

Project: **'Reflections of trauma, challenges, and healing: An oral history'**

Respondent: Kate

Year of Birth: 1959

Age: ***

Connection to project:

Date of Interview: The 20th of June 2022

Interviewer: Indira Pole

Recording Agreement: Yes

Information & Consent: Yes

Photographic Images: No

Length of Interview: 53 minutes and 28 seconds

Location of Interview: Kirkintilloch

Recording Equipment: Zoom H4n (internal mics)



Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.47	Interviewer asks the respondent where she was born and brought up	
0.48	Respondent states that she was born in Haddington, East Lothian. She goes on to say that she was brought up in a mining town called Tranent in East Lothian.	
1.01	Interviewer asks the respondent to tell her a bit about her childhood memories.	
	"My father had a small business. They were both Christian. And that wasn't common in the town. So I was bullied dreadfully because we were posh. We weren't. We lived in a council house. But neither of my parents drank. So we had money. Probably more than a lot of my neighbouring people. And I had lots of things to be bullied for because I was quite bright, red hair, freckles, glasses and just seemed to be odd and a bit different. It continued. I was bullied all the way through school until fifth and sixth year at school. By which time most of the bullies had left school and the only people that were in fifth and sixth year were the ones that were wanting to achieve in life so, a lot of...So all the bullying stopped then."	1.06-2.12
2.12	Interviewer asks about the respondent's teenage years.	
	"My teenage years started off very good. I was studying hard. I was motivated to pass my exams so I could do the career I wanted. But then around the age of sixteen my mood started to drop quite considerably for periods of time. And then I would go through periods of time where I was being reckless and irresponsible. I now know that was when Bipolar started. But it wasn't diagnosed at the time. It wasn't diagnosed for many years later. And my mother's response to my moods was that- I needed to get a grip or they would take me away and lock me up. I understand that was...that was the prevailing thought of her generation to mental illness. I didn't recognise myself that that's what was wrong. I just knew that at times I was miserable and at other times I was behaving very irresponsibly. Doing dangerous things. Doing harmful things."	2.15-3.25
3.26-4.10	Interviewer asks the respondent how she would describe this experience moving further on in her adult life.	
	"Moving on in my adult life. I struggled with my mood all the way through. I managed to get enough exams to go off and do my nursing and midwifery training which I absolutely loved. But there were periods of	3.31-4.10

	time that I really struggled and had to take time out. I didn't recognise that what I was struggling with was my mental health. And Like a lot of young people with mental health issues I self-medicated. Using alcohol and a whole catalogue of street drugs."	
4.19	Interviewer asks the respondent what was going through her head at this point.	
4.20	Respondent says she would become withdrawn sometimes and lack basic self-care routines. At other times she was out till five in the morning taking drugs and then going to work the next morning.	
4.45	Interviewer asks the respondent for a description of her professional life.	
	"Yeah, I mean I did incredibly well. I got into nursing school. Thoroughly enjoyed my training. As soon as I hit the wards I knew this is what I was born to do. And in my general training at that time we had to do a month in the maternity unit. And as soon as I hit that I knew I was going to be a midwife for the rest of my life. And that was fantastic and having a goal and something positive to aim for was very, very good for my self-esteem. Like a lot of people being bullied, I had very, very low self-esteem. I had difficulty in my relationships with people because I didn't trust. So, it was at times difficult but at other times wonderful because I really enjoyed the job and found to my great delight that actually I was quite good at it. And that was really good for my mental health as well. To be achieving something despite the difficulties with my mood. And to actually be being told that I was good at what I was doing was really, really valuable. I'd never felt that in my life."	4.55-6.09
6.14	Interviewer asks the respondent if she minds telling her a bit about her personal life. She asks if she has children.	
6.24	Respondent states that she didn't get married until she was twenty eight and that she married an old friend with a shared passion for fast motorbikes and the same music. She then had her first child when she was thirty and then had three children in three years. She states that that wasn't good for her mental health. Her mood worsened as she no longer self-medicated as she wanted to be a good mum. But her partner did not give up the lifestyle and the drink and the drugs which led to lots of problems. Her husband gave up work to look after the kids which did not turn out to be a good move.	
8.25	Interviewer asks the respondent how this impacted on her long term mental health.	
	"In my long-term mental health. I mean, I now know that...Well, I should never have been having three babies as close as they were. I was undiagnosed at this stage. I knew there was something wrong. The first time I got treatment for depression was actually after my third child. Because, I mean, I referred to it at the time as-I just ran out of cope. I'd been coping, coping, coping, coping. And then after I had Ruthie it just all went to pieces and I could no longer cope. And I actually was driving into work one day when she was only a few months old and I actually went into my boss's office and said to her-'I can't do this any longer. I'm needing to take some time out. And they were great. They were absolutely wonderful with me. Basically got someone to take me home and I was signed off from work for quite a while. And that's when I first came under the care of the mental health services."	8.36-9.41
9.43	Interviewer asks her if she looked for support and then asks her to describe a little bit more.	
	"Yeah, I mean, initially I went along to the GP who put me on an anti-depressant and quite a heavy dose of it. And I've got mixed emotions at that. Because the one they put me on I couldn't breast feed with. And I	9.48-10.58

