

Project: **'Reflections of trauma, challenges, and healing: An oral history'**
 Respondent: Claire Taylor
 Year of Birth: 1954
 Age:
 Connection to project: Respondent
 Date of Interview: The 6th of July 2022
 Interviewer: Rachel Kelly
 Recording Agreement: Yes
 Information & Consent: Yes
 Photographic Images: No
 Length of Interview: 2 hours, 15 minutes and 2 seconds
 Location of Interview: EDVA, Kirkintilloch
 Recording Equipment: Zoom H4n (internal mics)



Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.39	Interviewer asks the respondent where she was born on brought up and lives now.	
0.40	The respondent states that she was brought up in Partick for the first 6 years of her life with her mum and dad and two brothers. She then moved to Kirkintilloch. She lives in Kirkintilloch now.	
1.03	Interviewer asks the respondent if she has any distinct childhood memories.	
1.07	Respondent recalls that crossing the Clyde River in a tugboat was terrifying. Her granny lived in Renfrew and they went over twice a week. If her mum couldn't be bothered getting a tram car down to Yoker to cross on the Renfrew Ferry they ended up in a tugboat to Linthouse from Partick. It was terrifying because water came into the boat and it was a rocky journey. She was happy and her parents used to take her to the cinema quite often. She would go once or twice a week once they got to Kirkintilloch. They had lots of freedom in the countryside in Kirkintilloch. Her mum would take them to the parks in Glasgow when they lived there. She particularly remembers the fossil grove in Victoria Park.	
2.47	Respondent says it was a good childhood except for her father's, who was a plumber then a talented welder, addiction issues. She says he was a good man but troubled. She also states may have been sexually abused as a child. She says he was closer to her than her brothers and wonders if this was because he was scared he would abuse them but she is not sure about that. She goes on to describe the issues and how they affected the family. There were issues with his absence due to drinking in Glasgow as Kirkintilloch was a dry town. There were also issues with money compounded with the death of one grandmother and difficulties with another. She has not really spoken about it to anyone other than one brother. She says that two brothers had addiction problems and two are anti-drink. Both brothers with addictions are much better one of their daughters also has addiction issues. She says that people cope with things differently but she had no money to drink at university. She then goes on to talk about her uncle who stayed with them and helped them out financially. The respondent wanted to move to her gran's house in Renfrew as it was a big Victorian House. Her uncle stayed in her room and she was in with her brothers. They were all happy. Frankie was also a gambler but he didn't have a family to support. They moved to a five	

	apartment and her dad drifted away but still sent them money. Then her parents got divorced. She says that was a relief. Respondent states that her daughter has diagnosed her with ADHD.	
13.29	Interviewer asks the respondent about her career as a nurse.	
13.35	Respondent talks about when people came to her school to encourage them to become teachers rather than to go to university. She didn't have much family background of going to uni. She was not sure what to do and would of stayed on at school if she could. She then went to Notre Dame teacher training college in Bearsden. She didn't like it because she kept on falling asleep due to narcolepsy. She had undiagnosed narcolepsy and this made school and college difficult. She was always in trouble at school due to moving about and distracting herself and others in order to stay awake. She asked her mum if she could stop going to see her granny because she was always falling asleep and worried that she wouldn't be able to wake up for school in the morning.	
16.07	Interviewer asks the respondent how the narcolepsy affected her teacher training.	
16.08	Respondent says that it was terrible. If the teacher was good then that meant that they involved her in the process and she was ok. She loved working with the kids and she loved doing things. She says she thinks that she is more physical than intellectual and might have been better suited to being a teaching assistant. If it was a bad teacher it was awful but she got through the course. When she qualified in 1976 there was a glut of teachers and few jobs. She was really not sure teaching was for her as she would have to open the windows and the kids were freezing. So she went on a job creation scheme. She states that she worked in Lennox Castle during the summer holidays.	
17.55	Interviewer asks the respondent to tell her about when she worked at Lennox Castle during the summer holidays	
	"Well, the first time I went (to work in Lennox Castle Hospital) I was seventeen. So, that was too young. You've got to be seventeen and a half. And they said-'It's ok, don't worry you'll be working with, like, people that just need sort of direction and supervision. It will be fine. Well, that lasted a morning. And I got sent to this ward were there was people...you got locked in the day room. And I was absolutely terrified. And I was terrified to say anything to the charge nurse as well. Not just say- oh, I don't think I should be here, it's so quiet. And I went into this day hall and this big lady came and picked me up. And plonked me on top of the table beside the door. And I just sat there. And I was really terrified. And it turned out she was lovely. She was a lovely big person. I met her on previous, you know, later on in years. And then this lady came over and she was dressed like a monk because she ripped all her clothes off. So, it was like hessian she was wearing. It was really course. She looked like a monk because she had a tie round her and it was tied at the back so she couldn't untie it. And she came over and she had a shovel. And I thought-"Oh, what's she going to do with that? And she started hitting her feet with it. I went-'oh my god this is terrible. 'And one of the other patients started screaming when they saw blood and I was still sitting there. But, I knew I couldn't get out and there wasn't any alarms or anything in those days. It was a lovely big day hall. Massive. And the guy came eventually, the charge nurse. And he's going- 'What's all this noise?' And he went...Well, he did apologise for leaving me for so long. He had went to answer the phone. And so he says...And he shouted for somebody to come and they helped Frances her name was get her feet fixed. She was a poor soul. And he's going-'I don't think this is the ward	18.00-20.36

