

MY CHILDHOOD, MY FAMILY

On the face of it, I have it all. A wonderful partner with whom I have shared forty years of my life. Three amazing children who make me incredibly proud to be their dad. I have great friends. A nice home. A dog I love and who loves me even more. Money is not a problem. I have had several satisfying careers, first as a journalist, then in politics and government. Now I get paid to tour the world and tell audiences what I think. I have the freedom to campaign for the causes I believe in, something not always present in my previous two careers: as a journalist I was dependent on events; in politics, I had to subsume my life into the needs and demands of others. With today's freedom, I can pick and choose, and I do. So when I decided to write this book, for example, I did just that, and pushed other things into the background. Because I can.

But there is one major part of my life that I cannot control. Depression. It is a bastard; despite all my good luck and opportunities, all the things that should ensure I am happy and fulfilled, it keeps coming. This book is

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an attempt to explain my depression, to explore it, to make sense of it, properly to understand it – where it may have come from, why it keeps coming and what, if anything, I can do to live a better life despite it.

In doing so, I hope to be able to find answers that may help me, and that my story and the telling of it may help others too. We all know someone with depression. There is barely a family untouched by it. We may be talking about it more than we did, back in the era of ‘big boys don’t cry’ – they did, you know – when a ‘brave face’ or a ‘stiff upper lip’ or a ‘best foot forward’ was seen as the only way to go. But we still don’t talk about it enough. There is still stigma, shame and taboo. There is still the feeling that admitting to being sad or anxious, let alone chronically depressed, makes us weak. It took me years, decades even, to get to this point, but I now passionately believe that the reverse is true and that speaking honestly about our feelings and experiences (whether as a depressive or as the friend or relative of a depressive) is the first and best step on the road to recovery. So that is what I am trying to do here.

To begin with, I want to go right back to the start, to my birth, my family and the broadly happy childhood which followed.

Once there were six of us. And now we are just two.

We were a family of exiles: an intensely Scottish family living in England. My Dad, Donald Campbell, was a crofter’s son born on the Hebridean island of

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Tiree in 1922. My mother Betty, four years younger, was the daughter of an Ayrshire farmer. They met when my Dad, then a student vet at Glasgow University, was visiting the farm where she grew up. Once they got engaged, the marriage almost never happened, because my Dad insisted he would never leave Scotland. My Mum called off the engagement and headed south herself, to work in a London hotel; eventually he followed, first working in Hampshire, then as a full partner in practice with fellow Scot, Murdo Ferguson, in Keighley in the James Herriot territory of Yorkshire. That was where we four children were all born, in Victoria Hospital. I was the third boy in a row, born on 25 May 1957. My sister Elizabeth, born two years later, owes her life to the fact that my mother was determined to keep going till she had a daughter. Had I been a girl we would have been five not six.

That we are now just two, me and Liz, is because our older brothers Donald and Graeme died prematurely. They were both aged sixty-two. Which is, worryingly enough, my age right now.

I was closest in age to Graeme, who was born just thirteen months before me, and for long periods of our childhood we were inseparable. Considering that we spent most of our upbringing sharing a bedroom, and had a shared passion for sport and, later, languages, I often think we should have been closer as adults. He was clever, funny, but never made the most of his undoubted talents. He had next to no interest in wealth, material comfort or making a good career.

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Of the four of us, he was the least enamoured of our Scottish identity. Donald and I both took up Dad's offer to teach us to play the bagpipes. Graeme refused, referring to our chosen instrument, which required considerable time devoted to practice, simply by the anagram – 'gabsepip!' And while Donald and I felt no embarrassment, and even a certain pride, in dressing up in a kilt, Graeme made so clear his objection to being asked to 'wear a skirt' that before long, Mum and Dad gave up trying to persuade him.

He dropped out of his first university, though did OK at the next one, then went off to America one day for a short trip and didn't come back for years. When Donald visited him once, he was shocked at the squalor he lived in, with a mattress, a sleeping bag and not much else. He lived for a while in Poland, mainly teaching English, and there he met his wife, Ania, and they had a son, Mike. The marriage failed, not least because of his drinking, and though he improved on the father front in later years, by then the damage to his health caused by decades of heavy smoking, drinking and a peripatetic lifestyle meant he didn't have long left to go.

