



# OUR STORIES

Inspiring real life stories of mental health  
from students and staff from both Keele and  
Staffordshire University told in their own words.



# ABOUT THIS BOOK

This book was inspired by the 'Our stories' e-book containing real-life stories from Brighter Futures' customers about their experiences with mental health and what helped them through. Brighter Futures is a West-Midlands based not-for-profit organisation which supports the most vulnerable members in our communities through their rough sleeping and outreach, mental health recovery and wellbeing services and supported accommodation.

Our version of this is a collaboration between Keele University and Staffordshire University and contains the real life, lived experiences of Students and Staff, from both organisations.

The aim of the book is to challenge the stigma that is still attached to mental health and it is hoped this book will help others to gain a better understanding and at least start a bigger conversation. In addition, it is hoped that it will provide hope for those people who feel that they are 'alone' in the challenges they face arising from their mental health. It was important for us, that it contained stories from Students and Staff, as mental health difficulties do not discriminate.

This book would not have been possible without the help of the Students and Staff who have contributed their stories – we thank them for their courage and patience to share their stories... BUT it doesn't end there, we want to hear all your stories. If you want to share your story regardless of gender, age, religion, sexual orientation or other protected characteristic then please get in touch with either Kara from Keele University ([k.v.holloway@keele.ac.uk](mailto:k.v.holloway@keele.ac.uk)) or Portia from Staffordshire University ([p.l.bentley@staffs.ac.uk](mailto:p.l.bentley@staffs.ac.uk)).

In this book, you will find a few descriptions of some mental health issues, as well as links to support services at Keele University and Staffordshire University as well as general support information.

Read the inspiration behind this book at [www.brighter-futures.org.uk](http://www.brighter-futures.org.uk).

# CONTENTS

Foreword	4
Fiona's Story	5
Gabby's Story	6
Isobel's Story	7
Alison's Story	8
Amie's Story	10
Jemma's Story	11
Nadie's Story	12
Roy's Story	13
Rob's Story	14
Portia's Story	15
Sallyann's Story	16
Beth's Story	17
Amy's Story	18
Let's Talk	19
• Bipolar Disorder	19
• Anxiety	19
• Depression	19
• Obsessive Compulsive Disorder (OCD)	20
• Schizophrenia	20
• Personality Disorders	20
• Borderline Personality Disorder	21
• Psychosis	21
• Self-harm	21
Need to talk?	22
• Keele University	22
• Staffordshire University	23
• Self Help	23

# FOREWORD

Much is reported currently about the crisis England and Wales is experiencing in relation to student mental health. Rarely a day goes by without some article appearing in the national press about the problems and difficulties associated with student life and study. It would appear that there is an urgent need to prioritise and proactively address mental health and wellbeing across university student bodies, the higher education workforce and more strategically at institutional levels.

Pressures on the student population and individual students are well documented at the present time: rising student debt and other financial constraints; target driven culture, academic challenges and fear of failure; technological challenges; increasing numbers of students attending university; job market concerns; isolation and loneliness; students being ill-equipped for the university experience; and difficulties forming relationships. All are taking their toll on the student population, contributing to steep increases in stress, anxiety (chronic anxiety in many instances), depression and mental breakdowns.

Whilst it is all too easy to get caught up in a negative spiral it feels that the time is overdue to move conversations onto a more positive footing and explore how we can collectively encourage and support students and members of the university community to look after their own mental health, support others and create a culture of change. Talking openly and honestly about mental health, raising awareness, challenging negative stereotypes

and reducing stigma are all important stepping blocks to moving the debate on with a view to helping society create mentally healthy environments so that students in higher education can thrive and fulfil their potential. North Staffs Mind welcomes the publication of this e-book and commends to you the numerous powerful and inspiring personal accounts from both students and staff members contained herein. Hopefully many students will recognise similarities in their own lived experiences, feel empowered to speak up and contribute their own personal narratives as a result of this initiative.

**Karen Wilson**  
**Chief Executive – North Staffs Mind**



## FIONA'S STORY

I suppose I became aware of my anxiety and low mood at school, aged 17, when I found myself sitting in a toilet cubicle terrified to leave. Nothing specific had happened, I just felt panicky and upset.

This retreat to the toilet has become a common pattern at times of stress – over the years it has been at a party or other evening out; before, during or after a meeting; during an 'away-day' or 'team-building' activity. Never needed at home where I am safe.

Most of the time, things are fine. I have managed my problems using a number of strategies over the years: denial, antidepressants, psychotherapy, yoga and mindfulness (try <https://www.mind.org.uk/media/23908255/mindfulness-2018.pdf>).

A couple of handy hints:

At the start of the day I use an exercise which was developed for school children: 'feet on floor, bum on seat' (FOFBOS) – a great way to anchor myself.

Prior to a meeting, I think:

“PAUSE FOR A MOMENT. TAKE A DEEP BREATH. REMEMBER WHY YOU ARE HERE AND WHAT YOU WANT TO ACHIEVE. REMEMBER WHAT YOUR GOALS ARE. IN ORDER TO ACHIEVE THESE, YOU HAVE TO SPEND TIME WITH PEOPLE, BUT IT DOESN'T MEAN YOU HAVE TO LIKE THEM, BE LIKED BY THEM OR EVEN ATTEMPT TO BE LIKE THEM. IMAGINE YOUR CAT IS SITTING ON YOUR LAP AND YOU ARE STROKING HIS EARS. JUST WAIT FOR YOUR MOMENT, TAKE ANOTHER DEEP BREATH AND SAY THE MINIMUM YOU NEED TO NEED TO SAY TO MAKE YOUR POINT. THEN SHUT UP.”

