

ORAL HISTORY RECORDING TRANSCRIPT

'Fighting for our Rights' project

Surname	Kempton
Given names	Adele Linda
Date of birth	1963
Place of birth	Epsom, Surrey
Date of interview	23 May 2017
Length of interview	00:51:33
Number of tracks	1
Name of interviewers	Rhian Betty, Ijeoma Aniyeloye, Jen Kavanagh
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Q: This is an oral history interview with Adele Kempton by Rhian Betty, on Tuesday, 23rd of May 2017. Also present are

IA: Ijeoma Aniyeloye.

Q2: Jen Kavanagh.

A: Adele Kempton.

Q: The interview is taking place at Adele's home in Chessington as part of Kingston Centre of Independent Living's Fight for our Rights project. Please could you state your full name?

A: Yes, it's Adele Linda Kempton.

Q: What is your date of birth?

A: 1963.

Q: Where were you born?

A: In Epsom.

Q: What were your parents' names?

A: Sheila and Roy Perry.

Q: What were their professions?

A: My mum was a full-time mum and my dad was a car sprayer.

Q: Where did you go to school?

A: I went to school at Tolworth Girls' School.

Q: What age were you when you left school?

A: 17.

Q: Could you tell me more about your first experience of depression and how this presented itself?

A: My first experience of depression was when I was about 13, 14. At the time, I didn't realise it was depression. I had, erm--, I had my mum who was very, very depressed and she used to lay on the settee and she'd be very sad and I never knew what was wrong. At the same time, I was going up into my bedroom, crying for no reason and this went on for quite a few years of just feeling really sort of isolated and I felt different to the other children at school. A little bit of bullying, probably 'cause I felt different or I maybe acted a bit differently, and it was a really, really hard time, erm, and that was my first experience of depression, really, and that went on right through to my college years. It was only when I got into my college years, that a doctor had actually said to me, 'I think you're depressed,' and I totally denied it because I'd seen my mum just laying on the settee, who was suffering with really severe depression. She'd also locked herself in a bathroom at one stage, saying she was going to kill herself and all I could think of was that was how my mum was. So [laughs] it was very difficult. It was a difficult time, so that was my first experience.

Q: So can you talk me through the period between then and when you were diagnosed as bipolar?

A: Well what happened was, erm, even though I denied the fact that I had depression quite a lot, when I--, I got married, erm, had a few ups and downs during our engagement years. Again, I didn't realise that maybe there was a bit of depression lurking and that--, we were trying to buy a flat and the stress caused--, looking back on it, I think caused some depression and anxiety but again back in the '70s and '80s, it would have been 1980, it wasn't recognised. It really wasn't recognised at all and no one talked about mental health, so I didn't know what was happening. And then I got married and I had my first son and everything went really well and then two years later, I had my second son and I hit a really bad postnatal depression. During that time, I was hospitalised and that was my first hospital admission, and I was able to bring Alex in with me. It still wasn't diagnosed then, it was diagnosed as postnatal depression. About, probably a year and a half later, I was back in hospital, in a different hospital in Epsom, it was called Long Grove and I couldn't take Alex in with me and I was very, very depressed but also showing signs of manic behaviour. Like I was climbing on tables but I don't know why I was doing that, erm, and then that's where they diagnosed me, what they called then, manic depression and again I wouldn't accept the diagnosis. I'd take the medication while I was in hospital. As soon as I got out, I'd stop taking it and then I'd end up back in hospital again. I just didn't know what manic depression was and I was really scared of the word 'manic'. I just thought, am I crazy. Yeah, I was a managing two boys at the time, so I was really, really suffering with sort of confusion of what was going on and no one--, there was just nobody that would explain it to me, what manic depression meant. So that's--, up until--, that was up until my first episode. Do you want to know further or has it got any...? So--, 'cause we're sort of doing this in a nutshell but I then had my third son and I took a hormonal treatment, erm, I believe I took progesterone to stop me dipping down in my mood because of the hormones during pregnancy. Then I had--, yeah I had a--, just ignore her for a minute. [Talks to dog 0:04:57] Shall I just turn it off for a minute while I get her on a chair or would it be all right?

Q: Oh no it's okay, you can continue.

A: [Talks to dog 0:05:05] I'll carry on. Sorry about this, it's a dog [laughs]. Yeah, so then I had--, so following my third child, I was okay. I didn't have so much depression and I had this progesterone and I think that stopped it. Then after that, erm, I then sort of got a bit better and I managed to stay out of

hospital for about seven years, I'd say, 'cause I started to run my own childminding business. I was a qualified nursery nurse, so when I was at college in 1982, I qualified as a nursery nurse. That was a two year full-time course and then, erm--, she's distracting me a bit. [Talks to dog 0:05:50] Just ignore her and she'll stop it. You might want to cut these bits out.

