

Cambridgeshire and Peterborough



NHS Foundation Trust



Wearing²Hats

Showing pride in our lived experience



www.cpkt.nhs.uk/wearing2hats.htm

From an early age I believed that the stigma and discrimination applied to people with mental health challenges and physical disabilities was wrong - a significant personal and social injustice that I felt it was important to do something about. I have no idea where that belief came from, only that it is an intrinsic part of me. As a Non-Executive Director, I am proud to have been nominated as the Recovery Champion on the Board and to be able to use that position to promote these beliefs within the Trust.



Wearing 2 Hats is a great example of putting these beliefs into practice. CPFT must be explicit and proactive about employing people with lived experience at every level of the organisation; to ensure that this knowledge is embedded in the services we provide. Not because we feel sorry for people, but because we believe that they have something specific and useful to contribute, alongside the other skills and attributes they bring to the organisation.

I have worked in the mental health system for most of my career in a wide variety of roles, always using them to champion the rights of people to respect, to be treated properly, to be *allowed* to take their own risks. I know how powerful personal stories can be. They can both help other people shift their attitudes and be very validating (if also terrifying) for the individual. Shame is an important part of stigma and self-stigma. Telling our story, bringing it into the light, is one of the few ways of diluting the power that shame has over us as it can only thrive in the shadows.

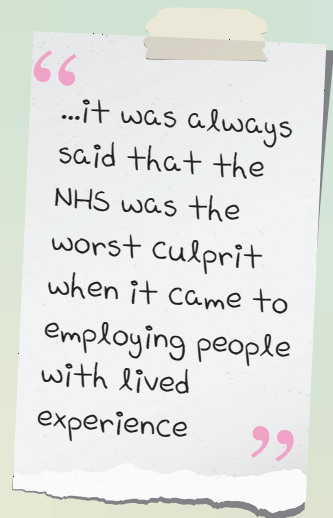
We must also challenge the widely held assumptions and beliefs about those experiences currently defined as mental illness and physical disability. The medical model of disability is still common in a lot of services; the feeling that we professionals have to *come down to the patient's level*. In fact the world we have created puts additional obstacles in the way of people who are already having a harder time because of what has happened to them. Every day, thoughtlessness, ordinary stigma and discrimination impact on people's lives; the assumptions from others about who can do what, who is dangerous and who is to be trusted.

This must not be added to by stigma within the NHS in general, and CPFT in particular, about what our staff can do and how they can access the services they may need from time to time. In the early years of my career it was always said that the NHS was the worst culprit when it came to employing people with lived experience. That is beginning to change and we must continue to build on the good work that has begun.

Removing these barriers caused by discrimination and prejudice will enable us all to experience the NHS more positively. This means respecting the knowledge that people have about their own experiences and lives, their bodies and their psyches, and about what works for them. This can be developed with knowledge from research, from professional training, from other people's experience, from scientific advances, but this is an addition to that core knowledge not an improvement on it.

Only by putting them together, as two equally important sources of information and expertise, can we hope to provide a good quality service that actually responds to individual needs.

My aspiration is that CPFT becomes a place that genuinely embraces lived experience as a useful and valuable contribution to the services we run.



Wearing²Hats

Wearing²Hats was established by CPFT in 2015 after many years of attempting to get it off the ground. This forum has three themes; peer support, policies and procedures and stigma,

Peer Support

Providing peer support and a safe place to talk about our own experiences. To feel safe to discuss work with people who have been through similar things. This group will feed key themes into the other two workstreams.

Policies and procedures

Developing guidance for managers and being proactive in supporting better policies. This will support flexibility and thinking of the whole person - not just following a policy. Guidance for managers will support them in 'staying human' when dealing with work issues caused through mental ill health, such as sickness absence.

