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A Mother's Journey Jan's Story



Part 1: 1999

4th May

I am thirty-one weeks pregnant with my first child. It is 5 o'clock in the morning and I awake to find my bed soaking wet. Knowing that urinary incontinence is not unusual in the later stages of pregnancy, at first I think I must have wet the bed. But there is a lot of liquid and it keeps coming. I begin to think that my waters may have broken. Up until this point, my pregnancy has been uneventful. Robert, my husband, and I have only just attended our first antenatal class and our baby is not due until July. I ask Robert what he thinks we should do; he reckons it is probably nothing as the baby is not due for another two months, and so I should just try to go back to sleep.

By 8 o'clock the liquid shows no signs of stopping, so I think it is best that I phone the maternity service at our local hospital.

'I'm thirty-one weeks pregnant and I think my waters may have broken', I say.

They tell me I need to go to the hospital. I do not quite understand the severity of the situation, so I ask if I should come sometime today.

The line is quiet for a second, a shocked pause in response to my lack of understanding.

'No. You need to come now.'

We pack ourselves into my silver Corsa Sport. I have nothing with me but a bag of sanitary pads as, what I now believe are my broken waters, are still flowing, and I presume I will be back home the same day.

We arrive at the hospital; my sanitary pad is getting increasingly sodden and heavy as we walk upstairs to the maternity ward. They take me for an ultrasound scan. After the scan the doctor comes in and says:

'You have a premature rupture of membranes. What this means is, most likely, you will go into labour imminently.'

I am bewildered; my thoughts collide as I try to wrap my head around the situation. This is not my plan, I am supposed to be working until the start of July, I still have a conference that I am leading coming up, I have been working on it for months. Besides, we have taken only one antenatal class, the nursery is not ready, we have not bought most of what we need for the baby: no clothes, no nappies. None of this is supposed to be happening yet. I am not at all ready.

The doctor tells me that, as there are no signs of labour, I will be admitted to the antenatal ward. I will have scans on alternate days to see how long my pregnancy can be maintained. We are taken to see the special care baby unit. I am shocked by the sight of tiny, premature babies with their translucent skin, kept alive with tubes and wires.

The next two weeks are tempered, mainly, by a stirring mixture of anxiety and restless boredom. Each day is spent in anticipation of what the next monitoring or scan may show, with little else to do but sit on my bed in the mixed ante- and postnatal ward.

All day and night the shrill cries of newborns cut through the low, guttural shouts of women in early labour, backed by the rasp of struggling snores of exhausted new mothers. Despite the slowly rising humidity of mid-May, the heating is kept on high for the newborns not yet strong enough to maintain their body temperature. The room swelters in the thick hot air. Each night I lie awake, drenched in sweat as I struggle to peel the plastic sheets from my reddened skin.

18th May

It is 1 o'clock in the morning. A caesarean section has been planned for me later today. For the past twelve hours I have had dull nagging back pain. With the pain now intensifying, I press my bedside buzzer. A midwife comes to examine me and tells me that she thinks that I am going into labour. Following six hours of labour, I have an

emergency caesarean section under general anaesthetic. Toby is born.

I have not yet seen my newborn son. I am confined to bed and hazy on morphine. Toby – four pounds, fourteen ounces and seven weeks premature – is in the special care baby unit. The midwives suggest that I should try to provide him with breast milk. I am given a small polaroid photo of my baby. Looking at this is intended to stimulate my breast milk. I am told that I will get the best supply of milk by using the breast pump every four hours throughout the day and night. The small quantity of creamy-yellow liquid that my body produces is given to Toby through a feeding tube.

Doctors tell us that Toby will remain in the special care baby unit until he meets three conditions: he must have regained his birth weight, be able to maintain his own body temperature and wake up at night to feed. This is likely to be close to his full-term date of 4th July.

23rd May

Five days after my caesarean section, I am sufficiently recovered to be able to go home. Still trying to maintain my breast milk, I set my clock radio alarm every three hours throughout the night. Sterilising the plastic bottle, breast pump funnel and tubing, then using the equipment, takes close to an hour. Each time, I go downstairs to my sitting room, assemble the pump paraphernalia on my coffee table and try to relax while listening to music. I always choose the same CD – Andrew Lloyd Webber's greatest hits. I listen to endless repetitions of 'Memories', 'Phantom of the Opera' and 'Don't Cry for me Argentina'.

1st June

My post-operative belly is tender, my caesarean scar is inflamed and oozing and my breasts are sore from the frequent pumping. Getting out of bed is increasingly wearisome and my body is struggling to produce sufficient milk.

