

Thursday, 14 May 2026

1  
2 (10.00 am)  
3 **MS LANGDALE:** Chair, may I call Celeste Calocane, please?  
4 **CELESTE CALOCANE (sworn)**  
5 **Questioned by MS LANGDALE**  
6 **THE CHAIR:** Yes, Ms Langdale.  
7 **MS LANGDALE:** You've prepared two statements for the Inquiry  
8 dated 13 November 2025 and 5 May 2026. Can you confirm  
9 the contents are true and accurate as far as you're  
10 concerned?  
11 **A.** Yes, it's true.  
12 **Q.** Can we begin, please, with when you were first worried  
13 about VC's mental health, and if we can have on screen  
14 WITN0085001, page 4. The last paragraph of page 4, and  
15 page 5. They can perhaps go next to each other. You  
16 have it in front of you. Is it possible to have page 4  
17 next to page 5 of the statement, I don't know if it is,  
18 so that they're juxtaposed in that way?  
19 Thank you.  
20 We see there, you were "worried about [VC's] general  
21 wellbeing during the first lockdown in early 2020".  
22 So would you like -- and by all means refresh your  
23 memory with this if you'd like to -- to set out what  
24 your first concerns were, particularly the video call  
25 you had with him on 31 March 2020?

1

1 **A.** Yes, because I haven't done Facetime because  
2 particularly I don't like that, I like just -- I will  
3 just talk to him. And then that time I thought: oh  
4 maybe he's just not used to it, that's why he reacted  
5 that way. So I left it. Then he called me back, then  
6 he apologised.  
7 So we move on and -- he's just like that. When we  
8 have conversations, we say: okay, just go for a walk  
9 because during the lockdown we are allowed like to  
10 have -- to go out for a walk maybe once or twice,  
11 depending where we are, and that was just it.  
12 **Q.** And you say, at paragraph 18, he said:  
13 "'strange things' were happening in his flat but  
14 wasn't willing to explain what [they were] ..."  
15 **A.** Yes, yes, he did say that, strange things was happening  
16 in his flat, but I wanted for him to go into more detail  
17 to tell me what it was, but he didn't want to. So  
18 I push him, but he didn't want to because he didn't want  
19 to, so I just thought okay, it's fine, nothing serious,  
20 so I just left it.  
21 **Q.** The bottom of that paragraph:  
22 "... he ... changed his ... number -- he ... changed  
23 his phone number and [said you] should only contact him  
24 on his new number. [And] ... didn't say why ..."  
25 **A.** Yes.

3

1 **A.** My recollection was me being worried about Valdo. This  
2 is -- when I write this, this is just, like, looking  
3 back. I was just like worried because he seems, like,  
4 anxious and, like, what was going on around the world,  
5 it was quite like hard time, it was the pandemic, and  
6 everyone -- have anxiety and he was far from us. He was  
7 in Nottingham, in the University. That was just like  
8 kind of thing that would worry me. I thought it was  
9 just Valdo being really, like, anxious, which is not  
10 normally like him. So that was my worry.  
11 And when I call him, then video call, then he told  
12 me, "Oh, don't call me like this", and then he switch  
13 his phone off. I thought that was strange. It got me  
14 a little bit sad but I thought: okay, maybe -- I didn't  
15 do video call with him before. Normally we used just to  
16 talk on the phone. We would have --(overspeaking) --  
17 **Q.** You had used that way?  
18 **A.** Yes.  
19 **THE CHAIR:** Can I just ask you to slow down.  
20 **A.** Sorry.  
21 **THE CHAIR:** I know it's difficult, but everyone has to take  
22 a note of what you're saying. Thank you.  
23 **MS LANGDALE:** So you'd done Facetime --  
24 **A.** Facetime, yes.  
25 **Q.** -- calls with him before.

2

1 **Q.** Did that strike you as a bit odd at the time?  
2 **A.** I wouldn't say with Valdo it was a bit odd, because in  
3 the family, probably I'm the only person who have the  
4 number since we moved to the UK and stick to the same  
5 number, and then everyone else went on to change their  
6 number. So at that time I didn't see it as anything  
7 else, him telling me "Oh just call me in this number"  
8 I say "Okay, that's fine", maybe find a cheaper network,  
9 so you want me from now on to call him from that number.  
10 So yeah, that's what I did.  
11 **Q.** Understood. And you say:  
12 "... he wouldn't share things that he thought would  
13 worry me as he was quite protective ..."  
14 **A.** Yes.  
15 **Q.** Quite protective; in what way do you think he was quite  
16 protective of you?  
17 **A.** He's protective because me and Valdo, and other kids,  
18 but we were really close growing up, because we're  
19 different in our age, me and Valdo really close and then  
20 we talk about --  
21 **Q.** What's the difference in your age?  
22 **A.** Me and Valdo?  
23 **Q.** Yes.  
24 **A.** I am --  
25 **Q.** Don't worry, just the number. You don't need to tell me

4

1 how old you are.

2 **A.** Maybe 16 years and a half, so I'm quite like close with

3 Valdo.

4 **Q.** So you were young when you had him?

5 **A.** Yes, so we are really, really close and then we talk

6 about everything and if something he knows is going to

7 worry me, because I get worried quite a lot, then he

8 wouldn't tell me. Just kind of taking that worry away

9 from me. That's basically the reason why, if it was

10 anything that would worry me, he may choose not to share

11 that with me, yeah.

12 **Q.** Elias was five years younger than him, wasn't he?

13 **A.** Yes.

14 **Q.** Was he the same with Elias?

15 **A.** Yeah, he was the same, yeah. Yes. He was the same.

16 When Elias was born, yeah, it was the same. I'm quite

17 close with the kids because of our age difference and

18 because we're quite close, we did things together,

19 watching their favourite programme or whatever music

20 they're listening and things like that, yes.

21 **Q.** If we look at paragraph 19, you say:

22 "Elias would ... report everything back to [you] ...

23 he did tell me about his contact with [VC] in April.

24 [And] he was talking more to Elias about what was going

25 on ..."

5

1 go to the next page, page 6] were responsible for covid

2 and that there was government interference."

3 Did you think that Elias would be able to reassure

4 him about those things?

5 **A.** Yeah, I thought Elias would be able to reassure him and

6 then knowing Valdo, because in the pandemic I was

7 working in hospital, it was already like stressful time,

8 and then you're working in that pressure and then you

9 see whatever is going on in the news and then you're

10 dealing with the things that were quite like traumatic

11 at that time. So he would speak to Elias and because as

12 well of computer science, Elias would probably

13 understand more to reassure him because I'm not, like, a

14 tech expert to kind of, like, reassure him and tell him

15 "Oh this can't happen" or that. That's why.

16 **Q.** Elias wasn't a mental health expert, was he?

17 **A.** No.

18 **Q.** So did you think he was able to talk his brother about

19 anything that strayed into mental health or not?

20 **A.** I think, like, because they're quite close, if Valdo had

21 a worry, there are some things they would talk between

22 them as brothers, they may not talk to me about it

23 because they know I will worry quite a lot. I get a lot

24 of anxiety. And in some of the things they say, "Oh

25 there's no point telling Mum that."

7

1 How old was Elias at this point in 2020?

2 **A.** 2020 ... sorry ...

3 **Q.** Don't worry.

4 **A.** I think Elias was 24, but let me just do my maths so

5 I can get it right.

6 **Q.** We can check that, but was he living at home or already

7 away as a student at this point?

8 **A.** Yes, Elias was away.

9 **Q.** So a student?

10 **A.** Yes, he was a student. I'm just trying to clarify this

11 age thing. I'm really sorry. Yes, Elias was 24, yeah.

12 And he was -- he was -- I think at that point Elias was

13 already graduated, but because he went to study, so he

14 stayed where he was studying because he was working at

15 that point.

16 **Q.** So you say Elias did computer science, so he understood

17 some of the things that VC was referring to.

18 **A.** Mm-hm.

19 **Q.** Was this the stuff about technology and monitoring and

20 the like?

21 **A.** Yes, it was stuff about technology and monitoring.

22 **Q.** How did you think he was able to help his brother with

23 that? You say:

24 "There were lots of ... things circling around at

25 that time with people thinking the government [if we can

6

1 **Q.** A lot of anxiety about everyday things, or big things,

2 or both?

3 **A.** It depends, a lot of anxiety towards what was going on

4 at that time with my work, and it was really a stressful

5 time, and then my anxiety was quite, like, high at that

6 time.

7 **Q.** Where were you working at that point?

8 **A.** I was working in intensive care.

9 **Q.** In the hospital, acute intensive care?

10 **A.** Yes.

11 **Q.** During Covid for the first outbreak?

12 **A.** Yes.

13 **Q.** How was that?

14 **A.** It was just, like, beyond anything you could imagine

15 because every day you go in with this thinking you have

16 to do your job, but at the same time you're thinking

17 that job may be something that is between you, your

18 life, and death. That's how it was at that time, going

19 to work and then coming home and knowing like you are

20 dealing with the viruses that are going around the world

21 no one seems to understand, and then you're going to

22 have to care for your patient, and then you have to go

23 home to your family and then you don't know the outcome,

24 and every day you just put on a brave face and I have to

25 do it, and I have to get on with it, and then it wasn't

8

1 easy time. It was just -- I wouldn't, even now just  
 2 thinking about virus, you're thinking, oh, God help us  
 3 so we don't have to go through that again, because it  
 4 was painful time, and stressful, and worrying time. It  
 5 was just unknown. *(Pause)*  
 6 **Q.** You tell us at paragraph 20 --  
 7 **THE CHAIR:** Are you all right to continue?  
 8 **A.** Yes, I'm okay.  
 9 **MS LANGDALE:** In the week of 18 May, VC called you or you,  
 10 your husband, Elias, and his sister "at various points  
 11 sounding ... agitated and crying."  
 12 Can you tell us about that? Can you remember that  
 13 now?  
 14 **A.** Yes. As I said, because it was lockdown, we were in  
 15 a pandemic around the world, and there was a lot of news  
 16 about sadness, about people dying every day, and Valdo  
 17 would just call because he was in university and at that  
 18 point I think as well there was lockdown in England, and  
 19 Valdo used to, before that, used to spend a lot of time  
 20 in the library until maybe 10 or 11 when we were  
 21 speaking on the phone, telling me he's studying, and  
 22 I just thought that time, with everything that was going  
 23 on around the world, and he was far away and he was just  
 24 like him being, like, feeling, like, lonely, being away  
 25 from the family and then can't see us, and then with

9

1 **A.** Yes.  
 2 **Q.** And we see at the bottom:  
 3 "She denied any family history of mental illness".  
 4 Can we see there? That's your contribution. It can  
 5 be enlarged.  
 6 You will know as a clinician "denied" is the term  
 7 that's been used, isn't it, when you've been asked about  
 8 it and you say you don't have any information about that  
 9 and don't have any view about him having mental health  
 10 issues in the past. Is that right at this point?  
 11 **A.** Yes, at this point, yeah.  
 12 **Q.** "... denied any history of risk to self or others. She  
 13 has noticed for a week [VC's] behaviour has changed and  
 14 she has been concerned."  
 15 If we go over the page to page 3, we can see at the  
 16 top, four boxes down, and we know, the evidence to the  
 17 Inquiry has heard, that VC has been released under  
 18 investigation at 18:21 hours.  
 19 What had you said to Ben about what you wanted to do  
 20 or were doing when you were first informed of his arrest  
 21 and the assessment?  
 22 **A.** Because when Ben called me, he told me, Valdo been --  
 23 "Your son's been arrest for burglary." I told him, "My  
 24 son?" He says, "Yes." I said, "He's 28 years old. How  
 25 can he be arrest for burglary? He's never been -- done

11

1 everything that was going on.  
 2 **Q.** You say, "He just wanted to hear our voices", you say in  
 3 paragraph 20.  
 4 **A.** Yes.  
 5 **Q.** "... and if we stopped talking, he would ask us to keep  
 6 talking. In hindsight, I think this was an attempt by  
 7 him to hear something other than the voices in his  
 8 head."  
 9 **A.** Yes.  
 10 **Q.** That's not something you thought of at the time  
 11 because --  
 12 **A.** No.  
 13 **Q.** -- he hadn't said he was hearing voices, but when you  
 14 look back now you think he wanted the comfort from that?  
 15 **A.** Yes.  
 16 **Q.** "He would constantly ask us if we were safe and if  
 17 anything had happened to us. [And] I still thought this  
 18 was maybe something to do with anxiety."  
 19 His first admission to hospital, you tell us there,  
 20 paragraph 21, you received a telephone call from Ben.  
 21 We'll go to the notes if we can, please, NHFT0000168,  
 22 page 2. This is 24 May 2020.  
 23 Ben Williams is the AMHP. He telephoned you, didn't  
 24 he, to say that VC had been arrested by the police after  
 25 trying to break into a neighbour's apartment?

10

1 anything like that. That's out of character, I can't  
 2 accept that. He's in his third year of doing his  
 3 mechanical engineering."  
 4 **Q.** Go a bit slower.  
 5 **A.** Sorry.  
 6 **Q.** No, just --  
 7 **A.** "He's on his third year doing his mechanical  
 8 engineering. He was to go that September to do his  
 9 Master." I say, "You're telling me now he's becoming  
 10 a delinquent. I can't -- that's not my son."  
 11 And he told me, "Mum, calm down. I think he's  
 12 been -- he has an episode of psychosis, been hearing  
 13 voice."  
 14 Then while I was speaking to him my daughter was  
 15 around me and then she quickly came in because at that  
 16 point I was crying, and she came in and said, "Mum  
 17 what's going on, what's going on?"  
 18 I told her, "somebody just -- I'm just speaking to  
 19 someone because your brother has been hearing voices."  
 20 And she told me, "Ask him, ask him: what they gonna  
 21 do? What they gonna do?"  
 22 I say: "Okay, just calm down, I'm talking to him."  
 23 So I talked to Ben and ask, "What are you doing?"  
 24 He said they did the assessment, he's been hearing  
 25 voices, and they're gonna send him home, then somebody's

12

1 gonna go and see him."  
2 And my daughter say, "No, mum. Ask them to keep him  
3 until we get there."

4 I say, "Yes, that's what -- that's what I was about  
5 to ask, to say -- to ask Ben: "Is there any way you can  
6 keep him, because I live in Wales and it may take me  
7 four to five hours to get to Nottingham, but I am  
8 coming."

9 At this point there was total lockdown in the  
10 country. You weren't supposed even to travel. I told  
11 him, "I don't care, I'm coming. Because my son needs  
12 me, I am coming to Nottingham, and then I can collect  
13 him and see what's going on."

14 And he told me normally they can't do that.

15 **Q.** Normally they --

16 **A.** They can't do that.

17 **Q.** Can't keep them?

18 **A.** Keep him. So they assess him and then they think he's  
19 safe, he'll go to his house, then somebody will go and  
20 give him medication.

21 So my husband was in work, and then as soon as he  
22 came home, me and my daughter, we were already crying,  
23 so we are already packed a few things and then we told  
24 him: okay, we need to go to Nottingham.

25 He said: "What's going on? Why are your eyes so  
13

1 well.

2 **Q.** What did you learn when you arrived there?

3 **A.** When we arrived there, we tried to get to Valdo's  
4 apartment but we couldn't because there's a gate and  
5 then we can't go through the gate without someone  
6 letting you in. So we try, we couldn't, initially try.  
7 And while we were trying, then we -- I phoned Valdo. No  
8 answer. And then she tried again, no answer. So  
9 I don't know what was going on, if she had some tablet  
10 or whatever she got, I don't know, and she could notice  
11 someone was doing an entry at the same time, so I think  
12 she phoned a person and then the person told him Valdo  
13 is in the police custody.

14 **Q.** So he'd been released and he'd been detained again --

15 **A.** Yes.

16 **Q.** -- and taken back to custody?

17 **A.** Yes.

18 **Q.** We see here Annette Palmer's note:

19 "I explained this to [VC's] mum and family ...  
20 informed them about likely outcomes regarding mental  
21 health treatment. Explained informal and section  
22 status's and rights of appeal. [VC's] mum voiced that  
23 she would prefer ... her son goes into hospital for  
24 treatment as he is a risk to others in his current  
25 mental state."

