

BRITISH BROADCASTING CORPORATION

RADIO 4

TRANSCRIPT OF “FILE ON 4” – “A PLACE OF SAFETY?”

CURRENT AFFAIRS GROUP

TRANSMISSION: Tuesday 20th March 2018 2000 – 2040

REPEAT: Sunday 25th March 2018 1700 - 1740

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PRODUCER: Anna Meisel

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PROGRAMME NUMBER: 17VQ6242LH0

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MUSIC

KAREN: I've been offered drugs a number of times. Cannabis, ecstasy, spice - obviously illegal drugs

COX: You might think she's talking about a prison, but she's not. She's describing a mental health Trust in Essex, and this is the story of that Trust - a Trust that's in trouble.

KAREN: Drugs are the massive problem in the unit. It's so easy to bring in drugs, and they'll phone their drug dealer up, the drug dealer will meet them outside the unit, they pick up their drugs and they bring them in and they'll do them on the wards. They'll offer them out to other patients.

COX: Were the staff aware of any of this at all, do you think?

KAREN: When a patient on my ward had brought in weed, there was a very, very strong smell of cannabis throughout the whole ward, we could smell it constantly and the staff were aware of the smell, but they didn't do anything about it.

COX: Drugs aren't the only problem here. Where is here exactly? It's the Essex Partnership University NHS Trust, created last April from the merger of two Trusts - South and North Essex. It provides inpatient and community mental health services. It was a chance for a new start - but with a troubled legacy. Last year I reported for the BBC how failures at North Essex Trust had led to patients taking their own lives. Since then, many more families have been in touch to tell us about continuing failures involving vulnerable patients who say their voices aren't being heard.

KAREN'S MUM: The trauma that my daughter has sustained has been quite horrific; being in a mental health unit has been her biggest trauma. You don't get treated very nicely in places like this.

COX: Do you feel let down by the Trust?

MICHELLE: Big time. Big time. Really, really let down.

COX: Would you recommend friends or relatives being treated at the Trust?

FORMER NURSE: Would I recommend that they be treated there? No, I would try and find an alternative.

COX: And that's having worked there as a nurse?

FORMER NURSE: That's correct.

KAREN'S MUM: She was such a funny girl, you know. She loves horse riding, she had a horse and she still has her horse, but obviously he's getting well looked after by a very nice person, but she was a happy-go-lucky person. She was just such a lovely person. She still is - that girl is still there.

COX: 'That girl' we are calling Karen - it's not her real name, but we are using it to protect her identity. Karen started having problems after a traumatic event several years ago when she was in her early twenties.

KAREN'S MUM: They diagnosed my daughter with severe Post Traumatic Stress Disorder, with severe depression. When somebody has had trauma, they just see that trauma in that time when they're having flashbacks and intrusive thoughts. My daughter is unable to stabilise her emotions because of the trauma.

COX: Karen has had repeated admissions to hospital. We speak on the phone, because recently she tried to take her own life and is in hospital receiving treatment for her injuries. She's still unwell, but wanted to be interviewed to set out concerns she has about how she has been treated by the Trust. Her biggest worry is about sexual misconduct by staff. She tells how in 2015, she was on a ward run by the then South Essex Trust, when she was targeted by a member of the healthcare team.

KAREN: I was quite unwell and I wasn't really sure of what was going on, I just knew that this staff member was bringing me my phone charger, which is banned on the unit for ligature reasons. He was bringing me my phone charger, bringing me in Lucozade and putting alcohol in it and getting me drunk. I just knew that I was getting certain benefits out of being in the relationship with this member of staff, so I just let it continue. Sexual things happened between me and this member of staff and it was found that he'd overstepped his position of authority and he'd overstepped boundaries in the way he had dealt with me and the way he had been with me.

COX: So you're a patient in there and a member of staff has a relationship with you?

KAREN: Yes.

COX: But

KAREN: For five months.

COX: For five months?

KAREN: Yeah.

COX: And how can that happen? How can a member of staff You're there as someone who needs help, they're supposed to be there to help you and protect you - that's massively stepping over a line, isn't it?

