



Mental Health and Social Inc

**Michelle Walker in conversation with Jerome Carson.**

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Manuscript Type:	Case Study
Keywords:	post-natal depression, education, resilience, CBT, medication, relationships

SCHOLARONE™  
Manuscripts

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3 Title: **Michelle Walker in conversation with Jerome Carson.**  
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6 Authors: **Michelle Walker and Jerome Carson.**  
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12 **Abstract.**  
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15 **Purpose** – *The purpose of this paper is to provide a profile of Michelle Walker.*  
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18 **Design/methodology/approach** – *In this single Case Study, Michelle gives a short background to*  
19 *the development of her depression and is then interviewed by Jerome.*  
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22 **Findings** – *Michelle sets out the reasons she developed depression. These map onto the research*  
23 *conducted by Brown and Harris some 50 years ago, showing how social factors can create a*  
24 *vulnerability to develop depression.*  
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27 **Research limitations/implications** – *Single case studies provide us with one person's narrative.*  
28 *That narrative is however unique and can often offer us insights that are lost in large statistical*  
29 *surveys.*  
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32 **Practical implications** – *Michelle found the CBT approach really helped her. However she should*  
33 *never have had to wait as long as she did for that help. Mental health services must respond*  
34 *quickly, even if only to offer a triage assessment.*  
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37 **Social implications** – *Brown and Harris identified four key vulnerability factors for depression in*  
38 *women. Michelle met three of these. How many other women are in a similar situation and are*  
39 *suffering in silence?*  
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3 **Originality/value** – *We can learn a lot from the factors that helped Michelle recover from her*  
4 *depressive episode. Medication, CBT, the support of her mother, education and finding her*  
5 *soulmate and although she doesn't say it, her own rugged determination and personal resilience.*

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11 **Keywords** – *Post natal depression, Education, Resilience, CBT, Medication, Relationships.*

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14 **Paper type** – *Case study.*

## 15 16 17 18 19 20 21 22 23 **Introduction**

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27 Michelle was one of a number of Masters' students with a personal interest in mental health  
28 issues. I had mentioned to a few of them about contributing to this series. One student had been  
29 especially keen. When I approached her a few weeks later, she said she was too busy with course  
30 work to write her own story. As I was wondering how I was going to commission the next paper  
31 in the series, there was a knock on my office door. It was Michelle. "I've written that account you  
32 asked us to write." Let Michelle share her narrative...