	felt horribly guilty that my four month old was no longer going to be breast fed. Because I knew that wasn't ideal. But then when I wasn't getting any better on the anti-depressants; I was then referred to community psychiatrist who did some very good one to one work with me. And actually used to come to my home rather than me go to his clinic. Because his clinic would have people in it that I was looking after professionally. And he didn't want me to have this issue with walking in and people knowing that their midwife was getting professional help from a psychiatrist. And that was quite important to me at the time."	
11.00	Interviewer asks the respondent how she felt in herself about getting this support.	
	"I knew I needed something. I wasn't entirely sure what was going on. But in a way I was relieved. And I don't know whether a lot of the relief was just because I wasn't working, I wasn't trying to juggle a hundred and one things. And although I wasn't diagnosed with Bipolar until many years later that was because they only ever saw me when my mood was down. So, I would go along to the GP when I was really depressed. I would get anti-depressants. I would get referred to the psychiatric services. But I wasn't going along saying- I can't sleep, I'm nervous, I'm really, really anxious. I'm racing at a hundred miles an hour. I'm doing really, really not safe things with my life because I never knew enough about bi-polar at that stage to recognise that's what was going on."	11.06-
12.05	Interviewer asks the respondent if she was benefitting from the anti-depressants.	
	"I definitely benefited from a period of time of having anti-depressants. But what I benefitted from most was my one to one sessions with the psychiatrist. And that was when trauma was first discussed. With him. Because he recognised that a lot of my issues were steeped in that. Because as well as having the bullying I'd been sexually abused by a family friend from the ages of eleven to thirteen. I'd been physically abused by my mother. Quite viciously at times. So, a lot of trauma going round from then. And he was the one that actually mentioned the word trauma to me and basically said he wasn't surprised I was struggling with my mental health when I was still carrying a lot of this stuff around with me."	12.07-13.04
13.05	Interviewer asks the respondent about social relationships.	
	"I mean social...I had a good friendship group and I still have a lot of them as friends. And when I actually got my Bipolar diagnosis two of my friends turned round and said-'Well, we thought that when you were sixteen.' So, you know, they were very understanding. They knew I was different. But they...they were very helpful when my mood was down. Like coming in and doing practical things for me. And when my mood was up they became very good at saying-'Slow down, clam down, right ok, breathe.' So, I was lucky to have the friendship group that I did have."	13.11-13.59
14.02	Interviewer asks the respondent if she sought out any other forms of support at that time.	
	"I wasn't at that time. As I said, I was undiagnosed, so they kept saying that I had... Oh, I'll need to get this out. A reactive depression because, obviously, lots of things had happened in my life. My husband having given up work to look after the children. Didn't. So, I was still having to get up and see to the children while working shifts. And he would take them away and have his mother looking after them while he did whatever he wanted to do. And our relationship was deteriorating fast because I felt he wasn't giving me any support. And I now realise that he had problems with his mental health as well. We didn't know how bad	14.13-16.19

