

Tuesday, 14 July 2026

(10.30 am)

(Proceedings delayed)

(10.34 am)

THE CHAIR: Ms Troup.

MS TROUP: Chair, thank you.

This morning, the Inquiry will be hearing evidence from the bereaved families of those who died under the care of Trusts in Essex.

We will hear evidence from Lynne Breaker-Rolfe. Lynne will give evidence about her husband, Roy Breaker-Rolfe, who was born on 19 April 1957 and who died on 21 February 2021, aged 63.

Chair, this afternoon we will watch the pre-recorded evidence of Zoe Bunting, who has been a Registered Mental Health Nurse since 1997, holding a range of clinical and managerial roles in that time for NEPT and then EPUT for around 29 years.

She worked as Ward Manager of the Ruby Ward at the Crystal Centre in Chelmsford, an older adult inpatient mental health ward, between 2016 and 2020, and thereafter as Ward Manager and Acting Matron at the Peter Bruff Assessment Unit until 2024. She is currently a Professional Nurse Educator at EPUT.

Chair, you have allowed special measures to enable

1 Ms Bunting to give evidence in the most effective way to
2 assist you with your Inquiry.

3 As with previous days, there may be aspects of
4 today's evidence that are difficult to listen to. For
5 some people, it may not be possible to sit through the
6 two sessions. As with on other days, anyone in the
7 Inquiry room should feel free to leave at any time.

8 May I take this opportunity to remind those engaging
9 with the Inquiry that emotional support is available for
10 all those who require it. Present here again today are
11 emotional support staff from Hestia, an experienced
12 provider of emotional support at these types of
13 hearings.

14 They are currently in this room, and can be
15 identified by their orange-coloured scarves.

16 There is a private room downstairs where anyone who
17 needs emotional support can talk to Hestia support
18 staff, or, if you prefer, you can speak to a member of
19 the Inquiry Team and we will put you in touch with the
20 emotional support staff. Inquiry staff are all wearing
21 purple-coloured lanyards.

22 For those following the hearing online, information
23 about the emotional support that is available can be
24 found on the lamp inquiry website
25 @lampardinquiry.org.uk. The "Support" tab is near the

1 top right-hand corner. We want everyone engaging with
2 this Inquiry in whatever way to feel safe and supported.

3 Thank you. Could the witness be sworn, please.

4 **LYNNE BREAKER-ROLFE (sworn)**

5 **Questioned by MS TROUP**

6 **MS TROUP:** Thank you. I'm going to start by asking you to
7 give your full name for the record.

8 **A.** Lynne Breaker-Rolfe.

9 **Q.** Thank you.

10 Lynne, you are here to give evidence today about
11 your late husband, Roy Breaker-Rolfe --

12 **A.** Yes.

13 **Q.** -- who, as I've explained, was born on 19 April 1957 and
14 who died on 21 February 2021.

15 **A.** Yeah.

16 **Q.** You came before this Inquiry in September 2024 when you
17 gave evidence about Roy's childhood, about meeting him,
18 about your lives together as a family.

19 **A.** Yes.

20 **Q.** And you've now provided to us a 26-page statement under
21 Rule 9, and you should have a copy of the statement in
22 front of you.

23 **A.** Yes.

24 **Q.** If I can ask you first, please, before we begin, to turn
25 to page 24. Do you have it?

1 **A.** Yes, yes.

2 **Q.** Thank you. We can see that your statement is dated
3 13 November 2025.

4 **A.** Yes.

5 **Q.** And although it's now been redacted for reasons of
6 privacy, that is the page where you made a statement of
7 truth and signed; yes?

8 **A.** Yes.

9 **Q.** Are you content, Lynne, sitting here today, that the
10 content of your witness statement is true and accurate
11 to the best of your knowledge and belief?

12 **A.** Yes.

13 **Q.** Last, you're accompanied today by your son, Byron, who
14 is here to support you; yes?

15 **A.** Yes, yes.

16 **Q.** I want to take you through a little bit about Roy's
17 life. You've told us that until about 2006 or 2007, Roy
18 didn't have any mental health issues; is that right?

19 **A.** That's right. He suffered with anxiety, a bit of low
20 esteem.

21 **Q.** Before that?

22 **A.** Yes. He'd always suffered with that, ever since I've
23 known him. So -- but not to the degree that happened
24 later on. No. It was just -- he was dyslexic so some
25 of it was put down to not being able to -- at school.

1 Q. Yes.

2 A. So going back quite a long time. It wasn't recognised

3 so much. So --

4 Q. So a lack of confidence?

5 A. So -- yes, lack of confidence, yeah.

6 Q. But those issues he had up until about 2006 or 2007,

7 when I understand that he lost his father --

8 A. Yes.

9 Q. -- with low self-esteem and anxiety. Would it be fair

10 for me to say that those were completely manageable?

11 You wouldn't have characterised them as serious mental

12 health issues?

13 A. No, they were manageable. The sleeping was the biggest

14 problem at that time.

15 Q. Yes.

16 A. So -- and he managed to rectify that with the help of

17 different tablets from the doctor's so, yes, but it

18 wasn't a serious mental health thing at the time.

19 Q. I understand. And his sleep was important because, as

20 we'll come to see, Roy having problems sleeping began to

21 become a trigger that you recognised later --

22 A. Yeah.

23 Q. -- for a real deterioration in his mental health.

24 A. *(The witness nodded)*

25 Q. One of the things you tell us in the early part of your

1 statement is that Roy first came into contact with
2 mental health services in around 2006 or 2007 --

3 A. Yes.

4 Q. -- and that he attended some counselling sessions; is
5 that right?

6 A. That's right, yes.

7 Q. Those were connected to -- he had started to have
8 trouble sleeping and had developed what you describe as
9 a sense of paranoia.

10 A. Yeah, it was all a bit jumbled up. There was the not
11 sleeping, the paranoia, the grief. It was all sorts
12 of -- it was all together, it was sort of all bundled in
13 together, really. So he became quite nervous and
14 extremely anxious.

15 Q. And anxious, yes. And did the counselling help, do you
16 think?

17 A. I think so. It was talking --

18 Q. A talking therapy?

19 A. A talking therapy, yeah. I think so. It didn't go
20 on -- he didn't have many sessions, but I think with the
21 help of me and the family he managed to sort of, you
22 know, get himself back on the right rails, if you like.

23 Q. Yes, and stabilise himself.

24 A. Yeah.

25 Q. Because you tell us that other than that talking

1 therapy, after that, he didn't seek any help until 2017?

2 **A.** No.

3 **Q.** So during that ten-year period between seeking help
4 through talking therapy and 2017, would you say that he
5 was mostly, apart from the anxiety and low self-esteem,
6 mostly stable?

7 **A.** Yes, yeah. He was. Yeah, yeah.

8 **Q.** And then we're going to come to August 2017 because what
9 we understand, and we'll go through each in turn, is
10 that there came a series of what you describe as
11 episodes of psychosis --

12 **A.** Yes.

13 **Q.** -- from August 2017 onwards, and that there were
14 a series of what you describe as purported
15 assessments --

16 **A.** Yes.

17 **Q.** -- during that period, so the last four years of Roy's
18 life. You call them purported mental health
19 assessments, I think, because in your view, in the
20 round, they were wholly inadequate?

21 **A.** Yes, yeah.

22 **Q.** Let's go, then, to the first. If you want to look at
23 it, Lynne, I'm looking at page 2 and paragraph 9 of your
24 witness statement. But I think you know it, you just to
25 set it in context --

1 **A.** Yes.

2 **Q.** -- so that you know where we are.

3 You tell us that in August 2017 Roy was again

4 suffering with very poor sleep and some paranoia.

5 **A.** Yes.

6 **Q.** And took an overdose and self-harmed by cutting his

7 wrists --

8 **A.** Yes.

9 **Q.** -- I think on 6 August.

10 **A.** Yes.

11 **Q.** That, I think, will have come as an enormous shock to

12 you; is that fair?

13 **A.** Yeah, it was. It all started with him thinking,

14 believing, that our house was being watched and there

15 was people outside watching.

16 **Q.** Yes.

17 **A.** So the paranoia set in, and then he couldn't sleep. And

18 I probably dropped off to sleep about 3.00 in the

19 morning, and that's when he took the overdose, and the

20 self-harming.

21 **Q.** Thank you. He was taken to A&E at Broomfield?

22 **A.** Yes.

23 **Q.** And what you tell us in your witness statement is that

24 he was conveyed there by ambulance --

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

1 **Q.** -- and he was assessed by a staff member from the Linden
2 Centre.

3 **A.** Yes.

4 **Q.** You tell us that you understand that assessment, such
5 that it was, to have been something like
6 a question-and-answer session.

7 **A.** Yes, it was very brief, probably only ten minutes.

8 **Q.** Were you present during that assessment?

9 **A.** I was, yes. I was in the room because he took us into
10 a side room.

11 **Q.** Can you remember what kinds of questions Roy was asked?

12 **A.** It was mainly "Why have you done that?" which he
13 couldn't answer.

14 **Q.** No.

15 **A.** And did he feel that he was suicidal, which, again, the
16 answer was always "No," to anybody. And that was it.
17 It was just a general question and answer and "How do
18 you feel now?" And "Do you want to go home?" It wasn't
19 what I call an assessment as such. It was more of
20 a conversation.

21 **Q.** More of a chat?

22 **A.** Yeah.

23 **Q.** Would it be fair for me to describe it as seeming to you
24 as superficial?

25 **A.** Yeah.

1 Q. Surface level?

2 A. Yeah, yeah, it was.

3 Q. And you said a moment ago, and I think we'll come to see

4 this was one of the major problems, Roy would always

5 say, in answer to clinicians, "No, I don't feel

6 suicidal"?

7 A. Yes.

8 Q. "Yes, I want to go home"?

9 A. Yes.

10 Q. I think you were asked a couple of questions at the same

11 time; is that right? About what had happened?

12 A. Yes. Briefly, I explained what had happened. It was as

13 if it wasn't serious enough to take it any further.

14 Q. Yes.

15 A. It was, you know, sort of "Oh well, you know, sometimes

16 people self-harm as a release because they're anxious

17 and whatever".

18 Q. Yes.

19 A. And, you know, "You can go home now." And that was it.

20 Q. And did that come as something of a shock to you, that

21 it was treated in that way?

22 A. Yeah, it was all a big shock. The thing about Roy was,

23 is, that he was a very good liar.

24 Q. Yes.

25 A. So he could still be in a state of psychosis or

1 paranoia, which I could recognise, Byron could
2 recognise, but the doctors wouldn't necessarily see
3 that.

4 **Q.** No.

5 **A.** He would appear normal.

6 **THE CHAIR:** And did you say to the people on the -- at the
7 time of the assessment that that was an issue?

8 **A.** I did when I got to speak to anybody. That was probably
9 one of the only times I really got to speak -- well,
10 a couple of times I got to speak to people. Yeah. Yes,
11 I did.

12 **MS TROUP:** So there were occasions when you had an
13 opportunity to explain that Roy was presenting certain
14 answers, that you didn't feel they should be taken at
15 face value.

16 **A.** No.

17 **Q.** Did you feel that you were ever listened to?

18 **A.** No. Not at all.

19 **Q.** Just going back to August 2017. So you were given this
20 sort of talk and told that people sometimes self-harm --

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

22 **Q.** -- and it can be an emotional release --

23 **A.** Yes.

24 **Q.** -- and sent home?

25 **A.** Yeah.

1 Q. And you were told that although there would be
2 a referral for mental health help, the wait for that
3 would be five or six months?

4 A. Yeah. I couldn't ... I couldn't see him waiting that
5 long --

6 Q. No.

7 A. -- because I didn't know what was to come after that --

8 Q. No.

9 A. -- because that was such a shock to us.

10 Q. Of course.

11 A. I didn't know how he was going to be behaving or
12 whatever. So that is why I found a private psychiatrist
13 and took him to that.

14 Q. Yes. So the private psychiatrist that you took him --
15 it was a private hospital in Colchester, I think.

16 A. Yes.

17 Q. Is it The Oaks?

18 A. Yes.

19 Q. Yes, we'll come to that. But at the same time, I think
20 when you left A&E in Broomfield on 7 August, Roy having
21 been discharged, he was discharged back to the care of
22 his GP; is that right?

23 A. Yes, yeah.

24 Q. And you know now, from looking at the records, that the
25 Trust did send a letter to his GP --

1 **A.** Yes.

2 **Q.** -- the following day.

3 **A.** Yes.

4 **Q.** If we just take a look at that, it's at the top of
5 page 3 of your witness statement.

6 **A.** Yeah.

7 **Q.** Starting in the second line, one of the things that that
8 letter says is this:

9 "Mr Breaker-Rolfe had self-harmed but not with any
10 intention of taking his life."

11 Now, do you agree, or would you have agreed if you'd
12 seen that letter at the time, that Roy had no intention
13 of taking his life?

14 **A.** At the time, I probably believed him when he said he
15 didn't.

16 **Q.** Yes.

17 **A.** But then, with hindsight, at the following episodes,
18 I realised he did. And the problem with that letter is
19 right at the beginning where it says, "psychiatric nurse
20 assessed Mr Breaker". It wasn't an assessment, it was
21 just a chat.

22 **Q.** I understand.

23 So you might have believed him at the time but we
24 bear in mind this was the first of a number of episodes
25 to come and had you been asked that question at the

1 fourth --

2 **A.** Yeah.

3 **Q.** -- you would have given a different answer.

4 **A.** Yeah.

5 **Q.** I understand.

6 So the letter goes on to reference long-term sleep

7 issues, workplace stress, some physical health issues,

8 because I think Roy suffered from tinnitus, and it makes

9 reference to racing or ruminating thoughts.

10 **A.** Yes.

11 **Q.** Misperceptions of noises and activities outside the

12 house at night --

13 **A.** Yes.

14 **Q.** -- which you've described to us, and some paranoia.

15 **A.** Yes, yeah.

16 **Q.** He was prescribed some medication at that time.

17 **A.** Yes.

18 **Q.** And we understand that, I think, to be an antipsychotic,

19 in summary, which Roy did start to take?

20 **A.** Yes.

21 **Q.** Do you think, Lynne, that that had any beneficial

22 effect, that medication?

23 **A.** I think it did. I think it helped to stabilise his

24 erratic thoughts.

25 **Q.** Yes.

1 **A.** The problem with one of them was that it started to make
2 his heart race so that's why that was stopped.

3 **Q.** Yes, I understand. I think that was this drug, wasn't
4 it?

5 **A.** Yeah.

6 **Q.** He started to complain of having heart fluttering --

7 **A.** Yeah, but it was -- yeah, they probably did help him at
8 that time.

9 **Q.** Yes.

10 **A.** That, although it's serious enough, it wasn't as serious
11 as what was to follow.

12 **Q.** What was to come. I understand.

13 **A.** Yeah.

14 **Q.** So you tell us on the next paragraph on page 3 -- so
15 I understand that drug was re-prescribed by Roy's GP,
16 and he continued to take it, but what you tell us is
17 that due to the heart flutters, and you're not sure
18 exactly of the date, but he did stop that medication at
19 some point in 2019?

20 **A.** Yes, the private psychiatrist, he told him what was
21 happening --

22 **Q.** I see.

23 **A.** -- and he stopped it. He was the one that stopped it.

24 **Q.** The psychiatrist you'd paid to see at The Oaks?

25 **A.** Yes, yeah.

1 Q. Was that medication replaced with anything, as far as
2 you're aware?

3 A. It was, but I can't remember which one.

4 Q. That's all right.

5 A. They gave him so many.

6 Q. Yes. Was it one appointment at The Oaks or a course of
7 treatment?

8 A. No, we went about three or four times.

9 Q. I understand.

10 We then come, Lynne, to September and October of
11 2020.

12 A. Mm-hm.

13 Q. So almost three years later.

14 A. Yeah.

15 Q. Before we come to that particular episode, tell us how
16 was he in the three years in between? You said he was
17 stabilised a little on the medication.

18 A. Yeah, he was -- he was always hyperactive and that sort
19 of thing but as far as mental health episodes, no, he
20 was okay. You know. He struggled to sleep and he was
21 anxious and nervous, but not major mental health
22 episodes.

23 Q. I understand. But by September 2020 he had become
24 really quite paranoid again.

25 A. Yeah.

1 Q. And you tell us in your statement about a particular
2 incident on 8 September?

3 A. I'd just had a hip replacement. So it all started with
4 the television was on, and somebody was whispering on
5 the television. And he jumped up and said, "There's
6 somebody outside talking." So I said, "No, it's on the
7 television."

8 "No, it's definitely outside."

9 So he went round, locked all the doors, locked all
10 the windows. And we were in a chalet, bungalow at the
11 time, and sleeping downstairs so I didn't have to go up
12 and down stairs on my crutches. So he got me into the
13 bedroom and took my crutches away so I couldn't get out
14 of the bedroom and we were barricaded in the bedroom,
15 basically, because there were people outside waiting to
16 get in.

17 Q. To be clear, there weren't, were there?

18 A. Oh no, no. Not at all.

19 Q. Understood.

20 A. I finally messaged my son and daughter-in-law, and said,
21 "I need some help."

22 Q. Yes.

23 A. And my daughter-in-law rang him and tried to talk to
24 him, but he cut the call off. He wasn't -- she's very
25 good at talking to people like that. So my son came --

1 Q. Yes.

2 A. -- as requested. It took about ten minutes to get him
3 into the house and garden, because, you know, he was
4 paranoid. He wouldn't open the door because of people
5 out there, then he wouldn't open the gate. Anyway, we
6 got Byron inside, and he took him upstairs and he had to
7 check in all the cupboards, all the rooms, make sure
8 nobody was in there.

9 Q. Yes.

10 A. So went all through the house, decided that no, there's
11 nobody in the house. And then he started to say his
12 heart was beating too fast, he was going to have a heart
13 attack.

14 Q. Right.

15 A. Which -- he had a lot of physical health problems but
16 they weren't actually present. It was mind, it was in
17 his mind.

18 Q. Yes.

19 A. So he really believed that he was going to have a heart
20 attack. So we called the paramedics.

21 Q. Yes.

22 A. Because he wanted to call the police and I said, "No,
23 we're not calling the police because there's nobody
24 here, we need to call and get you some help."

25 So the ambulance people came and --

1 Q. Lynne, forgive me, I'm just being reminded to ask you to
2 just slow your speech a little bit. It's just because
3 a note is being taken of your evidence --

4 A. Sorry.

5 Q. Not at all, don't apologise. I just need to ensure that
6 the transcriber is able to capture all of your evidence.

7 A. Okay.

8 So we called the paramedics.

9 Q. Yes.

10 A. A paramedic came, checked him over. I told the
11 paramedic that this was a mental health episode.

12 Q. You told the paramedic that?

13 A. Yes.

14 Q. Yes.

15 A. But he didn't really take that on board because by this
16 time Roy's temperature had gone up, his heart was
17 beating fast, because he was in a state of -- so then he
18 said, "Well, we need to take you to hospital, have you
19 checked out."

20 So an ambulance came. Again, it was difficult to
21 get him into the ambulance, because he thought that -- I
22 don't know what he thought they were going to do to him
23 but -- (overspeaking) --

24 Q. He thought he was in danger.

25 A. Yeah. So they got him in the ambulance, took him to

1 Broomfield A&E.

2 **Q.** Yes.

3 **A.** And left him on his own in A&E.

4 **Q.** Did either you or Byron go with him?

5 **A.** No, we wasn't allowed.

6 So he was left in A&E. After about an hour, he rang

7 me and said, "I don't know where I am. What am I doing

8 here?" So I said, "Well, you're in A&E because you've

9 been unwell, blah, blah, blah."

10 **Q.** Yes.

11 **A.** A medic checked him over, I don't know who, and said,

12 "oh no, you're fine, there's nothing physically wrong

13 with you."

14 I couldn't get to speak to anybody to say, "This is

15 not physical, this is mental health."

16 **Q.** No.

17 **A.** So he was then released onto the street, rang and

18 said --

19 **Q.** At about three o'clock in the morning, I think?

20 **A.** -- I'm walking down the road -- yeah, about 3.00 in the

21 morning. So my son went and found him and brought him

22 home.

23 **Q.** So Byron went out to find him and he was wandering along

24 the road, I think?

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

1 Q. Is this right: you couldn't get to speak to anyone at
2 A&E?

3 A. No.

4 Q. You had tried to convey to paramedics the fact that it
5 was a mental health crisis?

6 A. Yes, yeah.

7 Q. But the check-up he received in A&E was a purely
8 physical one --

9 A. Yes.

10 Q. -- and as far as you knew at the time and from checking
11 from the records, no mental health staff were involved
12 at all --

13 A. No -- (overspeaking) --

14 Q. -- on that occasion?

15 A. No, no.

16 **THE CHAIR:** Sorry, can I ask --

17 **MS TROUP:** Of course, I'm so sorry.

18 **THE CHAIR:** Was it during a lockdown?

19 A. I'm sorry?

20 **THE CHAIR:** Was it during a Covid lockdown?

21 A. Yes, yes.

22 **MS TROUP:** I'm so sorry, I should have made that clear.
23 That's why you weren't allowed to go with him, isn't it?

24 A. Sorry, say that again?

25 Q. That's why you weren't allowed to go with him to A&E?

1 **A.** Yes, yes.

2 **Q.** One of the things you tell us in your statement, Lynne,
3 is that you feel that that episode marked the beginning,
4 really, of a long, drawn-out deterioration --

5 **A.** Yes --

6 **Q.** -- in Roy's mental health?

7 **A.** Yes.

8 **Q.** You in fact go so far as to say that you don't think he
9 really recovered after that.

10 **A.** No. No, he didn't. He never recovered from that. That
11 was the beginning.

12 **Q.** That was September 2020. And we come to the third
13 purported assessment, as you describe it, which was only
14 a few months later in December 2020?

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

16 **Q.** And you explain to us -- I'm on page 4, paragraph 15 of
17 your statement, just if you want to ground yourself in
18 it -- that on 16 December, he just went missing in the
19 middle of the night.

20 **A.** Yeah.

21 **Q.** Tell us about that.

22 **A.** To explain, Roy used to buy houses that needed
23 modernising.

24 **Q.** Yes.

25 **A.** So buy the houses, and he would modernise them. When we

1 couldn't live in the houses, we stayed in our touring
2 caravan. So we was in our touring caravan on this
3 night. For some reason, and I don't know what, he, all
4 of a sudden he took off in the middle of the night,
5 about, I don't know what the time was -- did I say what
6 the time was in here? Probably not.

7 **Q.** Just the middle of the night.

8 **A.** Yeah. And I called him and he was -- he was all over
9 the place, he couldn't speak properly, whatever.
10 I couldn't find him, it was dark.

11 **Q.** Yes.

12 **A.** I didn't call the emergency services on purpose because
13 it would have alerted everybody around us to the fact
14 that there was a problem and he would hate that. So
15 after a couple of hours he came back. I don't know what
16 he'd been up to. He'd lost most of his clothes. He was
17 covered in mud, he'd broken his teeth, lost his phone.
18 Shaking. Anyway, I got him in, warmed him up, cleaned
19 him up, gave him something to drink, painkillers, put
20 him to bed. He did go to sleep.

21 **Q.** Yes.

22 **A.** Then the next morning I went quite early and got him
23 a new mobile phone, because during all this time from
24 2020, well, before that, I had to constantly know where
25 he was and what he was doing, because I never knew what

1 he was going to do. So I went and got him a mobile
2 phone, took it back. I had to go to where I worked
3 because I was doing the salaries and they had to be
4 done.

5 **Q.** They had to be done, yes.

6 **A.** So -- and it was Christmas. So I went to work and then
7 about 11.30 time I rang him, I didn't get to work until
8 about 10.00. I rang him, and he didn't answer.

9 **Q.** Yes.

10 **A.** So I kept ringing every ten minutes, didn't answer. And
11 then I finished the salaries and I thought -- I said to
12 the lady that I worked for "I've got to go home, there's
13 something not right." So I went -- (overspeaking) --

14 **Q.** And you knew that because he wasn't answering?

15 **A.** Yes.

16 **Q.** Yes.

17 **A.** So I went home, well, went to the caravan, and as
18 I drove around to where we were staying, there was a lot
19 of police presence. So I went round to the caravan, the
20 door was open, his phone was there, his newspaper was
21 there. But he wasn't. So I went back, and I said to
22 the policeman at one of the entrances, "I've lost my
23 husband."

24 **Q.** Yes.

25 **A.** "I know it sounds odd but I've lost ..." so he said,

1 "Just wait here a minute, madam," and he went and got
2 a police lady and she came and spoke to me and asked me
3 who I'd lost, whatever.

4 It transpired that he had left the caravan, he went
5 into somebody's shed -- this is so unlike him, left
6 the -- he's the most honest person you could meet. Took
7 a saw and tried to cut his wrists but the saw was blunt.
8 Took a ligature around his neck. Well, this lady at the
9 house saw him then leave and called the police.

10 Q. Yes.

11 A. Because he was climbing an unused water tower and she
12 was concerned for his safety -- which was quite right.

13 Q. Of course. As I understand it, Roy did climb the unused
14 water tower and he was there for quite some time and
15 both police and a Street Triage team spent around about
16 five hours negotiating with him to come down.

