Fern Lulham: And I think as disabled people it's very easy to feel like I am supposed to have accepted everything about myself and I'm supposed to be happy with myself. But of course. It's completely natural and normal to have those days, even if, you know, 99 percent of the time that's true, where we're falling apart and we just wish we weren't disabled, or we just wish things could be different and things could be easier, and we doubt ourselves. And all of that is okay.

Emma Vogelmann: Welcome to The Wheelchair Activist, a podcast hosted by me, Emma Vogelmann, and every month I interview amazing members and allies of the disabled community who are quite literally changing the world.

This episode is a look into the intersection of mental health and disability. According to the U. S. Center for Disease and Control, disabled adults report experiencing frequent mental distress almost five times as often as non disabled adults. Given the importance of this topic, this episode is going to look a little bit different. It's split into two parts to highlight the variety of disabled people's experiences accessing mental health support. First, I interview Fern Lullum, a professional mental health counselor who is also blind. She discusses her experiences as a disabled person providing mental health care, as well as her personal journey on mental health. Then, at the end of this episode, you'll hear from two incredible disabled women who have faced barriers seeking mental health support.

Emma Vogelmann: Well, Fern, thank you so, so much for joining me on The Wheelchair Activist. I'm so excited for today's episode because anyone who knows me knows that I am a big fan of people going to therapy, talking about mental health, and all of that good stuff. But would you mind introducing yourself to my amazing audience, please?

Fern Lulham: Thanks. Absolutely. Well, thank you so much for having me on the show, Emma. I'm really excited to be here. So yeah, I'm Fern and I have been in the field of mental health for about four years now. I got interested in mental health and the emotional side because I'm also a public speaker. I would go out and I would speak mainly about my story and obviously that includes my disability. So I was born with a eye condition called aniridia, which is very rare. Not a lot of people have heard of it. But over the years it's deteriorated. And so I'm now registered blind where I was born severely sight impaired.

And so as you can imagine, that's kind of thrown up some challenges for me, some obstacles, both physically and mentally and socially and, you know, all the rest of the ways. And I would talk to people about these things and find a way to

connect with people through our shared emotions and the things that they could kind of relate to. And doing that on a big scale on a stage is really important. It was amazing when people would come up to me afterwards and talk to me and say, that thing that you said really hit home for me because I have been there and I feel exactly the same way.

And, you know, a lot of them would say, I don't have a disability. It's not the same in the sense of exactly the content of what it is, but the principle is spot on. And sometimes they would share things with me that they had never shared with anyone. So they'd say, I feel like I want to tell you something because I would often start my speeches by saying I have a secret and it would basically be that I have a disability because for a long time I didn't tell people that when I first met them.

And so people would tell things to me that they had never felt that they could share with anyone. And as you can imagine, you know, that's just a natural progression to think if I can help people, Here, you know, where I'm kind of talking to loads of people at once. Imagine that on a one to one scale. And so that's what got me interested in counseling.And then did my training and it's kind of just gone from there. Really.

Emma Vogelmann: That's such an interesting transition though from sort of being that voice in the room that can help all the people listening to the words that you're saying to really feeling empowered to have those one on one, often much harder conversations because they're one on one.

Fern Lulham: Yeah, it's interesting, isn't it? Lots of people have a fear of public speaking and yet actually, like you say, quite a lot of the time when you're speaking to lots of people, in some ways, particularly when it's a vulnerable situation, it can be easier than just speaking to one person on your own, you know? It can be kind of daunting in a weird way, paradoxically.

Emma Vogelmann: Yeah, no, absolutely. That makes so much sense. And so I'm wondering, what do you see as the intersectionality between disability and sort of mental health?

Fern Lulham: I think there are so many emotional issues that disability throws up from my own experience. I would say that I have probably struggled much more emotionally than I have physically because I kind of see the physical side as practicality, you know, and, and often we're very good as disabled people at finding ways around things, you know, saying, right, how can I make this work for me?

How can I adapt this for me? But emotionally, you know, the way that you feel about yourself, obviously, disabled people are up against some very specific challenges, I think, that can affect their mental health, so things like stigma, misconceptions in society, so the way other people view disabled people, obviously facing barriers every day in terms of accessibility, you know, just, you know, having to figure out how to do things all the time in a world that isn't necessarily built for you.

And also just adjusting to that disability, even if you've had that disability from birth, like myself, even if it stays the same and it doesn't even change, what you're doing changes. So you're constantly having to adjust to that and to figure things out. And so All of that, of course, takes a massive toll on you and it can kind of create insecurities or confidence issues or, you know, your self esteem can be affected in a big way.

And so really, I think it's about having those conversations. You kind of want to tailor the conversation to somebody's specific needs and what they're coming for. But a lot of those conversations will, like I said earlier, relate around the same principles, so those same emotions of anxiety or fear. Fear or mistrust, even just mistrusting yourself. I think disability really does throw up these very specific issues that you know, some of them in content are very specific to disability, but then again, they can be very broadened out to things that everyone can kind of understand, particularly when it comes to the way that you view yourself and how you feel about yourself and how you feel you can sort of cope with all of these challenges that are coming at you.

Emma Vogelmann: Yeah, absolutely. I mean, I'm forever saying that, you know, disabled people are the best problem solvers, basically, you know, creative thinking problem solving, because like you said there, the world isn't built for us. It's not built accessibly or inclusively. So we are always having to figure out how do we fit within that. But it absolutely does have its mental health toll. You know, it can be exhausting sort of feeling like you're always in this uphill battle. You're always trying to adapt yourself in spaces that you may not necessarily feel welcome. I'm curious, the counseling work that you do, would you say that the large amount of your clients, patients, are disabled themselves or have you found mainly non disabled clients?

Fern Lulham: I've really had a mix. I probably say the majority are non disabled, but I have had disabled clients. And I have also, I think it's important to say that I've had clients who Are the parents of a disabled child or a partner of a disabled person and and I think those people quite often get left behind because of course not only can disability take its toll on the mental health of the

person experiencing that disability but also everyone around them is also affected by that, and it can throw up issues for them as well. So I think it's really important for everyone to talk about these things. When you're supporting somebody else, you know, when you're supporting someone with a disability, of course you need someone to support you as well.

