APP is a network of women across the UK who have experienced postpartum psychosis and who want to support research into the condition. APP is run by a team of academics from Birmingham and Cardiff Universities, health professionals and women who have recovered from PP. The aims of APP are: (1) To provide up-to-date information to women who have experienced PP and to their families; (2) To facilitate research into PP; (3) To facilitate a peer support network for women and their families; (4) To increase awareness of PP among health professionals and the general public; and (5) To advocate for improved services for women and their families.
Newsletter editor: Dr Jessica Heron

Acknowledgments: We would like to thank Shazia Hussain for providing administrative support; Stewart Johnson for design and desktop publishing (stew@media70.com); Aldine Print Ltd (Printer, www.aldineprint.co.uk);

Artwork & Photography by Twink, Tom Gelling (cover), Joan Molloy. Website hosting for not-for-profit organisations by NetNodes (www.netnodes.net)

About APP
The “Action on Puerperal Psychosis Corresponding Panel” (as APP was originally known) was set up in 1996 by Professor Ian Brockington and Mrs Jackie Benjamin. From an original core of 50 members, we have grown to a network of nearly 600 women in the UK and around the world. Today, APP is run jointly by Birmingham & Cardiff Universities.

The network is comprised of women who have experienced an episode of psychosis or bipolar disorder only in relation to childbirth, and also women who have bipolar disorder who suffer an episode of illness after childbirth. Some women who join are newly recovered whilst some experienced episodes many years ago. Our oldest member is 81!

The team: Dr Ian Jones, Cardiff University (Chair); Dr Jessica Heron, Birmingham & Solihull Mental Health Trust (Vice chair); Helen Davies, Cardiff University (Project administrator); Nicola Muckelroy (Peer support coordinator); Sue Blamire (Treasurer); Heather Heron (Fundraiser); Claire Dolman; Naomi Gilbert; Sarah Dearden (Peer supporter); Andrea Lambert (Peer supporter); Lucy Vernall, University of Birmingham (Media); Twink (Web support and Photography); and Professor Nick Craddock, Cardiff University.

Patrons: Professor Ian Brockington; Mrs Jackie Benjamin.

Funding: APP is funded by charitable donations and grants for our research work. We would like to thank Cardiff University, The Birmingham and Solihull Mental Health Trust, the Women’s Mental Health Trust, Clare Dolman, and MothersVoice for their support of this project.

What APP offers:
- We advertise opportunities to take part in research studies
- We conduct research and talk to members about research areas of importance to them
- We try to keep members up-to-date with the most recent research in the area
- We develop leaflets and web information on frequently asked questions for women and their families
- We run events and workshops
- We offer women the chance to talk to other women who have experienced PP through our peer support network
- We offer women’s partners the chance to talk to partners who have been through PP
- We have a telephone line for women wishing to join APP or for those who need signposting to appropriate resources, advice or sources of support
- We provide advice to members who want to make a difference in their local community
- We respond to media requests, providing up-to-date facts and statistics about PP and can put journalists in touch with women who have experienced PP, via our media panel
- We offer a free specialist second opinion psychiatry service at Cardiff University (referral from GP/psychiatrist required) to women who require expert advice about treatment, recovery or managing further pregnancies
Roundup of our news in 2010

Early in 2010 we set about applying for formal charitable status to help us raise money for research into PP and APP projects. We are nearly at the finish post, and will have a charity number in early 2011. We thank Heather and Sue for their dogged determination with the process and paperwork. We now have a formal structure with a steering committee, chair, vice chair, secretary, and treasurer (see page 2).

Until now, Ian and I have answered emails from members in an ad hoc way. In the year to come, Nicola Muckelroy will be setting up a Peer Support Network using trained volunteers who have recovered from PP themselves. Initially they will offer support to women and their families via email (see page 4). People can still contact Helen in the Cardiff office to join APP or for signposting to resources and sources of advice.

Planned updates to the website will happen in Jan and Feb 2011, so check back regularly. Advice on recovery has been developed by members and the website will also include information for partners, women’s stories, and advice on gaining care for PP in the UK.

In terms of research, we have had an exciting year. Our molecular genetic work is producing interesting findings, including overlaps with another pregnancy related condition, pre-eclampsia. Ian explains more about these exciting findings on page 7. We have produced the first piece of formal evidence from our postnatal care survey that Mother and Baby Units are more appropriate than general psychiatric units for women with illness following childbirth (see page 8). We are also due out next year (see page 5) and presented at UK and international conferences (see page 6).

