



Episode 28 – Emotion at Work Stories - Depression Chatting with Karen Teago (@teago_emplaw)

Phil: Hello there fair podcast listener and thank you for downloading this episode 28 of the Emotion at Work podcast. This is one of our stories episodes so it is a very personal account, it is a very honest and frank account from our guest about their experiences with depression and that is a topic that can be sensitive to some people and before we begin I wanted to let you know, just in case you hadn't seen, that from the show notes, if this has been automatically downloaded into your device, I wanted to let you know that is what the topic was. If you feel uncomfortable at any point during the episode then please feel free to pause it and listen to a different one, if you want some help or support from anybody there are links in the show notes to the Samaritans, Mind and also Karen has offered her support as well. If you need any help along the way there are contact details in the show notes. I found this really amazing yet tough episode to record and yeah I think it is something that is really important and is a story that needs to be shared. So without further ado, I will hand over to the podcast proper and enjoy.

Phil: Hello and welcome to the Emotion at Work podcast where we take a deep dive into the human condition and I am with my guest this week, so sometimes the guest for the podcast are on another end of Skype or other digital means whereas today I am actually live with my guest in a conference in London and I am slightly in awe of our guest today and have been for a while in terms of the openness and the honesty that she brings to life challenges that she faces. Already so far this year in the Emotion at Work in Stories series we have had Amanda Arrowsmith talking about her experiences with imposter syndrome, we have had Amy King talking about burnout, we have had Sonny Jackson talking about anxiety and I have been keen to get somebody on to talk about depression for a long time. It's a much talked about topic but it's also a hardly ever talked about topic and that's part of the reason I'm in awe of our guest this week because she is willing to talk about it in a very open and frank way, so I am just very pleased and glad that she is willing to chat with us today. Enough of me, lets bring her in - let me welcome to the Emotion at Work podcast Karen Teago.

Karen: Hello Phil thanks for having me.

Phil: That's alright, thank you for coming on.

Karen: That was great, that was a very nice introduction, thank you.

Phil: That's alright. Every episode of the Emotion at Work podcast I start with an innocuous yet unexpected question and I went out to Twitter about two weeks ago and said I need to build up my bank of unexpected yet innocuous questions and I promised that I would give a name check to anybody that I used. So there is a lovely lady called Mags, or Margaret Burnside, who suggested the question for this one. On Twitter, she is @margaretburnsid because she didn't have enough characters to fit in @margaretburnside, but you can find her on Twitter and I will put a link to her profile in the show notes, but her question was, "What would you do with an extra hour every day".

Karen: Wow, I would read.

Phil: Anything in particular?

Karen: Well my pile of books that I want to read is probably about ten at the moment. I tend to read non-fiction, very occasionally I will pick up a novel but the non-fiction books that I like are travel



books, some will be books that help me understand things that I don't already have a handle on, some might be psychology or economics or something that I haven't previously studied, it's a bit boring really isn't it?

Phil: No not at all. I very rarely read fiction books, I am very much a non-fiction book reader so I am with you on the reading things I don't necessarily understand a lot about or I understand as much as I would like to about.

Karen: I am very interested in politics as anyone who knows me on Twitter will attest and I do have a number of books about politics generally and sort of the current state of politics on my pile at home and I am working my way through them, so yes with an extra hour, I know it sounds terribly tedious, but with my extra hour I would read because a long time ago, I think it might have even been on MTV, one of the links, was some text on the screen that said books feed your head and I think that has really stuck with me because I think books do feed your head and my own children are really loving reading actual physical books that they can pick up and long may that continue. So that's what I would do with my extra hour, it sounds so terribly dull.

Phil: No it's alright, and out of interest then are you a one book at a time reader or do you read multiple books at the same time?

Karen: No I could easily have 3 or 4 books on the go at the same time in different place, one in my commuting bag, one next to the bed, one in the office sometimes I will be halfway through one and I will be like No I want to read this one more and I will read the whole of the other book and then go back to the one I was halfway through, so no is the answer I am not a one book at a time.

Phil: So what would I do with my extra hour a day? So the challenge is this wasn't an unexpected question for me because I knew what I was going to ask.

Karen: Yeah it is going to sound fairly well rehearsed but do go on.

Phil: But it was an easy answer and I think it was sleep, it was as simple as that. It's the thing that do I place enough of a premium on it, I think I do but it is also one of the things that I will flex and potentially let slip at times and over the last few months, and I mentioned this on a couple of the other podcast episodes so I can give a bit of an update to the regular listeners as well.

Karen: The regular.

Phil: Yeah the regular.

Karen: Who's that?

