

# Friern Barnet & District Local History Society

## INTERVIEW WITH MRS ERNA KARTON BY DAVID BERGUER AT 16 CRESWICK WALK, NW11 ON 28 APRIL 2011

DB Can you tell me when you were born?

EK 10 February 1922. I'm 90 in February. I don't want to talk about it.

DB OK. Just tell me a little bit about your work. Where did you work first of all?

EK Indeed. Well I was trained as a social worker and then I did further training of various kinds. I trained partly at the Tavistock Clinic. Later on at the Tavistock Clinic there was a group where we were going to be helped to learn about bereavement counselling and it was quite a group I don't mind telling you.

DB So what year was that?

EK I've been retired 24 years. I've kept in touch. It might have been as long ago as 40 years when it started. In this group was even a consultant from the cancer hospital. In order to help us they put on the screen some of the scenes with people who had lost people like a woman who'd lost her son and she had this thing that if she saw a young man that looked a bit like her son she had to go and talk to him. She couldn't stop herself. When the lights went on we'd all been in tears. A group like us in tears, you can imagine. I didn't like doing that but it's one of the things I trained in and I worked with the families of autistic children in the first LCC school and that wasn't fun but it was very meaningful and of course autism has become quite a widely discussed topic. Before, they used to shove them into the Maudsley and leave them there. They don't do that now, as far as I know they don't. There might be one or two somewhere but they don't treat it something you have to go into a backwood. There was a very interesting article, funnily enough, in last night's *Evening Standard*. A girl whose brother is autistic, she was determined that he wasn't going to be forgotten and left at home and she and the family, obviously go ahead, they say he's a hell of a lot better. He can be taken out. He argues and he doesn't do anything particularly worrying in public. She went on Facebook or something and got 600 people interested. You can do a lot now with these things. You can also do a lot of harm. So that was another thing I did and I finally settled at St. Ann's hospital in Tottenham and the reason I applied there was they were about to set out a Psychiatric Day Unit which was very unusual. That was quite a long time ago. I would say that was a good 40 years ago.

DB Is this time when they were starting Care in the Community?

EK Absolutely. Well, I say absolutely. A lot of people were going: "Oh dear oh dear". I mean the Secretary of St. Ann's hospital, bless him, long gone, said "They're going to be walking around with knives, aren't they". He thought I was very nice but definitely odd but he was a very nice man and at one point I was trying to interview people in an office in the corner where there were other people. One morning I got up, knocked on

the Secretary's door and said: "If you don't give me a room I shall have to leave". I had a room by the afternoon. I did have co-operation and we opened this Psychiatric Day Unit and, believe me, it was quite a novelty.

DB So where were the patients coming from? Were they coming from places like Friern?

EK They were coming from places like Friern. There's Goodmayes. I was a student at Goodmayes briefly. Have you been to Goodmayes?

DB No.

EK A big difference between Goodmayes. First of all the building. I haven't got a picture of Friern but as you know it's Victorian and straight up like a stately home. Goodmayes was far more compact. You didn't have to go up looking for a patient – and that's not funny. A patient committed suicide in the grounds.

DB So you were based at St. Ann's but did you actually go to Goodmayes or to Friern or did you just wait for them to come to you?

EK They came to me but I used to go to Friern quite often for lectures and demonstrations. The consultant when I was there was Professor Hill. I think he was a Welshman and he was very good with them. He was go ahead and knew how to...well normal psychiatrists relate well to people. You probably know that.

DB I should imagine it's a very difficult job.

EK That applies to PSWs, by the way. You have to have a sense of humour because if you haven't its deadly at times. Even now, surely you're aware there's a lot of prejudice around and if anybody's ever been a patient, even if it's a week, they keep it a deadly secret. People come to me and say: "Look, I've got this c.v. What do I do about it?" I said "I can't advise you. You've got to make up your own mind. I'll give you a reference, if I'm asked".

DB So what did your job actually entail? Obviously these people were under the care of a psychiatrist and were you offering them a start moving into the outside world and offering them support?

EK Partly. My job was always to interview relatives without fail.

DB So you start off by interviewing the relatives and getting the background?

EK Well I always interviewed the patient as well but relatives were and are terribly important and that was a most important start because what you learned from them you could really use. For instance, I interviewed a husband whose wife was medium ill and one day, long after she'd been admitted, he said "By the way you won't tell her that she was adopted, will you?" I said: "Have you told anyone?" "No". I said: "Of course we wouldn't tell her that but I'm glad you told me because it's a question of notes". Not all nurses are brilliant and one silly girl sits with a patient who's waiting to have ECT and she's looking through the file when she shouldn't have done. "Oh", she said: "you've got a couple of children". The woman went up sky high and they couldn't give her the treatment. The nurse, of course, was immediately put elsewhere and that was the end of that. Then, of course, when it came nearer to the time of course I tried in various ways to try and get them something voluntary if possible. You know,

like Haringey has got a MIND Association and I think I can say they did a lot of work and still do a lot of work and that we would get them little things they could do and even in the hospital, one middle aged man said he was keen on gardening. Anyway I got a head at the nurses' home to let him come and do it. The man was very happy. If I'd given a big prize. But it wasn't always easy because of the prejudice. I sent somebody over to do a bit of typing. "Oh Mrs. Karton, she's always smoking". They were smoking as well. I had to take her out of there. The last thing you wanted is that somebody should go where she wasn't welcome.

