I am the one in four

How one nurse's approach to patients and colleagues may be changed by her experience of postnatal depression

I WAS working as a community psychiatric nurse when I had my youngest daughter, Bella. My mental health deteriorated significantly soon after the birth. I didn't bond with her and I had persistent intrusive thoughts that she wasn't mine.

I was convinced that there had been a mix up at the hospital and I examined photos of her to look for discrepancies. My mood was low and my anxiety levels were high. The thoughts escalated and I found it increasingly difficult to rationalise them.

Things reached crisis point when I stayed awake one night thinking my family would be better off without me. As the night wore on, I made serious plans to take an overdose.

Later, I told my health visitor who gave me an urgent visit and a referral to my local mental health assessment team. I began taking antipsychotic and antidepressant medication and received treatment at home.

Them and us

I was suddenly a mental health patient, not a nurse. I sat in the waiting room looking at familiar posters that I had last seen at work. I had an initial assessment with a nurse who was doing a similar job to my own.

The questions had an almost comforting familiarity and I could predict what was coming next. And yet, answering these questions and surrendering my innermost thoughts about Bella to a stranger was uncomfortable. I experienced the most terrifying time of my life.

My mental health had completely broken down and I was a risk to myself. The torment was tangible and I was desperate for help.

I detected a change in the countenance of some of the professionals when they found out I was a mental health nurse. I begged them not to treat me like a nurse

as I was far removed from the professional I had been the year before.

I think they may have felt threatened or worried that their practice was being scrutinised. This could not have been further from my thoughts. Perhaps they were also reminded of their own vulnerabilities.

We often tell our patients that one in four people experience mental ill health each year, but I was a reminder that it could happen to one of 'us'.

I have seen the 'them and us' mentality at work in mental health services over the years. Freeth (2007) describes this as a way in which professionals protect themselves from the fact that we all have the same frailties.

We are all at some risk of becoming mentally unwell. As mental health professionals, we need to challenge ourselves and question whether we really believe that mental illness can happen to anyone – including our colleagues and ourselves.

Over the years there have been financial cuts, changes in services, increased stress and workloads. I have been as guilty as the next person in becoming disillusioned and hardened to our patients' anguish.

It is easy to have targets and risk assessment deadlines on our minds when we are with our patients. However, my experiences have reminded me that hope is one of the cornerstones of mental health nursing.

People need hope, and this is a fundamental part of the National Institute for Mental Health in England's (2005) recovery model. In the midst of my distress I wanted to know I would get better. The professionals who took time to encourage me to hope that things would change, had a huge effect on my recovery.

Strength from frailty

I now have my own journey of recovery and, like we tell our patients, it has not been a straight or easy road.

As distressing as the initial breakdown was, working through my feelings towards my daughter and myself has been equally challenging. I am grateful to be alive and thankful that I received the help I needed promptly.

I am now in recovery. I hope to encourage other professionals who have had mental health problems not to hide their struggles. We try to remove stigma and social exclusion for our patients and we should not be ashamed of our own frailties. They should shape our practice when we examine them from a position of mental wellness and stability.

Phil Barker (1998) explored the concept of the 'wounded healer' in medicine, where vulnerabilities are valued as they make for more compassion and insight.

My experiences have had a profound effect on me and they will shape my practice when I return to work as a 'wounded healer'.

By Jane Fisher, community psychiatric nurse

References

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