	they were at the time. He was diagnosed with Borderline Personality Disorder much later on in life. But he became very ill when my oldest was four and was misdiagnosed. Because he had a mental health condition they thought that a lot of the stuff that he was suffering from. He had blinding headaches. He was photophobic. He had a rash. He had a stiff neck. He had all the symptoms of meningitis but it took them four months to diagnose it by which time he had meningoencephalitis. And that was structural brain damage on his frontal lobe, which meant that all the little difficulties that we'd had became huge. And the crisis ensued when in front of the children he literally knocked me to the ground and strangled me to unconsciousness. And that's when I knew we had to do something."	
16.20	Interviewer asks the respondent if she can describe what mental trauma is.	
16.36	Respondent replies that mental trauma is something that you try to submerge the memories of but it can be triggered by the slightest thing. She gives the example of pipe smoke which reminded her of the man who sexually abused her and she would get a churning in her stomach and palpitations verging on panic attacks. She also lists nightmares and flashbacks. Being terrified for her children that the same thing would happen to them to the extent that sometimes she wouldn't let them out of her sight.	
17.32	Interviewer asks the respondent what trauma does for a sense of confidence.	
17.40	Respondent says she had no confidence and that she felt bad about not being able to work. She also did not have a supportive partner and she had to look after him when he was profoundly ill and incapable of basic self-care. She then suffered a ruptured gall bladder in the middle of this. He lovely mother in law took her eighteen month old and had her for three months. Social work had been in touch to see if she needed help. Her mother took the call and told them that they would manage. This stopped her being able to get assistance from social work for a long time.	
19.15	Interviewer asks the respondent if her traumatic experience became a big journey for her.	
	She said it was huge and really took over her life in a lot of ways. She couldn't seem to shift the thoughts. She was completely overwhelmed. She was reacting to circumstances but she didn't have the coping mechanisms others might have because the trauma had completely wiped out her ability to cope with even simple things going wrong in her life.	
19.58	Interviewer asks the respondent when things started to get better.	
	"When I got diagnosed with Bipolar and was told by the psychiatrist that I was not to go back to work. Because I was rapid cycling with the bipolarity. In fact, ultra rapid cycling with the bipolarity. And his recommendation was that I was in too stressful a job (midwifery). And that I would never ever...because at times I was able to take periods of time off work and feel guilty about that. And he just said-'This is not a job for someone with your level of trauma to be doing. You need to start looking after yourself now.' I was fifty two before I got diagnosed. So I'd had it for thirty six years before I finally got the diagnosis. And I got the diagnosis because I actually...I moved house and got a different psychiatrist. And having seen a psychiatrist twice who basically told me that I needed to get a grip and sort my life out. And that I was just reacting to my difficulties with the kids and my husband and all the rest of it. Got the new psychiatrist who actually admitted me under	20.08-21.47