Emma Vogelmann: Yeah, no, a hundred percent. It's so true in so many areas of life that you have to look after yourself before you can look after other people, but in terms of disabled people themselves sort of accessing counseling or another mental health service, what do you think are some of the common barriers that are put in place to accessing any type of mental health support, but as a disabled person?

Fern Lulham: I think there are some very specific access barriers. the obvious one is going to a building that you're going to have therapy in and it not being accessible for you in one way or another, whatever your disability might be and whatever that might mean for you.

But then also, I'm thinking particularly as somebody who can't see very well, websites, you know, accessibility, just logging on to somebody's website and being able to find what you're looking for and finding the contact details of that person. And that can be really quite soul destroying, if you're seeking support, which is quite a vulnerable thing in itself. And then, at the first hurdle, you know, you haven't even spoken to the person that is going to help you yet. And you can't even get that far. And it can really add fuel to that far. If you're feeling hopeless or you're feeling useless, and then that happens to you, it's almost like, well, just give up, you know, I can't, I can't even do this simple step.

I suppose the flip side of that on a positive note is that talking about sort of computers and online things that therapy now is available online or on the telephone. And that seems to have kind of exploded. I guess the pandemic has speeded that along as well. And that can be helpful because it means you don't have to travel, you know, obviously, I know it's very much personal preference, whether you prefer to be in person or, or online or on the telephone, but if if you're happy with that, and you like the environment that you're in, and you feel comfortable with that, then that can be a great help.

And I think also financially. Therapy can be expensive. So, you know, of course there are services on, you know, the NHS things that you can get for free, but very often they have long waiting lists. So you, you know, if you need mental health, you can't always afford to wait six months or a year or whatever it might be. So going privately to a therapist can add up very quickly. And so for

disabled people, many of whom, as we know, sadly aren't in employment, that can be a struggle. It can be a really big barrier.

And then I just think in terms of communication and understanding if you maybe are deaf and you need to kind of have a a translator or something like that somebody to help you out there, or if you're neurodivergent and you kind of process emotions a bit differently, you know, Maybe there is a case for, you know, some specialized training in therapy because there, there just might be a bit of a mismatch. But what I would say on this topic is that therapists, hopefully a good therapist should be better, I would say, or, you know, at least, you know, top of, top of the range at kind of navigating these conversations of helping you figure out what you need, because that's what therapy is all about, is about discovering what do I need? How can I put this across to someone?

And if, like me, this is, you know, very much from my own experience, you struggle with advocating for yourself and sort of speaking up and saying, actually, that doesn't work for me. I've I, you know, as a people pleaser, this is something I've struggled with a lot. I'm just kind of go along with what anyone gave me and go, “Oh, you know, that's fine. You know, I can't see it, but that's fine.” It's a really good way of giving you that safe space and that time to practice that, you know, and, and like I say, a good therapist will encourage you to say, you know, “Let's look at that. Why, why is it hard for you to ask for help? And can we practice that between ourselves?” And then you can use that, like I say, as a kind of a safe practice ground for then going out into the real world back in your everyday life and, and being able to speak up for yourself a bit more.

Emma Vogelmann: I've realized as we're talking that we haven't defined what we mean by therapy in this conversation because there are so many different types that people might be familiar with. But what's the type that you practice as a counselor?

Fern Lulham: Yeah, so I'm an integrative therapist, which basically means I dip into lots of different styles. Mainly I am humanistic, psychodynamic and CBT cognitive behavioral therapy. So people may have heard of those. So they're, they're the kind of main ones that I use, but I can kind of dip into all different types of therapy. But I tend to do a shorter sort of period of time or a longer period of time. And quite often, if it's a longer period of time, you know, we are sort of looking maybe psychodynamically looking at where did these issues that you're facing come from let's, you know, explore that.

So cognitive behavioral therapy is quite often used on the NHS and it's about how your thoughts and your behavior go together and kind of looking at how do your thoughts affect your actions affect your emotions. It's kind of like a big cycle. And then humanistic is looking at it from a very person centered point of view. So I am listening to my clients and I'm letting them very much lead the conversation.

A cute way I like to explain this is the therapist is kind of like your guide dog. So you are very much in control as the person, you know, as, as the client. And I am kind of guiding you and helping you to discover things, but I'm taking my lead from you, you know, you're in the driving seat and I am just there to kind of learn from you and together we'll figure out, you know, what, what you feel about things, because basically humanistic is very much based on the viewpoint that you're in. You as the client have the answers, you know, the answers, and it's just about us working together to kind of draw that out of you because you're the expert on your own life. I can't tell you the answers. You, you know, those best for yourself.

Emma Vogelmann: That's really interesting. All of those different sort of terms that you just use. I love that analogy of a guide dog. It really makes so much sense though when you've, you know, experienced that type of therapy, you know, where you go in and you choose what you're talking about for a session.

At the top of this conversation, we talked about all the different challenges and barriers that disabled people face absolutely every single day. So, what would be, and I realize that this isn't a one size fits all, but thinking about disabled people who may feel like, well, there are always going to be problems. There are always going to be barriers. Does that mean I need to be in therapy forever? What, what would you sort of say to that?

Fern Lulham: I would say that the aim of therapy is not to get rid of all your problems, because I can't do that. I don't think any therapist can do that. So, so I would say to them, yes, there will always be problems. And what we try to do in therapy together is we try to figure out how we can cope best with those problems. And I think as a disabled person, you know, just from my own experience, that's all we can really do as disabled people is learn strategies and coping mechanisms so that when things come up, we know Better how to deal with them.

And so that very much ties into what I was saying about cognitive behavioral therapy. What thoughts come into your mind when you think about the challenges that you're facing and can you challenge those thoughts? You know,

so there's a very classic example from CBT, which is essentially putting your thoughts on trial.

