Project: **'Reflections of trauma, challenges, and healing: An oral history'** Respondent: James Calgie Year of Birth: 1957 Age: ** Connection to project: Respondent Date of Interview: 30th of August 2022 Interviewer: Margaret Bradley Recording Agreement: Yes Information & Consent: Yes Photographic Images: No Length of Interview: 39 minutes and 13 seconds Location of Interview: EDVA, Kirkintilloch Recording Equipment: Zoom H4n (internal mics)	

Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.42	Interviewer asks the respondent where he was born and grew up and where he lives now.	
0.44	Respondent states that he was born in Rottenrow Hospital in Glasgow and that. He was brought up in the East End of Glasgow and he lives in Cumbernauld now.	
0.59	Interviewer asks the respondent what their occupation is at the moment.	
1.04	Respondent replies that he would be classed as retired. He states that he used to work as a psychiatric nurse. The old term was the he was a registered nurse in mental illness nursing. He ended up specialising in forensic mental health which is looking after mentally ill people in a high security setting.	
1.32	Interviewer asks the respondent to tell her a bit about why he went into that profession.	
1.35	Respondent describes why he got into that line of work. It was a sensible choice for him at the time and his wife was a psychiatric nurse at the time. He thought that type of nursing seemed interesting.	
3.02	Interviewer asks the respondent his professional opinion on whether people recognise when they have been through a trauma.	
	"Some do. I think the truth of it is some are aware of it. My last job which was also my longest because I was there for twenty five years. For a person receiving treatment in the hospital I worked in seven to eight years was a normal admission. So, they'd plenty time eventually to, sort of, reflect on when things were good, when things were bad. And to realise that things hadn't always been well. They were aware that things had changed for them in a positive way. It was the state hospital at Carstairs. It's the only provider of high secure mental health care in Scotland."	3.16-4.10
4.10	Interviewer asks the respondent if there are any examples that he can give where patients were not comfortable with the treatment they received.	
	"Aye, lots of it. Quite a lot of people weren't particularly comfortable with their diagnosis and the prospect of having to stay in a hospital (Carstairs) for a fairly prolonged period of time. Unfortunately we had a	4.42-6.08

	small cohort of patients that managed to convince that they were actually mentally ill and not criminals. If they had been sentenced for the crime that they committed it would have been a relatively small sentence, a year, two years, three years. If you come to the state hospital I think the legal term at that time was innocent by reason of insanity. It took a lot longer to prove that your sane and safe. We actually had one chap who was affectionately known as the faker. A guy I had a lot of time for. Told me for the crime he'd committed he'd probably get a seven year sentence and he was still in hospital fifteen, sixteen years later on. And they found it increasingly difficult to move him. And he would openly admit-I made a mistake I should of taken the sentence. I thought I'd come to Carstairs and pass through quickly."	
6.09	Interviewer asks the respondent if the any of the patients recognised trauma as a factor in their illness when he worked at Carstairs.	
	"I think it's fair to say that some did (patients realising they had suffered trauma) because the hospital provided a whole range of psychological therapies. And even without the structured therapies if you spend a lot of time with the guys they will talk to you and realise that you know…There were quite a few… and you have to…You're with these guys for five, six, seven, eight years. You get to know them quite well. And one guy told me…He said, you know, I know it's not right that when your dad's bringing you up and the parental advice he gives is-'If you're going to stab someone. Stab them in the buttock. Because there's less chance of hitting a major organ, a vein or an artery. And that, he said-'That was how I was brought up. That was the advice my dad gave me.' You think-That's pretty sad. Because they do realise when they see other people. That's not…I hate using the word normal It's not what the rest of society would probably sort of impart to their kids."	6.19-7.25
7.25	Interviewer asks the respondent if there is a distinction to be made between mental illness caused by trauma and mental illness caused by chemical imbalance.	
	"Yes, I would say there is. The chemical imbalance whether it's…I mean you could have…you're genetically disposed to it. I think studies…I mean I've been out of it for a while but studies show that the offspring of a parent or two parents with significant mental illness are likely…more likely to become mentally ill themselves. Whether it's some kind of gene that does it or whether it's a behavioural thing having adapted or responded to how their parents responded to things. And then you do…you have the actual trauma side as you say. I mean I automatically think of things like PTSD. People become stressed over incidents they've had to face. And there are other illnesses that come along with it. I don't know if there is any one defining theory on how it happens. And I was probably an old school nurse, in as much as, I was lucky that the consultants that I worked with would say-You know, it doesn't matter how it started. It's what we face we have to deal with. You know like we could say it was this and this and this…but that's happened and we can't do anything to change that. All we can change is how we manage anything that comes up later on."	8.01-9.30
9.31	Interviewer asks the respondent about his experience in a general psychiatric setting.	
	"I had two years' experience there and it was different it was chaotic. It was a local district psychiatric unit in Ayrshire. The consultants had a different view on things. They had different priorities. Carstairs-you have a captive audience. You know you're going to have the guys for a long time so you can, you can work away. The general mental health side. You	9.41-10.36