KAREN: No-one, no-one picked up on anything. No-one questioned anything. No-one said a word. That happened in 2015, so there are staff members who still work there now that will hold grudges towards me against that, even though it wasn't necessarily my fault.

COX: That sounds really serious.

KAREN: Yeah.

COX: Karen was told the staff member left the Trust, but we don't know if he was sacked or disciplined. We asked the Trust, but they couldn't tell us. The Trust told us they have clinical guidance which supports staff to maintain a safe and therapeutic environment and prohibits sexual behaviour on their premises and dealing with allegations of sexual incidents or sexual assaults. After this incident, you'd think Karen would be kept safe, but we'll hear later how that wasn't the case. We've discovered that this isn't the first time in Essex that a staff member has started a sexual relationship with a patient. A former nurse, who left the North Essex Trust last year, told us about a case back in the mid 2000s that he had warned senior managers about. He is worried about repercussions from the Trust, so we've had an actor say his words.

FORMER NURSE: There was sexual misconduct, where staff was abusing a patient. I raised that as a worry, because it was made out that the patient, that it was more or less her fault because she had a personality disorder. She'd enticed the staff member. The staff member did get discharged or sacked, but that's wasn't a very good experience. It was very, very bad. And it wasn't consensual. The patient was quite psychologically damaged and what happens with these patients who've sustained a sexual abuse at a younger age, they may be less inhibited and so as a staff member we have a duty to ensure that we're either chaperoned or we don't put ourselves in the position where this can occur.

COX: Could a patient actually give consent?

FORMER NURSE: Oh no, of course not; that's totally against the rules. There's no way a patient can consent.

COX: He reported this matter to Essex Police later. But we've also been told about sexual relationships on mixed wards between patients. These weren't always consensual. On at least one occasion we understand this was reported to the Trust as sexual assault. The Trust told us that since April 2017, they've had 13 reports of potentially inappropriate sexual contact between patients, and four of these were reported to the police.

MUSIC

COX: The former nurse at the Trust had also raised concerns about safety. He said the regulator, the CQC, had picked up on this in their frequent inspections. In 2015, they found safety in North Essex to be Inadequate - the worst possible rating. It was the same when they returned a year later. In 2016, they also said staff didn't manage risk from ligature points well and that some wards weren't fully staffed.

FORMER NURSE: Well, the CQC requires that reasonable steps are taken to at least mitigate such risks, and when such inspections highlight defects, it's most important that the organisation rectifies these ASAP. If not, then patients will still be exposed to the risk. Staff had already gone through huge changes that hadn't been executed correctly, so to keep failing CQC inspections was the icing on the cake regarding staff morale. Given all the failings within the Trust, staff morale at this time was very low.

COX: We asked the new Trust if we could go in and see what progress they've made, but they wouldn't let us or agree to do an interview about the concerns we have raised. The CQC returned in 2017, seven months after the formation of the new Trust. While there had been some improvements, they noted that there were safety risks for patients, and the Trust hadn't removed ligature points on some wards that they had pointed out two years earlier. The problems with patients using ligatures have continued under the new regime. This woman, who we are calling Mary, has a daughter who is still a patient at the Essex Partnership Trust.

MARY: While she's been in hospital, she has ligatured a few times.

COX: That must have been worrying, that she's managed to do that while she's in a mental health unit?

MARY: Yeah, yeah, it's really worrying.

COX: She doesn't want the Trust to know she's talking to us, so we've got someone else to say her words. Because of this, we can't tell you too much about her daughter, but she's been a patient since her late teens and has been diagnosed with a personality disorder. She has frequently harmed herself while she has been an inpatient - even on a secure unit. We know the details, some of which are grim and shocking, and the way she got her injuries seemed preventable - especially one recent incident, when she almost lost her life after trying to strangle herself with a ligature.

MARY: She said that the staff told her that they thought they were going to lose her at one point because she'd ligatured so badly. And I can normally tell because she has the rash on her face when she's done that.

COX: And after those incidents, was there any kind of investigation you were told about to figure out how she'd done it and to stop it happening again?

MARY: Not that I'm aware of, and I get the gist in these wards that it happens quite a lot.

