

Project: **'Reflections of trauma, challenges, and healing: An oral history'**
 Respondent: McClure Ivor
 Year of Birth: 1948
 Age: xx
 Connection to project: Volunteer
 Date of Interview: 12th July 2022
 Interviewer: Susan Vlassi
 Recording Agreement: Yes
 Information & Consent: Yes
 Photographic Images: Yes (Number of: 2)
 Length of Interview: 31 minutes and 25 seconds
 Location of Interview: Kirkintilloch
 Recording Equipment: Zoom H4n (internal mics)





Time (from: mins/secs)	Description	Transcribed Extract (from- to: mins/secs)
0.34-6.27	Respondent states that he was born in Ballymena in Northern Ireland. He talks about how he got into mental health nursing and his move to Dartford in Kent.	
7.05	Interviewer asked the respondent about his training	
7.11	Respondent describes the preliminary training that he underwent.	
7.51	Interviewer asked about his experience of working with patients and their treatment	
	"Well, the thing is, in nursing there's always some sort of drug trials. And new drugs are maybe coming on the market. It's not to use people as guinea pigs, but the thing is, it has to be tried and tested before to see how effective such and such is. That it's going to work, you know. The thing is dealing with someone with, you know, a deep mental illness...the work can be very much cut out. But, I think we've all got opinions and things. And I think the general public maybe doesn't understand. Maybe the education's not out there for, let's say, to teach the public really what it's all about. "	8.12-9.14
9.16	Interviewer asks what education should be given to society about mental illness	
	"Well, I think we've come a long way. I mean I'm...I'm talking at the moment as maybe as the old school. And I mean after...I've left nursing; the nursing system, you know, twenty four years. Right, so, there's a lot of things that even in the last twenty four years, right, and there was a lot more awareness of mental health than ever there has been. Right... And there's always...You know, sometimes we look at a television programme and say to ourselves-Oh no, I would have done that a different way. But, we're all different, you know, and you know, you have to treat the person as an individual, right, because as	9.30-11.03

	I always say-you can have two people with physical illness the same. They're both given the same antibiotics. One survives; the other dies. There's maybe no answer to it, right. You know...It's just whether it's part of our chemical makeup or whatever. You know, that's how things are."	
11.04	Interviewer asks if long term physical illness caused mental illness	
	"Sometimes long term physical illness can really bring about a lot of... Because you're incapacitated in some way. Your ability to do things you know...So, you're watching your dependence solely on other people to help you along your life's journey. And sometimes that can be very difficult for the recipient, you know, because sometimes they would love to do things. You know... I many times thought I would love to walk a day in their shoes and give then the privilege that I had. But that's not the case. We can't do that. We can only walk in a person's shoes so far. And then...But having the sense to walk out of those shoes and carry on with your own life. Because you've got another life outside your caring profession."	11.14-12.21
12.22	Interviewer asked if long-term physical illness could be classed as trauma	
12.44	Respondent said if someone who had been through the war age 18 they must have suffered long term mental health effects such as alcoholism. He also states that this has maybe not been understood in the past but that he thinks people did the best with the resources that they had.	
13.59	Interviewer asked the respondent about the different illness he had witnessed during his nursing career and whether that included trauma.	
	"There's obviously different types... different classifications of depression, you know. Because a lot of people I'll, you know, maybe...Their... maybe their work life...They went to work they go to work every day. Do the same thing every day. And all of a sudden they're knocked down with depression. They don't understand it. It's something that's really has crept up. And they don't know because work's not the same anymore they just have a complete breakdown. Right and, you know, in their crisis they'll, well, cry out for help. And, you know, the help... And they have...after maybe initial treatment and psychological support they come through it. Maybe take a while, you know. Every depression or whatever is not the same. But you've got other people whose maybe got a more profound mental illness and that takes...They may have it for a long, long period of time."	14.15-15.39
15.40	Interviewer asks the respondent if the support offered was different in the past.	