	for you. So he sent me to another ward thankfully. I finished early that day and I got sent to a day ward which was for children. So that was a lot more relaxed. Just very large adults as well in cots and things like that. It was really, really heavy work. And I lasted there in my shift two and a half days. And, no it wasn't two and a half days. That's at Woodilee. It was early shift. So I did three days there and then it was my day off. And I had, this was in fifth year, I went back to school. I couldn't cope. That was another reason for it. I couldn't cope with it."	
20.37	Respondent states that she let the people at Lennox Castle know that she wasn't coming back. She then plucked up the courage to reapply when she was at college. She said that she gave up her part-time job in Woolworths as the money was good in the castle and she didn't have to pay tax or NI. She states that you were called a white coat which was a derogatory term for most nurses. The sister in her ward did not like her but she kept away from her most of the time. But when that sister was there she was on her case all of the time.	
	"But there was 'high grade' patients as they called (in Lennox Castle) them and they had people to look after as well. So, they helped you. And it was like bathing and things like that. So, I'd be doing the bathing. But she (the sister) gave me everything to do. I actually got to give a couple of injections. Which I was quite up for cause I'd never done it before. I knew that I shouldn't be doing it. Cause I wasn't qualified or I wasn't training. But this particular nurse, for whatever reason, showed me how to do iron injections which were really difficult. And this girl, her skin was like rhino it was terrible. She was a black girl and she had pernicious anaemia so she had to get these iron injections fairly regularly. So it was a Z injection so it was really difficult to do. So, I can do that. Showed me how to that. So I was doing enemas and things like that. Things that you don't normally do when you're not a trained nurse or you're not in training. But that made it interesting and I really enjoyed helping people."	21.50-22.51
22.52	Respondent states that she didn't want to be a nurse. She hated science at school because she didn't like the teacher. But after her year doing road safety with kids. She observed some of the kids in better off areas being very cheeky to the teachers. She talks about her views on inequality in the education system. She says that she had had enough of Lennox Castle after a year and she had enjoyed studying psychology in her course so she decided to go to Woodilee hospital.	
24.47	Interviewer asks the respondent what examples of good and bad practice she saw at Lennox Castle.	
	"Oh well, there was lots of bad practice (at Lennox Castle) but not deliberately being cruel to people at all."	24.51-24.57
24.58	Respondent goes on to talk about the sister who didn't like her and how she would take the chance to move ward when she could but that the sister made use of her as an extra pair of hands when she was there.	
	"But anyway this ward that I was in (at Lennox Castle) and other wards as well. It was not necessary to do this but their food got put...Like they would have mince and potatoes...It was not that it was horrible food. Mince and potatoes and then tea poured on it. And then all mushed up and that was what you had to give the person. They didn't have any cutlery. A lady...A wee gir...Oh god love her. Betty her name was. This little lady, she had Down's syndrome. And she had arrived a couple of days after me in this ward. And I worked from May till until I started college so, it would be early September right through. So, I got to know the patients really well. So Betty was there and she was so prissy it	25.43-30.53

was....Obviously her parents had been elderly when they had her. The typical stereotype. So, they'd of been in their late forties I think. And they had both died within a few weeks of each other. And she was in her forties by this time. So, she had been looked after really well. Cause this is in the...this is in the '70s. Early '70s. Aye, '73 I'd say, '74. She would, you know, a lot of people with Down's syndrome have problems with their heart and things like that. Her weight had been looked after. And obviously...she had a perm and she arrived at the door with her wee suitcase and I'm thinking-Oh, god love you hen. And there was nowhere to put any of this. Right. So I got told to give her a bed. So, we went into the dormitory. And they were spotless. I mean they really kept the place clean. Or, in this villa. In other villas they were maybe not as clean but they were only as clean as the staff and patients. And the cleaners would have a hard job. But this particular ward was really spotless. And you had the polished floors gleaming and you had a chest of drawers at the end and that was it. Right. And there was all these beds lined up. There was two lots of dormitories and there was an empty bed so I took her up and she was just standing beside me. She said very little. And I put her case on the bed. And I said where do you want... 'Do you want to unpack now.' And she's just looking at me. And then I took some of her things out and there was a wee...To be fair there was a wee be...a wee table thing at the bedside. Put some clothes in and I put her case under the bed. And I knew they wouldn't stay there because you weren't allowed anything under the bed. It made it look untidy. All the wheels turned in a certain direction. Counterpanes were all tucked in perfectly. The pillows. The opening from the pillows faced in the way not towards...Honestly it was all very Victorian. So, I thought-where am I going to put this? I thought I'll just put this under the bed and she wasn't very happy about that. So, I picked it up, put it on top of the locker. The wee table at the side of her bed. Said-'This is your bed and I'll put your name up so you know it's yours. And then I took her away into the day hall. And I'm saying-'We're going to have our lunch so you can sit down at the table and I'll get your lunch.' I'm grabbing it before somebody could pour tea on it for a start. And whatever it was I put down. I mean the food was good it was just ruined by doing things like that. But then there was a lot of people who couldn't swallow very well. So at random everybody had to eat like that. Unless there was a 'high grade' that ate separately. And I gave her a plate and she's sitting and there's very few people at the table. And I said-'Right I'll go get you a cup of tea.' And I gave her a tea. And then the sister's saying-'What's wrong with her?' And I said; 'I don't know.' She says-'She's not eating her dinner. Take it away.' And that's how people starve in hospitals because-Oh, you don't like it. Or, you're not hungry. And I said-'What's wrong Betty?' And she went-'There's no knife and fork.' Now our ward didn't give out knives and forks. It was spoons. You ate with a spoon. And Betty had been used to a bit of culture. And I said-'she wants a knife and fork.' And the sister's like that-'Aye right, a spoon I'll do her.' And I'm going-'Betty you have to use a spoon.' Well, see years later when I went back. That was in between...No I didn't...I went back to do my training. I went when I was in Woodilee. You do eight weeks in Lennox Castle. And I actually got put...I did ask to get put in that ward. You did four weeks in a male ward and four weeks in a female ward. And I wanted to meet the patients again. So, I asked if I could go into that ward. So, I got a week in that ward and Betty was still there. And she was like the side of a house. Cause she was just not exercising or anything. Nobody was looking after her weight. And she

