Kayleigh Beard-Blackband in conversation with Jerome Carson.

<table>
<thead>
<tr>
<th>Journal</th>
<th>Mental Health and Social Inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manuscript ID</td>
<td>MHSI-07-2016-0019</td>
</tr>
<tr>
<td>Manuscript Type</td>
<td>Case Study</td>
</tr>
<tr>
<td>Keywords</td>
<td>Depression, Education, Recovery, Counselling, Alcoholism</td>
</tr>
</tbody>
</table>

Kayleigh Beard-Blackband.

Abstract

Purpose – The purpose of this paper is to provide a profile of Kayleigh Beard-Blackband.

Design/methodology/approach – Kayleigh provides a short biographical description of her life. She is then interviewed by Jerome.

Findings – Kayleigh achieved so much while under intense domestic and academic pressure. This gives her hope that she will be able to recover from recurrent depression.

Research limitations/implications – Single case studies are of course only one person’s story. However they can offer key personal insights and provide encouragement to others.

Practical implications – Kayleigh’s comments, “It is easy to fall off the radar in mental health services,” suggests services need to ensure that all referrals are followed up.

Social implications – Services need to offer individuals the help that they want. Many will have a preference for individual over group treatments. People should be offered a choice.

Originality/value – Kayleigh’s story is a remarkable account of survival and growth against all the odds.

Keywords Depression Education Recovery Counselling Alcoholism

Paper type Case study

Introduction

Kayleigh is one of those people who always has a smile for you whenever you see her. I often saw her outside my office waiting to see my Criminological and Forensic Psychology colleagues. I think she had volunteered to help them with some of their research, as she was a student on their pathway. It was only when she came to see me to enquire about the options of studying for a Masters’s degree that I learned something of her life. I was stunned to discover that her father had died only a few months previously, and yet she had completed all her course work and thesis on time. Most people in those circumstances would have suspended studies, but not Kayleigh. Let her take up the story...
The first time I was told I had depression was when I was sixteen. I had taken my GCSE's a few months earlier, during which my dad’s best friend (or my ‘uncle’ – not by blood, but the sentiment was the same) was murdered, and I hadn’t coped. By this, I don’t mean that I hadn’t recovered well, or that I struggled to come to terms with what had happened. I mean that I literally hadn’t coped with it. At all. I didn’t acknowledge it, I blocked it out. Even now I don’t remember the date he died, and I’ve never asked to be reminded. In terms of how I felt, the first few days were hard and I experienced the overwhelming sadness that you expect when someone dies, but then that switch went off. I passed my GCSEs and gave the outward impression of being happy, because I knew I was supposed to be, but in reality I didn’t care. I didn’t care about anything, everything was hopeless and pointless. I didn’t want to be around people, but being on my own was unbearable too. So I went to the doctors, without telling anyone, because I knew that going was the right thing to do. Even though it was the first time I had an official ‘diagnosis’, it wasn’t the first time I had felt that way, so I knew exactly what was wrong. I’d had depression before and I would have it again, many times, over the next ten years.

I’m not sure exactly how old I was when I first became depressed – I had a happy childhood, but there’s a lot that I don’t remember, and I sometimes wonder if there’s parts I blocked out even when I was young. Although I was happy, our family was often troubled, mainly due to my dad’s alcoholism (which incidentally was due to his own history of depression). This didn’t make him a bad person, or a bad father, in fact he was the opposite. My dad was amazing, he worked hard, and he loved us all. His own father had died when he was only seven, and I think he had felt an immense amount of pressure to get things right. He used to always tell me “I don’t know how to be a dad, I didn’t have one so I didn’t have anyone to show me, but I try”. But he tried to be perfect, and I think he felt like he let us down when he couldn’t be. I also think this is something I inherited from him.