15

1 red?"

2 Then we went on to explain what was happening, so we  
3 head off to Nottingham.

4 **Q.** So Ben had told you it wasn't possible to keep him  
5 detained either in the police station or anywhere else  
6 before you got there?

7 **A.** Yes.

8 **Q.** So you drive there, and we see, looking at the records  
9 on the screen, two boxes down, there's a police  
10 incident:

11 "... A MALE TRYING TO SMASH THE DOOR ... SAYING ...  
12 THE PERSON INSIDE IS IN DANGER. CALLER DOES NOT KNOW  
13 THE PERSON ..."

14 "... female neighbour ... fearful for her life ...  
15 jumped from a first floor window ..."

16 That's in the fourth box, please, two below the one  
17 that's been marked.

18 We then see 24 May.

19 "I went to [VC's] address to deliver medication ..."

20 If we can highlight that box, please.

21 And we see, this is Annette Palmer, who the Inquiry  
22 has heard evidence from, she is going to the premises  
23 where VC lives. You meet her there, don't you?  
24 Coincidentally, you and your husband arrive?

25 **A.** Yeah, we arrive at the same time as she was arriving as  
14

1 Can you remember saying that to her in that  
2 conversation?

3 **A.** Because at this point I wouldn't have known much about  
4 the risks to others because that just happen and then  
5 I didn't have much information what really went on to  
6 happen. I just know somebody jump out of the window,  
7 been taken to the hospital. I didn't even know what was  
8 if this person just step out the window, or what  
9 happened because --

10 **Q.** You knew someone was harmed, and you were saying --

11 **A.** Yes.

12 **Q.** -- he's a risk to others in his current mental state if  
13 he's trying to break into properties --

14 **A.** Yes.

15 **Q.** -- and somebody, for whatever context, has left the  
16 window and been harmed?

17 **A.** Yes.

18 **Q.** So you were satisfied you did say that? It looks like  
19 you did say that, his current mental state is a risk to  
20 others; you recognise that --

21 **A.** Yes.

22 **Q.** -- and wanted him to go to hospital for treatment?

23 **A.** Yes, definitely. I wanted him to go to hospital.

24 I didn't understand, like, the extent of the risk, but

25 I wanted, because by the time I got to Nottingham, from  
16

1 the first call that happen, and then, yeah.

2 **Q.** You didn't know the extent of the injuries or what

3 happened, but you knew he was a risk if he was trying to

4 break into people's houses or homes --

5 **A.** Yes.

6 **Q.** -- and someone had to leave their home?

7 **A.** Yes.

8 **Q.** If we see further down on the same page, you follow up

9 requesting information about him, on 25 May, asking for

10 information. And you were told at that stage they

11 couldn't give out any information as he's not given

12 consent. You got -- you're reported there to be quite

13 irate about this and would not take no for an answer?

14 "I suggested numerous times to contact the bridewell

15 suite and she eventually agreed."

16 That's where he was in custody.

17 Who did you understand was giving you that

18 information, ie, that VC didn't consent and you couldn't

19 be told anything at that point; can you remember?

20 **A.** I can't remember who did I contact about -- at that

21 point.

22 **Q.** Would it have been someone at the Bridewell?

23 **A.** It could be.

24 **Q.** You're told they can't tell you anything about it.

25 **A.** It could be, because I knew, I spoke to someone but

17

1 be done and you were waiting to see what the --

2 **A.** Yes.

3 **Q.** -- results were and you said what you thought about he

4 needed treatment?

5 **A.** Yes.

6 **Q.** You also, I think, stayed in Nottingham the night of the

7 25th, you were able to arrange accommodation.

8 Presumably that was difficult in these circumstances,

9 was it?

10 **A.** It was, because I think one of AMHP had to give me an

11 email because when we were in Nottingham, Elias was in

12 Cambridge trying -- he phoned everywhere while we were

13 making phone calls to try and get some place to stay,

14 but no one would give a place to stay because it was

15 lockdown and they weren't allowed. If you haven't got

16 a good reason, so you're not allowed to have a place to

17 stay. And then that day one of the AMHPs sent an email

18 to say why I was in Nottingham. So I secured

19 accommodation there.

20 **Q.** If we go, please, to NHFT0000168, page 8, this is the

21 next day, 26 May. This is now, in the context of his

22 first admission, we know it was 25 May to 17 June and we

23 see 26 May in the RiO notes a conversation with you.

24 You came to drop off some of his belongings. You

25 understood you were unable to come to the ward in order

19

1 I don't know if it was from the police or who I spoke to

2 and then I wanted to know what was going on.

3 **Q.** So at the beginning, a problem with information sharing

4 although we see at page 7 that does change. We see at

5 the top a telephone call from you, giving your name:

6 "... [you're] concerned about securing [his]

7 accommodation. ... wanted to know how he was getting

8 on, consent ... sought from [VC] to speak to his mother,

9 [and] this was given. Staff are to support [VC] to

10 speak to his mother as he does not have a mobile phone.

11 [She] said she would ... bring clothes [in] ..."

12 So it looks as though somebody else is speaking to

13 him and then there is consent, isn't there?

14 **A.** Yes.

15 **Q.** What did you understand the position was in terms of

16 when VC didn't want information given to you? Did you

17 think you weren't entitled to any information, or what

18 was your understanding?

19 **A.** My understanding, when Valdo didn't want me to have any

20 information, just asked to if he doesn't want me to have

21 any information, so I'm not entitled to any information

22 at that point.

23 **Q.** That night, we know you slept in the car, didn't you?

24 **A.** Yes.

25 **Q.** You knew another mental health assessment was going to

18

1 to see him, but did feel this would have helped to

2 reassure him.

3 So were you able to see him at all? You obviously

4 dropped things-off, but --

5 **A.** No, I wasn't able, because at that time in hospital the

6 visit wasn't allowed. I just stay outside when I ring

7 the bell someone come out and spoke to me at the door.

8 **Q.** We see a few lines down: "[VC's] mum" -- if we go back,

9 we need to enlarge that please: "[VC's] mum". Page 8,

10 26 May, second large box. Thank you. We see there in

11 that large box, second paragraph:

12 "[VC's] mum said that his sister and brother had

13 both spoken to her about concerns that they had had for

14 the last few weeks about his conversation content. His

15 brother has kept a journal of conversations with him

16 regarding things he felt concerned about and she said

17 that she is happy for this to be passed on. She

18 described VC as being a little more paranoid within his

19 conversations but was unable to specify what that was."

20 Do you remember that, telling them that, the person

21 you were speaking to about the journal?

22 **A.** Yes.

23 **Q.** Was it a doctor or someone else you first spoke to about

24 this?

25 **A.** I don't even know because at this point I don't think

20

1 I've seen the doctor, it was whatever person that come  
 2 when I rang the bell and then I spoke to the person.  
 3 **Q.** You asked, if we continue:  
 4 "She asked if he had been violent in any way and was  
 5 reassured that he hadn't but that the ward environment  
 6 was quite chaotic and that this seemed to be affecting  
 7 his mood."  
 8 Why did you ask if he'd been violent in any way?  
 9 **A.** Because they told me that before he was at the meeting  
 10 he was trying to break in the door. That's why I asked  
 11 if he has been.  
 12 **Q.** The journal, we know you sent that through on 28 May,  
 13 and we know Elias spent three days preparing that.  
 14 **A.** Yes.  
 15 **Q.** Did you ever read that?  
 16 **A.** I didn't read the journal because Elias took quite a lot  
 17 of time preparing the journal and at that time  
 18 everything was happening so fast and then my focus was  
 19 on Valdo, that journal to be sent to his treating team,  
 20 so they can figure out what is going on. Because he  
 21 had, like, put so much work into keeping the record of  
 22 that, I thought that was important, so I sent to the  
 23 doctor. I didn't read it, no.  
 24 **Q.** Did you ever read it after you had sent it to the  
 25 doctor?

21

1 **A.** Just during the Inquiry I've read it. I didn't read it  
 2 before, no.  
 3 **Q.** We see here:  
 4 "... previous night I felt immense anguish,  
 5 paranoia, anger, hatred  
 6 "Because of [the] ... spying ...  
 7 "Couldn't sleep ... darkest thoughts ...  
 8 "Wanted to hurt ... permanently ...  
 9 "... overwhelming ... something in me begged 'take  
 10 it away, nothing else, just take it away'."  
 11 Elias's evidence was that he was concerned that he  
 12 was going to hurt himself, or "take it away, take it  
 13 away", referring to his life in the worst scenario.  
 14 Did he mention that to you at the time?  
 15 **A.** No, Elias didn't mention that to me at the time. And  
 16 for the reason I already set up, because if he had  
 17 mentioned that to me at the time, because I was already  
 18 on edge with the work, with what was going on.  
 19 **Q.** Yes.  
 20 **A.** And it was really I was going through, like, a really  
 21 hard time myself, and Valdo being unwell, and what was  
 22 going on with Valdo, and Elias mentioned that, I think  
 23 probably that's the reason, just for protecting me, he  
 24 didn't mention that.  
 25 **Q.** If we go over to the page, page 18, we see further down

23

1 **A.** I didn't read it after sent it to the doctor because,  
 2 after that being sent to the doctor, I never heard  
 3 anything back from the doctor. I just thought it wasn't  
 4 nothing useful. So I didn't read it after that.  
 5 **Q.** But you provided it to the doctor, assuming it might be  
 6 useful.  
 7 **A.** Yes.  
 8 **Q.** A history of what he had been saying, what he was  
 9 thinking, but you didn't look at that later yourself?  
 10 Or were you discussing it with Elias and your daughter  
 11 and other members of the family anyway?  
 12 **A.** I didn't look at it. It's just what I talked to Elias  
 13 and then we talk about it because Elias and his sister  
 14 are quite -- the sister helped him a little bit wherever  
 15 she could to -- with the translation, and stuff -- and  
 16 things like that. So I did not read it. It's just what  
 17 I discussed with Elias about it. That's what.  
 18 **Q.** Can we just have NGPF0002527, page 17 on the screen,  
 19 please. This is within the document, and messages that  
 20 we heard evidence about yesterday that Elias was worried  
 21 about, 12 April.  
 22 We see here discussion between them about faith.  
 23 You've read this document since, presumably?  
 24 **A.** Yes, I did.  
 25 **Q.** In the Inquiry or before the Inquiry?

22

1 those messages, 12 April at 13:19 -- sorry, 15:19:  
 2 "I was thinking about red rum not 120 minutes ago.  
 3 Now not only do I not care I feel appreciation."  
 4 The reference to "red rum", would you understand  
 5 that to represent "murder" backwards at the time, or  
 6 not?  
 7 **A.** No, I wouldn't have known what that meant at the time  
 8 even if I've read that.  
 9 **Q.** That can go down, please.  
 10 If we can go, please, to NHFT0000168, page 9. We're  
 11 back in the first admission. This is 27 May. 27 May,  
 12 small box:  
 13 "Phone called received from [VC's] mother ... She  
 14 has asked to talk to the consultant in order to give  
 15 input [his] ... deterioration in mental health. She has  
 16 left phone number ... for [the] consultant to contact  
 17 her."  
 18 If we go over the page on page 11, you, on 28 May,  
 19 contribute to the ward round "through phone", and we can  
 20 see Dr Seedat is there. And we see under  
 21 "Family/Carer's involvement", if we can enlarge that,  
 22 please.  
 23 "Mother ... unaware of any mental health conditions  
 24 ... Dr Seedat explained ... the most likely cause of the  
 25 psychotic breakdown is sleep deprivation/[and] stress."

24

1 So cause of the psychotic breakdown: sleep  
2 deprivation and stress. Was that discussed in the ward  
3 round, in the ward review?  
4 **A.** Yes.  
5 **Q.** And why did Dr Seedat suggest that was the likely cause,  
6 as far as you understood?  
7 **A.** Because I think Valdo must have told Dr Seedat he didn't  
8 sleep. I don't know if it's five days before all of  
9 this episode, and then he was like studying because he  
10 had exam to do.  
11 **Q.** Reports here:  
12 "He has told his brother ... he believes his family  
13 is in danger ... has told his brother ... people are  
14 coming after his family ... [he's] not told his brother  
15 ... voices have told him to harm himself or anyone  
16 else."  
17 That was your understanding, that the voices hadn't  
18 said anything like that at this point?  
19 **A.** Yes.  
20 **Q.** Yes.  
21 "[VC] has been sleep deprived ..."  
22 It says here "for the past 3 years". Is that an  
23 error, or has someone said "3 years"?  
24 **A.** That must be an error because I know Valdo used to work,  
25 like, nights before he start university, when he moved

25

1 **A.** I would say out of character because we, all of us  
2 received the same text, and then normally if we talk  
3 about love and stuff, when I'm talking to him, he only  
4 just like text me and text the brother and text his dad  
5 and sister and say, "I love you" at the same time.  
6 That's why I thought it was out of character.  
7 **Q.** Did that worry you about self-harm or anything like  
8 that, or you just thought it was out of character?  
9 **A.** Like that -- before he had his breakdown, I didn't  
10 understand why he would text me like that, but then  
11 after, he had his first episode of psychosis, then I  
12 could put that message into that perspective. Like he  
13 could self-harm himself. It's like he was saying,  
14 "I love you all", like looking back, it was like a sign  
15 of maybe "goodbye" or something like that.  
16 **Q.** Underneath "Patient comments", please, the third line:  
17 "[VC] is aware that he is in Nottingham ...  
18 explained ... he is studying mechanical engineering,  
19 [he's] in his 3rd year. ... says his studying should be  
20 better. Explained he has online lectures and has online  
21 exams."  
22 Do you think he was putting himself under pressure  
23 at this time when he was unwell?  
24 **A.** I would think so.  
25 **Q.** Did you see that at the time -- or indeed, we'll come to

27

1 away, but for three years, I don't know.  
2 **Q.** He worked nights in warehouses and other jobs to earn  
3 money, effectively.  
4 **A.** Yes.  
5 **Q.** Working alongside as a student and he'd done that in  
6 Wales as well, hadn't he, when he'd left home getting  
7 jobs that involved night work or cleaning work; is that  
8 correct?  
9 **A.** Yes, the job he used to do nights in Wales, that  
10 probably will end by 12 midnight, the latest. And the  
11 job, when he move out, he did nights before. He did his  
12 access course and then I think he did nights as well.  
13 Like weekends, while he was doing his access course  
14 before he went to university.  
15 **Q.** In Birmingham?  
16 **A.** Yes.  
17 **Q.** So he was studying for that course and doing night  
18 shifts at the weekend?  
19 **A.** Yes.  
20 **Q.** You say here -- it says here "sleep deprived", and:  
21 "[VC's] mother says ... he's been sending out of  
22 character texts to his family. ...texted all his ...  
23 members 'I love you' which was out of character."  
24 Did you think that was really out of character at  
25 the time?

26

1 the University later, but did anyone suggest at this  
2 time perhaps he wasn't coping with the course and the  
3 pressure it was putting on him, and he shouldn't be  
4 doing it, in effect?  
5 **A.** No.  
6 **Q.** Do you think that retrospectively, when you see comments  
7 like that from him, and him being unwell at that time,  
8 that he was under undue pressure doing the course?  
9 **A.** Yeah, I would say so, yes.  
10 **Q.** But the significance of that may not have been picked up  
11 at the time?  
12 **A.** No.  
13 **Q.** Can we have page 14 please, 29 May. You're telephoning  
14 the ward, we see here and at the bottom, 30 May. You're  
15 contacting the ward regularly, aren't you?  
16 **A.** Yes.  
17 **Q.** You tell us during that first admission, you tell us in  
18 your statement at paragraph 28, we don't need it up, but  
19 you were told he was getting better.  
20 **A.** Yes.  
21 **Q.** You also say:  
22 "I remember there was one time ... I was told [he'd]  
23 ... been searching in the linen cupboard on the ward as  
24 he thought there was a woman screaming [in it] ..."  
25 **A.** Yes.

