

## **K Patient Story**

K is 18 years old and lives with her boyfriend R (23) in a small one bedroom flat in a relatively new build red brick house, at the end of a small cobbled terrace street. The area is quiet and residential, with a small pub at the end of the road as well as a private day nursery, which is handy because K is 8 months pregnant with her first child.

K welcomed us into the house at about 11:00 in the morning. She was warm and welcoming, and instantly offered us both a cup of tea. "I make a terrible brew" she confessed. After a short time spent in the small but exceptionally clean kitchen, talking about pregnancy and R's job as a DJ instructor and all round go-to for a local youth project, we made our way into the living room.

The living room was decked in black wall paper, and had two dark brown leather sofas positioned in front of a large flat screen television. K was quick to point out that the colour scheme was R's choice, and that they were currently talking to the housing association about finding a larger property to move into once their baby had been born.

K comes across as both confident and shy. She is talkative and open, but also gives off the sense that she is holding something back. She is clearly proud of the home she has made with R, and excited about their future as a family. But the past never seems too far away.

### **K**

K is an 18 year old girl who has spent all of her life in the Greater Manchester area. She grew up with her mum, K, and her partner, W, as well as her two older brothers from her mother's marriage to her father, two half brothers from K and W's relationship, and W's three daughters from a previous relationship.

K's father, G, lives about 30 minutes away with his current wife, T and their two kids (12 and 10). K describes her family as complicated.

She is clearly artistic, engaging comfortably in activities that require drawing, and commenting on the changes she would make to the interior of the house if she could.

She is a massive fan of Marilyn Monroe, ever since watching a documentary about her death. Something about the mystery surrounding the way in which Monroe (real name Norma Jean as K keeps reminding us) died fascinates her. She is also taken by how Monroe lived her life, true to herself and unwilling to compromise for the media or Hollywood producers

Towards the end of 2014, K was sectioned. Around the time she was having what she describes as 'episodes' which involve intense periods of self harm and high levels of distress. This was not the first time she had been in hospital. Towards the end of 2012 she took an overdose and was admitted for the first time. The intervening period has been intensely challenging, and has seen huge amounts of change and disruption.

At first was reluctant to open up about what had happened to her, but it didn't take long for her to start telling her story. K is a young lady of immense courage and resilience, who

despite everything she has been through is determined to build a new life for herself and her soon to be new family.

## **History**

As a young girl K remembers a relatively normal, if not slightly chaotic family existence. She was extremely close to her 'nan' (her mum's mum) and grandpa who lived down the road, and spent lots of time looking after her younger half brother S. K had a slightly detached way of describing these early childhood experiences that made it hard to know how positive or negative they were.

The way she describes her relationship with her mother suggests that she didn't get a huge amount of attention. This is possibly explained by the fact that four of the six children in the house had some kind of learning disability (from ADHD to Autism). She clearly didn't get on with W, but at first was reluctant to go into details as to why.

Throughout the day, K described preferring to keep herself to herself - she didn't feel comfortable communicating her emotions with others. When K was 11, around the time of her transition into high school, her behaviour in school became increasingly disruptive and her relationship with the authority figures in her life started to break down.

Soon she started to self harm. K's gym teacher quickly spotted what was happening and told the school's leadership. Their response has clearly stuck with K. As opposed to being supportive and caring, K felt like they had been almost punitive. They instantly called K's mother.

Ka was unable to contain what was happening to K. She became angry and frustrated. When she confronted K and asked her why, K revealed to her mum, for the first and very nearly the last time what had happened to her. She had been sexually abused by her mum's partner, W.

Ka's response was denial. She suggested to K that she had to be lying. Such a response from her own mother was clearly incredibly difficult for K to take. K concluded that if her own mother didn't believe her why would anyone else and so she kept this to herself and became even more introspective. For the rest of her time in high school, K continued to self-harm and continued to misbehave, until her overdose in 2012, just after she left high school to go to college.

On leaving hospital, her mum instantly sent her to live with her dad and his wife, clearly unable to cope with what had happened. Although at first supportive, her dad soon withdrew into what K described as his more normal pattern, "you know what men are like". G and T struggled to cope with K's continued self-harming and started to become verbally abusive, until eventually T's sister, Kat, who lived two doors down with her husband (who K described as her uncle) and two kids, offered to put K up in their spare room.

It was whilst staying with Kat that K started having her 'episodes', and was taken into hospital. After her discharge, K moved in with R and hasn't spoken to any of her family since. She hasn't seen her mum, nor her brother S who she clearly misses, since she was

released from hospital in 2012, and whilst she has exchanged cards with her nan, she hasn't seen her for over a year.

**Early identification** - It wasn't until after K was omitted from hospital in 2012 that she received any help from CAMHS, which was purely around managing her medication. It took some 8 months before she was provided with anyone she could speak to, following a request from her aunt, who felt that K needed some talking therapy.

