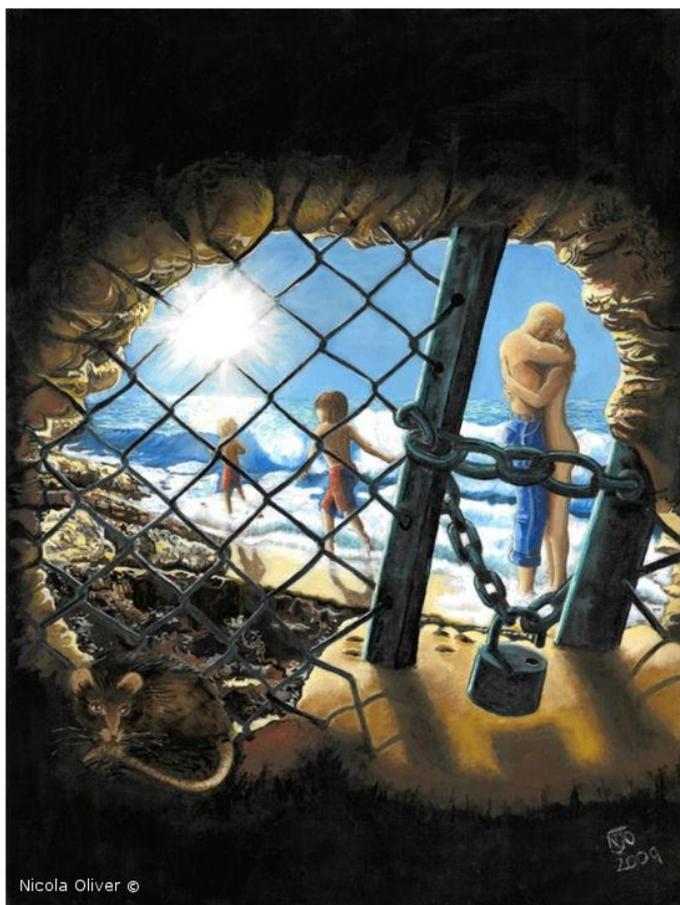


RETURN TO WORK



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What is stopping those with mental health conditions from returning to work?

Only one in six of those with serious mental health conditions currently work, yet eight out of ten wish to work!

What a depressing statement! Why is there such a mismatch between reality and aspiration? In the weeks following my breakdown in June 2007, and subsequent Bipolar Disorder diagnosis, I never once thought I would not return to work. This was despite the, excruciating depression, disassociation, incapacitating anxiety, bouts of hypomania and irrational irritability. My goal from the day I was signed off sick was to get back to my job.

They say that after six months' absence there is only a 50 per cent likelihood of the employee returning to work. At 12 months this falls to 25 per cent and after two years, the chance of a return is practically nil. (i)

Unfortunately, day by day my confidence in my ability to return to work eroded away and three and a half years after my crisis I was still unemployed. It wasn't as easy as just wanting to return to work, I needed support and someone to help me eliminate the obstacles standing in my way.



OBSTACLES

My first obstacle was my employer. Four months after my crisis I felt ready to consider a graduated return to work. I disclosed my disability to my manager and ten days later I was sacked.

If only there had been someone to help me negotiate my return to work and reassure my employer that I was still worth employing.



The second obstacle was my community psychiatric nurse. My CPN was a lovely, lovely person but suggested that in future I should consider only low stress jobs and entertain only part-time hours; maybe I could stack shelves at the local supermarket!

Was this my future now? I hadn't studied for three degrees to stack shelves! I'd rather not work at all! If only my CPN had reassured me that I was still the person I once was and could still achieve what I once had.





The third obstacle was my psychiatrist. My psychiatrist told me very early on that it was unlikely that I would ever work again. The psychiatrist's role seemed to be purely to manage my symptoms with drugs. The drugs that I was given in the first few years turned me into an emotionless zombie.