Phil: Ross Garner. So my wife and I are in the process of buying a new house and on a previous episode the question was, "What has got in your way recently or what has annoyed you recently", and mine was solicitors and estate agents because why can't they just do the job they are paid to do was my frustration.

Karen: I think you will find they probably are trying to do their job.

Phil: I know I shouldn't say that to a solicitor should I?

Karen: Speaking as a solicitor, but no carry on, I understand the frustrations.



Phil: It has been a very time consuming and emotionally tumultuous period and so sleep has been affected by that a lot, there has been waking in the middle of the night going, Oh I need to do this or oh I need to do that or that is really frustrating me or that is really annoying me or different things so, as I am today it would definitely be sleep, my extra hour a day would be sleep.

Karen: Interestingly, well it may not be that interesting, but I recently read a book about sleep and since reading the book about sleep I have been reading less and sleeping more which is why I want my extra hour to read because I've curtailed my reading to get more sleep so there you go it is all linked.

Phil: Can you remember the book so I can add it to the show notes?

Karen: It's Matthew someone, no.

Phil: That will be enough, either let me know or Google.

Karen: It might not even be Matthew it could be Michael, it could be any.

Phil: So I will Google Matthew, Michael, and sleeping books and will see what we get.

Karen: Well I brought it from a well-known online repository so I will let you know.

Phil: Have a look through your order history and let me know, then I will add that to the show notes that will be grand thank you. I am going to use the sleep as a sedge way then, in that part of the reason I am in awe of having you as a guest is that depression has been around me for a long time in different guises with different people. It's not something that I personally have, I think the closest I came was last year, last year was a really hard year for me because I had some real issues with my physical health and then that had a knock-on impact on what I thought and how I felt about me, so on a previous episode I talked about how I was in a room facilitating and at the back was a couple of pieces of glass and so I put pieces of flipchart on the glass because I couldn't bear to see my reflection in the glass. I had had some issues with my back so I couldn't stand up straight, so when I walked through London I would see me hunched over in the reflection of the glass in the buildings and that would get me really cross and angry as well and then I couldn't run and I couldn't play with the kids and so all of that stuff came together where I got really annoyed at my physical health which then affected how I thought and I was certainly very emotional. Did I feel depressed, I think so, no but depression is something that has been around me for a long time and I see in those people that when they are struggling one of the things that is often affected by that is sleep which will then affect how they eat and how well they look after themselves. Even though it is a mental health challenge for individuals actually I think it then spans over into those other aspects and domains as well and I wondered if that was an experience that you had.

Karen: Yeah I mean I think you know a lot of the time depression takes different forms and it manifest in different ways. I think you said when we first talked about doing this podcast that you wanted to ask me because of a blog post that I had done which didn't have an awful lot of text in it but what it did have was a series of pictures of me, most of them taken by other people because it was a long time before the selfie as we know it now and what I wanted to get across was that it is possible to be depressed and feel okay some of the time because there are things that relieve, that take the pressure off, and that could be being with friends, having some time away from work if work is a stressor, going out - spa day, exercise, so a lot of people who are depressed as a general state won't look like, I mean what does a depressed person look like, that was the whole point of the



post that I did and the photographs that were in that post were all taken during times, either when I was really struggling or when I was in a brief period of respite but you know it is okay if you are depressed it's alright to feel okay sometimes, it doesn't invalidate your depression it just means that you are doing what you can to move yourself forward and to alleviate the symptoms because they can be pretty overwhelming. It is really difficult to put your finger on it, were you depressed last year, were you not, you're not sure, I don't know.

Phil: No, no exactly.

Karen: But I think there are bouts of depression that come and go of their own accord and I think there are natural life events that make people feel very down, very upset, distressed and depressed but that when time passes and time is obviously a great healer, when time passes that just dissipates of its own accord and that is great, you know if it goes away by itself or people put in place strategies to deal with it so that they can overcome it either permanently or temporarily, then all the better. It's not something that I've managed to do for a long period without medication and frankly, I am very happy to be open about the fact that I have been on medication, my medication for me is essential for me being able to function normally. I have tried periods of weaning off and being drug free for what that is worth, it doesn't work and the difficulty with modern antidepressants is that they take 2-3 weeks to start having an impact so if you start taking them when you are at rock bottom you have got 3 weeks of rock bottom and I have tried that too many times to go through it again so I am on a very good subtle medication, it just makes me normal, it takes the edges off, it doesn't mean that I don't feel sad, it doesn't mean that I don't feel happy I feel both of those things but it's part of the ebb and flow of a normal mood cycle, it allows me to function and that is fine, that's my choice, it's not everybody's choice, I don't, for some people medication is essential, for others it doesn't work. I am so incredibly grateful that I have a medication that does the job, it works, I don't have significant side effects and it allows me to function great, that's brilliant but I have spoken to lots of people for who none of the medications that they have tried work, there are either excessive side effects or it puts them in a worse mood than they were already. On the spectrum of people struggling with mental health issues I am in no way at the worst end of that and I feel fortunate, I feel lucky actually that I can function relatively well, normally, I am just doing my thing and I know that there are people who can't and I have done the mental health first aid training course to become a mental health first aider and there are case studies and discussions around certain conditions, psychosis and really severe and serious mental health conditions and I don't know how people live through those and lots of people don't which is awful and one of the reasons why I bang the drum for psychological mental health charities when I get the opportunity because I know that I am one of the lucky ones basically. Sorry that was a very long, I can't remember what the question was now, was there a question?

