Valuing the Lived Experience of Staff Working within Dorset HealthCare
Please be mindful of your own wellbeing and note that some of the narratives in this booklet contain open and honest accounts of emotional distress and childhood trauma.
Foreword

Ron Shields
Chief Executive

Dorset HealthCare has a fundamental belief in positive mental health. Mental health is a normal part of life and shouldn’t be the determining factor. At Dorset HealthCare we are absolutely committed to breaking down stigma around mental health issues and supporting people to realise their potential.

As an employer of 5,000, we have many staff with lived experience from many varied professional backgrounds. They have a wide range of skills and come to work in order to provide support to others in ways that enable them to fulfil their lives.

We see lived experience as a very positive asset in our workforce. They truly know and understand what it’s like to be a user of service and understand what goes with mental health in all its facets. We are proud of our partnership with Dorset Mental Health Forum and with our work with them on the Hidden Talents project. This project is a real example of the strengths that come from lived experience. The lived experience of people who are able to describe their stories; great stories, inspiring stories of people taking charge of their journey to recovery.

At Dorset HealthCare we’ve still got a long way to go in challenging stigma amongst our own workforce but we hope that you find these stories inspiring, as they show the potential of lived experience.
Introduction

Challenging Stigma and Promoting a Healthy Workforce

Hidden Talents is a project set up for Dorset HealthCare staff who self-identify as having, or having had, lived experience of a mental health condition or emotional distress. This project is delivered in partnership with Dorset Mental Health Forum (a local peer-led organisation) who share their experience of successfully employing, supporting, and celebrating people’s lived experience.

Despite working within health services, including mental health services, staff often experience stigma and discrimination. By sharing their stories in this book the Hidden Talents group are trying to challenge this. Whilst Hidden Talents’ focus is on mental health and people’s experiences working within services, the purpose of the group is to create a more inclusive working environment where all people’s experiences are valued.

The aspiration of Hidden Talents is for Dorset HealthCare to recognise the value of lived experience within its workforce as an asset; to understand lived experience to be an essential ingredient in creating a learning environment which will support the wellbeing of all staff. This will also improve the experience of people who access services and their carers’ and supporters. The contributions from the Directors of Quality and Human Resources, and other colleagues, illustrate the commitment that Dorset HealthCare is making in valuing lived experience and taking the opportunities to improve as an employer and a provider of healthcare.

It is one thing to acknowledge the value of lived experience and another to translate this into tangible differences for staff, people who access our services and carers and supporters. It is therefore important that the actions outlined in the conclusion and recommendation section are developed and implemented and the Dorset HealthCare board has asked us for regular updates.

The Hidden Talents group has been going for five years. This has been a difficult five years, with organisational changes and people being fearful for their jobs. The courage and commitment of the people involved has kept the project going and enabled it to go from strength to strength over the past year. The group members have done an amazing job and mostly in their own time: setting up a monthly peer support group, attending meetings, doing presentations as part of World Mental Health Week, making a film and setting up a course in the Recovery Education Centre. As the project now continues to grow and hopefully flourish, these activities will become mainstreamed into the work of Dorset HealthCare. If you are interested in learning more or getting involved please contact hidden.talents@dhuft.nhs.uk
“What’s in a name?” Romeo and Juliet – Shakespeare

One of the recurrent themes within the Hidden Talents group is the name. Some people hate it and want to change it, others like it and see the value of it and want to keep it. No doubt you will have your own view. Here are two of the group members’ reflections on the name:

“The one thing that get discussed at every meeting of Hidden Talents is the name of our group ‘HIDDEN TALENTS’

Most of us really feel it is no longer appropriate, as we don’t feel that we have to hide who we really are anymore. We don’t want to have to feel that we have to be hidden…. or even that our experiences are defined as talents… or that we have to whisper to a trusted colleague that you can really relate to an experience that someone you are supporting is going through, as you have been through it yourself and are out the other side.. We don’t want to be associated with the stigma that our name suggests. However there are very many people currently working in this Trust for whom this is still very real. We are now working with the Trust to try and change this. Please help us so we will no longer ever need to have a group like this and especially needing to use the name “Hidden Talents.” Tracey