Of course I couldn't work as an emotionless zombie! Why didn't my psychiatrist insist on adjusting them until we found a concoction that enabled me to think and feel as close to a normal person as possible? How could I work if my brain wouldn't process and all I wanted to do was sleep?



The fourth obstacle became my-self. My breakdown, my symptoms and my dismissal created a myriad of psychological problems. The confident 'management consultant' persona vanished and I became 'Nicola the Bipolar person' who was incompetent, inadequate and worthless.

I wish that I had met others with my diagnosis, who had been able to return to work and live a fruitful life, someone to inspire me to believe that one day I could return to work.





I was offered CBT to overcome the low self esteem created by the loss of my job, but the psychologist became **my fifth obstacle**. The psychologist was very helpful but adamant that I should stop yearning to return to work; I needed to develop an identity outside of a work environment.

Normal people establish their identity and their social network through their work environment, why shouldn't I? "Hello my name is Nicola and I work for...as a..... "has a much better ring to it than "Hello my name is Nicola and I don't work because I have Bipolar Disorder".



Contrary to the advice, I applied for jobs anyway. If I could get back to work: my financial situation would be resolved, my career would get back on track and life would be worth living. I contacted a recruitment agent who told me I had a great CV and that they had the ideal job for me.....but she quickly became **my sixth obstacle**. When I explained that the gap on my CV was due to illness with Bipolar Disorder, I never heard from her again.

Why aren't employers' aware that people with mental health conditions can work and can be very conscientious and dedicated employees? If only there had been someone to re- motivate me after this experience!





The seventh obstacle was the charity I went to asking for help to get into work. Yes they could help with voluntary work but as I sat sobbing in the office I was told – “maybe we should wait until you are a bit better!” Returning to work wasn’t a priority until I was fully well.

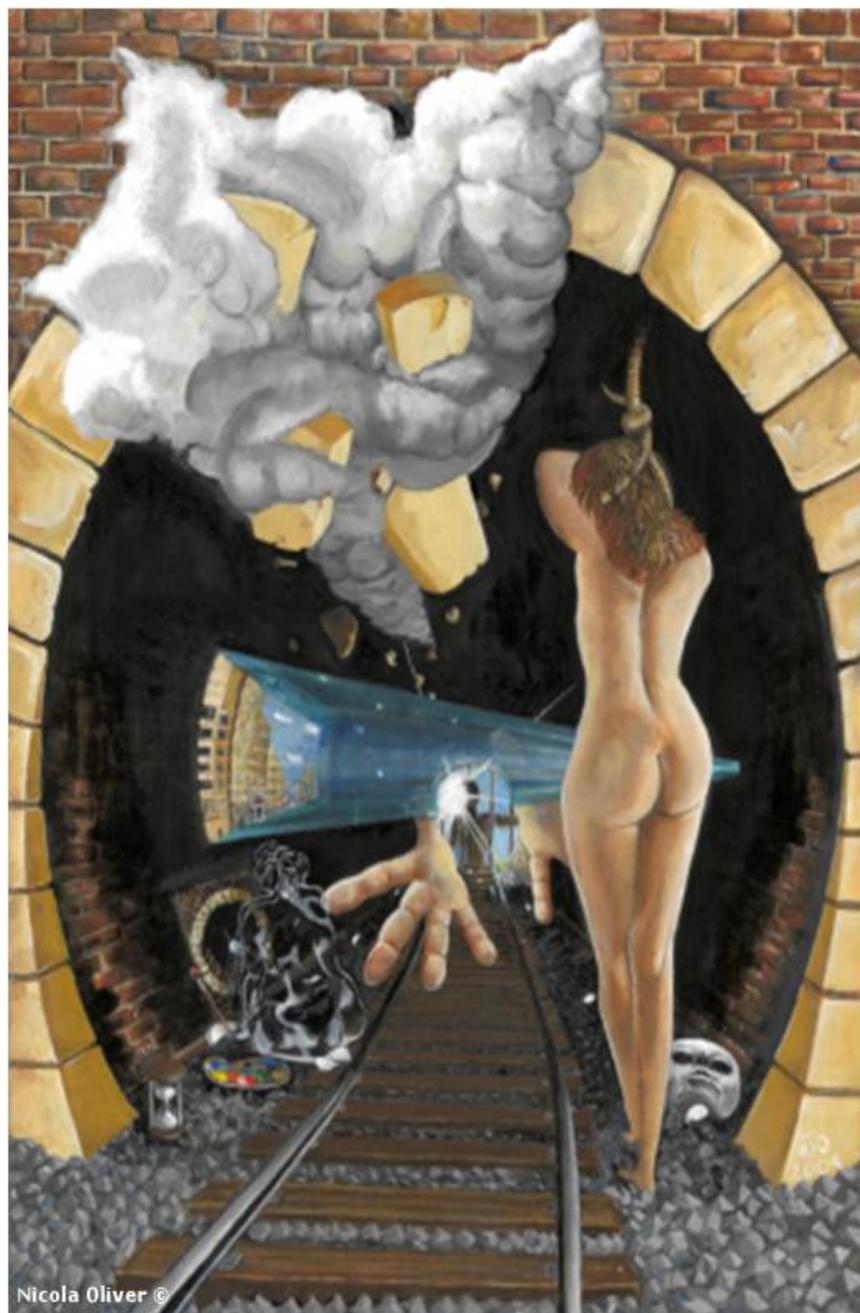
Didn't they know that you don't have to be completely symptom free to return to work and that in reality working helps manage and eliminate some mental health symptoms?