Phil: I don't even know if there was a question to begin with. One of the things that really interest me is that sometimes I think that in a lot of ways a label is given to something and that is interpreted to be kind of homogenous for everything, you give anger a label but actually there is a whole spectrum of ranges that sit within that and the experiences that individuals have will vary differently. I think, and I don't know, but I think that's the same for mental health - so whether it be anxiety or depression, your depression could be very very different to someone else's depression both in terms of the symptoms, the causes, the duration, the appropriate treatment and all those sorts of things, and part of what I want to do ongoing with this series is to get more people to talk about their different experiences because I think, we will come on to disclosure later because I know that is something we talked about in our pre-call, but I think until we have more conversations happening about not just the topic but about the different range of experiences that people have within that, otherwise I think it just becomes a homogenous word that tries to bring everything together and actually the experiences underneath it are much more rich and varied. I guess where that comes

from, or my thinking behind that was that medication was prescribed to me once, so there is a way form and you have got to be all the way up and all the way down, and you have got to be the average in the middle and it goes all the way up and all the way down, was described to me as the highs aren't as high and the lows aren't as low so the angulation still happened but it's just more manageable because the edge is taken off the extremes.

Karen: I mean if medication is working well that is what should happen. Anyone you speak to who is medicated for depression, if I have a conversation with them we will talk about which one they are taking, whether any others did or didn't work and I, without saying too much, in a group of people who are very close to me, four of us are all on different antidepressants and we have all tried at least one of the others, it's not like we sit there swapping, but it has taken a couple of go's to get the right medication

Phil: And right dose I would imagine.

Karen: Absolutely. One person is happily taking an antidepressant that made me so ill, an antidepressant that I took shortly after having my first child which I was told was the one you had to take if you were breastfeeding or one of the few that was not frowned upon if you were breastfeeding. It made me so ill I was hospitalised and yet somebody else is taking that drug and it suits them down to the ground. As I say I'm fortunate with the one that I am on as I am still able to be really cheerful and happy so in my case, it hasn't really knocked much off the top but it has made the troughs shallower I think but some people they take something and it makes them go completely, there was one medication that I took in the very early days which is now not a first-line treatment for depression, I thought I was invincible, I was absolutely on top of the world, I was working 14 hours a day, barely sleeping, I was like this is brilliant, but it wasn't brilliant, it was wrong and eventually the medication had to be adjusted to peel me off the ceiling and you don't want to be up high all the time and obviously nobody wants to be down low all the time but some people find that it knocks too much off the angulations and they are just flat so they don't feel down but they can't feel up at all and that's a horrible position to be in as well. It is difficult and I am sure it is really daunting for anybody who has perhaps been recommended to try medication and unfortunately, it can be a bit hit and miss but if there is one that works and it really does work then it can be a life changer.

Phil: You alluded to this earlier on and that has been the case for you with the medication you are currently taking?

Karen: Yes.

Phil: And if you don't mind me asking how long has that been the case for you? So when did you find the right type of medication and/or the right dosage?

Karen: The one that I was originally on was the one that was a bit sort of sledge hammer and not particularly sophisticated medication - it used to work really really quickly but it is the one that you would have to be really careful about with the dosage otherwise you would be thinking that you could fly and what have you and I came off that in one of the times that I thought I need to deal with this without medication because people do feel like that and they do feel like it's a short-term solution and they ought to work their own way through it. I know it has become a fairly, I don't know what the word is I am looking for - the analogy that is used a lot is a diabetic you wouldn't expect them to wean themselves off insulin.

Phil: Right okay.

