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Title :

My Experiences of the Health and Education Services

Abstract :

This is a personal view of a man who has been given a number of labels by Psychiatrists. The labels, he argues, have resulted in discrimination and prevented him from participating in his own community. He has come to treat labels of Mental Health with a great deal of suspicion.

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My experiences of the Health and Education Services

From the age of six when I was diagnosed as having television epilepsy life for me would never be the same again.

Maybe because both of my parents had medical backgrounds this was the case. I became an object. When they took me to see doctors and the neurologists, they spoke on my behalf. I might as well not have existed.

I was never interested in what the teachers had to say.

In my last year at Saint John Fisher, Beech Hill, Wigan, the careers teacher, Mr Cunningham told me I had better start looking for a job. I told him I was going to John Rigby College. It was here that during 1974-6 that I started to understand what schooling was about.

The subjects I took at were Human Biology O/A, Sociology CSE and Computer Studies O Level, Theology A Level.

I soon came to understand that the education system was only really geared up to students who loved to have their heads in books. I was never such a person. In the end I dropped the Theology. I didn't pass Human Biology, but got a grade (1) in the Sociology and a (B) in the Computer Studies. This was the first year that computer studies had come out as an exam.

From there I moved to Dobson Park Industries in the June of 1976. I was employed there as a trainee computer operator. The last two years Gullick Dobson were the employers. Just before they took control of the computer system and the two shifts of computer operators I had two nervous breakdowns. These were approximately six months apart. In the April of 1983, for no apparent reason I resigned. I was simply paid up with what pension was owing and asked to leave.

Shortly after this incident I was introduced to Dr. Thomas. This Psychiatrist is still treating me to this day. He diagnosed me as suffering from delusions of grandeur. However this has been strongly denied since I gained an HND in Engineering and Business Studies. In other words because he had empirical proof I did have some intelligence he revoked the comments he made about me suffering from delusions of grandeur.

My experiences of the Health and Education Services

The new label which Dr Thomas gave my condition was going to prove much more difficult to manage even than epilepsy.

Manic Depression can be an extremely debilitating illness. You don't really know when it is going to strike, and it can and often does when you are least expecting it. It is interesting the way in which people react when you mention Manic Depression. The majority hone in on the depression. The usual response being "Oh! You suffer from depression do you?"

This really gets my goat since I've only had one clinical depression in 1974. I overdosed, deliberately, on Insulin. I went from 17.5 stones to 14 stones in 3 days. When I came to in Wigan Infirmary I ripped the drip out of my arm and ran home to my mother's home. I collapsed there and was transferred to Billinge Hospital, Ward D1. I was placed on a section 2 of the Mental Health Act. This meant that I was confined to the Ward and had to take medication prescribed by Doctor Thomas.

I was later told by certain members of staff who knew me quite well that I had been extremely ill. At this stage I was assigned a Community Psychiatric Nurse (CPN) to visit me at home once I had been discharged from hospital.

The frequency of the visits would vary from week to week. The varying factor would be if the CPN deemed I needed to see her more than once every 2 weeks etc.

From 1983 until 1996 I had spent approximately 3 months every summer in hospital. The medication is supposed to keep the condition under control. So one has to question why I am still prescribed this medication considering it's track record. However, one must also take into account life stresses and environmental changes that also have an effect upon one's Mental Health.

In the early days I believed all that I was told by the medical profession. However, over the years I have become sceptical of their utterances. Medication does not work in the way it's supposed to do. This can be explained by the fact that since people's chemicals composition does vary ever so slightly, their reactions to psychiatric medication can vary considerably.

My experiences of the Health and Education Services

A psychiatric condition is not easy to come to terms with especially when there are conflicting views as to what one can expect.

I decided to return to Further Education. I joined a B. Eng in Manufacturing MGT. at Bolton Institute of Higher Education in 1988. I became ill at the end of each summer, and was hospitalised. I was told at the end of year 2 I would have to take some more maths to go forward to Salford University to finish off the degree. I later found out that some people who were at my standard of maths went forward and got 2/1s with Honours.