COX: The Trust told us that, due to the nature of their patients' conditions, there will always be an element of risk. They say the regulator, the CQC, said they were making progress, but acknowledge more work is needed. They've already allocated half a million pounds to address ligature risks and will spend a further £1.5 million over the next two years. But what do staff think about this? The nurse who we spoke to is no longer at the Trust, but is still in regular contact with staff who are there.

FORMER NURSE: Yes, it's chaotic and morale is very low, and there are still ongoing staff issues.

COX: What kind of staff issues?

FORMER NURSE: Well, there's staff shortages, the posts are not being filled, there are not adequate staff on duty at the time. Again, still staff are not being adequately listened to. They don't have a voice. There's a lack of management on the floor and these people seem to hold themselves up wherever they find best. It's not very good.

COX: What would you think about one of your friends or relatives being treated at the Trust?

FORMER NURSE: I'd be concerned, I'd be worried.

COX: Would you recommend it to them?

FORMER NURSE: Would I recommend that they be treated there? No, I would try and find an alternative.

COX: And that's having worked there as a nurse?

FORMER NURSE: That's correct.

COX: Essex Partnership Trust said that all Trusts are finding it difficult to recruit mental health staff and there is a national shortage of trained mental health nurses. It's also coping with an unprecedented investigation into 25 suicides of patients in the north of Essex going back almost two decades - for a possible corporate manslaughter case. But since the formation of the new Trust, patient suicides have continued.

ARNET: So she had this notebook with her when she went to Eastbourne and the notebook was found at the hotel, and it just was full of notes about how she's feeling and different things.

COX: Michelle Arnet's daughter, Zara, was a bright, beautiful young woman with distinctive, ever-changing brightly coloured hair. But she had a pattern of self-harming and alcohol and substance abuse. She had been in and out of hospital for several years. In the spring of 2017, she agreed to be discharged from a mental health unit. Weeks after leaving, she decided to kill herself. Before she tried, she left notes for her friends and family that her Mum still reads, in which Zara vents her fury at a system she felt had failed her.

ARNET: There is no support system anywhere. What are we supposed to do? People need to wake up. If I die, try and help others - I'm past saving, but someone else may not be.

COX: Zara's notes are raw, visceral and it's tough going, listening to this. I can only imagine what it's like for Michelle, but she says she finds it strangely comforting. To understand how Zara reached this state, you need to go back - to before her last stay in hospital and the beginning of 2017. She was doing well, but was then struck by a series of traumatic events.

ARNET: She met a young man, they totally were besotted with each other. He lived in Eastbourne so he came down a few times. She was absolutely besotted and then in January he took his own life. She'd also previously just before that had another friend who, he was on anti-depressants and he come to his Mum one night and said, 'I think I've took too many tablets.' He went to sleep and never woke up. So Zara did have that as well, and then with her boyfriend taking his life ...

COX: How did that affect her when that happened?

ARNET: She was just devastated. Absolutely devastated. She, she really tried to pull herself together. She done a GoFundMe page for his parents to help with the funeral. She just threw herself into trying to help. She went and stayed with the family, which helped her.

COX: Michelle believes the effect of these deaths weren't taken seriously enough by Zara's doctors. After her boyfriend's death, she made several suicide attempts. Michelle knew she needed help, and sure enough her daughter was sectioned in March 2017 in a mental health unit in Basildon. Michelle remembers the date - it was just after Mothers' Day.

ARNET: I went to see her on that Thursday night in the unit and I was just horrified, absolutely horrified. Absolutely chaotic. And there were so many people, different patients in there with such extreme different illnesses that it was just, it was scary. Whilst I was in there she had people coming up to her face and screaming and shouting. I couldn't stand it in there, but I had to go there every day to see her, because I had to make sure she was all right. I went in and saw the doctor and he said, 'Well, what are you expecting from Zara being in here?' I said that, well, I expect her to get some kind of help, talking therapy, and they just basically told me that it was just, the doctors would decide what drugs that she needs and that was it.

COX: That was it? They were just going to give her drugs?

