

Project: **'Reflections of trauma, challenges, and healing: An oral history'**
 Respondent: Catherine Buchanan
 Year of Birth: 1949
 Age: **
 Connection to project: Respondent
 Date of Interview: The 22nd of August 2022
 Interviewer: Rachel Kelly
 Recording Agreement: Yes
 Information & Consent: Yes
 Photographic Images: No
 Length of Interview: 1 hour 28 minutes and 35 seconds
 Location of Interview: EDVA, Kirkintilloch
 Recording Equipment: Zoom H4n (internal mics)



Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.36	Interviewer asks the respondent where she was born	
0.37	Respondent states that she was born in Kirkintilloch in Meiklehill Road. Shortly after that her parents moved to Twechar as it was more convenient for her father's work as a miner. Respondent states that she lives in Kirkitilloch now.	
1.04	Interviewer asks the respondent if she has any distinct childhood memories.	
1.07	Respondent states that she had a very happy childhood. She talks about being able to play outside due to the lack of traffic. She also states that in the village everyone looked after each other. This also meant that they couldn't get up to much mischief. She had one younger brother and they both had a very happy childhood. They went about the bluebell woods with picnics of a piece and jam and a bottle of water but they thought this was wonderful. She talks about her brother's enterprises including selling tomatoes. She says that her brother was always enterprising. He did a paper round and asked her to help she walked round with him and did no work and took half his wages. She talks about her parents and how they were great. Her dad ran the bowling green as well as being a miner. Her brother was one of the youngest people to win a bowling cup.	
4.14	Interviewer asks the respondent what her current occupation is.	
4.17	Respondent replies that at the moment she is a community link worker at East Dunbartonshire Voluntary Action and goes on to say that she has had a few different name tags at EDVA. She says that enjoys doing what she does because it involves working with people. She states that her role involves the befriending service.	
5.27	Interviewer asks the respondent to tell her about her career in nursing	
5.36	Respondent states that she supposes it was natural that she would go into nursing because her mum and a couple of aunts were nurses. She heard them talking about their work and they seemed to enjoy nursing. So she applied at aged seventeen to be a nurse. She says that strangely enough her parents tried to put her off. They thought that she didn't have the personality to be one. She applied and got into nursing at Lennox Castle and she loved it as it was different to what she had done	

	<p>prior to being seventeen as she had worked in an office. She remembers coming home that day and seeing her parents anxiously checking if she was ok. She told her dad she had to bath and shave people and he thought that she was in a man's ward. She was naïve to the fact that some women would need shaved as they got older.</p>	
	<p>"I actually started on the 6/6/66. And that was the day before the garden fete in Lennox Castle. Now the garden fete was a big event. So that the local people and all the patients and staff got involved in it. They would have tombola and different sort of races and stalls and what have you. And because Lennox Castle was initially...there was a female side of the hospital which was up the hill. And a male side of the hospital which was down the hill. And at that point everyone came together, you know, and everyone interacted with each other. So, because it was the garden fete the following day. Everyone had to be bathed the day before. In preparation for going and looking their best for the garden fete. Now, if you can imagine, there were sixty patients in this one ward that I was in. And at seventeen and really just living my life in Twechar, coming to school in Kirkintilloch. I didn't really know that much about the hospital. And all I could think about was the amount of wards that I could see when I entered the hospital grounds. And thinking-Is there sixty people in every one of these wards? And that in itself shocked me. That there were sitting out...Lennox Castle was a hospital that dealt with people with learning disabilities. I believe they call it complex needs now. But in that day when I started that is what it was called. And I just couldn't imagine that there was that amount of people in that area that all had learning disabilities. And that in itself shocked me because I thought they all came from this area. But then the nurse explained to me-no they come from all over. From the Western Isles. They came from surrounding areas, you know, they came from all over the country really. For different reasons. However, my introduction to, I suppose you could say, looking at the female form ...Cause in those days you didn't so much see nudity or anything like that on the television. You didn't have social media. Everyone was a wee bit shy about even talking about their body or how they looked or whatever. And this particular nurse, which I can honestly say, she