When I was a teenager – roughly thirteen or fourteen – my dad’s alcoholism got worse, as did his depression. I never judged him, I just loved him more. Already at that age, I understood the way he felt. I knew how it felt to feel so desperately hopeless that you want to find a way out, and for him it was drinking. Until he started looking for a better way out, and began making very serious, and almost successful suicide attempts. We would come home on several occasions to find him passed out, almost dead on the floor. The worst thing about that time is that I knew when he was going to do it, and instead of saying anything, I would keep quiet and hope I was wrong. I knew because he would take me to the side, and he would tell me how much he cared about me, that he knew I was smart and that I would be ok, he’d say things like “you’re like me, you know what’s important, you’ll always take care of people”, and then he’d ask me to keep our conversation secret. The next day he would take an overdose.

My dad finally recovered from his alcoholism following what he referred to as his ‘wake-up-call’ – a particularly bad fall on the stairs resulting in a broken back. He had been
drunk one day when the house was empty, fallen down the stairs, and then dragged himself back up into bed with his spine shattered into pieces. After an extremely dangerous operation and several weeks of hospital recovery, he was able to walk again and came home. We became even closer than we were before. We played on the PlayStation together, we watched T.V together, we walked the dog together, we were best friends. It was only a short time after this that my uncle was killed, my dad saw what was happening to me, and he took care of me as well as anyone could have at the time.

A couple of years later, when I was eighteen, I found out I was pregnant. Me and the father were, and still are together, but I was still living with my parents. At six weeks, I suspected I was having a miscarriage and went to hospital, where I found out that I had been expecting twins, but that one had died. I went on to spend my entire pregnancy in and out of hospital due to health complications. I suffered ante-natal and, of course, post-natal depression. I started to think that depression was just the way things were, it was my ‘normal’ now. My dad took me to the doctors so he could make sure I was taken seriously. For the first time in my life I was given medication to help, and was offered counselling. I didn’t continue with counselling, but the medication was beneficial and, although there were a few setbacks, I felt more able to cope with what life threw at me. I decided to go back into education and recently completed a degree in criminological and forensic psychology.

However, my return to education didn’t run smoothly. I completed and handed in my dissertation on the morning of the 16th of April, and by that evening my dad had become suddenly very seriously ill and was rushed to hospital. He died the next day. I lost the best friend I ever had. I still had six deadlines left to hand in at university, and of course my depression came back full force. But I did what he always knew I would do after he was gone, I carried on and I looked after everyone. I handed in my essays, sat exams, even gave a presentation at university, all while taking care of my mum, sorting out his finances, and planning and attending his funeral. When things settled, I booked myself into the doctors and requested counselling, which I will continue this time. The fact that I have achieved so much, while under so much pressure, gives me confidence that I can finally recover from my depression, and I’m more determined than ever to do just that.

Kayleigh in conversation with Jerome

Jerome: Reading your story it seems to me that you had to grow up very quickly. Do you feel older than your years?

Kayleigh: I do, even when I was younger I felt like I’d been through and seen more than some other people would see in most of their lives. But I’ve never really felt bad or sorry that I had to go through it all. I think that all of those experiences are a part of who I am now, and that I’ve learned from them.
Jerome: Your father died only a few months before your Graduation. Was he on your mind the day you graduated?

Kayleigh: He should have been there, so it was really difficult to do without him, but I knew it was important to my mum. She wanted to be able to see it, and I'm glad that I did go, but it wasn't the way it should have been.

Jerome: You had some counselling before which you didn't stick with. You are now having counselling again? How is it different this time around?

Kayleigh: I'm still on the waiting list right now, so it hasn't started yet, but I think that I have a better understanding now of how I can be helped. I feel more confident, so I will be able to tell them if I feel like something isn't working. Also, I was never really bothered about it before, I used to think that I was beyond help, and on bad days I sometimes still do, but realistically I know now that it can help, so I think I will engage with it better.

Jerome: What does the concept of hope mean for you?

Kayleigh: That things can get better, and that everything will be worth it in the end. Sometimes it might take a little more work and effort, but good things will still happen.