Karen: So why do people feel that they should be drug free if they have a psychological condition but nevertheless I did have periods when I felt that I ought to be able to manage without, came off that medication and the next time I fell in a hole I was told that one that had worked for me quickly was no longer a first-line treatment as I had changed surgeries since then so I was given the one that I am on now. I came off it, so I took it during my pregnancy, came off it in the third trimester, so after my first daughter was born, my first child, I didn't know what you were supposed to feel like after you have had a baby and nobody realised that long after everyone else had stopped crying with the baby blues in my antenatal group that I was frankly terrified of my child. I didn't want to be left alone with her, things were okay at the weekends when my husband was around but as soon as I had to look after her by myself I just felt sick, I couldn't eat, I felt I was failing, all of that which are absolute classic signs of post-natal depression and I don't know why I didn't realise that that's what it was and everybody else kicked themselves and couldn't believe they hadn't realised, even my history it was all a bit of a disaster but I was so hell bent on breastfeeding my daughter I think perhaps I wouldn't admit to myself or anyone else that I was depressed because I knew, or I thought I wouldn't be able to take antidepressants and breastfeed. It transpires that that's not necessarily the case but you know I didn't know that at the time. So after the experience, as I said earlier, I really wanted to carry on feeding her, was given this medication and I am deliberately not mentioning any names as I don't want people to go that one was awful for Karen so better stay away from that one because as I have said that is not necessarily going to be the case, but it does make it possibly quite difficult to tell the story, so I took that medication and after four days I was in hospital with it with heart palpitations, I just couldn't calm down, I hadn't slept for three nights it was awful. I stopped feeding, went back on my normal go-to medication and took that. The same thing with my second daughter two years later - came off it in the third trimester but I spent a long-time researching drugs in breast milk and trying to come up with a plan to keep me well and still be able to feed my daughter. I had some incredible help, there is actually a, "Drugs in breast milk information service," which I never knew about, I had a very supportive GP and we did a sensible grown-up risk analysis, do the benefits of feeding my baby outweigh the risks of transfer of a small amount of drugs in breast milk and I made the decision that I was prepared to do that. That's what happened after my daughter was born, a week after she was born I started back on the medication that works for me on a low dose and I breastfed her for six months whilst medicated and I think that's really important to say. There are women for whom the risks to their mental health of them coming off their anti-depressants when they are pregnant outweigh the benefits of coming off. So there are women who go right up to having their baby still medicated and that is possible, it wasn't my situation, but I did feed my daughter whilst taking medication and as I say, I want to be open about that because I think too many women are told that is a no-no, if you are going to take this medication you cannot feed your baby and I think it is really important that each woman who is in that position gets the facts for herself and makes the decision for herself. What was the question again? We were talking about discovering the medication that works and how long.

Phil: Yeah how long ago did you find the solution that worked for you and I guess where I am going to go after that is when did you first realise, or when did you first get diagnosed with depression. I am interested because I am thinking, on one hand, you could say well try this one, then try this one and this one and you end up finding one that works for you but that sounds like it is a really simple and quick process and in my experience I don't think that is the case and that is part of where I was going - when did you find the right combination for you and where does that sit in your timeline with depression that you are aware of. Does that make sense?

Karen: Yeah, I have been lucky because the original drug, although you had to get the dose right, there are much more sophisticated, we are talking about 2003 or so, there are far more sophisticated anti-depressants out there now than there was in 2003 and the one that I was on as I

have said, is not now recommended as a first line treatment so it's kind of fallen out of favour but that worked for me and it worked quickly which was an advantage and then again lucky having come off that one, moved surgeries and gone and been prescribed the one that I am on now and this was probably 2006 or 2007. Had I not had my children I may well not have come off that at all over that whole period and the one that really didn't work for me was the one that was prescribed because it was the one that was recommended for breastfeeding mothers. So I haven't experienced that agonising, which I know other people have, where you take one for two or three weeks and you still feel crap and then you have to wean yourself off that one and start taking another one and give that another two or three weeks and two or three hours when you feel that low is a struggle, let alone I might feel a little bit better tomorrow, I might feel a little bit better tomorrow, so I do feel very fortunate that by and large apart from being hospitalised it's been alright, it has been okay. Everyone's experiences are different and that is the most important thing I think. Although we can empathise with one another, and I have shared my situation with lots of people who have reciprocated and shared their own experiences, everyone's is slightly different but there are similarities.

Phil: Okay, so 2006/7 was when you found the one that worked for you and on the right dosage. When did depression first kind of manifest itself for you in a way where you became aware of it?

Karen: Well, now I look back on it I definitely had episodes when I was at university but I didn't know that that's what it was and I recall being on a pretty even keel when I was at law school but everything started, I think when I started my legal training and I found after about three months into the training contract as that was the traditional route to becoming a solicitor, there are lots of different routes now, but the training contract that I did was two years in a firm split into six month chunks, so four six month chunks.