So when you're thinking like, I will never be able to do anything. That's a very black and white thought. And we might ask questions like. Well, can you give me an example of a time when you have been able to do something? You know, let's look at the flip side of that. And so just changing very subtly how you think about things can change how you feel about them and can change then how confident you feel in actually going ahead and doing things.

But you know, I think, like you said, it very much depends on what you're looking for. When I had therapy, because when you train, you also have therapy as well, yourself, the other side. It was really interesting. to kind of go back into my childhood, because I don't think I realized as a child just how much my disability impacted me, and how it has kind of shaped me as a person. And I think that can be really quite validating, and useful for people to go, “Oh, this really has had an impact on me.” And when you can understand that and find that self awareness again, you learn a lot about yourself. And you learn how you personally can best cope with situations when they do feel problematic.

So to answer your question in short, No, I, I don't think you have to be in therapy for years for it to have a really good impact and change the way that you think about your problems and the way that you handle things.

Emma Vogelmann: That is good to know because I think this also ties into the misconception that only sad people or people going through a particularly tough time need therapy. And for disabled people, sometimes that can feel more often than it does for non-disabled people. But I can feel you probably itching to tell me that, you know, not only sad people need therapy, but specifically for disabled people, why is that not true?

Fern Lulham: No, absolutely it's not. I mean, I could have talked for ages about, you know, all of the things that my disability has brought up for me. And that's certainly been true of a lot of the clients that I've worked with.

So many of us are kind of living our lives or going about our days, we may not be sad, but we may just kind of be getting by. I think the point that I made about self awareness is just so important because the more we can get to know ourselves, and the more we can trust ourselves, the better we're going to feel inside ourselves. And even if we're not sad or even if we don't really feel like we have any particular issues, you will probably come across things that maybe

you've stored away or maybe you just aren't even aware of that just will help you and will just make you feel better.

I think It's so important to keep a check on your mental health, just the same way as it's important to keep a check on your physical health. You know, it's like saying, I'm not going to pay any attention to my body all the time. It's not. Completely falling apart and I need to go to the hospital, you know, you, you really got, it's something that is just, you need to keep a check on that because things are going on in the background. And if we don't pay attention to that, the first sign that we know something has gone wrong is when we have some kind of breakdown and we just can't continue. And so we kind of need to keep a check on that all of the time so that it doesn't get to that really low point.

Emma Vogelmann: I am absolutely going to steal that analogy of the, well you don't have to be, you know, super physically unwell to admit that you need to look after yourself. I absolutely love that. Definitely going to steal that, I hope you don't mind.

Fern Lulham: You're welcome.

Emma Vogelmann: So, I think there's also a lot of hesitation, again for the disabled community, when seeking mental health support. And I want to talk about the differences for a disabled person, working with a disabled therapist, and a non-disabled therapist, and I personally have experience of both. So happy to talk about my experiences. But from your professional opinion and as a disabled counsellor, how do you believe that that comes into play? Or should it come into play when making a decision about who to work with?

Fern Lulham: Yeah, I think it's a really good question. I really do think it's very much down to personal preference. I think there are, of course, some people who would feel much more comfortable going to a disabled counsellor if they have a disability. And it's not to say that you know, there's definitely a case for saying that if your counsellor has a disability, they may have a deeper understanding or they may kind of have experienced similar things to what you have, you know, even if not exactly in principle. So, you know, like feeling excluded or feeling like you wish you could do something and you can't, you know, those kinds of broad issues that affect a lot of disabled people.

But that kind of comes with a caution because the flip side of that is in therapy, we have to be very careful as counsellors, not to make assumptions. Say I had somebody who's registered blind and they come in and they talk about their life. It would not be useful for either of us if I'm sitting there going, “Oh yeah, yeah,

I know. I know exactly what they mean. I've been there. I've had that experience" because even if I've had exactly that experience, we're completely different people. We may have completely different eye conditions. So, I, as a counselor, need to be listening to their experience instead of just thinking that I know it all because I've had, I've had something similar.

It can help in the sense that it can be really good for representation because I think sometimes when you walk into a therapist office and if you have a disability and the counselor has a disability as well, you can kind of feel like, oh, I'm not alone. And also this person is doing a good job and has obviously overcome their challenges and is able to be a therapist. And so that can be very encouraging, and it can just be great to see that representation in the mental health field. Because I think we all need to promote inclusive, accessible mental health and representation is a big part of that. And I think obviously that's good for everyone. You know, it's good for non-disabled people to see that as well.

I suppose as well a disabled therapist might think of things that a non-disabled person just might, it might not even occur to them to think of simply because they have had some experiences that might match with the clients.

The most important thing is the connection with the therapist. And I would say that to anyone, I could go to a disabled therapist and we just might not click at all. And it might be a nightmare. And in fact, I might be sitting there thinking, "Well, you just think, you know it all. And I'm not feeling this at all. I don't know what you're talking about." Equally, I could go to a non-disabled therapist and we could just hit it off. So the most important thing is that kind of chemistry and the therapeutic relationship between client and counselor. That's the thing to look for above all else.

But of course, you know, if you feel more comfortable with a disabled counsellor, then go for it. And I do think it's really important that there is that option out there if people want it.

Emma Vogelmann: I think your point about representation though is crucial. And that's a huge reason why I started this podcast to begin with, which is to show disabled people doing different things. When I came across you on social media that's when I thought I really want to talk to you about this because as a disabled person who has gone into a job or an industry rather that isn't thought of to be full of disabled people by that I mean I think disabled people can get pigeonholed into, you know, roles in diversity and inclusion and, you know, things directly related to disability in a lot of ways. And I don't want any disabled people to feel that that's sort of their only option. And so I think, you

know, your point around disabled people in the counseling therapy space is so important.

Like I said, I, I've had both experiences and I, I found so much benefit from a non disabled therapist who I worked with for a number of years, but it was actually during the time when I was really grappling with my identity as a disabled person is so much so that I didn't consider myself to be disabled when I started working with her, but then through working with her when I thought issues were about something very different to disability, realizing how prevalent it actually is in the way that I was feeling about, you know, at the time it was about university and how depressed I was during that time and realize that, oh my god, so much of this is related to my disability. It can no longer be ignored.