Q: That's fine [laughs].

A: Yes, so I'd qualified as a nursery nurse and when I had the boys at home, I thought I wonder if I could--, you know, I had three little boys and I was thinking I wonder if I could work 'cause I was bored and I wanted to sort of do something, so I set up my own childminding business and I employed two ladies and we had like--, it was almost like a mini nursey and it was very, very successful. Loved it to bits, erm, I wasn't lonely because I was working with two other people. I'd worked with children for 20 years. I'd had a lot of experience, so I was ready to sort of run my own business but unfortunately, round about the seventh year, I slipped a disc in my back and I needed quite a big operation, erm, and I was okay mentally but obviously I was upset and then I had more back problems afterwards and I had to shut my business down and that was a real trigger for me entering into such a deep depression, to the point that I started feeling suicidal. I went and had a mental health assessment, the business had closed which was--, I was gutted about it but all the parents were great. I said I can't physically do this job and I think I'd had another back operation. I had two and then my GP thought something wasn't quite right. I don't know whether they were aware 'cause your GP changes over years, whether they were aware that I'd already been diagnosed with manic depression, but when I saw them, they said they believed I was suffering or I had the condition of bipolar. Now when they used the word 'bipolar', I accepted it a lot more than manic depression, erm, and I had a psychiatric nurse that really explained to me what bipolar was about, about having mood swings and being up and down and I was so appreciative because it helped me understand that I wasn't crazy, that these were just emotions but they were a bit more in the extreme. Rather than just having your normal up and downs, mine tend to be quite big up and downs or I get a level period where I'm completely stable. So that's--, that's what happened but during maybe sort of ten years, I'd say I had quite a lot of lows and I ended up in hospital for sort of--, one time it was for three months. I just was so low and I was so suicidal, I'd attempted suicide, I'd taken an overdose, tried to snap out of it, I just couldn't. I had an amazing supportive family. Erm, you know, with the boys we were always really honest that mum's head hurt, we used to say, and that's she's feeling very sad, and they seemed to understand, even though it wasn't easy for them and my older son, we--, he had some counselling and me and my husband had some sort of couple counselling and that really helped us understand how I was feeling but also how Dave was feeling, my husband, erm, and we've sort of worked since that, and that was about 15 years ago, we've got on really well because we understand each other angle. If I get ill, I understand how it has an impact on him and if I--, and he understands how it feels to be like really depressed. What else? Then I had one big high and I went into the Priory and I was just manic. I was actually manic. I just was so hyperactive and just has so much energy, I was so happy, I was disinhibited with people and I wasn't really aware of how high I was. I just thought I felt really good. One of the reasons I agreed to go into hospital was because I wasn't sleeping and that's typical of bipolar, that when you get high, you don't sleep, and I knew I hadn't slept for weeks. If I had, it was only two or three hours at a night and that's--, I actually asked to go into hospital to try and bring me down. So I sort of had some insight into it, but I don't think I realised how high I actually was. So that's probably where I'm at. The last admission was two years ago, or a year and a half ago with really severe depression, erm, and I went into the Priory then. We've insurance, so we haven't had to pay for it, but it's easier to go in the Priory because I work in a psychiatric ward at Tolworth and I do art and craft with the patients, so I want my privacy, really. So we're very fortunate we've got insurance.

Q: So can you talk me through the treatments that you've received out in the community and whilst [both talking at once] hospital?

A: Well when--, the first hospital I went to is Epsom, and they had a psychiatric ward and that was really quite a nice ward, actually. Because I could take Alex, my baby, with me, it made a big difference having my son because even though I was depressed, I wasn't sort of anti--, a lot of people that get