Phil: What in different parts of the practice?

Karen: That's right, so my first stint was in employment and I loved it but I found training as a lawyer to be quite stressful, certainly in those days there was a lot of formality, the stakes are quite high if you screw up and I just got completely overwhelmed by the fact that I knew so little I think and I struggled to cope with the fact that the only way that you get better is by experience and you have to experience lots of different things and suffer those gut-wrenching moments where you realise you have made a cock-up in order to be any good. So there was no fast-forward, I couldn't study my way out of it which is what I would have done.

Phil: You can't feed your mind out of it.

Karen: No exactly and lots of areas of legal practice there is actually virtually little law in it, and loads of it is experience and I found myself, you know the Sunday night feeling - the Sunday night feeling I would have every night. The kind of, I would pretty much do anything to not have to go to work tomorrow and I would spend the whole journey in to work trying to deep breathe, not panic and I would get there and it would always be a little bit better when I got there but I just spent all day every day feeling deeply inadequate. It was bizarre because I actually did quite a good job over those two years and they offered me a job for when I qualified but I thought that the way I was feeling was because of that firm and I thought if I went to a different firm everything would be fine and I would be happy and things would be much better. There would be a different kind of support, the structure would be better, the commute would be better and I would be able to lift myself out of how I was feeling. So I did, I moved on qualification and got off to a good start but again within a few months was overwhelmed by lack of experience and I just couldn't take it in my stride and my then boyfriend and now husband, who wouldn't want to be reminded of this, would sort of tolerate me

but he just wanted me to cheer up. He would say it's work Kaz, this is how it is, you just need to get over it and off he would go to his job, yeah everyone gets the Sunday night feeling and I was like well does everybody feel sick every morning, does everybody almost wish that something would happen to them so that they didn't get there that day, I am sure that's not normal. I won't go into the details of it but I had a really high profile tribunal case which I struggled with, I was under pressure from a large city firm on the other side, I was six or nine months qualified and I had, what I look back on now and I don't think it's overly dramatic to call it a mini breakdown. Basically, we were having a, I'm not going to go into the details but I had to have two weeks off work and the case was taken from me, so I thought it was all about the case so I'll be alright now and you know every time I wasn't alright and eventually I was, it was an epiphany you could say. I was preparing for a seminar that I was supposed to be presenting to 70 or 80 people from the firm and clients and I was ironically to present on liability for psychiatric injury in employment. I was reading this case and I found it again, any excuse to read a case and this one is 46 pages and 224 paragraphs, but I am not going to read all of them. So this is a case, I'm sure there won't be any geeky employment lawyers listening but if there did happen to be a geeky employment lawyer listening it's Sutherland and Patten, and associated cases but one of the claimants in the case, it was a case about psychiatric injury in the employment context and I certainly wasn't suggesting that work had caused me an injury but it was in reading parts of this case that I identified with the feelings that the claimant had been feeling in the workplace and it made me think well hang on a minute, if he was feeling like that and he was diagnosed with something maybe I'm not well, maybe this isn't normal after all. There is some bits in the case - it says that he found that he was losing weight, he felt that he looked drawn and would wake up regularly in the night, he felt like he was having out of body experiences, he believed that he had completed tasks which he hadn't completed and he became confused. Then there is another bit a bit later on where it says he felt fear and fright and inability to settle and a zapping of energy so that any tasks took a vastly disproportionate amount of time to get achieved, he felt sleepy and drained and he knew that at work and at home things were spiralling out of control and I sat there, I was working at home that day, and I went that's how I feel and then I rang the doctors and went to see them. It was a Locum actually, it wasn't my normal GP, and she was so lovely and I just sat there and bawled my eyes out and she asked me if I wanted to consider some medication and I said but I am worried that it might distort my perceptions and she sat there, probably no further away from me that you are, and she leaned forward, I can see her face now, and she said, Karen, the way that you are feeling now is a distorted perception, and I was like well fair enough I can't feel any worse but I was nervous about taking medication, but the relief when she said to me I think that you are suffering from depression and anxiety disorder, I was like it's got a name so there is something not right. I just felt such a relief that somebody understood how I was feeling and wanted to help me and I thought I couldn't feel any worse so I'll give it a go. It was really difficult telling my then boyfriend, now husband that I had been to the doctors and that I had a thing, there was a thing that I had got, it's got a name and he said, and he really genuinely did say I don't think there is anything wrong with you, you just need to snap out of it. He actually said those words to me and it took him a while to kind of get the hang of it I suppose, and he did, obviously he did because we are still together now but that was difficult for him because he had to come to terms with having a girlfriend who had a thing I suppose. If I look at it from his point of view, this is 15 years ago, so there was, there is still stigma and that's something you and I talked about before we came on air, is something that I have experienced just today but in 2003 it was much more of an issue. I think for people to get their heads around, so that's how and when I was diagnosed and the rest is history I suppose.