We have been successful in obtaining a grant from the Wellcome Trust for an artist to talk to women about their experiences of PP and to learn about the research we are doing. A public exhibition of the resulting artworks at Christie’s in London will raise awareness of PP to a wider audience (see page 12).

Plans for 2011 include a postal survey and telephone interview study of the experiences and support needs of partners during an episode of PP (page 11, the survey is included with this newsletter). A media training workshop is planned offering women who wish to raise awareness of PP the chance to practise with real equipment and experienced trainers (see page 4). Rachel’s study on changes in identity after PP will be complete next year (see page 7). A study of second pregnancies is recruiting women who are pregnant or planning pregnancy (see page 10), and, of course, our large scale studies of the causes and genetics of PP will continue to produce exciting results.
APP Support Network

We are planning to launch an APP Support Network in 2011, with the aim of offering support and information to people in recovery, or to partners, carers and friends of those recently diagnosed.

This support will be given via email and telephone, from APP members who have been through Postpartum Psychosis themselves and have made full recoveries.

We will post further information on the website, or if you would like to be notified once the service is available contact Helen in the APP office on 029 2074 2038 or by email:

email: app@app-network.org

Media Panel

If you would be happy to be on an email mailing list of women willing to receive media requests (TV, radio or print), let us know at:

email: app@app-network.org

Media Training for APP members

A media training workshop is planned for April 2011. Lucy Vernall explains what it will involve.

We’re often approached by members of the press and media for expert comment and for personal experiences of PP, and members of APP are excellent at responding to these enquiries. Engaging with the media can be a good way of raising awareness and getting vital information to health professionals, health service commissioners and the general public. However, for women who have experienced a PP, deciding to talk about the episode can take some thinking about.

Last year, we advertised for women who would be willing to join our media panel. Several members mentioned that they would welcome some training to help them get the best out of encounters with the media, so we got back in touch to ask all members if they would be interested in a media training workshop and had an extremely positive response.

So, plans are underway for a workshop to run in April 2011. We’re inviting speakers from MIND as well as professional TV and radio producers and journalists. We’ll hear from members who have shared their stories, whether in a magazine, newspaper or on the radio, and hear how they felt it went, and what it is important to think about when considering being involved with the media.

Producers and journalists will tell us about their motivations, how they approach stories and what makes things work for their outlets. For those that want to, there will be a chance to practise being interviewed for broadcast and also for print/online. We’ll have an update on the latest facts and research about PP so that we’re all properly briefed and up-to-date. And, aside from the ‘work’ part of the workshop, it will be a good chance to get to know other members, which is always appreciated.

We are working on obtaining funding for travel to and from the workshop and for accommodation. If you are interested in attending and haven’t yet let us know, please contact Dr Jessica Heron at:

email: jess@app-network.org

Get active for APP

In September this year Anna Jones completed her first triathlon, braving the muddy waters of Hever Castle lake, a 20km bike ride and 4km run around Hever Castle’s spectacular grounds, to raise £500 for APP. Anna suffered an episode of PP after the birth of her daughter, Elsa, in 2005 and her son, Billy, was born without a recurrence in 2008.

Becky Blamire has a place in the 2011 London Marathon and is planning to raise money for APP. You can sponsor Becky by donating on her ‘Just Giving’ page, which will be up in the new year:

web: http://www.justgiving.com

Alternatively you can email us at fundraising@app-network.org or contact Helen in the office on 029 2074 2038 for information about how to donate.

If you would like to get active for APP or have other fundraising ideas that you would like to organise in your local area, get in touch with Nicola, Heather or Sue at:

email: fundraising@app-network.com

Nicola Muckelroy
Peer Support Coordinator

web: http://www.app-network.org
Recovery Advice

In January, recovery advice developed by members of APP will be available on the website. Naomi Gilbert explains how we developed the information:

In August 2009 I had the privilege of meeting four other women, who had experienced postpartum psychosis, at a research workshop organised by Dr Jess Heron. We learned about qualitative research from experts at Birmingham University and the Centre for Excellence in Interdisciplinary Mental Health (CEIMH). During the training we designed interview questions and conducted interviews with each other about recovering from PP.

The interviews were audio-recorded and I listened to each one many times over to produce written transcripts for us to analyse. It was very interesting to see themes beginning to develop, and we have since used the interviews in two ways. We have written an academic paper about women’s support needs during recovery. This will be available to members later in the year. Secondly, we have developed user-friendly web information to guide people through the first year of recovery. The information uses our collective experiences and describes three stages of recovery (‘the early days’; ‘rebuilding confidence’ and ‘moving on’).