17 A. Yeah. There was about -- numerous police, two fire
18 engines, two ambulances, two negotiators, and the Street
19 Triage nurse. And she sat and watched him for
20 five hours up on this tower.

21 My son had to identify him through binoculars
22 because they were saying that the person on the tower
23 was a younger person than Roy. But it was actually --
24 he could see by his silhouette ...

25 Q. Yes, I understand.

1 **A.** Yes, so for five hours. Anyway, the negotiators were
2 wonderful and they went up in a cherry-lift thing and
3 spoke to him and told him they knew who he was then.
4 And they eventually got him to come down, and said,
5 "Look, it's getting -- it's dark now, it's getting cold.
6 You need to come down and get warm."
7 So they got him down, into the ambulance -- one of
8 the ambulances. He was still in a state of psychosis,
9 paranoia.
10 **Q.** Confusion?
11 **A.** He wouldn't --
12 **Q.** He was confused as well?
13 **A.** Yeah, he was confused. He thought that the people that
14 turned up, the police and emergency services, were TV
15 reporters. He thought they were filming.
16 **Q.** Yes, yes.
17 **A.** So he wouldn't let me and Byron get near him because he
18 said he had Covid, which he didn't.
19 **Q.** Right.
20 **A.** But the police officers gave us masks so that we could
21 get near to him. So he was then taken to Broomfield
22 A&E.
23 **Q.** He was taken I think, is this right, under
24 Section 136 --
25 **A.** Yes.

1 Q. -- by police?

2 A. Yeah.

3 Q. So he was detained under Section 136?

4 A. Yeah.

5 Q. And it was the strong and clearly expressed view, both
6 of police who were on the scene and of the Street Triage
7 nurse, who you've just explained was watching him for
8 all that time, that Roy needed to be detained?

9 A. Yes, yeah, yeah.

10 Q. It was very clear to all those present, as well as to
11 you and your son --

12 A. Yeah.

13 Q. -- that your husband was in crisis?

14 A. Yes. He actually told one of the police women -- she
15 was lovely, she actually came and got his mobile phone
16 from me and took it to A&E for him and he told her that
17 he went up there to jump.

18 Q. I see.

19 A. He did actually tell her that. But luckily they got him
20 down that time.

21 Q. They did. And do I understand that neither you --
22 again, is it right that you and Byron couldn't go to
23 hospital with him?

24 A. No. No.

25 Q. As it turns out, on arrival at Broomfield, there were no

1 beds.

2 **A.** No.

3 **Q.** There was nowhere to take him.

4 **A.** Yeah.

5 **Q.** So he was taken to the Derwent Centre in Harlow?

6 **A.** Before that, I just want to say --

7 **Q.** Please do.

8 **A.** -- that about midnight, the -- one of the doctors in A&E

9 did ring me.

10 **Q.** I see.

11 **A.** And just had a brief conversation, and I said to him

12 "What you will see and what you're seeing now is not

13 normal. That is not his normal persona."

14 And that doctor actually said to me, "Well, I have

15 to say, he's not our usual mental health patient."

16 But because there was no beds there, he was then

17 transferred to the Derwent Centre at Harlow about

18 three o'clock in the morning, I believe.

19 **Q.** Yes, and your understanding is that because doctors, in

20 particular psychiatrists, you were told were working 9-5

21 shifts?

22 **A.** Yes.

23 **Q.** At three o'clock in the morning there was nobody to

24 assess Roy --

25 **A.** Yes.

1 Q. -- and he therefore was not assessed by a mental health
2 team --

3 A. No.

4 Q. -- until the following morning, 18 December, at about
5 10.30 am?

6 A. Yes.

7 Q. And by that time, as far as you understand it, the
8 episode of psychosis, as you describe it, had passed.

9 A. Yeah, yeah, yeah. He was coming out of it by then. It
10 was too late. The window had been missed.

11 Q. The window had been missed. So tell us a little bit
12 about, in your experience, as the episode of psychosis
13 passed and Roy was coming out of it, how would he
14 present? Completely normal?

15 A. Yeah.

16 Q. So that you would not be able to tell that there was any
17 mental health crisis going on?

18 A. No, a stranger wouldn't. We would, but a stranger
19 wouldn't. But they asked him if he wanted to stay
20 voluntarily and he said "No", and I don't understand
21 that if you ask somebody to stay voluntarily, they must
22 be in need of staying.

23 Q. Yes.

24 A. So I didn't understand why he wasn't put under section
25 then. But they were most unhelpful at the Derwent

1 Centre when I called them, and I did say to them,
2 probably an awful thing to say, but I said, "If I don't
3 come and get him, what's going to happen to him?"
4 because in my mind, if I didn't go and get him, somebody
5 would have to then look after him.

6 Q. Yes.

7 A. And their response was, "Well, we'll put him out on the
8 street." And that was it.

9 Q. Did that call take place after the assessment at 10.30
10 in the morning on the 18th?

11 A. Yes, yeah.

12 Q. So you really had tried to take a position of: you were
13 trying to see whether, if you weren't going to
14 accommodate taking care of him --

15 A. Yes.

16 Q. -- whether that could compel some treatment for him?

17 A. Yes.

18 Q. And the answer was a brutal "No," in the --

19 A. Well, apart from the doctor at Broomfield A&E ringing
20 me, and later from Rochford, I had to struggle to get
21 through to any of these departments. Nobody called me
22 to find out what was going on, what had happened. They
23 were taking his word for it, but of course when he was
24 first taken to Broomfield, and the notes were made, he
25 was in psychosis.

1 **Q.** Yes.

2 **A.** He lied.

3 **Q.** They were taking his word and his word only, even

4 against a background where you've just described to us

5 a Street Triage nurse who'd been observing him for

6 five hours --

7 **A.** Yes.

8 **Q.** -- felt that he was in need of detention and treatment?

9 **A.** Yeah, yeah.

10 **THE CHAIR:** And the doctor in A&E who had seen him in

11 psychosis?

12 **A.** Not completely in psychosis, no. He was still in it,

13 but by that time he was realising: oh, I'm in hospital

14 and I'm going to get detained here. I need a way out of

15 this.

16 And he was very good at that.

17 **MS TROUP:** You tell us that throughout your statement, that

18 whenever Roy was in front of clinicians, his main focus

19 was to ensure that he was not hospitalised --

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

21 **Q.** -- and that even if he was still coming out of

22 a psychosis, he was able to focus and to shape his

23 answers --

24 **A.** Yeah.

25 **Q.** -- to ensure that that did not take place; is that fair?

1 **A.** Yes, and to a stranger he would appear normal.

2 **Q.** Yes.

3 **A.** But we know he wasn't.

4 **Q.** Yes. The end effect of that short period of

5 hospitalisation and assessment was, I think, that Roy

6 was referred to the Home Treatment Team?

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

8 **Q.** And you tell us that two days later, on 20 December,

9 someone came out and spoke to Roy and took some notes?

10 **A.** Yes, I don't know who they were, but two people came.

11 **Q.** I see.

12 **A.** And it was in that conversation that we were sitting

13 opposite them, and I was telling these doctors, nurses,

14 whatever they were, what he was doing or had been doing

15 at the water tower, and he's tapping my leg as much as

16 to say, "Shh, don't tell them that, don't tell them

17 that." And one of these professionals saw that, because

18 he commented on it. He said, "Oh look, he's telling you

19 not to tell me what he's been up to." They still didn't

20 cotton on to the fact that I was trying to convey to

21 them how serious it was, they just -- they thought it

22 was funny.

23 **Q.** One of the things that you go on to tell us is that to

24 you it appears obvious and crucial that family members

25 in the position you were in be given the opportunity to

1 speak privately --

2 A. Yes.

3 Q. -- to clinicians or assessing staff --

4 A. Yeah.

5 Q. -- away from the patient who is unwell.

6 A. Yeah. Or speak at all, sometimes --

7 Q. Or speak at all?

8 A. -- you don't get a chance at all, yeah.

9 Q. One of the difficulties, I think, given that you've

10 explained that one facet of Roy's mental health issues

11 was around paranoia, was that it was crucial for your

12 relationship of trust and for you to be able to take

13 care of him, for him not to begin to feel worried that

14 you didn't want to do that --

15 A. Yeah.

16 Q. -- and so it was incredibly difficult for you to speak

17 negatively about him in any way in front of him.

18 A. Exactly, because he was ashamed of his condition.

19 Q. I understand. Lynne, one of the other things --

20 A. He didn't want --

21 Q. Go ahead, sorry.

22 A. -- everybody to know.

23 Q. Yes.

24 A. So we kept it quiet. We kept it hidden from his family.

25 My daughter didn't even know. Only my son, my

1 daughter-in-law, and the lady I worked for knew, because
2 I had to take time off.

3 Q. Yes.

4 A. So yeah, he was incredibly private. I mean, he would
5 hate this, he would hate me doing this, but I've got to
6 do it, because ...

7 Sorry, I've forgotten what the question is now.

8 Q. That's all right, no, that's all right. It doesn't
9 matter what the question was, it's so very helpful.
10 I think this -- he didn't want anyone to know, as you've
11 explained, he was a very private man.

12 A. *(The witness nodded)*

13 Q. And it goes back to, I think, what you told us about not
14 calling emergency services on 16 December --

15 A. Yeah, yeah.

16 Q. -- because, actually, a whole load of people attending
17 and knowing increased his stress levels enormously --

18 A. Yeah.

19 Q. -- and made it even more difficult --

20 A. Yeah.

21 Q. -- for the small number of you, close family --

22 A. Yeah.

23 Q. -- who did know how unwell he was to take care of him.

24 A. Yes, that's why the two came to my son's address, and
25 not to the caravan --

1 Q. I see.

2 A. -- because he didn't want the people at the caravan to
3 know.

4 Q. In January, we'll come on to that.

5 A. So after that he wouldn't go back to the caravan because
6 he said everybody would know, which actually they
7 didn't.

8 Q. I see.

9 A. It turned out that one to the ladies at the caravan
10 site, in the end, saw him that morning before he went up
11 the tower and she said he was running up the track and
12 she thought he was just going for a daily run, she had
13 no idea, you know, that there was a problem.

14 Q. Yes.

15 A. So then we started to stay in hotels. We stayed at my
16 son's for a little while and then we started staying in
17 hotels -- waiting for a house to be ready.

18 Q. Because he was renovating properties --

19 A. Yeah.

20 Q. -- and at the time you were between properties?

21 A. Yeah.

22 Q. I understand.

23 On 20 December and the conversation you've told us
24 about where there were two members of staff and Roy was
25 sort of nudging you to ask you to be quiet, I understand

1 that one of the other things that was mentioned to you
2 was that some carer's support would be put in place for
3 you?

4 **A.** Mm, yeah.

5 **Q.** What were you told about that on 20 December?

6 **A.** What they said was: "It's obvious that you need some
7 support yourself to know how to deal with what's going
8 on."

9 **Q.** Yes.

10 **A.** So I said, "Yes." I agreed, but that was it, I never --
11 there was nothing after that -- (overspeaking) --

12 **Q.** You never had an offer of support?

13 **A.** No.

14 **Q.** You never had a call about it?

15 **A.** No, nothing.

16 **Q.** One of the other things you tell us is that on
17 23 December, so just before Christmas in 2020, you spoke
18 to someone at the Access and Assessment Services asking
19 for medication to be sorted out for Roy before
20 Christmas. And at that time, he was prescribed
21 olanzapine to be taken at night?

22 **A.** Yes.

23 **Q.** It had also, I think, been decided that a CT scan was
24 going to be carried out and bloods were to be taken in
25 the New Year?

1 **A.** It was the Street Triage nurse, after the water tower
2 incident, asked for a brain scan, bloods and things, to
3 see whether there was anything else going on.

4 **Q.** Yes.

5 **A.** But he didn't get that until January sometime.

6 **Q.** No. And then -- I'm now on page 6 and paragraph 25 of
7 your witness statement. Roy was due to have an
8 in-person outpatient appointment on 11 January 2021 --

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

10 **Q.** -- but as I understand it, at short notice, that was
11 changed to be a telephone appointment.

12 **A.** Yeah.

13 **Q.** Now, for the reasons you've described, that was
14 incredibly unhelpful to you, for it to be a phone
15 appointment rather than in-person.

16 **A.** Yes. Definitely.

17 **Q.** What we see, looking at the record that has -- that
18 you've helpfully set out at paragraph 25 of your witness
19 statement, is that it's been recorded that during the
20 call, Roy stated that he felt much better.

21 **A.** Mm-hm.

22 **Q.** His head was clearer.

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

24 **Q.** And he'd like to continue his medications.

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

1 Q. As a result, the olanzapine was re-prescribed, it was to
2 continue as a nightly dose, and he was given some
3 details of some therapy --

4 A. Yes, yeah.

5 Q. -- and effectively discharged?

6 A. Yeah. Well, it does -- they did say they were going to
7 refer him to CMHT --

8 Q. Yes.

9 A. -- where they would decide whether antidepressants or
10 mood stabilisers would be appropriate. But we never had
11 that. We never got anything from that either.

12 Q. No. So CMHT, as I understand it, stands for Community
13 Mental Health Team?

14 A. Yes.

15 Q. That was the 11th. It's a little bit confusing because
16 the note says, "I will be reviewing him again on
17 01/11/2020." That might be a mistake, I can't quite
18 make out what that would refer to, but there was some
19 other date set for a future review but that was it,
20 really.

21 A. That was it, yes.

22 Q. Roy had taken charge of that telephone call even though
23 you were present.

24 A. Yes.

25 Q. And what you explain is, that quite apart from not being

1 able to give any information or seek help during the
2 call, because there was Roy --

3 **A.** Yeah.

4 **Q.** -- there was no way for you to contact anyone because
5 they would contact him by text message?

6 **A.** Yeah.

7 **Q.** Did you have at the time any other number, for example
8 for someone at a Community Mental Health Team?

9 **A.** I was given a number and I think it was for -- I think
10 it was for the Linden Centre. Somebody at the Linden
11 Centre, I believe.

12 **Q.** I see.

13 **A.** I think it was an emergency number. But it proved later
14 on that that was hopeless, so ...

15 **Q.** Yes. One of the things you tell us is that during the
16 three assessments or chats that we've been through, very
17 often the questions and the discussion with Roy, or
18 between Roy and the member of staff talking to him,
19 would focus, really, on what had happened, what had
20 driven him to take those actions --

21 **A.** Yeah.

22 **Q.** -- and one of the problems was that if the window had
23 been missed and he was presenting, number 1 presenting
24 normally, and number 2, with a focus on not being
25 hospitalised, he wouldn't say, but also, that he was --

1 he would often not remember what had brought him to the
2 water tower or whatever it was?

3 **A.** Yeah. Yeah, he couldn't actually say, "I went up the
4 tower because ..." He knew he went up there to jump,
5 but not the reason for him wanting to.

6 **Q.** Yes, I understand.

7 We come, then, to 18 January 2021. You tell us
8 there about what must have been an extremely distressing
9 incident where, while you were driving, Roy tried to get
10 out of the car saying that he wanted to go back to the
11 water tower.

12 **A.** Yeah. So that day, the night before, he'd been up all
13 night, the bed was alight, there was people in the
14 corridor outside the hotel room. So that morning
15 I didn't go to work. We drove down to a really nice
16 baker's in the town to get something to eat. And when
17 we got there in the car, I said to him "I'm going to
18 call" the number I'd been given at the Linden Centre,
19 "to ask for their advice because you're not sleeping or
20 whatever", which I did. Halfway through that
21 conversation he got out of the car and went into the
22 shop.

23 **Q.** I see.

24 **A.** But I spoke to her, told her what was going on, said,
25 "What should I do?", basically, and the reply was "Well,

1 we'll need to get back to you, I need to speak to
2 whoever."

3 So I said, "Okay, then."

4 So I went in the shop, got the shopping, came out.
5 He was very anxious. Driving through the town, and
6 that's when he tried to get out of the car.

7 **Q.** Yes.

8 **A.** So I managed to grab hold of him by the scruff and shout
9 and say, "No, you're not" and draw a lot of attention to
10 us. So I kept him in the car and he said, "I want to go
11 back to the tower. I'm going to jump."

12 So I said, "No, you're not. I'm going to take you
13 to" -- we was in (redacted). I said, "I'm going to take
14 you to [redacted] police station", which I did, and he
15 got out of the car and walked up to a young police
16 officer who was sitting in his car and said, "I need
17 help."

18 And I said to the police officer, "He's having
19 a mental health episode. I need help."

20 Then he turned around and dragged me down the road,
21 we got across the road. The police officer was
22 following.

23 **Q.** Roy dragged you down the road?

24 **A.** Yeah. He said that the police were following us "Come
25 on, we've got to get away, the police are following us."

1 Got me down the road. And a van was coming along the
2 road. And he obviously could see that there was
3 a problem, the driver, because he could see the police
4 one side, me the other side hanging on to him. And he
5 slowed down, which was good, because Roy walked straight
6 in front of him -- almost touched him.

7 **Q.** Yes.

8 **A.** So then the young police officer got hold of him and
9 said, you know, "Come and sit with me, come on then."

10 So he wasn't having none of that. So he went up the
11 road with the police officer, still hanging on to his
12 arm --

13 **Q.** So the officer was trying to pull him back and stop him?

14 **A.** Yeah, was trying to stop him because he was going to the
15 viaduct --

16 **Q.** I see.

17 **A.** -- to jump.

18 **Q.** I see.

19 **A.** So, anyway, by that time the police officer had
20 obviously radioed for help and several police cars
21 arrived and they came out of the police station and they
22 got him, had to manhandle him, get him into the back of
23 one of their vehicles, and brought him back down to the
24 police station.

25 **Q.** Yes.

1 **A.** He was in a terrible state. He couldn't speak. Sorry.

2 **Q.** It's all right. Please don't apologise. Take your

3 time.

4 **A.** He couldn't actually speak and have a conversation.

5 **Q.** Right.

6 **A.** So the Street Triage nurse arrives, again, and said, her

7 first words to me were "What did the brain scan show?"

8 So it --

9 **Q.** It was the same nurse?

10 **A.** Yes. And I said, "He hasn't had one, I didn't know he

11 was supposed to have one." She said, "I asked for one",

12 she said, "And this is exactly 28 days later from the

13 last" --

14 **Q.** Sorry, I don't mean to interrupt, but just to be clear,

15 so the same Street Triage nurse arrived --

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

17 **Q.** -- asked you "What did the brain scan show?"

18 **A.** Yes.

19 **Q.** And that was actually the first time you learned --

20 **A.** Yes.

21 **Q.** -- that a brain scan had been asked for --

22 **A.** Yeah.

23 **Q.** -- by that Street Triage nurse?

24 **A.** Yeah. And she said, "This is exactly 28 days, or 29

25 days later."

1 **Q.** Yes.

2 **A.** She said, "That shows to me that his medication is not
3 working."

4 **Q.** Yes.

5 **A.** So anyway, I had a conversation with her, she said, "I'm
6 going to go and speak to him", which didn't turn out
7 well. So he sat in between two police officers in the
8 back of the police vehicle. And she said, "He wants to
9 speak to you." She said, "I'll come with you."
10 But he just couldn't speak.

11 So she said, "I need him taking -- I need him
12 arrested and taken to a place of safety."

13 **Q.** He was, again, I think, detained by police under
14 Section 136?

15 **A.** Yeah. She asked one of the ambulance drivers "Can you
16 take him?" And they refused and they said, "No, this is
17 not in our remit. We can't --" he said, "All we can do
18 is leave him at A&E" and he said, "I'm not doing that,
19 this man needs ..."

20 Anyway, so the police did, they arrested him and
21 they took him to Broomfield Hospital.

22 **Q.** Yes. And from there I think, is this right: he was
23 transferred to the Section 136 suite at Rochford?

24 **A.** Yes. So there was no beds at Broomfield. I finally got
25 through to someone and they told me he'd been sent to

1 Rochford. The crucial thing at Rochford was that he was
2 still in psychosis when he got there. So the Sister
3 witnessed all what was going on, what he was saying,
4 doing, pacing. She had a social worker there with her,
5 who did telephone me and asked me what was going on.
6 I told her what had been happening.

7 So he -- that was about -- no, so they sent him to
8 Southend to have the brain scan and the bloods done,
9 which showed he had a UTI infection. The brain scan was
10 okay. So he went back to Rochford --

11 **Q.** So he went to Southend for those tests?

12 **A.** Yes, and then went back --

13 **Q.** Then was transferred back to Rochford?

14 **A.** -- to Rochford. And then he was assessed the next
15 morning again. However, the Sister and the social
16 worker were present, and I believe, without them there
17 saying what they'd seen and witnessed, he still wouldn't
18 have been placed under section because by that time he
19 was appearing normal again.

20 **Q.** Yes --

21 **A.** But they --

22 **Q.** So this particular episode is the only one that stands
23 out for that reason, which is that there was some
24 continuity --

25 **A.** Yes.

1 Q. -- and staff who had seen Roy in a state of psychosis --
2 A. Yeah.
3 Q. -- were involved enough in the assessment the following
4 morning --
5 A. Yeah.
6 Q. -- such that his actual state of mind, as you saw it --
7 A. Yes.
8 Q. -- and as the Street Triage nurse had seen it --
9 A. Yes.
10 Q. -- was properly taken into account?
11 A. Yes.
12 Q. And on that occasion he was detained under Section 2 of
13 the Mental Health Act?
14 A. Yes.
15 Q. He was in fact only detained for 14 days.
16 A. Yes.
17 Q. And we'll come --
18 A. He was taken to Southern Hill Hospital in Norfolk,
19 because there was --
20 Q. Can I ask why that was, as far as you are aware? Why
21 was it Southern Hill in Norfolk?
22 A. There was no beds in Essex, Hertfordshire, or
23 Bedfordshire.
24 Q. And forgive me, just before we go on, was it the case --
25 so you were able to go with him to Broomfield, to

1 Rochford, to Southend?

2 A. No.

3 Q. And you were not present at Rochford during the --

4 A. No.

5 Q. -- Mental Health Act Assessment the following morning?

6 A. No, but I did spend a lot of time on the phone to the

7 social worker explaining the other episodes.

8 Q. Yes.

9 A. Because every time he was taken to an A&E, there was

10 never any history of what had been going on that

11 followed him. Rochford didn't even get it. All they

12 got was: he was seen getting out of a car. And, you

13 know, but they didn't get all the finer details that

14 they needed.

15 Q. No, or any of the key facts that had preceded him

16 getting out of the car and all of the things that had

17 happened --

18 A. Yeah.

19 Q. -- in the lead-up to that?

20 A. Yeah, I mean, it made it sound like quite a trivial

21 thing, you know, like he tried to get out of the car and

22 blah, blah, blah, but in reality it wasn't.

23 Q. It wasn't at all. I understand.

24 What I understand, and we might come back to it

25 a little, but Roy was, because there were no beds in any

1 of the surrounding areas, which is what you were told --

2 **A.** Yeah.

3 **Q.** -- Roy was detained under section and spent 14 days at

4 Southern Hill --

5 **A.** Yeah.

6 **Q.** -- and he was discharged on the 15th day --

7 **A.** Yeah.

8 **Q.** -- which was 2 February 2021. Now, in terms of his time

9 at Southern Hill, you were on the phone to Roy a lot of

10 the time that he was there?

11 **A.** Yeah, just to explain that when he got to Southern Hill,

12 about half past ten at night, somebody did speak to me

13 on the phone and I told her what had been going on,

14 because they'd got no history. So I told her. She

15 still didn't get it quite right, but I told her. So

16 they're interviewing Roy who was, although he appeared

17 normal, he wasn't.

18 **Q.** Yes.

19 **A.** He wore a medical ID bracelet because he had an aneurysm

20 in his splenic artery.

21 **Q.** Yes.

22 **A.** And he told the doctor that he'd got an aneurysm in his

23 left arm, and they put that in the notes, they took that

24 as -- you know, there didn't seem to be anybody looking

25 at why he was wearing this bracelet or didn't call me --

1 Q. Which was the whole purpose --

2 A. -- and say, you know --

3 Q. Yes.

4 A. -- there was no communication. They were just believing

5 what a still semi-paranoid person was telling them.

6 Q. Yes. During the 14 days that Roy spent at Southern Hill

7 he came out of the state of psychosis that had led him

8 to be detained in the first place.

9 A. Yes.

10 Q. And as far as you understand it -- well, it's not hugely

11 clear to you, I don't think, what actually took place

12 while he was at Southern Hill, other than that he became

13 very focused on leaving hospital.

14 A. Yeah. That was his main objective, was to leave

15 hospital.

16 Q. Yes.

17 A. And because of all these episodes, his sleeping was

18 always mentioned, always played a big part.

19 Q. Yes.

20 A. So they gave him sleeping tablets at night so he slept.

21 So I'm guessing that that may have helped him feel

22 better in the day. I didn't know that at the time.