	observation. And then got my three children to come in and be interviewed by him. And within twenty minutes of talking to them he knew instantly what was wrong with me. And that's when I got my diagnosis of Bipolar II."	
21.48	Interviewer asks the respondent what she would say about her experience of the mental health services before she was diagnosed.	
	"It took a long time to get any referral. I had sometimes had a CPN (Community Psychiatric Nurse) in my life. Sometimes they were very good; sometimes they weren't really helping me very much at all. And I really wish that someone had taken the step to put me into a unit under observation thirty years before they did. Because that would of saved a lot of...a lot of hardship in my life. If I'd had a diagnosis earlier. But then if I'd had a diagnosis that much earlier I wouldn't have my three kids, I wouldn't have worked as long so..."	22.04-22.52
22.56	Interviewer asks the respondent what her emotions were like when she was waiting for a diagnosis.	
	"Well. The self-harming went into overdrive. I'd been cutting myself since I was a teenager and I was doing lots of self-harm. I've...I had two very serious attempts at overdosing that required admission. And I tried to drown myself at one point as well. So, that was not coping. And that was all pre-diagnosis. I just thought I was a dreadful human being because I couldn't cope with life. And I know part of that was because my mother, bless her, not understanding anything about mental health, used to say to me-'You can't just sit around in the house and not do anything. You need to look after your children properly.' You know. And that's her generation. That's how they viewed things. Pull yourself together. You know-I'll help but you need to do this for yourself. And at times I just couldn't. And providentially they...she lived nearby and so did my sister. So, they could basically take the kids at a drop of a hat if I was feeling awful. And I can remember vividly standing at the front door with the tree children coming home from school. And saying to them-'You can't come in the house. Mummy's not well enough to look after you. You need to go to your grandma's. And that...feeling horribly guilty about doing that to them."	23.13-24.47
24.48	Interviewer asks the respondent how her mind set changed since the diagnosis.	
	"No, the trauma hasn't gone away. But, partly because I worked for the NHS and partly because I had a really, really good community psychiatrist. I very quickly was given EMDR (Eye Movement Desensitisation and Reprocessing) by a psychiatrist. They had offered me before with...An occupational health nurse had offered me it. But they decided then in view of my diagnosis that it needed to be a psychiatrist that oversaw. And because I'd worked for the NHS all my life they agreed to pay for it to be done privately. So, I got bounced to the top of the list and got to see him very quickly. To the extent that I was actually still in hospital when he started his sessions with me. And that over a period of nine months...That really...It's almost like my brain got rewired. I stopped having the nightmares. Stopped having the flashbacks. It definitely dampened down the sensations I was having of things triggering off bad memories and I had always felt that the sexual abuse, the attempted murder from my husband were my big pieces of trauma. And I had never, never identified the bullying and my mum's emotional and physical abuse as being major trauma but that's actually the first thing that came out. It wasn't the murder attempt. It wasn't the sexual abuse. It was the trauma from my mother. And obviously I wasn't aware of how deep seated that	25.01-28.38

	<p>must have been. And that was difficult. Because like all... all people, you love your mum regardless of whatever. And I was very conflicted. But after the first session of EMDR I'd had to identify what I thought were the main trauma triggers in my life. We did a timeline. And we were putting a little 't' for small traumas and a big 'T'. And of course I'd put my mum and the bullying as little 'ts' and he just came along and went-'That's a massive big T. This is where the trouble stems from. It stems from your mum.' And I now realise knowing a lot more about mental health that my mum probably had a personality disorder. But, obviously, undiagnosed, and she would never have admitted to it. And having then had my children grow up with one parent Bipolar and the other with Borderline' I felt horribly guilty about doing that to them. Because obviously they didn't have an ideal childhood when their father was an unst...I mean once their father was diagnosed with Bipolar he started to drink even heavier and was living on a cocktail of drink and drugs. And his behaviour became so bad that I was given an ultimatum by social work that it was either him or the kids. So, I had to make the really hard decision of letting him go. And letting professional agencies care for him. And that was hard. That went against all my instincts to not look after him. "</p>	
28.39	Interviewer asks the respondent what EMDR stands for.	
28.42	Respondent replies that it's eye movement desensitisation and she cannot remember what the 'R' stands for.	
	<p>"It's a fantastic... (Eye Movement Desensitisation and Reprocessing) I mean from what I understand really it's your...the limbic brain which is where these really submerged memories are that are triggered by smells and tastes and touch and things. And basically you then are talking through...You're being prompted to talk about what's coming through your mind. And I can remember at the time thinking I have no control of what's coming out of my head here (laughs) because I hadn't realised a lot of the stuff. You recorded the sessions so that you could go back and listen to them. And I never did. Because I just didn't want to. But after nine months. Huge, huge differences. As I said I stopped having nightmares. Stopped having...being triggered by a lot of the things that used to trigger me and it really was very successful. And the other side of that having done that my lovely community psychiatrist, who practiced very holistically, got me in touch with the community occupational therapist. Who was...who worked for the mental health team. And he basically prescribed getting up into the hills and walking. And also got me to do an initial eight week mindful based stress reduction course. And I still practice mindfulness every day of my life and that has helped enormously. To allow me to look at life from a very different viewpoint. And to basically manage enjoying today and not letting yesterday damage how I feel and not worrying too much about the future. So this living in the moment with mindfulness has been a revolution. And it's really. It's literally kept me sane. To the extent that they'd put me on Lithium when I was diagnosed, but after three years of having the EMDR and the mindfulness I was able to come off the drugs. So I'm actually on no drugs at all for my mental health now."</p> <p>"I still have periods where my mood drops and that's uncomfortable but I no longer fight it, on the advice of the counsellors. I just go-right ok this is the phase we're going into now. What can you do to help you get through it? And this is where GRACE is helping enormously. Because one of the problems I have when my mood drops is I don't want to go out, I stop exercising, stop eating properly, stop looking after myself. And what</p>	<p>28.42-31.06</p> <p>31.07-32.33</p>