Toby, now fed with a combination of my breast milk and a formula designed for premature babies, is slowly gaining weight, having dropped to four pounds four ounces in the days following his birth. Despite not yet being back to his original weight or able to maintain his temperature, after two weeks in the special care baby unit, the hospital staff tell us he can go home. Toby should still have another five weeks in utero.

4th June

I have been awake for seventy-two hours. Before we left the hospital, three days earlier, the staff had explained that, unlike a full-term baby, Toby would not wake up to feed. It was made clear to us that, if we let our son sleep through the night without waking him, he would become very unwell. Gripped by fear that I will not be woken by my alarm clock, I do not sleep at all.

I do not feel tired because I am in a constant state of nervous anxiety. Robert is still on paternity leave, and it is a sunny June day, so I decide to go for a short walk alone. We live near a busy road, close to the motorway and, suddenly, I have an extraordinarily strong urge to run into the traffic. I have an overwhelming impulse to end my life. Shocked by the intensity of these unexpected feelings, I quickly return home. Robert arranges a visit from our GP, and we are told to go to a hospital, fifteen miles away, to see a psychiatrist.

I am very unkempt. My clothes are dirty: stained with food and breast milk and mismatched. I have not washed myself for days. My hair is tangled and greasy. The psychiatrist asks me how I am. I do not want to risk being admitted so I respond that I am very tired. I leave with a prescription for zopiclone – a tablet to help me sleep. Robert is looking after Toby in our bedroom and I am using our guest room so that I can rest undisturbed. The zopiclone works well. Some feelings of compulsion remain but I am certain that these will go once I have caught up on my sleep.

5th June

Robert has told my mum and dad that I am not well, and they make the three-hour drive from London to come and stay with us. When they arrive, mum asks me to make her a cup of tea. My mind races, I am shaking and I cannot concentrate. The task is impossible.

And then something very strange happens. It feels like there is an electrical thunderstorm inside my head. Buzzing with activity, zaps and flashes erupt within every part of my skull. The noise and energy of the thunder and lightning inside my brain is horrific, yet fascinating. I wonder if this is what it feels like to be put to death by electric chair. After fifteen minutes it stops, and I know that I have been irrevocably changed.

7th June

My hope for zopiclone-induced sleep has disappeared. After the first blissful night, the tablets have no effect and I am awake continuously. For three days and nights I talk to Robert non-stop. On the afternoon of the third day, Robert tells me that I will have to go back to the hospital. He says that, otherwise, I will make him so unwell that it is he who will need admitting.

8th June

I am admitted to a perinatal mental health bed. This is in a small two-bedded unit in the middle of a noisy acute psychiatric ward, but at least I can have Toby with me.

10th June

I spend my days drifting aimlessly, unable to concentrate on anything. I am deeply saddened by the knowledge that the electrical storm in my head a few days earlier has caused me to be brain-damaged. I realise that, with the damage to my brain being so severe, I cannot ever recover or live a normal life. I repeatedly explain to Robert and to

mum and dad that something exceptional has happened to me – I am the only case in the world of someone having brain damage caused by an electrical storm in their head. Their unwillingness to acknowledge or accept the situation frustrates me immensely. My brain damage has caused me to be unable to concentrate or focus on anything other than this catastrophic injury and this is how I know it is real.

22nd June

Driven to despair by my belief that I will have to be in a hospital for ever because my condition is irreversible, I attempt to end my life.

23rd June

Following a night in the hospital's medical assessment ward, I am moved to the psychiatric intensive care unit (PICU). There are six beds in PICU – a mixture of male and female patients. On arrival, the nursing staff explain that, while they will try to keep me safe, I should know that PICU is a dangerous place and that there is every possibility that I will be assaulted.

PICU is not a suitable place for babies, so Toby is being cared for by my mum and dad at my home.

Due to the risk of escape attempts, there is no access to a place to sit outside the PICU, so I spend my time with the other patients in the smoking room. Everyone chain smokes and, consequently, we are always running out of cigarettes. One of the other patients, Vanessa, shows me that if you have Rizla papers you can use the discarded cigarette butts that people leave in the ashtray, open them up, get the tobacco out and make a roll up.

30th June

When I am not smoking, I spend my time writing. I am hopeful that, by reading my detailed account of the situation, the psychiatrist will recognise me as a new medical phenomenon. In preparation for the ward round, I spend hours crafting my letter to her. I am excited for

my meeting and, when the time comes, I present my copious sheets of paper. To my utmost frustration and dismay, she does not read any of it.