I look back at 30 years of coping, and realise I have done well. Important to keep that in mind.

# GABBY'S STORY

Growing up, I had always been classed as highly-strung or short-tempered and as having no patience. I accepted that this was just the way that I was and took it as normal. However, as I got older, I realised that my response to situations was not normal, the slightest thing has always sent me over the edge and I would 'blow up' over the slightest thing and would have what you would describe at best as a tantrum.

If I dropped anything on the floor or even if the bus didn't turn up on time, I used to feel like I was going to explode and if I was alone, I'm ashamed to say I would shout and scream – not a normal response at all.

I visited my GP a few times but either I wasn't very good at explaining myself or they weren't listening as each time I was diagnosed with depression and prescribed anti-depressants. The thing was, I didn't feel at all depressed, just wound up.

As the years went on I got well into my 30s, my relationships started to suffer, both at home and at work as I seemed to be losing my coping mechanism and was in such an horrendous mood all the time. I had chronic insomnia and would often be up in the night worrying about anything and everything. My husband couldn't go anywhere without me and if he did, and he wasn't back at the time I thought he should be, I would fly into a blind panic and picture him dead!

Eventually, I got into such a state that I would vomit before leaving the house to go to work, and be completely paranoid that everyone was talking about me.

I decided to go to my GP again. This time, I saw someone completely different, and I told him exactly how I felt, that I felt so wound up and worried all the time and that I wasn't

sleeping, that I wanted to hurt other people and that I felt so irrationally angry all the time.

He told me that he thought I was really quite ill and diagnosed me with anxiety. He gave me some medication to see if it helped. That was nearly 7 years ago and to be honest, I have never looked back! I feel like a different person. I know a lot of people refuse to take medication but it's the best thing I ever did and I feel like I've got my life back. Yes, I still have off days and I know if I'm heading for a crisis as all the obsessive behaviour comes back, when it gets too bad, I go and talk to my GP.

"I'M NOT ASHAMED TO ADMIT TO ANYONE THAT I SUFFER WITH ANXIETY BUT IT'S NOT WHO I AM, IT IS SOMETHING THAT I HAVE. PEOPLE WHO KNOW ME ARE AMAZED THAT I SUFFER WITH THIS AS I ALWAYS SEEM HAPPY AND CONFIDENT. I DO HAVE TO WORK AT IT BUT I KNOW THAT I CAN."

I would say to anyone who felt the way I did, go and seek help, there's absolutely no shame in it. You owe it to yourself and your loved ones to make yourself well.

# ISOBEL'S STORY

I want this to be a very pragmatic tale. Life has hit me with several major events that have caused depression, but on reflection, I think that I started the tendency when I was pregnant and began my maternity leave.

I was not diagnosed properly until I returned to work 6 months after giving birth and could not cope.

I started to work through a variety of prescribed medications and finally found one that suited me. In the meantime the first major life event occurred when I was diagnosed with Breast Cancer. We increased the medication dose and I was given Counselling. I got through the first cancer diagnosis and the next couple over ten years with intermittent prescribed antidepressant support.

I was running again and had lost weight, getting back to being me, when my husband was killed in an accident. Initially I managed, returned to work and then found it hard to cope, I recognised the signs and went to the GP. I was referred for counselling as well as the medication that suited me.

I found the Counselling appalling, I collapsed in an emotional heap and could not stop sobbing so much so that I physically hurt. I now realise that I had been assigned an inexperienced Counsellor who had not given me a choice of paths.

“THE MOST CONSTRUCTIVE INPUT CAME WHEN MY EMPLOYER REFERRED ME TO OCCUPATIONAL HEALTH. AT FIRST I WAS UPSET ANXIOUS AND VERY STRESSED BY THE REFERRAL. THE GP I MET AT THE APPOINTMENT WAS PROFESSIONAL AND OFFERED ME A RANGE OF OPTIONS BUT A MONTHLY CHAT WITH THAT GP TURNED MY LIFE AROUND. HE GAVE ME STRUCTURED STEPS, HOW TO PLAN MY DAY, HOW TO BUILD A ROUTINE BACK INTO MY LIFE.”

I am now nine years further on and realise there are gaps in my life when I just trod water, but I am putting my future together, making plans to stay fit and healthy , looking outwards.

# ALISON'S STORY

I always knew that I wasn't quite the same as everyone else. Looking back all the signs were there, but I either didn't want to deal with them, or I was told to hide them. I would have long spells as a teenager where I was exhausted; not just the regular teenage tired, but bone weary exhaustion. I would dissociate quite often, feeling like I 'wasn't me' but I was watching from far back in my own head.

Throughout university I had highs and lows. Then were times when I didn't need much sleep and everything felt great. Then I would crash down and hide away for weeks, unable to get out of bed. I actually thought that this was a normal sleep pattern until I was 42.