28

1 Q. Did one of the nurses report that to you?  
 2 A. I think Dr Seedat told that to me, because I remember  
 3 some point I managed to go back to Nottingham and then  
 4 I was speaking to him, and he told me that. I think it  
 5 had happened the night before, before I speak to  
 6 Dr Seedat. And then he told me.  
 7 Q. If we see page 15 at the top, telephone call received  
 8 from you, and you "reported [you] would be making  
 9 contact with the university and would update the ward if  
 10 [you] need[ed] any support."  
 11 We see indeed the 29 May, if we can go to  
 12 UNIN0000966, page 1, please. *(Pause)*  
 13 We see here you send, using your son's email  
 14 address:  
 15 "... writing on behalf of my son ... who has given  
 16 me access to his account ... recently been admitted to  
 17 the mental health ward, due to a psychotic episode and  
 18 will remain there for the time being.  
 19 "Per the situation, he will not be able to take his  
 20 online exam on Tuesday [...] and will need an extension.  
 21 If more information on this issue is required, please  
 22 contact the Rowan Ward ..."  
 23 I think you had a response to that that you  
 24 shouldn't be using his email; is that right? His email  
 25 address?

29

1 Q. And we know he interrupted he's studies, didn't he, in  
 2 September 2020 thorough to September 2021?  
 3 A. Yes.  
 4 Q. Did you have any discussion with the University around  
 5 that or was that all VC sorting that out himself?  
 6 A. All Valdo sorted out. I didn't have conversation.  
 7 Q. Can we go to NHFT0000168, page 15, please. We're back  
 8 into this admission, this first admission, and Dr Seedat  
 9 giving you an update on 1 June. You were "pleased with  
 10 the progress":  
 11 "... apprehensive about the future and the outcome  
 12 of [the] ... incident ...  
 13 "[He] gave ... a brief account of the events leading  
 14 to admission and ... the damage to the door to a lady in  
 15 the next building."  
 16 Can you remember what he said about the woman who  
 17 had jumped out of the window, and her injuries, or not?  
 18 *(Pause)*  
 19 Do you see there he's reporting to have given you  
 20 "a brief account of ... events leading to admission and  
 21 ... damage to [a]... door".  
 22 A. The only thing I can recall telling me the lady that  
 23 jumped the window had to have surgery, and then I want  
 24 to know what happened but they told me it was  
 25 confidential so they can't discuss that.

31

1 A. Probably. But at that point I didn't access Valdo's  
 2 email, so I don't know.  
 3 Q. Understood, and you were communicating important  
 4 information as well about his health, weren't you.  
 5 Were you ever asked to provide a medical report or  
 6 anything like that by the University?  
 7 A. I can't remember.  
 8 Q. We know one wasn't furnished, a formal report, but you  
 9 weren't asked for one, or you can't remember if they did  
 10 ask you for one?  
 11 A. No, I can't.  
 12 Q. You also sent the same email, didn't you, to the  
 13 student's faculty's support and wellbeing address, and  
 14 we know that was picked up by Paige Smith, who the  
 15 Inquiry has a statement from. She notified Claire  
 16 Thompson, who we have heard from, and Eleanor Turner who  
 17 was head of the mental health advisory service.  
 18 So can you remember any conversations now with any  
 19 of those people or not?  
 20 A. I think I had a conversation with Ellie Turner, but I  
 21 can't remember. But I remember I phone her because it  
 22 was quite hard time even to find a phone number, because  
 23 everything was closed down, to manage, to navigate all  
 24 the system, and eventually I think I managed to speak to  
 25 Ellie Turner but I can't remember that conversation.

30

1 Q. If we go, please, to page 19 in the notes. There's  
 2 a meeting on the ward, 3 June. Reference to "Prepare  
 3 for discharge, refer to crisis on discharge."  
 4 You don't appear, as we move forward through the  
 5 records, to know about thoughts and plans around  
 6 discharge until 9th and 10th June --  
 7 A. Yes, that's correct.  
 8 Q. -- did you? So you didn't know there was discussion  
 9 here, at 3 June, around discharge and how that might be  
 10 into the community?  
 11 A. No, I didn't know that.  
 12 Q. How long were you expecting him to be in hospital, if  
 13 you were thinking about it at that time?  
 14 A. I thought, because when they section, he was Section 2,  
 15 and I thought if that section ran out and then he's not,  
 16 like, well he's not, like, at least 90% of what he was  
 17 before he was in hospital, they could have extended  
 18 that. That's what I was expecting.  
 19 Q. For treatment? A Section 3 detention for the treatment?  
 20 A. Yes.  
 21 Q. Can we go, please, to 4 June, page 22. We see here  
 22 discussions around accommodation on 4 June.  
 23 Dr Seedat -- Nottingham, if we look at the second  
 24 paragraph:  
 25 "[Have] informed Dr Seedat that [VC] is not allowed

32

1 to go back to his university accommodation. Eleanor  
 2 Turner has advised [him] ... [he] should return to  
 3 Wales, his exams can be done online over the summer and  
 4 there is no need to be in Nottingham. [VC] has  
 5 expressed ... moving back to Wales is 'undesirable'.  
 6 [He] ... was living alone in Birmingham prior to  
 7 starting University and had a job there. [He] expressed  
 8 that he ... wish[ed] to go back to Birmingham and work  
 9 in his old job. He does not want to go to Wales. ...  
 10 explained ... he has paid for his accommodation until  
 11 25th June ... wishes to stay in nominal then ... wishes  
 12 to stay in his University accommodation ... [couldn't]  
 13 move in with his brother. [...]  
 14 "... expressed ... his mother will no longer be  
 15 visiting him tomorrow."  
 16 Just in terms of the last point, what was the issue  
 17 about visiting the next day? Did you know if there was  
 18 an issue about you visiting the next day?  
 19 **A.** It could be that maybe I arranged to visit and then  
 20 something change, I remember.  
 21 **Q.** So at this point they're discussing with him plans on  
 22 discharge and where he's going to live -- Wales,  
 23 Nottingham or Birmingham -- and he's clearly saying he  
 24 wants to live independently and not go back to Wales,  
 25 isn't he?

33

1 confirmed you're going to visit the next day, on 4 June,  
 2 so you're coming on the 5th. You were asking about his  
 3 washing. You wanted to do his washing.  
 4 Then the bottom entry, there's a reference to --  
 5 it's described as just playfighting:  
 6 "[VC] ... assaulted by peers as he was trying to  
 7 leave the ward."  
 8 And someone describing that as a release of tension  
 9 for both of them.  
 10 Did anyone mention that to you, or not?  
 11 **A.** No, I wasn't aware until I got the medical record.  
 12 **Q.** Over the page, 24, please. Discussion with VC and his  
 13 family. Records at the top: consent given that you  
 14 could have this conversation with Dr Seedat, wasn't it?  
 15 Was it just your family and Dr Seedat, or anyone else?  
 16 **A.** Yeah, I think there was someone else, but I can't  
 17 remember if it was a healthcare or nurse that was there  
 18 at that time.  
 19 **Q.** By this time he'd had that journal, hadn't he, and the  
 20 texts that Elias had put together. Did he mention the  
 21 contents of those?  
 22 **A.** No, he didn't.  
 23 **Q.** Did you ask him if he'd looked at those and if it had  
 24 been useful or not?  
 25 **A.** I didn't remember ask him; I just thought maybe it

35

1 **A.** Yes.  
 2 **Q.** You're not involved, at this point, in the discussions.  
 3 Assuming discharge in June, which in fact occurred,  
 4 where did you think he should be living at that point?  
 5 **A.** For me, I would have liked him to have come home with me  
 6 when he was discharged, if he had agreed to come home  
 7 with me. But according to this conversation, he didn't  
 8 want to come home to Wales.  
 9 **Q.** That's clearly what he was telling the hospital, wasn't  
 10 it?  
 11 **A.** Yes.  
 12 **Q.** If we look:  
 13 "[VC] does not want to be on any medication for  
 14 now."  
 15 Is what's recorded there, given what's been  
 16 assessed, he's saying it from the off: he doesn't want  
 17 to be on medication.  
 18 We know, through subsequent things he's said and  
 19 done, that he's reported to say he wanted to power  
 20 through it without medication. Were you aware that that  
 21 was his attitude at this time? That he didn't want to  
 22 take medication, and he wanted to --  
 23 **A.** Not at this time, I didn't know his attitude towards  
 24 medication.  
 25 **Q.** You see at the bottom entry here, you've phoned. You've

34

1 wasn't useful.  
 2 **Q.** We see here, in the top paragraph, Dr Seedat explains to  
 3 VC and you that it was his clinical opinion he was  
 4 suffering with a psychotic picture, first episode, and  
 5 that this will require treatment.  
 6 What did you understand he was saying there?  
 7 **A.** He was just telling me: this is an episode and he will  
 8 require treatment. That's what I understand.  
 9 **Q.** You say in your statement at paragraph 29 you were keen  
 10 to have a diagnosis so that you knew what you were  
 11 dealing with, but Dr Seedat said he didn't want to make  
 12 a formal diagnosis as this was the first time it had  
 13 happened; is that right?  
 14 **A.** Yes, that's right.  
 15 **Q.** What was the significance he suggested of it being the  
 16 first time that it had happened?  
 17 **A.** Because he went on to explain that some people will have  
 18 this episode once and they may never have it in their  
 19 lifetime. So you can't give a diagnosis from that.  
 20 **Q.** You say that at paragraph 31:  
 21 "Dr Seedat said that for some people this happened  
 22 once in their life ... then never happened again and  
 23 repeated what he had said before about not wanting to  
 24 label it."  
 25 **A.** Yes.

36

1 Q. Do you want me to put that up on the screen for you?  
 2 A. Yes, please.  
 3 Q. Your witness statement, page 10, paragraph 31, please.  
 4 So WITN0085001, page 10.  
 5 We see there you asked about his medication. Tell  
 6 us what you were told about that.  
 7 A. Because at this point I just wanted to know medication,  
 8 what need to happen, how long the medication is supposed  
 9 to be. That's what I wanted to know from Dr Seedat.  
 10 Q. He said something along the lines of:  
 11 "... if he stopped taking it too soon, [he'd]  
 12 probably become unwell again."  
 13 Yes?  
 14 A. Yes.  
 15 Q. Yes. You said:  
 16 "I believe they said he [needed to take]  
 17 aripiprazole and ... he needed to take it every day".  
 18 A. Yes.  
 19 Q. Had antipsychotic medication, the different types or  
 20 anything like that, ever been discussed with you?  
 21 A. No. No, sorry, because at this point, when Dr Seedat  
 22 was talking to me about medication, Valdo have taken  
 23 medication for that period of time, and he have to take  
 24 it every day, and I went on to ask Dr Seedat, and then  
 25 he can't stop taking it, then, if the medication doesn't

37

1 Calocane's statement, he sets out in paragraph 4:  
 2 "When I was around 15 years old ... I remember that  
 3 I was at school in the city. There were no schools for  
 4 older children in our village so I used to stay in the  
 5 city during the week and then travel back to my home  
 6 village at the weekend. I was told by a relative that  
 7 my father was having 'problems in the head'. I then  
 8 went back to my village at the weekend and saw my father  
 9 and it was obvious that there was something wrong as he  
 10 did not recognise me. He did not know I was his child.  
 11 He was usually very affectionate with me and so this was  
 12 very [upsetting] different and upsetting."  
 13 At the bottom of this page:  
 14 "... a relative also told me that something similar  
 15 had happened when I was 1 or 2 years old but I didn't  
 16 remember that."  
 17 Over the page:  
 18 "I remember that after that incident some family  
 19 members took my father away for a few months closer to  
 20 family who could look after him, so I didn't see him for  
 21 a while.  
 22 "I do not know what the problem was with my dad and  
 23 I do not know if he had psychosis. As far as I am  
 24 aware, he did not see any doctors because there were  
 25 none in the village and I don't know if he had any

39

1 work, what else can we do?  
 2 And then he went on to explain to me: if medication  
 3 doesn't work -- I don't think this is captured anywhere  
 4 in the document -- if medication doesn't work, then they  
 5 can go on to give somebody a depot. That's the first  
 6 time I've heard about that, yeah.  
 7 Q. Well, we'll see there is a reference indeed from  
 8 Dr Seedat about a depot slightly on in the notes, but  
 9 you remember him from the off saying that, that if there  
 10 was difficulties with medication, then a depot could be  
 11 used?  
 12 A. Yes, because I wanted to know because he told me it's  
 13 important, he needs to take medication every day  
 14 otherwise he becoming poorly. I don't want him to  
 15 become poorly, so I asked him if the medication doesn't  
 16 work, is there anything else?  
 17 When I say medication, if the tablet doesn't work,  
 18 is there any other form of medication he can take? So  
 19 he told me about depot.  
 20 **THE COURT:** In this meeting on 5 June, that's when your  
 21 husband told and reported that he could recall his own  
 22 father, VC's grandfather, did experience some mental  
 23 health difficulties but he couldn't be clear about what  
 24 those were. So if we can have on the screen  
 25 WITN0086004, paragraph 4, the first page. Amisao

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1 treatment.  
 2 "I don't remember him having any further problems  
 3 ... [but] he died when I was around 20 years old."  
 4 So he was feeding back -- that can come down, thank  
 5 you -- at this meeting that there was some family  
 6 history, but he couldn't be more specific than that, and  
 7 wasn't aware of a diagnosis.  
 8 A. That's correct.  
 9 Q. So you were thinking hard as a family what might be  
 10 where and how, in terms of whether it was relevant to  
 11 the position that VC was in?  
 12 A. Yes.  
 13 Q. In the note on page 24, NHFT0000168, page 24, if we can  
 14 go back to it, please, next to where it says, "Note".  
 15 "Discussion with VC ... family  
 16 "Note:  
 17 "[VC] was in agreement to start medication and  
 18 I [that is presumably Dr Seedat] ... indicated we will  
 19 need to think about community support that was stable  
 20 and this will depend on stable accommodation."  
 21 What level of community support was discussed then,  
 22 if any?  
 23 A. At this point there wasn't any community support  
 24 discussed when we were having that meeting. I think we  
 25 talked about it I think later on, but I'm not sure at

40

1 this point, no.

2 **Q.** We see indeed at NHFT0000168, page 32, you express  
3 concern, don't you, at the bottom of the box that says:  
4 "Key worker 1:1 [speaking] to [VC] appeared bright  
5 in mood ... stated that he was feeling brilliant."  
6 But you're saying at the bottom:  
7 "[Telephone call] from mother who expressed concerns  
8 about [VC's] discharge plans and she stated that she was  
9 hoping to speak to his RC tomorrow over the phone as  
10 [he] felt discharge was too early."  
11 **A.** Yes, that's correct.  
12 **Q.** Do you recall now how you found out about the discharge  
13 on 10 June? It had clearly first been discussed on the  
14 3rd, a week before, but who did you learn about it from?  
15 **A.** Maybe I phoned and somebody told me. I can't recall.  
16 And then I thought that's too early, really, to  
17 discharge him. That's why I asked to speak to good  
18 consultant.  
19 **Q.** The consultant didn't call you then, did he, it's later  
20 on there is further communication. We see no reference  
21 to a call back.  
22 **A.** No.  
23 **Q.** If we go, please, to NHFT0000168, page 37, which is  
24 11 June. MDT plan. "Aim for discharge." I'll wait  
25 until it's on the screen. Page 37. We see under "MDT

41

1 **Q.** When he lived in Birmingham on the access course, did  
2 you know where he was living? Did you have an address  
3 for him?  
4 **A.** No, I didn't have an address. The reason why I didn't  
5 have an address was because I wanted an address, and  
6 then I quite liked if -- if I got an address where the  
7 kids are, I will turn up. That's what I will do. And  
8 then because Valdo didn't want me to just turn up and  
9 decided "I'm not going to give you my address, because  
10 I know what you are, you're just going to turn up  
11 without telling me you're coming" or stuff like that.  
12 So he didn't give me address, I did try to see if I can  
13 get that, but he didn't give me address or ...  
14 **Q.** So were you concerned if he was in Birmingham you  
15 wouldn't know where he was, no one would know where he  
16 was and no one would know what might happen?  
17 **A.** Yes.  
18 **Q.** If we could have, please, NHFT0018342, page 2, you  
19 emailed Dr Seedat, and it was Dr Seedat in the  
20 conversation we've just looked at on the screen, 12  
21 June, he was having the conversation with you, wasn't  
22 he, at the time --  
23 **A.** Yes.  
24 **Q.** -- on 12 June, but you're sufficiently concerned on the  
25 14th you send this email after the discussion.

