

ORAL HISTORY EXTRACT TRANSCRIPT

'Fighting for our Rights' project

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Extract 1: Bi-polar diagnosis

I was okay mentally but obviously I was upset and then I had more back problems afterwards and I had to shut my business down and that was a real trigger for me entering into such a deep depression, to the point that I started feeling suicidal. I went and had a mental health assessment, the business had closed which, I was gutted about it but all the parents were great. I said I can't physically do this job and I think I'd had another back operation. I had two and then my GP thought something wasn't quite right. I don't know whether they were aware 'cause your GP changes over years, whether they were aware that I'd already been diagnosed with manic depression, but when I saw them, they said they believed I was suffering or I had the condition of bipolar. Now when they used the word 'bipolar', I accepted it a lot more than manic depression, and I had a psychiatric nurse that really explained to me what bipolar was about, about having mood swings and being up and down and I was so appreciative because it helped me understand that I wasn't crazy, that these were just emotions but they were a bit more in the extreme. Rather than just having your normal up and downs, mine tend to be quite big up and downs or I get a level period where I'm completely stable. So that's what happened but during maybe sort of ten years, I'd say I had quite a lot of lows and I ended up in hospital for one time it was for three months. I just was so low and I was so suicidal, I'd attempted suicide, I'd taken an overdose, tried to snap out of it, I just couldn't. I had an amazing supportive family. With the boys we were always really honest that mum's head hurt, we used to say, and that's she's feeling very sad, and they seemed to understand, even though it wasn't easy for them and my older son, he had some counselling and me and my husband had some sort of couple counselling and that really helped us understand how I was feeling but also how Dave was feeling, my husband, and we've sort of worked since that, and that was about 15 years ago, we've got on really well because we understand each other's angle. If I get ill, I understand how it has an impact on him and he understands how it feels to be like really depressed. Then I had one big high and I went into the Priory and I was just manic. I was actually manic. I just was so hyperactive and just has so much energy, I was so happy, I was disinhibited with people and I wasn't really aware of how high I was. I just thought I felt really good. One of the reasons I agreed to go into hospital was because I wasn't sleeping and that's typical of bipolar, that when you get high, you don't sleep, and I knew I hadn't slept for weeks. If I had, it was only two or three hours at a night and that's--, I actually asked to go into hospital to try and bring me down. So I sort of had some insight into it, but I don't think I realised how high I actually was.

Extract 2: Working for Mind

I had a break from work for about two or three years and then a job came up at Mind in Kingston and they offered me a job after an interview, which I--, the interesting thing is after you've had mental illness, you lose a lot of confidence. It really knocks you off your feet mentally and this job came up at Tolworth Hospital for an art worker, to go on the wards and do art groups and I'm quite artistic, and I just wondered whether I could do it or not and I thought, oh they all know me, I've had these mental health problems; but the job said they wanted someone that had had an experience of mental illness.

So I applied for the job and I got the job and I'm still doing it today, which is 11 years next month. From that, I've become the administrator there and just been promoted to CEO administrator. I teach mental health in the community, I was teaching 80 people last week, in Hersham and then another group of 60 all on the same day. So we got through 140 people. I've used my experience, I think, to be able to teach people and I teach another course which I do up to four times a year, which is called Mental Health First Aid. I teach that as well, so I'm an instructor for Mental Health First Aid, which is an organisation from London that Royal Borough of Kingston trained me up in the London head offices from Mental Health First Aid, and I do that, but we go into schools and things. I do a little bit of support work in the community as well, helping people that have got mental health problems. So it's really blossomed, as well as working in a drop-in cafe at night, once a week, so I do many hats at Mind but I'm still part-time but it just fits in with me not doing too much. It's sort of 25 hours a week and that's sort of perfect for me.

Their aim, I would say, is to promote mental health in the community as a positive thing, to talk about it. So let's talk about mental health, let's get it out in the open. One of the other things is to go into schools and do things like schools work around mental health with young people, sort of from about 11 to 18 year olds. We like to offer services to people with mental health problems, so that they feel included in society, rather than outside of society. So we run things like we've got a football team, we've got drop-in centres every day of the week in the evenings, and then at the weekends, it's in the afternoon. We've got a counselling service. We're looking at getting a gardening project up and running. We run an art group from our offices. We do a lot for the community and I think that's-- I'd say we're very hands on with people. So even though I don't know what their exact times are, it's getting out there and getting the message out there and actually getting people involved and accepted, just as they are, they don't have to necessarily be referred by a doctor. They can refer themselves. One or two people have to be referred for the football team, but apart from that, everything else is self-referral.

Extract 3: mental health services

I would like to see more support in the community 'cause I'm really beginning to see that there really is a lack of support in the community. I'm hearing again and again, so many people getting discharged who are so sort of mentally needy, probably a bit like myself. So you're well for long periods of time and then suddenly get a dip or you could go the other way, or you get a really bad patch and there's nothing there for you. There's nothing, other than your GP and they can't come once a week. So I'd like to see one of the ways forward is to have more community nurses or community workers, or see peer support being more valid 'cause our peer workers are all voluntary but I'd like to see it become paid, so that you get more commitment of people if there's the funding there. They do have peer workers at Tolworth Hospital and within the mental health trust, but they're very few and far between, so I'd like to see more peer workers but also more care in the community. I think there's just such a lack of facilities. Maybe in different areas, like little drop-in centres in the day, that people can go to, where there's a couple of nurses running it, you know. That would be good because it doesn't mean you have to have one to one, but it would be a place you could go when you're feeling you just need to be with someone or need to ask for some advice. So that's what I'd really like to see, is more work in the community with the mentally ill.

What I have noticed, that people are getting discharged from the services very quickly. They seem to get a diagnosis, they're okay and then rather than just getting what they call standard care, where they go every two to three months to see the psychiatrist, they're just being discharged to their GP. The GP only has so much training. So I've seen that a lot. I've seen the fact that they've cut down on community nurses, and again that's been a surprise, and also the admissions, they're so few and far between, you have to be really, really bad to get into a psychiatric ward and then when they're in the

ward, they get discharged when they're not well enough, that's my opinion, and then they end back up--, a week later, they're back in on the ward again, so there's this vicious circle to me, from working there, that I'm seeing people are coming in, going out for a week, coming back in but when they first went out of the ward, they didn't seem that well. So I don't understand why it's sort of this, what we call a revolving door patient. It seems like that, they're just being discharged too early but you have to be really bad to get a bed now, whereas before it was just seen as if you're feeling a bit ill, go in, nip it in the bud before it gets too bad and then come out. I know I had one admission which was called a planned admission and they said we want you to come in for two weeks; I was feeling down, all the usual symptoms, like not eating, lack of sleep, all things like that were coming up and she said we can try and nip this in the bud if you're will to come into hospital and just have a complete break from everything, and it worked really well for me, but all that's stopped now. So there's not even preventative measures out there, so that's the changes that I've seen.