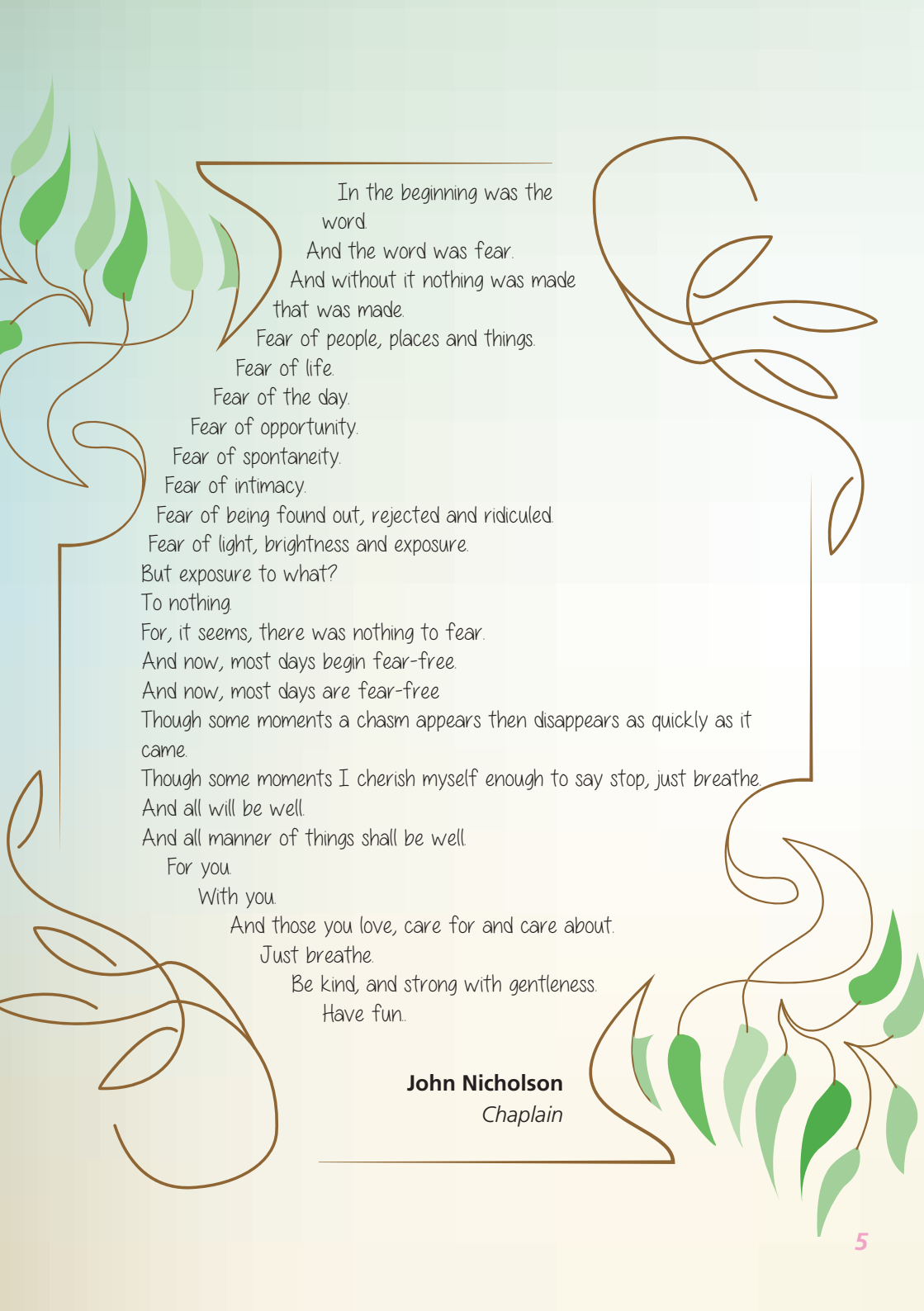
Stigma

An anti-stigma campaign where staff from across the Trust 'come out' to talk of their mental health, showing that anyone in any role could be affected by their mental health, and that's ok. Even better, it could help them be a better NHS employee.

The work underway (taking place above and beyond everyone's usual role) will make CPFT a better place to work and receive treatment. The group has already been working in partnership with HR on the development of policies, and are offering drop-ins for peer support. It improves how we care for our staff and how we relate to those receiving services.

Recovery is at the heart of this group and it supports our new values - Pride -, along with the behaviours associated with these such as: kindness, openness, empathy and supporting others in building resilience and feeling empowered.





In the beginning was the
word
And the word was fear.
And without it nothing was made
that was made.
Fear of people, places and things.
Fear of life.
Fear of the day.
Fear of opportunity.
Fear of spontaneity.
Fear of intimacy.
Fear of being found out, rejected and ridiculed
Fear of light, brightness and exposure.
But exposure to what?
To nothing
For, it seems, there was nothing to fear.
And now, most days begin fear-free
And now, most days are fear-free
Though some moments a chasm appears then disappears as quickly as it
came.
Though some moments I cherish myself enough to say stop, just breathe
And all will be well
And all manner of things shall be well
For you
With you
And those you love, care for and care about.
Just breathe.
Be kind, and strong with gentleness.
Have fun.

John Nicholson
Chaplain

Supporting our colleagues

I have to deal with my personal stress at work everyday and mental health conditions have affected people close to me at home.

One in four of us have mental health issues in our lives and **Wearing2Hats** is really important because it's true for our staff and our staff matter to us. Twenty per cent of sickness last year in CPFT was a result of mental health challenges.

We want everyone to get behind the programme because this initiative will help in two ways. It will help support staff who themselves may have mental health challenges, but if we can support staff better it also helps our patients - the people we care for.

Aidan Thomas

Chief Executive

Cambridgeshire and Peterborough NHS Foundation Trust



We **earing2Hats** is a forum that supports staff who have their own lived experience of mental health issues, as well as other long-term conditions.

The campaign features members of staff talking about their own health challenges.

I am sure you will join with me in applauding them for being so open, honest and tackling stigma head on.

One in four of us will experience mental health issues and, just because we work in healthcare, does not make us any different.

CPFT is committed to supporting colleagues - just as we would our patients.

Steve Legood

Director of People and Business Development

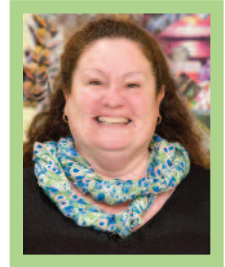
Cambridgeshire and Peterborough NHS Foundation Trust



Wearing 2 or 3 hats?

Sharon

Hi. I am Sharon and I am Head of Recovery and Resilience in the Trust. I have worked in mental health services for all of my working life, so nearly 30 years.



Working in mental health services when you have experienced your own lived experience can be both a blessing and a curse. A blessing, as you get to meet the most amazing people along the way and a curse when you have to fight with the self-stigma of sharing your own experiences.