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1 plan" at the bottom:  
2 "Aim for discharge on Monday 15/06/2020.  
3 "Dr Seedat to update mother and Eleanor Turner,  
4 (Mental Health Liaison in Uni ...) to update about  
5 discharge plan."  
6 So that's happening on 11 June. We see on 12 June,  
7 at page 39, Dr Seedat speaking to you. You explain you  
8 can only come down on the Wednesday from Wales and  
9 you've got keys that he needs. And it records here you  
10 were going to try to persuade him to stay in Nottingham.  
11 At this point, it looks as though Nottingham and  
12 Birmingham are both being considered, and what's  
13 provisionally considered from Dr Seedat is he could get  
14 follow-up Crisis Team to Birmingham EIP if he lives  
15 there, otherwise in Nottingham.  
16 What was your view about the prospect of him going  
17 to Birmingham?  
18 **A.** My view was that, because by this point I knew,  
19 I think -- I don't know if I knew by this point Valdo  
20 had two apartments and then I could understand he was  
21 running from one apartment to the other, and I thought  
22 at that point, him saying he wants to go to Birmingham,  
23 he wanted to run away, and if he run away to Birmingham,  
24 then he's going to -- he's not going to have input from  
25 mental health.

42

1 "I want to ask [you] whether you have any more  
2 details regarding his discharge plan and how [he's]  
3 going to be followed up in the community.  
4 "I am also wondering whether there is a specific  
5 psychotic illness that you think he has, as you  
6 mentioned it during our visit."  
7 So two points there. First of all, why did you ask  
8 about follow-up in the community?  
9 **A.** Because if Valdo -- this is the first time he presented  
10 with a psychotic episode. So it's important, if he  
11 discharged to community, to have a follow-up, if he  
12 needs to take this medication, according to Dr Seedat,  
13 it's important, so he needs to have a team that's going  
14 to ensure that happen. That's why I wanted to know  
15 that.  
16 **Q.** What did you want to know about diagnosis specifically?  
17 **A.** Because once you have a diagnosis, you're dealing with  
18 someone with a mental illness, as a family, diagnosis is  
19 very important, because that way you will be able to  
20 help the person better when you understand what the  
21 diagnosis is. Because otherwise you can't.  
22 **Q.** You refer in your statement to him saying he didn't want  
23 to put a label on it. Was that the phrase that was  
24 used --  
25 **A.** Yes.

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1 Q. -- to you? What did you understand by "I don't want to  
2 put a label on it"? What was the significance of that?  
3 A. I didn't understand much, really, because if somebody  
4 have a diagnosis, it's a diagnosis. It doesn't matter.  
5 Q. So you'd rather have known exactly --  
6 A. Oh yes.  
7 Q. -- what he knew?  
8 A. Yes.  
9 Q. Can we have NHFT0018342, page 1. This is again around  
10 the discharge, you're emailing him again on 16 June:  
11 "Dear Dr Seedat,  
12 "I just want to clarify something. Did you let [VC]  
13 know he is to be discharged on Wednesday? This is  
14 because when I spoke to him on Saturday, I didn't tell  
15 him I'd found out about his discharge and asked him if  
16 he knew when he was going to leave but he seems ...  
17 confused.  
18 "For this reason I wasn't sure what to tell him.  
19 ...  
20 "I'm aiming to be in Nottingham by [2 pm] on  
21 Wednesday I hope that ... coincides with when he will be  
22 discharged and we can talk in more detail about the  
23 questions I have then."  
24 We see a response from Dr Seedat:  
25 "I'll try my best ... to call you at 1300 hours  
45

1 he tell you at this time that this is an illness? It  
2 looks like it's an illness, or something --  
3 A. That's all he told me, he's "going towards an illness",  
4 but then I wanted him to tell me what illness he think  
5 it was.  
6 Q. So he had said to you "It appears to be going towards an  
7 illness" but you didn't know what that illness was.  
8 A. No, I didn't.  
9 Q. And he never said what that was?  
10 A. He never told me what it was.  
11 Q. What it's recorded here is that you hadn't "taken the  
12 news very well", "going towards an illness".  
13 A. Yes, because previously he told me that if this happened  
14 he will -- some people he will be just like it happened  
15 once in a lifetime, then it doesn't happen again. Then  
16 now he's telling me it's going towards an illness,  
17 obviously when consultant tell you somebody is going  
18 toward an illness, obviously you don't take that news  
19 like -- you don't take it happily until you understand,  
20 which is a natural thing, really.  
21 Q. And also, we've heard reference to the 20%, to the first  
22 episode --  
23 A. Yes.  
24 Q. -- and go on to recover. By referring to that, first  
25 episode, do you think, in your position, you held on to  
47

1 today. I have a very busy day ahead.  
2 "[He] ... knows his discharge will now be on  
3 Wednesday and ... you will be coming to collect him and  
4 taking him back to his flat. I will come and see you in  
5 the family room after[wards] ..."  
6 Then we see at the bottom, an email, at the bottom  
7 of the same page:  
8 "... really busy ... [couldn't] call you at 12:00.  
9 "I will be happy to come and briefly talk to you ...  
10 when you come and pick him up."  
11 If we can go, please, to page 45. NHFT0000168,  
12 page 45. You're not at this meeting. It's clarifying  
13 the discharge plan. And what is recorded here, when it  
14 gets on the screen -- page 45, NHFT0000168, page 45.  
15 "Dr Seedat clarified the discharge plan, updated  
16 Crisis that mother has the keys and will attend on  
17 Wednesday when we plan to discharge.  
18 "Explained that this presentation is not isolated,  
19 appears to be going towards an illness. Dr Seedat  
20 explained that [VC] and the family have not taken the  
21 news very well."  
22 Then he explains about going to Birmingham, the EIP,  
23 or alternatively in Nottingham.  
24 "Going towards an illness", so not a psychotic  
25 episode or acute episode, going towards an illness, did  
46

1 that? Because it was ~--(overspeaking) --  
2 A. Yes, I held on to that percentage because I thought he  
3 could be in that percentage and it may never happen  
4 again.  
5 Q. And would want to believe that, or think that was going  
6 to be the case, presumably, for your son?  
7 A. Yes.  
8 Q. NHFT0000168, page 49, please. This is 17 June. You're  
9 present, so is VC, with Dr Seedat, review and  
10 discussion, answering questions about presentation.  
11 49, not 149, please.  
12 You see the bottom box:  
13 "... SPOKE TO MOTHER ... ALSO PRESENT".  
14 "... undecided where [VC] [third paragraph] ...  
15 intends to leave with his current accommodation rent  
16 finishing on [the 25th] ... he intended to decide by  
17 this weekend or next ... Monday where intends to stay.  
18 It was either Nottingham or Birmingham. He was clear  
19 not to go and stay with his family in Wales."  
20 For the avoidance of doubt you had offered that and  
21 wanted that, did you?  
22 A. Yes.  
23 Q. But he was not interested in doing that.  
24 A. No. I think it was at this point that then I knew,  
25 because this -- then I knew he had -- he was running  
48

1 from that first apartment and then he rented this second  
2 one. And he is still having the first one because he  
3 still had the -- his tenancy agreement in the first one.

4 **Q.** The record or the plan was he "must continue ...  
5 medication for at least 6 to 9 months", and he'd "have  
6 follow-up with the city Crisis team -- there was planned  
7 3-day follow up for [18th June] ..."

8 That was the understanding at that point, wasn't it?

9 **A.** Yes.

10 **Q.** We know -- that can come down, please, and if we can  
11 have WITN0163029, page 1. You send this email on  
12 19 June to Dr Seedat:

13 "As per our conversation on Wednesday the crisis  
14 team was supposed to visit [VC] on Thursday between  
15 12:00 and 15:00 ... However, they didn't come to visit  
16 him and instead made a phone call due to Covid-19.  
17 I was just wondering if this procedure is normal after  
18 someone is discharged from hospital during this time and  
19 whether support and a fair assessment of his condition  
20 can be given."

21 If it's not obvious from the contents, why did you  
22 send that?

23 **A.** I've sent that because I didn't agree with that  
24 discharge because I thought it was early and then to put  
25 my mind at rest, this was the plan that was agreed would

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1 **A.** Yes.

2 **MS LANGDALE:** Chair, that's a good time for the morning  
3 break I think.

4 **THE CHAIR:** Right, we'll take a break now until 11.20.

5 Thank you.

6 (11.07 am)

(A short break)

8 (11.20 am)

9 **THE CHAIR:** Yes?

10 **MS LANGDALE:** Can we just go back to NHFT0000168, page 49,  
11 please. We've seen the email that you'd sent to

12 Dr Seedat about diagnosis and wanting to know about it.  
13 And we see at the top of that:

14 "Answered questions about his presentation" in the  
15 bottom box. Thanks.

16 "Answered questions about his presentation,  
17 diagnosis of first episode psychosis and explaining why  
18 no specific label used and how this was not useful at  
19 this time."

20 So you've asked about what this longer illness might  
21 be or what the diagnosis is, and you get that response:  
22 diagnosis, first episode, and no specific label used.

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

24 **Q.** Did you accept that as the position?

25 **A.** At that moment, yes.

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1 happen when Valdo was discharged. And then for him  
2 being discharged, and then that was broken straight  
3 away, so I thought now I need to send an email and  
4 clarify this.

5 **Q.** Did you get a response from Dr Seedat to that directly?

6 **A.** I don't think. I can't remember. If it's not in there,  
7 in the bundle, so I didn't.

8 **Q.** You took when VC was discharged, you took him back --  
9 you were going to take him back to Wales but you didn't;  
10 you went instead to his home in Nottingham, didn't you,  
11 at first?

12 **A.** Yes.

13 **Q.** Did you stay there for a while?

14 **A.** Yes, I did.

15 **Q.** How many nights did you stay there?

16 **A.** I don't know if I stayed two or three nights, because  
17 I had my daughter with me, and then we went back home.

18 **Q.** You tell us in your statement at paragraph 33 you  
19 weren't "contacted by anyone from the Crisis Team or any  
20 community mental health team after [his] discharge on  
21 17 June and it wasn't ... clear to you whether they were  
22 supposed to be getting in touch with [you]."

23 **A.** No, it wasn't.

24 **Q.** And we know, and perhaps we can return to this after the  
25 break, that you contacted them on 11 July, in fact.

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1 **Q.** July 2020, then. So this is post the first admission  
2 now. Crisis Team, you've followed up that they hadn't  
3 visited when they were going to. And if we see, please,  
4 NHFT0000168, page 55, we see on 11 July, the bottom box  
5 you telephone them.

6 **A.** Yes.

7 **Q.** Can you tell us about that please?

8 **A.** On that particular day I think I was speaking to Valdo  
9 and he wasn't making much sense, and his speech was like  
10 slow. And so that was quite worry me because it was  
11 like how he was before the first admission, because at  
12 this point now we know he had his first episode of  
13 psychosis, and then I was quite alert, while I was  
14 speaking to him on the phone, of our conversation,  
15 because Valdo is quite intelligent and then he can speak  
16 to you with not like having to think what he's gonna  
17 answer next. And then while I was speaking to him on  
18 the phone I thought: no, this doesn't sound good; it  
19 sounds like the kind of behaviour that led to the first  
20 time when he was admitted. So I phoned the Crisis then.

21 **Q.** And you asked if he was getting any support from  
22 services, and you said you thought he "may not be taking  
23 his medication". You were asking for an update on his  
24 care.

25 The person who took the call said:

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1 "I [can't] ... discuss [his] care without his  
2 consent ... [and] explained that he was currently under  
3 ... the [Local Mental Health Team]", and you asked for  
4 their number, which they gave you.

5 Subsequently, Claudia Birtles contacted you, didn't  
6 she, on 13 or 14 July -- I think it's the 13th. If we  
7 look at, please, NHFT0000168, page 56. The record at  
8 the top.

9 Had you met Claudia Birtles before then? I think  
10 she'd introduced herself to you once in a meeting,  
11 hadn't she?

12 **A.** Yes, I think so. I never met her in person. Just like  
13 I think it was a phone call meeting. They said, "This  
14 is Claudia that's gonna be looking after Valdo in the  
15 community".

16 **Q.** How did she explain her role to you?

17 **A.** I didn't really, like, much understand the care  
18 coordinator role until now, during the Inquiry. That's  
19 where I understand the broader role of the care  
20 coordinator.

21 **Q.** This is 13 July at 4 pm, in fact. So she contacts you,  
22 or you are contacted.

23 "Attempted to call Celeste twice ... no answer.  
24 Discreet message left with contact details for LMHT."

25 In between that on the 13th, we see what happens on  
53

1 medication or at some point in the day?

2 **A.** Normally I'd phone in the morning.

3 **Q.** To see if he'd take it. And when you thought he was  
4 taking medication, do you think he was taking it in the  
5 morning when he was talking to you, or before or after,  
6 or you don't know?

7 **A.** I don't know, I just will phone in the morning and then  
8 ask him if he had already taken it, and he say, "I  
9 already take it." If not, I'll say, "All right, go and  
10 take it while we're speaking."

11 **Q.** You had expressed those concerns on 11 July and they  
12 weren't acted on by 14 July when this event occurred and  
13 he went back to Brook Court. What do you say about  
14 that?

15 **A.** That's why I was quite upset, because I didn't see Valdo  
16 but I noticed something wasn't right because of our  
17 conversation. So I phoned the services and they just  
18 didn't do anything about it until Valdo was in crisis.  
19 That's when they did something.

20 **Q.** And this was his second admission. He was detained  
21 under Section 3, and that was from 14 July to 31 July.  
22 How long, when he was first sectioned, did you think he  
23 would be sectioned for?

24 **A.** Like for this second admission?

25 **Q.** Yes, the second admission.  
55

1 the 14th, "Street Triage Team: Police Incident", and we  
2 know that the police were contacted by residents of  
3 Brook Court, when once again VC was back in Brook Court  
4 trying to break into premises.

5 If we go to 57, please, NHFT0000168 [page] 57, we  
6 see an entry of 14 July, four boxes down you're upset he  
7 has become unwell and you'd noticed some "red flags".

8 This is a conversation between you and Claudia  
9 Birtles.

10 **A.** And this is the red flag I was talking about on the 11th  
11 when I phoned the Crisis.

12 **Q.** "[VC] had expressed concern that his mum was at risk  
13 despite reassurance from her that everything was okay."

14 You're "unsure whether [he's] been taking his  
15 medication despite calling him every day to prompt him."

16 Why did you think he might not have been taking his  
17 medication?

18 **A.** Because when he was discharged, my conversation with  
19 him, it was, like, different. And from this point  
20 I could see the -- I could notice the way he was  
21 speaking to me from the first days when I used to call  
22 him to take his medication, he was like more lucid, the  
23 lines was straight, but by the time I phoned the Crisis,  
24 he wasn't. So that's why I phoned them.

25 **Q.** Did you phone him the same time most days to take his  
54

1 **A.** I thought it was going to be up to six months, and this  
2 admission when he -- they told me he was Section 3,  
3 I was quite like, relieved. I thought, okay, he's going  
4 to be long in hospital, now by the time he comes out  
5 we'll know what's going on, with his medication, his  
6 diagnosis, and everything will be in place. That's what  
7 I thought. Because at that point I thought: okay, he's  
8 going to go to hospital; this is an opportunity, because  
9 he was on Section 3.

10 **Q.** Can we go, please, to NHFT0000168, page 64. You weren't  
11 at this ward review. It's one that Dr Seedat was at,  
12 and Dr Seedat observes, we see in the first paragraph  
13 below "Patient comments", in the discussion with VC, he  
14 notes:

15 "No signs of remorse or insight into how his actions  
16 have affected others. [VC] Just says 'there will not be  
17 a next time'. Dr Seedat observed that there seems to be  
18 no insight or remorse and that the danger is that this  
19 will happen again and perhaps [VC] will end up killing  
20 someone."