ARNEAT: There was never any kind of therapy; the staff was always behind a glass, watching I guess. I was obviously only there for short bursts of time, but I never saw anything going on that, you know, would help.

COX: Zara was diagnosed with adjustment disorder and possible depression because of her substance abuse and bereavement. After a month in the unit, it was agreed it would be best for her to be discharged into the community, but she was still traumatised by the death of her boyfriend in Eastbourne.

ARNET: Her dad had a meeting with them, I think on the Monday, and they basically said to him, you know, are you happy for her to come home? She won't get no therapy in here, but if she comes home she will get talking therapy, she will get help. So we thought, well, that's the best thing then. Zara then booked a hotel in Eastbourne and travelled up to Eastbourne. I was staying at a friend's that weekend. She phoned me on the Saturday night and then she told me she was in Kent with some friends. I didn't know where she was. We had a conversation and then it was on the Monday that I got

ARNET cont: a phone call from her boyfriend's family to say that they'd had a phone call to say that Zara was in Eastbourne and they were concerned.

COX: And when you got that call, that must have been really tough?

ARNET: I was at my friend's. I said, right, okay, I'm not going to rush down there. I'm going to phone the police and find out what's happening. Then I waited, then I phoned again and they said they could confirm that the police were on scene and they would get the officer in charge there to call me. And that's when I just knew, I just had a feeling and I just thought, nobody's going to call me back, because it's going to be a knock on the door, and that's when there was a knock on the door, and it was two policemen to tell me that it was Zara that was there and what happened. That's where she was and that's where she managed to take her own life.

COX: Zara's body was found at Beachy Head in May 2017 - the same place her boyfriend took his life five months earlier. There was an internal investigation carried out by the Trust.

ARNET: So with the investigation, it was noted that it was due to alcohol as well. She was never offered any kind of alcohol rehabilitation or drug rehabilitation or anything. She didn't feel that they'd done enough. And I don't feel they'd done enough. There wasn't any follow up, there wasn't ... she never ever got that proper talking therapy.

COX: The inquiry found Zara hadn't been assigned a psychologist, and that even though she had a history of not engaging, the Trust didn't recommend assertive outreach for her. The Trust said it had strengthened the discharge policy and was updating its suicide prevention strategy, and that all patients with Zara's diagnosis are now referred to their psychology service. Zara isn't the only patient to have died since the formation of the new Trust. In May 2017, Megan Dowsett jumped in front of a train after walking out of a unit in Basildon. The Trust said it now ensured people at this unit received a call 48 hours after discharge. In August, Lee Evans killed himself after he discharged himself in the middle of the night. The Trust said it extends deepest sympathies

COX cont: to the families of these patients. It thoroughly investigates every serious incident to identify learning and any actions they may need to take to reduce the risk of the same thing happening again. But of course, it's too late for those particular patients. Suicides, according to the Health Secretary, Jeremy Hunt, are a litmus test of how well a Trust is doing. But past failures in Essex and criticisms from the regulator, the CQC, led several politicians - including the Lib Dem MP Norman Lamb - to call for a public inquiry.

LAMB: The fact that there are people, families who are coming forward to consistently highlight concerns I think just has to ring alarm bells, insofar as this Trust is concerned, and I wrote to the Secretary of State, I think in June last year, and got a response in August, and he said in his response that he had been told by the Trust that steps had been put in place to improve the standard of care.

COX: What did that tell you, when the CQC came back and said, we still have concerns about the Trust?

LAMB: Well, it felt to me like the reassurances that the Secretary of State had received were worth nothing because, you know, I got a clear indication from that letter in August last year that there was a process in place to address these very serious concerns, and one would have hoped from that that when the CQC returned, they would have recognised the improvements that had been made, but instead they raised continuing serious concerns.

COX: Is this something you think you would need to go back to Jeremy Hunt and to say, do you need to look at this again?

LAMB: Oh, I will be going back to Jeremy Hunt to raise my continuing anxieties about this Trust and the issues that loved ones have come forward to highlight [MUSIC] because at the end of the day, the loss of life, in particular of vulnerable people, is so shocking and the state has a complete responsibility to do everything that it can to preserve life and to keep people safe, and when standards fall short, then we have to take this really seriously.