	<p>was eating with a spoon. And she didn't have any conversation at all. There was just too many people. And it wasn't like...I mean the nurses would talk to the patients when you were dealing with them."</p>	
	<p>"You used to have to get... you used have to clean their eyes. Sunday's were...Like the patients (at Lennox Castle) would all be in chairs. Like, with things in front of them so they wouldn't wander away and hurt themselves or hurt each other. And you had to go round them all. The 'high grades' would be somewhere else. They would go round all these people and cut their nails and clean their eyes. But you didn't...You used...You didn't have the chance to change things that you were using. It wasn't like individual. Like I would know what to do now, well once I started training. But since I had never had any nursing training or anything like that. I thought- this isn't right. And I would say something. But they would go-'How long is this going to take you?' Get on with it.' So, you just got on with it. So, you were cleaning their eyes and then you would just move on to the other one. And you weren't washing your hands or anything. But you were trying not to...If they had an eye infection you would point it out. And then go and wash your hands. But there was nobody to listen to you anyway to be quite honest. It was just too many patients and too few staff. And the sister wouldn't do anything. So you had even less staff. Very few sisters did anything. And if there was a staff nurse on the ward, well. She was hanging around with the sister because she was wanting to learn that bit of it. And not doing anything. So, it would be like an enrolled nurse who would now be very resentful that they two are not doing anything and a nursing assistant and me. So, there would be five of us looking after forty odd people. I think it was forty five actually. It was impossible. And yet there was daily baths. And, yes, they didn't get washed in the same bath water. You ran...You definitely didn't...You rinsed...You bathed them and then you didn't have towels. So , you had to pull them out of the bath with a sheet on to the chair. Most of these people weren't ambulant. And you had to dry them with this tow...this sheet that would not soak up water. And oh, it was just a nightmare trying to get patients dried. Whilst somebody's rinsing the bath for the next patient. It was just a...It was just... It was like being in a factory actually."</p>	30.54-33.13
33.15	<p>Respondent goes on to say that you knew that's what you had ahead of you when you got the bus in the morning. She goes on to describe the bus service. She says that one of her brothers worked there one year with some of his friends.</p>	
	<p>"And the good things (at Lennox Castle) were... If the patient was capable of walking you could take them out for walks. And I loved that cause Lennox Castle's beautiful. And if they wanted to go to the swing park they had a swing park for them. And you could take them down...if they were capable of walking quite far. You could take them down to the wee shop cause they would have pocket money. And they had a disco like once a fortnight, or once a week it might be. But then you were only on that shift once a fortnight. That was great fun. And that lady that lifted me up and put me on the table. I was in her ward quite a lot. Or, I would collect her and take her to the disco. And it was great fun because she would say-'Go and ask that male nurse over there if he wants to dance.' And she'd be...you know it was like gigantor. I mean really, really tall woman. And she had elephantitis. She had huge boots like Noddy boots. The guys were terrified of her. I mean she was a lovely...She was lovely as well. She didn't...Jean her name was. I'll not say her second name. And they wouldn't say no. so Jean would be up dancing. Loving it. Absolutely</p>	33.39-35.01