Jerome: What changes would you most like to see in mental health services?

Kayleigh: At the moment, I still think that a lot of the available services are 'one size fits all', and I don't think it always works. The reason I stopped going to counselling after my son was born was because they had asked me to attend group bereavement sessions. They wanted me to properly recover from my uncle's death. I didn't think that a group setting was suitable for what had happened, so I just never went. And because it's so easy to fall off the radar in mental health services, nobody ever chased me up.

Jerome: What are your views on the use of medication for mental health problems?

Kayleigh: There always seems to be a stigma around people with mental health issues taking medication to feel better, that you're supposed to be able to get better on your own, and that it's all just in your head anyway so you shouldn't need medication. I mainly never got medication because I thought it was something I shouldn't be doing. But then I was told that I really did need it, and my doctor worked with me to find one that was helpful. It never completely cured my depression, but it allowed me to function and actually move forward with my life. Now I don't understand why people are allowed to take medication for any other health condition, but feel like they can't when it's their mental health.
Jerome: How do you think mental health services can best help promote recovery, which is said to be the goal of many services?

Kayleigh: I think there should be more focus on looking what people have been through, and helping them to see it as an achievement. That they have been through so much and have still carried on, and if they have already achieved so much, what else could they be capable of? I don’t think that mental health issues always have to be seen as a negative thing, and that we should feel sorry for people who suffer. I think there is a lot that can be done to empower people who are going through mental health problems, and that isn’t something that services usually take advantage of in my experience.

Jerome: Have you been inspired by any mental health or healthcare professionals you have come across?

Kayleigh: I haven’t actually come across that many. In my ten plus years of depression, you’d think that I would have seen a lot, but depression isn’t usually seen as a priority, so you spend a lot of time getting lost on waiting lists. The few mental health professionals I have seen, haven’t usually tried very hard to really understand what I’ve been through, and have just looked for a quick fix (they generally only offered me six weeks of sessions, after that I would be on my own again) so I’ve never really been inspired by any.

Jerome: In terms of people with lived experience of mental health problems, have any specific individuals impressed you?

Kayleigh: Me and my dad used to watch snooker together, and he told me about Ronnie O’Sullivan’s battle with addiction and depression. I read his autobiography, and even though he’s been through a lot of setbacks, he engaged with mental health services and found other interests to keep him away from addiction. He gets scrutinised a lot in the media for his unusual behaviour, and trying to recover while being in the public eye must be incredibly difficult.

Jerome: What challenges lie ahead for you? What do you most want to achieve in the future?

Kayleigh: I’m hoping to continue onto a Masters this year, and I’m also looking for a job alongside, so I’m just hoping that I’ll do well in my education so I can build a good career. I’d really like to buy a house one day, which may not seem like the biggest goal, but I’d like to be able to provide that kind of stability for my family.

Jerome: What would you most like to be remembered for?
Kayleigh: That I worked really hard for everything I had, and that I gave my family a happy life.

Conclusion

Kayleigh's story reveals what a remarkable young woman she is. “I completed and handed in my dissertation...my dad...died the next day...I still had six deadlines left to hand in at University...I handed in my essays, sat exams, even gave a presentation at University, all while taking care of my mum, sorting out his finances, and planning and attending his funeral...” She fails to mention that she also had to look after her young child at this time as well! We sometimes say that people with mental health problems are resilient and talented (Chadwick, 2012), but this seems to me almost superhuman! I saw her on her graduation day, but I had no idea of the story behind her graduation. Her father would have been so proud.

Reference


About the authors

Kayleigh Beard-Blackband has just graduated with a degree in Criminological and Forensic Psychology at the University of Bolton, Bolton, UK. She hopes to continue with postgraduate study.

Jerome Carson is Professor of Psychology in the School of Education and Psychology at the University of Bolton. Jerome Carson is the corresponding author and can be contacted at: J.Carson@bolton.ac.uk