For me personally, writing the web information has been a tremendously moving and helpful process. I am expecting my second child in February and it has been so useful to reflect on all the things that helped me to come to terms with postpartum psychosis, and the things I wish I had known earlier. We really hope this guide will inspire women and their families in the early stages of recovery to have hope for the future and understand what to expect.

During the workshop we also produced a short YouTube film with the help of Lucy Vernall from IdeasLab which you can see on the website (we had great fun doing this too as you can see from the giggle montage at the end!)


Dr Ian Jones receives the Marcé Medal

In October this year over 500 researchers, health professionals and mental health advocates gathered at the biennial Marcé Society Conference in Pittsburgh, USA to share new research in the understanding, prevention and treatment of mental illness related to childbearing. The Conference was opened by US former first lady Mrs Rosalynn Carter and included over 140 talks related to perinatal mental health.

The Marcé medal is awarded every two years to an individual in recognition of a major contribution to the aims of the society. This year, we are very proud to announce that it was awarded to Dr Ian Jones in recognition of his research into Postpartum Psychosis. Ian’s keynote presentation was entitled “Postpartum psychosis: known knowns, known unknowns, and unknown unknowns”.

Dr Jones said “I am delighted that the work of our research group has been recognized with the award of the Marcé Medal. Postpartum psychoses are some of the most severe episodes seen in psychiatry. It is vitally important that we understand more about this condition, so we can develop better treatments and provide hope to women and their families.” Ian becomes president of the UK & Ireland Marcé Society this year.

Fundraisers & helpers needed!

Our formal registration for charitable status is currently being processed, and whilst this is happening we are looking at possible fundraising projects we could hold in the future to raise much needed funds for APP. If anyone would like to volunteer to help with these activities or has any suggestions for possible projects, then please contact Nicola Muckelroy, Heather Heron or Sue Blamire at:

email: fundraising@app-network.com

Projects that we are looking to fund are the media training workshop, a writing workshop, the improvement of the website, the development of information and advice, the peer support network, and research into PP.
APP: Spreading the word by Clare Dolman

APP was represented at several conferences in 2010, both nationally and internationally. We started off in London in March at the Mental Health Research Network’s (MHRN) Service Users’ Annual Conference. Delegates at the day-long event visited the APP display and took newsletters away with them to spread the word about our new website. Even more people did the same at the two-day Scientific Conference of the MHRN in April which was held at Bristol.

In June we had a whole team attending the annual Conference of MDF the Bipolar Organisation held at Birmingham University’s Medical School. Because of the high risk of postpartum psychosis for women with bipolar, our stand attracted a great deal of interest from women and their partners eager to find out about the risks and the best way to cope with them.

In the Autumn, we ventured further afield to Pittsburgh, USA, for the Biennial International Conference of the Marcé Society. The Society was named after Louis Victor Marcé, a French psychiatrist who wrote the first treatise entirely devoted to perinatal mental illness, published in 1858. Its principal aim is to promote, facilitate and communicate about research into all aspects of the mental health of women, their infants and partners around the time of childbirth. With hundreds of delegates from all over the world attending, this was a great platform to tell people about APP and make them aware of our resources for women who have suffered postpartum psychosis – and for health workers who need to learn more about the condition.

I gave a presentation telling delegates about the collaborative work on recovery that members of APP produced with researchers in Birmingham last year (see page 5). Dr Jess Heron followed with a presentation about ‘Mother and Baby Unit care compared to other models of postpartum psychiatric care’ (see page 8). Both presentations were very well received and there was a lot of interest, especially from American colleagues, in the potential of the APP website as a source of support and information for women in this situation wherever they live in the world. APP got another mention - this time on the main stage – when Dr. Ian Jones accepted the Marcé Medal for his outstanding contribution to perinatal psychiatric research (see page 5).

We are extremely grateful to the Mental Health Research Network Heart of England Hub for providing a small grant to enable women with experience of PP to attend and present research at UK and International conferences.