was absolutely lovely. And sadly she's no longer with us now this nurse. But she was in charge this day and she and her co-worker they had the job of, sort of, keeping me under their wing that day. And I remember her explaining to me that that was why everyone was getting bathed and how did I feel about it. She says-'that's fine. We won't allow you to run the water' Because it was a special key that you had to use on the taps so that you didn't...the temperature was correct. And obviously they were being careful that I wouldn't scald anybody or anything. So, my job was to dry the patients. And I must admit it was quite daunting. Because, when she said...she just called out in the corridor-'bath time' And it seemed like out of the blue, out of nowhere everyone ran and stood in a queue outside this bathroom. Completely naked and, you can appreciate, they were all shapes and sizes. And all they had...It wasn't even a bath towel it was what I would call just a bath towel draped over their arm. And they were just standing and as a seventeen year old I was thinking-my goodness, have they not get any dignity? Have they not got any pride? Just standing there and they're letting everybody look at them. And it just...it was an awful lot to take in. You know. And I felt bad. I felt as if I was invading their privacy. But everybody else seemed to just take that in their stride. That was the done thing. So, anyway, I was even more shocked when I went in bathroom. Because there were three baths</p>	<p>8.10-16.46</p>

	<p>and there were three people getting bathed at the same time. And that was how they managed their workload I suppose. In hindsight I can look back and that was how it had to be, cause there were three of us on. These two lovely nurses and me the rookie. And I must have been their worst nightmare because I was questioning everything. And they were obviously trying to be nice to me. They were trying to be helpful but I could sense their irritation in their voice at me questioning things. However, if you thought that was bad enough. Three people being bathed at the same time. The next thing. This, to me, this buxom woman with her, sort of, black coat and her wee storm cap. And she had an A4 sheet clipboard. She was the matron and she had come in to observe that these people were being bathed properly. And at some point obviously the nurses had allowed me to bath somebody that was more able bodied and could help themselves. And I remember washing this girl's back. Just washing her back and the matron leaning over me with a clipboard. Saying-'Umbilicus nurse, umbilicus.' And I'll be honest. I didn't know what an umbilicus was. I didn't realise that that was the belly button. And that was her letting me...more or less jolting me into-Oh, I must clean this lady's umbilicus. I must make sure that's clean. So that was my first experiences of...my first day in Lennox Castle. As much as that was a shock to me. It was like something that I've seen in documentaries now. About the Belsen horror camp. About people that are in institutions and they've not got any sort of privacy to themselves. And I, you know, but I can honestly say that experiencing that helped me to be the person that I am today. Because I try...and I did try...I always try very hard to try and change things. And make it that people had a wee bit more privacy and a bit of dignity. You know. And especially privacy because I certainly wouldn't want to stand naked in front of anybody. You know it's bad enough when you go and see your own GP. So, I've often thought about how those people must of felt."</p>	
	<p>"But, as I say it was things that I questioned. Because, again, the longer that your career went on and that you were learning as a student nurse. You were asking- why? Why were they in there? You know. Because a lot of them were my age. And I just thought-Why are they here? Why are they? And at that time the chief medical officer who was a Dr McGillvary at that time. Apparently...what I was told was that he didn't want the patients case notes to be kept within the ward. Because he wanted any staff member that was just starting work to get to know the person. And build up a sort of rapport with them as they found them and build on that relationship. Rather than going in and maybe reading about their background. That might of put some people off if they'd...And at the time as a student I thought-That's ridiculous. That's terrible that. You should know. We should have access to these things. But I think as time went on I could see where he was coming from. You know. And I thought that that was quite a good thing. Albeit you would know about their medical conditions and, you know, obviously the medications that they got you were aware of if they were a diabetic or if they were epileptic or whatever. But I don't think everybody needed to know about their actual background. You know their parents, their siblings and things like that. Because one of things I remember was...I can't remember if it was Mick Jagger or Rod Stewart...It was one of the pop stars anyway and it was headlines in the newspapers. And it was... just supposing it was was Mick Jagger. -Mick Jagger has a love baby- You know. And I questioned that to the ward sister at the time. Because there was...Getting to know the patients and building the relationship with them; they would tell you why</p>	16.49-20.20