DB So just tell me, when they came to you was it kind of like a day release initially or had they been removed out of the asylum into accommodation and you were offering support? How did it work?

EK Well when they were moved into accommodation that was not basically my job. That was the Psychiatric Health Visitor's. Health Visitors were beginning to be trained to deal with people who had been in mental hospitals.

DB And they offered day to day support, did they?

EK They called, and in fact some of them were very good and like everything else some were better than others. Accommodation wasn't easy. We had one woman who was definitely ill for many years and had very nice children and a husband who had ... there wasn't actually a divorce but he wasn't around too much and they got her very nice accommodation and the mental health visitor called. That was not my job. My job was working in the hospital.

DB Ah, so you were based at St. Ann's?

EK Yes, I was attached to Social Services of Haringey working at St. Ann's. That was my job. I don't say I never visited anyone but it was not my job to do so.

DB So what was your function, actually?

EK It was to help with assessing patients, being available to discuss any problems of a social and personal nature.

DB Right. For their suitability for a transfer?

EK No, when they first came. We were a psychiatric team and we met every week. All of us.

DB Who was in the team?

EK The consultant, senior registrar, the sister, maybe staff. Later on we had a psychologist. he was there, and myself. That was basically the team.

DB So you assessed the patients individually?

EK Yes. And the progress of the patient. The consultant would say: "Well, Mr. Smith, how do you think he's doing?" The sister might have something to say about that and I might have something to say. A woman came up. Her husband had been ill for some time it was talked of him being discharged. I met his wife, an attractive lady, and he was Indian I think and before she left the room literally, you know the way you say a last word; "See you next week" kind of thing she said: "Well of course when he comes

home I shall divorce him". I nearly fell off my chair. I'm sorry to tell you that he committed suicide. But had we known this earlier we might have been able to help him come to terms with the idea. There are some things... you don't want to do the job. People used to come to me, grateful patients – "Mrs. Karton, how do you go about doing your duty. That's a joke". (*laughing*) I had a colleague who was ill from time to time and she was very good and she herself was in Friern and that was when I visited. And of course, when I say more recently, before I retired 30 years ago things were looking up but you cannot change a building like that. You can't do it. You know, they do up the walls and they had dances. They had things, you know, and I might tell you that my first knowledge of Friern was when I was 19 and a student and unfortunately I got TB very badly. My consultant was allowed to use a ward in Friern that had been empty. It was the war still. I was 19.

DB 1941 this would have been.

EK Some of the patients had been evacuated. He was allowed to have beds. So I saw Friern from the inside. I remember a number of us used to sit in the grounds and say how nice it was.

DB When you were there you were a TB patient?

EK A TB patient.

DB They had separate buildings in the grounds. Villas they called them. There was one I know that was dedicated to TB patients and they had the beds out on the veranda.

EK If there was I wasn't in one of them.

EK I was in what must have been a little room off one of the mental patient wards. I was pretty ill.

DB Barts I think moved...

EK I was from Barts

DB Oh, you were from Barts and you were transferred there.

EK My doctor had done some, what shall we say, suitable work in TB and I think he got an honour. He was very good. He did the operation. I had a lung collapsed and I used to go and see him. He died. He wasn't all that young. I was told that he had TB. Now and again he disappeared for 3 months.

DB Yes, because that was the treatment wasn't it. Fresh air and rest and relaxation.

EK My father, who you could imagine, was devastated, went to see him. "Now look, what can I do for her?" He said: "Well ideally you could send her to Switzerland but unfortunately there's a war on". That was the answer. I never went to Switzerland but I did go to Bournemouth for six months and although it was war we were very well fed. Milk, there were gallons of it. So that was my first experience of knowing what's in the building but when I went for lectures I always got lost in the corridors. I used to meet patients and say: "By the way where's D16?" "Oh I'll take you there" they said. I was always so disappointed at the way they looked neglected. There wasn't a mirror of some kind in the place, by the way.

- DB Oh really! That was probably done deliberately because...
- EK Yes but there must be somewhere where somebody could look at themselves and comb their hair, for Goodness sake. My friend, Dr Audrey Evans who died recently, my age, she was a specialist in community medicine and as such she visited Friern and she was the one who told me about the mirrors and their tables were never really cleaned properly, dust under the beds, she said. Neglected.
- DB But I think you have to remember that at its height there were, what, 1200 patients there. Latterly it went down. It was always understaffed. There were always problems with staffing and in fact, I don't know whether you remember, there was a book called *Sans Everything*. Do you remember that?
- EK Not offhand
- DB. No? There was a book published which was highly critical of the care of mental patients and they were particularly critical of Friern. Actually there was a Government investigation – a Government report.
- EK What year would that have been?
- DB This was about 1966, I think it was and it caused a furore. There was a report to Parliament on it and the outcome of it was that they said it's under funded and there's not enough staff but the criticism...
- EK What do you expect?
- DB It's like fighting a fire with a bucket of water.
- EK Nothing changed.
- DB Well that's it. Again, when they started Care in the Community... because I spoke to a man who was manager of Friern in 1980 and he said that the Care in the Community initially was very good because it had funds. Because they were closing the hospitals and they gave money and it was brilliant. There was lots of support then it all disappeared, you know, the money dried up and then there was lack of support.
- EK Well I can tell you in our unit we had nice curtains, lunch was served...
- DB This was at St. Ann's?
- EK Yes, ...in the main room, proper lunch brought up on trolleys and staff (people like me) had a very nice dining room in the grounds. We ran a magazine. If you want to see it... I ran it actually.
- DB Oh, Yes.
- EK I got the patients to write things and some of them were very good indeed. They were poets. I put it in for the hospital journals and got very high marks. I was so happy, you know. I will show you one and some of the patients who were really quite ill were better at it than those.... (*Rustling of papers*) She had Korsakov syndrome and