21 Did he ever say that to you?

22 **A.** No. I come across this when I asked for the -- after  
23 everything happened, and I knew he had a diagnosis so  
24 early, so I asked for the medical record, and then once  
25 I was reading the medical record, I come across this.  
56

1 Q. Would you prefer to have been told that, that that is  
2 what he was discussing with VC, and that is what he  
3 thought?  
4 A. Definitely.  
5 Q. Why?  
6 A. Because if you're making an observation regarding my son  
7 that you know he's mentally unwell, that kind of  
8 observation I think I should at least have a right to  
9 know that. So I can -- I will know how to support him  
10 better.  
11 Q. When you say support him better, in what way?  
12 A. Because when you understand, you have a full -- a bigger  
13 picture of what's going on, then you know what to look  
14 for, what to be alert, what you need -- how you need to  
15 act in any situation. But if you don't have a picture  
16 you don't understand, so you're just in the dark, trying  
17 to navigate what you don't understand.  
18 Q. Two paragraphs below that:  
19 "Discussed depot".  
20 So it is Dr Seedat who first raises depot, in fact,  
21 here, and says:  
22 "[VC] takes medication ... on the ward but ... stops  
23 once discharged. Dr Seedat explained the pros and cons  
24 of depot. [VC is recorded to] ... think about it --  
25 ward staff to provide information. Also, brief

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1 A. Yes, and it frustrate me because why do they need to  
2 gain consent from Valdo to give me information? And  
3 then when they need Mental Health Act Assessment and  
4 then they ask me, he hasn't got capacity, and then  
5 I couldn't understand why that, the reason why.  
6 Q. So there appeared a contradiction --  
7 A. Yes.  
8 Q. -- that they're asking you questions at the formal  
9 assessment, but in between you're not getting the  
10 information freely, they're going back to check with  
11 him.  
12 A. Yes.  
13 Q. And when he's unwell he may have a different view about  
14 sharing it with you.  
15 A. Yes.  
16 Q. This records you "would like to be involved in [his]  
17 review if possible."  
18 "If possible". Did you always think that that was  
19 questionable, whether you could be involved in reviews?  
20 A. Yeah, I wanted to be involved but then I don't know  
21 because of the time arrangement when they want to do  
22 a review, if Valdo will agree or not. So I wanted then,  
23 if it's possible.  
24 Q. If we can go to NHFT0000168, 75. You weren't present at  
25 this discussion he'd had with Mrs Angela Purdue. So

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1 discussion about mechanisms of action of  
2 antipsychotics."  
3 Can you remember the first time that the depot was  
4 discussed with VC in your presence?  
5 A. What I can remember, from the first admission, when  
6 I asked Dr Seedat myself, if the medication -- because  
7 six to nine months for somebody to be compliant with the  
8 medication can be quite hard, and then I ask him: if  
9 that doesn't work, what is the next step? Then he told  
10 me the next step would have been depot. That's the only  
11 time I remember.  
12 Q. We see in this admission again, on page 68, you call  
13 each day, bottom of the page: called each day to find  
14 out where clothes are, and the like.  
15 And if we go to page 70, 18 July, conversation with  
16 you.  
17 "Consent gained to share information".  
18 Do you understand it to be the case that consent was  
19 obtained on many occasions from VC to share information  
20 with you?  
21 A. Because when I call, normally they don't give me much  
22 information until they speak to him, and then that was  
23 one thing that used to frustrate me.  
24 Q. Because you had been given permission to have the  
25 information, and they should have just given it to you.

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1 this page is 75, the last box:  
2 "[VC] discussed that when last discharged he felt  
3 well and was doing ok however he felt lethargic with low  
4 motivation. ... was unable to deliver his academic  
5 workload as he had little motivation. Therefore ...  
6 stopped taking his medication as he felt so low. We  
7 discussed how ... became unwell and he stated that he  
8 became unwell only a couple of days prior to him coming  
9 into hospital."  
10 Was that communicated to you: that he was low,  
11 motivated to deliver his academic workload?  
12 A. No, that wasn't communicated to me.  
13 Q. Did he ever say that to you?  
14 A. I remember one of the admission, when I told Dr Seedat  
15 that Valdo told me that the medication slow him down,  
16 then I discussed it with him, and he said, "Oh, he  
17 hasn't mentioned that to the ward, to the staff."  
18 I said, "But he's telling me that it's slowing his  
19 brain, so I'm telling you what he's telling me. He may  
20 not want me to tell you but he's telling me so I'm  
21 conveying to you."  
22 And then he says, "Oh, I will speak to him. If he  
23 said that then we'll deal with it."  
24 Then when I have all the medical record, I knew  
25 Dr Seedat did some mental health assessment and then

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1 Valdo told him that at that point.

2 **Q.** He does appear, doesn't he, VC, we see it in Cygnet with  
3 the assistant psychologists, and this is a psychological  
4 intervention here, he does seem to speak to the  
5 psychologists when he responds to the invitations to  
6 engage with that therapeutic conversation, doesn't he?

7 **A.** Yes.

8 **Q.** And so he has in fact told the psychologist, and if we  
9 go to NHFT0000168, page 78, this is the ward review you  
10 are present on. We see that.  
11 "Celeste [VC's] mother (through phone)".  
12 Then the page, 79, you set out there, concerned he's  
13 "having a relapse", second paragraph, "before his exam":  
14 "Dr Seedat explained to the mother the importance of  
15 [VC] taking his medication ... [VC's] mother queried  
16 about starting [VC] on a depot ... said he doesn't think  
17 he needs to make that decision now."  
18 Do you remember that ward review discussion?

19 **A.** I can't, like, remember but it's written in there.  
20 Probably I must have discussed that with him, because at  
21 this point that was the second admission in a period of  
22 two months.

23 **Q.** How was VC pressed on the topic?

24 **A.** Because I was on the phone, I can't, like, it's -- quite  
25 hard to see kind of like be immersive in what's going

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1 only power I had.

2 **Q.** There was a ward round mental state examination, risk  
3 assessment, mental capacity, at this times.  
4 NHFT0000168, page 80, scroll through, and then page 81,  
5 "impression".  
6 "acute relapse due to non-concordance with  
7 medication, seems calmer in general and no management  
8 problems on the ward, Likely schizophrenia."  
9 Were you told at the end of the second admission, or  
10 around this time, it was schizophrenia?

11 **A.** No, I wasn't told.

12 **Q.** What it says needs to happen, four lines up:  
13 "... needs to happen prior to discharge: more  
14 clarity around his risk and insight."  
15 Were you ever asked to input in relation to risk  
16 assessment?

17 **A.** Never.

18 **Q.** Risk to others, risk to himself?

19 **A.** No.

20 **Q.** Risk at all?

21 **A.** Never.

22 **Q.** If we go, please, to NHFT0000168, page 105.  
23 28 July 2020. Another ward review. You're present.  
24 If we go over to 106, this is where you report back  
25 about medication halfway through, what he's told the

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1 on, fully understand how much they were pressing him or  
2 not, how much he had an understanding, and importance of  
3 like, the depot.

4 **Q.** Dr Seedat explained here that "section 3 allows [VC] to  
5 be treated in the hospital for up to 6 months". Can we  
6 see that in the middle of the paragraph?

7 **A.** Yes.

8 **Q.** You said you thought he was going to be there for  
9 six months. Is that where you heard "six months"---

10 **A.** Yes.

11 **Q.** -- him saying that?

12 **A.** Yes.

13 **Q.** He says "up to 6 months". Was there more discussion  
14 within that? He says "6 months is the maximum".  
15 Is there any discussion at that time about how many  
16 months it would be?

17 **A.** I don't think we discussed at this time, but I think  
18 during the discharge, because he was there were only  
19 two weeks I did not agree. I thought it was too early  
20 to discharge him when he only had a Section 3, and  
21 knowing Valdo, even when you discharge him first, when  
22 I look at him, you look at a person, you don't just look  
23 at them; you look beyond. I know my son. He doesn't  
24 look right. But I haven't got power to do anything else  
25 beside of agreeing with the admission. That was the

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1 psychologist:  
2 "[VC] told his mother ... the medication has been  
3 making him feel drowsy. Dr Seedat explained ... all  
4 anti-psychotics are tranquilisers to an extent. Dr  
5 Seedat said [VC] had not said anything about sedation to  
6 any of the staff. ... [he'd] ask [him] about [it].  
7 Mother is happy with the discharge plan."  
8 It's recorded there that you're happy with the  
9 discharge plan. Is that your reflection of how you felt  
10 about at that time?

11 **A.** No, I was never happy with Valdo's discharge plan from  
12 the first and second admission, because I know my son  
13 better than any other psychiatrist when I look at him.  
14 I don't know what's going on with him in his head and  
15 everything. But if I look at a person I can see he was  
16 an empty shell when I look at him. He wasn't there. He  
17 was never there from the first and second admission.  
18 And then I told the doctor that: he wasn't there, he  
19 wasn't ready for discharge.  
20 But that's what they agree: he needs to be  
21 discharged, he needs to go back to community, he needs  
22 to be treated, they don't like to keep people long in  
23 hospital, so I haven't got choice, I haven't got power  
24 to challenge that.

25 **Q.** Did you think they would know, as the professionals, or

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1 Dr Seedat would know what was the right thing to do?

2 **A.** What do you mean?

3 **Q.** Do you think he knew best for VC that if he was prepared

4 to discharge him into the community, that was the right

5 thing to do?

6 **A.** Yes, he knew best because he's consultant. So if he

7 decide that, even though I didn't agree with it, I've

8 raised my concern and then he said that's what needs to

9 happen, the power is all down to him because he's the

10 consultant, and he's on his ward, so ...

11 **Q.** "Dr Seedat explained [if we continue this] that [the]

12 crisis team will see him daily to start off with.

13 Merima from [the] crisis team explained that crisis team

14 will see [him] on Saturday and continue to provide close

15 daily follow up for at least a week."

16 "MDT discussion":

17 "Dr Seedat explained that we have called the Crisis

18 Team as we feel as though [he] may need more support

19 when he is discharged. ... we have done some work on

20 insight, concordance and it seems as though he is saying

21 the right things. [that he] want[s] [the] Crisis team

22 follow-up to ensure this is the case."

23 Did you know or were you part of that monitoring, if

24 you like, about insight? Did they discuss with you the

25 importance of him recognising that he was ill, and what

65

1 with her?

2 **A.** I would describe Claudia, my relationship with her, at

3 that point until -- at that point when she had Valdo, we

4 were like communicating like quite well, she was telling

5 me what's going on, what's not going on, not in the

6 detail because whatever I knew at the time when I used

7 to speak to Claudia, when I came to have the medical

8 record and read it, I was quite like -- I thought I

9 didn't know anything. That's how I can put it.

10 **Q.** That can come down, please. Can we have NHFT0000168,

11 page 126. This is 6 August 2020, and an entry by

12 Claudia Birtles. So it's when he's in the community

13 after the second admission.

14 We see, at paragraph 3, Claudia records:

15 "During the admission [VC] spoke of his concern that

16 he isn't where he expected to be at 28 years of age,

17 comparing himself to peers and siblings. Celeste has

18 offered ... reassurance about this however she believes

19 that coming out of hospital on the first occasion he

20 stopped the medication to try and prove that he could

21 lead a normal life off medication. There is therefore a

22 risk this could happen again."

23 Two questions from that: first of all, VC is saying

24 he wasn't where he expected to be, comparing himself to

25 peers and siblings. What did you assess was his feeling

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1 that meant --

2 **A.** No, I didn't --

3 **Q.** -- and taking medication?

4 **A.** They never discuss that with me. And just like going

5 back, he wrote "mother is happy with discharge", they

6 could have said, "mother does not agree with the

7 discharge, however, this is the plan." That's what they

8 should have written in there. And then insight, they

9 never invite me to.

10 **Q.** You say in your statement, we don't need it up, but at

11 paragraph 46:

12 "It was my understanding when [VC] was discharged

13 from hospital on 31 July, he would be under the care of

14 the crisis team at first and then the Early Intervention

15 in Psychosis Team ... that they would see him every week

16 to review him and make sure he was ok. I knew he would

17 have a different psychiatrist in the community but

18 I never spoke to anyone other than Claudia. I think

19 I was aware that he was under the care of Dr at some

20 point as Claudia had said that [VC] had missed an

21 appointment with Dr Lloyd."

22 So your contact, effectively in the community, was

23 Claudia Birtles, wasn't it?

24 **A.** That's correct.

25 **Q.** And how would you describe her and your relationship

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1 about that, where he was compared to peers and siblings?

2 **A.** What I got from that, it's just, like, probably at that

3 time he is 28, he should have been, like, finished his

4 university, but be working or whatever he choose to do.

5 But it's my understanding Valdo didn't want to go to

6 university straight away when he finished school, so he

7 didn't -- because some kids mature, they know what they

8 want straight away, but at that point he didn't know

9 exactly what he wanted to do, so he waited until he knew

10 exactly "This is what I want to do, this is what I like

11 to do" so he went on to do it. That's why I said, "It

12 doesn't matter, you don't have to go to university just

13 because everyone else go to university at that age. You

14 can still go to university and get your degree when

15 you're ready to get this, not just because everyone else

16 is getting it at that age, doesn't mean at that time you

17 have to do it."

18 **Q.** About what you said:

19 "He'd stopped [taking] ... medication to try and

20 prove that he could lead a normal life off medication".

21 Why did you say that, because of something he said

22 or something you understood?

23 **A.** I think probably that's something he has mentioned to

24 me, thinking okay: he doesn't need medication, he's fine

25 without it.

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1 Q. What do you say to him when he says that?  
 2 A. Because normally what I will tell him: "You're not well,  
 3 you need your medication. Because you can't -- if  
 4 you're not well, you need your medication. Without your  
 5 medication, you'll be poorly. So you need to take your  
 6 medication". That's why I used to keep an eye on him to  
 7 remind him just to do that.  
 8 Q. You say, in terms to Claudia Birtles:  
 9 "There is therefore a risk this could happen again."  
 10 le, that he stops the medication.  
 11 A. Yeah.  
 12 Q. You're saying that, you're identifying that: he's done  
 13 it in the past, he could do it again?  
 14 A. Yes.  
 15 Q. Were you concerned that nothing was going to change if  
 16 he wanted to lead a normal life and wasn't taking it?  
 17 A. Because I remember my conversation with the consultant  
 18 when he told me, it's the first time, it needs to be six  
 19 to nine months without taking. And then, by the time  
 20 he's had his second relapse, you're going to 18 months.  
 21 So I thought that was important for him to take his  
 22 medication.  
 23 Q. What were you saying about the current flat? Have  
 24 a look at the next paragraph, please, and tell us what  
 25 your concern was about the flat situation, and

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1 Q. -- and it was necessary to be mindful of previous risk  
 2 to others.  
 3 Did anyone sit down with you, either Claudia Birtles  
 4 or anyone else, sit and structure what that risk could  
 5 look like in the community and what might be happening?  
 6 A. Never. I just have to navigate the system myself and  
 7 just try to make sense what was going on.  
 8 Q. You're very clearly here stating medication issue could  
 9 happen again and risk to others if he's in the same  
 10 flats and he's worried about persecutory beliefs.  
 11 A. Yes, because the first time he was poorly he thought  
 12 I was being raped somewhere in one of the flats and then  
 13 he knocked on the door. So if he gets to that point  
 14 again, that's why I was asking for just for them to have  
 15 a look. But no one never, like, sit with me and say,  
 16 "Okay, this is the risks, this is what you need to look  
 17 for, this is what can happen." I was just navigating  
 18 the system on my own.  
 19 Q. You spoke to Claudia Birtles. Was there ever  
 20 a suggestion from her or anyone else that you should  
 21 speak to Dr Lloyd? Did Dr Lloyd try and speak with you  
 22 about any concerns you had?  
 23 A. No, I never spoke to Dr Lloyd, no.  
 24 Q. But here you are in August 2020 raising concerns about  
 25 a risk of not taking medication and to be mindful of

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1 particularly him returning to the original flat and how  
 2 that might be a risk to others?  
 3 You see, despite the difficulties of him having the  
 4 paranoid persecutory beliefs about flatmates, you  
 5 believe he's happy to have returned to the original  
 6 flat:  
 7 "However it may be worth exploring some of these  
 8 previous experiences in more detail and to be mindful of  
 9 previous risk to others when [he's] unwell".  
 10 A. I just probably wanted, like, probably Claudia just to  
 11 speak to him to find -- to see a little bit more because  
 12 I don't understand about the mental health side of it  
 13 and the risks, what's going on. When I say "the risks",  
 14 like the extent of it, what involved. So I needed that  
 15 to be explored more -- (*overspeaking*) --  
 16 Q. And him being in a flat --  
 17 A. I understand.  
 18 Q. -- where he'd got beliefs or persecutory beliefs about  
 19 flatmates, you had to be mindful of the risks. You're  
 20 pointing that out to Claudia Birtles, yes, because of  
 21 the history?  
 22 A. (*The witness nodded*).  
 23 Q. The history was more than concerning in relation to  
 24 breaking into flats --  
 25 A. Yes.