23 Q. Yes.

24 A. But the only, the only time I got to speak to the

25 psychiatrists and staff in Norfolk was -- we had a phone

1 call on a speakerphone, not online, it was on
2 a speakerphone. There was a terrible echo in the room.
3 There was several people in the room, including Roy, and
4 they were then talking about him and what they thought,
5 and whatever --

6 Q. Yes.

7 A. -- which placed me in --

8 Q. So this was a review meeting with --

9 A. Yeah.

10 Q. -- a number of members of staff?

11 A. Yeah.

12 Q. And Roy, and you?

13 A. Yeah.

14 Q. Yes.

15 A. And they said they'd been giving him some talking
16 therapy and he was now stable, and he could go home,
17 basically. But I couldn't say what I wanted to say,
18 because he was sitting there listening, and you can't --
19 I couldn't say these negative things in front of him.

20 Q. No, as you have explained. I think you did try --

21 A. I tried. All I said was "Is Roy well enough to go
22 home?" Well, afterwards, when he did come home, he said
23 to me "I didn't think you wanted me to come home, what
24 you said." And he blew it up into this big thing but
25 I was just asking "Is he well enough to come home?" But

1 in his mind I was saying, "Keep him there, I don't want
2 him to come home."

3 **Q.** Yes.

4 **A.** So it was incredibly difficult, that conversation. And
5 I did ask them about sleeping tablets. I said, "You
6 know that sleep is a big problem, can he have sleeping
7 tablets?"

8 And they said, "No, not long term."

9 I still didn't know that they had been giving them
10 to him.

11 "No, not long term, that's not helpful. We
12 recommend he has a hot bath and reads a book."

13 Well, that is just ridiculous for somebody in that
14 condition.

15 **Q.** When you asked that question, because you were so keenly
16 aware that lack of sleep or poor sleep was a trigger for
17 mental health deterioration --

18 **A.** Yeah.

19 **Q.** -- did you say that, when you asked that question at the
20 review meeting, you were not aware that he had been
21 prescribed sedatives to sleep every night of that
22 admission in Southern Hill?

23 **A.** No, not at that time. And then I got -- when he was
24 discharged, he was given two weeks' worth of tablets,
25 whatever they were giving him.

1 Q. But not sleeping tablets?

2 A. But not sleeping tablets.

3 Q. Right.

4 A. I wasn't told about the sleeping tablets. They missed
5 it off of the list of medication.

6 Q. Yes.

7 A. Didn't give us any. And that night it all started
8 again. We stayed in a hotel in Norwich, so it was
9 a long drive home, and it all started again. The
10 psychosis, the paranoia, because there was no sleeping,
11 he was awake all night. But my main concern --

12 Q. Because -- (overspeaking) --

13 A. -- is -- sorry.

14 Q. No, go ahead, please.

15 A. They gave him new tablets to take and they kept him
16 there for 14 days. Anyone will tell you that these
17 tablets take 28, 30 days to work. Had they kept him
18 there --

19 Q. Longer --

20 A. -- they would have seen the decline in his mental health
21 because he went into a deep depression.

22 Q. Yes.

23 A. But they didn't keep him long enough. They just assumed
24 that he was all right because he was telling them that
25 he was all right.

1 Q. Yes, and because he presented okay?

2 A. *(The witness nodded)*

3 Q. And that was compounded by what you've explained about

4 the fact that having had 14 nights on prescription

5 sedatives to enable him to sleep --

6 A. Yes.

7 Q. -- he's discharged to you and the very first night, the

8 obvious effect is that he can't sleep, and the problems

9 begin again.

10 A. Yes. There is something else I would just like to add.

11 Q. Please do.

12 A. On 18 January, when I spoke to the person at the Linden

13 Centre, they said they'd call me back. They did call me

14 back about half past five that evening --

15 Q. I see.

16 A. -- and told me to double his tablets. And I said to

17 them "You're too late, he's been sectioned now."

18 Q. Yes.

19 A. He was, you know, from ten o'clock or half past ten in

20 the morning until half past five --

21 Q. A full day had passed?

22 A. -- "Double his tablets and we'll tell his GP to do the

23 same." And I just told them all what was going on, you

24 know, with beds alight, and everything, and they just

25 didn't take it on board.

1 **Q.** Yes.

2 I want to move just now to the period immediately
3 after Roy's discharge. You told us that the problems
4 with his sleep started again and he started to go
5 downhill, I think, very markedly in the week beginning
6 8 February. Tell us about that.

7 **A.** The first week, he wasn't too bad. He was pleased to be
8 home, obviously.

9 **Q.** Yes.

10 **A.** And seeing everybody, his family, doing a bit of work.
11 And then he said to me one day, about five days
12 afterwards "I feel a bit strange." And I said to him
13 "Well, what do you mean, strange?" So he said, "I don't
14 know, I can't describe it."

15 So I said, "Would you like me to get you a -- speak
16 to the GP, see what they think?"

17 He said, "No, no, I'll be all right, it's probably
18 just the new tablets."

19 **Q.** Yes.

20 **A.** But he went into a deep depression then and it was too
21 late then. I couldn't get him anywhere then because he
22 knew that he would probably end up being sectioned
23 again, and that was a big, big no, no for him.

24 **Q.** I understand.

25 Thereafter, as I understand it, up to 21 February,

1 he wasn't sleeping a great deal?

2 **A.** No, he wasn't eating.

3 **Q.** He wasn't eating. And you couldn't lift him out of it,

4 and --

5 **A.** No.

6 **Q.** -- he wouldn't engage?

7 **A.** No, no.

8 **Q.** Can we go, please, Lynne, to the Sunday, 21 February.

9 He had had some sleep, I understand it. He woke very

10 early.

11 **A.** Yeah, he woke up and he'd got a headache.

12 **Q.** Yes.

13 **A.** So I gave him some painkillers, made him a drink. And

14 he went back to sleep for a little while.

15 **Q.** Take your time.

16 **A.** This is so difficult. Anyway. So we got up, and I said

17 to him, "I'm going to go to Tesco's, are you going to

18 come with me?" He said, "No, I'm going to go down to

19 the village and get a newspaper."

20 I said, "Okay, then."

21 So I went off to Tesco's. I said, "I'll ring

22 you" -- no, I went off to Tesco's. So while I was

23 driving there, I rang him, and he was walking. So

24 I said to him "You're walking? Where are you?"

25 He said, "Oh, I've had to park up the road because

1 you know what the parking's like in the village,
2 I couldn't park outside the shops."

3 I said, "Okay, I'll ring you when I come out of
4 Tesco's."

5 So I went in Tesco's, got the shopping. When I come
6 out I rung him, so there was no answer. So I quickly
7 drove back. He wasn't at the caravan. So I retraced
8 his steps to the village for the newspaper and found his
9 car in the layby. And he wasn't in the car. And
10 I called the police then.

11 And they had all his history -- the police managed
12 to do it, the NHS can't do it, but the police managed to
13 have all his history of his past problems. They came,
14 they pinpointed where I was from my mobile phone, and
15 they brought tracker dogs, and they found him.

16 **Q.** Yes, I understand, Lynne, that he was found at about
17 1.30 that day?

18 **A.** Yeah.

19 **Q.** One of the things that you say is that you feel that, in
20 many ways, Roy and your family were served very well by
21 police, by paramedics who --

22 **A.** Yeah.

23 **Q.** -- by Street Triage teams who often, as you've just
24 explained, did have the --

25 **A.** Yeah.

1 Q. -- history, had everything they needed on file.

2 A. Yeah.

3 Q. Took action.

4 A. Yeah.

5 Q. Conveyed Roy to a place of safety.

6 A. Yeah.

7 Q. It is your overarching view that the point at which

8 everyone was let down was when he was received into an

9 apparent place of safety by a mental health team.

10 A. Yeah.

11 MS TROUP: Lynne, I understand that we've been going now I

12 think for about an hour and ten minutes and I wondered

13 if we might take a short break, Chair, possibly for 15

14 minutes at this stage.

15 THE CHAIR: Fifteen minutes.

16 MS TROUP: Thank you.

17 (11.43 am)

18 (A short break)

19 (12.01 pm)

20 THE CHAIR: Ms Troup.

21 MS TROUP: Chair, thank you.

22 Lynne, before the break, you were explaining the

23 events of 21 February 2021.

24 A. Yeah.

25 Q. And I understand that because you had been nearby, as

1 you've explained, you were at the scene when police
2 found Roy?

3 **A.** Yes.

4 **Q.** And you were told at the time that Roy would be taken to
5 the mortuary at Broomfield?

6 **A.** Yes.

7 **Q.** I understand, if we deal with this now, that a couple of
8 days later you called the mortuary at Broomfield.

9 **A.** I did.

10 **Q.** Tell us about that.

11 **A.** I called the mortuary myself, because I wanted his
12 clothes back that he was wearing. Anyway, so I called
13 them, and this person answered the phone, didn't even
14 explain where she was. She just said, "Hello."

15 So I told her who I was and said I wanted to speak
16 to somebody to ask about Roy's clothes.

17 **Q.** Yes.

18 **A.** And she said, "Well, I need to get somebody else." So
19 she went off and got another person. I'm not quite sure
20 who these people were. And this other person told me
21 that there was no clothes, he didn't have any clothes on
22 when he came in.

23 So I got incredibly upset and I said, "Well, I know
24 that he did because I identified him in the back of an
25 ambulance with my daughter-in-law," I said, "And we know

1 that he was fully clothed."

2 I said, "Okay, his sweatshirt may have been cut
3 where they tried to revive him, but his clothes were
4 on."

5 Anyway, there was a bit of a heated exchange of
6 words, and she said, "I have to call you back."

7 Which she did, call me back, and she said, "I'm
8 sorry, some of them have been thrown away."

9 So -- which was really upsetting to me, because
10 I wanted them back. It was -- the whole attitude was
11 not right.

12 **Q.** Yes.

13 **A.** So I did make a complaint. And I was invited to
14 a meeting with some clinical lead people at Broomfield.

15 **Q.** I think that took place, that meeting that followed your
16 complaint took place in early May of that year; is that
17 right?

18 **A.** Yeah. I can't remember exactly who was there, I know
19 someone from the morgue was there, a clinical person,
20 whatever --

21 **Q.** Yes.

22 **A.** -- so that I could give them my view of what happened as
23 a relative.

24 **Q.** Yes.

25 **A.** They didn't give any excuses. They said that under

1 normal circumstances the family don't normally telephone
2 the morgue, it's usually the undertaker whereas I never
3 even thought about that. I just rang them because
4 that's how I am.

5 Q. Because you wanted to recover his clothing?

6 A. Yeah, and they made -- they're going to make some
7 recommendations as to their staff training as to how
8 they could deal better with anybody that did happen to
9 ring them.

10 Q. Because, is this fair, to you it was very clear that
11 whoever it was that you did speak to did not have any
12 training or experience in behaving compassionately
13 towards --

14 A. No --

15 Q. -- very recently bereaved relatives?

16 A. No, there was no compassionate speaking, no kindness.
17 It was just as if they were talking to perhaps the
18 undertaker or someone --

19 Q. Yes.

20 A. -- you know. And they knew who I was. So I understand
21 that they were going to make some recommendations for
22 Broomfield, Basildon and Southend. Whether they were
23 actually put in place or not, obviously I don't know.

24 Q. You're not sure.

25 A. But I would like to think that they did.

1 Q. Yes.

2 A. But it was just another added sort of, I don't know,
3 what can I say, haphazard thing that happened within the
4 NHS.

5 Q. Yes, when you could have most done with some compassion.

6 A. Yeah.

7 Q. Some understanding.

8 A. Yeah.

9 Q. A clear process.

10 A. Yeah. You know, we followed the ambulance. I know that
11 he had his clothes on when he went in there.

12 Q. Yes.

13 A. So for them to say no, he didn't have any clothes on,
14 and I was also told at the meeting that sometimes it's
15 unusual for relatives to be at the scene when the
16 deceased is recovered so they said it was, sort of, you
17 know, you knew what he was wearing, whereas if it had
18 been in other circumstances a relative might not have
19 known what somebody was wearing.

20 Q. Might not have known. I understand. Thank you.

21 Lynne, I just want to take you through -- I think
22 we've touched on most of them as we've talked through
23 the events of those years in the lead-up to
24 February 2021, but there are a couple of other areas you
25 touch on in your witness statement that I want to go

1 through with you.

2 One of the things you were asked about in the Rule 9
3 Request for your witness statement was about your view
4 of the level of Roy's involvement in care planning and
5 the level of you and your family's involvement. And
6 what you tell us is that you can't really be sure what
7 Roy's level of involvement was because you were never
8 present, but actually, in large part, that was at the
9 root of the problem because in a way Roy was far too
10 involved in his own care planning; is that fair?

11 **A.** Yes. Yeah, he was, yeah. He needed to be removed from
12 that care planning.

13 **Q.** Yes.

14 **A.** And not be able to put what he wanted to say into it
15 about "No, I'm okay, I don't need this, I don't need
16 that", you know.

17 **Q.** Yes. Equally, you say, and I think it's clear from the
18 evidence you've given thus far, that you do not consider
19 that your level or your family's level of involvement in
20 planning was in any way adequate or appropriate?

21 **A.** No.

22 **Q.** You also raise concerns around the lack of a diagnosis.

23 **A.** Mm, yeah.

24 **Q.** Because, as we understand it, although serious mental
25 health issues had developed as early as 2017, it wasn't

1 in fact until 2021 that any diagnosis was offered, any
2 mental health diagnosis was offered --

3 **A.** Yes, yeah.

4 **Q.** -- and when that did come there were two diagnoses.

5 **A.** Yeah. I spoke to somebody on the phone there, I think
6 it might have been one of the doctors.

7 **Q.** Was that at Southern Hill Hospital?

8 **A.** At Southern Hill. And he gave me the first diagnosis
9 that I've put in there.

10 **Q.** So that one, if you want to look at them, Lynne, it's at
11 the top of page 2 and it's paragraph 6. What you say is
12 that he was given two diagnoses; the first was Major
13 Manic Depressive III, accompanied by Psychosis and
14 Paranoia.

15 **A.** Yeah.

16 **Q.** The second was Anxiety Disorder with Adjustment Disorder
17 and Dependent Personality Traits.

18 **A.** I didn't get the second one until after he'd been
19 released.

20 **Q.** Right. So that one came retrospectively?

21 **A.** Yeah, and I had to Google it because I didn't know what
22 it meant. Or I'd got it written on a piece of paper, so
23 ... I had to look it up.

24 **Q.** Yes. You felt, I think, that the first of those two
25 diagnoses made more sense, was more in keeping with what

1 you saw --

2 **A.** Yeah.

3 **Q.** -- and knew of Roy.

4 **A.** Yes, yeah.

5 **Q.** Did you ever come to understand, or did anyone ever

6 explain to you, why it was that Roy was discharged even

7 after having been given that first diagnosis?

8 **A.** No, nothing was explained. I wasn't involved in his

9 care plan for leaving. When I had the telephone call

10 with them it was already decided what they were going to

11 do. Only by telling me about the bath and the book.

12 There was no "What do you think?" Or any suggestions,

13 or nothing. It was just: this is what's going to

14 happen, and that's it.

15 **Q.** Yes. It was presented to you as a decision has already

16 been made --

17 **A.** Yes --

18 **Q.** -- here's how it's going to go.

19 **A.** Yes.

20 **Q.** And what I wondered in all of these different

21 assessments or purported assessments, given that you

22 were either saying or trying to say to clinicians "This

23 is not right, there's still a risk, there's still

24 a danger" --

25 **A.** Yeah.

1 Q. -- and/or "I need some help."
2 A. Yeah.
3 Q. Other than what you've told us about a hot bath and
4 reading a book, Lynne, were you ever given any advice as
5 to what to do, how to help Roy, what to look out for?
6 A. None whatsoever. I could have done with some help, to
7 be honest but ...
8 Q. You asked for help, I think, on more than one
9 occasion --
10 A. Yeah, yeah.
11 Q. -- and none was forthcoming.
12 A. Yeah. I do understand that Roy's mental health problems
13 may not have been solvable, but they might have been
14 able to help him to live a longer life, and normally.
15 Q. Yes.
16 A. And, you know, just to listen and try and help.
17 Q. Yes.
18 A. Just try it. That would have been nice.
19 Q. And to listen to you --
20 A. Yeah.
21 Q. -- and to help you to take care of him?
22 A. Yeah. Exactly.
23 Q. One of the other things that you mention, Lynne, and as
24 we've seen from the sort of history that you have set
25 out, there were a lot of different transfers even within

1 each of these episodes.

2 **A.** Yes.

3 **Q.** You know, there was Rochford to Southend, back to

4 Rochford --

5 **A.** Yes.

6 **Q.** -- and what you notice, and we have touched on it,

7 I think, is that it appeared within that clinical

8 system, none of those different places could communicate

9 with one another --

10 **A.** No.

11 **Q.** -- in comparison with, as you've said, the police, who

12 had Roy's records, "Now we know where we are up to, we

13 know who this gentleman is," and they would take action.

14 **A.** I think there may have been a piece of paper that

15 accompanied him when he was transferred from A to B, B

16 to C, but it didn't exactly set out what had happened.

17 They made it sound trivial, and, you know, "Oh, he tried

18 to get out of a moving car and then he was taken to

19 Broomfield." All the rest of it was not there --

20 **Q.** Lost, yeah.

21 **A.** -- which was the most important part, really.

22 **Q.** Yes. And you either had no way to get that information

23 across.

24 **A.** Mm.

25 **Q.** You couldn't possibly rely on Roy to do so --

1 **A.** No.

2 **Q.** -- because he would want to do the very opposite.

3 **A.** No, he's not going to tell them exactly what he was up
4 to because he knew that he was going to get sectioned.

5 **Q.** No. And in really simple terms, what you feel, and
6 I think it might be fair to say that this seems very
7 obvious to you, is that a responsible adult should have
8 been present --

9 **A.** Yes.

10 **Q.** -- for him, with him, during each and every one of those
11 assessments to be able to present an, as far as
12 possible, objective view of what had happened?

13 **A.** Definitely. It was like they were just getting
14 a snapshot of what had happened, not the full story.

15 **Q.** Indeed. And what becomes clear from all that you've
16 told us is that, time and again, there was a crucial
17 window in which a clinician looking at Roy, listening to
18 him, would see what you saw.

19 **A.** Yes.

20 **Q.** See that he was plainly at risk.

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

22 **Q.** That he needed assistance.

23 **A.** Yes.

24 **Q.** But very quickly, if that was missed, it would pass?

25 **A.** Yeah, yeah.

1 **Q.** I want to ask you a little, please, about the inquest
2 into Roy's death.

3 **A.** Yeah.

4 **Q.** You explain that you were not legally represented.

5 **A.** I didn't know I could be.

6 **Q.** No.

7 **A.** I'd never had any dealings with inquests. I didn't know
8 that EPUT were being represented until two days before,
9 they told me they were bringing their legal. So I put
10 together a file of my own and went through for questions
11 to ask and stuff, because I didn't know what else to do
12 really.

13 **Q.** So you had no information from anyone at any time to
14 tell you that you could seek legal representation.

15 **A.** No.

16 **Q.** You tell us that you found the Coroner's Office to be
17 very kind and very helpful.

18 **A.** Yeah.

19 **Q.** But you were by yourselves as a family in those
20 proceedings.

21 **A.** Yes, yeah. Yes, they were helpful, you know, they did
22 ring me and tell me what was happening and that the
23 inquest had been opened and adjourned and blah, blah,
24 blah but there was crucial things missing like "Did you
25 know you can have your legal representative there?", for

1 instance.

2 Q. Yes.

3 A. No, I didn't.

4 Q. Yes. You also -- you received as I understand it,
5 a letter of condolence from Southern Hill Hospital.

6 A. *(The witness nodded)*

7 Q. And you received a letter from EPUT from the head of
8 patient safety --

9 A. *(The witness nodded)*

10 Q. -- in March 2021, advising you that there was going to
11 be an internal investigation.

12 A. Yes.

13 Q. And you were, on the face of that letter, offered the
14 chance to ask questions about what had happened.

15 A. *(The witness nodded)*

16 Q. But is this right: in fact the report that came to you,
17 you hadn't had a chance to see a draft of or comment on
18 the investigation report?

19 A. No. So the report that I received, they had a lot of
20 dates were wrong, other things were wrong. So I assumed
21 that they would keep in touch with me every step of the
22 way, but it wasn't like that. I had to ring them all
23 the time to find out what was happening. So I put
24 together a document saying what they'd got wrong and
25 why, and they did add that on to the end of the report.

1 Q. I see. So they did add what you had put together?

2 A. Yeah.

3 Q. But is this right: your sense, when you first received
4 the report, it felt to you as though it had been pretty
5 hurriedly put together without a great deal of care?

6 A. Yeah, there was things missing. It was like they'd sort
7 of picked bits out from his medical record and, yeah,
8 there weren't a lot of care went into it, really, if
9 they're getting dates wrong and things like that,
10 medication wrong and stuff.

11 Q. No. You also tell us that you do not agree with all of
12 the findings of that internal investigation report.

13 A. No.

14 Q. You say that there really wasn't any support for your
15 family from the Trust --

16 A. No.

17 Q. -- and that some of what was missing from the internal
18 investigation report was to do with Roy's care and
19 treatment at Southern Hill. That obviously, is
20 a hospital in Norfolk and what the Trust said to you is
21 that that was therefore outside of their investigation
22 remit; is that right?

23 A. Yes. Yes, they said that Southern Hill didn't come
24 under their umbrella.

25 Q. Yes.

1 **A.** And I -- my reply was, because they are an independent,
2 privately-run mental health hospital, my reply was: why
3 had they got an NHS email address, then? Because
4 surely, if you're sending NHS patients to them, they
5 must provide some sort of reports and feedback.

6 **Q.** Yes.

7 **A.** You can't just --

8 **Q.** In simple terms, your husband was sent by EPUT to
9 Southern Hill and it was unfathomable to you that his
10 care there was nonetheless excluded from investigations
11 by that same Trust.

12 **A.** Yes, yeah.

13 **Q.** If we look, please, if you can take a look at page 19 of
14 your witness statement and paragraph 97. You set out
15 there three points from the lessons learned section of
16 the Trust's investigation report. And at the first, it
17 tells us that:

18 "An updated risk assessment could not be located on
19 the record system following the 48-hour contact."

20 Does that refer, Lynne, to the period after Roy's
21 discharge from Southern Hill?

22 **A.** Yes, I believe so, yes.

23 **Q.** The second point is that:

24 "A face-to-face 48 hours intervention should have
25 been completed ..."

1 That didn't take place.

2 **A.** No.

3 **Q.** And to you, as you've explained, the fact of being
4 face-to-face rather than on the end of a phone was
5 extremely important where Roy was concerned.

6 **A.** Yes, yeah.

7 **Q.** And then the third point which relates to what we've
8 said about transfers and access clinicians had or didn't
9 have to the full facts, one of the lessons learned was:
10 "To ensure that all clinicians are able to access
11 HIE ..."

12 I would guess that's some sort of record system.

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

14 **Q.** And it says:
15 "... where a person's clinical care is documented
16 over a number of electronic systems."

17 **A.** Yeah.

18 **Q.** You also tell us below that the Trust, you say, "spent
19 a lot of time saying that we declined any help."
20 Now, you object in strong terms to that.

21 **A.** Yeah, they kept saying in their report all the way
22 through that we rejected any help or whatever. I think
23 they're referring to their phone calls to Roy, talking
24 to him, and because he was saying, "No, I'm fine, that's
25 okay", it was then case closed.

1 **Q.** Yes.

2 **A.** Again, had they spoken to me, and got the bigger
3 picture, they would have realised that it wasn't okay.

4 **Q.** No.

5 **A.** But you couldn't -- there was no way of getting to them
6 to tell them these things.

7 **THE CHAIR:** Or if they'd looked at the history?

8 **A.** Yes. If they'd had all the history, that would have
9 been different, yeah.

10 **MS TROUP:** I think, is it fair for me to say, loud and clear
11 from your witness statement and the account you're
12 sharing with this Inquiry today, is a desperate sort of
13 cry: no one listened to you, and I think it's the case
14 that you feel --

15 **A.** Yeah.

16 **Q.** -- that had they done, this really could have gone very
17 differently?

18 **A.** I think so. Nobody listened. Nobody seemed to care.
19 There was no empathy. He was released too early, in my
20 opinion. I don't know if the outcome could have been
21 different had he been detained longer or had he been
22 detained earlier. And all this transferring, you know,
23 they're taken from one place, two officers had to sit
24 with him for 10 hours until he could go to another
25 place, and that was unsettling in itself.

1 Q. Of course.

2 A. And I do understand that there's a lack of beds. You
3 know, I'm not naive enough to think that there's empty
4 beds sitting everywhere, but it was so disjointed.
5 There was -- nothing seemed to sort of come together, I
6 don't know, it was all -- it was like these episodes
7 were all taken as separate incidents, but in actual fact
8 it was one long one.

9 Q. And there was nobody with enough joined-up thinking or
10 oversight to see the pattern that you and your son could
11 clearly see developing.

12 A. Yes, yeah. And the emergency number was just hopeless,
13 ringing that, because it's an emergency number, and they
14 ring you back seven hours, eight hours later.

