24 would be a Serious Untoward Incident review; that there
25 would be a report, potentially?

1 **A.** No, nothing. We didn't find out anything until Glenn's
2 inquest and the judge had said, "Why has this person not
3 had the hospital notes? They're not to leave this
4 inquest until you've gone and printed them off", because
5 it was the hospital -- I think there was three hospital
6 staff that was there during the inquest and they had to
7 go and get us the details.

8 **Q.** The records?

9 **A.** Yeah.

10 **Q.** So is it right that, up until the coroner intervened at
11 the inquest, you understood that you would have to pay
12 £50 for the records --

13 **A.** Yeah.

14 **Q.** -- and that it would take months --

15 **A.** Yeah.

16 **Q.** -- and you hadn't been provided with them?

17 **A.** Yeah, that's right.

18 **Q.** Sometimes, when investigations take place, there can be
19 a family liaison officer provided to support family
20 members. Was anything like that raised with you?

21 **A.** No, nothing. We were left: Glenn had died and that was
22 it.

23 **Q.** When was it you became aware of the fact that there had
24 been a Serious Untoward Incident report? Was it at the
25 inquest?

1 **A.** Yes, yeah, the judge -- when we first went in, she could
2 see that I was really nervous and she did -- she put her
3 foot down a little bit and she said, "We are not going
4 to go into anything that's happened to Glenn today,
5 we're just here to talk about his death". And actually
6 she was really good and she was really supportive and
7 she actually turned round and said that the hospital
8 haven't done enough and you need to look into this more.
9 She actually turned round and said, "You need to go into
10 this further after this hearing".

11 **Q.** So the inquest, was it a single-day inquest, the final
12 hearing?

13 **A.** Yes, it was just an hour or so.

14 **Q.** An hour or so. At that, you've said that there were
15 three members of staff from NEPT, from the Trust --

16 **A.** Yeah.

17 **Q.** -- yourself. Can you say something about when this was?
18 So Glenn dies in July 2012; is this 2013? How long
19 afterwards? Can you remember?

20 **A.** It was a long, long time before we got to the inquest.
21 I believe it may have been around a year. So it was
22 definitely 2013.

23 **Q.** In terms of what happened on that occasion, is it right
24 that the coroner concluded that the cause of death was
25 an overdose of prescribed medication --

1 **A.** Yeah.

2 **Q.** -- and that the verdict was one of accident; is that
3 right?

4 **A.** Yes, so when I got the chance to speak and I said
5 that -- I was adamant that this wasn't Glenn's fault,
6 adamant because he was really sorting his life out over
7 the last couple of weeks, and I said that to the judge.
8 He wasn't on alcohol. He had had a panic attack and he
9 had just taken too much and I said -- I was adamant this
10 cannot go down as he's overdosed because it wasn't the
11 same as all the other times; it was completely different
12 and it was an accident. And she agreed with me.

13 And I don't know whether she did that as a --
14 because I was so adamant and she had a bit of sympathy
15 there for me. I don't know if that's why she put
16 accidental but she said say, "If I find this as an
17 actual overdose, then I'm going to put it down as, you
18 know, he has caused his own death". But she didn't.

19 **Q.** Would it be fair to say that your view was that this was
20 as a result of the panic attack, him self-medicating --

21 **A.** Yeah.

22 **Q.** -- by taking far more medication than he should have?

23 **A.** Yeah, I don't know if he would have -- because, like
24 I said, the medication that he was on, it causes
25 confusion and I think that he has taken some and

1 forgotten that he's taken some, and taken some more.
2 Just because of how different it was. He hadn't --
3 there was no alcohol there, he wasn't -- he was in
4 a panic. He was scared at this time. He wasn't in
5 a psychosis. He was still Glenn and it's why I fully
6 believed that this was due to the medication.

7 **Q.** You say in the statement that you do not believe that
8 Glenn meant to take his life --

9 **A.** Yeah.

10 **Q.** -- and believe his actions were a cry for help?

11 **A.** Yeah.

12 **Q.** In terms of what followed the inquest, do you know if
13 there was a Prevention of Future Deaths report by the
14 coroner and --

15 **A.** No, and --

16 **Q.** Sorry, go ahead?

17 **A.** Sorry, I knew nothing. And it was only until Melanie
18 Leahy, who was also another family in this hearing, and
19 she got in contact with me, and it was because of her
20 help that we realised that we'd been done wrong and
21 Glenn had been done wrong.

22 **Q.** As a result of what had happened and the concerns that
23 you had about the care that Glenn had received, you made
24 a complaint to the Parliamentary and Health Service
25 Ombudsman; is that right?

1 **A.** Yes.

2 **Q.** That was about the care and treatment that was provided
3 to Glenn whilst he was inpatient at The Lakes; is that
4 right?

5 **A.** Yeah, it was more to do with how all the patients were
6 treated and how the atmosphere was in the hospital,
7 rather than, actually, Glenn's care.

8 **Q.** Did you also, as part of that complaint, raise your
9 concerns about the support provided to him by the Crisis
10 Resolution and Home Treatment Team when he was
11 discharged?

12 **A.** I believe I was more interested in the hospital
13 environment then because I saw it as Glenn has gone
14 now -- and I still see it like this. Glenn has gone now
15 but we're still here for whoever else is having these
16 problems, and I wanted to make sure that the hospital
17 had picked up on all these issues and all these problems
18 that they'd had on the ward, when Glenn was staying on
19 there, to save someone else's life.

20 **Q.** You received a response to that on 11 December 2015, in
21 which your complaint was partly upheld. Can you tell
22 us -- and don't worry if you can't -- what was upheld in
23 that complaint and your view as to that report from the
24 ombudsman?

25 **A.** That was the report that I received and it was a very

1 quick apology, "We're sorry in the failings of your
2 brother", and this is the chart that I was on about
3 earlier. It was one sheet and it had one line,
4 I believe, and it was just one that I can't remember
5 what was written on it but it wasn't an in-depth report.

6 Q. Don't worry. If I suggest that perhaps the
7 chronology -- and you tell me if this is right --
8 there's the Serious Untoward Investigation report --

9 A. Okay.

10 Q. -- which happens earlier, which you see at the inquest?

11 A. *(The witness nodded)*

12 Q. Is there anything you want to say about that report that
13 was the original report? Don't worry if you don't.

14 A. I don't remember.

15 Q. Don't worry. Then there's the ombudsman report. Did
16 the ombudsman report request that the Trust apologise to
17 you for failings to Glenn; do you remember that?

18 A. Yeah. I remember that, yes.

19 Q. So the document you're referring to, which was the
20 one-line apology, was that from the Trust after the
21 ombudsman's report?

22 A. Yes. I believe that was from the Trust, yeah.

23 Q. When you say a one-line entry about what had changed,
24 was that some sort of action plan or document --

25 A. Yes, exactly an action plan --

1 Q. -- to confirm what they were now going to do
2 differently?

3 A. It was an action plan and it was -- I can't remember
4 what it was but it was one thing they put down there
5 that they needed -- I couldn't believe it because it was
6 so small and there was so many issues that I'd raised
7 and none of it had been looked at properly.

8 Q. Is there anything more you would like to say about how
9 you were treated by the Trust following Glenn's death?

10 A. I think, for me, you know, I was a child myself. All
11 right, I was 23/24, but I was a child myself, and
12 I don't think that anyone can be treated as an adult
13 when you haven't had that life experience. And we
14 didn't -- you know, I did have my mum around but we
15 didn't have the support that other families have got and
16 I think a lot of that needs to be taken into account.
17 And like with Glenn, none of his upbringing was taken
18 into account and the things that I could say about
19 Glenn's upbringing are horrific and they're not normal,
20 everyday family life. And I think, if that was really
21 taken into account, if Glenn was really looked into and
22 if everything was looked into with him growing up, it
23 would have a massive explanation of why Glenn that the
24 problems that he did, and Glenn would still be alive
25 today if it was really addressed.

1 And I think when it came to his death and afterwards
2 and the treatment, they could see that I was just
3 a young girl, and I think they think they could get away
4 with, you know, doing the bare minimum because I haven't
5 got a clue. I haven't got a clue about all of this.
6 I wouldn't have been able to do this without the amazing
7 team that I've got.

8 Yeah, I think they've basically just done the bare
9 minimum.

10 **Q.** I want to just now go through -- you make some
11 recommendations at the end of your statement, and I just
12 want to ask you whether there's anything further you
13 want to say about those or if there are any other
14 recommendations that you'd like to make. I'm going to
15 pull up onto the screen paragraphs 48 and 49 of your
16 statement.

17 **A.** Okay.

18 **Q.** Can you see those on the screen? Are they showing up at
19 your end, Amanda?

20 **A.** They're not but I've got it here in front of me.

21 **Q.** Fine, whatever is easiest for you to see.

22 **A.** Yeah.

23 **Q.** You say at these paragraphs that:

24 "Patients with a history of overdose should receive
25 therapeutic care and clinicians should understand the

1 actual reason as to why patients engage in overdosing.

2 "Self-harm of any kind should be taken seriously.
3 Clinicians must understand the complex nature of
4 suicidal thoughts and recognise that there is no one
5 treatment that will work on all patients [there needs to
6 be] a willingness from clinicians to try different
7 methods of treatment."

8 Is there anything further --

9 **A.** Yes.

10 **Q.** -- you'd like to say about any of those points you make
11 there?

12 **A.** Yeah, I do think, with the methods of treatment and
13 going back to the medication, you know, it's very easy
14 for a GP to look at their drug bible -- their CD,
15 I believe it's called, or something -- it's very easy
16 for them to look at and say, "Right, this person's got
17 this, this and this, and this book tells you prescribe
18 this", you know. And that doesn't take into why they're
19 having this problem and why they've got this and why
20 they've got that.

21 And my main issue is the pregabalin and the diazepam
22 together, you know, they should never be together for
23 a child that's seeing visions, that's confused, that's
24 having hallucinations. Why was he put on that
25 medication? This is what I don't understand at all.

1 And why, you know, he's going through all these
2 years of getting worse, and worse, and worse and it's
3 because he was on this medication. If he wasn't on this
4 medication, he wouldn't have got as bad as he was. If
5 he would have got therapeutic care; if he'd have -- you
6 know, if he'd have been in The Lakes and they were doing
7 exercise and showing them ways of living, showing them
8 how to go about their days, doing cookery classes with
9 them, showing them how to look after themselves. He was
10 just a 19-year old boy. He hasn't got a clue how to
11 look after himself. He's always had his mum to do it or
12 someone around him to help him and cook for him. There
13 needs to be in these in hospitals ways of showing
14 everyone how to live on a day-to-day basis, how to do
15 their washing and how to look for new jobs and how to
16 apply for a job, how to go through interviews and how to
17 look after themselves. And there's nothing like that.

18 **Q.** Thank you.

19 Amanda, are there any further recommendations you
20 would wish to highlight in light of this or anything
21 else that we've discussed?

22 **A.** Yeah, I also think it would be a good idea to look into
23 when a medication is prescribed, what should and
24 shouldn't be done around that medication because, when
25 you go for an appointment, it's very easy for a doctor

1 to go, "Okay, here's a prescription for a new
2 medication, go home and start taking this once a day or
3 twice a day". There's no actual explanation of why --
4 what this medication is going to do. They shouldn't
5 have to go home and read the leaflet because, half the
6 time, you're going to go home and not read that leaflet.
7 I know I don't. I go home and I believe my GP and
8 I take this medication as I've been told.

9 You know, there's certain medications where you
10 can't eat grapefruit because it has an affect on your
11 medication. Half the people that are on that medication
12 do not actually know that, and I actually found that out
13 the other day through my research (... redacted ...) but
14 a lot of people do not know that and I think, yes, there
15 is a time limit when you're going to see a GP but there
16 needs to be more care, not just, "Here's
17 a prescription".

18 **Q.** Is there anything further at this point that you would
19 want to raise or that you don't feel that we've covered?

20 **A.** No, I think everything's been covered.

21 **MS LLOYD-OWEN:** Thank you, Amanda.

22 Well, those are all the questions I have for you at
23 this stage.

24 Chair, do you have any questions?

25 **THE CHAIR:** No, I don't. Thank you very much indeed for

1 your evidence.

2 **THE WITNESS:** Thank you.

3 **MS LLOYD-OWEN:** Amanda, we're now going to put on to the
4 screen a video compilation of photographs of your
5 brother Glenn.

6 **THE WITNESS:** Yeah.

7 *(Photographs displayed)*

8 **MS LLOYD-OWEN:** Amanda, we will now have a 10-minute break
9 to see if there are further questions. If there aren't
10 any, that concludes your evidence and you will be free
11 to leave. Thank you again for your evidence today.

12 Chair, if there are no more questions for Amanda,
13 after the ten-minute break, we will begin to hear some
14 evidence from Kristal Stenning about her brother, Rocky
15 Stenning.

16 **THE CHAIR:** Thank you very much.

17 **MS LLOYD-OWEN:** Thank you, Amanda.

18 **(12.38 pm)**

19 **(A short break)**

20 **(12.50 pm)**

21 **CASE MANAGER:** There are no further questions for this
22 witness. We are now going to break for lunch until
23 1.30.

24 **(12.50 pm)**

25 **(The Short Adjournment)**

1 (1.30 pm)

2 (Proceedings delayed)

3 (1.36 pm)

4 **THE CHAIR:** Ms Troup.

5 **MS TROUP:** Chair, thank you. We're going to continue with
6 family evidence now and I'm going to ask that our last
7 witness, Kristal Stenning, be sworn, please.

8 **KRISTAL STENNING (sworn)**

9 **Questioned by MS TROUP**

10 **MS TROUP:** Thank you. Could you give your full name first,
11 please.

12 **A.** Kristal Vicky Stenning.

13 **Q.** Thank you. Kristal, you are the sister of Rocky
14 Stenning, who died on 19 July 2018 when he was 26 years
15 old at Chelmsford prison, yes?

16 **A.** Yeah.

17 **Q.** You came before this Inquiry when it was in its
18 non-statutory phase and had an evidence session back in
19 March 2022?

20 **A.** Yeah.

21 **Q.** You've now provided to the Inquiry a witness statement
22 under Rule 9. It's 33 pages long and you should have
23 a copy of it in front of you.

24 **A.** Mm-hm.

25 **Q.** Could I ask you, please, first of all to turn to

1 page 33. That is the page of your witness statement --
2 we can see that this statement is dated 8 January 2026,
3 and that is the page where you have made a statement of
4 truth and signed?

5 **A.** Yeah.

6 **Q.** Kristal, are you content, sitting here today, that your
7 witness statement is true and accurate?

8 **A.** I am.

9 **Q.** Thank you. I'm going to ask you, I know that it's very
10 difficult, to keep your voice up as much as you can
11 because there's a transcriber in the room and we want to
12 hear your evidence. I know that it's not easy but I'll
13 keep reminding you, all right?

14 **A.** Mm-hm.

15 **Q.** What I'd like to do is just take you through -- you know
16 that we're not going to go through your witness
17 statement line by line because the whole of it stands
18 already, now that it's been submitted as your evidence
19 to this Inquiry, but I want to us go through it together
20 today, starting with some of the information you've
21 given us in the early part of the statement about the
22 background to your family life.

23 **A.** Mm-hm.

24 **Q.** I understand that you are the eldest --

25 **A.** I am, yeah.

1 Q. -- of three children --

2 A. *(The witness nodded)*

3 Q. -- and that Rocky was the baby of the family?

4 A. He was, yeah.

5 Q. If you want to follow, I'll keep telling you whereabouts

6 in the statement I am. But if you do want to follow at

7 the moment we're on page 2 and I'm looking at the

8 sections under the heading "Background". Kristal, you

9 tell us there that you remember the day Rocky was born

10 like it was yesterday?

11 A. I do, yeah.

12 Q. You were young yourself.

13 A. 11 years old.

14 Q. 11 years old, and you tell us that you were called into

15 the school office?

16 A. It was my birthday.

17 Q. It was your birthday when he arrived?

18 A. My 11th birthday, yeah.

19 Q. You say there:

20 "I was so excited I nearly passed out."

21 In the next paragraph, you say that Rocky was like

22 your own little present gifted to you --

23 A. He was, yeah.

24 Q. -- for your birthday?

25 A. *(The witness nodded)*

1 Q. You go on to describe family life and you say that you,
2 your sister and Rocky were incredibly close; is that
3 right?

4 A. Yeah. We was like The Three Musketeers.

5 Q. The Three Musketeers. You say that a day did not pass
6 without you telling one another that you loved each
7 other --

8 A. Yes.

9 Q. -- and you sometimes, as a young girl, would pretend
10 that Rocky was your baby?

11 A. Yeah.

12 Q. Later, I think, and you must tell me if I'm summarising
13 things wrongly, you did come to take what we might
14 describe quite a maternal role in Rocky's life?