I grew up telling people I wanted to be a psychiatric nurse and was offered a place in Birmingham to start my training. However, I turned it down as I just didn't feel I could do it. I lacked confidence and I didn't believe in my own abilities. Instead, I started my employment journey at 17 whilst I was experiencing severe challenges with anxiety and panic attacks. I struggled to venture out of the safety of my own home, with work being my sanctuary. It was hard working alongside people who had similar challenges to myself and often my own struggles appeared worse than the people I was allocated to work with. Years ago, sharing your own experiences was certainly never encouraged and I can remember when people I was working alongside said to me: "You can't possibly understand how I am feeling." I wanted to shout: "Yes I do, I really do, I have panic attacks myself." But I knew this was considered unprofessional and I kept quiet.

In all the years I have been employed, I have never had a day off with my own mental health challenges. Sometimes I don't know how I have got into work, but I pride myself in my strong work ethics. I couldn't let anyone see me crumble and crash - that was reserved for when I got home - and my life continued like this for the next 10 years.

After the birth of my son I vowed I would never allow him to witness my anxiety and despair so I bravely told one work colleague about some of my challenges. She was amazing. She then disclosed to me her years of hospitalisations, sections, medication and severe trauma. I felt so much relief and amazement as to how positive it was to share. I guess before I understood what 'peer support' was, I was searching for it. I went on to train as a mental health social worker and, despite having a major panic attack at one interview, I got offered a place in both universities I applied for and I soon embarked on my training. Over the next few years I spent time studying, continuing to work part time and learning self-help techniques so I could understand all I could about my own challenges, trying to get on top of my own anxiety.

My colleague helped me get support for my mental health out of area as I couldn't face being referred to the very team I was now working as a social worker in. Things started to improve once I faced my own demons, but I still I didn't feel able to share this experience with anyone other than this one colleague.

As a social worker I still had fears of travelling and speaking in public and still had regular panic attacks, but I knew the only way to overcome these was to face them head on.

My long-term goal was to combine a role in mental health, management and teaching / training, but how could I do this with my severe anxiety? Well, I applied for my dream job of managing and merging two day services, being involved in the delivery of groups and teaching sessions. The work we achieved was really successful and it resulted in attending many conferences. I remember the first time I had to present in front of hundreds of people. I didn't sleep for days before, my panic attacks were more frequent, and I felt faint and nauseous. But I knew I had to push on and overcome my fears or I would never be able to move on. To my astonishment they always went well.

“Coming out publicly about your own mental health can be really scary.

Probably more so when you work in mental health yourself.”

The next 10 years were much the same. I attended my private health appointments but still no one knew of my challenges. It was only in my current role, leading the peer employment developments, that I first 'came out' to other colleagues. I was asked why I was the best person to lead the peer support developments. I stated: "I have project-managed for many years and have a wealth of experience...and...well...I also have my own rich life experience." I had done it! Coming out publicly about your own mental health can be really scary - probably more so when you work in mental health yourself.

Over the past 10 years I have managed to put most of my own challenges to bed. I have now achieved all the things my anxiety stopped me from doing: I have flown, enabling me to holiday abroad, presented nationally, gone back to university to obtain my degree then subsequently my Masters, taught at colleges and university and I can now partake in the hobbies and interests that I longed to do. I still get very panicky when travelling to London, and I may always do so, but I know it will now never stop me.

Throughout my journey, work has been so important in helping me to maintain my wellbeing. I have a wellness plan for work, which I try to adhere to, and if my anxiety starts to rise I look at my wellness plan to see what I can do to keep it in check. I can be honest with my managers and peers about my mental health and I would now feel able to talk openly about any challenges I was having. But this has taken a long time to get to this place.

I recently have been diagnosed with some physical health challenges and I have to admit the stigma of disclosing these was nothing to the stigma of sharing my mental health challenges. I guess I am now wearing three hats?

I am passionate about working for an organisation that takes pride in the whole workforce but who also understands the uniqueness of staff having their own experiences and being able to use these within their roles.

Supporting staff to be proud of their lived experience is something that **Wearing 2 Hats** is hoping to achieve. We want to use these experiences to help managers and the organisation think creatively about how we support staff, the policies we use, reasonable adjustments, introducing wellbeing plans and ensuring the organisation is one that is proud of each and everyone of us.

Keeping any hat up in the air

Angie

Six years ago my life changed beyond anything I would have ever imagined after months of investigations - entering the world of medication; Carbamazepine for starters, Pregabalin, Amitriptyline. I was diagnosed with a neurological condition. Over a period of a year I attended three different hospitals, four different departments and told my story and symptoms so many times I now know what it's like on the "other side".

My life was changing beyond all recognition and so was my family's. Much of it I don't recall, thankfully. The Facebook memories that pop up now reinforce that period of time that was a blur to me. I was losing me, my family and everything. What I read it now is how people worried and tried to keep me going.

I struggled on at work as a team manager for a long time. I had to stop driving for months, relying on colleagues to get me to meetings, taking taxis to work. Living in the Fens made my home my new enemy.