MDF the Bipolar Organisation Conference 2011

The next MDF the Bipolar Organisation Conference will be on Saturday 18th June at Kings College, Waterloo Campus, London. APP will run a stand again and a workshop for women planning second pregnancies. For more information see:

web: http://www.mdf.org.uk

The Cardiff University Psychiatry Service

The Cardiff University Psychiatry Service (CUPS) offers a second opinion or consultation to patients with complicated mental health problems, with the aim of assisting and advising both clinicians and their patients in the diagnosis and management of severe mental illness. Requests for a second opinion must be made by the doctor in charge of the care of an individual’s mental health – it is not possible to accept self-referrals. There is no charge for this service (either to the patient or the referring NHS Trust). Ian Jones is happy to see women who require advice regarding second pregnancies via this service. More information can be found at:


or contact Elizabeth Upadhyay, Clinic Coordinator, on 02920 742 284
Molecular Genetic Studies

The research team in Cardiff and Birmingham have continued to work hard on increasing the numbers of participants in the Bipolar Disorder Research Network Study (www.BDRN.org). We are aiming to get the help of an additional 4000 individuals who have suffered an episode of bipolar disorder and we are pleased to say we have reached the 2500 mark.

One of the main areas of interest in our genetic research is trying to understand why some women are vulnerable to episodes of postpartum psychosis. We have been fortunate to be part of the Wellcome Trust Case Control Consortium (WTCCC) study of complex genetic diseases. This is a very large study of eight diseases including bipolar disorder that has resulted in a number of very promising findings. Of the 2000 individuals with bipolar disorder who have taken part in this study, almost 200 women have had severe episodes of illness following childbirth. We are very grateful to all those who have participated in this research. This work will help us to understand more about what causes some people to be vulnerable to episodes of mood disorder and will hopefully lead to better treatments in years to come.

Researcher Rachel O’Brien, a trainee Clinical Psychologist for Surrey and Borders NHS trust, has been conducting a study into self identify following PP. Rachel was interested to know more about how the experience affects the way people see themselves and their relationships with others. Rachel interviewed seven women and is analysing the data using a qualitative methodology called Interpretative Phenomenological Analysis.

The study will be completed by July 2011, but initial findings suggest that women feel isolated, both because their experience is not shared by those around them, and through the relative lack of knowledge of PP amongst health professionals, family and friends. A common theme is the sense of survival and achievement felt through recovering from such an experience. Final results will be written up for a psychology journal and will be summarised in the next newsletter. For further information, contact Rachel at:

email: r.buffham@surrey.ac.uk

Menstrual Psychosis

In his distinguished career as a clinician and academic of women’s mental health, Prof. Ian Brockington set up the “Puerperal Psychosis Corresponding Panel” (as APP was originally known); developed regional services for pregnancy-related mental illness in the West Midlands; co-founded the International Marcé Society; the Section on Women’s Mental Health in the World Psychiatric Association; and authored the seminal book “Motherhood and Mental Health”. Prof Brockington explains what he is working on now.

Menstrual Psychosis is closely allied to puerperal psychosis. Some mothers suffer from both disorders at different times in their lives, and some develop monthly relapses following a postpartum illness. It is much less common than PP, affecting only about 1 in 10,000 women. I have recently written a monograph (‘Menstrual Psychosis and the Catamenial Process’) summarising 80 well-established cases, and comparing it to the much commoner menstrual mood disorder (premenstrual tension) and other medical conditions affected by menstruation (for example diabetes, epilepsy and migraine). Menstrual Psychosis is not the same as premenstrual syndrome, because its symptoms are delusions, mania, confusion, stupor or hallucinations, not depression or irritability.

It is poorly recognized by psychiatrists, and many women do not get a correct diagnosis and the best treatment. To improve this recognition, and press for more research and better service provision, and to provide support for sufferers, I want to set up a panel of sufferers from menstrual psychosis, similar to the corresponding panel on Puerperal Psychosis, which became APP. If you think you have experienced menstrual psychosis, please get in touch.

email: i.f.brockington@bham.ac.uk
Last year, for the first time, we included a questionnaire with the annual newsletter. We had a fantastic response, receiving back 218 completed questionnaires. We were interested in understanding more about the postnatal care that women in the UK receive when they suffer from PP, and whether this impacts on outcome. Women admitted to specialist Mother & Baby Units reported significantly improved satisfaction and recovery times. The main findings will be published in an academic journal later in 2011 (check the website for updates), but this is a brief overview of what you told us about recovery from PP.

APP Postnatal Care Survey

Women described receiving a wide range of types of care.

- 0% Specialist Mother and Baby Unit
- 13% General Psychiatric ward then MBU
- 8% Mother and Baby ward
- 15% Single sex ward with baby
- 23% Mixed sex ward with baby
- 23% Single sex ward without baby
- 30% Mixed sex ward without baby
- 30% Care in Obstetric ward/ Maternity hospital
- 5% Home treatment
- 12% Other

Admission with or without infant

- 23.9% Admission with or without infant
- 33.2% Admission with baby
- 42.9% Admission without baby
- 2% Part admission with, part without baby

Prior and Subsequent illness

67% described no history of mental illness prior to their first infant. Bipolar disorder (with episodes unrelated to childbirth) becomes more common after PP.