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1 previous risks to others?  
 2 A. Yes.  
 3 Q. But no consultant at this point in the community --  
 4 A. No.  
 5 Q. -- discusses any of that with you?  
 6 A. No. And even if there's any risk to him as well,  
 7 himself, because at this point I don't even know what  
 8 can happen to him. I'm just, like, living in anxiety,  
 9 basically.  
 10 Q. 15 August 2020, NHFT0000168, page 130. This is  
 11 a contact at a time:  
 12 "[VC] states speaks his mother nearly everyday, he  
 13 reports that she does not have any concerns with regards  
 14 to his mental health. [This time we] note from RIO  
 15 mother feels that there is an improvement in his mental  
 16 state. Mother also aware ... she can contact the crisis  
 17 team or the local mental health team if she has any  
 18 concerns."  
 19 Do you think at this point it was being handed over  
 20 to you, in your communications with him, to detect  
 21 whether there was a difference in mental state?  
 22 A. When I sit through this Inquiry, when I read all of  
 23 this, I thought basically I was doing mental health job  
 24 for them. Even though I wasn't trained, I was raising  
 25 the flags and saying this was happening and then looking

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1 at the medical record you could see, they could see the  
2 things happening, or he was being abrupt, he was unkempt  
3 and this was going, and then no one was acting on it  
4 until I say something. Even when I say something, it  
5 takes maybe weeks or months before they do something  
6 about it.

7 **Q.** There was a change, wasn't there, between August and  
8 October. We see 9 October, NHFT0000168, page 135.

9 You've been unable to contact VC:

10 "... out of character for [VC] ... normally talk  
11 [every day]."

12 And he has said, "Don't speak to me for 2 months."

13 Can you see that at the top?

14 **A.** Yes.

15 **Q.** So why do you contact the team then?

16 **A.** Because I was worried, him telling me "Don't speak to me  
17 for 2 months". I was worried about him, I didn't know  
18 what was happening with him, so that's why I contact the  
19 mental health.

20 **Q.** Reference to going out to see VC from Abigail Parsonage  
21 and then there's a cold call conducted. And we see  
22 telephone call on 15 October from you. Cold call made,  
23 he's not at home:

24 "... call back to Celeste to give feedback and ... I  
25 will email EIP manager for follow up."

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1 because that if -- because I asked if Valdo had an  
2 appointment and then she must have told me they have  
3 brought the appointment forward. And then revealed some  
4 things to them, but not in full detail and he talk --  
5 she must have told me, he told her he was hearing  
6 voices, and then they up his medication. I think I had  
7 this conversation with Claudia.

8 **Q.** In the third paragraph:

9 "He said ... he was taking his medication regularly  
10 apart from missing a couple of odd days when he forgot  
11 ... He [gives] his consent to share with his family  
12 about him."

13 Do you see that?

14 **A.** Yes.

15 **Q.** So at this point he is explaining that to get out of  
16 hospital he says he doesn't hear voices and he's hearing  
17 them, and he's happy to share that with you.

18 **A.** Mm-hm.

19 **Q.** The impression:

20 "Came across psychotic with escalation of symptoms,  
21 (... 3rd auditory hallucination, underlying perplexity  
22 ...)"

23 Who followed up at the time with that? Did Dr Burri  
24 speak to you or was it someone else who told you about  
25 that?

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1 We see, 24 October, you speak with Gary Carter about  
2 VC, a concern that "... he's not talking to her and her  
3 husband".

4 Did you have many conversations with Gary Carter?

5 **A.** I don't remember having many conversations with him. My  
6 conversation -- my main conversations used to be with  
7 Claudia. This is when she wasn't around. Then if  
8 I text or phone, then somebody will speak to me.

9 **Q.** Then Gary Carter we know took a visit, suggested VC  
10 phone you. Did he phone you at that time?

11 **A.** He may have phoned me, but I can't remember if he did.

12 **Q.** NHFT0000168, page 138, 10 November 2020, Dr Bilal Burri  
13 goes to see VC and this is at a time when he, VC, has  
14 been asking to speak with Dr Seedat and has asked to  
15 speak to a doctor, and gets to speak to Dr Bilal Burri.  
16 So NHFT0000168, page 138, please, in the second  
17 paragraph:

18 "He said just before his discharge from admission at  
19 Highbury Hospital back in July he told the ward doctor  
20 he no longer hear voices but ... that is not the case  
21 and he only said it because he was tired for being in  
22 hospital."

23 Were you told about this?

24 **A.** I think, because I was texting or phoning Claudia  
25 regarding this, she must have told me some point,

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1 **A.** I think it was Claudia. I didn't speak to any doctor.

2 **Q.** Again, if we go to NHFT0000168, page 139, he's asked  
3 again by Dr Burri, we see no concerns:

4 "... happy ... to speak with the mother regarding  
5 his welfare."

6 If we go to page 140, NHFT0000168, page 140. It  
7 looks there if we go to the third paragraph: you didn't  
8 know that VC had deferred his course:

9 "And [you] expressed ... he [must] be struggling [or  
10 might be struggling] at the moment."

11 So he hadn't said anything to you about deferring  
12 his course.

13 **A.** At this point, I don't think so. He maybe told me  
14 later, but I don't think so.

15 **Q.** You were speaking to Claudia Birtles about that issue.  
16 If we go to 142, hearing back from the University:

17 "... about whether he could return to his studies."

18 Claudia Birtles was aware of that?

19 **A.** Yes.

20 **Q.** He didn't come home for that Christmas, did he, it was  
21 the Christmas --

22 **A.** No, he didn't come home that Christmas.

23 **Q.** He was working every day up until Christmas Eve. How  
24 much time did you see him in the family home or setting  
25 in Wales at this time?

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1 A. Like, during his illness?  
 2 Q. Mm.  
 3 A. Up to this point, he didn't come home.  
 4 Q. At all?  
 5 A. No, he didn't. Because when he was poorly, he was -- we  
 6 were in the lockdown and I think this Christmas as well,  
 7 this period I think we were in lockdown, because  
 8 I remember, I don't think Elias came home that Christmas  
 9 as well.  
 10 Q. There was a Relapse Prevention Plan, wasn't there,  
 11 NHFT0000168, page 145, that was done with VC in  
 12 January 2021? Were you ever asked to contribute to  
 13 that, to look at relapse prevention?  
 14 A. No, I was never asked.  
 15 Q. You tell us in your statement you don't remember  
 16 anything significant happening between January and  
 17 May 2021 and we'll come to May 2021 in a moment, with  
 18 NHFT0000168, page 153, please. In that period, when you  
 19 don't remember anything significant, was there  
 20 communication with him?  
 21 A. I was still speaking to Valdo, but I think probably by  
 22 this period, he is kind of like understanding a little  
 23 bit what's going on in his head. So he wasn't  
 24 disorganised because the thing that used to raise my  
 25 alarm bell is the way he talked to me, the

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1 Q. They telephone him: "Risks no thoughts to harm self or  
 2 others" are recorded there.  
 3 We know, of course, on 31 May that he visited Thames  
 4 House. So very shortly after you'd raised these  
 5 concerns he'd gone down to London and we've seen the  
 6 footage of that. Were you ever aware of that, that he'd  
 7 done that?  
 8 A. No, the only thing I was aware was because his thoughts  
 9 were disorganised and so I phoned them and then they say  
 10 he's okay, and then I thought when they tell me he's  
 11 okay, that mean they did an assessment, they went and  
 12 see him, and thought he was fine, so I took that as he  
 13 was fine.  
 14 Q. Claudia Birtles was on leave but she came back, and if  
 15 we go to NHFT0000168, page 154, she responded to you on  
 16 14 June:  
 17 "Hi Celeste it's Claudia. Nothing to worry about,  
 18 I was just going to check in with you after my annual  
 19 leave. I know you had some worries when I was off work.  
 20 How are things now? Hoping to see [VC] later this week.  
 21 "Many thanks, Claudia."  
 22 Your reply we see there:  
 23 "Thanks for the text, I ... appreciate it.  
 24 "There were some things that [weren't] adding up ...  
 25 made me worried. The team assessed him over the phone

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1 disorganisation, but by that point I couldn't kind of  
 2 pick anything that I could see was significant.  
 3 Q. He wasn't studying then, was he, he was on that  
 4 interruption?  
 5 A. No, he wasn't studying, no.  
 6 Q. 29 May, then, the entry at NHFT0000168, page 153,  
 7 please, you telephone and tell crisis:  
 8 "Mum to advise she believes her son is becoming  
 9 unwell. She reported she has been speaking to him over  
 10 the last few days and she has sensed he is not doing  
 11 well and he wasn't making sense.  
 12 "Last time when he became unwell, he was hearing  
 13 voices telling him his family is in danger and he was  
 14 having thoughts to attack his neighbour and went to  
 15 neighbours house with intent. This is Mum's main  
 16 concern, he will be suspicious ... and act on his  
 17 paranoia."  
 18 So just tell us what you were telling them as  
 19 recorded there.  
 20 A. What I was telling them, because until that point a few  
 21 days until that point, I didn't pick up anything. But  
 22 by that point his thoughts were quite disorganised, and  
 23 I could hear that he was -- he wasn't making sense so  
 24 that's why I was worried. So I phoned the Crisis Team  
 25 to tell them I don't think he is well, at that point.

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1 and thought he was fine also they went to see him which  
 2 put my mind at rest."  
 3 Was your mind put at rest when you knew  
 4 professionals had gone to see him?  
 5 A. Yeah, they told me they'd seen him and he was fine, so I  
 6 thought: okay, maybe I'm just worrying for no reason.  
 7 Maybe this is a new Valdo, just have to get used to it.  
 8 Maybe that's his new way of talking, and stuff like  
 9 that, so ...  
 10 Q. You say in your statement:  
 11 "Having reflected on [the position] now ... I think  
 12 ... [VC] was beginning to become much better at masking  
 13 his symptoms."  
 14 A. Definitely.  
 15 Q. Expand on that for us, please.  
 16 A. Because until that point, probably he would just speak  
 17 and then I will pick up anything. Maybe by this point  
 18 now, he knows I'm kind of, like, I'm listening properly,  
 19 I'm picking those red flags, and then he's just, like,  
 20 when he's speaking to me, he knows what to say, how to  
 21 speak to me. So I wouldn't have picked that up, because  
 22 otherwise. That's what I meant.  
 23 Q. On 11 July -- that can go down, please -- on 11 July he  
 24 drove to Wales, didn't he, the family home,  
 25 unexpectedly. You deal with that in paragraph 57 of

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1 your statement, if we have WITN0085001, page 17.  
 2 Tell us what happened then?  
 3 **A.** Which paragraph?  
 4 **Q.** Paragraph 57. So when he drove to your house in Wales  
 5 on 11 July; what happened?  
 6 **A.** He came home, and I was expecting he would come in the  
 7 house, but then he refused and said he's not coming into  
 8 the house. That looked quite -- a little bit strange.  
 9 Why you not come to the house? So we try having  
 10 conversation with him, but he refused and say he wasn't  
 11 coming into the house because people can see through his  
 12 lies and I thought here we go again with his story  
 13 people can see through the eyes.  
 14 But what put my mind at rest, his ideas wasn't  
 15 disorganised, like, the way he was acting before, even  
 16 from the phone call, I couldn't notice he wasn't well.  
 17 He was calm, like, according to the video, when you see  
 18 on Thames House, he was calm. So I thought --  
 19 **Q.** Was he fluent?  
 20 **A.** Yeah, he was.  
 21 **Q.** Because you said earlier on his thoughts --  
 22 **A.** Yeah, he was, he was fluent. So I thought, well,  
 23 maybe -- then because already the -- I have already  
 24 phoned in May and then they told me he was fine. So  
 25 I thought: okay, maybe this is a new Valdo, I just have

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1 **Q.** Well, he doesn't want to do it here, does he?  
 2 **A.** Yeah, he didn't want to do it here, but then later on,  
 3 I must have convinced him, he must have told me at some  
 4 point.  
 5 **Q.** He does that on the very day of the Mental Health  
 6 Tribunal saying he doesn't have insight into his  
 7 condition. So did you speak to him on the day of  
 8 23 September when he got his Mental Health Tribunal  
 9 decision?  
 10 **A.** I don't know, maybe I was convincing him before, he  
 11 wouldn't do it. Maybe by that point he may have told  
 12 and said, "Oh mum did tell me, do it maybe" I can't  
 13 remember.  
 14 **Q.** Did he discuss at any of these times any of the events  
 15 in Brook Court when he kicked doors in, when the  
 16 neighbour had jumped out of the first-floor window? Did  
 17 he discuss any of those matters with you?  
 18 **A.** No, from Valdo's first and second admission, his memory  
 19 was very fragmental. A lot of things he didn't remember  
 20 very much. Sometimes he would have to ask what the  
 21 doctors said, what was going on, because at some point  
 22 in my email, I did email Dr Seedat to ask him if that  
 23 was normal for him not to remember.  
 24 **Q.** Did you ask him about the woman who had jumped out of  
 25 the window? Did you ask him about that episode, that

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1 to get used to it. Because they put my mind at rest,  
 2 the professionals, and say: okay, it's fine, nothing is  
 3 wrong. I say maybe I just need to adjust to this new  
 4 life now.  
 5 **Q.** You were away, weren't you, end of July until  
 6 22nd August. If we go, please, to NHFT0000168,  
 7 page 159, this is a home visit. And VC, on page 159,  
 8 halfway down, reporting that:  
 9 "... he declined the offer of a conditional  
 10 caution."  
 11 This had been offered in relation to the criminal  
 12 damage, one of the events at Brick Court and he wants to  
 13 contest the case in court.  
 14 Did he ever discuss with you any criminal  
 15 proceedings or anything that was happening with the  
 16 police?  
 17 **A.** I think he must have discussed some things with me,  
 18 because, from my recollection, he must have, because the  
 19 time when he was in Cygnet, when he went back to tell  
 20 the police who were taking the caution, I told him you  
 21 have to pay if you've done something wrong, and then  
 22 they told you to pay the door, he will just pay  
 23 otherwise, it may be thousands of pounds, by the time  
 24 you go to court. I think I must have convinced him to  
 25 do that.

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1 he'd tried to break in and someone was so frightened  
 2 they jumped out?  
 3 **A.** We must have talked about it, but I can't remember.  
 4 **Q.** Try; what was his reaction when you did talk about it?  
 5 It doesn't matter when or at what point, I don't know if  
 6 it was here or earlier, but when you approached that  
 7 topic with him, what did he say to you?  
 8 **A.** I can't remember what he said, but just trying to  
 9 remember, if we had this conversation. I can't  
 10 remember.  
 11 **Q.** Because you were obviously, we see in notes, concerned  
 12 for neighbours, rightly concerned that if he had these  
 13 beliefs he might go into their flats or homes or do  
 14 something. So you're expressing that to the  
 15 professionals. It's likely you did say something to him  
 16 about it, or would you have been worried about raising  
 17 it with him? How open were you with him?  
 18 **A.** I can't remember, even if I have raised it with him,  
 19 I know his memory was quite fragmental at that time.  
 20 **Q.** So he might not have told you he didn't remember,  
 21 whether he did or didn't?  
 22 **A.** He didn't, yeah. His memory was really fragmental on  
 23 those two admissions, really fragmental.  
 24 **Q.** So if he said, "I don't remember it, that's why I'm not  
 25 telling you about it", would you have accepted that?