Not having a formal mental health diagnosis didn't exclude me from those long nights. I wondered why and if my life was worth continuing. I pleaded with my GP not to put depression on my sick note; I was fearful that just the word would be used in occupational and managerial reports and aid my exit from the NHS. I have worked and continue to work alongside my own GP professional. He saw and understood the two of me - hence the two hats. I just continued putting one foot in front of the other.

Having to make a decision to have a brain operation was no mean deal. Making plans as I thought I might not survive or come back as 'me' came all consuming. I'm sure I bored people. I certainly bored me sometimes! I cleared out my desk before I went into hospital so someone else wouldn't need to if I died.

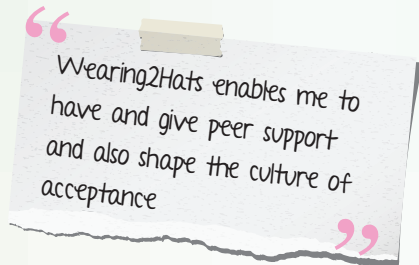
I had not understood my discharge instructions following my operation and went cold turkey, stopping all my medication at once. Not the best decision of a psychiatric nurse. My husband handled the management of all my medication for months. That made me so angry and frustrated as I could no longer do a task that was previously my bread and butter.

I eventually returned to work - not fixed but managing. Money was running out and half pay was looming. I was letting people down.

I went on to develop and manage The Advice and Referral Centre (ARC). After three years with reasonable control of my health, things started to go wrong again. The final roll-out and one significant event at work was finishing me off. Medication increased, pain increased, abilities both at work and home decreased. I was fearful of what was going to happen next. There was no option of another brain operation. I'd been told that the last one was incomplete due to risk of stroke and / or death.

A further period of sickness (the first in three years) led me to having to make the most massive decision of my career. For 18 years I have been fortunate to be in the right place at the right time to have job roles that could have been designed for me: developing the Assertive Outreach Team; bringing together community teams. I was now in the wrong place doing the wrong thing for my health. This time other people said the same, including managers. I felt an absolute failure. Didn't they think I was good enough any more? I was angry and frustrated with just about everyone and everything but more so for me at myself. I often still say I have nothing else to lose - not quite true because I'm still standing!

Last April, I returned to my nursing roots. When I meet patients doing assessments I am able to say openly that one in four of us have mental health distress at any one time. When a person looks at you in the eye at that point you know it was right to disclose and to use those words. I'm not critical when people do not take medication properly. Why would you when it makes you feel physically awful or you can't remember them? What I can do now is talk about medication feeling like it's making things worse. I often describe it as a person drowning and how do we manage to get a firm foundation under our feet. This leads to discussion about medication and therapy options. I believe people make informed choices and therefore it helps them plan their own recovery with this new approach. Obviously, I wouldn't use this approach with everyone. I do feel much more comfortable speaking about tough things, discuss suicidal thoughts and ask "really" and "why not"?



“ Wearing2Hats enables me to have and give peer support and also shape the culture of acceptance ”

So why have I decided to write about my last six years? Some people will never have realised what had been happening. That's fine. I hid it well. Some people saw through me. Without them, I doubt I would be here today. This is not to gain sympathy, but to help you realise that sometimes people who seem to be coping and achieving drop very quiet hints and are very fearful of completely drowning.

During the time I was sick, I wondered if I'd ever return to work. I do worry about losing my home or that my husband will have to carry on working forever because of my inability to earn money. I just ask people to consider that you do not know everything about your staff, colleagues and friends when they are stressed and sickness is threatening or they are off work sick.

As much as I appreciated being visited at home by colleagues, I worried my house wasn't as tidy as I wanted. I could not bend my head down to plug in the Hoover or polish due to immense pain, and my husband often hid the kettle as medication gave me shocking co-ordination. My nursing and social worker visits by my colleagues are still spoken now about by my parents and husband. I guess they felt that 'my' health burden wasn't just on their shoulders. They respected the "assessment" contact from a "professional" angle and they knew my friends would speak up if needed.

You don't need a formal diagnosis to suffer mental health distress. **Wearing2Hats** enables me to have and give peer support and also help shape the culture of acceptance and reducing mental health stigma in the organisation in which we work. Please consider joining the group. After 14 months I can say I am coping, I am surviving: I'm on the lowest medication regime I have been on for five years, *but* I am always waiting...

A patient's perspective

Emily

In response to the question of whether a psychiatrist, counsellor or other mental health professional should share personal information about a mental and/or physical condition with a patient, I am of the following opinion.

In my experience this information has been offered at an appropriate time and not only provided reassurance for me as a patient but also established a greater trust between myself and the professional.

Often in such appointments I feel there is a power imbalance as frequently I am already struggling with issues of control over my illness and am therefore prone to feeling patronised or dismissed by healthcare providers. By proffering information about their own illness the professional changes in my perception from a well-meaning academic to someone with knowledge and personal insight into the struggles I am facing.

I feel as though I am communicating with someone who has an understanding of what I am dealing with and who has dealt with similar challenges themselves. This not only gives me confidence in their advice and opinions but also provides hope that I myself may also improve my health issues as they have.

From my view as a patient, candidness on the part of the professional I am seeing about their own mental illness has had a positive impact on my appointments. I believe that, when done at an appropriate time, with appropriate patients and in a way that does not detract from or diminish the patients own problems, this frank disclosure of illness is helpful to patients.



