

'Finding my Hard Hat': Reflections of recovery from a service user and caring professional. Journal of Psychiatric and Mental Health Nursing.

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Abstract

This is an account of my experiences becoming unwell and accessing general and mental health services in Ireland. It traces this experience from initial contact with my general practitioner, to admission to a secure psychiatric ward where recovery slowly began. It is hoped that this lived narrative of my recovery will shed light on accessing mental health services from a dual lens; that of service user and social worker. It is also hoped that reading my experiences of recovery and some of the insights shared will help those in the nursing or social care profession consider how they may be affected by their work. It is important to note that this account views my experiences within a neurobiology framework and this might not align to other people's experiences. However, my narrative of help-seeking is complex and includes multiple points where I uncover insights and encounter different healthcare professionals.

Relevance Statement

This lived narrative account documents the experience of a caring professional navigating the mental health system from the other side, that of service user. It advocates for continued self-care for those who work in the mental health profession.

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Accessible Summary

What is known on the subject?

- Lived experience narratives of recovery can provide an insight and subtlety where academic papers can often fall short.
- There is a need for people who work in mental health services to address and take care of their own psychosocial needs.

What the paper adds to existing knowledge

- This paper provides a unique insight into a care professional's recovery from mental ill health.
- Looked at through this dual lens of service user and care professional provides the reader with a rich narrative from the perspective of both sides of the caring role.

What are the implications for practice?

- People who work in caring roles need to be vigilant of their own needs and the impact that the work can have on them.
- Safety protocol for managing one's own mental health should be a requirement for people within the caring profession.

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Introduction

If you pass any construction site, you will see at the gate a multitude of signs in relation to health and safety. Unless you have the appropriate safety equipment as well as your "safe pass"¹, you are not allowed entry. The trades men and women who have developed these skills are constantly reminded of how they must protect themselves and others by wearing a hard hat and using the tools of their trade safely. In social care, when it comes to health and safety in the use of our tools, our mind and body, this is where the paths separate. There is no mandatory "safe pass" or safety equipment that must be donned before entry into our work. This is particularly the case when it comes to professions like social work and different forms of nursing and medical professions where the tools of the trade are not just professional learned skills and knowledge, but an equally important set of skills - you as a person. This account will shed light on my lived experiences accessing mental health services from a dual lens- that of service user and social worker working in child protection. It is hoped that some of the insights here can help those in the nursing or social care profession to consider how they may be affected by the work that they do.

Stage One: Seeking help

Driving in my car from the doctors to the hospital, I still was not sure why I was going there or what was sweeping me along. If you asked me to put two thoughts together I would have struggled, yet I was able to drive and navigate myself along the twisted road leading to the open dual carriageway that brings you to X regional hospital. The previous weeks, if not months had cumulated in me having one of the worst weeks of my life. My memories of this, along with my subsequent stay in hospital, particularly the first month or so, I cannot say with certainty are true memories.

¹ Safe Pass is a mandatory one-day health and safety awareness programme for people working in the construction industry. The aim of the programme is to raise the standard of safety awareness and to ensure that, over time, all site personnel undergo basic health and safety awareness training to enable them to work onsite without being a risk to themselves or others who might be affected by their acts or omissions [<https://www.solas.ie/construction-lp/safe-pass/>]

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After a long struggle, I had finally decided that I needed to ring my General Practitioner (GP) after putting it off for a long time for many reasons. Firstly, I was embarrassed and felt it was a sign of weakness. I was father to three beautiful children and a senior manager in a child and family agency admitting to my doctor that my head was not right. I was putting myself in the position as I saw it, of *'giving in'* and admitting that behind the professional exterior, I am as vulnerable as the people I had worked with over the last 30 years of child protection. I said the words to him that *'I was not ok, that I was down'* and dreaded him asking me the question that I knew in my head I did not want to answer, *"Are you safe"*? How do I answer this, do I answer it honestly and admit that I do not feel safe? So, looking to the ground and feeling ashamed I said *'I am not safe'*, that I had thoughts in my head that I was not understanding and that these thoughts were saying to me the most horrendous things that I could never understand any person listening to, never mind carrying out.