To me the term ‘Hidden Talents’ means to have a skill or quality that you can’t immediately see when you first meet a person; we all have them. The term ‘hidden’ does not denote a sense of shame or embarrassment nor does it make me better than anyone else, solely that I have a quality that you might not realise upon our first meeting. With the emergence of talent shows such as ‘Britain’s Got Talent’ the term talent seems to have taken on a different connotation. When I worked in mental health services I agreed to a point that the name of the staff group with lived experience of mental illness, ‘Hidden Talents’, ought to be changed; after all we were making great strides in tackling stigma and discrimination within services, weren’t we? Not just for people who access them, but also for those who work within them. I changed my role in the summer of 2015 and found myself in what felt like a parallel universe: Community Health Services. It was a shock to the system. Stigma still continues to exist in health care and in the wider community. I no longer feel comfortable being open about who I am. I overhear conversations labelling people or criticising previous members of staff when they were in mental distress. There seems to be no sense of shared humanity. I am disappointed but also grateful that my bubble has burst. Grateful because life has shown me there are further opportunities to educate and challenge people about their views and to use my Talent in a new and, although daunting, exciting way. Jackie
Hannah’s Narrative

My name is Hannah and I work as a Mental Health nurse. My role is to support people to move out from hospital and support them with this important transition in the community.

I feel privileged to work with such a fantastic spectrum of people. All my clients have something special to give society and they always show a marvellous strength in the face of dealing with experiences associated with poor mental health.

Some of my clients have come through tremendous adversity on both a social and personal level and still give me a smile at the end of my working day. Yes there are times when work can be challenging. This is usually when I experience great empathy for the pain my clients have to go through to be in recovery.

My own lived experience of emotionally unstable personality disorder has given me an understanding of this. I would never proclaim to know what an individual suffers as we all go along our paths differently as we are all unique.

What it has given me though is a working understanding of using services and recognising the importance and opportunity to be able to constantly improve the services we offer.

I firmly believe that each person I work with has given me wisdom to improve my professional development in order to provide a continually growing service.

I believe my own experiences of mental health have given me insight into the importance of looking at each person’s care in an individual manner and understanding that mental health issues develop through a number of reasons which all need attention.

Being honest about my own experiences with other staff members I think is helpful as it breaks down the barrier of ‘us and them’. It highlights that anyone can have mental health problems and anyone can recover. I hope that it makes people think ‘that the person who I am talking to as a patient right now and am needing to make decisions for and with, could be a colleague of mine’ or ‘how would I like to treat this person if they were a friend or a family member’ - or maybe more importantly, ‘how would I like to be treated if I was in this situation?’

I have had clients say to me ‘you don't know what it's like to have this happen’. I always answer ‘no I don't but I have had struggles like anyone else and have faith that you can get through this’. Having hope is one of the most important things you
can hold for a person in mental distress; when the light at the end of the tunnel can sometimes be faint and hard to walk towards.

I also believe that one of the most important things we can do as professionals is offer our clients as much choice as possible in their care and value their expertise in their own health. I believe we can apply the ‘customer knows best’ approach to many areas of care delivery.

My own experience has taught me that feeling in control of your life when you are unwell is very important. So is being trusted in your own decision making as far as reasonably practicable when recovering from episodes of mental distress.

Recovery is a journey, and the most important thing is being accepted for your struggles and for people to appreciate that out of these struggles comes strength and wisdom.

Being human entails learning from experience from birth to death and embracing the journey that it takes you on.

Thank you.

Hannah Blunt

Discharge Link Worker
Mike’s Narrative

I was raised in a loving family who moved around quite a bit in my early childhood. We were quite a nuclear family and I was very close to my brother. I felt safe, loved and affirmed. However, I grew up in the 1970s, at the height of the Cold War. Messages came into my world that there were threats and threats way beyond anyone’s imaginings; of such magnitude that most people struggled even to talk about them. These fears crept in, flared by TV news, public information films, the bravado of friends that I was realising I did not share. I registered my first sense of something deep, dreadful and disturbing when I was about eleven. I shared my fears with my mum and she did her best, but worry was in and was nurtured as well as being distressing. Time and adolescence unfolded and occupied me and perspective was gained. In my middle teens I attended a Christian Holiday week through my school. I found there friendship, a message of security and a glimpse of a world view that had at its centre a higher power than all the forces and threats that I had sensed and flown from.

This new found faith gave me a powerful context of belonging, friendship and a base from which to explore the world on the basis of a strong foundation.

College came, relationships both strengthening and broken, skills learnt, confidence developed and the world looked more friendly and inviting. I became aware that I was drawn to work with people and looked for a way forward; finding ultimately that ordination to enable work from my basis of faith and with people was the best fit. In training I was introduced to a range of views and ideas – many enhancing and confirming, some not so. On the birth of our first child just prior to our move to my first parish post I experienced a ‘breaking’ of all that I had built up to service my oncoming new role as ordained minister in the Church of England. My faith was gone, looked ridiculous and I saw the world as barren and empty of all the colour and beauty I had been enriched by in so many ways prior to this. Wise voices said ‘just keep going’. I did. Time, relationships, good listening, my wife and being a dad saw me through. And not least the very hard work of parish life, facing the real issues of existence which parish life brings - death, birth, crisis, celebrations and just sheer human goodness and crapness.