	<p>“Well, I suppose...I think maybe you’re making a wee reference to the big institutions closing down and one thing and another. Which, there can be a place for long...longer term care, right. I mean someone I’ll say-When am I going to get better? Well, how long is a piece of string, sort of thing, you know. We don’t know but we can...I can help you along the journey. And it’s whether by drugs, therapy, psychological therapy, whatever. But, if you’ve got things out there that they can maybe work on. That’s fine. I suppose it was disappointing at times when a person’s got well in the hospital situation and they’re discharged out into the community and there maybe was nothing for them, right. And this is good nowadays there are things like GRACE and other things that we can bridge that gap, you know, for people to use, right.”</p>	16.06-17.37
17.39	Interviewer asked the respondent if he was currently involved in any support groups	
17.53	Respondent said he is involved through his church in a pastoral worker. He visits people who have come through a crisis in their life and returned home from hospital. He is also involved with GRACE.	
19.06	Interviewer asks about the role of peer support in recovery from trauma	
	<p>“It’s very good because there’s a variety of people who in their volunteer setting can, you know, they’ve got...It doesn’t matter who they are they’ve got some life given experience to lend to other people, right. And you don’t know. Even that simple word or...and, I mean, it’s been amazing how many people has maybe told me about two or three years afterwards and say-‘Remember the advice you gave me? And I took that on board and that’s really helped me tremendously through my journey.’ And that’s good. We’re all on a journey together. So, let’s try and work our best. And if you’ve got a set of tools of advice to give. Well, why not give it out, you know.”</p>	19.16-20.17
20.18	Interviewer asked if the NHS has moved on regarding mental illness	
	<p>“Well, when it comes to maybe individual groups like GRACE, for example, they (the NHS) maybe don’t understand it as well as we’d hoped. I remember one...a person coming to GRACE about three or four years ago and saying-‘Oh, there should be a, like of, GRACE in every local authority up and down the country. Yes, that’s all very well but if there’s no financial support for their, you know...How could the GRACEs of the local authorities move? It’s alright saying to people or giving them a wee clap on the back saying- you’re doing a good job here. Yes, we’re maybe doing a good job but we need that financial support for us to grow and be successful. And have something worthwhile to talk about in the market place.”</p>	20.29-21.30
21.31	Interviewer asks if a support team like GRACE in the community helps	

	with different challenges	
	<p>“Well, if we’re preventing someone taking up a hospital bed, which is very expensive. Even one person...It’s been all worth our while. Because we’ve saved that person. And saved that person from the depths of their despair so...it’s...it’s...When I look in to GRACE...and I always say to myself-It’s marvellous how... how these people can gel together. The peer support...How they can all gel together without any animosity-I’m better than you or, you know, everyone’s an equal and that’s what I love about it. And it’s a very loving family because anybody...I mean, my hat goes off to those who constantly volunteer and has a genuine interest in our fellow human being. And, as I said, if we’re preventing someone from ending up in a hospital bed that’s...that’s three cheers to GRACE.”</p>	22.05-23.30
23.30	Interviewer asked if organisations like GRACE will be used more in the future	
23.55	Respondent said government should look at organisations like GRACE and their progress and not just offer a pat on the back from government ministers. It is time for people to educate the local members of parliament on what organisations like GRACE are all about. And as a group together we should be able to do that eventually and perhaps the government will look at organisations like GRACE in a new light.	
	Interviewer asked the respondent about the future for people with mental health issues	
	<p>“I can only give the answers as I see it but it is great to know that there is this service for people who are in their depth of crisis. That there are places like GRACE that people can go to. And if we can signpost people to places where they can get that support so be it.”</p>	26.00-26.46
25.29	Interviewer asks the respondent if there is anything important for the future of mental health care that she hasn’t asked him about that he’d like to talk about.	
25.50	Respondent replies that he thinks the interviewer has done pretty well. He goes on to say that he can only talk from his perspective but he thinks that it’s great that GRACE is in existence and that they can signpost people to help.	
26.35	Interviewer asks the respondent to describe a little of the activities that GRACE is involved with.	
	<p>“Well, you see we’ve got a variety of activities for every individual from...let’s say from teenaged to their nineties. Because we’ve got activities on every day. And. I mean, but, it’s by listening to other people; what they want. It’s not for what GRACE as an organisation is having. You know, GRACE as an organisation...It’s by this... the</p>	26.42-28.48

	<p>different individuals who support one another. It's them that's giving the feedback; what we should be doing. You know, what activities should be...should be done; within reason, right. And some people like walking while other people like yoga. Some people just like sitting there in conversation, right. But, and, but you can conversation at any level. And this is a great thing about GRACE; any activities it's an interactive thing. And people can, you know, if they want to talk, talk and if they don't want to talk that's fine. You know, but, because you get someone who is maybe quite quiet and quite sullen and, you know, keep their problems to themselves. Well, that's fine if they want to do that but it's good to maybe get your arm around them and say-'You coming for a coffee?' You know. And just building up these relationships. And having solid relationships."</p>	
29.48	<p>Respondent goes on to talk about friendships in the hospital wards that he worked in. He also talks about the difference between GRACE and going to leisure domes etc.</p>	
	<p>Interviewer thanked the respondent for sharing his memories</p>	
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