7th July

Our midday lunch is nearly over. As usual, the plastic knives, forks and spoons are collected in by staff and carefully counted in case any of the patients attempt to hide them to use for self-harm. A nurse asks to see me and tells me the doctor has decided that I am well enough to return to the main ward. I am surprised because I feel no different to the day of my admission to PICU. My despair about having irreversible catastrophic brain damage, and my consequent drive to die as the only way out, is as strong as ever.

8th July

I go for my usual breakfast of toast and marmalade in the ward dining room. As I sit down, Vanessa approaches me. She had left the PICU two days before me. Without warning, she smacks me hard across the face and I am knocked to the ground.

9th July

Back on the ward, Toby is with me again: resulting in more tasks that I struggle to undertake. The staff insist that I must make up Toby's formula bottles myself. I find this very difficult because my hands shake constantly; the formula powder mainly goes on the floor and my hands are frequently scalded by boiling water that I attempt to pour from the kettle.

I have decided to ask for ECT. I know nothing about ECT other than what I have seen on television dramas. Having been in hospital for a month now, and still feeling as bad as I did in early June, I think it might be worth a go. I request to see the psychiatrist that day, and, unusually, my request is granted.

I choose my words badly.

'I want to have my brain fried', I say.

'What do you mean?' she asks.

'I want that treatment where your brain is electrocuted', I respond.

She asks me why I want ECT, and I explain that, as nothing else has worked, I think it would be worth trying. She tells me this is a terrible idea and that there is no way she will agree to it.

12th July

Time on the ward passes excruciatingly slowly. Unable to read or watch television, I spend my days sitting in the small lounge adjacent to my mother-and-baby bed. In the mornings, this is with one of the two nursery nurses provided by the hospital. At midday either my mum and dad or Robert's mum arrive to spend time with Toby and me. Every evening, Robert comes to the hospital on his way home from work. I try to look pleased to see my visitors on their daily trips. Actually, I feel nothing except constant despair.

The antipsychotic and antidepressant medications that I have taken since the day of my admission make no difference to me. But one thing does help somewhat – the little blue pill – lorazepam. Lorazepam does not remove my feelings of despair, but it does, for a couple of hours, take the edge off.

The doctors have prescribed me lorazepam as 'PRN', meaning that it should be provided to the patient as required. Lorazepam is highly addictive and nursing policy seems to be to refuse my requests for it on that basis. Given that I do not intend to stay alive in the long term, certainly no longer than the time it will take me to work out my next suicide attempt, the possibility of long-term addiction is not a concern to me.

It is very frustrating to have my requests for the one thing that brings me relief almost constantly turned down, but it is only when I get talking to a couple of other patients, that I understand how to change this. They explain that the way to get lorazepam is to kick

off. The staff do not want patients shouting, swearing and being aggressive. Despite my immense anguish, I have been keeping this to myself. The next time one of the nurses asks me how I am, I start shouting and swearing. I am rewarded with the little blue pill. Now that I know the route to temporary relief, I intend to use it whenever I feel overwhelmed.

17th July

The mid-summer weather is good and I am permitted to go for walks in the hospital grounds accompanied by staff or my family members. I am also allowed occasional home leave. Being outside or at home does not change what is going on in my head, or my level of despair, but it is better than being stuck on the ward.

Today, being Saturday, I have been given six hours of home leave, so Robert collects Toby and me from the ward and we go back to our home. I spend a lot of time pacing. Then, in the kitchen cupboard, I spot a full bottle of Talisker whisky. This is Robert's favourite. Desperate for even momentary relief I decide that a stiff drink might help. I pour myself a large measure and gulp it. Having not drunk alcohol for many months, I expect the effects to come quickly. I want to feel my anxiety drifting away. The first glass does nothing. So, I pour another, an even larger measure this time. Soon, I am halfway down the bottle and I still feel no different. By the end of the afternoon, and the time to return to the hospital, only about one-fifth of the bottle of Talisker remains undrunk. Under normal circumstances, this amount of alcohol would make me very drunk, very sleepy and very nauseated. Yet I am completely untouched. More proof that my brain no longer functions in the way it used to.

24th July

Saturday again. Robert picks up Toby and me in the morning and we set off home. It is a cloudless, sunny day and, together with mum and dad, we decide to go out for a walk and a picnic. Toby does not seem

quite right. Usually, he has a good appetite but today he is not interested in his bottle. He is not very alert and he is making some strange moaning noises. Everyone agrees he is just a little out of sorts. The day passes. I am in my bedroom at home getting ready to return to the hospital. Suddenly, although he is no different from earlier, I feel that I need to take Toby to a doctor urgently. This will make our return to the hospital ward late and will overstay the amount of leave that the psychiatrist has permitted me for the day. I am so insistent though that Robert agrees, and we take Toby to the general practice out of hours service. We see Dr Singh. He is a GP that I work with and, initially, he greets me with a warm smile. Then he sees Toby.