	<p>I need to do; obviously I've not lived in the area long. So, GRACE for me was an opportunity to join groups. And I knew if I had an accountability to other people to go out on walks that they would stimulate me to do things when the mood wasn't great. And that's...that was what started me off. Luckily the occupational therapist in the community mental health team here had put me in touch with GRACE. Because, again, they didn't want me going back onto drugs unnecessarily and so we looked at what I could do to get out and about. And that's why I'm out walking with GRACE and why I'm doing other activities. In the hope that when the mood does drop I'll still get out to do these things because they're far better for my mental health than sitting in the house feeling miserable."</p>	
32.34	<p>Interviewer asks the respondent if she needs to force herself to go out.</p>	
	<p>"At times I really need to force myself to get out. And that's why having the accountability of GRACE and being in a group and not wanting to let people down and people expecting to see you... But also I'm enjoying the activities and I love to walk. I always have done. Unfortunately about eleven years or so coming down off Stac Pollaidh (Stack Polly) I did some damage to my right knee and I've since got damage to both knees and my right hip. So hills are out but walking on the level isn't and I was warned five years ago I going to need knee replacements and a hip replacement. And I decided there and then that was not going to happen any time soon. And if I kept doing my exercises, kept walking, kept going to the gym, kept swimming. I'll be able to keep my own joints for much longer. And GRACE is really helping me get out to walk."</p>	32.36-33.37
33.38	<p>Interviewer asks the respondent how long she has been a member of GRACE.</p>	
	<p>"I've only been a member of GRACE for coming up five months. And it's already had a huge impact on my life. I knew no one when I moved to this area. I literally...My daughter's ten minutes away but I knew no one else. And I knew I needed to get out and meet people. And GRACE has allowed me to do that. And the fact that GRACE is specifically for people like me who've gone through trauma have come out the other side and want to support themselves but others as well. That really ticked all my boxes in that...This...it could have been written for me GRACE. And I was so pleased when I was referred there by the community occupational therapist. Because I had no idea the range of things that they did. And after one conversation with Judith she'd identified several things that I was interested in doing. Cause I like crafting, I like creative writing, I like walking and that's all done in GRACE. And I've met some wonderful</p>	33.41-35.29