couldn't be left at home very often because she left the gas on. She was Mary .... 1978. I even got the doctors to write in it. I got them all persuaded. They had a quiz.

DB Where did this go? This was given to the patients and the staff of St. Ann's?

EK Yes, we sold them. 5p, 10p. This is a 5p one. Here's one, the anniversary of her own father's death. She was very schizophrenic and she had a baby and the trouble we had to get that baby into care because the registrar was Pakistani and she said "You do not take children away from parents". I said: "What, even if they're going to drop them on the floor?" She said "Yes" and she wouldn't sign the report so we got the head social worker from Haringey to sign it. It was only agreed because the mother of the girl came to see me and I told her this problem. "Alright, I'll take the baby" and after she said she'd take the baby but this is the sort of thing you come across. Very very difficult. I mean you know what happened with baby whatsisname.

DB Yes, well there's another case in Haringey now, isn't there.

EK Definitely. The doctor said she wasn't going to examine him because he was weepy and that. Doesn't matter he broke his back, he's weepy. We have our problems.

DB Just going back then to what you were doing at St. Ann's, the patients that you were seeing and their relatives, were the patients out in the community?

EK Yes.

DB So was it your job to assess them before they were released.

EK No, you're talking about Mental Health Order which came in later on. Also we were trained, some of us. I didn't want to do it. We were trained, we could make a Mental Health Order.

DB What, a Section you mean?

EK Yes, Section.

DB No, I'm not talking about Section, I'm thinking about people that have already been, say, Friern or Goodmayes and then they come to you when it was time for them to be assessed whether they could settle in the community. Was that how it worked? And that's part of your job to make sure that they could exist?

EK Certainly. We were in the front line there to try and get accommodation and that was housing as well and of course the Mental Health nurse played a very big part.

DB Yes, and what did the Mental Health Nurse do then?

EK Well first of all she visited them when they were out of the hospital and also social work in the community. I wasn't social work in the community.

DB What was your title?

EK Psychiatric Social Worker. And the social workers working in Haringey head office, they might get a phone call: "Do you think you could visit my patient so-and-so. She keeps phoning". She'd go and visit the patient. Sometimes I also counselled for

MIND – MIND of Haringey – on my day off and now and again I was driven to phoning the GP and saying; “Look, this man is doing this that and the other” “Oh well, when he feels he really needs more tablets he’ll present himself”. I said “Doctor, he’s driving his mother mad”. He was, he was banging and upsetting all the neighbours. This is what you had to put up with but that was as a counsellor. From the hospital I didn’t have all that much dealing with doctors. That was left to the other to do that you see and we used to have a conference, I’ve forgotten how often, which I ran. The social workers from the community would come together with those in the hospital and chew over our problems which were many because also among social workers especially there are differences of opinion of what are mental problems. Some of them reckoned there wasn’t such a thing as schizophrenia. They are now referred to as bi-polar.

DB It sounds less menacing.

EK Threatening, yes. I’m all for sounding less threatening but I think we have to declare what it is. Either its Measles or it isn’t Measles. It’s no good going round the bush. I always say to my husband a number of people have been pushed standing in tubes and trains. I said you should always stand away from the edge of the platform because it isn’t funny.

DB Well there was that case at Finsbury Park. Do you remember that? That was probably the thing that turned people against Care in the....You know, people being released. Up till then I think people had thought, well, you know, these people are a bit odd but.....

EK I had a woman sitting here and I was sitting here at my office and she said “I’ve been discharged from Friern” and she and her husband were both ill. I said “Oh yes, so they thought you were fine?” She said: “Yes, well I don’t know but they found a knife under my mattress” and I was sitting there, you know. So they discharged her. Well that wasn’t a good idea, was it? So I mean it’s been difficult. I’m not in touch now with the most modern approaches, if you like but there is certainly more willingness to accept people that are different in different ways. I mean I’ve got a woman nearby Now a lot of people would say she’s obsessive. She is obsessive. She could earn a very good living as a gardener. She lives on her own, divorced. Very attractive lady. Well to do. She’s always gardening and if she isn’t gardening God help me, she’s washing. She’s got a washing machine and she may do washing for her parents in an institution but you don’t do washing every day, do you? She wants us to cut down the tree, a deciduous tree. It’s enormous and would cost thousands of pounds and we don’t want to do it. It makes life very difficult and she sent the man opposite an email “Would you please not have that paper delivered early in the morning” because it disturbs her sleep.

