



*‘I will do
everything
to protect
our baby
from evil’*

This photograph was taken just weeks before Daksha Emson set fire to herself and her baby daughter. She had been suffering from an extreme form of postnatal psychosis that can turn mothers into murderers. By Lois Rogers

PHOTOGRAPHS BY TINA STALLARD



David Emson began an otherwise unremarkable autumn afternoon threading his way impatiently through London's rush-hour crowds. A hospital radiographer, full of the joys of new fatherhood, he was eager to get home in time to play with his young daughter before bedtime.

He arrived at his house in Forest Gate, east London, soon after 5pm, calling to his wife and child as he opened the front door. Instead of the familiar noises that usually greeted him, it was strangely quiet; no hello, no sounds of movement from the baby's room.

It was only when he went into the kitchen that he noticed a smell of burning coming from upstairs. A note in his wife's handwriting on the table caught his eye. The words "dark forces" and "evil" in capital letters immediately sprang out at him. "Our baby has to be protected from these FORCES and I'm going to protect her," it said. "I love her, she means everything to me and I'll do whatever I can to protect her from EVIL."

Emson raced upstairs, following the burning smell to the couple's bedroom and a scene of unimaginable horror. As he groped his way through the smoke-filled blackness, he stumbled against the disfigured body of Daksha Emson on the floor. She opened her one remaining eye and tried to say his name before lapsing into unconsciousness. On the bed lay the tiny body of Freya, clad in blue dungarees, also badly burnt.

Daksha, 34, a hospital psychiatrist by training, had set fire to herself and her three-month-old daughter. Before starting the blaze, she had repeatedly stabbed Freya with a kitchen knife and stabbed herself in the stomach.

Freya was pronounced dead at the scene, but Daksha hung on, hovering between life and death for a further three weeks, before she died from her injuries.

Police investigations later revealed she had used her knowledge of chemistry to create a kind of home-made napalm, guaranteed to stick to the skin and cause maximum damage. The ingredients were a combination of oil and solvents bought from car-mechanic suppliers.

Since their deaths more than a decade ago, Emson, a softly spoken Yorkshireman, now a prematurely aged-looking 52, has been left in a vortex of post-traumatic stress and psychological devastation. He has no expectation of recovery. "How can you begin to explain anything like that? How can you move on? You just don't," he says. He still lives in the modest Edwardian terraced home where the



SEEKING SOLACE
David Emson examines medical textbooks belonging to his wife, Daksha, a psychiatrist. She killed herself and their daughter in 2000

fire took place, surrounded by his wife's textbooks on mental health and much of her other personal property. "She was beautiful, a highly intelligent, brilliant doctor, a perfectionist in everything she did. She just felt she could never live up to the standards she had set herself. When I found her lying there... I knew it was her, yet it wasn't her. She just wasn't there."

Daksha Emson had been suffering from a brain disorder known as postpartum or postnatal psychosis (PPP). One of the last taboos of motherhood, it's a form of madness that is rarely touched upon in the blizzard of advice handed out to couples preparing for pregnancy and childbirth.

For most women, the alarming thoughts and irrational fears caused by the syndrome pass within days or weeks of giving birth. But for others, much darker symptoms may emerge unnoticed. The risk of such delusions developing into full-blown psychosis is doubled in women with previous mental health problems — a risk regularly ignored by doctors, nurses and health visitors. Despite this, most psychiatrists acknowledge that PPP is completely curable if treated properly. Yet extraordinarily, many sufferers never receive the information or medical intervention needed to save their lives or those of their children.

Every year, at least 10 new mothers — plus an unknown number of babies and young children — die in violent circumstances brought about by PPP. Women in the grip of the illness are able to appear relatively normal, even as they are planning acts of grotesque savagery.

“Of course I knew about Daksha’s previous mental illness,” says her widower, “but she had been so happy, contagiously buoyant in fact, and immersed in nest-building, as she prepared for the arrival of the baby. I had no idea, though of course I should have realised.”

Daksha, whose family had arrived in Britain from India when she was a child, had taken powerful drugs to control her depression since her late teens. However, she had been advised to stop taking antidepressants while she tried to become pregnant and for the first three months of her baby’s life during breastfeeding, because of the danger of toxic by-products from the drugs being passed to the baby in her milk.

The deadly risks of coming off her medication were never explained to her by doctors and, with no system in place to ensure her condition was monitored, her increasingly fragile mental state went unrecognised by her husband and others close to her.