‘Other’ episodes tended to be described as anxiety, panic attacks or unspecified psychosis.

It must be noted that this data is based on self report - interview by trained staff often finds slightly higher rates of illness.
Recovery

Time to Recovery

Satisfaction

Perception of Bond with Infant (at discharge from care)

Overall satisfaction with care

Although severe symptoms tend to remit within 2-12 weeks, often women have a period of depression, anxiety, and mood swings following an episode. It also takes time to come to terms with the experience. Most women report recovering fully, although some have future episodes of illness. For the majority of women full recovery takes 6-12 months.

On discharge from care, most women report a good bond, but some need additional help to become confident with their infant.

Most women feel that PP is a life-changing experience, with the majority feeling that the experience has changed them for the better.

For around half of women, their relationship does not alter or improves, but a significant proportion of women report that it impacted negatively on their relationship. Postnatal care must seek to understand and address the cause of this. Some women suggest that providing more support to partners or family therapy following recovery could help.

Among members of APP who responded to the survey, around half decided to have more children after an episode of PP.

Women admitted to Mother and Baby Units reported being most satisfied with their care and women admitted to mixed sex units, the least satisfied.

Further analysis on this data will be conducted and reported in a journal later in the year.
Getting involved...

Molecular genetic studies of Bipolar Affective Postpartum Psychosis

Many of you will have already taken part in this study, but if you have not yet participated, we would be delighted to hear from you.

This study aims to look at how genes and other factors (such as stressful life events) interact and make some people more likely than others to experience mood disorders. It is hoped that our research will improve diagnosis and help researchers develop better treatments in the future. As part of our wider research into the causes of mood disorders we would like to hear from any women who have experienced postpartum psychosis.

The study involves:

• **Taking part in an interview.** We usually visit you in your own home and spend about one hour asking about your experiences and the kinds of symptoms you have had in the past
• **Filling in some questionnaires**
• **Giving a small blood sample**

For more information about the study see:

web: [http://www.bdrn.org](http://www.bdrn.org)

To request further information or take part, contact:

email: moodresearch@contacts.bham.ac.uk

or telephone Katherine or Beth on 01213 012 361

Are you pregnant or planning a pregnancy?

If you have had a previous PP episode or bipolar disorder and are pregnant or planning a pregnancy, we would like to hear from you.

We know that women who have already experienced postpartum psychosis and women with bipolar disorder are at particularly high risk of an episode of PP. In this study we hope to find out more about the factors that make these women more or less likely to suffer further episodes of illness in relation to childbirth.

The study will involve an interview in your own home, giving a small blood sample, completing some questionnaires during pregnancy, and a telephone interview 3 months after childbirth, asking about any symptoms you have experienced in relationship to pregnancy and childbirth.

We hope this study will lead to better prediction and treatments for these episodes. If you would like further information or to take part, e-mail at:

email: bdrn@app-network.org

or telephone Helen on 029 2074 203
Partner study: questionnaire included with this newsletter

In several pieces of research, women have told us that there needs to be more support for their partners during their episode of PP. With this in mind, this year we will be conducting work to investigate the experience of partners, and the type of support they would find acceptable. We will use this work to develop web advice for partners during an episode of PP, and will trial the support suggestions made in the Mother & Baby Unit in Birmingham.

We are conducting 2 studies: a postal survey and in-depth telephone interviews:

The survey is being conducted by Sarah Sandell (supervised by Dr Jess Heron) and is included with this newsletter. We would be very grateful if you could encourage your partner (or the partner you were with at the time of your episode) to complete it and return it by post. Ideally, we would like the survey completed both where partners stayed together and when the relationship broke down, but we understand that this might be difficult.

The in-depth telephone interviews will be conducted by medical student, Alice Blackwell (supervised by Dr Jess Heron). Alice will be talking to 20 men on the telephone to ask more detailed questions about their experiences and the information or support they would have found useful. If you emailed or completed the form last year stating that you/your partner were interested in taking part, Alice will email you directly with information about taking part.

If you are a partner who would be willing to be interviewed over the telephone, and have not yet contacted us, please email Jess at:

email: jess@app-network.org

If you are a partner and would be willing to help in other ways, for example, helping to develop web advice for men, or writing about your experiences, please get in touch.