15 A. Rocky and my sister's life, yeah.

16 Q. You looked after them both?

17 A. Mm-hm.

18 Q. You tell us that when Rocky was at school there were no
19 problems with his behaviour --

20 A. *(The witness shook head)*

21 Q. -- or his development --

22 A. No, nothing at all.

23 Q. -- and that you had a very happy childhood?

24 A. Very happy, yeah.

25 Q. With the strong bond that we've just described?

1 **A.** *(The witness nodded)*

2 **Q.** You go on to tell us, Kristal, that when Rocky was about
3 six, your mum and dad spilt --

4 **A.** *(The witness nodded)*

5 **Q.** -- and that when your father left the house, Rocky very
6 much missed having him at home; is that right?

7 **A.** Yeah, definitely. He was, like his male figure around
8 him. It was just all us women and, yeah, he did
9 complain about that quite a bit as well.

10 **Q.** He complained about what, I'm sorry?

11 **A.** Too many women around him, mothering him all the time.

12 **Q.** You were all looking after him?

13 **A.** *(The witness nodded)*

14 **Q.** You explain that, in fact, because Rocky then -- when
15 your father had moved out of the house, Rocky went to
16 spent most weekends with him, that actually that
17 strengthened the bond between Rocky and his father --

18 **A.** Yeah.

19 **Q.** -- and they did everything together, your father took
20 him out --

21 **A.** Mm.

22 **Q.** -- and they did all kinds of things together.

23 You also tell us, I'm looking at the very bottom of
24 page 2 and paragraph 14, you say there:

25 "My mum has always been a good mum and continued to

1 be, after dad left. Rocky idolised our mum and we
2 always used to joke that he was a mummy's boy."

3 **A.** Completely, yeah.

4 **Q.** What did he think of that?

5 **A.** Well, he didn't really like it but we was always taking
6 the mick out of him.

7 **Q.** Yes. You do go on, on the next page, you say that you
8 had a good life and all was well but there came a time,
9 I think, I'll put it like this: that the home
10 environment in your mother's home became less stable --

11 **A.** Mm-hm.

12 **Q.** -- and less healthy for Rocky?

13 **A.** Yeah.

14 **Q.** Is that fair?

15 **A.** Yeah.

16 **Q.** You also go on to explain that there came a time when
17 your mum had to leave the family home and you then
18 stepped in, having already, by that stage, moved out.

19 **A.** Yeah.

20 **Q.** You were in your late teens, I think?

21 **A.** Yeah, I think so, yeah.

22 **Q.** That, as I understand it, and understandably, was hard
23 on you and on Rocky and your sister?

24 **A.** Yeah, it was terribly hard, yeah.

25 **Q.** Your father had moved to Suffolk after -- was that

1 shortly after he and your mum had split or was it --

2 **A.** It was quite a few years later. He lived in Grays at

3 first where Rocky and my sister used to spend a lot of

4 their time, and then he moved up to Suffolk and that's

5 when he used to go and spend time up there, as well.

6 **Q.** I see. So Rocky would go there to stay with him?

7 **A.** Yeah.

8 **Q.** You explain that -- and I'm not sure whether this is

9 something you knew at the time, you will help me -- your

10 father did suffer from bouts of depression --

11 **A.** Mm-hm.

12 **Q.** -- and that he had a diagnosis of paranoid

13 schizophrenia?

14 **A.** Yeah.

15 **Q.** Is that something you knew at the time or something

16 you've learnt later?

17 **A.** I don't think I knew or understood when I was younger

18 what it was. I remember my mum speaking about it and

19 then, as I got older, me and my dad came very close,

20 like he was my best friend, so he confided in me a lot

21 and told me about his depression and struggles.

22 **Q.** Thank you. When Rocky was 14, your father died?

23 **A.** Mm-hm.

24 **Q.** By that time, both you and your sister had left your

25 mum's home?

1 **A.** *(The witness nodded)*

2 **Q.** So Rocky was there alone with her?

3 **A.** Yeah.

4 **Q.** Is that right?

5 **A.** Mm-hm, yeah.

6 **Q.** Your father had taken his own life?

7 **A.** *(The witness nodded)*

8 **Q.** My understanding from your witness statement is that
9 Rocky was woken by police officers to be given that
10 news?

11 **A.** Yeah, he was asleep on the settee in my mum's front
12 room, and officers went in and woke him up and told him,
13 yeah.

14 **Q.** That, I think, you tell us, was one of the -- you mark
15 two events, two major events -- and we'll come to the
16 second one that was in October 2010 -- but as
17 I understand it, Kristal, that was the first major event
18 that you can see had a devastating impact on Rocky?

19 **A.** Yeah, definitely. Yeah.

20 **Q.** You say there that he had lost his hero --

21 **A.** *(The witness nodded)*

22 **Q.** -- in the most tragic of circumstances?

23 **A.** Yeah. My dad always said he wanted my brother to have
24 a different life to him; he wanted him to have a better
25 life. But then, he mapped out his life, I felt, because

1 my dad's dad died when my dad was 14, and then he then
2 left Rocky at 14. So it sort of made him start living
3 his life the same.

4 **Q.** Yes, thank you.

5 What you describe there was a sort of overnight
6 change, following that event and that news, in your
7 previously very happy little brother.

8 **A.** Mm-hm.

9 **Q.** Tell us a little bit about that. How was he impacted?
10 How did seem to you at the time?

11 **A.** Rocky was, like, the life and soul. He would -- even
12 when he was younger, he would make everybody laugh and
13 smile and just be -- feel good about themselves. And he
14 just went withdrawn and turned to things to try and help
15 him cope and, yeah, he was very angry. Angry with the
16 world, I think. Angry with everyone.

17 **Q.** Yes. You said just now that he'd turned to things to
18 help him cope. One of the things, as I understand it,
19 you didn't know at the time but know now, is that at
20 around about that time and in the aftermath of your
21 father's death, Rocky had turned to cannabis?

22 **A.** Yes.

23 **Q.** You think now, thinking back, that he was using cannabis
24 to try to block out his grief and his feelings?

25 **A.** Mm.

1 Q. And you also tell us that he just was desperate to feel
2 normal?

3 A. Mm. Just, like, I don't really know how to explain it.
4 He just -- it was like he was smoking to sort of block
5 out anything and then he'd put on this act of funny
6 Rocky, like the comedian, like everyone went to him to
7 get cheered up. If they felt low, he would cheer them
8 up. But it obviously wasn't -- what it was doing it for
9 him in the beginning wasn't happening. As it further
10 went on, that wasn't, it was just a habit by then. So
11 it wasn't masking anything.

12 Q. Yes. But at the time, is this right, you had no idea
13 that he had turned to cannabis in that way?

14 A. I sort of had an inkling that he'd started smoking but
15 he's a young boy and he's not under my care and there's
16 nothing really you can -- so, yeah. And then we did
17 start to worry once he had sort of spiralled a little
18 bit.

19 Q. Yes. We'll come to that. I just want to note that one
20 of the other things you tell us in this section of your
21 witness statement, is this right, is that no support at
22 all was offered to Rocky in the wake of your father's
23 death --

24 A. No.

25 Q. -- neither from school --

1 **A.** No.

2 **Q.** -- nor from any other organisation?

3 **A.** Not that I can remember at all, no. I was offered

4 bereavement counselling and I don't remember Rocky being

5 offered it. I think my sister might have been as well.

6 **Q.** Yes.

7 **THE CHAIR:** Who offered it to you?

8 **A.** Mind in Thurrock, I think it was.

9 **MS TROUP:** Thank you.

10 You tell us that, by the time -- we're coming into

11 early 2008 and Rocky is 16. He appeared to you to be

12 beginning to spiral out of control.

13 **A.** Yeah.

14 **Q.** In what way? Tell us a little bit about that.

15 **A.** He was seeming very paranoid and very angry at the

16 world, and always thought that some was watching him or

17 looking at him in some sort of way or judging him. He

18 didn't felt like he fit in. He, like, wasn't as good as

19 everyone else, and yeah. He just seemed to be getting

20 worse and worse.

21 **Q.** The other thing that I think happened at around about

22 that time is that he started to clash with police offer

23 come to the attention of police?

24 **A.** Mm.

25 **Q.** Is this right, Kristal: it's your view that that was

1 deliberate on his part --

2 **A.** *(The witness nodded)*

3 **Q.** -- and that it was essentially a cry for help?

4 **A.** Yeah, I think quite a lot of the times he'd have this
5 angry outburst and he wouldn't want to take it out on
6 obviously my mum, and so he'd go out in the street and
7 start something to try to get arrested, to just get
8 taken away from the situation. And I remember this one
9 time he actually went into our local shop and
10 deliberately tried to steal something in front of the
11 shopkeeper.

12 **Q.** Yes.

13 **A.** And the shopkeeper knew him and he was like, "Just put
14 it back", and he would not. He was waiting for him to
15 phone the police, so they could come and get him.

16 **Q.** Yes. He wanted help --

17 **A.** Yeah.

18 **Q.** -- is your impression?

19 **A.** Mm.

20 **Q.** And, in the way that he knew how to at 16, was trying to
21 make that clear to others?

22 **A.** Because he thought, if the police take you away, then
23 that's helping.

24 **Q.** Yes. When he was 16, as I understand it, in March 2008,
25 your fears about him spiralling out of control were

1 realised when he made an attempt to take his life?

2 **A.** *(The witness nodded)* Mm-hm.

3 **Q.** He told you about that himself, I think; is that right?

4 **A.** Yeah.

5 **Q.** So it was an attempt to hang himself, which was

6 unsuccessful --

7 **A.** *(The witness nodded)*

8 **Q.** -- and he came home and told you about it?

9 **A.** He'd gone over to the common, we call it, where we live,

10 and he took his dog with him, as well. And he tried to

11 hang himself over there but it broke.

12 **Q.** Thank you. As a result of that, your mum took him to

13 hospital and he was admitted at 16 to The Priory in

14 Chelmsford?

15 **A.** Mm-hm.

16 **Q.** He was eventually -- he made a number of attempts,

17 I think, to leave The Priory; is that right?

18 **A.** Yeah.

19 **Q.** As a result -- was it as a result of those attempts to

20 leave that he was sectioned?

21 **A.** Yeah.

22 **Q.** Was he still 16 when he was first sectioned?

23 **A.** Yeah.

24 **Q.** He was moved then to a secure unit in Surrey, Alpha

25 Hospital?

1 **A.** Yeah.

2 **Q.** You've also, I think, from the records, discovered that
3 at that time -- because you've obviously taken the time
4 to go through the records that you have with your
5 representatives -- at the time there wasn't a formal or
6 settled diagnosis for Rocky?

7 **A.** No.

8 **Q.** But what you have noted in the records is that there's
9 a reference to a major depressive disorder --

10 **A.** *(The witness nodded)*

11 **Q.** -- or a depressive episode?

12 **A.** They just blamed drugs.

13 **Q.** They just?

14 **A.** Blamed drugs. Every time there was something, they
15 blamed drugs. They said that's all that was wrong with
16 him.

17 **Q.** Cannabis use?

18 **A.** Yeah.

19 **Q.** So was that the case during this first admission, first
20 to The Priory and then to Alpha?

21 **A.** To our understanding, he was depressed and low and he
22 tried to do what he tried to do.

23 **Q.** Yes.

24 **A.** And he was smoking at that time but I don't believe it
25 was the reason why he done it. But that's all the

1 doctors used to say to us.

2 Q. Yes. That's important, Kristal, because I think we're
3 going to come on -- this was the first of five inpatient
4 admissions, the first that we're talking about now, when
5 Rocky was 16. I think, is this right -- you must tell
6 me if it's not -- it's your view that, in each of those
7 admissions, clinicians took the view that Rocky's mental
8 health difficulties had been induced by or were caused
9 by his use of cannabis?

10 A. Yeah, on that first one, they didn't use the terms how
11 you've just said it but everyone after that in Basildon
12 Hospital, they said, "This is a drug induced
13 psychosis -- episode", every time. And they never
14 looked into what had gone on, even though I'd sit there
15 through meetings and tell them exactly what had gone on
16 in the -- there was no thought for that.

17 Q. So throughout his later admissions, is this right, you
18 would attempt to engage with clinicians --

19 A. *(The witness nodded)*

20 Q. -- and those who were treating him --

21 A. *(The witness nodded)*

22 Q. -- to ask them, effectively, to look past or look
23 beneath the use of cannabis --

24 A. Mm.

25 Q. -- at the background and what had been happening to

1 Rocky as a baseline?

2 **A.** Yeah.

3 **Q.** What kind of response did you get?

4 **A.** They say that he's on a 28-day section. Once that's
5 finished, the drugs will be out of his system and he'll
6 be back to normal.

7 **Q.** Yes. That was never, I think it's fair to say, what
8 actually happened, was it?

9 **A.** No. He would -- I don't like to use the word "normal"
10 but he would come around, I like to say, he come around
11 to Rocky again.

12 **Q.** Yes.

13 **A.** But he was far from better. He was always depressed,
14 always anxious, always -- his fingers was bit down to
15 there. Yeah. But the drugs -- the cannabis, should
16 I say -- might have tipped something in his brain but
17 that wasn't the root of Rocky's problems.

18 **Q.** I understand. Is it your feeling, Kristal, that the
19 root of Rocky's problems was never properly explored?

20 **A.** Yes, definitely.

21 **Q.** You said you don't like to use the term "normal" and
22 I understand what you mean. We might say, might we,
23 that he sometimes returned to stability --

24 **A.** Yeah.

25 **Q.** -- in that he wasn't exhibiting psychotic symptoms?

1 **A.** Mm-hm.

2 **Q.** But he didn't return to the Rocky that you knew?

3 **A.** No, never. Even in his, like you say, stable situation
4 and even through bouts of really good things, I remember
5 him sitting in my front room with me and my sister and
6 my partner, and then just break down crying in the
7 middle of it because he wants his dad.

8 **Q.** Yes.

9 **A.** "All I want to do is be with my dad."

10 **Q.** Thank you. One of the other things that we note from
11 your description of this first inpatient admission,
12 first to The Priory, then to Alpha, when he was just 16,
13 is that he was at that time prescribed antipsychotics?

14 **A.** Mm-hm.

15 **Q.** Those did seem to you to help Rocky's mood --

16 **A.** Mm.

17 **Q.** -- and he appeared more stable when he was on
18 antipsychotics?

19 **A.** Yeah.

20 **Q.** I think it became a feature of his life that he would be
21 started on antipsychotics, reach a level of stability
22 and then be discharged; is that fair?

23 **A.** Yeah, absolutely. There wasn't any follow-up. There
24 was no, like, hanging on to him to make sure that it was
25 happening.

1 Q. Yes. We know that when Rocky was discharged from the
2 Alpha Hospital in Surrey, he came to live with you?

3 A. Mm-hm.

4 Q. So how long had he been there, can you remember? How
5 long was he an inpatient for at age 16?

6 A. I would say six weeks: five or six weeks.

7 Q. Thank you.

8 A. Because I always remember that the section is 28 days,
9 and then, in that first incident, where he was young and
10 everything, I think he stayed a little bit longer.

11 Q. Longer because he was very young?

12 A. Yeah, but I don't feel like he was in a psychotic
13 episode on that one.

14 Q. No. After that, we know and we're going to come through
15 them, Kristal, but so as to set them in context, we
16 had -- or Rocky had, I'm so sorry -- his second period
17 as an inpatient was in 2014, and that was over a month
18 between 23 August and 1 October 2014.

19 A. *(The witness nodded)*

20 Q. That was to Basildon. He then had another period of
21 admission for about a month?

22 A. *(The witness nodded)*

23 Q. So it's the 28 days you've just referred to, between
24 October and November 2015. Then, in December 2017,
25 a very short two-day admission. Then a longer period at

1 Basildon in March to July 2018 --

2 **A.** *(The witness nodded)*

3 **Q.** -- before he came to be transferred to Chelmsford
4 Prison?

5 **A.** Yeah.

6 **Q.** When Rocky came to live with you after that period of
7 treatment, when he was still 16, how did he seem?

8 **A.** He wasn't really with it. He seemed -- you could tell
9 he was drugged up. It was like there was something
10 there. Like, we went to the pictures once and he was so
11 engrossed and involved in the drink that he wasn't
12 taking no notice of nothing else. It was like he'd
13 never seen -- I don't know what the drugs was doing to
14 him but he just didn't seem like he was there, you know,
15 like -- as if there was a block had been put on him?

16 **Q.** Yes.

17 **A.** Then he put on a lot of weight and --

18 **Q.** As a result of the medication?

19 **A.** Of the medication, yeah. And, yeah, he didn't seem like
20 himself.

21 **Q.** As I understand it, one of the side effects that you saw
22 and he became aware of is that he was putting on weight?

23 **A.** Yeah.

24 **Q.** For that reason, around about four or five months after
25 he'd been discharged and come to live with you, he

1 decided to stop taking his medication?

2 **A.** Yeah, he said he felt numb, he was putting on weight, he
3 had no motivation to do anything, and he wanted to do
4 more with his life, and he felt like the gym was
5 a better way to do that.

6 **Q.** A good focus for him?

7 **A.** And he said -- he always told me it releases happy
8 endorphins.

9 **Q.** Yes.

10 **A.** He told me to go for a run.

11 **Q.** Yes, he wanted you to run and exercise with him?

12 **A.** Yeah, mm.

13 **Q.** So just -- I want to check, in that four to five-month
14 period, or thereafter, actually, what follow-up support,
15 if any, did he have while he was living with you?