depressed after postnatal depression actually feel resentful to the baby or feel sort of that they can't bond. It was the other way with me. I was really, really bonded with my baby. I breastfed him and I was very sort of close to him. I've not had any problem with all three children, bonding with them, erm, and I was very fortunate that I could bring him with me. That was quite a nice unit. When I went to Long Grove, it was horrendous. It was--, everyone was shoved in a room, it was just awful. We had an up--, it was dormitories upstairs. You had like little cubicles, erm, I felt the nurses weren't understanding. I felt very overly medicated, erm, I had ECT which did help--, I've had quite a lot of ECT and that, erm, sounds frightening but you are asleep when you give it to you. For me, it actually seems to work. I seem to snap out of the depression. You have about six treatments and over time, I noticed--, and my family noticed that I was improving. Erm, yes the medications help but then I was so overly medicated, it was lowering my blood pressure, so when I stood up, I'd black out and be on the floor, so they had to sort of do some adjustments. I think with psychiatric illness, it's hard finding the right medication and I think now I'm definitely on the right amounts and the right sort of medication but it's changed, it's not so heavy going and it's much easier. They've modernised the antidepressants, they're more like a Prozac, rather than these heavy sort of old-fashioned type antidepressants that just completely sedated you. Then I was well, as I say, for seven years. I then went into Tolworth Hospital on quite a few occasions and the treatment there was okay, I'd say. Erm I had a very good doctor there, so I do have some bad memories of it, but not--, not terribly. The treatment I received while I was at Tolworth, I got a community psychiatric nurse and I also had a community psychiatric nurse when I was in Long Grove, and he was fantastic and he explained a little bit about my mood swings but still not enough for me to understand it. It was when I had a lady called Angela and she really explained it and said that some of the symptoms I was displaying were quite normal to bipolar and she was really good. After the last admission--, last two admissions, I've had a psychiatric nurse for about three months at a time, and then when they see that you're doing well, you get--, basically you get discharged and you're basically under basic care where you just see a psychiatrist every three months. So it's not always ideal because if I have a blip, what I call a blip is where I might have an episode where I'm down for two or three weeks, I feel there's not enough support out there now. I feel they've really cut back and it's--, even though they say ring here, they won't see you on that day if you're desperate and having worked in mental health, I can see it happens to a lot of people, so I tend to not call them. I tend to just go to my GP instead and, if necessary, they will call them and they will take a bit more notice but I think the care I got earlier on, in the community, was better than the care I get now in the community 'cause basically it's down by 90 per cent, I would say. It's only when I get ill that they will offer me someone for a few weeks and then that stops. So I think it's worse. I think I got more support between say 1990 to year 2000. I think I got a lot more support, maybe 2005, but now I'd say I get a lack of support.

Q: Could I just backtrack a little bit? Could you explain what ECT is?

A: Yeah, ECT is called electric convulsive therapy. I've had quite a few sessions of ECT. I had some back in the early '80s. I've had some in the '90s and I had some 18 months ago. It's where they induce--, they put you to sleep with a general anaesthetic, they induce a fit, like an epileptic fit. It's not a violent fit, it's just tremors apparently, that's what they've explained to me, when you're asleep, you tend to have a trem--, you tremble. So you're having sort of like a small fit, but what it does, it lifts the mood but not many people understand about ECT and how it lifts the mood. For me, not for everyone, but for me, I don't always notice it but my family notice that I start picking up. In America some people actually pay to have it. So it's--, for me, the only downside of it is it affects your short-term memory for a few weeks, I'd say. So I don't remember much of like say how I got into hospital when I was ill, even though I was quite happy to go in because I was so desperate to get the help. I don't remember much about my hospital admission but as I got better, my memory started coming back and when I got to work, after I'd had such a bad illness, I was worried that I wouldn't remember how to use the computer and all the--, you know, getting all the stuff off the main server and everything I have to do at work 'cause I'm CEO administrator, so I have a lot of admin to do, but amazingly that all came back. It just took a couple of weeks being at work and I was just amazed it came back, so it's not permanent memory loss, it's just short-term but it's just called electric convulsive therapy, okay?

Q: What disability services in Kingston did you have access to?

A: Well there was--, there was the community nurse. I've also got a--, sort of during the time of getting mentally ill, I had [talks to dog 0:17:37]. Just ignore her and she will get down. So basically I got diagnosed with rheumatoid arthritis as well with the back problems, it was all adding up. I was getting very stiff and walking like a robot and something wasn't right and that didn't help my mental health, but they diagnosed rheumatoid arthritis and somebody at the mental health team actually did an assessment in the house and got me, if I need it, a bath board and a rail on my bed and they put a banister rail on the wall of my stairs. [Talks to dog 0:18:16] So erm, really I don't feel--, I did attend a day centre a little bit but I didn't really like it. I didn't feel it was me. It was just like twice a week to go and do pottery or something, it just wasn't me, erm, but again there's just such lack of support, you know.

Q: Did you receive any financial support?

A: I get Disability Living Allowance, so I do get that and at one point, I think it's--, are you from KCIL?

Q2: Yeah.