	people who've just accepted me into the groups. And I just feel very, very comfortable. Because I'm still not great with my self-confidence sometimes going into a new group was actually quite a daunting thought. But everybody was so welcoming. And it was such a warm feeling. And also knowing that people have got some common history with you so they'll understand if I go-I'm having a really bad day. And they'll get that. And that's invaluable as far as I'm concerned."	
35.30	Interviewer asks the respondent what her opinion is on the role of organisations like GRACE in helping people who have been through trauma.	
	"I think that every community should have one. I think that it's such a great group for helping people with all sorts of issues in their past. Basically to support each other. I'm a great believer in peer support anyway, because only people that have been through parts of your journey can really understand where you've been. And that's one of the great strengths of GRACE is the fact that you know other people have been through stuff as well. But there's also, you don't have to sit there and talk about it. You know, maybe occasionally someone will say something and it will trigger off a little conversation. But I've found everybody I've met has been so upbeat And really they want to look after each other. They care for each other. If you're missing from a group for any reason then they're concerned for you. And I think that's absolutely lovely in a society where we really are in disjointed communities really where people have had to move away from what they know and what's familiar into a new environment. And it really, really helps you settle somewhere new."	35.45-37.01
37.02	Interviewer asks the respondent if she feels GRACE is helping her confidence improve.	
	"One of the things it's done (GRACE) is it's taken me out of my comfort zone because before I would say; Oh no I can't do that. And now I go along to something and they say we're going to do such and such. I'm like- um I don't know if I can do that. But everybody is in the same boat because a lot of people haven't done that either. And it's great to basically learn together and laugh together about how stupid it is to not have confidence in silly things like working a sewing machine. You know. That's...That's fabulous."	37.13-37.42
37.42	Interviewer asks the respondent for her views on confidence and hope for the future.	
37.49	Respondent replies that one of the things that she struggled with for a long time was seeing a future for herself. It was a major life event leaving the Highlands and friends and moving to East Dunbartonshire. She says that helped that she moved during lockdown so they were used to communicating online so that helped a lot. She thinks GRACE starting things face to face again was brilliant as she's not sure she would have got so much from it being online. GRACE has given her a sense of belonging in the area that she didn't think she would have so quickly. She says that she has not felt suicidal since doing the EMDR but she sometimes struggles with the urge to drink. She now has a rule not to drink alone as she finds it hard to stop. She didn't recognise that as an alcohol problem when she was younger but she does now. GRACE gives her things to do and it gives her things to look forward to. This is really helping her mind and helping her mood.	
39.53	Interviewer asks the respondent about self-care and if that gives her hope for the future.	
40.05	Respondent replies that she knows herself that if she doesn't practice	

	self-care and doesn't get out and do things then she spirals down. She is diabetic too which means that if her mood drops and she stops eating properly then that makes her feel even worse. GRACE is great for preventing this from happening.	
	"And one of the joys with going out walking with GRACE is I can chat to people while I'm walking or I cannot have a chat with people because I'm feeling; No I just want to be on my own and enjoy the surroundings. And nobody's going to mind if you do that. And that's lovely. It's reassuring. It's comforting. To know that that's how everybody's going to be with you."	40.47-41.09
41.11	Interviewer asks the respondent about her views on the links between hopes for the future and living in the moment.	
	"One of the things I try not to do is think too much about-What if? What's going to happen if? And that's the sort of future I don't want to look at. But the fact that I know that for however long I want to do this I have got a structure in my week. You know, I've got things to do. And I deliberately have things to do every day of the week. A lot of them with GRACE, other things out with GRACE. But I am still doing things and that is giving me great hope. Because I know that even if my mood does drop I've got things that will take me out of the house and people that I will go out and do things with. Even if I don't feel one hundred per cent mentally. And you know the fact that I have connected with GRACE and been so welcomed by the other people in GRACE has been wonderful."	41.24-42.22
42.24	Interviewer asks the respondent if this creates any other emotional feelings.	
42.28	Respondent replies that emotionally for her it's really lifting her self-esteem and she's trying new things and realising she does have skills and laughing with others whilst doing so.	
43.13	Interviewer asks the respondent how her relationship with her children was affected by her relationship with her mother.	
43.30	Respondent replies that she deliberately set out to do everything differently. She says that they never got the upbringing she wanted to give them due to their parent's mental health issues. She still feels some guilt over that. But she looks at them and sees their achievements. She says that despite it all they've grown up to be three very decent human beings. She says at times they have been quite angry with her about their upbringing that they now understand a lot more of why she did some of the things that she did and now choose to spend time with her. They also understand that she really wishes that things were different for them. A lot of the things she did were deliberately correcting the faults of her mother. She praised her kids for everything. She still sends presents and cards when they achieve things. She hopes that that positive reinforcement will help them to get over their trauma. She does believe that this has given them resilience in life though. She does feel that although her kids have had it tough they have all turned out very well and she is very proud of that.	
46.27	Interviewer asks the respondent how she would describe mental health.	
	"Mental health is find...Is basically finding your way through the vagaries of life without causing yourself too much damage. So, basically it's all about your thought patterns, it's how you respond to things. I've done a bit of CBT (Cognitive Behavioural Therapy) and some DBT (Dialectical Behaviour Therapy) and one of the first things I learned there was that sometimes you'll interpret something wrong. You know, somebody walks past you and you don't say hello and you instantly go into-what have I done to upset them? Rather than think-maybe they didn't see me. And	46.34-48.07