Phil: Can I touch on the relief bit that you talked about, something you said, the relief of being told it's a thing, it's got a name and all of that. At the risk of making it overly dramatic and I don't mean to do that, but how was that as an experience, what did that feel like?

Karen: It was a relief but it was also terrifying.

Phil: Okay

Karen: I didn't know a massive amount about, even know I don't know what to call it because people talk about their experiences and their conditions in different ways. I think in 2003 I thought to myself I am mentally ill and you know I am conscious that there may be people sort of screaming at whatever device they are listening to this on wondering why the doctor didn't refer me for talking therapy or give me some fact sheets to go away and fill in and self-help mechanisms and there are people who feel as though medical professionals leap to a medication too quickly and that's fine, those people are entitled to their opinion, but for me in that room on that day her telling me that there was a way out of how I was feeling was just the best news I could of had and the two or three days that it took that first medication to work were horrible because I really was in a state but once I started to feel the space, it felt like, and I remember to this day, it felt like I had been sitting at the bottom of a swimming pool for months and months and months and those first few days and probably days three, four, five and six of taking that medication felt like I was floating up to the surface and indescribable relief because it had, at that point, been going on for three or four years without me knowing. I just kept thinking well once I have got my new job, once this case is out of the way, once this, once that everything will be better and it just wasn't getting better so I suppose how did I feel - relieved, frightened, but relieved, mainly relieved.

Phil: You mentioned your husband and his initial reaction, the statement stuck out a bit, I don't necessarily want to stick on him as an individual but over the, so you said it was around 2003, so over the 15 years since then have you had to work with other people for them to help you more effectively, so is there an education piece that you have, that sounds a bit grand. I remember when someone really close to me was first diagnosed, I didn't really know what to do for the best. I knew I wanted to help and support and be compassionate and understanding but if they were having a good day did I mention it or if they were having a bad day do I mention that and together we worked out a way of working that together. So I suppose I am at risk of planting my own experience on you but I was curious about what your experience has been with helping other people help you most effectively.

Karen: Well I am probably quite unusual and just approach it in a work context for a start. Everyone I have worked for or with since I was diagnosed and obviously, I have been self-employed and created a partnership, but every employer I have worked for, or every business I have worked with for an extended period of time I have told. I think it's a matter of personal choice and I know you want to get onto disclosure but for me, people knowing is better for me than not knowing and frankly if I don't tell them myself it is not difficult to see a blog or a tweet or whatever, so I am fully committed to being transparent about it and I know we are going to get on to discuss that's not right for everyone and there are some people, we will get on to that.

Phil: No, no we have mentioned it.

Karen: But you were asking me how I have helped people to help me - I don't know, just saying what I need. So for my husband sometimes it is I have to be on my own for a day, I literally just need to be somewhere by myself to get my head together and I suppose you have with the person you are talking about you just sort of work it out together. I am not easily offended so if people come to me with preconceptions or they say things that are a bit close to the mark I would rather meet that head on and try and educate them then go off in a huff and leave them with whatever they thought about it because if I can help to educate them that may mean that somebody else gets the benefit of that which is fine with me. I don't have a straight answer for that, to be honest.

Phil: No that's okay.

Karen: I don't think I have answered anything straight since we started, it's been a bit of a ramble.

Phil: I disagree with that. So we mentioned disclosure a few times then and I think the way you have just finished that one is a good way in. The post that really got me thinking when I first read it a couple of years ago was the one you mentioned earlier on and then you followed that up with a post called disclosure, I think it was a week later.

Karen: The original post, as I said, was a series of pictures of me looking like me at times when things had been a struggle or I was, I think one of them was my wedding day which was in between so I had been quite stressed on the run up to my wedding day, loved my wedding day, loved my honeymoon but a couple of weeks after getting back from the honeymoon I was down in a hole again, so the picture of me on my wedding day was very much me teetering on a knife-edge just before having a further episode and lots of people responded. I think I put it on LinkedIn - was it World Mental Health Day?

Phil: Mental Health Week I think.