And now I'm working with a therapist who does have a disability, a different one to me, but I find, it's not in a bad way that she says this at all, but sort of like, “Oh, I really understand what you mean.” It's in a very comforting, reassuring way that you, you know, sometimes you feel. You know, am I the only disabled person on the planet who is thinking this? And you, you probably aren't. And, you know, having a disabled therapist to go, “No, I, I hear you. I've thought this as well” but again, not make it about them. But allowing you to feel that recognition I think is really powerful.

Fern Lulham: Yeah, I agree. And I think sometimes, even we don't understand how much something has impacted us you know, and like I say when I had therapy quite often I would Say something about, you know, how something had impacted me and my therapist would say, Oh, that sounds really hurtful or you must have been really upset by that or something and and it all all of a sudden it will just unlock all of this emotion and you go, “Yeah. That was really hurtful” you know, and you didn't even acknowledge it to yourself for a long time. Or maybe you kind of dismissed it or belittled it in some way. And it's really validating and just freeing, liberating to hear someone say, “No, you are completely right to feel that way. Of course you feel that way.”

Emma Vogelmann: Yeah. That second bit, “of course you feel that way. I find so helpful because it's. You know, people, and I think particularly young women, right? Women throughout history have always been called hysterical, oversensitive, overreactors, and all of that. And you can't help but internalize that to an extent and think, am I overreacting? Am I being dramatic? But to have someone say that what you are feeling makes sense and logically, Of course, that's why you are feeling this way. It really just feels so, so good when you have those moments in therapy.

Fern Lulham: Yeah. Very empowering.

Emma Vogelmann: So I wanted to ask you, a question that I hope is comfortable for you to answer. I did send this through. ahead of time for the people thinking, listening, “Oh my God, she's putting her on the spot with a difficult, invasive question.”

Fern Lulham: That's all right. You can put me on the spot anytime.

Emma Vogelmann: But I wanted to talk about the fact that we know so much of human communication is non verbal, right? And in therapy, if there's no communication, there is zero points in either of you being there. So, as someone with a visual impairment, I'm really interested, how do you feel that not being able to pick up on body language, you know, and visual cues impacts your work, and does it allow you to tap into other things that you think other therapists may not be able to understand?

Fern Lulham: Well, I'm really glad you asked that question because it is the kind of question that a lot of people wonder about, but it's never kind of brought out. And so that's what we love to do in therapy is just unspoken into the room and talk about it. So you've probably all heard the statistic that 90 percent of communication is nonverbal. And, and when, when I hear that as a blind person, I kind of think, well, how do I talk to anyone then? Like, you know, that puts me at a major disadvantage. But clearly I do. And I think, you know, even the conversation that we're having now is a very meaningful one.

And so I suppose part of my answer is I kind of practice it every day. As a blind person, I can't see nonverbal communication with anyone that I talk to. So I think you're right. I think you do. just naturally adapt to that situation. And you do find yourself picking up on, on nonverbal cues, you know, like the tone of someone's voice, for example, or you might hear them shifting around in their seat, or you might hear them sniff if they're, if they're, you know, tearing up or something. There are lots of ways around it. And actually, I think in, in many ways, it can kind of be an advantage in the sense that for some people, one of their biggest worries about going to therapy is sitting there and having someone stare at them and kind of feeling like they're interrogated.

And I heard recently, actually, that telephone therapy is very popular for that reason, because, you know, you, of course, you can also be in your own comfort, comforting space, your own environment. But to have that, especially amongst young people, to be able to open up where they don't have someone staring at, particularly, we all know what it's like when you get a bit emotional

and you tear up and you don't particularly want someone staring at you. And so I think in that way, some people might prefer that and they might actually find it easier to open up for that reason.

And I suppose the biggest issue for me would be when there's a silence. So say I've, I've asked them a question and there's no reply and I'm thinking, okay, did they hear me? Did, you know, are they, what's happening here? I can't see their face to know what's happening here. Okay. And in that moment, I would do a few things. So if it's a silence, if I've asked them something quite emotive that I think, you know, maybe we need a bit of a pause, as you will know from your experience in therapy, Emma, I'm sure we love the silences in counselling. We embrace the silences. So I might just sit there for a little while and just let that sink in for them. But then if I get to a moment where I just think, okay, you know, I don't know what's going on here, I'm Again, I would just bring that into the room and I would just say, what's that bringing up for you? Or how do you feel about that? Or I might say something like, you know, it literally might just say, I noticed that you've been quiet for a little while. I'm just wondering how you're feeling, you know?

And so I would just say it in, you know, in the most diplomatic way I could, I always make sure that especially if I'm face to face, cause obviously face to face is more relevant, that I will disclose my disability. The first session. So in the first session of counselling for people who don't know, a contract is made and you kind of go through your agreements and what you expect from counselling and the timekeeping and all of that kind of admin stuff. And just as part of that. I will say, just so you know, I do have a visual impairment and I'm just telling you that so that if I don't look you in the eye and if, you know, if my eyes are sort of wandering a bit, that's why, just so that you know, so that, you know, and so then they're not distracted by thinking, what, like, why, what is wrong with this woman? I don't want them to think that, I just want that to be out of the way.

And of course, as a therapist, you don't often disclose something about yourself and you, you know, you certainly you've got to have those boundaries around that. But it's actually quite a nice way I found to start at the beginning of a therapeutic relationship in that it kind of just gives them a little bit, it gives them a bit of I'm being vulnerable here, actually. I'm sharing something quite personal with you.