	<p>loving it. She had a great time. A lot of patient's were capable of having a good time. And then...and then I used to think- they shouldn't have been here."</p>	
	<p>"And why are they here (Lennox Castle)? Well. There was no case notes on the ward. You never got to know. And if you asked the doc...any nurses they would go-'And why are you wanting to know that? Because there was a lot of people in the castle who came from people who didn't want anybody to know that they had had this child. That there was something wrong with them. Or that they couldn't cope. They were embarrassed that they couldn't cope. And the person was here. And very few people got visitors whenever I was there. And because maybe like Betty's mum and dad were dead. I don't know if any sib...I don't know if she had any siblings. That's how she ended up there. A late baby and an only child. God that's a shame. And there was a lady there and she was in a pram in my ward. And she was...she had cerebral palsy. I think. She couldn't speak anyway. They used to call them spastics. That's terrible but that was what they called them anyway when I was doing my training. Or, when I was there before doing my training. And she was on this pram because she was so contracted and you couldn't get...in those days you couldn't get a wheelchair to suit her. Cause she'd fall out all the time. Or she'd be getting sores and things like that. So, you made her as comfortable as possible when she was in this. But she could talk to you. Once I was there a wee while I could understand her. She could actually speak German. Some German. And she had a...she was intelligent in this body. She should have been looked after somewhere else. But there wouldn't have been anywhere else to put her presumably. But there was some people who were very fond of...If you were there a long time I could see that there were some nurses who were very fond of certain patients. But being an outsider I could see that this caused a lot of animosity as well. Because patients would be saying-'Well. What's wrong with me?' They would be taking them home for lunch or tea or a weekend away or something like that. I mean they would be doing it through the goodness of their own heart. Cause they could see that they had clicked with this person. Cause they felt sorry for them or they really liked them I don't know their motives. But they used to take them...or they'd bring them something nice to eat for their tea. And nobody else had it. And that wasn't fair for the rest of them. You used to think honestly this is...I couldn't...I couldn't of worked in that. The difference between psychiatry and well, the castle in those days...and I couldn't see it ever closing when I was there. These people. Most of them hadn't had much of a life. Apart from the odd Betty. And you think god, it might have been better if you didn't have life because now you're really suffering. Because she was just isolated. Whereas in psychiatry people came in and went home again. And you kind of thought you were helping people and getting them better. And we'd have visitor and whatever. And they quite often signed themselves in cause they thought things were getting too much. And they had a great belief in what the hospital was doing for them and then they'd go home happy. Whereas in the castle that was just it. That was them. Although some of them had great lives because they went round the wards delivering mail."</p>	35.02-38.30
38.31	<p>Respondent goes on to talk about sport present Arthur Montford's brother Stanley and how A Montford was good to his ward and visited him. She talks about Stanley carrying messages and how he enjoyed that. He also went on holiday.</p>	

	<p>“But the hosp...The upper..the high grade patients (at Lennox Castle). That’s terrible saying that, but people who were able to do things and do things for other people they got like a fortnight away to Butlins or something like that once a year. So, they got a break but god was it bad when you were having to cover them. Cause then it made the staff presumably realise how much work these people did. Obviously it was staggered. But when you lost a couple from your ward. You went, wow, you couldn’t cope without this person. And that’s...that was good for them to know that they were doing something positive. But they might not have wanted to. And they didn’t have a choice. So that was bad. But I mean physically you did as much as you could. And I never saw anybody being physically abused by any of the staff. And I might just of been lucky being in the hospital and being in a ward that they didn’t do that. And I’m sure it probably did go on. But not in any of the wards that I was in. I wouldn’t have...I didn’t see anything. But yeah, mental abuse from the point of view of neglect. By the powers that be not supplying enough staff to be able to have some fun with a patient. And that happened...that happened, heaven’s sake, in the general wards as well.”</p>	39.42-41.11
41.12	<p>Respondent goes on to describe how this would happen on general wards and it would not be any badness on the part of staff but down to under staffing. She says that most complaints from staff were about a shortage of staffing as opposed to pay rates. Sometimes the powers that be would listen and sometimes they would not. She then talks about how she got back into the castle.</p>	
43.25	<p>Interviewer asks the respondent about how she became a psychiatric nurse.</p>	
43.26	<p>Respondent goes on to talk about the job creation scheme that she was on at the road safety office in St Vincent’s Street. She was then offered a couple of very part time jobs in college but she couldn’t afford to do that. She saw they were looking for nurses at the Woodilee Hospital and hoped it wasn’t like the castle. She talks about how road safety and teaching were not really for her and then talks about her interview at Woodilee. The interview was terrible and one interviewer asked if she intended to have children. And the other interviewer was shocked even though women were frequently asked these questions then. He also asked if she was going back to teaching. They also asked her how she felt about alcoholics. One interviewer apologised for some of the questions and offered her the job.</p>	
50.50	<p>Respondent talks about how this was a life saver for her as she wasn’t sitting in a class room where her narcolepsy could affect her. She mentions a cousin with epilepsy and it was kept quiet. She talks about the effect narcolepsy had on her life and when she finally got diagnosed in her forties. She says that nursing was good for her because you are motivated and you are doing things that are different and are on the go all the time. She had to find things to do on some night shifts like clean out cupboards. She talks about some of the other effects of narcolepsy.</p>	
56.15	<p>She then goes on to talk about her training in Woodilee. She says the tutor was the person who asked her about the pill in interview. She was asked if she fancied working in the school. She determined herself to do well in biology and had stuck in as she didn’t think it was good enough to just pass. She then got asked by the head person if she wanted to do her general training and then she started at Stobhill. She talks about how long she was at Woodilee for her training. She didn’t have to do the full general training because she had done some training. She wasn’t happy about this as she enjoyed learning. The school of nursing at Stobhill was</p>	