The night before had been a long one. I had my dinner on my lap and I remember looking out the window watching the first glimpse of winter dark nights starting to come in and then like a tidal wave I said to myself, *'I cannot do this anymore'*. It was the thoughts of endless dark cold evening and nights mixed with the thoughts of loneliness and isolation. It is hard to understand what you feel and even harder to explain it; I could not understand why I felt this way. I was not short of family or friends and in fact, I was guilty of being the one that pushed people away including my own children and my wife that I had separated from two years earlier. I found myself feeling alone and isolated and yet from the outside, I had everything going for me with an abundance of caring family and friends.

Stage Two: The Doctors to the Acute Hospital

My GP struck me as a man who knew his job very well and I had the feeling that he was listening to me with an inquisitive mind trying to make sure he heard the right words to do the right assessment. My hope was that he could help me make sense of what was happening to me and send me home with a renewed

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enthusiasm for life. I had felt this way before for short periods maybe lasting at most a week and I could put them down to fall-outs I had in work and short periods of loneliness- this was different. This time the feelings were not going away and I had a low mood that was going lower and not due to any circumstance. I was also tired from not sleeping and I did not feel that I needed sleep. My GP wanted to know was there a specific reason for how I was feeling. I may have hinted at him that it might be something to do with the children leaving home and my recent separation. However, I knew that there were also other reasons that I was feeling this way, mainly to do with my past childhood and history of sexual abuse but I was not yet ready to go there.

I arrived at the nearest accident and emergency department and was surprised to be met by a doctor who said she was expecting me. From this moment on, the details are confusing. Looking back, I think my body and mind just sank in to relaxation. I was brought into an interview room and was struck that the room was different; the tables and chairs were screwed to the floor. I spoke with the doctor and I followed her out of the room and recall going downstairs to what felt like a basement. Then as the doors began closing behind me, I started to feel that my power and independence were slowly being taken away from me. I was brought to a corridor that had a closed door at each end and was met by a nurse who began opening the small overnight bag that I had with me. I was asked to empty my pockets and take off my belt and take the laces out of my shoes. This was all too much for me and I could feel myself panicking. I am claustrophobic at the best of times and avoid not being in control. It felt like I was going under an anaesthetic that did not put you asleep, yet controlled your body. Either I panicked and said I wanted out of here or I gave in and trusted. The latter was all I could do because I had no energy for the alternative.

Although the memories of this time are unclear, I know that my friends and family were shocked by what was happening and I am sure finding it difficult to understand. I was not much help to them, as I too did not understand what was

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happening. After a week or so, I was transferred to a private psychiatric hospital in Dublin. The journey is not one I remember, as it was a two and a half-hour taxi ride and I was accompanied by my son. At this hospital, I do remember being spoken to by an empathic young doctor and my relief at feeling that she understood better than I did as to why I needed to be there and thankfully moved me swiftly in to what I later known as the acute care ward. The feeling once again of being powerless came over me as my bags were searched and labelled. I was put in a bed and I pulled the duvet over my head and slept.

Stage Three: XX Mental Health Services

Being in the acute care ward at the time did not mean anything to me. I did not care where I was, only that I wanted to sleep and be cared for. You are monitored every 15 minutes to an hour, depending on your level of risk. My medications were brought to me and apart from using the toilet and shower, I was monitored all the time. In these early days, I lay in my bed going in and out of sleep. Although my body was resting, my head was running a marathon. On one level, I was taking everything in but also did not feel able to react to anything.

Sometimes I woke not knowing where I was, frightened that I had ended up in a place that was not safe. I remember feeling the cold sweat coming down my body and panic setting in wondering what will I do. Most times I would wake with someone calling my name and checking if I was ok or wanting me to go somewhere or do something. I obeyed because I physically could not do anything else. I knew I needed to sleep and that I did. As the time went on in acute care, I was moved to another three-bed area that was more relaxed and there was a couple of side rooms where you could watch TV or play a board game. In front of the nurse’s station, there was a bright area like a communal space. The roof lights let in the warm sun or made a dance noise to the rain as it fell. There was also a garden that you could go for a short walk about 75 meters in length. I was moved out of acute care after a couple of weeks on to a main ward. This was to become my home for the next two and a half months. My mobility was slowly increasing to being able

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to walk around the hospital and gardens, which helped me start to think about where I was and what was happening to me. After a week on the ward, I was given my own room.