	<p>they were in the hospital. And some of them were in the hospital because they'd had a baby. They'd had a baby at fifteen. And there for they were classed as morally wrong you know. And they were put in into this institution. And I remember saying to the sister-'What's the difference with Mick Jagger having a love child (and just for the sack of saying a name) and say and Rachel having a baby? What's the difference there? And the answer that I got was money. That's the difference money. They can afford to do this and this young person at fifteen couldn't. So she was put in Lennox Castle for her own protection. So, there was a lot of that. There was a lot of that. "</p>	
	<p>"And the other thing that stands out in my memory was that there were only two visiting days (at Lennox Castle). A Wednesday afternoon and a Saturday afternoon. And it wasn't everybody that got a visitor. There was an awful lot of people didn't get visitors. And that was sad. Because there were people who visited every visiting day. Every Wednesday. Every Saturday. And they would bring them up whatever they could afford. And it was really sad. And you found that a lot of people played up on these days. Your job was a wee bit more difficult on these days. Because of the patients that didn't get visitors. You know. They were seeking attention. Now whether it was from the other people's parents or whether it was from the staff...But it was really hard. That was hard."</p>	20.23-21.22
	<p>"But, again, a lot of the families (at Lennox Castle); I mean really when I think back on it a lot of them weren't as well informed as what they should have been. Because even at a young age I knew that some of the patients were never going to improve physically or mentally. But the parents didn't. They...some of the parents would ask questions like...they would even bring up clothes that were too big for them and say-'Oh well, she'll grow in to that.' And as uneducated as I was about the nursing experience at that point. Cause I was just learning myself. I knew that they weren't going to grow into that. So, it was a case of you'd to try and be diplomatic. Try and save their feelings and be sensitive to what you know...And you would get the sewing mistress to alter it that it could fit. So that they hadn't spent their money and it was of no avail to anybody."</p>	21.23-22.41
22.43	<p>Respondent tells the story of a lady visitor who thought that cows were obsolete to milk cartons. She was not sure if she was joking. It made her question at the time who should be locked up and there were a few instances like this.</p>	
	<p>"Certain staff (at Lennox Castle) and I felt again they were a lot more experienced than me. They'd been there for a while. But when relatives would complain about a jumper being missing or a slipper being missing. Certain staff would say-'What do they think we are? Do they think we should be looking after all that?' Well, I felt we should have been. Because we didn't know what their financial side was. It maybe took all their money to buy that jumper or buy that pair of slippers. And yes I did feel responsible. I felt responsible for every single one of them."</p>	24.38-25.23
	<p>"And one girl in particular that I nursed (at Lennox Castle) and she was in a wheelchair she couldn't walk and she'd no verbal communication. But the expression on her face; you knew if she was happy or if she was sad. I really got very...and they tell you don't get too close to anybody. But to be quite honest I don't think you're doing your job if you don't get close to people. And I did I always got over involve with everybody. But that was how you got to know them. That was how you built a relationship. That was how they became to trust you and they would open up and tell you things. But that one particular girl that I really was fond of. Her parents came up twice a week to see her. And I happened to get moved</p>	25.25-30.55

	<p>to the hospital wing which was down the hill in Lennox Castle. And I always remember it was Halloween and they were organising a party in the ward. And there was a separate area that they could have the party in. But this young girl got brought in very ill and I remember the sister of the ward saying-‘Oh for goodness sake of all the times to come in, Halloween. Because obviously her concern was this party had to go well and she wanted everybody to enjoy it. And when I realised it was this girl I said-‘Look I don’t mind not going to the party. I’ll sit with her. And she went-‘Oh, that’s fine then. Just you do that.’ And I was quite happy to do that. But here her father came up, and again, this was the first time I’d ever seen this, he was wearing a black arm band round his jacket. And of course when the man came in he recognised me from the ward he had been in previously. And I said-‘How’s your wife? Is she at home just now?’ And this is what the black arm band was. His wife had died just a couple of weeks before this. So during that period that I sat with him and his daughter he actually told me about his life story and about him and his wife. And it was absolutely lovely. He said that when they had their daughter and realised that she was so unwell and had so many needs. They decided not to have any more children. That they would pay particular attention to her. And that was...they just dedicated their life to her. And he said...You know and if you consider this, I was still young and I suppose being an only daughter I had been over protected. So, I sat during that Halloween party with that father looking after his daughter. And he was actually...He was so forthcoming with his story about how he had met his wife and how they had made the decision just to have the one child and dedicate their time to her. But he then said-‘now that I’ve lost my wife’. He says-‘I regret not having more children.’ He says ‘Because I know I’m going to lose her and I’m going to be on my own. And I found that so, so sad, you know and In actual fact, you know, we spoke quite a lot about what him and his wife had wanted for his daughter. And she had beautiful hands. She had lovely long fingers and nice soft skin. And I happened to mention it to him. I said, you know she’s got beautiful hands and he said-‘Had she been well, I’m sure my daughter would have been a pianist.’ He says-‘She has she’s got beautiful hands.’ However, sadly she did die. She died that night. And that stuck with me because that was the first death that I was with someone.. And he actually put his arms around me and thanked me. He said-‘I’m so glad she was with someone who cared.’ He knew that I genuinely cared about his daughter. And he was happy that I was there with her. And that stuck with me throughout my whole career. I did, sort of, thirty eight years with the health board.”</p>	
30.57	<p>Respondent talks about how she always thought that it was a privilege to be with someone who was dying. She says that a lot of people don’t like to talk about death. She looks at it like a privilege and an honour. They used to wash and dress the dead bodies and she always took meticulous care with that and talked to them as if they were still here.</p>	
32.07	<p>Respondent states that she enjoyed her time in Lennox Castle and then became a staff nurse and then a sister and had her own ward. She then wanted to branch out and then she went to Stobhill to do her general nursing. And then by circumstances she couldn’t do the shift work and then she went to Woodilee Hospital.</p>	
	<p>“And I did night shift in Woodilee. And unlike Lennox Castle the case notes were there with the patients. And of course during the night when you weren’t attending to your patients you had a chance to look at people’s case notes. And that was where I got my interest then in</p>	32.47-34.39

	<p>psychiatry. And thought-Oh, I must do my psychiatric training. I would love to do this. Because you just...I suppose it's like anybody in any job when you see something written down or you see a decision that somebody's made and you think-Oh, I could have done that a wee bit better. Or I would of done that differently. Or, why did they do that? I was always questioning things. So, I then went and I did my psychiatric training and passed that as well. And I became the ward sister and then the ward manager of the admission ward in Woodilee, which was absolutely fantastic. You met all sorts of people. It was a female ward. But, again, you saw people when they came in. Unlike Lennox Castle where people remained the same or deteriorated because of their complex needs. In psychiatry the person came in very ill but then you saw the improvement and you saw them getting better. And that was fantastic to see that. That really was very good from my point of view. And I met an awful lot of nice people. A lot of them were local. A lot of them came from the surrounding area. Glasgow and what have you."</p>	
	<p>"But I then became very aware of the stigma attached to that. Because I stopped personally going out to local clubs and local pubs. Because I could sense that if I walked into somewhere and there had been someone who had been a patient. I would maybe see them lowering their eyelids or lowering their eyes. And I felt bad. I felt, oh my god. And then I realised maybe I'm a reminder of a bad time that they had. Or they were maybe of the opinion that I would maybe talk to somebody about them. Which I would never of done in a million years. Because that was something that would happen. Because people knew that you were the manager of the admission ward and you were out at the local shops doing your own shopping. Maybe somebody would stop. A neighbour of somebody's and they'd say-Oh, How's Mrs so and so? And I would say-'Oh, you should go and visit her. You should go and see her.' And that was how I got round that. It was as simple as that. And people then knew automatically that you weren't going to talk about anybody. And I just wouldn't have done that."</p>	34.40-36.00
