

Lynn...My Story

My name is Lynn and I have a mental health condition known as bi-polar disorder.

I appreciate how it can be difficult for some people to understand a seemingly invisible illness. I was diagnosed 5 years ago and found it difficult to accept at first. However by accepting my diagnosis and learning as much about it as I can I'm in a better position to look after myself and keep well.

I want to help break the stigma associated with mental health issues so I'm really happy to share my story with you.

It may resonate with a lot of you and I hope it will increase awareness in line managers of the vital role you play in supporting people like me to manage their condition, remain in work and continue to be productive.

As most people know certain mental health conditions run in families and bi-polar disorder is one of them. It used to be called manic depression because it results in a cycle of mood swings between both extremes. My mother also had Type 1 bi-polar disorder and I've been diagnosed with type 2 having previously been diagnosed with recurring depression by various GPs probably because there are more depressive episodes with my type whereas they are more evenly distributed with the type my mum had.

It is a life-long condition, and although I didn't know what it was at the time looking back I now realise that I first started to experience mood swings from my teens. I had a hospital admission 24 years ago with post natal psychosis and another admission about 15 years ago.

I managed to remain well until a couple of years ago when I started having difficulties at work with my former line manager and at the same time experienced a number of life changing events.

In September 2014 I was diagnosed with breast cancer and later that month my mum died (I'd been her weekend carer for 7 years after she suffered a severe stroke). The following month I had major surgery and was off work for four months. I seemed to take all this in my stride at the time and in hindsight I think I was hypomanic (the positive side to bi-polar).

I returned to work on a phased basis on reduced hours but it didn't go well because my duties and workload weren't reduced and soon I felt completely overwhelmed and stressed. This resulted in time off sick for 2 weeks immediately following which I had further surgery due, resulting in 2 months off. When I returned to work this time I had support from occupational health, HR and my local union rep, to put in place a more realistic phased return plan and this time the person who had been brought in to cover my first planned absence stayed on to support me.

Once I was back to full hours and duties, difficulties at work resurfaced (reduced resources in the team and issues with my then line manager). This resulted in a further few weeks' sickness absence.

However, I was determined to continue in my role as productive employment is so important in staying well with bipolar disorder, not to mention the business benefits of retaining skills and reducing sickness absence. It wasn't a completely straightforward process to find something appropriate for my condition, but the HR, occupational health and wellbeing teams were open to work together with the Transport Salaried Staffs' Association (TSSA) union representative and my GP to provide specialist support for me. Occupational Health & Wellbeing and my TSSA representative provided coaching and support for me, my manager and colleagues. I also worked with my GP to access counselling and to monitor my medication. With their support I now have reasonable adjustments to suit my needs.

Bi-polar like a lot of mental health conditions is very treatable with medication but as with any medication there may be physical side effects such as dizziness, fatigue, headaches and joint pain especially when changing medication or increasing or decreasing the dose. If I think my medication needs adjusting I consult my GP and I may also want to get a medical referral to look at changing my dose or type of medication.

I've tried to learn as much as I can about the condition and to recognise my early warning signs and ways I can self-manage to mitigate mood swings. I have to be particularly careful with upswings as hypomania feels great. If I start taking on lots of new tasks or activities at the same time I now recognise this as an early warning sign and I'll use some of my coping strategies. So in a work situation I would talk to my line manager to agree priorities if I start to struggle with workload and also make sure I take regular breaks from my desk, go for walks at lunchtime, talk to colleagues who I know will listen and understand. We are fortunate at the Quadrant:MK to have flexible working facilities so if I need to complete a piece of work that needs full concentration I might go and work somewhere quieter.

Outside work I'll focus on the activities that I most enjoy – in my case that's walking in the countryside, my weekly art group and singing group which I find take me out of myself and lift my mood. One of my warning signs is not wanting to go out and not socialising so I get friends and family to get me out walking and engaging in social activities. Getting work/life balance right is essential for my wellbeing - it improves concentration and productivity and basically enables me to cope with day to day work and personal issues. I know from my own experience how hard this can be as we all have competing work and personal priorities. It's sometimes tempting to work longer hours to keep on top of things but in my experience that's counter-productive in the long term.

I couldn't do without the daily support I get from my colleagues in Pensions, Reward and Benefits who will ask me if I'm OK if they think I'm not my usual self and often suggest going for coffee or a chat. I will often sit far too long at my desk so it's good to get a prompt. My local Diversity and Inclusion champion (Nikki), Safety, Technical and Engineering Mental Health Specialist (Brenda) and my local TSSA representative (Shona) were there to support me when I needed help. Brenda helped me and my new interim line manager, Paula, to identify the stress risk factors at work and together we put a plan in place to mitigate those risks and enable me to work in a positive environment to continue to deliver and develop in my role. They also helped me put together a longer term health management plan and an emergency plan should I ever have a mental health crisis in the workplace – highly unlikely but better to be prepared for all eventualities.

My current line manager has taken time to understand my mental health condition and how he can support me. Things like having regular breaks, working some days from, flexible start and finish times and helping me prioritise my workload if I start feeling overwhelmed. I feel I can talk to him openly and he will listen to my concerns and help me manage them.

Other resources I turned to and found helpful:

Diversity and inclusion policies and guidelines

Network Rail Wellbeing resources on Connect

External websites particularly Rethink Mental Illness (used to be Time to Change) and Mind.

My top tips for colleagues who may be struggling with a mental health condition and for line managers who are trying to support them is firstly to start an open conversation with a "can do" mind set. Often simple changes can be made to the way we work, how we work, where we work, how we are managed and how we communicate and these can make all the difference. Work with the medical professionals to find the right solutions that work for the individual and the business as everyone's needs are different and use the resources Network Rail provides. All play a part in better mental health for everyone. My experience

proves that with the right management and peer support, including reasonable adjustments, those of us with mental health conditions can remain in work or return to work earlier after a period of sickness absence and make a meaningful contribution to achieving our business objectives.

Talking about mental health is the first step and I hope by sharing my story it will help others to do the same and reduce fear and stigma associated with mental health issues.

Lynn – 11/04/2018