15 Q. Yes.

16 A. That's no good. I needed somebody there and then to
17 say, "Right, bring him here, do this, do that." But ...

18 Q. I understand.

19 Can we look, please, now, Lynne, at page 22 of your
20 witness statement and paragraph 111. There you set out
21 the recommendations that you would like to ask the Chair
22 to consider making.

23 If we go through these together now --

24 A. Yeah.

25 Q. -- it may be that some of these we've gone through in

1 some detail before but I want to ensure that you have
2 the chance to make any further comments.

3 **A.** Yeah.

4 **Q.** The first area is around assessments.

5 **A.** Yeah.

6 **Q.** And if we turn the page to paragraph 23 -- I'm so sorry,
7 to page 23, at the first bullet point, here you cover
8 again the fact that the assessments, if they're not
9 carried out in that crucial window, are bound to be
10 failed assessments, really.

11 **A.** Yeah. The other thing is, if you've got Street Triage
12 mental health nurses at the scene, witnessing what's
13 going on and the police and fire, ambulance, they're all
14 there, how can they all be ignored? How can their
15 advice not be taken? Because they've been there at the
16 scene and they've seen what's going on. But as far as
17 I can make out they just wasn't listened to.

18 **Q.** Yes, and that links up, Lynne, with what you said about
19 the whole thing being so disjointed.

20 **A.** Yeah. Yeah.

21 **Q.** If we look at the third bullet point on page 23, what
22 you say is that in your opinion, when a mental health
23 assessment is going to take place, the family should be
24 spoken to first for their input so that there is -- the
25 assessor or the assessing clinician has a picture of

1 what has happened.

2 **A.** Yeah, definitely.

3 **Q.** You go back to the matters we've covered about the fact

4 that really, I think I can say by luck, it was only that

5 once at Rochford that because Roy still happened to be

6 in a state of psychosis, staff witnessed that --

7 **A.** Yes.

8 **Q.** -- and fed in to the assessment that took place the next

9 day?

10 **A.** Yes, yeah.

11 **Q.** But that was the lone occasion on which that took place.

12 **A.** Yeah.

13 **Q.** Your point being that that's what should happen on every

14 occasion.

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

16 **Q.** Either, if possible, the patient should be seen as soon

17 as possible --

18 **A.** Yeah.

19 **Q.** -- and inside that crucial window or if, for some

20 reason, that's not possible, the views of those on the

21 scene or who have come before, must be taken into

22 account.

23 **A.** Yes, the incident at the water tower, the police

24 labelled that as a major incident.

25 **Q.** Yes.

1 **A.** So how can you say someone is okay put back on the
2 street when they've just tried to kill themselves? It
3 doesn't make sense to me.

4 **Q.** At the bottom of page 23 you go back to the issue of
5 medication, and you tell us that at Southern Hill
6 Hospital it was confirmed that some of Roy's mental
7 health issues arose or were triggered by lack of sleep.

8 **A.** Yeah.

9 **Q.** And you recommend, because as you've explained, he had
10 been prescribed sleeping medication for all of those 14
11 nights, then was sent home with nothing, with poor sleep
12 being a known trigger for serious mental health
13 episodes.

14 **A.** Yes.

15 **Q.** And you recommend, I would think obviously, that that
16 should not occur.

17 **A.** No.

18 **Q.** But also that any new drugs should be given time to
19 start to work before a section is lifted and someone is
20 sent home.

21 **A.** Yeah. They did a lot of changing of his drugs. One was
22 stopping them, one was starting them, so -- and I don't
23 think that was helpful, but yeah, I mean, you need to
24 see that drugs are working. It's no good just giving
25 them to somebody and sending them off hoping for the

1 best. But the sleep thing was right from the beginning,
2 from right back in 2017. That was to do with sleep.
3 It's been a factor all the way through. And then for
4 them not to tell me and not give me sleeping tablets,
5 and when I asked, just the stupid answer they gave, it's
6 just not acceptable.

7 Q. No. You in fact say, if we go over to page 24, that in
8 your view, the whole assessment process is not fit for
9 purpose --

10 A. No.

11 Q. -- and that, I think, is due to all the reasons that you
12 and I have now talked through.

13 A. Yeah. I mean, an assessment should be assessing
14 somebody's mental health, not asking them, "How do you
15 feel now? Do you feel all right? Do you want to go
16 home? Do you feel suicidal?"

17 I don't know about other mental health patients,
18 because I've not dealt with any, but I would imagine
19 a lot of them would say, "No, I'm fine now, I want to go
20 home."

21 You know, I can't imagine people, perhaps some do,
22 voluntarily putting themselves under section.

23 Q. Yes.

24 A. But to me, yeah, it's -- yeah. It was just, I don't
25 know. I don't know what to say about it, really. It

1 was just laughable, some of the assessments. It only
2 lasted 30 minutes at Harlow. I don't think you can
3 assess somebody's complete mental health in 25 minutes.

4 **Q.** No. Which is why it's so crucial, in your view, to seek
5 input from other sources.

6 **A.** Yeah.

7 **Q.** Family, other professionals.

8 **A.** Yes.

9 **Q.** Because in a way, we might accept that a mental health
10 assessment carried out, for example, at A&E, can only
11 ever be an assessment of the person as they present at
12 that time --

13 **A.** Yeah.

14 **Q.** -- but that's the reason you would want assessing
15 clinicians --

16 **A.** Yes.

17 **Q.** -- to seek other input --

18 **A.** Yes.

19 **Q.** -- and to find out about the history.

20 **A.** Yeah, yeah.

21 **Q.** You also say, at the penultimate bullet point, and this
22 is something we've discussed, but I want to ensure that
23 you've said all that you want to say about it, that
24 after a person leaves hospital, there needs to be more
25 support, more back-up from professionals --

1 **A.** Yeah.

2 **Q.** -- both for the patient and for you, the family, as

3 carers.

4 **A.** Yes, yes, definitely. Not just --

5 **Q.** In summary --

6 **A.** -- have a phone call and somebody say, "Yeah, I'm fine"

7 and that's it, case closed. That's not enough. Not

8 after some serious episodes what occurred.

9 **Q.** No. And then finally, and I think this is really your

10 overarching summary "They did not listen to me and there

11 was a complete lack of communication."

12 **A.** Yeah. I can't highlight that strongly enough. That

13 was -- yeah.

14 **Q.** I understand.

15 Lynne, I think I have come to the end of my

16 questions for you. And I know that we have some

17 photographs of Roy to show.

18 **A.** Yes.

19 **Q.** But before we do that, two things. First of all, is

20 there anything else at all, while you're sitting here

21 now, that you would like to be able to say?

22 **A.** No.

23 **MS TROUP:** All right.

24 Chair, before I ask for the photographs to be shown,

25 do you have any further questions?

1 **THE CHAIR:** I don't have any questions, but I did want to
2 thank you both very much indeed for coming today, and
3 for letting us hear your perceptions of things. It's
4 been extremely helpful and I appreciate it.

5 **THE WITNESS:** I just hope it goes some way to helping future
6 patients.

7 **MS TROUP:** Thank you. Could we have those photos now,
8 please.

9 **(Photographs were displayed)**

10 Thank you. Chair, it only remains for me to ask
11 that the witness be released, and then we'll sit again,
12 I understand at 1.20 pm, please.

13 **THE CHAIR:** 1.20.

14 **(12.34 pm)**

15 **(The Short Adjournment)**

16 **(1.20 pm)**

17 **(Proceedings delayed)**

18 **(1.24 pm)**

19 **THE CHAIR:** Ms Malhotra.

20 **MS MALHOTRA:** Good afternoon, Chair, we will now watch the
21 pre-recorded evidence of Zoe Bunting, a Professional
22 Nurse Educator at EPUT, who worked for NEPT and EPUT for
23 a combined 29 years.

24 Chair, you have enabled special measures to enable
25 Ms Bunting to give evidence in the most effective way to

1 assist you with your Inquiry. The recording is 3 hours
2 and 29 minutes, and we will take a break at about an
3 hour-and-a-half. So if that recording could now be
4 played.

5 **(Pre-recorded evidence played)**

6 **MS MALHOTRA:** Chair, I wonder whether that's a convenient
7 moment. We will play the last section of this evidence
8 in the afternoon session on Thursday, 16 July, but for
9 now we will adjourn until 10.00 am tomorrow.

10 **THE CHAIR:** 10.00 am tomorrow. Thanks very much indeed.

11 **(16.47 pm)**

12 **(The hearing adjourned until 10.00 am the following day)**

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I N D E X

LYNNE BREAKER-ROLFE (sworn)3

 Questioned by MS TROUP3

 (Pre-recorded evidence played)82

MS MALHOTRA: [2] 81/20 82/6 MS TROUP: [12] 1/6 3/6 11/12 21/17 21/22 31/17 57/11 57/16 57/21 73/10 80/23 81/7 THE CHAIR: [13] 1/5 11/6 21/16 21/18 21/20 31/10 57/15 57/20 73/7 81/1 81/13 81/19 82/10 THE WITNESS: [1] 81/5	1957 [2] 1/12 3/13 1997 [1] 1/16 2 20 December [3] 32/8 35/23 36/5 2006 [3] 4/17 5/6 6/2 2007 [3] 4/17 5/6 6/2 2016 [1] 1/21 2017 [8] 7/1 7/4 7/8 7/13 8/3 11/19 62/25 78/2 2019 [1] 15/19 2020 [8] 1/21 16/11 16/23 22/12 22/14 23/24 36/17 38/17 2021 [9] 1/13 3/14 37/8 40/7 48/8 57/23 61/24 63/1 69/10 2024 [2] 1/23 3/16 2025 [1] 4/3 2026 [1] 1/1 21 February [2] 54/25 55/8 21 February 2021 [3] 1/13 3/14 57/23 22 [1] 74/19 23 [4] 75/6 75/7 75/21 77/4 23 December [1] 36/17 24 [2] 3/25 78/7 25 [3] 37/6 37/18 79/3 28 [3] 43/12 43/24 52/17 29 [2] 43/24 82/2 29 years [2] 1/18 81/23 3 3 hours [1] 82/1 3.00 [2] 8/18 20/20 30 [2] 52/17 79/2 4 48 [1] 71/24 48-hour [1] 71/19 6 6 August [1] 8/9 63 [1] 1/13 8 8 February [1] 54/6 8 September [1] 17/2 9 9-5 [1] 28/20 97 [1] 71/14	A able [12] 4/25 19/6 29/16 31/22 33/12 39/1 46/25 62/14 65/14 67/11 72/10 80/21 about [63] 1/11 2/23 3/10 3/17 3/17 3/18 4/16 4/17 5/6 8/18 10/11 10/22 16/8 17/1 18/2 20/6 20/19 20/20 22/21 23/5 24/7 24/8 25/15 25/17 28/8 28/17 29/4 29/12 33/17 34/13 35/24 36/5 36/14 40/8 45/7 48/12 50/4 51/5 52/4 53/3 53/14 54/6 54/11 56/16 57/12 58/10 58/16 60/3 62/2 62/3 62/15 64/11 65/3 68/1 69/14 72/8 75/18 76/3 78/17 78/25 79/19 79/23 82/2 accept [1] 79/9 acceptable [1] 78/6 access [3] 36/18 72/8 72/10 accommodate [1] 30/14 accompanied [3] 4/13 63/13 66/15 account [3] 46/10 73/11 76/22 accurate [1] 4/10 across [2] 41/21 66/23 Act [2] 46/13 47/5 Acting [1] 1/22 action [2] 57/3 66/13 actions [1] 39/20 activities [1] 14/11 actual [2] 46/6 74/7 actually [14] 18/16 25/23 27/14 27/15 27/19 28/14 34/16 35/6 40/3 43/4 43/19 49/11 60/23 62/8 add [3] 53/10 69/25 70/1 added [1] 61/2 address [2] 34/24 71/3 adequate [1] 62/20 adjourn [1] 82/9 adjourned [2] 68/23 82/12 Adjournment [1] 81/15	Adjustment [1] 63/16 admission [1] 51/22 adult [2] 1/20 67/7 advice [3] 40/19 65/4 75/15 advising [1] 69/10 after [16] 7/1 12/7 20/6 22/9 23/15 30/5 30/9 35/5 36/11 37/1 54/3 63/18 64/7 71/20 79/24 80/8 afternoon [3] 1/14 81/20 82/8 afterwards [2] 50/22 54/12 again [21] 2/10 8/3 9/15 16/24 19/20 21/24 27/22 38/16 43/6 44/13 45/15 45/19 52/8 52/9 53/9 54/4 54/23 67/16 73/2 75/8 81/11 against [1] 31/4 aged [1] 1/13 ago [1] 10/3 agree [2] 13/11 70/11 agreed [2] 13/11 36/10 ahead [2] 33/21 52/14 alerted [1] 23/13 alight [2] 40/13 53/24 all [70] 2/10 2/20 6/10 6/11 6/12 6/12 8/13 10/22 11/18 16/4 17/3 17/9 17/9 17/18 18/7 18/7 18/10 19/5 19/6 21/12 23/3 23/8 23/23 27/8 27/10 33/6 33/7 33/8 34/8 34/8 40/12 43/2 44/17 45/3 47/11 47/13 47/16 47/23 49/17 50/21 52/7 52/9 52/11 52/24 52/25 53/23 54/17 56/11 56/13 64/20 66/19 67/15 69/22 70/11 72/10 72/21 73/8 73/22 74/6 74/7 75/13 75/14 77/10 78/3 78/11 78/15 79/23 80/19 80/20 80/23 allowed [4] 1/25 20/5 21/23 21/25 almost [2] 16/13 42/6	along [2] 20/23 42/1 already [2] 64/10 64/15 also [9] 36/23 39/25 61/14 62/22 69/4 70/11 72/18 77/18 79/21 although [5] 4/5 12/1 15/10 48/16 62/24 always [6] 4/22 9/16 10/4 16/18 49/18 49/18 am [10] 1/2 1/4 20/7 20/7 29/5 57/17 60/4 82/9 82/10 82/12 ambulance [10] 8/24 18/25 19/20 19/21 19/25 26/7 44/15 58/25 61/10 75/13 ambulances [2] 25/18 26/8 aneurysm [2] 48/19 48/22 another [4] 58/19 61/2 66/9 73/24 answer [11] 9/6 9/13 9/16 9/17 10/5 14/3 24/8 24/10 30/18 56/6 78/5 answered [1] 58/13 answering [1] 24/14 answers [2] 11/14 31/23 antidepressants [1] 38/9 antipsychotic [1] 14/18 anxiety [4] 4/19 5/9 7/5 63/16 anxious [5] 6/14 6/15 10/16 16/21 41/5 any [34] 2/7 4/18 7/1 10/13 13/9 14/21 29/16 30/21 33/17 39/1 39/7 47/10 47/15 47/25 52/7 58/21 59/25 60/11 61/13 62/20 63/1 63/1 64/12 65/4 68/7 68/13 70/14 72/19 72/22 75/2 77/18 78/18 80/25 81/1 anybody [5] 9/16 11/8 20/14 48/24 60/8 anyone [8] 2/6 2/16 21/1 34/10 39/4 52/16 64/5 68/13 anything [4] 16/1
---	---	---	--	--

A anything... [3] 37/3 38/11 80/20 anyway [9] 18/5 23/18 26/1 42/19 44/5 44/20 55/16 58/12 59/5 anywhere [1] 54/21 apart [3] 7/5 30/19 38/25 apologise [2] 19/5 43/2 apparent [1] 57/9 appear [2] 11/5 32/1 appeared [2] 48/16 66/7 appearing [1] 45/19 appears [1] 32/24 appointment [4] 16/6 37/8 37/11 37/15 appreciate [1] 81/4 appropriate [2] 38/10 62/20 April [2] 1/12 3/13 April 1957 [2] 1/12 3/13 are [17] 2/4 2/10 2/14 2/20 3/10 4/9 8/2 41/25 46/20 55/17 55/24 61/24 66/12 71/1 72/10 75/9 77/24 area [1] 75/4 areas [2] 48/1 61/24 arm [2] 42/12 48/23 arose [1] 77/7 around [10] 1/18 6/2 23/13 24/18 25/8 25/15 33/11 41/20 62/22 75/4 arrested [2] 44/12 44/20 arrival [1] 27/25 arrived [2] 42/21 43/15 arrives [1] 43/6 artery [1] 48/20 as [84] ashamed [1] 33/18 ask [15] 3/24 19/1 21/16 29/21 35/25 40/19 46/20 51/5 58/16 68/1 68/11 69/14 74/21 80/24 81/10 asked [16] 9/11 10/10 13/25 25/2 29/19 37/2 43/11 43/17 43/21 44/15 45/5 51/15 51/19 62/2 65/8 78/5	asking [4] 3/6 36/18 50/25 78/14 aspects [1] 2/3 assess [2] 28/24 79/3 assessed [4] 9/1 13/20 29/1 45/14 assessing [4] 33/3 75/25 78/13 79/14 assessment [19] 1/23 9/4 9/8 9/19 11/7 13/20 22/13 30/9 32/5 36/18 46/3 47/5 71/18 75/23 76/8 78/8 78/13 79/10 79/11 assessments [10] 7/15 7/19 39/16 64/21 64/21 67/11 75/4 75/8 75/10 79/1 assessor [1] 75/25 assist [2] 2/2 82/1 assistance [1] 67/22 assumed [2] 52/23 69/20 at [124] attack [2] 18/13 18/20 attended [1] 6/4 attending [1] 34/16 attention [1] 41/9 attitude [1] 59/10 August [6] 7/8 7/13 8/3 8/9 11/19 12/20 August 2017 [4] 7/8 7/13 8/3 11/19 available [2] 2/9 2/23 awake [1] 52/11 aware [4] 16/2 46/20 51/16 51/20 away [4] 17/13 33/5 41/25 59/8 awful [1] 30/2 B back [36] 5/2 6/22 11/19 12/21 23/15 24/2 24/21 34/13 35/5 40/10 41/1 41/11 42/13 42/22 42/23 44/8 45/10 45/12 45/13 47/24 53/13 53/14 55/14 56/7 58/12 58/24 59/6 59/7 59/10 66/3 74/14 76/3 77/1 77/4 78/2 79/25 back-up [1] 79/25 background [1] 31/4 bad [1] 54/7	baker's [1] 40/16 barricaded [1] 17/14 basically [3] 17/15 40/25 50/17 Basildon [1] 60/22 bath [3] 51/12 64/11 65/3 be [68] 1/7 2/3 2/5 2/14 2/23 3/3 5/9 9/23 10/25 11/14 11/22 12/1 12/3 12/11 14/18 17/17 24/3 24/5 27/8 29/16 29/22 32/25 33/12 35/17 35/25 36/2 36/19 36/21 36/24 36/24 37/11 37/14 38/10 38/16 38/17 43/14 48/24 49/8 54/7 54/17 58/4 61/15 62/6 62/11 62/14 65/7 67/6 67/11 68/5 68/16 69/11 71/18 74/25 75/9 75/14 75/15 75/23 76/5 76/16 76/21 77/18 78/13 79/11 79/24 80/21 80/24 81/11 82/3 bear [1] 13/24 beating [2] 18/12 19/17 became [2] 6/13 49/12 because [85] become [2] 5/21 16/23 becomes [1] 67/15 bed [2] 23/20 40/13 Bedfordshire [1] 46/23 bedroom [3] 17/13 17/14 17/14 beds [8] 28/1 28/16 44/24 46/22 47/25 53/24 74/2 74/4 been [54] 1/15 4/5 9/5 12/21 13/25 20/9 23/16 29/10 29/11 31/5 32/14 32/19 36/23 37/19 39/16 39/23 40/8 40/12 40/18 43/21 44/25 45/6 45/18 47/10 48/13 50/15 51/9 51/20 53/17 57/11 57/25 59/2 59/8 61/18 63/6 63/18 64/7 64/16 65/13 65/13 65/18 66/14 67/8 68/23 70/4	71/25 73/9 73/20 73/21 73/21 75/15 77/10 78/3 81/4 before [18] 3/16 3/24 4/21 16/15 23/24 28/6 35/10 36/17 36/19 40/12 46/24 57/22 68/8 75/1 76/21 77/19 80/19 80/24 began [1] 5/20 begin [3] 3/24 33/13 53/9 beginning [5] 13/19 22/3 22/11 54/5 78/1 behaving [2] 12/11 60/12 being [12] 4/25 8/14 19/1 19/3 38/25 39/24 54/22 68/8 72/3 75/19 76/13 77/12 belief [1] 4/11 believe [4] 28/18 39/11 45/16 71/22 believed [3] 13/14 13/23 18/19 believing [2] 8/14 49/4 below [1] 72/18 beneficial [1] 14/21 bereaved [2] 1/8 60/15 best [2] 4/11 78/1 better [3] 37/20 49/22 60/8 between [6] 1/21 7/3 16/16 35/20 39/18 44/7 big [6] 10/22 49/18 50/24 51/6 54/23 54/23 bigger [1] 73/2 biggest [1] 5/13 binoculars [1] 25/21 bit [9] 4/16 4/19 6/10 19/2 29/11 38/15 54/10 54/12 59/5 bits [1] 70/7 blah [9] 20/9 20/9 20/9 47/22 47/22 47/22 68/23 68/23 68/24 blew [1] 50/24 bloods [3] 36/24 37/2 45/8 blunt [1] 25/7 board [2] 19/15 53/25 book [3] 51/12 64/11 65/4 born [2] 1/12 3/13	both [4] 25/15 27/5 80/2 81/2 bottom [1] 77/4 bound [1] 75/9 bracelet [2] 48/19 48/25 brain [6] 37/2 43/7 43/17 43/21 45/8 45/9 break [4] 57/13 57/18 57/22 82/2 Breaker [8] 1/10 1/12 3/4 3/8 3/11 13/9 13/20 83/3 Breaker-Rolfe [6] 1/10 1/12 3/4 3/8 3/11 83/3 brief [2] 9/7 28/11 Briefly [1] 10/12 bring [1] 74/17 bringing [1] 68/9 broken [1] 23/17 Broomfield [15] 8/21 12/20 20/1 26/21 27/25 30/19 30/24 44/21 44/24 46/25 58/5 58/8 59/14 60/22 66/19 brought [4] 20/21 40/1 42/23 56/15 Bruff [1] 1/23 brutal [1] 30/18 bullet [3] 75/7 75/21 79/21 bundled [1] 6/12 bungalow [1] 17/10 Bunting [4] 1/15 2/1 81/21 81/25 but [97] buy [2] 22/22 22/25 Byron [7] 4/13 11/1 18/6 20/4 20/23 26/17 27/22 C call [20] 7/18 9/19 17/24 18/22 18/24 23/12 30/9 36/14 37/20 38/22 39/2 40/18 48/25 50/1 53/13 53/13 59/6 59/7 64/9 80/6 called [10] 18/20 19/8 23/8 25/9 30/1 30/21 56/10 58/8 58/11 58/12 calling [2] 18/23 34/14 calls [1] 72/23 came [20] 3/16 6/1 7/10 17/25 18/25 19/10 19/20 23/15 25/2 27/15 32/9
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C came... [9] 32/10 34/24 41/4 42/21 49/7 56/13 58/22 63/20 69/16 can [26] 2/14 2/17 2/18 2/23 3/24 4/2 9/11 10/19 11/22 21/16 44/15 44/17 46/20 51/6 55/8 61/3 68/25 71/13 74/19 75/14 75/14 75/17 76/4 77/1 79/2 79/10 can't [12] 16/3 38/17 44/17 50/18 53/8 54/14 56/12 59/18 62/6 71/7 78/21 80/12 capture [1] 19/6 car [13] 40/10 40/17 40/21 41/6 41/10 41/15 41/16 47/12 47/16 47/21 56/9 56/9 66/18 caravan [10] 23/2 23/2 24/17 24/19 25/4 34/25 35/2 35/5 35/9 56/7 care [16] 1/9 12/21 30/14 33/13 34/23 62/4 62/10 62/12 64/9 65/21 70/5 70/8 70/18 71/10 72/15 73/18 carer's [1] 36/2 carers [1] 80/3 carried [3] 36/24 75/9 79/10 cars [1] 42/20 case [4] 46/24 72/25 73/13 80/7 Centre [9] 1/20 9/2 28/5 28/17 30/1 39/10 39/11 40/18 53/13 certain [1] 11/13 Chair [11] 1/6 1/14 1/25 57/13 57/21 74/21 80/24 81/10 81/20 81/24 82/6 chalet [1] 17/10 chance [4] 33/8 69/14 69/17 75/2 changed [1] 37/11 changing [1] 77/21 characterised [1] 5/11 charge [1] 38/22 chat [2] 9/21 13/21 chats [1] 39/16 check [2] 18/7 21/7 check-up [1] 21/7	checked [3] 19/10 19/19 20/11 checking [1] 21/10 Chelmsford [1] 1/20 cherry [1] 26/2 childhood [1] 3/17 Christmas [3] 24/6 36/17 36/20 circumstances [2] 60/1 61/18 cleaned [1] 23/18 clear [10] 17/17 21/22 27/10 43/14 49/11 60/10 61/9 62/17 67/15 73/10 clearer [1] 37/22 clearly [2] 27/5 74/11 climb [1] 25/13 climbing [1] 25/11 clinical [5] 1/17 59/14 59/19 66/7 72/15 clinician [2] 67/17 75/25 clinicians [7] 10/5 31/18 33/3 64/22 72/8 72/10 79/15 close [1] 34/21 closed [2] 72/25 80/7 clothed [1] 59/1 clothes [8] 23/16 58/12 58/16 58/21 58/21 59/3 61/11 61/13 clothing [1] 60/5 CMHT [2] 38/7 38/12 Colchester [1] 12/15 cold [1] 26/5 coloured [2] 2/15 2/21 combined [1] 81/23 come [37] 5/20 7/8 8/11 10/3 10/20 12/7 12/19 13/25 15/12 16/10 16/15 22/12 25/16 26/4 26/6 30/3 35/4 40/7 41/24 42/9 42/9 44/9 46/17 47/24 50/22 50/23 50/25 51/2 55/18 56/3 56/5 63/4 64/5 70/23 74/5 76/21 80/15 coming [5] 29/9 29/13 31/21 42/1 81/2 comment [1] 69/17 commented [1]	32/18 comments [1] 75/2 communicate [1] 66/8 communication [2] 49/4 80/11 Community [2] 38/12 39/8 comparison [1] 66/11 compassion [1] 61/5 compassionate [1] 60/16 compassionately [1] 60/12 compel [1] 30/16 complain [1] 15/6 complaint [2] 59/13 59/16 complete [2] 79/3 80/11 completed [1] 71/25 completely [3] 5/10 29/14 31/12 compounded [1] 53/3 concern [1] 52/11 concerned [2] 25/12 72/5 concerns [1] 62/22 condition [2] 33/18 51/14 condolence [1] 69/5 confidence [2] 5/4 5/5 confirmed [1] 77/6 confused [2] 26/12 26/13 confusing [1] 38/15 Confusion [1] 26/10 connected [1] 6/7 consider [2] 62/18 74/22 constantly [1] 23/24 contact [4] 6/1 39/4 39/5 71/19 content [2] 4/9 4/10 context [1] 7/25 continue [2] 37/24 38/2 continued [1] 15/16 continuity [1] 45/24 convenient [1] 82/6 conversation [8] 9/20 28/11 32/12 35/23 40/21 43/4 44/5 51/4 convey [2] 21/4 32/20 conveyed [2] 8/24 57/5	copy [1] 3/21 corner [1] 3/1 Coroner's [1] 68/16 corridor [1] 40/14 cotton [1] 32/20 could [25] 3/3 10/25 11/1 11/1 25/6 25/24 26/20 30/16 42/2 42/3 50/16 59/22 60/8 61/5 65/6 66/8 68/5 68/14 71/18 73/16 73/20 73/24 74/10 81/7 82/3 couldn't [22] 8/17 9/13 12/4 12/4 17/13 20/14 21/1 23/1 23/9 23/10 27/22 40/3 43/1 43/4 44/10 50/17 50/19 54/21 55/3 56/2 66/25 73/5 counselling [2] 6/4 6/15 couple [5] 10/10 11/10 23/15 58/7 61/24 course [6] 12/10 16/6 21/17 25/13 30/23 74/1 cover [1] 75/7 covered [2] 23/17 76/3 Covid [2] 21/20 26/18 crisis [3] 21/5 27/13 29/17 crucial [8] 32/24 33/11 45/1 67/16 68/24 75/9 76/19 79/4 crutches [2] 17/12 17/13 cry [1] 73/13 Crystal [1] 1/20 CT [1] 36/23 cupboards [1] 18/7 currently [2] 1/24 2/14 cut [3] 17/24 25/7 59/2 cutting [1] 8/6 D daily [1] 35/12 danger [2] 19/24 64/24 dark [2] 23/10 26/5 date [2] 15/18 38/19 dated [1] 4/2 dates [2] 69/20 70/9 daughter [5] 17/20 17/23 33/25 34/1 58/25 day [9] 13/2 40/12	48/6 49/22 53/21 54/11 56/17 76/9 82/12 days [14] 2/3 2/6 32/8 43/12 43/24 43/25 46/15 48/3 49/6 52/16 52/17 54/11 58/8 68/8 deal [5] 36/7 55/1 58/7 60/8 70/5 dealings [1] 68/7 dealt [1] 78/18 death [1] 68/2 deceased [1] 61/16 December [8] 22/14 22/18 29/4 32/8 34/14 35/23 36/5 36/17 December 2020 [1] 22/14 decide [1] 38/9 decided [3] 18/10 36/23 64/10 decision [1] 64/15 decline [1] 52/20 declined [1] 72/19 deep [2] 52/21 54/20 definitely [5] 17/8 37/16 67/13 76/2 80/4 degree [1] 4/23 delayed [2] 1/3 81/17 departments [1] 30/21 Dependent [1] 63/17 depression [2] 52/21 54/20 Depressive [1] 63/13 Derwent [3] 28/5 28/17 29/25 describe [7] 6/8 7/10 7/14 9/23 22/13 29/8 54/14 described [3] 14/14 31/4 37/13 desperate [1] 73/12 detail [1] 75/1 details [2] 38/3 47/13 detained [10] 27/3 27/8 31/14 44/13 46/12 46/15 48/3 49/8 73/21 73/22 detention [1] 31/8 deterioration [3] 5/23 22/4 51/17 developed [2] 6/8 62/25 developing [1]
--	---	---	---	--