Imaging study of PP at the Institute of Psychiatry

A research team at the Institute of Psychiatry, King’s College London is conducting an important study to understand which factors may increase the risk of developing postpartum psychosis. In particular, they are investigating the role of hormones and brain activity in postpartum psychosis.

The study involves women who have had a baby over the last 5 years, and suffer from bipolar disorder, schizoaffective disorder, psychosis, or who have had postpartum psychosis at some point in their lives, or who have a family member who has experienced postpartum psychosis.

Women have a Magnetic Resonance Imaging (MRI) scan at the Institute of Psychiatry, London, to investigate cognitive functions such as working memory, and also have a blood test to investigate whether the levels of hormones like oestrogen or cortisol (a stress hormone) are associated with postpartum psychosis, and how they affect brain functioning.

For more information about this study, or to take part, please contact Astrid Pauls at:

email: astrid.pauls@kcl.ac.uk
Unravelling Eve: An opportunity to take part in a novel art project exploring women’s experiences of Postpartum Psychosis

Working with APP, artist Joan Molloy has been granted a Wellcome Trust Arts Award to undertake a challenging new project. Joan, a mother of two, has been a successful mixed media artist for 20 years, with a particular interest in themes of family, memory and time.

After meeting and listening to women who have experienced an episode of Postpartum Psychosis, Joan hopes to create a body of artwork which reflects their experiences and conveys a deeper appreciation of what it means to have had this little-known condition. She will be undertaking a period of residency at Cardiff University with Ian Jones and the team in order to understand the work they are doing there and let the science of the genetics inform her work.

A two-day workshop will be taking place in Spring 2011 which will be an opportunity for women who have experienced postpartum psychosis to meet with Joan, Ian and other women to discuss their experiences and influence the direction the project will take. If you would like to find out more about how you can be involved please contact Helen on 029 2074 2038 or email:

email: app@app-network.org

Independent Film Documentary about PP

I am an independent filmmaker and photojournalist, and am making a documentary about postpartum psychosis, which I hope will be broadcast either on the BBC or Channel 4 next year.

My film will tell the stories of three women affected by the condition. One of them survived the episode because of what she calls “luck”. She feels strongly about raising awareness of the condition, and is taking part in conferences to improve the training of midwives and doctors and is campaigning for a mother and baby unit in her area. Another woman was less fortunate, and her husband tells the tragic story of how she became seriously ill – and ended the life of both herself and her baby daughter.

The third part of the story is the most difficult to film, because I would like to focus on a pregnant woman who is at risk of developing postpartum psychosis (due to previous bipolar or postpartum psychosis). Over the last few months, a number of perinatal psychiatrists across the country have been approaching patients on my behalf and asking if they would be prepared to be filmed during their pregnancy and after the birth of their child, so I am hopeful that someone will want to take part. The film will show some of the research being carried out in Cardiff and Birmingham, and, through the story of the woman who is at risk, the film will cover how, with specialist care, the condition can be managed and treated.

If anyone feels they can help with the film in any way, I’d be really glad to hear from them. My email address is:

class email: tinastallard.com
Books and Resources: Fictional and biographical accounts of PP

**The Yellow Wallpaper - Charlotte Gilman Perkins**

Written in 1890, this is the most famous early fictional account of puerperal psychosis. The short story, originally published in the New England Magazine, was informed by her own experience of postnatal illness, and her struggles with ambition and duty. It is now a text studied by English scholars as feminist literature, but contains good descriptions of a woman ‘losing her mind’ after the birth of her baby, an ineffective 19th century medical system, and of a husband not knowing what to do.

**The Shutter of Snow - Emily Holmes Coleman**

The Shutter of Snow is a fictional description of the postpartum psychosis of Marthe Gail, who after giving birth to her son, is admitted to a 19th Century psychiatric hospital. The story describes the passage of Gail’s mind through the fog of her illness; the other patients and caretakers; and describes the immense support provided by her husband as she sorts through her delusions and behaviours. Written in 1931, the book is based on the experiences of the author and takes an unusual form that is very difficult to read. It is probably only for the most dedicated and persistent reader!

**Out of me - Fiona Shaw**

Out of Me is a personal, engaging and extremely readable account of severe postnatal illness, the author’s process of trying to understand and recover from the illness, and of coming to terms with her psychiatric admission and treatment.

**Beth: A story of Postpartum Psychosis - Shirley Cervene Halvorson**

This short book is written by a mother who lost her daughter to PP. It tells the story of Beth and how the family coped following her tragic suicide in 1986.