The eighth obstacle arose in the guise of a lady from a specialist disability employment agency who was supposed to help me to return to work. She looked at my CV and told me she couldn’t support me as I was overqualified; she only dealt with those looking for factory/supermarket type work. She did have a host of courses that I could attend though!

I didn't want training, I wanted a job!





I gave up on the normal routes to work; maybe everyone else was right and I was wrong. I tried a few enterprising ideas – I could become an artist and sell my paintings, I could write a book about mental health, I could work as a freelance mental health journalist, I could undertake public speaking engagements about Bipolar Disorder. I followed each idea up with initial zealotry but it was a lonely journey. Ideally I wanted to work with others who would motivate and inspire me when times were difficult. Was it really so unreasonable for me to want an interesting job, working with others, for an employer that would make use of my existing skills and experiences.

By the end of 2010 I would have done anything to get a job. Since the breakdown, I had sent off more than a hundred job applications, 99% of which resulted in rejections; in hindsight I don't think I should have disclosed my Bi-polar condition on the application forms! I did have three interviews in the three years, but my anxiety during the interviews was so debilitating that I never performed particularly well.

In 2011 I had just decided to work for no pay when a speculative letter that I had written to a mental health charity (Centre for Mental Health) proved fruitful and I was offered a role as an Individual Placement with Support (IPS) project-coordinator (ii).



**They were all wrong!
Everybody who thought that I couldn't do it – they were all wrong!**



Yes I still suffer from bouts of depression. Some mornings I sit at my desk with tears streaming down my face. I've asked my colleagues to ignore it and they do. After a couple of hours, distracted by my work, the depression lifts.

Yes some days I really don't want to get up to go in to work, but I do, and by the time I get there I am pleased I made the effort.

Yes travelling by public transport is anxiety provoking; however, I have found a route to work that avoids me having to use the London Underground.

Yes, I find new situations overwhelming, but I talk about my fears with my colleagues and realise that they are quite common. I am no longer terrified of answering the telephone and I am able to interact with people that I have never met before.