DB Well, get a life I think.

EK You can’t put her anywhere and we suffer and you’ve got to suffer to some extent now. I think things are a lot better than they were.

DB I presume that drugs played a very important part?

EK Yes, we didn’t talk about those, did we?

- DB I mean I'm thinking of things like Largactyl which just calmed them down and it was for the convenience of the staff more than anything I think.
- EK Well it depends. I'm a very anti-pill person myself. Although I'm getting on I try to.... the only thing I take is Paracetamol which is like water off a duck's back and I have a small sleeping tablet (*I can't hear the name she says*) which is very small and that's because my husband caused me some concern after he had an accident and he has a poor memory. But I'm anti-pill on the whole. Nevertheless, I have to admit that some drugs do seem to have a becalming effect. Now ECT, when it started, I went to lectures. The man who actually started it in the last war, I think his name was Thompson, came to speak. Charming man and it was from them when he gave it to soldiers who didn't want to go back to the front (shell shock, etc) that they got this idea and it does help some people but I could never be happy.
- DB Not being at all medical it seems to me that ECT, a bit like lobotomy, was a kind of hit and miss where you just monkeyed around and if it worked it worked, if it didn't it didn't but did they really know what they were doing?
- EK Well I think later on they did because, for instance, when I was in Friern with my lung I got friendly with one or two people and one of them were the patients of my own consultant. Now one girl who was a waitress at this Club, once a week she went to Harley Street (*can't hear quite a bit here*)..... "I don't like it but I have to go". She did get better. It's not pleasant. I've never watched it. I refused to go in. One of the doctors said "Do you want to come in?" I said: "No, I don't want to come in". After that they woke up and they didn't know quite what was happening. Obviously you've got to be put out for it. And it's still in use. I don't know how widely it's used now. I don't know enough about that. I'm sure they use it. I have been to the Maudsley as a volunteer, what do they call it when they do an experiment; they give one people the real thing and others a placebo?
- DB Oh right, yes. A control group
- EK And even I, when I was asked to sign the piece of paper to say they could give me drugs, I was quite nervous and afterwards they said: "Of course we didn't give them to you, did we". The Maudsley is considered still very go ahead. When my husband was young he had epilepsy and he got rid of it after a while, touch wood.
- DB Of course in the early days... I forget the figures. I think its something like a third of the patients were epileptics. I mean they weren't mentally ill at all, they just had epilepsy.
- EK You couldn't be more sane that he was.
- DB Exactly but they were locked up in an asylum for the rest of their lives.
- EK No he wasn't. He just went to see the consultant.
- DB No, I'm saying other patients were because they didn't know what it was.
- EK Oh yes they were. They admitted him to do some tests and he was dead scared of the man in the next bed. Touch wood, OK. in his case but certainly it's a very unpleasant thing to see anybody and you can imagine, your husband, it will frighten the life out of you and it frightens the life out of them I should think when it's happening. They did a



lot of work on that, and for autistic children. This woman said now and again her brother used to have a fit. It's something that really worries people a lot, that kind of thing. I worked with families and the main thing was to try and support the family and one of the worries with autistic children is what is going to happen when their parents go. There were various places where people lived. One man was a very fit policeman and his wife and they had a girl and they were worried sick and there's not much you can do except suggest that if she doesn't improve and can't be left with anyone else, one of these communities will take her to live there.

DB Yes, but the parents really love these children, don't they? They don't want to give them up.

EK More than ever. Round the corner here there's a headquarters to do with autism and they wanted people to interview families but I decided that I was definitely retired but I follow with interest what's happening.

DB How long were you at St. Ann's for?

EK Nineteen years.

DB And you finished your career at St. Ann's?

EK Yes, I went on. I counselled for a while.

DB After you retired?

EK Oh yes. I retired from that. I was 65. I had to retire, I didn't especially want to. In those days 65 was it. Later on, colleagues I heard who were younger, they were retiring at 55. What the hell they did after that I don't know. I did some counselling then I did other things. I took a degree. You know, I caught up with things I hadn't done.

DB How successful do you think counselling is?

EK Oh well, that's another big subject. I had one woman who, even after I retired, sent a message. Didn't know where I was; could I go on seeing her. She was very worthwhile and I sent a message back that I was terribly sorry but I had retired. It depends what kind of character you've got whether they really just want to explore things, what's going on, what's available but they don't really want to do anything. We all do that sometimes. We look at anything (*can't hear*). I had people that came regularly but, for instance, drugs – I'm not an expert on that. Counselling for drugs. They sent a girl, she had a child, she had a boyfriend. They were both on drugs and there used to be a place on the way to Tottenham Court Road, I've forgotten the name, they've closed the hospital, where you went and...

DB I know the one.