D developing... [1] 74/11 diagnoses [3] 63/4 63/12 63/25 diagnosis [5] 62/22 63/1 63/2 63/8 64/7 did [58] 6/15 9/15 10/20 11/6 11/8 11/11 11/17 12/25 13/18 14/19 14/23 15/7 15/18 20/4 23/5 23/20 25/13 27/19 27/21 28/9 30/1 30/9 31/25 34/23 38/6 39/7 40/20 41/14 43/7 43/17 44/20 45/5 47/6 48/12 50/20 50/22 51/5 51/19 53/13 56/24 58/9 58/24 59/7 59/13 60/8 60/11 60/11 60/25 63/4 64/5 64/5 68/21 68/24 69/25 70/1 77/21 80/10 81/1 didn't [54] 4/18 6/19 6/20 7/1 11/14 12/7 12/11 13/15 17/11 19/15 22/10 23/12 24/7 24/8 24/10 26/18 29/24 30/4 32/19 33/14 33/20 33/25 34/10 35/2 35/7 37/5 40/15 43/10 44/6 47/11 47/13 48/15 48/24 48/25 49/22 50/23 51/9 52/7 52/23 53/25 58/13 58/21 59/25 61/13 63/18 63/21 66/16 68/5 68/7 68/11 69/3 70/23 72/1 72/8 died [3] 1/8 1/13 3/14 different [7] 5/17 14/3 64/20 65/25 66/8 73/9 73/21 differently [1] 73/17 difficult [6] 2/4 19/20 33/16 34/19 51/4 55/16 difficulties [1] 33/9 discharge [2] 54/3 71/21 discharged [7] 12/21 12/21 38/5 48/6 51/24 53/7 64/6 discussed [1] 79/22 discussion [1] 39/17	disjointed [2] 74/4 75/19 Disorder [2] 63/16 63/16 displayed [1] 81/9 distressing [1] 40/8 do [40] 3/25 6/15 9/17 9/18 13/11 14/21 19/22 24/1 27/21 28/7 33/14 34/6 40/25 44/17 53/11 53/22 54/13 56/12 56/12 62/18 64/11 64/12 65/5 65/12 66/25 67/2 68/11 70/11 70/18 74/2 74/17 74/17 78/2 78/14 78/15 78/15 78/16 78/21 80/19 80/25 doctor [4] 28/14 30/19 31/10 48/22 doctor's [1] 5/17 doctors [5] 11/2 28/8 28/19 32/13 63/6 document [1] 69/24 documented [1] 72/15 does [2] 38/6 71/20 doesn't [2] 34/8 77/3 dogs [1] 56/15 doing [9] 20/7 23/25 24/3 32/14 32/14 34/5 44/18 45/4 54/10 don't [33] 10/5 19/5 19/22 20/7 20/11 22/8 23/3 23/5 23/15 29/20 30/2 32/10 32/16 32/16 33/8 43/2 43/14 49/11 51/1 54/13 60/1 60/23 61/2 62/15 62/15 73/20 74/6 77/22 78/17 78/24 78/25 79/2 81/1 done [7] 9/12 24/4 24/5 45/8 61/5 65/6 73/16 door [2] 18/4 24/20 doors [1] 17/9 dose [1] 38/2 double [2] 53/16 53/22 down [16] 4/25 17/12 20/20 25/16 26/4 26/6 26/7 27/20 40/15 41/20 41/23 42/1 42/5 42/23 55/18 57/8	downhill [1] 54/5 downstairs [2] 2/16 17/11 draft [1] 69/17 dragged [2] 41/20 41/23 draw [1] 41/9 drawn [1] 22/4 drawn-out [1] 22/4 drink [2] 23/19 55/13 drive [1] 52/9 driven [1] 39/20 driver [1] 42/3 drivers [1] 44/15 driving [3] 40/9 41/5 55/23 dropped [1] 8/18 drove [3] 24/18 40/15 56/7 drug [2] 15/3 15/15 77/21 77/24 due [3] 15/17 37/7 78/11 during [12] 7/3 7/17 9/8 21/18 21/20 23/23 37/19 39/1 39/15 47/3 49/6 67/10 dyslexic [1] 4/24 E each [3] 7/9 66/1 67/10 earlier [1] 73/22 early [6] 5/25 23/22 55/10 59/16 62/25 73/19 eat [1] 40/16 eating [2] 55/2 55/3 echo [1] 50/2 Educator [2] 1/24 81/22 effect [3] 14/22 32/4 53/8 effective [2] 2/1 81/25 effectively [1] 38/5 eight [1] 74/14 eight hours [1] 74/14 either [5] 20/4 38/11 64/22 66/22 76/16 electronic [1] 72/16 else [5] 37/3 53/10 58/18 68/11 80/20 email [1] 71/3 emergency [6] 23/12 26/14 34/14 39/13 74/12 74/13 emotional [7] 2/9 2/11 2/12 2/17 2/20	2/23 11/22 empathy [1] 73/19 empty [1] 74/3 enable [3] 1/25 53/5 81/24 enabled [1] 81/24 end [6] 32/4 35/10 54/22 69/25 72/4 80/15 engage [1] 55/6 engaging [2] 2/8 3/1 engines [1] 25/18 enormous [1] 8/11 enormously [1] 34/17 enough [10] 10/13 15/10 46/3 50/21 50/25 52/23 74/3 74/9 80/7 80/12 ensure [6] 19/5 31/19 31/25 72/10 75/1 79/22 entrances [1] 24/22 episode [7] 16/15 19/11 22/3 29/8 29/12 41/19 45/22 episodes [11] 7/11 13/17 13/24 16/19 16/22 47/7 49/17 66/1 74/6 77/13 80/8 EPUT [7] 1/18 1/24 68/8 69/7 71/8 81/22 81/22 Equally [1] 62/17 erratic [1] 14/24 Essex [2] 1/9 46/22 esteem [3] 4/20 5/9 7/5 even [10] 31/3 31/21 33/25 34/19 38/22 47/11 58/13 60/3 64/6 65/25 evening [1] 53/14 events [2] 57/23 61/23 eventually [1] 26/4 ever [6] 4/22 11/17 64/5 64/5 65/4 79/11 every [6] 24/10 47/9 51/21 67/10 69/21 76/13 everybody [4] 23/13 33/22 35/6 54/10 everyone [2] 3/1 57/8 everything [2] 53/24 57/1 everywhere [1] 74/4 evidence [16] 1/7 1/10 1/11 1/15 2/1 2/4 3/10 3/17 19/3 19/6 62/18 81/21	81/25 82/5 82/7 83/5 exactly [8] 15/18 33/18 43/12 43/24 59/18 65/22 66/16 67/3 example [2] 39/7 79/10 exchange [1] 59/5 excluded [1] 71/10 excuses [1] 59/25 experience [2] 29/12 60/12 experienced [1] 2/11 explain [8] 11/13 22/16 22/22 38/25 48/11 58/14 64/6 68/4 explained [12] 3/13 10/12 27/7 33/10 34/11 50/20 53/3 56/24 58/1 64/8 72/3 77/9 explaining [2] 47/7 57/22 expressed [1] 27/5 extremely [4] 6/14 40/8 72/5 81/4 F face [6] 11/15 69/13 71/24 71/24 72/4 72/4 facet [1] 33/10 fact [13] 21/4 22/8 23/13 32/20 46/15 53/4 63/1 69/16 72/3 74/7 75/8 76/3 78/7 factor [1] 78/3 facts [2] 47/15 72/9 failed [1] 75/10 fair [8] 5/9 8/12 9/23 31/25 60/10 62/10 67/6 73/10 families [1] 1/8 family [13] 3/18 6/21 32/24 33/24 34/21 54/10 56/20 60/1 68/19 70/15 75/23 79/7 80/2 family's [2] 62/5 62/19 far [11] 16/1 16/19 21/10 22/8 29/7 46/20 49/10 62/9 62/18 67/11 75/16 fast [2] 18/12 19/17 father [1] 5/7 February [8] 1/13 3/14 48/8 54/6 54/25 55/8 57/23 61/24 February 2021 [2] 48/8 61/24
--	--	--	---	---

F fed [1] 76/8 feedback [1] 71/5 feel [17] 2/7 3/2 9/15 9/18 10/5 11/14 11/17 22/3 33/13 49/21 54/12 56/19 67/5 73/14 78/15 78/15 78/16 felt [4] 31/8 37/20 63/24 70/4 few [1] 22/14 Fifteen [1] 57/15 file [2] 57/1 68/10 filming [1] 26/15 finally [3] 17/20 44/24 80/9 find [5] 20/23 23/10 30/22 69/23 79/19 findings [1] 70/12 fine [4] 20/12 72/24 78/19 80/6 finer [1] 47/13 finished [1] 24/11 fire [2] 25/17 75/13 first [20] 3/24 6/1 7/22 13/24 30/24 43/7 43/19 49/8 53/7 54/7 63/8 63/12 63/24 64/7 70/3 71/16 75/4 75/7 75/24 80/19 fit [1] 78/8 five [8] 12/3 25/16 25/20 26/1 31/6 53/14 53/20 54/11 five hours [4] 25/16 25/20 26/1 31/6 fluttering [1] 15/6 flutters [1] 15/17 focus [4] 31/18 31/22 39/19 39/24 focused [1] 49/13 follow [1] 15/11 followed [3] 47/11 59/15 61/10 following [11] 2/22 13/2 13/17 29/4 41/22 41/24 41/25 46/3 47/5 71/19 82/12 forgive [2] 19/1 46/24 forgotten [1] 34/7 forthcoming [1] 65/11 found [8] 2/24 12/12 20/21 56/8 56/15 56/16 58/2 68/16 four [2] 7/17 16/8 four years [1] 7/17 fourth [1] 14/1	free [1] 2/7 front [5] 3/22 31/18 33/17 42/6 50/19 full [4] 3/7 53/21 67/14 72/9 fully [1] 59/1 funny [1] 32/22 further [3] 10/13 75/2 80/25 future [2] 38/19 81/5 G garden [1] 18/3 gate [1] 18/5 gave [9] 3/17 16/5 23/19 26/20 49/20 52/15 55/13 63/8 78/5 general [1] 9/17 gentleman [1] 66/13 get [36] 6/22 17/13 17/16 18/2 18/24 19/21 20/14 21/1 24/7 26/6 26/17 26/21 30/3 30/4 30/20 31/14 33/8 37/5 40/9 40/16 41/1 41/6 41/25 42/22 47/11 47/13 47/21 48/15 54/15 54/21 55/19 58/18 63/18 66/18 66/22 67/4 getting [7] 26/5 26/5 47/12 47/16 67/13 70/9 73/5 give [10] 1/11 2/1 3/7 3/10 39/1 52/7 59/22 59/25 78/4 81/25 given [14] 11/19 14/3 32/25 33/9 38/2 39/9 40/18 51/24 62/18 63/12 64/7 64/21 65/4 77/18 giving [4] 50/15 51/9 51/25 77/24 go [41] 6/19 7/9 7/22 9/18 10/8 10/19 17/11 20/4 21/23 21/25 22/8 23/20 24/2 24/12 27/22 30/4 32/23 33/21 35/5 40/10 40/15 41/10 44/6 46/24 46/25 50/16 50/21 52/14 54/4 55/8 55/17 55/18 61/25 64/18 73/24 74/23 76/3 77/4 78/7 78/15 78/19 goes [3] 14/6 34/13 81/5 going [46] 3/6 5/2	7/8 11/19 12/11 18/12 18/19 19/22 24/1 29/17 30/3 30/13 30/22 31/14 35/12 36/7 36/24 37/3 38/6 40/17 40/24 41/11 41/12 41/13 42/14 44/6 45/3 45/5 47/10 48/13 53/23 55/17 55/17 55/18 57/11 60/6 60/21 64/10 64/13 64/18 67/3 67/4 69/10 75/13 75/16 75/23 gone [3] 19/16 73/16 74/25 good [7] 10/23 17/25 31/16 42/5 74/16 77/24 81/20 Google [1] 63/21 got [44] 11/8 11/9 11/10 17/12 18/6 19/25 23/18 23/22 24/1 24/12 25/1 26/4 26/7 27/15 27/19 34/5 38/11 40/17 40/21 41/4 41/15 41/21 41/25 42/1 42/8 42/22 44/24 45/2 47/12 48/11 48/14 48/22 49/24 51/23 55/11 55/16 56/5 58/19 58/23 63/22 69/24 71/3 73/2 75/11 GP [5] 12/22 12/25 15/15 53/22 54/16 grab [1] 41/8 great [2] 55/1 70/5 grief [1] 6/11 ground [1] 22/17 guess [1] 72/12 guessing [1] 49/21 H had [100] hadn't [1] 69/17 half [5] 48/12 53/14 53/19 53/20 82/3 Halfway [1] 40/20 hand [1] 3/1 hanging [2] 42/4 42/11 haphazard [1] 61/3 happen [4] 30/3 60/8 64/14 76/13 happened [14] 4/23 10/11 10/12 30/22 39/19 47/17 59/22 61/3 66/16 67/12 67/14 69/14 76/1 76/5	happening [4] 15/21 45/6 68/22 69/23 Harlow [3] 28/5 28/17 79/2 harm [2] 10/16 11/20 harmed [2] 8/6 13/9 harming [1] 8/20 has [6] 1/15 37/17 51/12 64/15 75/25 76/1 hasn't [1] 43/10 hate [3] 23/14 34/5 34/5 have [69] 1/25 3/21 3/25 4/18 5/11 6/7 6/20 8/11 9/5 9/12 13/11 13/23 14/3 17/11 18/12 18/19 19/18 21/22 23/13 28/14 30/5 37/7 39/7 40/8 43/4 43/11 45/8 45/18 49/21 50/20 51/6 52/20 56/13 56/24 58/21 59/2 59/6 59/8 60/11 61/5 61/13 61/18 61/20 63/6 65/6 65/13 65/13 65/18 65/24 66/6 66/14 67/7 68/25 71/24 72/9 73/3 73/8 73/16 73/20 75/1 76/21 78/12 80/6 80/15 80/16 80/25 81/1 81/7 81/24 having [7] 5/20 12/20 15/6 41/18 42/10 53/4 64/7 he [295] he'd [10] 4/22 23/16 23/16 23/17 37/24 40/12 44/25 48/22 55/11 63/18 he's [9] 25/6 28/15 32/15 32/18 32/19 41/18 53/7 53/17 67/3 head [2] 37/22 69/7 headache [1] 55/11 health [42] 1/16 1/21 4/18 5/12 5/18 5/23 6/2 7/18 12/2 14/7 16/19 16/21 18/15 19/11 20/15 21/5 21/11 22/6 28/15 29/1 29/17 33/10 38/13 39/8 41/19 46/13 47/5 51/17 52/20 57/9 62/25 63/2 65/12 71/2 75/12 75/22	77/7 77/12 78/14 78/17 79/3 79/9 hear [2] 1/10 81/3 hearing [3] 1/7 2/22 82/12 hearings [1] 2/13 heart [7] 15/2 15/6 15/17 18/12 18/12 18/19 19/16 heated [1] 59/5 Hello [1] 58/14 help [22] 5/16 6/15 6/21 7/1 7/3 12/2 15/7 17/21 18/24 39/1 41/17 41/19 42/20 65/1 65/5 65/6 65/8 65/14 65/16 65/21 72/19 72/22 helped [2] 14/23 49/21 helpful [6] 34/9 51/11 68/17 68/21 77/23 81/4 helpfully [1] 37/18 helping [1] 81/5 her [13] 1/11 27/16 27/19 40/24 40/24 43/6 44/5 45/4 45/6 48/13 48/14 48/15 58/15 here [12] 2/10 3/10 4/9 4/14 18/24 20/8 23/6 25/1 31/14 74/17 75/7 80/20 here's [1] 64/18 Hertfordshire [1] 46/22 Hestia [2] 2/11 2/17 hidden [1] 33/24 HIE [1] 72/11 highlight [1] 80/12 Hill [16] 46/18 46/21 48/4 48/9 48/11 49/6 49/12 51/22 63/7 63/8 69/5 70/19 70/23 71/9 71/21 77/5 him [141] himself [2] 6/22 6/23 hindsight [1] 13/17 hip [1] 17/3 his [66] 5/7 5/19 5/23 8/6 12/22 12/25 13/10 13/13 14/23 15/2 18/11 18/17 19/16 20/3 23/16 23/17 23/17 24/20 24/20 25/7 25/8 25/12 25/24 27/15 28/13 30/23 31/3 31/3 31/18 31/22
--	---	--	---	---