16 **A.** I don't remember any from the Surrey hospital. I might
17 be wrong but I don't remember any. I remember a temp --
18 like some outpatient ones from his other but they came
19 once and he wasn't in, and then -- and I spoke to them,
20 and then they didn't return any more.

21 **Q.** He was 16/17 at the time?

22 **A.** Mm-hm.

23 **Q.** Did you have any information when he was discharged to
24 you, in 2008, about who to contact or what to do if he
25 should deteriorate or things were going wrong?

1 **A.** No. Not that I remember, no.

2 **Q.** Would you have known who to call or what to do?

3 **A.** Just the police.

4 **Q.** So Rocky made this decision to sort of -- maybe I can
5 put it in this way -- come back to himself because the
6 medication was making him feel like not himself, and to
7 put his focus on exercising --

8 **A.** Yeah.

9 **Q.** -- and to go to the gym. What you tell us is that,
10 actually, for several years, he seemed to get back on
11 track --

12 **A.** Yeah.

13 **Q.** -- and he was well --

14 **A.** Mm-hm.

15 **Q.** -- focusing on the gym, living with you.

16 **A.** *(The witness nodded)*

17 **Q.** Was he fully back to himself, would you say, during that
18 period?

19 **A.** Still -- obviously, there was still the grief and them
20 moments that still had to come over. And more so like
21 he'd have his days when he'd completely talk about just
22 my dad and, obviously, what was missing in our life, and
23 bits and pieces, yeah.

24 **Q.** You tell us that when he turned 18, Rocky was arrested
25 for something that had happened when he was 16?

1 **A.** Mm-hm.

2 **Q.** And after that long delay, when Rocky went to court for
3 that matter, he was convicted and was sentenced as an
4 adult --

5 **A.** Yeah.

6 **Q.** -- to a custodial sentence.

7 **A.** Yeah, they didn't take into account that the offence
8 happened while he was a child. They just sentenced him
9 as they see him in front of them.

10 **Q.** For that reason, there was an appeal in relation to his
11 sentence --

12 **A.** *(The witness nodded)*

13 **Q.** -- and it was later reduced on appeal?

14 **A.** Yes, mm-hm.

15 **Q.** But it was, nonetheless, a three and a half year
16 custodial sentence?

17 **A.** Yeah.

18 **Q.** Rocky served his sentence, as I understand it, at
19 Rochester Prison?

20 **A.** Mm-hm.

21 **Q.** The way that you'd describe it is that he just wanted to
22 keep his head down and get through the time?

23 **A.** Mm-hm, definitely. He done a bricklaying course, any
24 work that they threw at him he wanted to do. In the
25 canteen, when you went to visit, he worked in there.

1 I think he even went out -- I think there's farms near
2 it, apparently, and he went out and was doing like
3 strawberry picking, and things like that.

4 **Q.** Agricultural work?

5 **A.** Yeah.

6 **Q.** So he was doing what he could just to be productive and
7 get through the time?

8 **A.** Yeah, just wanted to get out of there, yeah.

9 **Q.** During that sentence -- so as I understand it, he
10 entered Rochester Prison in June 2010, and he was under
11 the care at the Rochester Prison of the mental health
12 team --

13 **A.** Mm-hm.

14 **Q.** -- because when he entered prison he was taking
15 antipsychotic medication?

16 **A.** Yeah.

17 **Q.** So had he restarted that at some stage? You told us he
18 stopped it four or five months after being discharged
19 from the hospital in Surrey, but he had restarted
20 antipsychotic medication before he was sentenced, had
21 he?

22 **A.** He -- when he used to have little bouts of, like,
23 feeling like depressed and everything, he'd go back to
24 his medication to try and see if that was, like, the
25 issue, and try and solve it himself. And, like,

1 I always tried to give advice about taking medication
2 and things because I just -- I know it's not going to
3 solve anything but sometimes it masks a little bit and
4 helps you through the day.

5 **Q.** Yes.

6 **A.** And he used to turn to it sometimes if it was getting
7 really bad.

8 **Q.** So he would come back to it to try and lift himself out
9 of deteriorating?

10 **A.** Yeah, yeah.

11 **Q.** So a little bit later, I think over the page, you tell
12 us that, during that prison sentence, the first time
13 that Rocky saw a psychiatrist was in December 2010?

14 **A.** Mm, yeah.

15 **Q.** So do you know, between arriving at Rochester Prison in
16 June 2010 and December 2010, what kind of mental health
17 treatment or care he was receiving, other than the
18 medication?

19 **A.** I don't remember him telling me anything at all. I just
20 always remember saying, "Are you taking your tablets?",
21 and he'd say yes.

22 **Q.** There was then an incident in October 2010 that you've
23 told us about in some detail. You must tell me, please,
24 if I'm summarising it wrongly. Essentially, his friends
25 on the wing had had some sort of altercation with

1 another group of inmates and a number of the men who'd
2 been involved in that were transferred to different
3 prisons.

4 **A.** Yeah.

5 **Q.** But Rocky was left -- he was sort of in it by
6 association --

7 **A.** Yeah.

8 **Q.** -- and he was left with one particular inmate who he was
9 extremely concerned about.

10 **A.** Yeah, so there was, like, an altercation between groups.
11 Rocky wasn't there at the time of it happening but
12 because he was friends with them and then they separated
13 everyone off to different wings and things, and they
14 left just Rocky and this other person from the other
15 group.

16 **Q.** Yes.

17 **A.** And they got them into a room together and made them
18 shake hands and say that nothing was going to happen,
19 and forget everything, and even got them to have a game
20 of pool together, to say, like, it's all over and done
21 with. And Rocky said to me, "It's not over". He said,
22 "I can feel it. I know he's going to do something".
23 And I just said, "Come on, like, just tell someone on
24 the wing".

25 And he said, "I've been telling them, I've been

1 telling them, no one is listening. They're saying I'm
2 being paranoid". And every time he'd ring me up saying,
3 "Kristal, I'm worried he's going to jump me. I think
4 he's going to jump me when I'm not looking". And I was
5 like, "No, keep your wits about you", and he was right.

6 **Q.** I think, is this right, you were so concerned by what
7 Rocky was saying to you, that you too rang the prison --

8 **A.** I did, yeah.

9 **Q.** -- to say you were extremely concerned about this other
10 inmate?

11 **A.** Yeah.

12 **Q.** You, in fact, were due to visit Rocky on 7 October 2010
13 and received a call the day before to say that the visit
14 would go ahead but that he had been transferred to
15 another prison?

16 **A.** Yeah, late the evening before, like, I'd say 6.00 or
17 7.00 that evening they called me and said, "You've got
18 a visit tomorrow with Rocky Stenning, it will not be at
19 Rochester it will be at Elmley prison". And
20 straightaway, I was like, "Something's happened, what's
21 happened, tell me what's happened". And they was like,
22 "Nothing to concern you, it's fine, your visit will go
23 ahead".

24 And I said, "My brother would not be moved if
25 something hadn't happened. I need to know". And they

1 was like, "No, absolutely fine, everything is just going
2 ahead". And I said, "I need to know, my child and my
3 sister's child is coming with us".

4 "Absolutely fine. Just bring your ID and you'll be
5 seen as normal".

6 Q. So you had the strong sense that there was a problem,
7 you were told absolutely not. You even identified that
8 you would be bringing small children --

9 A. *(The witness nodded)*

10 Q. -- so, "Could we please know if there's a problem"?

11 A. Mm-hm.

12 Q. And you were told, "All is well"?

13 A. Yeah.

14 Q. In fact -- I'm looking, Kristal at page 5 of your
15 witness statement and paragraph 34 -- your fears were
16 confirmed because, when you saw Rocky, he was so badly
17 injured with burns that both you and your sister
18 screamed and the children with you were frightened --

19 A. Yeah.

20 Q. -- and crying?

21 A. They couldn't recognise him.

22 Q. He explained that he had been attacked by the other
23 inmate we've just been describing with boiling water,
24 and transferred for that reason. You tell us that he
25 was then given emergency treatment because he'd suffered

1 burns to his face, chest, neck, and so on?

2 **A.** All the way up to there.

3 **Q.** Was that treatment before he arrived at Elmley or
4 afterwards?

5 **A.** He was taken to hospital, I think, first, and then brung
6 to Elmley Prison.

7 **Q.** Yes. That attack is the second event that you identify
8 as having a major and devastating impact on him?

9 **A.** Mm.

10 **Q.** Tell us how it impacted him. What were the changes to
11 him after it?

12 **A.** It just confirmed everything that he was ever thinking.
13 All the paranoid -- well, we say paranoid, but it
14 wasn't, it's heightened awareness, isn't it? And
15 he's -- every time someone told him he was paranoid, he
16 wasn't. He knew something was going to happen. So it
17 just made everything correct what he was thinking. So
18 then every time he thought bad, he thought that was
19 going to happen.

20 **Q.** So it confirmed other fears --

21 **A.** Yeah.

22 **Q.** -- that he held, that had been being dismissed as
23 paranoia --

24 **A.** *(The witness nodded)*

25 **Q.** -- because, on that occasion, he had been quite right?

1 **A.** Yeah.

2 **Q.** When Rocky was seen by a prison psychiatrist in December
3 2010, that psychiatrist considered that Rocky might be
4 suffering PTSD symptoms related to that assault?

5 **A.** Mm.

6 **Q.** At that time, Rocky was referred to a clinical
7 psychologist and you tell us that he began to attend
8 sessions --

9 **A.** Mm.

10 **Q.** -- with a clinical psychologist in April 2011.

11 **A.** Yeah.

12 **Q.** Is this right -- and you must tell me, it might not be
13 right -- well, in fact, I'll just ask. That kind of
14 psychological treatment, so talking therapy or
15 psychological therapy, is that the only time in Rocky's
16 life that that was offered to him in Rochester Prison?

17 **A.** As far as I'm aware, and I feel like it was only sparked
18 off because, obviously, that happened to him in that
19 prison.

20 **Q.** Yes.

21 **A.** I was given a direct number to the governor of the
22 prison because of -- I feel like they failed him and
23 they was just giving me whatever I wanted, so I had
24 a direct number straight to the prison.

25 **Q.** Had you requested that he have therapy?

1 **A.** Not to the prison, I didn't.

2 **Q.** No. So there was no other -- because we're going to
3 come to the other inpatient admissions and other periods
4 of Rocky's life when he was plainly not just struggling
5 but suffering from psychotic symptoms. As far as you
6 are aware, the only period of his life during which he
7 attended or was offered talking therapy or some sort of
8 therapeutic care that is not medication, was during this
9 period at Rochester Prison?

10 **A.** As far as I'm aware, yeah.

11 **Q.** I'm stating the obvious, really, in asking this
12 question, but do you consider that there were other
13 periods of Rocky's life when he would have been
14 helped --

15 **A.** Yeah.

16 **Q.** -- by talking therapy?

17 **A.** I feel like when my dad passed, absolutely he should
18 have. I know he might not have stuck to it, he might
19 not have -- like, I didn't stay with the bereavement
20 counselling but he should have had a chance to do that.
21 He should have. And I understand with trauma, if you
22 talk about something straight away, it doesn't become
23 a trauma because you've dealt with it. And he didn't
24 deal with anything.

25 **Q.** He wasn't given the opportunity to do so?

1 **A.** No, he wasn't given the tools, no.

2 **Q.** Thank you. You tell us that he seemed to progress well
3 with his treatment at the prison --

4 **A.** Mm.

5 **Q.** -- and that feeds into what you're saying: that there
6 were other periods when, actually, that might have
7 offered him a different and better opportunity to deal
8 with grief and past trauma?

9 **A.** Yeah.

10 **Q.** As I understand it, when Rocky was released, he couldn't
11 come to you because of his conditions of release --

12 **A.** *(The witness nodded)*

13 **Q.** -- although you wanted him to --

14 **A.** Yeah.

15 **Q.** -- and so was first released to a bail hostel --
16 a hostel, essentially, not a bail hostel.

17 **A.** No, it was I think it was a bail hostel, yeah.

18 **Q.** That wasn't appropriate for him at all as far as you
19 could see?

20 **A.** No.

21 **Q.** Why was that, Kristal?

22 **A.** It just seemed like he was coming from one, like,
23 institute to another, really, because then he was timed
24 in and out of there and locked in a room and there was
25 people there that was violent as well, and all different

1 backgrounds and things. I don't think, for his own
2 mental health, he needed to be around them people.

3 Q. Yes, and he was still young?

4 A. Yeah, he was. And it was right near Christmas as well,
5 which is obviously a very hard -- I know it's a hard
6 time for people anyway but, for us, it's my dad's
7 birthday, Christmas Day --

8 Q. I see.

9 A. -- and he still couldn't even be at home with his family
10 then. We just sat in the car on Christmas Day just so
11 he wasn't alone.

12 Q. You sat in a car together?

13 A. Yeah, we sat in the car park of the hostel.

14 Q. One of the things you say is that he soon after being
15 there became quite depressed?

16 A. Very depressed, yeah.

17 Q. He was in the company of older offenders and people
18 who'd committed more serious offences --

19 A. Yeah.

20 Q. -- and you felt you wanted desperately for him to be
21 home --

22 A. Yeah.

23 Q. -- so that you could take care of him, but felt
24 powerless to help?

25 A. Yeah.

1 Q. Eventually, I think, you did speak to probation and he
2 was allowed to come back --

3 A. Yeah.

4 Q. -- and live with you?

5 A. Yeah, eventually he was allowed to come and live at my
6 address and he was allowed to walk out of my front gate
7 and he was given a route. So to walk down a road and
8 down another road. That was the only place he was
9 allowed to go.

10 Q. So he was confined to the road, basically?

11 A. Yeah, but we didn't care because at least he was at home
12 with us.

13 Q. And you could look after him?

14 A. Yeah.

15 Q. Yes, I understand.

16 During that period, so 2012 and sort of the first
17 half of 2013, because I understand that things began to
18 deteriorate, again, in the summer of 2013 --

19 A. Mm-hm.

20 Q. -- but tell us how he was in 2012 and 2013, the early
21 part?

22 A. He was happy Rocky, yeah. He lived with us. I was
23 pregnant. We was going through a tough time with my son
24 but Rocky was there, supportive as always, making us all
25 laugh, taking the mick out of me, of course, because

1 I was getting fat and, yeah, he seemed happy and
2 settled.

3 **Q.** At the time, as far as you know, was he taking
4 antipsychotic medication?

5 **A.** I don't think he was then.

6 **Q.** In the summer of 2013, you saw some really significant
7 changes in his mood and behaviour?

8 **A.** Mm-hm.

9 **Q.** It appeared to you that he might be smoking cannabis
10 again?

11 **A.** Yeah.

12 **Q.** You say that his mood plummeted.

13 **A.** Yeah.

14 **Q.** Can you tell us a little bit about what you observed
15 then?

16 **A.** He was living with me up until my little girl was one,
17 just past one, because he had his own room then, and
18 then once my daughter had to go into her bedroom, there
19 wasn't -- he could sleep on the settee but there wasn't
20 no privacy for him. So he'd often go back to my mum's,
21 even if it was just for a night or two nights, and
22 things, and then that's when we all started to worry
23 because we think he's going to start smoking again. And
24 then as soon as he started smoking, we then always think
25 that something's going to happen because they'd told us

1 that's why. Every time I thought about cannabis,
2 I thought he's going to end up in hospital.

3 **Q.** Yes, and on this occasion, that is what happened. What
4 you saw is that he began to talk about ideas of God and
5 love and started to behave erratically?

6 **A.** Yeah, he never -- we'd never been like a religious
7 family or anything. We'd never been like, against
8 anything, or anything like that, but we don't speak like
9 things like that. But he was --like he'd come round and
10 he was, like, leaning over me so closely and like,
11 "Yeah, but do you know what, like", and talk really fast
12 and be like sweating and say, "You know how much I love
13 you and you've got to tell everyone you love them, and
14 make sure you express how much you love them, and God is
15 good and God is here", and yeah, very frantic and didn't
16 sleep for days or eat.

17 **Q.** Yes. Didn't eat either, did you say?

18 **A.** No.

19 **Q.** We know that by, coming to the end of August 2014, Rocky
20 was found in a neighbour's house jumping up and down on
21 the bed --

22 **A.** *(The witness nodded)*

23 **Q.** -- and talking about demons and behaving in an obviously
24 very erratic way --

25 **A.** Yeah.

1 Q. -- which led to police attending --

2 A. Mm-hm.

3 Q. -- and sectioning him under Section 136?

4 A. Mm-hm.

5 Q. I think you tell us that, at the time of his arrest,

6 both you and your sister were keen for him to be

7 sectioned --

8 A. Yeah.

9 Q. -- because it was so clear to you that he was very

10 unwell?

11 A. Oh, it was horrendous watching him. Me and my sister

12 was absolutely in bits because it was -- we've got,

13 like, an alleyway down our home where we all grew up and

14 the neighbours here who he went into have been there our

15 whole life, and to see him screaming and shouting -- he

16 had no top on, he was just -- he just wasn't there. His

17 eyes was glassy, and --

18 Q. Yes, it was not him?

19 A. No, he wasn't there at all.

20 Q. When he was assessed at -- he was taken to Rochford

21 Hospital in Southend and was assessed for admission

22 under section 2 of the Mental Health Act. Kristal,

23 you've set it out in your witness statement, I'm looking

24 at page 7, paragraph 46.