He had resilience though. Shortly before he went into the operating theatre to have both his legs removed – 'one for the booze, one for the fags', as he wryly accepted – the doctor told him in front of Liz and me: 'I do need to warn you that you may be entering the final stages of your life.' In other words, the last few moments before the general anaesthetic took hold might well be his last moments of conscious life.

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‘I understand,’ he said, quietly, to the doctor, then looked up at Liz and me with a sense of regret but also resignation in his eyes.

‘You’ll be fine,’ I said, not really believing it.

Liz and I walked alongside him, a hand apiece on his bony shoulders, as he was wheeled to the operating theatre, and only as he disappeared through the double doors did we let our emotion at the enormity of what was happening pour out, hugging each other, both in tears now, Liz saying: ‘I don’t think he will come out again.’

Neither of us expected him to survive. That he did, and went on to live for several more years, spoke to that resilience but also, I think, to his desire to make amends to Mike. For a while, once he was out of hospital, Graeme and Mike lived together in Retford. It was not easy for either of them – and eventually Graeme had to move into a nursing home – but at least he was trying.

Graeme knew he was far from a perfect husband, or perfect dad. He knew that Mike had had to see his father in a state no child should have to see a parent. Mike knew something was wrong in their relationship. So did Graeme. But he was never great at facing up to difficult things. He hoped they would go away on their own, without him having to decide or do the things he needed to fix them, perpetually putting them off until another day. Whereas ‘get a grip . . . let’s sort this . . . can we please do something’ are among my mantras, ‘later . . . we’ll see . . . it’ll work out’ were among Graeme’s.

His final days were reminiscent of when our Dad died. Just as Dad had waited to see all of us before finally he

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gave up the fight, so I think Graeme was determined to see Mike one last time before bowing to the inevitable. Dad had been ill for some months. Liz, Donald and I had seen him, talked to him, hoping we said what we needed to say, and he needed to hear. At the time Graeme was living in Poland. He and Dad had never been particularly close, and Graeme perhaps resented that Dad used to refer to him as 'my English son'. But Dad hung on until he travelled back to see him so that they could say goodbye. When Dad finally died a few days later, alone of the four of us, Graeme did not want to see the body at the funeral directors. I tried to persuade him it was an important moment of closure, but he was adamant that he would find it too upsetting.

It was clear that Graeme's life really was now in its final stages, and he had given instructions that he wanted no more drugs, no more pain. Mike, who was working a couple of hours away, called to say he was coming to see him tomorrow. The phone call was their final proper conversation and the last words Graeme said to his son, barely audible but clear enough, were 'I love you'. By the time Mike got there the next day, Graeme was struggling for breath and struggling to speak, but was at least able to sit with his son for a long time. It was the last day of his life. Later that night the home called to say he had gone.

I think Graeme had similar issues with depression and addiction to mine. I can't help feeling if he had

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confronted them he would still be here. But how deep must the addictive and self-destructive instinct run when you can remove an oxygen mask and drag your legless body from bed to wheelchair so you can head outside into the freezing cold just to gasp down a few drags of a cigarette.

It was when I witnessed that, at the care home where eventually he died, that I realised there was no point nagging him about his smoking any more. He had chosen his path. By then he weighed less than half what he used to. And when he went – that night after not just Mike but some of our favourite cousins from Scotland had come to see him – I had an overwhelming feeling of sadness, but also thought how could two people with the same parents and upbringing, with so many similarities, end up taking such different paths? Then again, looking at so many other families, maybe that is not odd at all.

When we got the call to say he had finally passed away, Mike and I went to see the body, and Mike, through his tears, said something very wise: ‘He didn’t have a perfect life. But he did live. He travelled. He learned languages. He had passions. He had knowledge. He was a good man who made some bad choices. He was a clever man who didn’t always use his cleverness well.’