Emson now works part-time as a specialist orthopaedic radiographer and is completing a PhD in plant ecology. He says a day never passes without him also considering suicide. “Not being able to look after your wife or to protect your child is the most devastating thing for a man. The pain and guilt goes on and on.

“What’s worse is that I now know deaths like Daksha’s are often entirely predictable. There have been any number of guidelines published about how to treat these cases, but they are not being enforced. We have a collective responsibility to make that change.”

Since Daksha’s death in October 2000, there have been reams of guidelines on maternal mental illness from the Department of Health, the National Institute for Health and Clinical Excellence, the Royal College of Psychiatrists, the Royal College of Obstetricians and Gynaecologists, the Royal College of Paediatrics and Child Health, and other healthcare bodies. Pregnant women should always be asked about previous mental illness; those with a history should be monitored by specialists; anyone who becomes ill should be treated by perinatal psychiatrists and admitted to specialist mother-and-baby units if they are considered dangerous. Women who attend such units are almost always nursed back ➤➤➤



MOVING ON
Chris Bingley with his daughter, Emily. His wife, Joanne (below), threw herself under a train

‘She planned to drive into a brick wall with the baby’

Almost three years ago, the dismembered body of Joanne Bingley, a 39-year-old nurse, was retrieved from a busy railway line. She had crept out of her home in Huddersfield ahead of the early-morning rush hour, leaving her husband, Chris, and 10-week-old daughter, Emily, peacefully asleep. Her death traumatised more than 20 people, including a six-year-old girl waiting on the platform. Two train drivers, and several others involved, have been unable to work since.

“The week before Joanne died, I went to the doctor with her and she described her plan to drive into a brick wall with the baby in the car,” Chris Bingley says. “She went through 15 or more ways of killing herself and why they might not work. Because she was a nurse, she had seen a number of people over the years who had survived suicide attempts.”

The inquiry afterwards said all the symptoms indicated she should have been referred to hospital. Yet a Care Quality Commission review held last year

found health authorities in West Yorkshire had still not implemented recommendations for improved mental-health care that followed her death. “One of the managers actually said to me, ‘Guidelines are just guidelines, these things happen,’” says Bingley, 44, a chartered accountant.

Bingley has since received lottery funding for his charity, the Joanne Bingley Memorial Foundation, and is now helping co-ordinate the work of more than 200 small charities, created by similarly affected people. Later this year, he will launch a Maternal Mental Health Alliance, focused on implementing changes to improve PPP detection and care.

Bingley’s anguish continues even now.

“The guilt that you are to blame, and pain,

the sheer physical pain in the chest and stomach, can still sometimes be unbearable,” he says. “For a long time afterwards I felt angry that the services were so poor. Now I feel sad as well as angry, for all the other people this is happening to.”





ROAD TO RECOVERY
Jo Lyall with her husband, Damien, in Cornwall and (left) with her son Finlay. She was held in a secure unit after admitting she intended to kill herself and her children



to health. The problem is, there are not enough of them.

“Everyone knows this illness can be successfully treated, but the guidelines on what to do about it are widely ignored because, sadly, mental-health care is never anywhere near the top of NHS spending priorities,” says Dr Alain Gregoire, who is one of only 25 specialist perinatal psychiatrists in Britain. “We need at least three times more perinatal psychiatrists nationwide, and twice the number of mother-and-baby units.”

About one in seven women suffer sudden depression following the emotional and physical upheaval of childbirth. For many, it is not the joyous experience they had imagined. Newborn babies are vastly less developed than newborn animals, and the responsibility of caring for an emotionally blank but demanding infant can easily tip previously confident women into anger and despair. PPP, however, creates disturbance on

a different scale. About one in 500 women slide rapidly and without warning into this sinister form of psychosis, which can strike within hours of childbirth. Some may skilfully conceal their symptoms for months or years as they battle with hallucinations, convictions they are being hunted by killers, or voices inciting them to murder.

Although half the victims may have suffered mental illness at some stage in the past, others are hit out of the blue. “It is not unusual to see women who have descended from apparent gloom on a Monday to life-threatening paranoia by Friday,” says Dr Ian Jones, a reader in perinatal psychiatry at Cardiff University, who has collected a research database of almost 800 survivors of the condition, and is currently engaged in an analysis of 6,000 bipolar (manic) depressives, to see if genetic factors can be identified that will predict high-risk individuals.

“Patients might think their baby is evil and must be destroyed, or it is a new Messiah surrounded by people who want to harm it. They may hear voices or experience hallucinations, or believe their thoughts are being controlled. Others may believe they have superhuman healing powers. They are completely detached from reality,” Jones says.