It was only then that she revealed for the first time to anyone other than her mum what had happened to her.

**Help seeking** - K didn't want help, and she didn't want to ask for help. She was reflective about why this might have been:

"When you are so used to dealing with everything on your own, it is scary to think that other people might help you deal with things"

Asking for help demands that a young person make themselves vulnerable to rejection and pain. Expressing such vulnerability requires trust that the person on the receiving end will not reject their vulnerability, but will receive them with compassion, empathy and care.

K's only experience of 'help' betrayed that trust. It felt punitive, and led to a series of intensely painful confrontations with her mother. This led her to step even further back into her shell, and made her even less likely to seek help in the longer term.

Despite all of this, she started to involve herself actively in volunteering for local and national charities, partly driven by projects she was doing at school and college. It was while volunteering at one such charity that she suggested that she might need to use some of the charities services herself. Very soon afterwards she took an overdose and ended up in hospital.

**Someone to talk to** - In all of her time at school, she only came across one person that she described as 'trusted', her form tutor. But that tutor was unable or unwilling to help K make sense of her behaviour. K was left in a situation in which she neither trusted anyone enough to communicate openly, nor had anyone who was able to make use of that trust by encouraging her to open up or explore her own feelings.

It is important to recognise that the experience of talking to a young person who has been through so much can be extremely difficult. Whilst it is possible to build trust with a young person, to be genuinely accessible can be very difficult. K didn't feel like that person was available to her, despite the fact that there are lots of staff in schools who in theory play that role.

When asked what she thought all young people in Rochdale should have, she suggested "someone trusted they can talk to". Had K felt like she had someone trusted that she could have talked to in her early teens, someone who could have provided some insight into the way she was thinking and feeling, she might not have been any more likely to have actively

sought help from that person, but she might have been more responsive to that person's offer of help.

**Service experience** - At the end of last year, K discharged herself from institutional care. For a while she was tracked by a worker from the hospital 24 hours a day. She hated this experience. It was while this was happening that K described realising that 'no one else can help you, you can only help yourself.' She decided that she would discharge herself from hospital. She did so and went to live with R.

**Purpose and fragility** - K's involvement in voluntary activity has been absolutely integral to K building the life she now has. She has a part time job at the project that she has done for a number of years, and she co-runs a number of groups for the charity whilst attending a number of other groups and events that the charity put on. Her social network is extremely small, and consists more or less exclusively of people that work or volunteer at the charity.

In the afternoon we went with K to a group that she regularly facilitates on a Tuesday afternoon. We spent some time walking around the town centre and sitting in a cafe with her and R, and one of her co facilitators. It became clear how significant a part of their life the charity and the project had become. They discussed the people they worked with, the projects they were working on, and their frustrations.

There was a clear sense of business and purpose that R in particular described as being really important to their lives. But there was also a sense that this was incredibly fragile. K's social network consisted almost exclusively of people that worked at the charity and the project.

Beyond this network there was one person she relied upon, a friend she met whilst in hospital. She hasn't spoken to her dad or stepmom for 6 months, ever since she discharged herself from hospital. Her family were clearly uncomfortable with the idea of her coming out against her doctor's wishes.

This left the impression that without the project and the charity, K would be left stranded with neither networks nor purpose.

**Old before her time** - K takes on a great deal of responsibility, much more than many young people her age. This is something she has always done and seems to feel quite comfortable with, but there is also a sense that she enjoys those moments when she can let go of some of that and be a kid again. When spending time with her friends and colleagues she becomes noticeably more light hearted.

Her pregnancy suggests that these opportunities are going to become more and more scarce as time progresses. It is difficult not to conclude that K's time as a kid is drawing to a close, despite the fact that she has had so much of it taken away from her.

**Future** - K seems optimistic about the future. She has recently applied to an open university degree in investigative psychology and is prepared to re-sit her science exams in order to get on to the course. K didn't do very well at high school, but her grades improved once she

moved to college and was diagnosed with dyslexia, something that had gone unnoticed previously.

She is excited about being a mum and desperately wants to give her child the upbringing she didn't have.

**Conclusion** - It is impossible to know for certain whether or not K would have had an easier time had she been supported to cope as an 11 or 12 year old, but we can only assume that the years of isolation made an already traumatic situation that much worse. There were a number of opportunities throughout her teens for various professionals to spot and make sense of the signs, but her presentation was often so severe or so complex that they either couldn't or wouldn't. Her story demonstrates how difficult and complicated it can be to support young people to get the help they need when they need it.

K's future holds a huge amount of promise, but it also seems incredibly fragile. Whilst right now she seems to be doing well, another crisis never seems that far away, particularly given the challenge she is about to confront.