Multi-coloured hats of plenty

Joanne

As Social Recovery Project Manager I am proud to be a staff member who have has been encouraged to share their personal experience during their interview – and to have the very word recovery in their title, too!

My past is as varied as a packet of wine gums with years of self doubt and destruction featuring in wild flurries throughout most of my early years. From as long as I could remember I was using anything outside of myself to 'fix' myself and self medicate in excess for the pain I was feeling internally. Things came to a head when I found drugs at a young age and my self worth plummeted to below non-existent. Fuelled with an inability to connect to others socially my using increased until I came to my very 'rock bottom'. Luckily for me, I found recovery and six and a half years later I wear my 'grateful recovering addict' tagline with much pride.

My lived experience helps me to empathise when working with any kind of person who has ever struggled with any issue around their identity. Being in recovery has given me the confidence to accept and embrace myself for all of my attributes and I have made it my mission to support others to realise their full potential too – empowering both myself and others around me to celebrate their true selves.

I am especially committed to helping to provide a safe space for women to come together, socialise and learn new skills – all things I yearned for in my past years but never felt deserved of a protected place to do so.

Joining the Women's Institute (WI) nearly four years ago has changed how I feel about myself in such a way that I wanted the same for others who had ever felt that they never quite 'fit in' anywhere. It is with much gratitude that I worked within the Trust to establish WIs within its services that are completely outward facing and recovery focused – the first of their kind in the country.

It's a space where women are celebrated for their individuality and build upon social skills that will see everyone who comes to meeting to be viewed as entirely equal as their peers – something I struggled with until I found recovery.



Rebuilding my body...and my spirit

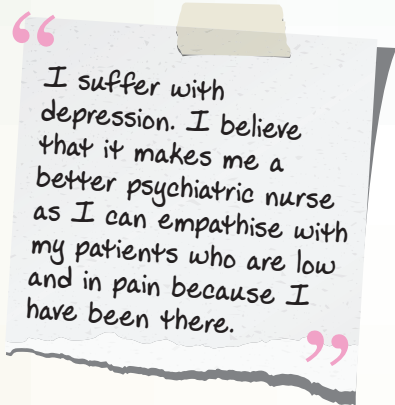
Alex

My name is Alex and I am a Clinical Nurse Specialist in mental health at Peterborough City Hospital.

I have suffered with low mood and anxiety on and off since a motorcycle crash. I was quite badly injured and had to be airlifted to the local hospital. I had, apart from broken bones, suffered a right frontal lobe head trauma. It was a result of this that I lost roughly five weeks of my life, two weeks before the crash and three weeks after. For several months after that, my short-term memory was very poor. This improved as time progressed, but has never really returned to what it was prior to crash. I struggled to concentrate when I returned to university; developing techniques to be able to continue with my studies. I also became fascinated by the brain and memory.

I later trained as a nurse and I focused on mostly older-age psychiatry for that reason. I struggled with remembering who I was and felt like I had to find my identity all over again. I struggled with emotional control and low mood. This was due to a poor recovery requiring corrective surgery for which I had sought help for. I was put on antidepressants, which helped at the time and which I stopped when I needed to.

In 2011, I was the passenger in a car that was involved in a head-on collision with another car. My wife and baby son were in the car, but the other car hit my door. I was once again airlifted to hospital and spent four months in a wheelchair. I was badly physically injured and I experienced flashbacks of the crash which I could not remember before. I fixated on the crash and the effects that it had on my life.



“ I suffer with depression. I believe that it makes me a better psychiatric nurse as I can empathise with my patients who are low and in pain because I have been there. ”

I was in a lot of pain for a long time and had to have corrective surgery twice on a broken thigh. This initially had a detrimental effect on my mood. I felt low so I went on antidepressants again, which helped. Several months later, I returned to work. Whilst walking with my stick I slipped over and it was like the straw that broke the camel's back. I became lower than before.

I had used antidepressants after the first crash, especially in the winter time. This has been in reaction to increased stresses in life. The way that I have coped with everything that I have been through is by self awareness, knowing my trigger behaviours and working in the recovery principle. Yes, I have several pieces of metal in my legs. Yes, I can't run due to severe arthritis in my ankle. I am staving off a hip replacement and I suffer with depression. I believe that it makes me a better psychiatric nurse as I can empathise with my patients who are low and in pain - I have been there.

I know my strengths. I play to them. I don't worry about what I can't do anymore. I just focus on what I can do.

My lived experience

Emma

My name is Emma and this is my **Wearing Hats** story. I grew up surrounded by people who had experienced mental ill health difficulties.

I am 47 years old and there was little understanding of what this meant when I was younger. My best friend's dad, who lived next door to us, had schizophrenia. It was seen then as 'split personality' and regarded that he had a choice. I can remember being quite frightened at times when he became unwell as I could be playing with my friend in her house at the same time as he was trying to kick our front door down and threatening to harm my mum. When I was 11, my uncle suffered with a period of depression and he subsequently committed suicide. This had a devastating impact upon the whole family. This was not openly discussed and we were not allowed to attend the funeral or initially even go to where he had been buried.

When I was 21, I moved to Swindon to complete my Registered General Nurse (RGN) training. After the first year we were required to do a psychiatric placement. I really did not want to do this as it was never an area that I had wanted to work in. However, it turned out to be the best placement that I had and I can remember my mentor saying to me to come back and see him once I had completed my mental health nurse training. It was after this placement that I left nursing as I realised I could never be happy as a general nurse.