My first deep and prolonged depressive episode was at the age of 22 while I was studying for a Master's degree in the USA. I didn't realise that had depression. Until this point I had always bounced back without help. But this time I sunk deeper. Unable to sleep, unable to be properly awake; I existed in a world in-between. Putting on a professional mask every morning, hiding the exhaustion, the black emptiness that was my brain and soul. It wasn't sadness, you see. It was emptiness. I didn't cry often, I just existed. Going through the motions of life. I drank more and more, usually on my own because my friends found me so tiresome and annoying that they had abandoned me. The invasive thoughts started about three months into the episode. I would find myself ruminating on why I was still bothering to live. How things might just be easier if I was no longer alive. I didn't think about whether anyone would

miss me because I wasn't capable of thinking beyond how I felt in that moment. I tried to cut my wrists with a bread knife, but was stopped by a friend who made me promise to get help. I went to hospital where I was kept on a psychiatric ward for three days. I was initially diagnosed with a mood disorder and given anti-depressants and a mood stabiliser. Things improved and I was able to complete my degree and move back home.

My family were not as understanding as I had hoped. They insisted that I wouldn't get a job, my career would be over before it had started and everything I had worked for would be for nothing. So I hid my mental illness. I pretended that I was fine. Hung the mask back on my face and carried on with life.

But I couldn't carry on. I had four more serious depressive episodes over the next few years. I had periods where I was stable, I ate well, exercised excessively and focused on self-improvement.

**"I HAD COGNITIVE BEHAVIOURAL THERAPY AFTER BEING DIAGNOSED WITH MAJOR DEPRESSIVE DISORDER, WHICH HELPED MY MIND-SET AND GAVE ME TECHNIQUES THAT HELPED TO IDENTIFY MY TRIGGERS (SUCH AS CHANGES IN SLEEP PATTERNS)."**

After my last serious bout of anxiety and depression following my second miscarriage I



agreed that I should stop fighting the diagnosis and take anti-depressants continuously. I thought this would stop the problem and I could finally stop obsessively monitoring my sleep. However, the anti-depressants simply made my highs higher. I would sleep very little for several days and feel like nothing could stop me.

I would take on projects and responsibilities that I had no way of completing, having a serious impact on my work life. Then the irritability would start. I would argue with my family and colleagues before crashing back down into a mild depression that made sleep the only thing I could think about.

I finally asked for a mental health referral and was diagnosed with type 2 bipolar disorder. A diagnosis that I had originally had 20 years earlier. If I'd had the confidence to get treatment then, maybe my life would have turned out differently. I have managed to have a good career and achieve many things, but I have always felt that I have never really achieved my true potential.

I am now at a point where I still hide my true diagnosis for fear of the reaction of others. I openly admit that I suffer from depression, it's OK in this day and age to have that. I am an advocate for mental health, yet I still feel like a liar as I am not yet ready to expose my true self.

*"I GUESS THE MORAL OF MY STORY IS FACE YOUR ISSUES HEAD ON, DON'T HIDE THEM, THEY WON'T GO AWAY. I WISH I HAD ACCEPTED HELP SOONER, AND NOT TO THINK I WAS 'BETTER'. THE AIM IS NOT ALWAYS TO GET OFF MEDICATION. IT IS TO BE AS HAPPY AND HEALTHY AS YOU CAN, YOU'RE AN INDIVIDUAL, IT'S OK TO BE YOU."*

# AMIE'S STORY

Basically, I have suffered anxiety and depression after I got tinnitus and hyperacusis after an ear op in 2013. Hyperacusis is where the brain perceives noises as pain and is often caused by anxiety (as in my case). I recovered from this and didn't have any symptoms again until last summer whilst on maternity leave. It was, looking back, a stressful time, and I got hyperacusis again but this time very severely. It was also accompanied by sound-induced vertigo which felt so real it took me a while to accept that it was anxiety.

At it's worst, I could not even bear to hear my daughter sucking on her bottle and I was wearing earplugs and sometimes defenders on top of that. I tried to re-introduce myself to quiet sounds hoping that gradual exposure would help but having a 3 year old and a baby made it hard to do that in a controlled environment. The condition caused me severe distress but was also exacerbated by anxiety so I was in a terrible loop for a while.

I wasn't suicidal but the thought of continuing like that forever made me feel I did not want to be alive anymore. I felt anxious to be around my baby in case she cried or squealed which was heartbreaking and still upsets me. I also started to have anxiety attacks as I had worked myself up into a state of panic that if it got any worse I wouldn't be able to look after my children and they would be taken away from me. Sounds silly writing this now but at the time it felt incredibly real.

**"SINCE IT STARTED, I FEEL THINGS ARE ABOUT 90% BETTER THAN THEY WERE AND I AM HOPING THINGS WILL CONTINUE TO IMPROVE."**

I am still on medication for anxiety and depression but I am back at work (the distraction has helped me overcome it) and no longer wearing earplugs. I get a bit of wooziness and feel anxious when I hear loud alarms, but I can live with that.



# JEMMA'S STORY

Mental health has been a part of my life for as long as I can remember. I have grown up around various family members with severe depression and anxiety. A close family member took their own life when I was 10 years old, I believe this made me grow up quickly. I undertook an undergraduate degree in Psychology and Sociology at the University of Chester, to understand mental health conditions.

I have always considered myself an empathetic person and understanding of other peoples' mental health issues, closest of all my mother and her difficulties. I never truly understood the impact of anxiety and depression on a person's life until I was diagnosed myself with low mood and anxiety at age 20. I was in a constant state of exhaustion from panic attacks and prolonged periods of crying. I couldn't concentrate on my studies and my behaviour had begun to impact on my relationship.