‘You must get him to the hospital immediately’, he says.

‘There’s no time to wait for an ambulance. You must drive there. I’ll phone ahead and let them know you’re on your way.’

On arrival, we are rushed through to a resuscitation room in the paediatric intensive care unit and Toby is surrounded by medical staff. One of the doctors tells us that Toby is extremely poorly and at this point they do not know what the outcome will be. I am now extremely late for my required return to the ward.

Then we are told that, because Toby is so poorly, Robert and I will stay in the parent rooms next to the paediatric intensive care unit and that this has been agreed by my psychiatrist. A nurse explains that they think that Toby has meningitis. He is attached to multiple pieces of equipment, but the main course of treatment is intravenous antibiotics. The next twenty-four hours will be critical and they tell us to prepare for the worst. I feel no emotion. It is as if I am looking in on somebody else’s life. I understand that what is happening is serious and could have a tragic outcome, yet I do not feel it.

25th July

Robert’s mum and dad have travelled down to the hospital so now there are six of us around Toby’s cot side. We are told that Toby will

need a lumbar puncture and I ask to stay with him while this is carried out. My request is refused.

26th July

Doctors tell us that Toby does not have meningitis. He has a double bacterial pneumonia, will remain in hospital for a few more days and a full recovery is expected.

27th July

As the days pass, I am aware that, once Toby is out of danger, I will be returned to the psychiatric hospital. I prefer the paediatric ward because I have more freedom and the food is better.

30th July

The day that Toby is to be discharged has arrived. I am acutely aware that every hour brings my return to the ward closer. Then, to my astonishment, I am told that because I have been doing so well while Toby has been on the intensive care unit, it has been decided that I no longer need to be a psychiatric inpatient and am therefore discharged.

6th August

I had hoped that, by being released from detention under the Mental Health Act, I would start to feel a little better: as if having my physical freedom would untether me from my mental torment. Yet, this past week has been little different from a week on the ward. Anxious that it is unsafe to leave me on my own, Robert has arranged for his mum or my mum and dad to stay with me at our house all the time. I am still unable to focus on anything, so I wander about the house and in and out of the garden. Mostly, I start my day by running a bath, pouring in some of my favourite bubbles. But, by the time I get in, I have lost interest and pull the plug almost immediately. Each day passes very slowly: an endless loop of mealtime and sleeping time.

11th August

Today there is a total eclipse of the sun, visible from my home. This is the only day it will occur in Britain during my lifetime. I am unmoved.

15th September

More than six weeks after my discharge from hospital, little has changed. I remain under the constant watchful eye of people who love me and are determined to keep me from harm. I feel deeply resentful that every attempt I make to go out alone, or evade their company, is thwarted.

Today I am due to go to the outpatient clinic and meet my new psychiatrist. This is the first time I have seen a doctor since leaving hospital in July. I know how I will play this meeting – say little and give nothing away. Above all, do not say or do anything that might give them cause to suggest a readmission.

There are two male doctors in the consulting room. One is middle-aged, with sandy hair and a beard. The other dark haired and younger. Neither is the consultant: they explain that the consultant is currently away on holiday but is one of the most eminent psychiatrists in the country and an expert in perinatal psychiatry. This consultant has set up a mother-and-baby day unit, they explain, which is recognised as one of the best facilities in the UK.

Despite my intentions, I find myself drawn into speaking. Encouraged by their rapt attention and precipitous nodding, I explain how I had believed that I was brain-damaged and that this was what had led me to attempt suicide. I strenuously deny that I still believe this and adamantly refute any suggestion that I am still thinking of ending my life – I am acutely aware that what I say risks a response that I am very keen to avoid.

I am astonished when sandy doctor tells me that, given my belief that I was brain-damaged, it is entirely reasonable that this would have made me want to end my life. He is the first person

who does not tell me my thinking was clearly nonsense: he simply agrees that a logical thought, for someone who believed they were catastrophically brain-damaged, would be to want to die.

He asks me what I would find helpful.

I explain about the little blue pills and how since these are the only medication that I have found of any benefit, how frustrating it has been to have these denied to me. I am expecting the usual narrative of how addictive these are and that I cannot have any. But sandy doctor is one step ahead of me. He tells me that, if Robert takes charge of the tablets, I can have a supply of lorazepam: one tablet up to four times a day.

Then he asks me what I want to happen next.