Donald, three years older than me, was a very different story. Outward-going, a people pleaser, a socialiser, he loved to talk, to anyone, about anything, apart from politics, sport and, until later in life when he

became a firm believer in ‘the Big Man Upstairs’, religion. He lived in Glasgow for most of his life, and hated with a passion the sectarian element of the Celtic–Rangers football rivalry. Because he spent so much of his life in Scotland, he had a different accent to the rest of us. When he once appeared with me in a TV programme about bagpipes, I’m sure many viewers wondered how the two of us could be brothers. But if the small gap in age meant I was closer to Graeme in early childhood, Donald and I always got on, and our childhood closeness was cemented in adulthood by his mental illness. It was so severe there was no way – as Graeme did and as perhaps I did too in my depression-drowning drinking days – of avoiding having to confront it. Donald’s illness is the real reason that I became passionate about the issue of mental health.

For both of us growing up in our very Scottish home, albeit in West Yorkshire, Scottish culture was always a big part of our lives. When Dad taught us to play the bagpipes from a young age, Donald, the least academically minded of the four of us, was determined to make a career out of his natural talent for pipe music. So he joined the Scots Guards, less to fight wars than to play music. He did his share of fighting, in Northern Ireland especially, but his military career came to an abrupt end one night in the summer of 1975. My mother said her life changed with the phone call that came that night ‘and it never changed back again’.

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The family was by then living in Leicester. I was between school and university. The call from the Ministry of Defence told us that Donald had been taken to hospital. No, he was not injured, but had had some kind of breakdown, and had been taken first to Woolwich hospital, then to the military psychiatric hospital in Netley, near Southampton. His fellow Guardsman Kevin Budd, who remained a lifelong friend and whose wife Karin visited Donald regularly, later described it as feeling as though Donald had been 'frozen in time', unable to connect with the world around him. Mum got hold of Dad, and he and I set off south. The Donald we saw several weeks later was not the Donald we had seen a few weeks earlier when he was home on leave, splashing out cash to Graeme, me and Liz. Perhaps that was one of the reasons we never saw it coming. The money he gave out, loving having a salary for the first time, felt like evidence that 'he's enjoying it, he's happy, he's loving his job, he's loving playing the pipes in the Scots Guards'. So we didn't see it coming at all.

And now . . . there was a childlike fear in his eyes, and nonsense coming from his mouth. He had drawn an immaculate, elaborate cross on the wall, an outline of Jesus upon it, and kept pointing to it, saying 'he knows, you know'.

Though my Dad was a vet, and therefore trained in scientific thinking, he knew little about the illness we were now told Donald had. Schizophrenia. I knew even

less. But from that moment it became a huge part of our lives.

After Donald's death, my sister and I put together a little map as we counted up all the different hospitals in which he had been treated. It ran the length of Britain, from Netley in the deep south, where it all started, through London, Leicester in the Midlands, Hull in the north, various wonderful places around Scotland, and finally Kingsmill in Mansfield, where he died.

Schizophrenia is a truly horrible illness. You can't see it. No crutches. No sudden baldness. No bandages. No scars. It is all in the mind. People who have it often become pariahs, shunned in the workplace, derided and abused on the streets. I wish people wouldn't use that cliché 'split personality'; it's as awful as the way people use the word 'schizophrenic' when they mean there are two views of something, or that someone has good moods and bad. It minimises. It misunderstands. It stigmatises. Schizophrenia is a severe *illness* in which the workings of your mind become separated from the reality around you. And it can be terrifying.

Imagine a cacophony of voices in your head, screaming, telling you to do things you *normally* know you shouldn't. Then imagine plugs, sockets and light switches, road signs and shop signs, talking to you. Imagine sitting in a public place busy with people going about their business and thinking every single word being thought by everyone is about *you*. Imagine watching TV and being sure everyone is talking about you. And then imagine snakes coming

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out of the floor and wild cats charging through the walls and ceilings. Donald had all that and more when he was in crisis.

So, imagine the strength of character it takes to deal with that in a way that led so many people to love him so much, not out of sympathy – he didn't want sympathy – but out of an appreciation of the real him, unclouded by illness. That is an achievement of epic proportions. Doctors and medication played a big role in this achievement, but he himself played the biggest part.

Also imagine having all that to deal with and never saying 'it's not fair'. I said it, for more than forty years, from the first day Dad and I saw him lying in that bed, terrified. 'Not fair. Why Donald?' I said it, often. He didn't. Not then. Not ever. Not once.