We moved to Poole. By now I was very familiar with trends and fluxes - changes in feelings and moods. I was busy, a dad in a lovely family - there were many distractions and engaging activities. After eleven years in the job I was desperate to move, my feelings were coming round too often. I did not seek medical help. Clergy should be able to cope. This was my own self talk and that which I picked up from my church culture. I was not coping. After several close run job moves which didn’t come off, we took the decision to move. I resigned, almost unheard off in vicars in their mid forties unless they are ill. I was pretending I wasn’t. We moved house. I
started training as a counsellor, my wife worked full time. I visited the doctor and started medication. It was effective and over the last eight years I have been up and down, changed medications, changed back, received very helpful counselling, attended CBT, consulted a psychiatrist and most amazing of all found my most fulfilling role to date as Chaplain to an Acute Mental Health Trust.

Amidst the creativity and opportunity of this role I still experienced the times of depression and anxiety. In this role I was face to face, very often with myself, in the presenting symptoms and depression and anxiety of patients I sat and listened to. I spoke to my line manager and supervisor and they were excellent. My line manager invited me to join the Therapies Team in St Ann’s Hospital where I am based. I began clinical supervision and linked up with the Hidden Talents group. These three elements have removed isolation, enabled me to build relationships and share my skills and insights as well as learn from others. As a parish priest I was isolated and was meant to cope. As a chaplain in the Mental Health Trust with good support I feel included, human and affirmed, open to change and part of a body that seeks to understand, empathise and enable growth. I am convinced that integrating a recognition of Lived Experience into the understanding of what staff can offer, seeing it as an asset, will make our work in Mental Health more human, more holistic and more hopeful.

Rev Mike Oates

Co-ordinating Chaplain
Fiona Haughey

Director of Nursing and Quality

In order to deliver a high quality, caring and compassionate health service we can all recognise the need to have a real depth of understanding of the issues and challenges our patients face in their daily life. For some of our staff this understanding stems from a very personal and unique perspective of lived experience. To me this brings richness to our organisation and to our patients who clearly benefit from the passion, enthusiasm and commitment from these highly skilled individuals who have a great empathy for the patients we serve. Having had the privilege to have read these narratives I have nothing but pride in our staff - first and foremost for their professionalism and expertise in their role within the Trust and for the courage in speaking out and sharing their experiences which I hope will open minds to the rewards this brings.

We do know that around a quarter of UK employees will suffer from mental illness, including stress, at some point in their working lives. The NHS is the UK’s largest employer and as a provider of both community and mental health services, it is right that our Trust should encourage and promote the employment of people with mental health conditions, who comprise as many as one in four of the workforce. Personally I feel very proud to see the real asset which this brings to delivering high quality health services to our patients.
Donna's Narrative

Christmas of 1998, I was 28 years old and suffering an episode of psychosis, I didn't know what was going on, neither did my family. All I knew was that I was Robbie Williams’ girlfriend, Mother Nature, a Goddess and God and on the 20th December I was on my way to Radio 1, aka Forston Clinic.

My illness is stress related, my job and personal life were very stressful at this time. I do believe that attending a hypnotic session and then 4 NLP (Neuro Linguistic Programming) sessions were the trigger.

I spent the next 9 years having episodes although my insight was growing each time and I was slowly taking control of 'it' instead of 'it' controlling me. My diagnosis changed from psychosis to bipolar affective disorder to my current diagnosis of schizoaffective disorder.

In between each episode I would return to work, my employers at that time were very supportive. My role when I became unwell was a social work assistant in a child care team but I was redeployed back into an administrative role. My hopes and dreams had been to be a social worker. I also undertook part time youth work. I always remember taking a British Sign Language course whilst in Recovery and passing!!

Recovery was paramount to me and I was aided by the NSF (National Schizophrenia Fellowship - now Rethink) my CPN, regular visits to my psychiatrist, family, friends and work. I would literally bounce back. I was actually nicknamed Tigger as I would bounce around, for some strange reason, this was my manic side creeping in.

I currently have been well since 2009 where a minor episode occurred but my control kept me out of hospital. Along with medication, excellent support from family, friends and a partner I lead a fulfilling life, working and I also play saxophone and sing in a band.

I wanted to give something back to mental health so applied for a post with Dorset HealthCare as a secretary to the Director of Mental Health. I didn't get that particular role; however my lived experience was treated as an asset - it was from this day that I was introduced to Hidden Talents. I was invited back and offered another post within the mental health directorate....... I was in!!!!