This is something I have been pondering for a while. The last time I felt fully normal was while I was at work, in April 1999, before the night that my waters had broken prematurely and the stress and sleepless nights that followed.

I can now see only two possible ways forward. Either I attempt to recreate routine and focus by returning to work, or I find a way to end my life. Of course, I am not going to tell sandy doctor of my latter thought, so I tell him that my maternity leave is due to finish at the end of September and that I want to go back to work.

Sandy doctor seems surprised and suggests that this would be a high-risk approach, as I may not be able to cope at work. However, as a compromise, he agrees that I can go back to work half time from the start of October, as long as I attend the mother-and-baby day unit every afternoon.

31st October

Halloween. I have chosen a large and well-shaped pumpkin and have set about carefully carving it into a lantern. I put a couple of tea lights in, pick Toby up and show him the glimmering flames. Toby is five and a half months old now, interested in everything: a very smiley, lively and cuddly little boy.

I have been back at work for a month. Some days I have struggled with my concentration and my anxiety has started to rise. At those times, I have found that taking a little blue pill has helped and has enabled me to remain at my desk.

As agreed with sandy doctor, I have been going into the office in the mornings, picking up Toby from nursery at lunchtime, then spending the afternoons at the mother-and-baby day unit. The staff there are kind, understanding, not judgemental. I have made friends with some of the other patients. Sometimes we do activities: crafts or baking; sometimes there are talks about parenting skills or first aid; other times we just relax and chat. The room is welcoming, with comfortable sofas, play mats for the babies and a never-ending supply of hot drinks and biscuits. I feel safe here.

It will still take some time for me to fully recover. Now though, I am confident that I will be well again, that I will be able to reduce, and then come off, all my medication over time and that Robert, Toby and I will, at last, be a family.

Part Two: 2016

27th July

I am enjoying my summer holiday in Venice with Toby, now aged seventeen, Alicia and Lily – my twin girls, who were born in November 2002. On finding out I was pregnant again in April 2002, I had been referred to a specialist perinatal mental health service. I was fortunate that my GP practice had an attached clinical psychologist. With her, I looked at my potential risk factors for severe mental illness and developed an advance directive. A friend, Paula, who was a hospital social worker, agreed to be my advocate should I need one. A visit was set up for me to look around a local mother-and-baby perinatal mental health unit. My GP made

arrangements that, if I should become unwell out of hours, those services would also know the plan. I had been well prepared.

Following my daughters' birth, a planned caesarean section that went smoothly, I remained well, so I was relieved and happy to think that my illness after the birth of my son was a one-off event in my life.

Cycling around Venice Lido with my three children, I feel good. Strong and healthy. The years since my postnatal illness with Toby had been eventful: I had undergone major emergency surgery; one of my closest friends had passed away following a stage four cancer diagnosis; my mother-in-law had died unexpectedly; and Robert and I had divorced when our daughters were nine. I had managed the stresses of these events, with the help of my friends, and I had not had any psychiatric admissions or contact with mental health services.

In April of this year, I experienced a few weeks of hypomania. Seeking an appointment with one of the GPs at the local practice, I had entered his consulting room, told him I felt 'wired' and had declined the offer of a seat before pacing his room. I had asked lots of questions about the pictures on the walls, suggesting that these were actually of the devil. I left with a prescription for a low dose of an antipsychotic medication and, after two months of taking this, I felt back to normal.

The Venice holiday – sightseeing and relaxing with Toby, Alicia and Lily – feels just what I need to recharge prior to returning to my work as head of department and my busy life as a single parent.

4th August

My first day back at work following two weeks off. Driving to my workplace, I feel a little nervous. I am anxious about what might have happened at work while I was on holiday: the hundreds of emails that await me, catching up with the backlog and picking up

my on-call duty requiring me to be available twenty-four hours a day for the whole of the next week.

Exchanging the usual pleasantries with my colleagues, I walk across the open plan office to my desk. As I switch on my laptop, and emails flood into the inbox, suddenly I feel overwhelmed and terrified. This is not something I have experienced before. My mind starts racing.

Two of my team members ask to talk to me about a serious service issue. I listen intently to what they are saying but it is unintelligible to me. They are asking for my advice about something, and I have nothing to suggest. I have no coherent thoughts.

24th August

Three weeks have passed in a blur. I am barely managing two hours per night of sleep, I cannot eat and I have no concentration. Work tasks that I would have completed with ease before my holiday feel confusing and insurmountable. I cannot do any of the household chores that I need to carry out. In desperation, I try anything that might help. I have relinquished my morning cafetiere and started drinking camomile tea. I have attempted some gardening, some yoga postures, a run in the countryside. The calm from each lasts for only a few minutes before my thoughts overwhelm me. I tell my mum that I feel as bad as I did in 1999.