COX: But suicides and discharges are only part of the story.

JANE: We had to take her to Accident and Emergency to deal with her symptoms. It was vomiting and delirious-type symptoms.

COX: Jane's daughter had taken illegal drugs. She doesn't want us to use her name or voice as it could identify her daughter. She's now in her mid-twenties. Her daughter had turned to drugs because of developing mental health problems and was admitted to hospital.

When she was an in-patient, did you feel that she was safe and protected when she was there?

JANE: I felt that possibly she was safer than I could keep her at home, because obviously it's staffed 24 hours a day and there are a lot more people to keep an eye on her than I could provide at home. But there were plenty of occasions where I didn't feel that she'd been kept safe.

COX: The place where she was supposed to be safe was anything but this. She was able to get hold of drugs - exposed to the very substances that had put her in the unit in the first place. And the drugs she took inside had a massive impact on her health.

JANE: There were incidents that meant that she had to be taken to A&E, and there were incidents of obtaining substances that shouldn't have been in the hospital that she reacted badly to.

COX: So she was able to get hold of drugs while she was a patient there?

JANE: Yes.

COX: And when you're told that, what do you think?

JANE: Well, obviously that was extremely worrying, that this could be happening when she was supposed to be being kept safe.

COX: When that happened, was she in one of the units that was supposed to be secure?

JANE: Yes, she was in a locked ward, yeah.

COX: Was there any explanation given to you of how that had happened?

JANE: As far as I know, there was no investigation or any attempt made to safeguard against that happening in the future.

COX: What about the police? Did the Trust tell you they'd got in touch with them to have them look at it?

JANE: No, no they didn't. It was more seen as a misbehaviour on the part of my daughter rather than an issue that the Trust was dealing with.

COX: But this is someone who's a vulnerable young woman, she's supposed to be in a secure environment and yet she's able to get access to drugs.

JANE: Yes. Obviously, that shouldn't happen. But patients aren't necessarily 100% safe in that environment.

KAREN: When a patient on my ward had brought in weed, there was a very, very strong smell of cannabis throughout the whole ward and we could smell it constantly and the staff were aware of the smell, but they didn't do anything about it.

COX: This is the patient we heard from earlier – Karen. She has come across drugs during her stays and alleges staff tolerate them being brought into some mental health units. But what she tells me next is even more surprising and shocking.

KAREN: I'm also aware that members of staff have brought in drugs for patients on other wards that have been sectioned and haven't been able to leave.

COX: So she is talking about the most vulnerable patients in the most secure wards getting hold of not just cannabis, but class A drugs like ecstasy and cocaine.

So staff have brought in drugs?

KAREN: Yeah, that's what I've been told from other patients when I've asked them how they've got them, because they're not allowed out. They said, oh, so and so has done it, and named a number of people that have done things.

COX: When was this that these other patients were saying to you staff had been bringing in drugs?

KAREN: Constantly throughout any of my admissions I've heard it. Probably the first time I heard anything about it was the beginning of 2015, and then continuously up until now, my most recent admission.

COX: And those patients, when they were talking to you, they, they said the names of the staff who'd brought in the drugs for them?

KAREN: Yeah, they've named the staff.

COX: And what did you think of that, the idea of ... I mean, you're all patients there, you need help, and the idea of staff bringing in illicit drugs for you?

KAREN: I think some of, well, these members of staff are doing it for the money and later on the patients were calmer to give them an easier shift, especially something like cannabis, it will make them a lot calmer - a bit like the medication that they're being prescribed, and it'll create an easier shift for the staff on the ward. So I don't really think they mind doing it.

COX: And this is more than one patient has told you this? This isn't just one patient?

KAREN: More than one patient, on more than one ward, and on more than one admission. It's not just like something that I've heard as a one-off.