Imagine being so keen to be a soldier, making it, doing well but then due to this illness his career terminating at a stroke, the prestige of playing in the Scots Guards' 1st Battalion Pipe Band gone. Did he ever say a single word against the Army? No. He loved those years. He talked of the Guards with fondness, always. It just ended badly and he got through it, got on with it, adapted, and lived the best life that he could.

We had to become expert on something we never expected to have to experience. We had to help him deal with it as best he could, and to be fair he dealt with it well. He had a good life considering the circumstances. He owned his own flat, drove his own car, briefly had a marriage and had lots of good friends.

Thanks to Glasgow University, seeing him not as a 'schizophrenic' but as 'an employee with schizophrenia', he held down the same job in the security department for twenty-seven years. More importantly to him, he was the University's official piper, playing at graduations and other events, and there is a portrait of him hanging at the foot of the stairs from the hall where most of those events took place.

For Donald piping became a life-defining passion. He competed at a high level. The judges, like his employers, recognised that he could sometimes be 'out of form in the head', as once when my sons Rory and Calum and I went to see him compete in a Piobaireachd Society competition. It was top-end stuff but Donald's mind was wandering and the judges smiled kindly when he stopped prematurely, said 'bugger it, I was away with the fairies there, Sir', saluted and left the stage.

The last time he played was at the University's memorial for its former rector, Charles Kennedy who, despite having been leader of a different party to my own, was a close friend. The whole political establishment of Scotland seemed to be there, First Minister Nicola Sturgeon included. Donald didn't look well. He was struggling for breath even before we started. I knew the signs all too well and I said to him 'listen, I can do this on my own'. 'No,' he said, 'I'll do it. I liked Charlie.'

We led the procession into the quadrangle. But a third of the way round he was fighting for breath and had to stop, and I finished alone. He never played again. To lose his work and then his piping to *physical* ill health,

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after doing so well for so long with his *mental* ill health, was cruel. But he never complained. He got a set of electronic pipes – in fact being Donald he got himself more than one – which can be played without lung power. Fine for him in that he could continue to keep his piping fingers active. Less good for the rest of us as he really loved to talk; it meant he could play and phone us at the same time, something he had never mastered with the ‘real’ pipes!

When he became ill, I read up as much as I could on the illness, and I recall being hit with a real chill by a research paper which said that on average schizophrenics on powerful anti-psychotic drugs can expect to live twenty years less than the rest of us. Donald was sixty-two when he died. My Dad was eighty-two. Bang on. Don’t get me wrong. Medication can help restore someone to the person they are supposed to be, unclouded by the illness. Medication helped give Donald long periods free of the voices in his head and the hallucinations that could otherwise reduce him to a sometimes terrified and other times aggressive human being. So the drugs worked. To an extent. But decades on such strong medication take their toll. When it came to fighting ‘normal’ illnesses like colds, flu and chest infections, the gaps between them got shorter and the quantity of ‘normal’ drugs required to treat them got larger. Added to which, when his main medication for the schizophrenia was altered to deal with physical illnesses and weight gain it seemed to send him haywire mentally. But which other illnesses can you think of where we

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would tolerate the medication taking twenty years off your life? We are a million miles away from the parity between physical and mental health promised in the NHS Constitution.

It is a source of real sadness to me that our last conversations were with the psychotic Donald, not the loving, giving, funny Donald who had brought so much to our lives by making so much of his own. At his funeral, there were many who had no idea his illness had been so severe. Only those who had cared for him in the final days knew the sick Donald, throwing himself around, refusing medication, tearing out his oxygen tubes, snarling and shouting at everyone. Orchid Ward was a new addition on his NHS map. But when Liz and I went from seeing his body at the bereavement centre to collect his belongings from the ward, the nurses sought us out, not just to offer their condolences, but to tell us how much they had liked him. ‘Oh, you could tell he was a character,’ said one. ‘I know I shouldn’t laugh but he was funny,’ said another. They talked about Donald’s listening to his piping CDs in there – loudly – and other patients saying they would never hear the bagpipes again without the hairs standing up on their necks and thinking of him. They knew that beneath the crazy stuff that the voices and the visions made him do and say, he was a great guy. The fact *nurses* could see it even as they had to restrain him, at the end with three staff members having to be in his room round the clock, underlined that.