In the office, unable to focus on my own work, I invite myself to meetings that my team members are leading. I do not have anything to contribute, and it must appear very strange to them, but I cannot bear sitting at my desk, staring at my computer screen full of documents and emails that I have no ability to read.

I arrange an urgent appointment with my GP. I intend to request a short-term prescription of Valium to reduce my anxiety. The doctor is reluctant to agree to my request but, after a long talk, I leave with a prescription, a referral to the community mental health team and advice to take the rest of the week off.

30th August

The Valium has not had the effect I had hoped. Anxiety has become a constant feature of my waking hours. The little sleep I do get is in brief spells interspersed with vivid nightmares. I spend my days huddled in a blanket on my cream leather recliner armchair. I use alcohol to seek relief from the whirling thoughts.

Convinced that I am suffering from work related anxiety, and that, if I can get that under control, I will be back at work in the next week or two, I see the GP again. He asks me how much alcohol I am drinking. I lie and tell him it is about half a bottle of wine a day. I say I am improving and that I want to go back to work but he refuses to sign me as fit and refers me to the crisis team.

31st August

Alicia and Lily persuade me to take them to the ice cream parlour: a five-minute walk away. I do not want to leave the house. The effort of putting on my shoes and picking up my handbag feels too hard. But they are insistent, and I do not have the energy to explain why I will not go with them.

I need money so I go to the cash machine on the way and request £200 – the maximum I can withdraw. Arriving at the ice cream shop, I discover I have left the money at the bank and, when I return, it has gone.

1st September

I agree to daily visits from the intensive home-based treatment team (IHTT). I decide to make a phone call to the employee assistance programme helpline: a support and advice service offered to all staff where I work. I begin to explain that I am stressed about work, that I am hoping to find some techniques that will help, with a view to returning to work next week. The telephone counsellor asks whether

I am currently receiving any other support and I explain about the crisis team and the IHTT. Initial silence at the other end of the line, then the counsellor tells me that I am not suitable for the service and the call comes to an abrupt end.

At the start of my time off work, I was buying food and preparing simple meals for my children. This has now become impossible due to my level of agitation. Toby is due to start his second year of sixth-form college this week. Alicia and Lily are returning to their third year at high school. One of them must have phoned their dad to tell him what has been happening because Robert arrives at my door and insists that he is taking the kids, and me, to his house.

6th September

It feels very strange staying in Robert's house: we have not slept under the same roof since our separation in 2011. Paula – my close friend and work colleague, who supported me during my pregnancy with Alicia and Lily – comes round to take my laptop and work phone away. I am angry about this unnecessary intrusion given that I am hoping to return to work next week. I tell Paula that I need to go to the shops to buy a hairbrush, so we walk into town. I already have a hairbrush at Robert's house but going to the supermarket gives me an opportunity to buy wine. It is 10 o'clock in the morning.

My fixation on returning to work is driven by my situation: as a single parent with a mortgage and bills to pay, my income is essential. My employee sickness benefits are generous – full pay for the first six months of absence – and my mum and dad have the means to help me financially if I need them to. Yet, I have become convinced that if I do not return to work imminently, I will be sacked; my lack of income will lead to the loss of my house, and then to homelessness and destitution.

12th September

Another GP appointment, the usual format. The doctor asks me how I am. I reply that I am fine, just a little stressed about work and that I think this will improve when I go back. He tells me I am quite unwell and will probably not be able to return for a number of weeks. He asks whether he can check my weight and notes that I have lost half a stone in the past fortnight. He asks about my drinking. My standard response: 'a couple of glasses of wine'. His face tells me he does not believe me and he says I really need to stop drinking or, at the very least, cut right back. We agree to meet again in a week's time.

17th September

I have been phoning the IHTT every day this week. Each morning I wake up feeling terrified and count the minutes until their phone line opens and I can call them to explain how I feel. I am aware that I am very repetitive on these daily phone calls and the team seem to be losing patience with me.

By Saturday, I have decided it is time for me to leave Robert's house and go back to my own home. Using the opportunity of everyone being out except Lily, I run out of the front door and into the road. Lily runs after me and persuades me to go back inside. I go to my bedroom and then, around midday, I get called to the sitting room where I am introduced to two doctors and a social worker. They ask me lots of questions. I know I must have answered in a reasonable way because they leave. This is a relief. I had been concerned they might want to talk to me about a hospital admission.