25 You've been able now to see the assessment record

1 and we don't need to read all of it but what it tells us
2 is that he denied any previous psychiatric history, he
3 denied the events that police had witnessed and had
4 arrested him for, he denied any drug use and that he was
5 very resistant to any suggestion that he might go into
6 hospital, into psychiatric care, voluntarily.

7 **A.** Yeah.

8 **Q.** The assessing clinician recorded that, at the time of
9 the assessment, he was very unpredictable --

10 **A.** *(The witness nodded)*

11 **Q.** -- in terms of his behaviour?

12 **A.** Yeah.

13 **Q.** And that, although he was not an inherently violent
14 individual, because of his mental state at the time, he
15 was a risk?

16 **A.** Yeah.

17 **Q.** I think, is this fair, you would have agreed with that
18 assessment?

19 **A.** Absolutely. He'd, literally, run over two moving cars
20 and didn't -- he was oblivious to it. Didn't hurt him;
21 didn't touch him.

22 **Q.** Yes. Now, we know that he was then detained under
23 Section 2 of the Mental Health Act. But after one night
24 of admission -- and this was at Southend -- he escaped.

25 **A.** Yeah.

1 Q. Do you know anything about how that happen? He'd jumped
2 wall, as I understand it?

3 A. Yeah, I just cannot believe it happened. It was
4 literally -- I think probably about 3.00 in the morning
5 we'd finally just all, like, settled and got everything
6 sort of back, and I was supposed to go to work the next
7 day and I still got up to go, and I was on my way there,
8 and my sister rang and said, "Rocky's in Mum's front
9 room". I said, "Oh, don't be silly, [redacted]", and
10 yeah, he'd escaped. He'd walked out of the front of the
11 hospital and, as you do, someone drove past who he knew
12 and they thought he was on a night out and they offered
13 him a lift home.

14 Q. He went back to your mum's?

15 A. Yeah.

16 Q. As far as you are aware, Kristal, before he arrived at
17 your mum's address, had there been any contact from the
18 ward to say, "He's missing"?

19 A. No. As far as I'm aware, I don't think even anyone
20 followed him out of the hospital.

21 Q. No. Police were sent to locate him, and we know that,
22 as a result of that, he was then readmitted under
23 section but this time to the psychiatric intensive care
24 unit at Basildon, Hadleigh Ward?

25 A. Yeah.

1 Q. That was on 4 September 2014. On admission, you know
2 from the records that he was noted as being very
3 aggressive in the beginning but then quiet --

4 A. *(The witness nodded)*

5 Q. -- and he stayed there for about a month?

6 A. *(The witness nodded)*

7 Q. Again, you tell us that he was prescribed antipsychotic
8 medication while he was on Hadleigh Ward.

9 A. *(The witness nodded)*

10 Q. You tell us that you tried to visit him there as much as
11 possible?

12 A. Yeah.

13 Q. So this is his sort of second period of inpatient
14 admission, and we're in September/October 2014. Can you
15 remember how regularly you were able to see him on
16 Hadleigh Ward?

17 A. There was set times for visiting on Hadleigh Ward.
18 First of all, he wouldn't -- on the first attempt, I was
19 allowed to go and visit him.

20 Q. Yes.

21 A. So we would go every day, and it's all secure,
22 obviously, and they let you in and lock you in a little
23 room, which was very, very scary. You're locked in
24 there with other patients as well, and if they've got
25 family members with them, and staff.

1 Q. Locked in to the visiting room?

2 A. Yeah.

3 Q. You tell us -- and I'm looking at page 8 and
4 paragraph 51 of your witness statement -- that, as
5 you've said, there were locked doors everywhere and you
6 say, "I will never forget the smell of the ward".

7 A. No.

8 Q. Tell us about that?

9 A. Just had this distinct smell and, as soon as I smell it
10 now, I can still remember being back there.

11 Q. It has stayed with you?

12 A. Mm.

13 Q. You recall on Hadleigh Ward seeing staff sleeping
14 sometimes while you were visiting?

15 A. Yeah.

16 Q. Was that only on this inpatient admission or throughout,
17 because we know that Rocky came back to Hadleigh Ward?

18 A. Throughout.

19 Q. Throughout?

20 A. Literally, you'd turn round and they'd be asleep in
21 a chair.

22 Q. One of the things you tell us is that, during the stay
23 we're discussing on Hadleigh Ward, professionals
24 considered that Rocky was suffering from drug-induced
25 psychosis --

1 **A.** Yeah.

2 **Q.** -- as you and I have touched on, but you didn't know
3 that that's what they considered at the time?

4 **A.** No.

5 **Q.** You know that from having looked back at records?

6 **A.** I remember going into a meeting and them saying --
7 because I said, "I've a question, the 28 days", because
8 I never could understand. And then one of the nurses,
9 one of the nice nurses -- well, there was one that we
10 really connected with, and he said, "It's 28 days for
11 cannabis to come out of your system. So that's why they
12 section them for 28 days, so they can assess them after
13 all of the drugs are out of their body".

14 **Q.** Yes. In fact, he was discharged on 1 October 2014?

15 **A.** *(The witness nodded)*

16 **Q.** So he wasn't there even for a month?

17 **A.** No.

18 **Q.** Can you tell us a little, you've told us and you explain
19 in your witness statement, there was one particular
20 nurse who you consider really cared for Rocky --

21 **A.** Yeah.

22 **Q.** -- established a relationship with him --

23 **A.** Mm-hm.

24 **Q.** -- and took care of him. What about what you observed
25 of other staff? What do you recollect? What was your

1 impression?

2 **A.** They was very rude. You couldn't approach them. They
3 wasn't very approachable. Just dismissed you. I felt
4 like they treated us as if we was inpatients ourselves
5 and we didn't know what we was talking about, when, in
6 fact, they couldn't understand most of what we were
7 saying to them anyway.

8 **Q.** So you and others in your family tried to interact with
9 staff --

10 **A.** Mm-hm.

11 **Q.** -- and ask questions about Rocky's treatment?

12 **A.** *(The witness nodded)*

13 **Q.** Was any information volunteered to you? Were there any
14 staff who said to you, "Here's the plan, here's what
15 we're doing"?

16 **A.** That one nice nurse, he'd always tell me everything and,
17 like, he was the one who suggested to me when Rocky was
18 released, "Remember, if you see any signs, any signs at
19 all, get him help as soon as possible because the
20 quicker you get him help, the more of your brother you
21 will save".

22 **Q.** Yes. Is that the same member of staff who explained to
23 you that each episode of psychosis would take
24 a little --

25 **A.** You lose a bit more.

1 Q. Say that again.

2 A. You lose a little bit more of you -- and the longer it
3 goes on without medical help, you will -- he will maybe
4 never come back to him again.

5 Q. Did anyone, either during this inpatient stay that Rocky
6 had at Hadleigh Ward, or any other, come to you or to
7 your sister and say, "Tell us about him. Tell us about
8 the background to his life and what might have led to
9 this"? Did anyone ask you to input and give them the
10 context of your brother's life?

11 A. That same nurse would just talk to Rocky randomly about
12 his life and he'd tell him all about things. He tried
13 to get him to visit the gym in Hadleigh Ward. They was
14 allowed to take him down and I don't think that happened
15 but he was telling him that was going to happen and he
16 was going to get that to happen.

17 Q. Yes.

18 A. When we'd go on, like -- when you'd ask some of the
19 staff things they'd just say, "Wait until ward round.
20 Wait until ward round", so they'd sort of just palm you
21 off. And on the ward round, if we'd go to their
22 meetings, which me and my sister always went, one of us,
23 or both --

24 Q. I'm so sorry, did you say -- it's a little bit difficult
25 to hear you sometimes. Your voice just drops slightly.

1 So either you or your sister would always try and be
2 present at the ward round?

3 **A.** Yeah, so that's when -- I think that was a weekly thing,
4 where you'd go into the room and the psychiatrist would
5 be there.

6 **Q.** Yes.

7 **A.** And early -- early stages of the visit, he would --
8 Rocky would prep us, "Make sure you tell them this, make
9 sure you tell them that, make sure you" -- and make
10 sure, and my sister would go along with it as much as
11 she could because she wouldn't want to upset him
12 whereas, with me, I'd just go with what I think's right.

13 **Q.** Now, help me, what is it that Rocky wanted you and your
14 sister to say?

15 **A.** That he was fine.

16 **Q.** Yes.

17 **A.** "Get me out of here, I'm fine. I don't belong in here."

18 **Q.** You were not always prepared to go along with that --

19 **A.** No.

20 **Q.** -- because what you wanted, is this right, is for the
21 right clinical decisions to be made --

22 **A.** Yeah, yeah.

23 **Q.** -- that would help him?

24 **A.** Mm.

25 **Q.** Do you consider, Kristal, that Rocky became good at

1 saying the right things?

2 **A.** Absolutely.

3 **Q.** Tell us a little bit about what you saw of that?

4 **A.** I feel, and I'm sure my sister feels, that he masked

5 a lot of his -- like, he would say he was okay and you

6 would actually think he is, because he would be out and

7 partying and you'd look and think, "Wow, look at him",

8 and then the next day or days later, he would absolutely

9 be in bits. And the same as when you'd go on a ward

10 round. He'd be sitting there anxiously fiddling with

11 his hands and everything but he'd be telling them that

12 he's fine:

13 "All I need to do now is get home. I just need to

14 go home and have a good sleep, I'll be fine."

15 And that's all he'd say. And I'd say to him, "Just

16 open up and tell them exactly how you feel so you can

17 get some help". And he'd say, "No, I just need to get

18 out of here".

19 **Q.** He didn't want to be there?

20 **A.** Not there, no.

21 **Q.** After having been on Hadleigh Ward for some time, Rocky

22 was transferred to the non-secure ward, I think

23 Grangewaters.

24 **A.** Mm-hm.

25 **Q.** That's a non-secure or it isn't the intensive care unit.

1 I think is this right, there you visited daily --

2 **A.** Yeah.

3 **Q.** -- we're still in 2014, and it was a slightly freer and

4 more pleasant environment?

5 **A.** On the ward it wasn't more pleasant.

6 **Q.** It wasn't?

7 **A.** No.

8 **Q.** Tell me.

9 **A.** It's very more free flowing, like there's patients

10 walking in and out of everywhere. You can walk around

11 with them. They're very unpredictable, as well,

12 obviously, because they've got their own issues.

13 **Q.** Yes.

14 **A.** And, by this time, with Rocky coming down to that ward,

15 he wasn't in -- he wasn't in another world, if you know

16 what I mean. He was back to him but depressed him --

17 **Q.** Yes.

18 **A.** -- whereas before he'd come round, he would be all these

19 people's best friends and he'd be jumping up and down

20 and they're not his people. Then once he come to terms

21 with where he was, he didn't want to be there and be

22 around these people any more and he couldn't stand them

23 looking at us, touching us, going near us. So we'd come

24 out of there and take him to the canteen because you was

25 allowed to walk along the corridor and go into the

1 canteen, and that's where we'd go, and it was a bit
2 better there.

3 **Q.** I understand that on 1 October 2014, Rocky was
4 discharged, and you tell us in your witness statement
5 that the plan was for the Crisis Resolution and Home
6 Treatment Team to put in place follow-up care for him
7 when he was discharged to you.

8 **A.** *(The witness nodded)*

9 **Q.** You tell us that the medical records note that he was
10 supposed to have that provision of support from the Home
11 Treatment Team for three to six months, to keep an eye
12 on him and, essentially, to look out for relapse?

13 **A.** Yeah, mm.

14 **Q.** That's what you've learnt from the records. Could you
15 tell me, what information, if any, were you given in the
16 lead-up to his discharge? What discussions, if any,
17 were you involved in about what his discharge plan was
18 and what it would look like?

19 **A.** They just wanted to know where he would be living
20 obviously, because he was homeless, so he just lived
21 between our homes, and that someone will follow up with
22 outpatient appointments. If I ever become concerned,
23 I would be able to ring outreach and someone would come
24 out. But I did ring outreach, and no one would come
25 out. They told me to ring the police or ambulance.

1 Q. So when Rocky was still on the ward and before his
2 discharge, you were told, "Here's how it works, if
3 you're concerned, you ring outreach and someone will
4 come"?

5 A. This was more than likely on the last day, when I would
6 be picking him up I was told this.

7 Q. I see.

8 A. Mm.

9 Q. Then, in the event, he came home to you, stopped taking
10 his medication --

11 A. Yeah.

12 Q. -- and you made a number of attempts to do exactly that:
13 to call, as you'd been told to?

14 A. Mm.

15 Q. As I understand it, staff you spoke to said, "No, no,
16 that's not how it works"?

17 A. No, it's literally -- I'm sure that he was supposed to
18 have been given a case worker or something and it never
19 happened. So I had to, yeah, obviously go back to
20 ringing police or ambulance.

21 Q. Yes.

22 A. And they didn't take me seriously anyway.

23 Q. No. You say that, although there were some attempts
24 made by that team to see Rocky, they were not
25 sustained --

1 **A.** No.

2 **Q.** -- or consistent?

3 **A.** Mm-hm.

4 **Q.** You say here those attempts certainly did not last three
5 to six months?

6 **A.** No.

7 **Q.** In fact, I think the first that Rocky did see someone
8 from the crisis team was on 16 October 2014, and then
9 there was a call from the team. But is this right: you
10 would call and then they would say, "Well, we've got to
11 speak to him"?

12 **A.** Mm-hm.

13 **Q.** And then, unless he called or happened to be in when
14 someone came, there was nothing else?

15 **A.** Yeah, and he was always worried if he spoke to them and
16 actually told them how he was feeling that they'd
17 section him again.

18 **Q.** I see. Did he tell you that?

19 **A.** Yeah.

20 **Q.** That he was concerned about that?

21 So what we see here from your witness statement is
22 that, on 29 October, which is only 29 days after his
23 discharge, someone from the team spoke to you --

24 **A.** Mm-hm.

25 **Q.** -- to ensure that everything was in place to transfer

1 Rocky's case but they didn't know where to --

2 **A.** *(The witness shook head)*

3 **Q.** -- and neither did you?

4 **A.** No.

5 **Q.** Did that make any sense to you, Kristal?

6 **A.** No, I didn't know what they was going on about.

7 **Q.** Then you were told that -- it says here, I'm looking at
8 paragraph 59 of your witness statement, on page 9:

9 "As they were not able to speak with Rocky, the plan
10 was to write him a letter, asking him to contact them.
11 And if there was no response in seven days, his case
12 with the Crisis Resolution and Home Treatment team would
13 be closed on 4 November 2014."

14 **A.** Yeah.

15 **Q.** So that's what you were told?

16 **A.** *(The witness nodded)*

17 **Q.** As far as you are aware, was there any alternative plan
18 or, for example, any safeguards in place for
19 a vulnerable person who might not manage to engage
20 within the seven days?

21 **A.** No. That's what I don't understand. He was very
22 vulnerable; obviously avoided any sort of contact with
23 official people. There should have been more -- they
24 should have been pushing it more or offering more. If
25 something doesn't work for one person, try something

1 else.

2 Q. Had you informed anyone that he had stopped his
3 medication at that time?

4 A. Not at that time, I don't think.

5 Q. You say here:

6 "I would call both the crisis outreach team who were
7 meant to come to the house when we needed them ..."

8 And you would contact the Hadleigh Ward for help.

9 A. Yeah.

10 Q. You were told that, as long as Rocky wasn't hurting
11 anyone, he was okay?

12 A. As long as he don't hurt himself or anyone else, then
13 he's fine. Then I would re-go over exactly what the
14 nurse told me. He's not right, I need to get him help,
15 like, I need someone to come and help him now.

16 Q. In November 2014, Rocky made another attempt to take his
17 life. Again, unsuccessful and, again, it was Rocky that
18 told you about it. And you tell us that you made sure
19 to keep an even closer eye on him. As far as you know,
20 did he speak to anyone about that? Did he tell anyone
21 outside the family that that had occurred?

22 A. Probably not. He was probably too scared because he was
23 always worried that they would just section him.

24 I remember him sitting there eating dinner, and I just
25 kept looking and looking and seeing the marks on his

1 neck.

2 Q. Thank you.

3 Kristal, I want to come on to one of the major
4 issues that Rocky faced whenever he was discharged from
5 inpatient stays, which was to do with housing. Because
6 what you've explained is that, although your brother was
7 never street homeless, because one of you would always
8 take him in, he needed his own stable housing.

9 A. Yeah.

10 Q. I'm looking at page 10, paragraph 62. I understand that
11 in late December 2014, you went with him to an
12 assessment with a social worker from the local authority
13 and you tried, essentially, to get him some housing, or
14 some help for housing without success?

15 A. Mm-hm.

16 Q. Do you know -- could you tell us a little bit about the
17 effect on him that you saw of not having stable housing?