**Eyes without Sparkle - Elaine Hanzak**

Eyes without Sparkle is a powerful personal account of a journey through motherhood and mental illness. Elaine now gives talks to educate professionals about the experience, stigmas and difficulties faced by women with young children who experience an episode of mental illness.

**Hillbilly Gothic: A Memoir of Madness and Motherhood - Adrienne Martini**

A personal and sometimes humorous account of postpartum psychosis, with a wonderful first line: “My family has a grand tradition. After a woman gives birth, she goes mad. I thought that I would be the one to escape.”

**Saving Grace - Grace Sharrock**

Saving Grace is a new book published by one of our members of APP. Grace gave birth to her daughter Ellie 8 years ago and suffered a postpartum psychosis. This book describes her experiences and her process of recovery. We send Grace our best wishes as she has just given birth to twins, without a recurrence of PP.

**Understanding Postpartum Psychosis: A Temporary Madness - Teresa Twomey**

This useful book from Postpartum Support International provides information about the features and treatment of PP. We have included it in this list as it also contains the stories of 11 women who have suffered from PP. Readers should note that it is aimed at a US audience and legal issues and health care procedures differ in the UK.
An interview with Ed Hogan
author of Blackmoor

Edward Hogan is an author to watch. His debut novel Blackmoor was shortlisted for the Sunday Times Young Writer of the Year Award. As I was reading this compelling story set in a close-knit conservative Derbyshire mining village in the 1980s, I was surprised to find a character with an episode of puerperal psychosis in her history. I talked to Ed about the source of his inspiration.

How did you first come across PP and what led you to bring it to your story?

I can’t remember exactly when I came across PP, but it seemed to fit so clearly into the life of my fictional family, the Cartwrights. You’ve got a boy wondering about his early life, a father too wrapped up in repressed guilt to tell him, and this mother - a complex and loving woman - who had an illness which the people around her found impossible to confront. I wanted to write about blame, and what a useless thing it is. It struck me that PP - and mental health issues in general - generate a lot of needless guilt and blame.

How did you go about researching the experience of PP and the stigma surrounding it?

I used the local university libraries. I waded through the medical textbooks, but it was the testimonies of women who had suffered with PP that I found most moving. Just straightforward accounts of what people remembered of their illness, how they recovered, and who helped them.

The superstitious, inward-looking and threatened village community of Blackmoor is a stark setting against which to pit the character of Beth. Her ‘difference’ and mental health problems are magnified by her isolation and the small-mindedness of the community. How much personal experience did you draw upon to describe such a setting?

Researching the history of the mining villages was important to me. I grew up in a really nice village near Derby, and before I started work on Blackmoor I didn’t know enough about the history of the area. I was interested in what happened after the miners strike in ’84, and how successive governments ignored the problems in the former mining villages. I’m interested in the idea of community. It can be such a wonderful thing, but when you don’t fit in (like Beth, and - to a certain extent - like her husband George), it can be very difficult.

PP is, of course, just an incidental part of Beth’s history and the novel avoids sensationalising her illness. Was this an important aim for you?

Really important. When you write about mental illness, it’s easy to accidentally represent a character as nothing more than a list of symptoms. But that’s not how it is, and I hope I didn’t fall into that trap. Beth’s individuality is often mistaken for illness by the other villagers, but I hope the readers can see the difference.

George, Beth’s husband, is drawn unsympathetically as a man who represses his feelings and is the tragic character of the novel. How would you summarise George’s reaction, and its impact?

George is stuck. He thinks he’s too good for Blackmoor, that he’s intellectually above the other men in the village. However, when Beth falls ill, he doesn’t really deal with it very well. Beth is actually his rock, and when she’s suffering from PP, he doesn’t know what to do, and a decade passes before he can think about what happened with any clarity. I wanted to show how such illnesses can have an impact on families if the right information and support is not available. I hope I wasn’t too hard on George. He’s very much a product of his environment.

What is your next book about? Do you continue your interest in mental health?

My next book is called The Hunger Trace, and it’s out in March 2011. It’s about the relationships between two women and a boy who live on a failing wildlife park on a hill in Derbyshire. Mental health is again a theme, but this time I was slightly more wary about naming the condition. I wanted to maintain that separation between the character and the illness. I think people need that in real life, too.
APP Voices and stories

These are extracts of stories that will soon be on the APP website. If you have stories, poetry, art or articles relating to PP that you would like to contribute to the newsletter or website, let us know: jess@app-network.org

Send No Flowers by Sarah Spring

Revelation.