	<p>poorly built and had started to collapse. She had to go to study in the West End of Glasgow. She loved her general training. She met a couple of people from Lennox Castle who were doing their general training in anticipation of it closing. She says it was mainly women but there were more men in Woodilee. She says that the men had an easy time there.</p>	
	<p>“The training in Stobhill was really good. I loved it. And I went back to the castle (Lennox Castle) for eight weeks. And that’s what I was saying, I couldn’t believe the difference in some of the patients. Some of them...the ‘high grades were obviously older. The same sort of circumstances. One of them couldn’t do very much anymore. And I felt really sorry for her because she kind of lost her place in the society of Lennox Castle. Yeah she did. And she was just one of the patients then rather than this elite group of ‘high grade’ patients. It was a shame. Milly her name was. So, she hadn’t been a particularly happy person. She was quite disruptive sometimes. She was on quite heavy medication. And I thought-well, that’s not very good if you’re looking after somebody because she could be quite abusive towards staff. Well, I don’t know if she was abusive towards the person she was looking after but possibly she was. And that’s another aspect of getting someone else to look after them. You don’t know what really would be going on.”</p>	101.19-1.02.26
10.227	<p>Respondent gives the example of kids looking after kids. Gives the example of her own daughters and jealousy between them when they were very young. She says that most nurses would say that it’s not good that patients have to look after patients. She talks about how that must of happened in a lot of the institutions of the time but says that if the patients were capable of that then they shouldn’t have been there.</p>	
	<p>“And I’ve met quite a few patients from the castle (Lennox Castle) that are in the community. It works for some and it doesn’t work for others and ditto with Lennox cas..eh, Woodilee. They promised the world. ‘We’ll give you, like, there be lots of things that you can go to and somebody will come and get you and all that kind of a thing. It lasted about a year. Two years at the very most. And then they were just wandering about Kirkintilloch aimlessly. Maybe getting into bother. Maybe not. But not particularly happy. It’s a shame. So, sometimes Woodilee was a sanctuary for some people. That they wanted to be there. Most didn’t realise that they didn’t need to be there. They could of walked out the gate if they’d wanted but they felt quite comfortable staying maybe because they’d been there that long. But some people definitely found it a sanctuary. And others should not of been there and were too easily put in there by family many, many, many years ago. Long before me. Woodilee, all case notes were in the ward. Whereas I never got to see one case note in the castle. I thought that was strange. Not me particularly, but the sisters had to request if they could see it. And they sometimes got knocked back. You used to get...When you had time, and maybe patients were out at therapies and things like that, you got the chance to look through case notes (in Woodilee). Obviously everything was confidential. That was dinned into you from day one. And they used to take photos...and the ones that were most interesting. And you couldn’t really tell by looking at the colour or anything like that. The case notes. The ones that were particularly interesting were the ones that had photographs. They stopped doing that a long time ago. They had three photos. Face on and two sides. And, oh my goodness, they looked so unhappy it was terrible. There were very few that were smiling and the ones that were smiling obviously needed to be there. God love them.”</p>	1.03.43-105.55
105.55	<p>Respondent talks about a patient in the Woodilee in her nineties who</p>	

	had general paralysis of the insane caused by a sexual disease that her husband had contracted during WWI. She talks about how people lasted longer in these institutions than in the community often. She also talks about there being quite a few men with GPI from wars in there during her time.	
	“But there was one wee woman in that kind of vicinity (Woodilee ward) that had been put in there by her husband. I read her case notes. And, because he said she lay in bed all day and didn’t look after the children. And you’re thinking-She’s obviously got some kind of depression. And he made a list of all the things she didn’t do. And it was just so stark and you just think-you’ve got no empathy or anything. You horrible person you. And that was enough way, way back for a doctor to say-‘Right she’ll need to go into hospital.’ She never came out again. And her daughter used to come and visit her. She’d be in her nineties early nineties. And her daughter was in her seventies, god love her. She’d spent all her life without her mum but she had quite a big family as well. She’d of had post natal depression probably. Or she’d been going through the menopause.”	109.05-110.01
101.02	Respondent talks about a lady at Woodilee who was put in there when she went through the menopause. She remembered her from when she was a wee girl and thought that she had died.	
	“People were just forgotten about. Not by their families necessarily. But people think doctors know best. Don’t question anything. Once you are in an institution you’re out the way of harm or harming anyone else possibly. Although that wasn’t in her case at all (lady put in for going through the menopause in the ‘50s or ‘60s). Right so, people kind of think right that’s it sorted. You know if you’re a doctor. That’s it sorted. I’ve dealt with that. And the person’s forgotten about. Cause they don’t make a noise. They don’t say-‘I want out.’ Or, try to run away or anything like that. They do what they are told. Take their medication. Go to their therapies. And that becomes their life.”	1.10.45
1.11.26	Respondent talks some more about the lady who had been put in Woodilee for going through the menopause.	
	“We were trying to get patients out (at Woodilee). Who were...If you were in an acute ward. That was your ideal. To get patients well enough to get them home. But you knew that if they left that ward and went into another ward that that was less likely to happen. And I just...It was the system. It was really frustrating.”	1.11.46-1.12.12
	“There was obviously a lot of geriatrics that were in. They called them...Older patients that were in. And when I was in my first ward, a hell of a ward. It was so busy. Geriatric admissions ward. And there would be patients coming in that were really sick. Really disturbed. Really, really disturbed. And you think-an old person at this stage and really disturbed...And they had started doing lots of tests on them. Cause patients went into hospital because they had underactive thyroids and never came out again. Or, over active thyroids. And they’d think they were off their head. And that was all that was wro...So, all of these tests had been getting done for a few years obviously. But not routinely necessarily. And you’d think-We’ll get this patient back again. Right that’s fine. Treat her, well, and then the families didn’t want them. And then you think...”	1.12.13-1.12.14
1.12.14	Respondent talks about an example of lady who couldn’t get back into her own home and says that she doesn’t know if the lady ever got home.	
	“And then other patients came in (to Woodilee) and they were so badly dis...So bad... In geriatrics or psychiatric patients. That you think-How the hell did this family manage to hold on to you for so long? And why didn’t	1.14.40-1.15.53