18 A. He literally felt like he belonged nowhere. Him and my
19 mum wasn't getting on, so he couldn't just relax at
20 home. I'd had a new baby, so there wasn't room for him
21 there. He said no one needed him, no one had room --
22 you know, like, my sister had her children. He felt
23 like he was a burden on both of us. And, yeah, just
24 felt, like, worthless.

25 Q. That was one of the reasons, I think, that ran on into

1 2015, despite your efforts and his to get him housed or
2 to have some support with housing, to give him some
3 stability --

4 **A.** Yeah.

5 **Q.** -- and a sense of settledness and privacy?

6 **A.** *(The witness nodded)*

7 **Q.** Those efforts were unsuccessful and, as far as you know,
8 he again turned to cannabis to try to block out his
9 problems and all that was happening?

10 **A.** Yeah.

11 **Q.** By October 2015, his mood and his mental state had
12 deteriorated again very badly and you tell us that on
13 9 October you called 999 because you knew him to be very
14 seriously unwell?

15 **A.** *(The witness nodded)* Yeah.

16 **Q.** He was very paranoid and seemed to you, by that stage,
17 to be hallucinating?

18 **A.** Mm.

19 **Q.** Is that right?

20 **A.** When he -- he thought he could see my dad?

21 **Q.** Yes, if you look, let me take you to it because, I'm
22 sorry, I'm speaking a bit too generally. If you look,
23 Kristal, at page 10 of your witness statement and
24 paragraph 64, so these are the events that come just
25 before Rocky's third admission?

1 **A.** Yeah.

2 **Q.** What you say is that he said that he was seeing demons
3 in your mum?

4 **A.** Yeah.

5 **Q.** I think there's some suggestion later that he was trying
6 to hold her down. He was hallucinating?

7 **A.** Yeah, and he kept seeing things and he wanted to cut
8 them out of himself, and he said my dad was inside of
9 him and telling him what to do, and, yeah.

10 **Q.** On that occasion, the family having called emergency
11 services, police and paramedics attended but didn't
12 section him --

13 **A.** No.

14 **Q.** -- and went away again, leaving you all with him in that
15 state?

16 **A.** Yeah, mm-hm.

17 **Q.** You then took yourself to the GP?

18 **A.** I took myself to the GP that used to be our GP when we
19 was children. It was no longer our GP but I remember he
20 used to help us, so I just walked straight in there and,
21 yeah, I was in some sort of state and he spoke to me and
22 tried to ring up people and get me some help.

23 **Q.** The GP tried to ring up and get some help?

24 **A.** Yeah.

25 **Q.** But I think, in the end, the GP told you that he was

1 sort of prevented from making a referral because he
2 himself, the GP, needed to see Rocky?

3 **A.** Rocky, yeah.

4 **Q.** Of course, your point was that the state Rocky was in
5 meant that you were not going to get him in front of
6 a GP?

7 **A.** He didn't think anything was wrong with him.

8 **Q.** Right. So if we look, please, at the top of page 11,
9 eventually police did attend and did detain him, again
10 under Section 136, because, by that time, Rocky was in
11 the middle of a busy road stopping traffic --

12 **A.** Yeah.

13 **Q.** -- and not allowing vehicles to pass and sort of
14 preaching and telling people to pray?

15 **A.** Mm-hm.

16 **Q.** When Rocky was assessed at Rochford Hospital that day,
17 very late in the evening, so 11.45, we again see
18 a record where Rocky gives an account of being well,
19 having no presenting problems, and he denied not taking
20 his medication. He went on to say to the assessing
21 clinician that he had no idea why he was being detained,
22 and that you, his sister, had made the referral because
23 you had misconstrued his happiness as mental illness?

24 **A.** Yeah, he always thought I didn't like to see him happy.
25 So I would -- I'd ring the police on him, he said.

1 Q. Yes.

2 A. That's why I wasn't allowed to visit him at first.

3 Q. The assessing clinician at the Section 136 suite on this
4 occasion was able to see beyond what Rocky was saying --

5 A. Mm.

6 Q. -- that he was not well, also, obviously, had the
7 evidence of police who'd detained him in the road and
8 decided that he was placing both himself and potentially
9 others at risk and detained him again under Section 2?

10 A. Yeah.

11 Q. That was another occasion where it appears very clearly
12 recorded, and it's what you're telling us, that by that
13 stage Rocky had deteriorated to a point where it appears
14 that he had no insight whatsoever into how bad -- how
15 severely unwell he was?

16 A. No, no control. No nothing, no.

17 Q. Yes.

18 A. Whereas if, like, when it first -- when you first start
19 seeing little inklings, I remember even trying to put
20 his medication in tea because I thought, if he gets his
21 medication in him, it will stop whatever's going to be
22 happening.

23 Q. Yes.

24 A. But if it goes so far, there's no -- there's no ...

25 Q. You, as a family, became fairly expert at spotting when

1 there were "little inklings", as you've described them?

2 **A.** Yeah.

3 **Q.** But what you've described to us is not being able to
4 convince police or clinicians to take action --

5 **A.** No.

6 **Q.** -- until, in fact, it was almost too late?

7 **A.** Too late, yeah.

8 **Q.** On this occasion, when -- so we're in October 2015 --
9 Rocky was again sectioned and admitted to Hadleigh Ward
10 at Basildon, until he improved and was transferred again
11 to Grangewaters, which was the non-secure ward.

12 Again, we see here, I'm looking, Kristal, at page 12
13 and paragraph 68, the records document his final
14 diagnosis as psychotic illness, most likely substance
15 induced.

16 **A.** Mm.

17 **Q.** Now, you told us that on the previous admission at
18 Hadleigh you had attended a meeting where this was
19 discussed. What about this time? You say that you
20 visited him as before. Tell us what you knew or were
21 told about a diagnosis?

22 **A.** The word "bipolar" was mentioned but it was never told
23 to him or told to us or medicated or anything on paper,
24 and it was just like a passing comment, sort of thing.
25 So it wasn't until the last ever doctors round before he

1 went to court that they said that he had bipolar, which
2 I was like, "Why has this never been mentioned? Why
3 have you never told us this before?"

4 **Q.** Yes.

5 **A.** And they had no answers for it, but this was -- the
6 doctor, who we'd never, ever seen before, and he didn't
7 know Rocky or anything.

8 **Q.** In October 2015?

9 **A.** No, the last ever one mentioned the bipolar one.
10 I don't think -- that was just in passing comments but
11 they always said it was drug induced psychosis but
12 bipolar was just, like, a comment. It was never ever
13 diagnosed.

14 **Q.** Yes, I think it was finally more firmly given as
15 a diagnosis but not until April 2018?

16 **A.** Yeah, that --

17 **Q.** We see from the records, which we're going to come to,
18 that the first mention of it, I think, comes in around
19 December 2015?

20 **A.** Mm-hm.

21 **Q.** But you didn't know that at the time?

22 **A.** No.

23 **Q.** Nobody mentioned bipolar disorder --

24 **A.** No.

25 **Q.** -- or that possibility to you. Your overriding

1 impression was that all of this was put down to drug
2 induced psychosis?

3 **A.** Yes, mm. We did use to say, like, surely there must be
4 something, like depression, that has come from
5 somewhere? Like, (... redacted ...) because of our life
6 and what happened with my dad and things, and they just
7 used to put it down to cannabis.

8 **Q.** Yes.

9 When Rocky was discharged from this inpatient stay,
10 which came on 10 November 2015, you tell us in your
11 statement that you remember attending that discharge
12 meeting and you don't remember, of course
13 understandably, all the specifics of what was discussed
14 but you do know, having looked back over the discharge
15 summary, that there were some concerns about the risk to
16 him in discharging him at that time --

17 **A.** Yeah.

18 **Q.** -- to your mother's address?

19 **A.** Mm-hm.

20 **Q.** So there was due to be some follow-up in the community
21 with a care co-ordinator and, as I understand it, in
22 fact, Rocky was not discharged to your mother's house in
23 2015 but to you?

24 **A.** Mm-hm.

25 **Q.** What follow-up do you recall there being after November

1 2015 when Rocky was discharged to you?

2 **A.** I don't remember any. Every --

3 **Q.** You don't remember any?

4 **A.** No, every time he came out -- there's only one time

5 I remember somebody coming out to see him and that's it.

6 **Q.** Yes.

7 **A.** And they didn't carry it on. Like, there would be

8 a letter that would come and say, "If you're not in

9 touch by this time, you're discharged", and then that

10 was it.

11 **Q.** Then that, was it?

12 **A.** Yeah.

13 **Q.** Kristal, did you ever see, given the discharge

14 summary -- and if you want to see it, Kristal, I'm

15 looking at page 13, paragraph 71 -- given that refers to

16 Rocky's care co-ordinator following up in the community,

17 did you meet a care co-ordinator for Rocky?

18 **A.** Not as far as I'm aware, no. The only person --

19 I remember we was on Hadleigh Ward one day, before he

20 was getting taken to Grangewaters and someone came and

21 said that "Someone from Housing will ring you and

22 arrange something", and then they told us who it was.

23 We wrote the name down but no one ever rung. That's the

24 only person or thing.

25 **Q.** One of the things that, we do see from the records,

1 happened is that, on 1 December 2015, having been
2 discharged to your home, Rocky was seen by
3 a psychiatrist in an outpatient clinic, and you've set
4 out in your witness statement what's recorded from that
5 review. Again, we see, "Recent manic episode with
6 psychotic features, precipitated by cannabis misuse".

7 But there, Kristal, at the bottom of that paragraph,
8 is the first mention that you have seen of bipolar
9 disorder.

10 **A.** Mm.

11 **Q.** There might be higher susceptibility to developing
12 bipolar disorder, so it couldn't be excluded at that
13 point?

14 **A.** Yeah.

15 **Q.** But as you've explained, you were not aware of that
16 mention --

17 **A.** No.

18 **Q.** -- at the time. After that point in December 2015,
19 Rocky did not see anyone until April -- 18 April 2016,
20 I think. You tell us that on page 14 at paragraph 74.

21 **A.** Mm-hm.

22 **Q.** Could you have a look at that paragraph, please,
23 Kristal, because there's something else I wanted to ask
24 you about there?

25 **A.** Mm-hm.

1 Q. You tell us that the psychiatrist who Rocky had seen in
2 an outpatient clinic wrote a letter dated 19 April 2016
3 and that the letter says that a carer's assessment would
4 be requested for you.

5 A. Yeah, that was -- they mentioned something -- and
6 I didn't understand what that was about, really, because
7 I don't really know why they was doing a carer's
8 assessment for me.

9 Q. Well, it might have been something that was suggested in
10 order to look at how you were set up to support him
11 following discharge.

12 A. I think they asked me how I was coping with what was
13 happening around me and, like, seeing what happens to
14 Rocky. And I just said, "I'm fine", I just ...

15 Q. Who asked you that?

16 A. There was somebody on the phone called up just to say,
17 "How do you deal with these things?" But I don't know
18 where it came from, to tell you the truth.

19 Q. Yes.

20 A. At one point, they suggested that I should work in
21 mental health.

22 Q. Who suggested that to you?

23 A. A nurse on the phone.

24 MS TROUP: Kristal, thank you. I'm aware that we've been
25 going for about 1 hour and 15 minutes, and I've got some

1 ground still to cover, and some other things to ask you.

2 So if you were happy, and as long as, Chair, you are
3 content, I was going to suggest that we take a short
4 break perhaps of around 10 or 15 minutes now.

5 **THE CHAIR:** Can I just ask about this latest discharge we've
6 just been talking about. Were you aware of anyone who
7 was meant to be seeing him in the community? He wasn't
8 seen until April, as Ms Troup has --

9 **A.** Just the outreach team always said that someone would
10 come out to see him.

11 **THE CHAIR:** But they didn't?

12 **A.** No.

13 **THE CHAIR:** Thank you.

14 Ten minutes.

15 **(2.53 pm)**

16 **(A short break)**

17 **(3.12 pm)**

18 **THE CHAIR:** Ms Troup.

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

20 Kristal, we were talking about Rocky's discharge
21 following his third inpatient stay and him coming back
22 to you in late 2015.

23 **A.** Mm-hm.

24 **Q.** That's where we were. You tell us a little there about,
25 first of all, that this was the first mention we see in

1 the records of a potential diagnosis of bipolar disorder
2 but you also tell us about how Rocky was following his
3 discharge at that time and that, during 2016, for the
4 most part, he made enormous efforts to be well?

5 **A.** *(The witness nodded)*

6 **Q.** He trained regularly at the gym?

7 **A.** *(The witness nodded)*

8 **Q.** He began a relationship that became serious with
9 a girlfriend?

10 **A.** Mm-hm.

11 **Q.** And he tried -- the way that you put it is:

12 "Rocky would try and stay on his medication and try
13 and make something of himself."

14 **A.** Yeah. He got himself a job, as well.

15 **Q.** He what, sorry?

16 **A.** He got himself a job. He was working in Tilbury Docks
17 and he was really enjoying that.

18 **Q.** Yes. You say here, and I think this is what we've
19 identified as having become something of a pattern, then
20 things would start to slip and he would stop taking --
21 slowly stop taking his medication and he would become
22 very depressed?

23 **A.** Yeah.

24 **Q.** I think, in that period, you tell us that the low
25 periods he did have, he would end up talking about your

1 father --

2 **A.** Mm.

3 **Q.** -- and about wanting to be with him?

4 **A.** Yeah.

5 **Q.** We then come to, in very late 2017, in December, a very
6 short admission, again to Basildon. You tell us that
7 this came about -- Kristal, I'm looking at page 15 and
8 paragraph 79 -- that he was under a great deal of stress
9 because, in late 2016, he was arrested for an offence
10 that was said to have taken place in September 2016 --

11 **A.** Mm-hm.

12 **Q.** -- and knew that he was facing trial or criminal
13 proceedings?

14 **A.** *(The witness nodded)*

15 **Q.** By 4 December, you were concerned enough that you called
16 the Community Healthcare Team to ask for help and were
17 referred to either the crisis team, or A&E, or the
18 police. Those were the suggestions that were made?

19 **A.** Yes.

20 **Q.** Then, as I understand it, Rocky was admitted via
21 Basildon A&E on 6 December 2017, but was discharged
22 again on the 8th. So it was just a two-day admission?

23 **A.** This was a -- where Rocky, actually, did ask for help.

24 **Q.** Yes.

25 **A.** He took himself to the hospital and expressed to them

1 how he was feeling, how he didn't want to be here no
2 more. And they left him waiting in a waiting room and
3 then, as time went on, obviously he was getting more
4 agitated and then became angry, and they told him to
5 leave.

6 **Q.** Because he was becoming agitated?

7 **A.** Yeah.

8 **Q.** Were you with him at the time?

9 **A.** No, I think -- I'm sure his girlfriend went with him,
10 that time.

11 **Q.** Yes. During the period that he'd been living with you,
12 he had been training regularly at the gym, and you said
13 he was training to become a cage fighter?

14 **A.** Yeah.

15 **Q.** You tell us that in March 2018 he had his first fight?

16 **A.** He had a fight in March -- I don't know if that was his
17 first fight, in March 2018.

18 **Q.** If you take a look, I take it from -- it's page 15 and
19 paragraph 83 of your witness statement. You say he had
20 his first amateur fight in March 2018 --

21 **A.** Yeah.

22 **Q.** -- that he was amazing and won the fight --

23 **A.** He was.

24 **Q.** -- very swiftly but that the adrenaline rush from it
25 brought on an episode of psychosis?

1 **A.** Mm, because I didn't realise that something like that
2 could happen but, apparently, quite extreme highs in
3 adrenaline, I think, can tip you to have a manic
4 episode, as well as obviously really low episodes.

5 **Q.** Yes. So you were not aware of that then. As far as you
6 know, was Rocky aware that that was a possibility?

7 **A.** No.

8 **Q.** That a rush of adrenaline --

9 **A.** No.

10 **Q.** -- could cause that tipping?

11 **A.** No, not that I was aware of, never. None of us ever
12 spoke and thought that could happen. We just --
13 obviously, would have been thinking that he's so high
14 because he's won that fight, in like three seconds.

15 **Q.** Yes. By 26 March 2018, you and your sister were
16 concerned enough that your sister contacted RAID, and
17 Rocky was -- again, I think the way you describe it,
18 appears to have been at that time psychotic. He was
19 saying that your father was inside him --

20 **A.** Mm-hm.

21 **Q.** -- asking your mum to take his dad out of his body, and
22 had begun to behave aggressively?

23 **A.** Yeah.

24 **Q.** So when the mental health team came out, because of
25 that, they decided to come back with police. Yes?

1 **A.** Yeah.

2 **Q.** When Rocky was first taken to Basildon, he was detained
3 under Section 3 and went back to Hadleigh, which was the
4 intensive care unit and, actually, at that time, his
5 behaviour was so erratic, as I understand it, that he
6 was nursed in seclusion for four days?

7 **A.** Yeah, we weren't allowed to see or speak to him.

8 **Q.** For seven days?

9 **A.** Yeah.

10 **Q.** So you describe it, in fact, as the longest seven days
11 of your life?

12 **A.** Because we didn't know if he -- like on his other
13 admissions, he would be on the phone or we'd visit him
14 every single day.