Till our mother died, I never talked about Donald’s

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illness in public mainly because she didn't want me to. Not out of the shame and stigma that many people sadly still feel about mental illness. She was incredibly proud of him. It was more that, not enjoying having one son in the media spotlight, she worried that if Donald's head was in any way above the parapet, it could have made him even more vulnerable.

Donald, on the other hand, was totally up for it. Like a lot of mentally ill people, when he was well he thought he ought to be famous. And when he was ill he thought he already was. In his prime, he saw Sean Connery as a suitable actor to play him in the movie of his life. More recently he had begun wondering if George Clooney could do a good Scottish accent.

He was competitive about his illness. 'Saw you on the telly again talking about your psychotic breakdown, Ali. You heard voices once and you're like Mister Mental Bloody Health. Why don't they come and talk to a real expert?'

He was certainly an expert on living a good life with severe mental illness. We were planning to make a film together – centred on him – on living with schizophrenia. He got the telly bug from the film we made about bagpipes. My daughter Grace, when a film student, had begun to record interviews with Donald. So he would sit and tell her about the time he was in a waiting room, and the wall-plugs were talking to the lights about him while he was surrounded by people who were all discussing terrible things they were about to do to him. Then he would laugh and say 'absolutely mad

innit Grace? And look at me sitting here now. Normal or what?’

How times and families change. I don’t criticise my parents for this, as times then were indeed different, and parents were perhaps more trusting of medics, but in that first crisis, once Dad had seen Donald and spoken to the military medical personnel in Netley, the next day he decided to head back home to work. I suspect he may have not been keen for my Mum to see Donald in the state he was in at that time, added to which, Liz was still at school. Mum and Dad, and later Liz when the term ended, went to visit him at weekends, staying with Dad’s friends from his days as a Hampshire vet, Wilson and Eileen Atkinson.

Apart from a part-time job at a petrol station, I had no reason to go back to Leicester after that first visit, but more than that I hoped I could aid Donald’s recovery just by being around. So I stayed. I must also confess to an immediate fascination, once it had been accepted that I could spend the daytime hanging around with Donald, with some of the other patients, and those looking after them – think *One Flew Over the Cuckoo’s Nest* but with uniforms. The grounds were spacious and quite pretty in parts, the interior austere; Donald’s room was certainly more cell-like than the usual NHS ward. Daytime was spent mainly in a large room with an assortment of worn-out comfy chairs where the patients sat, some in silence, others bantering loudly, or reliving Army times. ‘You got no worries in the Army, Don,’ said in a deep East Midlands accent by one of his

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fellow patients, became one of those phrases Donald would remember and repeat many times, usually to raise a laugh, in the years to come.

The whole Netley episode sparked my already burgeoning interest in matters of the mind. In addition to talking to the other patients, I enjoyed chatting to the psychiatrists and nurses. It's fair to say some were more caring than others. It was a hospital, yes, but it was also military, and this was in an era when soldiers had to buy their way out of the Armed Forces if they wanted to leave prematurely, and one of the nurses admitted to me they had to keep an eye out for men who might be faking illness as a way of getting out for free.

For the time I was there, I spent the days with Donald and the fascinating assortment of characters he now found himself with, and the evenings out drinking and trying to find someone, preferably female and good-looking, who would take me home for the night. Donald had a car, which unfortunately at the time was parked back in Leicester. Without telling my parents, I went home to get it and drove back south so at least I had somewhere to sleep if Plan A in the pubs and clubs came to nothing.

Drink was already a big part of my life. It had been for some time. I was still under the legal drinking age when I had my first medical warning. I had been getting such bad rashes aged sixteen or seventeen that I finally went to see the GP at the top of our road, Welland Vale Road, in Evington, Leicester. Our usual doctor was on holiday. The locum asked me if I had been drinking

very much. 'A bit,' I said. 'How much?' she asked. I halved the real number, took off a few more, and told her. 'Mmm,' she said. 'That's a lot. You need to be very careful.'