And actually, as a therapist, a lot of people have this misconception that therapists are perfect. They've got all the answers. They know how to handle every situation. They've got it all together. Of course that's not true. We're just

human, you know, we get it wrong too all the time. We make mistakes. We, you know, we mess up. And so that gets that misconception out of the way. And I just think sometimes it can help to just build that connection. And people immediately sometimes do think, “Well then she knows what it's like to go through challenges and to face not always being easy for her. And so maybe she gets it. Maybe I can open up about my problems because she's not somebody who has never experienced anything going wrong in her life.” So actually sometimes it can be really, really helpful.

Emma Vogelmann: So on that, I am one of those types of people that people will share their problems with, right? Sort of no matter who it is and sometimes it can be really insignificant, sometimes it can be big. And a conversation I've had with a friend lots of times is she gets really frustrated when she hears someone bringing a small sort of kind of ridiculous problem to me. Because I have challenges, I have barriers that I face. And so to her, the problems that people are bringing to me are so different and so much smaller, and she has a lot more than I have to deal with that she struggles to understand why people bring that to me and why people aren't sensitive that I have a lot of my own things going on. So, maybe only come to me with the big stuff.

That's certainly not how I would want to be perceived. But I'm wondering in your scenario where, you know, people may think, okay, she's had challenges. Do you think anyone has ever felt like, oh, maybe I shouldn't tell her that I was fretting over what to wear before a first date or something because it seems so much smaller and trivial than the life as a person who's blind in a world where it's not designed inclusively?

Fern Lulham: Yeah. Well, I suppose that that could be possible, you know, absolutely that that situation could occur. I think really that is about building that therapeutic relationship. And, and as I said earlier about really validating their, their experience. And actually I would hope that maybe if they were thinking that that would come out. That would be helpful, you know, because then we can talk about that and we can sort of say, Is this something that you feel in lots of situations in life? Are you kind of comparing yourself to other people and saying, ‘Oh, well, in comparison to this person, they have so much more problems? Or more commonly, we hear the opposite, which is everyone else has a perfect life.

So even little things like that, actually, I just see everything really as an opportunity to kind of. Let's explore that. You know, what does that mean for you and, and where else in your life is that showing up? So I kind of try and see

all of those little things as a way to, to just start a conversation and see where it takes us.

Emma Vogelmann: Yeah, it's a really great way of thinking about it. It's a conversation starter, I suppose, rather than people feeling that they can't open up to you, which is of course the reason why you are there in that therapeutic scenario.

Of course you work one on one, but you must know, you know, other therapists, counselors, etc. Do you feel that the majority of people that you've worked with would feel comfortable taking on a client with a disability? Or is it something that they might shy away from if they don't have lived experience?

Fern Lulham: I would like to think that most people that I know would be okay with that. So to me, I suppose, when I hear that somebody who doesn't want to work with somebody with a disability, there's two things that spring to mind for me that that could be. One is judgment, you know, some kind of prejudice or discrimination or, you know, something where they're just like, I'm not, I don't want to work with them.

They have a disability. Which of course, as a counselor, we would hope that most counselors were nonjudgmental, but I think It's judgment is, a natural human thing. So asking yourself, why do I feel that way? Where is that coming from? within me and taking that to supervision and talking that through with your supervisor and almost therapeutically yourself figuring out where that's coming from could be helpful.

The other thing that it could be is like you say, It could just be that I, you know, I feel like I don't know enough about this. I have never experienced it myself. I will probably end up saying something that might offend them and, you know, all of those kinds of things. And what I would say to that is, there are a million things that our clients bring to us that we've never experienced.

And so we have to be ready to learn from them. And like I said earlier, you know, it's, it's, it's, It's them. They're the person and we're just kind of their guide. And so actually, on the flip side of what I said about the kind of pitfalls of feeling like you know too much about the situation, it could actually be a really useful thing if somebody feels like they don't know that much, because then they're going in with a completely clean slate and a completely open mind.

And they're really, asking that person, they're going to be curious. You know, what is that like for you? How does that feel for you? And just in that way,

through them learning themselves about it, they're encouraging that person to open up and really explain and explore their own situation and become more aware of how they actually feel about their disability.

So it could actually be a really helpful thing. And I would encourage people if they have that kind of initial, Oh, you know, I don't know if I'm okay with this. I don't know if I'll be able to say the right thing. Yeah. As a therapist, it's not your job to have the answers. It's your job to ask the questions. Remember that.

Emma Vogelmann: That is really, that's, that's so powerful. And it goes to what I think everyone is hoping that people would be willing to take it on and to learn and to appreciate that no one could know everything about an individual's life. Even if you took on a client with the exact same condition as you, your lives are going to be very different because they're impacted by so many different things.

Fern Lulham: Yeah, 100%. That's, that's so true. And it's just wrong to, in any way, think you know what they're going through because they may think in a completely different way to you.

Emma Vogelmann: So that's some really good advice for other therapists. What advice would you give to a disabled person who might be interested in therapy and not sure where to look to find a therapist and then what to look out for?

Fern Lulham: Well, like I say, I think it's about shopping around with therapy. I always encourage anyone disabled or not to try a few different people out because the first therapist that you meet may not necessarily be the right one for you. And that's not to say that they're a bad person or they're not a good therapist, but it's, it's almost like, you know, not in a weird way, but any other relationship that you've got to click, you've got to have that sort of chemistry between you. And so they might be a lovely person, but they just might not be right for you. Sort of like dating.

So absolutely take advantage of all of those free consultations that therapists so often offer. And try different things out. And if you're kind of in two minds, like, do I go with a disabled therapist? Do I go with somebody who hasn't got a disability? Try one of each. Have a session with both and then you can make a decision. I think it's always best not to kind of commit to a long term therapy before you really have experienced different people and know what works for you.

And I can't even really tell you what it is, it's just kind of like when you know, you know, you know. When you talk to somebody and it just feels right, you will know. And so I would just say explore that. There are lots of charities that will be able to put you in contact with a specialist a disabled therapist, if that's what you're after. And like I said earlier, I do think it's important to have that option available if, if that's what somebody wants. But just really keep an open mind and don't settle for the first person that you find.