Karen: Or something and I thought there is no point going half-assed, if you are going to put it out there put it out there so I think went Twitter, LinkedIn, Facebook and people contacted me, people who I have known for some time contacted me and said I am so glad you wrote that that's really helped, people who I had never met but with whom I am connected with contacted me and said thank you for writing that but a couple of people wrote to me privately and said that's really helped I wish I was as brave as you or I really wish I could blah blah blah and I was like No, that's what that piece was about, it wasn't about hey everybody let's all come out I suppose, it was this is me, if what I have said helps you brilliant that's all I wanted. I don't think anybody should feel under pressure to disclose anything to anyone for any reason. It has to be a personal choice and I have been fortunate, I have had very supportive employers but I know lots of people aren't as lucky as me, maybe lucky isn't the right word but I appreciate that I have had supportive employers, there was a long period when I was self-employed so it didn't matter and I did for the first time talk openly about my mental health when I was self-employed so the stakes weren't as high for me at that moment but people, I am an employment lawyer, people lose their jobs because they have mental health issues and it is as straightforward as that. So it's not right for everybody to disclose because it can impact on the way that you are treated at work or by insurance companies or in other areas of your life, so for crying out loud please if you are not ready and you think it will do more harm than good stay as you are, that's what I would say but I am always really happy to talk through that sort of thing with anyone but yeah if by saying what I've said I've given the tiniest amount of relief or support to someone, whether I know them or whether I don't, then it's been worth it. It's not a call to arms for everybody to go right we are all depressed and we all need to be open about it, I think we do need to be open about it but we still have to be alive to the fact that there is still a stigma and it does impact people.

Phil: That was going to be one of my other questions. So have you seen a change over the 15 years for you in terms of either the stigma or the...

Karen: Yeah I have, I have. Organisations are realising that mental health is significant in the workplace, you can't leave your real self at the door and be that work self, work impacts on non-work and non-work impacts on work. Yeah, so things are improving, the resources that are available to employers I think to support people in the workplace and MIND do a fantastic resource pack for employers they really do. The NHFA, the fact that mental health first aiders are in workplaces supporting people and potentially preventing people from taking time off and is

supporting them to carry on working rather than to go off sick or fail, resign or move away or whatever. At the end of the day humans are still resources and employers who don't look after the elements that make up their business are going to suffer I think. Certainly, so that's work but certainly kind of out there I think that social media plays a big part in this, you wouldn't all be sat in the pub 10 years ago and somebody say guys I just wanted to let you know that, people you don't actually know that well who aren't in your inner circle but come up to you and say oh by the way, hello, we know each other from school, I just wanted to let you know that I have been diagnosed with depression and anxiety but you do see that on Facebook. People will say this is a really big step for me, this has happened and I am having some talking therapy or whatever, whatever and that goes out obviously if somebody puts that on their profile that goes out to all of their friends who may not be their close friends, and I have certainly seen a few posts like that from people who are acquaintances and I say, well all power to you, but it's not for everybody. I think people are talking about it more, there are more resources available but mental health services are chronically underfunded, mental health charities receive a fraction of the donations that physical health charities receive and it's all very well saying to people seek help, go to your GP but beyond medication the people who are in crisis are on waiting lists for therapy for weeks, months and that includes young people, so yeah, it's great that people are talking about it more but unfortunately the resources and the support haven't kept up so there is no easy answer to that, there really isn't because somebody may take that huge step of going to their GP or asking for help from their employer and be rebuffed and that's almost worse than not having made the disclosure and struggling with it on your own. We are not there yet, you can draw a comparison with, I suppose being a lawyer I would, wouldn't I, but the equal pay act came in 1975, the legislation, and we still don't have equal pay between men and women and that's been however many years and we are still taking baby steps on that so why would the framework around mental health suddenly pop-up like a bouncy castle just because people are more aware of it doesn't sort it out, that still takes a lot of effort on the part of all concerned. I sound very earnest now, don't I?

Phil: It's alright, I like earnest. I like earnest. I don't know whether the question I want to ask next is an appropriate question to ask or not so I will ask it and if it's not we can always edit it out.

Karen: Listen closely for the edit listeners.

Phil: Is there any advice that you would give, what you can't see is Karen's face. So I can see the tension in her neck, is there any advice that you would give to our listeners if either, let's keep it simple, so for somebody who is listening who has gone WOW, similar to the experience that you had when you read that case, if someone is listening and hearing what you are saying and going WOW, is that me then or that might be ringing true for me, is there any advice that you would give or want to give to those people from your experience?