36.01	<p>The respondent says the Woodilee closed and she went for a short time to Mearn's Kirk hospital with some of the Woodilee patients that had moved there. She then went to Stobhill under the Woodilee umbrella and was then in the admission ward for the elderly people. She then realised she was nursing generations. It was good in a way because she got people's stories.</p>	
	<p>"It was another learning experience because you were working with people then with dementia. And again, the stigma. The stigma was there. The stigma of people not remembering things, repeating themselves. And that makes me very aware about having to listen to people. You know. You can't judge people. And that was something that I found in the general side of nursing. And I don't want to criticise any particular side of the health board but from the general point of view, I always felt that people referred to a condition. 'Oh that's the appendectomy in that corner bed. Or that's the cholecystectomy.' You know. Whereas I felt in psychiatry and in learning disabilities. It was the person. And because someone getting their appendix out or their gall bladder out...they improve at different levels. They're different and people react to different things. So, I don't think you should judge somebody on a condition. You get to know the person."</p>	37.25-38.55
38.56	<p>Respondent talks about when she took early retiral due to being involved in a bad car accident. She missed her work and was not sure about leaving. She had decided that when she retired the last thing she was</p>	



	going to do was work with people. That was the thing she missed when she retired. She says that she loves people and that they all have something to offer. She started off with an advocacy charity and did work fighting for the rights of those with complex needs.	
	“And I started off volunteering with an advocacy project and trying to fight for the rights of people that had complex needs. And in actual fact I did for a wee while do that and enjoyed it. And I suppose in a way because I could listen to that person and I knew what they were telling me wasn’t far-fetched. Because I had experienced it. I knew what they were saying was right. And what some people might think-Oh that’s a bit far-fetched I would say always listen to someone. Because you don’t know what’s true and it could well be that that’s...even if it’s not true it’s their interpretation of what they experienced and you need to listen to that. And accept that that’s how they felt. You know.”	40.50-41.52
41.53	Respondent states that this is what led her to a job in befriending. It was the forget me not service. It was a telephone service. She was to phone them and see if they were still interested. She says she can talk and people feel that they can confide in her. And she has been at EDVA ever since. She talks about her interview and how she didn’t think that she had got the job .She says people used to ask her if she was not thinking of retiring but she doesn’t feel like she’s working. She’d hate to not be doing that. She knows that there is a need out there and that they are only touching the surface really.	
45.50	Interviewer asks the respondent what it is that the befrienders do. Do they take them out or chat with them at home.	
45.55	Respondent replies that it is a variety of things. Initially they recruit and train volunteers and introduce them to the boundaries that they need to know about when visiting people. They are police checked. They then have people to match them up with that have been referred by social workers, doctors, self-referral. Families will refer. The community link workers will go out and assess what their needs are etc. The link worker then makes the match.	
	“And again it’s back to seeing people at their lowest ebb and then after a few visits from a befriender you see them improving. You see the glint in their eye. They’ve got a spring in their step. Because they’ve got something to look forward to. They’ve got...I mean I know that you hear it a lot on the television about people being lonely and isolated and all the rest of it. But really the difference from when I was young to now...Being brought up in a village, most of your relatives lived nearby. Your siblings would live nearby or quite local. Now the way the world is a lot of families have moved abroad. They’re away miles and miles away from people. And elderly people want to be as independent as they possibly can. And they’ll tell you...”	47.32-48.36
48.37	Respondent talks about starting conversations in people’s house about the photos on the mantel piece. She says if people don’t have photos because they are busy and have their own. You have to be careful as it can upset people. She then describes the introduction process with the volunteer and the person who wants a befriender. Then they decide what to do at their meetings. She always suggests the first meeting is in the house. So they can get to know each other. They continue to assess and review the relationship and both parties have the option of stopping it at any time. Of then the befrendees will ask what happens if the befriender does not like them. She tells them- well what if you don’t like them?	