## 33 34 35 36 37 38 39 40 41 42 43 44 **Brief biography of Michelle Walker**

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48 I am a mother to three fantastic children but life has not always been easy and straight forward.  
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51 My first pregnancy and experience of being a mother were relatively unremarkable. I bonded  
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53 with my son and for all intents and purposes life as a 22 year old single mum was great. My next  
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55 pregnancy was not easy or straight forward. I was plagued by various issues throughout my  
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3 pregnancy but still when my daughter was born everything seemed fine. Our bond was perhaps  
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5 not as strong, as she was jaundiced and for the first five days of her life she was stuck in an  
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7 incubator under ultra-violet light which meant I was not able to hold her as much as I did for the  
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9 first days after my son's birth.  
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17 This didn't really have much of an impact on my relationship with her, what did was that I had  
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19 very little help from her dad in regards to looking after her and this meant that I was looking after  
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21 a new baby, a three year old and a house, single handed. And so after a few weeks I began to  
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23 develop depression through lack of sleep and the pressure to be the perfect mother and  
24  
25 girlfriend. I did however get better quickly after visiting the doctor and being prescribed anti-  
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27 depressants. Through continued monitoring I was able to maintain my mental well-being and  
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29 eventually was weaned off the medication and returned to a balanced mental state.  
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38 Everything seemed fine and I was back to being able to be a working mother to a one year old  
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40 and now a four year old. Life seemed good. Unfortunately it didn't stay that way. I suffered a  
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42 miscarriage at 14 weeks. This left me feeling inadequate and useless. I blamed myself for the  
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44 miscarriage and bottled up the feelings. I convinced myself that I was ok, but I really wasn't. So  
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46 to try and salvage and fix myself I decided that the only thing to do was have another child. I got  
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48 pregnant again quite soon after the miscarriage. I was delighted and the pregnancy, as with my  
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50 first, was unremarkable. Being pregnant was fantastic. Everyone was excited about having  
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52 another little addition to the family.  
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6 My partner and I had even had conversations about him being more involved with the baby. He  
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8 agreed to help with looking after the older kids, helping with the baby and even helping round  
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10 the house. I thought things were just going to continue to be great, but boy was I wrong! When  
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12 my youngest son was born he was such a demanding baby, you couldn't put him down or he  
13  
14 would start crying. Even if he was sound asleep and you lay him in his crib he would wake up and  
15  
16 scream the house down. I literally had to walk around with him in my arms all day long. I had no  
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18 time and no breaks. Despite the promise to help, my partner was useless. To add insult to injury  
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20 as he got older my son developed health problems which made him even more difficult.  
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26 There were many trips to the hospital which involved overnight stays or days of admission, before  
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28 he was eventually diagnosed with asthma and given the proper treatments. Because he was so  
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30 ill my own health and the signs of imbalance were going unnoticed to me. I was unwell for so  
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32 long before I sought out help that the depression had become really severe.  
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40 Looking back now, I realise that I should have gone to the GP when my son was around three  
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42 months old, because that was when the symptoms started to become quite pronounced. But it  
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44 wasn't until he was 11 months old that I eventually went. At this point the symptoms had become  
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46 so bad that I had also developed agoraphobia. I couldn't even leave the house to take my other  
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48 children to school or collect them. I wasn't looking after myself well. I had gained an enormous  
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50 amount of weight, I was constantly dressed in my pyjamas, my hair was oily and greasy, the house  
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52 was a state and I still wasn't sleeping. But that was not the worst of it. My lowest point was the  
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3 suicidal thoughts. But no it was more than that, it was the planning that was beginning to go  
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5 along with the suicidal thoughts. That's when I knew I had to seek help immediately.  
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11 I was put on anti-depressants again and also referred for counselling. The pills helped while I was  
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13 waiting to be seen by the counsellor, but it was a long and arduous road that took 52 weeks. I  
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15 was almost getting ready to give up on the idea of ever getting myself back to a place that was  
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17 marginally normal. Then eventually when my son was nearly two I received my eight weeks of  
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19 counselling sessions. I was extremely lucky to be allocated a counsellor who engaged me in  
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21 Cognitive Behaviour Therapy (CBT). The programme that I worked my way through worked  
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23 wonders. It gave me the lasting skills that I could use moving forward. The most important thing  
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25 that I learned through my counselling was how to identify my early signs of low mood and triggers  
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27 that could potentially catapult me into the depths of depression. Being aware of these has helped  
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29 me to never again need to take medication to counter the symptoms of depression but to rather  
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31 begin to use the CBT tools that I have in my toolkit.  
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42 It's been eight years since I was at the lowest point of my life and since then with the help of my  
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44 CBT toolbox I have ended a toxic relationship, been a single mum of three, found my soul mate  
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46 and husband, entered full-time education and graduated two degree programmes, reentered  
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48 work and am undergoing a Master's degree. I see life as mine to be conquered and conquer it I  
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50 will!  
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### Michelle in conversation with Jerome

Jerome: Looking back on your life as a young mother, do you wonder how you got through all the difficulties?

Michelle: Everyday. I look at the events from the past and reflect on them and often marvel over how I made it through. But I also then think that if those events happened now I would deal with them in a completely different way.

Jerome: When you were suffering with agoraphobia, did anyone step in to help you?

Michelle: Back then I was very isolated from my family and friends by my then partner. My mum and dad had emigrated to South Africa, so I didn't have anyone that could have stepped in. That is until my mum came back and almost immediately noticed something wrong and stepped in.

Jerome: How has education helped you move forward with your life?

Michelle: My return to education has enabled me to better my life in so many ways. The experience I have gained from Psychology in particular has been phenomenal. I learned to recognise myself and appreciate the changes that I have gone through and be accepting of the person I now am. It has also allowed me to see that I am worthy of good things in life too.

Jerome: You said you have now found your soul mate and husband. How has this changed things for you?

Michelle: I thought that it was impossible to find someone who loved me as unconditionally as I do my children. I also thought that love and friendship were difficult to find in the same person. That was until I met my husband. He is my best friend and he has supported me and remains

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3 supportive of everything I do. He is my strength and together we conquer anything we put our  
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6 minds to.

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

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12 Michelle: Hope to me is believing in myself and my ability to maintain my mental and emotional  
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14 wellbeing. It is also the positive mindset that helps me to achieve the things I want from life.

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

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20 Michelle: More availability of counselling services more quickly for patients who need this  
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22 service. A service where people can self-refer rather than having to wait lengthy amounts of time  
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24 to access services. As well as incorporating mental health into high schools to educate young  
25  
26 people about mental health to promote better mental and emotional wellbeing that is  
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28 transferable and sustainable into adult life.