	<p>you get the help that you needed with them? And they'd say-'Oh we went to the doctor and the doctor said there was nothing wrong. Or, nothing they could do or whatever. Or, they just didn't want the person to go into hospital. They were upset for the person and they wanted to hold on to them. Ad you'd think-oh my god. I mean we were getting paid to look after this person and we were there all these hours. How did these people manage to actually cope with them in a house with other people and children around? But they did and god love them for having tried so hard. But sometimes it was to the detriment...Well, quite often it was to the detriment of the person's mental health. Especially of it was an acute patient. They had held on to them for too long. I mean a couple of times they actually died because they hadn't been eating and things like that. And they had been trying to get them to take stuff and they hadn't been drinking."</p>	
1.15.54	<p>Respondent talks about one instance where someone died on admission. Her husband may have not got the help he needed. She then talks about how good the sister was on that ward. She then talks about standards slipping in modern nursing as well as talking about giving her first injection. She also talks about a good student who was so caring he was too slow. She gives an example of bad nursing when she was in hospital. A student nurse allowed her to change her own bed in intensive care and then told her that she felt she (the nurse) was management material.. She says she doesn't think nurses get enough time with patients these days. They don't get to develop empathy.</p>	
1.24.53	<p>Respondent talks about how long she was at Stobhill Hospital for her extra training. She then talks about planning to and having babies.. She went back to studies 6 weeks after her first baby. Her father-in-law would bring the baby to her for breast feeding. She then says she could of got a job at Stobhill but got a job back at Woodlilee at the school of nursing. She talks about a good clinical teacher at Stobhill. He encouraged her to do a difficult procedure to do with bone marrow. She then had to work another six months to become a tutor and worked on a receiving ward where they said that women did not work on the war. She said that women had a calming effect on the patients in a ward. She says that some male nurses could be bossy. The nurse in charge eventually worried with her being pregnant on the ward. She had coped but decided to give up the idea of being a tutor and was on nights for the rest of her career.</p>	
132.44	<p>Interviewer asks the respondent what changes she saw in her career as a nurse.</p>	
132.55	<p>Respondent talks about the Woodilee hospital closing suddenly</p>	
	<p>"The hospital (the Woodilee) was fine. Came back the next day. The next...the following day afterwards. And there was tape. They had actually physically put. You know the police tape? All round this building that was a quarter of a mile long. And you think-What the hell? It was about to fall down. Apparently the night that I wasn't the nurse had all been...well, most of them had been called on night shift to the main office and had been told...Or, the main building. And had been told that the patients were being evacuated because the building was unsafe. That was rubbish. I mean it was all politics right. And if they weren't willing to take them...Which they weren't. They said they weren't waking patients up in the middle of the night. And taking them away from their home. Cause most of them had been there...They had been starting to disseminate patients at this point or talk about it. A few of them had went into the community. And like Maryhill Barracks and things like that. And people throwing themselves out of windows or burning themselves</p>	1.33.22-135.56

	<p>to death because they weren't equipped for looking after themselves. After all these years of somebody saying-'That's your bath run. Breakfast time. Time to get up. Time to go to bed. They just weren't equipped. It was terrible. But, anyway, the army was sitting...Literally sitting in the drive. Ready to take people away with their vehicles. To hospitals if they had refused to take them. So, they got taken. They went to places that were shambolic like Leverndale wards that had been closed for years. Had surreptitiously been getting cleaned. Not done up just cleaned. And that's where they went. And you were leaving a lovely old Victorian building. Yeah, it wasn't brilliant but it wasn't about to fall down. Cause they had to pull it down all those years later. And I couldn't believe it. I just could not believe it. We were in...Like I had been mainly working in the wards round about the huts. They'd moved the acute wards up to the back gate. Because they were going to pull down the other one. The wards down at the front. So, it had been on the cards that they were closing the hospital but to actually just suddenly close it was awful. And a lot of patients died. Just because it was like older, elderly patients. They just died for no reason. No particular reason other than they got moved out of their home. And that's what happens when people..."</p>	
1.35.57	<p>Respondent talks about getting involved with the housing association in the area of Kirkintilloch where she lives. She says that the housing was terrible and they wanted to change this. She then realised the importance of housing and people. She then talks about getting bussed to work.</p>	
	<p>"Just because they'd done it so quickly (closed Woodilee) Patients that were supposed to be going out were just thrown out without proper back up. In the castle (Lennox Castle) they got a lot of the staff to take patients to live with them. And I thought...that might be alright if you've got your pet patient with you but some of them had two or three patients. 'And you're home twenty four hours a day. Don't worry you'll get as much help as you can...They'll be going to pick them up most days to take them to group therapies and that kind of thing.' And then that...that just fizzled out very quickly. And they were left with these three or four people sometimes in the house on their own. And you think-What are they going to do? I don't know what went on in the house. And I don't know if it was well supervised either. I doubt it. Because that's the way they solved the problem. These people were obviously...Some of them for the best reasons. But they were getting a lot more money.They had lost their job but they were getting compensation because they had these people in the house. And I know a few in Hillhead that did that. And it was hard going. Really hard going. And then for some reason families became involved that had never visited before. They wanted to...because they would read in the paper about money. And-'Oh, maybe we could do that.' So they were coming to want to take this person away who probably didn't even know them most of the time. But, it was bad."</p>	1.38.13-1.39.49
	<p>"I think most of the patients are gone now. My daughter. She worked for The Richmond Fellowship and she looked after...helped looked after a man that had been in the castle (Lennox Castle) when he was fifteen. He went from fifteen and he was in his seventies I think. And his only reason for being in the castle was he was deaf. And he was up...he was belligerent at school and got into bother and things like that. Nobody had picked up...or nobody knew how to cope with this deaf boy. And he got put into the castle and he worked in the farm and loved it and that was his life. And then when the castle closed he got put into a flat along from us, which was a lovely wee flat. Two bedrooms. One for whoever was</p>	1.39.50-142.01