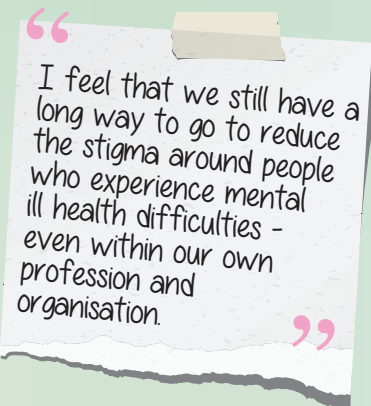
When my son was four, I returned to complete my mental health nurse training and I qualified in 2003. Shortly after qualifying my uncle's daughter, who was also a mental health nurse, committed suicide. Again this was devastating for the whole family. I continued in my career as a mental health nurse and enjoyed every aspect of it. Over the years I had experienced several physical health difficulties that resulted in periods of depression and anxiety. However, in November 2013, following two operations for physical health difficulties, I felt so low that I took an overdose. This resulted in my first admission to a psychiatric inpatient unit.

The experience was really traumatic as the Trust I worked for did not want to provide treatment as both my husband and I were mental health nurses. It was finally agreed that I could stay in a hospital the other side of the county. Just before Christmas I was discharged with no follow-up care and I was clearly quite elated. On the evening of 23 December I was found wandering the streets in the Christmas storms in just a dressing gown flagging down cars. I was picked up by the police and placed on a Section 136. My husband decided to take me on a holiday that we had booked for New Year although we arrived two days late. I cannot remember much about that holiday other than becoming extremely paranoid one night. I locked myself in the bedroom and took a severe overdose and ended up in hospital. When I returned home I visited my psychiatrist and I asked for an admission to hospital. This was declined due to the statement that had been made in my notes to say that I could never be treated in the county again. For me, being close to my loved ones, was so important.

It was several days later when I took another serious overdose resulting in the police breaking in the house. On that occasion I was resuscitated twice in the ambulance. I had several admissions over the next few months and took another serious overdose resulting in being placed in an induced coma and nursed on the Intensive Care Unit.

I eventually returned to my position within Child and Adolescent Mental Health Services. My colleagues were extremely supportive and were aware of what had happened but I left the Trust just before Christmas 2014. Again it was not a good Christmas as my confidence and self-esteem were very low; I did not think that I would ever be employed again. In May 2015 I joined another Trust. I was as unhappy in that position as I was working totally alone. I needed to have people around me and it felt worse than when I had been off work.

In September 2015 I joined CPFT. I was inspired by the job description welcoming people to apply with a lived experience of mental health. It has not been an easy journey and I became unwell again in December 2015. My last admission to hospital was in January of this year, the day before my son's birthday. I have felt supported by my managers and it was extremely embarrassing returning to work as I can remember being very rude to them. One manager told me about **Wearing Hats** and I am very proud to be a part of the forum and welcome the support of other people who have each had their own unique experience.



“ I feel that we still have a long way to go to reduce the stigma around people who experience mental ill health difficulties - even within our own profession and organisation. ”

I feel very passionate about people receiving the right care, by the right person at the right time. I never thought that I would experience mental ill health and I feel so guilty about the impact this has had on my husband and my own son. I especially feel remorse over the attempts that I made on my own life. I can't remember a lot of what happened to me at that time. I can remember experiencing severe side effects from an anti-psychotic medication. A psychiatrist I once worked for said that everyone working with patients who are on anti-psychotic medication should take a small dose to experience how patients feel when they take it. I can relate to this now and I really understand why people do not want to comply with their medication.

I strongly believe that my family and I have a better understanding of supporting other people who have difficulties and their carers. My son is now a young adult carer champion at his university and does voluntary work when he is home for the Young Carers' group. I feel that within my career that I have become a more empathic practitioner.

I feel that we still have a long way to go to reduce the stigma around people who experience mental ill health difficulties - even within our own profession and organisation. I am due to start a new position within the Trust. I feel that I am early on in my journey to recovery. My colleagues within my current role have really helped me to increase my confidence and self-esteem over the last few months and I feel that I am returning to the Emma that I used to be. Working is so important to me in helping me to stay well.

To this day, I continue to fight to get a service from the organisation that I used to work within – this should not happen to anyone.

When I was nine my Mum was diagnosed with Huntingdon's Disease. At first this did not mean too much to me but the years moved on and I took on a role of a young carer. My dad had issues with alcohol and he was not around for a big part of my childhood. Support was minimal, social services were involved and eventually I was taken into care at the age of 13. I was placed with foster parents with no contact with my mum. Sadly she passed away in 1990. In 1994 I got married; my son was born in 1997. My wife began her nurse training in 2000 and qualified as a mental health nurse in 2003. In 2007 I started university to study for a diploma in mental health nursing. I qualified in 2010 and accepted a post of a staff nurse in an acute ward setting. I worked for the same NHS Trust as my wife.

“It has been a long journey and we've often felt alone with no support.”

Fortunately, Emma is on the road to recovery and things are better.”