He is a caricature of himself: self-conscious and pedestrian, a deadpan voice, unremarkable features. His questions, slick and predictable, come rolling off his tongue like textbook reflexes. He is not listening to me. I crouch on the bed. My baby needs changing. I perform this operation with aggressive competence, resisting the urge to put the moulded cardboard “bedpan” into which I soak cotton wool balls with exaggerated efficiency on my head (it looks uncannily like a stetson). I feel unfairly scrutinised. Suddenly my nerves are tingling with such intense vibrancy, like shards of glass glinting, a mad dancing of sun and moon, dazzling as a noontime summer skittering off a choppy sea. Defiance. I am sickened by the charade. The impenetrability of his thinking. The epitome of professionalism: giving nothing away regarding the ridiculous situation which we find ourselves in. Inner demons have got me, and I cannot comprehend what is going on. This hijacking is surreptitious and deadly. Exasperation and frustration well up in me with savage force. Here goes; I hurl a cheese sandwich with all my might at the psychiatrist’s head. Does he buck? Does he try to catch it? Does the nurse shout? I can’t remember. But the memory of this ferocious instinct, defensive and feral, to backup to my pleas and reasoning, I wear like a scar on my heart.

The Gamble.

May we solemnly request that no flowers are sent on the birth of our child. It has been a difficult decision to try for a second baby. We have been warned that I have a 50:50 chance of becoming ill again. We have tolerated the intrusion of various mental health professionals, arranged for me to be monitored closely after the birth and reluctantly signed a care plan, which we pray will never be needed.

I admit that I am sad, knowing that I will be deprived of the unrestrained, unfettered rejoicing that should accompany the birth. But over the months I have got used to subduing my feelings, tamping down emotion. My palette of feeling has become fairly skewed. I exercise gently, and have chosen suitably bland books to read once the baby is born: nothing that will excite me or stimulate my imagination. I am not to have visitors for the critical fortnight after the actual birth. No post or bouquets, and I am not to answer the phone. Some cards of congratulation can be drip fed to me, but the majority are to be saved for the day that I am declared “out of danger”.

Shock.

It is etched on the midwife’s face as I tell her I’m feeding my mushrooms in the bathroom cupboard at 4am. The shock of betrayal as I peer out of the police van, anxiously straining to see the rest of the convoy (the car in which my husband promised to follow me with our precious son) and realise I am on my own. Shock of the night air smacking my face as I am hauled rudely from the van, roughly frogmarched and bounced through some back entrance to the local psychiatric unit where I will be incarcerated. Shock as I learn by turns that I am locked out of my sensible self and locked away from all that I hold dear. Shocking: a new self at this time of life - motherhood, but horrifically skewed.

Christmas 2004 by Nicola and John Muckelroy

John: When Nic started to ring me in the middle of the night with stories of how she’d seen her deceased relatives (and mine) and spoken to them I guess I started to get a little concerned, but somehow put it all down to the euphoria of childbirth. Rachel, one of the feeding advisors, took me to one side and asked me if I thought Nic was acting herself. It was only really then that I stopped and thought about it. Once I had a moment to consider the facts, I admitted that Nic was definitely not acting herself. Things seemed to deteriorate very quickly and although the psychiatrist had said that she would come back on Monday to see how things were, on Friday it was clear that Nic needed some help quickly.

Nic: I settled into life on the Mother & Baby Unit quite quickly and met some lovely ladies, all with similar problems. The mania continued for a few weeks before it began to calm down and the highs and lows levelled out. Whilst I was recovering I did experience some very bizarre things. I thought everyone on the TV or radio was talking to me and everything had hidden meanings. I became obsessed with colours and each colour would mean something to me, blue makes you better – all the nurses wear blue, black means death, red for romance, etc. I would write constantly day and night about what I wanted to do with my life and what I wanted to buy for everyone for Christmas. I felt if it wasn’t all written down I would forget it as my mind was switching from one subject to another every minute. It is very hard to describe a psychotic episode to someone who hasn’t experienced it, but the closest thing I could compare it to is of being possessed by another being and not being able to control your thoughts or actions at all. But as day by day and week by week I improved, I slowly felt I was getting back to my normal self...

(The complete story is on our website)
If you have experienced an episode of PP and would like to join the network, we’d love to hear from you.

Action on Postpartum Psychosis
Email: join@app-network.org
Phone: 029 2074 2038

Address: Action on Postpartum Psychosis
Room 225 Monmouth House
Dept. of Psychological Medicine
University Hospital Wales
Heath Park
Cardiff, CF14 4XW