A nurse's journey though perinatal mental illness

Jane Fisher, a community psychiatric nurse, describes her own experience of perinatal mental health problems after the birth of her third child, the treatment and interventions she received from her health visitor and her personal journey to recovery.

My experience of perinatal mental health problems took me completely by surprise, despite being a mental health nurse. I entered the darkest year of my life to date—but I came out the other side a better nurse and an even better mother.

When I had my third child, Bella, in 2015, my son was 2 days from his first birthday and my daughter had just turned 3. In the preceding 4 years I had experienced three full-term pregnancies and two miscarriages. Two of my pregnancies were dominated by severe pelvic pain and limited mobility. My son needed surgery at 6 weeks old and I nearly lost my dad to cancer. In retrospect, once Bella arrived, my body and mind had reached their capacity to function.

When Bella was born by emergency caesarian section, she was held up before me by a smiling doctor and midwife. Their faces were triumphant and full of joy. It is with sadness (but not guilt) that I admit I felt nothing. I saw a baby, but not my baby girl who we had looked forward to welcoming into our lives. These feelings did not go away and, over the next few days they escalated. I doubted she was mine and thought something must have gone wrong at the hospital.

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I scrutinised pictures from the birth and examined her hospital wristband, looking for discrepancies. I replayed the moments after her birth again and again in my mind, trying to make sense of my disordered thoughts.

In hindsight, the situation was exacerbated by many factors. Bella arrived a week before her planned section, resulting in an emergency section. She had colic and tongue tie. Breastfeeding was painful. My son was admitted to hospital with cellulitis after I fell when carrying him. There was an A&E trip with Bella after she fell from her carry-cot, and children's services had followed up this incident. I had haematomas, anaemia and infections after the caesarian section, and I had three children under 4 years old with no childcare. Things were not easy.

I was not sleeping well and anxiety and low mood were taking over. I could not stop crying. My thoughts were racing and I was becoming increasingly paranoid, agitated and restless. My appetite was non-existent. I could not concentrate and struggled to make simple decisions. I continued to breastfeed despite the pain, because it was the only thing connecting me to Bella. I thought that if I stopped breastfeeding anyone could look after her and I would not be needed. Continuing to breastfeed became a way to protect myself from the thoughts that my family did not need me and would be better off without me. It was the one thing that only I could do for Bella. My distorted mind told me Bella did not know who I was and she wasn't even mine to begin with. These paranoid and suspicious thoughts developed further and I felt people were watching me. I worried about cameras being hidden in windows and people watching me from cars.

Then came the darkest night of all. I stayed up most of the night planning to take an overdose of prescribed pain medication. If I had carried out my plan with the amount of medication I had, the outcome would have almost certainly been fatal. My husband and children would have woken up to the unthinkable. My distorted mind told me my children would be better off without me and that I was failing them. I was a terrible and useless mother who could not do anything right. I hated myself and I did not want to carry on with this darkness inside of me, taking over my every thought, turning them into self-critical, self-loathing toxic thinking patterns that I could not control.

Looking back from a position of recovery, I feel some disbelief that I did not recognise I was suffering from a perinatal mental health problem. I simply thought I was failing at being a mother. Even with my mental health nursing background, the illness had overtaken me. I had no insight and could not think logically.

Finding hope

My journey to recovery began with disclosing to my health visitor that I had not bonded with Bella. I later admitted to him the paranoid thoughts that she was not mine. After the dark night planning my own suicide, I made a tearful phone

call saying I had reached the end of my ability to keep myself safe. When I made these disclosures, I was not contacting a stranger. I was contacting a professional who had built a therapeutic relationship with my family and whom we trusted. My disclosures were received with care and compassion, and my family was viewed holistically. My health visitor focused on my strengths and ensured I got the right help I needed for my mental health problems. He stayed with us on my journey to recovery, providing a listening ear, emotional support and practical referrals.

Throughout, he maintained that I would get better, and that I was doing a good job looking after my three children. I never felt judged. He helped me try and make sense of my distorted thoughts and, most of all, he gave us hope. I had given up on myself, but he never gave up on me and my family. Hope is fundamental to the mental health recovery model. The professionals who gave me this hope had a huge impact on my recovery.

Recovery

I was referred to mental health services and received care from the home-based treatment team. I commenced antipsychotic and antidepressant medication, and I received psychological therapy. My journey was a difficult one but I came out the other end stronger. Now, I have a powerful bond with my daughter that has been made stronger through my experiences. I accept what happened and do not blame myself or feel guilty for experiencing mental ill health. I am eternally grateful to have made it through that dark night. Later, I returned to work as a community psychiatric nurse, taking a lead on perinatal mental health in my team.

Practice implications

Many women experience perinatal mental health problems; almost certainly more than we know of. In the current NHS climate, it is too easy for health professionals to become task orientated. We enter people's homes with a mental checklist and paperwork to complete. Mental health can too easily become a quick question to ask and box to tick.

» Building trust, respecting the uniqueness of families and focusing on strengths all create an environment where a mother can recover «

When you ask, stop whatever else you are doing. Make eye contact with the mother and genuinely ask, with concern, 'And how are YOU doing?' Then keep your eye contact with her and wait for her reply. If you look back to your paperwork it is too easy for her to say, 'I'm OK, just tired' and that is the end of the conversation. Open-ended questions, facial expressions, eye contact and body language are such powerful tools. I did not tell my health visitor everything in one go. Subconsciously, I tested him with small pieces of information. If these were met with acceptance, compassion and care, he built up trust and created a safe environment were I could disclose the bigger things.

My positive experience of support from my health visitor was determined by his awareness of perinatal mental health and an understanding of the risk factors I displayed. Perinatal mental health training is critical in getting other women like me the right help. It will enable health visitors to feel more confident in identifying mental health problems. They will be aware of local care pathways and treatment options for mothers.

Another key factor is continuity of care. I had the same health visitor for all my children, which enabled us to build a therapeutic relationship. This is, sadly, becoming less and less common in all areas of health care, to the detriment of patient care. I am sure no health visitor would argue with the need for ongoing training and care continuity. What they may question is their ability to provide meaningful interventions. They may not see themselves as a mental health 'expert'. Yet, what people seek when they are tormented and and in great distress is human contact—someone to reach out to them and offer hope, and to try to shine some light in the darkness and deepest despair.

The tools needed to do this include empathy, reflection, validation and acceptance. My aim is to inspire health visitors that they can have a huge impact on families. Building trust, respecting families' uniqueness, and focusing on strengths create an environment where a mother can recover and move towards healing.

The future

Health visitors need perinatal mental health knowledge and skills so they can empower the mothers and families they work with. Childbirth and becoming a mother is an incredibly wondrous time, although it is simultaneously overwhelming and challenging for all women, not just those who experience perinatal mental health problems. Alongside joy is fear, and parallel to love is heartache. A woman has to make sense of all these new emotions in addition to social expectations, changes in role and identity, body changes and sleep deprivation, to name but a few.

Women are vulnerable during this time. Some women become unwell. And they need to have a voice and be listened to, and most of all they need hope. Hope that they will recover and make it through the dark nights were suicide may feel like the only option. Hope for an end to intrusive and distorted thoughts. Hope that one day, she will see herself with value and worth, and know that her body did an amazing thing and that her child is a precious gift. Hope for brighter days where motherhood is treasured and enjoyed. I never thought I would see these days—but with the right help I found the strength within myself to hold onto hope and heal. JHV