

Stress, mental health and rehabilitation – one man's story

I write this brief, personal case study as a health and safety practitioner, in the hope that it may be of interest to others.

I had my first breakdown in 1997 (when I was 37), and my second two years later in 1999. Up until then my life had been relatively uneventful, more or less ordinary. It had followed a familiar pattern: school, university, further qualifications, kept fairly fit, healthy, hobbies, cycling, drama, writing, got married had children, grandparents died. My life was normal. At least as normal as life ever is.

The first time, it built up slowly, over a few months. Some of the events leading up to the breakdown are interesting, and were significant for me. But they wouldn't necessarily be significant to anyone else. As well as relationship issues at home, factors included the constant pressure to meet deadlines, lunch only being a hurried sandwich at the desk. On one occasion, I took what most would regard as a 'minor conflict' with a senior manager at work (over a stress research project no less!) as a major, personal insult and this blew the lid off everything for me.

It was May 1997, the day the IRA brought the country to a standstill with bomb hoaxes, just before the election. From then on life began to race wildly. I was on a high. My behaviour began to change. Gradually, more people realised that there was something wrong. At first, as far as I was concerned, I was having one of the best times of my life - I had so much creative energy. Ideas would come flooding in and I wanted to do everything, all at once. I was experiencing mania and later delusions as the ideas became further removed from reality, and towards the end profoundly disturbing. This all took place over the space of six to eight weeks. During the last few days I really wasn't making sense. I met with my manager and his boss in a relaxed environment outside of work, and they diplomatically recommended (based on the erratic and unusual behaviour over preceding weeks) that I rest and see a doctor. By this time they had realised something was seriously wrong. Confused, at the doctors, I was recommended for psychiatric care and, on being admitted I broke down completely: I had experienced 'an acute psychotic episode'.

There were various further diagnoses: bipolar affective disorder (manic depression) stress-related illness, schizo-affective disorder, to name but a few. The symptoms were mixed, unclear. I began to recover in hospital during my first week, with medication. Medication! 'One Flew Over the Cuckoo's Nest' had put me off 'medication' for life!! I was in hospital for a month, and off work for three months altogether. During that time even the first, brief visit by a very caring personnel officer, on neutral ground (a coffee shop near home - even the thought of a journey into London upset me), had me in tears for no reason. Everybody was very supportive, my employer, my manager and my work colleagues. I was the one worrying how people would take it, what I would say. How could I explain something that I didn't understand?

Importantly, the rehabilitation involved a gradual return to work. It was a well-managed process. For instance, after meeting with the personnel manager the first time, I met with both her and my line manager, again on neutral territory for coffee in an hotel. It helped just to talk about work and how to best phase me back in. With my consent, as well as obtaining general occupational health advice, my personnel manager would discuss my welfare with my consultant psychiatrist - not the detail of my illness, but the practical things to help ease me back into work. At every stage the options were also discussed and agreed with me. We talked about the job, likes, dislikes, strengths and weaknesses, but there was no pressure to change. However, at our first, brief planning meeting while I was off work, in spite of the informal conversation in restful surroundings, I was still very tense and anxious. Although I was lucid intellectually, emotionally I felt very sensitive, vulnerable. After I had been off work for three months the rehabilitation involved being phased back in gently over a further three months: a few hours, a few days at a time to three and four days a week. Initially, I would arrive at work later and leave earlier. This would help counteract the sleepiness caused by the medication in the mornings and also help to avoid the usual pressures of rush hour.

First the return to work was just for me to visit, to be there to meet colleagues, to talk, to feel accepted. It was a case of just getting used to being back in the office again, with no expectation on me to answer calls, for example. At the start I was more closely supervised, and frequently and informally met with my manager and personnel manager. Gradually, still on medication and under the supervision of my consultant psychiatrist, the work increased until after two or three months I could cope with a more normal workload. The job was also redesigned in part to broaden the work to more closely match some of my concerns and interests. The whole process of a phased return to work helped to rebuild my confidence and to confirm my capability.

However, it seemed a long time to get back up to strength. I carried on taking tablets for a year. The second breakdown, in May 1999, took everyone by surprise. It happened very quickly, beginning from the moment I woke up, away from home, on a day I was to be lecturing a small class on a course. Increasingly things seemed different, strange. I became afraid, out of all proportion to the usual pre-presentation nerves. I entered another frightening and deluded world. Two days later I was back in the same hospital. A few more days, more tablets and I was sane again. I was keen to return to work, to get back to normality as soon as possible. This time I was only out of work for a month.

The same consultative step by step approach was taken to phasing me back in. Underlying the pressures at work had been tensions in my home life. There were several sources of stress and there was much left unresolved. It has taken me many months of therapy to realise what I had tried to ignore and I've yet to find all the answers. Even now, years later, I sometimes feel as if I'm still going through a form of rehabilitation. I have experienced what I would describe as minor blips, although two required a further week in hospital on each occasion.

I have to continuously monitor my feelings and experiences for any irregularities and ensure with my manager that I keep a manageable workload. I remain in contact with my consultant psychiatrist and therapist to ensure the best treatment.

Risk assessment

While I believe that employers need to carry out risk assessments in the interests of mental health, this is as much of an art as a science. For example it is important that managers are able to recognise signs of stress and have some understanding of possible ill-health outcomes. It is also vital that they are able to communicate effectively, including being able to listen to distressed individuals, as well as being equipped with the more practical skills of carrying out a risk assessment.

It is only remotely possible that even a specialist, with considerable time at their disposal, could have had any chance of identifying that I was likely to breakdown the first time around. There were pressures of course, from myself, from home, from work, but even I didn't really appreciate them. However, there were signs that people especially those close to me had begun to recognise for instance in terms of the mania, the racing energy and increasingly grandiose ideas. There do need to be systems and procedures in place at work, to minimise the risk of pressures creating stress, and leading to ill health. Managers and employees have to know what precautions can help.

For further insight into the nature and experience of my illness see my book **Fast train approaching...** described as both shocking and disturbing in places, and available through my website: www.makingconnectionsmatter.org or from Amazon

Further information on mental health, is available in the mind out for mental health [Line Managers' Resource](http://www.eef.org.uk) which can be downloaded from the EEF website www.eef.org.uk

If you have any comments on this article please email me steve@eef-fed.org.uk