A role became available for Recovery Education Centre Administrator, I was determined to have this post. I applied, got an interview, yet again my lived experience was used as an asset and I got the job where I happily remain today. Even my old social work skills are being seen as an asset as I am now a member of the Admissions Team as well as my current Admin role.
To me mental illness has been a blessing. I have met some wonderful and interesting people. I have gained insight into a world some may call crazy. I even taught a guy how to knit whilst I was in hospital, my psychiatrist at the time said "Donna, how did you do that?" What an achievement.

I am truly blessed - thank you for reading.

Donna Jenkins

Recovery Education Centre Administrator
Sarah’s Narrative

Hi, thank you for reading my story. I first began to experience mental ill health at the age of 9, where I remember taking some tablets I found in the cupboard. It was due to being sexually abused from the age of 7. I remember not wanting to wake up the next day.

From that moment I remember feeling depressed as a child. At the age of 13 I had moved schools due to being bullied; my family life was difficult with my sister going into foster care, and my Mum experiencing her own mental health difficulties.

I began self-harming, and subsequently trying to take my own life on a number of occasions. My eating was also out of control where I go through stages of starving myself and then bingeing and making myself sick. I remember hating my body from a young age. I hated the thought of developing into a woman. I was sexually assaulted at the age of 18 which triggered previous memories of what happened in my childhood. This was when anorexia took full force.

It didn’t happen overnight. It was a way to deal with everything else that was going on in my life. As I began to lose weight it gave me control, a sense of achievement; something that I felt that I was good at. I had such intense low self-esteem and losing weight gave me a sense of empowerment. I still remember the excitement of seeing the number go down on the scale. I was a perfectionist and for once in my life anorexia was something that I could be good at. It felt like my only friend, my comfort blanket. I felt that being childlike protected me from the world, where hopefully no-one could hurt me like they had done before.

I spent a number of years in and out of hospital where I learnt to fight the system, losing the weight I’d gained, dealing with my emotions, and my past through food. My last admission to an eating disorder unit was at the age of 23 and I knew that I couldn’t go back to how things were before. I actually wanted my life back, although I wasn’t quite sure what that was. I made the decision to go into supported housing. Going home, back to the home environment resulted in relapse; as much as I loved my Mum our illnesses both fed off each other.

I entered supporting housing still at a low weight. Other things had to improve before I could begin to overcome anorexia. The supported house place I was in treated me like a person, not as an illness as was my experience in hospital. They worked on what I wanted to achieve. It was the first time I thought of recovery. Previously recovery was seen as a cure where I had to completely let go and I couldn’t imagine living without anorexia as it had been my only coping mechanism. I began to see recovery as a way to manage my illness and do the things that are important to me. I learnt a journey of self-discovery, one which I am still on. I began to find my own identity; to begin to break through from the constraints that my illness had on me.
I began to receive therapy for Post-traumatic stress disorder (PTSD) which had haunted me for years, and had led me to cope using unhelpful coping mechanism. It was challenging but the supported housing gave me additional support when old memories began to resurface. I began to find ways to manage the flashbacks and memories, and accept my body developing into that of a woman.

During my time in supported housing I took up cycling. At first I do admit it was to please my eating disorder. But I actually enjoyed it, and it was then that my illness started to take a back step. Cycling and being a low weight is a recipe for disaster. I found something that I could be good at, it gave me a sense of achievement similar to what anorexia had given me. I realised that I had become in charge of my own recovery, the occupations that I was engaging with had a positive influence on my mental health. It actually helped me to develop a more positive attitude towards my body image, and the endorphins it released helped my mood. I didn’t wake up overnight and decide today I am going to be well. Things gradually led up to it and I began to gain my own identity. Anorexia had been my identity for so long, and I was beginning to find out who I was. I remember attending my younger sister’s graduation and thinking I need to do something with my life. Then I thought of training to be an occupational therapist! I remember the O.T I met on the ward. She had been my DBT therapist and helped me to move into supported housing. When I looked into it more, I realised how my own activities of cycling, had really helped my recovery and when I think about it. It is only now I can recognise how important it is to have routine and meaning in your life.

I applied to do an access course, which was challenging as despite all the work I had done in supported housing I was very out of touch from “normal life”. Most of my teenage and adult years had been spent stuck inside the mental health system. I felt extremely institutionalised. There were people with babies and families; I felt so alone. I cried for the first few weeks thinking I couldn’t do it but I stuck at it. I remembered how determined I was to lose weight so I used this determination to stay well.

During the year that my place to University was deferred, I met my now-husband. We had only been together for a month when I ended up being sectioned and admitted to hospital due to a close friend of mine dying and me trying to take my own life on a number of occasions. I sent him a message telling him everything about how crazy I was. Expecting him to run for the hills. But despite this he stuck by me, and he is now training to be a mental health nurse. He has been a tremendous support over the years and still continues to be. He has helped me to trust men again. He was my first relationship and I know for certain he will be my last.