Being in hospital for the first time with mental health issues, was something that I felt hard to adjust to. Doctors spoke in terms of weeks rather than days when it came to looking at changes in my health. I was assigned a very good consultant and he was supported by two junior doctors and a multi-disciplinary team. At this point in time, I would describe myself as being very grumpy and agitated. I was looking at everything and everybody in a dis-trustful way. I was also very sensitive around my own body space. I felt I needed to be on guard all the time and felt vulnerable. I got annoyed over the simplest of things, which was not like me. I also became paranoid; I constantly said hello, goodbye and thank you to everyone. I did this to test other people's reactions, particularly the nursing staff and doctors. I needed constant reassurance from them, for what I do not know, but I know I needed it. It was perhaps that they were not angry with me, that I was not being a nuisance to them, that they liked me and had not forgotten me.

I also did not like my body space being invaded. One of the nurses was a male nurse and was genuinely caring. One Saturday morning, I felt frightened when I was sitting on the sofa and I felt him come close to me, I freaked, I froze and panicked at the same time. I felt trapped not knowing why, but I felt trapped. I got the courage to move and go to my room to close the door behind me and protect myself. He did nothing he just sat close to me. But in my mind, it felt like he had invaded me and I did not like it. This was for me the first inkling of why I might be here, this was to do with my own history of childhood sexual abuse. Something that I was confronted with every day in my work and yet had not addressed my own life. The recovery was about to begin.

Stage Four: Road to Recovery

I was lucky to have a very good consultant who approached his work with a determined mind but also gave space to listen and change his mind. My medication

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was increased, decreased and changed as necessary. His approach to medication was a cautious one and always veered on the side of increasing rather than decreasing it. This meant I started on the lower doses and worked up if necessary rather than the other way around. The medication started to have some practical effects such as helping reduce the night terrors. It took a while but they did start to quieten. I also felt that the dark hole I was in was starting to lift and every now and then, I felt myself lighten. My humour started to return to normal. I was not as paranoid as I felt before and I started to open my eyes and mind more to see what was happening to me.

Role of creativity

As well as the medication, the hospital offered a variety of activities. It has long been shown that art-based practices show promise as a beneficial solution for mental health services because they are in line with a holistic recovery framework (Van Lith *et al.*, 2013). My favourite by far was pottery. I took to it and enjoyed every hour making, moulding, rubbing down, painting and showing it off. I never saw myself as artistic but discovered I am. I am not artistic in the way that I could make a living from it, yet in my world and what I wanted to do, I am. There was a time when eyes meant a lot to me. One day I went in to the art room and looked at the paintings on the wall and felt I wanted to put something on paper. I felt that I needed to physically do something with my hands to express a feeling I had in my stomach. I felt I needed to perform an exodus on myself in the form of painting a feeling. The therapist in the room gave me some paints and a piece of A4 paper and I begin by drawing circles, then there were three circles, then the three circles became eyes. Looking back at me was my eyes and my third eye, which for me was my soul, my feeling, my physical insight in to my black hole. The usefulness of the creative class in this instance provided me with the external environment to facilitate internal recovery (Lloyd *et al.*, 2007). Not only did I feel good after this but also I felt that yes, they look like eyes. The therapist recommended that I consider framing it, which she did and subsequently it was hung on the corridor of the hospital for a short time. I also got a lot from the fun activates like quizzes,

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bingo and one of my favourites, salsa dancing. This was great fun and it felt like you could let your body go to the rhythm of the music. Since the leaders of these activities were in the hospital seven days a week, I built a great bond with them during my time as in-patient.

Stigma/Making friends

I am tempted to say that I only have depression two years because my first hospital admission for depression was two years ago. However, if I am truthful to myself, I would say I have had depression for over twenty years. I was admitted to hospital for the third time in two years some time ago and it was while in hospital that I realised that I had not accepted that I suffer from a mental health illness called depression. In theory, yes, I told friends and family that I had depression but spoke of it like describing a cold; it would go away and never be seen again. I now wonder why I took this attitude to my illness. Was it a lack of understanding of the illness or was it lack of acceptance that I have what was often referred to as the "*black dog*"? Maybe it was a bit of both as I am in my fifties and wonder how I could only recently know that I get depressed and sometimes I need help managing it. Research has shown that people are reluctant to seek professional help for depression, especially from mental health professionals. This may be because of the impact of stigma which can involve our own responses to depression and help-seeking as well as our perceptions of what others might think (Barney *et al.*, 2006).

