

# MOTHERS ON THE EDGE



Postpartum psychosis is a severe mental illness, which affects women after childbirth and causes them to lose touch with reality. In the worst cases, they can take their life or the life of their child. Freelance film-maker and photographer Tina Stallard spent two years investigating the condition and winning the trust of her interviewees before being commissioned by BBC News to tell their story.



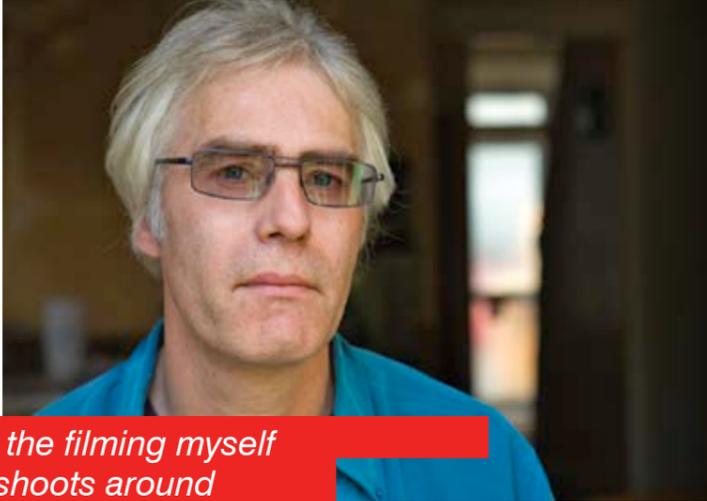
I first heard of postpartum psychosis two years ago, when a local artist, Joan Molloy, asked if I would be interested in carrying out some photography for an art installation about the condition. She was planning a workshop for women who had been affected. Producer Philippa Goodrich was hoping to make a radio programme about it for Radio 4 (Unravelling Eve which was broadcast last December). I was certain it had not been covered on television and thought it would make a compelling programme, but Joan felt the women who had agreed to talk to her would not wish to be on TV, so I began to look for other participants.

Many of the women I spoke to during my research also suffered from bipolar disorder. Most people face a one in 500 chance of getting postpartum psychosis after having a baby – it's relatively rare and the risk is low – but being bipolar increases the risk to a very frightening one in two. If women with bipolar disorder are well cared for during this period, it's possible to spot the condition early and act quickly to treat it. But some women fall through the net. The most horrifying case I came across was a woman who was bipolar and was a psychiatrist herself. ▼

Through a consultant in Cardiff, I made contact with Jo Lyall. She had come close to killing both her children and herself after the birth of her second son, and she went on to spend months in a secure unit, where she repeatedly tried to kill herself. She was fully recovered, but she realised how little awareness there was of the illness among both the public and medical professionals and that she had been fortunate to survive. She had recently spoken at a conference for psychiatrists and was keen to tell her story to a wider audience. Jo was particularly interesting to me because she had no history of mental illness. She was also very articulate and an excellent source of information.



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It's 12 years since Daksha Emson died, but almost everyone working in mental health knows her name. Her death led to a major inquiry into how mothers with mental illness are treated, and also to new guidelines on how the health service treats employees with mental health problems. Dave Emson had never given any television interviews about what happened to his wife and daughter, but he agreed to talk to me. It was an immensely painful interview and we had to stop filming several times so he could compose himself. Daksha had stopped taking her mood-stabilising drugs in order to conceive and so she could breast-feed their baby Freya. She was under the supervision of another consultant, but she knew the risks she faced and everyone assumed she would realise if she started to become unwell. Instead, she became gripped by the thought that "bad forces" were working against their baby. She believed the only way to protect her baby was to stab her to death, and then she set fire to both of them. It was Dave who came home that evening and found them. He has worked since then to raise awareness of the condition and finds some comfort in the hope that talking about their deaths may help to save other lives.

Although these two women's stories both showed clearly the dangers of postpartum psychosis, both were in the past, and it was important to get another person who was at risk of becoming ill. I filmed Jo addressing a conference of perinatal psychiatrists (who specialise in treating mothers with mental illness before and after the birth of their children), and used the opportunity to explain my project and ask if anyone might have a patient at risk of the condition, who might allow me to film them.