	“The befriender will always say to my-‘Oh, what if the volunteer doesn’t	51.34=52.39

	<p>like me. What if they don't like me?' And I'll say-'But wait a wee minute. You might not like them. It goes two ways. They might...you might not like them either. But they're that grateful that someone is giving them their time. Because the majority of the people who reach that age and have a need. It's usually paid workers that are going in. It's the occupational therapist. It's the district nurse. It's the chiropodist. It's you name it. They're all paid. But that befriender is giving up their time to go in and see them. So, they feel a little bit worthwhile. They're worthy of somebody going to give them a couple of hours of their time. And there's great friendships have been made through that. There's been natural friendships have been built up through that. "</p>	
52.40	<p>Respondent goes on to describe the activities that they do together in the befriending scheme. The phone number boundary is often broken as they get to know each other. They keep telling them not to do that. They try to be quite strict about that for both people's sake. She talks about the annual bus run and the Xmas in February. Some of the befrienders say as a joke if you've not got dementia when you come into befrienders you have it by the time you leave due to Xmas in February.</p>	
	<p>"We've started introducing group working as well (at the befrienders.) We have groups on once a month. One of my co-workers he's in Bishopbriggs. He has a domino group with his men. I'm not sure if there's women in it as well but I know he has a domino group. And he has another group that call themselves the golden girls. That's an all-female group. My group that I have in Kirkintilloch is called the chatterbox/well-being group. And I suppose that was one of our clients, och again he's no longer with us. But he actually picked the name chatterbox group. And he sort of made a joke about it you know. And he said I wonder why I picked that-chatterbox? Because when a group of people get together we all do chat. You know. And I encourage them all to chat. And I suppose with my nursing background...that's...I added in the well-being because a lot of the...Although when I started the group it was like arts and crafts. Things like that. We did sort of jewellery making, card making and all that. I realised, again, just from observing people that what they really needed to do was to chat and to talk. Because some people weren't great at making jewellery or making cards and they were beginning to feel that they were failing. So, what I tend now to do with my group is to talk about what's on the news just now. What's happening at the moment. But I also make a big thing about self-care. I always say-you need to meet your own needs first otherwise you'll not meet anyone else's. And that's good because you can see the difference. People come in the following month and they've maybe picked up a leaflet at the chemist or their local GP and say-'I brought this along. I thought this would be of interest to people. And then they all talk about it. And it's good because it's a group that trusts each other. And we say-'Whatever happens in the group stays in the group. And that in itself is good because people open up about what's worrying them at the time. What their concerns are. And then someone else will talk about it and then they'll feel better because they'll say-'God, I thought it was only me.' And they realise that they're not on their own. That there's a lot of people...'</p>	55.42-58.32
	<p>"And with befriending as well as supporting them and what have you we've got access to other organisations and we signpost them all to other places that can help. Whether it be GRACE, Citizen's Advice, the local seniors' forum. There's tonnes of things CAB (Citizen's Advice Bureau) the local library even. Because a lot of people just don't know. They've not got the confidence. It's about confidence building. And again, what</p>	58.34-59.39

	happens what happens they come to the group (Chatterbox/Wellbeing) and they have a cup of tea and a biscuit or whatever. But again when they're leaving here they're laughing, they're joking. And some of them are saying-'Will we go to Ghilonis and we'll get a wee coffee?' 'Oh, can I meet you on Tuesday I'm going to The Puffer?' And you can see this natural friendships building up. So, from people that didn't have anyone to talk to; all of a sudden they're going out and about."	
59.40	Respondent talks about one of the befrendees who is now volunteering in a local charity shop. The lady brings things in and this shows she is taking an interest in the other people in the group and what they are interested in.	
1.00.15	Respondent talks about her love of people and how they all have talents and something to offer. She says the quietest people are often the ones to surprise you. They knitted lots of stuff at one point and donated it to women's aid after a discussion round the table. They knitted blankets for women's new homes. This was hugely appreciated. They are knitting hats for premature babies and the Queen Elizabeth Hospital.	