Suicide caused by psychosis is the biggest cause of death in women at the time of childbirth, according to specialists. Reports describing the methods used by affected women to

‘She had spoken before about harming the boys’

Susan Talby, 41, a former senior nurse, had chatted happily to her husband on her mobile phone just hours before he came home to find her hanging from a bedroom door in their Peterborough home. Both their children, Joseph, 4, and Paul, 2 (pictured below with Susan), had been suffocated in their bedrooms.

Richard Talby, a 42-year-old sales executive, has recently remarried, but his family and friends say he remains traumatised. Although the deaths occurred in 2007, an inquest was held only last year. Despite recognising that a number of warning signs had been ignored, the local coroner, Gordon Ryall, said he did not believe the deaths were avoidable: “I’m not convinced that the outcome would have been any different had the health visitor and GP been better informed.”

Susan’s sister, Jane Hefford, is unable to accept that view. “She had spoken before about harming the boys, and three days before she died she called the health visitor because she was worried she was feeling the same way,” Hefford says. “That call was never followed up, nor mentioned in the coroner’s summing up.”



RIGHT: PA

kill themselves make grim reading. The most recent, by the Centre for Maternal and Child Enquiries, covered 2006-08, at which stage the government suspended funding for the gathering of statistics.

The report discussed the circumstances of 29 mothers who died within six months of giving birth. Three set fire to themselves, one cut her own throat, one drank bleach, nine hanged themselves, nine threw themselves from cliffs, bridges or buildings, and two drowned themselves. Only four resorted to the relatively peaceful end offered by carbon-monoxide poisoning or drug overdose.

None of the 29 had received any specialist perinatal psychiatric care, and almost a third were well-educated professional women, reflecting a widely held misconception among doctors that such women are least likely to need help coping with motherhood. "It is no accident that a lot of these cases involve affluent, middle-class people," says Dr Margaret Oates of the East Midlands Perinatal Mental Health Clinical Network, a leading international adviser on the problem, who has pioneered treatment programmes and even has a mother-and-baby unit named after her. She has repeatedly drafted and revised a variety of guidelines that could have saved countless lives, had anyone taken any notice of them.

"People still have a view that mental illness is something that happens to the great unwashed, and general psychiatrists often share that view because that's the world they live in most of the time," she says. "Women often don't disclose their mental state to anyone if they can help it, because they rightly fear their babies will be taken away."

The evidence of complete recovery where treatment is offered by skilled psychiatrists can be spectacular. Jo Lyall, 42, a former head of maths in a prep school, is a survivor, despite innumerable suicide attempts.

Her slow descent into psychosis, more than four years ago, was preceded by an announcement to her husband that she intended to kill herself, their two children Tom (then aged two) and Finlay (then aged one), and their dog. Lyall explained to her husband that she was warning him so the event would not come as a complete surprise.

For more than a year, Damien Lyall, 39, a former Home Office forensic scientist turned boat-builder, suffered the daily horror of



'Part of me will always be missing. I am truly sorry'

Last May, Jeff Boots, 34, a Canadian banker posted to London four years ago with his wife (below), came home to find both his children dead in the house the family had moved into a fortnight earlier. His wife, Felicia, was huddled on the stairs, alive but with a bruised neck. In a cupboard upstairs lay the lifeless bodies of their children, Lily, 14 months, and Mason, aged 10 weeks. They had been suffocated.

Earlier the same day, Felicia, also 34, had texted her husband a happy picture of Lily. Her decline was triggered by the fact she had stopped taking the antidepressants prescribed for postnatal depression following Lily's birth, because of fears it would be passed to the baby by breast milk.

trying to protect his sons from this potential murderess, while also rescuing her from suicide attempts. Ironically, the couple

had moved from a commuter-belt life in Sussex to create a stress-free "Swallows and Amazons" childhood for their offspring in Cornwall. "We didn't really know anyone, we didn't have much of a support network, so it was incredibly difficult," he says by way of understatement.

Jo Lyall's mental state rapidly deteriorated. She repeatedly slashed her wrists, gouged her legs and was shuttled in and out of psychiatric care. Despite her threats against the children, her violence was directed solely towards herself. At the suggestion of nurses, she chronicled her moods during treatment in a diary, which became the basis of a so-far unpublished book providing an insight into the often incomprehensible self-absorption of madness. Lyall is in demand at psychiatrists' conferences, because of her ability to explain

'Patients might think their baby is evil and must be destroyed, or a Messiah people want to harm'

In October last year, she pleaded guilty to manslaughter on the grounds of diminished responsibility, and was ordered to be detained indefinitely in a psychiatric hospital. In a note to the court, she wrote: "Part of me will always be missing. I never meant any of this to happen. I am truly sorry."

