



## **Mental Health: Lennox Castle**

*Lennox Castle - academic perspective*

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My name is Joanna Bornat and I'm professor of oral history at the Open University in the faculty of Health and Social Care.

My interest stems from an interest in work with older people, I've spent quite a long time, maybe the last twenty-odd years working, producing learning materials for people of all ages in various jobs I've had about ageing, and the position of older people in UK society and through that, and also my actual background, I'm a sociologist by background, I have developed an interest in oral history which is researching the past from memory, enabling people to speak for themselves from their own experience about what they know. So my interest is in using oral history as a means to getting perhaps a user's perspective of various aspects of care, as well the professional's, and practitioner's, and carer's too. Every time I do an oral history interview I feel I learn something new because I enter into someone else's life experience where I've not been before, and so I think just the stories themselves have all those kind of unexpected qualities which I think are so important in health and social care, you can't go in assuming you know everything about someone's life, and so for me oral history is part of the key to that sort of process.

Lennox Castle was chosen, in a way it chose itself, because I knew Howard Mitchell through the Oral History Network. Howard was an anthropologist who'd been working, researching the history of Lennox Castle for his PhD and he'd been carrying out interviews with staff and residents and ex-residents and I thought, I'd heard him talk about it, and I suggested that we might make some kind of a video about the hospital for the predecessor course of K101, and it turned out to be a tremendous success, for reasons I hadn't totally appreciated when I'd started talking to Howard, which was that Lennox Castle was known to very many people in Scotland, it's a symbol in all sorts of ways of that kind of history of what was called mental handicap, now learning disability, and many, many people had experience of relatives being there, or working there, people being patients or people being residents, so for Scottish students immediately we were getting responses from them telling us about their own experiences and knowledge of the hospital. But it's also, has very great significance for students who don't know, have personal contact with it because it's very, very typical, very typical of a particular era of philosophy of care and treatment and there are obviously across the England, Wales and Scotland there were many similar hospitals which at the time we were writing the course were closing down. The philosophy as far as one can see and in the documentation that surrounds these hospitals was based very much on notions of eugenics, that is that people who had some kind of mental incapacity, learning difficulty, cognitive impairment must be kept separate, mustn't be allowed to breed, would be the term they would use, must be treated completely separately from the rest of society so they're segregated within institutions, but also men and women within those institutions, and this was often described as you can, in some of the materials from Lennox Castle show, with good intentions, people were described as unfortunates who needed protection from society, from themselves and, in fact, when the hospital was built in the 1930's it was regarded as ahead of its time, it was, you know vast amounts of money were spent on it and building, the fabric of the buildings was built to a pretty high standard, the heating system was ahead of its time, and it was boasted that it would last, you know, a hundred years, in fact it lasted sixty years. So one can condemn that kind of philosophy but often it was rooted in possibly misunderstanding, but well intentioned misunderstanding, very much the notion of segregation. However, it's important to note that the majority of people with some degree of learning difficulty actually lived in the community, or may have spent time in such places and moved back and forward. Community care has always existed and hospital care was not