And also if you're looking at private practice, very often, when you look through the registry of, of all the different therapists– again, it's like Tinder, a million different therapists with all the photos and all the information – look down their list at what they cover, because sometimes disability will be on that list. And so if you see that they cover disability, even if they don't have a disability themselves, it just might mean that they're completely comfortable with covering that. So that might be a good sign, something to look out for.

Emma Vogelmann: That is a really good point. It can feel very overwhelming when you're on the counselor directory to pick someone. You have to think about all the other things that you mentioned about telephone, online, or face to face and, you know, all of that. So is there anything that we haven't talked about that you'd like to talk about?

Fern Lulham: I think for me, the thing that I always sort of come back to that's kind of sort of like my north star is this idea– which always sounds very ironic coming from a blind person– but of making people feel seen. And it's sort of what we talked about a little bit earlier, about just saying to people "What you're feeling is so normal and so natural."

Because I think we have all been brought up in households where we're always told, "Oh, it's fine. Don't worry." You know, like let's let, if you fall over, it's sort of like, you're, you're right. Get up, you know, get on with it. It's fine. It's right. And then lots of our friends, if we go to them with problems in a very well meaning way, they'll sort of be like, "Oh, it's not a problem. Don't worry. Look on the positive side" and all that stuff. And that's lovely. And they're doing that with the, you know, the utmost affection for us, but what it is doing at the same time is invalidating us. Because it's saying what you're feeling is not worth feeling. Like, don't think about that think about all the happy things and think about how good your life is. And sometimes we just need to be in the uncomfortable feelings for a little while we need to just sit there and say actually I don't feel happy today.

It's something that I talked about when I did my TED Talk and I talked about self-acceptance. And I think as disabled people to, to sort of stick on our theme, it's very easy to feel like I am supposed to have accepted everything about myself and I'm supposed to be happy with myself. But of course. It's completely natural and normal to have those days, even if, you know, 99 percent of the time that's true, where we're falling apart and we just wish we weren't disabled, or we just wish things could be different and things could be easier, and we doubt ourselves. All of that is okay and we can have those days and we can also know that tomorrow we might feel completely different and just embracing that.

And so, you know, I always come back to this idea of making people feel seen in the sense that they can be understood and that what they say has value and is worthwhile and meaningful and matters. Because so much of us dismiss it or kind of make it mean nothing or belittle it and say, “Oh, I'm just being silly.” And also to be able to help them to see themselves more clearly. Cause I think so many of us have so much strength, particularly within the disabled community. We're all very hard on ourselves. I think we can all be our worst, our own worst critic.

And just to be able to show people the flip side and say, you know, like I mentioned earlier, “What's the opposite of that? Give me a time when you have been really proud of yourself. What's one thing today that you did that you were pleased about?” Just being able to see yourself as somebody that actually deserves good things and can make things work and has potential to reach their dreams and to do what they actually want to do. That's kind of what means everything to me about therapy and why I'm so passionate about it.

And so I think just being able to help people to see things in a different way because actually, emotionally, All of us are blind to so much in our lives. And sometimes we just need someone to shine the light on those things and to help us look at them in a different way.

Emma Vogelmann: I could not think of a better note to end on. I'm going to, because if I don't, I will carry on asking you a million and one questions. But I agree with every word you said so strongly. And I want to say a massive thank you for coming on The Wheelchair Activist and being so open and honest and indulging my want, which is to have disabled people see therapy as an option. So thank you so, so much Fern.

Fern Lulham: Oh, brilliant. Thank you so much, Emma. It's been an absolute pleasure to speak to you and I'm so glad that people can explore any therapy

needs that they need or they want. Yeah, it's been, it's been an absolute pleasure to be on. So thank you.

Emma Vogelmann: After interviewing Fern, I started to reflect on my own mental health journey and thought this is only the tip of the iceberg. I wanted to share other disabled people's stories, so I Instagram asking for people's experiences accessing mental health services and heard from two amazing disabled women.

We'll first hear from Fuchsia and she sent me some incredibly powerful voice messages explaining her mental health journey.

Fuchsia Carter: Hello there. My name is Fuchsia Carter, and I'm here to talk about my mental health misdiagnoses over the last 20 years. I'm 39 years old. I've been in the mental health system for 21 years. I currently work in recruitment. I am a disability specialist, so I help disabled people navigate the recruitment systems for certain clients and offer them support, adjustments, and guidance.

I first entered the mental health system when I was just about 18 years old. I had had prior contact to that, but that's the first time that I'd had ever been what they used to call committed into a secure unit. I was there for a couple of weeks. I was discharged by my family who believed that I didn't belong there. that I was doing this for attention, which greatly impacted on my mental health. I was first diagnosed when I was in there with acute stress and manic depression, as they used to call it. I wasn't eating. Properly because I couldn't afford to, so they also thought I also had a severe eating disorder. And it was a bit of a mess, to say the least.

And then over the years, I had touch based with various different people. Mental health work streams, and psychiatrists and mental health professionals. And I have been constantly misdiagnosed. So, the first one, when I was 18, manic depressive eating disorders and acute stress. The second time I was misdiagnosed, I was 25, and I was misdiagnosed with Borderline Personality Disorder. And then, a year later, re misdiagnosed with Borderline Personality Disorder with Sociopathic Traits. And then, recently, as of two years ago, I was re-diagnosed with the correct diagnosis of complex PTSD with acute trauma.

So, over the period of two decades with these various different diagnoses, it really did impact on my personal life a lot. With borderline personality disorder, it's very stigmatized. You're seen as a violent individual who cannot control their emotions that you're a drug seeker, an alcoholic violence follows around

wherever you go, you have an inability to hold down relationships, jobs, so on and so forth, and really profoundly impacted my life in a way where I felt like I wasn't worthy of love or friendships because of this diagnosis. Now, I did go through acute mental health treatment for it. Two years of going into a unit three days a week with then homework and follow up from psychiatrists whilst also being on anti psychotic medication.