I finally sort help from my local GP and was prescribed anti-depressants and eventually anxiety medication. I've tried different forms of therapy including CBT (cognitive behavioural therapy), one to one counselling and mindfulness training. I've found with the right balance of medication, therapy, exercise and a balanced diet, you can live a life without constantly fearing for the worst.

"I'VE LEARNT TO ACCEPT ANXIETY IS A PART OF MY LIFE BUT IT DOES NOT DEFINE ME AS A PERSON. I HAVE DAYS THAT I WANT TO HIDE AWAY FROM THE WORLD BUT I PUSH THROUGH BY NOT ALLOWING THOSE THOUGHTS TO CONSUME ME. I PUT THOSE THOUGHTS ON ANY IMAGINARY TRAIN AND LET THEM BE CARRIED AWAY! IT TAKES A LOT OF PRACTICE TO TRAIN YOUR MIND LIKE YOU WOULD A BODY, BUT THE BENEFITS ARE AS EQUALLY REWARDING."

The start of 2019 was an extremely difficult time for all of my family for many reasons. We thought as a family it was time for something positive and we chose to get a puppy. I cannot put into words the difference this little bundle of fur has made to our lives! My mum now gets out of bed and goes out of the house after months of being bed bound. I would suggest to anyone with a mental health condition, who can support a pet, do so! A dog will love you unconditionally and benefit you mentally and physically. Please take your life one day at a time.

# NADIE'S STORY

I am a 31-year-old doctor, having just completed an internship and hoping to become a mom. However, things didn't turn out to be so easy for me and my husband. We had to undergo repeated investigations followed by fertility medication for nearly two years until finally I got pregnant. We were overjoyed to see the growing foetus, hear the first heartbeat of our baby at 6 weeks. In the meantime, my mother found a nipple retraction on her right breast, so I took her to my boss (a Surgeon) for examination and advice. He detected a breast lump. The histology investigation was negative. We were relieved and again the dreams of the baby embraced us all.

At the 13th week scan, the Obstetrician says I had miscarried. My world fell apart. While awaiting to meet the Obstetrician outside his room, my boss asked if my mother ever got a Mammogram done, and if not to get it done as soon as possible. Meanwhile, my uncle had brought me a book 'Pollyanna' by Eleanor Potter: it's a book about a little girl on 'finding something good about everything'.

My mom got the Mammogram done, and we were devastated by the result: 'a suspicious tumour', spreading to the armpit lymph nodes. This time the histology confirmed its cancer and immediate surgery was performed by the same Surgeon. Luckily the tumour was very small, localized to breast only. The Oncologists who saw my mom said "your daughter saved you!" What suddenly came to my mind is "what is the good thing about all of this?" I saw that if I had not lost my foetus and had been stood outside the corridor of a consultation lounge, I wouldn't have met the Surgeon again which quickened the process for my mother to save her life.

"THEREAFTER, I PRACTICED 'TRYING TO FIND SOMETHING GOOD ABOUT ANYTHING'. EVEN THOUGH IT WAS HARD AT THE BEGINNING I WAS ABLE TO MASTER IT, SO EVERY TIME I AM FACED WITH A DIFFICULT SITUATION OR A PROBLEM, I THINK OF THE SOMETHING GOOD AND I MOVE ON."

The theory behind positive thinking is conceptualised by 'Neurolinguistic programming of the brain', the brain is a super organ which can alter the body to be way we want it to be if we try hard enough. If we keep on feeding positive, enriched thoughts & hopes to our brain the neuro-chemical pathways develop in such a way to make things happen in a positive way, because life is all about challenges and the way we look at them.

I then came across a remarkable tool 'mindfulness'. It's being aware of the thoughts, emotions in the present moment in a non-judgemental way. I practice mindfulness now, which has tremendously helped my career, family life and social life. I was able to achieve many career milestones with happiness while leading a fulfilled life with my husband and daughter; not without life challenges but embracing those in a positive frame.

Life is not without challenges: every time you are faced with a problem or difficulty in life don't try to put away, allow the thoughts, feelings and emotions to come up. Then you will see what it is, the good in it or bad in it, you will be able to understand, accept and move on happily.

# ROY'S STORY

When people look at me they would see a typical 30 something man working at the University, who may come across as a bit reserved, quiet, thoughtful and is generally respected amongst his peers. What they would not see are the scars I carry. I am not referring to physical scars, but emotional scars on the inside.

I have been struggling with my mental health on and off for many years, through various experiences that have been traumatic for me, beginning in my early teens and continuing to yo-yo between the highs and the extreme lows never really feeling a balance between the two. During my periods of being extremely low, I self-harmed and attempted to take my own life.

This was hidden and kept secret from family and close friends for a very long time, until one such episode in January this year I finally reached out to a close friend who listened and directed me to get professional support urgently. I contacted Healthy Minds Stoke-on-Trent, who were an initial point of support. I felt that by talking to absolute strangers, albeit professionals, about things that are so personal and emotional, I could go further. I decided that I can and should really be talking to those who know me, and opened up to friends, trusted work colleagues and close family. This was not easy at all and has been one of the hardest things I have had to do, to discuss openly after so long that I have mental health issues and see their reactions.

But, the help received from my new support network, my family, friends and close work colleagues offering to just be there to listen when I am low, was overwhelming. My best friend and close family are in contact regularly, by phone and in person. At work my manager helps me on a one to one basis and supported me in accessing the University's Occupational Health Service and the Staff Counselling Service. I felt apprehensive about this, but the staff have been supportive and the counselling sessions have helped me immensely.