What is interesting for me now to admit is that I did not accept it because I was ashamed of having depression. If I am ashamed of having depression, then I am ashamed to speak about it. And if I do not speak about it then how can I expect those around me to understand it? I feel speaking and in this case writing about it is the most powerful thing we can do to help remove the stigma of having a mental health illness. Research has shown that as part of recovery from depression, it is important for men especially, to address self-stigma by reconstructing a valued sense of themselves and their own masculinity (Emslie, *et al.*, 2006). I remember

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during my last hospitalisation that I did not understand what was going through my mind. I understand now that staying healthy will always be about recognising when I am not feeling great and coping better when it happens. To use the analogy at the start of this paper, it is important for me to find the tools that will keep me safe, both in my work and personal life.

What helped me in my recovery was an understanding that I need to make friends with my depression. Like a friendship, it takes time to get to know how it responds to situations, both good and bad. Also like friendship, depression is with me for life. Only by making friends with it, do I feel comfortable talking about it. The first step in building the friendship is to remove the stigma I attach to my own illness. I did not want to see myself as having depression, partly due to the work I was in, it was something *other* for me. Stigma has emerged as an important barrier to the treatment of depression so it is crucial to address this in one’s recovery (Hatler, 2004; Latalova *et al.*, 2014). Everyone has mental health needs and taking care of your mental health is essential for us all. When we work in the caring profession it is more pertinent to be mindful of our mental health since we tend to identify most with the caring role, often at the cost our own health. However, being confronted with the psychic pain of others can often be a trigger for unresolved issues in our own histories. A recent systematic review indicates that the average mental health professional has high levels of emotional exhaustion (O’Connor *et al.*, 2018). It is essential therefore that we maintain good mental health and not wait till we reach crisis point or mental exhaustion.

Moments of Clarity

Recently I attended the neurologist for a spasm in my head. When I was with him I wondered why a neurologist does not treat depression. In my understanding, my depression is caused by chemicals in the brain and electrical impulses firing in the wrong directions (Singh & Gotlib, 2014; Foland-Ross *et al.*, 2013). Why is it that neurologist who knows so much about the brain is not involved in my treatment instead of or along with the psychiatrist? I then started to think what would it be like, if it was the department of neurology that you attend for depression instead

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of the department of psychiatry. This thought made me begin to consider my depression differently. For starters, I would probably get a different reaction if I was to say that I was in hospital for the last six weeks under the care of the brain doctor or that at times my illness was so bad that I required special care and the neurologist was not sure how well I was going to recover. That I had a brain malfunction but that thankfully it is ok for now and that if I look after myself and take the medication prescribed, I should be ok. It is important to note however that whilst this understanding has helped me significantly in my recovery, some critics have cautioned that attributing mental disorders to biogenetic or neurological causes may have unintended side effects that could exacerbate stigma (Crowe & Kim, 2020; Kvaale *et al.*, 2013; Angermayer *et al.*, 2011).

With this new insight, I was feeling like a hero, a person that has had a very serious brain illness but was now able to tell his story. I could almost see myself as wearing my illness like a badge of honour; look at me, three bouts of six to eight weeks of hospitalisation under the care of the neurologist and I am fighting fit again. Contrast that feeling of superhero with the reaction you often get from friends who mean no harm, “*Well you better make sure you don’t go back in there again.*” Depression is often viewed as something that you have control over, that somehow you choose your mental illness or let it happen (Wood *et al.*, 2014). By making friends with it however, we can hope that others around us will better understand the affects it has on us and help lift the stigma of depression. In my case, I understand my depression as an illness that has a physiological and psychological cause.

My treatment is both taking medication and talk therapy. Talk therapy is an exercise like running or walking that we all need to do to keep mentally well (Nieuwsma *et al.*, 2012). It is not only for those who have a mental health illness, it is also a preventable measure to keep good mental health wellness (Nierenberg *et al.*, 2004). It is my safe-pass that needs consistent attending to, in order to protect myself and my relationships with those around me. I am a superhero with

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depression and I know that psychiatric medicine is as much a superhero treatment as any other field of medicine.