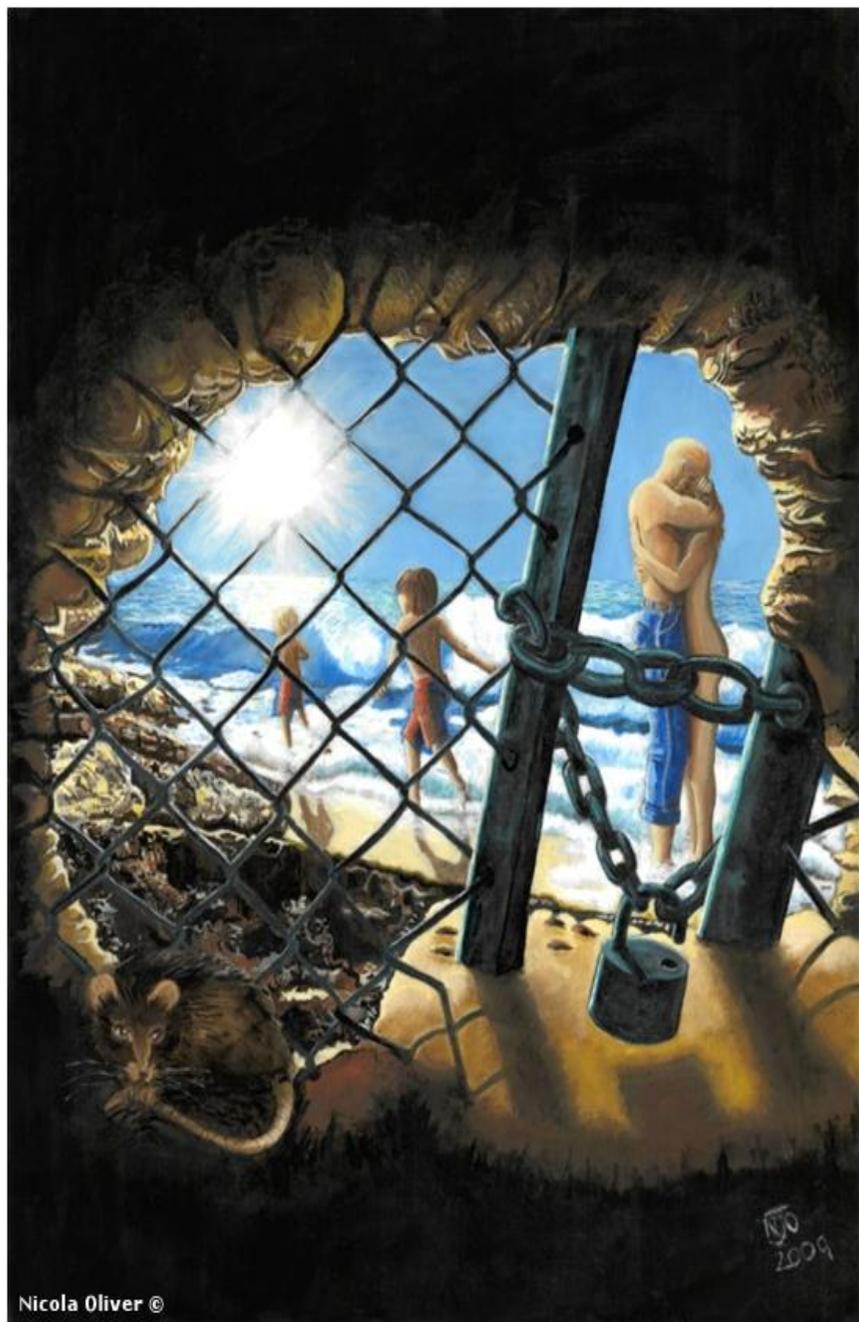
Yes, being at work can make me become slightly hypo-manic, but I use the train journey to meditate and regulate myself back to a more steady state.

Yes, when I get slightly high I make inappropriate comments, however everybody knows my diagnosis and appear to ignore my faux pas.

Yes I generally don't sleep well the nights that I am working, but I compensate by taking medication to make me sleep over the weekend.

Yes I worry about what happens if my symptoms become extreme in the workplace, but my employer and I have discussed how they should respond to severe highs and lows.

Yes I get paranoid that my boss thinks I am no good and will sack me, but we meet regularly and she makes it clear when she is pleased with what I am doing.