15 **Q.** Yes.

16 **A.** And it was probably, like, no exaggeration, he'd
17 probably ring you ten times a day because he was so
18 erratic he'd just want to speak to you or tell you
19 something. He'd put the phone down, he'd remember
20 something else, he'd ring you back. He'd ring you and
21 be aggressive, he'd ring you back and be sorry but it
22 was so -- at least we had contact. When the contact was
23 taken away, it was left in our thoughts thinking what is
24 happening? What has happened? What's he doing? What
25 are they doing? There was no contact and every time we

1 rang, they said he's still in the room of like an
2 inclusion room, kind of thing.

3 **Q.** So you didn't receive any contact from the ward but,
4 when you would ring the ward during that seven-day
5 period, would they give you updates as to how he was
6 doing?

7 **A.** Just that he was still in there.

8 **Q.** One of the factors that you consider contributed in
9 a major way to the build-up of anxiety and stress and
10 him being sectioned was the upcoming court case; is that
11 right?

12 **A.** Yeah, mm-hm.

13 **Q.** As far as you are aware, because this is a longer
14 admission, he was at Basildon between March and 10 July
15 2018?

16 **A.** Yeah.

17 **Q.** Were those caring for him on Hadleigh Ward made aware of
18 those upcoming criminal proceedings?

19 **A.** The nurse that obviously had the very good relationship
20 with Rocky was, and he was working through it; he'd talk
21 to him about things. No others really took any interest
22 in anything like that with him.

23 **Q.** Yes.

24 **A.** I know the psychiatrist was aware and we would have,
25 like, the weekly meet and speak to him, and he said to

1 Rocky, "You're not fit for court. You need to just try
2 and think of your health and us getting you better, and
3 not worry about anything else".

4 Q. So the psychiatrist on Hadleigh Ward said -- and you
5 were present -- to Rocky that he was not fit for court?

6 A. Yeah.

7 Q. But in April 2018, you tell us, and, Kristal, it's at
8 the very end of paragraph 87 on page 16, that Rocky was
9 finally diagnosed with bipolar disorder --

10 A. Mm.

11 Q. -- and thereafter moved to Grangewaters. What you tell
12 us is that there a new psychiatrist --

13 A. Yeah.

14 Q. -- was responsible for Rocky's care and assessed Rocky
15 and decided --

16 A. *(Unclear)*

17 Q. -- that he was fit to go to court?

18 A. This is the appointment that I was trying to get parked
19 in the car park, and I was frantically trying to get to
20 it. And they said they was going to try and keep the
21 psychiatrist there for me to speak to him.

22 Q. Yes.

23 A. And, no, he didn't wait for me. But they said that he
24 said Rocky's fit for court. And I wanted to obviously
25 question him about that, and there was no --

1 Q. Yes. Presumably, you would have wanted to input into
2 that --

3 A. Mm-hm.

4 Q. -- give some background about what you had seen of the
5 stress --

6 A. Yeah.

7 Q. -- building up and also possibly talk to that new
8 psychiatrist, or new to Rocky, about --

9 A. Yeah.

10 Q. -- what the treating psychiatrist on Hadleigh Ward had
11 said?

12 A. It was so contradictive. Like, one was telling him one
13 thing and he was calming and trying to get his head
14 round, right, "What do I need to do now to get myself
15 better", and then he'd come down to this one and that
16 one had then chucked him into this big whirlwind of
17 thinking, "You are going into court, you're dealing with
18 this now". And he just didn't know what to do with
19 himself.

20 Q. In fact, we'll see it later, but one of the matters that
21 was noted in the Root Cause Analysis report much later,
22 and after Rocky had died, is that there was no evidence
23 that his concerns about receiving a custodial
24 sentence -- receiving a prison sentence, or the impact
25 of that on his mental health, were addressed in his care

1 plan or his risk assessments in the whole of that period
2 at Basildon?

3 **A.** Mm.

4 **Q.** You knew, and your family knew, that going to court was
5 likely to trigger another acute episode?

6 **A.** Yeah.

7 **Q.** And tried, I think, to talk to his criminal solicitors
8 about that --

9 **A.** Yeah.

10 **Q.** -- without success?

11 **A.** Mm-hm.

12 **Q.** By that stage, as you tell us in your witness statement,
13 you tried to get Rocky to change solicitors --

14 **A.** *(The witness nodded)*

15 **Q.** -- but he actually just wouldn't even talk to you about
16 it?

17 **A.** No, he was like, "Just please don't stress me out any
18 more, just leave it as it is. Please don't stress me
19 out any more".

20 **Q.** One of the things you say there is all he would do was
21 sleep and he had lost all hope?

22 **A.** Yeah, I mean, he was allowed to come home sometimes and
23 we'd pick him up and he'd come home, and I'd find him in
24 the garden, like, asleep, like him and his girlfriend
25 just both asleep on the chairs in the garden. Then he'd

1 be in the front room asleep. Upstairs, everywhere.
2 You'd just find him sleeping.

3 Q. Yes. You tell us that he slept and his nails were
4 bitten down to nothing?

5 A. Yeah.

6 Q. You describe him as -- he was like a little boy by that
7 time?

8 A. Yeah.

9 Q. Rocky was found guilty by a jury, and went back, as
10 I understand it, to court to be sentenced on 10 July
11 2018?

12 A. *(The witness nodded)*

13 Q. He went straight to court from Basildon Hospital --

14 A. With a nurse with him.

15 Q. -- with a nurse?

16 A. Yeah, the nurse went to trial with him every day.

17 Q. Yes. He received a nine-year sentence and was taken
18 straight from the dock in the Crown Court to Chelmsford
19 Prison?

20 A. *(The witness nodded)*

21 Q. The way that you describe that is that it was so abrupt
22 and extreme, he had been monitored and cared for at
23 Basildon and he was suddenly moved into a very different
24 setting indeed.

25 A. Yeah.

1 Q. I want to come on to talk about what happened because,
2 of course, he was only at Chelmsford Prison for nine
3 days. If we can talk first about what you have learned
4 about the transfer and what took place. One of the
5 things you set out for us very helpfully is that, when
6 a person is transferred from court to custody or to
7 prison, they carry with them a sort of passport, the
8 PER, which should record any important information about
9 that person, including health information and mental
10 health?

11 A. Yeah.

12 Q. What you tell us, looking at page 18, paragraph 95, is
13 that Rocky's noted that he was bipolar and that he was
14 vulnerable due to mental health issues and coming to
15 court from the mental health unit at Basildon. You also
16 tell us that the pre-sentence psychiatric report that
17 had been completed was attached and that it warned that
18 he would find the confinement of prison difficult, in
19 fact the words that are used here are "too much to
20 bear"?

21 A. Yeah.

22 Q. And that there was a chance he may become more depressed
23 in that setting?

24 A. *(The witness nodded)*

25 Q. You also note in paragraph 96 that what that

1 psychiatrist noted in his pre-sentence report is as
2 follows:

3 "It is important that the mental health support
4 available within the prison setting be [it says
5 'altered', I think it means to say 'alerted'] about his
6 vulnerability, and that he be monitored, and that
7 appropriate help is sought as and when needed."

8 What you now know is that, despite that warning,
9 when he did arrive at prison, neither the prison staff
10 nor EPUT, who were providing mental health services
11 inside Chelmsford Prison at the time, implemented
12 suicide and self-harm monitoring measures.

13 **A.** Yeah. They -- apparently, there's like a checklist when
14 you come in to prison.

15 **Q.** Yes.

16 **A.** So, for example, if someone gets a long sentence, there
17 should be a tick. If someone's come from mental health
18 background or self-harm background, there should be
19 a tick. Vulnerable, tick. All the things that Rocky
20 had was ticks but they didn't tick any of them for an
21 ACCT to be opened on Rocky.

22 **Q.** No.

23 **A.** And also didn't give him no medication either, while he
24 was there.

25 **Q.** So he, in fact, didn't get his medication until some

1 days later?

2 **A.** Mm-hm.

3 **Q.** Because he was at the time, when he left the mental
4 health unit at Basildon, taking antipsychotic
5 medication?

6 **A.** Yeah.

7 **Q.** He was transferred to Chelmsford with a prescription --

8 **A.** Yeah.

9 **Q.** -- for that medication but with no actual medication?

10 **A.** Mm-hm.

11 **Q.** You tell us that the screening nurse, when he was
12 admitted to Chelmsford Prison, recorded that he was
13 paranoid --

14 **A.** *(The witness nodded)*

15 **Q.** -- and that he had said he wanted a single cell, and
16 referred him for a mental health assessment, but noted
17 that there were no concerns about suicide?

18 **A.** No, in the inquest, I remember them saying he just
19 looked like a normal, well presented young man.

20 **Q.** Yes, and your point is, I think, that how he looked --

21 **A.** Has nothing to do with it. So if he would have gone
22 there with dirty clothes on, maybe and, like, maybe dirt
23 round his face maybe or something like that, would they
24 have opened an ACCT on him? Does it matter what you
25 look like? Because you can see a broken leg; you can't

1 see a broken mind.

2 **Q.** Yes. Another officer carrying out -- there's a certain
3 standard induction process for the first night that
4 someone is admitted to prison and serving a sentence
5 and, although Rocky disclosed to that officer that he
6 had made a previous suicide attempt, that officer too
7 recorded no immediate concerns?

8 **A.** No.

9 **Q.** In addition, despite the fact that he had come straight
10 to Chelmsford Prison from hospital, from a mental health
11 unit, he was not only not placed on a healthcare wing
12 but also he was not placed on an induction wing --

13 **A.** No.

14 **Q.** -- which is where we might expect a prisoner to go for
15 the first night or few days or few weeks. Instead, he
16 was placed on E Wing, which was a drug treatment wing?

17 **A.** Yeah.

18 **Q.** Did you know any of this at the time, Kristal?

19 **A.** Not at the time, no, because he wasn't allowed to use
20 the phone. So we had no contact.

21 **Q.** Tell us about that. What happened, as I understand it,
22 is that, basically, an administrative error took
23 place --

24 **A.** Yeah.

25 **Q.** -- and a marker was put against him -- according to

1 prison policy, in fact, that no longer exists -- but the
2 effect of it, quite wrongly, was to prevent him access
3 to using the phones?

4 **A.** Yeah.

5 **Q.** So for the whole of the nine days --

6 **A.** He couldn't speak to anyone.

7 **Q.** He spoke to no one?

8 **A.** Only us on one visit.

9 **Q.** Yes.

10 **A.** So the whole time he was there thinking about everything
11 and staring at a phone on the wall saying, "Samaritans",
12 he can't get no help. He can't ring his family and ask
13 for support. Like, we was his support. We was his
14 go-to. We would have talked him round, we would have
15 rung him, give him rational thoughts. And he couldn't
16 do that. And for no fault of his own because it was all
17 a mistake and shouldn't even have been put on his name.

18 **Q.** Yes. That error took place, in fact, when a cell
19 sharing risk assessment form was being carried out and
20 that's, again, standard practice, but what you've noted
21 at the top of page 19, is that the officer completing
22 that assessment, apart from making the error about
23 giving him no access to phones, recorded on that form
24 that Rocky was a high risk to others due to healthcare,
25 no thoughts of suicide or self-harm, shocked by length

1 of sentence.

2 What you have noted, and I think it might be fair
3 for me to say are shocked by, is that it appears from
4 the records, not only that Rocky was not seen by a GP,
5 on admission, he wasn't seen by a doctor on admission,
6 but that he wasn't even considered for admission
7 straight to the healthcare wing.

8 **A.** No, he literally came out of a hospital and went into
9 a cell. I thought they would have -- yeah.

10 **Q.** You thought they would have?

11 **A.** Put him onto the hospital or at least opened the ACCT so
12 they can watch him further.

13 **Q.** Yes. He was seen on 11 July, so the day after he'd been
14 admitted to Chelmsford, by a mental health nurse, who
15 noted the previous inpatient admission and asked again
16 or recorded that he needed a mental health assessment.
17 What you've told us is that, on the same day, a prison
18 officer recorded that he had received a self-harm
19 warning form about Rocky and what he recorded when he
20 acted on that was that Rocky was still finding his feet
21 but had no thoughts of suicide or self-harm, and that he
22 did not think that activation of the self-harm and
23 suicide monitoring procedures, ACCT, was needed at the
24 time.

25 So in summary, Kristal, quite a few professionals

1 have now seen your brother on admission, or the
2 following day, and at no stage has anyone thought to
3 activate those procedures --

4 **A.** No.

5 **Q.** -- which exist, as far as we understand them, to protect
6 those prisoners who are vulnerable or at risk?

7 **A.** Yeah, and it cost nothing to open an ACCT. Nothing at
8 all.

9 **Q.** Yes. On the 11th, so again, the day after he'd been
10 admitted, Rocky did see a prison psychiatrist, but there
11 it was recorded that Rocky had never self-harmed, denied
12 any thoughts or plans and that he'd been sectioned
13 several times previously, and that his sentence was
14 still sinking in. He asked for his medication to be
15 reinstated and that was done, and then a review was
16 scheduled for 20 July 2018.

17 You summarise by saying that, from your
18 understanding of the records, he never received
19 a comprehensive mental health assessment whilst in
20 prison and he was allocated to no one for monitoring.

21 **A.** Yeah.

22 **Q.** Kristal, you were able to visit just once. I think that
23 was on 16 July?

24 **A.** Mm-hm.

25 **Q.** Are you able to tell us a little bit how that went and

1 how he seemed?

2 **A.** I remember absolutely everything, even down to what we
3 was wearing. We went in to the visiting hall and he was
4 just sitting there, and he just looked his handsome --
5 his handsome self but just lost. Not there.

6 **Q.** All right, take your time.

7 **A.** He just wanted to hold (*redacted*), just wanted to cuddle
8 her but every time he touched her, someone would come
9 over and tell him, "No touching". Then you'd look
10 around the visiting hall and see everyone always doing
11 it and it was just another thing, it felt like he was
12 victimised.

13 **Q.** Yes.

14 **A.** And I just kept trying to keep him positive and feed
15 him. I said, "Right, what do you want to eat and
16 drink?" And went and got loads of food and drink.

17 **Q.** Yes.

18 **A.** And he just said, "This has been the worst week of my
19 life".

20 **Q.** He said?

21 **A.** It's been the worst week of my life", and I said, "Well,
22 like you're just settling in", just tried to reassure
23 him.

24 **Q.** Yes.

25 **A.** I said, like, "We'll appeal it". I just kept telling

1 him all things that we could do. I said, "Have you told
2 someone how you're feeling?", and he said, "Yes".

3 I said, "No, have you really told someone?", and he
4 said, "They've told me I'll never get parole, there's no
5 point in trying".

6 **Q.** Who had told him that?

7 **A.** Other prison officers.

8 **Q.** I see.

9 **A.** He said, "I'm going to be in here forever", and he kept
10 telling his girlfriend to move on and find someone else,
11 and then he kept begging my mum to look after herself
12 and not do nothing stupid.

13 **Q.** Yes. Kristal, thank you.

14 What you know now is that on 19 July, Rocky was
15 moved from E Wing, which was the drug treatment wing,
16 for those essentially coming off drugs, into the general
17 prison population. What you have recorded from the
18 records, from the prison records, is that the officer
19 making that decision recorded that Rocky presented as
20 withdrawn and quite overwhelmed by his surroundings. He
21 spoke openly and honestly about how he was feeling and
22 struggled to maintain eye contact.

23 The officer has recorded that Rocky had recently
24 arrived after being in a secure unit:

25 "Wing staff state Rocky is not a discipline issue,

1 and due to his level of vulnerability I believe he is
2 suited for D Wing, general population. At no point did
3 Rocky possess any thoughts of suicide or self-harm."

4 Now, Kristal, again, it seems obvious to you,
5 I think, that he was not suitable to go into the general
6 population.

7 **A.** But even -- would you walk into a cell and see someone
8 withdrawn, not giving eye contact, all of them signs and
9 still not open an ACCT, or still move him into somewhere
10 new? Why not just leave him in that cell and watch him
11 a bit longer? What was the urgency of distressing him
12 more?

13 **Q.** Yes. The move occurred late in the morning on
14 19 July -- yes, I'm so sorry, 19 July 2018. Kristal,
15 I don't intend to go through this section of your
16 witness statement in detail but what you now know is
17 that Rocky was found hanging in his cell that afternoon
18 and was pronounced dead at 3.00 pm.

19 **A.** Yeah.

20 **Q.** Your family learnt of his death through phone calls from
21 other inmates; is that right?

22 **A.** Yeah.

23 **Q.** You had not known that he was being moved on the day
24 that he died?

25 **A.** Because we still had no contact with him.

1 Q. No. When did you come to learn that he had been moved
2 that day?

3 A. I don't think I found out about that until a few days
4 later.

5 Q. Yes. You say in your witness statement that they moved
6 him anyway. You knew that that could be a trigger.
7 They should have known that that might be a trigger?

8 A. I'm not a professional, and they're triggers. Like,
9 you're professional people, with these people all the
10 time. Why would you not know that's a trigger?