A: Yeah, I got a payment for one year. I had to open up a special bank account and they paid into that, and it meant I could go to a gym where I could use the swimming pool, so I could use my joints sort of without the stress, but that was only for about a year. Other than that, I've just got the Disability Living Allowance, so that's about it.

Q: So going back to your career, what was your first job once you finished your education?

A: I trained as a nursery nurse for two years, full time, and then I worked in a school. Well I worked as a nanny first for one year, then I worked in a school in Tooting as a nursery nurse to the nursery children. I loved that, did that for three years and then a job became--, came up in New Maldon and we were living in Kingston, in a school, so I worked in a school there in another nursery class. Then I worked at Queen Mary's Roehampton Hospital for a year, erm, with the new born babies, which was fantastic. I loved it. But then that made me broody and I was 25 and we decided--, Dave was 28 and we decided we'd like to start a family, so we did, so it only lasted a year and when I had Luke, I just felt I couldn't go back to work and for three years--, for five years I stayed at just the working--, no at home mum, but that's--, when I had my third son, I decided then with the boys being older, that I would like to start my own business and that's how it came about. You know, I'd done a lot of training as well, as a childminder, to get onto the course and then I sort of got my sort of registration and everything and started my own business. Did that for seven years, then I had a break from work for about two or three years and then a job came up at Mind in Kingston and they offered me a job after an interview, which I--, the interesting thing is after you've had mental illness, you lose a lot of confidence. It really knocks you off your feet mentally and this job came up at Tolworth Hospital for an art worker, to go on the wards and do art groups and I'm quite artistic, and I just wondered whether I could do it or not and I thought, oh they all know me, I've had these mental health problems; but the job said they wanted someone that had had an experience of mental illness. So I applied for the job and I got the job and I'm still doing it today, which is 11 years next month. From that, I've become the administrator there and just been promoted to CEO administrator. I teach mental health in the community, I was teaching 80 people last week, erm, in Hersham and then another group of 60 all on the same day. So we got through 140 people, erm, but that--, I've used my experience, I think, to be able to teach people and I teach another course which I do up to four times a year, which is called Mental Health First Aid. I teach that as well, so I'm an instructor for Mental Health First Aid, which is an organisation from London that Royal Borough of Kingston trained me up in the London head offices from Mental Health First Aid, and I do that, but we go into schools and things. I do a little bit of support work in the community as well, helping people that have got mental health problems. So it's really blossomed, as well as working in a drop-in caf at night, once a week, erm, so I do many hats at Mind but I'm still part-time but it just fits in with me not doing too much. It's sort of 25 hours a week and that's sort of perfect for me, you know.

Q: Had you accessed services from Mind before you started working there?

A: No I hadn't. I didn't know it existed, really.

Q: So could you just talk me through what the aims of Mind in Kingston are?

A: Well their aims, I would say, is to promote mental health in the community as a positive thing, to talk about it. So let's talk about mental health, let's get it out in the open. One of the other things is to go into schools and do things like schools work around mental health with young people, sort of from about 11 to 18 year olds. We also--, what else do we do? We like to offer services to people with mental health problems, so that they feel included in society, rather than outside of society. So we run things like--, we've got a football team, we've got drop-in centres every day of the week in the evenings, erm, and then at the weekends, it's in the afternoon. We've got a counselling service. We've got--, we're looking at getting a gardening project up and running. We run an art group from our offices. We do a lot for the community and I think that's--, I'd say we're very hands on with people. So even though I don't know what their exact times are, it's getting out there and getting the message out there and actually getting people involved and accepted, just as they are, not--, they don't have to necessarily be referred by a doctor. They can refer themselves. One or two people have to be referred for the football team, but apart from that, everything else is self-referral.

Q: What area do you cover in Kingston?

A: The whole of Royal Borough of Kingston. But say for counselling, if people want to come from outside the borough, we will see them but apart from that, everything is--, you have to live in the Royal Borough of Kingston, which is a big area.

Q: Does Mind partner with any other organisations?

A: Erm, partner did you say?

Q: Yeah.

A: We are affiliated with national Mind, but we have to self-fund, so we get them come and inspect us, but we're very much in partnership with them and also we get some of our funding from Royal Borough of Kingston, but we don't really work with other charities, apart from signposting people. Like if they're looking for--, say they're a carer and they're ringing up about someone, we might suggest to that person, if they're having a hard time, that there is Kingston carers' network, there's Kingston mental health carers' forum. So we signpost people and I say, yes to that degree we work with them and they signpost people to us but that's about it, really.