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NO
2009

Returning to work has considerably changed my life for the better.

Competitive work has been the single most significant part of my recovery. For the first time in four years:

- I no longer feel like a second rate citizen
- I have stopped introducing myself as "I am Nicola and I have Bipolar Disorder"
- I have an identity that is more than a person with a mental health condition
- I feel valued for who I am and what I can contribute to society
- I have a regular income
- I look forward to getting up in the morning
- I work through my depressions instead of wallowing on the sofa in self pity
- I have friends/ associates with common interests
- I am prepared to try new activities
- I have stopped having panic attacks
- I have felt confident in making my own decisions about my medication
- I have hope

I didn't do all this on my own. I have a mentor from MDF - the Bipolar Organisation who is funded by Access to Work. My mentor is always at the end of the phone or an email and meets up with me regularly.

I have an amazing employer who is understanding of my condition and makes adjustments when I need them and a peer mentor who is there as a friend when I don't want to burden my boss with my worries.

My journey shows that someone with a serious mental health condition can return to work and that work can accelerate recovery from mental illness symptoms. Just think where I would be now if my community mental health team had had the skills and training to support my return to work three years ago. How much quicker my recovery would have been if:

1. Someone from my mental health team had worked with me and my employer to retain me in my original job
2. My mental health team actively marketed returning to work as a viable option for people with mental health conditions
3. The moment I had mentioned I wanted to work, my clinical team had an 'employment service' to signpost me to
4. My clinical team were trained on the best way they could support me to return to work
5. Someone took responsibility for helping me return to work. This capable person would have:

- a. Got involved in helping me job hunting (before my enthusiasm waned)
- b. Assisted me in determining what I was good at and enjoyed doing and helped me apply for jobs that would motivate and inspire me
- c. Guided me on when and if to disclose my diagnosis
- d. Helped me understand the impact of working on my benefits
- e. Found short term opportunities with local employers to help me build up my confidence and overcome my fears (whilst still looking for a permanent, paid job)
- f. Had relationships with local employers who promoted wellbeing in the work place and were not 'frightened' of employing someone with a mental health condition
- g. Introduced me to others who had a Bipolar Disorder diagnosis yet had found sustainable employment
- h. Worked with me and my psychologist to help me overcome the anxiety I felt when being interviewed
- i. Worked with me and my psychiatrist to find medication that made me alert during the day
- j. Kept me motivated when rejection letters came through and when depression reared its ugly head
- k. Acted as my mentor when I returned to work

i. Contacting me regularly to see how I was getting on ii. Being a point of contact for when times were tough. Someone to talk to about my feelings of inadequacy, depression, child care problems and transport anxieties iii. Working with me and my employer on readjustments and an advance directive

What I did not know four years ago, was that in some parts of the UK there are some forward thinking mental health teams who do help people with serious mental health conditions back into work. As soon as a secondary care service user wants to return to work, their clinical team refers them to an employment specialist who works with the service user until they are in employment and no longer feel they need support. The most effective NHS Trusts provide Individual Placement with Support (IPS) employment services and are able to help around 55% of those referred to the employment specialist back in to work.

Before my return to work I saw a psychologist on a weekly basis, a CPN every three weeks and a psychiatrist every one to three months. Today, four months after my return to work I no longer need my clinical team and only see a psychiatrist for medication reviews at my request. Helping people with mental health conditions into employment not only revolutionises their lives, it can also reduce their need for secondary care services.



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- (i) The British Society for Rehabilitation Medicine (2001)
- (ii) IPS is a proven methodology whereby employment specialists are integrated into mental health teams to support service users to return to work.

The Centre for Mental Health aims to help create a society in which people with mental health problems enjoy equal chances in life to those without. It can support NHS Trusts with launching and managing Individual Placement with Support (IPS) services.

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Cover "Break Free"
Pg 2 "Break Down"
Pg 7 "Break Through"
Pg 15 "The Tribunal"

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