Down in Netley, I was anything but careful. Day with Donald. Night with drink. On one of my successful Plan A nights, I remember waking up standing stark naked while peeing into a wastepaper basket in the corner of a strange bedroom I had no memory of entering. I dressed quietly, hoping not to disturb the sleeping woman who I think I had met on the dance floor of a nightclub and whose name I didn't even know. I made off into the night and the backseat of Donald's little car.

Donald was a great support after my own 'not as psychotic as mine, Ali' breakdown in the 1980s and we went on a road trip visiting friends and relatives around Britain. He was great company: real glue in both close and extended family, and a very loving and supportive brother. 'I want to kick that Michael Howard's teeth down his throat,' he said after a particularly unpleasant attack upon me by the former Tory leader. And when I say 'after', yes, I mean immediately after but also one week after, a month, a year and five, ten years after. He really didn't like people who said bad things about his family. And he loved saying the same things again and again. He had a book full of mantras. 'You got no worries in the Army, Al.'

Donald was very clever but not very well educated (the reverse of a lot of people I know). I have no idea when his mind first started to go wrong. I've often

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wondered, though, whether those times when he just couldn't seem to get himself out of bed, which my parents saw as signs of teenage rebellion, were the first indications of his approaching illness.

He had many doctors, nurses and psychiatrists over the years. One of them once said to me: 'Donald is my greatest success story. Keeps his job. Owns his own flat. Drives himself. Stays active. Has a passion for his music. Has more friends than any of us. Has a positive attitude almost all the time.'

That last bit was certainly true. If we had ever made that film about Donald we were going to call it *The Happy Schizophrenic*. 'It is what it is, Ali. I got given a bit of a crap deal, but you've got to make the best of it, know what I mean?' It helped that, unlike me, he did do God and his faith was certainly a comfort.

He loved people and he loved life. If there had been an extended family vote – we have thirty-one cousins – to elect its most popular member, he would have walked it. He worked almost all his life. He didn't like hospital for all the obvious reasons but also because he didn't like to be a burden on the NHS, which he felt had already given him more than most. He adored his nieces and nephews and was obsessed with the idea that he should have something to leave to them, even though several of them already earned more than he ever did. He was a total giver.

There is not a day of my life since that phone call to my Mum that I haven't thought about Donald and his illness. Why him, not me, or Graeme, or Liz? How very

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different our lives became and yet how close we remained. The guilt I felt at not always being there when he was in crisis. The guilt I felt when my phone rang and I knew it would be him to have the same chat as an hour ago and so I would simply pick up, quickly say 'call you back in a minute' and put the phone down. Even though I know that he thought his family did everything we could to help him, I will always feel there is more that I could have done.

Whenever I have explored my depression, which I have, with psychiatry, with science, with dream analysis, with all manner of deep dives into the mind, I have never fixed on the one thing that might explain it best. But I think it might be Donald and his illness.

Traumatic experiences, especially when young, can often be precursors to depression. Donald's diagnosis, and my reaction to it, was certainly a traumatic experience. I still have intense dreams about walking into that cell-like, grey, windowless room where he was being treated, seeing that cross on the wall, and Donald growling 'he knows, you know'.

Whenever he was subsequently taken ill – when, usually, after a period of good health he suddenly decided he didn't have to take his medication for a while – and we would pitch up at whichever hospital he had been taken to, I had a lesser version of those same feelings I remembered from Netley. Fear. And powerlessness. They are not things I like to have to deal with. When I

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am depressed, I feel powerless over my feelings, and that can scare me.

Though Liz only visited Netley once, she has a vivid memory of a hot summer's day, and sitting outside on the grass, playing cards. 'I was wearing a T-shirt with a picture on the front and Donald was transfixed by it. He knew who I was, but he was heavily drugged. I was only sixteen, and I told myself that maybe he was just a bit "down in the dumps". But I found the whole experience really shocking. It shook me to the core.' Liz went on to have eating issues not long after his diagnosis, and is convinced of the link.