So what do you work at? I remember being asked this early on in my treatment and recall being reluctant to answer it, as I had begun to disclose my own early experiences of sexual abuse. My reluctance was muffled in my head but went something like “*so you get abused as a child, you are fairly messed up about it and then what do you do, you get a job working with other children who have been abused and people who abuse them*”. This made me feel somewhat of a masochist, bringing myself back to these painful memories. Now some years on in my treatment, I have unravelled this and come to some understanding of my choice of work. I remember when I applied to University XX, I was invited to a number of group and individual interviews as part of my application for the Bachelor of Social Work. This was a recognition that training as a social worker was more than just being academically bright. Rather, it demanded a set of life skills that you develop from your home place and from life experience. These are interpersonal skills like the ability to empathise, as well as having reasonable common sense (Bommel *et al.*, 2015). From day one therefore, when you work in the caring profession you are asked to bring more than your academic achievements to the table. In fact, if you do not or cannot, then it is likely you will not get a place on the course of studies. Social workers are one of the few groups who recognise the value of relating to others in a way which recognises their experience as fundamental to understanding and action (Coulshed, 1991). Knowing who you are in the child protection field is a necessity. Although this may not be clear in the early days, the ongoing work of child protection calls us to become more reflective and at times question humanity. It is important therefore that we consider our own histories and both conscious and unconscious motivations for coming to work in the field.

Conclusion

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Returning to the question posed at the start of this paper- *how am I safely applying my skills in my workplace?* There was a time when I felt foolish choosing a job that would trigger memories of a very painful time of my life. Now I understand why I did go in to the field of child protection. The experience of being abused has shaped me, but so has my own family experiences. I can now feel ok saying what I work at because I can see how this shapes me as a person and the importance of bringing that person to my work.

This leads me on to asking myself, "*So where is my hard hat?*" What health and safety briefs do I need to carry out to make sure I use my set of tools in a safe and healthy way? My first responsibility I feel for this is to find my own "hard hat". It starts with me updating my "Safe Pass" that allows me to go in to the building site of my work and to safely walk through it and do what keeps me safe and mentally well. But also, I feel that this is something that society and employers must take on and engage with. I have managed social work teams and many projects within social work. Seldom if ever will the effect of the work on ones' self be spoken about in relation to difficult cases and upsetting pieces of work. As a male, I know I seldom if ever spoke about the affect my work had on me to a work colleague. During the pandemic, a lot has been on the media in relation to the hard work of nurses and doctors. I remember seeing the photos of nurse and doctors after that took off their masks and PPE gear. The public for the first time could see the visual, physical effect the work had on their bodies; the marks on their faces and the exhaustion on their faces. Imagine if they could see a similar photo that somehow showed the affect the work had on their minds and the parts of the body that is affected by experiencing trauma. What would that photo look like? There is an injury taking place to the body that is not seen and not protected. We all know this happens, yet somehow we do not talk about it.

I know when I was in hospital I was at times not very well. I know that I was agitated, unreasonable, angry and difficult for those in the hospital that took care of me. I know that as professionals they will say it is what we are here for and do

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their best to stick with me through thick and thin. At times, our ability to do this can be difficult. I know from my experience as a caring professional and as a service user there are some days when it can hurt just to do our job. Industry needs to recognise that and make compulsory our own version of Safe Pass and set of minimum supports so we can find our own “hard hat” and put it on.

The reason for writing this account is to help with my recovery and management of my mental health. In thinking back and knowing now what I know about how work impacts on us (Estryn-Béhar *et al.*, 2004), I see differently the strains and pressures that I experienced when my family was young. It also helps me see in a different light, the needs of my wife and children at the time and how I found it hard at times to give the love and support that I know I wanted to give.

The struggle for me was that during my career, when I got home part of me wanted so much to be with my children and wife and bath in the homely atmosphere that was the complete opposite to what I worked with during the day. However, I struggled. More and more I just wanted to come home and shut myself off and not speak, just stare at anything on the TV. As I reflect on this now, I can see with better clarity what was going on. In my work, I spent the day listening, talking, assessing, problem solving, planning and this took a toll on me. By the time I came home, I had used up all my resources to do my job. Yet as a father and a husband, these are the same resources that you need to be a good and loving father and husband. What was of utmost importance to my life was acknowledging my struggle and receiving the help I desperately needed.

Implications for Nursing Practice

Writing this account of recovery highlights the question we must all ask ourselves in the care profession- *how do we mind ourselves?* When we are tasked with the care of others, it is all too easy to forget about the person doing the caring until we reach the point of burnout. Instead, we should ensure like the analogy used throughout this paper, that we actively seek out preventative measures to ensure that we are addressing our own psychosocial needs. It has taken me considerable

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time to become aware of myself, my work and minding my mental health. Nurses should be supported to seek out talk therapies not only in response to a crisis point, but also as a preventative and protective measure for the work that they encounter.

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