EK You know the one? You got so much of the drug. Well of course she came to see me and asked for....before you could say anything she wasn't attentive. I rang up her mother, spoke to her mother and I said I was a bit concerned. She had the child as well. "Well", she said, "I suppose she knows what she wants to do". I mean her mother was so stupid. I got nowhere with her but others, yes. It was a husband/wife relationship, that kind of thing. It was like the Tavistock. I did that, family

relationships. That was all I was doing – family therapy. Of course it's true to say that the more intelligent people were you might be more successful, you might not. I mean there was a girl who was drinking. Perfectly happy marriage, or so it seems, three children. Used to come home from work, lock the children in a room and drink. She said she did it to get on with the work. I remember her husband practically knelt on the ground when he came to see me. He said: "Please don't put my children into care". I said: "I'm not going to put your children into care." Because he was so good. He said: "Don't put them on the list". I said: "Well, I don't know that I can promise not to ask them to be put on the list. I can't promise". I saw her parents, very nice respectable couple. The woman was only 30. They said: "we don't know – she just took to drink". Of course she wouldn't tell me anything. She had a job. She said: "Well, I didn't do any harm to my children. I just locked them in a room". What can you say? She didn't neglect them. I mean they weren't scruffy or dirty. There was no shortage of money. Everybody's got sort of different things. None of us are perfect. I mean you start talking about children, you can treat, you can do everything that gives them help intellectually. I mean the woman near to me, her son is probably a retired psychiatrist. She had a daughter. She wasn't as bright as Charles. Olive was always in the bottom class but do you know in spite of that she had a very nice boyfriend and they ended up buying land in Portugal and growing their own vegetables and I say they must have had the happiest life but it was always "Oh yes, she's alright but Charles is doing so good". Have you got any children?

DB I've got one daughter

EK I've got one. Of course you try not to spoil them

DB Now tell me, what's the difference between a psychiatrist and a psychologist?

EK Psychiatrists are doctors of medicine who have taken a postgraduate diploma in psychological medicine – DPM. They assess patients physically and emotionally and recommend treatments, drugs etc. Psychologists are mainly concerned with assessing intelligence and personality. They may, if trained in psychotherapy, provide this service. In addition, they can carry out research, be involved in education etc.

DB So you had group sessions?

EK The group session was all patients.

DB Ah! So you were talking to them individually but from time to time you'd get them all in a room together.

EK That was the pattern they should all talk to him and ask him....

DB This was the psychologist doing this?

EK Yes, psychologist.

DB It wasn't the idea of the psychiatrist to do this?

EK Oh no. He saw them individually in the first instance.

DB So what effect do you think that had, group therapy?

- EK Well in his case it was a giggle because they just played him up. But then they had somebody else who was a psychiatrist who was working, had a part time job with us. He wasn't in charge and he was very different. You know, he would needle them and all that kind of thing.
- DB What is the therapeutic effect of having people with different problems talking in the open? Did they not just kind of egg each other on?
- EK I think there was certainly an element of help in that.
- DB Oh, there was. Did it give them confidence that they were not alone?
- EK Yes, that's the first thing.
- DB And they weren't as bad as other people, perhaps?
- EK No. Don't forget we were already, what shall we say, compared to people in Friern and other places our people were more together and some of them would sit and listen and some would join in. They just played up this particular a psychiatrist and a psychologist.
- EK Well I haven't forgotten it. Some people say that they both work in the same way but I don't think so necessarily because it depends what kind of psychiatrist, whether you're a Freudian psychiatrist, you see and I know they've had a lot of mud slung at them. If you're a Freudian psychiatrist you would go on and on and on. I know of someone who told me that her psychiatrist, analyst, I beg your pardon, was going on holiday and she was in real trouble. "Oh I shan't be seeing him for two months", she said. That was a different relationship and relationships is something you got to be very careful, including PSWs. I was always being told you mustn't be too kind to people.
- DB Not too kind?
- EK No, no. Because then they would get too close to you. It's the same with a doctor, you know. There's not all that difference. Doctors normally do not hobnob with their patients and they shouldn't. I know an example. We had a wonderful doctor round here. He's still around but ill. He got rather friendly with a patient who was well known on the BBC and he got very sorry for him. He died and then this patient's wife died and I saw him, he went to the cremation and I could see he was terribly upset. That's not good. He talked to me at one point about counselling. He was asking me and he was just a GP so I think it does depend what kind of a psychiatrist or analyst. One of my colleagues decided she'd have an analytical training. It goes on for years. After Jung. I was never keen on it myself. I prefer Freud partly.
- DB So what's the difference to a layman? What's the difference between Freudian and Jungian?
- EK The approach of both Jung and Freud was based on analysis. In the case of Freud it was based on the importance of the relationship to the mother, whereas Jung, who began as a follower of Freud, later considered the family relationships to be of prime importance.