My wife had several years of physical health problems and this had a big impact on her quality of life and also had an impact on the family. In 2013 she had to undergo emergency surgery. As a family we hoped that this would lead to a better quality of life for her. However, the months following this, my wife started to become depressed. She would spend long periods of time in bed and lost interest in daily activities.

In November 2013 I was on a training course in Northampton and received a call from my wife's manager. She told me that she had received a text from Emma and that she was concerned for her safety. I tried to phone her and could not get an answer. The drive home took 45 minutes -

it was one of the longest drives of my life. When I got there, I found Emma had taken an overdose of her prescribed medication. She was taken to hospital by ambulance. She spent the next six weeks there. My wife was discharged just before Christmas. The day before Christmas Eve she became very poorly again. The next few months were really challenging for us. She was in and out of different hospitals, putting us under an enormous amount of strain. We were constantly battling to get the care she needed.

During all this process I have realised how much stress is placed on carers. Simple things like not being given a specific time for a ward round and just told that it will be in the morning or afternoon. This meant a lot of sitting about waiting. Once I turned up to visit and was five minutes' early. I was told that I was not allowed in, which was really frustrating. It has been a long journey and we've often felt alone with no support. Fortunately, Emma is on the road to recovery and things are better.

I feel very empathic towards carers, It is hard trying to juggle home and work when things are not going to plan. The only support that I was offered was to go off sick. This was ok but then this led to me being monitored for my sickness and this then led to further stress. One of the biggest issues is when you are trying to contact a professional in an emergency - the length of time that it takes for someone to come back to you is frustrating. As a result of this, I have made changes to my own practise - for instance, when I am on duty, I will keep in contact with patients and carers and give regular updates on the progress of events.

My journey of acceptance

Claudia

Growing up, I never understood what mental health was all about. All I knew is that at times I felt so incredibly sad, found the world a really harsh place and I wasn't sure that I had the tools or skills to navigate it.

As I grew up I learned to create the perfect mask that fooled everyone – family, friends, teachers, bosses, lovers, husbands. In fact, I was so good at it I wasn't diagnosed until well into my 20s.

All my working life in the corporate world I felt that I had to overcompensate for my “weaknesses” and the mask became ever more entrenched. The first time I was encouraged to be open about my mental health challenges at work was when I became a Peer Support Worker in 2010. I found it extremely difficult sitting in an interview acknowledging my journey when, in the past, I had done everything possible to conceal it. Since working for the Trust I have found ways of being honest with myself in managing my challenges and being gentle on myself when I need to.



I have learned that my journey had a purpose. It has allowed me to help others through their dark times and hold the torch of hope for them when they are not able to hold it for themselves. At the same time it has encouraged me to be honest with myself, acknowledge when I need help and be aware of my triggers.

My journey has taken a number of twists and turns. Never in a million years would I have thought that from the first day of running across the car park asking if I could join the peer education training, I would be a nearly qualified mental health nurse ready to embark on her new career.

This journey had taught me that everything has a reason and what is meant for you will not pass you by.

From the moment I fully embraced and made friends with my own mental health experiences, my life has just improved beyond belief

Looking back I am proud of how far I have come and stand in awe of how much I can still achieve.

“ I have learned that my journey had a purpose. It has allowed me to help others through their dark times and hold the torch of hope for them when they are not able to hold it for themselves. ”

My story

Jane

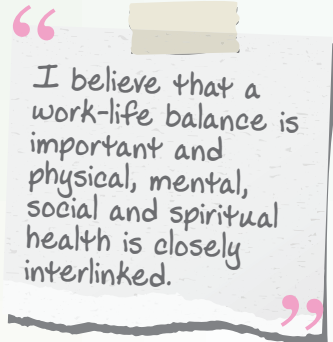
The first ten years of my life were happy. I started my life in Devon within tranquil rolling countryside and enjoyed feeding the chickens at the bottom of my garden. Then between the ages of seven and nine I lived in Southampton and enjoyed my mother taking me to the local ice rink, where I learnt to skate and developed ambitions to be the leading ice skater in the world!

However, it was a different story when I moved to Cambridge at the age of 10. I developed mental health issues in my teens, starting with becoming ill during my 11-plus exam. My parents were caring and invested much in me and my siblings. However, I consider unrealistic expectations were placed on me to conform to Cambridge academia. I learned to bottle up my feelings and this eventually led to me rebelling in a major way.

When I was 20 my parents had the courage to learn from their mistakes, and began encouraging me to develop as suited me. I was well the majority of the time and for many subsequent years. I developed a career in health care and eventually trained as a Registered General Nurse in London. However, I was somewhat emotionally vulnerable and found it difficult to adapt to life's inevitable challenges and changes. I had two periods in hospital with severe anxiety and depression after my first husband rejected me, and once more in 2000 further to the untimely death of my second husband following his acute and painful illness. I suffered post-traumatic stress on that occasion, including a temporary psychosis during which I believed I had myself died. Fortunately I recovered during the course of that year.

One of the biggest issues I have faced over many years is being subjected to stigma, often relating to my previous hospital admissions. I think this has denied me having as good career opportunities as I feel I have the potential to achieve. I have been well for the last 16 years. I had counselling a few years ago to assist me cope with my changed life circumstances, and the devastating impact of the death of my husband has taught me to focus on living in the here and now. I see no point in thinking "why me", and am seen as being resilient by people who know me best.