Personally, the key for me has very much been to be more open and honest with myself and to have the courage to access professional services, whether they be at the University, my GP or my local Mental Health support services. Friends, family and trusted colleagues are a great source of support, but I feel that professionals trained in these areas are an absolute essential means to recognise behaviours, derive at therapies and to help towards finding a forward facing direction.

Even with help it's a difficult uphill struggle. At times, I feel like I keep starting over again. At the time of writing I was going through a painful and difficult breakdown of a very important relationship (and one of my support network), causing confidences built up to be knocked, to which I felt extremely low and had repeat of old habits including self-harm. Relapses happen and I know that. But, even when I am again at my lowest, I just keep talking and letting the emotions out, bottling them up is not the right solution from my experience. There is no quick fix, it's a long game, with hurdles along the way and I just kept picking myself up to move on.

I cannot emphasize enough the importance of getting a trusted support network and accessing professional services when needed. Without them I honestly don't think I would still be here. From my experiences I've learnt that there is no shame in having a mental health issue. After opening up and talking honestly the sense of fear gradually begins to fade. I know that it's not easy at all, it takes courage to take that initial step to say 'I have a mental health issue, please help me.'

**"MY ADVICE IS TO TAKE THAT STEP, SOONER RATHER THAN LATER AND SEE WHERE IT TAKES YOU."**

# ROB'S STORY

A little over 19 years ago something happened to me that didn't just change me physically, but mentally also; as if my whole DNA was re-written - in the blink of an eye, I became unstable, angry, frustrated and paranoid, so so paranoid.

In my head everyone hated me, and everyone was against me. I had resentment for my family and friends, I wanted to be alone and failing that wanted to not be.

I didn't know until quite recently that I was bottling all this anger, worry, pain and insecurity up in the back of my mind, pretending that none of it mattered. But in turn this was turning me into a person I really did not want to be!

Angry, paranoid, frustrated...

Call it psychosis, call it post-traumatic stress, or depression, or anxiety, or if you're one of my "biggest fans" call it a weakness, I started down that same road as before.

I hated everyone, everything and I didn't trust a single person either (DTA was my motto - Don't Trust Anyone - ok I admit I kinda stole that motto from "Stone Cold" Steve Austin) but it seemed right to hate people.

I even started hating my own kids and wife! Very bad times! Very bad indeed...

I wanted the easy way out, I even bought loads of packets of paracetamol and a hose pipe which I kept it all in the boot of my car for when that right moment arose... I'd never once given thought to the people that would be left behind, I was too tempted by the thought of being free.

This subject is all too taboo, because just like me people do not want to talk and admit weakness to anyone, we all like to

appear strong of mind and want peoples respect whether friends, family or colleagues sometimes no matter the cost to ourselves.

Either way I'm years on from a breakdown and couldn't be in better shape [Mentally that is, physically I'm still the size of the average sumo wrestler] I have the love and support from my family (something that was always there but I was too blind to see) and with help from my doctors and specialists at St George's hospital I'm finally on track to enjoy my life again.

**"WHAT I WANT PEOPLE TO REALISE IS EVERYONE NEEDS SOMEONE; EVERYONE NEEDS SUPPORT AND EVEN WHEN PEOPLE APPEAR STRONG SOMETIMES THEY JUST NEED A HUG OR JUST A FRIENDLY HELLO TO MAKE PEOPLE FEEL LIKE THEY ARE NOT ALONE."**

If everyone reading this today can just smile at a stranger and wish them a good day, hold the door for the person behind you, give up your seat on the train or bus for that person that's struggling or just drop 50p in that talented young buskers bucket as he's sitting in the high street playing songs that you love, then you could be preventing something potentially disastrous without ever realising.

# PORTIA'S STORY

My story starts, after the birth of my twins. Within a week of their birth I realised that all was not as it should be...intrusive thoughts, telling me that I was not a good enough parent, that my twins were going to die if I took my eye off them for a second. I felt like I was wading through treacle but put it down to 'baby blues' – after all I had just had twins and had very little sleep

By the time the twins were 3 weeks old, I couldn't sleep, eat or leave the twins for more than a couple of minutes without the feeling of absolute dread – that I would come back and find them dead. No one else could help, it was my responsibility alone to look after these tiny humans. My poor Hubby thought I hated him, I'm not sure what my oldest Son thought, and I have never dared to ask him either.

I didn't dare ask for help, ridiculous really considering that I was a trained Mental Health Nurse, but I felt a fraud. I even 'cheated' on the depression score test given to me by my health visitor! When I was constantly fantasising about killing myself in car crashes or jumping off buildings, I decided I had to get help. With medication and CBT things improved – I truly had not realised how awful I felt or the impact it was having on my loved ones until much later.

That is not the end of my story...that was just the start. I have had number of relapses since – the intrusive thoughts of worthlessness and wanting to die. The most recent of these being January 2018 - I am not ashamed that I experience periods of depression...it is part of who I am...**BUT** it is not all of me.

**"I REFUSE TO BE DEFINED BY IT. I USE THE EXPERIENCE TO HELP OTHERS TO SEE THAT THERE IS LIGHT AT THE END OF THAT LONG DARK TUNNEL AND THAT THEY ARE NOT ALONE."**

I still have days where those intrusive thoughts creep in and some days I believe what they are telling me that I am useless, worthless and rubbish at everything, there are still days that I feel a fraud - that I will get 'found -out'. I am not even sure what exactly I will get 'found-out' about but that is the thing with depression it is not rational.