	were trying to stick a plaster on it. Get it well get them back out again. It's…I think to this day it's still pretty chaotic. I don't know if the mental health service we have in general settings really meets the needs of the folk that need the service. Whereas I can say that Carstairs did."	
10.37	Interviewer asks the respondent for his opinion on what would make the general psychiatric service better.	
	"Less attention towards what people think about what you do and more attention on doing what is right to be done. And have a line drawn in the sand where you'll say to someone-there is no more for you. My wife worked in community general mental health. And when people don't get what they want they'll move on."	10.59-11.30
11.31	Respondent describes some of his wife's experiences in community general psychiatric nursing.	
12.42	Interviewer asks the respondent how he feels society as a whole views mental illness.	
	"I still think as a profession…as a large part of the NHS mental health still doesn't show itself…it's still not seen in a good light. It's still…You know folk I'll talk about anxiety and depression and PTSD and stress…and they are…they're all relative because they have an impact on people's lives. But their taking up…we still don't…we still don't deal with it well. If somebody's like-'I'm depressed, I'm anxious.' Folk don't want to know. A lot of the time people don't want to know. They're like-'Oh really?' I had family. ..My late father in law –'Go and take a tablet. If it's that bad go and hang yourself.' No, that's not how it works. You can't…You don't you know…if somebody's got an identifiable problem we work…we try and work through the problem. I still don't think society's great with it. I still don't think they're particularly comfortable with it. And there are issues over… Even the folk that have the conditions…Was it one of the Radio Clyde djs came out and made a big thing about it. And you're like-ok, just go ahead and…I don't know if standing there shouting-'I'm anxious. I'm depressed. I'm getting help for it. I don't know if that's much…I don't like that type of exposure. Go on and deal with it and see at the end of it share, share your experience. You know you don't want people saying-Oh, poor you. You're so brave."	13.13-14.44
14.45	Interviewer asks the respondent for his views on the role of peer support in mental health treatment.	
	"Yes, I've seen…I don't know much about GRACE but I've seen other organisations, other groups that are completely inclusive for folk. Where people can be what they are. They need to be what they are. And they get on they're not judged for what they are. They go on and they can be part of something. They feel valued. You know like they've got somewhere to go. Something to do. People they can identify with. It's taking it that step further. That's where society lets people like that down because they become part of a group-Oh, there's the manic depressive walking group. It should be a walking group with people that might have had manic depression in the past. But that's not how you identify. You're not identified by their condition. We shouldn't be identifying people by-Oh, he's doing that because he is…No. he's doing that because this is where he is with his life just now. We work with him. We move on from there."	15.05-16.03
16.05	Interviewer asks the respondent if there are women in Carstairs.	
16.08	Respondent replies that they had women in Carstairs up until fourteen years ago and that he has heard that there are proposals to bring them in again.	