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- DB ..... where you've got a team where you've got a Freudian psychiatrist and a Jungian psychiatrist
- EK Oh we hadn't got two – our psychiatrists were not analysts.
- DB You wouldn't have?
- EK Not in my team. There was a place, now you're reminding me, where families went. I don't know what it was called.
- DB What in St. Ann's?
- EK Oh no, there was a hospital, I don't know if you called it a hospital, where families who were dysfunctional went, where we had several psychiatrists of a very modern.....they always used to turn up in those days, you know, in slacks. You know, trying to look like the others and they might differ in their ideas. I went, as usual, to observe. It was very interesting. Apparently they'd gone to a pub and they'd practically wrecked it and the psychiatrist was trying to sort them out. "Now look here, you do realise that the publican's wife was pregnant. What could have happened" and they just sort of sat there. Suddenly he said: "What happened to the money?" There was some fun. "Well, she bloody well took it" All this swearing. They were all fairly youngish and with it and they thought they could put a family together better in that public way and maybe they were right. I was only there to observe. I can't tell you if they were right or not, but there was certainly room for a new approach.
- DB Do you think that it was a good idea to close down asylums and ship people out into the community or do you think they would have got better treatment had they stayed?
- EK I think that's a very wide question. I don't think it's a good idea to close everything down, no I don't. Myself and other social workers in the field, when they were going to talk about Friern, I don't know how many papers.... I'll try to find one to show you, saying what we thought could be done.
- DB What was that?
- EK Some were sent to places like Goodmayes, you know, more modern places. Accommodation, Day Centres. We were afraid as others were, that if you just emptied them what were you going to do? You must make provision and we still say that. Of course there's never enough provision but no, I don't think one should close them down wholesale. I think one should get something in the long term. The long term's a long time. I mean, look at the actress who recently went into a psychiatric unit in the States and made all the headlines. What's her name? Zeta Jones. If a person like that feels bad enough to go in you could imagine how many other people. Because, after all, she's a name and why, because her husband was having treatment for cancer. It went to her head. I can understand it and they do need a place when that happens. They do.
- DB But there are very few real asylums left.
- EK Yes, I haven't got a list. If you're saying old fashioned asylums..?

- DB No, I'm not saying old fashioned ones because clearly a place like Friern was....I mean even 10 years after it was opened they said it's outdated and this was 1851 so from then on it struggled to survive really.
- EK Look what's happening at ordinary general hospitals so why shouldn't it happen to those. They're very specialised, and, as you say, getting enough staff. There is all this argument about the elderly saying "We're not unkind but if we've got x number of people we can't sit there treating patients". Do what you like but we can't do it and that's put down to personal cruelty which is not necessarily the case. I know of one instance where a daughter goes along and helps to feed her mother who's no trouble. She's had strokes. Because she knows that if she doesn't its going to be left where it was put. This is a very complicated human... and nurses go sick. Our sister went off sick. She's probably still alive, at St. Ann's for 6 weeks at a time. I would never query it with her but one day she said "Well, what else can you do if you can't cope?" She told me the reason, she went off sick. It is very very difficult and some people want to put themselves into care because they're frightened of what they're going to do if they don't.
- DB Well now, if somebody is in that position presumably they go to their GP first, then get referred to social workers or whatever. The GP is the first port of call. Are GPs equipped to deal with.....? you're laughing. I can see they're not.
- EK Well I'm laughing because it depends. Some of them don't think it exists.
- DB What mental illness?
- EK Yes. They go home and they have the treatment. But some do. Now the one I told you about was ill, he was wonderful. I had an appointment to see him and I was sitting there quietly. It was getting very late. Suddenly one of his secretaries comes out. "Mrs. Karton, do you think you want to wait. Dr.X has got a family in there". And that was the sort of thing. Not every doctor.... You know, he would see the whole family and beyond what he had to do. With the situation now where you're allowed, is it 10 minutes? And I myself have a very good doctor. I don't think I've ever seen him for 15 minutes. So that's the answer to your question. You should certainly go to your doctor and, indeed, you should go to your doctor if you're worried and he may be able to help you without having to be admitted anywhere. Comes on a regular basis and that's where drugs come to some extent and if you've got an understanding family but that isn't always the case and people don't understand why suddenly a partner who's always been kind and loving doesn't want to know them. They can't understand it and they don't want to accept it, some of them. It's very very hard. I mean there's not an answer to everything. I may say that one time, and I don't know if it's still true, I was told that the greatest incidence of illness and suicide was among psychiatrists. I was told that. I don't know if it's true. I couldn't tell you. The ones I've known and of course I was brought up on Laing but I wonder about it because he said one day he came home. His mother was busy getting rid of all his diplomas. That's what she was doing so he had a mother....
- DB Laing, was he good?
- EK R A Laing was an analyst who based his work on Freud. He and Dr Cooper did much to change attitudes at Claybury Hospital. They advocated a more "give and take" approach. Laing's books such as *The Divided Self* were very well received and younger psychiatrists were open to these approaches.

DB Not Claybury?

EK Claybury, yes. I never had any dealings but my colleague who was far more able than I consider I was, Irene Spakman (*a guess*) she worked at Claybury and she became (*can't hear*). I followed her for just a year and she was very very able and Cooper was just one of these...I don't know what you call them.

DB What about Laing. What was his philosophy basically?

EK Well he was definitely not for ECT and drugs. I suppose you could say he was for talking. I haven't read his book for many years but basically for talking. I can remember one particular day, for the afternoon session he didn't turn up. Somebody said: "Oh yes, he's probably making love to one of his patients". That's the sort of thing that was said.. I'm sure it was nothing of the kind actually. My own opinion of him was that he was rather a depressed person.

DB Scottish wasn't he?