Q: So where does the charity receive its funding from?

A: Some of it, we raise funds ourselves. When we go and talk to businesses, like last week we asked for a suggested donation, erm, because if they're making a lot of money, we have to pay to send someone out there, so we tend to ask for a donation which we don't seem to have a problem getting. It sounds a bit cheeky but I'm quite cheeky on the phone and I seem to get the money to come in [laughs]. We get--, yeah, Royal Borough of Kingston give us so much funding. I don't know if you've heard of Hestia. They're a housing company. They--, we've got three houses at Mind, which we house--, we house people with mental health problems but they're low level support. So their level is very low. They all probably have a psychiatric nurse but they're not totally needed. That person will only visit once or twice a week, that home, for a couple of hours a week. Each person gets one hour contact time and that money comes from a--, you might want to look it up, called Hestia, and they do a lot of residential care. We get quite a big bit

of funding from them and there's also something else called Supporting People, and we get funding off them as well; but a lot of it, you know, we have to raise funds ourselves but we are--, money is coming in for the fact that we're going out into the community; not from schools. We don't charge schools, it's really just businesses, yeah.

Q: I assume the service users don't pay for services.

A: Only counselling which is very low-cost counselling. Everything else is free, yeah. Unless they come to a drop-in, they have to buy their tea and coffee, like 50p but, you know, it really is quite amazing really what we do for nothing, yeah. But counselling, we do charge sort of between £15 and £35 which is--, like most people end up getting it for about £15, £20 but a lot of people are charging £45, £50 a session, so you know exceptional cases we'll make allowances for but that's about all.

Q: So could you talk me through a typical day at the charity, from your perspective?

A: Well a day in the office, I'll talk--, maybe a Thursday is my best day 'cause I do so much on a Thursday. I go in, I do administration, erm, sometimes it's putting data in. We log every phone call. We write down what the need was, er, you know and then take some basic details like ethnicity, if they're working, where they live and all that gets logged and then put into the computer. That helps with our funding to prove that we're helping people. Erm, general calls. I'm answering the phone a lot to distressed people. We get a lot of suicidal calls come in, erm, a lot of calls ringing up about a member of family that's got mental illness. We get people ringing up about benefits. Some people just need signposting. So the phone is almost constant. It's very hard to get work done sometimes. Just general administration and then I go from there to Tolworth Hospital, to Lilacs ward, and I run my art group, and that's about an hour and a half to two hours on the ward, erm, set it up. We do some card making or something like that, finish it, then I come home for two hours. Then I'm off out again to the drop-in centre and there I make tea and coffee for people and just sit and chat with them. Most of it is about talking to people and we all sit together and we all chat and issues come up with them, and they all know that I've had a mental health problem, which I think has worked in my favour because they often say you understand, don't you, what's it's like and I go yeah, I do. You know, I do know what you're going through and in that way it's been quite handy and it happens on the ward as well. One or two patients remember me from years ago, some of them don't but if they're saying oh you'll never understand unless you've been through it and I can actually say to them, yes I have been through it, I know what it feels like. So it's quite a busy day and the other sort of typical day would be sometimes going to visit someone in their home for an hour, erm, just giving them a hand and then just coming back to the office and just doing--, you know, the admin is so varied 'cause it depends who rings up what happens. I do all the enquiries for counselling and book appointments for people, so I'm taking a lot of administration for counselling and getting a file ready for them and everything.

Q: What are the other roles of people that work in the office?

A: We've got the CEO, Rhianna, she oversees the office and the staff. We've got Simon, who runs the football team and he's a service involvement officer, so he involves the service user. He job shares with another lady called Jay. We've got a housing officer. He erm, goes--, he mainly goes to houses and visits and sees what their needs are, so he does a lot of work like that. There's the financial administrator. She does all the wages, pays all the bills, erm, gets some funding in, she does the budgets. She only does a day and a half. Most of us are part time. There's also another lady called Vicky that does all the counselling. She's the counselling coordinator. And then most of us aren't full time, apart from Anthony who's the full time housing officer and Rhianna. It's the only way the charity can afford to keep people is to have it part timers and get so many services out in the community. I forgot to say that also at the café, or at the drop-in centre, sometimes we call it café, drop-in centre, we run--, on a Wednesday we run courses and you have to book those courses. So it might be mindfulness, yoga, sort of happiness course, and art course, so art

therapy course. So we run them. Every six weeks it changes. Quite often they're free or they're very low cost. It depends if we've had to bring someone in or not, so that's how that works.