This did not deter me from further studying but I had now, at this stage used 2 years of full grant, leaving only a further 2 years of grant available. I had seen the Community Studies degree advertised at Wigan college of Technology. I applied for it. At the interview I explained the situation concerning only having 2 years of grant left. My HND was taken into account. I was offered exemptions and told that I would be able to take the core modules required on a part-time basis. This I did and passed them. Before I was due to return to college I had been taken ill on holiday. I ended up in my usual haunt, D1 Ward, Billinge Hospital. So year 2 became year 3.

Talking medically again, another annoying aspect regarding Psychiatry is that even though you may take the medication as prescribed it does not mean to say that you will never have a relapse. I have come to the firm conclusion, after being under a Psychiatrist for 14 years, that it is not an exact science, although they would never admit to that. When I was put on Lithium, back in 1984, it was explained that it would limit the number of admissions onto the ward, this was not the case. Up until the summer of 1996, I had been admitted every summer without fail. The time spent on the ward was approximately 3 months per admission. In all roughly 39 months or 3 years 3 months. A person who has been through the prison regime, served their time and come out, is treated with far more respect than a person who has been in a Psychiatric Hospital. It might sound ludicrous, but even someone who has committed a murder will be integrated back into society with far more ease. Although I feel that if someone who had a responsible position and was able to offer someone who had been through a Psychiatric Hospital that was known to that person they might well give the person a chance. This happened to me, although it was only voluntary Social Work, which I did for 3.5 years.

My experiences of the Health and Education Services

However it is highly debatable if such a person would ever be given a job which was extremely stressful. About 10 months ago now, I was rejected from going forward to train for the priesthood. This was despite receiving a very good reference from my Psychiatrist. The Church's Psychologist, even without interviewing me, said that in his opinion all Manic Depressives are not medically suitable to train for priesthood, so I was condemned probably due to statistical probabilities. The priests who have been involved in the process of investigating as to whether I did have a calling said "What would the people think if you were taken ill during a service in the church?"

As children we are socialised firstly in the home, then at school by teachers and peers. During this period our expectations are formed as to what we will do once we leave school. So what happens to a person whose expectations do not come to fruition?

I am certain that "normal" people are given a preference because they can be subtly manipulated in the work environment, and, moreover are likely to respond in a "normal" manner to the strains and stresses to be found in the world of work today.

I say this from experienced work in 1981. Two people were promoted. They had not been there as long, subsequently I had two nervous breakdowns, 6 months apart. It was in the April of 1983 I resigned for no apparent reason. After this I vowed I would never work for any employer again. The dictionary definition of "Employed" is most appropriate "Used".

Socialisation is where people are "formed" to think in the way of society. Because of the amount of time I've spent going in and out of a Psychiatric Hospital, through no fault of my own, I say this because some people go through these hospitals due to self inflicted illnesses. I say this not as a criticism but as a comment.

It is extremely frustrating when you have so much to offer society yet you are simply not given a chance.

Yes, going through the education system is great, it's fun. But at some stage frustration sets in when you are not given the chance to put the qualification to some purpose in society.

When going through the education system, with a psychiatric condition, there does need to be a good understanding and working relationship between the student and the college. It is a great

My experiences of the Health and Education Services

help if the student has a Community Psychiatric Nurse (CPN) who can liaise with the college on her/his behalf. The CPN is of great use also when the student is ill and needs to communicate their needs to the college, as with regards to time-extensions etc.

A Mental Health impairment can be an extremely isolating impairment. The person through no fault of their own can end up living alone. I have experienced the "cold silence" within the family setting. It can be excessively isolating when trying to make friends in any setting. Trying to get work is a farce because you are on the sick you can't even begin to look for a job. I've turned up numerous times at the Job Centre only to be told, "You can't apply for a job if you are on the sick."

It's a catch 22 really. What's required is someone with experience of Mental Health impairments to work at the Job Centre, advocating on behalf of people with Mental Health impairments.

People should not be judged by what they cannot do which is negative stereotyping, rather, they should be judged by what they are able to do, enabling them to feel part of society by making their own positive contribution to it.

Let people participate in the mainstream, don't marginalise them.