COX: This is a serious allegation. Staff accused of bringing in drugs for vulnerable mental health patients. So we began checking this out with other patients, relatives and former workers. We were told by other sources that Class A drugs have been brought onto the most secure, locked wards, where the only visitors were close family. We were told Trust managers had been asked how this could happen and were told on at least one occasion that it was staff who had done this. The Trust told us they were unaware of any allegations regarding staff involvement with illicit drugs being brought onto their facilities. [MUSIC] But after receiving our allegations, they have now opened an investigation. Essex Police said they weren't aware of these particular allegations either. We have asked the sources who had told us this information in confidence to get in touch with the inquiry or the police. Drugs aren't the only serious issue we've come across at the Trust. Our patient, Karen, said she was involved in a five month relationship with a member of staff in 2015. When she was back in hospital in 2017, she was targeted yet again.

KAREN: I remember one time I was in the lift with him and he turned around and was saying to me, 'Don't try and touch me up now, I know how much you want to,' and I was a bit scared by that. And then there was another time I tried to leave the building and he said to me, 'I'll let you out if you meet me round the corner in five minutes, because I won't mind getting into trouble for your body.'

COX: She's talking about another member of staff – this time not a healthcare worker. This harassment escalated in July 2017, when the staff member began sending her text messages.

KAREN: It started off innocent comments, and then they turned really quite sexual and I received a lot of messages from him, one after the other. Very, very sexually explicit messages, not leaving anything to the imagination.

TEXT MESSAGES [VOICED]: You good kisser? I'd like to run hand all over body and in and out of your thighs. Are you shocked easy? There are places we can go and I'll pinch bum and kiss. You make me tingle inside

COX: We've seen some of the messages – some were even more explicit.

KAREN: I eventually showed the ward manager of the assessment unit the text messages and sort of took it to someone higher up and they dealt with it and they phoned the police, and the police came and interviewed me, and four other patients came forward to say they have received similar type messages and also nurses have come forward to also say that they've received similar messages.

COX: We understand the police have been investigating this case, but as yet haven't brought any charges.
Do you think there's anything the Trust could have done to prevent that, because I suppose as soon as they knew, they took action, but do you think there is anything more they could have done?

KAREN: Er, yeah, I had told two members of staff, two members of staff about the comments that he was making to me when I was coming on and off the ward. I told them who it was, so I believe they could have done something about it before it escalated. But even afterwards, when I did tell them, although they acted immediately to threaten him, coming back into work, they haven't supported me throughout anything, they haven't given me any extra help or, I can't even talk to any of the members of staff there about it.

COX: For this to happen once is bad enough, but twice to a patient who had been sectioned makes you question the culture within parts of the Trust, that staff felt they could do this and get away with it. Once again, Essex Partnership Trust say they can't comment on individual cases, but any person facing such an allegation would be removed from the situation while an investigation was carried out and full support provided to the patient. If it was a contractor, they would report it to the employing organisation. But Karen and her mother say her experiences have affected her mental health.

KAREN: That is the reason why my mental health is the way it is now. If that hadn't have happened, then I don't think I'd be quite so bad as I am now, and I might have been a bit better.

COX: Karen isn't better. She told me her story when she was in a hospital bed in London. There was a nurse a few feet away, watching her 24/7, because she'd tried to kill herself by jumping off a bridge and she injured her back.

KAREN: It's a brace that goes around my back and my upper chest and it's just sort of holding my fractures in place, and I shall be wearing that for a period of a minimum of three months up to a year, I suppose. It just depends on how long it takes to heal.

COX: Her latest episode started several weeks ago, when she was told by a doctor at the Essex Partnership Trust that she was being discharged.

KAREN: I didn't want to leave, because I know that I, I can't keep myself safe in the community and that I still have these urges to go and either hurt myself or, at the time, it was to kill myself. Sometimes I get urges, I just want to cause pain or sometimes I get urges that I want to kill myself, and at this point I was determined that I was going to go and end my life. I was going to then go and do it.

COX: In the last three years, she has been in and out of hospital, but this time she wanted to stay and get better. When she was told she was being discharged, in despair she protested and tried to harm herself.

KAREN: They restrained me into my bedroom and started packing all of my bags up for me, and I was refusing to leave the unit and I was crying and I was really upset and I was pacing up and down. So they decided to call a team together, and there was about eight or nine members of staff, and they got my bags from the ward, wheeled them outside, opened up the airlock doors, which are there to sort of keep patients in, and said if we don't leave voluntarily, they will forcibly remove all of us from the building.