I would say now I am in recovery. I will always be in recovery. I am managing to live with mental illness.
Hidden Talents is a group for people with lived experience of mental illness and trauma who work within Dorset Healthcare. Through being part of this group it has made me realise that it’s perfectly okay to experience mental illness and be able to work in mental health as an occupational therapist. I haven’t always felt this to be possible. When I started University I kept my illness quiet due to my place being deferred because of my illness. I felt scared that if anyone knew I would no longer be able to continue with my studies. I was scared of what people thought, how they would judge me. I wanted a new start. However I realised that my past experiences have made me who I am today. I have something that not many people have; insight into mental illness. All my experiences have made me more insightful and given me a passion to support others. I wouldn’t have begun my training to be an occupational therapist if it wasn’t because of my own mental illness.

I just want to end on a message that a friend of mine from hospital left for me last week. “Your wedding was beautiful and the photographs are all stunning. Whenever I feel scared, stubborn, when it feels like everything is just getting worse instead of better, I will look at those photographs and remind myself of everything that is possible as long as I never give up. I also need to remember that there is no quick fix, no magical weight, no threshold to pass that dictates ‘I’m recovered’ but that every day has a mini-medal, little steps that make me stronger and more determined not to look back because I bet that not a moment goes by that you don’t value each and every one of your mini medals and always look forward to your next one.” I feel it sums up recovery, what she said was so true, and for me today speaking out has been one of those mini medals.

Sarah Clark
Occupational Therapist
Bev Griggs

Associate Director of Occupational Health, Safety and Wellbeing

Recovery is so important from an occupational health perspective. We often see staff that have been referred to occupational health due to absence from work and who are acutely unwell and who may be experiencing mental ill health for the first time. The anxiety that reduced functioning can create and worrying about the effect of this on job security can be very frightening for staff. Often there appears to be ‘no light at the end of the tunnel’, so helping people to understand that recovery is possible and that they can be supported back to work is key for an occupational health clinician. Having a group like Hidden Talents helps to raise awareness and to reduce stigma around mental health. A new nurse joined the team recently and one of her first experiences in the Trust was induction where a member of the Hidden Talents group talked about his lived experience of mental illness. She found this to be really powerful and I hope that she will find this of value when she supports staff in her role as an occupational health advisor.

Dave Corbin,

Equality and Diversity Advisor

Engaging with our staff who have experience of mental health problems, alongside people from other diverse groups, can only positively influence service delivery and staff experience. This in turn will improve health outcomes and help us have a more dynamic relationship with the community which we serve. It is a testament to the strength and commitment of the staff in this booklet who are committing their time to making things better, often not for themselves, but for others who will be using and working in our services in the future.

The Hidden Talent project adds value, reality and passion to developing ideas and ways of working. It needs to be positively encouraged and truly supported. It must be a partnership of equals and promoted and celebrated across the Trust. The more diverse the contribution, the better informed our services will become. I feel this booklet gives a real insight into real people’s experiences of using our services from which we can all learn.
Colin Hague

Director of Human Resources

Our staff are at the centre of everything we do and our biggest asset. As an employer of over 5,000, we have staff from many varied backgrounds and I believe those that bring lived experience with them are a very positive asset to our workforce.

Working collaboratively with Hidden Talents will help the Trust lead the way in supporting staff with lived experience, recognising the value this can bring to our workforce. In Human Resources we have a key role to play in supporting those staff with lived experience and those that wish to join us. We will develop our job adverts to demonstrate our positive attitude towards those with lived experience and this theme will continue throughout the entire journey of any member of staff working in the Trust.

Sharing the work of the Hidden Talents Group and learning from their experience will not only help our current staff and those joining the Trust, it will also help the Human Resources Team to better support managers when they have members of their staff living with a mental health condition. It is an invaluable group and one we look forward to working with to ensure we can improve the experience of all staff who have lived experience, challenge any stigma and ultimately improve the experience of our workforce and become the employer of choice that we strive to be.
Laura’s Narrative

I first experienced mental health issues when I was about 10/11 years old when I had what would now be described as a “breakdown” and was sent to recuperate with a family friend. From then on things escalated. I took the first of many overdoses when I was 13 and was bulimic by the age of 14 (although happily today I am free from eating disorder). Throughout my teens, twenties and thirties I have been plagued by mental health issues. Some of the symptoms include severe paranoia, low self-esteem and self-loathing, unstable mood swings and erratic behaviour and severe recurrent depression. The list is endless. In the past this has resulted in me leaving jobs because someone said the wrong thing or looked at me in the wrong way, or because I have become so depressed that I cannot even lift my head off the pillow. In my earlier years there was little understanding or support of mental health issues within a workplace. I have, however, noticed the acceptance of these issues increase over the years.