I was doing all the filming myself and fitting the shoots around other work, so I needed a location within a couple of hours of London. The Hampshire Perinatal Mental Health team suggested a woman in Southampton, who was five months pregnant. I filmed with her on around three occasions and it was all going well, until her bipolar condition deteriorated. She would arrange to see her community psychiatric nurse and I would be there to film them, but when he arrived, she would refuse to open the door. After four wasted trips to Southampton, I gave up. No one else had volunteered to be filmed, and I made a nuisance of myself by reminding consultants that I was still looking for a woman at risk. But a few months later, another consultant, Nick Best, came up with a willing patient in Andover. Shelley had recently been diagnosed as bipolar, and had been shocked to find out she was at risk of postpartum psychosis. She was keen to take part in the filming so she could help other women, so we began to work together.

Antenatal appointments and discussions with her consultant showed the preparations and care plan in place for Shelley. She would start anti-psychotic drugs immediately after giving birth, and everyone was aware of the risks. There was no certainty she would become ill, but inevitably she was anxious. To reassure her, Nick Best took her to visit the Mother and Baby Unit in Winchester. There are only 20 units like this across the UK, where women who develop a severe mental illness can be looked after in safety without being separated from their babies. Shelley was particularly fortunate as she lived only 15 miles away. In East Anglia or the south west of England, some women have to travel more than 100 miles, or, like Jo Lyall, are cared for in an adult psychiatric hospital, away from their children.

After the birth, everything seemed to be going well: Shelley was delighted with Oliver and happy to be home. Her team were visiting regularly and I assumed that all would go smoothly. But four weeks after Oliver's birth, her husband Lee returned to Northern Ireland where he was posted and Shelley decided to stop taking her anti-psychotic medicine. The drugs made her sleep so soundly that she was worried she wouldn't hear Oliver when he woke at night and needed feeding. When I was filming her on one occasion, she began talking about suicidal thoughts (she had survived more than ten suicide attempts in the past), and I was relieved that she was in contact with the Mental Health team. A week later she phoned me from the Mother and Baby Unit, sounding terrible. She had become overwhelmed by vivid thoughts about harming Oliver, and she was so frightened that she would hurt him that she had been admitted to the Unit so she could feel confident that he was safe.

Because she had signed a consent form at the beginning of the filming and because I had already visited the Mother and Baby Unit with her, I was able to get the necessary permission to film her there fairly quickly. I believe this is the first time a patient has been filmed in one of these units, because of the very justified ethical concerns about filming people with severe mental illness. Shelley was very ill, but everyone knew how committed she was to making the film and this was an extraordinary opportunity.

She was in the unit for five weeks while her psychiatrist tried to work out which drugs were contributing to her extreme mood swings. It seemed a very hit-or-miss approach, largely because of the huge hormonal changes that occur after childbirth. It's because of these changes that women are more at risk of a severe mental illness after having a baby than at any other time in their lives.

I failed to get a commission for the film when I began work on the project. I was told by the BBC's documentary team that they felt the BBC had done

**"too much on mental health recently,"**

and they said the story was similar to others in development. Channel 4 never replied to my proposal and emails. Now I hoped that the strong material I had secured through Shelley's story would persuade commissioners to look at the idea again. But once again, no one would commit to the film.

Enter Mary Wilkinson, who commissions films for BBC World News. She used to commission films for *Newsnight*, and I had made several for her during those years. I had hoped she might be able to give me some advice and asked her to look at the trailer. As soon as she saw it, she offered to run it in a half-hour slot, even though it is a domestic story (though the illness affects a similar proportion of women across the world). She also spoke with Liz Gibbons, deputy editor of *Newsnight*, and once Liz had seen the material, she too wanted to go ahead. The following week, I started work on the script with correspondent Caroline Hawley, before moving to W1 to edit the film with Germaine Muller in one of *Newsnight*'s shiny new edit suites.

The film went out on *Newsnight* on the 21st August and was followed by a studio discussion. The programme also set up an action line so women could get more information. That morning, *Today* ran a package using clips from the film, and *Woman's Hour* broadcast a discussion about the subject with Jo Lyall and Alain Gregoire, one of the Hampshire consultants. Online also covered the story and the longer BBC World film went out a couple of weeks later. Since the story was broadcast, Caroline and I have been receiving a stream of emails and messages from people who are immensely grateful that the subject has been aired, and from others who felt the piece gave them a real insight into the condition. But the real thanks must go to Jo, Shelley and Dave, who trusted me to tell their stories.