EK Yes. But I could be quite wrong. You know when you sometimes catch people and they don't know you're looking at them and you think "I don't know about that" and I used to think that. After all, if you've got a mother like him it doesn't help you does it?

DB I don't know. What was his mother like?

EK Well his mother was burning his diplomas one day. How would you feel about that? One of the outpatients that lived in the community and was helped, her daughter was pregnant and she came home and she said her mother was throwing all her clothes out in the dustbin. We may laugh but can you imagine what it does to you? You expect your mother to be loving. It's a terrible thing, you know and especially terrible because the woman can't help it. A girl said to me: "I always cook on Sunday because we like to have a nice meal with my mother" and that kind of thing.

DB Just going back to St. Ann's, in the 19 years you were there were there many changes? Did things alter dramatically or gradually?

EK I wouldn't say dramatically but there were changes. First of all we had all these other wards, general wards, there.

DB At St. Ann's?

EK Yes and our two wards were accepted.

DB You had two wards?

EK Eventually.

DB And how many in each ward?

EK Don't ask me. Not enormous. Male and female beds and I can remember I was very chuffed because one of the sisters sent a message over – could I lend her such a such a book. I was delighted to lend it to her. The head of the nursing, through one of his acolytes, wanted to borrow a couple of books and then we had a visit from the Institute

of Psychiatry to have a look at us because our consultant said we would like to have a reading room for the medical and nursing staff and I was one of the people interviewed and eventually we got something and we were only a small unit. That, to me, is progress. The fact that they're doing all these things there now is bloody annoying so far as I'm concerned. They also do revision there and they've got a place where elderly people go – a Day Centre that is very well run.

DB So how did the two wards that you had at St. Ann's fit in with places like Friern or general hospitals?

EK Yes, well people could be referred from there to us and a far more progressive regimen could follow.

DB From there to you?

EK Or from us to them. I think they were general referrals. Instead of sending them to Friern they reckoned they'd be alright in ours. You see it depends. Or sometimes if they were giving us cause for alarm, because don't forget we were open. You could walk out the front gate. Then we would send them to the North Middlesex, which is another unit which was bigger, more staff. I didn't like it there. Our wards were very nice, fresh and airy but they had more care there. We had a young boy who was found in the kitchen and we didn't want him in the kitchen where knives were in the drawers. We didn't say anything. There was talk about giving him ECT. I'll never forget a young registrar upstairs had heard that the parents came to see me, whether he ought to have it. He said: "What's it got to do with them?" I said: "What do you mean? They're his parents". He was saying he needs ECT so he should have ECT and that's it.

DB Was that generally the case, where if a treatment was going to be administered you would consult the family. You'd tell them what was going to happen?

EK Oh yes. If there was family interested. Yes, oh yes you should. I say you should, I don't think it's always done. Once they go into hospital they could be single, nobody around and not very interested.

DB I suspect nowadays it's standard practice but in the old days they just said: "Right, we're going to do that".

EK Well you've got to sign and all that kind of thing. After all when you're being given a thing like that, if you don't come round...you've got to sign. I can still remember this attitude. You had to train doctors in those days to understand what they were dealing with. It wasn't just general medicine. So when we started with our two wards it could be difficult but I think we were quite successful. We didn't have any terrible nasty things or murders. One of the jokes, somebody came in with a little van or car and left it at the gates and he left his engine on. Along comes a patient, gets in, drives across the road into the hedge. He could have been killed. But we said it wasn't his fault. What the hell was this man doing! You know you've got to look at everything. And on the whole the nurses were quite interested. I went and talked to them at one point, other people talked to them you know but they were quite interested.

DB Presumably in those days these weren't agency nurses, they were nurses that were....

- EK Yes, well agency nurses wherever you are a different cup of tea. Like agency doctors. The next day they've gone home so what can you do? Agency nurses, they're invaluable. You know if you've got nobody to leave at night you've got to have them.
- DB But surely you don't get the kind of level of care that you had when you had ....
- EK Ongoing care, whatever the illness, is not the same as getting someone in for a couple of days or more. It can't be. But what happens if you have agency, I mean I could hear, they would get into sister's office and hand over. You've got to hand over. "Mrs. Bloggs had to have this and Mr. So-and-So never slept and we had to give him something" and so on. They do hand over. I mean my husband was in hospital with an accident, that's why his memory is not so good – he had a bad accident – shoulder – and they always said: "Oh well, we'll be handing over tonight". He had to have medication fairly often or temperature taken and other people had to have things done. You've got to hand over but it's still not the same.
- DB Because it seems to me as an outsider that when you hear these horrendous stories about patients being left in their own excrement and patients not being fed, I can't imagine this ever happening in the past when you had dedicated nurses. I mean has the nursing profession gone down or is it because they're employing people that really don't care because next week they'll be in another hospital?
- EK I don't know that it's that so much as if they're overworked very often. There's not enough staff.
- DB They're doing paperwork I suppose instead of looking after patients.
- EK Well it's like teaching. How many teachers..... you know my daughter's friendly with someone who used to teach at a school which was considered quite a good school. She said she gave it up. Why was that? "I was marking papers till 11 o'clock at night because you've got to keep up". Well I mean if people say they're working in that kind of thing of course they'll have left there. For instance, I notice my husband was in Finchley Memorial but they all gave them bottles at night. This was a male ward. They didn't have to call the nurse and obviously older people need to go to the loo more often. Well why don't they give them something. They did at East Finchley.
- DB Of course you don't have matrons any more, do you?
- EK No, but I couldn't help laughing when they advertised recently that x number of matrons were going to be made redundant at the Royal Free. I nearly wrote in to say "Since when have they been matrons?" They meant senior nurses. No you don't get matrons and some people say it's a real shame.
- DB. They were kind of dragons, weren't they? They ruled with a rod of iron.
- EK They didn't rule quite with a rod of iron. Sometimes it needs somebody to say "Just move yourself and do it". When I started there were matrons. I got on very well with matrons. I didn't work for them but I could see how they came over. I mean, in the very early days matrons were really next to God. You've only got to read about Florence Nightingale. She was the biggest snob that ever walked on Earth. That's because they came from the upper echelons and to some extent that applied to social workers. The social workers in the ward were not known as social workers, they were known as Lady Almoners and they usually came from very middle class homes and



