

Living with...

Depression



Becky Mason has suffered bouts of depression since her teens. Now aged 42, she has just come through her worst episode alone. In the first of a regular new section giving voice to service users, she explains how she did it, and why countless others are also forced to cope with serious mental health issues unsupported

Ten years ago, I had an episode of depression which led to an attempted overdose, a brief stay in hospital and a lengthy spell of treatment under secondary care.

I was initially placed with the home treatment team, receiving regular visits every few days, and was then allocated a community psychiatric nurse (CPN) at my local clinic where a support group was also available. The CPN visited me at home, weekly, then I attended clinic. We discussed ways of tackling depression, including CBT and stress management. When I had made sufficient progress, I was assessed for psychotherapy. I was in therapy for three years.

This time? I had a brief course of supportive counselling under primary care, limited to six sessions. I was told I would not get help under secondary care. The counselling ended and the depression worsened. I entered a very severe crisis nearly two months ago, the same severity of depression as a decade ago, bar the attempted overdose. And that is the crux of it. Unless you actually self-harm or attempt to take your life, there is no help available through mental health services whatsoever. And if you have previously received treatment such as therapy and then relapse, the message is 'Over to you.'

Implications

This state of affairs has severe implications for social workers, who will have on their caseloads many people with depression. People like me will be receiving no medical input beyond the occasional trip to the GP.

When the depression got worse, my GP was the only person who saw me during the worst of it. I was immediately given Valium and prescribed an antidepressant. The Valium was a temporary measure, to alleviate my level of distress. I was suicidal. More than that, I was actively planning to end my life.

My GP sent off a referral. Nothing happened. Just over a week later I emailed a

complaint to the local patient liaison service. I asked why there had been no response. They offered to speak to me by telephone and in a couple of calls over the next few days my family and I were able to at least express our frustration that nothing was happening. The man I spoke to was sympathetic and patient. I

I know, from having worked in local government, cuts to services are so severe that decisions to refuse treatment are being taken daily

was very angry. I was also exhausted, both from the depression and the effort it was taking to get some help. My experience of severe depression is exhausting; an intense barrage of negative thoughts and urges to hurt myself that don't leave from the moment I wake up. To be alone with these thoughts is terrifying. Two weeks later I was back in her surgery and this time, because of how I was talking, she filled in an SPA form. The Single Point of Access system allows medical professionals to fast-track urgent cases. Our expectation was that I would receive an urgent assessment by a psychiatrist. The form was sent, indicating that I was suicidal, and at risk of harming myself.

A few days later, I received a phone call from the duty CPN at my local clinic. No appointment with a psychiatrist was offered. I was told that I had an appointment with a psychotherapist for assessment several weeks from that point, and I could either keep that appointment or come in and see the CPN. I couldn't do both.

I respond well to psychotherapy. It has been successful in the past. I told the CPN I was being forced to make a difficult choice.

I decided to wait. No further appointments were offered, other than telephone support. I made a complaint, and got to see the CPN and keep my later assessment. But I felt the CPN resented me complaining, and so I did not contact him for further help. In the ensuing weeks I regularly called the Samaritans. I slept a lot and put on more than a stone in weight. And just before my all-important assessment I felt things start to shift.

My depression was lifting. The medication was starting to work. I knew there was going to be no therapy. I knew they had decided, on the basis that I'd already had extensive long term treatment, that no more would be forthcoming.

The psychotherapist I eventually saw was insightful and compassionate. And she told me, as I predicted, that they didn't feel more therapy was appropriate. I was told it would only reinforce my dependence on treatment.

Discharged

What dependence? I was discharged from secondary care in 2011 and haven't been near mental health services for a very long time. But I know, from having worked in local government, cuts to services are so severe that decisions to refuse treatment are being taken daily. It is very likely that most people experiencing suicidal thoughts are getting no help whatsoever, unless they self-harm.

I was tempted, at my worst, to self-harm to get help. I didn't. And I'm now on the way to recovery. But I did it all myself, despite the efforts of my GP to get me support.

Can mental health professionals be certain in all cases that a person expressing suicidal urges is safe to be left, is better off learning self-sufficiency? No. And so input from social workers, in monitoring a person's behaviour, in alerting health services if they believe there is serious risk, has never been so important.

PSW

If you know someone interested in contributing to Living with... please contact theditor@basw.co.uk