11 Q. Yes. You had tried to warn those treating him in the
12 lead-up to his sentence; you had written to the judge --

13 A. Yeah.

14 Q. -- who was sentencing him in the Crown Court to explain
15 the danger?

16 A. Yeah.

17 Q. If you could look with me, please, at page 21 of your
18 witness statement and at paragraph 112, at the top of
19 the page. You tell us there about the immediate impact
20 on you of learning that Rocky had died, the shock, and
21 grief and horror. You go on to say this, and I wanted
22 to read a couple of sections of your witness statement,
23 if that's all right. You say in the middle of that
24 paragraph:

25 "I was angry at all the people who had let Rocky

1 down, including EPUT and the prison service. I was also
2 angry at the judge who sentenced him, even after we told
3 him that this would happen. All of this could have been
4 prevented if people had listened to us, listened to
5 Rocky, and actually helped him instead of punishing
6 him."

7 You go on to say:

8 "... he was so low, and so alone and completely
9 unsupported in prison that he saw no other option."

10 I want to take you through, Kristal, some of the
11 matters you set out, because there were a number of
12 investigations and reports in the wake of Rocky's death.
13 You've set out some of the major findings in your
14 statement, and I don't intend to take you through all of
15 those, but some of them tie in with the matters you've
16 raised that you want to see changed --

17 **A.** Yeah.

18 **Q.** -- and I'd like to take you through those.

19 So you tell us that, because he died in prison, the
20 Prison and Probation Service Ombudsman produced a report
21 but, that because that body does not investigate
22 healthcare provision within prisons, NHS England
23 commissioned an annex to the report about healthcare
24 provision, or the lack thereof, which was included as an
25 annex to the report.

1 What I wanted to ask you about is that you tell us
2 in paragraph 115 that the ombudsman contacted you to ask
3 about your concerns as a family, and you told the
4 ombudsman that you wanted to know what mental health
5 care Rocky had received in prison and why he hadn't been
6 moved into a healthcare wing. Sitting here now, do you
7 know the answer to either of those questions?

8 **A.** No.

9 **Q.** One of the findings of the report, or the key findings
10 are set out as follows, this is the ombudsman:

11 "We are very concerned that although Mr Stenning had
12 several risk factors for suicide and self-harm when he
13 arrived at Chelmsford, reception staff failed to
14 identify these, and instead relied on Mr Stenning's
15 assertions that he had no thoughts of harming himself.
16 As a result, an opportunity to support him under ACCT
17 procedures was missed."

18 The ombudsman then notes that:

19 "There was a further failure to identify those risk
20 factors when he was moved [it says here] to a quieter
21 wing on the day of his death after presenting and having
22 been recorded as presenting as withdrawn, overwhelmed
23 and vulnerable."

24 **A.** *(The witness nodded)*

25 **Q.** It's also recorded here that, due to an oversight by

1 staff -- is how it's phrased -- he was not given access
2 to the telephone system, and it's very clear to you,
3 Kristal, as you've described it, that that hugely
4 increased his sense of isolation at that time?

5 **A.** Definitely. Rocky would have -- he would have rung us.
6 And he did. How can -- on one occasion Rocky was
7 allowed home leave from the hospital to come out for
8 a family meal, and they said he's having suicidal
9 thoughts, we don't think it's advisable. And I said,
10 "It's my son's birthday, I want him to come for a meal,
11 I'll bring him back".

12 **Q.** Yes.

13 **A.** And he said, "As long as you think you can keep him
14 safe, you watch him 24 hours, like the whole time you've
15 got him with you, then it's up to you".

16 **Q.** Who said that to you?

17 **A.** One of the doctors who released him for the day.

18 **Q.** Yes.

19 **A.** I thought that was very unprofessional to say to
20 someone, put that on me, but I would and all of us kept
21 him safe, my whole family kept him safe. He done
22 nothing like that to himself in our homes but, in their
23 care, with all them people around him, with all that
24 medical training and they still failed him? So it
25 wasn't me who needed to watch him and keep an eye on

1 him.

2 **Q.** Yes, in that way, that doctor's recommendation to you
3 that you must keep him safe, is insulting almost; is
4 that fair?

5 **A.** Yeah.

6 **Q.** The ombudsman made a number of recommendations which are
7 set out on page 22 and paragraph 117 of your witness
8 statement, essentially around producing clear guidance
9 for reception staff to identify vulnerable prisoners who
10 are at risk of suicide or self-harm, and to review
11 policy and strategy, and so on. There were also
12 a number of recommendations arising from the clinical
13 review which, as I explained, was annexed to the
14 ombudsman's report. The major finding in that clinical
15 review was that the care that Rocky received in prison
16 was not equivalent to the care that he would have
17 received had he not been in prison?

18 **A.** Yeah.

19 **Q.** Failures to address his risk factors for suicide and
20 self-harm and also a failure to consider using the Care
21 Programme Approach. The clinical reviewer also
22 identified a number of concerns with the emergency
23 response that took place when Rocky was found in his
24 cell?

25 **A.** Yeah.

1 Q. Again, a number of recommendations were made, that you
2 have set out.

3 You also tell us, Kristal, over the next two or
4 three pages of your witness statement, about the Root
5 Cause Analysis report, following an investigation
6 carried out by the Trust. If you look, please, at
7 page 23 and paragraph 121, you say there that you know
8 that internal investigation was carried out by the Trust
9 but you say:

10 "There was no contact with us, as the family unit,
11 until 23 September 2018."

12 Do you mean that's the first contact you had from
13 the Trust at all?

14 A. As far as I'm aware, yeah.

15 Q. What was the nature of that contact when it did come on
16 23 September; can you remember?

17 A. Not completely. I feel like it was a letter just
18 telling -- like stating, like, the findings and what
19 they was putting forward to change. But I can't
20 remember exactly.

21 Q. No, that's fine. So were you asked -- I suppose
22 I should have asked it differently. Were you asked at
23 all -- did anyone come and ask you about any part of --
24 as part of that investigation by the Trust, were you
25 asked to input into it?

1 **A.** *(The witness shook head)*

2 **Q.** Were you asked for your views?

3 **A.** No, not that I'm aware of.

4 **Q.** You simply received the report?

5 **A.** Yeah.

6 **Q.** You've listed on page 24 the factors that were noted in
7 that investigation report, and they're similar to some
8 of those that were found by the ombudsman in that there
9 were failures in the risk assessment that was completed
10 when he was screened, or should have been screened on
11 reception to prison. There was no evidence that a full,
12 comprehensive assessment was carried out, that should
13 have been done as per the policy that was in place at
14 the time?

15 **A.** *(The witness nodded)*

16 **Q.** No consideration given to activating the self-harm and
17 suicide monitoring procedures?

18 **A.** *(The witness nodded)*

19 **Q.** Concerns about the competency of agency staff and other
20 contributory factors noted, including the move to
21 another wing on the day that he died.

22 Then, if you look, please, at the top of page 25 of
23 your witness statement, the Trust's investigation
24 identifies "no root cause", and goes on to make a series
25 of recommendations and discuss lessons learned around

1 robust handovers from ward staff at Basildon to prison
2 staff at Chelmsford --

3 **A.** *(The witness nodded)*

4 **Q.** -- audits, reviews of risk assessments and the need for
5 a comprehensive mental health assessment within
6 72 hours?

7 **A.** Mm.

8 **Q.** Can I put it in this way, and you must tell me, I don't
9 want to put words in your mouth, Kristal, but all of
10 this was fairly obvious to you; is that fair?

11 **A.** Yeah, absolutely. I feel like I probably could have
12 done a better job. And I'm not saying that he never
13 would have done this but this wouldn't have happened.
14 This would not have happened. Because they've got
15 a tick list. And they didn't even tick none of their
16 tick lists off. And even if you haven't, where is your
17 passion? You're looking at someone that's just been
18 given a long sentence, just come out of a hospital.
19 Open the ACCT: it's costing you nothing, it's no more
20 paperwork for you, nothing. I don't understand why none
21 of them done that. I really don't understand.

22 **Q.** And still don't understand it now?

23 **A.** No, no. But I really would like to just say to one of
24 them, "Why did you not just think, 'Oh, you never know,
25 let's just tick this'"? Why?

1 Q. Yes.

2 A. Isn't it better to be safe than sorry?

3 Q. An inquest was held into Rocky's death in June 2018 that
4 you attended and you were legally represented. You gave
5 evidence, in fact, I think?

6 A. 2019.

7 Q. Sorry?

8 A. Was it 2019?

9 Q. It was, I'm so sorry. Of course it was, 2019. I'm so
10 sorry, that's me misreading it.

11 A. That's okay.

12 Q. You give some details about the inquest on page 26 of
13 your witness statement. You gave evidence on behalf of
14 your family, I think.

15 A. Yeah.

16 Q. Kristal, you spoke about Rocky as a person and tried to
17 convey who he had been and the person that he was?

18 A. Mm.

19 Q. I want to talk to you a little bit the jury's conclusion
20 because what you tell us is that you, as a family, felt
21 very much heard and validated by the jury?

22 A. Yes.

23 Q. If we could take a look, please, at paragraph 125, it's
24 the bottom paragraph on page 26. The conclusion
25 returned was one of suicide with the following

1 narrative:

2 "We the jury can conclude that Rocky Stenning was at
3 risk of self-harm/suicide during the period of his stay
4 at [Chelmsford Prison].

5 "There was a failure to properly and adequately
6 assess and review Rocky Stenning's risk of
7 self-harm/suicide from his reception up to and including
8 his move to D Wing.

9 "Many adequate and appropriate precautions were
10 taken to manage Rocky Stenning's risk of self-harm and
11 suicide. However, there were a number of factors which
12 may have impacted on his mental state ..."

13 Those are listed as: the restriction on his access
14 to telephones; Chapter 3 triggers; access to illegal
15 substances; and the length of his sentence. The jury
16 also concluded that the resuscitation attempts were
17 adequate and appropriate in the circumstances.

18 Your overriding feeling from that narrative
19 conclusion is that, is this right, the jury were very
20 clear that the risks to Rocky that should have been
21 apparent -- or that there were risks to Rocky harming
22 himself or attempting to take his own life that should
23 have been identified during those nine days at
24 Chelmsford.

25 **A.** Absolutely.

1 Q. One of the things you tell us is that, at the conclusion
2 of the inquest, the coroner said in open court that she
3 did intend to make what is called a Prevention of Future
4 Deaths Report but we know that one was not issued in the
5 end. As far as you are aware, Kristal, why was that; do
6 you know?

7 A. I don't know. I just know that it still happens there.

8 Q. You just know that what, I'm sorry?

9 A. That deaths are still happening there.

10 Q. Yes. What that also means is that you don't know, as
11 a family, what action, if any, has been taken in
12 response to the recommendations --

13 A. No.

14 Q. -- that might have been made?

15 A. No.

16 Q. Do you know anything about any action -- so we went
17 through some of the major findings of the prison
18 ombudsman's report?

19 A. Mm-hm.

20 Q. We looked briefly at some of the findings of the root
21 cause analysis report. Kristal, do you as a family have
22 any information about what action has been taken as
23 a result of either of those two reports?

24 A. No.

25 Q. I'd like to move, please, to page 29 of your witness

1 statement. This is where you've listed -- and I think
2 we've covered some of them but I want to ensure that you
3 have the chance to talk them through -- some of the
4 things that you would like to see done differently or to
5 change. And Kristal the first that you list is issues
6 around staffing. You've told us that you found many of
7 the staff on Hadleigh Ward and other wards, I think, to
8 be rude --

9 **A.** *(The witness nodded)*

10 **Q.** -- and unapproachable and uncommunicative?

11 **A.** *(The witness nodded)*

12 **Q.** You say here that you think staff retention was an
13 issue?

14 **A.** I feel like there wasn't always, like, consistency in
15 staff and things, and the language barrier and the
16 communication between staff and patient and family
17 wasn't any good at all. I feel like we was lucky to
18 have one person. If there wouldn't have been that one
19 person being our voice then I don't know what we'd have
20 done, really.

21 **Q.** The nurse that you described --

22 **A.** Yeah.

23 **Q.** -- who had a good relationship with Rocky?

24 **A.** Mm-hm.

25 **Q.** It's notable that that particular nurse's care of Rocky

1 stood out --

2 **A.** Yeah.

3 **Q.** -- because it was just that one person in whom you saw

4 that level of care?

5 **A.** Mm.

6 **Q.** The next issue you raise is better community support.

7 **A.** Yeah, absolutely.

8 **Q.** I think we've been over that. There appears to have

9 been just periods of time and gaps where you were

10 essentially abandoned to look after him?

11 **A.** Yeah.

12 **Q.** Is that fair?

13 **A.** I feel like there needs to be more support and easier

14 support. I think it needs to be, like, easier to get

15 hold of someone to help you. I think they need to

16 listen to you a bit more. You, as a family, know your

17 relatives more than they do, so they should take on

18 board what you're saying, even if it is for a monitoring

19 time. And it should never be until they hurt someone or

20 until they hurt themselves. They need help, regardless if

21 they're hurting themselves or anyone.

22 **Q.** Well before that point?

23 **A.** Yeah, exactly.

24 **Q.** Then at the bottom of page 29, you say:

25 "One of the most serious concerns that I had was the

1 lack of a proper handover when Rocky was transferred to
2 prison."

3 **A.** Yeah.

4 **Q.** We've covered that in some detail but is there anything
5 further?

6 **A.** I don't think it was expressed enough to them that he
7 had just come out of a mental health unit. Like,
8 literally, that should have been on the front of his
9 file.

10 **Q.** Yes.

11 **A.** "Just came straight from a mental health unit. Please,
12 he's" -- and then as you go through the record, the long
13 sentence, the vulnerability, that his past, like,
14 everything. It should be there clearer.

15 **Q.** As you say, all of those factors that should have --

16 **A.** Was ticked --

17 **Q.** -- engendered a tick, tick, tick?

18 **A.** ACCT. That's all that goes through my head is ACCT.
19 Why did you not open one.

20 **Q.** Yes, I've been calling it A-C-C-T, but let's go to that,
21 the ACCT training. You say, I'm over the page now, on
22 page 30 and paragraph 142, that you consider that there
23 needs to be much better training on self-harm and
24 suicide in prisons and the risk, identifying risks?

25 **A.** Yeah, definitely. And why is there anything in their

1 cells that they're about -- they can do that with?

2 **Q.** Yes.

3 **A.** I know human rights but, surely, there shouldn't be
4 anything in there they could do that with. Especially
5 anyone that's got that in their past.

6 **Q.** Yes.

7 **A.** And the people that are working in these places, anyone
8 in a prison, really, are vulnerable, whether they've got
9 mental health or not. So these people should have
10 better training.

11 **Q.** You say there should be regular training, more funding
12 should be devoted to ensuring that staff in prisons
13 understand suicide and self-harm and know how to use the
14 measures that exist --

15 **A.** Yeah.

16 **Q.** -- to help them keep prisoners safe?

17 **A.** Mm.

18 **Q.** You say a better understanding of Rocky's case might
19 have made a difference?

20 **A.** Yeah.

21 **Q.** That is your strong belief?

22 **A.** No one can ever say it would have changed things but,
23 yes, definitely, I believe it would have changed things.

24 **MS TROUP:** Yes.

25 Kristal, I've come to the end of my questions for

1 you and, in a moment, we'll take a look at the
2 photographs that you've provided of Rocky. First,
3 Chair, do you have any further questions for this
4 witness?

5 **THE CHAIR:** No, I don't. Thank you.

6 **MS TROUP:** No. Could we see the photographs now, please.

7 *(Photographs displayed)*

8 Thank you. What will happen now, Kristal, is that
9 we'll take a short break of around about ten minutes to
10 see whether any other Core Participants have any
11 questions, or your lawyers have any questions they'd
12 like me to put to you and, if they don't, you'll then be
13 free to go.

14 **THE WITNESS:** Thank you.

15 **THE CHAIR:** Thank you very much indeed for your evidence.
16 I'm very grateful.

17 **THE WITNESS:** Thank you.

18 **(4.02 pm)**

19 **(A short break)**

20 **(4.19 pm)**

21 **Closing statement by MS TROUP**

22 **MS TROUP:** On behalf of the Inquiry, I want to start by
23 thanking each of those who have come here to Arundel
24 House to give oral evidence about their experiences and
25 the experiences of those who have died. Each of them,

1 through their own sorrow and devastation, has done so
2 with dignity and fortitude. We do not underestimate the
3 courage and resilience that each has shown in sharing
4 their evidence with the Inquiry.

5 To the families of those who have died, the Inquiry
6 gives this assurance: you have been heard. You are
7 being heard. Your voice matters. Those you loved and
8 who have died mattered, and they matter still. You have
9 brought out into the glare of public scrutiny
10 a wide-ranging and harrowing series of failings in care
11 extending over the course of decades and across the
12 county of Essex.

13 Before we close this hearing today, we take the
14 opportunity to reflect on a central theme that has run
15 throughout the evidence we heard in it, as well as
16 through the evidence of the families we heard from in
17 July and October 2025: that is the protection and care
18 we afford -- or should afford -- to those who are most
19 vulnerable in our society.