H his... [36] 33/18 33/24 34/17 37/22 37/24 41/16 42/11 44/2 46/6 48/8 48/20 48/22 49/14 49/17 51/1 52/20 53/16 53/22 53/22 54/4 54/10 56/8 56/8 56/11 56/13 56/13 58/11 59/2 59/3 60/5 61/11 62/10 64/8 70/7 71/9 77/21 history [9] 47/10 48/14 56/11 56/13 57/1 65/24 73/7 73/8 79/19 hm [2] 16/12 37/21 hold [2] 41/8 42/8 holding [1] 1/16 home [20] 9/18 10/8 10/19 11/24 20/22 24/12 24/17 32/6 50/16 50/22 50/22 50/23 50/25 51/2 52/9 54/8 77/11 77/20 78/16 78/20 honest [2] 25/6 65/7 hope [1] 81/5 hopeless [2] 39/14 74/12 hoping [1] 77/25 hospital [14] 12/15 19/18 27/23 31/13 44/21 46/18 49/13 49/15 63/7 69/5 70/20 71/2 77/6 79/24 hospitalisation [1] 32/5 hospitalised [2] 31/19 39/25 hot [2] 51/12 65/3 hotel [2] 40/14 52/8 hotels [2] 35/15 35/17 hour [4] 20/6 57/12 71/19 82/3 hours [10] 23/15 25/16 25/20 26/1 31/6 71/24 73/24 74/14 74/14 82/1 house [7] 8/14 14/12 18/3 18/10 18/11 25/9 35/17 houses [3] 22/22 22/25 23/1 how [15] 9/17 12/11 16/15 29/13 32/21 34/23 36/7 60/4 60/7 64/18 65/5 75/14 75/14 77/1 78/14	However [1] 45/15 hugely [1] 49/10 hurriedly [1] 70/5 husband [5] 1/11 3/11 24/23 27/13 71/8 hyperactive [1] 16/18 I I agreed [1] 36/10 I am [2] 20/7 60/4 I appreciate [1] 81/4 I ask [2] 46/20 80/24 I asked [2] 43/11 78/5 I assumed [1] 69/20 I believe [2] 45/16 71/22 I call [1] 9/19 I called [5] 23/8 30/1 56/10 58/11 58/12 I can [3] 3/24 75/17 76/4 I can't [5] 38/17 54/14 59/18 78/21 80/12 I come [2] 56/3 56/5 I could [4] 11/1 59/22 65/6 68/5 I couldn't [9] 12/4 12/4 17/13 20/14 23/10 50/17 50/19 54/21 56/2 I did [10] 11/8 11/11 30/1 40/20 41/14 47/6 51/5 58/9 59/13 81/1 I didn't [17] 12/7 12/11 17/11 23/12 24/7 29/24 30/4 40/15 43/10 49/22 50/23 63/18 63/21 68/5 68/7 68/11 69/3 I do [3] 40/25 65/12 74/2 I doing [1] 20/7 I don't [11] 10/5 29/20 30/2 43/14 49/11 51/1 62/15 62/15 77/22 79/2 81/1 I drove [1] 24/18 I explained [1] 10/12 I feel [1] 54/12 I finished [1] 24/11 I found [1] 12/12 I gave [1] 55/13 I got [6] 11/8 11/10 23/18 49/24 51/23 58/23 I had [9] 23/24 24/2	30/20 34/2 44/5 63/21 63/23 64/9 69/22 I have [4] 28/14 59/6 78/12 80/15 I identified [1] 58/24 I just [6] 19/5 28/6 53/23 60/3 61/21 81/5 I kept [2] 24/10 41/10 I know [5] 24/25 58/23 59/18 61/10 80/16 I managed [1] 41/8 I mean [4] 34/4 47/20 77/23 78/13 I need [9] 17/21 31/14 41/1 41/16 41/19 44/11 44/11 58/18 65/1 I needed [1] 74/16 I never [3] 23/25 36/10 60/2 I probably [2] 8/18 13/14 I put [2] 68/9 69/23 I quickly [1] 56/6 I rang [1] 24/7 I realised [1] 13/18 I retraced [1] 56/7 I rung [1] 56/6 I said [27] 17/6 18/22 20/8 24/11 24/21 28/11 30/2 36/10 40/17 41/3 41/12 41/13 41/18 43/10 50/21 51/5 53/16 54/12 54/15 55/16 55/20 55/21 55/24 56/3 58/23 58/25 59/2 I say [2] 23/5 61/3 I see [11] 15/22 27/18 28/10 32/11 35/8 39/12 40/23 42/16 42/18 53/15 70/1 I spoke [3] 40/24 53/12 63/5 I still [1] 51/9 I take [1] 2/8 I think [38] 6/17 6/19 6/20 7/24 8/9 10/3 10/10 12/15 12/19 14/23 14/23 15/3 20/19 20/24 26/23 33/9 34/10 39/9 39/9 39/13 44/13 44/22 50/20 54/5 59/15 61/21 62/17 63/5 66/7	66/14 67/6 72/22 73/10 73/13 73/18 76/4 80/9 80/15 I thought [1] 24/11 I told [6] 19/10 45/6 48/13 48/14 48/15 58/15 I tried [1] 50/21 I understand [29] 5/7 5/19 13/22 14/5 15/12 15/15 16/9 16/23 25/13 25/25 27/21 33/19 35/22 35/25 37/10 38/12 40/6 47/23 47/24 54/24 55/9 56/16 57/25 58/7 60/20 61/20 74/18 80/14 81/12 I want [8] 4/16 10/8 41/10 54/2 68/1 75/1 78/19 79/22 I wanted [4] 50/17 58/11 58/15 59/10 I was [13] 9/9 9/9 24/3 32/13 39/9 50/25 51/1 55/22 56/14 58/15 59/13 60/20 61/14 I wasn't [2] 52/4 64/8 I went [12] 23/22 24/1 24/6 24/13 24/17 24/19 24/21 40/3 41/4 55/21 55/22 56/5 I will [1] 38/16 I wonder [1] 82/6 I wondered [2] 57/12 64/20 I worked [2] 24/2 34/1 I would [4] 53/10 60/25 72/12 78/18 I'd [5] 17/3 25/3 40/18 63/22 68/7 I'll [4] 44/9 54/17 55/21 56/3 I'm [28] 3/6 7/23 19/1 20/20 21/17 21/19 21/22 22/16 31/13 31/14 37/6 40/17 41/11 41/12 41/13 44/5 44/18 49/21 55/17 55/18 58/19 59/7 62/15 72/24 74/3 75/6 78/19 80/6 I've [10] 3/13 4/22 24/12 24/22 24/25 34/5 34/7 55/25 63/9 78/18	ID [1] 48/19 idea [1] 35/13 identified [2] 2/15 58/24 identify [1] 25/21 if [37] 2/18 3/24 6/22 7/22 10/13 13/4 13/11 22/17 29/19 29/21 30/2 30/4 30/13 31/21 39/22 57/13 58/7 60/17 61/17 63/10 67/24 70/8 71/4 71/13 71/13 73/7 73/8 73/20 74/23 75/6 75/8 75/11 75/21 76/16 76/19 78/7 82/3 ignored [1] 75/14 ill [1] 63/13 imagine [2] 78/18 78/21 immediately [1] 54/2 important [3] 5/19 66/21 72/5 inadequate [1] 7/20 incident [5] 17/2 37/2 40/9 76/23 76/24 incidents [1] 74/7 including [1] 50/3 increased [1] 34/17 incredibly [5] 33/16 34/4 37/14 51/4 58/23 indeed [3] 67/15 81/2 82/10 independent [1] 71/1 infection [1] 45/9 information [4] 2/22 39/1 66/22 68/13 inpatient [1] 1/20 input [3] 75/24 79/5 79/17 inquest [2] 68/1 68/23 inquests [1] 68/7 inquiry [11] 1/7 2/2 2/7 2/9 2/19 2/20 2/24 3/2 3/16 73/12 82/1 inside [2] 18/6 76/19 instance [1] 69/1 intention [2] 13/10 13/12 internal [3] 69/11 70/12 70/17 interrupt [1] 43/14 intervention [1] 71/24
--	---	--	---	---

I interviewing [1] 48/16 into [18] 6/1 9/9 17/12 18/3 19/21 25/5 26/7 40/21 42/22 46/10 50/24 52/21 54/20 57/8 62/14 68/2 70/8 76/21 into this [1] 50/24 investigation [6] 69/11 69/18 70/12 70/18 70/21 71/16 investigations [1] 71/10 invited [1] 59/13 involved [4] 21/11 46/3 62/10 64/8 involvement [4] 62/4 62/5 62/7 62/19 is [98] isn't [1] 21/23 issue [2] 11/7 77/4 issues [8] 4/18 5/6 5/12 14/7 14/7 33/10 62/25 77/7 it [204] it's [30] 4/5 13/4 15/10 17/6 17/8 19/2 26/5 26/5 26/5 34/9 36/6 37/19 38/15 43/2 49/10 54/17 60/2 61/14 62/17 63/10 63/11 64/18 73/13 74/13 77/24 78/3 78/5 78/24 79/4 81/3 itself [1] 73/25	53/23 53/24 54/2 54/18 56/23 58/14 60/3 60/17 61/2 61/21 64/13 65/16 65/18 67/13 71/7 74/12 75/17 77/2 77/24 78/5 78/6 78/24 79/1 80/4 81/5 K keenly [1] 51/15 keep [3] 51/1 52/23 69/21 keeping [1] 63/25 kept [7] 24/10 33/24 33/24 41/10 52/15 52/17 72/21 key [1] 47/15 kill [1] 77/2 kind [1] 68/17 kindness [1] 60/16 kinds [1] 9/11 knew [11] 21/10 23/25 24/14 26/3 34/1 40/4 54/22 60/20 61/17 64/3 67/4 know [72] 6/22 7/24 8/2 10/15 10/15 10/19 12/7 12/11 12/24 16/20 18/3 19/22 20/7 20/11 23/3 23/5 23/15 23/24 24/25 32/3 32/10 33/22 33/25 34/10 34/23 35/3 35/6 35/13 36/7 42/9 43/10 47/13 47/21 48/24 49/2 49/22 51/6 51/9 53/19 53/24 54/14 56/1 58/23 58/25 59/18 60/20 60/23 61/2 61/10 61/10 61/17 62/16 63/21 65/16 66/3 66/12 66/13 66/17 68/5 68/7 68/11 68/21 68/25 73/20 73/22 74/3 74/6 78/17 78/21 78/25 78/25 80/16 knowing [1] 34/17 knowledge [1] 4/11 known [4] 4/23 61/19 61/20 77/12 L labelled [1] 76/24 lack [7] 5/4 5/5 51/16 62/22 74/2 77/7 80/11 ladies [1] 35/9 lady [4] 24/12 25/2	25/8 34/1 lamp [1] 2/24 lampardinquiry.org.uk [1] 2/25 lanyards [1] 2/21 large [1] 62/8 last [4] 4/13 7/17 43/13 82/7 lasted [1] 79/2 late [4] 3/11 29/10 53/17 54/21 later [11] 4/24 5/21 16/13 22/14 30/20 32/8 39/13 43/12 43/25 58/8 74/14 laughable [1] 79/1 law [4] 17/20 17/23 34/1 58/25 layby [1] 56/9 lead [3] 47/19 59/14 61/23 lead-up [2] 47/19 61/23 learned [3] 43/19 71/15 72/9 leave [4] 2/7 25/9 44/18 49/14 leaves [1] 79/24 leaving [2] 49/13 64/9 led [1] 49/7 left [6] 12/20 20/3 20/6 25/4 25/5 48/23 leg [1] 32/15 legal [3] 68/9 68/14 68/25 legally [1] 68/4 lessons [2] 71/15 72/9 let [2] 26/17 57/8 Let's [1] 7/22 letter [8] 12/25 13/8 13/12 13/18 14/6 69/5 69/7 69/13 letting [1] 81/3 level [6] 10/1 62/4 62/5 62/7 62/19 62/19 levels [1] 34/17 liar [1] 10/23 lied [1] 31/2 life [5] 4/17 7/18 13/10 13/13 65/14 lift [2] 26/2 55/3 lifted [1] 77/19 ligature [1] 25/8 like [18] 6/22 9/5 17/25 37/24 47/20 47/21 53/10 54/15 56/1 60/25 67/13 68/24 69/22 70/6 70/9 74/6 74/21	80/21 Linden [5] 9/1 39/10 39/10 40/18 53/12 line [1] 13/7 links [1] 75/18 list [1] 52/5 listen [4] 2/4 65/16 65/19 80/10 listened [4] 11/17 73/13 73/18 75/17 listening [2] 50/18 67/17 little [9] 4/16 16/17 19/2 29/11 35/16 38/15 47/25 55/14 68/1 live [2] 23/1 65/14 lives [1] 3/18 load [1] 34/16 located [1] 71/18 lockdown [2] 21/18 21/20 locked [2] 17/9 17/9 lone [1] 76/11 long [9] 5/2 12/5 14/6 22/4 51/8 51/11 52/9 52/23 74/8 long-term [1] 14/6 longer [3] 52/19 65/14 73/21 look [12] 7/22 13/4 26/5 30/5 32/18 63/10 63/23 65/5 71/13 71/13 74/19 75/21 looked [1] 73/7 looking [5] 7/23 12/24 37/17 48/24 67/17 lost [7] 5/7 23/16 23/17 24/22 24/25 25/3 66/20 lot [11] 18/15 24/18 41/9 47/6 48/9 65/25 69/19 70/8 72/19 77/21 78/19 loud [1] 73/10 lovely [1] 27/15 low [3] 4/19 5/9 7/5 luck [1] 76/4 luckily [1] 27/19 Lynne [25] 1/10 1/11 3/4 3/8 3/10 4/9 7/23 14/21 16/10 19/1 22/2 33/19 55/8 56/16 57/11 57/22 61/21 63/10 65/4 65/23 71/20 74/19 75/18 80/15 83/3 M madam [1] 25/1 made [10] 4/6 21/22	30/24 34/19 47/20 55/13 60/6 63/25 64/16 66/17 main [3] 31/18 49/14 52/11 mainly [1] 9/12 major [4] 10/4 16/21 63/12 76/24 make [9] 15/1 18/7 38/18 59/13 60/6 60/21 75/2 75/17 77/3 makes [1] 14/8 making [1] 74/22 Malhotra [1] 81/19 man [2] 34/11 44/19 manageable [2] 5/10 5/13 managed [5] 5/16 6/21 41/8 56/11 56/12 Manager [2] 1/19 1/22 managerial [1] 1/17 manhandle [1] 42/22 Manic [1] 63/13 many [3] 6/20 16/5 56/20 March [1] 69/10 March 2021 [1] 69/10 marked [1] 22/3 markedly [1] 54/5 masks [1] 26/20 Matron [1] 1/22 matter [1] 34/9 matters [1] 76/3 may [9] 2/3 2/5 2/8 49/21 59/2 59/16 65/13 66/14 74/25 me [54] 5/10 6/21 9/23 17/12 19/1 20/7 25/2 25/2 26/17 27/16 28/9 28/14 30/20 30/21 32/19 34/5 41/20 42/1 42/4 42/9 43/7 44/2 44/25 45/5 45/5 46/24 48/12 48/25 50/7 50/23 50/23 53/13 53/13 53/16 54/11 54/15 55/18 58/20 59/7 59/9 63/8 64/11 68/9 68/22 68/22 69/21 73/2 73/10 77/3 78/4 78/4 78/24 80/10 81/10 mean [6] 34/4 43/14 47/20 54/13 77/23 78/13 meant [1] 63/22
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M measures [2] 1/25 81/24 medic [1] 20/11 medical [2] 48/19 70/7 medication [11] 14/16 14/22 15/18 16/1 16/17 36/19 44/2 52/5 70/10 77/5 77/10 medications [1] 37/24 meet [1] 25/6 meeting [6] 3/17 50/8 51/20 59/14 59/15 61/14 member [3] 2/18 9/1 39/18 members [3] 32/24 35/24 50/10 mental [40] 1/16 1/21 4/18 5/11 5/18 5/23 6/2 7/18 12/2 16/19 16/21 19/11 20/15 21/5 21/11 22/6 28/15 29/1 29/17 33/10 38/13 39/8 41/19 46/13 47/5 51/17 52/20 57/9 62/24 63/2 65/12 71/2 75/12 75/22 77/6 77/12 78/14 78/17 79/3 79/9 mention [1] 65/23 mentioned [2] 36/1 49/18 message [1] 39/5 messaged [1] 17/20 middle [3] 22/19 23/4 23/7 midnight [1] 28/8 might [10] 13/23 38/17 47/24 57/13 61/18 61/20 63/6 65/13 67/6 79/9 mind [6] 13/24 18/16 18/17 30/4 46/6 51/1 minute [1] 25/1 minutes [9] 9/7 18/2 24/10 57/12 57/14 57/15 79/2 79/3 82/2 Misperceptions [1] 14/11 missed [5] 29/10 29/11 39/23 52/4 67/24 missing [4] 22/18 68/24 70/6 70/17 mistake [1] 38/17	Mm [5] 16/12 36/4 37/21 62/23 66/24 Mm-hm [2] 16/12 37/21 mobile [4] 23/23 24/1 27/15 56/14 modernise [1] 22/25 modernising [1] 22/23 moment [2] 10/3 82/7 months [2] 12/3 22/14 mood [1] 38/10 more [8] 9/19 9/21 34/19 63/25 63/25 65/8 79/24 79/25 morgue [2] 59/19 60/2 morning [15] 1/7 8/19 20/19 20/21 23/22 28/18 28/23 29/4 30/10 35/10 40/14 45/15 46/4 47/5 53/20 mortuary [3] 58/5 58/8 58/11 most [8] 2/1 23/16 25/6 29/25 61/5 61/22 66/21 81/25 mostly [2] 7/5 7/6 move [1] 54/2 moving [1] 66/18 Mr [2] 13/9 13/20 Mr Breaker [1] 13/20 Mr Breaker-Rolfe [1] 13/9 Ms [7] 1/5 2/1 3/5 57/20 81/19 81/25 83/4 Ms Bunting [1] 2/1 Ms Malhotra [1] 81/19 Ms Troup [4] 1/5 3/5 57/20 83/4 much [5] 5/3 32/15 37/20 81/2 82/10 mud [1] 23/17 must [4] 29/21 40/8 71/5 76/21 my [24] 17/12 17/13 17/20 17/23 17/25 20/21 24/22 25/21 30/4 32/15 33/25 33/25 33/25 34/24 35/15 52/11 56/14 58/25 59/22 68/10 71/1 71/2 73/19 80/15 myself [1] 58/11	N naive [1] 74/3 name [1] 3/7 near [3] 2/25 26/17 26/21 nearby [1] 57/25 necessarily [1] 11/2 neck [1] 25/8 need [20] 17/21 18/24 19/5 19/18 26/6 29/22 31/8 31/14 36/6 41/1 41/1 41/16 41/19 44/11 44/11 58/18 62/15 62/15 65/1 77/23 needed [7] 22/22 27/8 47/14 57/1 62/11 67/22 74/16 needs [3] 2/17 44/19 79/24 negative [1] 50/19 negatively [1] 33/17 negotiating [1] 25/16 negotiators [2] 25/18 26/1 neither [1] 27/21 NEPT [2] 1/17 81/22 nervous [2] 6/13 16/21 never [11] 22/10 23/25 36/10 36/12 36/14 38/10 38/11 47/10 60/2 62/7 68/7 new [5] 23/23 36/25 52/15 54/18 77/18 New Year [1] 36/25 newspaper [3] 24/20 55/19 56/8 next [4] 15/14 23/22 45/14 76/8 NHS [4] 56/12 61/4 71/3 71/4 nice [2] 40/15 65/18 night [14] 14/12 22/19 23/3 23/4 23/7 36/21 40/12 40/13 48/12 49/20 51/21 52/7 52/11 53/7 nightly [1] 38/2 nights [2] 53/4 77/11 no [115] nobody [8] 18/8 18/11 18/23 28/23 30/21 73/18 73/18 74/9 nodded [19] 5/24 8/25 11/21 20/25 22/15 31/20 32/7 34/12 37/9 37/23 37/25 43/16 53/2	67/21 69/6 69/9 69/15 72/13 76/15 noises [1] 14/11 none [4] 42/10 65/6 65/11 66/8 nonetheless [1] 71/10 Norfolk [4] 46/18 46/21 49/25 70/20 normal [8] 11/5 28/13 28/13 29/14 32/1 45/19 48/17 60/1 normally [3] 39/24 60/1 65/14 Norwich [1] 52/8 not [78] 2/5 4/23 4/25 6/10 11/18 13/9 15/17 16/21 17/18 18/23 19/5 20/15 23/6 24/13 28/12 28/13 28/15 29/1 29/16 31/12 31/19 31/25 32/19 33/13 34/13 34/25 38/25 39/24 40/1 40/5 40/19 41/9 41/12 44/2 44/17 44/18 47/3 49/10 50/1 51/8 51/11 51/11 51/20 51/23 52/1 52/2 58/19 59/11 60/11 60/23 60/24 61/18 61/20 62/14 62/18 64/23 65/13 66/19 67/3 67/14 68/4 70/11 71/18 74/3 75/8 75/15 76/20 77/16 78/4 78/4 78/6 78/8 78/14 78/18 80/4 80/7 80/7 80/10 note [2] 19/3 38/16 notes [3] 30/24 32/9 48/23 nothing [7] 20/12 36/11 36/15 64/8 64/13 74/5 77/11 notice [2] 37/10 66/6 November [1] 4/3 now [29] 3/20 4/5 9/18 10/19 12/24 13/11 26/5 28/12 34/7 37/6 37/13 48/8 50/16 53/17 54/2 57/11 58/7 66/12 72/20 74/19 74/23 78/12 78/15 78/19 80/21 81/7 81/20 82/3 82/9 nowhere [1] 28/3 nudging [1] 35/25	number [12] 13/24 34/21 39/7 39/9 39/13 39/23 39/24 40/18 50/10 72/16 74/12 74/13 number 1 [1] 39/23 number 2 [1] 39/24 numerous [1] 25/17 nurse [13] 1/16 1/24 13/19 25/19 27/7 31/5 37/1 43/6 43/9 43/15 43/23 46/8 81/22 nurses [2] 32/13 75/12 O o'clock [4] 20/19 28/18 28/23 53/19 Oaks [3] 12/17 15/24 16/6 object [1] 72/20 objective [2] 49/14 67/12 observing [1] 31/5 obvious [4] 32/24 36/6 53/8 67/7 obviously [6] 42/2 42/20 54/8 60/23 70/19 77/15 occasion [5] 21/14 46/12 65/9 76/11 76/14 occasions [1] 11/12 occur [1] 77/16 occurred [1] 80/8 October [1] 16/10 odd [1] 24/25 off [9] 8/18 17/24 23/4 34/2 52/5 55/21 55/22 58/19 77/25 offer [1] 36/12 offered [3] 63/1 63/2 69/13 Office [1] 68/16 officer [7] 41/16 41/18 41/21 42/8 42/11 42/13 42/19 officers [3] 26/20 44/7 73/23 often [3] 39/17 40/1 56/23 oh [7] 10/15 17/18 20/12 31/13 32/18 55/25 66/17 okay [12] 16/20 19/7 41/3 45/10 53/1 55/20 56/3 59/2 62/15 72/25 73/3 77/1 olanzapine [2] 36/21 38/1 older [1] 1/20
---	---	--	--	---

O on [100] once [1] 76/5 one [49] 5/25 10/4 11/9 13/7 15/1 15/23 16/3 16/6 21/8 22/2 24/22 26/7 27/14 28/8 32/17 32/23 33/9 33/10 33/19 35/9 36/1 36/16 39/15 39/22 42/4 42/23 43/10 43/11 43/11 44/15 45/22 54/11 56/19 62/2 63/6 63/10 63/18 63/20 65/8 65/23 66/9 67/10 72/9 73/13 73/23 74/8 74/8 77/21 77/22 online [2] 2/22 50/1 only [14] 9/7 11/9 22/13 31/3 33/25 45/22 46/15 49/24 49/24 64/11 76/4 79/1 79/10 81/10 onto [1] 20/17 onwards [1] 7/13 open [3] 18/4 18/5 24/20 opened [1] 68/23 opinion [2] 73/20 75/22 opportunity [3] 2/8 11/13 32/25 opposite [2] 32/13 67/2 or [50] 2/18 4/17 5/6 6/2 10/25 12/3 12/11 13/11 14/9 16/6 16/8 20/4 32/14 33/3 33/6 33/7 38/9 39/1 39/16 39/17 40/2 40/19 43/24 46/22 47/15 48/25 51/16 53/19 60/12 60/18 60/23 62/19 62/20 63/22 64/5 64/12 64/13 64/21 64/22 65/1 69/17 72/8 72/22 73/7 73/21 74/9 75/25 76/19 76/21 77/7 orange [1] 2/15 orange-coloured [1] 2/15 other [21] 2/6 6/25 33/19 36/1 36/16 38/19 39/7 42/4 47/7 49/12 58/20 61/18 61/24 65/3 65/23 69/20 75/11 78/17 79/5 79/7 79/17	our [5] 8/14 23/1 23/2 28/15 44/17 out [45] 17/13 18/5 19/19 20/23 22/4 27/25 29/9 29/13 30/7 30/22 31/14 31/21 32/9 35/9 36/19 36/24 37/18 38/18 40/10 40/21 41/4 41/6 41/15 42/21 44/6 45/23 47/12 47/16 47/21 49/7 55/3 56/3 56/6 65/5 65/25 66/16 66/18 69/23 70/7 71/14 74/20 75/9 75/17 79/10 79/19 outcome [1] 73/20 outpatient [1] 37/8 outside [8] 8/15 14/11 17/6 17/8 17/15 40/14 56/2 70/21 over [5] 19/10 20/11 23/8 72/16 78/7 overarching [2] 57/7 80/10 overdose [2] 8/6 8/19 oversight [1] 74/10 overspeaking [5] 19/23 21/13 24/13 36/11 52/12 own [3] 20/3 62/10 68/10 P pacing [1] 45/4 page [16] 3/20 3/25 4/6 7/23 13/5 15/14 22/16 37/6 63/11 71/13 74/19 75/6 75/7 75/21 77/4 78/7 page 19 [1] 71/13 page 2 [2] 7/23 63/11 page 22 [1] 74/19 page 23 [3] 75/7 75/21 77/4 page 24 [2] 3/25 78/7 page 3 [2] 13/5 15/14 page 4 [1] 22/16 page 6 [1] 37/6 paid [1] 15/24 painkillers [2] 23/19 55/13 paper [2] 63/22 66/14 paragraph [9] 7/23 15/14 22/16 37/6 37/18 63/11 71/14	74/20 75/6 paragraph 111 [1] 74/20 paragraph 15 [1] 22/16 paragraph 23 [1] 75/6 paragraph 25 [2] 37/6 37/18 paragraph 6 [1] 63/11 paragraph 9 [1] 7/23 paragraph 97 [1] 71/14 paramedic [3] 19/10 19/11 19/12 paramedics [4] 18/20 19/8 21/4 56/21 paranoia [10] 6/9 6/11 8/4 8/17 11/1 14/14 26/9 33/11 52/10 63/14 paranoid [3] 16/24 18/4 49/5 park [2] 55/25 56/2 parking's [1] 56/1 part [4] 5/25 49/18 62/8 66/21 particular [4] 16/15 17/1 28/20 45/22 pass [1] 67/24 passed [3] 29/8 29/13 53/21 past [5] 48/12 53/14 53/19 53/20 56/13 patient [5] 28/15 33/5 69/8 76/16 80/2 patients [3] 71/4 78/17 81/6 pattern [1] 74/10 penultimate [1] 79/21 people [19] 2/5 8/15 10/16 11/6 11/10 11/20 17/15 17/25 18/4 18/25 26/13 32/10 34/16 35/2 40/13 50/3 58/20 59/14 78/21 perceptions [1] 81/3 perhaps [2] 60/17 78/21 period [5] 7/3 7/17 32/4 54/2 71/20 person [13] 25/6 25/22 25/23 37/8 37/15 49/5 53/12 58/13 58/19 58/20 59/19 79/11 79/24 person's [1] 72/15	persona [1] 28/13 Personality [1] 63/17 Peter [1] 1/23 phone [16] 23/17 23/23 24/2 24/20 27/15 37/14 47/6 48/9 48/13 49/25 56/14 58/13 63/5 72/4 72/23 80/6 photographs [3] 80/17 80/24 81/9 photos [1] 81/7 physical [4] 14/7 18/15 20/15 21/8 physically [1] 20/12 picked [1] 70/7 picture [2] 73/3 75/25 piece [2] 63/22 66/14 pinpointed [1] 56/14 place [18] 23/9 30/9 31/25 36/2 44/12 49/8 49/11 57/5 57/9 59/15 59/16 60/23 72/1 73/23 73/25 75/23 76/8 76/11 placed [2] 45/18 50/7 places [1] 66/8 plainly [1] 67/20 plan [1] 64/9 planning [4] 62/4 62/10 62/12 62/20 play [1] 82/7 played [4] 49/18 82/4 82/5 83/5 please [12] 3/3 3/24 28/7 43/2 52/14 53/11 55/8 68/1 71/13 74/19 81/8 81/12 pleased [1] 54/7 pm [6] 57/19 81/12 81/14 81/16 81/18 82/11 point [8] 15/19 57/7 71/23 72/7 75/7 75/21 76/13 79/21 points [1] 71/15 police [37] 18/22 18/23 24/19 25/2 25/9 25/15 25/17 26/14 26/20 27/1 27/6 27/14 41/14 41/15 41/18 41/21 41/24 41/25 42/3 42/8 42/11 42/19 42/20 42/21 42/24 44/7 44/8 44/13 44/20 56/10 56/11	56/12 56/21 58/1 66/11 75/13 76/23 policeman [1] 24/22 poor [3] 8/4 51/16 77/11 position [2] 30/12 32/25 possible [5] 2/5 67/12 76/16 76/17 76/20 possibly [2] 57/13 66/25 pre [4] 1/14 81/21 82/5 83/5 pre-recorded [4] 1/14 81/21 82/5 83/5 preceded [1] 47/15 prefer [1] 2/18 prescribed [6] 14/16 15/15 36/20 38/1 51/21 77/10 prescription [1] 53/4 presence [1] 24/19 present [12] 2/10 9/8 18/16 27/10 29/14 38/23 45/16 47/3 62/8 67/8 67/11 79/11 presented [2] 53/1 64/15 presenting [3] 11/13 39/23 39/23 pretty [1] 70/4 previous [1] 2/3 privacy [1] 4/6 private [7] 2/16 12/12 12/14 12/15 15/20 34/4 34/11 privately [2] 33/1 71/2 privately-run [1] 71/2 probably [9] 8/18 9/7 11/8 13/14 15/7 23/6 30/2 54/17 54/22 problem [8] 5/14 13/18 15/1 23/14 35/13 42/3 51/6 62/9 problems [8] 5/20 10/4 18/15 39/22 53/8 54/3 56/13 65/12 proceedings [3] 1/3 68/20 81/17 process [2] 61/9 78/8 Professional [2] 1/24 81/21 professionals [3] 32/17 79/7 79/25
---	--	--	---	--