	Interviewer asks the respondent if she thinks that there has been any change in the stigma around mental health issues.	1.03.06
	"I think it's changing (stigma around mental health issues). It's changing because people are talking more about it. And obviously you've got Prince William and Prince Harry who are big, well known people. And it's good when they can talk about it. But yes there's still a stigma about it. There's a stigma around anything thing that's not the norm. Not seen as the norm. Whether it be alcohol or drugs there's a stigma. And again that's because people are too quick to judge. Because some of the nicest people I have met are alcoholics or their drug addicts. And they would give you the jacket off their back. You know. Because they've been there. They've sensed what it's like. They know what it's like to be rejected. To be victimised. And I always try to go out my way to talk to somebody that's like that. If I know that they have got an addiction of any sort."	1.03.13- 1.04.22
104.23	Respondent talks about a friend whose son has addiction problems. He is lovely and she is a great mum who asked her never to give money to people in the street. To give them food instead. The two of the met a guy on the street with such a sense of humour and they ended up giving him money. She says that she thinks that even just acknowledging people is kind.	
	"But no, there is definitely a stigma. I would hope that with younger people they're more aware of it. Than the generation...you know, the older generation. Because, again you still hear the older generation using terminology that I would never use in a million years. You know like-'Oh, these junkies.' You know, you hear people talking about-'Ayr, they'll get a house before you'll get a house.' and 'Oh, the homeless...they'll get a house before anybody else I'll get a house. They're top of the list.' You know. And there's a stigma around most things. I mean when I was growing up as a teenager and into adulthood. I could hear the generation saying about the young mothers. Single mothers. 'Oh they became pregnant because they want a council house. That's how they want a hou...' I mean whose going to go to that extreme. To get pregnant just to get a house. But that was how the older generation viewed it. And I've no doubt you'll always get some people who'll have their own opinions. But I must admit I'm of the opinion; there but for the grace of God... We don't know. I've got grandchildren. I don't know what's going to happen to them or what path they're going to take. But I just hope I'm the type of person that'll be there to advise them or guide them. Not to judge	107.27- 1.10.06

	<p>people. You know. I mean I've had people that I've even worked with that have said to me-'Oh, go and you talk to them Catherine.' And that's because that person didn't like the look of them. And then I actually asked on one occasion-'Why did you not go and speak to that person?' And they had made a judgement that that person had a mental health problem. And the reason they did that (laughs) was because they had one eye done with blue eye shadow and one eye done with pink. Well. To me that's a fashion thing (laughs). I never looked...but that was somebody that viewed that as somebody having a mental health problem. Again, making a judgement and making a wrong judgement. You'll always get people making judgements. You know. And we're all sensitive beings. We're all sensitive about something."</p>	
	<p>"I know I'm not the slimmest of people. But you hear people talking about.-'Oh my, look, I've put a pound on this week. And they would fall down through a drain. You know. They're not thinking about my sensitivities thinking-Oh god I'm overweight and they're worrying about their weight. What must they think of me?' You know. But fortunately I am not that type of person. If I do the right thing for me and whoever it is that I'm dealing with. I'm fine with that. I really don't care what...And I know that I don't care. It doesn't affect me. What other people think about me. I think that says more about them. And that's probably my training and my upbringing. Because that's how my parents brought me up. To believe that everybody was the same. And see that now we're talking about equality for everybody. Even as a child that was how I was brought up. Everybody had to be equal. You know. You were no better and no worse than anybody else."</p>	1.10.09-1.11.25
1.11.26	<p>Respondent reiterates that she had a good childhood and says that her father had a good sense of humour. She romanticised the Victorian era and he would explain the realities. Her mum would also do this. Her parents would also wind her up and make jokes. She was brought up to treat with people with respect.</p>	
	<p>"But that was just the way I was brought up. Brought up to treat people the way I want to be treated. And I think if everybody did that it would be a far better world. To just treat people with respect. You know. And you just don't know what's going to happen tomorrow. It could be any one of us that could be suffering from a mental health problem. You know. And again it's about raising awareness and educating people. The minutes people talk about mental health. They immediately...A lot, a lot of people think about the mad axe man. Running about with a knife or an axe. They don't consider that someone's mood is low because they're grieving the loss of a loved one, they're grieving the loss of a job or a house or whatever. They don't think. And I think that's what people need to talk about more. That mental health is not about the mad axe man. Or as some people say-'They nutters.' You know. They're people. They're somebody's son. And that's how I live my life. I hope (laughs)."</p>	1.12.59