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

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34 Michelle: There are some benefits of using medications to treat mental health problems when  
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36 used correctly and under the guidance of medical professionals. However, many experience  
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38 problems with this as they either suffer many side effects and or stop taking the medication in  
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40 an incorrect manner, causing more harm than good. The best way to use medications is in  
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42 conjunction with therapy. That way people are able to reap the benefits of the therapy alongside  
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44 medication while learning valuable skills to change behaviours on a long lasting basis. This means  
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46 that when not taking medications they can still identify symptoms and know how to begin making  
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48 necessary adjustments early on.  
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3 Jerome: How do you think mental health services can best help promote recovery, which is said  
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5 to be the goal of many services?  
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9 Michelle: Allowing people to access services as soon as they identify that their mental health is  
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11 deteriorating would be the ideal, but we don't live in an ideal world. Perhaps sharing success  
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13 stories would enable the promotion of counselling services. Celebrating the success of others  
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15 gives people incentives and validates the services that have aided this change. Publishing  
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17 peoples' stories for others to identify with could also help with this.  
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22 Jerome: Have you been inspired by any mental health or healthcare professionals you have come  
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24 across?  
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27 Michelle: I have encountered professionals within not only NHS services, but also charity services  
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29 who have filled a gap in the services provided in my own locality of Blackburn with Darwen. I was  
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31 lucky enough to have a counsellor who helped enable my successful recovery the first time I  
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33 accessed services, but this is not always the case. I have also been lucky enough to speak to  
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35 people from Lancashire Mind as well as Verdegris. Both of these organisations offer counselling  
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37 in my local area, but again long waiting are a problem. But the work they do and the success they  
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39 achieve is inspiring to say the least.  
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45 Jerome: In terms of people with lived experience of mental health problems, have any specific  
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47 individuals impressed you?  
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51 Michelle: There are a few, but I think so that I feel most impressed by are those who have  
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53 experienced Post-traumatic Stress Disorder. Emergency service workers and military personnel  
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55 put their lives at risk to protect the general public and provide care as necessary. There are so  
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3 many of these people who are inspiring not just for me but for those who suffer with PTSD and  
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5 are still able to get on with their lives. They inspire me because if they are able to go through  
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7 such horrific events then their success can surely inspire others to try to achieve the same.  
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11 Jerome: What challenges lie ahead for you? What do you most want to achieve in the future?  
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14 Michelle: Every day is a challenge for me. Because I have a knack for taking on too much and  
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16 attempting to do too many things at one time I have to constantly keep telling myself to not do  
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18 this. If I continue to do this then I am unlikely to keep my mental balance. I also have to keep in  
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20 mind that there is no such thing as a perfect parent and that the way I deal with things is the right  
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22 way for me, whether others judge that to be the case or not, is not a reflection on me personally.  
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27 I would like to teach Psychology and help others to be able to feel the passion for Psychology and  
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29 change that it can cause within society. If I can help to inspire others, even one, to want to study  
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31 Psychology and make a positive change, it will be a fantastic achievement for me because positive  
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33 role models are a vital part of society.  
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37 Jerome: What would you most like to be remembered for?  
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40 Michelle: I'd like to be remembered as a down to earth, relatable and informed lecturer who  
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42 helped people achieve the things they thought were not possible. That in my opinion is the best  
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44 operational definition of a teacher.  
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## 52 **Conclusions**

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3 Reading Michelle's story reminds me of the seminal work of Brown and Harris with women in  
4 South London in the 1970s (Brown and Harris, 1978). They identified four vulnerability factors for  
5 depression. The first, loss of mother before age 11, clearly did not apply to Michelle. The other  
6 three factors were lack of a confiding relationship with a partner, lack of part-time or full-time  
7 employment outside the home and three or more children at home under the age of fourteen.  
8 All three of these applied to Michelle. Add into that mix a very unwell and demanding child who  
9 was not sleeping, and who was stopping Michelle from sleeping, then it seems hardly surprising  
10 that Michelle should have succumbed to depression. And yet, with the help of antidepressants,  
11 eventually some CBT, the return of her mother and finding a soul mate, her recovery progressed.  
12 She has now entered the phase of growth, postulated by Andresen et al (2003), as the final stage  
13 of recovery. A remarkable recovery. A remarkable life.  
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### 53 **About the authors**

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