Karen: If there is someone you trust, but a problem shared is not necessarily halved, but it is a problem that one person isn't dealing with by themselves, so I think talking about how you are feeling to somebody, whether that is somebody you know or somebody that you think may understand how you are feeling even though you don't know them particularly well because you know that they have a similar experience then those are all things that you could consider. What I do know from my own experience is that things don't stay the same. Things will change and every day will be different and for some people bringing themselves to have that first conversation is incredibly difficult and there are reasons why, as we have already discussed, it can backfire making a disclosure, so there is help and support out there anonymously, there are resources accessible through MIND, there is always the Samaritans.

Phil: I will put a link to their website and contact details will be in the show notes.

Karen: Doctors are bound by confidentiality and in most surgeries, you can see someone who isn't your own GP if you feel as though somebody of the same gender or opposite gender might be more appropriate or you would feel more comfortable in talking to them. These are all things that you can consider but it is really difficult as I am not qualified to advise but I know from my own experience that taking steps to get some help is what helped me and are what have brought me to where I finally am 15 years later and I hope that helps, but it probably doesn't. You might want to edit it out anyway.

Phil: No, that will not be on the cutting room floor. I am going to risk the giving of unsolicited advice as well now from my place of experience which is if that person does decide to talk with you then just listen, don't try and fix it, don't try and diminish it, just listen.

Karen: And definitely don't say well what have you got to be depressed about you've got all of this because you might get punched.

Phil: The opportunity, if it is not something that you have not talked about, the opportunity to just talk about it and just let the other person listen. If you are that chosen person that the individual wants to come and talk to then don't do what I did and try and fix it. Listen and just listen and wholeheartedly listen to what it is and just let that person share whatever it is that they want to share.

Karen: I just wanted to pick up on actually a point which we haven't touched on which is guilt. When I was diagnosed I was living with my boyfriend, I had been to university, I had been to law school, I was training as a solicitor, I had a career in front of me, I had no family difficulties, I had on the face of it a very nice life and the guilt associated with feeling as bad as that when there was actually nothing obvious to be depressed about, that's a thing as well, I think for people who logically look at their life and go well why do I feel like this, there is actually nothing wrong in my life or particularly horrific compared with that person or those people or somebody in that situation. What I would say to that is that every life has its own trials and tribulations and every person reacts differently to those and you just can't compare yourself with how you should or shouldn't be feeling compared with what someone else is going through, but guilt can be a real thing because it was for me as I was like well there is nothing actually wrong here so why do I feel like this.

Phil: What were you feeling guilty of or for?

Karen: I shouldn't feel like this because my life is fine.

Phil: I shouldn't have this illness. I shouldn't be this poorly because there is nothing wrong.

Karen: Yeah totally, totally. I have got a home, I have got a relationship, and I have got an absolutely textbook middle classed privileged existence so why do I feel so shit. So there we are guilt - everybody's favourite emotion.

Phil: Okay. I think I want to start to pull the episode together then.

Karen: Yeah fair enough we have been here a while after all.

Phil: I am genuinely in two minds about whether I should or not because I am really enjoying listening and I am really enjoying our conversation and exploring what it has been like for you and the experiences that you have had and the learning that you have taken along the way and all of

those things, I am really enjoying it but at the same time it's emotionally hard work for you and for me and for the listeners if that makes sense. Those are the other things that are making me think that that point that you have just made about guilt gives us a nice segue way then into starting to pull it together and wrap it up as it brings it all together.

Karen: Yeah, some people charge £200 an hour for this you know, I have just had free therapy.

Phil: I have just listened, that's all I've done.

Karen: That's a fundamental part of therapy anyway.

Phil: Is there anything else that you are thinking, feeling or anything else that you want to say before I pull it together?

Karen: No, I think we have just about covered the last 15 years of my life in sufficient detail, saves me writing a book.

Phil: In terms of resources, so we have talked about the MIND employers resource pack which I will put a link to in the show notes, we have talked about Samaritans which I will put a link to in the show notes, we have talked about the drugs in breast milk group which I will put a link to in the show notes as well. Are there any other resources, and I am using resources in its broadest sense, are there any other things that I should put in the show notes to help signpost people?

Karen: If I think of anything I will drop you a link because things might come to me.

Phil: In which case, all that's left is for me to say thank you very much, Karen, thank you so much for your time, thank you for your openness and honesty and for sharing. I have really enjoyed it so thank you very much.

Karen: You're very welcome, as I always say if it helps just one person then I'm happy so thank you.

Phil: If any of the listeners wanted to get in touch with you is that something that you would like to do?

Karen: If only so I know that somebody listened to what I said.

Phil: How would you like them to get in touch - would you like me to put your email in the show notes, twitter?

Karen: Twitter is good

Phil: So your Twitter handle is?

Karen: @teago_emplaw

Phil: Okay I will put a link to that in the show notes. Thank you very much.