P properly [2] 23/9 46/10 properties [2] 35/18 35/20 proved [1] 39/13 provide [1] 71/5 provided [1] 3/20 provider [1] 2/12 psychiatric [1] 13/19 psychiatrist [4] 12/12 12/14 15/20 15/24 psychiatrists [2] 28/20 49/25 psychosis [15] 7/11 10/25 26/8 29/8 29/12 30/25 31/11 31/12 31/22 45/2 46/1 49/7 52/10 63/13 76/6 pull [1] 42/13 purely [1] 21/7 purple [1] 2/21 purple-coloured [1] 2/21 purported [4] 7/14 7/18 22/13 64/21 purpose [3] 23/12 49/1 78/9 put [15] 2/19 4/25 23/19 29/24 30/7 36/2 48/23 60/23 62/14 63/9 68/9 69/23 70/1 70/5 77/1 putting [1] 78/22	raise [1] 62/22 rang [7] 17/23 20/6 20/17 24/7 24/8 55/23 60/3 range [1] 1/16 rather [2] 37/15 72/4 re [2] 15/15 38/1 re-prescribed [2] 15/15 38/1 reading [1] 65/4 reads [1] 51/12 ready [1] 35/17 real [1] 5/23 realised [2] 13/18 73/3 realising [1] 31/13 reality [1] 47/22 really [23] 6/13 11/9 16/24 18/19 19/15 22/4 22/9 30/12 38/20 39/19 40/15 59/9 62/6 66/21 67/5 68/12 70/8 70/14 73/16 75/10 76/4 78/25 80/9 reason [5] 23/3 40/5 45/23 76/20 79/14 reasons [3] 4/5 37/13 78/11 received [6] 21/7 57/8 69/4 69/7 69/19 70/3 recently [1] 60/15 recognise [2] 11/1 11/2 recognised [2] 5/2 5/21 recommend [3] 51/12 77/9 77/15 recommendations [3] 60/7 60/21 74/21 record [5] 3/7 37/17 70/7 71/19 72/12 recorded [5] 1/14 37/19 81/21 82/5 83/5 recording [2] 82/1 82/3 records [3] 12/24 21/11 66/12 recover [1] 60/5 recovered [3] 22/9 22/10 61/16 rectify [1] 5/16 redacted [3] 4/5 41/13 41/14 refer [3] 38/7 38/18 71/20 reference [2] 14/6 14/9 referral [1] 12/2 referred [1] 32/6	referring [1] 72/23 refused [1] 44/16 Registered [1] 1/15 rejected [1] 72/22 relates [1] 72/7 relationship [1] 33/12 relative [2] 59/23 61/18 relatives [2] 60/15 61/15 release [2] 10/16 11/22 released [4] 20/17 63/19 73/19 81/11 rely [1] 66/25 remains [1] 81/10 remember [4] 9/11 16/3 40/1 59/18 remind [1] 2/8 reminded [1] 19/1 remit [2] 44/17 70/22 removed [1] 62/11 renovating [1] 35/18 replaced [1] 16/1 replacement [1] 17/3 reply [3] 40/25 71/1 71/2 report [9] 69/16 69/18 69/19 69/25 70/4 70/12 70/18 71/16 72/21 reporters [1] 26/15 reports [1] 71/5 representation [1] 68/14 representative [1] 68/25 represented [2] 68/4 68/8 Request [1] 62/3 requested [1] 18/2 require [1] 2/10 response [1] 30/7 responsible [1] 67/7 rest [1] 66/19 result [1] 38/1 retraced [1] 56/7 retrospectively [1] 63/20 review [3] 38/19 50/8 51/20 reviewing [1] 38/16 revive [1] 59/3 ridiculous [1] 51/13 right [39] 3/1 4/18 4/19 6/5 6/6 6/22 10/11 12/22 13/19 16/4 18/14 21/1 24/13 25/12 26/19	26/23 27/22 34/8 34/8 43/2 43/5 44/22 48/15 52/3 52/24 52/25 54/17 59/11 59/17 63/20 64/23 69/16 70/3 70/22 74/17 78/1 78/2 78/15 80/23 right-hand [1] 3/1 ring [7] 28/9 55/21 56/3 60/9 68/22 69/22 74/14 ringing [3] 24/10 30/19 74/13 risk [3] 64/23 67/20 71/18 road [9] 20/20 20/24 41/20 41/21 41/23 42/1 42/2 42/11 55/25 Rochford [13] 30/20 44/23 45/1 45/1 45/10 45/13 45/14 47/1 47/3 47/11 66/3 66/4 76/5 roles [1] 1/17 Rolfe [7] 1/10 1/12 3/4 3/8 3/11 13/9 83/3 room [8] 2/7 2/14 2/16 9/9 9/10 40/14 50/2 50/3 rooms [1] 18/7 root [1] 62/9 round [3] 7/20 17/9 24/19 Roy [57] 1/11 3/11 4/17 5/20 6/1 8/3 9/11 10/4 10/22 11/13 12/20 13/12 14/8 14/19 22/22 25/13 25/23 27/8 28/24 29/13 31/18 32/5 32/9 35/24 36/19 37/7 37/20 38/22 39/2 39/17 39/18 40/9 41/23 42/5 46/1 47/25 48/3 48/9 48/16 49/6 50/3 50/12 50/21 56/20 57/5 58/2 58/4 62/9 64/3 64/6 65/5 66/25 67/17 72/5 72/23 76/5 80/17 Roy's [17] 3/17 4/16 7/17 15/15 19/16 22/6 33/10 54/3 58/16 62/4 62/7 65/12 66/12 68/2 70/18 71/20 77/6 Ruby [1] 1/19 Ruby Ward [1] 1/19	Rule [2] 3/21 62/2 Rule 9 [2] 3/21 62/2 ruminating [1] 14/9 run [2] 35/12 71/2 run [1] 56/6 running [1] 35/11
Q question [7] 9/6 9/17 13/25 34/7 34/9 51/15 51/19 Questioned [2] 3/5 83/4 questions [8] 9/11 10/10 39/17 68/10 69/14 80/16 80/25 81/1 quickly [2] 56/6 67/24 quiet [2] 33/24 35/25 quite [11] 5/2 6/13 16/24 23/22 25/12 25/14 38/17 38/25 47/20 48/15 58/19	R race [1] 15/2 racing [1] 14/9 radioed [1] 42/20 rails [1] 6/22			S safe [1] 3/2 safety [5] 25/12 44/12 57/5 57/9 69/8 said [85] salaries [2] 24/3 24/11 same [6] 10/10 12/19 43/9 43/15 53/23 71/11 sat [2] 25/19 44/7 saw [8] 25/7 25/7 25/9 32/17 35/10 46/6 64/1 67/18 say [45] 5/10 7/4 10/5 11/6 18/11 20/14 21/24 22/8 23/5 28/6 28/15 30/1 30/2 32/16 38/6 39/25 40/3 41/9 49/2 50/17 50/17 50/19 51/19 56/19 61/3 61/13 62/14 62/17 63/11 64/22 67/6 70/14 72/18 73/10 74/17 75/22 76/4 77/1 78/7 78/19 78/25 79/21 79/23 80/6 80/21 say his [1] 18/11 saying [10] 25/22 40/10 45/3 45/17 51/1 64/22 69/24 72/19 72/21 72/24 says [4] 13/8 13/19 38/16 72/14 scan [7] 36/23 37/2 43/7 43/17 43/21 45/8 45/9 scarves [1] 2/15 scene [6] 27/6 58/1 61/15 75/12 75/16 76/21 school [1] 4/25 scruff [1] 41/8 second [4] 13/7 63/16 63/18 71/23 section [12] 26/24 27/3 29/24 44/14 44/23 45/18 46/12 48/3 71/15 77/19 78/22 82/7 Section 136 [4] 26/24 27/3 44/14 44/23 Section 2 [1] 46/12

S	5/18 10/13 15/10 15/10 32/21 62/24 77/12 80/8	site [1] 35/10 sitting [6] 4/9 32/12 41/16 50/18 74/4 80/20	35/16 soon [1] 76/16 sorry [13] 19/4 21/16 21/17 21/19 21/22 21/24 33/21 34/7 43/1 43/14 52/13 59/8 75/6	45/22 start [3] 3/6 14/19 77/19 started [12] 6/7 8/13 15/1 15/6 17/3 18/11 35/15 35/16 52/7 52/9 54/4 54/4
sectioned [3] 53/17 54/22 67/4	served [1] 56/20 services [5] 6/2 23/12 26/14 34/14 36/18	six [1] 12/3 sleep [20] 5/19 8/4 8/17 8/18 14/6 16/20 23/20 51/6 51/16 51/16 51/21 53/5 53/8 54/4 55/9 55/14 77/7 77/11 78/1 78/2	sort [14] 6/12 6/21 10/15 11/20 16/18 35/25 61/2 61/16 65/24 70/6 71/5 72/12 73/12 74/5	starting [2] 13/7 77/22 state [8] 10/25 19/17 26/8 43/1 46/1 46/6 49/7 76/6
sedatives [2] 51/21 53/5	session [2] 9/6 82/8 sessions [3] 2/6 6/4 6/20	sleeping [17] 5/13 5/20 6/8 6/11 17/11 40/19 49/17 49/20 51/5 51/6 52/1 52/2 52/4 52/10 55/1 77/10 78/4	sorted [1] 36/19 sorts [1] 6/11 sound [2] 47/20 66/17	stated [1] 37/20 statement [20] 3/20 3/21 4/2 4/6 4/10 6/1 7/24 8/23 13/5 17/1 22/2 22/17 31/17 37/7 37/19 61/25 62/3 71/14 73/11 74/20
see [32] 4/2 5/20 10/3 11/2 12/4 15/22 15/24 25/24 27/18 28/10 28/12 30/13 32/11 35/1 35/8 37/3 37/17 39/12 40/23 42/2 42/3 42/16 42/18 53/15 54/16 67/18 67/20 69/17 70/1 74/10 74/11 77/24	seven [1] 74/14 seven hours [1] 74/14 several [2] 42/20 50/3 Shaking [1] 23/18 shape [1] 31/22 sharing [1] 73/12 she [28] 1/19 1/23 25/2 25/11 25/19 27/14 27/15 35/11 35/12 35/12 43/11 43/12 43/24 44/2 44/5 44/8 44/9 44/11 44/15 45/4 48/14 58/14 58/14 58/18 58/19 59/6 59/7 59/7	snapshot [1] 67/14 so [163] social [3] 45/4 45/15 47/7 solvable [1] 65/13 some [43] 2/5 4/24 6/4 8/4 14/7 14/14 14/16 15/19 17/21 18/24 23/3 25/14 30/16 32/9 36/2 36/6 38/2 38/3 38/18 45/23 50/15 55/9 55/13 59/8 59/14 60/6 60/21 61/5 61/7 65/1 65/6 70/17 71/5 72/12 74/25 75/1 76/19 77/6 78/21 79/1 80/8 80/16 81/5	sounds [1] 24/25 sources [1] 79/5 Southend [5] 45/8 45/11 47/1 60/22 66/3 Southern [16] 46/18 46/21 48/4 48/9 48/11 49/6 49/12 51/22 63/7 63/8 69/5 70/19 70/23 71/9 71/21 77/5 speak [22] 2/18 11/8 11/9 11/10 20/14 21/1 23/9 33/1 33/6 33/7 33/16 41/1 43/1 43/4 44/6 44/9 44/10 48/12 49/24 54/15 58/15 60/11	station [3] 41/14 42/21 42/24 stay [3] 29/19 29/21 35/15 stayed [3] 23/1 35/15 52/8 staying [3] 24/18 29/22 35/16 step [1] 69/21 steps [1] 56/8 still [14] 10/25 26/8 31/12 31/21 32/19 42/11 45/2 45/17 48/15 49/5 51/9 64/23 64/23 76/5 stop [3] 15/18 42/13 42/14
seeing [2] 28/12 54/10	shock [4] 8/11 10/20 10/22 12/9	somebody [14] 17/4 17/6 29/21 30/4 39/10 48/12 51/13 58/16 58/18 61/19 63/5 74/16 77/25 80/6 somebody's [3] 25/5 78/14 79/3 someone [8] 32/9 36/18 39/8 44/25 59/19 60/18 77/1 77/19	speakerphone [2] 50/1 50/2 speaking [1] 60/16 special [2] 1/25 81/24 speech [1] 19/2 spend [1] 47/6 spent [4] 25/15 48/3 49/6 72/18 splenic [1] 48/20 spoke [7] 25/2 26/3 32/9 36/17 40/24 53/12 63/5 spoken [2] 73/2 75/24 stabilise [2] 6/23 14/23 stabilised [1] 16/17 stabilisers [1] 38/10 stable [2] 7/6 50/16 staff [14] 2/11 2/18 2/20 2/20 9/1 21/11 33/3 35/24 39/18 46/1 49/25 50/10 60/7 76/6 stage [1] 57/14 stairs [1] 17/12 stands [2] 38/12	stopped [3] 15/2 15/23 15/23 stopping [1] 77/22 story [1] 67/14 straight [1] 42/5 strange [2] 54/12 54/13 stranger [3] 29/18 29/18 32/1 street [14] 20/17 25/15 25/18 27/6 30/8 31/5 37/1 43/6 43/15 43/23 46/8 56/23 75/11 77/2 stress [2] 14/7 34/17 strong [2] 27/5 72/20 strongly [1] 80/12 struggle [1] 30/20 struggled [1] 16/20 stuff [2] 68/11 70/10 stupid [1] 78/5 such [4] 9/4 9/19 12/9 46/6
seem [1] 48/24	sheds [1] 25/5 Shh [1] 32/16 shifts [1] 28/21	so [163] social [3] 45/4 45/15 47/7 solvable [1] 65/13 some [43] 2/5 4/24 6/4 8/4 14/7 14/14 14/16 15/19 17/21 18/24 23/3 25/14 30/16 32/9 36/2 36/6 38/2 38/3 38/18 45/23 50/15 55/9 55/13 59/8 59/14 60/6 60/21 61/5 61/7 65/1 65/6 70/17 71/5 72/12 74/25 75/1 76/19 77/6 78/21 79/1 80/8 80/16 81/5	sound [2] 47/20 66/17	stayed [3] 23/1 35/15 52/8 staying [3] 24/18 29/22 35/16 step [1] 69/21 steps [1] 56/8 still [14] 10/25 26/8 31/12 31/21 32/19 42/11 45/2 45/17 48/15 49/5 51/9 64/23 64/23 76/5 stop [3] 15/18 42/13 42/14
seemed [2] 73/18 74/5	shop [2] 40/22 41/4 shopping [2] 41/4 56/5 shops [1] 56/2 short [5] 32/4 37/10 57/13 57/18 81/15 should [13] 2/7 3/21 11/14 21/22 40/25 67/7 71/24 75/23 76/13 76/16 77/16 77/18 78/13 shout [1] 41/8 show [3] 43/7 43/17 80/17 showed [1] 45/9 shown [1] 80/24 shows [1] 44/2 side [3] 9/10 42/4 42/4 signed [1] 4/7 silhouette [1] 25/24 simple [2] 67/5 71/8 since [2] 1/16 4/22 Sister [2] 45/2 45/15 sit [4] 2/5 42/9 73/23 81/11	somebody [14] 17/4 17/6 29/21 30/4 39/10 48/12 51/13 58/16 58/18 61/19 63/5 74/16 77/25 80/6 somebody's [3] 25/5 78/14 79/3 someone [8] 32/9 36/18 39/8 44/25 59/19 60/18 77/1 77/19 something [7] 9/5 10/20 23/19 24/13 40/16 53/10 79/22 sometime [1] 37/5 sometimes [4] 10/15 11/20 33/6 61/14 son [8] 4/13 17/20 17/25 20/21 25/21 27/11 33/25 74/10 son's [2] 34/24	soon [1] 76/16 sorry [13] 19/4 21/16 21/17 21/19 21/22 21/24 33/21 34/7 43/1 43/14 52/13 59/8 75/6 sort [14] 6/12 6/21 10/15 11/20 16/18 35/25 61/2 61/16 65/24 70/6 71/5 72/12 73/12 74/5 sorted [1] 36/19 sorts [1] 6/11 sound [2] 47/20 66/17 sounds [1] 24/25 sources [1] 79/5 Southend [5] 45/8 45/11 47/1 60/22 66/3 Southern [16] 46/18 46/21 48/4 48/9 48/11 49/6 49/12 51/22 63/7 63/8 69/5 70/19 70/23 71/9 71/21 77/5 speak [22] 2/18 11/8 11/9 11/10 20/14 21/1 23/9 33/1 33/6 33/7 33/16 41/1 43/1 43/4 44/6 44/9 44/10 48/12 49/24 54/15 58/15 60/11 speakerphone [2] 50/1 50/2 speaking [1] 60/16 special [2] 1/25 81/24 speech [1] 19/2 spend [1] 47/6 spent [4] 25/15 48/3 49/6 72/18 splenic [1] 48/20 spoke [7] 25/2 26/3 32/9 36/17 40/24 53/12 63/5 spoken [2] 73/2 75/24 stabilise [2] 6/23 14/23 stabilised [1] 16/17 stabilisers [1] 38/10 stable [2] 7/6 50/16 staff [14] 2/11 2/18 2/20 2/20 9/1 21/11 33/3 35/24 39/18 46/1 49/25 50/10 60/7 76/6 stage [1] 57/14 stairs [1] 17/12 stands [2] 38/12	started [12] 6/7 8/13 15/1 15/6 17/3 18/11 35/15 35/16 52/7 52/9 54/4 54/4 starting [2] 13/7 77/22 state [8] 10/25 19/17 26/8 43/1 46/1 46/6 49/7 76/6 stated [1] 37/20 statement [20] 3/20 3/21 4/2 4/6 4/10 6/1 7/24 8/23 13/5 17/1 22/2 22/17 31/17 37/7 37/19 61/25 62/3 71/14 73/11 74/20 station [3] 41/14 42/21 42/24 stay [3] 29/19 29/21 35/15 stayed [3] 23/1 35/15 52/8 staying [3] 24/18 29/22 35/16 step [1] 69/21 steps [1] 56/8 still [14] 10/25 26/8 31/12 31/21 32/19 42/11 45/2 45/17 48/15 49/5 51/9 64/23 64/23 76/5 stop [3] 15/18 42/13 42/14 stopped [3] 15/2 15/23 15/23 stopping [1] 77/22 story [1] 67/14 straight [1] 42/5 strange [2] 54/12 54/13 stranger [3] 29/18 29/18 32/1 street [14] 20/17 25/15 25/18 27/6 30/8 31/5 37/1 43/6 43/15 43/23 46/8 56/23 75/11 77/2 stress [2] 14/7 34/17 strong [2] 27/5 72/20 strongly [1] 80/12 struggle [1] 30/20 struggled [1] 16/20 stuff [2] 68/11 70/10 stupid [1] 78/5 such [4] 9/4 9/19 12/9 46/6
seeing [2] 28/12 54/10	shock [4] 8/11 10/20 10/22 12/9	somebody [14] 17/4 17/6 29/21 30/4 39/10 48/12 51/13 58/16 58/18 61/19 63/5 74/16 77/25 80/6 somebody's [3] 25/5 78/14 79/3 someone [8] 32/9 36/18 39/8 44/25 59/19 60/18 77/1 77/19 something [7] 9/5 10/20 23/19 24/13 40/16 53/10 79/22 sometime [1] 37/5 sometimes [4] 10/15 11/20 33/6 61/14 son [8] 4/13 17/20 17/25 20/21 25/21 27/11 33/25 74/10 son's [2] 34/24	soon [1] 76/16 sorry [13] 19/4 21/16 21/17 21/19 21/22 21/24 33/21 34/7 43/1 43/14 52/13 59/8 75/6 sort [14] 6/12 6/21 10/15 11/20 16/18 35/25 61/2 61/16 65/24 70/6 71/5 72/12 73/12 74/5 sorted [1] 36/19 sorts [1] 6/11 sound [2] 47/20 66/17 sounds [1] 24/25 sources [1] 79/5 Southend [5] 45/8 45/11 47/1 60/22 66/3 Southern [16] 46/18 46/21 48/4 48/9 48/11 49/6 49/12 51/22 63/7 63/8 69/5 70/19 70/23 71/9 71/21 77/5 speak [22] 2/18 11/8 11/9 11/10 20/14 21/1 23/9 33/1 33/6 33/7 33/16 41/1 43/1 43/4 44/6 44/9 44/10 48/12 49/24 54/15 58/15 60/11 speakerphone [2] 50/1 50/2 speaking [1] 60/16 special [2] 1/25 81/24 speech [1] 19/2 spend [1] 47/6 spent [4] 25/15 48/3 49/6 72/18 splenic [1] 48/20 spoke [7] 25/2 26/3 32/9 36/17 40/24 53/12 63/5 spoken [2] 73/2 75/24 stabilise [2] 6/23 14/23 stabilised [1] 16/17 stabilisers [1] 38/10 stable [2] 7/6 50/16 staff [14] 2/11 2/18 2/20 2/20 9/1 21/11 33/3 35/24 39/18 46/1 49/25 50/10 60/7 76/6 stage [1] 57/14 stairs [1] 17/12 stands [2] 38/12	started [12] 6/7 8/13 15/1 15/6 17/3 18/11 35/15 35/16 52/7 52/9 54/4 54/4 starting [2] 13/7 77/22 state [8] 10/25 19/17 26/8 43/1 46/1 46/6 49/7 76/6 stated [1] 37/20 statement [20] 3/20 3/21 4/2 4/6 4/10 6/1 7/24 8/23 13/5 17/1 22/2 22/17 31/17 37/7 37/19 61/25 62/3 71/14 73/11 74/20 station [3] 41/14 42/21 42/24 stay [3] 29/19 29/21 35/15 stayed [3] 23/1 35/15 52/8 staying [3] 24/18 29/22 35/16 step [1] 69/21 steps [1] 56/8 still [14] 10/25 26/8 31/12 31/21 32/19 42/11 45/2 45/17 48/15 49/5 51/9 64/23 64/23 76/5 stop [3] 15/18 42/13 42/14 stopped [3] 15/2 15/23 15/23 stopping [1] 77/22 story [1] 67/14 straight [1] 42/5 strange [2] 54/12 54/13 stranger [3] 29/18 29/18 32/1 street [14] 20/17 25/15 25/18 27/6 30/8 31/5 37/1 43/6 43/15 43/23 46/8 56/23 75/11 77/2 stress [2] 14/7 34/17 strong [2] 27/5 72/20 strongly [1] 80/12 struggle [1] 30/20 struggled [1] 16/20 stuff [2] 68/11 70/10 stupid [1] 78/5 such [4] 9/4 9/19 12/9 46/6
seek [5] 7/1 39/1 68/14 79/4 79/17	shape [1] 31/22 sharing [1] 73/12 she [28] 1/19 1/23 25/2 25/11 25/19 27/14 27/15 35/11 35/12 35/12 43/11 43/12 43/24 44/2 44/5 44/8 44/9 44/11 44/15 45/4 48/14 58/14 58/14 58/18 58/19 59/6 59/7 59/7	snapshot [1] 67/14 so [163] social [3] 45/4 45/15 47/7 solvable [1] 65/13 some [43] 2/5 4/24 6/4 8/4 14/7 14/14 14/16 15/19 17/21 18/24 23/3 25/14 30/16 32/9 36/2 36/6 38/2 38/3 38/18 45/23 50/15 55/9 55/13 59/8 59/14 60/6 60/21 61/5 61/7 65/1 65/6 70/17 71/5 72/12 74/25 75/1 76/19 77/6 78/21 79/1 80/8 80/16 81/5	sound [2] 47/20 66/17 sounds [1] 24/25 sources [1] 79/5 Southend [5] 45/8 45/11 47/1 60/22 66/3 Southern [16] 46/18 46/21 48/4 48/9 48/11 49/6 49/12 51/22 63/7 63/8 69/5 70/19 70/23 71/9 71/21 77/5 speak [22] 2/18 11/8 11/9 11/10 20/14 21/1 23/9 33/1 33/6 33/7 33/16 41/1 43/1 43/4 44/6 44/9 44/10 48/12 49/24 54/15 58/15 60/11 speakerphone [2] 50/1 50/2 speaking [1] 60/16 special [2] 1/25 81/24 speech [1] 19/2 spend [1] 47/6 spent [4] 25/15 48/3 49/6 72/18 splenic [1] 48/20 spoke [7] 25/2 26/3 32/9 36/17 40/24 53/12 63/5 spoken [2] 73/2 75/24 stabilise [2] 6/23 14/23 stabilised [1] 16/17 stabilisers [1] 38/10 stable [2] 7/6 50/16 staff [14] 2/11 2/18 2/20 2/20 9/1 21/11 33/3 35/24 39/18 46/1 49/25 50/10 60/7 76/6 stage [1] 57/14 stairs [1] 17/12 stands [2] 38/12	started [12] 6/7 8/13 15/1 15/6 17/3 18/11 35/15 35/16 52/7 52/9 54/4 54/4 starting [2] 13/7 77/22 state [8] 10/25 19/17 26/8 43/1 46/1 46/6 49/7 76/6 stated [1] 37/20 statement [20] 3/20 3/21 4/2 4/6 4/10 6/1 7/24 8/23 13/5 17/1 22/2 22/17 31/17 37/7 37/19 61/25 62/3 71/14 73/11 74/20 station [3] 41/14 42/21 42/24 stay [3] 29/19 29/21 35/15 stayed [3] 23/1 35/15 52/8 staying [3] 24/18 29/22 35/16 step [1] 69/21 steps [1] 56/8 still [14] 10/25 26/8 31/12 31/21 32/19 42/11 45/2 45/17 48/15 49/5 51/9 64/23 64/23 76/5 stop [3] 15/18 42/13 42/14 stopped [3] 15/2 15/23 15/23 stopping [1] 77/22 story [1] 67/14 straight [1] 42/5 strange [2] 54/12 54/13 stranger [3] 29/18 29/18 32/1 street [14] 20/17 25/15 25/18 27/6 30/8 31/5 37/1 43/6 43/15 43/23 46/8 56/23 75/11 77/2 stress [2] 14/7 34/17 strong [2] 27/5 72/20 strongly [1] 80/12 struggle [1] 30/20 struggled [1] 16/20 stuff [2] 68/11 70/10 stupid [1] 78/5 such [4] 9/4 9/19 12/9 46/6
seem [1] 48/24	she's [1] 17/24 shed [1] 25/5 Shh [1] 32/16 shifts [1] 28/21	so [163] social [3] 45/4 45/15 47/7 solvable [1] 65/13 some [43] 2/5 4/24 6/4 8/4 14/7 14/14 14/16 15/19 17/21 18/24 23/3 25/14 30/16 32/9 36/2 36/6 38/2 38/3 38/18 45/23 50/15 55/9 55/13 59/8 59/14 60/6 60/21 61/5 61/7 65/1 65/6 70/17 71/5 72/12 74/25 75/1 76/19 77/6 78/21 79/1 80/8 80/16 81/5	soon [1] 76/16 sorry [13] 19/4 21/16 21/17 21/19 21/22 21/24 33/21 34/7 43/1 43/14 52/13 59/8 75/6 sort [14] 6/12 6/21 10/15 11/20 16/18 35/25 61/2 61/16 65/24 70/6 71/5 72/12 73/12 74/5 sorted [1] 36/	