I had another traumatic experience with Donald about twelve years before Netley. It was a classic sibling row in our garden in Keighley. He was winding me up, I grabbed something he was playing with and ran away towards the house, Donald in hot pursuit. Our front door was partly made of glass and as he chased me over the threshold I slammed the door as he put his hand through, cutting his wrist and arm badly on the glass. The subsequent wound, just millimetres from the main artery on his wrist, required dozens of stitches and left him with a scar for life. I have had a propensity to faint at the sight of blood – and, perhaps linked, a profoundly irrational revulsion to ketchup (look up saltomaphobia) – ever since.

I don't know. I just don't know if any of that is relevant. But I found myself reliving it in my head as I wrote about it. So perhaps it is. And maybe, again I don't know, maybe that was the reason I felt the need

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to stay in Netley and do my best to ensure he was, well, OK.

Liz was the last person to visit Donald, shortly before the respiratory collapse which led to his death. In those final days he had become unusually violent as the voices in his head became more and more unmanageable. After being admitted, he initially refused to take medication or even oxygen and was having to be restrained regularly. Once he had been stabilised somewhat, Liz took in some old family photograph albums and also some of his own recordings. And though he had forgotten a lot about himself and some of the people in the albums, and was back talking the same kind of paranoid nonsense we heard more than forty years ago in Netley, once she turned on the music, Donald's eyes lit up and his fingers started to play along with the tunes on the bed rail.

He lost his mind from time to time. Now, all too young, he had lost his life. But right to the end of it, he never lost the music in his soul. And though the Donald who died was the sick Donald, the workings of his mind divorced from people and events around him, in there somewhere was the real Donald. The real Donald left behind so much grief precisely because he inspired so much love, and gave so much love to so many, not least his little brother. The portrait at Glasgow University – which he would have loved – was paid for by his seven nieces and nephews out of the money he left to them. One of them, my sister's son Jamie Naish, wrote a song for Donald, which he played and sang, beautifully, at the funeral.

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*I've been in that place
Where the stars are blue
When it rains all day
Though you don't want it to*

*Nothing bright to see
No horizon to find
All alone in this world
A world that's borne of my mind*

***My mind has taken over
Over my life***

*The voices are so loud
Drowning out all other sounds
My mind's a beating drum,
Tells me evil's ways have won*

*The crowds, they laugh at me
Codes and words are all I see
Can't share a joke, a laugh, a smile
While the world is in denial*

***My mind has taken over
Over my life***

*So listen to me now
I'm a person, not a clown
This life is not a game
It's a fight I choose each day*

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*So pick me up when I am down
Dare to turn my world around
Fight the demons here with me
Boy, I could use the company*

***My mind has taken over
But my life, it isn't over
Hello world, give me a shoulder
That I can cling to***

*That I can cling to
Let me cling to . . .*

'My mind has taken over . . . but *my life*, it isn't over.' Donald's attitude to his illness is captured right there. His life was a struggle. But he really did live it, to the full, to the end, and I still miss him every day. I miss Graeme too, but with a sense of regret that he did not live the full life he could have done, given his real talents. Donald, by contrast, could look back on a life of which he made as much as he could, and though he knew the pain and misery of awful illness, he knew happiness and fulfilment too.

So now there are just the two of us: Liz and me. The youngest of the four of us, with three older brothers who occasionally teased her, Liz became an emotional centre of our family from a young age. She was always the one who showed most concern over, and the most care for, the rest of us. A teacher and accomplished pianist, and the mother of triplets, she has inherited our

MY CHILDHOOD, MY FAMILY

Mum's role in being the one most on top of any news about extended family. It is no accident that our parents, and both our brothers, moved in later life to be near her home in Nottinghamshire, and she cared for all four with a dedication matched only by – and perhaps also driven by – the depth of her faith in God.

We were raised as Presbyterians, with weekly visits to church and Sunday school until my teenage rebellion put a stop to it, but our parents' faith was as much about a social life, and Mum's love of singing hymns, as it was about belief. It was as an adult that Liz developed a deeper faith. She doesn't push it down my throat, but I think she feels that if only I had the same relationship with God and Jesus that she does, my troubles would be eased, if not over. She might be right, and I know my atheism pains her. I have felt deeply spiritual at times, but it has never translated into the kind of faith she has. Despite our differences, we have always been close, and are especially close now, as we concentrate on crossing our next hurdle as siblings, of turning sixty-three safely. In my case, I'm approaching that hurdle all too soon.