Q: How long has the office in Kingston been open for?

A: I think it's 42 years, yeah it's a long time.

Q: Could you tell us about the training you received when you started at Mind?

A: Yeah I got offered to do--, or I asked to do, erm, health and social care NVQ level 3. They let me do that. I managed to get free funding but they bought all my books and paid me to go there on the days that it fell on my working days. I've done--, we have to do a food hygiene certificate, erm, I've done one on social equality and diversity, NVQ2. I've done another NVQ2 and I can't remember what it was. I won't get all my certificates out but loads of little courses, like the last course I did was on suicide awareness, which was very good, erm, and lots of courses like one was on psychosis, erm, just sort of whatever's going on in the borough. If you want to go on it--, like I'm going on one in about a week's time on bullying 'cause we're going to schools and it's a whole day, so that should be interesting, so quite a lot courses. If something comes up and you really want to do it, then they're pretty good at letting you go if it tallies up with your work, yeah.

Q: In terms of when people phone up and say--, like the very distressed calls that you do get, what sort of--, what is expected of you, I suppose, as staff to be dealing with that?

A: I think you've got to be a good listener. Give time for that person to tell you how they're feeling and I think it's learning, over time, how to draw out information from people, erm, and try not to become--, you know, I've heard some sort of quite horrendous stories and it's trying to sort of not act shocked but that you're with them while they're on the phone. We had a lady who rang up on Friday. I was on my own in the office and she was suicidal and all I could do was listen. I was able to say to her, look I know what it feels like to feel suicidal and I know how desperate you feel. I rang up the mental health team on her behalf, with her permission, but I did tell her I have a duty of care now because she's known to the services, to call them if you're going to act on it. She'd written a suicide note. They were not helpful at all. They hoo-ha'd it, basically, which upset me and I had to ring her back and tell her that they're aware of your situation and that's all I could tell her. They were awful. They just said oh she won't do. We know her, she won't do it, and I said but there's always one time that someone could do it and I feel very sad that you see it that way, with this lady, and I said I hope you don't talk to everyone like that. I know that sounds a bit harsh on my side but I'd been listening to this lady, very distressed. So we are expected to be a good listener, erm, and just gently draw out information from them and quite often, when you dig a bit deeper, you find out what they're looking for and it might mean--, like we get a carer ringing up, very distressed. They've got support and as you draw information out, you start thinking well there is a carers'--, mental health carers' forum out there. They might be able to help this person. So I suppose it's just listening is the most important thing. Sometimes we haven't got an answer for something but just the fact that they've got you on the other end, you know, and we offer--, the other thing I forgot to say that's a new project we've just offered is peer support. So quite often, we can say to someone that's really looking for support, we can send you a referral form to have peer support and again you can self-refer and that's like a peer working, going out into the community with them, meet in a café or somewhere sort of sensible, and talk about your mental health and things, erm, and working together on mental health issues so that's another good thing. Again, that's the other training I've done, which is going to be equivalent to an NVQ3, is--, it's called Intentional Peer Worker and it was a 12 or 10 week course, intense, whole afternoon, very intense on peer work with other people that are in a similar situation. So it was very good, yeah.

Q: Could you just tell us a little bit more about--, you said that you do talks and deliver training to businesses and things like that. Could you just tell us a little bit more about the content of those?

A: Yeah, if I do it for Mind, erm, it tends to be--, like the last talk we did was on anxiety and depression and we just break it down, what is depression, what is anxiety, how we can help you or what you can do to help depression. We look at all the symptoms and what to look out if your friend's suffering with depression. We do it in schools, we talk a lot on anxiety with the young people 'cause about 80 per cent of mental illnesses start in the teenage years, which I heard on the news, and I didn't realise that but start from about 13, 14. So we go out and we teach mental health to young people and we also do something like resilience, what to do to stop yourself getting in a difficult time when you're doing your exams, for example. Who can you go and talk to? What can you do? What things might relax you? So we talk about resilience, erm, and general mental health awareness with the children. Mental Health First Aid is a much more intense course. It's two full time days, erm, and we teach all the different types of illness, from psychosis, schizophrenia, bipolar, depression, we talk about that, teach that, erm, and there's lots of activities involved to get the message sort of stuck in your brain a bit, but it is a very intense course. It's a very difficult course for a lot of people 'cause it brings up a lot of emotions in them, so it's quite an emotive course, but I really love doing the Mental Health First Aid. One of the main objectives of Mental Health First Aid is to help someone in a crisis. So if they're having a panic attack, it teaches you skills and ways of talking someone out of the panic attack, so it's very skill based as well. It gives you a lot of skills to go away with, so they're the two sort of basic sort of training and then the Mental Health First Aid is sort of separate because I do that for Royal Borough of Kingston with Mind's blessing, so sort of joined.