A couple of years ago I was diagnosed as having an emotionally unstable personality disorder and recurrent depression. I have worked for the Trust for approximately 6/7 years in different areas. I initially found working on the Bank met my health needs as I had the freedom to work in different areas if I became too stressed or unwell. However, I now believe that a permanent position offers me the stability I need. Whilst looking for my permanent role within the Trust I was advised that I should or could put my long term health condition on my Application Forms and I would be given an interview. As I am open about my illness I did tick the box as having a long term condition and am happy to say that I have never received any prejudices in any interview processes or workplaces. I have seen Occupational Health who offered advice about my working environment.

My current manager helps in any way she can to support me in my position. She has offered me flexible working time if I ever need it, she doesn’t make me feel guilty if I need to attend a psychiatrist appointment within working hours, and has given me opportunity to work in a room on my own if my environment becomes too challenging. This has been a huge positive in my life – having a safety net and understanding at work enables me to attend work even if I don’t feel 100%. I can honestly say on a Monday morning I am excited about returning to work after the weekend (possibly due to needing a break from the children!). These things may seem small adjustments to some but for a person with mental health issues they can offer peace of mind – I haven’t had a day off due to mental health for a number of years through the support of colleagues.

Laura Bonfield
PA to Locality Manager
Touria’s Narrative

I’m a 20-something woman; I describe myself as outgoing and active. I have a mortgage, I’ve travelled, lived abroad and I hope to graduate from university for the second time this year. I also have a diagnosis of recurrent depressive disorder and borderline personality disorder (BPD) traits.

My mum struggled with her own mental health. When I was 5 years old she took her own life; she left behind a husband and two daughters. I remember my father telling me that mummy had gone to sleep and that she hadn’t woken up. Growing up I struggled to come to terms with a loss I didn’t fully understand and to mourn someone I didn’t even remember. I spent a very long time being angry at her, not understanding how she could have left us. I struggled to talk about her death and I wrongly interpreted people’s discomfort around the word ‘suicide’ as a sign I shouldn’t say anything. I would tell people that she had died when I was little and I would quickly change the subject underplaying the loss as much as possible because I thought that was the right thing to do.

Growing up I was supported and loved but in my early teens my dad was unable to care for my sister and so my grandmother became my legal guardian. I struggled to deal with these changes; I remember feeling like I had no control over my life or the things that were happening around me. It was a slow change, I can’t pinpoint exactly when it started but I started restricting my diet and increasing my exercise. Things deteriorated quickly and I found myself spending long periods of restricting and under eating and then short periods of binging and purging. I would experience extended periods of low mood where I struggled to look after myself, feeling trapped, lost and hopeless.

Like a lot of teenagers I struggled to establish my identity. The more I struggled to cope, the more I disengaged from people and turned to unhealthy coping strategies like my eating disorder. Despite all the negative effects, it gave me a sense of control and power during a time where I felt I had neither. At the age of 19 I left home, I moved away to attend university. Looking back it was more an attempt to flee than about starting a career or continuing my education. Living away would give me distance from some of the pain I associated with my home town. I thought it would somehow give me freedom from my thoughts and feelings. However, I struggled to make and maintain relationships, I struggled to manage the effects my mood and chaotic eating was having on my concentration, my attendance in class quickly became poor as I struggled with the studying expected of my course. I thought leaving would give me some relief but I felt more out of control than ever.

A huge turning point occurred when I became aware that if something didn’t change I couldn’t continue at university and I would have to return to a place where I couldn’t see any future for myself. After months of thinking about it I contacted student
services. They supported me to access counselling services, I was willing to accept that I needed to talk through some of my experiences but I felt no need to discuss my relationship with food, believing that was something I could change if and when I wanted to. It was the start of my personal recovery. I started to make some small changes that could help me to manage my awareness of myself and worked on accepting some of my early experiences instead of trying to run from them. It took me another year and half of therapy to disclose my eating disorder but when I told the trust it felt like a huge weight had been lifted. I went on to have weekly appointments with a mental health nurse who worked specially on my relationship with food and also supported me to link with other support services. I did work around self-esteem and started to feel real hope for the future, it has been a hard journey but I remember realizing one day that the good times were out weighing the bad.

I still experience periods of depression and have had to use medication to manage this. I would describe my eating disorder as a shelved book, it has no part in my life today but is still part of my story. I struggle with body insecurities like most women but I hope that I won’t revisit that chapter again. It has been a long time since I have met the criteria for BPD; however, it has helped me explain some of my earlier experiences.