1.14.33	<p>Interviewer ask the respondent if she thinks that there is a cure for mental illness?</p>	
	<p>"Well, I could be cynical here and say yes. If people were more open to listening to people. And knowing exactly what was causing the problem in the first place. I could be; I could write you out a cheque for five thousand pounds and that's your worries over. Because you're maybe sitting there worrying about financial problems. How you're going to pay your bills. How you're going to pay your energy bills. So, that's your mental health problem would be over. But it's about people sitting listening to what actually is causing that person to be in that turmoil in</p>	1.14.38-1.16.54

	<p>the first place. Whether it could be about bereavement or you know the loss of a job or the loss of a house. I don't think drugs is the answer, I definitely don't think drugs is the answer. I definitely think it's about allowing people the time to sit and talk about what their problems really are. I mean you can't even get hold of a GP just now. And I know from personal experience from going to see my own GP. I could be there and my GP hasn't even given me eye contact because he's busy looking at his computer screen. And I think that sort of thing should change. Because if the GP can't look at you how worthless are you going to feel. It's as if I'm not even worthy of him looking at me. Because it's only when you look at somebody that you maybe get the full picture. Because that patient that's sitting in that surgery could be sitting with tears in their eyes or their lip trembling ready to cry. And if that doctor is looking at his screen he's not seeing that."</p>	
	<p>"Oh, I would like to say to everybody just be ki...And I know that people are aware about social media and all the rest of it and you see it all the time about Be Kind. Be Kin...and I really believe that. And I think every single one of us have got that ability. To be kind to somebody. And it's not about giving somebody something all of the time. You just need to smile at them. Just say good morning and mean it. Don't just go-morning. Because I go out of my way sometimes to deliberately say to people-'Good morning.' Because I know they're away in another world. They're too busy looking at the pavement. They're not even looking up. They're not looking at the sky, they're not looking at the trees, they're not looking at what's round about them. And I think that's what's needed. People just to be a wee bit more pleasant, respectful and tolerant. Because we're all different. It would be a terrible world if we were all the same (laughs)."</p>	1.17.08-1.18.18
1.18.19	<p>Interviewer asks the respondent if there is anything important about the mental health, social care system or herself that she'd like to talk about.</p>	
	<p>"Again, I can only talk about my experience working with befriending. I think everywhere social care...They're all under pressure. Everybody's under pressure. There isn't the resources that there should be for the need that's there. And I also think the pandemic hasn't helped that you know because people...And again, people have been stuck in the house during lockdown. Their mobility has deteriorated. So, people that maybe could get out for a wee while aren't able to get out now. And that was sort of forced upon people because of the lockdown."</p>	1.18.35-1.19.18
1.19.19	<p>Respondent talks about the pressure that care workers are under. She underlines the importance of the befriender in this situation.</p>	
1.22.03	<p>Interviewer asks the respondent if she has any songs or objects that remind her of working in mental health</p>	
	<p>Respondent replies Sydney Devine. Certain wards it was him or Andy Stewart. Anything foot tapping.</p>	
	<p>"I just wish it would get better. I just wish, I wish... And I mean I don't always think money getting thrown at things is the answer to things. It's people you need, bodies. You need trained people to be able to listen to people. Counsel them. I don't...And people just need more time. They need more education. Raise more awareness about what it's like for people."</p>	123.25-124.05
124.15	<p>Respondent says she has a lot of good memories and she has enjoyed reminiscing. She says the group of people that wanted to change everything. They wanted to put on a nativity play for the patients. The matron made a joke about finding virgins in the hospital to play the Virgin Mary. They asked the matron if she could play it. She says this wouldn't</p>	

	be allowed now.	
126.12	Respondent says that in those days anything went because whoever was in power had complete control. She says she thinks that people should question things. She goes on to say that in her experience patients in psychiatric wards tended to question the drugs they got before they got more than in the general wards. She says that people can think they don't think they need tablets if they felt better. She got round this by pointing out that people with diabetes need to take their medicine to stay well and they are the same.	
	Interviewer thanks the respondent for her contribution to the project.	
 		
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