Q: Thank you.

Q2: What do you hope to see happen in the future to continue supporting people with mental health conditions to better manage their activities and daily living?

A: I would like to see more support in the community 'cause I'm really beginning to see that there really is a lack of support in the community. I'm hearing again and again, so many people getting discharged who are so sort of mentally needy, erm, probably a bit like myself. So you're well for long periods of time and then suddenly get a dip or you could go the other way, or you get a really bad patch and there's nothing there for you. There's nothing, other than your GP and they can't come once a week. So I'd like to see one of the ways forward is to have more community nurses or community workers, or see peer support being more valid 'cause our peer workers are all voluntary but I'd like to see it become paid, so that you get more commitment of people if there's the funding there. They do have peer workers at Tolworth Hospital and within the mental health trust, but they're very few and far between, so I'd like to see more peer workers but also more care in the community. I think there's just such a lack of facilities. Maybe in different areas, like little drop-in centres in the day, that people can go to, where there's a couple of nurses running it, you know. That would be good because it doesn't mean you have to have one to one, but it would be a place you could go when you're feeling you just need to be with someone or need to ask for some advice. So that's what I'd really like to see, is more work in the community with the mentally ill.

Q: You said that you noticed a lot of change since around 2000 to today, what in particular have you really noticed has been a dramatic difference?

A: I think what I have noticed, that people are getting discharged from the services very quickly. They seem to get a diagnosis, they're okay and then rather than just getting what they call standard care, where they go every two to three months to see the psychiatrist, they're just being discharged to their GP. The GP only has so much training. So I've seen that a lot. I've seen the fact that they've cut down on community nurses, erm, and again that's been a surprise, and also the admissions, they're so few and far between, you have to be really, really bad to get into a psychiatric ward and then when they're in the ward, they get discharged when they're not well enough, that's my opinion, and then they end back up--, a week later, they're back in on the ward again, so there's this vicious circle to me, from working there, that I'm seeing people are coming in, going out for a week, coming back in but when they first went out of the ward, they didn't seem that well. So I don't understand why it's sort of this, what we call a revolving door patient. It seems like that, they're just being discharged too early but you have to be really bad to get a bed now,

whereas before it was just seen as if you're feeling a bit ill, go in, nip it in the bud before it gets too bad and then come out. I know I had one admission which was called a planned admission and they said we want you to come in for two weeks; I was feeling down, all the usual symptoms, like not eating, lack of sleep, erm, all things like that were coming up and she said we can try and nip this in the bud if you're will to come into hospital and just have a complete break from everything, and it worked really well for me, but all that's stopped now. So there's not even preventative measures out there, so that's the changes that I've seen.

Q: What do you think the reasons for that are?

A: I think it's funding, I really do. I think there's--, NHS has cut back on so much 'cause there was three psychiatric, acute psychiatric wards at Tolworth and there's only one now, and they've cut beds out of, erm--, well there was the hospital, Long Grove in Epsom, but that went many years ago and they opened up Tolworth but they've just cut back and cut back and there's just not the beds now. So I think it comes down to money. I think the nurses are there, I think it's the funding, yeah. Maybe not as many nurses in this area as there are in other areas because people can't afford to live in London. That's what I think, anyway.

Q: Do you feel that that's had an impact on the relationship between Mind and Royal Borough of Kingston?

A: I think we feel like we get--, we're worried about the peer support and the fact that the hospital might think oh we're like psychiatric nurses, we'll do some work for them, we'll take on a person and be there, but our peer support is only sort of six to three months at a time. We can't--, because there's not enough peer workers to go round, we can do it until we feel they're well enough. If it really works well for that person, it will continue as long as it's working and the other person's--, one of the main goals of peer support is helping set that--, that person to set goals and if they're reaching their goals, then we can carry on; but if they don't want to get better and help themselves, then that will be wasted time. It's very, very difficult, but I think we're worried that--, or we feel like we get put upon a lot by the NHS, by the mental health trust because we are a charity and they think the funding is there for us, when it's not. So it's for us to become more confident in saying actually we can't do this 'cause we haven't got the funding for it as well. We do work with them. Like we've got clients, as I say, in houses and we communicate with them quite a lot, so there's a lot of communication going on.