My career in nursing and health care has continued and been very important to me, and I find my current voluntary experience in mental health rewarding. However, I believe that a work-life balance is important and physical, mental, social and spiritual health is closely interlinked. I enjoy time with friends, especially with a man who has been my closest friend for several years now. I play tennis regularly at two local clubs, which offers me both physical and social benefits, and I believe that going to regular yoga classes has been a strong factor in me keeping well. I find that chilling out at blues music festivals as beneficial in coping with stress. I also love visiting my friends in Italy when I can, as I find their relaxed and living-for-the-moment approach to life very beneficial to my health and wellbeing.



Valuing our staff

Emma B

Quite simply, I feel that having personal experiences improves the service you are able to give. For example, travel agents get to jet off to wild and wonderful places so they can help and advise those booking a holiday.

Unfortunately, we don't get to jet away on holiday for free, and those dealing with their own mental health challenges wouldn't describe it as fun, but what it enables those individuals to do and give is amazing. It not only gives hope and inspires when disclosed appropriately, it also enables these colleagues to relate, to empathise and deliver compassionate care.



The **Wearing 2 Hats** group not only offers peer support for staff struggling with their mental health challenges and other long-term conditions, it also acts as an advocate to improve the way we do things in CPFT - looking at policies and processes that may have lost the 'human factor' and guidance for individuals and managers. Managing the sickness absence of someone who is struggling with a long-term condition is not easy and the more we talk about this, how we can better support people and what we could do differently the better the Trust will be.

If one in six employees have a mental health condition at any one time, that is a lot of experience we as a Trust could pull from to improve our services. This is a great asset and makes me proud to work for CPFT.



My story

Rachel

I am not looking forward to writing this story, but here goes. To understand how far I've come, you need to know where I started. I suffered with depression at the age of 13 when I was bullied at school. I was large anyway, but being bullied affects your self-esteem. I was threatened with being burnt by cigarettes. Just because of who you are affects the person you want to be. I was bullied by teachers who don't think you are worth being a person.

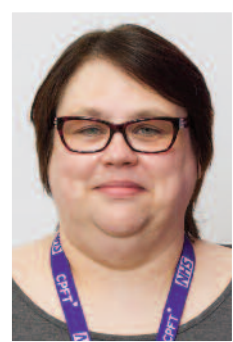
I left school at 16 not doing as good as I should have. I drifted, not knowing what I wanted to do. During this time, my depression worsened. I am very good at putting a face on so on the outside everything was rosy. I finished university and decided that a career in HR was for me.

My depression never went away. During my first job my weight steadily increased and I began to binge eat. I would hide food in my house, hide food in my bedroom, hide food anywhere I could. I would visit takeaways and drive-thrus and buy food, like I was buying for a family and then eat it all myself. My weight continued to increase and I became more and more unhappy. After five years of living away from home I decided to move away and find a local job. During one interview. I left the interview room, thinking I had done a pretty good job. I overheard the interviewer on the phone saying "I won't be employing her – fat cow". As you can imagine this did not improve my self-esteem.

I continued in the same pattern until I decided to leave my job and look for another one. I joined CPFT in May 2009. In 2010 I decided that I needed to do something about how I was feeling and my weight. I approached my GP and was diagnosed with depression and I was referred for an assessment within CPFT with regard to my eating. I was diagnosed with Binge Eating Disorder and was referred for CBT. After a 12-week programme I felt that I had started to make progress and I was moving forward with my life with the support of my friends, family and my colleagues at work.

This was a real turning point for me. I have continued to tackle the issues that have held me back for so long. This was put to the test in January 2015 when, in the space of two weeks, I was diagnosed with diabetes and high blood pressure. Although my bingeing had stopped, my weight had continued to increase. In July 2015 I was referred to the obesity service at Addenbrooke's and joined the programme in January 2016. My manager and colleagues have been very supportive and I couldn't have asked for more from them or CPFT

Since January 2015 I have lost more than nine stone. I use Reiki and mindfulness and this has helped me with my depression. I still have depression and I still have binge eating disorder - I will always have them. However, I am making it through. I have developed more confidence, more resilience, and I hope telling this story will help one person realise that, if you ask for help or acknowledge that you need help, it is the biggest step in helping yourself.



The man inside my head

Your viewing me as having weakness is your weakness

There is more to me than a mental health diagnosis. There is a person

A person who felt let down by a flawed educational system

A person that did not want to read your books but used his own intuition and intelligence to tackle some of the fundamental questions of our existence that you were too afraid to ask of yourselves

A person who felt lost and alone and just needed a little more time to discover what they wanted to do with their life

A person curious about and understanding of global issues experienced first hand by living and integrating into those communities

A person who just needed some time to heal after the heartbreak of witnessing so much pain in other humans and knowing there was nothing within his power to change that

A person that did not feel he was fulfilling his potential, cleaning your toilets or stacking boxes on shelves in a dimly lit room but humbly did so trying to be grateful

A person that carried on living in the pits of hell with no hope of release that would not cause further pain to those who cared for him, yet still made time to make others laugh

A person that did not care about contributing to the exploitation of others for material gain

A person that managed to turn their whole life around by having peers who said "I understand, I believe in you"

Your viewing me as weakness is your weakness

My strength is that I forgive your weakness

My biggest strength is that I see your strengths

Jack



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