	that reset of your mind to me shows good mental health if you can avoid doing that. Mental health, I think, it's definitely the Cinderella of the NHS. There's no doubt about it. I know we're getting better at it. We've been forced to get better at it because the suicide rates in this country are appalling. Especially among you eighteen to twenty five year old males. And we really, really need to get out there and talk about it more. And I'm delighted that the schools are now having, you know, mental health workers attached to the schools who are basically screening the kids. Because if we can nip in the bud any issues with their mental health then it's going to really affect their entire life. "	
48.08	Interviewer asks the respondent if she thinks there is a cure for mental illness.	
	"I think there is not so much a cure as there is a variety of coping mechanisms. I don't ever think I will wake up one day and not be Bipolar. That's not my experience of it. It's not what I understand about it. But the fact that I can now cope much better with the highs and lows that that causes in your life...So, I would never call it a cure but I would certainly say there are better ways to cope."	48.10-48.42
48.43	Interviewer asks the respondent about how she thinks society sees mental trauma.	
	"I think there is...It's getting better. People are talking about it, people are understanding more. It's been out in the media a lot more. You've got campaigns like the 'See me' campaign The work that MIND are doing, It's great. But I still think there is an underlying feeling among people who don't have issues with their mental health that you're some sort of a weak human being if you have issues with your mental health. And I know I've met with people who basically have given you lots of very, very concerned advice about getting out and exercising and eating better to improve your mental health. And I want to say to them- Yes. I know that but it's very difficult to do that when you feel so awful you don't want to go out the door. So, I think, yes it is getting better but I think generally it's not as understood. And one of the joys of being in GRACE is that you know there are a lot of people in there that really, really get what good mental health is versus having poor mental health."	48.50-50.09
50.12	Interviewer asks the respondent if she feels that mental health issues are still stigmatised.	
	"I still think there is a stigma. I certainly experienced that at work. You know, if I'd had to take six months out of work because I'd broken my leg there would have been no issue with that. But after six months out with my mental health problems I was put on a remedial programme where I was supervised and not allowed back into my own job until they deemed I was safe. And they would never have done that with anybody who had anything else. If a psychiatrist and GP and CPN (Community Psychiatric Nurse) are saying I'm fit to go back to work. I feel they should have just accepted that and let me do that instead of saying-No, no, no, no, no, no, no, you need to not go back to your own job. We need to put you somewhere we can watch you. And that is hard. And that's hard because that's the NHS who should know better."	50.14-51.04
51.06	Interviewer asks the respondent how she would sum up her life now.	
	"My life now is calmer. It's more controlled. And we've talked about hope. I do have a joy in my life that was missing for a long time. And part of that is I've got better hopes for the future. I'm definitely much better at communicating what I need than I ever used to be. And one of the great things I've things I've learned is setting boundaries in a relationship which I could never do before. I was a people pleaser because people	51.13-52.15

	who are abused and criticised all their lives do want to be people pleasers. And it's taken me a long time to be able to turn round and say-I would really like to help you here but unfortunately I've got too much on my plate at the moment. Maybe I could do something about that further down the line but at the moment I'm afraid my answer's no. That's taken a lot of work. To be able to get in that mind frame."	
52.16	Interviewer asks the respondent if she thinks happiness and confidence are important in life.	
	"They are absolutely critical in life (happiness and confidence) and I really, really believe that if your mental health's not good it really, really goes for your physical health as well. And I know that health professionals recognise that very much so now. And I was very lucky to have good holistic care where they were looking at my...As a whole human being and not just that patient with the mental health issues. And that's what everybody should be having."	52.29-53.02
	Interviewer thanks the respondent very much for her contribution to the project.	
 		
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