Later that afternoon, my friends Heidi and Lara come round. I do not remember them saying they planned to visit but my memory has not been good, and I am happy to see them. We settle on the sofa, and they start chatting. The doorbell goes. The two doctors and the social worker from the morning walk into the lounge and sit down. This is an

unwelcome turn of events, and I will have to do some quick thinking to get them to go away again. They ask me how I am and whether I have any thoughts of self-harm. I repeat my well-rehearsed story. I am fine, just a little anxious about work. The sitting room is full of people now – Robert, Toby, Alicia, Lily, Heidi and Lara. The social worker asks them whether they agree with what I am saying. To my annoyance and dismay, they all say that they think I am very unwell and getting worse. One of the doctors asks me whether I am willing to accept a voluntary admission to hospital. Realising my options are limited, I ask what will happen if I decline. The only choice on offer is between a voluntary admission and a compulsory one. Reluctantly, I agree to go voluntarily.

I am presented with another choice. Mental health beds are in short supply. I am asked whether I would prefer to go to a working-age adult ward fifty miles away or an elderly mental health ward ten miles away. I am forty-eight. I do not want to be on a ward where the next closest person to my age will be in their late sixties. But my top priority is being somewhere that my children and my friends can visit me, so I agree to go with the old people.

The decision is made. The doctors leave quickly, while the social worker remains and says he will drive me to the hospital in his car. A discussion ensues about who will go with me. I want Toby to come. We are walking down the drive when Toby gets called back and told that, as he is seventeen, he is not old enough to go. Heidi and Lara come with me instead and sit either side of me in the back of the car. It is midnight when we arrive at the hospital for, what I intend to be, a very short stay.

28th September

Robert and five of my closest friends have formed a WhatsApp support group. Between them they form a rota so that I have visitors nearly every day. Today is Jessica's turn to visit me. Jessica runs a successful business and I explain to her that I am

not mentally unwell, just stressed by my inability to do my usual job. I tell her I am a good worker and suggest that she employs me. To my chagrin she does not take me up on my offer. Perhaps as a consolation, she asks me if I would like to go out for the day on Sunday. I suggest we visit Scarborough.

2nd October

Today is very cold and windy but I am looking forward to my trip to the seaside with Jessica. I think the grey autumn North Sea may provide an opportunity to bring an end to things.

While I am waiting for Jessica to arrive, I head off to the local supermarket, which is just around the corner from the hospital. Whenever I am allowed time off the ward on my own, I go there to buy alcohol. My black leather handbag is large enough to carry three little bottles of wine. My bag is never searched so I can bring whatever I want onto the ward. Arriving back in my room, I drink directly from the bottle, quickly, to get through all three before Jessica arrives.

Our visit to Scarborough passes uneventfully. Despite the perishing wind, the seaside town is packed with people, rendering an escape attempt impossible.

4th October

Early evening. It has been decided, without notice, that I will move to the working-age adults' ward. I am told my behaviour has been upsetting some of the older people and my removal has been prompted by an incident where I had thrown the hard black plastic chairs around the dining room.

The ward staff enter my bedroom and start shoving my possessions into plastic bags. It is inevitable that my carefully hidden stash of things that might be useful in a suicide attempt are found. The staff do not challenge me on my contraband. However, shortly after my

move to the working-age adults ward, I am informed that I am now detained under the Mental Health Act.

18th October

I have been given a diagnosis of psychotic depression and have been treated with high doses of antipsychotic and antidepressant medication for over a month. I do not believe this diagnosis and the lack of effect of the medication confirms my belief. There is no change in my state of mind, and my despair and suicidal ideation remain continuous. Robert asks the psychiatrist whether there could be any link between my illness after Toby was born and this episode seventeen years later, given that I am now in perimenopause, with the hormonal turbulence this brings. He is told that there is no link between the two.

I am pleased that Robert has been told that my current admission and my postnatal illness are not related. My belief is that I am not mentally ill. I have work related stress that has got a little out of hand. I try, repeatedly, to impress this on everybody who comes to visit me. I am not unwell. I should not be held under section. I should not be on a psychiatric ward.

26th October

On the ward I join in the therapy activities: crafts, a weekly trip to the bowling alley, walks. I am given a mindfulness tape to listen to. With continuous, mind-racing thoughts about how I will be imminently homeless, the mindfulness tape is not helpful. I rarely talk to the ward staff. The staff spend most of their time in the ward office so any opportunity to talk is extremely limited. There is nothing I wish to tell them. I do not think sharing my thoughts will help to secure my discharge.

I use the weekly ward round as an opportunity to explain that I feel much better and that I want more time away from the

hospital. I am surprised, but delighted, when my request for overnight home leave is granted.