And I was unfortunately in a very hostile environment whilst I was going through this in a relationship. I won't go into it, but it, it was not a very happy place. It was incredibly toxic and, and abusive. And because I had this diagnosis of borderline personality disorder, I acutely believed that that was the only form of relationship I could ever possibly have. That it was all on me. It was all my fault. I wasn't trying hard enough to get better. And that is how I was made to feel by the mental health professionals because clearly the treatment wasn't working.

And I kept pushing back going no, I don't feel this way, this is not how I feel, and they kept going, are you sure? Are you sure you're just not radically accepting your behaviour and your problem? And it was always put on me, and it was my problem. And obviously, now I can look back at it and go well of course it was me because I was misdiagnosed and you weren't supporting me or helping me with a mental health diagnosis that I do actually have and it was then impacting on more and more trauma and I was getting built on layers and layers and layers of trauma because I wasn't being believed, I was being gaslit at every stage. Medically gaslit. I was being told that I wasn't trying hard enough to get better.

So in the end, I played the game. And that's when they said that I had sociopathic traits because they could clearly say that I see that I was playing and manipulating because I wanted to get out of the system. I didn't want to be in there anymore. I knew that it was profoundly hurting me being in that system with that diagnosis. And I'd rather go at it alone than be forced to keep going through this, this treatment. I knew deep down that something was wrong and I just had to keep trying and I kept going back to the good doctors and kept saying look this isn't right I don't feel this way and as soon as I came off the antipsychotics I really realized that And I could work with a clearer head that they weren't right.

And so then took a decade, over a decade long journey of trying to get the right diagnosis and trying to get people to listen to me. And it was, it was quite the journey. And unfortunately it was due to significant happenings in my life that

one psychiatrist stood up and went, yes. You've got complex PTSD, you've been misdiagnosed.

So going into the broader aspect of my misdiagnosis of so sociopathic traits with borderline personality disorder, it made the perception of myself and my relationships and challenges with doctors incredibly, incredibly complex especially around my disability. I was seen as a drug seeker. Now I have a very, very painful medical condition. It is life limiting and it does cause quite significant damage to my organs, which then can cause a lot of pain. And for years, I was on a cocktail of barbiturates, morphines, benzodiazepines, anti psychotics, and so on and so forth.

And when I got my diagnosis of borderline personality disorder, I was asked to stop taking them all. Simply because they thought I was a drug seeker. So my physical health was completely disregarded. And When it came to the misdiagnosis of sociopathic traits, they thought I was manipulating the medical system by lying about having a very serious genetic condition to get the painkillers. So I had to come off of them all. And even then, when I came off of all of the pain medication and I proved that I wasn't drug seeking and I didn't need them, I was still accused of manipulating the system for my own will. Apparently I would go above and beyond to show how histrionic I was. That wasn't obviously the case at all. I was just doing what they asked of me, and I thought I was doing the right thing, and it ended up being the wrong thing anyway. Such are the joys of being diagnosed with personality disorders.

So, the way professionals really approached me was they, they treated me like a child quite a lot of the time and someone that would manipulate And they didn't believe that I was physically unwell at all. I had all the evidence there to prove that I was. And yet they still kept denying that I was physically unwell and that it was practically all in my head and I, I was just, you know, conning the benefit system, conning the medical system and that it was all to do with my personality disorder. And in a way, it It made me question what I was physically feeling with myself. Obviously I knew that some of my organs weren't working properly. That was very, very obvious. But it did make me question, you know, exactly how bad I was.

And it really messed with my head for a very, very long time. I believed that I didn't have a disability. And I refused to use my wheelchair for so long thinking that I didn't need it because as far as the mental health teams were concerned, all I had was a personality disorder and, and nothing much else. And that label stuck. And I had that label for over 10 years. It's only in the last year. The borderline personality disorder and sociopathic traits have been completely

dropped from all my medical red records. It's been completely wiped. It's not on there. You can't see it. And the way it's changed how I'm treated as a person is astronomical. And also in, in the terms of like trying to think of strategies when I was told that I was sociopathic and, and, and had borderline personality disorder, you know, I was constantly being told that hiding myself away from people, believing I couldn't get into relationships because the second I did I'd hurt them, or I'd destroy them, or I'd manipulate them.

And it, it really changed my entire psyche about being like someone that was always wanting to be someone's friend. I'm quite naive about friendships in a way. I want to be everyone's friend. I don't understand why people hate each other. And I went to believing that to just being, hating everyone and not being, wanting to be near anyone because I believed, because of this diagnosis and the stigma, stigmatization around it, that I, I didn't deserve friendships at all.And it then obviously impacted greater onto my mental health believing this way about myself. And there were times when I was incredibly destructive because I was feeding into what they believed I was. And what I believed I was because they were telling me that I was this way.

My last psychologist saved my life, or helped me save my life. She doesn't want to have all the credit. I understand that. But if we get the diagnoses early and we start the treatment early it would impact people's mental health. And I know that that is a wishful thinking in a world where we didn't have money problems and the, you know, the National Health Service wasn't being stretched to absolutely breaking point, but we do need a different approach, better understanding of complex mental health conditions and how trauma can really impact on someone with critical thinking.

And we really do need not only support in the outside world, such as I had, so I didn't get locked back into a secure unit. I had support within the community. That's what we need. We need mental health nurses and psychologists who can go into the community and support people in their own surroundings. It's vital and I was so, so lucky to get into that unit. Mental health is a massive global problem, but in the UK it seems to be a critical mass. And I could talk about this for hours but I shall leave it there. Thank you.

Emma Vogelmann: I then connected with Mel, who sent in her voice messages on her mental health journey.

Mel: I think my mental health journey has been quite a difficult one, really, because I was having a lot of anxiety for months because of a big event that had happened previously and had destroyed my support system. And it was a very bad time and a very bad point in my life. Unfortunately that exacerbated a condition that either was already there or caused a condition that wasn't already there. And my condition was being passed off as anxiety because the symptoms were symptoms of anxiety. But there was also a chronic illness that people were unaware of.