didn't expect to get much money and they didn't and I didn't. I think they were giving me £500 a year or something. The psychiatrist said: when I applied "Oh can't you give any more?" "No", he said, "There's a scale. I can't give you any more". (*I can't hear the next few words*) ...and that's how it was whereas social workers in the social work team community were paid on a different scale. They had more, you know, so it was more like an ideal. You never thought of it as a decent living because it wasn't, especially if you weren't full time. You might as well not bother. I wasn't full time. The women who didn't get paid for full time got very very little, that includes me. That's changed now. It's very much improved but when I started... They were known as Medical Social Workers because there weren't any psychiatric. Medical Social workers and they all wore white jackets. Of course PSWs refused to wear them. You see that's another thing.

DB You just wore normal clothes?

EK Clothes with a badge but otherwise..... and if you asked a question of the ambulance team they immediately looked to see...they don't want to speak to you. If you had a white jacket on that's alright. And the psychiatrists never wore anything that would identify them.

DB Did you have people sectioned who were put into St. Ann's or would they go to ....?

EK I believe so. Because that's why they wanted to train some of us to do the Section – go out and do the Section and bring them in.

DB What did that involve, that training?

EK I didn't want to do it because I was getting on, I didn't want to change what I was doing. You've got to be careful and it isn't always easy to do when they're in their own homes. I mean, social workers in the community in Haringey in my time, at least two were murdered. One of them was asked by her senior: "Would you like someone to go with you?" She said: "No, I'm very experienced". It's not easy. I was lucky. I sat in the family home till nearly 8 o'clock one evening because they left their children and I was worried. The woman drank like a fish and I thought to myself: "Well when they come home and they find me here I might get beaten".

DB Did you do this often? Did you see families outside the hospital often or were they always coming to you?

EK Well I would send for them and others would ask to see me.

DB So you'd go to see them in their home?

EK No, they came to me. I worked in the hospital but I might occasionally have reason because that was left to the social workers in the community and their job was to be in touch, a liaison. That was why we had a meeting and on the whole we got on. Of course, now and again you'd get a social worker in the community who had, what I call, funny ideas. I can remember. He worked in Friern in fact he married one of the women doctors there and our psychiatrist who saw the patient said "She needs help." The Social Worker said: "Well, that's up to her, isn't it". It's not always up to you if you just can't do it. This girl who wrote a poem in there, she married a chap. He wasn't up to much but he used to come home and find her sitting there smoking a fag, baby was in the thing and that was that. Well I mean that's not up to her is it. You

can't say "up to her" but this social worker reckoned he was being very democratic and he had his comeuppance but we had to laugh, the way he told the story. You might as well say we had a man in the Suburb. I've forgotten how many dogs he kept. He was considered quite normal. They could have stopped it.

DB Well in the suburbs they would, yes

EK The division between normality and mental illness has to be very carefully assessed, don't you think? What brought you into archives?

DB I'll turn this off now because I think we've had probably....

EK I wish you hadn't got it on!

#### THE FOLLOWING WAS ADDED BY MRS KARTON AFTER THE INTERVIEW:

After a while we were offered two in-patient wards, so that was a great step forward as we were then able to take patients who needed some in-patient treatment, followed by care in our Day Unit. It also meant fewer patients needed to be referred to Friern.

Time marches on!

The North Middlesex Hospital had a larger department and was able, if necessary, to take patients from St Ann's if we thought they required longer treatment. In fact the North Middlesex Mental Health Department achieved a great step forward when the then Minister of Health was persuaded to close the padded room that was still there. There was also a programme of lectures on a variety of mental health topics that social workers and related disciplines could attend.

Towards the end of my time at St Ann's we had a visit from the Institute of Psychiatry to look at the possibility of providing a reading room and small library that could be used by doctors, nurses, and social workers. This was seen as important for further training. In fact nurses on general wards sometimes sent for any books I might have dealing with mental health – clear indication that our unit was making an impression.

Closing Friern was a tremendous challenge and I am very happy that the new facilities with which I was involved played a part.