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1 A. I haven't got anything else to go with.  
 2 Q. If we go, please, to WITN0085003, page 5, these are text  
 3 messages between yourself and Claudia Birtles, and we  
 4 see many messages between you. If we just look at this  
 5 page, for example, on 23 August 2021, you say:  
 6 "Hi Claudia, I'm fine thank you ... I was out of the  
 7 country ... thanks for reaching out, I spoke to [VC]  
 8 yesterday. He's still showing signs of paranoia and  
 9 hasn't taken his medication in a while. Let me know  
 10 when you see him. I hope you're well ..."  
 11 You then get a call from somebody else called Jen:  
 12 "... I'm calling from [Mental Health] services in  
 13 [Nottingham] please call me back ..."  
 14 They asked you to call back, didn't they?  
 15 A. Yes. They did.  
 16 Q. When you managed to speak to VC, you tell us in your  
 17 statement that he started to talk about how the  
 18 Government was monitoring him and the like; is that  
 19 right?  
 20 A. Yes.  
 21 Q. So when he said those things, were you concerned again,  
 22 about him?  
 23 A. I was concerned because this is just replicated, the  
 24 concern that when I phoned him in May, and then they  
 25 told me he was fine, he just replicated, like, the same

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1 body-worn video footage? What did you think had  
 2 happened at the assessment?  
 3 A. I thought he just resisted to go with the police.  
 4 Q. Who did you discuss that with at the time of the events  
 5 back in September?  
 6 A. Probably the -- the first person would have told me  
 7 would have been the person that carry out the Mental  
 8 Health Act Assessment. And then I wanted to know more,  
 9 but she couldn't tell me more of what happened.  
 10 Q. Were you shocked by it?  
 11 A. Like when? When I saw it in here?  
 12 Q. Yes.  
 13 A. In the Inquiry?  
 14 Q. Yes.  
 15 A. Yes, of course, I would have been shocked about it,  
 16 because I didn't expect the Valdo nature to do what he  
 17 did. At that time I thought: well, he just didn't want  
 18 to go with the police, and then he was just, like, maybe  
 19 just resisting them taking him. I didn't know to that  
 20 extent, but I wanted to know at that time when it  
 21 happened.  
 22 Q. If we go, please, to NHFT0000168, page 191, this is when  
 23 he's at Cygnet and we see he has a tribunal remote  
 24 hearing on 23 September. And the decision we see  
 25 recorded there: to remain on Section 2 of the Mental

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1 kind of lines of conversation.  
 2 Q. This led, didn't it, to early September, a further  
 3 attempt of a Mental Health Act Assessment?  
 4 A. Yes.  
 5 Q. So if we go to NHFT0000168, page 164, this is notes of  
 6 your reports of what he was saying. Page 164,  
 7 penultimate box:  
 8 "Celeste said [VC] has spent much of the call  
 9 talking about the Government monitoring him and it was  
 10 difficult for her to challenge these beliefs as [he]  
 11 appeared quite fixated on them. ... [told] his mum that  
 12 he had seen EIP on Tuesday and had been polite but ...  
 13 told them he no longer wanted to see them. [He] had not  
 14 told his mum he'd stopped his medication."  
 15 But you were concerned that he had; is that right?  
 16 A. Yes, I was concerned because for him to be talking like  
 17 that, he must have stopped his medication. That's the  
 18 only reason, and this goes back, like, since May and  
 19 being like kind of -- I told them: I don't think he's  
 20 taking his medication, the way he was acting.  
 21 Q. That, of course, led to the assessment and the body-worn  
 22 footage video we've seen of what happened next and his  
 23 detention. It was a Section 2 converted into  
 24 a Section 3 and we know he went to Cygnet first of all.  
 25 What did you understand about the events recorded on the

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1 Health Act at Cygnet.  
 2 Did Claudia Birtles speak to you about that  
 3 tribunal, or the hearing, and what was happening?  
 4 A. I think Claudia did spoke to me and I think somebody  
 5 else before they did the next Mental Health Act  
 6 Assessment, spoke to me, because I was clearly, like, at  
 7 this point, I thought you know what? What's going on?  
 8 No one is telling me what's going on. And then the only  
 9 thing I'm involved is to say, yes, if he's poorly,  
 10 section him. I said that's not good enough for me.  
 11 I want to know more. I want to be involved. I want to  
 12 understand what's going on with Valdo.  
 13 Q. While you're speaking, can we have NHFT0000168,  
 14 page 192, that's the conversation you're describing now,  
 15 with Claudia Birtles on 23 September. She updates you  
 16 and you say:  
 17 "[You] don't feel ... [have] a full understanding of  
 18 [his] current difficulties ..."  
 19 Is that right?  
 20 A. Yes.  
 21 Q. What attempts, we know you made them, but what attempts  
 22 did you make to get in touch with the Cygnet hospital?  
 23 A. I called, like I was doing when Valdo was admitted for  
 24 a second time, I was trying to call all the time. So  
 25 somebody can speak to me and tell me what happened,

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1 what's going on, how was he doing. So I can at least be  
2 informed of his progress. But there wasn't much,  
3 really, from the Cygnet at all. No.

4 **Q.** If we go, please, to Cygnet CYGN0000052, page 14. It  
5 looks as though, if we go to the top box, 23 September,  
6 you're relying on Claudia Birtles for updates there.

7 "Celeste has struggled to get in touch with the ward  
8 but [did] have updates from Claudia about ward reviews  
9 and [the Mental Health Act] tribunal on 23.9.21."

10 You said you find it hard to make decisions about if  
11 VC requires further detention. Is that because of what  
12 you're saying you don't know?

13 **A.** Yeah, I don't know.

14 **Q.** But in fact you don't at any point suggest he shouldn't  
15 be detained when the professionals say that  
16 -- (*overspeaking*) --

17 **A.** No, I never. I told them if he needs to be detained,  
18 just do it.

19 **Q.** Did you see a copy of the tribunal decision? Did anyone  
20 give you that?

21 **A.** No, I never saw any of Valdo's decision until I asked  
22 for the medical record. That's when I saw it.

23 **Q.** When did you ask for the medical records?

24 **A.** I asked for the medical record, I think it was 2024,  
25 after the court case, and everything. After hear what

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1 the Priory?

2 **A.** Because, I'd been like trying to contact them so they  
3 could tell me what's going on, because I think at some  
4 point I must -- I don't know if Claudia or the AMHP told  
5 me they were going to move him to Section 3. I thought,  
6 okay, now we've got a chance, another Section 3, to do  
7 something with Valdo, (*unclear*), and then come up with  
8 a plan, and then at least somebody will tell me  
9 a diagnosis. And then me to be phoning that point,  
10 I think I don't know if it was just two months down the  
11 line, and then they told me he was discharged that  
12 morning. I thought that was at least one of my right,  
13 for them to tell me he was going to be discharged. And  
14 then I wasn't happy at all. And then I don't know if it  
15 was just a secretary or somebody that answered the phone  
16 that told me that.

17 **Q.** Had you spoken to anyone at the Priory?

18 **A.** I don't know if I spoke to someone one day and then  
19 I asked to speak to the leading consultant, but I never  
20 got that back.

21 **Q.** NHFT0000168 page 195, he's discharged and in the  
22 community. It's recorded here, at the bottom of 195,  
23 you've been in contact with him over the weekend  
24 briefly:

25 "... thinks ... he seems okay, appears to be

91

1 was going on in the court. And then after that,  
2 I thought I need to get my hands on that medical record  
3 and then make sense what's been happening.

4 **Q.** Did you know he was moving from the Cygnet to the  
5 Priory?

6 **A.** My understanding of that, he -- I thought like Cygnet  
7 and Priory was like different wards. He was in one ward  
8 and then he was downgraded to another ward. I didn't  
9 even know. It was a different hospital. That was my  
10 understanding. That was how bad it was at that time, in  
11 my understanding of what was going on with Valdo, at  
12 that time.

13 And then I have like even to look for the numbers,  
14 phone number to try and contact, or online, and then  
15 tried to filter and see what hospital, what phone  
16 number, which ward he was. That's how I did it that  
17 time, not much information at all.

18 **Q.** NHFT0000168, page 194, please. 22 October.

19 "[VC] was discharged this morning, mum rang and was  
20 annoyed she had not been informed. Neither had we.  
21 I asked them what he had been discharged on medication  
22 wise but they did not know. I asked them if they had  
23 sent the Discharge Summary to Claudia, they stated not  
24 yet as the ward has been busy."

25 When and how were you told about the discharge from  
92

1 focusing on ... Uni work ... happy he has found new  
2 accommodation."

3 And he's told you: "he is taking his medication."

4 It was explained to you that Claudia hadn't had much  
5 contact "since his discharge from hospital". You said  
6 you'll speak to him and encourage him to get in contact.  
7 You don't want him to become unwell again. You  
8 currently working on an intensive care ward and  
9 "struggling with the demands of the job and worries  
10 about [VC] being in Nottingham."

11 So how many days a week were you working at this  
12 time?

13 **A.** I was contracted full time. At least I will do, some  
14 weeks I will do three shifts which is 12 and a half hour  
15 and then at least once a month I will do four shift of  
16 12 and a half hour.

17 **Q.** You speak on 29 November. It's recorded at 199, so  
18 NHFT0000168 page 199. You speak about the importance of  
19 him attending OPAs. Were you concerned about his  
20 non-attendance at that point?

21 **A.** Yeah, I was concerned because Claudia was telling me he  
22 didn't attend appointment and when I told Claudia,  
23 because I wanted to go to Nottingham to see if I could  
24 encourage him to go for an appointment, but even though  
25 at this point he wouldn't give me his address.

92

1 Q. You didn't have his address, he wouldn't --  
 2 A. No, he wouldn't give me address. So yeah, I was  
 3 concerned he needed to attend his appointment, because  
 4 then at least that way if he go to appointment then they  
 5 could see what's going on with him.  
 6 Q. So you were clear here, you want to come to Nottingham,  
 7 you'd got considerable work, and you were in no way  
 8 committing to do that and being able to do that, in  
 9 terms of encouraging him to attend .  
 10 A. Yeah.  
 11 Q. We then see at WITN0085003, page 9, 14 December, you say  
 12 at the bottom:  
 13 "Hi Claudia ... have been busy with work ... haven't  
 14 spoken to [VC] since last week. I'm in work today  
 15 I will call him to find out what's going on."  
 16 Then if we go to page 10, we see the email that's  
 17 sent to you from Claudia on 16 December:  
 18 "... hope you're okay ... appreciate you may have  
 19 spoken to [VC] this week. He has called me today to  
 20 tell me that I shouldn't be contacting you to get in  
 21 touch with him and going forward I am to have no contact  
 22 with yourself. I'm really sorry about this. I don't  
 23 think he's very happy with me at the moment. I'm going  
 24 to discuss this with our manager but as you appreciate  
 25 if someone expresses a wish that we have no contact with  
 93

1 process. Thank you ... for everything you've done in  
 2 the last 18 months [...] Thanks for keeping an eye on  
 3 him and I hope he changes his mind in the future. I  
 4 hope you have a wonderful Christmas [...]"  
 5 December 30, you send a text:  
 6 "[...] I've been off work the last week ... just  
 7 wanted to check you'd received my messages earlier ... I  
 8 had a discussion with my manager about [VC's] wishes and  
 9 although I won't be able to disclose any confidential  
 10 about his care, I can of course still speak with you and  
 11 offer you support if required."  
 12 So what did you understand, when Claudia sent you  
 13 that, what you could still receive, in terms of  
 14 information?  
 15 A. I understood I wasn't going to receive anything how  
 16 Valdo was doing, what's going on with him. I wasn't  
 17 going to receive none of that. That's what  
 18 I understood.  
 19 Q. You say in your statement, if we can have WITN0085001,  
 20 page 21:  
 21 "I remember I spent a few days [paragraph 71,  
 22 line 4] looking into whether there was anything I could  
 23 do about this -- whether I had any right to overrule  
 24 this as I was the Nearest Relative or whether there was  
 25 anything to do with capacity which might help me as  
 95

1 family, we generally have to respect that [...] I think  
 2 [VC] is concerned that it might be impacted on you but  
 3 maybe he also doesn't want us to be chasing him up."  
 4 What was the impact of that message on you?  
 5 A. Because I thought now, that's it. I can't -- things was  
 6 already getting like bad. Sometimes he doesn't let them  
 7 tell me, like for the third admission I didn't know much  
 8 what was going on, and then now he just cut the ties  
 9 completely and then I've no power to do anything about  
 10 it. And then I remember, I think I had a phone  
 11 conversation with Claudia, asked her: but you said  
 12 sometimes Valdo doesn't have capacity, then how can he  
 13 have capacity? Is there anything I look into law, I can  
 14 override that? Because I don't think this is good for  
 15 him just to say, okay, I can't have information, I can't  
 16 speak to anyone, and then that's just take as what he's  
 17 said.  
 18 And then when he need assessment then he hasn't got  
 19 capacity and I step in to do that and they -- I think  
 20 they come back to me and tell me: even though he has  
 21 mental illness, he still have capacity to make that  
 22 decision, so there's nothing I can do about it.  
 23 Q. And we see the next message from you on 22 December:  
 24 "... sorry for taking so long to answer ... I was  
 25 just a little upset with this news and needed time to  
 94

1 there had been times when [VC] had been unwell and  
 2 professionals had said to me that he didn't have  
 3 capacity ..."  
 4 Where did you search for that information to try to  
 5 see what rights you might have in that situation?  
 6 A. I was just looking online and see if there's any Act  
 7 that can give me some power to overrule that. But there  
 8 wasn't anything that I could do. And then I know the  
 9 (*unclear*) as well for nearest relative doesn't give me  
 10 that power either.  
 11 Q. If we can have, please, NHFT0000168, page 201. This is  
 12 a telephone call between Claudia Birtles and VC:  
 13 "He ... demanded whether I knew his phone number and  
 14 if I did why I had tried to make contact with him via  
 15 his mum ... under no circumstances could I have any  
 16 contact with his mum as it was 'stressing her out' and  
 17 was totally unnecessary as he was contactable via his  
 18 own number."  
 19 Did you think he had the capacity, had the ability  
 20 to make that decision? Do you think he understood what  
 21 he was saying there?  
 22 A. I don't think he understood. That's why I thought there  
 23 could be something in the law I could have arrived at.  
 24 But they told me I can't, even though he may not have  
 25 capacity for other things, but to make that decision, I  
 96

1 say he had capacity -- how can he have capacity for some  
 2 things and doesn't have capacity for other things? I  
 3 don't understand that, because I thought I could  
 4 overrule him, stopping them from giving information for  
 5 me to be in contact with them.

6 **Q.** We know the fourth admission came about in January, and  
 7 early in January, 19 January, at CHCA0000011. There was  
 8 an assessment on 19 January, and Roseanna Crane, the  
 9 AMHP, contacted you. And we see at page 4, telephone  
 10 call, nearest relative:

11 "[You] advised ... not aware of any issues with  
 12 [VC's] mental health ... advised that she had spoke[n]  
 13 to [him] the day before, he had asked if she was okay  
 14 that was it. [You] advised ... he stated he is taking  
 15 his medication, as well as stating he was seeing the  
 16 doctor ... Celeste advised she was frustrated about  
 17 often not being involved in [his] care, often only ever  
 18 receiving a call when there was a mental health act  
 19 assessment. Celeste feels hopeless in [VC's] care,  
 20 however acknowledges that [VC] has said that she can't  
 21 talk with professionals so this is why they do not ring.  
 22 Celeste advised that she accepts if [VC] needs to go to  
 23 hospital, stating what needs to be done should be done."

24 **A.** Yes.