20 In the Inquiry's October 2025 hearing, a large
21 number of witnesses spoke about the failings in the care
22 provided by mental health services in Essex to older age
23 adult relatives who were inpatients. In this hearing,
24 those listening may have been struck by the fact that
25 just under half of those from whom we heard were parents

1 or siblings of much younger men and women: two, Ben
2 Morris and Tillie-Anne King, were 20 and 21; and one,
3 Glenn Holmes, was just 19; Georgina Sefton, Milan
4 Radovanovic and Rocky Stenning, all died before the age
5 of 30.

6 Four bereaved mothers and two bereaved sisters of
7 those six young adults spoke with clarity to call for
8 change. Those families spoke of failures in the crucial
9 period of transition from CAMHS to adult mental health
10 services, in particular Lisa Bates' daughter,
11 Tillie-Anne King, and Amanda Cook's brother, Glenn
12 Holmes. Their evidence also revealed concerning
13 attitudes and approaches by Trust staff to the young
14 adults under their care. In particular, failures on the
15 part of professionals to see past what was often
16 characterised as "bad behaviour" and instead to
17 recognise and to address with compassion the complex and
18 serious mental health issues that lay beneath.

19 Lisa Morris recognised that her son Ben's behaviour
20 might, at times, have been challenging, but she told us
21 of how she learned of staff bragging about
22 a confrontational exchange, how she heard, while on the
23 phone with him, a particular incident of physical
24 restraint, and of him being a young man who was in fear.

25 Lisa Bates described her horror at the language

1 staff used both to and about her daughter Tillie-Anne,
2 "kicking-off again", when what Lisa could see was
3 a mental health crisis in her daughter, whom she
4 described as her "most precious gift", reaching
5 a devastating endpoint.

6 Samantha Cook told us that her sister Paula
7 described being made to feel less than human by staff.

8 Amanda Cook gave evidence that she was told by staff
9 that her brother Glenn was just attention seeking and
10 that she should leave him to it. To her, it was, in
11 fact, clear that Glenn's repeated attempts to harm
12 himself were anything but. We heard today from Amanda
13 Cook that her brother was "desperate for help". These
14 actions were an expression of serious mental illness.

15 Rocky Stenning's sister, Kristal, spoke just now
16 about her brother's first inpatient admission, aged just
17 16, and the challenges he experienced in accessing
18 appropriate support when discharged to live with her.

19 Those families, and the families of Terry Dicks,
20 Daniel Marcovitch, Paula Parretti, Christopher Irwin and
21 Marion Michel highlighted a number of other grave
22 concerns that will be, by now, all too familiar to those
23 following this Inquiry. Those included:

24 Failures to admit;

25 Failures to plan, coordinate or review treatment in

1 any kind of joined-up way (or in some cases, even to
2 create care plans or allocate care coordinators);
3 Over medication;
4 A crisis response, reactive approach to treatment;
5 Failures to offer any meaningful treatment other
6 than medication;
7 A lack of holistic, patient-centred care.
8 Inadequate or non-existent risk assessments;
9 Failures to keep patients safe, allowing access to
10 sharp instruments;
11 Safeguarding failures;
12 Unsafe ward environments;
13 Unwarranted physical restraint and excessive use of
14 force;
15 Inadequate or non-existent interaction and
16 communications between mental health services and
17 physical health services, as well as other agencies:
18 drug and alcohol services, the criminal justice system,
19 and prison services;
20 And a basic lack of compassion and kindness.
21 The families we have heard from have all given
22 powerful evidence of their own unwavering efforts to
23 seek help and information from mental health services,
24 to understand treatment plans, to understand how their
25 vulnerable relatives would be kept safe. They spoke of

1 loving, supportive, wider families and support networks
2 standing ready to assist, to give background, to provide
3 input. They spoke of having been sidelined, dismissed,
4 ignored or made to feel as though they were exaggerating
5 or were "neurotic mothers". Despite her regular visits
6 to the Linden Centre, Ann Sefton knew nothing of her
7 daughter Georgina's serious suicide attempts until after
8 she had died. Lisa Bates told of us her increasing
9 desperation to convince staff of the need to admit
10 Tillie and the urgent seriousness of her situation.
11 Sonia Edwards spoke of being "continually pushed away"
12 and said, "It was almost like my eyes were the only ones
13 that could see what was going on".

14 Milan Radovanovic's mother told us of being almost
15 wholly excluded from any information about his mental
16 health care and treatment, even in respect of the most
17 crucial decisions. She too was told to, "leave him to
18 his own devices", when she raised concerns. Amanda Cook
19 told us of her repeated efforts to be involved in her
20 brother Glenn's care. Terry Dicks' mother, June, said
21 that she never really knew what was going on with his
22 treatment and that staff refused even to provide basic
23 information when Terry was discharged in November 2017,
24 about the basis for the decision to discharge him. At
25 that point, June said, he was the worst the family had

1 ever seen him. We heard today from Kristal Stenning
2 about the efforts she made to get help for her brother,
3 Rocky. She spoke of visiting Rocky on an inpatient unit
4 and staff being rude and unapproachable. She told us
5 that staff treated her as if she was an inpatient
6 herself.

7 We again heard evidence about a number of cases in
8 which those who died had a history of serious addiction
9 issues and substance misuse. In many cases, families
10 told us that those issues had arisen from attempts to
11 self-medicate, as well as a lack of other support and
12 therapeutic care. In all cases, we heard that no
13 consistent or adequate treatment for those addiction
14 issues was made available. Gosia Breczko-Nowak, over
15 the course of a long period of alcohol addiction,
16 received no consistent treatment for that addiction.
17 Paula Parretti's addiction issues went unaddressed,
18 despite her repeated pleas for help. Equally, Daniel
19 Marcovitch, who we heard was addicted to prescription
20 medication; his father Simon told us how he struggled to
21 get help.

22 In some cases, including for Tillie-Anne King and
23 Christopher Irwin, clinicians continued to prescribe
24 antidepressant or other related medication, sometimes at
25 increasingly high doses, in the face of complete honesty

1 by the patient with those same clinicians about ongoing
2 use of and dependence on alcohol and illicit drugs. Ann
3 Sefton noted that her daughter's records contained
4 observations about her daughter Georgina "following her
5 feelings", and about a lack of motivation and
6 self-discipline. Addiction, said Christopher Irwin's
7 mother Sonia Edwards, was treated like a moral failing
8 rather than an illness. We further heard from Amanda
9 Cook that her brother Glenn was unable to access help
10 due to his use of alcohol. Kristal Stenning told you,
11 Chair, that healthcare professionals "blamed the drugs,
12 they said that was all that was wrong with him".

13 Sonia Edwards said that her son Christopher
14 experienced discharge as abandonment, describing the
15 approach as "patch you up and get you out". That was
16 reflected in Lisa Bates' evidence about her daughter
17 Tillie, who endured what Lisa described as a vicious
18 cycle of short admissions, treatment for serious
19 self-harm injuries, discharge and repeat. Paula
20 Parretti's sister, Samantha Cook, described Paula's bag
21 being dropped at her feet on the basis that the bed was
22 needed immediately, at a point when her sister was
23 saying to anyone who would listen, "I need help. I feel
24 like I want to take my life".

25 These families told us that their family members

1 needed help and that they did not get it.

2 Thinking again about the vulnerability not only of
3 those inpatients but of their bereaved family members,
4 it is notable that the witnesses told us that their
5 suffering was compounded in many cases by the attitudes
6 of both the Trust and other agencies in the wake of the
7 deaths of their relatives. Lisa Morris was bounced
8 between the ward and police before officers finally
9 attended her home to tell her that her son Ben had died
10 the night before. When they did, it was, she said,
11 "brutal beyond belief" -- entirely without compassion.
12 Samantha Cook spoke of the feeling of powerlessness in
13 the depths of grief, battling to seek information. Ann
14 Sefton knew nothing of any investigation into Georgina's
15 death or the Serious Untoward Incident report the Trust
16 published until she came to engage with this Inquiry.
17 Anastasija Fuller received a letter of condolence from
18 the Trust referring to her son Milan as a daughter and
19 a meeting with Trust representatives in which she was
20 present with Excel spreadsheets about learning for the
21 Trust in administrative jargon that meant nothing to
22 her.

23 Karen Michel too asked why she had to fight for
24 answers when her sister had just died. She said, "It
25 wasn't provided to me and I still don't know: should it

1 be the police? Should it be EPUT? You know, it's not
2 clear to me, and does the same happen if somebody gets
3 in a road traffic accident? Do they have the same
4 treatment? Or is it just when people die in mental
5 health institutions? I don't know, because maybe
6 they're worth a bit less than other people."

7 She went on to say this:

8 "All people actually want is the facts of what's
9 happened and where their loved one is. They might get
10 shouted at a bit but surely they are able to deal with
11 that if somebody has lost someone. It's just very badly
12 managed. Very badly managed."

13 Chair, once again, this Inquiry has heard deeply
14 troubling evidence from the bereaved families. We have
15 heard about recurrent systemic issues of profound
16 concern. These are not limited to the care of those who
17 went on to die. They extend to the way in which their
18 families were treated at the time of their lowest ebb.
19 The Inquiry is closely examining the evidence from
20 bereaved families and will explore the concerns which
21 they have raised further within the thematic hearings.
22 Their evidence will also be used to inform and assist
23 the work of the Inquiry in identifying recommendations
24 to improve future care of mental health inpatients.

25 Our next hearing will start on 6 July. Information

1 about what we are expecting that and future hearings to
2 cover is available on the Inquiry's website. In the
3 meantime, the Inquiry is driving forward its
4 investigations and its other important work in liaison
5 with its Core Participants.

6 Thank you.

7 **Closing remarks from THE CHAIR**

8 **THE CHAIR:** Thank you very much, Ms Troup.

9 So we have now come to the end of this hearing and
10 I wish to give my sincere thanks to everyone who has
11 provided evidence over the past few weeks. I don't
12 underestimate how challenging it can be for some family
13 witnesses to give their accounts to an inquiry in
14 a public forum such as this and I am very grateful
15 indeed.

16 The evidence shared with the Inquiry is vital to our
17 work and contributes enormously to our understanding of
18 the issues. It's given me a great deal to think about
19 and has raised matters that I and my Inquiry team will
20 consider very carefully.

21 This also marks the end of the hearings dedicated
22 solely to family evidence and, as I said at the start of
23 the hearings during my opening statement, I do want to
24 reassure those families who wish to engage that
25 I welcome their input in other ways. The Inquiry will

1 continue to offer flexibility and support to all those
2 family Core Participants wishing to contribute.

3 As Ms Troup has already said, our next public
4 hearing will begin on 6 July, and it will focus on
5 systemic issues relating to inpatient care. As Ms Troup
6 has also said, more detail about what topics will be
7 covered at future hearings can be found on our Inquiry
8 website.

9 A lot of work goes into running these public
10 hearings, so I wish to conclude by thanking all those
11 who have enabled this hearing to take place. That
12 includes counsel and my wider Inquiry team; the staff
13 here at Arundel House, who have made us feel very
14 welcome; the security team; our technical support team,
15 who run the audio visuals for us; and those who have
16 provided emotional support; the evidence handlers; and
17 our excellent transcriber, Louise Pepper, sitting there.

18 I appreciate the hard work that is needed to ensure
19 the smooth running of hearings and I am extremely
20 grateful to all of those who have made it possible.

21 Thank you very much indeed.

22 **(4.37 pm)**

23 **(The Inquiry adjourned until Monday, 6 July 2026)**

24

25

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<p>W</p> <p>would... [165] 12/19 14/14 14/20 18/22 18/23 19/6 19/20 23/19 23/21 23/22 23/23 23/25 24/3 24/4 24/4 24/25 25/13 28/9 30/24 31/20 32/10 32/20 32/25 33/1 33/6 36/14 36/22 38/6 38/7 38/8 38/9 39/6 39/8 39/9 39/12 39/16 41/21 44/17 46/9 46/14 46/17 47/14 47/23 47/23 48/1 49/8 49/10 49/24 50/25 52/2 53/8 53/22 54/5 54/5 56/17 62/3 63/14 66/22 67/1 68/9 68/11 70/5 70/23 73/9 73/13 73/24 73/25 74/11 74/14 76/19 76/23 80/8 80/23 80/24 83/5 83/20 83/22 84/18 89/9 92/6 94/11 94/12 95/7 97/14 100/18 101/9 101/10 102/20 103/6 106/2 106/17 109/8 111/14 111/24 112/8 115/13 122/17 124/21 127/23 128/11 129/1 129/4 129/7 129/8 129/10 129/23 130/5 130/6 130/6 130/8 131/18 132/18 132/19 132/23 132/23 132/24 133/5 134/10 134/10 135/12 136/6 136/8 136/13 136/23 137/7 140/25 145/7 145/8 147/3 148/9 149/12 149/20 149/20 149/21 149/25 152/13 153/13 154/4 154/5 154/24 156/1 157/20 159/18 161/21 161/23 163/14 163/14 164/9 164/10 166/8 168/7 169/10 170/3 172/5 172/5 172/20 173/16 176/13 176/14 176/23 180/4 183/22 183/23 188/25 191/23</p> <p>wouldn't [15] 8/21 29/9 47/23 51/18</p>	<p>52/16 70/4 71/25 81/6 83/4 97/5 124/18 129/11 157/15 176/13 180/18</p> <p>Wow [1] 130/7 wrist [2] 53/2 53/11 write [1] 135/10 writing [1] 18/9 written [3] 27/11 79/5 169/12 wrong [9] 34/15 72/21 77/20 77/21 99/15 105/17 105/25 140/7 191/12 wrongly [3] 89/13 109/24 163/2 wrote [2] 145/23 147/2</p> <p>Y</p> <p>yeah [365] year [9] 7/15 7/20 37/23 65/20 71/11 75/21 83/10 107/15 158/17 years [22] 2/20 5/9 5/16 6/8 7/12 9/2 10/7 11/7 11/13 17/16 17/21 20/1 30/1 34/13 40/9 64/1 83/2 86/14 88/13 88/14 92/2 106/10 yes [155] 2/21 2/25 3/5 3/9 3/12 3/22 3/25 4/22 5/6 5/10 10/19 11/6 11/9 11/24 13/24 16/14 17/22 18/7 22/16 25/8 25/14 26/25 29/5 36/6 36/18 39/12 41/14 41/19 41/23 43/2 43/11 43/24 44/10 44/20 45/10 45/10 47/8 47/17 47/20 50/12 56/21 56/23 58/2 60/12 60/18 62/13 62/25 65/21 65/24 69/8 70/2 71/7 75/1 75/13 76/4 78/1 79/18 79/22 79/25 82/9 84/14 86/15 89/8 91/7 94/4 94/17 94/22 95/12 95/19 96/6 97/12 97/16 97/24 99/23 100/2 101/7 101/12 101/20 102/8 103/1 104/16 105/9 105/11 107/14 109/5 109/21 110/16 113/7 114/20 117/3 118/15 120/3 120/17</p>	<p>121/18 122/22 124/20 126/14 127/22 128/17 129/6 129/16 131/13 131/17 133/21 138/21 141/1 141/17 141/23 143/4 143/14 144/3 144/8 145/6 147/19 149/18 150/19 150/24 151/11 152/5 152/15 152/25 153/15 154/23 155/22 156/1 158/3 158/17 160/15 161/20 162/2 163/9 163/18 164/13 165/9 166/13 166/17 166/24 167/2 167/13 168/13 168/14 169/5 169/11 172/12 172/18 173/2 177/1 177/22 179/10 182/10 182/20 183/2 183/6 183/23 183/24 yesterday [1] 88/10 you [897] you'd [11] 81/14 82/10 107/21 125/20 128/18 129/4 130/7 130/9 133/13 158/2 166/9 you'll [2] 112/4 184/12 you're [47] 4/15 8/15 11/7 11/7 13/3 17/7 17/7 17/8 17/8 17/8 17/9 17/13 17/15 19/12 21/14 25/23 34/5 34/10 34/25 38/10 40/22 40/23 43/3 45/20 45/20 47/10 54/3 61/7 61/9 69/10 73/18 79/19 84/6 84/15 116/5 124/23 133/3 141/12 145/8 145/9 155/1 156/17 166/22 167/2 169/9 176/17 181/18 you've [50] 4/10 6/14 13/4 31/25 38/15 41/20 47/4 47/18 48/11 49/7 51/20 54/12 57/19 63/7 64/14 68/6 72/14 74/4 75/14 86/21 87/20 92/16 99/2 99/3 100/11 103/23 109/22 111/17 115/23 120/13 121/23 121/25 125/5 126/18</p>	<p>132/14 137/6 142/1 142/3 146/3 146/15 163/20 164/17 170/13 170/15 172/3 172/14 175/6 180/1 180/6 184/2 young [15] 5/13 8/2 9/25 17/10 81/3 88/12 89/9 95/15 103/9 103/11 117/3 161/19 186/7 186/13 186/24 younger [6] 7/21 8/23 10/8 92/17 94/12 186/1 your [225] yourself [6] 13/5 17/17 22/4 75/17 88/12 139/17</p> <p>Z</p> <p>zopiclone [4] 13/20 22/6 22/11 22/15</p>
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