necessarily the norm, but it stood as a kind of care which people were in some cases afraid of, in other cases thankful for, it's very difficult to sort out the different or, in fact, separate out the different attitudes into good and bad, or positive and negative. So Lennox Castle was very symbolic of a particular kind of care physically, particular bricks and mortar kind of care as well as a philosophy of care which was, had emerged in the 19th century with the old asylums and was being developed further in relation to people with mental handicap in the 20th century, and then was challenged and was replaced by other forms of care and support so that people were able to be supported in some kind of semi-independent or independent living in the community and not in these large institutions, and this process was virtually complete by the time we were making the first programme in 1996, and completely finished as viewers will know by the time we were repeating the programme in 2007. Well using people's testimony does enable a sort of fuller picture of what the daily life was like and also people's feelings about living and working in a place like Lennox Castle. Just to use the record books, for example, as people who see the video will know, that you can see Howard Mitchell flicking through books which show the number of visitors someone had, escapes, accidents, and there are also patient records, but that doesn't tell you what life was like from the residents' point of view, and when we hear Margaret Scally and Jimmy Lappin talking about life there I think we get a much more rounded picture, for example, we hear Jimmy Lappin talking about how they were given laxatives every week whether they needed it or not, the only choice they got was what kind of laxative, we hear Margaret Scally talking about her feeling about being given clothing which wasn't her own to wear, just taken off a heap, and we also hear Alan Williamson and Howard Mitchell, who worked there as nurses, talking about their feelings about what the kind of regime they were operating and the kind of changes they wanted to make, and some of the things they saw, and what I think is really interesting from their account is the variety of residents, and the kind of quite sensitive way in which they talk about the differences amongst the residents that they worked with. That's not to say they don't also allude to things that they witnessed, maybe even took part in, which they found profoundly unsettling, for example, giving out strong antipsychotic drugs like Largactil with just a spoon and a jug, without patient notes in front of them. Those sort of practices obviously would be impossible now but were regarded as pretty much okay at the time they were working there in the 1980's. The video and the interviews around it illustrate the kinds of lives that a resident like Margaret Scally had at Lennox Castle when she lived there and we also hear her talking about life after Lennox Castle, and I think the sort of life that she has is what providers like Alan Williamson, who's now working in the community himself, no longer a nurse in the hospital, are looking for which is to give people what they say they want in terms of their own lives, to give them independence and so we hear that Margaret Scally does have help and support in the community, there are people who come to the flat where she lives, but we do hear her talking very enthusiastically and happily about the kind of life that she leads, what she has for breakfast, her friends, where she goes, and this job she's got as a security guard at Partick Thistle Football Ground which obviously gives her a great thrill, she's really happy doing that and it's such a contrast with the kind of life she had as a resident at Lennox Castle when she had, certainly in the early days, very few freedoms at all. Everyone wants their own circle of friends and support and what I suppose we have to be sure about as far as people like Margaret, and Jimmy Lappin and all the others concerned, is that society generally in the community is going to include them in what's going on, no good living in the community if you're still treated separately or living, being forced to live apart and not be part of the general melee of life in the community, and support organisations like Key Housing who we see in the film, and also ENABLE which is a Scottish version of Mencap, are there to ensure that people can be guaranteed there'll be people to speak up for them if they need it, and get the kind of support and advice they need, so that independence isn't something which is qualified or limited by the kinds of attitudes which people generally have in society towards someone who has a learning disability. The Lennox Castle example I feel is a very, very strong story about how society's attitudes to what care is can change, and the need to actually hear the stories and accounts of people who in the past have been involved in, in this case, in a particular kind of regime of care. I think what we can hear in the Lennox Castle story, because we're hearing people's own experience, is quite a complicated story in which it's not easy to point a finger necessarily and say good, bad or, you know, gone forever or not gone, I think one of the really exciting things about an oral history account is that it does enable us to question the past, but it also enables us to see connections with the present as well, and I'd like to feel that students would have that sense, that they're listening to people

and getting that direct experience by hearing those voices, and that this makes connections in their own lives today. The kind of experiences which we hear people talking about, and the example of Lennox Castle, does provide us with some kind of a standard, I suppose, in terms of this isn't where we want to go, we don't want to repeat anything like this, and it perhaps enables us all, whether we're involved directly or not in some kind of care and support of people with learning disability to measure our own practice against it, to what extent might one be making assumptions about someone's capacity to respond, to offers of choice, have a will or interest of their own, have a range of emotions and feelings about situations from that point of view, and of course it's not to say that that kind of support and care isn't, doesn't also continue in some forms of society, and there are still some hospital type accommodation where people are living, and some of the smaller units in the community, I think, need to be measured up against the kind of practices that were common before.