25 **Q.** Can you remember that? The person who gave evidence the  
 97

1 flatmates, with Christopher and the flatmates in the  
 2 premises that he was in at that time?

3 **A.** Because at this point they just told me altercation. No  
 4 one told me more than that. Because for me, I would  
 5 like to know more, but they wouldn't tell me because  
 6 Valdo wouldn't allow them to discuss things further with  
 7 me. So that's just like, that's all I knew. I didn't  
 8 even know if he had lost his accommodation or not, until  
 9 this Inquiry. But those details, I wasn't allowed to  
 10 know.

11 **Q.** Did you know he'd held his flatmate in a headlock,  
 12 stopped two of them going out, circled around --

13 **A.** No.

14 **Q.** -- in an intimidating manner?

15 **A.** No, they wouldn't tell me detail of what's going on.

16 **Q.** Can we have CHCA0000019 this the AMHP report on  
 17 28 January. If we go to page 4. You are recorded to  
 18 say:

19 "Unaware of situation ... a little exasperated but  
 20 able to establish rapport once situation explained and  
 21 she settled into [the] conversation."

22 So by now as you said before, you get these calls  
 23 and you don't feel you know much in between; is that  
 24 right?

25 **A.** Yes.

99

1 other day?

2 **A.** Yes, I remember that.

3 **Q.** What did you think about the decision not to detain?

4 **A.** I was quite shocked they didn't detain him, because they  
 5 phoned -- I don't know if somebody told me, he has had  
 6 altercation with a flatmate and then they were going to  
 7 do this assessment, and then they decide they're not  
 8 going to detain him and they say, oh they put this plan  
 9 in place. And then I thought: why decide to do the  
 10 assessment and then decide you not detain him?

11 But I didn't have much to say really. My say was  
 12 just if I've tell them, "Oh don't detain him," then they  
 13 will just say, "Oh, mum said don't detain". I say every  
 14 time they ask and say he needs to be detained, detain  
 15 him. I agree with it. If the professional assessment,  
 16 I say okay, Valdo needs to go to hospital, I agree. If  
 17 Valdo needs to go to hospital, take him to hospital.

18 **Q.** If we look at page 6, reference to:

19 "... [updating] Celeste on the outcome of the  
 20 assessment, as well as providing some information about  
 21 [VC's] current predicament with his  
 22 University/accommodation provider ... provided Celeste  
 23 with telephone number for Ellie so this could be  
 24 discussed in more detail ..."

25 What did you understand had happened with the  
 98

1 **Q.** And you're described as "a little exasperated".

2 "[you] spoke [with VC] 2 days ago. No immediate  
 3 concerns although noticed his belief in conspiracy  
 4 theories. Does not object to admission if we think he  
 5 needs this. Described how last assessment was very  
 6 traumatic and wants to prevent deterioration to this  
 7 extent."

8 Was that a referral to events with the police when  
 9 he'd attacked the police officer?

10 **A.** Hold on, where --

11 **Q.** "Described how assessment was very traumatic and wants  
 12 to prevent deterioration ..."

13 **A.** Yes, that's what I was talking about.

14 **Q.** And you were practical about clothes and other  
 15 requirements.

16 You say in your statement that you were not told  
 17 afterwards or contacted to say that he was admitted  
 18 pursuant to this assessment?

19 **A.** No, because when you look at the record, even me,  
 20 recollection, when everything happen and then they say  
 21 Valdo was sectioned four times. I thought no, no, no,  
 22 that can't be, how can I miss that?

23 So I got a record keeping of what was happening, so  
 24 I'd look at in that, and then me and the kids and my  
 25 husband we talk about it and say: how can we just miss  
 100

1 a fourth admission, it can't happen. And when we got  
2 the medical record, then I thought, okay, this is what  
3 happened because I remember an AMHP speak to me about  
4 it, and then I never hear anything about it because then  
5 I never contacted hospital because I would have done.  
6 Even if they didn't tell me what was going on, I would  
7 have just contact and say, "I'm so -- I'm Valdo's mum."

8 Even if they say, "Okay, we can't speak to you about  
9 it", I would have contact them, but I just didn't  
10 remember that at all. I remembered the assessment, but  
11 nothing else after that.

12 **Q.** NHFT0000168, page 218, please, 31 January. There's  
13 reference on 218, the bottom box, when he had his Covid  
14 vaccinations: 14 July, 13 December.

15 As far as you're concerned, and if anyone had ever  
16 asked you, did VC ever have an issue with needles?

17 **A.** No.

18 **Q.** You'd raised depot yourself, so by raising it you didn't  
19 think he had any concern or fear, or difficulty with  
20 that?

21 **A.** No, because he had all his vaccines, so I was the one  
22 that taken him to the vaccines. So no.

23 **Q.** Can we go, please, to NHFT0000168, page 219. This is  
24 a ward review Dr Gibson, 31 January.

25 So this is in the fourth admission. We see the last  
101

1 I couldn't make sense. It could be anyone calling me at  
2 that point.

3 **Q.** It notes here:

4 "Celeste was worried about him. She thinks he is  
5 scared of mental health services and feels persecuted by  
6 them."

7 **A.** Yes.

8 **Q.** So what will you have said or what did you say about  
9 mental health services and his beliefs around  
10 persecution?

11 **A.** I just told him, because normally Valdo's paranoia is  
12 like the mental health services was out to get him, and  
13 then they were liaising with the University, the police,  
14 and the MI5, all of them were working together to get  
15 him.

16 So I thought: well, that one I can -- that I can  
17 tell you, but more than that, because I don't know who  
18 I'm talking to. Yeah, that's why.

19 **Q.** If we go to page 225, please, the ward review. Feedback  
20 at the review. We see, four paragraphs down:

21 "Claudia reports she has spoken to mum who says that  
22 he [is] usually independent, introverted, but thinks --

23 "Claudia thinks over the past couple of years he may  
24 have become more guarded".

25 We see four paragraphs down:  
103

1 paragraph under "Assessment", four paragraphs down:

2 "Asked about collateral history from parents. [VC]  
3 was guarded and ask that I not speak to them. Explained  
4 the nature of confidentiality, but [VC] continued to  
5 request I did not speak to them even to gain information  
6 as he was a grown man ..."

7 If we go to NHFT0000168, page 223, please.

8 Dr Gibson telephones you on 2 Feb. We see the note  
9 there.

10 **A.** Yes.

11 **Q.** Were you aware that VC was in hospital at the time he  
12 was talking to you about him?

13 **A.** No, I wasn't aware. That's why I didn't even give him  
14 much information, because I wanted him to tell me who  
15 I'm talking to, where he was, what was happening, then  
16 I would go on to give him information whatever he  
17 wanted, but I didn't know, so ...

18 **Q.** So did you think he was a doctor in the community or  
19 what? Did you have any idea?

20 **A.** I didn't even know what kind of doctor he was, because  
21 for me, if a doctor called me, if you tell me: "Okay,  
22 I'm so and so doctor, this is the background of what is  
23 happening, this what I need."

24 But then if you are calling me and you need  
25 information and you're not telling me what's going on,  
102

1 "Claudia reports his mum told her that he struggled  
2 to settle into secondary school as he was coming from  
3 another country. ... He hasn't seen family since  
4 covid."

5 Was that right? At this point he hadn't seen anyone  
6 since 2020, since Covid.

7 **A.** No, we'd seen him.

8 **Q.** You saw him in July 2021 when he came?

9 **A.** Yes, I saw him in -- this is 2022, isn't?

10 **Q.** Yes.

11 **A.** Which month we are at? Just for me to give you the  
12 correct answer.

13 **Q.** It's Feb 2022.

14 **A.** February 2022, yeah. I've seen him in July when he came  
15 home, and my husband saw him as well.

16 **Q.** He wouldn't come in the house?

17 **A.** Yes.

18 **Q.** Why is it you didn't visit him in Nottingham since then?

19 **A.** I didn't visit him in Nottingham since then because he  
20 wouldn't give me his address, because he didn't think,  
21 even when he was in hospital, me going, he would try and  
22 convince me not to go, not to drive. Not to go there.  
23 But because at that point he was in a place where I knew  
24 he was, so I will go, he wouldn't give me his address.  
25 So I couldn't visit him.  
104

1 Q. We see at 245 in the records on 14 February 2022 --  
 2 **THE CHAIR:** Sorry, just before we leave that previous one,  
 3 just the entry at the top of the page, I think. I think  
 4 it's 225.  
 5 **MS LANGDALE:** "Dr Gibson spoke to [VC's] mother yesterday  
 6 and she said" --  
 7 If we go to that:  
 8 "... she said ... she didn't detect any ways that he  
 9 was unwell prior to this current admission which he has  
 10 done previously. [VC's] mother was very guarded on the  
 11 phone ... didn't give much information."  
 12 He describes you as "guarded" and said in evidence  
 13 that he was being guarded with you, to an extent.  
 14 **A.** Yes, he was. And then I give him information, because  
 15 I told him he was paranoid when we spoke, and I think  
 16 it's the day before this.  
 17 **Q.** When you spoke to Dr Gibson?  
 18 **A.** Mm-hm. I think the day before this, our first  
 19 conversation. Because this point I didn't speak to him.  
 20 I think this is just a summary. I just spoke to him  
 21 that day before.  
 22 **Q.** Yes, you did, but this is Dr Gibson, who is at this  
 23 meeting recording or reporting what you had said the day  
 24 before.  
 25 **A.** What this is reporting here, I didn't detect, I didn't

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1 records:  
 2 "Mum doesn't think that he's too unwell."  
 3 Again, you're not present at this. That's how it's  
 4 transferred through the notes; is that an accurate  
 5 summary about the extent of the information you'd  
 6 provided or were able to provide?  
 7 **A.** I don't think so because at that admission they didn't  
 8 even speak to me. They didn't tell me what was going  
 9 on. And this is just all one -- the way somebody  
 10 understood what I told him, and then they wrote it down,  
 11 and then they just copy along.  
 12 **Q.** Indeed, we see on 24 February, NHFT0000168, page 260,  
 13 this is the discharge meeting:  
 14 "Discussion with patient.  
 15 "... accommodation ready for him.  
 16 "Over the last week ... been going to the gym ...  
 17 just fine ... been doing some work."  
 18 Further down, the last three single sentences:  
 19 "VC has no issues with the medication.  
 20 "Reports that he is sleeping and eating well.  
 21 "He has been in touch with mum over the phone."  
 22 So that's what he tells them, but no contribution  
 23 from you at all in that discharge meeting; you're not  
 24 present over the phone or otherwise?  
 25 **A.** No, not at all. No.

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1 detect disorganised behaviour that I used to detect  
 2 before. It doesn't mean he wasn't unwell, because  
 3 I didn't see him.  
 4 **Q.** Yes, the note says:  
 5 "... she said she didn't detect any ways that he was  
 6 unwell prior to this current admission which [she] had  
 7 done previously."  
 8 So is it right reporting it like that?  
 9 **A.** No, he wasn't right reporting it like that because  
 10 I didn't see Valdo. So hence I told him about his  
 11 paranoia. That was the thing I knew at the time because  
 12 I didn't see him. And that disorganised behaviour, the  
 13 speaking that I used to be able to detect on the phone,  
 14 I didn't detect that. It doesn't mean he wasn't unwell,  
 15 and he should have written it in that context, because  
 16 that's what I was talking about.  
 17 **Q.** When you're on the phone to him, is it Facetime; are you  
 18 seeing his face or just listening?  
 19 **A.** Just listen to his voice then I --  
 20 **Q.** You can't see his face?  
 21 **A.** No, I will be able to pick up that. But by this point  
 22 I wasn't able to pick that up. I don't know, if  
 23 probably he is already expert on dealing with the voices  
 24 so I wouldn't pick it up on the phone.  
 25 **Q.** 14 February 2022, NHFT0000245 and NHFT0000246. This

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1 **Q.** That can come down, please.  
 2 We know that he was discharged into the community at  
 3 this stage. If we have NHFT0000168, page 269, please,  
 4 you're telephoned by Gary Carter on 25 July, and we see  
 5 at the top, the third box, VC, he tells you, explains.  
 6 "[VC] may have gone to Africa? Celeste knows  
 7 nothing about this and has not heard anything to suggest  
 8 [he] is abroad."  
 9 Where did you think he was in July 2022?  
 10 **A.** I think in July 2022, I think he was still in  
 11 Nottingham. That's where I thought he was.  
 12 **Q.** How regularly did you speak to him on the phone around  
 13 this? He's had an admission he's not told you about,  
 14 because you say you didn't know he was detained in  
 15 hospital for the fourth admission; is he speaking to you  
 16 very much on the phone?  
 17 **A.** I think I mustn't have even spoken to him maybe when he  
 18 was in hospital, he just hide it from me so I didn't  
 19 know. Because he was just speaking to me on the phone  
 20 if he doesn't tell me and then I ask him about  
 21 medication and he says he takes medication, everything  
 22 is fine, is fine and then --  
 23 **Q.** So he is just lying to you really about  
 24 ---(*overspeaking*) --  
 25 **A.** Yeah, and it's just basically (*unclear*) me.

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1 Q. We see you think he's in Nottingham and you say you  
2 think he's in Nottingham. If we can go, please, to  
3 [NHFT0000168] page 270, 31 August, you tell us, while  
4 we're getting that -- it's the last entry we want -- in  
5 your statement that you went to visit Nottingham in  
6 August 2022 to see VC but he'd declined to meet you, he  
7 wouldn't?  
8 A. Yeah, he declined. I stayed there for two hours trying  
9 to convince him, and then he just said no, I should have  
10 let him know, "You can't come and see me." I said, "But  
11 we can just meet somewhere". No, he just declined and  
12 then after two hours I just left. I couldn't do any  
13 more.  
14 Q. You said:  
15 "[You] went to Nottingham ...[you] wanted to  
16 surprise [him] and see how he was [you] hadn't seen him  
17 for many months ... didn't have an address ... he had  
18 not told me where he was living so I just drove to the  
19 university campus ... rang ... when I arrived and said I  
20 was in Nottingham and wanted to see him. He said that  
21 he was too busy ..."  
22 A. Mm.  
23 Q. And you tried to find out where he was and to convince  
24 him to see you.  
25 A. Yeah.

1 point he wasn't three years yet. I thought he was still  
2 under them.  
3 Q. And you didn't have the contact with Claudia Birtles  
4 because she'd ceased to work with him.  
5 A. Yeah, I didn't.  
6 Q. Did you try Gary Carter or to speak to him about what  
7 was happening?  
8 A. I don't know, because by this point, because Valdo  
9 stopped then telling me anything. By this point  
10 everything was just broken down, the communication and  
11 the engagement. All was just broken down.  
12 I remember that 2022, I did see him at some point,  
13 at the end of 2022, but before that at some point he  
14 told me he moved away from Nottingham.  
15 MS LANGDALE: Chair, this might be a good moment for the  
16 lunch break.  
17 THE CHAIR: Yes, all right. We'll come back at 1.45,  
18 please.  
19 (12.46 pm)

(The short adjournment)

1 Q. Did that develop into an argument or was it --  
2 A. He was just (*unclear*), he won't want to see me, he got  
3 things to do and he's busy. He wouldn't reason with me  
4 to try and convince him.  
5 Q. And we see here a telephone conversation between you and  
6 Gary Carter. You tell Gary Carter you haven't seen him  
7 face-to-face for many months, telephone conversation in  
8 the last week. You'd attempted to see him, he was not  
9 at the address you were familiar with, and he agrees or  
10 tries to decide to make an alternative visit.  
11 So at that point did you not know where he was?  
12 A. No, I didn't know where he was.  
13 Q. You didn't know, and were not told, of the discharge on  
14 23 September 2022, were you, by the community --  
15 A. No.  
16 Q. -- services?  
17 A. Not at all.  
18 Q. Did you have any contact with mental health services  
19 after August 2022, September 2022?  
20 A. No, I don't think so. If it's not in here, I can't  
21 remember if I have contact with him.  
22 Q. Who did you think, in that period of time, was  
23 monitoring him in or looking after him?  
24 A. I thought he was under mental health, because Early  
25 Intervention for Psychosis three years, and in that

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<b>I</b>				
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