Q: Would you say your condition has made you a stronger person?

A: Yeah, I think so. I don't really like having the label or having the illness of bipolar but I think having been through so many ups and downs, I think it's helped me understand myself but I think--, I think you do, when you go through trauma, and I think even with my physical illness, I somehow think--, I don't know, I mean I'm getting on a bit now and I don't know what it is but I would say since I've matured, I realise that there are some advantages to it because you have a wider outlook on life and you probably have more awareness of others, well I certainly do, that are mentally unwell and also people with physical disabilities. I appreciate that more, that it's harder and, I don't know, it's definitely matured me, erm, but I don't regret having it. I think that's part of my make-up and that's what we often teach in mental health. You can't help it if it's there and I used to blame myself, I used to feel guilty about having it but now I realise it's like any other illness. It's as much like my rheumatoid arthritis as it is my mental health, so I try and accept that but it's hard to accept it when you're going through it. You feel like you must be a weak person because you've got a mental health problem, but I try and see that it's--, you know, when my back went, sometimes my mind goes, you know, and it's just as severe as a physical problem. A mental problem can often--, I think they're worse when you're acutely ill because you feel there's not enough understanding. You can't see a broken mind, we only see the physical things if you're walking with crutches or something, but you can't see mental illness unless it's obviously--, you can see that person's behaving really strangely.

Q: What has been your proudest achievement?

A: I think my proudest achievement is the fact that I'm teaching mental health now and one of the proudest moments was last week, teaching 80 people in one go, with a colleague. I think I never--, I love teaching children and I never ever imagined to be able to teach adults but I actually really enjoy teaching the adults so it's so enjoyable. Even though it's--, you know, we often say to them this is a difficult subject to deliver, I'm hoping that when they come away, they feel positive about mental health, that it's okay if you get unwell now and again, it's not abnormal, you know, but I do really enjoy the teaching, yeah. So that's probably my greatest achievement, and some of the NVQs have been good to pass as well but, erm, yeah I'd say doing that has been my greatest achievement.

Q: Do you plan to stick working with Mind for the time being?

A: Yeah. I have looked at--, I did look at an activity worker full time at Tolworth Hospital but in the long run, I think it would have been too much to work full time with the problems that I've got, erm, and I did serious think about that job but I do really enjoy the variety in what I do at Mind. It's very, very varied and very busy when I'm there and I do enjoy that side of it, so at the moment, I think I'll be with Mind for a while, unless something really jumps out. I do--, I do look on the NHS website most sort of fortnights, say, just to see if there's anything 'cause there's a job that I'd quite like when it comes up, is a recovery worker. That's something I'd quite like to do because I think if--, you know, if I could help the NHS and be a better worker, that is something I would consider but I'd still want to carry on with the Mental Health First Aid courses that I run. I don't want to give that up, but that's something I've thought maybe in the future, I might like to do, and that's mainly going into people's homes, helping people sort of get through their mental illness, so it's something I'm looking at.

Q: Is there anything else you'd like to talk about that we haven't asked?

A: Is there anything else? I don't think so. I think you've asked quite a lot of questions. I just hope that you can go away and see it as posi--, you know, that people with mental health problems can still get married, have a family, work. I think a lot of people think with mental illness, oh I've got a mental illness, I'm not going to work because I'm ill but for me, working actually helps give me a routine and stabilises me. It helps me to function and feel accepted in society but if I didn't work and when I've been ill and I've had to have time off, I've got quite frustrated because I'm bored, so I like to keep myself occupied. So I think the fact is if you've got a mental health condition, you can still do things. It doesn't mean to say that forever you're always going to be in that mental health phase. People get ill for periods or they have an episode of depression or psychosis but they will get better. There is such a thing as recovery and I think that's really important, to look at recovery and being accepted in the community. So yeah, recovery is a key word to remember and that's where I feel I'm at, at the moment. I feel like my diagnosis won't go away. It's never going to go away, but I am having periods of recovery and that's where I'd say I'm at, at this moment.

Q: Do you feel like the stigma that you mentioned earlier around mental health, do you feel that that's changing?

A: Yes, definitely, and in the last couple of years, I think since more celebrities have been talking about it on telly and more mental health things are coming up in the media that are more in the positive light, because a lot of past stuff in the media was very negative, you know, about violence and mental health but I think it's becoming more open. I think there has been an improvement in mental health awareness in a positive light, yeah definitely.

Q: Is there anything you want to...?

A: No, okay.

Q: Thank you so much.

[END OF RECORDING - 0:51:33]