A friend agrees to stay with me at my home for the night.

27th October

At 10 o'clock the next morning I am picked up by the police, wandering shoeless on the hard shoulder of the M1. I had been on my way to visit mum and dad when I had collided into the central reservation. The airbags had gone off, bruising my shoulder and cutting my face, but I had continued driving until my car ran out of fuel.

After being checked over in Accident and Emergency, I am taken to a room at the hospital – a place of safety – and told I am being held under Mental Health Act section 136. Two police officers guard me. I am very cold as I am wearing cropped jeans and a t-shirt, and it is late October. Fortunately, my friend Heidi has been visiting family close by and is able to bring me some warm things to wear.

In the early evening, I am transported by ambulance back to the mental health ward.

Late October to Mid-February 2017

My memories of this period are sparse. There are days and weeks of which I remember nothing. I have some snapshot scenes in my head from this time, like a glimpse of a photograph, but no more.

I do know from those few glimpses, from my friends and family, and from reading my GP notes, that I made two suicide attempts. The first, in November, resulted in an admission to an acute medical ward for twenty-four hours. The second, in December, led to an admission for a week. I was convinced that I was going to be forever stuck in the same unbearable, tormented state. It was this belief that made me feel I could not carry on.

My friends have told me of my 'manic phoning phase'. For a few weeks, I spent most of each day repeatedly phoning every contact on my iPhone.

One of the few memories I do have of these months is being offered ECT. I cannot say exactly when this was, but I do remember signing the consent form. I did not believe that ECT would help. Multiple courses of different combinations of medication had been tried, all with no effect. I had no reason to think ECT would make any difference to me. But I had nothing to lose so I would have accepted anything that was offered to me.

The effect of ECT was remarkable. After only a couple of sessions, friends who visited were astounded by the changes in me. One of my closest friends was sceptical at first, but later described seeing a difference in me almost after the first session. She said I started to look more alive, the colour came back into my cheeks, and I seemed much more able to follow conversation. I was not fully back to my old self but, they tell me, I was, in some respects, me again.

Mid-February

I am coming to the end of my course of twelve ECT sessions. For each session, I am taken to a hospital a few miles away which has an ECT suite. Before each trip, a doctor examines me to make sure I am physically well enough to have the treatment. The ward has an agency nurse. A big Scottish guy – Andy. He has been designated to go with me for my ECT. He seems kind and we chat. At the ECT suite I am given a general anaesthetic and then come round with a coffee in the recovery room before Andy and I are transported back to the ward. I sleep most of the afternoon.

As I improve, I become more aware of my surroundings and more able to talk to other patients. Staff members spend much of their shift in the ward office. There appears to be little general observation of, or interaction with, patients. The ward is a tinder box. I see emotions escalating in other people, resulting in an

ever-heightening atmosphere. Often things reach boiling point, and the result is the inevitable screaming, shouting, swearing, sometimes violence. When the staff alarms sound, everything gets very hectic and noisy until those kicking off are either bundled into the seclusion room or forcibly sedated. As a patient, all I can do is either retreat to my room or just sit tight until things become calm again.

6th March

The day of my discharge from the hospital. For the past two weeks I have been allowed home for a succession of overnight stays and now, nearly six months after it began, the end of my hospital stay has come.

20th March

My first day back at work. I have been away on sickness absence for 200 days.

Getting back to work is important. I need the structure and routine that being at work gives me, and I want the opportunity to bring some normality back to my life. My return has been carefully planned. I have had a long appointment with the occupational health physician, who has worked out a return-to-work plan with me and a phased return.

20th June

Going back to work has been difficult. My confidence in myself is extremely low. The medication I need to take is slowing my thought processes and my concentration is reduced.

In meetings I am slow to react meaning that, often, by the time I have thought about what I want to say, the discussion has moved on. Writing my first report takes ages and I just cannot get it right. On a couple of days, I have felt so stressed by lunchtime that I end up taking the afternoon off.

November

Toby is in his first year at university, 100 miles away. Alicia and Lily are finally living with me again most of the time. I am still finding work hard. My concentration is reduced and my ability to make decisions is impaired. I have spoken to my union to ask whether I might be eligible for ill-health retirement, but they tell me this is very unlikely.

July 2018

Nice, South of France. I am on holiday with Toby, Alicia and Lily. In December I had requested a move to a lower-banded post at work to reduce my stress levels. I am now very much enjoying my new role, as deputy head of department. I have rebuilt my social life, spending time with friends and family.

It is a balmy summer's day, and we are on the rooftop bar of our hotel. I look out to the sea and feel happy.