	<p>watching him and him. And Laura says he had never been out because he couldn't walk very well and they hadn't put a ramp in. And she fought for months and months and months. In fact it had just got put in once she went back to Uni. So, at least he got out in a wheelchair for a wee while. Staff couldn't take him out cause he couldn't get down the...He was on the ground floor but there were steps that he couldn't manage. So, Tommy his name was but he seemed happy enough. He died maybe a couple of years after that. But at least he had a wee place of his own. He could watch whatever he liked on the telly. I mean I don't know what his reading capacity was. I don't know if he could read subtitles or...And he... Laura says he used to have it on full blast. The people in the close must have had a terrible time but he couldn't hear it anyway. But it was his home and if he wanted to go for a bath he could and if he didn't he didn't. But she says he was a really nice wee guy that was always kind of tidying up and things like that. Cause he had always been used to doing things. So, he could manage to get around his wee house. But he couldn't get out of it until he got the ramp. The ramp's still and he's long gone. They've just never taken it back. But that's fine. Somebody else might use it."</p>	
	<p>"Psychiatry has always been a poor second or third to...or definitely third I would say or second anyway to general and the castle and people who went to the castle (Lennox Castle) were definitely third after psychiatry. I used to say that to people that were moaning about the Woodilee. You have not a clue. You really haven't. It could be much worse than it is. Like ratio of staff to patients and things like that. It was much, much better in the Woodilee than it was...Even in heavy wards. Because you had less patients. You might have thirty five instead of forty five. And they were heavy. And you'd have five of you. Whereas you might only have four, if you were lucky, in some of the wards in the castle. So, that was an improvement. Woodilee used to have a lot of things going for the patients. Therapies and apparently they had tennis courts. Bowling. A lot of them liked bowling and they had that still when I was there. They had an operatic society and they had a theatre where they performed plays and things like that. All that kind of thing. When they first opened it was very innovative in its day. But all that had gone by the time I got to the Woodilee because they were starting to run it down. They'd know they were closing. Even then in the late '70s. And it was just deceitful. Really, really bad. They had the therapies still that the patients used to...They used to clean all the packs for theatres. And I mean it was done regimentally and people...the patients who did that were really proud of themselves because there was only certain people that were allowed to do it. They would scrub everything. And it would go...Right, and they knew what to put in it. The packs for different operations and then it would be sent to an auto clean to get rid of any germs. Now hospitals constantly go on about things getting cancelled. And quite often it's because they're opening a pack up and it's still got human tissue stuck to the instruments. So they have to get rid of that one. And this is because machines do it now instead of people. They have to rid of that pack and use another one. But that other one's somebody's other...That's another person's operation pack. So, somebody has to get told they're not getting their operation that day. And that's what happens fairly often. Ask a consultant surgeon. I mean it's ridiculous. And that puts them in a bad mood obviously. Everybody's upset about it because that means that they know that there's somebody in a bed upstairs that will have to get themselves dressed and go home. And their families are upset about it.</p>	<p>142.05-145.35</p>

	<p>They've been waiting for a long time or whatever. So these patients anyway did this. And it was a really good...I mean it was great. It was very...It was like clockwork. They had the...I mean they won the contract. It would come up every so many years. And they had it for a long time. And they just closed the therapy. It wasn't that they lost the contract. They just closed it. Which was a shame because then that was these people... and they were long term patients. So, they didn't have anything to do. And they had therapies like painting and all that kind of thing that they liked doing. Or you would take them for walks and things. It wasn't as good as the castle. The castle going for walks was lovely. "</p>	
145.40	<p>Respondent talks about para gliders at Lennox Castle. The patients would see this on their walks.</p>	
146.34	<p>Interviewer asks the respondent if there is anything else from her nursing career that she would like to talk about.</p>	
146.40	<p>Respondent says that she thoroughly enjoyed her career as a nurse. She says she didn't get on with all of her colleagues but that they got on for the sake of the job. She says as long as the patients are looked after then that is the main thing. She says she doesn't know if she could of worked in the community. Because the nurses and doctors become institutionalised. She describes a scenario around bathing that she couldn't handle. She then goes on to describe bad practice with tranquilisers in nursing.</p>	
151.35	<p>Interviewer asks the respondent how she got involved with GRACE.</p>	
	<p>Respondent replies that she met Robert the CEO at the old community centre which was a POW camp in the past. They fought to get the new centre which is now under council control. She did a first aid course through GRACE as she did not do this when she was a nurse. Robert joined the housing committee and the respondent</p>	
	<p>"And I thought-Well, that's a good idea (GRACE) because it's peer support. People that know what you've been through. Me, talking about my dad. People that know what you've been through or what families have been through could be more helpful than listening to somebody saying-'Well I think you're at this stage. You should be leaving the hospital by now because you must be cured. I mean that was what really bugged me about the psychiatric hospital when you were...when I was still there. It was on dayshift I would occasionally be admitting someone. Because they would come in late and they would be quite disturbed. And it would be me that would be dealing with it and that was fine. It was quite interesting. But, I was supposed to be saying-'Well in six weeks time.. I'm going-this is ridiculous what about people centred care? That was all about. And I hate cognitive therapy because they've got it so regimented. No I don't think...there's a place for it but you're going to be cured at the end of it. And that's the way it was. Six weeks and the person should be...And you're giving that to the person and they're still disturbed. And you think...Or you're giving the family false hope as well or fear. Cause they're thinking in six weeks' time there's no way so and so is going to be well enough to go home. Or for goodness sake, that's great they're going to be cured. They're going to be fine in six weeks' time. So, I didn't like that at all either. I mean..."</p>	154.00-155.34
	<p>"My daughter who's a psychologist she did psychology at uni and then enjoyed it so she trained as a counsellor. She trained as a person centred counsellor and we had to pay for it because the government don't. Because they don't want to know. Three years they had to pay for it because they want the cognitive therapies. And it's difficult to get into it as well because it's like a closed shop. Cognitive therapy works because</p>	1.55.35-1.56.21