My final thought is this – Even if a person appears happy, outgoing and always positive (for those of you that have met me, this is likely how you will have seen me) it does not mean that they are not struggling, so be kind and always look to the future. Remember, Mental Health difficulties are not a sign of weakness and can affect ANYONE.

# SALLYANN'S STORY

I am a Mum to two beautiful girls, Wife to a fantastic man, Daughter to an amazing Mum and Stepdad and Senior Lecturer in Law

What you don't know about me is that I am a mental health sufferer...

As well as being all those things above to everyone, I hide behind a mask and a cloak to be that person daily. I guess, the point I am trying to make here is that mental health is not picky, it can affect any one of us and you would not know.

We all have a story to tell, some people can cope with such things better than others. I just happen to need some help to support me through my days. Am I ashamed to admit it? Not anymore no! Why should I be ashamed of needing medication to support me, if I had any other condition, it would not be an issue to treat it, so why should it be an issue to say I need to take anti-depressants every day to help me feel better?

I am not a mental health practitioner, but I am my own mental health expert. Expert in knowing how to manage it and noticing when I am on a downward spiral and what to do about it. I know after many years now to listen to my body and not be afraid to do what I need to do for 'me'. Part of this process is to share my experience with you without embarrassment and to recognise that this is part of my recovery.

My journey began as a result of sexual abuse from the age of 4 until I was 9 years of age and mental and physical abuse throughout my childhood. I did not share my story with anyone, I felt ashamed and embarrassed. My perpetrator was a family member and I was warned that 'telling' would cause trouble for me and my whole family... Who would have believed me anyway? So I kept it all locked away in my mind...at 16 I lost my eldest Brother

to suicide and through trying to be strong supporting my mum with my disabled Sister my mental health spiralled and I just could not cope being at home any longer. I felt terrible leaving my Mum, but I had to get away from my Stepfather and try and deal with my own issues, so I left home at the age of 16.

I kept all my struggles boxed away for 23 years, until my first child was born. The birth of my first child should have been a happy time, but I was overwhelmed with the fear of protecting this bundle of joy and all my past came flooding out. I now realise that I have nothing to be ashamed of. I have taken tablets for 23 years. Some days are a real struggle and it is exhausting but there are mostly very good days that I can embrace without the need for the mask and cloak.

**"I AM SHARING MY EXPERIENCE TO SHOW YOU ARE NOT ALONE AND IF MY STORY HELPS ONE PERSON TO TALK ABOUT THEIR MENTAL HEALTH THAT CAN ONLY BE A GOOD THING."**

It has been a very tough journey - you name it I have tried it all. My best advice is to walk your own road, no two people are the same. Be true to yourself, do whatever helps you, but do not feel ashamed. It will take time but take everyday step by step. Look at the positives in each day and know you are a good person. Share your experience when you can as believe me it helps others.

I'll finish with a quote from Byrant McGill 'You will not be the same after the storms of life; you will be stronger, wiser and more alive than ever before'!



# BETH'S STORY

Hello you lovely people, my name is Beth.

I am in my first year of university, studying Psychology and aspiring to be a clinical psychologist, which sounds ironic considering the circumstances. I have anxiety and depression; I have reasons behind my illness but those are too private and too traumatic to be displayed openly. With a further informal diagnosis of Borderline Personality Disorder (BPD) but I am still waiting for that diagnosis to come back.

If you had asked me 'what will you be doing?' or 'where will you be?' a year ago, I would have said I don't know, not here probably. I never believed that I would be here; I never believed I would be renting my own house; studying at university or functioning as a normal human being. Following the quote "Every day begins with an act of courage and hope: getting out of bed." Getting out of bed, eating, cleaning is a struggle every single day however, I am here, doing just that.

Don't get me wrong there are some days where I physically and mentally can not cope with day-to-day life; I can not cope with the idea of getting out of bed and going to university or being around people or doing any of my assignments. When those days, what I call the 'dark days' arrive, it makes life difficult and draining. Although I try my best to make myself go about my normal day-to-day business, I can walk around with a smile on my face, I can walk around university like everything is okay, 'I am fine'.

I have come to the realisation that not being okay is okay because I am in a place, I would never have dreamed of being. I couldn't thank the university enough during my lowest days, and the university is the most supportive environment I have been in and for helping me seek professional support. I couldn't thank my

classmates enough for caring and making sure I was okay. If you see me around the university, you will more than likely see me smiling and laughing. There is not one profile fits all to mental illness, some of us are just better at hiding it.

**"MENTAL ILLNESS IS NOTHING TO BE ASHAMED OF,  
BUT STIGMA AND BIAS SHAME US ALL."**



# AMY'S STORY

My mental health really took a turn for the worse during my first year of university when I turned 20/21. I wasn't only depressed I was seeing things, hearing things which weren't there, having drastic highs and lows and I felt like nothing was ever going to get better. I used to see a man running at me down the corridor of my flat and I used to hear screaming and laughing when no-one was around me. The worse of it was when I could hear familiar voices telling me to kill myself when I was on my own. I won't lie my coping method was extremely self-destructive.