The stigma mental health professionals can attach to each other has challenged me. It has made me question my wish to work in nursing and I have gone home asking myself whether ‘I should be allowed to do this’. It has left me actively trying to hide my own experiences. I have lied when people have asked me about myself, reverting back to down-playing my experiences and quickly changing the subject.

I love working for the NHS and there may be some who feel that this type of disclosure may be a career death sentence. I don’t think that my experience make me a better practitioner than other nurses but it has given me a unique insight to the mental health system and it’s helped me in my studies and drives me to be a compassionate nurse.

Touria Dyer

Student RMN
Andy’s Narrative

I’ve been the Exercise Instructor at St Ann’s Hospital for over 2 years. It’s the same hospital in which I was patient in 2004. My recovery journey has been a roller-coaster and despite having pretty good insight from the work I did with the Early Intervention Service, I’ve been through some moments of crisis. In my 20's I was having an amazing time on working holidays but I was running away from my illness by living all over and sampling mental health services in Canada, Australia and France. I tried all different jobs from banking, sales and club management but with an underlying confidence problem and fear of what people thought of me with my diagnosis. I finally realised how lucky I was in Bournemouth with my family and friends. I returned home to get me out of a dark depression and it was at this time that Dorset HealthCare linked me in with conservation, volunteering and Recovery Education Centre courses. These all acted like stepping stones in rebuilding my confidence and giving me coping strategies.

Getting a job with the Dorset Mental Health Forum as a Peer Specialist and Sports Co-ordinator for the REACH Sports and Leisure Project was the main turning point. This said to me that I was doing a good job at managing my mental health and gave me inspiration and new skills to help others. After doing Peer Specialist work at St Ann’s I heard about an opportunity to work for Dorset HealthCare, I had to apply and I have gone from strength to strength.

I hear of many similar stories to my own; the low confidence, anxiety and non-acceptance of diagnoses. Knowing that acceptance and distraction work: I’m passionate about guiding people into positive behavioural changes although at times it’s difficult coming from a culture of disclosure as a peer, to working in the NHS.

Exercise is a coping strategy that I can link to my experiences without disclosure. I share my knowledge with others and have more understanding and empathy through experience. Hidden Talents helped my introduction into work with Dorset Healthcare. They’re a great group where I can get extra support from others who have similar experiences.

Andy Potter

Exercise Instructor
Jacob’s Narrative

My name is Jacob and I am a registered mental health and learning disability nurse working in the Trust. I am also someone who has experience of living with mental health difficulties or differences.

Me, my brother and our Mum lived together whilst my Mum was in an intensely abusive relationship and when this broke down my mum became intensely paranoid that we were under threat from the IRA. We were locked in a room for weeks before the police came and broke us out. We were so in belief of Mum’s story, I remember my eight-year-old brother trying to fend the police off with an axe while I cowered in the corner (I was 6 at the time). Mum had a history of serious self-harm and substance use and at that point was diagnosed as having a psychotic disorder. She received support from services and we returned to her. The abusive relationship was re-instated at this time, and our situation plummeted. Without going into too much detail it culminated in the murder of my brother. I was witness to my brother’s life being taken from him and my vivid memory of that morning is something I experience almost daily.

From then I was placed into foster care. I moved around a little but was grateful to settle with a family that were caring. I was also supported by CAMHS services to help me come to terms with my experiences as a child. I went through numerous diagnoses, including attention deficit disorder and mood disorder, and tried different medications to support me but ultimately turned out best without any of that.

My childhood after that was a bit strange. I was an odd child, not well practiced in social situations but difficulties or differences in my mental health didn’t completely surface until my mid-teens. I began to feel disconnected and distant, the drifting feeling that is common to me now sunk in and I began to lose touch with my reality. I felt a burden on others and at the time felt that I couldn’t really talk about my experiences. I was incredibly fearful that I had inherited my mother’s ‘illness’ and did not want to speak to my consultant at the time about this for fear that I would go down the same path.

I spent most of my time in high school and college putting on massive bravado to cover up my insecurities and unusual feelings, alienating people so they wouldn’t catch on, or just keeping everything surface level. I always considering talking to someone when it got bad but generally pavered over any cracks quite expertly. I’m still very good at this. I did start rebuilding my relationship with my Mum at this time which was amazing and I learnt a lot from her about strength and triumph in the face of adversity. I also had some great support from my social workers in child services and leaving care.
I moved away to university and became quite paranoid of other people. I had intrusive thoughts that others could read my mind and heard a voice telling me the same. I became incredibly suspicious of my class and withdrew from studies. The feelings of disconnect reached a new level when I felt I didn't even inhabit my own body at times, like I was just the air in the room, and these feelings continue at rare times even today. I had a good trick for the paranoid thoughts (which I can explain if you ever want to know) but things generally got more weird for me, and my interactions with others became difficult as I began to react to my experiences by doing very odd things. I subsequently lost a relationship, began a new job when my university cancelled the course, and started living alone in Bournemouth. The dissociative experiences improved when I had independence, structure and purpose, and I started feeling more in control and less nihilistic. It was at this time that I decided to give up alcohol and avoid certain social circumstances that made those dissociative experiences worse.