S	31/3 44/11 talk [3] 2/17 11/20 17/23 talked [2] 61/22 78/12 talking [12] 6/17 6/18 6/19 6/25 7/4 17/6 17/25 39/18 50/4 50/15 60/17 72/23 tapping [1] 32/15 team [7] 2/19 25/15 29/2 32/6 38/13 39/8 57/9 teams [1] 56/23 teeth [1] 23/17 telephone [5] 37/11 38/22 45/5 60/1 64/9 television [3] 17/4 17/5 17/7 tell [37] 5/25 6/25 8/3 8/23 9/4 15/14 15/16 16/15 17/1 22/2 22/21 27/19 29/11 29/16 31/17 32/8 32/16 32/16 32/19 32/23 36/16 39/15 40/7 52/16 53/22 54/6 58/10 62/6 67/3 68/14 68/16 68/22 70/11 72/18 73/6 77/5 78/4 telling [5] 32/13 32/18 49/5 52/24 64/11 tells [1] 71/17 temperature [1] 19/16 ten [8] 7/3 9/7 18/2 24/10 48/12 53/19 53/19 57/12 ten o'clock [1] 53/19 ten-year [1] 7/3 term [3] 14/6 51/8 51/11 terms [4] 48/8 67/5 71/8 72/20 terrible [2] 43/1 50/2 Tesco's [5] 55/17 55/21 55/22 56/4 56/5 tests [1] 45/11 text [1] 39/5 than [7] 6/25 25/23 37/15 49/12 65/3 65/8 72/4 thank [12] 1/6 3/3 3/6 3/9 4/2 8/21 57/16 57/21 61/20 81/2 81/7 81/10 Thanks [1] 82/10	that [422] that I [4] 24/12 32/20 61/25 69/19 that's [23] 4/19 6/6 8/19 15/2 16/4 21/23 21/25 34/8 34/8 34/24 41/6 51/11 60/4 64/14 72/12 72/24 74/16 76/13 76/20 79/14 80/7 80/7 82/6 their [12] 2/15 30/7 40/19 42/23 60/7 68/9 70/21 70/24 72/21 72/23 75/14 75/24 them [39] 5/11 7/18 15/1 22/25 30/1 30/1 32/13 32/16 32/16 32/21 45/16 49/5 51/5 51/9 52/24 53/17 53/23 58/13 59/8 59/10 59/22 60/3 60/9 61/13 61/22 63/10 64/10 67/3 69/22 71/4 73/5 73/6 77/22 77/22 77/25 77/25 78/4 78/14 78/19 themselves [2] 77/2 78/22 then [48] 1/18 7/8 7/22 8/17 13/17 16/10 18/5 18/11 19/17 20/17 23/22 24/6 24/11 25/9 26/3 26/21 28/16 29/9 29/25 30/5 35/15 35/16 37/6 40/7 41/3 41/20 42/8 42/9 45/12 45/13 45/14 50/4 51/23 54/11 54/20 54/21 54/21 55/20 56/10 66/18 71/3 72/7 72/25 74/16 77/11 78/3 80/9 81/11 therapy [6] 6/18 6/19 7/1 7/4 38/3 50/16 there [98] there's [9] 17/5 18/10 18/23 20/12 24/12 64/23 64/23 74/2 74/3 thereafter [2] 1/22 54/25 therefore [2] 29/1 70/21 these [14] 2/12 30/21 32/13 32/17 49/17 50/19 52/16	58/20 64/20 66/1 73/6 74/6 74/23 74/25 they [113] they'd [8] 45/17 48/14 50/15 53/13 69/24 70/6 73/7 73/8 they're [8] 10/16 48/16 60/6 70/9 72/23 73/23 75/8 75/13 they've [3] 75/15 75/16 77/2 thing [12] 5/18 10/22 16/19 26/2 30/2 45/1 47/21 50/24 61/3 75/11 75/19 78/1 things [21] 5/25 13/7 22/2 32/23 33/19 36/1 36/16 37/2 39/15 47/16 50/19 56/19 62/2 65/23 68/24 69/20 70/6 70/9 73/6 80/19 81/3 think [61] 6/16 6/17 6/19 6/20 7/19 7/24 8/9 8/11 10/3 10/10 12/15 12/19 14/8 14/18 14/21 14/23 14/23 15/3 20/19 20/24 22/8 26/23 32/5 33/9 34/10 34/13 36/23 39/9 39/9 39/13 44/13 44/22 49/11 50/20 50/23 54/5 54/16 57/12 59/15 60/25 61/21 62/17 63/5 63/24 64/12 65/8 66/7 66/14 67/6 72/22 73/10 73/13 73/18 74/3 76/4 77/15 77/23 78/11 79/2 80/9 80/15 thinking [2] 8/13 74/9 third [3] 22/12 72/7 75/21 this [55] 1/7 1/14 2/8 2/14 3/2 3/16 10/4 11/19 13/8 13/24 15/3 19/11 19/15 20/14 20/15 21/1 23/2 23/23 25/5 25/8 25/20 26/23 31/15 34/5 34/5 34/10 43/12 43/24 44/16 44/19 44/22 45/22 48/25 50/8 50/24 55/16 57/14 58/7	58/13 58/20 60/10 62/15 64/13 64/22 66/13 67/6 69/16 70/3 73/12 73/16 73/22 74/17 79/21 80/9 82/7 this is [1] 64/13 those [18] 1/8 2/8 2/10 2/22 5/6 5/10 6/7 27/10 39/20 45/11 61/23 63/24 66/8 67/10 68/19 76/20 77/10 81/7 though [2] 38/22 70/4 thought [10] 19/21 19/22 19/24 24/11 26/13 26/15 32/21 35/12 50/4 60/3 thoughts [2] 14/9 14/24 three [8] 16/8 16/13 16/16 20/19 28/18 28/23 39/16 71/15 three o'clock [2] 28/18 28/23 three years [2] 16/13 16/16 through [20] 2/5 4/16 7/4 7/9 18/10 25/21 30/21 39/16 40/20 41/5 44/25 61/21 61/22 62/1 68/10 72/22 74/23 74/25 78/3 78/12 throughout [1] 31/17 thrown [1] 59/8 Thursday [1] 82/8 thus [1] 62/18 time [48] 1/17 2/7 5/2 5/14 5/18 10/11 11/7 12/19 13/12 13/14 13/23 14/16 15/8 17/11 19/16 21/10 23/5 23/6 23/23 24/7 25/14 27/8 27/20 29/7 31/13 34/2 35/20 36/20 39/7 42/19 43/3 43/19 45/18 47/6 47/9 48/8 48/10 49/22 49/24 51/23 55/15 58/4 67/16 68/13 69/23 72/19 77/18 79/12 times [3] 11/9 11/10 16/8 tinnitus [1] 14/8 today [6] 2/10 3/10 4/9 4/13 73/12 81/2 today's [1] 2/4
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T	25/19 27/6 31/5 37/1 43/6 43/15 43/23 46/8 56/23 75/11 tried [11] 17/23 21/4 25/7 30/12 40/9 41/6 47/21 50/21 59/3 66/17 77/2 trigger [3] 5/21 51/16 77/12 triggered [1] 77/7 trivial [2] 47/20 66/17 trouble [1] 6/8 Troup [4] 1/5 3/5 57/20 83/4 true [1] 4/10 trust [6] 12/25 33/12 70/15 70/20 71/11 72/18 Trust's [1] 71/16 Trusts [1] 1/9 truth [1] 4/7 try [3] 50/20 65/16 65/18 trying [5] 30/13 32/20 42/13 42/14 64/22 Tuesday [1] 1/1 turn [4] 3/24 7/9 44/6 75/6 turned [3] 26/14 35/9 41/20 turns [1] 27/25 TV [1] 26/14 two [16] 2/6 25/17 25/18 25/18 32/8 32/10 34/24 35/24 44/7 51/24 63/4 63/12 63/24 68/8 73/23 80/19 types [1] 2/12	74/18 80/14 81/12 understanding [2] 28/19 61/7 Understood [1] 17/19 undertaker [2] 60/2 60/18 unfathomable [1] 71/9 unhelpful [2] 29/25 37/14 Unit [1] 1/23 unlike [1] 25/5 unsettling [1] 73/25 until [14] 1/23 4/17 5/6 7/1 24/7 29/4 37/5 53/20 63/1 63/18 68/8 73/24 82/9 82/12 unused [2] 25/11 25/13 unusual [1] 61/15 unwell [3] 20/9 33/5 34/23 up [35] 5/6 6/10 17/5 17/11 19/16 21/7 23/16 23/18 23/19 25/20 26/2 26/14 27/17 32/19 35/10 35/11 40/3 40/4 40/12 41/15 42/10 47/19 50/24 54/22 54/25 55/11 55/16 55/25 61/23 63/23 66/12 67/3 74/9 75/18 79/25 updated [1] 71/18 upset [1] 58/23 upsetting [1] 59/9 upstairs [1] 18/6 us [45] 3/20 4/17 5/25 6/25 8/3 8/23 9/4 9/9 12/9 14/14 15/14 15/16 16/15 17/1 22/2 22/16 22/21 23/13 26/20 29/11 31/4 31/17 32/8 32/23 34/13 35/23 36/16 39/15 40/7 41/10 41/24 41/25 52/7 54/3 54/6 58/10 62/6 65/3 67/16 68/16 70/11 71/17 72/18 77/5 81/3 used [1] 22/22 usual [1] 28/15 usually [1] 60/2 UTI [1] 45/9	vehicle [1] 44/8 vehicles [1] 42/23 very [25] 8/4 9/7 10/23 17/24 27/10 31/16 34/9 34/11 39/16 41/5 49/13 53/7 54/5 55/9 56/20 60/10 60/15 67/2 67/6 67/24 68/17 68/17 73/16 81/2 82/10 viaduct [1] 42/15 view [8] 7/19 27/5 57/7 59/22 62/3 67/12 78/8 79/4 views [1] 76/20 village [3] 55/19 56/1 56/8 voluntarily [3] 29/20 29/21 78/22	watched [2] 8/14 25/19 watching [2] 8/15 27/7 water [7] 25/11 25/14 32/15 37/1 40/2 40/11 76/23 way [16] 2/1 3/2 10/21 31/14 33/17 39/4 62/9 62/20 66/22 69/22 72/21 73/5 78/3 79/9 81/5 81/25 ways [1] 56/20 we [78] 1/10 1/14 2/19 3/1 3/24 4/2 7/9 8/2 13/4 13/23 14/18 16/8 16/10 16/15 17/10 17/14 18/5 18/20 18/24 19/8 19/18 20/5 22/12 22/25 23/1 23/2 24/18 26/20 29/18 32/3 32/12 33/24 33/24 35/15 35/15 35/16 37/17 38/10 38/11 40/7 40/15 40/17 41/13 41/21 44/17 44/17 46/24 47/24 49/25 51/11 52/8 55/8 55/16 57/13 58/7 58/25 61/10 62/24 66/6 66/12 66/12 66/12 71/13 72/19 72/22 74/19 74/23 75/6 75/21 78/7 79/9 80/16 80/19 81/7 81/20 82/2 82/7 82/9 we'll [10] 5/20 7/9 10/3 12/19 30/7 35/4 41/1 46/17 53/22 81/11 we're [2] 7/8 18/23 we've [10] 39/16 41/25 57/11 61/22 61/22 65/24 72/7 74/25 76/3 79/22 wearing [5] 2/20 48/25 58/12 61/17 61/19 website [1] 2/24 week [2] 54/5 54/7 weeks' [1] 51/24 well [24] 10/15 11/9 19/18 20/8 23/24 24/17 25/8 26/12 27/10 28/14 30/7 30/19 38/6 40/25 44/7 49/10 50/21 50/22 50/25 51/13 54/13 56/20 58/18
together [9] 3/18 6/12 6/13 68/10 69/24 70/1 70/5 74/5 74/23 told [32] 4/17 11/20 12/1 15/20 19/10 19/12 26/3 27/14 27/16 28/20 34/13 35/23 36/5 40/24 44/25 45/6 48/1 48/13 48/14 48/15 48/22 52/4 53/16 53/23 54/3 58/4 58/15 58/20 61/14 65/3 67/16 68/9 tomorrow [2] 82/9 82/10 too [7] 18/12 29/10 53/17 54/7 54/20 62/9 73/19 took [23] 8/6 8/19 9/9 12/13 12/14 17/13 18/2 18/6 19/25 23/4 24/2 25/6 25/8 27/16 32/9 44/21 48/23 49/11 57/3 59/15 59/16 76/8 76/11 top [3] 3/1 13/4 63/11 touch [3] 2/19 61/25 69/21 touched [3] 42/6 61/22 66/6 touring [2] 23/1 23/2 towards [1] 60/13 tower [12] 25/11 25/14 25/20 25/22 32/15 35/11 37/1 40/2 40/4 40/11 41/11 76/23 town [2] 40/16 41/5 track [1] 35/11 tracker [1] 56/15 training [2] 60/7 60/12 Traits [1] 63/17 transcriber [1] 19/6 transferred [4] 28/17 44/23 45/13 66/15 transferring [1] 73/22 transfers [2] 65/25 72/8 transpired [1] 25/4 treated [1] 10/21 treatment [5] 16/7 30/16 31/8 32/6 70/19 Triage [11] 25/15	U umbrella [1] 70/24 under [12] 1/8 3/20 26/23 27/3 29/24 44/13 45/18 46/12 48/3 59/25 70/24 78/22 understand [44] 5/7 5/19 7/9 9/4 13/22 14/5 14/18 15/3 15/12 15/15 16/9 16/23 25/13 25/25 27/21 29/7 29/20 29/24 33/19 35/22 35/25 37/10 38/12 40/6 47/23 47/24 49/10 54/24 54/25 55/9 56/16 57/11 57/25 58/7 60/20 61/20 62/24 64/5 65/12 69/4 74/2	V value [1] 11/15 van [1] 42/1	was [400] wasn't [30] 5/2 5/18 9/18 10/13 13/20 15/3 15/10 17/24 20/5 24/14 24/21 29/24 32/3 42/10 47/22 47/23 48/17 52/4 54/7 55/1 55/2 55/3 56/7 56/9 62/25 64/8 69/22 70/14 73/3 75/17 wasn't eating [1] 55/2 watch [2] 1/14 81/20	

W well... [1] 58/23 went [37] 16/8 17/9 18/10 20/21 20/23 22/18 23/22 24/1 24/6 24/13 24/17 24/17 24/19 24/21 25/1 25/4 26/2 27/17 35/10 40/3 40/4 40/21 41/4 42/10 45/10 45/11 45/12 52/21 54/20 55/14 55/21 55/22 56/5 58/19 61/11 68/10 70/8 were [84] weren't [6] 17/17 18/16 21/23 21/25 30/13 70/8 what [102] what's [5] 30/3 36/7 64/13 75/12 75/16 whatever [12] 3/2 10/17 12/12 23/9 25/3 32/14 40/2 40/20 50/5 51/25 59/20 72/22 whatsoever [1] 65/6 when [34] 3/16 5/7 8/19 11/8 11/12 12/20 13/14 22/25 30/1 30/23 40/16 41/6 45/2 48/11 50/22 51/15 51/19 51/23 53/12 56/3 56/5 57/8 58/1 58/22 61/5 61/11 61/15 63/4 64/9 66/15 70/3 75/22 77/2 78/5 whenever [1] 31/18 where [19] 2/16 4/6 8/2 13/19 20/7 23/24 24/2 24/18 31/4 35/24 38/9 40/9 55/24 56/14 58/14 59/3 66/12 72/5 72/15 whereas [2] 60/2 61/17 whether [6] 30/13 30/16 37/3 38/9 60/22 82/6 which [29] 9/12 9/15 11/1 14/14 14/19 16/3 18/15 22/13 25/12 26/18 35/6 40/20 41/14 42/5 44/6 45/9 45/23 48/1 48/8 49/1 50/7 57/7 59/7 59/9 66/21 67/17 72/7 76/11 79/4	while [6] 35/16 40/9 49/12 55/14 55/22 80/20 whispering [1] 17/4 who [32] 1/8 1/12 1/12 1/15 2/10 2/16 3/13 3/14 4/13 20/11 25/3 26/3 27/6 27/7 31/10 32/10 33/5 34/23 41/16 45/5 46/1 48/16 56/21 56/23 58/15 58/20 59/18 60/20 66/11 66/13 76/21 81/22 who'd [1] 31/5 whoever [2] 41/2 60/11 whole [5] 34/16 49/1 59/10 75/19 78/8 wholly [1] 7/20 why [14] 9/12 12/12 15/2 21/23 21/25 29/24 34/24 46/20 46/20 48/25 64/6 69/25 71/2 79/4 will [13] 1/7 1/10 1/11 1/14 2/19 8/11 28/12 38/16 52/16 81/20 82/2 82/7 82/9 window [6] 29/10 29/11 39/22 67/17 75/9 76/19 windows [1] 17/10 within [3] 61/3 65/25 66/7 without [2] 45/16 70/5 witness [32] 3/3 4/10 5/24 7/24 8/23 8/25 11/21 13/5 20/25 22/15 31/20 32/7 34/12 37/7 37/9 37/18 37/23 37/25 43/16 53/2 61/25 62/3 67/21 69/6 69/9 69/15 71/14 72/13 73/11 74/20 76/15 81/11 witnessed [3] 45/3 45/17 76/6 witnessing [1] 75/12 woke [2] 55/9 55/11 women [1] 27/14 wonder [1] 82/6 wondered [2] 57/12 64/20 wonderful [1] 26/2 word [3] 30/23 31/3 31/3 words [2] 43/7 59/6 wore [1] 48/19	work [6] 24/6 24/7 40/15 52/17 54/10 77/19 worked [5] 1/19 24/2 24/12 34/1 81/22 worker [3] 45/4 45/16 47/7 working [3] 28/20 44/3 77/24 workplace [1] 14/7 worried [1] 33/13 worth [1] 51/24 would [48] 5/9 7/4 9/23 10/4 11/5 12/1 12/3 13/11 14/3 22/25 23/13 23/14 29/13 29/16 29/18 30/5 32/1 34/4 34/5 35/6 36/2 38/9 38/10 38/18 39/5 39/19 40/1 52/20 53/10 54/15 54/22 58/4 60/25 65/18 66/13 67/2 67/18 67/24 69/21 72/12 73/3 73/8 74/21 77/15 78/18 78/19 79/14 80/21 wouldn't [12] 5/11 11/2 18/4 18/5 26/11 26/17 29/18 29/19 35/5 39/25 45/17 55/6 wrists [2] 8/7 25/7 written [1] 63/22 wrong [6] 20/12 69/20 69/20 69/24 70/9 70/10 Y yeah [163] year [3] 7/3 36/25 59/16 years [6] 1/18 7/17 16/13 16/16 61/23 81/23 yes [227] you [322] you'd [2] 13/11 15/24 you're [15] 4/13 15/17 16/2 20/8 20/12 28/12 40/19 41/9 41/12 53/17 55/24 60/24 71/4 73/11 80/20 you've [22] 3/20 4/17 14/14 20/8 27/7 31/4 33/9 34/10 35/23 37/13 37/18 53/3 56/23 58/1 62/18 65/3 66/11	67/15 72/3 75/11 77/9 79/23 young [2] 41/15 42/8 younger [1] 25/23 your [53] 2/2 3/7 3/11 3/18 4/2 4/10 4/11 4/13 5/25 7/19 7/23 8/23 13/5 17/1 19/2 19/3 19/6 22/2 22/17 27/11 27/13 28/19 29/12 31/17 33/11 37/7 37/18 43/2 55/15 56/20 57/7 59/15 61/25 62/3 62/3 62/5 62/19 62/19 68/25 70/3 70/14 71/8 71/14 73/11 74/10 74/19 75/22 76/13 78/8 79/4 80/9 81/3 82/1 yourself [2] 22/17 36/7 yourselves [1] 68/19 Z Zoe [2] 1/15 81/21
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