When it came seeking help, I had so many push backs that people didn't believe me, and people assumed I was a 'typical stressed student' the only support I had was Wellbeing team at the university. It wasn't until my second year which professionals believed me; I was diagnosed with Borderline Personality Disorder with Psychosis in the summer of 2017 but that still wasn't the end of my struggles. I was given no care and no help to control all these emotions and thoughts. I didn't give up fighting. As of April 2019, I finally have some sort of treatment together to help my moods and my thoughts. I hope to start Dialectical Behavioural Therapy to help me understand why I feel the way I do sometimes.

**"IF I HAD ONE THING, I COULD SAY TO MYSELF IT WOULD BE DON'T GIVE UP."**

There were so many occasions I told myself that it was never going to end and I would always be like this, I came so close to leaving uni but I stuck by it – there was a small little voice there telling me that everything will come into place eventually I just had to keep going and be strong... It did. I'm not 100%, I still have my bad days but that's okay, it's okay not to be okay, once I realised this, everything became so much easier

# LET'S TALK



We thought it would be useful to include some further information about some of the mental health conditions that have been discussed in this book. While each condition will affect everyone differently, we thought this would be a good way to help others to understand.

With thanks to Brighter Futures for the use of content for this book.

## BIPOLAR DISORDER

Bipolar disorder mainly affects your mood. You may experience:

- Manic or hypomanic episodes (feeling high)
- Depressive episodes (feeling low)
- Potentially some psychotic symptoms during manic or depressed episodes

The term 'bipolar' refers to the way your mood can change between two different states of mania and depression. Periods of time in each state can vary. Bipolar disorder used to be referred to as manic depression, so you might still hear people use this term. There are three different kinds of bipolar disorder, you can find more information here. Bipolar can disrupt home life, work, relationships, finances and physical health. During times of high mood, someone might make risky decisions or spend money they can't afford. When someone returns to a 'normal' or depressed mood they can feel embarrassed or regretful.

## ANXIETY

Anxiety is what we feel when we are worried, tense or afraid – particularly about things that are about to happen, or which we think might happen. If anxiety starts to impact on the way you live your life then it can become a mental health problem. For example, it may be a problem for you if:

- Your feelings of anxiety are very strong or last for a long time
- You avoid situations that might cause you to feel anxious
- Your worries feel very distressing or are hard to control
- You regularly experience symptoms of anxiety, which could include panic attacks

A panic attack is when these feelings of anxiety become intense and overwhelming. Symptoms include shortness of breath, sweating, an increased heartbeat or blurry vision. A panic attack can be associated with a particular place, object or situation.

## DEPRESSION

Depression is a low mood that lasts for a long time and affects your everyday life. At its most severe, depression can be life-threatening because it can make you feel suicidal. If you are given a diagnosis of depression, you might be told that you have mild, moderate or severe depression. There are also some specific types of depression: Seasonal Affective Disorder (SAD), depression that usually (but not always) occurs in the winter; Dysthymia, continuous mild depression that lasts for two years or more (also called persistent depressive disorder or chronic depression); Prenatal Depression which occurs during pregnancy; Postnatal Depression (PND), which occurs in the

weeks and months after becoming a parent. Behaviour of someone experiencing depression may include:

- Cancelling plans with friends, or giving up hobbies they normally enjoy
- Staying in bed for long periods of time
- Changes in appetite
- Using drink or drugs more often
- Snapping at family and friends
- Avoiding or calling in sick to work, school or university.

## OBSESSIVE-COMPULSIVE DISORDER (OCD)

OCD is an anxiety disorder. It has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind. Compulsions are repetitive activities that you do to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels. Some of the types of obsessions people describe experiencing include:

- Concern over safety of friends and family, or that they will accidentally or deliberately harm themselves or others
  - Unwelcome and intrusive thoughts about unintentionally carrying out violent, sexual or blasphemous acts
  - Fears about contamination, infection or disease
  - Worries about things being in the right place, in order, or symmetrical
- If you experience OCD, you may experience disruption to your day-to-day life. Repeating compulsions can take up a lot of time, and you might avoid certain situations that trigger your OCD.

## SCHIZOPHRENIA

Schizophrenia is a diagnosis given to people who experience symptoms of psychosis, alongside 'negative symptoms'. Psychosis can include hallucinations, delusions, paranoia and confused thoughts and feelings. Negative symptoms include withdrawal from family and friends and an extreme lack of interest and motivation generally. A diagnosis of schizophrenia does not mean someone has a 'split personality', but many people wrongly think this. Some people think hearing voices means someone is dangerous, when voices are actually more likely to suggest that you harm yourself than someone else.

## PERSONALITY DISORDERS

Personality disorders are a type of mental health problem where your attitudes, beliefs and behaviours cause you longstanding problems in your life. You might be given a diagnosis of personality disorder if all three of these apply:

- The way you think, feel and behave causes you or others significant problems in daily life. For example, you may feel unable to trust others or you may often feel abandoned, causing you or others unhappiness
- The way you think, feel and behave causes significant problems across different aspects of your life. You may struggle to start or keep friendships, to control your feelings and behaviour or get on with people at work, for example

- These problems continue for a long time. These difficult patterns may have started when you were a child or teenager and can carry on into your life as an adult

## BORDERLINE PERSONALITY DISORDER

Borderline Personality Disorder (BPD) is also called Emotionally Unstable Personality Disorder (EUPD). If you have BPD, you may feel upset or angry a lot and you may be more likely to selfharm and have problems with relationships, alcohol or drugs. People with BPD may experience the following:

- Extreme reactions to feeling abandoned
- Unstable relationships with others
- Confused feelings about who you are
- Being impulsive in ways that could be damaging. For example, spending, sex, substance abuse, reckless driving, and binge eating
- Regular self-harming, suicidal threats or behaviour
- Long lasting feelings of emptiness or being abandoned
- Difficulty controlling your anger. For example, losing your temper or getting into fights
- Intense, highly changeable moods
- Paranoid thoughts when you're stressed

## PSYCHOSIS

Psychosis (also called a psychotic experience or psychotic episode) is when you perceive or interpret reality in a very different way from people around you. You might be said to 'lose touch' with reality. The most common types of psychosis are:

- Hallucinations
- Delusions

You might also experience disorganised thinking and speech. Psychosis affects people in different ways. You might experience it once, have short episodes throughout your life, or live with it most of the time. The word psychosis is usually used to refer to an experience. It's a symptom of some mental health problems and not a diagnosis itself.

## SELF-HARM

Self-harm can take many forms and is best described as harming yourself as a means of coping with emotional distress. Many people say that when they harm themselves, they experience a release of tension and so they often feel calmer. Self-harm is not just 'cutting' but can also include picking at skin, alcohol dependency and drug abuse.

# NEED TO TALK

If you or someone you know have been affected by any of the issues in this book, or are feeling stressed, worried or are struggling to cope, there is loads of support available.

Did you know, students and staff at both Keele and Staffordshire University can access Big White Wall, an online mental health community, for free 24 hours a day, 7 days a week using your uni email address.

People use Big White Wall for help with a wide range of mental health and wellbeing issues – from anxiety, depression, stress and trauma, to relationship problems and lifestyle challenges. You can access an online support network for an anonymous and stigma-free environment. You can also access one-to-one online therapy with registered and accredited counsellors and Cognitive Behavioural Therapists. There are also support services available at your university.

## KEELE UNIVERSITY

### **Student Services**

Call: 01782 734481

Email: [student.services@keele.ac.uk](mailto:student.services@keele.ac.uk)

The Student Services Centre is your best first stop if you need any information about what support and activities are available to you - just get in touch with us using the details below, or come and visit us in the Tawney Building, where our front desk is open Monday-Friday, 9:00-16:45.

We also hold drop-ins with specialist support advisers every weekday:

- Monday 10:00-12:00
- Tuesday 14:00-16:00 and 17:00-19:00 (evening drop-in is term-time only)
- Wednesday 14:00-16:00
- Thursday 14:00-16:00
- Friday 10:00-12:00

### **Counselling and Mental Health**

Call: 01782 734187

Email: [counselling@keele.ac.uk](mailto:counselling@keele.ac.uk)

Our team are all qualified mental health professionals with a wide variety of backgrounds and expertise, and we try to match your current need with the most appropriate member of the team. Counsellors and the Mental Health Support Team work closely together to give you the best support we can, and to offer a service which is appropriate to your needs. If you are a member of University staff, we can also advise you in enabling you to support students who are struggling emotionally, or who have diagnosed mental health needs.

### **Peer Supporters**

Peer Supporters at Keele are a group of trained student volunteers who can offer confidential mental health support to their fellow students. Arrange to meet with a peer supporter [here](#).

### **Student Wellbeing**

We have a multidisciplinary Student Wellbeing team which offers support and guidance to Students in relation to their mental health needs.

We all experience problems and difficulties that affect our mental wellbeing and as a student, you may well find yourself experiencing some of these. These might be related to issues and events at university or they might be connected to previous experiences or issues in your personal life. Some examples of the sorts of things you might be affected by are: Relationships (with friends, partners or family); Self-harm; Eating difficulties; Study problems; Loneliness; Suicidal thoughts; Depression; Self-confidence; Sexuality; Bereavement; Anxiety; Gender; Addiction; Cultural issues; and Self-esteem.

If you're finding it difficult to engage with your studies or struggling to cope more generally with any of these types of issues, you can access support through the Student Wellbeing service.

If you have any difficulties filling out the form or have any queries, contact our admin team by telephone on 01782 294976 or by emailing [studentwellbeing@staffs.ac.uk](mailto:studentwellbeing@staffs.ac.uk).

### **OUT OF HOURS SUPPORT**

If you are looking for mental health support out of hours you could try one or more of the following options:

- Big White Wall
- Staffordshire Mental Health Helpline
- HOPELINEUK (Papyrus)
- 'SANE' Mental Health
- Samaritans
- Shout

Find out more information at [www.keele.ac.uk/students/counsellingmh/outofhourssupport/](http://www.keele.ac.uk/students/counsellingmh/outofhourssupport/) or if you are a Staffordshire University student, visit [www.staffs.ac.uk/support\\_depts/counselling/index.jsp](http://www.staffs.ac.uk/support_depts/counselling/index.jsp)

### **SELF HELP**

There are loads of resources available to practice self-help including guides and apps that cover a range of topics. Find out more at [keele.ac.uk/students/counsellingmh/self-helpresources/](http://keele.ac.uk/students/counsellingmh/self-helpresources/) or for Staffordshire University visit [https://www.staffs.ac.uk/support\\_depts/sos/self-help.jsp](https://www.staffs.ac.uk/support_depts/sos/self-help.jsp).