16.24	Interviewer asks the respondent in his experiences where there any differences in the way that women were treated in Carstairs.	
16.37	Respondent talks about taking part in a study on staff's response to patients after a violent incident. He describes the study. The alarm was set off overwhelmingly for the female ward. He describes decisions made over the provision of female beds in high secure care now.	
19.03	Interviewer asks the respondent if he thinks there is a similar situation as regards women in the general mental health setting.	
19.11	He replies probably but not as extreme. He says that 90 percent of people at Carstairs had a diagnosis of schizophrenia. He tended to deal with what was put in front of him. He was asked to work with a woman who had been abused when he worked in Ayrshire. He tended to just work with what was put in front of him. He thinks it would depend on the individual nurses if people were treated differently but doesn't think it would happen generally.	
20.58	Interviewer asks the respondent if he has any personal lived experience of trauma.	
21.08	Respondent replies that he used to go with his mother when she went to get ECT. He also states that someone tried to murder him which left him with a bit of a hair trigger for a while. He eventually dealt with that.	
22.04	Interviewer asks the respondent if he feels that these experiences informed his work as a nurse.	
	He replies that it was that and life in general. Working in pubs you meet all sorts. He also talks about being mentored. He then talks about people becoming comfortable with you the more you are around them. He talks about diffusing situations and becoming a hostage negotiator and working in conflict resolution.	
25.01	Interviewer asks the respondent if he would say that was the most appropriate way to deal with mental health issues and if that could be transferred into the community.	
	"What worked for me. And ultimat…cos see being with the patients (in Carstairs) all the time. See actually sitting there to the extent that they would forget that you were there despite the fact that you wore a uniform. And sometimes you'd jolt and say-'Ho! I'm still here. Cos they'd be discussing stuff. And you'd be like that-''Ho, that's my pal you're talking about.' I felt the best thing was to be there and be as non-threatening and as non-judgemental and as non-vocal as possible. And just to let them get on with their day and let them talk and get back…One of the big examples…I had a boss that didn't like me and she was moving me. And I was in a particularly difficult ward with a particularly difficult group of patients and two of them came to me and said to me…They always called me by my surname Calgie-'Is it true you're moving.' I was like that-'Aye, how do you know?' 'Ah, we heard staff talking.' I was like that-'Aww right. I said-.'Don't bother telling me that you'll miss me.' And they burst out laughing. I says-'How what is it?' He says-'Well, it's like this when we came in here…when you came in here at first we thought you were a total and utter…' And I won't use the c word. It was the c word that was used. I was like-'Oh right. What made you change your mind?' He said-'Well, you never lie to us. We got exactly what we were entitled to and if we didn't get what we were entitled to you went and argued with people until we got it and you never fail to get it.' 'But that's what you're entitled to.' I said-'You're also entitled to the truth."	25.23-27.10
27.11	Respondent goes on to describe this situation further that no bribery was involved and that he tried to be fair in his dealings with patients at Carstairs.	

27.58	Interviewer asks if anyone he knows of from general or Carstairs went on to live in the community.	
28.19	Respondent describes a couple of instances of this including a man who was very dangerous and had murdered someone.	
32.43	Interviewer asks the respondent if he feels the medical model works on its own.	
33.06	Respondent replies that you are looking at people that have been rejected. He tried to encourage people to get well enough to leave Carstairs.	
33.35	Interviewer asks the respondent if he thinks that there is a cure for mental illness.	
	"Nah, It's always there. It can be managed. Like the psycho…I dealt mostly with psycho…I can't speak for the…You'd have the neurosis… The old terms were neurosis and psychosis. Neurosis would be things like depression, anxiety, PTSD other stuff like that. I didn't do a lot of work….Up front my speciality was probably the psychosis and personality disorder. And there are ways of working with it that can allow an individual to peacefully coexist or happily coexist with the rest of society without coming into conflict with them. So, if that's a cure that's it. If not most folk with psychosis it depends… I mean there used to be a rule of thirds. A third never get better. A third have a problem period. And a third get better kind of shortly and never really get it again. That's probably all changed since I did it. You work on, or used to work…it can come back any time. But you try and work on; don't be wasting time worrying about it coming back cos we'll know about it soon enough. And it as putting things in place to deal with identifying if the illness was starting to come back. If indeed it was coming back what to do. And what to do to keep you where you were as opposed to things unravelling. And I believe that's still sort of the favoured…You know, we can maintain people within their own community as safely and securely as possible that's a better option than hospitalisation. And I mean the guys at Carstairs. It's down now. The average stay is four years and nine months as opposed to it used to be seven and eight years."	33.41-35.29
35.30	Interviewer asks if there is roles for GRACE in helping people maintain their mental health in the case of those who have experienced psychosis.	
35.49	Respondent replies that that would help without a doubt. He says that when you become familiar with people then you see when they are not having their best day.	
	"Aye, groups like GRACE and other groups. It's important to continue to support people and work with them. Until they don't maybe need the support that we've got to offer but still want to engage with us. Because things are great you don't want to walk away. You know. We're still there to be used. Aye, if people have got the skills to identify when maybe things aren't great and it's just a light touch."	36.35-37.10
37.10	Interviewer asks the respondent if in his opinion it is important for a group like GRACE to know when it is too much for them.	
37.20	Respondent replies yes that it's important to know when to hand over to the professionals. He gives the example of a relative who thought she could read a book on post-natal depression and then work with people with condition.	
	Interviewer thanks the respondent for their contribution to the project.	

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