	it's financially viable. Much more viable than person centred psychology or psychiatry or whatever. Things haven't changed very much. It's money orientated."	
1.56.25	Respondent talks about the amount of suicides in her area the reasons that can be behind that and the attitudes of society towards suicide.	
158.42	Interviewer asks the respondent what she thinks the place of GRACE is in the community.	
158.43	Respondent talks about the fact that GRACE needs more funding.	
	"There's a really good crowd of people that have come on so well and they haven't left GRACE but they've become like a support system for people who are there as well. I see such a diff...probably because I'm not involved too much. I see such a difference in the people who have come on. They've really come on. They've gained so much confidence in themselves. And I would never of thought they would even of stayed a few of them. And they're really helpful towards others who have started. And there's lots of people who have got jobs or gone back to their jobs. Or, so financially there's a benefit there for the government. But it shouldn't be about that. It should be about the people themselves and how they feel better about themselves. The families will be happier as well. Their kids. I mean they've just moved on with their lives. I mean there's a lot of people that I don't know that have moved on with their lives. I haven't seen them again cause they didn't come from our area. But there's ones that have come from our area. Got help through GRACE. Peer support does work. And other areas like North Lanarkshire. North Lanarkshire uses a lot of peer support in addiction services now. But they're not...the people themselves are not particularly valued. But they're the best people on the ground to help the people that need it."	159.55-201.29
2.01.30	Respondent talks about the good work of board members and the CEO. She says she would like to get more involved but she has grandchildren and her husband is not well. She has started going up once a week. She didn't want to be too involved years ago in case people felt inhibited from knowing her in a professional capacity.	
	"It's growing arms and legs. It's terrible to say but COVID was the making of GRACE really. Cause it's taken all sorts of directions. And people now know that it's there and they've done so much for the community. Things that had nothing to do with addictions like food banks and all that kind of thing. Things that are going to become much more important as people struggle with stress. Stress is a terrible thing it really is. It raises your blood pressure. Lots of things. Physical things. And mental health and your family. You just stress all the time. You don't react well to the silliest of things. You just blow up. And it's not you. It's just the way things are about... You know, it's not your personality. You wouldn't normally be like that. But people who are struggling financially are going to be really needing GRACE. So it's got to be there."	2.03.18-2.04.15
	Respondent talks about how the council should be ashamed of the way that they constantly make things difficult for GRACE. She says that Auchinairn seems to be different in this respect than Hillhead. She also says it was great to meet the volunteers from Auchinairn on the away day recently.	2.04.16-2.05.11
	"And we're very luck with the instructors they've got as well. I don't know how they happened to come up to GRACE but it's great."	2.05.12-2.05.23
2.05.24	Respondents said that she obviously could do with some counselling sessions herself. She then mentions again that her daughter thinks she has ADHD. She says she goes off at tangents.	

2.05.45	Interviewer asks the respondent if there are any songs that remind her of her experience with mental illness.	
	Respondent replies that the patients would play Sidney Devine. She then talks about a patient that had beri beri. She also talks about a patient that choked to death on a boiled potato. This has given the respondent a fear of people choking. She risk asses the house when her grandchildren come.	
2.13.11	Interviewer asks the respondent what lessons she has learned that she would like to pass on to anyone listening to the interview.	
	<p>“Treat everybody as an individual. And listen. I was a good listener I must admit. I’m very quiet so I was a good listener.”</p> <p>“We’re all Jock Tamson’s bairns. And everybody’s got their problems. And everybody needs help at some point in their life. Or most people do. And I wouldn’t say you’re unlucky to need help. Because then you realise that there are people there...If you never needed help you wouldn’t make friends with people necessarily or people that are there to...are willing to help you as well. Everybody needs something. GRACE is really good at that. Not judging people.”</p>	<p>2.13.30- 2.13.36</p> <p>2.13.50- 2.14.28</p>
	Interviewer thanks the respondent for her contribution to the project.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>Heritage LOTTERY FUNDED</p> </div> <div style="text-align: center;">  <p>Oral History Research & Training Consultancy</p> </div> </div> <p style="text-align: center;">Group Recovery Aftercare Community Enterprise is a registered Scottish charitable organisation SCO043551</p>		