She remains a suicide risk in care; her husband's life is in limbo. Friends and neighbours are consumed with guilt. A family friend in the Toronto suburb of Oakville, where Felicia grew up, said: "She was lonesome [in London]. She wanted to go out for dinner and things, but they had no babysitter. She used to say that if I lived in England, I could be her babysitter. She enjoyed England, but wished she had more friends. Sometimes being alone is the worst thing."

insanity from the unusual perspective of a former sufferer who is now entirely sane.

During the depths of her illness, most of her thoughts were taken up with her deranged efforts to hide weapons and drugs from those seeking to protect her. She has recorded her delight in hoarding and overdosing on antipsychotic drugs, with their "tantalising possibility of death", her joy at the pain triggered by cutting her limbs, and the sight of "fresh crimson blood". She was given a variety of ineffective psychiatric drugs, useful only for her repeated suicide attempts, and was locked up in a secure unit away from her children, in the company of violent schizophrenics.

Even though her deadly intentions were obvious, she was discharged back to her husband with the clear message that nothing could be done, and that he was responsible for ensuring her safety and the safety of the children. "I was told that it was up to me to keep her safe and make sure she had no access to belts, laces, plastic bags, knives or anything sharp in the house that she could use to harm herself. I would be bathing the boys and I would hear the click of the front door and know she was going off to kill herself," he says. "I would have to get them out of the bath, dress them and drive round looking for her. If I didn't find her within about 45 minutes, I would have to call the police. Eventually, I had to get her taken away again. It was one of the hardest things. She didn't want to go, but I couldn't cope."

In the secure unit, Jo heard voices inciting her to violence. She searched constantly ➤➤➤

for ways to kill herself, and her incidents of self-harming escalated. She escaped repeatedly, each time leaving Damien convinced she was dead, and each time requiring her stomach to be pumped clear of lethal tranquillisers she had hoarded. "There were times when I just wanted it to end," admits Damien. "I wouldn't articulate it as wanting her to kill herself, but the stress was completely overwhelming."

There are no specialist units for postnatal illness in either Devon or Cornwall, but a glimmer of hope came from a general psychiatrist, Dr Adrian Flynn, who happened to have an interest in postpartum psychosis. He explained to Damien that provided Jo could be prevented from killing herself, the condition was entirely curable. Damien persevered, visiting daily with the boys and taking her out once a week, even though, by this point, his wife showed little interest in him. "Each time, a nurse would appear and make a speech about keeping her away from fast-moving traffic, cliffs and dangerous beaches," he says.

Almost a year went by. Damien was told that because Jo had successfully hidden her psychosis for so long, her symptoms were more entrenched and harder to treat.

As drugs were having no beneficial effect, controversial electric-shock treatment was proposed as a last-ditch solution to jolt her back to sanity. Its mode of action in altering brain function is completely unknown, and it can cause memory loss. However, with informed consent, it is considered ethical.

Miraculously, it showed signs of working almost immediately in Jo Lyall's case, and after 11 sessions she was cured. "I know I will be just fine," she wrote after her recovery in 2010. "I feel like the old me. I am starting to feel whole again after being fractured for so long."

She has not returned to teaching, but spends much of her time campaigning for better regional mental-health services, and has been instrumental in plans to open a specialist PPP unit in Cornwall. Jo is self-confident and upbeat, but also knows now that she was incredibly lucky: "I only survived because

I was found in time after the suicide attempts, and because Adrian Flynn happened to be interested in this condition. It certainly wasn't because the local mental-health services were good, because they weren't."

The couple are still together. Damien has got his wife back, but the long-term effect on him of enduring so much pain and stress is unknowable. "If you have botched surgery, you may be left with an unnecessary but permanent limp," says Gregoire. "These men suffer damage you can't see. We don't treat them, there is nothing for them and that is also a failure of the system."

Back in east London, 12 years after the death of his wife and baby daughter, David Emson acknowledges that his bereavement has damaged him beyond repair, but he hopes his story can help save other young families. "If talking about this now leads to changes in the care and treatment of mothers battling unseen mental illness, then the tragic and brutal deaths of my girls will not have been in vain. It would be a way to honour my wife and give her an everlasting legacy." ■

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