I started training to be a learning disability nurse and found myself in a relationship, which really grounded me. Although during my last year of training I was supporting my Mum through her distress and eventually she took her own life. I did put my dislike of mental health services aside and did a year’s cross-conversion training to be a mental health nurse.

I thoroughly appreciate the irony that I saw this through; despite spending most of my life avoiding mental health services.

To this day I still experience hearing my voice, although now it generally just makes hilarious and inappropriate jokes at the least useful times. However, when under intense stress I can have experiences of being disconnected or of drifting, of not being ‘inside’ myself and absence-like memory loss. I continue to find it difficult talking to people when these times are bad but currently have an incredible support network at work and home which remind me who I am and why I’m doing what I do.

Hidden Talents was something I was keen to get involved in since I heard of it in 2012. I completely endorse the peer support aspect and the idea of using lived experience as an asset. I also know through talking with many colleagues that experiences similar or at least parallel to mine are not uncommon and the silence that we keep around these difficulties is a massive barrier to healing.

Jacob Beale

Ward Manager
Jackie’s Narrative

The Inside of Me

During one of those gut-wrenching, heart beating so loud I can hear it, break-up conversations you have, an ex-boyfriend said to me:

"I wanted to be given the chance to see your soul, the times that I did get to see the inside of you were the times I found you most beautiful; once you let go and showed me something truthful, I was more attracted to you than ever. It wouldn't last though, the shutters would come down and you'd once more become protective of the person inside of you."

At the time I never really understood what this meant, someone truly knowing me... what?... all the emotions I have, all the pain I feel, who would truly want to know and be with that person?

What I recognise now is that feeling pain makes you stronger.

Being emotional does not separate me; it helps me connect with those around me.

Feeling sensitive enables me to be in tune to others, to pick up on that slight energy shift that might otherwise be ignored.

Thinking and exploring those deep dark places only makes the search for lightness more meaningful.

And the tears... the tears well they come, but not only in sadness but in moments of true happiness.

To those few people who have been given the privilege to "see my soul", thank you for not only supporting me but for loving me. It is in your acceptance I am learning accept, love and believe in myself.

Jackie Lawson

Clinical Specialist Occupational Therapist
Our Ambitions

These are Hidden Talents’ key aims for 2016-18:

- To promote this booklet and the Hidden Talents film to raise awareness and profile of project.

- For the Hidden Talents group to be available for presentations and training for teams and services to raise awareness of the aims of the project, including Human Resources and Occupational Health.

- For Dorset HealthCare to have a clear plan in tackling stigma and discrimination in relation to mental health.

- For the corporate services within Dorset HealthCare to work with members of Hidden Talents using the principles of co-production in developing new approaches and initiatives.

- For the value of lived experience to be represented in Human Resources processes, including explicit statements in valuing all lived experience on communications, policies and procedures and within job descriptions.

- To explore how wellbeing@work plans can be used to enhance supervision and appraisals, including working with Human Resources, Occupational Health and Learning Development to develop training for managers and staff.

- To identify “what works” in supporting people at work by linking with the Hidden Talents group and Dorset Mental Health Forum and setting up opportunities for teams to pilot new approaches.

- To work in partnership with Learning and Development and the Recovery Education Centre to develop training for staff about how they can support their own wellbeing.

- To review the professional boundaries policy, to include guidelines on how to share personal experience.
What other support is available?

Dorset HealthCare offers a range of support for staff:

- Dedicated Employee Health and Wellbeing intranet pages (accessed via Quick Links on the home page) with links to information about Hidden Talents under the Mental health and wellbeing tab
- Care first Employee Assistance Programme - 24/7 free confidential counselling and advice
- Occupational Health Service

This project is delivered in partnership with Dorset Mental Health Forum:

- For additional information about the Dorset Mental Health Forum and their services, please see:
  
  www.dorsetmentalhealthforum.org.uk

Other External sources of support:

- Dorset MIND
  
  www.dorsetmind.org.uk

- Rethink
  
  www.rethink.org

- Mindful Employer
  
  www.mindfulemployer.net

For further information and to get involved with the Hidden Talents Project visit:

http://intranet.dorsethealthcare.nhs.uk/hidden-talents

or e-mail:

hidden.talents@dhuft.nhs.uk