And I kept going back to medical professionals and saying there's something wrong. There's something wrong. Obviously, they knew that this event had happened that had caused me a lot of anxiety because at the start of my mental health, I had really not been handling it well. And thankfully my father took a very big step and brought me to a doctor so that we could discuss my mental health. And we did the test to see if I had anxiety, to see if I had depression. And that's where I got my diagnosis of General Anxiety, Generalized Anxiety Disorder. And it was a very difficult time because obviously you have a lot of stress, In your body, then you have anxiety, but then I also had this other thing going on. And it was masking a lot of the symptoms, or a lot of the symptoms could be explained by anxiety. And it was just so hard to get anyone to believe me that there was something wrong.

And obviously I knew I was anxious. I knew I was having panic attacks. I knew that and people were convinced me of that. And it was true, I was. But alongside that there was a very real condition. I had been to hospital several times and they were saying, you know, "You can't keep coming back. We can't find anything wrong. Your blood work is fine. You're very anxious, having these panic attacks." And then one day I had gone to the doctor and again, nothing came up wrong. And I had a moment and I had to stay in hospital for a few days. And that's when they discovered that actually, "Yes you have anxiety. Yes you do have panic attacks. But there is actually also this chronic condition."

And it was so exhausting. First off, dealing with all of these things going on. I was 19, 20 years old and all of these things were going on. And obviously people are very concerned and I was arguing with people a lot because I was so stressed and overwhelmed and they were trying to help and it was, people didn't think I was trying to help myself but I was. It was just a very frustrating time.

And it was very hard even afterwards because POTS is not a very well known condition or it wasn't at the time. I think now because of the pandemic and long COVID and the connection there that people are really starting to look into it more. But at the time it really wasn't. And it was going back to professionals

and saying, you know, “I have this condition. What is this condition? Please explain it to me. And how do I manage this?” My physical disability I've had all my life. So I sort of have an idea of how best to cope with that. But suddenly you've got this other condition on top of that, that really exacerbates your fatigue, pain, all these new things that I had to do. I had to change a lot of things in my life that I never thought about before.

And that was what was really exhausting about my mental health journey, was that it wasn't just my mental health, it was also learning about this new chronic condition that I had never heard of. A lot of my doctors had never heard of and were teaching themselves as they were going along. And I was just overwhelmed. I was stressed, anxious, exhausted. And it was just a difficult time and I suppose that's really all I can say about that. To go to a therapist and they just started telling me about signs of a panic attack and didn't really seem bothered about the fact that my anxiety had eaten away so much of me inside and physically I'd lost so much weight and they just didn't seem bothered.

So, my experience of mental health and physicality compared to the physical appearance of physical disability is very different. So being physically disabled, my disability is always visible. I can never pass as able bodied. But for mental health, you can't really see that very well. Unless you know personally or you're watching very closely. So for me, I lost a lot of weight, I had very dark circles under my eyes, my skin was very pale, I was very unkempt, I didn't take care of myself, which obviously is one of the more common signs of mental illness. But because I was physically disabled, I think this was the double standard that because I was physically disabled, anything that was wrong with me physically was blamed on my disability, which wasn't true or right.

And it was also very difficult when I went to the therapist and I was concerned about my weight. I was aware I'd lost a lot of weight because people made comments about it to me and I was told you really need to start looking after yourself or else it's going to turn into a huge issue. And to go to a therapist and tell them that I'm facing this issue, to have them make me stand on a scale, look at the scale and see. That there is a significant amount of weight loss and I am underweight to a degree where they should have been concerned. Just to ignore that was so outrageous to me because I'm thinking I have brought this concern to you. It is, you can physically see the evidence of this and they just weren't bothered and I was thinking, well, I'm just going to have to do this for myself.

And I think that was a lot of what happened based on my experiences was that I just kept reaffirming to myself that the only person who could help me was me and that I had made a mistake reaching out to people because every time I was, I

was being dismissed or being told I was wrong and in the end I was so tired of being told I was wrong that I just thought I don't want to open up to people anymore because every time I do, it just seems to cause an issue or I'm getting told I'm feeling the wrong way or thinking the wrong way And I might as well just keep it all to myself, which is obviously very damaging. Nobody should do that, but that was how the experience affected me in the end.

And I think to this day, really, that I am starting to learn to get better, to share about my mental health and when I do need support or just need someone to listen to me, but for the longest time, as an effect of. those few months that I just stopped wanting to share and just told myself I could handle it myself, which is obviously what got me in the situation of having bad mental health in the first place. It's an ongoing journey. I think that sometimes people who maybe haven't experienced mental health before think that once you resolve a mental health issue, or it seems as though you've resolved a mental health issue, it will never come back. When the reality is, you need to keep working on your mental health because there is always a chance it will flare up again. Much like a chronic illness or invisible disability, there's always a chance that mental health can become bad again. It can reach that point again, unless you have the tools. in place to make sure you are keeping on top of yourself, you are keeping yourself healthy.

And I think that was quite difficult and a very vulnerable moment was realizing two things really, one that needed to help myself and then later on realizing that you have to keep it up because otherwise it can come back and it can come back just as hard unless you actively make change. You need a support system you need to reach out to people Because if you try and go at it alone like I did I ended up with the chronic condition and i'm not saying that it was the cause But the amount of stress I was under Really damaged my body and I don't know if I will ever recover from that.

So, please take the time to get support if you need it And one bad experience from someone else doesn't always mean that there are bad people in the system. I have very good doctors and very compassionate paramedics, nurses. They really helped my mental health journey. And just because something doesn't work for someone else doesn't mean it won't work for you. Just be aware that these things can happen.

Emma Vogelmann: I want to say a huge thank you to the three disabled women who made this episode possible. So thank you to Fern, Fuchsia, and Mel for being part of this episode and sharing your very personal and very vulnerable stories on their mental health journey. I hope this episode helps other people in

their journeys and if nothing else, makes you feel more seen and more understood.

Thank you for listening to The Wheelchair Activist podcast. You can learn more and stay updated by going to my website, TheWheelchairActivist.com and following me on social media. We will be back next month with a brand new episode.