COX: At the time, her parents and boyfriend were there - and this is a harrowing recording that her mum made.

EXTRACT FROM RECORDING

KAREN'S MUM: [CRYING] And you are asking me as her mum to take her girl out of these doors, knowing fine well that she's going to run away and kill herself.

She just kept saying she wanted to die, she wanted to die, they've gave up on her, they don't care, they don't want to help her. She was having flashbacks of her trauma persistently. This went on for hours and hours and hours, and we were so distressed. She was very distressed, I was very distressed,

COX: Her Mum was watching helplessly as her daughter pleaded to stay.

KAREN'S MUM: Basically, they told us that we needed to leave, and they opened both doors so that they remained opened, and I said to them, 'What's going on? Why are you opening these doors? My daughter will run out these doors. She's suicidal, you can't let her go.' And at this time, at this point, I was really, really crying and sobbing my heart out and saying, 'How can you let a suicide girl out your doors?' And I just said, 'Well my daughter's blood will be on all of your hands.'

EXTRACT FROM RECORDING

KAREN'S MUM: And her blood, when you all pick her up off the bottom of that car park, is on every single one of your hands.

COX: Karen was eventually forced to leave. When she had been previously discharged, she'd tried to hurt herself before - by jumping off a car park and injuring her back. Two weeks ago, after being discharged, she ended up doing the same thing again.

KAREN: I got on a train to London and I jumped off of a railway bridge onto a disused railway track in a, almost in an abandoned woods in South London, and I got taken to hospital by the HEMS team, so Helicopter Emergency Medical Services, and the HART team. Loads of paramedics, the fire brigade were there during the extraction. I've

KAREN cont: fractured two more vertebrae in my back from the jump, but thankfully didn't sustain any more serious injuries than that. But because of the injuries, I now can't move or have any feeling in my right leg at all.

COX: That must have been terrible when you get that call telling you that she's jumped off the bridge.

KAREN'S MUM: It's the most horrendous thing that you can, that any mum can ever go through. You sit at home waiting, waiting, waiting for the police to tell you that she's safe and have they found her. You relive the scenario every time that they're going to knock on the door and tell you your child is dead. You actually relive that in your mind, you relive how you're going to react to that, how you're going to continue without your child. It's just horrific, and that knock in the door, when you see these two police officers standing at the door, you know it's serious. They wait till the door's closed and you just know that they're going to tell you something pretty serious.

COX: We asked why Karen was discharged, given her concerns. The Trust say they couldn't discuss individual cases, but they were committed to doing all they could to put things right, wherever possible. The Trust say discharge planning is a complex process involving assessment of the patient's clinical risk, and their view is integral to the process. [MUSIC] They respect and value the insights of families and try to involve them in the discharge, but say clinical decision-making can occasionally differ from the expectations of patients or relatives. The Trust has now set up a helpline for patients and families who have been affected by some of the issues we have raised. Given these new allegations, we asked the Department of Health if they would look again at the calls for a public inquiry into standards of care at the Trust. They told us they were aware of incidents that have taken place, but have received assurances from the Trust and the CQC that urgent action is being taken to improve safety. The families we have spoken to feel they are taking a risk by speaking to us, but they have no other option as they have made complaints to the Trust, which they feel have been ignored. All they want is for their relatives to get better. What would you like to happen to her?

MARY: I would like her to get specialist help in a specialist unit. I'd like her to get therapy. She wants to try and get therapy. She says that she's never going to get better in there, and that's what I'd like to happen, so at her age, she has some chance of a future, rather than just doing the rounds of psychiatric hospitals.

COX: Karen's Mum wants that too.

KAREN'S MUM: If she goes away and gets the therapy she needs and she's in a therapeutic environment and they're actually dealing with it and giving her the treatment she needs. Gosh, I can't wait for that day. I can't wait for that day to get my girl back.

COX: That's a long way off. Just a few days ago, Karen's mum messaged saying that she had absconded from hospital, although thankfully she was found, but she worries what will happen next.